THE ROLE OF FIRM-GENERATED CONTENT (FGC) AND USER-GENERATED CONTENT (UGC) IN SHAPING INTENTION TO USE TELEHEALTH SERVICES

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Abstract

The study evaluates the influence of Firm Generated Content (FGC) and User Generated Content (UGC) on the intention to use telehealth services among Vietnamese citizens, with a sample of 751 individuals from three direct-controlled municipalities in Vietnam (Hanoi, Da Nang, Ho Chi Minh City). The results indicate that FGC positively affects UGC and Information Adoption, although the relationship between FGC and Information Adoption is considered weak. UGC is found to positively impact Information Adoption and Intention to use telehealth services. Similarly, Information Quality also positively affects Health Consciousness and Intention. Health Consciousness is identified as positively affecting Attitude. Finally, both Attitude and Subjective Norms are demonstrated to positively influence Intention. This study further reinforces previous research on the impact of FGC and UGC on consumer intentions, specifically applied in the healthcare field. Based on the findings, the authors propose several recommendations for the application of FGC and UGC in telehealth services offered by hospitals and healthcare facilities; at the same time, some recommendations are made for citizens.

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1.Introduction

In 2022, according to PricewaterhouseCoopers' general report, consumerism will become more prevalent in the healthcare sector, driven by technology and digitalization, with six trends. These trends include demographic shifts, consumer distrust, consumer empowerment, an increase in the prevalence of chronic diseases, resource depletion, and mHealth (mobile health). In Vietnam's health field, the top priority for using digital technology is to improve the quality of service for the community, with the goal of creating conditions for citizens to access healthcare services easier and more conveniently, thereby providing a better healthcare experience (Binh, 2023). However, a large number of Vietnamese citizens still do not know about telehealth services. They do not have much knowledge, instructions about this service, so many people do not trust in this kind of service (Dat, 2021). Until September 2020, the Ministry of Health had inaugurated 1,000 telehealth points; By 2023, there were nearly 2,000 service points connected from district-level medical facilities (An, 2023); But, there is still no basis to provide telehealth services at infirmaries, health centers.

Inevitably, digital transformation is both a trend and a requirement in the healthcare industry, with significant and widespread implementation. The medical/healthcare industry is identified as the top digital transformation priority industry in Decision No. 749/QD-TTg issued by the Prime Minister of Vietnam (2020) on "National Digital Transformation Program to 2025, Orientation to 2030". As a result, promoting telehealth services is an appropriate solution for the current market situation.

In the advanced context of telehealth services, the extensive dissemination of information about high-quality apps, services, and medical professionals boosts awareness and access to these health services. Overall, the rise of social networks and the internet creates numerous opportunities for interaction, exchange, and sharing of health information, thereby promoting the sustainable development of the telehealth sector within the Vietnamese community (Thao, 2022). As a result, content created on social media has become an important part of marketing (Ma and Gu, 2022), User Generated Content (UGC) and Firm Generated Content (FGC), are essential components of developing telehealth services.

Admittedly, firstly, the influence of FGC and UGC on product/service purchase intention has been studied many times before. However, these studies have only generally explored the impact of FGC and UGC on consumer behavior. No research has yet clearly identified the specific factors within UGC and FGC that affect telehealth services and consumers' intention to use these services, or only researched in some prominent industries such as fast-moving consumer goods and beauty industries, and tourism (Lyu et al., 2023; Chelliah et al., 2022; Geng and Chen, 2021; Nosita and Lestari, 2019). Previous scholars have also learned about factors affecting the intention to use telemedicine services; but have not carefully considered the factors of the digital environment or simply considered the UGC aspect. Therefore, there is no clear comparison between the correlation of FGC and UGC and their influence on people's intention to use remote medical services in the current context of medical digital transformation (Jonas, 2010; Colicev et al., 2019; Ma and Gu, 2022). Second, compared with previous works, the authors have added specific health care factors that affect the intention to use this medical service. Thereby, building a research model on exploring the influence of FGC and UGC on the intention to use telehealth services in the context of digital health transformation in Vietnam.

Therefore, the objective of this study by the author group encompasses: (1) Understanding FGC, UGC, and telehealth services, thereby investigating citizen behavior based on the integration of two theories: IAM (Information Adoption Model) and TRA (Theory of Reasoned Action); (2) Developing a scale for understanding the consumer behavior in Vietnam market context; (3) Measuring the influence of FGC and UGC on the intention to use telehealth services among Vietnamese citizens. Finally, based on the research results, propose solutions to promote the utilization of telehealth services among healthcare facilities.

The structure of this research paper is divided into 5 sections: Section 1 is Introduction, Part 2 will discuss the theoretical foundation concerning Telehealth services, IAM, TRA, FGC, UGC, and health consciousness. In section 3, the author group will focus on presenting the specific research methods used. Subsequently, the 4th section will present the research findings and compare them with previous studies. Lastly, Section 5 will conclude and propose solutions, as well as limitations and future research directions for the author team.

2. Literature Review

2.1. Telehealth services

Health services include all services for diagnosis, prevention, treatment of diseases, and health care and rehabilitation activities to serve patients, families, and communities. The terms "telehealth" and "telemedicine" are often used interchangeably. However, Telemedicine is considered a part of Telemedicine Services, and specifically refers to clinical services (Balestra, 2018). The global digital health market is expected to reach an estimated revenue of 193.70 billion USD by 2024. The market is also forecast to have an annual growth rate (CAGR 2024 - 2028) of 9.16%, leading to a market estimated to be worth $275.00 billion by 2028. Vietnam's Digital Health market is expected to have a significant increase in revenue, with forecasts to reach 905.80 million USD by 2024. Furthermore, the market is predicted to have a steady annual growth rate of 7.71% (CAGR 2024-2028), leading to a projected market volume of USD 1,219 million by 2028. Vietnam's digital health market is booming with an increase in medical service distance and people's increasing use of mobile devices. (Statista Market Insights, 2024).

2.2. Firm Generated Content - FGC

Firm Generated Content (FGC) refers to material published by businesses on their brand pages via their principal social media channels. The material can be images and videos, which build one-on-one interactions with clients through the interactive aspect of these platforms. FGC is defined as a collection of both tangible resources (e.g., photos, items) and emotional experiences, such as surprise, exhilaration, or comfort. These elements are included in the product's brand identity, influencing the product's image in the customer's mind (Colicev et al., 2019). According to Erkan and Evans (2016), information quality and source credibility have a favorable influence on its usefulness, and information adoption. Based on the IAM model, the author group expects that FGC's credibility is positively associated with its usefulness, along with its information adoption and intention to use telehealth services (Sussman & Siegal, 2003). According to Jorgensen (1996), emotional appeal is intentionally used by a source to influence changes in the beliefs, perceptions, attitudes, or actions. Using emotions in telehealth not only improves doctor-patient interaction, but it also boosts pleasure and collaboration in distant healthcare. Within the scope of this study, Emotional Appeal is

defined as the emotional appeal from FGC that induces changes in citizens' beliefs, perceptions, attitudes, or intentions to use remote healthcare services.

2.3. User Generated Content - UGC

Daugherty et al. (2008) describe User Generated Content (UGC) as "media content distributed online and produced by unpaid experts." Tang et al. (2014) define UGC as media material used to exchange credible and trustworthy information among internet users. Gao et al. (2012) define information quality as the availability of qualities about a product, brand, or company that buyers may use to evaluate the thing. In this context, Chiu et al. (2005) proposed that information quality links to customer purchasing behavior. As a result, giving thorough and important information increases the chances of attracting and retaining consumers (Honeycutt, Flaherty, & Benassi, 1998). In the context of telehealth, information quality refers to the availability of information about the characteristics of a product, brand, or firm that customers can readily find and search for. The information quality determines how buyers evaluate user-generated content. Geng and Chen (2021) investigates the impact of UGC interaction quality on consumer purchase intentions. The interaction as an environmental component influences user behavior through human perception.

2.4. Health Consciousness

Health consciousness refers to an individual's awareness and concern about their health status. Health status is defined as a state of physical and mental well-being, not simply the absence of disease. Health consciousness is one of the health behaviors, which are behaviors related to creating, protecting, and improving health, or to an individual's specific health problem (Huong, 2010). Individuals who wish to maintain their quality of life often engage in a number of health-conscious behaviors and take protective measures to manage their health and well-being (Michaelidou & Hassan, 2010). Additionally, health consciousness is described as the degree to which people are involved in managing and participating in health activities (Moorman & Matulich, 1993). In the scope of this research, people's health consciousness is understood as interest, awareness of health and proactive learning and use of telehealth services (including health monitoring and evaluation).

2.5. The Integrated Information Adoption Model (IAM) and Theory of Reasoned Action (TRA)

Integrated Information Adoption Model (IAM) is based on the practice that similar information can be received in many ways, depending on the recipient's personal experience and viewpoint of the information source (Ismagilova et al., 2020). As a result, the impact of information on each individual may differ, and academics are interested in understanding how consumers absorb and digest information (Elwalda et al., 2021). Theory of Reasoned Action (TRA) emphasizes behavioral intention as determined by two factors: attitude toward the behavior and subjective norms to perform or not execute that behavior. According to TRA, behavioral intention is an expression of each person's willingness to undertake a specified behavior, and it is seen as a direct premise leading to behavior (Fishbein & Ajzen, 1975).

TRA and IAM are two popular models and are used by many researchers as the theoretical foundation for their research. In particular, these two models have been reasonably combined and successfully applied by many authors in research articles on purchase intention and intention to use products and services, especially in digital marketplaces (Abedi, 2019; Rahaman et al., 2022; Leong et al., 2021; Cheon et al., 2012). Thus, in this study, the authors

inherited the results from previous findings and applied the combination of TRA and the IAM to understand the intention to use telehealth services in Vietnam.
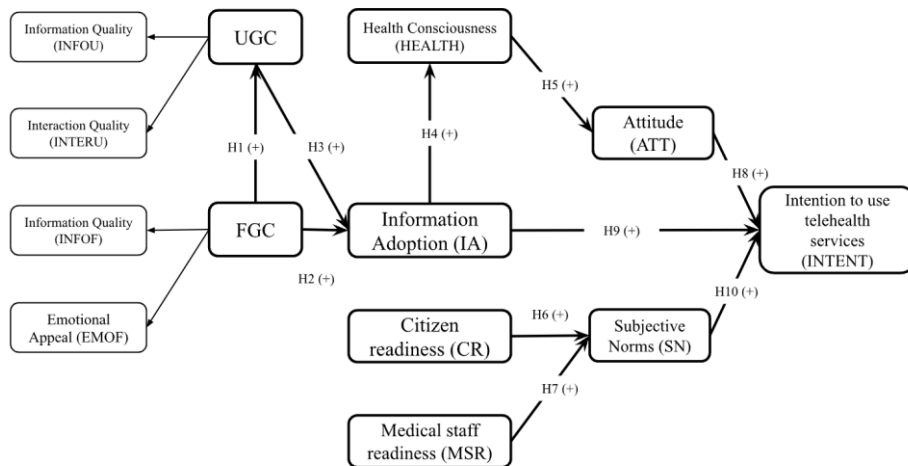
Source: The authors
Figure 1. Research Framework

3. Data and Methodology

3.1 Data collection methods

This study centers the analysis on revealed preferences rather than stated preference. The population consists of individuals who have been exposed to, aware of, or utilized telehealth services. It is confined to three major cities in Vietnam: Hanoi, Da Nang, and Ho Chi Minh City. Because the residents of the cities have good internet access to information, non-probability sampling using a convenience sample approach is the most appropriate sampling technique for this study.

A questionnaire has been used to collect research data. A 5-point Likert scale - (1) Strongly Disagree; (2) Disagree; (3) Neither Agree nor Disagree; (4) Agree; (5) Strongly Agree - was used to rate the respondents' opinions. The demographic characteristics of the respondents are included in the last section of the questionnaire. It was measured using closed-ended questions. To measure information quality of FGC, the scale developed by Poulis et al. (2019) and Watts and Zhang (2008) was considered. Interaction quality of FGC was measured using items developed by Tafesse (2015). To measure information quality of UGC, we used items developed by Gao et al. (2012) and Watts and Zhang (2008). Interaction quality of UGC was assessed using items adopted from Geng and Chen (2021). Besides, the information adoption scale was designed based on the scale of Erkan and Evans (2016). The items of attitude, subjective norms, and intention were developed from Chang et al. (2021). In our survey questionnaire, the definition of FGC and UGC was presented. To help the participants understand the concepts more clearly, some typical examples of FGC and UGC were given.

We distributed questionnaires to participants from Hanoi, Da Nang and Ho Chi Minh City by sending Google Form survey questionnaires through platforms such as Zalo, Messenger,

Whatsapp, MS Teams. According to (Hair, 1998), the minimum sample size is 5 times the total number of observed variables. In addition, according to Hair et al. (2014), a good research sample must meet the minimum size of 200. Meanwhile, the sample size the authors obtained was 751. Compared to these formulas, the authors' sample size met the standards.

3.2 Data description

The sample consisted of 751 people, and the results of descriptive statistics on demographics are presented in the table below:

Table 1: Description of the research sample (N=751).

Characteristics		Frequency	Percentage (%)
Gender	Male	335	44.6
	Female	416	55.4
Age	16-22	109	14.5
	23-30	384	51.1
	31-45	215	28.6
	46-60	35	4.7
	Over 60	8	1.1
Places to live and work	Ha Noi	300	39.9
	Da Nang	207	27.6
	Ho Chi Minh city	244	32.5
Occupation	Student	107	14.2
	Public employee	273	36.4
	Freelancer	285	37.9
	Retired	12	1.6
	Others	74	9.9
Income (VND)	Under 5 million	84	11.2
	From 5 - under 10 million	210	28.0
	From 10 - under 15 million	293	39.0
	From 15 - under 20 million	131	17.4
	From 20 million or above	33	4.4

Source: own research

3.3 Research Methodology

After collecting enough results of the survey with 751 valid survey sheets, the team conducted coding and entered the data, processing on SPSS software. First of all, variables with Cronbach's Alpha coefficient will be eliminated. Then, AMOS software was utilized for Confirmatory Factor Analysis (CFA). It is driven by theory and seeks to evaluate how well a predetermined factor model fits with a given set of observed databases. In other words, CFA investigates whether a predetermined set of factors explains the variations in the observed variables as hypothesized beforehand. The process of the validity assessment of both the first-order CFA model and the higher-order CFA model (referred to as a second-order model in this paper) is illustrated using a widely-used Structural equation modeling software (SEM), AMOS. Thus, SEM was deemed the most suitable analytical tool for testing the hypotheses (Shek & Yu, 2014).

4. Results and Discussion

4.1. Cronbach's Alpha test and Confirmatory Factor Analysis (CFA)

According to Nunnally (1978), a scale is considered good if its Cronbach's Alpha value (α) is 0.7 or higher. According to Hair et al. (2010), However, in some cases, Cronbach's Alpha value could be lower and a value of 0.6 can also be accepted, although it should still be considered carefully. The higher the Cronbach's Alpha coefficient be, the more reliable the scale is. The composite reliability (CR) values must be above 0.60 (Bagozzi & Yi, 1998). Finally, the average variance extracted (AVE) values are greater than 0.64, more than 0.50 (Fornell & Lacker, 1981).

Table 2. The CFA results.

Factor	The number of items	Sources	Mean	Standard Deviation (S.D)	α	C.R	AVE
FGC							
INFOF	5	Mariani et al. (2018)	3.81 - 3.91	0.774 - 0,923	0.829	0.834	0.506
EMOF	4	Tafesse (2016)	3.43 - 3.84	0.990 - 1.110	0.888	0.892	0.674
UGC							
INFOU	4	Hassan et al.(2015)	3.26 - 3.39	0.975 - 1.019	0.922	0.923	0.751
INTERU	4	Geng and Chen (2021)	3.60 - 3.86	0.945 - 1.041	0.874	0.875	0.636

Table 2. The CFA results. (continued)

Factor	The number of items	Sources	Mean	Standard Deviation (S.D)	α	C.R	AVE
IA	4	Erkan and Evans (2016)	3.49 - 3.81	0.935 - 1.110	0.809	0.811	0.518
HEALTH	5	Nagaraj (2020)	3.48 - 3.55	0.925 - 0.990	0.884	0.884	0.604
CR	3	Cheon et al. (2012)	3.35 - 3.50	0.682 - 0.702	0.414	N/A	N/A
MSR	3	Cheon et al. (2012)	3.51- 3.58	0.494 - 0.500	0.498	N/A	N/A
ATT	4	Erkan and Evans (2016)	3.29 - 3.35	0.835 - 0.952	0.871	0.871	0.629
SN	5	Arifani and Haryanto (2018)	3.34 - 3.53	0.966 - 1.115	0.892	0.893	0.626
INTENT	4	Erkan and Evans (2016)	3.58 - 3.71	0.950 - 1.115	0.840	0.833	0.560

Goodness of fit: $\chi 2 = 1322.860$; df = 666; Chi-square/df = 1.986; GFI = 0.919; TLI = 0.958; CFI = 0.962; RMSEA = 0.036

Note: α = Cronbach's alpha; C.R = Composite reliability; AVE = Average variance extracted; N/A = Not applicable; Mean and S.D is represented within the range of lower bound value to upper bound value.

Source: own research

Before conducting Confirmatory Factor Analysis (CFA), Cronbach's alpha was used to assess the reliability and validity of variables. However, it is clear that citizen readiness (CR) and medical staff readiness (MSR) have low Cronbach's alpha value. They are 0.414 and 0.498 respectively, which do not meet Nunnally (1978)'s requirement. Nunnally's requirement is > 0.7, the analytical results of CR and MSR are < 0.7. Thus the two factors are eliminated and the measurement model has been re-tested. In addition, the goodness of fit reveals valuable insights into the adequacy of the proposed model in explaining the observed data ($\chi 2 =$ 1322.860; df = 666; Chi-square/df = 1.986; GFI = 0.919; TLI = 0.958; CFI = 0.962; RMSEA

= 0.036) This refers that the research framework is completely satisfactory and suitable for market data.

4.2. Structural Equation Modeling – SEM

Once the model fit was confirmed in CFA, the research hypotheses were then tested using a structural equation model (SEM). Path analysis yielded adaptive values, indicating a good fit for the structural model. To be more specific, Chi-square = 2005.254; df = 689; P = 0.000; Chi-square/df = 2.910; GFI = 0.884; TLI = 0.919; CFI = 0.925; RMSEA = 0.050. In the table 3, the results of structural model has been shown:

Table 3. The results of SEM

Hypothesis	Relationship			Estimate	S.E.	C.R.	P
H1	UGC	←	FGC	1,104	0,145	7,627	< 0.01
H2	IA	←	FGC	0,227	0,113	2,008	0,045
H3	IA	←	UGC	0,999	0,078	12,863	< 0.01
H4	HEALTH	←	IA	0,688	0,048	14,215	< 0.01
H5	ATT	←	HEALTH	0,17	0,044	3,904	< 0.01
H8	INTENT	←	ATT	0,082	0,025	3,36	< 0.01
H9	INTENT	←	IA	0,55	0,046	11,904	< 0.01
H10	INTENT	←	SN	0,285	0,035	8,211	< 0.01

Source: own research

According to the standard of $P < 0.05$, the coefficients represent a statistically significant impact. Based on the results from table 3, it shows that p-value < 0.01 of the H1 correlation and the same coefficient has a positive sign (1.104), proving that the FGC variable has a positive impact on UGC (Poulis et al., 2019). Similarly, the H2 correlation has a value of P = 0.046 (<0.05) with a positive coefficient of 0.227. Thus, it can be concluded that FGC has a positive impact on UGC; and FGC has a positive impact on IA. However, the relationship between the two factors FGC and IA in H2 is considered a weak impact with a small coefficient of 0.227.

Considering hypotheses H3, H4, and H5, we see that: In H3, H4 and H5 all have P value < 0.01 and positive coefficient of 0.999, 0.688 and 0.17, respectively. It can be concluded: UGC has a positive effect on IA (Watts & Zhang, 2008); IA has a positive effect on HEALTH (Nguyen et al., 2021); HEALTH has a positive effect on ATT. The results are similar to Nagaraj (2020), the scholar who demonstrated the relationship between Health Consciousness and Clean Food Consumer Attitude. The authors' analysis results also demonstrated that consumers' health consciousness has a positive impact on health consciousness, according to the findings of Hoque, Alam and Nahid (2018).

Consider hypothesis H8: with p-value < 0.01 and positive coefficient 0.082, it proves that the ATT factor has a positive impact on INTENT. Considering H9 and H10: both hypotheses have p-value < 0.01 and positive coefficients of 0.055 and 0.285 respectively. Thus, ATT, IA

and SN both have a positive impact on INTENT. This result is similar to the results in the study by Mamun et al.(2021); Erkan and Evans (2016): Attitude shows a significant positive impact on the intention to purchase health insurance; Consumer behavior toward purchasing health insurance products and services is influenced by family, friends, relatives, coworkers, and others considered important. Other people's views on subjective norms encourage the purchase of health insurance plans. Information adoption affects purchase intention positively.

5. Conclusion

In Vietnam, there are two specific examples of effective telehealth examination and treatment technology applications: Medlatec with home medical examination and treatment services, and the Dr. OH online app - an app developed by One Health Vietnam. Medlatec is known for its at-home testing services, which are convenient for patients if their health does not allow them to move to hospitals, with test results returned in under two hours, depending on the type of test. Medlatec also collaborates with external partners to assist customers in scheduling medical appointments, simplifying registration procedures through online booking, and sharing medical examination experiences, allowing patients to receive examinations more quickly and easily (Ngan, 2022). This is also one of the optimized features on Dr. OH, an app that allows patients to book medical appointments with leading medical facilities or schedule tests at home at transparent package prices. Furthermore, when using Dr.OH, users will receive consultations, examinations, online Question and Answer with the doctor, and medication prescriptions directly from the app, with delivery to their home. Patients can save their medical records to the app after receiving their results. They would be notified before their next visit. In daily life, they would receive general health and disease information (Thanh nien magazine, 2021)

As the study results show a positive impact of FGC and UGC on the intention to use telehealth services, and FGC also has a positive impact on UGC, the authors propose a number of recommendations for hospitals/ medical enterprises in the healthcare industry in order to achieve the purpose of FGC while utilizing and leveraging UGC. First, building and managing FGC: Medical facilities should invest in developing and managing high-quality FGC. This includes updating the most recent medical information from the Ministry of Health, establishing a production process, and providing clear and transparent information about telehealth services. Optimizing content to attract attention and diversifying business outreach channels, such as social networking platforms and websites. Medical facilities can offer users a comprehensive and multidimensional source of information by creating a variety of content, including articles, images, videos, and current information about telehealth.This includes developing educational materials and illustrations to help people understand telehealth services. Another important aspect of creating FGC is designing it to be appealing, with vivid images, intuitive videos, and interesting articles that both clarify the message and additionally help the reader connect with it. Furthermore, through FGC, businesses can indirectly promote UGC by improving communication and interaction with the community in order to foster interaction and information sharing. Businesses can increase public acceptance of telehealth information by organizing online forums, informational events, or telehealth education programs. Second, directly encourage user contributions: Healthcare facilities should encourage user contributions by establishing open feedback channels and soliciting opinions

and comments from users, as well as encouraging users to share on personal accounts after experiencing services. They can encourage the sharing of experiences and success stories from patients who have used telehealth services, as well as the experiences of participants in the firm's educational community programs, which results in increased acceptance and positive intention to use them, while also promoting positivity in UGC. Medical facilities can organize surveys, solicit opinions, or set up suggestion boxes, online rating systems, or feedback forms on their websites. This way, users have the opportunity to share their opinions, feedback, and suggestions for improving telehealth services. Medical facilities can organize interactive activities such as contests, discussions, and surveys to stimulate interaction and feedback from the user community. Contests for writing, designing, or creating content related to telehealth services will encourage creativity and the sharing of new ideas from users.

On the other hand, our results still have inherent limitations. Firstly, the research zone is limited because respondents are only from three big cities in Vietnam: Hanoi, Da Nang, and Ho Chi Minh City. Therefore, the data and results of this study only be applicable in the Vietnam region and cannot be generalized to other countries. Secondly, the authors have not considered demographics as a moderating/controlled variable in the research framework. Therefore, the findings do not help identify and better understand the characteristics of the research sample that may affect people's behavior when they use telehealth services. This limits the creation of a solid foundation for analyzing and interpreting research results more accurately and comprehensively.

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