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USER EXPERIENCE (UX) AND BEHAVIORAL ADOPTION DRIVERS OF CORPORATE DIGITAL HEALTH PLATFORMS IN REMOTE-FIRST ORGANIZATIONS: IMPLICATIONS FOR NIGERIAN WORKPLACES

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ABSTRACT

The shift to remote work has led companies to offer health and wellbeing support to their employees through digital channels, such as telehealth benefits, mental health platforms, and wellness apps. However, many employees are not using these digital health platforms, which is a problem that has been seen before in other areas of digital health. This paper looks at the factors that affect whether employees use these platforms, including how easy they are to use and how useful they are perceived to be. It also considers the role of social influence, organizational support, and ongoing usability issues, which are particularly important in remote work settings where employees may not have the same level of encouragement and support as they would in an office. The paper finds that while ease of use and perceived usefulness are important, they are not enough on their own to get employees to use the platforms. Social influence, organizational support, and usability also play a big role. Unfortunately, there is not much research on this specific topic, especially in the context of remote work and Nigerian workplaces. To address this gap, the paper proposes a framework that combines user experience design and behavioral factors to predict whether employees will use digital health platforms. This framework can guide the design of platforms and future research in this area. In remote-first organizations, employees are often left to navigate digital health platforms on their own, without the same level of support and encouragement that they would have in an office. This can make it harder for them to use the platforms, especially if they are not easy to use or if they do not see the benefits. The paper suggests that companies need to consider these factors when designing and implementing digital health platforms, and that they need to provide ongoing support and encouragement to help employees get the most out of these platforms. By doing so, companies can help improve the health and wellbeing of their employees, even in remote work settings. The framework proposed in the paper can be used to guide the design of digital health platforms and to identify areas where employees may need more support or encouragement. It can also be used to inform future research in this area, particularly in the context of remote work and Nigerian workplaces. Overall, the paper highlights the importance of considering the user experience and behavioral factors when designing and implementing digital health platforms, and provides a framework for doing so. In addition, the paper notes that the lack of research on this topic is a significant gap, particularly in the context of remote work and Nigerian workplaces. It suggests that future research should focus on this area, and that companies

should prioritize the design and implementation of digital health platforms that are easy to use, useful, and supportive of employee health and wellbeing. By doing so, companies can help improve the health and wellbeing of their employees, and contribute to a healthier and more productive workforce. Overall, the paper provides a comprehensive review of the factors that affect employee adoption of digital health platforms, and proposes a framework for guiding the design and implementation of these platforms. It highlights the importance of considering the user experience and behavioral factors, and suggests that companies should prioritize the design and implementation of platforms that are easy to use, useful, and supportive of employee health and wellbeing.

Keywords: User Experience; Digital Health Platforms; Technology Adoption; Remote-First Organizations; Behavioral Intention

1 INTRODUCTION

Remote-first organizations, companies that default to distributed, location-independent work rather than treating remote work as an exception, have increasingly turned to digital platforms to deliver employee health and wellbeing benefits that were once provided through in-person programs: employee assistance programs, mental health counselling, fitness and wellness coaching, and chronic condition support are now commonly delivered through corporate-sponsored mobile applications and web platforms rather than an on-site clinic or wellness office. A recent systematic review of digital health interventions in the workplace found that such interventions can meaningfully improve health outcomes and engagement, but also identified persistent gaps between platform availability and actual sustained use, with organizational and design factors, not merely clinical content, shaping whether employees engage with a platform at all [1].

This adoption gap is not new to digital health broadly, but it takes on a distinct shape in a remote-first organizational context. In a traditional office, informal cues, a colleague mentioning they use the company's wellness app, a poster in a break room, a manager modelling healthy habits, provide low-cost social reinforcement that supports adoption. Remote-first organizations largely lack these informal channels, meaning that whatever social influence exists must be deliberately built into onboarding, communication, and the platform experience itself, rather than emerging incidentally from shared physical space.

Two bodies of theory are relevant to understanding this gap. The Technology Acceptance Model proposes that an individual's intention to use a technology is shaped primarily by perceived usefulness and perceived ease of use [2]. The Unified Theory of Acceptance and Use of Technology extends this model, adding social influence and facilitating conditions as further predictors of adoption behavior, alongside performance and effort expectancy [3]. Both models were developed for general information technology contexts, and subsequent research has repeatedly shown that health-specific and workplace-specific applications require attention to that context. Broader research on workplace wellbeing similarly shows that mental health, work-life balance, and productivity are closely linked, but that formal wellbeing initiatives do not automatically translate into behavior change without deliberate design and organizational support [4]. Research on telework's contribution to corporate sustainability outcomes further situates digital health platforms within the wider shift toward distributed work, noting that the sustainability and wellbeing case for telework depends heavily on organizational implementation choices rather than the technology alone [5].

This organizational and behavioral dimension is compounded by evidence from outside high-income countries, where most digital health adoption research originates. Studies from Nigeria illustrate both the promise and the persistent gap: cross-sectional research applying the Technology Acceptance Model and Unified Theory of Acceptance and Use of Technology to Nigerian healthcare workers found that perceived usefulness and technological anxiety significantly shaped adoption intention, while perceived ease of use did not, a finding that complicates the assumption that easier interfaces alone drive adoption [6]. Broader scoping reviews of digital health technology adoption in Nigeria confirm substantial and growing research activity, but find that most existing work addresses clinical and healthcare-system-facing tools rather than employee-facing corporate wellness or benefits platforms [7,8]. This leaves a specific and largely unaddressed question: what does UX and behavioral evidence suggest about adoption of corporate digital health platforms, specifically, among employees of remote-first organizations, and what does the Nigerian evidence base in particular suggest about this question.

Complementary evidence from user-centric design research reinforces that the design layer itself is not incidental to adoption theory but interacts directly with it. A recent study integrating Technology Threat Avoidance Theory with user-centric design principles in mobile health service continuance found that addressing perceived technological threats and design quality together, rather than usability alone, was necessary to sustain engagement beyond initial adoption [9]. Similarly, a usability-barriers study of a medication-tracking mobile health tool found that poor usability and lack of familiarity remained significant obstacles to adoption even where the underlying health need was clearly present [10]. Together, this evidence suggests that UX quality and behavioral adoption theory are not separate

explanations for platform engagement but interacting factors that a corporate digital health strategy must address jointly.

1.1 Objectives of the Study

This paper pursues three objectives: (i) to synthesize the UX design factors that shape employee engagement with digital health platforms; (ii) to examine, through the Technology Acceptance Model and the Unified Theory of Acceptance and Use of Technology, the behavioral constructs that predict adoption of such platforms, with particular attention to the remote-first organizational context in which informal social reinforcement is largely absent; and (iii) to synthesize Nigerian evidence on digital health technology adoption and identify what it suggests, and does not yet address, about corporate digital health platforms specifically. This synthesis follows a narrative review approach, drawing on purposively selected sources across four adjacent evidence bases, detailed in Section 2.

1.2 Significance of the Study

The findings are intended to serve three audiences. For organizations designing or procuring corporate digital health platforms, particularly remote-first organizations that cannot rely on informal workplace cues to drive adoption, the review identifies specific, addressable design and implementation factors rather than generic calls to improve engagement. For platform designers and vendors, it clarifies where UX quality and behavioral theory intersect, rather than treating usability and psychological adoption drivers as separate concerns. For researchers, it identifies a concrete and currently under-addressed gap, evidence on corporate digital health platform adoption specifically within remote-first organizations and within the Nigerian workforce, and proposes an integrated framework that future empirical research can test directly.

2 MATERIALS AND METHODS

This paper is a conceptual, narrative literature review rather than an empirical study. Thirteen sources were purposively selected to represent four bodies of evidence bearing jointly on the research question: foundational technology-adoption theory [2,3], workplace digital health and wellbeing research [1,4,5,11], user-centric UX and mobile-health-design research [9,10], and Nigerian digital health technology adoption research [6,7,8,12,13]. This structure was chosen because, as the review in Section 3 establishes, no existing published study examines corporate digital health platform adoption specifically within remote-first organizations, or specifically within the Nigerian workforce, which makes a systematic, PRISMA-style review of that precise intersection premature: there is not yet a retrievable body of directly comparable studies against which formal inclusion and exclusion criteria could be systematically applied. A narrative synthesis across these four adjacent bodies of evidence was used instead, with each source coded thematically for UX and behavioral adoption factors, and the resulting themes organized under the Technology Acceptance Model and Unified Theory of Acceptance and Use of Technology constructs used in Section 3 to build the integrated framework presented in Section 3.6. Sources were identified through targeted searches of Google Scholar, PubMed, and publisher databases (including MDPI, Elsevier ScienceDirect, Springer, PLOS, and Emerald) using combinations of the keywords “digital health platform,” “technology acceptance,” “UTAUT,” “user experience,” “remote work,” “telework,” “employee wellbeing,” and “Nigeria,” supplemented by citation tracking from the most directly relevant sources identified.

3 RESULTS AND DISCUSSION

3.1 Corporate Digital Health Platforms in the Remote-First Workplace

Digital health interventions delivered through the workplace span a wide range of formats: employee assistance program platforms, teletherapy and mental health apps, chronic condition management tools, fitness and wellness applications, and general wellbeing content platforms. A systematic review of digital health interventions in workplace settings found consistent evidence of positive health-outcome effects where interventions were sustained, but also found that engagement and retention, not clinical efficacy, was the more common point of failure, with organizational communication, leadership endorsement, and platform design cited repeatedly as engagement determinants across the reviewed studies [1]. This finding reframes the central challenge for remote-first organizations: the clinical or wellness content of a platform may be sound, while the surrounding organizational and design context, the layer most affected by the absence of a shared physical workplace, is where adoption most often breaks down.

3.2 Theoretical Foundations: TAM and UTAUT

The Technology Acceptance Model proposes that perceived usefulness and perceived ease of use are the primary determinants of an individual's intention to use a technology [2]. Applied to a corporate digital health platform, perceived usefulness corresponds to an employee's belief that the platform will genuinely improve their health, wellbeing, or work-life balance, while perceived ease of use corresponds to how effortless the platform is to learn and

operate. The Unified Theory of Acceptance and Use of Technology extends this model with two further constructs directly relevant to the workplace setting: social influence, the degree to which an employee perceives that people who matter to them believe they should use the technology, and facilitating conditions, the degree to which organizational and technical infrastructure supports use [3]. In a co-located office, social influence and facilitating conditions are partly generated informally; in a remote-first organization, both must be constructed deliberately, through structured onboarding, visible leadership use, peer champions, and explicit organizational communication, since the informal cues that would otherwise generate them are largely unavailable.

3.3 UX and User-Centric Design as Adoption Drivers

Evidence from user-centric mobile health design research indicates that usability and behavioral adoption are not independent explanations for platform engagement but interacting factors. A study integrating Technology Threat Avoidance Theory with user-centric design principles found that mobile health service continuance depended on addressing perceived technological threats, concerns about how personal health data would be used or exposed, alongside conventional usability improvements; usability alone was insufficient to sustain engagement once initial adoption had occurred [9]. This finding is significant for corporate digital health platforms specifically, where employees may reasonably wonder whether an employer-provided health platform shares usage data with the employer itself, a concern with no clear analogue in purely consumer mobile health contexts. This concern is echoed in broader workplace digital health research: a mixed-methods study applying the Value Sensitive Design framework to employee attitudes toward workplace digital stress-management tools found that surveillance, visibility to management, and data sensitivity were among employees' most significant value-related concerns, reinforcing that trust in an employer-provided health platform cannot be assumed and must be actively designed for [11].

A complementary usability-barriers study of a medication-tracking mobile health tool found that poor usability and lack of familiarity remained significant obstacles to adoption even among users who had a clear, ongoing health need the tool was designed to address [10]. This finding is instructive precisely because it isolates usability and familiarity as independent barriers, distinct from motivation or perceived usefulness, since the study population had already demonstrated health-related motivation by seeking out the tool. For corporate digital health platforms, where employees may not have actively sought out the tool but instead had it introduced to them as an employee benefit, this suggests that usability and onboarding-driven familiarity are likely to matter at least as much, and plausibly more, than in a self-selected consumer context.

3.4 Employee Wellbeing, Telework, and Sustained Engagement

Broader research on employee wellbeing indicates that mental health, work-life balance, and job satisfaction are closely interrelated determinants of productivity, but that formal organizational wellbeing initiatives do not automatically translate into sustained behavior change without deliberate implementation support [4]. This point is reinforced by systematic review evidence on telework's contribution to corporate sustainability outcomes, which finds that the environmental, social, and economic benefits associated with telework depend substantially on how organizations implement and support distributed work, rather than being an automatic consequence of remote work itself [5]. Read together, these findings suggest that remote-first organizations cannot assume that offering a digital health platform, by itself, will produce the wellbeing outcomes associated with digital health interventions in the literature; deliberate organizational scaffolding is a precondition, not an optional enhancement, particularly given the absent informal social reinforcement discussed in Section 3.2.

3.5 Nigerian Evidence on Digital Health Technology Adoption

A cross-sectional study applying both the Technology Acceptance Model and the Unified Theory of Acceptance and Use of Technology to Nigerian healthcare workers found that perceived usefulness, technological anxiety, user innovativeness, and perceived availability significantly influenced behavioral intention to adopt digital health technology, while perceived ease of use did not show a significant effect [6]. This is a notable departure from the general TAM literature, where ease of use is typically a strong predictor, and suggests that in the Nigerian context, addressing technological anxiety and demonstrating clear usefulness may matter more than interface simplicity alone, a distinction directly relevant to how a corporate digital health platform should be introduced and communicated to a Nigerian workforce.

Evidence from a large-sample study of e-health service resistance in Nigeria adds further nuance to this picture, finding that beyond technological anxiety, communication and choice overload and negative subjective norms significantly predicted resistance to using e-health services, while greater perceived behavioral control reduced that resistance [12]. This suggests that a comprehensive account of adoption barriers in the Nigerian context must extend beyond individual psychological anxiety to include how a platform's communication volume and framing, and the social norms surrounding its use, are perceived. Adjacent evidence on corporate virtual health interventions in Nigeria, while not addressing platform UX or adoption behavior directly, further indicates that Nigerian corporate settings are not without

any empirical digital health evidence base: a controlled study of virtual exercise programs among Nigerian corporate employees found measurable physical health benefits comparable to traditional in-person programs, suggesting organizational appetite for virtual health delivery even where UX-specific and adoption-specific research remains limited [13].

A recent scoping review mapping digital health technology integration challenges and opportunities across Nigerian healthcare settings found that infrastructure gaps, cultural norms, and operational challenges consistently shaped successful adoption, while community engagement, workforce capacity building, and data-driven implementation support were identified as key facilitators [7]. A separate scoping review of the broader Nigerian digital health technology research base found substantial and growing research activity since 2010, concentrated heavily in mobile health, eHealth, and health information systems, but found that practical application and implementation has lagged behind research output, and that most existing research addresses clinical and health-system-facing tools rather than employee-facing corporate wellness or benefits platforms specifically [8]. Taken together, these two reviews confirm that Nigeria has an active and growing digital health adoption evidence base, but one that has not yet been extended to the specific intersection this paper addresses: corporate digital health platforms, delivered to employees rather than patients, within a remote-first organizational structure.

3.6 Synthesis: An Integrated UX-Behavioral Adoption Framework

Table 1 integrates the evidence reviewed above into a single framework linking UX design quality to the behavioral adoption constructs of TAM and UTAUT, adapted specifically for the remote-first corporate digital health context. The framework's central proposition is that UX quality and behavioral adoption constructs are not separate explanations but mutually reinforcing: a platform with strong perceived usefulness but poor usability will struggle to sustain engagement, per the design-and-behavior interaction identified in Section 3.3, while a highly usable platform introduced without deliberate social influence and facilitating conditions will struggle to achieve initial adoption in the absence of informal remote-first workplace cues, per Section 3.2.

Table 1: Integrated UX-behavioral adoption framework for corporate digital health platforms in remote-first organizations

Construct	Dimension	Application to Remote-First Corporate Digital Health Platforms
TAM	Perceived usefulness	Employee believes the platform genuinely improves health, wellbeing, or work-life balance, not merely offered as a benefit checkbox
TAM	Perceived ease of use	Necessary but, per Nigerian evidence, not sufficient alone; must be paired with addressing technological anxiety directly
UTAUT	Social influence	Must be deliberately constructed (leadership modelling, peer champions, onboarding) given the absence of informal in-office cues
UTAUT	Facilitating conditions	Organizational support, communication, and technical infrastructure substituting for informal workplace reinforcement
UX design layer	Usability and familiarity	Independent barrier distinct from motivation; onboarding-driven familiarity matters more for employer-introduced tools than self-selected ones
UX design layer	Perceived data-use trust	Employer-provided health platforms raise employer-data-access concerns absent from purely consumer mHealth contexts
Behavioral (TPB/SOR)	Communication and choice overload	Excessive or poorly framed platform communication is itself a barrier, independent of usability or usefulness, per Nigerian e-health resistance evidence [12]

3.7 Implications for Practice and Policy

For remote-first organizations, the framework suggests that platform selection and rollout should treat social influence and facilitating conditions as design problems requiring deliberate investment, structured onboarding, visible leadership participation, and peer champion programs, rather than assuming these will emerge organically as they might in a co-located office. For platform vendors and designers, the review suggests that usability improvements alone are unlikely to sustain engagement without also addressing employees' data-use trust concerns, particularly given the employer-employee relationship's distinct power dynamics compared to consumer mobile health contexts. For organizations operating in or serving the Nigerian market specifically, the evidence suggests that communication emphasizing clear, concrete usefulness and directly addressing technological anxiety may be more effective than

interface-simplicity messaging alone, given that ease of use did not emerge as a significant adoption driver in the Nigerian healthcare worker evidence reviewed.

3.8 Limitations and Future Research

This paper's central limitation is also its motivation: it is a conceptual synthesis built from thirteen sources, none of which examines corporate digital health platform adoption specifically within remote-first organizations, and none of which is set within the Nigerian corporate, as distinct from healthcare, workforce. The integrated framework proposed in Section 3.6 is therefore theoretically grounded but empirically untested at this specific intersection. Future research should address this directly, through survey or interview-based studies of remote-first organizations, ideally including Nigerian employers, measuring the TAM and UTAUT constructs proposed here against actual platform adoption and sustained engagement outcomes, and testing whether the data-use trust concern identified in Section 3.3 operates differently in an employer-provided context than in the consumer mobile health contexts where it has primarily been studied to date.

4 CONCLUSION

Remote-first organizations increasingly deliver employee health and wellbeing support through digital platforms, yet adoption of these platforms remains a persistent challenge that mirrors, and in some respects compounds, adoption difficulties long documented in consumer and clinical digital health contexts. This paper has argued that UX design quality and behavioral adoption theory, specifically the Technology Acceptance Model and the Unified Theory of Acceptance and Use of Technology, are not separate explanations for this challenge but interacting factors that a corporate digital health strategy must address jointly. In a remote-first context, where informal workplace cues that would otherwise support social influence and facilitating conditions are largely absent, this joint attention becomes a precondition for adoption rather than an optional enhancement. Evidence from Nigeria adds a further layer of specificity, suggesting that ease of use may matter less, and addressing technological anxiety and demonstrating clear usefulness may matter more than the general TAM literature would predict. No existing study examines this precise intersection, corporate digital health platforms, remote-first organizational context, and the Nigerian workforce, directly, which is both the gap this paper addresses conceptually and the opportunity it leaves for future empirical work.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

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The authors used Claude AI, an AI-assisted tool during the initial literature synthesis and drafting of this manuscript and JenniAI, an AI-assisted simulator to check for plagiarism and unsupported claims. The authors independently reviewed, verified, revised, and substantially rewrote the resulting material and assumed full responsibility for the accuracy, originality, interpretation, and conclusions presented in the final manuscript.

Disclosure of conflict of interest

The authors declare no financial or non-financial conflict of interest related to this research.

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