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Healthcare apps' purchase intention: A consumption values perspective

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ABSTRACT

Healthcare services/products, such as medicine, consultation with doctors, lab tests, are growing in popularity, and their benefits are well known. Little is known about the consumption values that impact customers' brand love despite the increased knowledge of healthcare apps. To overcome this hurdle, healthcare apps must improve client engagement by providing superior value propositions. This necessitates a thorough understanding of the healthcare app-specific consumption values. The current study uses the theory of consumption value to explain consumer behavior toward healthcare apps to fill this gap. Data from 878 healthcare app users is used to test the suggested model. The findings indicate that all the consumption values influence brand love toward healthcare apps, except social values, with the emotional value being the most important factor, followed by the conditional value. The mediating role of purchase intention and the moderating role of online risk perceptions and customer involvement in brand love is also confirmed. The study's findings add to the body of knowledge about consumer behavior and practice.

1. Introduction

Consumers have reaped numerous benefits from mobile applications (apps), including the ability to search for information on online purchases (Arya et al., 2019; Mehra, Paul & Kaurav, 2020). The operating system of a smartphone device can install applications with various functionalities (Dayer et al., 2013; Mehra et al., 2022). With the progress of technology and software utilized in mobile phones, mobile applications have become increasingly important in our daily lives (Srivastava, 2010). In addition, the use of the internet to seek health-related information is on the rise (Iverson et al., 2008). The increased use of the Internet and mobile phones has led to increased consumer use of health apps (Borycki and Roehrer, 2013).

There has been an extraordinary spike in health apps during the coronavirus pandemic lockdown (De' et al., 2020; Drago et al., 2021; Cobianchi et al., 2020). In healthcare, it has been discovered that mobile phone gadgets are particularly beneficial when used by mobile users (Dai et al., 2010; Biancone et al., 2021). By keeping track of patients' adherence to medicines, providing timely advice, and allowing patients to self-monitor, healthcare apps are helpful in the treatment of diseases (Chiu et al., 2020; Miceli et al., 2021). These apps provide a helpful platform for dynamically exchanging information and changes (Dhiman et al., 2019). Because of the accessibility of communication, healthcare apps have proven to be quite helpful in reducing the spread of disease and promoting the adoption of healthier lives (Katheeri, 2020; Bednarova et al., 2020). Mobile phone usage has become ingrained in many people's lives, owing to its widespread availability and ease of use (Arya et al., 2019; Yoo et al., 2010). Its expansion has been fuelled by the liberated development of several applications and technological advancements (Dayer et al., 2013; Cohen et al., 2017; Massaro, 2021). Healthcare practitioners use mobile phones in various ways, including collecting essential data and decision support systems in clinical settings (Chiu et al., 2020).

Studies have shown that mobile health apps can help with common health issues like prenatal care, exercise, and smoking behaviors (Chiu et al., 2020; Cobianchi et al., 2020a,b). According to studies, mobile health applications have been shown to be useful in promoting healthy lifestyles and behaviours, such as self-monitoring and self-management of diabetes and chronic illnesses, as well as the detection of skin malignancies (Dhiman et al., 2019; Sousa et al., 2019). Despite its reputation as a quick and effective tool for various health-related issues, consumer adoption and acceptance of technology remains a barrier

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(ZhangXiaofei et al., 2013; Secundo et al., 2019). Health app marketers, policymakers, and government bodies find it increasingly difficult to get people to use their apps (Chiu et al., 2020; Elia et al., 2020; Nambisan, 2017; Rippa and Secundo, 2019). As a result, it's critical to determine what elements can aid in user acceptance of healthcare apps (Dhiman et al., 2019). This has left businesses and regulators baffled as to why customers aren't adopting these apps despite the favorable buzz and well-documented benefits (Apidi et al., 2017; Ramaswamy and Ozcan, 2018). We examine the antecedents of brand love, a concept that has been thoroughly explored in various other situations can provide new insights into this delayed adoption and how to resist it (Vernuccio et al., 2015; Talwar et al., 2021; Paul, 2019). Brand love expresses consumers' good feelings and favorable sentiments toward a brand (Bıçakcıoğlu et al., 2016; Paul, 2018), In this study, we try to figure out why healthcare apps aren't gaining market share as quickly as they could while being unanimously loved. Producers, marketers, and suppliers who want to promote healthcare apps usage can better grasp what defines brand love in this sector. Brand love with consumption values, in particular, has been understudied in the context of healthcare apps so far.

This study aims to fill a gap in the literature by better understanding healthcare app consumption values, purchase intent, and brand love. We use Theory of the consumption values as lens to study the purchase intention and brand love toward healthcare apps. Recent findings reveal that consumer behavior results from numerous divergent pressures that can raise and diminish intentions (Hakim et al., 2021). We model these influences using the tenets of the Theory of Consumption Values (TCV) (Sheth et al., 1991; Tanrikulu, 2021). We analyze moderating and mediating effects that may impact the strength of these underlying correlations to provide a more robust understanding of healthcare app brand love. In conclusion, we plan to address three primary research questions (RQs):

RQ1: What is the association between consumption values, purchase intention, and brand love?
RQ2: Do online risk perception and customer involvement moderate the associations between consumption values and brand love?
RQ3: Does purchase intention mediate the associations between consumption values and brand love?

To test the suggested study paradigm, we used data from 878 users of healthcare apps. The study findings indicated that all the consumption values are significantly associated with purchase intention and brand love except social value, which is not significantly associated with brand love. The mediating effect of purchase intention partially mediated the association between consumption values and brand love. Furthermore, for the associations of epistemic, emotional, and functional values with brand love and the association of conditional and epistemic value with brand love, the moderating effect of customer involvement & online risk perception is verified.

As a result, the current study makes three novel contributions. It's the first study to put the Theory of Consumption Values to the test in terms of consumer decision-making for healthcare apps. Second, the research focuses on the Indian healthcare app market, largely an untouched area. Third, rather than focusing solely on purchase intentions, the study also considers brand love, a more global but understudied phenomenon. Overall, the research provides a thorough insight into healthcare app brand love. It makes a theoretical contribution to the consumer behavior and technology adoption literature and a practical contribution to healthcare app management decision-making.

The following is the outline for the paper: The background literature related to healthcare apps, theory of consumption values and brand love discussed in Section 2. The final research model and the development of all the hypotheses of the current study are included in Section 3. The methods, as well as data analysis of the entire study are discussed in section 4. Section 5 lays forth a discussion for understanding the relationship between consumption values, purchase intention and brand love. Finally, sections 6, and 7 discuss the study's implications, limittaions, future directions and conclusion.

2. Background literature

2.1. Healthcare apps

Healthcare apps are smartphone applications that assess fitness and health characteristics using data received from the phone's built-in functionalities (Balapour et al., 2019). Most fitness and health apps are available for exercise teaching, performance feedback, goal planning, self-monitoring, social support, and contingent rewards (Chiu et al., 2020; Chakraborty, 2020). Researchers have lately begun to study the potential benefits of fitness and health applications and how these apps can help users maintain a healthy lifestyle more successfully (Paulina et al., 2018; Chiu et al., 2020). They discovered that healthcare applications influence people's health behavior in various ways, including greater physical activity and healthier eating habits, which can enhance users' physical and mental health (Dhiman et al., 2019; Balapour et al., 2019). Other research has emphasized the importance of people's self-efficacy when using healthcare applications (ZhangXiaofei et al., 2013). A few studies have recently investigated the aspects that influence people's usage behavior (Dhiman et al., 2019; Chiu et al., 2020; Balapour et al., 2019).

Along with the consumers' medical practitioners have also started adopting various healthcare apps (Alam et al., 2020). As mobile devices have grown more ubiquitous in health-care settings, the creation of medical software applications for these platforms has exploded (Lee and Lee, 2021). Information and time management, maintaining the health record and access of the patient, consultation, information collection, monitoring of patient, and clinical decision-making are just a few things that the healthcare apps may help the doctors (Ye, 2021). Doctors benefit from mobile devices and apps in a variety of ways, the most important of which is increased access to point-of-care tools, which has been shown to support better clinical decision-making and patient outcomes (Goyal et al., 2021). However, some doctors are still hesitant to utilize them. Regardless of the advantages they provide, new standards and validation methods for mobile medical applications are needed to ensure correct usage and integration of these increasingly complex tools into medical practise (Gordon et al., 2020). These initiatives will raise the entrance hurdle for medical app developers, improving the quality and safety of the apps now available to doctors (Khandelwal et al., 2021).

2.2. Theory of consumption values (TCV)

TCV (Theory of consumption values) is a method for determining consumer goods and service preferences (Sheth et al., 1991). According to the idea, a consumer's preferences are determined by five dimensions: a) functional value, b) social value, c) emotional value, d) epistemic value, and e) conditional value (Sheth et al., 1991). The TCV suggests three underlying principles: 1) Several consumption values influence a consumer's decision; 2) each value may have a distinct impact on the consumer's decision; and 3) each consumption value might function independently. The consumer makes decisions based on the perceived consumption values derived from a purchase, and all or some of these values may impact their purchasing behavior (Teng, 2018). Several studies that employed these values as independent entities have implicitly stated this (Tanrikulu, 2021). Previous research has discovered that internet consumers consume various services (Teng, 2018; Park and Lee, 2011). Without understanding the perceived values that drive their consumption, knowledge of these individuals will be insufficient (H.-Y. Wang et al., 2013). Several studies have used the TCV to give empirical evidence for online services (Wang et al., 2013; Kaur et al., 2021). The TCV's relevance to online services is established by

previous literature studies based on the TCV (Teng, 2018; Park and Lee, 2011; Wang et al., 2013). Therefore, the TCV is used to investigate the intention to adopt healthcare apps and brand love in this study.

2.3. Brand love

Brand love is defined as a satisfied customer's emotional and passionate commitment to a specific brand or trade name (Kang, 2015). Brand love is based on interpersonal love theories, which include brand association, positive feelings, favorable evaluation, and demonstration of love, as well as the intent to recommend and loyalty (Karjaluoto et al., 2016; Junaid et al., 2019). Scholars have proposed that brand love represents a more universal behavioral construct than the existing idea of satisfaction, which they have investigated in many circumstances (Rodrigues and Rodrigues, 2019). Word of mouth and the desire to pay is linked to brand love (Coelho et al., 2019). When sharing is difficult, customers in an exchange relationship are more likely to generate electronic word of mouth and pay a higher price premium than those in a shared relationship (You et al., 2021). Brand love, rather than a transactional conclusion, is a common result of a lengthy engagement with a firm or brand, according to scholars, and is linked to people's identities (Bairrada et al., 2018). Despite the relevance of brand love as a manifestation of a consumer's ongoing interest in a product or service (Bairrada et al., 2018), it has received little attention in the context of healthcare apps adoption.

3. Research model & development of hypothesis

The study's conception is based on the proposed model (Fig. 1), which incorporates the TCV and applies it to healthcare apps. In this study, purchase intention is examined as a mediating variable because many previous studies have demonstrated that purchase intention implies consumption values in a product or service at the time of purchase (Varshneya et al., 2017; Kaur et al., 2021). For two key reasons, we chose consumption values in this framework. First, experts have pointed out that consumption values might inspire people to embrace healthy habits, such as eating natural foods, exercising, and taking proper medicines or food supplements, leading to more sustainable behavior (Chiu et al., 2020). Second, people who are concerned about their health are more likely to choose healthcare apps. As a result, external stimuli such as government rules or marketing messages might readily influence them (Dhiman et al., 2019). Online risk perceptions and customer involvement are employed as moderating variables, and purchase intention as a mediating variable, with age, gender, educational background, household size, and monthly household income serving as controls.

3.1. Functional value

Compared to other accessible alternatives, completing work more efficiently and straightforwardly helps consumers extract functional value (Sheth et al., 1991). The concept of functional value has been widely investigated and proven in numerous situations in the consumer behavior literature, and it is equated with ease of use or convenience (Muhamed et al., 2019). Functional and utility features and their physical performance contribute to its functional value (Sheth et al., 1991). The desired utility determines the functional value (Sheth et al., 1991). When a customer understands the function and utility of a product, they are more likely to buy it (Sweeney and Soutar, 2001). The power of functional value to influence customers' decisions, particularly with respect to technology-enabled products and services, has been demonstrated by the technology acceptance model and the theory of consumption values (Jiang et al., 2021; Min et al., 2018). The impact of functional value on the uptake of technology-enabled services has also been proven in some research in the context of app-based services (McCabe et al., 2012). Hence, we posit

H1a. Functional value positively affect purchase intention

H1b. Functional value positively affect brand love

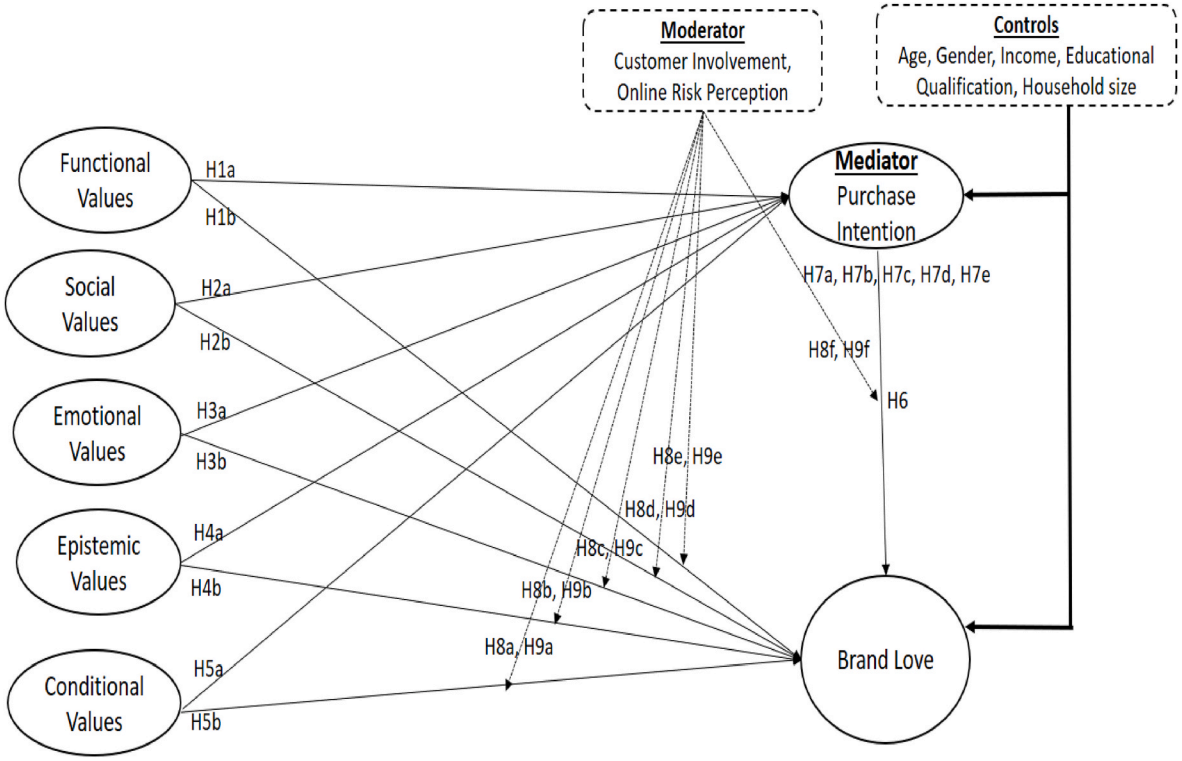


Fig. 1. Hypothesized research model.

3.2. Social value

The social value of a product or service is defined as the expected benefit from it that facilitates an association with a specific social class (Sheth et al., 1991). This value aids individuals in developing a sense of belonging to any social group with which they wish to affiliate (Seebohm et al., 2013). As a result, societal pressure can impact a consumer's purchasing intention or choice (Shah Alam and Mohamed Sayuti, 2011). Frequently, societal norms or peer group pressure can substantially impact consumers' purchasing decisions (Wang et al., 2012). In various products/services, social influence has been found to influence consumers' purchase or repurchase decisions (Singh et al., 2020). Healthcare products have had a significant impact on customers worldwide, particularly in the wellness and lifestyle sectors (ZhangXiaofei et al., 2013). Wellness centers promote healthcare products as being meant for people who want to live a vibrant and sociable existence (Chiu et al., 2020). Furthermore, healthcare apps are inextricably linked to social well-being (Chiu et al., 2020). Because the service is offered through technology-enabled devices, consumers' intentions to embrace healthcare apps can be equated with technology adoption (Dhiman et al., 2019). Furthermore, social value influences the inclination to use mobile-based healthcare services (Chiu et al., 2020). Close consumer associates, such as family members, acquaintances, and relatives, improve and positively affect social value (Ray et al., 2021). Hence, we hypothesize

H2a. Social value positively affect purchase intention

H2b. Social value positively affect brand love

3.3. Emotional value

Emotional value results from a socio-psychological response triggered by the use of a product that elicits strong feelings (Sheth et al., 1991). This impulsive buying decision is triggered by this perceived worth (Sheth et al., 1991). Positive sensations are stimulated by emotional value, which gives healthcare apps pleasure and enjoyment (Alaiad and Zhou, 2017). Emotional value is the advantage derived from a product or service's capacity to elicit positive feelings and emotions in the user (Berraies et al., 2017). Emotional value is a two-dimensional statement that combines usefulness and hedonic value (Mallat et al., 2009). Healthcare apps meet both of these criteria (Chiu et al., 2020) because the healthcare apps are useful as well as it provides please experience to user (Wei et al., 2020). The ease of use and convenience that healthcare apps provide to consumers can be related to their capacity to elicit a pleasant emotional reaction (Chiu et al., 2020). Consumers have an emotional response to the technology when it is interesting and easy to use (Mishra et al., 2021). Emotional value has been identified as a factor that significantly impacts the desire to utilize mobile services in several kinds of research (Kim et al., 2007; Singu and Chakraborty, 2021). Hence, we propose

H3a. Emotional value positively affect purchase intention

H3b. Emotional value positively affect brand love

3.4. Epistemic value

Consumers regard epistemic value as a service's ability to satisfy their curious tendencies and display uniqueness in its use (Sheth et al., 1991). The desire to obtain novel experiences and the satisfaction of the consumer's cognitive development are epistemic values in the setting of online services (Laroche et al., 2001). This experience is based on the necessity for an online service and the desire to learn about a new way to adopt/use products and services (Pura, 2005). Epistemic value is a deterministic antecedent of a consumer's decision to utilize or avoid a service (Bettiga and Lamberti, 2017). Similarly, epistemic value has been discovered to be a crucial component in deciding whether or not to purchase a new product/service (Kaur et al., 2021). The power of epistemic value to lead the customer to new products and services, and epistemic value, in turn, is driven by the consumer's curiosity towards the brand (Xiao and Kim, 2009), notably in the context of healthcare apps. Hence, we posit.

H4a. Epistemic value positively affect purchase intention

H4b. Epistemic value positively affect brand love

3.5. Conditional value

Situations that prompt a consumer's use of a product are conditional values (Sheth et al., 1991). According to research, conditional value is defined as the precise circumstances that enable the purchase of a product or service from the buyer's perspective (Sheth et al., 1991). It refers to a product's or service's reliance on a specific context, such as a circumstance, time, or location (Wu and Chang, 2016). According to the literature, the decision to use online service is frequently influenced by the purchase and the convenience fee charged (Phau et al., 2014). Some unforeseen circumstances and contingencies also drive the adoption of online services, whereas circumstances can either support or deter a consumer's aim (Sullivan and Kim, 2018). It has been demonstrated that conditional value substantially affects purchasing intention when it comes to health-related items (Chiu et al., 2020). Healthcare apps, which fall under the category of health or fitness-related products, are vulnerable to a similar perspective; as a result, conditional value can influence healthcare apps purchasing intentions as well as brand love (Coelho et al., 2019). Hence, we hypothesize.

H5a. Conditional value positively affect purchase intention

H5b. Conditional value positively affect brand love

3.6. Purchase intention and brand love

Customers pleased with a product are more likely to repeat their purchasing behavior, demonstrating higher brand loyalty (Carroll and Ahuvia, 2006). In other words, when a product satisfies customers, what starts as a positive objective becomes a certain amount of attachment, emotional linkage, and loyalty (Mody and Hanks, 2019). According to scholars, such loyalty and positive connotations manifest brand love (Mody and Hanks, 2019; Carroll and Ahuvia, 2006). They also discovered that purchasing intentions, emotional attachment to the brand, and brand love had a favorable link (Batra et al., 2012; Loureiro et al., 2012). As a result, we anticipate that consumers with favorable purchase intentions for healthcare apps will have a stronger emotional attachment to health and fitness-related services. Hence, we propose.

H6. Purchase intention positively affect brand love

3.7. Mediating role of purchase intention

Purchase intentions have been found to play a mediating function in the relationship between recognized antecedents and actual behavior in previous investigations (Panda et al., 2020; Singu and Chakraborty, 2021). Given the growing literature on healthcare app adoption, it was decided to look into whether purchase intents could moderate some connections in healthcare apps brand love and consumption values. Healthcare apps marketers can use this association to further engage with consumers and influence their decision-making process if favorable purchase intents are discovered to boost brand love for adopting health apps. We investigated the mediating effect of purchase intentions in connecting factors signifying various consumption values with brand love, even though there is no a priori reason for this. Hence, we posit

H7a. Purchase intention in healthcare apps mediates the relationship between functional value and brand love.

H7b. Purchase intention in healthcare apps mediates the relationship of social value and brand love.

H7c. Purchase intention in healthcare apps mediates the relationship of emotional value and brand love.

H7d. Purchase intention in healthcare apps mediates the relationship of epistemic value and brand love.

H7e. Purchase intention in healthcare apps mediates the relationship of conditional value and brand love.

3.8. Customer involvement as a moderator

Customers' attitudes are discovered to be shaped through consumer involvement, which varies depending on the level of involvement (Petty et al., 1983). In essence, customer engagement is the perceived importance a consumer places on a product or service based on personal beliefs, preferences, interests, and needs (Kayeser Fatima and Abdur Razzaque, 2013). Existing research also shows that increased consumer involvement can boost a customer's trust. The amount to which a consumer will use cognitive capacities to evaluate service is determined by their level of involvement (Zhao et al., 2018). Product participation includes three sorts: product involvement, purchase involvement, and advertising involvement (Zaichkowsky, 1985). This research looks at product engagement, where the customer's values impact their adoption intention. In this scenario, we claim that consumer participation will attenuate perceived consumption values on adoption intention. A link was found between brand love and consumption values with purchase intention as the number of studies investigating the moderating effect of customer involvement continues to rise. Hence, we propose.

H8a. Customer involvement moderates the association between conditional value and brand love.

H8b. Customer involvement moderates the association between epistemic value and brand love.

H8c. Customer involvement moderates the association between emotional value and brand love.

H8d. Customer involvement moderates the association between social value and brand love.

H8e. Customer involvement moderates the association between functional value and brand love.

H8f. Customer involvement moderates the association between purchase intention and brand love.

3.9. Online risk perceptions as a moderator

Online risk perceptions have been discovered to impact significantly purchasing intent (Van Noort et al., 2008). Unlike traditional purchases, online purchases have a number of hazards, including the possibility of receiving a mismatched item, monetary risk, and confidentiality risk (Gabriel and Nyshadham, 2008). Online risk perceptions are much more critical in the case of healthcare services because it involves a lot of money as well as it is important for health. Furthermore, there is skepticism regarding the legality and quality of healthcare services available online (Garg and Camp, 2012). The negative image of the internet as a source of counterfeit goods raises the danger of purchasing healthcare services online. Consumers can avoid these hazards by purchasing in real stores. Shoppers have faith in conventional stores and place a premium on social connection and product touch and feel, allowing them to enjoy their offline shopping experience without always worrying about security. Hence, we hypothesize.

H9a. Online risk perceptions moderates the association between conditional value and brand love.

H9b. Online risk perceptions moderates the association between epistemic value and brand love.

H9c. Online risk perceptions moderates the association between emotional value and brand love.

H9d. Online risk perceptions moderates the association between social value and brand love.

H9e. Online risk perceptions moderates the association between functional value and brand love.

H9f. Online risk perceptions moderates the association between purchase intention and brand love.

3.10. Demographics as control variables

We employed demographic parameters such as age, education, gender, income, and household size as control variables (Larson, 2018). Several previous studies have found a strong link between customer behavior and demographic variables (Hwang, 2016). When demographics are utilized as control variables in online services, it is also demonstrated that they have a more significant impact. Scholars discovered a variance in consumer's behaviors due to social, cognitive, and biological variety, which has been demonstrated to substantially impact purchase intention towards healthcare apps (Qasim et al., 2019). As a result, we propose that while studying the adoption intention of healthcare apps, demographic characteristics such as age, educational qualifications, gender, family size, and income be used.

4. Methods & data analysis

This section explains how the questionnaire and structural equation modeling (SEM) approach was used to collect and analyze data. We also used SPSS version 26, AMOS version 26, and Process Macro version 3.5.3 to find the data results.

4.1. Data collection, survey instrument & respondent's profile

By email, an online survey with a structured questionnaire was conducted. The questionnaire included various items drawn from confirmed metrics in the current literature on healthcare apps (Table 3). The constructs are derived from multiple sources: Functional value (Sheth et al., 1991; Lin and Huang, 2012), Social value (Sheth et al., 1991; Sweeney and Soutar, 2001), Emotional value (Sheth et al., 1991; Lin and Huang, 2012), Epistemic value (Sheth et al., 1991; Lin and Huang, 2012), Conditional value (Sheth et al., 1991; Hung and Hsieh, 2010), Purchase intention (Talwar et al., 2020) and Brand love (Carroll and Ahuvia, 2006) (Table 3). The survey was sent out to 2986 people from January 2021 to April 2021. Initially, 911 replies were received, of which 878 were chosen as having no missing values. Table 1 shows the demographic characteristics of the respondents. The responses were gathered on a five-point Likert scale, ranging from strongly agree to disagree strongly, with 5 indicating strong agreement and 1 indicating strong disagreement. Previously, users of healthcare apps are given the scale to get their feedback and suggestions. It is then put to the test with 43 people who use healthcare apps. These stages assisted in correcting the questionnaire's mistakes and, as a result, refine and develop it. A questionnaire was distributed amongst the users of 1 mg (an established healthcare app brand in the Indian market) provided the data for the study. The respondents were mostly 35–45 years old and more than 72% of population are using the app whose age is more than 35 years. Male respondents made up 58.2 percent of the total, while female respondents made up the balance. Around 30.52% of respondents earned more than 80,000 INR each month, with 28.93% holding a master's degree and 31.89% with four members in the household (Table 1).

Table 1
Demographic profile.

Demographic Measures	Category	Frequency	Percentage
Age	Less than 25 years	106	12.07%
	25–35 years	131	14.92%
	35–45 years	225	25.63%
	45–55 years	198	22.55%
	55 years & above	218	24.83%
Household size	only one member	96	10.93%
	two members	127	14.46%
	three members	179	20.39%
	four members	280	31.89%
	five members and more	196	22.32%
Gender	Male	511	58.20%
	Female	367	41.80%
Educational Qualification	Completed high school	66	7.52%
	pursuing/completed professional degree/vocational school	148	16.86%
	pursuing/completed bachelor's degree	248	28.25%
	pursuing/completed master's degree	254	28.93%
	pursuing/completed doctorate (PhD or equivalent)	162	18.45%
Monthly income	Less than 40,000 INR	78	8.88%
	40,001–60,000 INR	147	16.74%
	60,001–80,000 INR	263	29.95%
	80,001 - 1,00,000 INR	268	30.52%
	1,00,001 and more INR	122	13.90%

4.2. Data analysis

A two-step approach was employed for data analysis. The reliability and validity of the measuring scales employed in this study were first investigated using exploratory factor analysis (EFA) & then with confirmatory factor analysis (CFA). Second, the proposed conceptual model's structural route was evaluated using the structural equation modeling (SEM) technique in SPSS 26 and AMOS 26. Using the process macro 3.5.3, the effect of mediating and moderating variables was investigated.

4.2.1. Data normalcy

The normalcy of the data must first be established. In this situation, the dataset contained no missing or unengaged responses. According to the research, the values of skewness and kurtosis were found to be well within the tolerance limits of +3 to −3. Table 2 shows the descriptive statistics for the constructs employed in the study. Finally, we used a multicollinearity test to ensure that all results fell below the three-point cut-off. In general, no anomalies were discovered, and the data was deemed adequate for the study. The survey's 878 participants were used to put the proposed study paradigm to the test.

4.2.2. Common method bias

Because the data came from a single source, common method bias (CMB) could be a concern; therefore, we took a multipronged approach to solve the problem. First, I used Harman's single-factor test to establish mono-method variance. In SPSS, the study's suitable constructs were tested for preliminary checks. According to the results of the test, a single factor explained 39.584 percent of the total variance. Because this was significantly below the 50% threshold (Podsakoff et al., 2012), it was decided that common method bias was not present in the data utilized in the study. Second, I used the common latent factor technique and the CFA marker variable technique to achieve a more robust evaluation (Podsakoff et al., 2012). Furthermore, because the study used a complex procedure that examined both direct and indirect mediation effects along with moderation effects, it would be difficult for respondents to conjecture about the cause-and-effect relationship, decreasing the risk of CMB.

4.2.3. Factor loadings, reliability & validity analysis

After testing for common method bias, confirmatory factor analysis (CFA) was used to determine the fit indices, validity, and reliability. The factor loadings are greater than 0.7 (Table 4), indicating that each item's factor loading is suitable for future investigation (Fornell and Larcker, 1981). The factor loadings of EFA, CFA & SEM have been reported along with Cronbach's alpha values (Table 4). CFA was used to ensure that various measurements were internally and externally consistent. By computing composite reliability, the internal consistency of the items inside each construct was investigated. The composite reliability of all constructs was greater than 0.70, which was the required value (Table 5). The output of the measurement model also confirmed the constructs' convergent validity and reliability (Table 5). The average variance extracted (AVE) was greater than 0.50, and composite reliability (CR) was greater than 0.70, both of which were well within acceptable limits (Fornell and Larcker, 1981). The AVEs' square roots were bigger than the correlation coefficients between the constructs, indicating discriminant validity (Fornell and Larcker, 1981). Later, the heterotrait-monotrait (HTMT) technique was used to measure discriminant validity. Table 6 shows the HTMT values, which were predicted to be lower than the 0.85 threshold value indicated (Henseler et al., 2015). The discriminant validity was further established as a result of this. Furthermore, the correlations between study measures were positive, but not as high as 0.80, as required (Kline, 2015). Finally, we evaluated the goodness of fit criteria values ($\chi 2/df = 3.102$, CFI = 0.966, TLI = 0.962, RMSEA = 0.049) to see how well the model fit. The values are well within the range of recommended values (Hair et al., 2010).

4.2.4. Hypothesis Testing

For evaluating the hypotheses, an analysis of the structural model was undertaken, and it was found to have excellent model fit indices (2 $\chi 2/df = 3.102$, CFI = 0.966, TLI = 0.962, RMSEA = 0.049). The results (Table 7) show that functional value (H1a: $\beta = 0.250$, $p < .001$), social value (H2a: $\beta = 0.124$, $p < .001$), emotional value (H3a: $\beta = 0.210$, $p < .001$), epistemic value (H4a: $\beta = 0.165$, $p < .001$) and conditional value (H5a: $\beta = 0.292$, $p < .001$) are having a significant impact on purchase

Table 2
Mean, SD & Correlation of demographics & study variables.

	Mean	Std. Deviation	Gender	Age	Housize	Eduqual	Housinc	CDV	SCV	ESV	ETV	FTV	PCI	BRL
Gender	1.4180	.49,351	1											
Age	3.3314	1.32020	-.010	1										
Housize	3.4021	1.27831	-.014	.868**	1									
Eduqual	3.3394	1.17599	-.015	.349**	.379**	1								
Housinc	3.2380	1.15268	-.023	.303**	.290**	.687**	1							
CDV	3.2551	1.22642	-.011	.555**	.544**	.407**	.354**	1						
SCV	3.1805	1.21705	-.007	.428**	.409**	.306**	.261**	.482**	1					
ESV	3.0507	1.01906	.012	.389**	.335**	.294**	.234**	.385**	.203**	1				
ETV	3.1324	1.05590	.005	.463**	.459**	.376**	.351**	.461**	.455**	.213**	1			
FTV	3.4312	1.00029	-.012	.491**	.472**	.382**	.368**	.520**	.337**	.422**	.301**	1		
PCI	3.2753	1.13743	-.004	.545**	.539**	.475**	.399**	.626**	.472**	.439**	.494**	.558**	1	

Table 3
Constructs, items & sources.

Constructs	Item Nos.	Items	Sources
Functional Value	FTV1	I think health apps require less effort in comparison to physical mode of health checkup	(Sheth et al., 1991) (Lin and Huang, 2012)
	FTV2	I think health apps are reliable.	
	FTV3	I think health apps helps to get quicker solution	
	FTV4	I think operating health apps can be learned quickly.	
	FTV5	I think health apps are good as they reduce my efforts.	
Social Value	SCV1	I think using health apps will help me improve my social image.	(Sheth et al., 1991) (Sweeney and Soutar, 2001)
	SCV2	The people who are important for me use health apps	
	SCV3	I think health apps are used by professionals	
	SCV4	I think using health apps will help feel more acceptable.	
Emotional value	ETV1	I feel relaxed while using health apps	(Sheth et al., 1991) (Lin and Huang, 2012)
	ETV2	I enjoy using health apps.	
	ETV3	Using health apps gives me pleasure.	
	ETV4	Using health apps is interesting for me.	
Epistemic Value	ESV1	I am fascinated by health apps	(Sheth et al., 1991) (Lin and Huang, 2012)
	ESV2	I am curious about people who use health apps	
	ESV3	I am interested in seeking novel information about health apps	
	ESV4	I feel using health apps helps me to acquire knowledge.	
Conditional Value	CDV1	I believe I will use health apps when I have to make instant payments.	(Sheth et al., 1991) (Hung and Hsieh, 2010)
	CDV2	I believe I will use health apps when I don't want to stand in a queue for helath checkup.	
	CDV3	I believe I will use health apps whenever there is a need for cashless transactions.	
	CDV4	I believe I will use health apps when secured transactions are required to be made.	
Purchase Intention	PCI1	I shall be happy to get doctor's appointment via health apps	Talwar et al. (2020)
	PCI2	I plan to get doctor's appointment via health apps in future	
	PCI3	I intend to get doctor's appointment via health apps in fuure	
	PCI4	I would like to use health apps again	
Brand Love	BRL1	I love the Health Apps Brands	Carroll & Ahuvia (2006)
	BRL2	I am passionate about the Health Apps Brands	
	BRL3	I am very attached to the Health Apps Brand	
	BRL4	The Health Apps Brands are simply outstanding	

intention. Regarding brand love, functional value (H1b: $\beta = 0.158$, $p < .001$), emotional value (H3b: $\beta = 0.185$, $p < .001$), epistemic value (H4b: $\beta = 0.074$, $p < .05$), and conditional value (H5b: $\beta = 0.169$, $p < .001$) were significant, while social value (H2b: $\beta = 0.025$, $p > .05$) was not related to it. Likewise, purchase intention was positively associated with brand love. Thus the hypotheses H1a, H2a, H3a, H4a, H5a, H1b, H3b, H4b, H5b, and H6 were confirmed to be supported, while H2b was not supported. The model explained 60% variance in purchase intention and 40% variance in brand love (Table 7 and Fig. 2).

Table 4
Measurement of study variables.

Factors	Items	EFA	CFA	SEM	Cronbach's Alpha
FTV	FTV5	.777	0.843	0.843	0.924
	FTV4	.749	0.802	0.802	
	FTV3	.812	0.854	0.854	
	FTV2	.773	0.859	0.859	
	FTV1	.745	0.853	0.853	
BRL	BRL4	.697	0.748	0.748	0.878
	BRL3	.764	0.805	0.805	
	BRL2	.703	0.739	0.739	
	BRL1	.779	0.903	0.903	
SCV	SCV4	.833	0.899	0.899	0.954
	SCV3	.852	0.909	0.909	
	SCV2	.847	0.923	0.923	
	SCV1	.880	0.934	0.934	
ETV	ETV4	.735	0.827	0.827	0.918
	ETV3	.844	0.892	0.892	
	ETV2	.818	0.876	0.876	
	ETV1	.779	0.843	0.843	
ESV	ESV4	.729	0.791	0.791	0.902
	ESV3	.746	0.782	0.782	
	ESV2	.827	0.879	0.879	
	ESV1	.861	0.885	0.885	
CDV	CDV4	.656	0.818	0.818	0.94
	CDV3	.821	0.893	0.893	
	CDV2	.789	0.918	0.918	
	CDV1	.747	0.941	0.941	
PCI	PCI4	.622	0.802	0.802	0.922
	PCI3	.703	0.881	0.881	
	PCI2	.747	0.901	0.901	
	PCI1	.676	0.877	0.877	

4.2.5. Mediation analysis

Model 4 in the PROCESS macro in SPSS was used to do mediation analysis on the constructs. The findings revealed that purchase intention partially mediated the association between consumption values and brand love. Tables 8 and 9 show the total, direct, and indirect relationships between the study's constructs. Hypotheses H7a, H7b, H7c, H7d, and H7e were all found to be significant.

4.2.6. Moderation analysis

The moderating effect was investigated to see how customer involvement & online risk perceptions influence the relationship between the five consumption values and brand love. Customer involvement positively influenced the link between functional value, epistemic value, emotional value, and brand love, as well as online risk perception, significantly moderating the relationship between conditional value, epistemic value, and brand love, according to the findings (Table 10). In addition, as shown in Figs. 3a, b, and 3c, customers with medium and high levels of functional, emotional, and epistemic value had a high brand love. As shown in Figs. 3d and e, online risk perceptions with medium and high levels of conditional and epistemic value expressed a strong desire towards a brand. Only H8b, H8ch, H8e, H9a & H9b were supported out of the 12 hypotheses from H8a to H8f and H9a to H9f. The moderating influence of household size is shown in Fig. 3a, b, 3c, 3d, and 3e.

4.2.7. Control variables

The findings demonstrated that the socio-demographic variables, such as age and gender, do not significantly influence the dependent variable named brand love. Age, gender, household size, and household income do not have a statistically significant confounding effect on purchase intention. But, according to the study, household size ($\beta = 0.114$, $p < .05$), educational qualification ($\beta = 0.319$, $p < .001$) and household income ($\beta = 0.358$, $p < .001$) had a substantial confounding effect on brand love and educational qualification ($\beta = 0.11$, $p < .01$) had a confounding effect on purchase intention.

Table 5
Validity & reliability analysis.

	CR	AVE	MSV	MaxR(H)	FTV	BRL	SCV	ETV	ESV	CDV	PCI
FTV	0.924	0.710	0.364	0.926	**0.843**						
BRL	0.877	0.642	0.307	0.897	0.476***	**0.801**					
SCV	0.954	0.839	0.264	0.956	0.359***	0.374***	**0.916**				
ETV	0.919	0.739	0.286	0.922	0.327***	0.457***	0.483***	**0.860**			
ESV	0.902	0.699	0.223	0.911	0.462***	0.356***	0.215***	0.223***	**0.836**		
CDV	0.941	0.799	0.446	0.950	0.560***	0.526***	0.514***	0.502***	0.406***	**0.894**	
PCI	0.923	0.750	0.446	0.928	0.603***	0.554***	0.501***	0.535***	0.472***	0.668***	**0.866**

*p < .050**p < .010 ***p < .001.

Table 6
HTMT analysis.

	FTV	BRL	SCV	ETV	ESV	CDV	PCI
FTV							
BRL	0.457						
SCV	0.359	0.363					
ETV	0.326	0.439	0.486				
ESV	0.462	0.352	0.218	0.234			
CDV	0.558	0.509	0.508	0.496	0.419		
PCI	0.604	0.547	0.503	0.536	0.482	0.673	

Table 7
Hypothesis results.

Hypothesis	Path			Estimate	P	Support
H1a	PCI	<—	FTV	0.25	<0.001	Yes
H2a	PCI	<—	SCV	0.124	<0.001	Yes
H3a	PCI	<—	ETV	0.21	<0.001	Yes
H4a	PCI	<—	ESV	0.165	<0.001	Yes
H5a	PCI	<—	CDV	0.292	<0.001	Yes
H1b	BRL	<—	FTV	0.158	<0.001	Yes
H2b	BRL	<—	SCV	0.025	>.05	No
H3b	BRL	<—	ETV	0.185	<0.001	Yes
H4b	BRL	<—	ESV	0.074	<.05	Yes
H5b	BRL	<—	CDV	0.169	<0.001	Yes
H6	BRL	<—	PCI	0.2	<0.001	Yes

5. Discussion

Using the theory of consumption values, this study looked at how the hypothesized characteristics influence customers' intentions to use healthcare apps. The moderating influence of customer involvement and online risk perceptions on consumption values and brand love was also investigated. We also looked at whether purchase intention had a mediating influence on the relationship between consumption values and brand love. The results show that all consumption values have a considerable impact on purchase intention. The findings are consistent with those of other investigations (Watanabe et al., 2020). Customers of healthcare apps are probably getting familiar with the technology and security aspects (Woldeyohannes and Ngwenyama, 2017). People create expectations regarding a healthcare app based on provider descriptions and other users' ratings before using it. Users evaluate the app's real performance and generate an opinion or expectations after using it for some time. This viewpoint or expectation impacts users' pleasure and perceptions of the utility of healthcare apps. Meanwhile, users' enjoyment of the app is boosted by their perception of its utility. Finally, users' perceptions of the app's utility and satisfaction influence whether or not they will continue to use it. The consumption values have a significant role to play in it.

The impact of consumption values on healthcare apps brand love was significant for functional, conditional, epistemic, and emotional values, but not for social value. Due to more significant usage by the general public and the activity no longer being regarded as elitist, the importance of social value in online services like healthcare apps has waned. Because of the utilitarian benefits associated with the apps, the functional value of healthcare apps has grown in importance. Healthcare apps are also incorporating value-added services, enhancing their utility (Saheb, 2020). Healthcare apps brand love was found to be positively influenced by conditional values. This conclusion is supported by several studies conducted in the context of various online services (Shaikh and Karjaluoto, 2015; Zolkepli et al., 2020). Conditional values were associated with rapid services, avoiding long lines for medicines, and executing cashless and secure transactions in this study. Conditional values are a crucial driver of healthcare apps brand love since they are in perfect agreement with time-constrained lifestyles.

Healthcare apps brand love was also found to be positively influenced by epistemic value. This backs up the findings of several other researchers (Chopdar et al., 2018; Zolkepli et al., 2020). Curiosity, novelty, and intrigue were the aspects of epistemic value that consumers responded to. Naturally, consumers derive epistemic value from healthcare apps because novel features like online medicine delivery, online consultation with doctors, lab tests from home, and greater privacy contribute to the development of epistemic value. Healthcare app brand love was also found to be influenced by emotional value. Feeling comfortable, pleased, and having a pleasurable and intriguing experience were the emotional components in this study. These elucidate how the sensations elicited by healthcare apps can lead to brand love. We also looked at the role of purchase intention in moderating the association between consumption values and brand love in this study. The results of the mediation study validated all of the postulated mediating relations (H7a, H7b, H7c, H7d, and H7e). Our hypothesis that purchase intention will mediate the link between functional, conditional, social, epistemic, and emotional values and consumption values was based on previous studies in similar circumstances (Watjatrakul, 2020; Kimiagari and Baei, 2021).

One possible explanation for this phenomenon is that consumption values contribute to creating purchase intention, which contributes to the formation of brand love towards healthcare apps. A fascinating finding of social value is that it does not directly relate to brand love but is supported by the mediation effect of purchase intention. We also looked at the impact of customer involvement and online risk perceptions on brand love and consumption values. Five hypotheses were found to be supported (H8b, H8ch, H8e, H9a & H9b), implying that consumer involvement moderates the relationship between functional value, emotional value, epistemic value, and brand love. In contrast, online risk perceptions moderate the relationship between epistemic value, conditional value, and brand love.

As consumers move towards high functional values, their love towards the brand is increasing, and their involvement shoots up. The finding also illustrates that increased emotional value creates a strong association with brands with increasing customer involvement. To lessen the perceived risk, shoppers with high online risk perceptions use digital channels to gather information before making a final purchase at an offline store. As a result, people prioritize seeking information online before purchasing products from physical stores. Consumers with lower online risk perception value less in online information searches and offline purchases and hence have less interest in looking at the services provided by the healthcare apps.

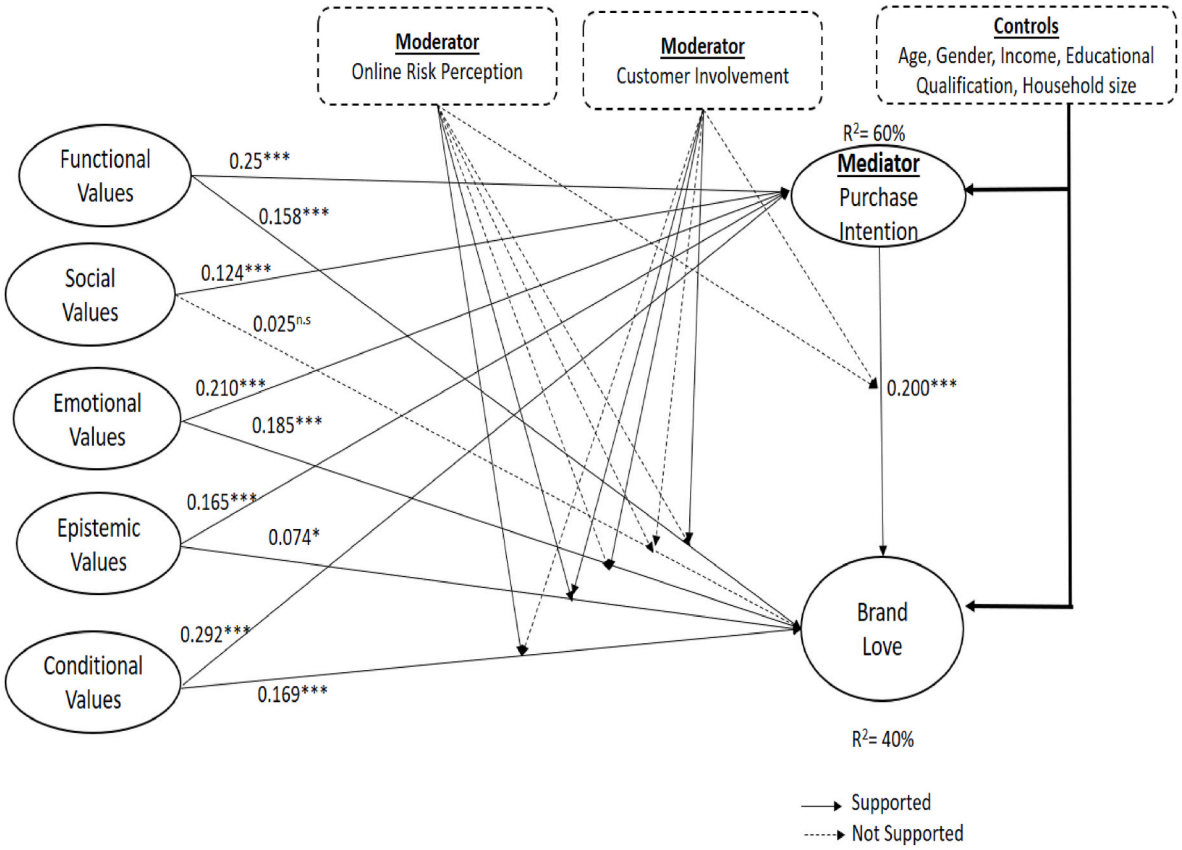


Fig. 2. Results of hypothesis testing.

6. Implications, limitations & future directions

6.1. Theoretical implications

The findings of this investigation have four major theoretical implications. To begin with, this is an empirical study of brand love towards healthcare apps. Brand love is a well-known and rapidly expanding consuming phenomenon (Bagozzi et al., 2016; Mody and Hanks, 2019), with various aspects beyond intentions, behavior, and satisfaction. Because this construct has been under-explored in healthcare apps, we add to the literature by considerably broadening the scope of existing empirical work on this topic. Second, the study contributes to the theoretical advancement of the literature by evaluating consumer behavior toward healthcare apps using the idea of consumption values. The study employs customer involvement and online risk perceptions as moderators and purchase intention as a mediator that influence the consumption values towards brand love. As a result, the study offers novel relationships between these factors, which have been well-studied in various situations. Third, very few previous studies have looked at the applicability of the theory of consumption values in the context of healthcare apps, as far as we know.

Furthermore, while this theory has been used in the context of online food delivery in prior studies (Kaur et al., 2021), its use in healthcare apps is not found. Finally, the moderating effect of online risk perceptions and customer involvement on the connection between brand love and healthcare apps is highlighted in this study.

6.2. Practical implications

There are several implications of this study for healthcare apps manufacturers, managers, and legislators. First, the study proposes that manufacturers focus on various consumption values, including monetary, quality, social status, information, and preference values. The findings imply that all recommended values have a positive relationship with purchase intention, but the relationships vary with one another. Healthcare app service providers can use this data to identify areas where enhancement actions are more likely to impact value positively. For example, they should be aware that frequent benefit changes can be counterproductive, as users want constant benefits. On the other hand, service providers should concentrate their efforts on negotiating with more properties and services to feature them on their applications and meet customers' desire for a broader range of options.

Second, the considerable positive relationship between purchase intention and consumption values, respectively, suggests that improving utilitarian and functional characteristics can raise intents to purchase healthcare services online. Providing users with increased convenience when booking various services through apps can efficiently improve functional value. A simple interface and quick processing can give convenience, which can be achieved by upgrading the healthcare apps to the newest available technology.

Third, because customer involvement moderates the relationship between consumption values and brand love, healthcare apps should actively pursue a cost-effective advertising strategy that communicates their benefits, positively impacting users' intentions and the volume and valence of online reviews.

Fourth, the findings revealed that online risk perceptions had a significant impact on brand love. Consumers with high online risk perceptions are more likely to engage in brand love. To prevent switching behavior and attract consumers to purchase healthcare products/services online, healthcare marketers should ensure the originality of the products and safe and secure transactions across online platforms. Furthermore, the lack of face-to-face connection on the internet is one of the most important reasons for healthcare products/services shoppers' hopping behavior while making final purchases. As a result, healthcare

Table 8
Results of mediation analysis.

CDV → PCI → BRL						
	β	se	T	p	LLCI	ULCI
CDV → PCI	.5805	.0244	23.7518	.0000	.5325	.6284
PCI → BRL	.2928	.0324	9.0262	.0000	.2292	.3565
CDV→ BRL (Direct Effect)	.2095	.0301	6.9640	.0000	.1505	.2686
CDV → BRL (Total Effect)	.3795	.0245	15.4774	.0000	.3314	.4276
ESV → PCI → BRL						
ESV → PCI	.4898	.0339	14.4531	.0000	.4233	.5563
PCI → BRL	.3874	.0287	13.4962	.0000	.3310	.4437
ESV→ BRL (Direct Effect)	.1192	.0320	3.7219	.0002	.0564	.1821
ESV → BRL (Total Effect)	.3089	.0316	9.7698	.0000	.2469	.3710
ETV → PCI → BRL						
ETV → PCI	.5320	.0316	16.8099	.0000	.4699	.5941
PCI → BRL	.3467	.0293	11.8377	.0000	.2892	.4042
ETV → BRL (Direct Effect)	.1909	.0315	6.0524	.0001	.1290	.2529
ETV → BRL (Total Effect)	.3754	.0295	12.7115	.0000	.3174	.4333
SCV → PCI → BRL						
SCV → PCI	.4413	.0278	15.8557	.0000	.3867	.4960
PCI → BRL	.3804	.0292	13.0103	.0000	.3230	.4377
SCV→ BRL (Direct Effect)	.1066	.0273	3.9019	.0000	.0530	.1602
SCV → BRL (Total Effect)	.2745	.0263	10.4378	.0000	.2229	.3261
FTV → PCI → BRL						
FTV → PCI	.6341	.0319	19.8822	.0000	.5715	.6967
PCI → BRL	.3350	.0307	10.9019	.0000	.2747	.3953
FTV→ BRL (Direct Effect)	.2023	.0349	5.7889	.0000	.1337	2709
FTV → BRL (Total Effect)	.4147	.0309	13.4228	.0000	.3541	.4754

Table 9
Indirect effects between dependent and independent variable.

Indirect Effects	Hypothesis	β	se	LLCI	ULCI	Mediation?
CDV → PCI → BRL	H7a	.1700	.0233	.1260	.2169	Partial
ESV → PCI → BRL	H7b	.1897	.0191	.1534	.2281	Partial
ETV → PCI → BRL	H7c	.1844	.0183	.1485	.2212	Partial
SCV → PCI → BRL	H7d	.1679	.0169	.1362	.2023	Partial
FTV → PCI → BRL	H7e	.2124	.0240	.1666	.2616	Partial

service providers should leverage web atmospheres, user-friendly navigation, and responsive customer support to strengthen customer relationships.

Finally, because this research shows that consumption values can boost brand love, producers should collaborate with legislators to develop a list of healthcare products/services that are both safe and environmentally friendly. Once such a list has been created, it can be posted on offline and online stores to identify the secure, sustainable resources and processes used to create these products. Consumer connection with the brand can be enhanced by such communication at the time of purchase, leading to brand love.

6.3. Limitations and directions for future research

The current study contributes to novel empirical additions to the existing consumer behavior literature in healthcare and mobile applications. It does, however, have three significant limitations that can be rectified in future research. The first is that the study's participants were selected from India. As a result, extrapolating these findings to other nations may be difficult. Future researchers can undertake replication studies in other countries and compare their findings to the findings of

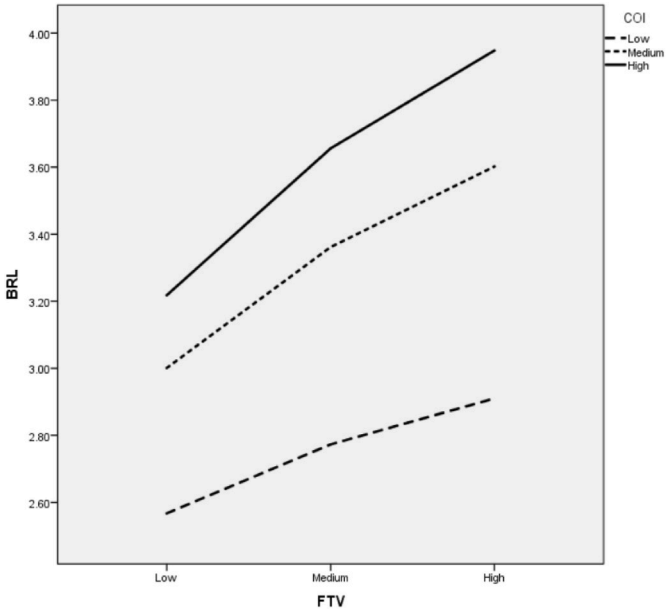


Fig. 3a. Moderating influence of Customer Involvement on the association between Functional Value and Brand Love.

Table 10
Results of moderation analysis.

Moderator is Customer Involvement (COI)										
Hypothesis	Path			β	se	t	p	LLCI	ULCI	Moderation?
H8a	CDV	→	BRL	.0239	.0216	1.1059	.2691	-.0185	.0663	No
H8b	ESV	→	BRL	-.0703	.0242	−2.9075	.0037	-.1177	-.0228	Yes
H8c	ETV	→	BRL	-.0828	.0236	−3.5126	.0005	-.1291	-.0365	Yes
H8d	SCV	→	BRL	-.0210	.0202	−1.0379	.2996	-.0608	.0187	No
H8e	FTV	→	BRL	.0645	.0253	2.5538	.0108	.0149	.1141	Yes
H8f	PCI	→	BRL	-.0046	.0224	-.2063	.8366	-.0487	.0394	No
Moderator is Online Risk Perception (ORP)										
Hypothesis	Path			β	se	t	p	LLCI	ULCI	Moderation?
H9a	CDV	→	BRL	.0550	.0261	2.1102	.0351	.0038	.1061	Yes
H9b	ESV	→	BRL	-.0699	.0283	−2.4675	.0138	-.1255	-.0143	Yes
H9c	ETV	→	BRL	-.0159	.0251	-.6344	.5260	-.0652	.0333	No
H9d	SCV	→	BRL	.0315	.0231	1.3630	.1732	-.0139	.0769	No
H9e	FTV	→	BRL	.0368	.0281	1.3096	.1907	-.0184	.0921	No
H9f	PCI	→	BRL	.0326	.0243	1.3411	.1803	-.0151	.0803	No

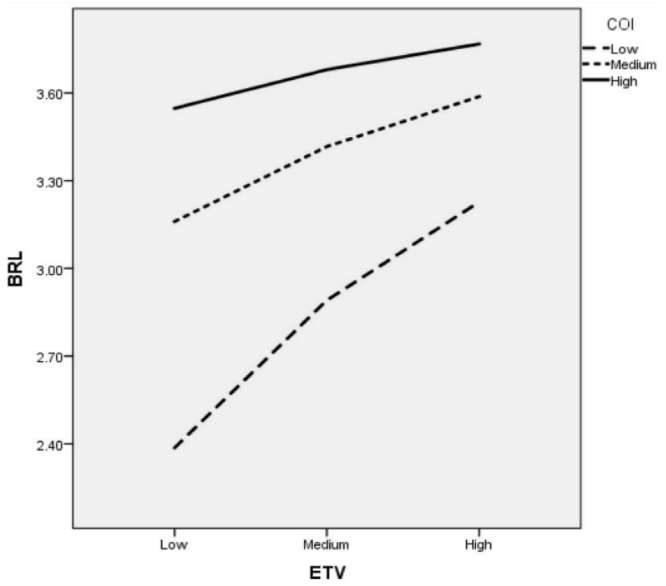


Fig. 3b. Moderating influence of Customer Involvement on the association between Emotional Value and Brand Love.

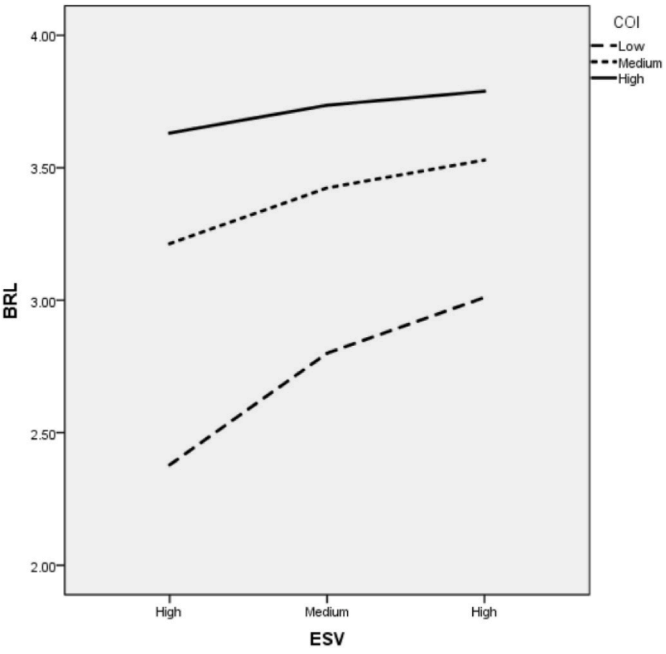


Fig. 3c. Moderating influence of Customer Involvement on the association between Epistemic Value and Brand Love.

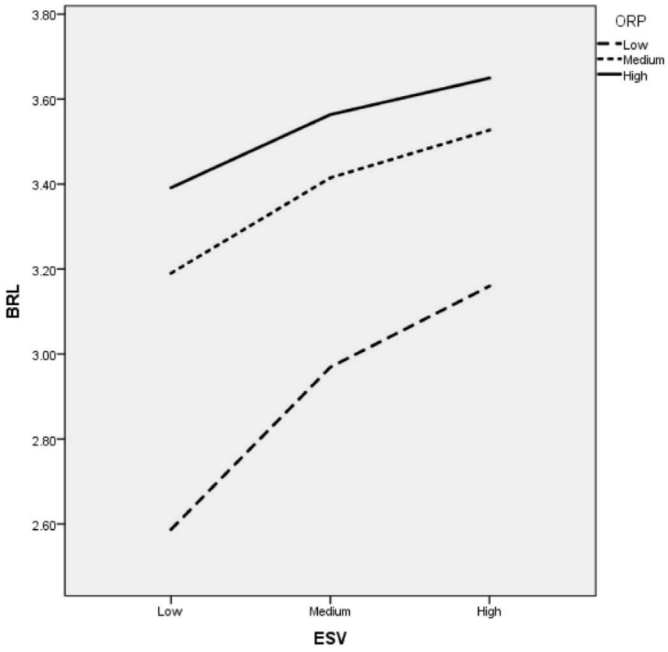


Fig. 3d. Moderating influence of Online Risk Perception on the association between Epistemic Value and Brand Love.

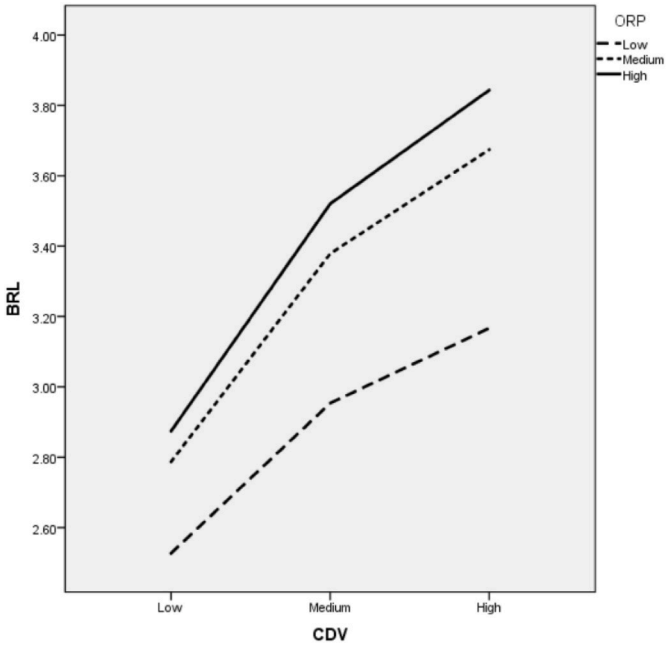


Fig. 3e. Moderating influence of Online Risk Perception on the association between Conditional Value and Brand Love.

this study to broaden the application and consequences of the suggested model. Second, the research is based on cross-sectional data and provides static observations from this standpoint. Longitudinal studies could be conducted to understand better how behavioral intentions toward healthcare apps vary over time. The study demonstrated the moderating effect of online risk perception and customer involvement on the association between brand love and healthcare apps. As a result, future researchers will be able to construct sociodemographic characteristics that can better explain the behavior of consumers using healthcare apps.

Furthermore, researchers can add to the existing literature on consumer behavior toward healthcare apps by applying essential ideas to the study of behavioral features of healthcare consumers. Third, the study focused solely on customers of a single healthcare apps-based brand. As a result, extrapolating our findings to the broader product category may be problematic. As a result, to acquire a more thorough perspective, future researchers may perform a cross-cultural or comparative study of multiple healthcare app brands.

7. Conclusion

The study's goal was to look into the healthcare app brand love in India, using the theory of consumption values as a theoretical foundation. Although little research has examined the elements that influence

healthcare app adoption, none have attempted to investigate brand love utilizing a moderation and mediation technique. This is one of the first studies to build a conceptual framework based on consumption values that consider the function of important elements that drive brand love for healthcare apps. The study proposed a complex research model in which the researcher looked at how consumption values affect purchase intentions and brand love. In addition, the role of purchase intentions as a mediator in strengthening brand love was investigated. The findings demonstrated that purchase intention partially mediated all the associations between consumption values and brand love. The study also added customer involvement and online risk perceptions as a moderator, and it moderated the relationships between consumption values and brand love. Finally, the study provided theoretical and practical implications for managers and consumers.

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