

Financial literacy and trust in digital health payment adoption

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ABSTRACT

The expansion of FinTech and digital payment systems is reshaping how individuals manage healthcare costs, including the payment of medicines and pharmacy services. Pharmacy students, as future healthcare professionals who will guide patients on cost management, are a strategically important yet understudied population for digital health payment adoption. This study examines the determinants of FinTech adoption for digital health payments by integrating the Technology Acceptance Model with trust theory and financial literacy theory. The model treats perceived usefulness, trust, and financial literacy as antecedents of behavioural intention, which drives FinTech adoption, with behavioural intention serving as a mediating mechanism. Using a cross-sectional survey of 320 pharmacy students in Vietnam, the model was tested using partial least squares structural equation modelling (PLS-SEM). The measurement model showed satisfactory reliability and validity (composite reliability 0.848–0.895; AVE 0.582–0.631; all HTMT ratios below 0.85). All hypothesised paths were positive and significant. Behavioural intention was the strongest predictor of adoption ($\beta = 0.416$). Perceived usefulness ($\beta = 0.314$) and trust ($\beta = 0.300$) were the leading drivers of behavioural intention, followed by financial literacy ($\beta = 0.171$); perceived usefulness ($\beta = 0.392$) and financial literacy ($\beta = 0.324$) also significantly built trust. Behavioural intention partially mediated the effects of all three antecedents on adoption. The model explained 33.3% of the variance in behavioural intention and 17.3% in adoption, with positive predictive relevance ($Q^2 > 0$). The findings extend technology-adoption models to health financial behaviour and offer implications for pharmacy education and digital health systems.

Keywords: Digital health payment, FinTech adoption, Financial literacy, Trust, Perceived usefulness, Pharmacy students, PLS-SEM

Introduction

The rapid growth of financial technology (FinTech) and digital payment systems is transforming how individuals access services and settle costs, including in healthcare [1, 2]. In the pharmacy and broader health context, digital payment lowers transaction costs, increases transparency, and supports better management of treatment expenditure, benefits that are especially relevant where patients bear substantial out-of-pocket costs for medicines

[3, 4]. Adoption of these systems, however, is not automatic; it depends strongly on whether users perceive them as useful, whether they trust the security and reliability of the platform, and whether they possess the financial literacy to understand and exploit their benefits [1, 3, 5].

Vietnam offers a compelling context for studying these dynamics. Digital payment has expanded rapidly, accelerated by the COVID-19 pandemic and by government initiatives promoting a cashless economy, and young, digitally fluent cohorts have led this shift [6, 7]. At the same time, financial well-being and financial literacy among Vietnamese students remain uneven [8], and trust and perceived security continue to shape whether users move from intention to sustained use of mobile FinTech payments [9, 10]. These conditions make Vietnam a relevant setting in which to examine how usefulness, trust, and financial literacy combine, through behavioural intention, to drive digital health payment adoption.

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An further level of importance is added by healthcare. The factors influencing adoption may function differently than in typical retail settings since digital payment for medications and pharmacy services overlaps with delicate considerations about cost, privacy, and dependability. Recent evidence from comparable emerging markets shows that perceived usefulness, trust, perceived benefit, and social influence drive patients' intention to adopt FinTech services in healthcare [11, 12]. Examining these mechanisms specifically among Vietnamese pharmacy students, who sit at the intersection of healthcare and consumer finance, can therefore yield insights that are both theoretically novel and practically actionable for pharmacy education and digital health systems.

Pharmacy students are a distinctive and under-researched population in this literature. Most FinTech adoption research focuses on general consumers rather than on health-professions students, and comparatively few studies combine healthcare payment, financial literacy, the Technology Acceptance Model (TAM), and trust within a single empirical model [2, 4]. This is a meaningful gap: pharmacy students will not only manage their own health expenditure but will also advise patients on medication costs and payment options, so their own adoption behaviour has downstream relevance for health financial behaviour.

The objective of this study is to identify the determinants of digital health payment adoption among pharmacy students and to test the mediating role of behavioural intention. Integrating TAM with trust and financial literacy perspectives, the model specifies perceived usefulness, trust, and financial literacy as antecedents of behavioural intention and of adoption, with behavioural intention as a mediator. The study contributes an integrative adoption model for digital health payment, validated measurement evidence from an emerging market, and practical guidance for pharmacy education and digital health systems [13-25].

Literature review and hypotheses

Theoretical foundation

The model integrates three theoretical streams. The Technology Acceptance Model holds that perceived usefulness and perceived ease of use shape attitudes, behavioural intention, and ultimately usage of a technology, and it remains the dominant framework for explaining FinTech and digital payment adoption [4, 26, 27]. Trust theory holds that, under conditions of uncertainty and perceived risk, trust, the willingness to be vulnerable based on positive expectations of competence and benevolence, is a decisive determinant of behaviour, and it is particularly salient in digital financial environments where security and privacy concerns are prominent [1, 3, 28]. Financial literacy theory holds that individuals with greater knowledge and capability in financial matters are better able to understand, evaluate, and adopt financial technologies [5, 29]. Combining these streams, the model treats perceived usefulness, trust, and financial literacy as drivers of behavioural intention and adoption [30-36].

Perceived usefulness and behavioural intention

Perceived usefulness is the degree to which a pharmacy student believes that using digital health payment improves the efficiency, convenience, and effectiveness of managing healthcare costs [26]. A consistent finding across FinTech research is that perceived usefulness is among the strongest predictors of behavioural intention and usage [4, 11]. Users' intents to use a payment system are strengthened when they believe it to be really helpful, quicker, more transparent, and beneficial for tracking expenditures. The perceived value also strengthens users' faith in the system [12, 37]. Two effects are therefore proposed [38-47].

H1. Perceived usefulness positively affects behavioural intention [48-53].

H5. Perceived usefulness positively affects trust.

Trust and behavioural intention

Trust reflects a pharmacy student's confidence in the reliability, security, and integrity of digital health payment systems [28]. In digital financial settings, trust reduces concerns about data security, fraud, and financial risk, lowering the psychological barriers to adoption [1, 3]. A substantial body of evidence identifies trust as a key determinant of FinTech adoption and continuance, frequently operating both directly and as a mediator [1, 10, 54]. Trust is therefore expected to strengthen behavioural intention.

H2. Trust positively affects behavioural intention.

Financial literacy, behavioural intention, and trust

Financial literacy is the degree to which an individual possesses the knowledge and capability to make informed financial decisions [29]. Financially literate pharmacy students are better positioned to understand the benefits and risks of digital health payment, to evaluate fees and security features, and consequently to form favourable intentions toward adoption [5, 55]. Financial literacy may also build trust, since knowledgeable users can better assess the credibility and safety of a platform and are less likely to be deterred by unfounded fears [5]. Two effects are therefore proposed.

H3. Financial literacy positively affects behavioural intention.

H6. Financial literacy positively affects trust.

Behavioural intention and adoption

In technology-acceptance models, behavioural intention—the degree to which a pharmacy student intends to utilise digital health payment—is the most direct predictor of actual uptake [26, 56]. In addition to its direct effect on intention from the antecedents above, behavioural intention is expected to translate into adoption behaviour [4, 27]. Accordingly, behavioural intention is positioned as the proximal driver of adoption.

H4. Behavioural intention positively affects FinTech adoption (digital health payment).

The mediating role of behavioural intention

Beyond their direct effects, the three antecedents are expected to influence adoption indirectly through behavioural intention. Perceived usefulness, trust, and financial literacy each strengthen intention, which then converts into adoption behaviour. This

logic implies three indirect effects, with the significance of the direct paths distinguishing partial from full mediation [57].

H7. Behavioural intention mediates the effect of perceived usefulness on adoption.

H8. Behavioural intention mediates the effect of trust on adoption.

H9. Behavioural intention mediates the effect of financial literacy on adoption.

The conceptual model integrating these nine hypotheses is presented in **Figure 1**.

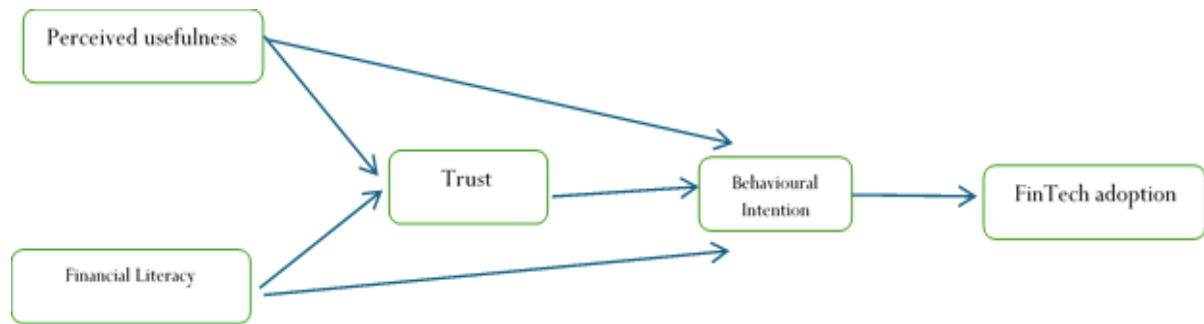


Figure 1. Proposed research model

Materials and Methods

Research design and sample

A quantitative, cross-sectional survey design was adopted to test the hypothesised model. The target population comprised pharmacy students who had been exposed to digital health payment systems. A structured questionnaire was administered, and after data screening, 320 valid responses were retained for analysis. This sample size exceeds the recommended minimum of 300 for PLS-SEM and provides adequate statistical power to detect small-to-medium effects [57]. The analysed dataset comprises complete responses to the 21 measurement items, with no missing values.

Measurement scales

All constructs were measured reflectively using multi-item scales adapted from prior validated studies and rated on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). Perceived usefulness was adapted from the technology acceptance literature [26, 27]; trust from FinTech-trust studies reflecting confidence in security and reliability [1, 28]; financial literacy from established financial-literacy measures [5, 29]; and behavioural intention and FinTech adoption from technology-acceptance and FinTech-usage studies [4, 56]. **Table 1** summarises the constructs and their sources.

Table 1. Constructs and source instruments

Construct	Indicative content	Items	Source
Perceived Usefulness	Efficiency, convenience, and cost tracking	4	Davis [26]
Trust	Security, reliability, integrity	4	Mayer et al. [28]; Amnas et al. [1]

Financial Literacy	Financial knowledge and capability	5	Lusardi & Mitchell [29]
Behavioural Intention	Intention to use	4	Venkatesh et al. [27]
FinTech Adoption	Actual usage behaviour	4	Bajunaied et al. [37]

Data analysis

Partial least squares structural equation modelling (PLS-SEM) was selected because it is well suited to prediction-oriented research, models with mediating chains, and data that may depart from multivariate normality [57]. Analysis followed the standard two-stage procedure. The measurement model was assessed for indicator reliability, internal consistency (Cronbach's alpha and composite reliability), convergent validity (average variance extracted, AVE) [58], and discriminant validity via the heterotrait-monotrait ratio (HTMT) [59]. The structural model was then evaluated through path coefficients and bootstrapped significance (5,000 subsamples, bias-corrected 95% confidence intervals), the coefficient of determination (R^2), effect sizes (f^2), and predictive relevance (Q^2) via blindfolding. Mediation was tested by examining the significance of indirect effects, with the significance of the direct effects distinguishing partial from full mediation.

Common method bias was assessed using Harman's single-factor test, in which the first unrotated factor accounted for 31.4% of the variance, below the 50% threshold, indicating that common method bias is unlikely to be a serious concern. Collinearity was evaluated using variance inflation factors (VIF) for the inner model; all values ranged from 1.15 to 1.37, well below the threshold of 5, indicating no collinearity problems.

Results and Discussion

Descriptive statistics

Construct means ranged from 2.79 to 3.10 on the five-point scale, indicating moderate ratings across all variables. Skewness and kurtosis values fell within the conventional ± 1 range, supporting approximate normality of the composite distributions (Table 2).

Table 2. Descriptive statistics for the latent constructs

Construct	Mean	SD	Skewness	Kurtosis
Perceived Usefulness	2.788	0.579	0.055	-0.174
Trust	3.096	0.568	-0.058	-0.026
Financial Literacy	2.980	0.605	0.020	-0.188
Behavioural Intention	2.888	0.588	-0.034	-0.139
FinTech Adoption	3.070	0.585	-0.034	0.263

Measurement model

The measurement model demonstrated satisfactory reliability and validity (Table 3). All indicator loadings exceeded 0.70. Cronbach's alpha values ranged from 0.758 to 0.853, and composite reliability from 0.848 to 0.895, all above the 0.70 threshold. AVE values ranged from 0.582 to 0.631, exceeding 0.50 for every construct and supporting convergent validity [57, 58].

Table 3. Measurement model: reliability and convergent validity

Construct	Loadings	α	CR	AVE
Perceived Usefulness	0.767–0.825	0.804	0.872	0.631
Trust	0.753–0.798	0.764	0.852	0.591
Financial Literacy	0.763–0.816	0.853	0.895	0.631
Behavioural Intention	0.726–0.790	0.758	0.848	0.582
FinTech Adoption	0.763–0.819	0.786	0.864	0.614

Note. α = Cronbach's alpha; CR = composite reliability; AVE = average variance extracted. All loadings significant at $p < 0.001$.

Discriminant validity was examined using the HTMT criterion (Table 4). All ratios fell below the 0.85 threshold, with the highest being 0.626 (trust and behavioural intention), indicating that the constructs are empirically distinct [59].

Table 4. Discriminant validity (HTMT ratios)

	PU	TRUST	FL	BI	ADOPT
PU	—				
TRUST	0.509	—			
FL	0.088	0.414	—		
BI	0.557	0.626	0.340	—	
ADOPT	0.206	0.315	0.279	0.533	—

Note. All HTMT values < 0.85 , supporting discriminant validity. PU = perceived usefulness; FL = financial literacy; BI = behavioural intention.

Structural model and hypothesis testing

The structural model was assessed using bootstrapping with 5,000 subsamples. As reported in Table 5, all six direct paths were positive and statistically significant, supporting H1 through H6. Behavioural intention was the strongest predictor of

adoption ($\beta = 0.416$, $t = 8.95$). Among the antecedents of behavioural intention, perceived usefulness exerted the strongest effect ($\beta = 0.314$), closely followed by trust ($\beta = 0.300$), with financial literacy contributing more modestly ($\beta = 0.171$). Perceived usefulness ($\beta = 0.392$) and financial literacy ($\beta = 0.324$) were both significant antecedents of trust.

Table 5. Structural model results (direct effects)

H	Path	β	t	p	95% CI	f ²	Result
	PU $\rightarrow$						
H1	Behavioural Intention	0.314	6.61	<0.001	[0.218, 0.405]	0.122	Supported
	Trust $\rightarrow$						
H2	Behavioural Intention	0.300	6.23	<0.001	[0.203, 0.397]	0.099	Supported
	Financial Literacy $\rightarrow$						
H3	Behavioural Intention	0.171	3.48	<0.001	[0.076, 0.267]	0.038	Supported
	Behavioural Intention $\rightarrow$						
H4	Adoption	0.416	8.95	<0.001	[0.326, 0.508]	0.209	Supported
	PU $\rightarrow$ Trust						
H5		0.392	8.43	<0.001	[0.301, 0.481]	0.187	Supported
	Financial Literacy $\rightarrow$						
H6	Trust	0.324	7.62	<0.001	[0.242, 0.410]	0.128	Supported

Note. Bootstrapping with 5,000 subsamples, bias-corrected 95% confidence intervals. f² = effect size.

Mediation analysis (Table 6) showed that all three indirect effects through behavioural intention were significant, with bootstrap confidence intervals excluding zero. Because the antecedents also retained significant direct effects on behavioural intention, and behavioural intention is the sole modelled route to adoption, behavioural intention partially mediates the influence of each antecedent on adoption, supporting H7, H8, and H9.

Table 6. Mediation results (indirect effects on adoption)

H	Indirect path	β	t	p	95% CI	Conclusion
H7	PU $\rightarrow$ BI $\rightarrow$ Adoption	0.130	5.13	<0.001	[0.083, 0.184]	Partial mediation
H8	Trust $\rightarrow$ BI $\rightarrow$ Adoption	0.125	5.05	<0.001	[0.079, 0.178]	Partial mediation
H9	Financial Literacy $\rightarrow$ BI $\rightarrow$ Adoption	0.071	3.03	0.003	[0.030, 0.122]	Partial mediation

The model explained 33.3% of the variance in behavioural intention ($R^2 = 0.333$), 26.8% in trust ($R^2 = 0.268$), and 17.3% in adoption ($R^2 = 0.173$). Blindfolding produced positive Q^2 values for all endogenous constructs (behavioural intention = 0.178; trust = 0.152; adoption = 0.101), indicating predictive relevance. The standardised root mean square residual (SRMR = 0.061) fell below the 0.08 threshold, suggesting acceptable model fit.

This study integrated TAM with trust and financial literacy perspectives to explain digital health payment adoption among pharmacy students, and tested behavioural intention as a mediating mechanism. The results support all nine hypotheses, providing evidence that utilitarian, trust-based, and competence-based drivers jointly shape adoption, and that behavioural intention transmits their influence into actual usage.

Consistent with technology-acceptance theory, behavioural intention was the strongest predictor of adoption ($\beta = 0.416$), reaffirming its position as the most proximal driver of usage behaviour [26, 56]. Among the antecedents of intention, perceived usefulness ($\beta = 0.314$) and trust ($\beta = 0.300$) were the leading forces, echoing FinTech research that identifies usefulness and trust as central to adoption in digital financial environments [1, 4, 11]. The relevance of trust is especially notable in a healthcare payment context, where concerns about cost, privacy, and reliability are salient. Financial literacy contributed more modestly to intention ($\beta = 0.171$) but was a substantial antecedent of trust ($\beta = 0.324$), suggesting that its influence on adoption operates partly by helping students assess the credibility and safety of digital platforms [5].

Behavioural intention partially mediated the effects of all three antecedents on adoption, consistent with the view that perceptions, trust, and competence translate into behaviour largely through the formation of intention [4, 27]. The R^2 values (0.333 for intention; 0.173 for adoption) indicate that the model captures a meaningful but bounded portion of the variance, leaving scope for additional determinants such as perceived ease of use, social influence, or perceived risk.

Theoretical implications

Theoretically, the study extends technology-adoption modelling by integrating TAM with trust and financial literacy perspectives in a healthcare payment setting, and by demonstrating these mechanisms among pharmacy students, a population at the intersection of healthcare and consumer finance that has received little attention in the FinTech literature [2, 4]. The findings show that financial literacy contributes to adoption not only directly but also indirectly by building trust, enriching accounts of how competence shapes technology acceptance.

Practical implications

Practically, the results suggest that providers and educators seeking to promote digital health payment should emphasise the tangible usefulness of these systems for managing healthcare costs, invest in transparent security and reliability features to build trust, and strengthen students' financial literacy through curriculum and training. For pharmacy education specifically, embedding digital financial competence into the curriculum could enhance both students' own adoption and their future capacity to advise patients on payment options.

Limitations and future research

Several limitations should be noted. The cross-sectional design cannot establish causal ordering, so longitudinal or experimental designs would more convincingly test the temporal logic of the antecedents–intention–adoption chain. Reliance on single-source, self-reported measures invites common-method concerns; although procedural and statistical checks suggested these were not severe, future studies could incorporate additional remedies. The focus on pharmacy students in a single country limits generalisability; future work could examine other health-professions students, general consumers, and other markets, and test moderators such as gender, year of study, and prior digital payment experience. Finally, the model could be extended with constructs such as perceived ease of use, perceived risk, social influence, and platform quality.

Conclusion

This study examined the determinants of digital health payment adoption among pharmacy students in Vietnam, integrating the Technology Acceptance Model with trust and financial literacy perspectives. Drawing on survey data from 320 students and PLS-SEM analysis, it found that perceived usefulness, trust, and financial literacy each significantly drive behavioural intention, which in turn is the strongest predictor of adoption, and that behavioural intention partially mediates the effects of all three antecedents. The findings extend technology-adoption models to health financial behaviour and offer actionable guidance for pharmacy education and digital health systems seeking to promote sustainable, trusted digital payment among future healthcare professionals.

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