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Behavioral Intentions of Generation Z and Millennial Users of Telemedicine: A UTAUT 2 Analysis from the Halodoc User Perspective

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Abstract

The rapid development of telemedicine has significantly transformed health services, leveraging technological sophistication to enhance medical consultations and treatments. Halodoc, a leading telemedicine application, has positively impacted the health sector. However, user reviews on the Google Play Store indicate issues that may affect user satisfaction and behavioral intention. Despite Millennials and Generation Z being major digital platform users, Generation X reports the highest satisfaction with telemedicine services. This study aims to validate the factors influencing and interrelating user satisfaction and behavioral intention in using the Halodoc application. Employing a quantitative approach with PLS-SEM data analysis, the study integrates the UTAUT 2 model with the Delone & McLean model. The results reveal that out of eight hypotheses, seven are supported, with Effort Expectancy on User Satisfaction being the only rejected hypothesis. The findings highlight that User Satisfaction significantly influences Behavioral Intention, underscoring the importance of enhancing user experience to improve telemedicine adoption.

Keywords: Behavioral Intention, Generation Z, Generation Milenial, Halodoc, PLS-SEM, Telemedicine, User Satisfaction

1. INTRODUCTION

The development of information technology has given rise to a new way of life known as e-life, characterized by electronic-based needs and activities. The term "e" signifies the extensive use of electronic media and the internet [1]. In the health sector, this technological advancement has led to the emergence of telemedicine, which enables users to consult with doctors and receive medical care remotely via the internet [2].

Halodoc, a teleconsultation company founded in Indonesia in 2016 by Jonathan Sudharta, exemplifies the potential of telemedicine. It offers services such as doctor consultations, medicine purchases, and access to laboratory tests through

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smartphones. Halodoc's mission is to simplify healthcare, providing convenient and excellent online services 24/7 in Indonesia [3].The company's efforts have been recognized by the Indonesian Ministry of Health, earning it a "supervised" status under the Regulatory Sandbox program and several prestigious awards, including its inclusion in CB Insights' Digital Health 150 list and the PPKM Award [4].

Data from Indonesia's 2020 population census, provided by Statistics Indonesia, shows that Generation Z leads the population, with approximately 74.93 million people, or 27.94% of the total population. Millennials, at around 69.38 million, come next. In addition, the study [5] showed a statistically significant positive relationship between commuter trip duration and stress levels in the Greater Jakarta area, indicating that people in this region have higher levels of mobility. According to [6], citing 1,005 respondents in Indonesia aged between 18 to 54, mental health consultation services are the most popular telemedicine app services there.

Despite these achievements, user reviews on the Google Play Store reveal several issues with the Halodoc application, including mismatched information, bugs, suboptimal service, long response times, high costs, and complexity in logging in. These problems suggest a potential impact on user satisfaction and behavioral intention to continue using the app. While Millennials and Generation Z are significant users of digital platforms, Generation X reports the highest satisfaction with telemedicine services [7].

The UTAUT model is one of the newest acceptance models [8]. The UTAUT framework can show the different influences of each respondent in using information technology [9]. According to the UTAUT model, a person's desire to use technology is influenced by four factors. By elucidating user behavior, UTAUT can also be used to assess the acceptance of information technology. A development of the UTAUT concept is the UTAUT 2. In particular, UTAUT 2 theory is believed to explain technology adoption from the viewpoint of the client. UTAUT2's primary components can forecast roughly 59% of the variation in behavioral intention [10]. Knowing the factors that influence behavioral intention is very important because behavioral intention is a very good predictor of technology use by technology users [11].

Since 1992, one of the most popular models for evaluating several aspects of an information system's (IS) performance is DeLone & McLean (D&M). Ten years later, in 2003, D&M put up an updated design that contained a number of elements that the earlier model had omitted [12]. Through the identification, description, and explanation of the links between the six essential characteristics of IS that are frequently assessed, the model offers a thorough knowledge of IS

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success. System quality, information quality, service quality, use, user satisfaction, and net benefits are the six primary dimensions [13].

A potential benefit could arise from combining the Delone & McLean and UTAUT 2 models [7]. While the UTAUT 2 model focuses on users' acceptance of information systems, the Delone and McLean model incorporates metrics to gauge the systems' success. By integrating these two models, it becomes possible to comprehensively evaluate both user acceptance and overall system performance. This combined approach proves valuable in assessing the acceptance and effectiveness of information systems [14].

The study conducted by [15] integrating the UTAUT 2 model with Delone and Mclean revealed 77.9% of the variance in determining user behavioral intention towards the adoption of telemedicine applications.Under the [16] research also revealed factors of determining customer behavior using Mobile Health Services in the post-pandemic by UTAUT model. The study was carried out by [17] revealead UTAUT 2 and Delone & Mclean factors collectively accounted for 72.7% of the variation in Behavioral Intention (BI). The study conducted by [18] also investigate Gen Y's m-health adoption. A previous study titled by [7] aimed to identify the factors influencing user satisfaction and behavioral intention of Indonesian Millennials and Gen-Z using the Alodokter telemedicine service application.

This study aims to identify and validate the factors influencing user satisfaction and behavioral intention in using the Halodoc application. The research employs a quantitative approach using the PLS-SEM data analysis method, integrating the UTAUT 2 model with the Delone & McLean model. The UTAUT model elucidates the influences on technology use, while the Delone & McLean model evaluates the success of information systems through six dimensions: system quality, information quality, service quality, use, user satisfaction, and net benefits. Combining these models allows for a comprehensive assessment of user acceptance and overall system performance in telemedicine.

Previous studies have demonstrated the efficacy of integrating these models in understanding user behavior and system success. For instance, research has shown that the combined model accounts for a significant variance in determining user behavioral intention towards telemedicine applications. However, few studies have examined user satisfaction within the UTAUT2 framework in the context of health technology.

By addressing this gap, the current study seeks to enhance the understanding of user attitudes and intentions in telemedicine. The research aims to provide valuable insights into the factors that influence user satisfaction and behavioral intention, ultimately contributing to the improvement of telemedicine services like

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Halodoc. Few research has examined user satisfaction within the context of the UTAUT2 model, despite the fact that numerous studies have used this framework to assess technological acceptance. This study adds to a more thorough understanding of user attitudes and intentions in the field of health technology and expands the application of the UTAUT2 and Delone & Mclean models to the telemedicine environment.

2. METHODS

In general, this research use quantitative techniques that follow a series of stages that have been approved by [19]. The data collection techniques are carried out by survey using questionnaires, the use of software to conduct statistical data analysis and so on. To process data and researchers used SmartPLS for data analysis of the questionnaire results obtained from respondents. The flow research method of this research as shown in Figure 1.

2.1. Problem Identification

Identify problems and formulate problems is the first step in this research. Based on the results of searching for information related to telemedicine implementation problems that occur in Indonesia, as well as comparing user reviews of telemedicine service provider applications on the Google Play Store. There are reviews that are critical of users and have the potential to influence users' behavioral intentions in using telemedicine service provider applications. The researcher documented the information search results and utilized them as raw data for analysis and hypothesis submission concerning the behavioral intentions of Gen Z and Millennial users of telemedicine service provider applications.

2.2. Literature Review

The second stage in this study, researchers conducted a literature review by searching and analyzing similar research that could support the problems in this study. Researchers conducted a review in order to obtain supporting theoretical references through a study of existing theories and previous research relevant to this research.

2.3. Research Model & Hypothesis

This study adopts the UTAUT 2 research model by [7] as shown in Figure 2 that measures user acceptance. Telemedicine applications operate in the healthcare sector, which is a vital aspect of human life; therefore, the quality and success of information systems need to be a focus for telemedicine service providers. In this study, the researchers intend to add the DeLone & McLean model.

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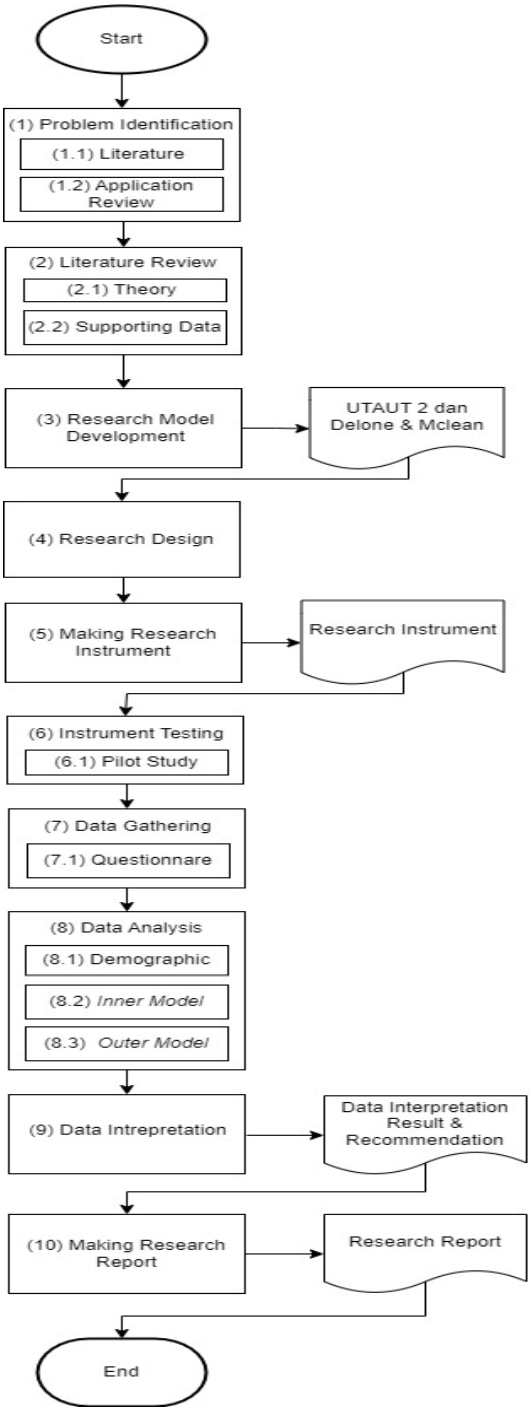

Figure 1. Research Flow

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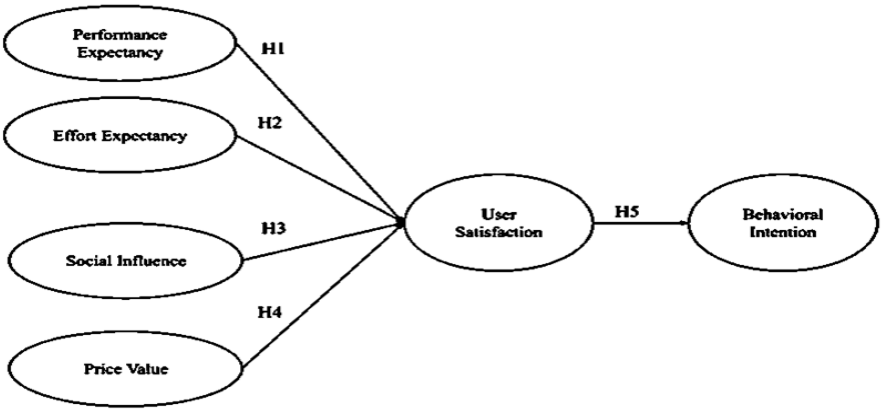

Figure 2. Unified Theory of Acceptance and Use of Technology 2 (UTAUT 2) Models by Pramudita *et al.*, 2023

The goal of this study is to examine how Generation Z and Millennial users intend to behave when using Halodoc service providers. At this point, research hypotheses regarding the link between the suggested factors are also determined to be evaluated in this study. The research model used in this research is shown in Figure 3.

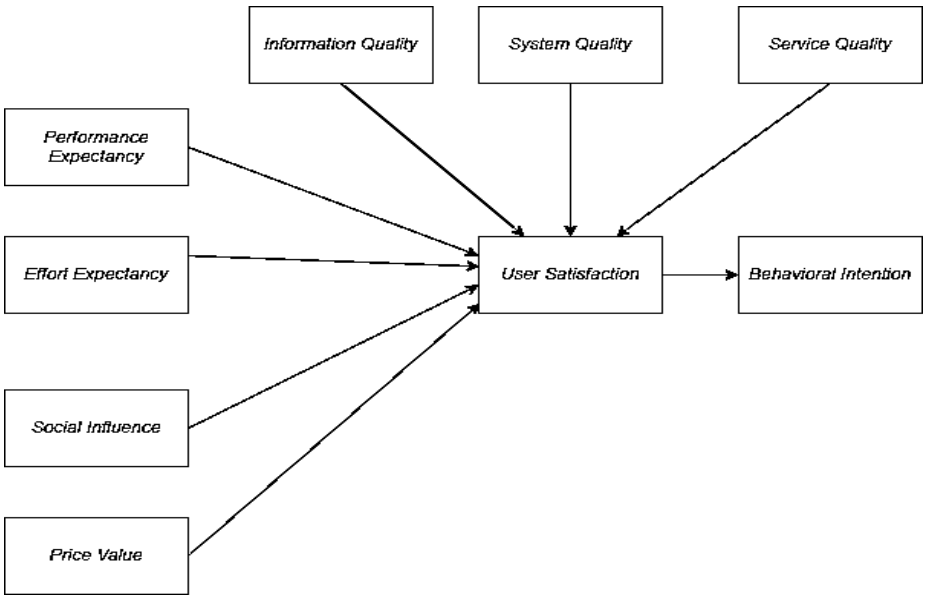

Figure 3. Research Model

The hypotheses that researchers propose in this study are based on the proposed model, namely:

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H1: Effort Expectancy (EE) affects User Satisfaction (SAT)
H2: Information Quality (IQ) affects User Satisfaction (SAT)
H3: Performance Expectancy (PE) affects User Satisfaction (SAT)
H4: Price Value (PV) has an effect on User Satisfaction (SAT)
H5: Service Quality (SEQ) has an effect on User Satisfaction (SAT)
H6: Social Influence (SI) has an effect on User Satisfaction (SAT)
H7: System Quality (SQ) has an effect on User Satisfaction (SAT)
H8: User Satisfaction (SAT) affects Behavioral Intention (BI)

2.4. Research Instrument

In order to gather data from participants, this research employed a survey. The survey encompassed inquiries regarding the participants' profiles, their habits and behaviors related to telemedicine, and 34 questions pertaining to various variables. To measure responses, a Likert scale was utilized, ranging from level 1 "Strongly Disagree" to level 5 "Strongly Agree.".

2.5. Instrument Validation

Before the questionnaire was sent, an instrument validation process was used to gather feedback for enhancement. Fifty sample respondents participated in the instrument's testing. Once the data is collected, the researcher assesses the current outer model measurements to ensure the validity of the collected data.

2.6. Population & Sample

The population of this study were users of telemedicine applications on the Halodoc applications. Since 2016, Halodoc has been enhancing health literacy in Indonesia through easy-to-use Health Communication, Education, and Information (KIE). Halodoc's continuously evolving ecosystem offers various user-friendly health services, including Home Lab for at-home health tests; My Insurance for unlimited access to non-cash outpatient benefits; teleconsultation chats with over 20,000 licensed doctors and healthcare professionals; and Health Store for purchasing medicines, supplements, and various health products from over 4,900 trusted partner pharmacies. The number of users of the Halodoc applications is as shown in Table 1.

Table 1. Population of Telemedicine Application

Telemedicine Application	Users
Halodoc	± 10 million
Alodokter	± 5 million
KlikDokter	± 1 million

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In order to collect data for this study, which uses quantitative methodology, questionnaires were distributed indirectly to respondents through social media. The sampling technique in this study used purposive sampling with a total sample size of 228 respondents who are users of telemedicine service provider applications for Generation Z and Millennial Generation in the Greater Jakarta area.

2.7. Data Analysis & Interpretation

Two types of data analysis were used in this study: inferential statistical analysis and demographic analysis. Researchers used Ms. Excel program to perform demographic analysis. Then, inferential statistical analysis was carried out by the researchers using SmartPLS software version 4. Measurement model (outer model) or measurement model analysis using indications of discriminant validity, convergent validity, internal consistency reliability, and internal item reliability is how researchers test validity and reliability. Furthermore, path coefficient (B), t-test, effect size method (f^2), and boostrapping method are used for structural model analysis (inner model) or structural testing. The demographic analysis of the respondents' data is interpreted by providing an explanation based on the circumstances of the field. After that, the researcher considers and draws parallels to the relevant literature in order to characterize the model's outcomes in quantitative data.

3. RESULTS AND DISCUSSION

3.1 Respondent Demographic Analysis

At this stage, an analysis is carried out related to the respondents' responses to questions regarding the profile of respondents who use the Telemedicine application. This analysis is intended to display demographic information that contains the characteristics of the respondents. Respondent data collected by researchers within 18 days (April 2, 2024 - April 20, 2024) were 228 respondents.

3.1.1 Gender

Based Figure 4, it is known that female users of telemedicine applications among Generation Z and Millennials use telemedicine service applications more, in line with research from [20] which shows that female prefer virtual visits compared to male.

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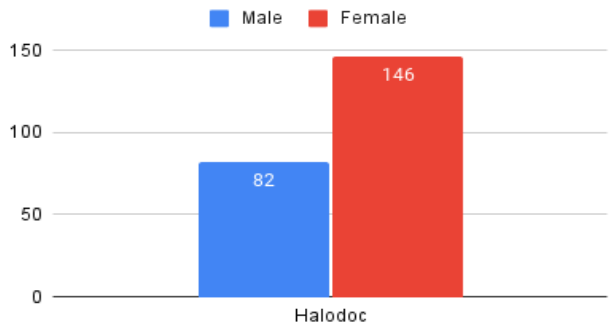

Figure 4. Gender Demographic

3.1.2 Education

Based on Figure 5, it is known that the majority of telemedicine application users among Generation Z and Millennials come from middle and above education levels.

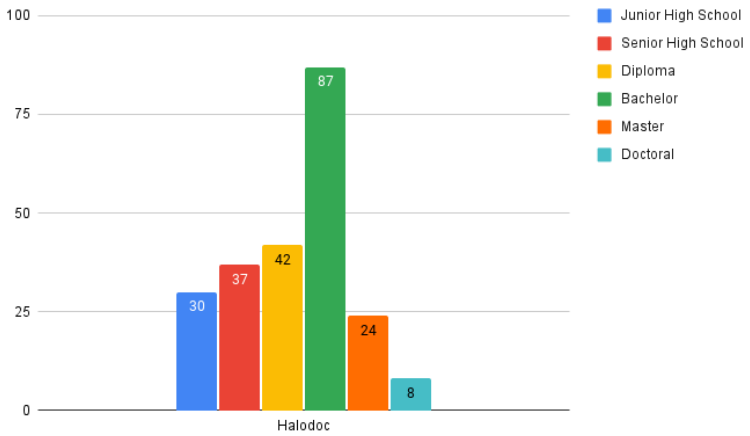

Figure 5. Education Demographic

This is in accordance with research conducted by [7], which states that patients with low levels of education prefer direct consultation with doctors rather than virtual consultation through telemedicine applications.

3.1.3 Job

Based on Figure 6, it can be seen that the users of telemedicine applications among Generation Z and Millennials are mostly students.

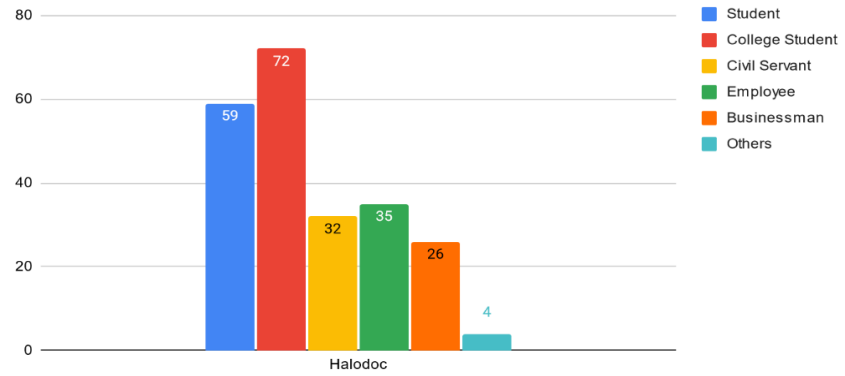

Figure 6. Job Demographic

This is in line with research [21] where the majority of respondents in the study were students who used telemedicine applications to obtain mental consultation services. Along with the development of an increasingly complex digital-based era, the need for mental consultation services, especially for students, is crucial.

3.1.4 Income per Month

Based on Figure 7, it can be seen that most telemedicine application users among Generation Z and Millennials are not yet working. This is in line with the results of the questionnaire where the majority of respondents' jobs are students and have an undergraduate education so that the majority are still in college and have not worked to have a steady income.

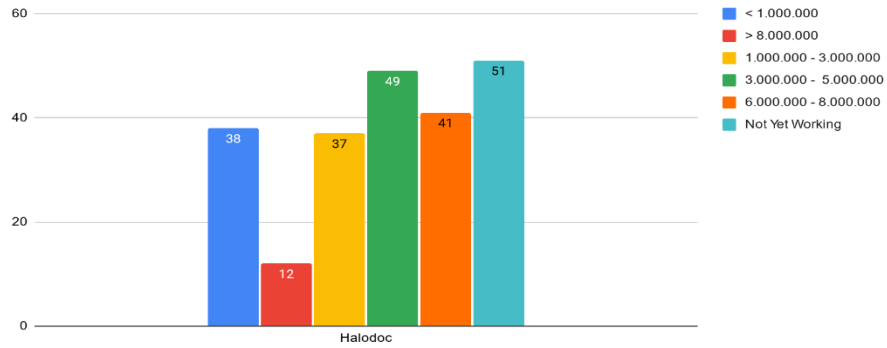

Figure 7. Income per Month Demographic

It is known from the results of the questionnaire that the majority of respondents are students, where income for students is an important aspect of their daily lives, because the majority of students still get pocket money from their parents and do

not have a fixed personal income. This is a challenge for students to manage their own pocket money, especially to use it to support their health [22].

3.1.5 Domicile

Based on Figure 8, it can be seen that users of telemedicine applications among Generation Z and Millennials are mostly domiciled in Jakarta and followed by the surrounding areas of Tangerang, Bogor, Bekasi and Depok. This states that the majority of telemedicine users in Java Island come from West Java and DKI Jakarta, which illustrates that telemedicine service users tend to come from urban and sub-urban areas. Telemedicine services are easy to use by people who come from these areas because they have better access to infrastructure.

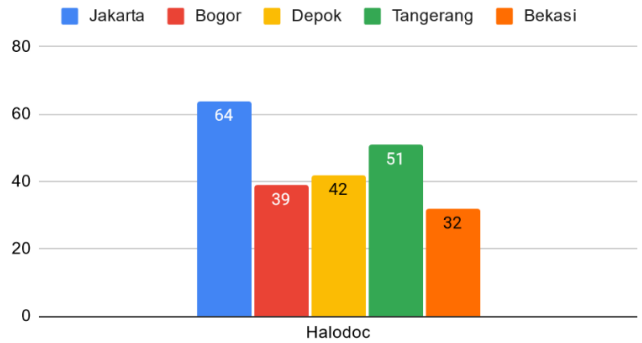

Figure 8. Domicile Demographic

3.1.6 Age

Based on Figure 9, it can be seen that users of telemedicine applications among Generation Z and Millennials are mostly aged 12 years - 27 years. This is in line with the research sample that will be used, namely Generation Z and Millennials. According to population census data from the Badan Pusat Statistik (BPS) in 2020 quoted from katadata.co.id with the author [23] that generation Z and millennials dominate the population in Indonesia.

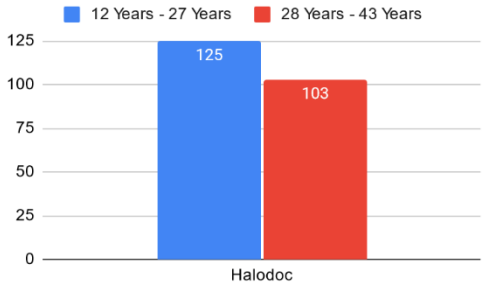

Figure 9. Age Demographic

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3.1.7 Age Group

Based on Figure 10, it can be seen that the users of telemedicine applications among Generation Z and Millennials are mostly Generation Z. This is in line with the 2020 population census data from the Badan Pusat Statistik (BPS) which states that Generation Z dominates with around 74.93 million people, or 27.94% of the population. Meanwhile, the Millennial generation followed with around 69.38 million people. Millennials are the second dominant population with a percentage of 25.87%.

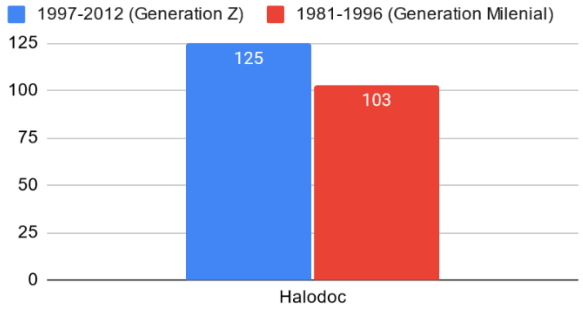

Figure 10. Age Group Demographic

3.1.8 Telemedicine Application Usage History

Based on Figure 11, it is known that most users of the telemedicine application in Generation Z and Millennials have used the telemedicine application for 1 Year - 3 Years. This is as quoted from katadata.co.id with the author [24] from the statement of Suci Arumsari (Co-Founder and Director of Alodokter) who said that people began to massively use digital doctor / telemedicine consultation services since the Covid-19 pandemic that occurred from the 2020s.

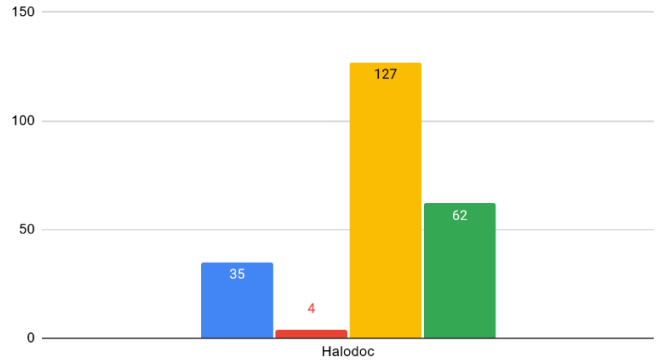

Figure 11. Telemedicine Application Usage History Demographic

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3.1.9 Intensity of Use of Telemedicine Applications

Based on Figure 12, it can be seen that most users of the telemedicine application in Generation Z and Millennials have used the telemedicine application 1-3 times. Telemedicine services are services that are engaged in the health sector and are situational depending on the health needs/conditions of each user [25].

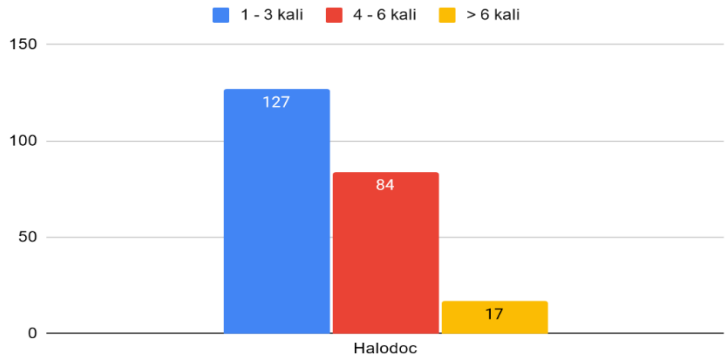

Figure 12. Intensity of Use of Telemedicine Applications Demographic

3.1.10 Telemedicine Application Usage Function

Based on Figure 13, it can be seen that users of telemedicine applications in Generation Z and Millennials mostly use telemedicine applications to consult with doctors. This is in accordance with data quoted from katadata.co.id with the author [6] where one of the most favorite telemedicine services is consultation services, especially mental health consultation services.

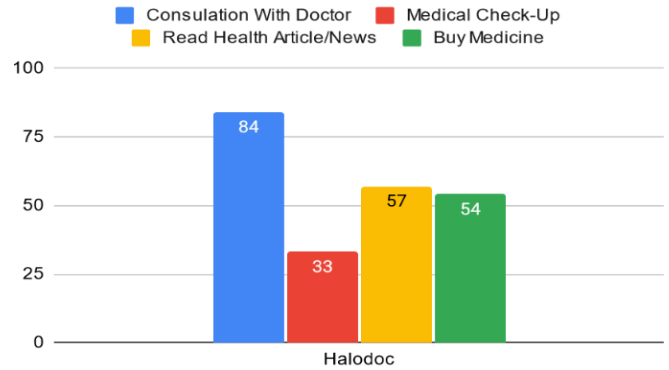

Figure 13. Telemedicine Application Usage Function Demographic

3.1.11 Consideration of using telemedicine application

Based on Figure 14, it is known that users of telemedicine applications in Generation Z and Millennials mostly use telemedicine applications with the consideration of providing easy access. This is in accordance with the data quoted from katadata.co.id with the author [6] where one of the things most considered by users is the existence of easy access to telemedicine applications.

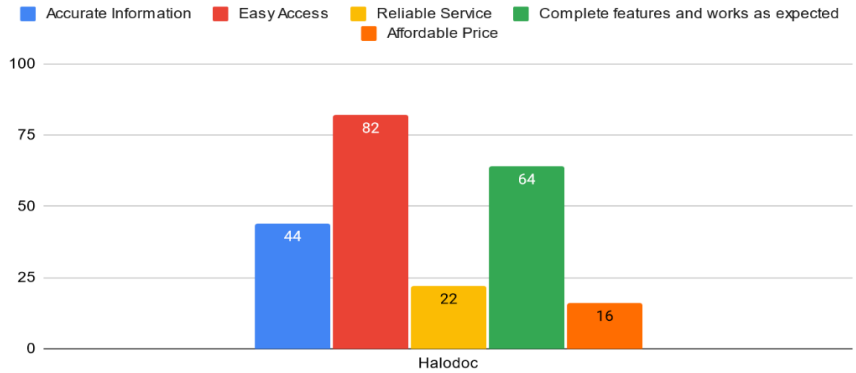

Figure 14. Consideration of Using Telemedicine Application Demographic

3.1.12 Problems to The Use of Telemedicine Applications

Based on Figure 15, it is known that users of telemedicine applications in Generation Z and Millennials experience the most problems, namely long response times. This is in line with application reviews where users complain about problems related to the telemedicine application.

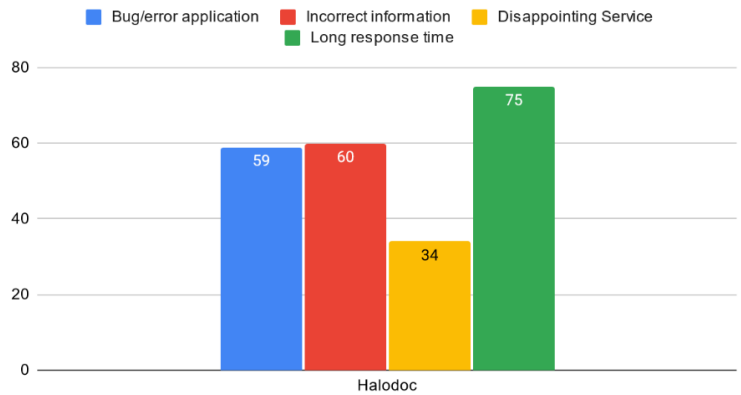

Figure 15. Problems to The Use of Telemedicine Applications Demographic

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3.1.13 Impact of Telemedicine Application Problems on User Behavioral Intentions

Based on Figure 16, telemedicine application users in Generation Z and Millennials mostly feel that the obstacles that occur in the telemedicine application affect their behavioral intention to use the telemedicine application in the future. So that these obstacles need to be a crucial concern for the telemedicine application. There is a need for analysis that can find out what factors influence users' behavioral intentions in using the telemedicine application.

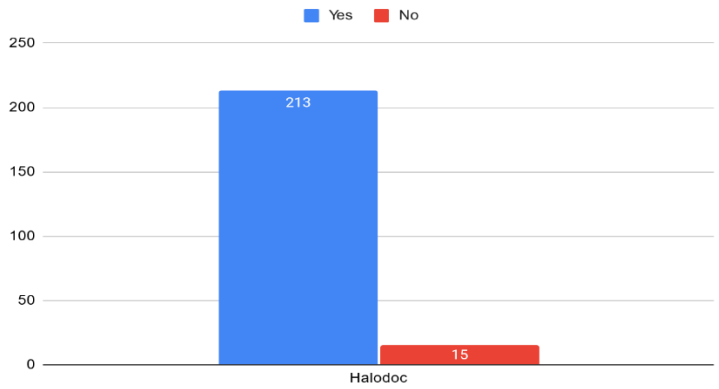

Figure 16. Impact of Telemedicine Application Problems on User Behavioral Intentions Demographic

3.2 Outer Model Analysis (Measurement Analysis)

3.2.1 Individual Indicator Reliability

The goal of individual indicator reliability is to evaluate the dependability of an indicator used to measure a latent variable. This is accomplished by assessing each indicator's response to external loading. When the construct's outer loading value is higher than 0.7 as shown in Table 2., it means that it can account for more than 50% of the indicator's variance. [26]

Table 2. Outer Loading

	BI	EE	IQ	PE	PV	SEQ	SI	SQ	SAT
BI1	0.729								
BI2	0.754								
BI3	0.785								
BI4	0.740								
BI5	0.734								
EE1		0.831							

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	BI	EE	IQ	PE	PV	SEQ	SI	SQ	SAT
EE2		0.846							
EE3		0.847							
IQ1			0.837						
IQ2			0.730						
IQ3			0.867						
IQ4			0.788						
PE1				0.808					
PE2				0.734					
PE3				0.812					
PE4				0.797					
PV1					0.905				
PV2					0.875				
PV3					0.898				
SEQ1						0.748			
SEQ2						0.758			
SEQ3						0.816			
SEQ4						0.807			
SI1							0.738		
SI2							0.881		
SI3							0.831		
SQ1								0.861	
SQ2								0.812	
SQ3								0.800	
SQ4								0.802	
SAT1									0.892
SAT2									0.771
SAT3									0.881
SAT4									0.814

3.2.2 Internal Consistency Reliability

Cronbach's alpha and composite reliability serve as the techniques employed for assessing this. It is widely acknowledged that a composite reliability score ranging from 0.6 to 0.7 can be considered as indicative of good reliability, while a value exceeding 0.7 is anticipated for Cronbach's alpha as shown in Table 3 [27].

Table 3. Composite Reliability

Variable	Composite Reliability
BI	0.864
EE	0.879

IQ	0.882
PE	0.868
PV	0.922
SEQ	0.863
SI	0.858
SQ	0.891
SAT	0.906

3.2.3 Convergent Validity

The Average Variance Extracted (AVE) method assesses the convergent validity of a construct with reflective indicators. It is well known that the AVE value needs to be at least 0.5. When the construct's AVE value is 0.5 or above, it indicates that it can account for at least 50% of the variation in its elements as shown in Table 4 [26].

Table 4. Average Variance Extracted Result

Variable	Average Variance Extracted
BI	0.561
EE	0.708
IQ	0.652
PE	0.621
PV	0.797
SEQ	0.612
SI	0.670
SQ	0.671
SAT	0.708

3.2.4 Discriminant Validity

Based on the idea that each indicator must have a strong association with the construct alone, discriminant validity can seek to ascertain whether a reflective indicator is a useful measure for its construct. There shouldn't be a strong correlation between the concept measures that differ. Fornell-Larcker Criterion values, can be used by the SmartPLS 4 application to verify discriminant validity as shown in Table 5. [28].

Table 5. Fornell-Larcker Criterion Result

	BI	EE	IQ	PE	PV	SEQ	SI	SQ	SAT
BI	0.749								
EE	0.396	0.841							
IQ	0.291	0.147	0.807						

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	BI	EE	IQ	PE	PV	SEQ	SI	SQ	SAT
PE	0.464	0.211	0.328	0.788					
PV	0.172	0.078	-0.144	0.037	0.893				
SEQ	0.648	0.271	0.347	0.489	0.154	0.783			
SI	0.482	0.284	0.297	0.299	0.066	0.492	0.819		
SQ	0.470	0.298	0.255	0.404	0.073	0.428	0.297	0.819	
SAT	0.559	0.340	0.516	0.562	0.214	0.580	0.560	0.471	0.841

Based on the outer model analysis that has been carried out, it can be concluded that the research model that has been proposed in this study has a statistically good character. In addition, the proposed model has met the requirements so that it can be continued for the inner model testing stage (structural model).

3.3 Inner Model Analysis (Structural Model)

Structural model evaluation begins by checking for collinearity between predictive ability and behavioral model constructs and then measuring the predictive ability of the model. Path coefficients between constructs can be measured in order to test hypotheses and determine the importance and degree of the relationship. If the hypothesis has not been directed, the t-test result is tested at a significance level of 5% using a two-tailed hypothesis test. According to study by [29], the quantity of standard error in the PLS-SEM bootstrapping procedure has an impact on significance as well. When the p-value is less than 0.05 or the T-statistic is larger than 1.96, it is considered that the hypothesis can be accepted or has a substantial impact as shown in Table 6.

Table 6. T-Test

	Original sample (O)	Sample mean (M)	Standard deviation (STDEV)	T statistics (|O/STDEV|)	P values
Effort Expectancy -> User Satisfaction	0.083	0.079	0.049	1.709	0.087
Information Quality -> User Satisfaction	0.298	0.295	0.06	5.001	0.000
Performance Expectancy -> User Satisfaction	0.253	0.253	0.05	5.101	0.000
Price Value -> User Satisfaction	0.197	0.188	0.065	3.038	0.002
Service Quality -> User Satisfaction	0.117	0.118	0.059	1.975	0.048
Social Influence -> User Satisfaction	0.265	0.266	0.041	6.393	0.000

System Quality -> User Satisfaction	0.125	0.127	0.047	2.667	0.008
User Satisfaction -> Behavioral Intention	0.559	0.563	0.05	11.066	0.000

Table 6 shows the results of the t-test on the telemedicine application. Based on the test results, it can be seen that out of 8 hypotheses, there is one rejected hypothesis, namely Effort Expectancy on User Satisfaction, this is because the hypothesis has a T-Statistic value of 1.709 and P Values of 0.087, which value does not meet the threshold value of T Statistic> 1.96 and P Values <0.005. Meanwhile, the other 7 hypotheses are accepted because they have met the specified threshold value.

Table 7. Effect Size

	f-square	*Effect Size*
Effort Expectancy -> User Satisfaction	0.017	Small
Information Quality -> User Satisfaction	0.195	Medium
Performance Expectancy -> User Satisfaction	0.123	Small
Price Value -> User Satisfaction	0.100	Small
Service Quality -> User Satisfaction	0.022	Small
Social Influence -> User Satisfaction	0.140	Small
System Quality -> User Satisfaction	0.032	Small
User Satisfaction -> Behavioral Intention	0.454	Big

Table 7 shows the results of the Effect Size test which describes the effect of variables on other variables. Based on this test, it is known that 6 variables have a small effect on User Satisfaction, while 1 variable has a medium effect on User Satisfaction. The variable that has a large effect because it has an f-square value of more than 0.35 is User Satisfaction

3.4 Hypothesis Analysis Interpretation

H1: Effort Expectancy (EE) influence User Satisfaction (SAT)

The H1 relationship between EE and SAT is rejected because the resulting t-test is 1.709, meaning that the test value does not meet the value above the threshold. In addition, the path coefficient value is 0.083, which means that EE has no significant effect on SAT. In addition, in testing the effect size, it is also known that Effort Expectancy has a small effect on User Satisfaction. So that in this test

it can be concluded that effort expectancy has no effect on user satisfaction. In developing countries such as Indonesia, the use of mobile applications has become a habit, therefore the effort spent by users in using mobile-based telemedicine applications is not a factor that affects how users feel satisfaction with the telemedicine application. This result is in line with research conducted by [30], [25], [31].

H2: Information Quality (IQ) affects User Satisfaction (SAT)

The H2 relationship between IQ and SAT can be accepted because the resulting t-test is known to be 5.001, meaning that the test value has met the value above the threshold. In addition, the path coefficient value is 0.298, which means that IQ has a significant effect on SAT. In addition, the effect size test also shows that Information Quality has a medium effect on User Satisfaction. So that in this test it can be concluded that information quality has an effect on user satisfaction. In this analysis, it can be deduced that information quality significantly influences user satisfaction, as indicated by a t-test value exceeding 1.96 and a p-value below 0.05. The findings suggest that patients are inclined to utilize telemedicine services more if the information provided is of higher quality and reliability. Furthermore, enhanced information quality contributes to heightened user satisfaction with the technology. These conclusions align with previous research conducted by [31], [32], [33].

H3: Performance Expectancy (PE) affects User Satisfaction (SAT).

The H3 relationship between PE and SAT can be accepted because the resulting t-test is known to be 5.101, meaning that the test value has met the value above the threshold. In addition, the path coefficient value is 0.253, which means that PE has a significant effect on SAT. In addition, in testing the effect size, it is also known that performance expectancy has a small effect on user satisfaction, so that in this test it can be concluded that performance expectancy has an effect on user satisfaction. The results of this study indicate that users have high expectations for the performance of telemedicine applications, especially in providing health treatment/consultation that can satisfy users when the application is used. These results are in line with research conducted by [31], [25], [7].

H4: Price Value (PV) affects User Satisfaction (SAT)

The H4 relationship between PV and SAT can be accepted because the resulting t-test is known to be 3.038, meaning that the test value has met the value above the threshold.In addition, the path coefficient value is 0.197, which means that PV has a significant effect on SAT. In addition, the effect size test also shows that price value has a small effect on user satisfaction.

So that in this test it can be concluded that price value has an effect on user satisfaction. This result indicates that telemedicine application users consider how the value/price spent to use the telemedicine application can have an impact on the satisfaction received when using the application. This consideration is especially true for generation Z, the majority of whom, as in the demographic analysis of this study, are not yet working or have a steady income. Concerns about the financial capabilities or problems of the young adult population, especially Gen-Z, who usually feel anxious about their finances. The influence between price value and user satisfaction is in line with research conducted by [7], [34], [35].

H5: Service Quality (SEQ) affects User Satisfaction (SAT)

The H5 relationship between SEQ and SAT can be accepted because the resulting t-test is known to be 1.975, meaning that the test value has met the value above the threshold. In addition, the path coefficient value is 0.117, which means that SEQ has a significant effect on SAT. In addition, in testing the effect size and relative impact, it is also known that service quality has a small effect on user satisfaction. So that in this test it can be concluded that service quality has an effect on user satisfaction.

The results of this study illustrate that user satisfaction with telemedicine applications is influenced by the quality of service provided. In telemedicine applications, especially in consultation services with doctors, service quality is one of the important things. Consultation with telemedicine services is carried out remotely, so users cannot directly see the doctor face-to-face. Users who feel that doctors are less competent in handling their complaints consider that the quality of service provided by the telemedicine application cannot meet customer satisfaction in the experience of using the telemedicine application. These results are in line with research conducted by [34], [36], [37], [38].

H6: Social Influence (SI) affects User Satisfaction (SAT)

The H6 relationship between SI and SAT can be accepted because the resulting t-test is known to be 6.393, meaning that the test value has met the value above the threshold. In addition, the path coefficient value is 0.265, which means that SI has a significant effect on SAT. In addition, in testing the effect size and relative impact, it is also known that social influence has a small effect on user satisfaction. So that in this test it can be concluded that social influence has an effect on user satisfaction.

These results illustrate that the influence of the surrounding environment can affect user satisfaction in using telemedicine applications. The mobile-based telemedicine application allows users to more easily find out how reviews or comments from other users regarding the services provided. Especially in social

media which can influence users widely regarding responses to user satisfaction experienced by telemedicine users. These results are in line with research conducted by [7], [39], [40]

H7: System Quality (SQ) affects User Satisfaction (SAT)

The H7 relationship between SQ and SAT can be accepted because the resulting t-test is known to be 2.667, meaning that the test value has met the value above the threshold. In addition, the path coefficient value is 0.125, which means that SQ has a significant effect on SAT. In addition, the effect size test also shows that service quality has a small effect on user satisfaction. So that in this test it can be concluded that service quality has an effect on user satisfaction.

The findings of this study suggest that users of telemedicine applications evaluate their satisfaction based on various aspects of system quality. A higher level of system quality tends to correlate with greater user satisfaction. For instance, when the system quality is robust, users are more likely to experience heightened satisfaction with their telemedicine interactions. For example, a reliable telemedicine platform ensures uninterrupted availability without technical issues such as downtime, crashes, or bugs. Moreover, a platform with swift response times reduces user wait times for page loading or task completion, thereby enhancing the overall user experience. These elements are crucial contributors to user satisfaction, and effective management of these factors can lead to higher satisfaction levels among users. These findings align with prior research conducted by [41],[42], [43].

H8: User Satisfaction (SAT) affects Behavioral Intention (BI)

The H8 relationship between SAT and BI can be accepted because the resulting t-test is known to be 11.066, meaning that the test value has met the value above the threshold. In addition, the path coefficient value is 0.559, which means that SAT has a significant effect on BI. In addition, in testing the effect size, user satisfaction has a big effect on behavioral intention. So that in this test it can be concluded that user satisfaction has an effect on behavioral intention.

The results of this test illustrate that customer satisfaction can have an impact on users' behavioral intention to return to using telemedicine applications in the future. It is very important for telemedicine applications to always strive to increase customer satisfaction in order to create a positive image of the telemedicine application. These results are in line with research conducted by [7], [25], [30].

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3.5 Discussion

Based on the demographic analysis results, it can be observed that the majority of respondents are female Generation Z individuals. Additionally, most respondents do not have a fixed income and are predominantly students. These factors need to be considered by the telemedicine application in determining the costs of telemedicine services, particularly for health consultation fees, as mental health consultation is one of the most favored telemedicine services among Generation Z and Millennials.

Based on the results of the measurement model analysis (outer model), it is evident that all indicators have met the validity and reliability threshold requirements of the instrument. Future researchers should also consider adding more diverse variables and indicators to measure telemedicine usage. This is intended to obtain research results that are comparable and able to specifically explain the factors that can influence and relate to telemedicine usage.

Based on the results of the structural model analysis (inner model), it is evident that there are hypotheses that were rejected, namely Effort Expectancy on User Satisfaction and Social Influence on User Satisfaction. Telemedicine applications are closely related to internet usage, facilitating interactions in the virtual world. Therefore, it is important to consider user convenience in using the telemedicine application so that the positive impression given by users can influence social aspects, such as their willingness to recommend the use of the telemedicine application to others.

4. CONCLUSION

Based on the research, the research aimed to identify the factors influencing the behavioral intention of Generation Z and Millennials in the Jabodetabek area to use the Halodoc application. The results reveal that out of eight hypotheses, seven are supported, with Effort Expectancy on User Satisfaction being the only rejected hypothesis. The study found that user satisfaction is the most significant factor affecting behavioral intention. This indicates that ease of use is not a primary concern for these tech-savvy users, but maintaining application simplicity and a positive image is crucial for fostering user satisfaction and encouraging recommendations. These insights are vital for the Halodoc application to enhance its user experience and leverage social influence to expand its user base.

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