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FROM DIGITAL INFLENCE TO MEDICAL TRAVEL DECISION INTENTION: THE MEDIATING ROLE OF DESTINATION TRUST IN USER-GENERATED CONTENT

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Abstract: This study aims to examine how user-generated content (UGC) influences medical travel decision intention and to explore the mediating role of destination trust in this relationship. The research seeks to clarify the psychological mechanisms through which digital social influence shapes potential travelers' choices in a high-risk medical tourism context. A quantitative research design was adopted using a structured questionnaire administered to potential international travelers. Out of 517 distributed questionnaires, 209 valid responses were retained for structural equation modeling (CB-SEM) using IBM SPSS Amos 22 to test the conceptual model and evaluate the indirect paths. The empirical findings reveal that user-generated content exerts a significant positive effect on both destination trust and medical travel decision intention. Furthermore, destination trust acts as a crucial full mediating mechanism connecting UGC to behavioral intention, demonstrating that online peer-generated information reduces perceived risk and uncertainty during destination selection. Theoretically, this study integrates multiple perspectives to show that trust is more influential than raw information in high-stakes decisions, while contributing to geographical diversity by incorporating the Algerian context. Practically, the findings suggest a necessary strategic shift from traditional promotional marketing to experience-based marketing. Destination managers and healthcare stakeholders in Algeria should invest in digital transparency, patient evaluations, and structured trust-building systems similar to those in established destinations like Turkey. From a geographical standpoint, UGC reshapes the spatial mental image of destinations, indicating that digital presence now competes with physical distance in redirecting international patient flows. Ultimately, effectively leveraging UGC and managing online reputation are key to strengthening destination competitiveness and fostering health-tourism clusters.

Keywords: user-generated content, destination trust, medical tourism, travel decision intention

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INTRODUCTION

In an era of rapid digital transformation in the global tourism industry, User-Generated Content (UGC) has emerged as a critical determinant of consumer behavior, often perceived as more reliable and credible than traditional marketing communications. in perceived reliability and sources of credibility. UGC is no longer just a source of information; it has become an influential element in shaping perceptions and behavior through its role in reshaping the mental image of the destination, and plays an important role at every stage of the decision-making process, from feeling the desire to travel, planning, and then making the actual decision. This phenomenon is especially significant in the specialised sector of medical tourism, where high perceived risks require a strong psychological basis before behavioral intentions are formed. In medical tourism, the decision is not recreational but high-risk; therefore, it requires trust rather than information alone. The medical decision combines health, financial, and psychological risks, which distinguishes it from conventional recreational tourism, so the information becomes insufficient, but it must be complemented by psychological mechanisms.

Trust has been identified as a pivotal mechanism through which online information influences consumer behavior, particularly in tourism contexts characterized by information asymmetry and perceived risk. Destination trust involves tourists' belief in a destination's potential to offer safe, dependable, and satisfying experiences.

Previous studies have shown that trust not only decreases perceived risk but also increases visitors' desire to travel to, recommend, or revisit a location. In digital environments, exposure to UGC is increasingly used to build destination trust, since tourists perceive shared experiences as social proof of the destination's quality and reliability. Trust is not a direct outcome of information itself, but rather of how this information is interpreted. The interpretation of information received from digital platforms depends on several underlying psychological factors that shape the perception process, including previous experience and social comparison, which transform information into psychological perceptions.

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While extant literature has extensively explored the role of UGC, the underlying psychological mechanisms, particularly the mediating role of destination trust, remain under-explored within high-stakes contexts such as the medical travel corridor between Algeria and Turkey. The key research focus should not only be whether UGC affects behavior, but also how this effect occurs, not whether it affects or not. The process of information reception and behavioral conversion is not automatic, but is mediated by underlying psychological mechanisms, highlighting the importance of examining mediating variarather than focusing solely on direct relationships.

Algeria was selected as a developing country that is experiencing an increasing demand for medical tourism services, with a noticeable dependence on traveling abroad for treatment. Turkey is one of the leading international destinations in medical tourism, due to the development of its healthcare system and its competitiveness in providing high-quality medical services. The Algeria–Turkey context reflects actual patient flows, as many Algerian patients travel to Turkey for advanced medical services such as complex surgeries, hair transplantation, and pediatric care. This comparative context highlights the gap between a demand-producing country (Algeria) and a patient-receiving country (Turkey). The choice of this geographical route helps to analyze how digital content influences travel decisions in a real international context.

This selection also contributes to enriching the literature by studying the behavior of medical tourism between a developing market and an advanced therapeutic destination. This study contributes to a better understanding of the relationship between UGC and travel behavior through a model that integrates behavioral and psychological variables by examining the mediating role of destination trust in explaining the effect of UGC. The results also reinforce previous literature by integrating several theories, such as Source Credibility Theory, Information Adoption Model, and Trust Transfer Theory, into one framework. In addition, the study helps to clarify the mechanism by which digital information is transformed into actual travel intention. The study proposes an analytical model demonstrating direct and indirect relationships between variables. It also provides empirical evidence supporting trust as a key psychological mechanism in decision-making, and it helps bridge the research gap regarding how digital content influences tourism decisions.

From a geographical perspective, the study contributes to enriching the literature by examining the Algerian context as a source country of tourism demand as well as the increasing role of Turkey as a major destination in international medical tourism. It also helps in understanding the geographical flows of patients between a developing country and an advanced treatment destination by highlighting the role of digital content in reshaping the geographical image of destinations. Based on the theoretical background and empirical gaps identified in the literature, this study pursues the following objectives:

- To study the direct effects of user-generated content on Destination Trust and Travel Intention.
- To examine the effect of Destination Trust on Travel Intention.
- To examine the mediating effect of Destination Trust in the UGC–Travel Intention relationship

LITERATURE REVIEW

User-Generated Content

User-generated content (UGC) is increasingly influencing attitudes and decisions in the tourism industry (Sánchez-Franco & Rey-Tienda, 2024;Sultan et al., 2020; Jain et al., 2021). UGC refers to content created and shared by individuals rather than official entities across various online platforms, including Facebook, Instagram, TikTok, YouTube, LinkedIn, blogs, and travel websites (Ghaly, 2023). This content takes multiple forms, including reviews, images, videos, and blogs, which have become a primary source of information for travelers. It plays a significant role in the inspiration, planning, and information-gathering stages of travel, a fact confirmed by Cox et al., 2009; Santos et al., 2024 conceptualize UGC as user-driven communication on social media platforms.

Recent studies suggest UGC plays a pivotal role because it is considered more influential on travelers than official advertisements. This is because it originates from peer consumers who are seen as authentic and trustworthy. UGC also helps shape the image of a destination by sharing the personal experiences of each traveler. Empirical evidence from (Alcázar et al., 2014) shows that UGC has a direct positive influence on both cognitive and affective dimensions of a destination's image. These effects, in turn, influence travel intentions and help reduce perceived travel risk. UGC reflects first-hand experiences rather than commercial messages. According to Aboalganam et al., 2025, 62% of consumers trust UGC when searching for information about new destinations (Xu et al., 2023)

Studies by Jog & Alcasoas, 2023 and Eko Susanto et al., 2024 also indicated that user-generated content, such as blogs and videos, has a strong impact on travel decisions, with a substantially stronger influence compared to traditional campaigns, by reshaping destination perception and travel intention. Furthermore, extends beyond the provision of information. A 2023 study conducted in Bangladesh with a sample of 388 participants found that UGC circulated on social media platforms had a substantial and positive impact on international flight bookings (Sanjoy & Tanvir, 2023).

Destination Trust

Tourism scholars define destination trust (DT) as a multifaceted construct reflecting the perceived sincerity, integrity, and competence of local residents and tourism-related public and private entities (Marinao et al., 2012), or as the level of confidence tourists place in tourism services and offerings (Al-Ansi & Han, 2019). Trust is considered an effective mechanism for reducing uncertainty and perceived risk (Han & Hyun, 2013; Pavlou et al., 2007). Consequently, a trustworthy destination is perceived as transparent, reliable, and capable of reducing perceived risks while delivering consistent service experiences. Customer (or brand) trust has been widely examined in consumer behavior and marketing literature, and is essential for building long-term customer relationships and sustaining market competitiveness (Urban et al., 2000). Sirdeshmukh et al., 2002 proposed a theory in which customer trust determines

perceived value and, ultimately, customer loyalty. Trust fosters customers' emotional attachment to a brand (Esch et al., 2006), which positively influences perceived corporate social responsibility and purchase intention (Pham & Nguyen, 2018). It also promotes repeat purchases by reducing uncertainty during online purchasing (Chiu et al., 2012).

Trust is particularly important in tourism because of the simultaneous nature of production and consumption of services and products (Mohammed Abubakar, 2016). Abubakar et al., 2017 define destination trust in the medical tourism context as visitors' confidence in healthcare providers and medical services. Previous research has examined the relationships between information, DT, VI, satisfaction, and loyalty (Marinao Artigas et al., 2017). Information has been found to significantly influence perceived destination trust, and DT has a strong positive effect on visit intention (Mohammed Abubakar, 2016). Furthermore,it enhances tourist satisfaction and loyalty toward the destination (Marinao Artigas et al., 2017). Despite its importance, the role of destination trust in shaping travel attitudes and intentions under crisis conditions (e.g., pandemics) remains insufficiently explored. Therefore, this study aims to examine the role of destination trust in shaping tourists' responses under conditions of uncertainty.

Travel Intention

In tourism research, intention to visit is frequently defined as tourists' likelihood of visiting a specific destination. The intention to visit an attractive destination originates from internal motivations (Jamilah et al., 2022).

Pramesti & Sholahuddin, 2024 define visit intention as a tourist's intention to visit and explore attractions managed by destination authorities. Tourists' visit intention is similar to their purchase intention, since they are determined by similar factors. The decision to visit a tourist destination can be considered within consumer behavior in the context of purchasing a product or service (Kotler et al., 2017).

Kotler, 2000 argues that tourists' visit intention is comparable to consumers' purchase intention, which is measured by the same indicators. According to Kotler's argument, tourists typically evaluate a destination based on multiple considerations before making a decision, which shape intention-based behaviors. Muh Syarif & Fathor, 2023 also identify different dimensions of intention. Prior to travel, tourists consider several factors, including destination choice, timing, duration, and accessibility. According to Mauladi et al., 2024, decision-making plays a crucial role in tourism development, as it involves evaluating various elements that influence tourists' intention to travel.

Conceptual Framework

The conceptual framework in Figure 1 was based on a detailed examination of both empirical and theoretical assumptions through a literature review.

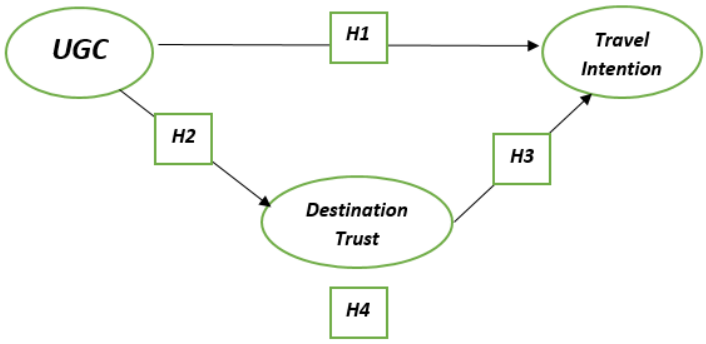


Figure 1. Research Model

Hypotheses development

The impact of UGC on Destination Trust

According to John Fotis et al., 2012, user-generated content (UGC) is perceived as more reliable than official sources. Travelers tend to consider UGC as a primary source of information when planning their trips. This finding was supported by a Varga study, which found that consumers are more influenced by content posted by friends and acquaintances than by commercial advertisements (Varga & Gabor, 2021). Wang & Yan, 2022 further examined the impact of UGC in 2022, concluding that the quality of information from UGC enhances trust and perceived credibility. Based on these findings, the present study develops the proposed hypotheses.

H1: User Generated Content **(UGC)** positively impacts Destination Trust **(TRUS)**

The impact of Destination Trust on Travel Intention

Destination trust reduces perceived uncertainty and risk i in contexts where tourists experience vulnerability (Liu et al., 2019). International tourism is highly sensitive to global risk factors (Ritchie, 2004), with this susceptibility exacerbated during crises like COVID-19. Previous research shows that destination trust (DT) affects tourists' risk perceptions (Kim et al., 2009) and their emotional attachment to a destination (Chen & Phou, 2013). Tourists are more likely to visit destinations perceived as trustworthy (Ekinci & Hosany, 2006;Han & Hyun, 2013). Tourists may even form emotional attachments to a reliable destination over time. Accordingly, the following hypothesis is proposed:

H2: Destination Trust **(TRUS)** positively affects Travel Intention **(INT)**

The impact of UGC on Travel Intention

Tham et al., 2020 noted that the role of UGC at the stage of travel intention enhancement becomes crucial in unfamiliar or complex destinations, as it reduces ambiguity and provides direct guidance. Numerous studies (John Fotis et al., 2012, Bratić et al., 2021) have concluded that UGC plays a significant role in shaping other travelers' intentions. This can be explained by the fact that content sharing is driven by enjoyment, altruism, and self-expression, and contributes to strengthening destination image and stimulating travel intention. Accordingly, the following hypothesis is proposed:

H3: User Generated Content **(UGC)** positively affects Travel Intention **(INT)**

UGC, Destination Trust and Travel Intention

UGC contributes to shaping destination image and fostering destination trust among travelers by building mental perceptions of a place (Nguyen & Tong, 2023). Furthermore, Khasawneh et al., 2022 showed that information can influence travelers to visit a specific destination if they trust their sources. Destination reputation influences tourists' intention to visit (Satyarini et al., 2017). Mohammed Abubakar, 2016 found a significant link between travel intention and destination trust. Similarly, Phillips et al., 2013 found that the emotive dimensions of destination trust have a positive effect on travel intentions. Accordingly, the following hypothesis is proposed:

H4: Destination Trust mediates the relationship between User Generated Content and Travel Intention.

MATERIALS AND METHODS

Medical tourism involves higher perceived risks compared to leisure travel, as it concerns physical well-being and clinical outcomes. In the context of Algerian patients seeking treatment in Turkey, destination trust becomes a critical psychological bridge. This study focuses on travel intention because the decision-making process in medical tourism is predominantly shaped in the pre-trip phase, where User-Generated Content (UGC) acts as a vital source of peer-to-peer (P2P) validation, reducing uncertainty and fostering the trust necessary to consider a foreign destination for healthcare.

Research design

This study employed a quantitative methodological framework, utilising an online questionnaire administered to Algerian respondents exposed to online travel content. Questionnaires serve as an effective tool in social research, facilitating efficient, cost-effective, and non-intrusive primary data collection from extensive samples (MacDonald & Headlam, 2014). As noted by Alshenqeeti, 2014, questionnaires offer a more efficient alternative to interviews for gathering substantial data from a broad audience within a limited timeframe.

Within behavioral tourism research, survey instruments are instrumental in securing representative samples. This approach enables the exploration of recurring trends in stakeholders' cognitive and affective domains, including their perceptions, intentions, and awareness regarding specific tourism phenomena.

Sampling technique

The target population for this study consisted of Algerian individuals exposed to travel-related content on social media platforms, specifically regarding medical travel to Türkiye, aged 18 years and above.

A minimum sample size of 200 respondents was established based on guidelines for Structural Equation Modeling (SEM), which serves as the primary analytical technique in this study (Hair et al., 2010; Kline, 2010).

To ensure a representative sample, a non-probability purposive sampling technique was employed. This approach was chosen because the research targets a specific segment of the population, Algerian individuals who actively engage with medical tourism content regarding Turkey. Given the absence of a comprehensive sampling frame of potential medical tourists in Algeria, this method allowed the collection of relevant and reliable data from respondents who met the study's inclusion criteria (Christopher Westland, 2010).

Questionnaire design

The questionnaire was structured into 4 main sections.

The first section collected demographic information from respondents, including gender, age, educational background, average monthly income, and their budget for medical travel outside Algeria.

The second section focused on measuring user-generated content using 10 items adapted from prior validated studies (Reza Jalilvand & Samiei, 2012, Alsheikh et al., 2021; Wijaya et al., 2025) and (Aboalganam et al., 2025).

The third section focused on measuring the destination trust variable. It was measured by 8 items, adapted from prior studies (Mohammed Abubakar, 2016) and (Chi & Qu, 2008). The final section (travel intention) was measured using three dimensions from prior studies as (Reza Jalilvand & Samiei, 2012) and (Jalilvand & Heidari, 2017). Minor modifications were made to adapt the items in the context of the current study. All 21 items were assessed using a five-point Likert scale, where 5 indicates "strongly agree," and 1 indicates "strongly disagree".

Data analysis

To test the proposed research model and assumed relationships, this study used covariance-based structural equation modeling (CB-SEM), using IBM SPSS Amos 22. This method was chosen for its ability to conduct simultaneous analysis of multiple relationships and its effectiveness in testing mediation effects within complex structural frameworks, according to the guidelines of (Hair et al., 2017). The analysis followed a two-step approach: first, the

measurement model was evaluated using confirmatory factor analysis (CFA) to ensure the reliability and validity of the variables (user-generated content, destination trust, travel intention) recommended by (Hair et al., 2010). Second, the structural model was evaluated to examine the path coefficients and the significance of mediation effects. Maximum likelihood estimation (MLE) was used to assess model fit to ensure compliance with established model fit criteria.

RESULTS

Sample profile

The sample size satisfies the minimum requirements for Structural Equation Modeling (Hair et al., 2017). Accordingly, a total of 517 questionnaires were distributed. From the responses received, 209 valid surveys were retained for analysis, providing a robust basis for analysis. Table 1 presents the demographic characteristics of the sample.

Table 1. Harman single factor test

Component	Total	% of Variance	Cumulative %
The first factor (1)	10.410	49.570%	49.570%

Harman single factor test

To ensure a high level of statistical precision, the primary data underwent a rigorous screening process to detect abnormal response patterns as a preliminary step prior to inferential analysis.

Questionnaires with a standard deviation (SD) between 0 and 0.39 were excluded, and to evaluate the potential for Common Method Bias (CMB), Harman's Single Factor Test was performed. The exploratory factor analysis revealed that the first factor accounted for 49.57% of the total variance. As this value is below the threshold of 50%, it indicates that no single factor dominates the variance. (Harman, 1976; Podsakoff et al., 2003).

Descriptive statistics

As depicted in Table 2, the sample is balanced concerning gender (52.6–47.4 %); almost 55 % of participants are aged between 21 and 40 years old. The sample demonstrated a high level of education, with over 50% of participants holding university or postgraduate degrees. Furthermore, the respondents demonstrated a notable level of financial readiness, with approximately 48% reporting a monthly income exceeding 100,000 DZD, while over a quarter (25.8%) indicating a willingness to spend more than one million DZD on treatment abroad.

Table 2. Respondents' Demographic Profile

Variable	Category	Frequency (%)
Gender	Male	47.4%
	Female	52.6%
Age	18–21	20.1%
	22–26	20%
	27–31	22.5%
	32–40	15.3%
	+40	20.1%
Educational Level	Secondary/Equivalent	23.4%
	University level	23%
	Postgraduate studies	27.8%
	Others	25.8%
What is your average net monthly income (in Algerian dinars)?	Less than 50,000 DZD	23.4%
	From 50,000 to 100,000 DZD	28%
	From 100,001 to 200,000 DZD	21.5%
	More than 200,000 DZD	26.8%
What is the maximum amount you can spend on medical treatment outside of Algeria?	Less than 200,000 DZD	21.1%
	From 200,000 to 500,000 DZD	29.7%
	From 500,001 to 1,000,000 DZD	23.4%
	More than 1,000,000 DZD	25.8%

Measurement Model Assessment

Following the approach proposed by Anderson & Gerbing, 1988, the model adequacy was assessed by the fit indices, as suggested by (Hair et al., 2010), and a preliminary CFA was conducted. As shown in Table 3, the factor loading of each item was greater than 0.50. The construct reliability estimates exceeded the critical value of 0.7, and the values for the average variance extracted (AVE) of the eight constructs were well above the suggested value of 0.5.

These fit indices indicate that the measurement model has good convergent validity.

Discriminant validity of the measurement model was assessed using the Fornell-Larcker criterion. As shown in Table 4, the Fornell-Larcker criterion was also applied to further evaluate discriminant validity. According to this method, the square root of the Average Variance Extracted (AVE) for each construct should be greater than the construct's correlations with all other constructs. The results met this condition, confirming that each construct shares more variance with its own indicators than with any other construct (Hair et al., 2017), thus reinforcing construct uniqueness (Awang, 2014).

Table 3. Loading, Cronbach's Alpha, CR and AVE
(Note: α= Cronbach's alpha; CR = Composite Reliability, AVE = Average Variance Extracted)

Construct	Items	Loadings *(> 0.5)*	AVE *(> 0.5)*	Square Root AVE	CR *(> 0.7)*	Cronbach's Alpha *(> 0.7)*
UGC	UGC1	0,829	0.6060	0.7785	0.938	0.938
	UGC2	0,72				
	UGC3	0,756				
	UGC4	0,772				
	UGC5	0,809				
	UGC6	0,783				
	UGC7	0,802				
	UGC8	0,764				
	UGC9	0,795				
	UGC10	0,749				
Destination Trust	TRUS1	0,807	0.6460	0.8037	0.935	0.93
	TRUS2	0,807				
	TRUS3	0,782				
	TRUS4	0,776				
	TRUS5	0,815				
	TRUS6	0,828				
	TRUS7	0,799				
	TRUS8	0,815				
Travel Intention	INT1	0,696	0.585	0.765	0.808	0.801
	INT2	0,787				
	INT3	0,808				

Table 4. Fornell-Larcker criterion

	UGC	Destination Trust	Travel Intention
UGC	**0.7785**		
Destination Trust	0.550**	**0.8037**	
Travel Intention	0.520**	0.667**	**0.765**

Assessment of Structural Model

To evaluate the structural model and the proposed relationships between UGC, Destination Trust, and Travel Intention, this study employed the bootstrapping procedure with 5,000 resamples, as emphasized by (Hair et al., 2017). While commonly used in PLS-SEM, this robust resampling technique is also applicable in covariance-based SEM (Amos) to ensure the accuracy of the estimated path coefficients (β), the coefficient of determination (R^2), and the corresponding t-values. The analysis extended beyond mere significance testing to assess the model's overall explanatory power and the strength of the paths within the Algerian medical tourism context. Furthermore, as noted by (Sullivan & Feinn, 2012), while p-values are indispensable for determining statistical significance, they often fail to communicate the practical magnitude of the effect. Therefore, this study supplements p-values with effect size measures to provide a more nuanced interpretation of how online social influences drive travel intentions through the mediation of destination trust, allowing for more robust conclusions regarding the strength of the paths within the Algerian medical tourism context (Figure 1 and Table 5).

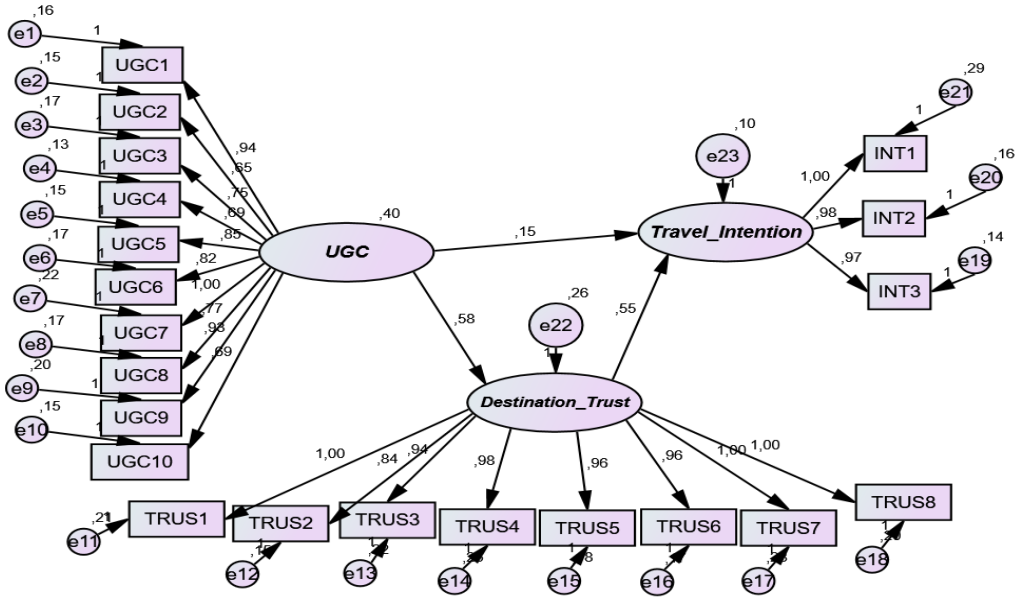


Figure 1. Structural Model

The final model showed a good fit, with several fit indices assessed: CMIN/df is 1.217, the normed fit index is 3, the GFI is 0.909 with the comparative fit index is 0.90. Additionally, the CFI and TLI exceed the strict threshold of 0.90, and RMSEA shows a good value below 0.08 (Lohmöller, 1989; Henseler et al., 2015, Bentler, 1990; Lévy & Varela, 2003). All meet or exceed the recommended cutoff criteria.

Table 5. Model Fit Statistics

Indicator	Value	Acceptable Range
CMIN/df	1.217	<3
GFI	0.909	> 0.90
CFI	0.96	> 0.90
TLI	0.91	> 0.9
RMSEA	0.032	<0.08

Direct Hypothesis Testing

The results showed a statistically significant positive effect of user-generated content (UGC) on destination trust (β = 0.585), with a significance level below (0.001), which supports the first hypothesis (H1). The analysis also revealed a direct positive impact of user-generated content (UGC) on travel intention (β = 0.152) with a significance level of p = 0.013 lower than p < 0.05, which supports the second hypothesis (H2). Regarding the third hypothesis, the results revealed a strong positive effect of destination trust on the travel intention (β = 0.546) with a significance level below p < 0.001; therefore, the third hypothesis (H3) is supported.

Table 6. Results of the structural path analysis

H	Relationship	Estimate *β*	Std Error	P-values	Decision
H1	UGC -> Destination_Trust	0,585	0.042	***	Supported
H2	UGC -> Travel Intention	0,152	0.022	0,013	Supported
H3	Destination Trust -> Travel Intention	0,546	0.045	***	Supported

Testing Indirect Hypothesis (Mediation Assessment)

The path analysis results support the fourth hypothesis (H4) regarding the mediating role of the destination trust. The results demonstrated a statistically significant positive indirect effect of user-generated content (UGC) on travel intention through destination trust (β = 0.319), with a significance level of p = 0.002. further supporting (H4).

Table 7. Bootstrapping the indirect effect

H	Relationship	Estimate	P-Value	Decision
H4	UGC -> Destination Trust -> Travel Intention	0,319	0,002	Supported

Total Effect

The table above summarizes the effects of the research model. The results showed that the total effect of user-generated content (UGC) on travel intention was (β = 0.471), with a significance level of p = 0.002. This overall effect comprises two pathways: a direct effect of (β = 0.152) and an indirect effect (via destination trust) of (β = 0.319). Notably, the indirect effect represents the larger part of the overall effect, confirming the partial mediating role of destination trust in strengthening the relationship between digital content and travel intention. The results also indicate a total direct effect of UGC on trust of (β = 0.585) and a total direct effect of trust on travel intention of (β = 0.546), both of which are statistically significant.

Table 8. Total Effect

Relationship			Total Effect	Direct Effect.	Indirect Effect
UGC	->	Destination_Trust	0,585	0,585	/
UGC	->	Travel_Intention	0,471	0,152	0,319
Destination_Trust	->	Travel_Intention	0,546	0,546	/

DISCUSSION

The results show that user-generated content is a significant social influence that enhances tourists' trust and stimulates travel intention, particularly in the context of medical tourism. This finding is consistent with prior literature emphasizing the influential role of UGC in shaping tourism decision-making (Aboalganam et al., 2025; Alsheikh et al., 2021; Cox et al., 2009). The sample size provides a strong statistical foundation for the analysis, allowing broader insights into Algerian consumer behavior in the medical tourism sector. Furthermore, the high level of education among respondents suggests a greater ability to evaluate information available in the digital environment. A substantial proportion of respondents showed willingness to incur higher costs for medical tourism outside Algeria, suggesting that Algeria represents a potential market for international medical tourism. UGC functions as an initial digital stimulus that provides individuals with authentic information and experiential insights about the medical destination. This interpretation is further supported by prior studies such as (Sparks et al., 2013, Alonso-Almeida et al., 2019, Liu et al., 2021).

Regarding the first hypothesis (H1), the impact of UGC on the destination trust was estimated at $\beta = 0.585$, which indicates that user-generated content (patient experiences, reviews, videos) serves as a key mechanism in shaping destination credibility and trust formation. In medical tourism, where perceived risks are substantial, individuals rely heavily on others' experiences to reduce uncertainty. Studies such as (Jog & Alcasoas, 2023; Wang & Yan, 2022) suggest that online reviews and evaluations are more credible than traditional marketing approaches. Similarly, studies such as Narangajavana et al., 2017; Reyes-Menendez et al., 2020; Joy & Gireesh, 2025; Wei et al., 2025 found that UGC constitutes an indispensable source of information during travel planning, and that high-quality digital content would enhance travel intention. The more authentic the content and the more realistic the experience, the greater the credibility of the medical destination. This finding aligns with Source Credibility Theory (SCT), which suggests that credible and authentic sources exert stronger influence. When potential patients are exposed to previous patient experiences, digital reviews, personal testimonials, documentary videos, and informal evaluations, they tend to perceive such information as more trustworthy, authentic, and less commercially biased.

In medical tourism settings, trust is not primarily built through official promotional messages, as advertising is often perceived as promotional, while the experiences of former patients provide social proof and reassurance.

In medical tourism, decisions are complex and involve high costs and risks. Digital information acts as a cognitive resource, helping individuals reduce ambiguity and evaluate options. The role of digital ratings and reviews in enhancing travel intention is reflected in the second hypothesis (H2). This hypothesis was supported, showing a positive and significant effect of User-Generated Content on the intention to travel, $\beta = 0.152$. The Information Adoption Model (IAM) helps to explain this result. IAM proposes that individuals are influenced not just by the presence of information, but also by their perceived quality, usefulness, and relevance. When individuals are exposed to UGC such as detailed treatment experiences, hospital evaluations, positive and negative treatment experiences, videos of procedures and services, and information about cost and accommodation, they cognitively assess whether such content is useful, relevant, and supportive of decision-making. After these evaluations, the information is internalized. This process increases the likelihood of forming travel intention. However, while the result confirms that UGC directly affects intention, the effect size is relatively modest. This suggests that content is important, but insufficient on its own. The content may arouse initial interest, but additional psychological mechanisms, such as trust, play a role in the final decision. Regarding the third hypothesis (H3), the relationship between destination trust and travel intention can be explained using Trust Transfer Theory (TTT), which posits that trust formed at one level (e.g., information, digital experiences, or reputation) can be transferred to a higher-stakes behavioral decision context. In medical tourism, when individuals develop a high level of trust in the medical destination, this trust translates into behavioral intention to travel. In high-risk decisions such as cross-border medical travel, individuals require a perceived assurance that the destination is safe, reliable, medically competent, transparent, and able to meet expectations. Once established, trust shifts from cognitive evaluation to behavioral intention.

The effect of destination trust on travel intention was significant ($\beta = 0.546$). This substantial effect indicates that destination trust is a central determinant of travel intention. This finding is consistent with the nature of medical tourism, where individuals are not purchasing a leisure service, but are making decisions involving health, financial investment, and personal well-being, and without trust, even abundant information may not be sufficient to support decision-making as trust reduces perceived fear and uncertainty, thereby strengthening intention (DemiR et al., 2024; Najar et al., 2025).

After discussing the previous hypotheses, the mediation hypothesis warrants further analysis. This hypothesis which extends beyond direct relationships by revealing the underlying psychological mechanism through which digital content translates into behavioral intention, or in other words, how UGC becomes influential, not only through information, but through the development of trust. To understand this mechanism more clearly, the relevant theoretical frameworks are integrated; Source Credibility Theory (SCT) suggests that user-generated content is perceived as a more authentic and credible source of information. The Information Adoption Model (IAM) proposes that individuals adopt information when it is perceived as useful and relevant, while Trust Transfer Theory (TTT) assumes that trust generated by content is transferred to the destination and subsequently influences intention. Integrating these frameworks, the sequence of influence begins with UGC credibility, followed by information adoption, followed by destination trust, and culminating in travel intention. Mediation indicates that UGC provides information and digital experiences, which are then evaluated and cognitively processed, and when perceived as credible, it leads to destination trust, ultimately reducing perceived risk and enhancing travel intention. The stronger indirect effect suggests that UGC primarily influences travel intention through trust-building rather than direct persuasion. Moreover, the presence of significant direct and indirect effects confirms partial mediation by destination trust in the relationship between UGC and travel intention. Therefore, success in medical tourism depends more on the credibility of UGC than on its volume. This is supported by studies such as Mehmood et al., 2018; Hidalgo-Crespo et al., 2022; Albarran Taype & Pachas Fuentes, 2025; Tung et al., 2023, which identify destination trust as the most influential psychological mechanism in transforming digital exposure into an actual willingness to travel.

The overall results explicitly reveal that UGC functions as an informational catalyst by creating awareness, providing knowledge, and reducing initial ambiguity. Meanwhile, destination trust acts as the key psychological mechanism that transforms information into perceived safety and reassurance thereby strengthening travel intention as the final behavioral outcome, since travel intention is driven not only by knowledge but also by trust built upon it. In lower-risk decisions, information alone may be sufficient to influence decisions, but in medical tourism, where decisions are related to health, safety, and financial costs, information alone is insufficient unless it develops into trust.

Previous studies consistently demonstrate that user-generated content (UGC) has a positive influence on tourists' travel intention across diverse tourism contexts. UGC is widely recognized as a key information source that significantly shapes

tourists' decision-making processes, with particular emphasis on the critical role of trust in explaining tourists' behavioral responses. The main contribution of this study is the identification that the indirect effect of UGC via destination trust is stronger than its direct effect. UGC operates not only through a direct influence but also through an indirect pathway driven by trust-building as a key explanatory mechanism, highlighting the pivotal role of destination trust in transforming information exposure into travel intention. However, several prior studies have primarily focused on the direct effects of UGC without sufficiently examining mediating mechanisms. The findings of this study indicate that the indirect effect is relatively stronger compared to previous empirical evidence. This divergence can be explained by the high-risk nature of medical tourism. This can also be attributed to the contextual specificity of the Algerian medical tourism market, which amplifies the importance of trust as a critical determinant in decision-making processes. Overall, the study does not contradict prior literature but rather extends and refines it by clarifying the underlying mechanism of influence.

The study confirms a positive relationship between user-generated content (UGC) and travel intention. However, it further demonstrates that this relationship is not purely direct but operates through an underlying explanatory mechanism. The study also emphasizes destination trust as a key mediating factor and a central mechanism of transformation, acting as a bridge between information and behavioral intention. This relationship is explained through the integration of multiple theoretical perspectives within a unified model. In a high-risk context such as medical tourism, the effect of UGC varies according to perceived risk, where trust becomes more influential than information in high-stakes decision-making. In addition, the study contributes to geographical diversity in tourism literature by incorporating the Algerian context.

The findings highlight the need to adopt user-generated content (UGC) as a core component of marketing strategies. Algeria still relies heavily on official promotional approaches, in contrast to the Turkish context, where patient experiences and real-life video content play a dominant role, suggesting a necessary shift from promotion-based marketing to experience-based marketing. The study further indicate that Turkish hospitals have successfully developed structured trust-building systems including accreditations, patient evaluations, and success stories.

Algerian hospitals should invest in transparency, patient evaluations, and clear communication of medical outcomes. The results also emphasize the importance of digital reputation management, including monitoring reviews, responding to patients, and addressing negative feedback, as Algeria remains relatively underdeveloped in this area compared to Turkey. Medical tourism can be risky, so patients often look for reassurance before making a decision.

In Turkey, hospitals help reduce these concerns by sharing real patient experiences, videos of procedures, and clear information about their services. This kind of content makes people feel more confident and builds trust. In addition, many Algerians are willing to pay more for treatment abroad, which means that Algeria represents an important and promising market in the context of medical tourism. This demand could be retained locally by improving the healthcare sector, or it may continue to be captured by destinations such as Turkey.

From a geographical perspective, user-generated content contributes to the redirection of patient flows between countries, as Algeria may become a source country toward emerging treatment destinations. Moreover, regional competitiveness can be enhanced, as Algeria may benefit from the Turkish experience to strengthen its position in North Africa as a potential medical tourism destination. In the Algerian context, medical tourism contributes to the revitalization of major cities such as Algiers, Oran, and Constantine, as well as the development of health-tourism clusters. Linking these findings with the results of the UGC study shows that it does not directly influence decision-making, but rather reshapes the geographical mental image of the destination. Furthermore, geographical location is no longer the only determining factor, as digital presence has become more influential through investment in digital platforms and content management.

CONCLUSION

This study provides a comprehensive analysis of the mediating role of destination trust in the relationship between UGC and travel intention in the context of medical tourism, highlighting the importance of UGC in medical tourism decision-making. The findings indicate that UGC has a significant positive effect on travel intention and further confirm that the indirect effect through destination trust is stronger than the direct effect. The study shows that trust is not an automatic outcome of information exposure, but rather a result of interpreting information and evaluating its credibility.

UGC serves not only as a source of information but also as a mechanism for shaping psychological perceptions and reducing perceived uncertainty. The context of medical tourism differs substantially from leisure tourism due to the high levels of health, financial, and psychological risks involved, and these risks make destination trust more influential than information itself in decision-making. The findings also show that Algerian patients increasingly rely on digital content, online patient experiences, evaluations, and testimonials from former patients when considering treatment abroad, particularly in Turkey, which has become a leading destination in leveraging UGC to build digital trust.

The findings further highlight that transparency, ratings, success stories, and real-life videos contribute directly to reducing perceived risks. From a geographical perspective, digital presence has become more influential than geographical proximity in certain medical tourism decisions, and user-generated content contributes to reshaping the geographical image of medical destinations. Finally, the study concludes that contemporary tourist decision-making is no longer based solely on information, but on digitally constructed trust through the shared experiences of users.

Limitations of the Study and Future Research

This study has several limitations that provide directions for future research. The study adopts a cross-sectional design, which limits the ability to establish causal relationships between variables and allows only for correlational analysis. This study has been conducted in Algeria. Future research may examine this model in both developing and developed countries to

assess the impact of UGC on travel intention, particularly with destination trust as a mediator. Future studies may also explore additional mediating variables such as perceived risk, FOMO, self-presentation, and travel envy. Although the structural model proposed in this research has been developed on theoretical grounds, the generalization of the results is limited to the medical tourism only. Future research could extend the model to other tourism contexts, such as leisure or cultural tourism.

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