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To cite this article: Ricardo Correia , Teresa Marques , Raquel Meneses & Dominyka Venciute (05 Mar 2026): Trust in Others' Mirrors: How UGC Shapes Confidence in Aesthetic Medicine, Journal of Global Marketing, DOI: [10.1080/08911762.2026.2638908](https://doi.org/10.1080/08911762.2026.2638908)

To link to this article: <https://doi.org/10.1080/08911762.2026.2638908>



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Published online: 05 Mar 2026.



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Trust in Others' Mirrors: How UGC Shapes Confidence in Aesthetic Medicine

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ABSTRACT

This study examines how user-generated content (UGC) shapes trust and purchase intention in aesthetic medicine. Drawing on the Stereotype Content Model and trust theory, it investigates the roles of perceived warmth and competence conveyed through online reviews. A quasi-experimental study using fictitious physician reviews was conducted with 221 Brazilian and Portuguese respondents. Structural equation modeling shows that both warmth and competence significantly enhance trust, with competence exerting a stronger effect. Trust strongly predicts purchase intention, while sensitivity to UGC does not moderate these relationships. A halo effect emerges, revealing interdependence between warmth and competence perceptions in high-risk medical services.

KEYWORDS

Aesthetic medicine; digital trust; user-generated content; purchase intention; SOR

GRAPHICAL ABSTRACT

Trust in Others' Mirrors:

HOW UGC SHAPES CONFIDENCE IN AESTHETIC MEDICINE

BACKGROUND

User-Generated Content (UGC) has become a primary source of information and trust formation in high-risk services, where decisions involve health and financial investment

PURPOSE

To examine how UGC shapes trust and purchase intention in aesthetic medicine by

- Warmth
- Competence
- Trust

CONCEPTUAL FRAMEWORK

S-O-R Model

- Stimulus (UGC Cues)
 - Warmth (empathy, friendliness, sincerity)
 - Competence (expertise, skill, efficiency)
- Organism (Trust)
- Response (Purchase Intention)

METHODOLOGY

Quasi-experimental design

3 fictitious online medical reviews

- Warmth-focused
- Neutral
- Competence-focused

Sample 221 Brazilian & Portuguese Adults
Analysis PLS-SEM

KEY FINDINGS

- Warmth & Trust (significant)
- Competence & Trust (stronger effect)
- Trust & Purchase Intention (significant)
- No moderating effect

IMPLICATIONS

- **Applies** Stereotype Content Model and S-O-R to medical services
- **Shows** competence outweighs warmth in trust formation
- **Highlights** the implicit power of UGC even for users claiming low sensitivity
- **Offers** actionable guidance for aesthetic clinics and digital reputation management

KEYWORDS

Aesthetic Medicine, Digital Trust, User-Generated Content, Purchase Intention, SOR

Introduction

User-generated content (UGC) has emerged as a dominant force shaping consumer decision-making across industries. Unlike brand-generated communication, UGC is perceived as authentic, unbiased, and trustworthy, as it is created by consumers themselves without direct commercial incentives (Bahtar & Muda, 2016; Kumsawat et al., 2025). This perception explains why 80%

of consumers consult peer reviews before making purchasing decisions (TINT, 2023). The influence of UGC extends beyond retail and hospitality, where it has been widely examined in contexts such as tourism, fashion, and food (Correia et al., 2025; Lee & Park, 2023; Yamagishi et al., 2024), to healthcare, where patients increasingly rely on online reviews to reduce perceived uncertainty and risk (Grabner-Krauter & Waiguny, 2015; Han et al., 2019). In the medical domain more broadly,

online platforms provide patients with peer evaluations of physicians and procedures that function as salient signals of credibility and competence (Banerjee et al., 2017; Zhang & Zhang, 2021). Consequently, the role of UGC in shaping trust becomes particularly salient when health, identity, and well-being are involved.

A particularly sensitive segment of healthcare in which UGC exerts strong influence is aesthetic medicine. Aesthetic medicine refers to medical procedures designed to enhance physical appearance and improve well-being, typically through minimally invasive or noninvasive techniques (American Academy of Aesthetic Medicine, 2019). These procedures include treatments such as botulinum toxin, dermal fillers, chemical peels, and laser therapies, which are pursued not only for aesthetic enhancement but also for psychological benefits associated with self-esteem and confidence (Gough et al., 2016; ISAPS, 2022). Unlike routine medical treatments, aesthetic procedures involve substantial financial investment and significant emotional implications, as they directly affect patients' body image and self-perception (Higgins & Wyson, 2018). As a result, patients are especially attentive to the experiences of peers when selecting professionals or clinics. Indeed, 90% of patients search for health-related information online, and 80% report choosing practitioners based on reviews (DoctoraliaPro, 2023).

Given these characteristics, aesthetic medicine represents a fertile yet underexplored context for understanding how UGC shapes trust and consumer behavior. Although the credibility and persuasive impact of UGC have been well documented in commercial settings (Colicev et al., 2019; Ho et al., 2021), comparatively limited attention has been devoted to its influence in high-risk medical services. In this context, trust becomes not merely desirable but indispensable for decision-making (Ha, 2002). By examining how peer-generated perceptions of warmth and competence affect evaluations of aesthetic professionals, this study seeks to address this gap. Specifically, it investigates the mechanisms through which UGC fosters trust in medical service providers and how such trust translates into purchase intention within the aesthetic medicine market.

Literature review and hypotheses development

The concept of aesthetic medicine and its drivers

Aesthetic medicine comprises minimally invasive and noninvasive medical procedures aimed at enhancing physical appearance and psychological well-being (American Academy of Aesthetic Medicine, 2019; Medicine, 2019). Common interventions include botulinum toxin, dermal fillers, chemical peels, and laser-based treatments (de Melo Marques, 2024). Unlike conventional healthcare services, aesthetic medicine is characterized by a strong symbolic and emotional component, as treatment outcomes directly affect self-image, confidence, and social perception.

The rapid growth of the sector reflects the convergence of demographic, technological, and socio-cultural drivers. Market forecasts estimate a global value of \$112 billion in 2022, with sustained expansion expected through 2030 (Grand View Research, 2023). Aging populations, technological advances that reduce procedural invasiveness, and increased awareness of appearance-related well-being contribute significantly to this growth (ISAPS, 2022). At the same time, intensified social emphasis on appearance and self-presentation has amplified demand for aesthetic procedures as a means of enhancing self-esteem and psychological well-being (Gough et al., 2016).

Crucially, aesthetic medicine constitutes a high-risk service context. Procedures involve substantial financial and emotional investment, uncertain outcomes, and potentially irreversible effects on the body and personal identity (Higgins & Wyson, 2018). These characteristics heighten perceived risk and information asymmetry, rendering trust central to patient decision-making and increasing reliance on external evaluative cues.

The growing relevance of social media and UGC in aesthetic medicine

The relevance of social media as an information and influence channel has intensified, with global adoption exceeding 4.9 billion users who spend more than two hours per day on social platforms (DataReportal, 2024). In appearance-sensitive domains, social media not only disseminates

information but also actively shapes beauty standards and consumption norms. Prior research shows that exposure to idealized images increases appearance-based social comparison, body dissatisfaction, and interest in aesthetic procedures (Fardouly et al., 2017; Fardouly & Vartanian, 2015, 2016; Gould et al., 2016), with recent evidence confirming a direct influence on aesthetic treatment decisions (Seetan et al., 2025).

In response to these dynamics, aesthetic clinics increasingly establish digital presences to signal professionalism, expertise, and credibility through visual quality and informational content (Yuvaraj & Indumathi, 2018). However, contemporary consumers exhibit growing skepticism toward firm-generated communication and place greater trust in peer evaluations (Bahtar & Muda, 2016; Hassan et al., 2015). Social media environments facilitate this shift by enabling interactive engagement and consumer participation, transforming patients from passive recipients into active co-creators of meaning and value (Correia et al., 2025; Nguyen & Menezes, 2025).

UGC has therefore become a dominant information source in aesthetic medicine. Because it reflects firsthand experiences and lacks direct commercial intent, UGC is perceived as more credible, impartial, and useful than promotional communication (Bahtar & Muda, 2016; Correia et al., 2025). As a result, it functions as both a decision-support mechanism and a strategic organizational asset (Sang et al., 2024; Zhuang et al., 2025).

Given the financial, emotional, and safety-related risks associated with aesthetic procedures (Higgins & Wysong, 2018), individuals without established relationships with professionals actively seek peer information to reduce uncertainty (Qahri-Saremi & Montazemi, 2019). In this context, trust is not optional but necessary (Ha, 2002), positioning UGC as a central mechanism through which trust in aesthetic medicine professionals is formed.

Platform dynamics and trust formation in aesthetic medicine

Trust formation through UGC is inherently platform contingent rather than uniform. Visually oriented social media platforms such as Instagram

prioritize images, narratives, and social validation, encouraging affective and heuristic trust based on inspiration, perceived similarity, and aesthetic appeal rather than verified expertise (Fardouly et al., 2017; Seetan et al., 2025; Sokolova & Kefi, 2020). These environments intensify social comparison processes and emphasize outcome-focused cues, which may increase perceived credibility while obscuring procedural risk and professional accountability.

In contrast, professional medical directories such as Doctoralia are explicitly designed to reduce information asymmetry in healthcare decision-making. Through identity verification, moderation mechanisms, and standardized review formats, these platforms enhance perceived reliability and institutional accountability, fostering more cognitive and evaluative trust judgments grounded in warmth and competence (Banerjee et al., 2017; Ha, 2002).

This distinction substantiates the “Trust in Others’ Mirrors” metaphor, whereby UGC functions as a mediated mirror through which individuals interpret expectations by observing others’ experiences, although the clarity of this mirror varies across platforms. While social media platforms tend to produce idealized and affectively amplified reflections, professional directories provide narrower but more stable mirrors shaped by shared evaluative norms. Focusing on Doctoralia therefore isolates diagnostically grounded trust cues, strengthening internal validity while clearly delineating platform-specific boundary conditions.

UGC factors

Given the various possibilities for UGC publication, studies have focused on understanding the impact UGC has on consumers (Ho et al., 2021; Muda & Hamzah, 2021; Shaouf et al., 2016). These analyses consider various factors such as: valence (Lin & Xu, 2017), volume (Cheung & Thadani, 2012), quality (Bhattacharjee & Sanford, 2006), source credibility (Petty & Cacioppo, 1986), warmth, and competence (Fiske et al., 2007). Numerous factors of user-generated content can be analyzed and selected based on the purpose of the study. In this investigation, we

focus on two factors: warmth and competence. Warmth reflects the affective dimension related to empathy and the pleasant approach of the experience between the patient and the professional, an essential factor in social perception (Fiske, 2018; Fiske et al., 2007; Kirmani et al., 2017). Competence refers to the technical quality, ability, and efficiency of the professional as perceived and reported in the content, also significant in social perception and the selection of medical professionals (Fiske, 2018; Fiske et al., 2007; Kirmani et al., 2017).

Both variables (warmth and competence), play a role in human behavior and in how people judge one another (Fiske et al., 2007; Kervyn et al., 2009; Kirmani et al., 2017). According to the Stereotype Content Model (SCM), proposed by Fiske et al. (2007) warmth is considered first, followed by competence. Furthermore, the judgment of warmth weighs more heavily on behavioral and affective responses. In the medical context, patient satisfaction with the attending professional is related to the perception of these two variables, that is, the professional's effectiveness, knowledge, techniques, and skills, as well as their empathy, kindness, and involvement. Patient satisfaction plays a meaningful role in fostering patient trust, consistent with the statistically significant relationship observed between trust and satisfaction observed in earlier research (Al-Hilou & Suifan, 2023). Thus, the following hypotheses are formulated:

H1: The warmth of the physician portrayed in UGC contributes to consumer trust.

H2: The competence of the physician portrayed in UGC contributes to consumer trust.

In addition to analyzing these variables individually, it is relevant to identify the effect of sensitivity to UGC on consumer trust. The exchange of experiences and information is seen as a critical aspect of interaction and trust-building, and UGC is perceived as a reliable, impartial, and realistic source of information to support purchase intentions (Bahtar & Muda, 2016). The more information a consumer can access beforehand, the greater their understanding of UGC and the lower the perceived risk, leading to greater trust (Dawes & Nenycz-Thiel, 2014). In

this sense, if consumers are more sensitive to UGC, they may be more influenced by the experiences and opinions shared by other users in forming their trust in the professional. On the other hand, if the consumer is not sensitive to UGC, this influence may be less significant. From this, the following hypotheses arise:

H3: Sensitivity to UGC moderates the relationship between warmth and consumer trust in the professional.

H4: Sensitivity to UGC moderates the relationship between competence and consumer trust in the professional.

Purchase intention

Purchase intention can be defined as an individual's inclination to acquire a specific product, service, or brand, reflecting what consumers believe they will buy (Oke et al., 2016). It can even be defined as the individual's future intention to consume a product (Hsu & Tsou, 2011). This behavioral intention is understood as the subjective probability that an individual will perform a specific behavior related to an object (Purnawirawan et al., 2012). This implies that an attitude is linked to how positive/negative or favorable/unfavorable the judgment is in relation to a specific object or product (Petty & Wegener, 1998).

Since aesthetic medicine involves the individual's health and well-being, trust is a necessity in choosing the professional (Ha, 2002). Through trust, it is possible to overcome uncertainty, reduce the negative effects of asymmetric information, and decrease the likelihood of encountering opportunistic behavior (Pavlou et al., 2007). Furthermore, trust is said to stimulate purchase intention (Wang et al., 2022). If consumers encounter a large amount of feedback about a product and observe greater participation and information sharing by members, they are likely to develop a favorable attitude toward the product or service (Ye et al., 2011). Thus, the final hypothesis of this study is formulated:

H5: Trust contributes to consumers' purchase intention.

The suggested hypotheses are reflected in the conceptual Model (Figure 1) based on the S-O-R

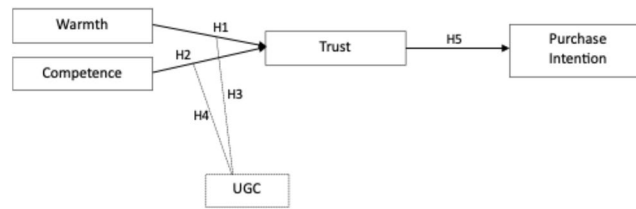


Figure 1. Conceptual model.
Source: Composed by the authors

model (Mehrabian & Russell, 1974). The original model explains that stimuli, i.e., external factors, influence a person's emotional or cognitive state, recognized as the organism (O), which in turn generates a response behavior (R).

It is understood that UGC and its factors are stimuli that affect consumer trust, generating purchase intention. In other words, the stimulus is characterized by the factors made salient by UGC, specifically the warmth and competence of the physician (Banerjee et al., 2017; Grabner-Krauter & Waiguny, 2015; Kirmani et al., 2017). The organism manifests in the form of feelings or perceptions of the individual, defined here as trust. Furthermore, sensitivity to UGC is investigated as a moderating variable in the relationship between warmth and competence with trust. In turn, the final response behavior to the stimulus corresponds to purchase intention (Jacoby, 2002; Koay et al., 2020; Liu et al., 2019; Mehrabian & Russell, 1974).

Methodology

This study adopts a quasi-experimental design, which belongs to the category of empirical research that lacks two defining characteristics of true experimental designs, namely full control and randomization in group selection (Campbell & Stanley, 1963). As discussed in the literature review, several platforms allow consumers to publish reviews describing their purchase experiences. In the medical domain, the platform that stands out as a market leader and serves as the methodological basis for this study is Doctoralia.

Doctoralia is a digital platform that connects patients with healthcare professionals by enabling specialist searches, providing a space for patient questions, and allowing online appointment

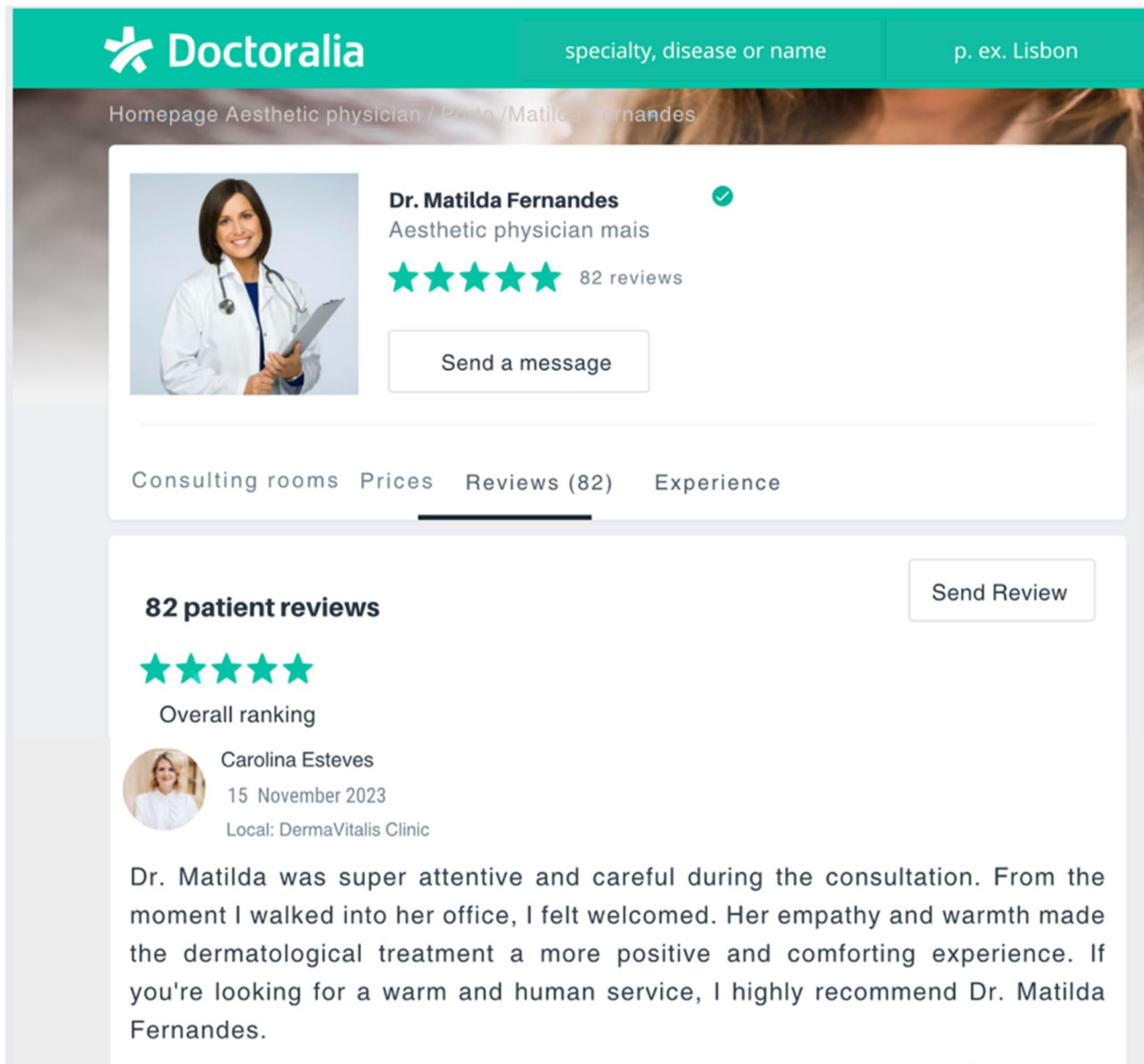
scheduling. It currently operates in 13 countries and attracts approximately 80 million patient visits per month. The platform collaborates with 130,000 active healthcare professionals and registered 7.5 million scheduled appointments in April alone (DocplannerGroup, 2024). Beyond facilitating access to medical services, Doctoralia plays a central role in supporting patient decision-making by offering structured information and peer evaluations of professionals.

Given its prominence, three fictitious medical reviews were created by systematically manipulating the previously identified characteristics while following the structure and format of reviews published on Doctoralia. The objective was to closely approximate real reviews. This methodological approach has been widely used in prior research (Fiske, 2018; Grabner-Krauter & Waiguny, 2015; Han et al., 2019; Hsiao et al., 2010; Machado et al., 2022; Zhang & Zhang, 2021), where fictitious reviews based on content analysis were employed to assess patient attitudes by manipulating message characteristics. In the present study, three review versions were developed for the same professional, Dr. Matilde Fernandes, while controlling for all other content elements.

The first review (Figure 2) concerns the warmth variable, portraying the professional as very warm and welcoming.


The second review (Figure 3) is neutral and does not convey information about either technical competence or interpersonal warmth, serving as the control condition.

Finally, the third review (Figure 4) reflects the competence variable, showing the professional as highly knowledgeable and technically skilled. In this way, individuals responded to the survey questions based on the review they were presented with.



Doctoralia specialty, disease or name p. ex. Lisbon


Homepage Aesthetic physician / Porto / Matilda Fernandes

Dr. Matilda Fernandes 
Aesthetic physician mais


★★★★★ 82 reviews

Send a message

Consulting rooms Prices **Reviews (82)** Experience

82 patient reviews 

★★★★★
Overall ranking

 Carolina Esteves
15 November 2023
Local: DermaVitalis Clinic

Dr. Matilda was super attentive and careful during the consultation. From the moment I walked into her office, I felt welcomed. Her empathy and warmth made the dermatological treatment a more positive and comforting experience. If you're looking for a warm and human service, I highly recommend Dr. Matilda Fernandes.

Figure 2. Review 1 of Dr. Matilde Fernandes.
Source: Composed by the authors

Sample

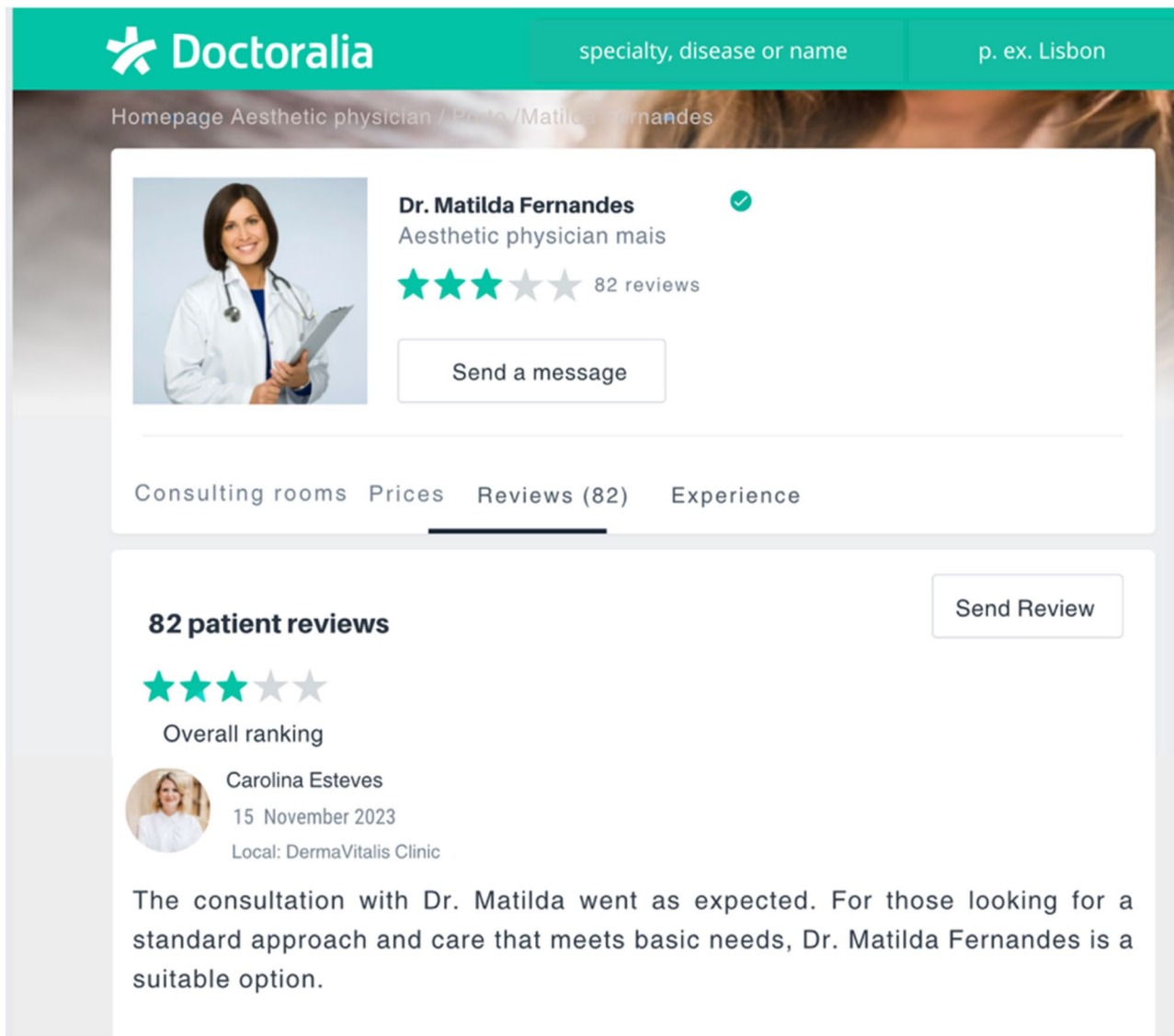
In line with the study objectives, data were collected through an online questionnaire targeting Portuguese and Brazilian adults aged 18 and older who had undergone aesthetic procedures, were considering them, or did not express aversion to such treatments.

Following revisions based on a pretest with 15 participants, the questionnaire was distributed online using a non-probabilistic convenience sampling approach. Distribution occurred through the authors' personal social media networks, primarily WhatsApp and Instagram, and reached

groups varying in age, origin, and social context. This strategy enabled access to a broad respondent pool within a limited time frame and offered practical advantages in terms of efficiency and reach (Evans & Mathur, 2005). Data collection took place between March 1 and April 15, 2024.


A total of 241 responses were obtained during this period. After applying screening criteria, 20 responses were excluded due to respondents' aversion to or lack of interest in aesthetic procedures, resulting in a final sample of 221 valid observations.

The sample was predominantly female, with women accounting for 69% of respondents and



Doctoralia specialty, disease or name p. ex. Lisbon

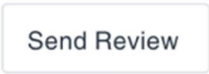
Homepage Aesthetic physician / Prices / Matilda Fernandes

Dr. Matilda Fernandes 
Aesthetic physician mais


★★★★☆ 82 reviews

Send a message

Consulting rooms Prices **Reviews (82)** Experience

82 patient reviews 

★★★★☆
Overall ranking

 Carolina Esteves
15 November 2023
Local: DermaVitalis Clinic

The consultation with Dr. Matilda went as expected. For those looking for a standard approach and care that meets basic needs, Dr. Matilda Fernandes is a suitable option.

Figure 3. Review 2 of Dr. Matilde Fernandes.
Source: Composed by the authors

men for 31%. The study captured a broad age range, which was categorized into generational cohorts, namely the Silent Generation, Baby Boomers, Generation X, Generation Y, and Generation Z, to facilitate interpretation. Generation X constituted the largest share of the sample at 38%, followed by Generation Y at 29%.

Country of birth and residence were also assessed. Portugal and Brazil were the most frequently reported countries. Specifically, 52% of respondents were born in Portugal and 57% currently reside there, while 46% were born in Brazil and 38% reside in that country. Independent-samples t-tests revealed no statistically significant mean differences between Portuguese and


Brazilian respondents on the focal constructs, and tests for equality of variances indicated no violations of homogeneity. Accordingly, analyses were conducted on the pooled sample, and nationality was not included as a control variable. Regarding educational attainment, the sample was highly educated, with 90% of respondents having completed higher education.


Ethical considerations

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964

Doctoralia specialty, disease or name p. ex. Lisbon

Homepage Aesthetic physician / Porto / Matilda Fernandes


Dr. Matilda Fernandes 
Aesthetic physician mais


 82 reviews

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82 patient reviews [Send Review](#)


Overall ranking

 Carolina Esteves
15 November 2023
Local: DermaVitalis Clinic

Incredible results! I had laser treatment (resurfx) and loved the results. Dr. Matilda Fernandes demonstrated great competence and technical skills during my consultation. It was clear that she is highly qualified and experienced in her field. I would not hesitate to recommend Dr. Matilda Fernandes to anyone looking for a highly competent dermatologist.

Figure 4. Review 3 of Dr. Matilde Fernandes.
Source: Composed by the authors

Helsinki declaration and its later amendments or comparable ethical standards. The paper is based on a Master thesis that the Committee of the related University is not required to review. All the ethical standards are ensured according to the associated University regulations and GDPR. Respondents were introduced with a research goal and their right to withdraw at any time. Also, their identity was not disclosed, and their anonymity was ensured. Respondents were not manipulated in any way. Written informed consent was obtained from participants involved in this work.

Measurement scales of conceptual model variables

To ensure the credibility and reliability of the research results, the questionnaire employed in this study was built upon measurement scales that have been thoroughly studied and validated by numerous authors. These original scales were carefully adapted to suit the specific context and objectives of this study. The User-Generated Content (UGC) scale was derived from the work of Grabner-Krauter and Waiguny (2015) and Han et al. (2019). For measuring Warmth and Competence, the scale developed by Fiske (2018) was used. The Trust scale was adapted from

Hsiao et al. (2010), Machado et al. (2022), and Terres and Basso (2018). Finally, the Purchase Intention scale was adapted from Kim and Johnson (2016).

Data analysis

Validation of the measurement model

To obtain factor loadings (outer loadings) for the measurement items of each construct, SmartPLS software was employed. The evaluation criteria included Cronbach's Alpha (α), Composite Reliability (CR), and Average Variance Extracted (AVE). According to Hair et al. (2019), outer loadings above 0.7 indicate a strong relationship between items and their respective latent variables. As shown in Table 1, all items exceeded this threshold, with values ranging from 0.755 to 0.962.

Item significance was assessed using t-values, which must exceed 1.96 at the 5% significance level to confirm contribution to latent variable

variance. All items met this criterion, indicating adequate statistical significance.

Reliability was evaluated using Cronbach's Alpha and Composite Reliability. Cronbach's Alpha values were all above 0.886, indicating good to excellent internal consistency. Composite Reliability values further confirmed construct reliability, exceeding the recommended threshold of 0.7 and reaching values above 0.917 (Hair et al., 2011, 2019).

Model validity was assessed through convergent and discriminant validity analyses. Convergent validity examines the extent to which items associated with a construct share a high proportion of variance. An AVE value above 0.5 indicates adequate convergent validity, as the construct explains more than half of the variance of its indicators (Fornell & Larcker, 1981; Hair et al., 2011). As reported in Table 1, all AVE values exceeded this threshold, with the lowest value being 0.674.

Discriminant validity was evaluated using the Fornell–Larcker criterion, which requires the

Table 1. Measurement scales and validity and reliability parameters.

Measurement item	Outer loadings	t-value	Cronbach's alpha	CR	AVE
Warmth			0.886	0.917	0.688
[WARM1] This professional seems welcoming	0.846	42.137			
[WARM2] This professional seems trustworthy	0.834	39.110			
[WARM3] This professional seems sincere	0.755	20.541			
[WARM4] This professional seems friendly	0.845	25.801			
[WARM5] This professional seems pleasant	0.862	39.433			
Competence			0.917	0.938	0.752
[COMP1] This professional seems competent	0.875	46.920			
[COMP2] This professional seems confident	0.841	38.385			
[COMP3] This professional seems efficient	0.879	44.343			
[COMP4] This professional seems skilled	0.889	44.155			
[COMP5] This professional seems intelligent	0.850	39.678			
Trust			0.898	0.936	0.831
[TRUST1] I believe this professional is trustworthy	0.906	62.026			
[TRUST2] This professional seems to have a good reputation	0.885	47.709			
[TRUST3] I feel I can trust this professional	0.942	98.195			
Purchase intention			0.966	0.974	0.882
[INT1] The likelihood of scheduling an appointment with the professional presented on Doctoralia is high	0.934	79.495			
[INT2] I would consider scheduling an appointment with the professional presented on Doctoralia	0.910	66.916			
[INT3] The likelihood of me considering scheduling an appointment with the professional presented on Doctoralia is high	0.951	99.786			
[INT4] I am highly willing to schedule an appointment with the professional presented on Doctoralia	0.962	141.427			
[INT5] The likelihood of undergoing an aesthetic procedure with the professional presented on Doctoralia is high	0.937	105.571			
UGC			0.905	0.925	0.674
[UGC1] In my opinion, it is worth reading online reviews from other users	0.798	17.000			
[UGC2] I believe it is beneficial for me to read online reviews from other users	0.849	22.458			
[UGC3] Overall, my attitude toward online reviews is favorable	0.773	12.588			
[UGC4] I believe that reviewers provide honest evaluations of their experiences	0.877	42.170			
[UGC5] I believe that the scores provided by different reviewers reflect the actual level	0.821	26.811			
[UGC6] I think Doctoralia is aware of its responsibility to ensure the reviews are true	0.805	27.931			

Source: Composed by the authors.

Table 2. Discriminant validity according to Fornell-Larcker.

	Warmth	Competence	Trust	P. Intention	UGC
Warmth	0.829				
Competence	0.737	0.867			
Trust	0.732	0.846	0.912		
P. Intention	0.615	0.662	0.697	0.939	
UGC	0.368	0.355	0.332	0.157	0.821

Source: Composed by the authors.

Note. The bold values on the diagonal represent the square roots of the Average Variance Extracted (AVE) for each construct. These values should be higher than the inter-construct correlations in the corresponding rows and columns, indicating adequate discriminant validity according to the Fornell-Larcker criterion.

Table 3. ANOVA.

		Sum of squares	df	Mean square	F	Sig.
Warmth	Between groups	40.026	2	20.013	24.077	0.000
	Within groups	181.200	218	0.831		
	Total	221.226	220			
Competence	Between groups	40.368	2	20.184	24.292	0.000
	Within groups	181.133	218	0.831		
	Total	221.501	220			

Source: Composed by the authors.

square root of each construct’s AVE to exceed its correlations with other constructs (Anderson & Gerbing, 1988; Fornell & Larcker, 1981). Table 2 presents the square roots of AVE values on the diagonal and inter-construct correlations below. The results indicate that all constructs are empirically distinct, thereby confirming discriminant validity.

Manipulation check

Following validation of the measurement model, a manipulation check was conducted to assess whether the experimental manipulation was successful. In this quasi-experimental design, independent variables were manipulated while including a control condition to examine their effects.

An analysis of variance (ANOVA) was performed using SPSS to test for differences among the three review conditions: the warmth-focused review, the neutral review, and the competence-focused review. ANOVA is appropriate for examining relationships between controlled factors in experimental designs (Bertinetto et al., 2020). Statistical significance was determined using a threshold of 0.05. As reported in Table 3, the results meet this criterion, indicating significant differences between the experimental groups.

Given these differences, post-hoc comparisons were conducted using the LSD test to identify

Table 4. ANOVA post-hoc.

Dependent variable		Mean difference (I-J)	Std. error	Sig.	95% confidence interval		
					Lower bound	Upper bound	
Warmth	1	2	.96400	0.14878	0.000	0.6708	1.2572
		3	0.18957	0.15410	0.220	-0.1142	0.4933
	2	1	-0.96400	0.14878	0.000	-1.2572	-0.6708
		3	-0.77443	0.14878	0.000	-1.0677	-0.4812
	3	1	-0.18957	0.15410	0.220	-0.4933	0.1142
		2	.77443	0.14878	0.000	0.4812	1.0677
Competence	1	2	.80169	0.14875	0.000	0.5085	1.0949
		3	-0.15257	0.15408	0.323	-0.4562	0.1511
	2	1	-0.80169	0.14875	0.000	-1.0949	-0.5085
		3	-0.95426	0.14875	0.000	-1.2474	-0.6611
	3	1	0.15257	0.15408	0.323	-0.1511	0.4562
		2	.95426	0.14875	0.000	0.6611	1.2474

Source: Composed by the authors.

which groups differed significantly. Consistent with the established criterion, significance values below 0.05 indicate meaningful differences. The results reveal significant differences between the neutral condition and both the warmth-focused and competence-focused conditions. However, no significant differences were observed between the warmth and competence conditions themselves, despite their distinct experimental manipulation (Table 4).

This pattern can be interpreted through the halo effect, a cognitive bias whereby evaluations of one attribute influence perceptions of other attributes (Nicolau et al., 2020). In this context, when the professional was portrayed as warm and welcoming, respondents also inferred higher competence. Conversely, when competence was emphasized through descriptions of diligence,

intelligence, and technical skill, respondents likewise attributed greater warmth. These findings suggest that evaluations of medical professionals in UGC-based contexts tend to be holistic rather than attribute specific. This phenomenon is further examined in the discussion section.

Validation of the structural model

After completion of the conceptual model assessment and confirmation of successful manipulation, the structural model was evaluated to examine relationships among the constructs and the explanatory power of the model. To assess potential multicollinearity, the Variance Inflation Factor (VIF) was examined. Acceptable VIF values should remain below 3, with 5 considered a critical threshold (Hair et al., 2019). As shown in Table 5, all VIF values ranged between 1 and 2.5, indicating the absence of multicollinearity concerns.

Subsequently, the PLS algorithm and bootstrapping procedures were conducted using SmartPLS. Structural coefficients were estimated to assess relationships between constructs, and t-values were used to evaluate statistical significance. In addition, coefficients of determination (R^2) were calculated to assess the model's explanatory power. As illustrated in Figure 5, both competence and warmth significantly influence trust, with structural coefficients of 65% and 25.9%,

respectively. These relationships were statistically significant, as indicated by t-values exceeding the 1.96 threshold for a 5% significance level.

Contrary to expectations, the relationships between sensitivity to UGC and trust, as well as the interaction effects between UGC and warmth and between UGC and competence, were not significant. Moreover, the structural coefficient linking UGC to competence was negative, indicating an inverse relationship. In contrast, trust exhibited a strong and statistically significant effect on purchase intention, with a β value of 69.7% and a t-value of 17.76. This result confirms the central role of trust in driving behavioral intentions within the proposed framework.

Finally, predictive accuracy was assessed using R^2 values. According to Chin (1998), values above 19% indicate acceptable explanatory power. As shown in Figure 5, the model explains 77.4% of the variance in trust and 48.6% of the variance in purchase intention, demonstrating substantial predictive capability.

Discussion of results

This study examined how UGC conveys perceptions of warmth and competence and how these perceptions shape trust and purchase intention in aesthetic medicine. The findings offer theoretically meaningful insights into trust formation within high-risk, expert-driven service contexts and extend research on digital trust in healthcare.

The results confirm that perceived warmth has a positive and significant effect on trust, supporting H1. Consistent with social perception theory, warmth-related cues such as empathy, sincerity, and friendliness play a critical role in affective evaluations and interpersonal judgments (Fiske, 2018; Fiske et al., 2007). When conveyed through

Table 5. Variance inflation factor (VIF).

	VIF
Warmth -> Trust	2.552
Competence -> Trust	2.438
Trust -> P. Intention	1.000
UGC -> Trust	1.270
UGC x Warmth -> Trust	1.626
UGC x Competence -> Trust	1.685

Source: Composed by the Authors.

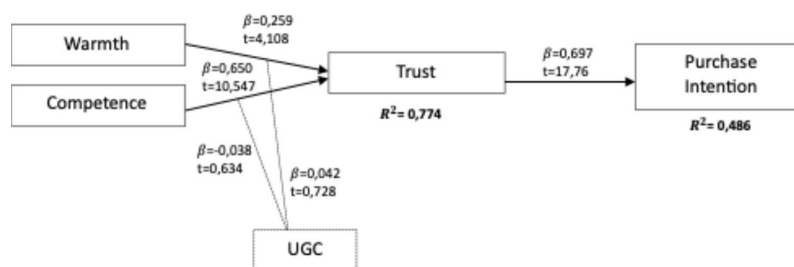


Figure 5. Structural model results.

Source: Composed by the authors

online physician reviews, warmth appears to humanize professionals, reduce psychological distance, and foster reassurance, thereby facilitating trust formation (Grabner-Krauter & Waiguny, 2015; Kirmani et al., 2017). This effect is particularly relevant in aesthetic medicine, where emotional vulnerability and concerns related to self-image heighten sensitivity to interpersonal signals.

Perceived competence also exerts a strong and positive influence on trust, supporting H2. This finding aligns with prior research emphasizing the importance of expertise, technical skill, and professional efficiency in medical decision-making (Ali & Feldman, 2014; Han et al., 2019; Martin et al., 2023). In contexts characterized by information asymmetry and potentially irreversible outcomes, competence-related cues function as diagnostic signals of reliability and expected performance. Trust in aesthetic medicine professionals therefore appears to be strongly grounded in perceptions of professional capability.

Notably, competence demonstrates a substantially stronger effect on trust than warmth, diverging from the traditional hierarchy proposed by the Stereotype Content Model, which typically assigns primacy to warmth in social evaluations (Fiske et al., 2007). This reversal can be attributed to the high-risk nature of aesthetic medicine, where physical, psychological, and financial consequences are highly salient (Higgins & Wyson, 2018). Under such conditions, consumers prioritize cues that reduce performance and safety-related uncertainty, elevating competence over warmth. This result highlights the context sensitivity of warmth and competence judgments and suggests that their relative importance varies with perceived risk.

Additional insights emerge from the manipulation check, which revealed a halo effect between warmth and competence perceptions. When UGC emphasized one dimension, respondents tended to infer the presence of the other, even in the absence of explicit information. This pattern reflects a well-established cognitive bias whereby positive impressions in one domain generalize to related attributes (Nicolau et al., 2020). In digital healthcare environments, such holistic evaluations indicate that UGC narratives shape integrated

impressions of professionals rather than isolated trait-based judgments.

Contrary to expectations, sensitivity to UGC did not moderate the relationships between warmth and trust or between competence and trust, leading to the rejection of H3 and H4. Although previous studies suggest that individual differences in reliance on online reviews may influence persuasion (Bahtar & Muda, 2016; Qahri-Saremi & Montazemi, 2019), this effect appears attenuated in high-risk medical contexts. In aesthetic medicine, where perceived risk and uncertainty are elevated, trust becomes a necessity rather than a discretionary outcome (Ha, 2002). As a result, reliance on peer-generated information may become widespread, producing a ceiling effect that limits the explanatory power of individual differences in UGC sensitivity.

This interpretation is consistent with research on risk reduction and information search behavior, which shows that as perceived risk increases, consumers converge toward similar information-seeking strategies (Dawes & Nenyecz-Thiel, 2014; Pavlou et al., 2007). Moreover, heuristic processing theories suggest that individuals often rely on socially validated cues under uncertainty, even without conscious awareness of such influence (Cialdini, 2007). Accordingly, UGC may shape trust implicitly, independent of self-reported sensitivity.

Finally, the results strongly support H5, demonstrating that trust has a positive and significant effect on purchase intention. This finding corroborates prior research showing that trust reduces perceived risk and facilitates decision-making in digital and healthcare contexts (Campino & Branquinho, 2023; Han et al., 2019; Vidyanata, 2022). In this study, trust substantially increased respondents' likelihood of scheduling consultations and undergoing aesthetic procedures, confirming its role as a key mechanism linking online evaluations to behavioral intentions.

Overall, the findings indicate that UGC operates not merely as an informational input but as a powerful trust-building mechanism in aesthetic medicine. Warmth and competence jointly shape trust perceptions, with competence emerging as the dominant driver in this high-risk service context. The influence of UGC further appears to

operate beyond conscious sensitivity, reinforcing its central role in contemporary digital healthcare decision-making.

While these findings offer robust insights into trust formation in aesthetic medicine, they should be interpreted in light of certain methodological boundary conditions. The reliance on convenience sampling through personal social networks, together with the resulting overrepresentation of female and highly educated respondents, imposes important constraints on the external validity of the findings. These sample characteristics may systematically shape perceptions of aesthetic medicine and online reviews, thereby limiting the generalizability of the results to broader and more heterogeneous populations (Kusawat & Teerakapibal, 2021). Consequently, the conclusions should be interpreted with caution and regarded as context-specific rather than universally representative.

Conclusion

This study examined how UGC shapes trust and purchase intention in aesthetic medicine, a service context characterized by high perceived risk, emotional involvement, and pronounced information asymmetry. By focusing on peer-generated evaluations of medical professionals, the research advances understanding of how consumers form confidence in experts when direct experience is unavailable and decisions rely heavily on digital information.

The findings indicate that trust in aesthetic medicine professionals is primarily constructed through peer-generated perceptions rather than through institutional or promotional communication. UGC that conveys both technical capability and interpersonal sensitivity plays a decisive role in shaping consumer confidence, with perceived competence emerging as the most influential driver of trust. In high-risk medical services, where outcomes directly affect physical well-being and self-image, consumers appear to prioritize cues that signal reliability, expertise, and expected performance.

Importantly, evaluations of aesthetic medicine professionals are not based on isolated assessments of individual attributes. Instead, UGC

narratives prompt holistic judgments, whereby positive impressions in one domain extend to others. This integrative evaluation process underscores the power of first impressions in digital healthcare environments and illustrates how peer narratives amplify trust beyond the attributes explicitly mentioned in reviews.

The results further show that the influence of UGC operates independently of individuals' stated sensitivity to online reviews. Even when consumers do not perceive themselves as highly reliant on peer opinions, trust formation appears to be shaped by these narratives. This finding suggests that trust in aesthetic medicine is guided by implicit cognitive processes, through which socially validated information informs judgment under uncertainty.

Finally, trust was shown to be a critical mechanism translating digital impressions into behavioral intentions. Higher trust significantly increased respondents' willingness to schedule consultations and undergo aesthetic procedures, confirming its role as a bridge between online evaluations and real-world decision-making in healthcare services.

Overall, this research positions UGC as a central mechanism of trust formation in aesthetic medicine. Peer evaluations do not merely inform prospective patients; they actively construct perceptions of professional credibility and shape market behavior. By clarifying how trust emerges from digital peer interactions in a high-risk medical context, the study contributes to a deeper understanding of decision-making processes in contemporary healthcare services and highlights the strategic relevance of user-generated narratives in professional service markets.

Contributions to the literature

This study makes several theoretical contributions to the literature on UGC, trust formation, and social perception in professional service contexts by clarifying how the Stereotype Content Model (SCM) operates in high-risk, identity-relevant services such as aesthetic medicine.

First, the study extends the application of the SCM (Fiske, 2018; Fiske et al., 2007) to a medical service context characterized by elevated

perceived risk, outcome irreversibility, and direct implications for consumers' bodily identity and self-concept (Higgins & Wyson, 2018). While prior research generally supports the primacy of warmth over competence in shaping evaluations, particularly in low-risk or hedonic contexts, the present findings demonstrate a systematic reversal of this hierarchy. In aesthetic medicine, perceived competence exerts a substantially stronger influence on trust than warmth. This result refines the SCM by identifying contextual boundary conditions under which competence becomes the dominant evaluative criterion, thereby challenging assumptions of a universal warmth-first heuristic.

This shift can be theoretically explained by the structural characteristics of high-risk, expert-driven services, where information asymmetry is pronounced and potential losses are salient (Ha, 2002; Pavlou et al., 2007). In such contexts, consumers prioritize cues that reduce performance uncertainty and increase outcome predictability. Competence-related signals embedded in UGC, including technical expertise and professionalism, therefore function as diagnostic trust cues that directly address concerns related to safety and efficacy (Han et al., 2019; Zhang & Zhang, 2021). Warmth remains relevant but assumes a complementary role, reinforcing reassurance once baseline expectations of competence are met. This contribution advances SCM theory by demonstrating that the relative weighting of warmth and competence is contingent on perceived decision stakes and identity relevance.

Second, the study contributes to the trust and digital persuasion literature by showing that UGC-based trust formation in high-risk medical services differs qualitatively from that observed in conventional online consumption contexts. Whereas prior research often assumes that individual differences, such as sensitivity to online reviews, moderate UGC effects (Bahtar & Muda, 2016; Qahri-Saremi & Montazemi, 2019), the present findings reveal no such moderation. This suggests that in high-stakes, identity-relevant services, reliance on peer-generated information becomes structurally embedded in decision-making rather than discretionary. Trust formation in this context appears driven by situational necessity rather than by conscious attitudes toward UGC,

reinforcing the view of trust as a prerequisite for choice rather than a downstream persuasive outcome (Ha, 2002).

Third, the study offers a theoretically grounded explanation for the observed halo effect between warmth and competence perceptions, demonstrating how UGC narratives prompt holistic evaluations of professionals (Nicolau et al., 2020). Rather than forming isolated judgments, consumers infer unobserved attributes from salient cues, relying on integrative cognitive shortcuts. This pattern aligns with dual-process models of persuasion and social judgment (Petty & Cacioppo, 1986) and indicates that even cognitively demanding medical decisions may involve heuristic integration when trust must be established without direct experience. By linking the halo effect to SCM-based evaluations in a medical UGC context, the study bridges social cognition theory with digital health and services marketing research.

Finally, by situating these insights within the Stimulus–Organism–Response framework (Jacoby, 2002; Mehrabian & Russell, 1974), the study advances understanding of how digital social cues are translated into behavioral intentions through trust as a central psychological mechanism. The findings show that UGC in aesthetic medicine functions not merely as informational input but as a socially constructed trust infrastructure through which consumers collectively assess professional credibility. This perspective contributes to broader theoretical discussions on digital reputation, peer-based governance, and trust formation in expert service ecosystems.

Overall, this study refines existing theory by demonstrating that SCM-based evaluations are context sensitive, that competence assumes primacy under conditions of heightened risk and identity relevance, and that UGC operates as an implicit yet powerful trust-building mechanism in medical services. These insights extend social perception theory into high-stakes service domains and open avenues for future research on trust formation under uncertainty.

Contributions to management

From a managerial perspective, the findings provide clear guidance for aesthetic medicine clinics

and professionals seeking to leverage user-generated content (UGC) as a strategic mechanism for trust formation. The results show that trust in aesthetic medical services is driven primarily by perceptions of professional competence rather than by interpersonal warmth alone. Accordingly, managerial strategies related to online reviews should prioritize competence-related cues that reduce perceived medical risk and information asymmetry.

One key implication concerns how clinics encourage patients to share experiences online. Rather than soliciting generic or purely affective testimonials, clinics may ethically and transparently invite patients to reflect on service elements that signal technical proficiency and reliability. These include the clarity of medical explanations, confidence conveyed during consultations, procedural precision, and satisfaction with outcomes. Reviews that articulate such aspects increase diagnostic value for prospective patients and strengthen trust without compromising authenticity or patient autonomy.

The findings also suggest that clinics should adopt a more deliberate approach to the presentation of existing UGC. When reviews are displayed on appointment platforms, websites, or social media channels, greater prominence may be given to narratives that explicitly reference expertise, professionalism, and treatment outcomes. This practice does not involve manipulating patient voices but rather structuring the informational environment in which trust judgments are formed. In high-risk medical contexts, such selective emphasis supports more informed evaluations of expected performance and safety.

Furthermore, the strong effect of competence on trust highlights the importance of integrating peer-generated narratives with verifiable professional information. Clinics can reinforce trust by ensuring that credentials, certifications, specializations, and experience are clearly visible alongside patient reviews. Consistency between competence cues conveyed by UGC and institutional signals enhances credibility and reduces uncertainty in prospective patients' evaluations.

Although warmth remains a meaningful contributor to trust, the findings caution against

strategies that emphasize friendliness or empathy in isolation. In aesthetic medicine, interpersonal warmth appears most effective when it complements demonstrated expertise. Communications that highlight empathy and attentiveness should therefore be framed in connection with technically complex procedures and professional skill, reinforcing rather than diluting perceptions of competence.

Overall, the managerial implications underscore that UGC should be treated not merely as reputational feedback but as a strategic trust-building resource. By fostering and highlighting reviews that convey professional competence while aligning them with credible institutional signals, aesthetic medicine providers can more effectively support patient confidence and decision-making in digital environments.

Limitations and future suggestions

Despite its contributions, this study is subject to several limitations that should be acknowledged and that also provide directions for future research. The primary limitation concerns the sampling strategy. Data were collected using a non-probabilistic convenience sample composed predominantly of female, highly educated respondents from Portugal and Brazil. Although this demographic profile is relevant to the aesthetic medicine market, it constrains the generalizability of the findings. Future studies should employ more diverse and representative samples, with greater variation in gender, age, and cultural background, to assess whether the identified trust formation mechanisms operate similarly across consumer segments.

A second limitation relates to the experimental design and information exposure. Participants evaluated a single fictitious review on the Doctoralia platform. In real decision-making situations, individuals typically consult multiple reviews across different platforms before forming judgments about medical professionals. Exposure to only one review may have limited participants' ability to fully assess UGC influence and may partly explain the absence of a moderating effect of sensitivity to UGC. Future research should therefore examine cumulative and comparative

exposure to multiple reviews and explore cross-platform differences to better capture the complexity of digital trust formation.

In addition, the study did not account for respondents' prior experience with aesthetic procedures, habitual reliance on UGC, or preferred information sources when selecting medical professionals. These factors may shape how individuals interpret and weight peer-generated information. Future research could incorporate such variables to refine understanding of heterogeneity in trust formation processes and to identify potential boundary conditions.

Finally, future studies may benefit from integrating psychological and self-related variables, such as appearance satisfaction or self-esteem, which are particularly salient in aesthetic medicine contexts. Examining how these factors interact with UGC-based cues could provide a more comprehensive understanding of decision-making in identity-relevant medical services.

Taken together, addressing these limitations would enhance the external validity of the findings and further advance theoretical and empirical knowledge on trust formation through user-generated content in high-risk healthcare settings.

Author's contribution

CRedit: **Ricardo Correia**: Conceptualization, Supervision, Writing – review & editing; **Teresa Marques**: Investigation, Project administration, Writing – original draft; **Raquel Meneses**: Conceptualization, Data curation, Software, Supervision, Writing – review & editing; **Dominyka Venciute**: Writing – review & editing, All authors agree to be accountable for all aspects of the work.

Disclosure statement

This research was conducted without any financial, commercial or self-benefiting conflicts. No potential conflict of interest was reported by the authors. The authors have indicated that they have no possible conflicts of interest regarding the investigation, composition and/or dissemination of this manuscript.

Funding

No funding has been received for the development of this study.

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