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Where Do I Go to Treat Me? Factors That Influence Users' Behavioral Intention

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The aim of this paper is to analyze how some specific factors can impact on attitudes towards usage (ATU), and effect on behavioral intention (BI), when the potential medical tourist carries out the medical tourist destination information sourcing process. Specifically, we considered electronic word of mouth communication (eWOM), trust (TRT), perceived usefulness (PU), and perceived ease of use (PEOU). The data were collected from 698 experienced users participating in a tourism thematic Facebook group. The results state that being social media an effective channel to share contents among users, the more expert users are more influenced in the behavioural intention of choosing medical tourism destinations and trust is the variables with the strongest influence on attitude, which affects users' behavioural intention towards the use of Facebook to find information on medical tourism destination. These results contribute to the scientific debate on users' behavior in utilizing social media to find information for a medical tourism destination and provide support to the marketing and communication strategies of medical tourism practitioners.

Keywords: eWOM, trust, behavioral intention, medical tourist destination

Introduction

Medical tourism is a historical phenomenon refers to the travel of persons to a foreign country with the purpose of receiving health-care services, medical treatment, preventive/wellness or clinical surgical (Richard, Melisa & Rupa, 2011; Abubakar & Ilkan, 2016; Misung, Heesup, & Tim, 2012; Moghavvemmi et al., 2017; Skountridaki, 2017; Bookman & Bookman, 2007). Many scholars, in the last years, have explored a new phenomenon has developed, namely, the medical tourism market (Lee & Kim, 2015), consisting in travellers going from developed to developing countries to access medical services at a lower cost (Johnson et al., 2015; Misung et al., 2012; Aydin & Karamehmet, 2017; Connell, 2013; Esiyok, et al., 2017; Moghavvemi et al., 2017; Lee & Kim, 2015).

In this contest, several academic studies highlight the role of the Web as an increasingly important source of health and healthcare information (Hohm & Snyder, 2015; Huang & Chang, 2012; Lunt, et al., 2010; Maifredi et al., 2010; Moghavvemi et al., 2017; Connell, 2006).

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Everyone at least once in her/his life, digited on Internet to have more details on some particular synthons or to find out which are the cures for a specific disease. The same is for medical destinations; indeed Bookman and Bookman (2007) stated that the most important mean both for medical service providers and medical tourists is the Internet.

Specifically, social media, such as YouTube, Facebook, and Twitter (Turner, 2012), in health tourism acts as an outstanding communication tool that can play an important role in sharing information among users/consumers capable of influencing on behavioral intentions (de Valck et al., 2009; Di Virgilio et al., 2017; Lunt et al., 2010). A recent study (Dedeoglu, 2019) shows tourists' perceptions of the credibility of the social media content, and positive impact on the perceptions of information quality to participant shared content. However, the use of social media for medical tourism purposes remains relatively new (Abubakar & Ilkan, 2016), especially in the case of single countries, such as Italy (Di Virgilio et al., 2017). In fact, to what extend potential medical tourists use social media in order to find information to choose a potential medical tourist destination is still under investigation.

In this scenario, the aim of this paper is to analyze how some specific factors can impact on the attitudes towards usage (ATU), and effect on behavioral intention (BI) when the potential medical tourist carries out the medical tourist destination information sourcing process. Specifically, we considered electronic word of mouth communication (eWOM), trust (TRT), perceived usefulness (PU), and perceived ease of use (PEOU). We incorporate eWOM and TRT in the Technology Acceptance Model (TAM), since we think that the role of these factors has been underestimated and research in medical tourism destination market are still too limited (Di Virgilio et al., 2017). We applied our model using 1,000 experienced users that take part in a thematic group of Facebook on the tourism experiences. Participants were asked to complete anonymous surveys within a period of four months from January 2018 to April 2018. A total of 790 questionnaires were filled out, which generated 698 usable responses for the statistical analysis.

Mainly, the paper is organized as follows: In the first part, we first discuss TAM an then we extend the model by introducing TRT and eWOM to explore the potential influence on ATU. Then, we describe our modified theoretical model and the research hypothesis. In the second part, we present the empirical study and we discuss findings. The paper concludes with a discussion of the implications, limitations, and future research directions.

Literature Review and Hypotheses Background

Technology Acceptance Model (TAM) and Its Constructs

There are several researches based on extended and modified versions of Technology Acceptance Model (TAM) to examine technology adoption in various areas (Kim, et al., 2008; Kim et al., 2010; Chung et al., 2010; Doong et al., 2011; Di Virgilio & Antonelli, 2018), nevertheless really few researches consider the medical tourism domain, which is a singular domain, due to its features. The present study extends the traditional TAM incorporating the role of trust and electronic word of mouth to explore the influence they have on attitudes toward usage when potential tourists source for medical tourist destinations information, and the direct effects on behavioural intention to buy.

TAM is a well-established theoretical model that addresses the issue of how users take and use information technology (Davis, 1989). Based on the psychological interaction that users have with technology, TAM utilizes the constructs of perceived usefulness (PU), perceived ease of use (PEOU), and attitudes towards

usage (ATU) to explain and predict technology system adoption. According to Davis (1989), perceived ease of use (PEOU) refers to "the degree to which a person believes that using a particular system would be free from effort" (p. 320). Perceived usefulness (PU) refers to "the degree to which a person believes that using a particularly system would enhance his or her job performance" (p. 320). Both PEOU and PU have positive effects on attitude toward usage, which refers to an individual's positive or negative emotional orientation to engaging in a given behavior (Davis, 1989; Lee & Ryu, 2013; Di Virgilio & Antonelli, 2018; Di Pietro et al., 2012).

The intention of behaving in a specific manner, for example, in the way someone looks for information before taking a particular buying decision or expresses a preference in experimenting, is influenced by the attitude towards the use of a certain technology or channel. The intention of behaving is impacted also by the perceived usefulness (PU) of using a system or a means and the perceived ease of use (PEOU) of that specific means.

Hence, we give for granted the following hypothesis:

- H1: PU has a positive influence on ATU.
- H2: PEOU has a positive influence on ATU.
- H3: ATU has a positive influence on BI.

The Influence of the Trust

Many conceptual definitions and several measurements of trust have been proposed across different contest (Casaló et al., 2011; Ladhari & Michaud, 2015; Sparks & Browning, 2011). Some scholars are conceptualized trust as a person's willingness to rely on the statement or opinion of someone in whom they have confidence (Moorman et al., 1993; Schurr & Ozanne, 1985; Ridings et al., 2002). Ba and Pavlou (2002) posited that trust is an individual's belief that an exchange will happen in a manner consistent with one's confident expectations. Suh and Han (2003) showed trust as the sense of trusting beliefs, referring to the beliefs that "one can rely upon a promise made by another and that the other, in unforeseen circumstances, will act towards oneself with goodwill and in a benign fashion" (p. 137). Wang, Law, Hung, and Guillet (2014) explained tourist destination as a multidimensional construct, in particular as a relevant antecedent in predicting tourists' intentions to travel and to visit a destination (Abubakar & Ilkan, 2016; Artigas et al., 2017; Ridings et al., 2002), and a key quality for success in managing the marketing of tourist destinations (Choi & Lee, 2017). Researchers have provided empirical evidence on the uncertainty of the trustworthiness of social media website content (Dellarocas, 2003; Gretzel, 2006; Kim & Park, 2013) show that users might develop a sense of community and trust in the comments posted online (de Valck et al., 2009; Dwivedi et al., 2007) as if they were interacting face-to-face (Yadav & Varadarajan, 2005).

Members of the same social media tend to trust each other more than they trust people outside the network (Artigas et al., 2017; Aiken & Boush, 2006). Previous research suggests that the context of social media, uncertainty is usually higher due to the high level of user-generated contents and the lack of face-to-face interactions (Featherman & Hajli, 2016; Hajli et al., 2015). Very few studies tested how trust influences users' attitude usage social media for find information on a medical tourism destination in the source providing the advice, perceived usefulness of this information.

Therefore, we hypothesize the following relationships:

- H4: Trust has a positive influence on PU.
- H5: Trust has a positive influence on ATU.

The Influence of the EWOM

Numerous conceptual definitions and several measurements of eWOM that can be used across different disciplines (Jalily et al., 2012; Jalilyand & Samiei, 2012; Jani & Hwang, 2011; Papadimitriou & Gibson, 2008; Abubakar & Ilkan, 2014; 2013; Di Virgilio & Antonelli, 2018; Di Pietro et al., 2012). Litvin, Goldsmith, and Pan (2008) suggested that eWOM can be defined as all informal communications directed at consumers through Internet-based technology related to the usage or characteristics of particular good and services, or their sellers. This definition includes communication between businesses and consumers as well as that among consumers themselves—both integral parts of the eWOM flow. Furthermore, Casaló and colleagues (2015) stated that eWOM has a strong influence in the tourism industry, primarily due to the intangible nature of tourism services (Abubakar & Ilkan, 2016). Jalilvand and colleagues (2012) reported that eWOM has a significant impact on tourists' destination image, attitude, and travel intention in the tourism industry. Managing eWOM is complex because in online social media, consumers act as co-producers of the meaning and value of marketing messages and information (Chung & Koo, 2015; Kozinets, et al., 2010; Kim et al., 2010). Three main motivating factors for tourists to seek eWOM, namely, convenience and quality, risk reduction, and social reassurance are tested to be essential to a consumer's decisions by Hudson and Thal (2013). Tourists use online reviews in all stages of their trip (pre-trip [planning], during-trip [considering alternatives] and post-trip [post-consumption behavior]) (Leung et al., 2013). Tourists are influenced by specific features when using information from online reviews in their travel planning, despite the benefits of using social media to improve eWOM, the effects of media closeness and network strength on the diffusion of eWOM remain unclear (Wang et al., 2016; Ayeh et al., 2013; Casaló et al., 2015; Lee et al., 2009; Sotiriadis, 2017; Di Virgilio et al., 2017). Our study is based on the statement that eWOM, through the spread of services information from person to person through online social media, is considered credible (Chu & Kim, 2011; Wang et al., 2016) and influence PU, TRT, and ATU.

Considering this literature, we hypothesize the following relationships:

H6: EWOM has a positive influence on PU.

H7: EWOM has a positive influence on TRT.

H8: EWOM has a positive influence on ATU.

According to the literature review presented and formulated hypotheses, the proposed research model is presented in Figure 1

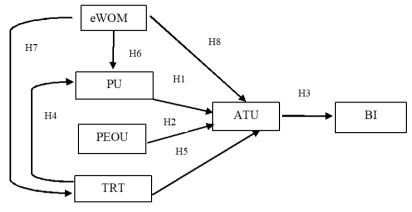


Figure 1. Research model.

Methodology

Data Collection and Sampling

This study employed a random sampling technique to avoid selection bias and classification errors. The sample was made by 1,000 members of the Facebook group (at https://www.facebook.com/groups/viaggisocial) experts in tourism virtual community due to their frequent use of eWOM in sharing experiences and selecting information for tourism purposes. This was one of the first Facebook groups on tourism created and many of the most popular travel bloggers are part of this community. This is a Facebook group that generously shares opportunities for every type of traveller whether being a current or aspiring one. To streamline and maintain the group active, the administrators of the group have even set regular threads every week, such as introductions, photo tips, travellers meet-ups, blogging resources, traveling opportunities, and giveaways. Nevertheless, anyone is free to post questions and ask for advice at any time. There also is a private Facebook Group that is exclusive; no one can see the discussions or participate unless they are a member of the group. This has proven to be more efficient than email when it comes to connecting and building try polls in order to choose a tourist destination. The survey participants were reached directly on the Facebook group within a period of four months from January to April 2018: 1,000 Facebook users that were active on the specific group were asked to complete anonymous surveys. The main aim of the survey was to predict the participants' intention in using Facebook as a supporting tool when making their decision to choose a potential medical tourism destination. A total of 790 questionnaires were filled out, which generated 698 usable responses for the statistical analysis.

The demographic characteristics of the sample were based on gender, age, education, as well as on experience with Facebook and with touristic information sources in terms of months from first access to the social media and the time spent during each visit, as presented in Table 1.

Participants' profile shows that most of the respondents are female (51%), most online users are aged between 21 and 30 (58%). Most respondents reported having a bachelor's degree (84.9%), whereas 12.8% had a high school degree. The respondents reported a high mean in terms of their involvement on the social network due to the duration of each visit (75.7% spends from one to two hours each time) and the long-lasting presence in the virtual community (72.4% has been a virtual community user for more than 37 months).

Overall, the sample represents a young, educated group that holds characteristics which are typical of the online population (Chu & Kim, 2011). According to a recent report by Smith and Anderson (2018), social media users tend to be women, young, and have at least a bachelor's degree.

Table 1
Respondent's Profile

Demographic and control variables	Category	Percentage (%)
C 1	Male	49
Gender	Female	51
Age	20 and below	1.2
	21-30	58
	31-40	25.8
	Above 40	15
Education	High school degree	12.8
	Bachelor's degree	84.9
	Master's degree	1.9
	Ph.D./Specialization	0.4
Experience in virtual community	Less than 12 months	1.1
	13-24 months	36.9
	25-36 months	19.6
	Above 37	72.4
Time in virtual community	Less than one hour	8.1
	One to two hours	75.7
	Two to three hours	15.1
	More than three hours	1.1

Measures Items

The participants were asked to fill out a questionnaire consisting of 19 items, including 14 items on PU, PEOU, ATU (Wu et al., 2011; Al-Somali et al., 2009), TRT (Chu & Choi, 2011; Chu & Kim, 2011), eWOM (Jeong & Jang, 2011), and BIU (Kim & Han, 2011; Davis, 1989; Al-Somali et al., 2009) which were measured with a five-point Likert scale (1 = "Strongly disagree"; 5 = "Strongly agree") and five items on the respondent's profile including gender, age, education, experience in the virtual community, and the time spent during each visit online. Table 2 represents the constructs adapted from the related literature.

Table 2

Constructs Adapted From Literature

Constructs	Source
PU	Wu et al. (2011) and Al-Somali et al. (2009)
EWOM	Jeong and Jang (2011)
ATU	Wu et al. (2011) and Al-Somali et al. (2009)
BI	Kim and Han (2011), Davis (1989) and Al-Somali et al. (2009)
PEOU	Wu et al. (2011) and Al-Somali et al. (2009)
TRT	Chu and Choi (2011) and Chu and Kim (2011)

A pre-test with an appropriate sample was carried out in order to calculate the minimum time required to complete the questionnaire. It was 5.4 minutes (mean = 5.1, maximum = 5.9), which implied that some subjects may not have taken the questionnaire seriously, and may not have read the items before answering. According to Di Pietro et al. (2012), to avoid the increased error variance introduced by such subjects, 5.4 minutes was used as a cut-off for inclusion in the analysis. The data were edited by checking and adjusting for errors, omissions, legibility, and consistency in order to ensure completeness, consistency, and readability. Since the large use of Structural Equation Model (SEM) for evaluating relationships between variables and expressing

complex variables in one analysis, such as in TAM (Gefen et al., 2000), authors used LISREL software for analysing the covariance-based SEM.

Each measurement item has been validated by analyzing the value of Cronbach's alpha through SPSS 17.0 software (see Table 3).

Table 3

Cronbach's α Value

Factors	Items	α Cronbach
PU	2	0.823
EWOM	3	0.791
ATU	2	0.868
PEOU	2	0.779
BI	2	0.888
TRT	3	0.814

Since the value for each variable satisfies the suggested ones (Cronbach & Shavelson, 2004), the proposed research model is very reliable.

Further fitness indexes to evaluate the reliability of the proposed model were analyzed through LISREL, such as the degree of freedom χ^2 , goodness-of-fit index (GFI), normed fit index (NFI), comparative fit index (CFI), and root-mean-square error of approximation (RMSEA). Table 4 compares the values recommended by literature (Casaló et al., 2010; Ye et al., 2011) with the results of the model.

Table 3

Cronbach's α Value

Fit indexes	Recommended value	Result
χ^2 /Degrees of freedom	< 3	2.86
GFI	> 0.8	0.84
AGFI	> 0.8	0.86
NFI	> 0.9	0.93
CFI	> 0.9	0.92
RMSEA	< 0.08	0.016

Findings

The results confirm the good fit of the model and of the data structure and indicate that all null hypotheses can be rejected with relatively high confidence (*p*-value); therefore, it is possible to accept all alternative hypotheses.

H1, thus, predicts a positive causal relationship between PU and ATU towards the use of Facebook when finding a medical tourist destination ($\beta = 0.34$), with a value of R^2 which explains the 0.24 of variance. In the two relationships related to the perception, null hypotheses are rejected with relatively high confidence (p-value), so it is possible to accept alternative hypotheses, namely, both the perceived usefulness and the ease of use are strictly linked to the attitude (path coefficient = 0.34, p < 0.001 and path coefficient = 0.28, p < 0.001, respectively).

Since the coefficient is positive and significant ($\beta = 0.28$) even the H2 can be accepted, identifying a positive link between PEOU and ATU. H3 is accepted and states a positive causal relationship between ATU

and BIU (β = 0.40). In H4, the TRT is significantly related to PU, with a standardized coefficient value of 0.18 and a R^2 which explains the 0.25 of variance. H5 can be accepted since there is a positive connection between TRT and ATU (β = 0.35). H6 (β = 0.33) is consistent since there is a positive influence of eWOM on PU H7 can be accepted since there is a positive connection between eWOM on the TRT (β = 0.14). Finally, even H8 can be accepted, stating a positive connection between eWOM and ATU (β = 0.28), with a value of R^2 = 0.24, which may exclude the presence of other variables.

Discussion and Implications

By analysing the findings, it is possible to show the results of the structural model analysis, by underlining the value of the explained variance (R^2) and the standardized coefficients, significant at $p \le 0.001$.

H1 and H2 are supported ($\beta = 0.34$) and ($\beta = 0.28$), thus with a positive causal relationship between PU and PEOU with ATU, these results are in accordance with literature review, which maintains that social networks are mainly used to share contents among users (Hogg, 2010; Kim et al., 2010).

Also, H3 is supported, by identifying a positive causal relationship between ATU and BI, in fact, the users' attitude towards the use of Facebook for achieving information for the medical tourist destination has a strong influence on the subsequent behaviour ranging (path coefficient $\beta = 0.40$, $p \le 0.001$), it enhances past researches to which a person is prompt in accomplishing a certain behaviour (Davis, 1989; Lee & Ryu, 2013; Di Pietro et al., 2012).

Consistent with H4 and H5, TRT influences PU ($\beta = 0.18$) and ATU, in particular, TRT is the variables with the strongest influence on attitude, which affects users' behavioural intention towards the use of Facebook to find information on medical tourism destination ($\beta = 0.35$), these results showed how a climate of trust develop a sense of community and trust in the comments posted online (de Valck et al., 2009; Dwivedi et al., 2007).

Analysis carried out the influence of eWOM affects both the PU (β = 0.33), ATU (β = 0.28), and TRT (β = 0.14), these results are linked to the nature of the social media, which represent a new source of trust in information exchange and knowledge shared in an interpersonal communication context (Chiu, Hsu, & Wang, 2006). These findings are in accordance with literature review, which states that eWOM is mainly used to share contents among users (Hogg, 2010; Kim et al., 2010) and provide support to the marketing and communication strategies of medical tourism marketers who have to develop, monitor, and manage their services and related activities, in a practically infinite virtual domain (Dedeoglu, 2019; Abubakar & Ilkan, 2016).

Limitation and Future Studies

Social media is one of the fastest and the most effective ways of information sharing since it reaches with the same, almost ineffective cost a huge number of consumers/users. As in other industry, social media has begun to be used in the tourism. We analyzed how some specific factors, such as electronic word of mouth communication (eWOM), trust (TRT), perceived usefulness (PU), and perceived ease of use (PEOU) can impact on the attitudes towards usage (ATU), and effect on behavioral intention (BI) when the potential medical tourist carries out the medical tourist destination information sourcing process. The results suggest that eWOM has a significant impact on trust and behavioral intention. Additionally, the role of eWOM and trust in medical tourism marketing is very important because behavioral intention is believed to be a fundamental component in building successful business relationships.

This study posits that social media, such as Facebook, can be considered collaborative technologies that support the creation of common knowledge applicable not only to the tourism industry (Isacsson & Gretzel, 2011; Tatsiopoulos & Boutsinas, 2010) but even to the more peculiar medical tourism destination target, which is more sensitive due to the fact that it is based on a healthcare need. According to Jalilvand and Samiei (2012), eWOM influences tourism destination consumers' choice more than the traditional channels.

While the functioning of medical tourism promotional websites appears to be gaining better documentation, no studies have yet examined the role, use and impact of social media on actual and prospective potential medical tourists' consumption behavior. The results of our research demonstrate that the relationship between eWOM and trust is crucial to behavioral intention dimensions. In sum, the novelty of our research lies in stretching the TAM by including eWOM and trust and applying in a peculiar industry area: the medical tourism. Moreover, we have investigated the Italian medical tourists target by observing the impact that a social media as Facebook has on the intention of choosing a potential medical tourist destination, which has not yet been fully appraised by the recent literature. Because this topic is not well-understood many stimulating opportunities lie ahead for new research investigations.

Our study has also contributed to the medical tourism management sector. While it is difficult to generalize conclusions without comparative studies, this study encourages tourism practitioners to consider specific features of Italian users' behavior as well as attitudes within the medical tourism intention choice, by providing new applications of the eWOM marketing strategy. Practitioners in the medical tourism industry should develop and animate positive eWOM around their products and services in order to increase trust and behavioral buying intentions, by enhancing the ties among social media members and by identifying innovative members as opinion leaders in order to promote medical tourism destinations.

Although our investigation helps to fill the gap in terms of knowledge and some good results have been obtained, there are some limitations in our study that should be kept in mind. The findings should be interpreted with caution given the sample size and data collection method employed. Even if the sample is not very large, it can be representative because has been obtained through the random sampling technique, thus generalizations can be made to the general population. Nevertheless, a limitation emerges from the representativeness of the sample; as a matter of facts, there is a prevalence of experienced social media users under 30 years of age (58%). Perhaps an older sample might be less influenced or perceive the medium as less useful.

Examining the effect of online reviews on destination trust, destination choice, and destination image simultaneously may provide additional insights for medical tourism practitioners. As this research has utilized a sample with a single-country focus, results can vary depending on the national cultural features of the users/consumers. Another limitation consists because the model is missing some important variables. Most of all, the impact of travel distance was not considered, while it can be a significant variable in the medical tourism intention choosing process both in terms of related costs to be considered, both because of the general medical idea that can identify some countries (some countries from the Est Europe, for example, are tied with the idea of medical backwardness or poor hygiene.

From a research perspective, this study sets a broad agenda for future research. Even if the research helps to narrow the gap created by the lack of theoretical and empirical research on the TAM and the role of eWOM and trust on users' behavior in the potential choice of a medical tourist destination, however, the application of eWOM and trust for this topic is still limited. Future research might focus on extending our model to encompass other theoretical constructs by adding new variables as negative eWOM. In addition, future research

should investigate which are the social media more used when choosing a medical tourist destination and examine the generalizability of our findings through cross-cultural or multi-country studies.

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