The impact of Firm Generated Content (FGC) and User Generated Content (UGC) on the intention to use telehealth services

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ARTICLE INFO

DOI:10.46223/HCMCOUJS.econ.en.15.2.3294.2025

Received: March 07th, 2024

Revised: June 01st, 2024

Accepted: June 10th, 2024

JEL classification code:

E00; I12; M31

Keywords:

firm generated content; information adoption model; telehealth services; theory of reasoned action; user generated content

ABSTRACT

The purpose of this paper is to explore the ability of the combination of Theory of Reasoned Action (TRA) and Information Adoption Model (IAM); to predict and explain how Firm-Generated Content (FGC) and User-Generated Content (UGC) influence the intention to use telehealth services in Vietnam. A total of 751 citizens participated in this study based on the non-probability convenience sampling method. They completed the survey questionnaires, which consisted of 31 items rated on a 5-point Likert scale. The authors analyzed the quantitative data by using structural equation modeling. The results from SEM demonstrated the positive relationships in the proposed research model. This study adds to existing research on how FGC and UGC affect citizen intentions, particularly within the healthcare industry. Based on the study findings, the authors propose several recommendations for the application of FGC and UGC in telehealth services offered by hospitals and healthcare facilities.

1. Introduction

Driven by technology and digitalization, consumerism is increasingly prevalent in the healthcare sector, with six trends currently unfolding. These trends include demographic shifts, consumer distrust, consumer empowerment, rising prevalence of chronic diseases, resource depletion, and mHealth (mobile Health) (PricewaterhouseCoopers, 2022).

In Vietnam, within the healthcare sector, the foremost priority of digital technology adoption is to enhance service quality for the community. The objective is to provide easier and more convenient access to healthcare services for citizens, thereby promoting a better healthcare experience (Thai Binh, 2023). Digital transformation is an inevitable trend and a mandatory requirement that occurs rapidly and extensively within the healthcare industry. The Prime Minister of Vietnam’s Decision No. 749/QĐ-TTg on the “National Digital Transformation Program until 2025, Vision to 2030” identifies the healthcare sector as one of the top priorities for digital transformation (Vietnam Prime Minister, 2020). Therefore, promoting telehealth services is a suitable solution in the current market context.

Furthermore, Internet development in Vietnam in 2023 saw significant progress with 77 million users, accounting for approximately 79.1% of the population. Social media has also become a pivotal platform with over 70 million users, presenting both opportunities and new challenges for businesses in the growing digital era (Vnetwork, 2023). As a result, user and firm contributions, in other words, User Generated Content (UGC) and Firm Generated Content (FGC), are essential components of developing services, including telehealth services. Sharing experiences with other individuals online is part of the service experience for a multitude of consumers, which also enhances the impact that good service providers can have on current and potential customers (Poulis et al., 2019). Through UGC and FGC, information regarding applications, services, or quality doctors can be widely shared, enhancing public awareness and accessibility to remote healthcare services. This not only aids in building a robust online healthcare community but also creates a reliable and easily accessible information source for those seeking telehealth solutions. Moreover, the development of social media and the Internet opened numerous opportunities for interaction, exchange, and health information sharing, thereby promoting the sustainable development of telehealth services in the Vietnamese community.

This study has both theoretical and practical contributions. In terms of theory, the study developed a research model to examine the impact of FGC and UGC on the intention to use remote medical services in the context of Vietnam's digital health transformation. In practice, based on the results of scale analysis and evaluation, the authors' research will demonstrate the level of influence of FGC and UGC, thereby controlling communication crises and optimally exploiting Internet resources, as well as identifying other factors influencing the intention to use telemedicine services in Vietnam. At the same time, the research assists in proposing solutions for marketing businesses/medical facilities, as well as how to carry out future positioning activities. Therefore, the objective of this study by the author group encompasses: (1) Understanding FGC, UGC, and telehealth services, thereby investigating citizen behavior based on the integration of two hypotheses: IAM (Information Acceptance Model) and TRA (Theory of Reasoned Action); (2) Developing a scale to gain insights into the perspectives of Vietnamese citizens within the market context of Vietnam; (3) Measuring the influence of FGC and UGC on the intention to use telehealth services among Vietnamese citizens. Finally, based on the research results, propose solutions to promote the utilization of telehealth services among healthcare facilities.

This research paper is structured into five sections. Section 1 introduces the study's objectives and scope. Section 2 explores the theoretical underpinnings, including Telehealth services, the Information Adoption Model (IAM), Firm-Generated Content (FGC), User-Generated Content (UGC), health consciousness, and the Theory of Reasoned Action (TRA). Section 3 details the research methodologies employed in the study. Section 4 presents and analyzes the research findings, drawing comparisons with previous studies. Finally, Section 5 concludes the paper by offering solutions, discussing limitations, and suggesting directions for future research.

2. Literature review

2.1. Telehealth services

Health services encompass all aspects of disease diagnosis, prevention, and treatment, as well as health care and rehabilitation activities for patients, families, communities, and populations. These services aim to make healthcare practices more accessible, high-quality, and patient-centered (Pinero De Plaza et al., 2021). The digital health market, which includes many aspects of healthcare and technology, is rapidly expanding and offers numerous opportunities for businesses worldwide. Vietnam's digital health market is expected to see a significant increase in revenue, reaching US$905.80 million by 2024. Furthermore, the market is expected to grow at a steady annual rate of 7.71% (Compound Annual Growth Rate during the period between 2024-2028), with a projected market volume of 1,219 million dollars by 2028. In general, Vietnam's digital health market is booming, thanks to an increase in telemedicine services and citizens' use of mobile devices (Statista Market Insights, 2024).

2.2. Theory of Reasoned Action (TRA)

The Theory of Reasoned Action (TRA) explains and predicts human behavior under the assumption that behavior involves volitional control, which means that the individual has the freedom to choose whether to perform an act based on the information system available to them and the consequences of their actions (Fishbein & Ajzen, 1975). According to the TRA, a person's intention to commit an act is the most important predictor of whether they will do so. Behavior intention expresses one's willingness to perform a prescribed behavior (Fishbein & Ajzen, l975). The intention to engage in one behavior is determined by two factors: attitude toward behavior and subjective norms. "Attitude towards behavior" refers to an individual's positive or negative assessment of a specific behavior and can be formed based on factors such as knowledge, experience, and personal judgment (Ajzen, 1991). The second factor is "subjective norms," or the perception of social pressure to perform or not perform a behavior. If they are under pressure from others to perform or not perform a behavior, the subjective norm will influence their intentions (Fishbein & Ajzen, 1975).

In the field of healthcare, TRA has been applied to investigate the relationship between attitudes, subjective norms, intentions, and behaviors when using health services. According to Asvinigita et al. (2022), the identification of the factors that encourage consumer intention to adopt mobile health (mHealth) applications needs to be considered. They hypothesize that subjective norms and attitudes have a positive and significant effect on continued intention to adopt mHealth services. Hsieh et al. (2022) claimed that telehealth continuance intention is strongly affected by attitude. Due to the Covid-19 pandemic, doctors worldwide have utilized telehealth to remotely care for patients.

2.3. Information Adoption Model (IAM)

A similar type of information can be received in different ways based on the experience and personal perspective of the information recipient (Ismagilova et al., 2020). Since each person experiences information differently, researchers are interested in studying how consumers perceive and process information (Elwalda et al., 2021). Sussman and Siegal (2003) proposed the Information Adoption Model (IAM) in 2003 by combining the Technology Acceptance Model (TAM) (Davis, 1989) and the Elaboration Likelihood Model (ELM) (Petty & Cacioppo, 1986). The IAM consists of four components (Erkan & Evans, 2016): argument quality, source credibility, information usefulness, and information adoption.

Many previous studies have recognized the importance of information quality and source credibility in information adoption, such as those by Alhemimah (2019), Cheung and Thadani (2012), Erkan and Evans (2016). When a person is able to perceive and comprehend the arguments in a message, the quality of the arguments determines the degree of influence of the information (Petty & Cacioppo, 1986).

2.4. The extension of Theory of Reasoned Action (TRA) by Information Adoption Model (IAM)

The Theory of Reasoned Action (TRA) and the Information Adoption Model (IAM) are theoretical frameworks that have been widely used in research studies. In particular, many authors have successfully combined these two models in a logical manner and applied them in research studies on purchase intentions and intentions to use products and services (Leong et al., 2021; Lim et al., 2016; Rahaman et al., 2022; Watts & Zhang, 2008). These mentioned studies cover a wide variety of products and services, including tourism services (Do et al., 2023; Song et al., 2021), accommodation booking services (Velázquez et al., 2023), and e-government services (Mensah et al., 2021). Therefore, in this study, the authors build upon the findings of previous research and apply the combined TRA and IAM framework to investigate the intention to use telehealth services.

3. Hypotheses development

3.1. Information quality of FGC and information of UGC

According to Colicev et al. (2019), Firm Generated Content (FGC) refers to content created by firms on their official brand pages across social media. FGC information quality includes accuracy, dependability, completeness, and relevance of information. These factors can influence consumers' attitudes and purchasing intentions.

The results of Poulis et al. (2019) demonstrated a significant positive association between electronic Word of Mouth (eWOM) and FGC. This can be achieved in many different ways. Content can be posted, and consumers are encouraged to reshare their posts or be persuaded to create new comments. In addition, according to Poulis et al. (2019), eWOM can be understood as a subset of UGC. In the aspect of User Generated Content (UGC), Tang et al. (2014) define UGC as online media content that facilitates the exchange of credible information among internet users. According to Gao et al. (2012), UGC information quality is the amount of information available about the attributes of a product, brand, or company that customers can use to evaluate that audience. It is concerned with the accuracy, reliability, completeness, and relevance of information.

Consumer information processing theory assumes that marketing messages have an informative effect on consumers. According to the informative effect, marketing communications such as FGC and UGC inform consumers about the existence and characteristics of a brand (Herr et al., 1991). In addition, Cheng et al. (2021) hypothesize that informational FGC has a positive association with all three levels of consumer digital engagement behavior (also known as UGC): "like," "comment," and "share." Based on the above findings, the following hypotheses were formulated:

H1: Information Quality of FGC has a positive effect on Information of UGC

H2: Information Quality of FGC has a positive effect on Citizens' Information Adoption

H3: Information Quality of UGC has a positive effect on Citizens' Information Adoption

3.2. Attitude, information adoption, and subjective norms

Fishbein and Ajzen (1975) defined attitude as a person's positive or negative assessment of a specific behavior. Based on this concept, Chaniotakis et al. (2010) stated that the attitude leading to the behavior is the individual's assessment that performing the behavior is worth the money spent. The Information Adoption Model (IAM) by Sussman and Siegal (2003) explains how people receive information and then change their intentions and behavior on computer-mediated communication platforms. Fishbein and Ajzen (1975) defined subjective norms as cognitive social pressure to perform or not perform a specific behavior. Ajzen (1991) expanded on his definition of subjective norm, stating that individuals intend to perform a behavior after considering the support of those who influence them, and the individual believes that many other people perform the same behavior as they intend.

Chang et al. (2021) concluded that the attitudes of nursing staff and subjective norms towards remote nursing are positively correlated with behavioral intention to participate in remote nursing, accounting for 19.98% and 33.34% of the variation in "participation intention," respectively. Furthermore, Erkan and Evans (2016) claimed that all hypotheses regarding information quality, information credibility, information needs, attitude towards information, information usefulness, information adoption, and purchase intention were accepted. Based on the above findings, the following hypotheses were formulated:

H4: Subjective Norms have a positive effect on Citizens' Intention to use telehealth services

H5: Citizens' Information Adoption has a positive effect on their Intention to use telehealth services

H6: Citizens' Attitude has a positive effect on their Intention to use telehealth services

3.3. Health consciousness

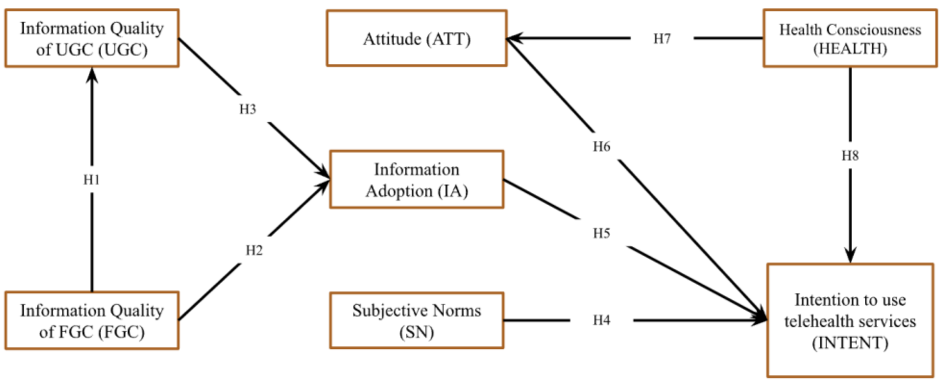
Health consciousness refers to the state in which users are self-aware and concerned about their health status. Individuals who want to maintain their quality of life frequently engage in a variety of health-conscious behaviors and take precautions to manage their health and well-being (Michaelidou & Hassan, 2008). Furthermore, health consciousness is defined as the extent to which people manage and participate in health activities (Moorman & Matulich, 1993). The impact of health consciousness is significantly positive on attitude but does not affect intention to buy (Hoque et al., 2018).

H7: Citizen's Health Consciousness has a positive effect on their Attitude

H8: Citizen's Health Consciousness has a positive effect on their Intention to use telehealth services

Figure 1

Proposed Research Model



Source. The Authors

4. Methodology

4.1. Participants and data collection methods

Participants were 751 people from three major cities in Vietnam: Hanoi, Danang, and Ho Chi Minh City. The participants were exposed to or utilized telehealth services. The participants were aware of the goal of this study before completing the questionnaires and were also assured of the confidentiality of any information provided. Among them, 55.4 percent were females, 51.1% were between 23 and 30 years, and 36.4% were public employees. In this study, the data collection methods used include qualitative methods. For the formal quantitative method, the authors conducted surveys using online questionnaires with a non-probability sampling method (convenience sampling).

4.2. Measurement of variables

We conducted an online survey and received 751 valid responses from Hanoi, Da Nang, and Ho Chi Minh City. The survey instrument was composed of validated items from the literature review and previous studies, and it used a 5-point Likert scale. Therefore, to measure information quality of FGC, the scale developed by Poulis et al. (2019), Watts and Zhang (2008) was considered. The information quality of UGC was measured by the scale of Gao et al. (2012), Watts and Zhang (2008). Besides, the information adoption scale was designed based on the scale of Erkan and Evans (2016). Health consciousness was measured on a scale devised by Hoque et al. (2018). The attitude, subjective norms, and intention scale designed by Chang et al. (2021) was used in our research. In our survey questionnaire, the definition of FGC and UGC was presented. To help the participants understand the concepts more clearly, some typical examples of FGC and UGC were given.

4.3. Data analysis

The CFA method in Structural Equation Modeling (SEM) analysis offers numerous advantages over traditional methods when evaluating scales, such as Exploratory Factor Analysis (EFA), correlation coefficients, and the Multitrait-Multimethod method (Bagozzi & Foxall, 1996). CFA allows for the assessment of convergent and discriminant validity of the scale without requiring the extensive effort and time needed for traditional Multitrait-Multimethod approaches. Additionally, CFA tests the theoretical structure and relationships between research concepts without being affected by measurement errors (Steenkamp & Van Trijp, 1991). Therefore, we used the CFA method to assess the model fit of the scale with the collected data. The chi-square to degrees of freedom ratio (CMIN/df) should be less than 5 for sample sizes greater than 200 and less than 3 for sample sizes smaller than 200 (Kettinger et al., 1995). In the case of our study with N = 751, the CMIN/df value should be less than 5 (more detail in section 5 - Results).

5. Results

Item reliability is determined by the factor loading of an indicator. An item is considered satisfactory if its factor loading is above 0.5 (Hair et al., 2010). A scale is deemed satisfactory if its Cronbach's Alpha value (α) equals or exceeds 0.7 (Nunnally & Bernstein, 1978). Cronbach's Alpha reliability coefficient (Table 1) was used to evaluate the reliability of each factor's scale. The results show that the scales of the factors are reliable.

Convergent validity is often used when a researcher aims to establish a correlation between one field measure and another within the same research domain (Pope et al., 2015). There are approaches proposed to evaluate convergent and discriminant validity: AVE (Average Variance Extracted), MSV (Maximum Shared Variance), and the Fornell and Larcker criterion to assess convergent and discriminant validity of the scale. The AVE of all variables score at least 0.507 (> 0.5) ensures convergence validity. The MSV score < AVE; and the square root of AVE > the correlation coefficients of all variables also ensure discriminant validity (Hair, 2016). MaxR(H) is the square root of AVE, which exceeds the cross-loadings between variables, confirming the discriminant validity among the research variables (Fornell & Larcker, 1981).

Table 1

Reliability and Convergent Validity of the Measurement Model

Variables	Items	Corrected Item - Total Correlation	CA	CR	AVE	MSV	MaxR(H)
Information Adoption (IA)	IA1	0.628	0.809	0.811	0.518	0.507	0.815
	IA2	0.600					
	IA3	0.656					
	IA4	0.630					
Subjective Norms (SN)	SN1	0.749	0.892	0.893	0.625	0.484	0.893
	SN2	0.743					
	SN3	0.723					
	SN4	0.727					
	SN5	0.747					
Health Consciousness (HEALTH)	HEALTH1	0.751	0.884	0.884	0.605	0.419	0.886
	HEALTH2	0.722					
	HEALTH3	0.727					
	HEALTH4	0.697					
	HEALTH5	0.702					
User Generated Content (UGC)	UGC1	0.854	0.922	0.923	0.750	0.507	0.929
	UGC2	0.833					
	UGC3	0.828					
	UGC4	0.764					
Firm Generated Content (FGC)	FGC1	0.738	0.829	0.835	0.507	0.202	0.859
	FGC2	0.526					
	FGC3	0.648					
	FGC4	0.581					
	FGC5	0.658					
Attitude (ATT)	ATT1	0.752	0.871	0.871	0.629	0.202	0.874
	ATT2	0.704					
	ATT3	0.710					
	ATT4	0.735					
Intention to use telehealth services (INTENT)	INTENT1	0.744	0.840	0.833	0.561	0.507	0.894
	INTENT2	0.611					
	INTENT3	0.653					
	INTENT4	0.692					

Note. CA - Cronbach's Alpha; CR - Composite Reliability; AVE - Average Variance Extracted; MSV - Maximum Shared Variance; MaxR(H) - Maximum H Reliability

Source. Own research

Table 2

Discriminant Validity of the Measurement Model

	IA	SN	HEALTH	UGC	FGC	ATT	INTENT
IA	**0.720**						
SN	0.583	**0.791**					
HEALTH	0.565	0.647	**0.778**				
UGC	0.644	0.583	0.603	**0.866**			
FGC	0.195	0.229	0.274	0.184	**0.712**		
ATT	0.187	0.144	0.146	0.195	0.449	**0.793**	
INTENT	0.712	0.696	0.624	0.712	0.243	0.257	**0.749**

Source. Own research

Thus, the results from Tables 2 and 3 have proven that the proposed research model is completely suitable according to hypothesis development and literature review. The measurement scales for the variables in the research model have a strong relationship with each other and have the ability to explain well the representative variable itself.

After confirming the model fit in confirmatory factor analysis, research hypotheses have been tested with the structural equation model. The adaptive values that have been obtained by path analysis ($\chi 2$ /df = 3.544, p = 0.000, GFI = 0.895, CFI = 0.920, TLI = 0.912, and RMSEA = 0.058) have indicated that the structural model has a good fit.

Table 3

Results of Hypothesis Testing

Hypotheses				Unstandardized oefficient (B)	P-value	Results
H1	FGC	→	UGC	0.303	0.000	Supported
H2	FGC	→	IA	0.097	0.025	Supported
H3	UGC	→	IA	0.564	0.000	Supported
H4	SN	→	INTENT	0.285	0.000	Supported
H5	IA	→	INTENT	0.417	0.000	Supported
H6	ATT	→	INTENT	0.091	0.000	Supported
H7	HEALTH	→	ATT	0.172	0.000	Supported
H8	HEALTH	→	INTENT	0.136	0.000	Supported

Source. Own research

UGC was predicted by FGC (B = 0.303, p-value = 0.000), supporting H1. In Table 4, the hypotheses have been shown. Similarly, for the other hypotheses, the unstandardized coefficients all have positive values, indicating a positive impact of the independent variables on the dependent variable. The p-values of all variables are less than 0.05, thus signifying the meaningfulness of the relationships between the independent and dependent variables. Therefore, the results of the table indicate that all hypotheses are accepted.

6. Discussion

This study aimed to explore the ability of the integration of IAM and TRA to predict and explain how FGC and UGC have an impact on Vietnamese's intention to use telehealth services.

Firm-generated content has a strong and direct effect on user-generated content (30.3%). It means that the content generated by telehealth service providers (firm-generated content), such as information about services, medical advice, or educational materials, directly influences the content created by users (user-generated content). This user-generated content could include reviews, feedback, comments, or questions from patients or clients regarding their experiences with the telehealth services. Essentially, the information provided by telehealth providers has a significant impact on the responses and interactions from users within the telehealth platform or community. This finding is in line with Poulis et al. (2019). In comparison with firm-generated content, user-generated content had a higher amount of variance account. This implies that individual opinions and experiences within the user community are more influential in shaping other people's perceptions and behaviors. UGC is often perceived as more trustworthy and realistic, making it easier for users to adapt information from UGC to their real-life situations. This contradicts Colicev et al. (2019) because the scholars concluded that firm-generated content has a more significant impact than user-generated content. However, their theoretical framework suggests that FGC possesses greater source expertise, while UGC is characterized by higher source trustworthiness. Moreover, they proposed that expertise plays a more dominant role than trustworthiness. These hypotheses are based on established prior research. Thus, our empirical research would tackle this limitation.

According to Table 3, health consciousness has a small influence on both attitudes (17.2%) and intention to use telehealth services (13.6%). This suggests that health consciousness has a limited impact on both attitude and intention to use telehealth services. In other words, individuals' awareness or concern about their health has only a minor effect on their overall attitude toward and willingness to use telehealth services. These findings are consistent with Hoque et al. (2018) when considering the relationship between health consciousness and attitude. By contrast, Hoque et al. (2018) approved that there is no effect of health consciousness on intention to buy.

In the integrated model, information adoption was found to be most significant in predicting intention to use telehealth services (41.7%), whereas the influence levels of attitude and subjective norms on the intention are 9.1% and 28.5%, respectively. This suggests that providing clear and comprehensive information about telehealth could greatly impact individuals' intentions to use it. Additionally, while attitude and subjective norms also play a role, they contribute less compared to information adoption. This study contributes to recent studies that are related to the integrated model (Chang et al., 2021; Erkan & Evans, 2016; Fishbein & Ajzen, 1975; Sussman & Siegal, 2003).

6.1. Practical implications

As the study results show that Firm-Generated Content (FGC) and User-Generated Content (UGC) have a positive impact on the intention to use telehealth services, and FGC also has a positive impact on UGC, the authors propose a few recommendations for hospitals/medical enterprises in the healthcare industry to achieve the purpose of FGC governance while utilizing and leveraging UGC:

First, invest in producing diverse and high-quality Firm Generated Content: Medical facilities can provide users with a comprehensive and multidimensional source of information by creating articles, images, videos, and up-to-date information about telemedicine. This includes developing educational materials and illustrations to help people understand telehealth services. These materials could include detailed instructions on how to use the service, explanations of medical conditions, and home health care strategies. Furthermore, another important aspect of creating FGC is designing it to be appealing, with vivid images, intuitive videos, and interesting articles that both clarify the message and additionally help the reader connect with it. Because FGC influences UGC, organizations, businesses, and medical facilities must establish a specialized department to control and approve accurate information before providing it to consumers via social media platforms. In this way, the medical facility can improve its credibility and reputation within the community.

Second, encourage User Generated Content: medical facilities should establish open feedback channels and solicit user opinions and comments. Medical facilities can conduct surveys, solicit feedback, and set up comment boxes, online rating systems, or feedback forms on their website. Furthermore, businesses must encourage active user participation as part of the user-generated content creation process. Healthcare facilities can organize interactive activities like contests, discussions, and surveys to encourage user interaction and feedback. This not only motivates and encourages others, but it also fosters a supportive and encouraging community, increasing people’s acceptance and intention to use the service.

6.2. Limitations and future research

Firstly, focusing the study on three major cities in Vietnam (Hanoi, Da Nang, and Ho Chi Minh City) limited the representativeness of the results due to differences in healthcare infrastructure and knowledge about telehealth services among regions. Therefore, the results of this study cannot be generalized to other countries. However, the results can be applied to Vietnam. In Vietnam, effective telehealth applications include Medlatec’s home medical services and the Dr. OH app by One Health Vietnam. Medlatec offers convenient at-home testing with results in under two hours and online booking for medical appointments (Hoa Ngan, 2022). The Dr. OH app allows users to book appointments with top medical facilities, schedule at-home tests, and receive consultations, prescriptions, and health information directly through the app, with medication delivered to their homes (Thanh Nien Magazine, 2021). Secondly, not considering the type of illness in patients reduced the accuracy and usefulness of the findings. Future research should collect more detailed health information to better understand its impact on remote service usage. Thirdly, using convenience sampling due to time and budget constraints may affect the sample’s representativeness. Alternative methods like snowball or judgment sampling could help broaden the sample and improve representativeness.

7. Conclusions

The combination of the TRA and IAM models in this study provided valuable insights into the factors influencing residents’ intention to use telehealth. This approach clarified the relationships between various variables, thus contributing significantly to the existing knowledge base on the intention to use telehealth services. Furthermore, the utilization of Structural Equation Modeling (SEM) enhanced the analysis by capturing intricate effects among variables. SEM is a more comprehensive analytical tool than traditional regression methods because it considers measurement errors, correlated residuals, interactions, nonlinearities, and correlations.

ACKNOWLEDGEMENTS

The research is funded by no organization.

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