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THE CONTENT ANALYSIS OF HOSPITALS' WEB SITES AS PROVIDERS OF HEALTHCARE TOURISM IN ISTANBUL

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This study focuses on the content analysis of public, private and university hospitals web sites which provide healthcare tourism (HT) service in Istanbul, Turkey. In this context, five public hospitals with international patient department, twelve private hospital (or hospital groups) with JCI accreditation and two university hospitals websites are analyzed. Content analysis comprises items such as content, function, design and usability. The results of the study showed that hospitals websites' differ according to their types (e.g. private, public) by the healthcare tourism they provide.

Keywords: Healthcare tourism, Content analysis, JCI accreditation.

Introduction

As products and services are globalized it carries opportunities for countries like Turkey that has the aim of focusing on tourism incomes. Healthcare tourism is becoming an upward trend in the world which gives a competitive advantage to countries aiming to increase tourism incomes in the world. Istanbul is a tourism hotspot also a hotspot for medical tourism and healthcare tourism. As products become differentiated as services on a global scale, it gives opportunities to countries like Turkey who want to increase their profits on health tourism. Turkey wants to be an innovative player on the health tourism market and want to increase its profit. According to the recent statistics of United Nations World Tourism Organization (UNWTO), Turkey is in the 6th rank in the world, with arrivals of 37.8 million tourists in the year of 2013 (UNWTO, 2014: 6). Also, 27% of the all tourists in the world travelled for other reasons, such as visiting friends and relatives, religious reasons and pilgrimages, health treatment, etc. (UNWTO, 2014: 5).Therefore, Turkey by increasing its profit on healthcare wants to be high up in the rank of tourism incomes. "Beyond the U.S., the OECD estimates that there are up to 50 million medical tourists worldwide annually. These figures indicate a significant growth in the Medical Tourism industry, with estimates ranging from $50 billion to $65 billion dollars in 2014. The industry is expected experience a continued growth of approximately 20%. While exact statistics for medical tourism are difficult to confirm, these estimations indicate a strong potential for medical tourism in the future."(http://www.health-tourism.com/medical-tourism/statistics/). The market is assumed to have a great potential in terms of health tourism. Focusing on health tourism may give a chance for Turkey to increase her trade volume and gaining from tourism industry since there is plenty of excess capacity to develop health tourism industry. Therefore, Turkish Ministry of Health has started to promote health tourism in order to develop and gain a competitive advantage in tourism industry. According to the Ministry of Health Turkey's competitiveness elements in health tourism are such as follows: "World standard quality,

Personal service, Short waiting time, Rich cultural heritage, and Cheap service" (Ministry of Health, 2012: 27 cited by Omay & Cengiz, 2013).

This study focuses on the content analysis of public, private and university hospitals web sites which provide healthcare tourism service in Istanbul, Turkey. This study is a pioneer study in Turkey because the analysis focuses on the supply side of health tourism that has an exploratory nature. It is also a pioneer study in Turkey which will consitute the first step of a larger scale study.

Literature Review

Health Tourism depends on different perspectives as medical tourism and wellness tourism and health tourism. There is an ambiguity concerning the concept of health tourism. Because indeed, according to Connell, historically health tourism is the oldest kind of health related tourism since "tourism has always been associated with improved health and well-being" (2006:1). A comprehensive analysis on the differences between health tourism and medical tourism is shown in Table 1:

Table 1. Differentiation between Health Tourism and Medical Tourism

	Health tourism (HT)	**Medical tourism(MT)**
Supply perspective	Provision of healthcare services to non ordinary residents	Exotic travel (especially to a developing region) with a brief opportunity to practice medicine
	Business of providing medical care for foreign patients	Travel to poor countries by clinical professionals from rich countries for short-term work
Demand perspective	Travel to avail of medical care Travel to avail of medical services	Influx of foreigners for medical care Travel for the purpose of obtaining medical treatment

Source: Carrera and Bridges, 2006: 448.

Health tourism can be defined as "…trips and journeys outside the place of residence, which are aimed at improvement of the physical and mental health, preparation of the body to the increased physical and/or mental and intellectual activity, and at maintenance of the good physical and mental condition"(Szromek, 2012:11). In a different point of view, health tourism can be seen which the health and tourism sector incorporates both goods and services in medical services, adjacent services(logistics, hotel, hospitality and tourism services) and transport services(Yoong et al.,2013:2). Health tourism expands in terms of economic value for countries because of practical reasons and also there is a growing literature out of academic reasons as a multi-disciplinary field. Internet based studies is becoming an area of interest in health tourism literature. Internet websites are an important source of information for tourism travel destinations after the word of mouth communication(Patterson, 2007). Therefore, the globalization of health care has led to a rise in consumers using the Internet and related technologies for the purpose of gaining access to health information and medical services that transcends international borders(Lee et al.,2013:637). According to Lunt et al.(2011:1), "…the platform provided by the internet for gaining access to healthcare information and advertising"(Lunt et al.2011:1) is a key driver for the health tourism. In other words, internet is a useful way accessing health information and health tourism destinations.

In literature, there is a common view of the importance of HT; but as far as HT concerned, the web site evaluation criteria on behalf of HT is not reconciled. As it is seen in Table 2 below.

Table 2. Proposed Criteria for Evaluating HT Websites.

Author	Proposed Criteria	Sample
Cormany&Baloglu(2011)	Information(e-mail,telephone, past traveler testimonials etc.)&services(air travel, transfer of medical records, site-seeing options etc.)	HT Facilitators' Websites
Lunt et.al(2011)	Information, Connectivity, Assessment, Commerciality, Communication	H.Tourist Websites
Penney et.al(2011)	Evidence of professional membership or certification, Information on foreign physicians, Explicit reference to foreign hospital accreditations, Explicit reference to foreign hospitals with JCI accreditation, Explicit reference to "medical tourism", Explicit reference to "broker", Explicit reference to "facilitator", Tourism services offered, Images of tourist attractions, Health risks, Health risks, Patient testimonials, Pricing details(information criteria)	HT Brokers' Websites
Mason&Wright(2011)	Medical Benefits, Risks and Warnings, Credibility, Web Site Interactivity	HT Websites
Yoong et.al(2013)	Information, Connectivity, Assessment, Commerciality, Communication	HT Websites
Wagle(2013)	Display of information, types of procedures, patient safety information, ethical issues	HT Facilitators' Websites
Lee et.al(2014)	Interactive Features, Appeals, Benefits, Risks	HT Brokers' Websites

Cormany & Baloglu (2011) analyzes HT Facilitators' Websites in two main categories as information and services. Lunt et.al.(2011) points out that information, connectivity, assessment, commerciality, communication should be important five functions of a HT website. Penney et.al.(2011) analyzed HT brokers' websites according to information, risk communication and business dimension criteria. In Table 2 only the subtitles under the information criteria are shown about Penney's study. Turner(2011), analyzed websites of the firms that exit the health tourism market, in his 2012 study he analyzed the websites of the firms that are active in health tourism market. In both studies, Turner focused on businesses that give HT service in his content analysis, the number of countries health tourism service is given and evaluated services & marketing messages to these countries.

Mason & Wright(2011), in their research focused on medical benefits risks and warnings, credibility web site interactivity. Yoong et.al.(2013) proposed information, connectivity, assessment, commerciality, communication criteria in evaluating. When evaluating 208 HT Facilitators' Websites from 47 countries, display of information, types of procedures, patient safety information, ethical issues are considered. (Wagle, 2013). Lee et. al(2014) researched HT Brokers' Website on the basis of interactive features, appeals, benefits and risks.

As seen in all studies mentioned above, web sites related to HT has samplings such as facilitator, brokers etc. In this study, hospitals that give health service are comprised. In this respect, the website evaluation criteria used in Liu et.al(2011) that gives a different approach to HT websites' evaluation is used. In the original study the main category comprises content, function, design and privacy & security, in this study three main categories are composed. In the forthcoming section of research design content analysis findings show hospitals that have HT potential and the criteria related to it.

Methodology

Research Design

This study focuses on the content analysis of public, private and university hospitals web sites which provide healthcare tourism service in Istanbul, Turkey. In this context, five public hospitals with international patient department, twelve private hospitals(or hospital groups) with JCI accreditation and two university hospitals websites are analyzed .In the literature review findings, it is seen that different methods of web site analyses are used and proposed in the health sector. In this respect, the evaluation criteria is used in (Liu et al.2011) study which is a compact study that explores web sites criteria on healthcare system (Table 3) is adapted and used in our analysis.

Table 3. Website Criteria Used in This Study.

Domain	Description
Content	
Disclosure of Hospital	It highlights the need for users to know the necessary information about the hospital
Disclosure of management level, sponsors, or developers	It highlights the need for users to be able to consider a site's content in the context of who created or financed the site
Department and physician information	----------
Hospitalization information	It enables the patients to know geographic position, environment, traffic condition, hospitalization process, and price through the Internet
Health-disease specific information	It normally includes public-concerned information of sanitation and health involving a wide range of aspects and bring about great influence, which can provide the function of publicizing the knowledge of health to the social masses to a certain extent
Recommended linkages or websites	----------
Function	
Internal search engine	It can assist the website users in obtaining rapidly their desired information
Online registration and appointment	It breaks the limitation of time and space and can facilitate the hospitalization process for the patients and provide them with more information
Online consultation	Its effect is similar to that of online registration and appointment
Online query	Its effect is similar to that of online registration and appointment
Membership function	----------
Online community	----------
Contact details and feedback mechanism	It can help the social masses receive immediate assistance from the hospital, and also enable the hospital to know the evaluation by the social masses on the treatment and services of the hospital immediately for further improvement
Social Media	Facebook, Twitter, Google+,..
Mobile Application	Android, Ios
Design	
Logo of hospital	----------
Sitemap	----------
Navigation	Column navigation
Languages	Bilingual or multilingual content

Source: adapted Liu et al.2011

Content, function and design are set as the evaluation criteria. These main indicators have also sub-indicators. Content has six sub-indicators, they are; disclosure of hospital, disclosure of management level, sponsors, or developers; department and physician information; hospitalization information; health-disease specific information and recommended linkages or websites. Function has nine sub- indicators such as Internal search engine, Online registration and appointment, Online consultation, Online query, Membership function, Online community, Contact details and feedback mechanism, Social Media and Mobile Application; design has four sub indicators such as logo of the hospitals, sitemap, navigation, languages. It is included in Liu et al(2011)' s original categories some sub-indicators to main indicator "function" with the evaluators suggestions which are "social media" and "mobile applications" ; on the other hand "management and usage" category is not included in the study. Because Management & Usage category and "privacy & security, copyright and terms of use" sub categories are not included since these subcategories are compulsive for each internet site due to internet laws in Turkey.

As seen in Table 3, after the criteria is set for the analysis of the web sites of hospitals content analysis is used as a technique. Content analysis can be described as "a research technique for the objective, systematic, and quantitative description of the manifest content of a communication"(Berelson, 1952: 18 cited by Cooper and Schindler, 2003:460). It involves systematic analysis, as well as observation, to identify the specific information content and characteristics of the messages (Zikmund, 2003:248). Besides, content analysis is an appropriate method when the phenomenon to be observed is communication, rather than behavior or physical objects (Malhotra, 2007: 205). In this respect, when analyzing the web sites of the hospitals it is seen as the best option to use the content analysis technique. The web sites analyzed in this study are analyzed due to set criteria whether they have these sub categories or not. In other words, a basic counting technique is used for these web sites. This study is a pioneer study in Turkey because the analysis focuses on the supply side of health tourism that has an exploratory nature. It is a pioneer study in Turkey which will consitute the first step of a larger scale study.

Hospitals who want to have a share of the HT market need to have international accreditation. Today, the well known accreditation agency for hospitals is Joint Commission International (JCI) which is a US based organization, its counterpart in Europe is (EFQM). (Altın et al.2012:162). So, public hospitals that have international patient department and private hospitals that have JCI accreditation are included in the scope of the study and therefore; 5 public and 12 private hospitals are included in the analysis. (http://www.ahd.org.tr/akreditasyon.aspx). Additionally, 2 university hospitals are included in the analysis due to the fact that that they are located in Istanbul -a location for HT- and have qualified healthcare staff. Both reasons are adequate for HT potential. Marmara University Hospital is evaluated under the public hospitals criteria because its services are taken over by the Ministry of Health. Hospitals mentioned are shown in the table 4.

Table 4. The List of Analyzed Hospitals.

No	Name	Web Site	Type
1	Marmara Üniversitesi Pendik Eğitim ve Araştırma Hastanesi	http://www.marmaraeah.gov.tr/	Public
2	Ümraniye Eğitim ve Araştırma Hastanesi	http://www.ueh.gov.tr/	Public
3	İstanbul Mehmet Akif Ersoy Göğüs Kalp Ve Damar Cerrahisi Eğitim Ve Araştırma Hastanesi	http://www.imaeh.gov.tr/	Public
4	Fatih Sultan Mehmet Eğitim ve Araştırma Hastanesi	http://www.fsmhastanesi.gov.tr/	Public
5	Beyoğlu Göz Eğitim ve Araştırma Hastanesi	http://www.beyoglugoz.gov.tr/	Public
6	İstanbul Tıp Fakültesi	http://istanbultip.istanbul.edu.tr/	University
7	Cerrahpaşa Tıp Fakültesi	http://cerrahpasa.istanbul.edu.tr/	University
8	Özel Acıbadem Hastanesi	http://www.acibadem.com.tr/	Private
9	Özel Vehbi Koç Vakfı Amerikan Hastanesi	http://www.amerikanhastanesi.org/	Private

10	Dünya Göz Hastenesi	http://www.dunyagoz.com/	Private
11	Özel Florance Nightingale Hastanesi	http://www.florence.com.tr/	Private
12	Özel Hisar İntercontinental Hospital Hastanesi	http://www.hisarhospital.com/	Private
13	Özel Medical Park Hastanesi	http://www.medicalpark.com.tr/	Private
14	Özel Medicana Hospitals	http://www.medicana.com.tr/	Private
15	Özel Memorial Şişli Hastanesi	http://www.memorial.com.tr/	Private
16	Özel Pendik Bölge Hastanesi	http://www.bolgehastanesi.com/	Private
17	Fatih Üniversitesi Tıp Fakültesi Hastanesi	http://hastane.fatih.edu.tr/	Private
18	Universal Taksim Alman Hastanesi	http://www.uhg.com.tr	Private
19	İstanbul Yeditepe Üniversitesi Tıp Fakültesi Hastanesi	http://www.yeditepehastanesi.com.tr/v2/	Private

Source: http://www.ahd.org.tr/akreditasyon.aspx and derived from the websites of the evaluated hospitals. Private hospitals in the list are chain hospitals so, only the main pages are included in the analysis.

19 web pages are analyzed according to set criteria by an academic and a specialist in health seperately and codings are finalized. Since the relevant sub-indicators are checked , in the findings frequency distributions are used.

Results

The web sites of 12 private hospitals with JCI accreditation, 5 public hospitals with international patient department and 2 university hospitals with extensive healthcare service are analyzed and findings are in Table 5.

Table 5. Characteristics of Hopitals' Websites.

Domain	**Public Hospitals n:5**		**Private Hospitals n:12**		**University Hospitals n:2**		**Total n:19**	
Content	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Disclosure of Hospital	5	100	12	100	2	100	19	100
Disclosure of management level, sponsors, or developers	5	100	12	100	2	100	19	100
Department and physician information	5	100	12	100	2	100	19	100
Hospitalization information	3	60	11	90	0	0	14	70
Health-disease specific information	2	40	11	90	0	0	13	65
Recommended linkages or websites	2	40	9	75	1	50	12	60
Function								
Internal search engine	2	40	11	90	2	100	15	75
Online registration and appointment	5	100	11	90	2	100	18	95
Online consultation	0	0	7	60	0	0	7	**35**
Online query	5	100	11	90	2	100	18	95
Membership function	2	40	7	60	0	0	9	**45**
Online community	5	100	12	100	2	100	19	100
Contact details and feedback mechanism	5	100	11	90	2	100	18	95
Social Media	3	60	11	90	1	50	15	75
Mobile Application	0	0	3	25	0	0	3	**15**

Design								
Logo of hospital	5	100	12	100	2	100	19	100
Sitemap	2	40	3	25	1	50	6	**30**
Navigation	5	100	12	100	2	100	19	100
Languages	1	20	12	100	1	50	14	70
Note: Percentages are rounded off.								

When the main dimension of content is analyzed; disclosure of hospital gives basic information about the hospitals in all the web sites studied. The same applies to "Disclosure of management level, sponsors or developers" dimension. All the websites provide information on management level, sponsors or developers (private, public university). Another dimension under the content is "Department and physician information" that too have information on the websites. In other words, in the web sites of hospitals there is information on departments and service providers. But there are differences on "Hospitalization information" dimension. Information rate on contact information, treatment procedures, and prices are 60% in public hospitals where as in private hospitals it rises up to 90% . Information on these do not exist in university hospitals. Price is also non-existent for three categories of hospitals but private hospitals have a sub category "ask price" which performs this function indirectly. In the category of "Health-disease specific information" public hospitals rate is 40% where as private hospitals rate is 90% . In this category university hospitals do not provide any information. The last subcategory of content dimension is "recommended linkages or websites" private hospitals come first with 75% university hospitals come second with 50% and public hospitals come third with 40% .

In the second category "function" the subcategory of "internal search engine" shows , both of the university hospitals have the same module, 90% of the private hospitals have this module and 40% of public hospitals have the module. In "Online registration & appointment" category among the 19 web sites analyzed only one of them do not have this service. "Online consultation" and "online query" categories that are tought to be related with "Online registration & appointment" differs from types of hospitals. Online query services do not exist only in one of the web site of the private hospitals among 19 hospitals. "Online consultation" services do not exist in public and university hospitals. Online consultation, is a service provided by 60% of the private hospitals. "Membership function", is a service provided by 40% of the public hospitals, 60% of the private hospitals, it is not provided by the web sites of the university hospitals. "Online community" is a service provided by all the hospitals. "Contact details and feedback mechanism" except one of the private hospitals, exists in other websites. 90% of the private hospitals analyzed use "social media", public hospitals use social media 60%, university hospitals use it 50% . "Mobile application" do not exist in public and university hospitals and only 25% of the private hospitals use mobile application.

The last criterion used in this study is design. In "design" category, "logo of hospital" and "navigation" exists in each of the 19 hospitals websites. "Languages" option provides websites other than Turkish. Public hospitals have the lowest rate which is 20% , university hospitals have 50% . In the web sites of private hospitals analyzed it is seen that all of them have different languages option. Under the category of "sitemap" only 6 websites out of 19 have this option.

When all of these categories are analyzed generally the percentage ratios are higher than other categories. In "Function" dimension, "online consultation", "membership function" and "mobile application" categories have lower percentage ratios. In "Design" dimension sitemap" is an option that is not included in the websites generally.

Conclusion

Health tourism is gaining grounds and rising its market share in tourism sector in the globalized world. Countries like Turkey that want to rise their tourism incomes on different grounds aim to be the

competent players in health tourism market. In this study hospitals who are the producers of health service are analyzed due to the supply side of health tourism. In this respect, the web sites of the hospitals are analyzed. Because, Internet second only to friends as a source of general travel information, and in light of the attitudes often demonstrated by friends toward medical tourism, the internet potentially serves an even more central role(Patterson, 2007 cited by Cormany & Baloglu, 2011:711). The content analysis of 19 hospitals (5 public(international departments) and 12 private hospitals (JCI accreditation), 2 university hospitals (might have a share in health tourism) is carried out.

As it is proposed by Liu et.al.(2011) three categories (content, function & design) that are convient for Turkey are chosen. The web sites of the hospitals 19 sub categories under three main categories are evaluated. In this respect the most important finding is that websites differ to the types of hospitals (public, private, university). On the other hand according to three criteria websites bring into foreground the informative side. From basic information on the hospital, detailed information on departments and doctors is seen in nearly all the websites. "Health-disease specific information", is another important category in private hospitals. In the web sites of public and private hospitals the content of the page is inadequate for informing the patient on treatment procedures and diseases. In university hospitals this informativeness is relagated to announcements to academics and medical students and accessing test results online. In other words it is possible to say that private hospitals provide extensive information on content dimension. Content is an important factor for websites to attract repeated visits (Liu et.al.,2011:1559). Yoong et.al.(2013) "health information are extremely useful to empower patients for making important health decisions". In this respect it will be useful for public and university hospitals to develop their web sites on content dimension.

The second category is "function" which can be considered as a means of communication between the patients and the hospitals. That is why interaction between patient and the hospital comes into the foreground. "Interaction is one big highlight of website as new media distinguished from traditional medias" (Liu et.al.,2011:1560). In other words, "online services and transaction capabilities enabled by interactivity are desirable components of hospital websites" (Huang & Chang, 2012:332). Communication should be established and carried on between the patient and the hospital without the boundaries of time. According to the findings, private hospitals have more tools in the category of function. For example; "online consultation" and "mobile application" are facilities that are seen in private hospitals web sites. Although Public and university hospitals have online appointment system which is formed by The Ministry of Health, they have less options than their private counterparts. As "social media" and "mobile application" categories show, the private hospitals have more efforts for communication. Private hospitals use social media effectively on the other hand only 25% have "mobile application". Generally speaking, function dimension on behalf of communication is a good option for fractioning hospitals included in this study. As online health institutions are in the foreground today, public and university hospitals should pace forward.

In design category that has Logo of hospital, sitemap, navigation and languages as sub categories, logo and navigation are seen in all the hospitals, the other two showed remarkable differences. Sitemap is an option that only 6 of the hospitals have out of 19. But "...the website of a hospital generally has complex structure and system, and sitemap can facilitate the consumers' understanding of the website layout as a whole. Therefore, lack of the sitemap will be quite inconvenient" (Liu et.al.2011:1560). Another remarkable finding is that while most of the private hospitals have multi-language options, only one of the public hospitals out of 5 and one of the university hospitals out of 2 have this option. Especially hospitals targeting healthcare tourists should provide multi-language options in their web sites. So, we can say that private hospitals have a high awareness in this subject.

When data obtained from this research are taken generally, we can say that private hospitals are more informative, interactive and attaches importance to web design than the other two pairs. In this respect, private hospitals web sites with their content, function and design seem more advantageous in reaching their target audience. Public and university hospitals should improve the content and the type of information they provide, diversify online options and obtain a patient oriented approach. Therefore, they can help Turkey to rise its share in the health tourism market.

Limitations & Recommendations

This study has some limitations because it is a pioneer study of a wider study. Firstly, the scope of the research is limited to hospitals in Istanbul. This sample can be improved by focusing on web sites of JCI hospitals or some other accredited hospitals in Turkey. Besides, the web sites of the accredited hospitals and unaccredited hospitals can be compared in further studies.

The criteria adapted from Liu et.al (2011) is only adequate for a compact study but it can also give hints for further study. In this respect, new criteria for health marketing and producers of health service can be developed. On the other hand, the internet visibility of other actors in health tourism can also be investigated. Especially, the demands and expectations of health tourists of a web site based on health tourism can be studied in a demand side perspective. In short, this study gives hints to producers of healthcare services who want to use their share on health tourism on websites basis due to all the limitations they have.

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