

# **eWOM: the Trusted Online Assistant? A Mediated Moderated Model**

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## ABSTRACT

Electronic word-of-mouth (eWOM), is one of the most influential sources of information on the web, which has changed consumption behavior of people and the way information is transmitted. Little is known about the impact of eWOM on destination trust, and intention to travel coupled with the moderating effect of gender in the medical tourism industry. Survey data from a sample of potential medical tourists in North Cyprus ( $n = 216$ ) was used to establish the model. The results from regression analyses revealed that eWOM predicts destination trust and intention to travel, destination trust predicts intention to travel. Further, the impact of eWOM on destination trust was significant for both genders but stronger for men, while that of destination trust on intention to travel was stronger for women. The study has established destination trust as a potential construct and at the same time extends the existing literature regarding response variables associated with eWOM. Implications and future research propositions are discussed.

**Keywords:** eWOM, Medical tourism, Destination trust, Intention to travel, Gender.

## ÖZ

Elektronik ağızdan ağıza iletişim (eWOM), web üzerinde en etkili bilgi edinme yöntemlerinden biri, kişilerin değişen tüketim davranışları bu yöntemle birlikte hızla yayılmaktadır. Seyahat maksatlı veya tekrar maksatlı etkisi medikal turizm sektöründe eWOM 'un küçük hedef etkisi hakkında bilinen bir gerçektir. Bu çalışmada örnek olarak Kuzey Kıbrıs'ta potansiyel medikal turistlerle birlikte (n = 216) yapılan anket verileri kullanılmıştır. Hiyerarşik regresyon analiz sonuçları eWOM 'un tahmini hedef, güven, seyahat etme maksadı ve seyahat etmek maksadını öngörür. eWOM etkisi her iki cinsiyet için önem taşımaktadır fakat seyahat niyeti ve güven, hedef kadınlar için daha güçlü iken hedef güven etkisi her iki cinsiyet için önemli ama erkekler için daha güçlüydü. eWOM ile ilgili çalışma potansiyeli yapı olarak, hedef güven üzerine kurulmuş aynı zamanda ilişki, tepki değişkenleri mevcut literatürü oluşturmuştur. Uygulamalarda gelecek araştırma önermeleri titizlikle tartışılmıştır.

**Anahtar Kelimeler:** eWOM, Sağlık Turizm, Seyahat Güvenliği, Seyahat Niyeti, Cinsiyet.

# **DEDICATION**

To My Family

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I would like to give special thanks to my parents for tirelessly supporting, encouraging and inspiring me to reach my dreams through all the life-changing events. I would like to dedicate this study to them as an indication of their significance in this study as well as in my life. Besides, a number of friends had always been around to support me morally. I am indebted to you for your kindness.

*Experience is not what happens to a man, it is what a man does with what happens to him.”*

- Aldous Huxley

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# Chapter 1

## INTRODUCTION

This section provides a synopsis of the current research philosophy, objectives, and contribution to theory and practice. In addition, research gaps and voids are highlighted as well as the credo of the study. A compendium of other chapters is also presented.

Transformation of organizational structures from primordial to purposively constructed ones has led to an increase in disposable income, longer free time, greater political freedom, and the growth for mass tourism (Abubakar, Shneikat, & Oday, 2014). Medical tourism (med-tour) is a process of seeking medical service in a foreign land other than one's place of residence, primarily due to the unavailability, quality, and cost of service. Med-tour has been in existence for decades, and mankind has visited these places for the purpose of healing and relaxation (Hunter, 2007). Med-tour is not a new phenomenon because men have travelled to foreign lands for centuries to seek medical treatment (Richard, Melisa, & Rupa, 2011). However, traveling from rich to less richer countries for improved quality of medical services at a lower cost is a new trend (Lee, Heesup, & Tim, 2012).

This trend has created a niche market offering optimal opportunities for the tourism sector to diversify its services, resulting in med-tour. Indeed, med-tour is the process of incorporating medical and tourism products/services because tourists want to

combine beautification treatments like skin care with vacation (Lee et al., 2012). Scholars have categorized med-tour into two distinct classes, namely, beautification and health treatment (Lee, Soutar, & Daly, 2007). Asia is well known as the global hub for med-tours. The recent growth experienced by med-tour is very impressive; among the reasons encouraging its growth are the availability of well-qualified practitioners in developing countries, high costs of treatment in rich countries, long queue lists and economic bargains (Keckley, 2008; Woodman, 2008).

The World Report (2010) reported that med-tour is growing fast, especially in emerging markets like India. Med-tourists from developed countries are now travelling to less developed nations for improved medical care (Johnson et al., 2015). Med-tour markets are developing rapidly in many countries such as Turkey, India, Thailand, Singapore, Hong Kong, and Taiwan (Tsoi, 2008). India's med-tour sector is expected to experience an annual growth rate of 30%, making it a \$2 billion industry by the end of 2015 (The Economic Times, 2015). According to the Turkish Ministry of Health (2012), the country had an estimated revenue of \$31.4 million in 2011, and about \$1 billion in 2015 (Anadolu Agency, 2015). Private hospitals have been proactive in attracting and benefiting from the growth of this trending market. The concept of med-tour has gained an audience in the present-day due to the prevalence of technology and the elimination of information barriers.

Word-of-mouth (WOM) is referred to as a form of informal conversation between people regarding products and/or services; whereas one party persuades the other to purchase a product and/or service. Similarly, Sen and Lerman (2007) defined WOM as a kind of private facial conversation between individuals about a product and/or

service. Word-of-mouth is a form of interpersonal offline communication and information exchange between close associates, colleagues, and family members about a firm, products, or services. Hence, WOM would play an important role for services with high-credence qualities like med-tour.

The advent of the internet has extended the concept to an online context, which has the ability to reach large audiences within a relatively short period of time. Litvin, Goldsmith and Pana (2008) stated that the internet has created a new type of communication atmosphere that empowers both consumers and providers; this platform enables information flow from C2C, C2B and B2C. The concept is also known as electronic word-of-mouth (eWOM), which is a form of written memo on the web, usually posted by experienced or previous consumers (Abubakar & Ilkan, 2014); the written memo influences the behaviors of prospective consumers (Abubakar & Ilkan, 2013). In addition, the existence of these memos may lead to information diffusion because it can be accessed anytime, anywhere, and can be forwarded (Abubakar & Ilkan, 2013; Chatterjee, 2001). According to Mayzlin (2006) and Hung and Li (2007), eWOM is the most attested source of information for consumers, and it is twice more inspiring compared to traditional advertisements; indicating that it is an alternative advertising approach.

The betterment of hypermedia has led to an increase in the number of people using the internet to access information about prospective travel destinations (Litvin et al., 2008). Based on a report by the Travel Industry Association of America [TIA] (2005), about 67% of American travelers accessed the internet to retrieve information concerning travel destinations. Hypothetically, their counterparts in

other countries are engaging in similar activities, but the exact number remains elusive due to the absence of empirical data. Electronic word-of-mouth has a strong influence in the tourism industry, given the intangible nature of tourism services (Casaló et al., 2015; Lin, Jones, & Westwood, 2009). This is because the service hindsight is only available after consumption; hence, there is a greater level of uncertainty and ambiguity.

Potential visitors consult online reviews because the tourism product or service is not accessible until the moment of consumption; thus, the risk and uncertainty associated with it is increased. For example, a med-tour service like cosmetic surgery is accessible to med-tourists only upon consumption (i.e., during the surgical operation). Prospective tourists thus depend on referrals from their friends, family members and social networks (Casaló et al., 2015). According to Bickart and Schindler (2001), consumers depend on recommendations from friends and family to reduce uncertainty and potential risks. Similarly, this can be applicable to med-tourists to reduce uncertainty and ambiguity associated with a medical destination. Therein, med-tourists' intention to travel and destination trust can be influenced by eWOM because of the trust they have for such messages. On the other hand, destination trust can also depend on previous experiences such that a memorable experience may trigger the intention to revisit (Ayoun, Ksouri, & Abdellatif, 2015; Huang et al., 2014).

Prior literature concerning consumer's behaviors, such as purchase intention, argued that such behavior takes place after the consumers' general evaluation of a product, service or brand (Hsu, 1987). In other words, future consumption behaviors are

shaped by their assessment of products or services toward a brand entwined with external stimulating factors. As such, researchers like Engel et al. (2001) suggested that purchase intention involves subjective judgment for future behavior. Swan et al. (1999) added that customer trust may lead to positive attitude towards a brand, may also enhance loyalty, and further install purchase intention. Therefore, trust has both direct and indirect impact on consumers purchase intention (Grazioli & Jarvenpaa, 2000).

Yakov and colleagues (2005) asserted that “online trust partially mediates the relationship between a site and behavioral intent”. Lin and Lu (2010) pointed out that customer trust further manipulates purchase intention coupled with the moderating impact of eWOM. Their study evaluated the impact of trust on purchase intention and the moderating effect of WOM. The findings suggest that trust has a significant impact on purchase intention when positive WOM is high. Based on the extent literature, this study suggests that trust may also mediate the linkage between eWOM and intention to travel in the med-tour industry.

The impact of gender upon decision-making, and shopping intents has been a subject of special interest for a long time. Previous field work have noted that there is a gender difference with regard to shopping orientation and online behaviors. For instance, Liu and Huang (2008) investigated gender differences in the online reading environment, whereas their study’s outcome suggests that men exhibit a greater degree of satisfaction reading online than females. Furthermore, Sun and Zhang (2006) noted that “women are not pragmatic when compared to men; men experience less anxiety when compared with women who experience more, and

women are more strongly influenced by their immediate environment”. A dominant finding suggests that “women are clearly more risk averse than men in the arena of physical health and safety (Harrant & Vaillant, 2008), thus women are more risk sensitive in the context of losses than gains (He, Inman, & Mittal, 2007). Based on the aforementioned empirical and theoretical arguments, this thesis attempts to clarify these behaviors in the med-tour industry by evaluating how online information sources will increase or decrease risk-taking activities, and how it could shape future purchase intent.

This thesis grounded its argument on the “Trust transfer theory”. The theory posits that trust transfer occurs when “the unknown target [is] being perceived as related to the source of the transferred trust” (Stewart, 2003). Therein, it relies on the cognition of individuals based on certain factors such as relatedness, similarities, and closeness (Campbell, 1958). Researchers like Ng (2013) pointed out that “trust in a social network community may also be transferred from trust among its members to the focal firm providing services”. In this sense, eWOM message trust can be transferred to the focal medical destination.

## **1.1 Purpose and Contribution of the Study**

As briefly discussed, med-tour is associated with high risk and uncertainty. The credo behind this study is “a lack of comparative quality and safety data, and knowledge of infection rates for overseas institutions, and the reporting of adverse events is lacking” as reported by the directorate for employment, labor and social affairs of OECD. More practically, all medical treatments are entangled with an element of risk that pose danger to the patient’s health, which is supposedly outweighed by the potential benefits resulting from the treatment. Lunt and



colleagues (2011) added that “what can be gleaned from the literature concerning risk and safety-related incidents for med-tour is limited”.

Med-tour signifies a new dynamic to this element of risk, due to the overseas travel involved. For instance, the British Association of Plastic, Reconstructive and Aesthetic Surgeons estimated that 37% of U.K. outbound med-tourists had reported complications arising from overseas cosmetic surgery (Jeevan, Birch, & Armstrong, 2011). Given this, med-tour marketers and destination policy makers are interested in assuring patients’ safety. Thus, there is a need to communicate destination trust in order to eliminate fear, reduce uncertainty among potential med-tourists, and to increase market share.

While the impact of eWOM on destination image (Govers & Go, 2004; Jani & Hwang, 2011; Mridula, 2009), destination choice (Jalilvand & Samiei, 2012b; Zhu & Lai, 2009); attitudes toward destination (Jalilvand et al., 2012c); intention to travel (Jenkins, 1999; Papadimitriou & Gibson, 2008) and revisit intention (Kim, Hallab, & Kim, 2012; Quintal & Polczynski, 2010) is not new; to the best of our knowledge, no study has examined the impact of eWOM on intention to travel and destination trust coupled with the moderating effect of gender. In addition, replicating similar studies in the med-tour context would be imperative for increasing the generalizability of prior findings.

Despite the criticality of eWOM, intention to travel and destination trust, no medical tourism research has yet examined their association. Subsequently, this study attempts to assess whether the impact and association of the proposed variables differs by gender. The researcher believes that this study will shed light on the criticality of the above-mentioned variables in the med-tour industry. In order to increase the validity and reliability of the study's findings, various statistical methods were used.

## **1.2 Outline**

The research is organized as follows: Section two presents a comprehensive review of the research variables with regard to theory, research voids, and what has been studied. The section also briefly describes the work of previous researchers on the possible associations of eWOM, destination trust, and intention to travel as well as the possible moderating role of gender. In addition, the section illustrates the theoretical and hypothetical interaction of the proposed variables. Section three provides a description of the exhaustive methodological approach employed in the research, and a brief explanation regarding the type of data analyses, approaches used, and why such methods were used for this study. Section four presents the research results and findings of the current empirical study. The chapter also provides detailed explanations for each hypothesis, and why the hypothesis was supported or rejected. The implications of the study for research and practice are discussed in the concluding chapter. Best practices and recommendations for practice are presented as well as methods and caveats of the present study and future research.

## Chapter 2

### THEORETICAL UNDERPINNINGS

This chapter presents a theoretical background of the proposed research variables, a thorough literature review, and how the variables might interact with each other. This section also presents the research hypotheses, and how each hypothesis was developed.

Arndt (1967) defined word-of-mouth (WOM) as a physical conversation with regard to a product or service that takes place between individuals who are not commercial actors. It is also a kind of communication that involves explicit evaluations of a product or service by consumers; some might wonder why such kinds of communication evolve or takes place. Without much tautology, the aim is to pass self-assessment about products and/or services (i.e., negative or positive acknowledgement) from “a Sender” to “a Receiver”. Word-of-mouth messages are transmitted without monetary incentives; that is, the motive of sharing products and service assessments are not profit-motivated, and as such, WOM messages are considered reliable by the receivers.

Subsequently, Westbrook (1987) argued that WOM is “informal communications directed at other consumers about the ownership, usage, or characteristics of particular goods and services and/or their sellers”. In addition, Arndt (1967, 1968) alludes to WOM as offline-WOM, by arguing that offline-WOM is real time

physical interaction that takes place between individuals. Hoffman and Novak (1996) augmented the initial claims made by Arndt and Westbrook, which they called temporal synchronicity. The authors asserted that for offline-WOM to occur, the sender and the receiver must be in the same place at a given time, must communicate and exchange information in real time, and they must have some sort of social ties as well as be familiar with the focal product or service.

Accordingly, the power of WOM resides in the final purchase stage because favorable WOM messages comfort customers, reduce fear and uncertainty, and enact assurance (Martilla, 1971). Technically, WOM messages are transmitted to reduce risk and uncertainty regarding products or services. Murray's (1991) influential study shows that consumers rely on WOM messages "to reduce their perceived risk derived from the uncertainty inherent in service purchase decisions". Settle and Alreck (1989) pointed out that WOM messages are influential and popular as the primary uncertainty eliminator for risks and uncertainty accrued from the potential purchase of a product or service.

The increased literacy on the use of the computer and the internet has made modern consumers savvy since they can collect, gather, analyze, interpret, and disseminate information related to a product or service. Besides this, traditional advertisement is losing its place in the eyes of consumers because they view it as a medium by which companies exploit them; hence, they have little regard or trust for the classic advertisement approach. This development has called for more research and modification to marketing strategies of various firms. For example, Rowley (2001) urged practitioners to avoid spending too much resources for advertisements;

instead, firms should create and organize online community mechanisms where previous, present, and potential consumers can meet, relate and exchange information. He argued that this would create a successful brand community.

In recent times, WOM communication has taken different forms in online network channels rather than the traditional face-to-face conversation. This channel is popularly known as the electronic word-of-mouth (eWOM). The inherent impact of eWOM on consumers' behavioral intentions can be more powerful than the traditional WOM (EunHa & Soocheong, 2011). The eWOM is more reliable than WOM due to its anonymous nature, and the absence of incentives.

Marketers can seize the opportunity in various platforms to improve product/service quality, innovation and future product characteristics, and install trust in the minds of consumers, which of course stimulate purchase desires. Previous eWOM studies have discussed and addressed vital boundaries of the phenomenon and its impact on various response variables. Table 1 and 2 present fundamental eWOM studies organized in chronological order, which have sparked and guided recent researchers and practitioners. This thesis has also benefitted from them in many ways.

Table 1: Overview of the relevant eWOM Research

Authors	Purpose	Method	Findings
Hennig-Thurau et al. (2004)	Inaugurated WOM in the virtual community	Online survey (convenient sampling)	eWOM behaviors are related to concern for other consumers, social interaction, monetary incentives, and self-enhancement.
Sun et al. (2006)	eWOM as “online opinion leadership”	Experience Survey (using students)	eWOM behaviors are related to innovativeness, internet usage, and internet social connection.
Vilponnen et al. (2006)	Kind of and effect of network structure in eWOM adoption	Online survey (online campaigners)	Network structure affects innovation, also strength of ties lead to early adoption of eWOM messages.
Chevalier and Mayzlin (2006)	Examines the impact of eWOM in an online bookstore	Online survey	eWOM has a great impact on sales.
Yoo and Gretzel (2008)	WOM in virtual community	Online survey (TripAdvisor users)	Online travel review writers are mostly motivated by helping a travel service provider, concerns for other consumers, and needs for enjoyment/positive self enhancement
East et al. (2008)	Analyze the impact of positive and negative word of mouth on brand purchase	Questionnaires	Positive eWOM is stronger than negative eWOM.
Godes and Mayzlin (2009)	WOM in virtual community	Online survey	eWOM increases sales, and opinion leadership is useful and effective but only among loyal customers.
Gupta and Harris (2010)	Test the effects of eWOM on consideration and choice consumers	Online survey	The findings suggest that eWOM leads to consideration of the recommended product several times as a potential choice.
Cheung and Lee (2012)	WOM in virtual community	Convenience sample	eWOM behaviors are related to the public good e.g., collectivism, altruism and to benefit one’s self (egoism).

Table 2: Negative and Positive eWOM Research Stream

Authors	Purpose	Method	Findings
Ward and Ostrom (2006)	Why people share negative WOM	Content analysis	Consumers use eWOM to mobilize mass audiences against a firm.
Park and Lee (2009)	Examines how positive and negative eWOM affect the eWOM effect	Online survey	The findings indicate that the eWOM effect is greater for negative eWOM than for positive eWOM.
Grégoire et al. (2010)	Negative WOM (A revenge model)	Online survey (consumersffaires.com)	eWOM behaviors are used as a weapon for greedy firms. Based on consumers perception.
Sparks and Browning (2010)	Negative WOM	Qualitative study	eWOM behaviors motivated by altruism and revenge.
Koh et al. (2010)	Negative movie review	Online survey (student)	Individualist consumers are prone to share negative eWOM than collectivists.
Jeong and Jang (2011)	Diagnosed the experiences that cause positive eWOM	Convenient (student)	Food quality, service employees, atmosphere and fair price leads to positive eWOM.
Yap et al. (2013)	Characteristics of WOM	Online survey	Negative eWOM was found to be motivated by two reasons: cognitive and affective factors.
Verhagen et al. (2013)	Negative WOM	Online survey	eWOM behaviors are driven by both positive and negative emotions (to rescue and to revenge).
Fu et al. (2014)	Negative and positive WOM	Online survey (student)	Positive eWOM behaviors are driven by underlying attitudinal factors, and negative by social pressure.
Amblee (2016)	Examines the effect of eWOM on sales of travel insurance	Online survey (squaremouth.com)	Negative eWOM has a powerful and disproportionate impact on decision making.

The value of health services exports worldwide was \$11.7 million in 2010, and the number of foreign patients worldwide was between five and six million per year (Lautier, 2014). According to an independent report prepared by Youngman (2015), the author stated that on a global scale, about six million med-tourists have traveled abroad for medical treatments, while the number could be up to 10 million when domestic med-tourists are included. Health base is a medical tourism-organizing firm located in the United States, and is known for organizing medical tours and services with firms around the globe. The firm helps patients in finding a medical destination that would provide improved medical service at an affordable price. The services that the firm offers with partners abroad includes Orthopedic, Dental care, Obesity, Cardiac, Cosmetic, Gastroenterology, Ophthalmology, Urology, etcetera. Based on information obtained from the firm's website, the countries depicted in the map below (Figure 1) are the major medical destinations that Americans visited in the last five years.

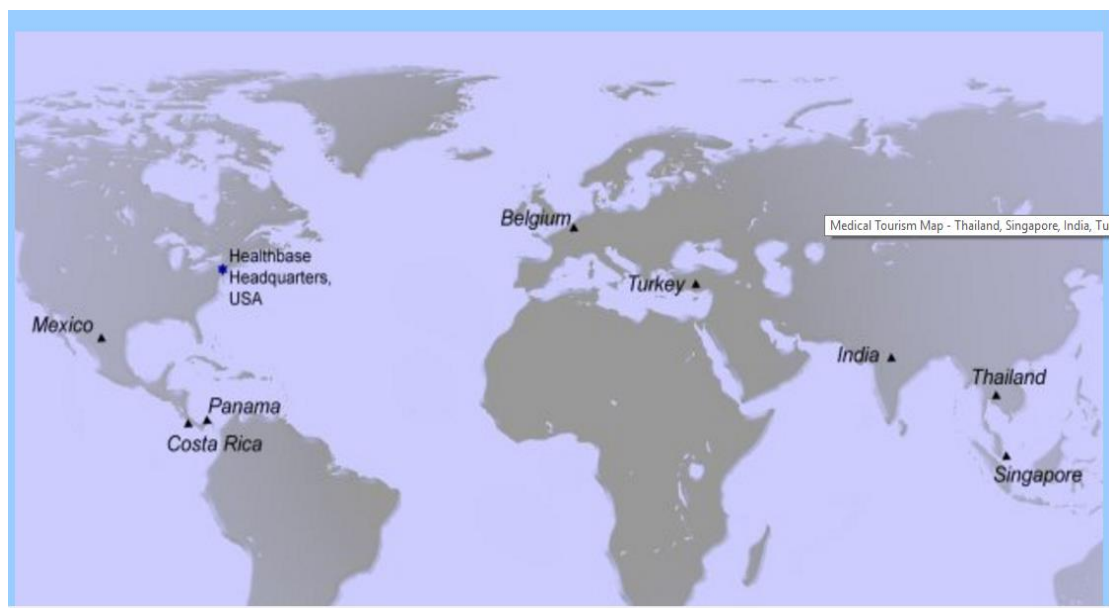


Figure 1: Medical destinations



The motives by which med-tourists travel over international borders tend to vary by country or by region. In some cases, treatments tend to be unavailable, expensive or illegal in the country of origin; for example, Indonesians and Vietnamese travel to Singapore for care (Gan & Frederick, 2011). In the United States, medical treatment is almost unaffordable without health insurance (Gan & Frederick, 2013; Horowitz & Rosensweig, 2008).

For Europeans, the national health service waiting lists tends to be long, and the cost of private care is very high (Bies & Zacharia, 2007; Connell, 2006; Penney et al., 2011), which often frustrates patients and they have to travel out of the country. African and Middle East patients often go to Tunisia, India or Turkey due to a lack of medical expertise in their own countries (Lautier, 2008; World Report, 2010). The growth of med-tour is driven mainly by rising domestic healthcare costs in developed nations. Turkey is viewed as the second largest country in Eurasia in terms of med-tour revenue and arrivals (Beladi et al., 2015).

Vincent, Deniz and Haiyan (2011) argued that motivations of Hong Kong med-tourists are linked with some factors like promotion, quality of medical services, expertise, costs, credibility, and destination attributes. Scholars like Adams (2006) and Vincent et al. (2011) noted that patients often travel to other countries to seek medical treatments because health insurance is too expensive in their home country. Cheung and Wilson (2007) added that for the purpose of reducing costs, the American medical insurance scheme has advised policy holders to travel out of the U.S. to access medical services in other nations. Hence, countries with lesser health

care costs have a competitive advantage over those with higher costs, which represents a major advantage for promoting med-tour services.

Although the quality of medical services and images of the destination country influences med-tourist decisions, the main motivator is the economic benefits attached (Vincent et al., 2011). Awadzi and Panda (2005) found that med-tour is influenced by push and pull factors. According to Ye et al. (2008), the push factors are intrinsic forces within humans such as personal privacy, confidence and appearance; while pull factors are extrinsic forces related to the destination such as reputation, image, technology, advertisement, cost, expertise, and WOM.

In a globalized world where the market has become more and more competitive, where access to and offerings of different products and/or services has increased, and where products and/or services have become more similar, the importance of brand image has gained essential meaning. Branding continues to be a major player in modern society and have shaped our lives since childhood. Brands represent immaterial assets that often have greater financial value than material assets. In this study's context, the focus is destination trust which is assumed to be part of a medical destination branding. Previous studies have highlighted the importance of word-of-mouth (WOM) in the marketplace, particularly its diffusion and adoption process (e.g., Arndt, 1967; Martilla, 1971).

Electronic word-of-mouth refers to any positive or negative statements made by consumers concerning products or services that are scripted and posted on the internet for individuals and institutions (Hennig-Thurau et al., 2004, p. 39), and is an unacknowledged, mediated, scripted communication (Abubakar & Ilkan, 2014). These scripts can be transmitted in numerous electronic platforms like instant text messaging and chat-rooms, blogs, discussion boards, weblog reviews and ratings, forums, emails and e-newsletters.

There is a power shift in the market place whereas the primary source of information for med-tourists is more likely to come from personal experience, and WOM. The concept of eWOM has gained popularity due to the ease and prevalence of e-commerce; perhaps eWOM is an addendum of the classic interpersonal communications in the contemporary world (Abubakar, 2012). Table 3 provides a narrative comparison of the WOM and eWOM, conducted by Hoffman and Novak (1996).

Table 3: Comparison between WOM and eWOM

<b>Properties</b>	<b>WOM</b>	<b>eWOM</b>
<b>Communication Medium</b>	Talk, letter, telephone, and meeting.	Discussion forums, blogs and social media sites.
<b>Communication Form</b> communication	Oral (Written) communication	Written
<b>Synchronicity</b>	Synchronous communication	Synchronous/ Asynchronous communication
<b>Type of Interaction</b>	Direct-Real time interaction	Indirect-interaction (virtual/computer mediated)
<b>Format</b>	One dimension communication	Multiple dimension communication
<b>Relationships</b>	Familiar with each other/ social ties/specific receiver pool	Anonymous, virtual social bonds and relationships
<b>Ease of Transmission</b>	Demanding	Straightforward
<b>Focus</b>	Persuasive communication	Persuasive & diffusive communication

Electronic word-of-mouth possesses influence on consumers' attitudes and purchase intention, and it is a cost-effective and convenient alternative to traditional advertising. Indeed, with the increased popularity of social media and eWOM marketing, the transformation of consumers' brand choices is inevitable, and it is twice more effective than the radio or television advertising. Word-of-mouth is about three times effective or nine times more effective than advertising, and at the same time it transforms customers' attitude (Day, 1971).

The lifetime value of a vendee procured through online venues is assumed to be better than the traditional methods. Trusov, Bucklin, and Pauwells (2009) noted that online reviews have the power to procure consumers 30 times more than the traditional channel. Pleasant and complimentary reviews are essential for professional and syndicated services, especially complicated ones like healthcare services and related products. Consumers often rely on personal sources of information, particularly eWOM attestations (Bates & Gawande, 2000). Perhaps, med-tourists are more likely to rely on credible information sources like eWOM.

In their influential study, Yolanda and Ngai (2011) identified the factors motivating eWOM users to use eWOM information. The authors asserted that the virtual world consists of two sets of eWOM message users, namely, posters and lurkers. Lurkers are those members of an online community who restrain from posting messages; rather, they listen or read what others are saying. On the other hand, posters are those members of an online community who post/share their opinions and experiences rather than simply reading other's views. Table 4 shows the motives for posting and lurking eWOM messages adopted from Yolanda and Ngai's (2011) work.

Table 4: Posting and Lurking Stimulants

<b>Posting Stimulants</b>	<b>Lurking Stimulants</b>
1. Social need and ties	Social need and ties
2. Opinion leadership	Opinion followership
3. Information exchange	Information need
4. Credibility	Preceding experience/knowledge
5. Experience/expertise	Uncertainty of buying and risk elimination
6. Knowledge/education	

Figure 2 depicts a pictorial concept of why consumers use eWOM channels to disseminate and consume information related to a product, service or brand. The concept subsumes the combination of motives harvested from various studies by Bronner and de Hoog (2010). This study also supports the notion that the motivation to use eWOM messages for purchase decision will rely on the factors presented in Figure 2.



Figure 2: A comprehensive participation motives/usage of eWOM messages.

Frederick and Gan (2015) noted that the internet has facilitated web-based searches for med-tour related information. For instance, empirical evidence has shown that 80% of American internet users had searched for medical related information online; 56% had searched for information relating to treatment; 44% and 36% of them had searched for information regarding physicians and healthcare centers, respectively (Pew Research Center, 2011). Reports indicate that each year hundreds of millions of potential visitors consult online reviews (Tripadvisor.com, 2011). Among these potential visitors, 84% were influenced by consumer reviews when making travel decisions (Travelindustrywire.com, 2007).

Lunt, Hardey and Mannion's (2010) study explored the functionality of med-tourist sites in relation to information search, quality, and decision-making processes of the potential med-tourists. The study shows that with the increased advances in hypermedia, consumer sites like open portals are becoming popular due to the fact that they provide vital information for potential med-tourists. The study also points out that marketers are now taking advantage of such portals as part of their marketing strategy. Given such usage patterns, websites and online communities are the main channels used by the med-tour marketers to attract med-tourists (Frederick & Gan, 2015).

Ayoun et al. (2015) examined the impact of destination image on intention to revisit among tourists. Their study showed that WOM is in fact the main factor that shapes destination image construction, and consequently travel motivation as well as intention to revisit. As noted earlier, modern word-of-mouth, which is the eWOM, has the ability to travel and diffuse faster; therefore, brand image, service quality,



reputation, cost, and technology are best accredited via eWOM. Several authors have also noted that internet communications influences med-tour activities because people can communicate efficiently worldwide (Beladi et al., 2015; Ehrbeck, Guevara, & Mango, 2008).

Healthcare providers with more positive eWOM may have higher profits and an increase in the number of patients (Campbell, 2012). In their influential studies, Lee, Han, and Lockyer (2012) found that positive WOM enabled South Korean healthcare providers to formulate a sustainable marketing strategy and to ensure absolute survival. Ko and Kim (2011) warned that healthcare providers should do anything within their power in order to diminish or reduce negative WOM. Online WOM is alternatively the best advertising tool that dentists can take advantage of; thus, highlighting the importance of WOM marketing in the medical industry.

In regards to healthcare, individual involvement is extreme due to the fact that the outcome is critical from the patient's perspective. Uncertainty and risk conceived by patients with the possibility of adverse effects, and the difficulty in evaluating the specialty of the medical staff is complex. In order to reduce this cognitive dissonance, patients tend to seek information from previous, trustworthy and experienced individuals. Morgan, Pritchard, and Piggott (2003) noted that disparaged WOM has an intense impact on a destination's image because dissatisfied tourists share unpleasant and belittling comments, which have resulted from their experiences. Hennig-Thurau and colleagues' (2004) study revealed that consumers engage in eWOM messages for certain reasons, such as their desire for social

interaction, economic incentives, their concern for other consumers, and the potential to enhance their own self-worth.

In this research context, we opine that concern for others and seeking information to reduce uncertainty related to the intangible nature of med-tour are the most significant factors. Dennis et al. (2009) pointed out that positive attitudes toward an e-retailer positively influenced e-consumer intentions to purchase. Zhu and Lai (2009) studied how online WOM influences tourism destination choice. Their study found that the amount of information in WOM and consultations is positively related to the actual tourist reception. The findings can also be interpreted as a rational evaluation of WOM information regarding attributes (i.e., reliability, integrity, competence and quality assurance) associated with a product, service or destination. In the context of this study, the aforementioned attributes are related to a destination. Perhaps, this may aid the formation of destination trust, and thus the actual travel intention. In sum, the above theoretical background indicates that WOM messages have a great impact on the receiver's awareness (Sheth, 1971), brand attitudes (Laczniak, DeCarlo, & Ramaawani, 2001), attention (Mikkelsen, Van Durme, & Carrie, 2003), intentions and consideration (Grewal, Cline, & Davies, 2003), as well as expectations (Webster, 1991).

## **2.1 eWOM and Destination Trust**

An examination of the hospitality management literature reveals that little is known about the impact of eWOM on destination trust. However, eWOM is considered to be an important information source influencing tourists' choice of destination (Jalilvand & Samiei, 2012b). Trust is defined as 'one party's confidence in an exchange partner's reliability and integrity' (Morgan & Hunt, 1994, p. 23). Brand

trust can be built through the customers' perspectives, whereas: (1) Brand reputation is the belief that the brand will be consistent in delivering high quality; (2) Brand credibility is the believability that the brand has the ability and willingness to deliver what is promised; and (3) Brand competence is the ability to meet customers' expectations and needs in terms of quality and safety (Afzal et al., 2010; Lassoued & Hobbs, 2015). Previous studies have interchangeably used "destination" and "brand"; e.g., "brand equity" is translated to "destination equity" (Papadopolous & Heslop, 2002), "brand personality" is translated to "destination personality" (Hosany et al., 2006), and "brand image" is translated to "destination image" (Gallarza, Saurab, & Garcíab, 2002).

This study translated brand trust as destination trust; thus, destination trust can be built through destination reputation, credibility and competence, whereas: (1) Destination reputation refers to the belief that the medical destination will be consistent in delivering high quality medical services such as modern facilities and qualified doctors, service recovery, honesty and sincerity in addressing patients' concern; (2) Destination credibility is the believability that a medical destination has the ability and willingness to deliver what is promised such as med-tourist confidence, compensation in case of injuries; (3) Destination competence refers to the ability of a medical destination to meet tourists' expectations and needs in terms of medical service quality and safety such as solving medical problems of patients, providing top notch service to meet med-tourist expectations as well as satisfaction.

Destination trust refers to a visitor's willingness to rely on the ability of a med-tour destination to perform its advertised functions. In more practical terms, destination trust gives assurances to med-tourists who choose to visit a particular destination, that service provision will be transparent, reliable, risk, and hassle free (Roodurmun & Juwaheer, 2010). Hence, a destination that inculcates trust in tourists' minds can be more easily branded. Personal involvement is extreme in the med-tour industry, due to the fact that the outcome is critical from the tourist's perspective.

Kah, Vogt and MacRay (2008) noted that tourists tend to purchase ancillary activities (e.g., equipment, events, and local tours) in the destination country due to their high risk and uncertainty perception, and because businesses in the destination country do not promote their services online. Luo and Najdawi (2004) noted that health information websites in the U.S. use various seals of approval from independent raters as ways to increase user trust concerning a particular clinic. Subsequently, Lee, Soutar and Daly (2007) showed that potential tourists were most likely to seek information about a destination from friends and relatives who had experience with the destination country. Cameron et al.'s (2014) study on why Canadians go abroad for hip and knee surgeries came up with various motivations such as communicating with others (e.g., former med-tourists, medical professionals in home and destination countries) about their previous international/global exposure such as travel experience, knowing people from destination country partners, other travelers, people met in destination countries, relatives in destination countries, travel information and advice websites.

Relatively few researchers have investigated the antecedents and the consequences of trust in eWOM (Ayeh, Au, & Law, 2013), and how eWOM forms trust. Sparks and Browning (2011) investigated the impact of eWOM on the credibility of hotels, while Gretzel and Yoo's (2007) study provided evidence that eWOM plays an important role in reducing travelers' perceptions of risk when booking accommodations. In this view, we argue that positive eWOM would reduce potential med-tourists' risk and uncertainty perceptions when selecting a destination. Filieri (2015b) suggested that trust predicts information adoption, which means that if a consumer perceives the eWOM recommendation as credible, the level of trust increases and this in turn affects consumers' decisions. Without trust, purchase may not take place, therefore credible and positive eWOM messages can create favorable destination trust. Given the extant literature, the following hypothesis is proposed.

**H1:** *eWOM has a significant and positive impact on the destination trust for a medical destination.*

## **2.2 eWOM and Intention to Travel**

Intention to visit a destination is defined as "the willingness to visit the destination" (Chen, Shang, & Li, 2014). The decision to visit a destination is interpreted as a rational calculation of the costs/benefits of a set of alternative destinations, which are derived from external information sources, including eWOM or travelers' blogs (Chen et al., 2014). Destination marketers are interested in understanding the drivers of tourist intention to visit and/or intention to revisit, because the cost of retaining re-visitors is much less than attracting new visitors (Um, Chon, & Ro, 2006).

In their study, Hanefeld et al. (2015) asserted that the ability to speak a certain language and shared culture has the tendency to motivate med-tourists but referrals play a central role. Some of the participants they interviewed admitted that they often get in touch with former patients based in the U.K. as referees for quality purposes. Online support groups give advice through formal or informal networks, and in this way destination attributes can be easily assessed (Hanefeld et al., 2015). eWOM communication has received huge attention in recent years due to a number of reasons such as its impact on marketing strategy (Smith et al., 2007), and its effect on purchase intention (Gajendra et al., 2012; Michelle, 2006; Soares, Pinho, & Nobre, 2012).

In this research context, we are interested in the effect of eWOM on intention to travel. In these modern times, patients are more proactive and their main sources of information are derived from personal experiences, eWOM, or advertisements. Subsequently, Campbell (2012) added that organizations with a lot of positive eWOM will have significant financial profits, which of course creates a sustainable and better growth rate. Whereas, minimizing negative eWOM will ensure re-patronage of the firm or hospital (Ko & Kim, 2011).

Vermeulen and Seegers (2009) studied the impact of online hotel reviews on consumer choice using a sample of 168 respondents from the Netherlands. Their findings show that positive eWOM improves attitudes toward the focal hotel. Similarly, other scholars have supported the notion that favorable online reviews concerning a hotel increase the likelihood of booking and room sales (Duverger, 2013; Mauri & Minazzi, 2013; Ogut & Tas, 2012; Ye et al., 2011). Hence, in similar

fashion, if a hospital or country has favorable online reviews, then an increase in the number of beds/patients should be anticipated from the med-tour perspective.

Sparks and Browning's (2011) study used a sample of 554 Australian community members to measure the impact of eWOM on decision makers. Their results suggest that eWOM has a persuasive impact on the perceptions and decisions of other consumers. Research in the travel and leisure tourism industry has revealed that eWOM has the ability to influence travel intentions (Arsal et al., 2008; Filieri, 2015a; Filieri & McLeay, 2014; Vermeulen & Seegers, 2009; Ye, Law, & Gu, 2009). Therefore, eWOM may influence med-tourists intention to travel to a destination and should be considered as the best advertising tool that medical hub setups can take advantage of (Yeoh, Othman, & Ahmad, 2013). Given the extant literature, the following hypothesis is proposed.

**H2:** *eWOM has a significant and positive impact on the intention to travel to a medical destination.*

### **2.3 Destination Trust and Intention to Travel**

The ultimate goal of marketing is to generate an intense bond between the consumer and the brand, and the main ingredient of this bond is trust (Hiscock, 2001). Brand trust and/or destination trust has been confirmed to evoke consumers' emotional attachment toward a brand's products/services, or a destination (Esch, Langner, Schmitt, & Geus, 2006). Such attachment can predict the willingness of consumers to make financial sacrifices in order to obtain that which they seek (Thomson, McInnis, & Park, 2005). Tourists are more likely to visit destinations that they perceive as trustworthy and dependable (Ekinci & Hosany, 2006; Roodurmun & Juwaheer, 2010). Moreover, only branded destinations are able to establish an instant

emotional link with their customers, which can lead to greater loyalty (Hsu & Liping, 2009; Yuksel, Yuksel, & Bilis, 2010).

From a medical tourism standpoint, Deloitte (2008) reported that 27% of the tourists in the U.S. are willing to travel abroad for treatment if they could be assured that the treatment would be of comparable quality, and if they could save 50% by going abroad. Therein, we argue that destination trust is an important element for med-tour. There is a broad consensus among scholars that trust serves as an effective means for minimizing uncertainty (Chiu et al., 2012; Han & Hyun, 2013; Pavlou, Liang, & Xue, 2007). Trust plays a vital role in determining tourists' intentions to spread WOM, product or service purchases, and to repurchase. Perhaps, the higher the volume and positivity in eWOM messages the greater the intentions to travel

Moreover, Han (2013) indicated that trust is particularly significant in a med-tour context such that malpractice, low-quality medical care, and medical accidents are increasingly fretted-over as possible risks. Hence, potential med-tourists may visit a destination they perceive as trustworthy, and this depends on an individual's attitude toward that destination; for instance, positive or negative evaluations of attributes associated with the destination (Funk, Alexandris, & Ping, 2009) prior to travel. Consequently, Han and Hyun (2015) added that international med-tourists' intentions are often guided and shaped by the degree of trust they have toward a medical center or destination.



The intention to visit is essential for med-tour destination marketers, especially since their aim is to create an attachment between the destination and the tourist. In the context of this study, Turkey is a branded destination in terms of med-tour services because the country has 32 hospitals accredited by the Joint Commission International, which are mostly located in Istanbul (Organization of Medical Tourism, 2015). Turkey was ranked number 17 in 2002, and climbed up to number 7 in 2009 (Ministry of Health, 2012). Turkey is also viewed as the second largest country in Eurasia in terms of med-tour revenue and arrivals (Beladi et al., 2015). Approximately half a million med-tourists visited the country in 2014 according to the Anadolu Agency's (2015) reports, and this figure is expected to grow. Electronic word-of-mouth helps in establishing an emotional link with potential med-tourists. This study argues that once the destination trust has been established, the willingness to visit or revisit a destination in question will increase. Given the extent literature, the following hypothesis is proposed.

**H3:** *Destination trust has a significant and positive impact on the intention to travel to a medical destination.*

## **2.4 The Mediating Role of Destination Trust**

As noted earlier, this study translates brand trust to destination trust. Prior scholars (Afzal et al., 2010) delineated that brand attributes must match with consumers' expectations and needs in terms of quality and safety. Renowned brands are attributed with better quality and competence in service delivery (Aaker, 1991). This is also applicable to travel destinations. A substantial number of research has shown that brand competence was developed through either direct usage or WOM (Afzal et al., 2010; Lau & Lee, 1999). Winch and Joyce (2006) added that trust is a powerful factor influencing purchase decisions in both offline and online environments, and

eWOM is known to abate the risk and uncertainty associated with a product or service.

Prior scholars have noted that WOM communication exerts a significant impact on brand trust (Iglesias, Belen, & Vazquez, 2001; Ward & Lee, 2000). Relatedly, Ha (2004) studied the impact of WOM and other variables on brand trust, as well as the mediating role of brand trust on brand commitment. Ha's findings showed that WOM communication has an indirect impact on brand commitment through brand trust.

In the context of our research, eWOM may have an indirect effect on the intention to travel through destination trust. This is because brand commitment ultimately leads to patronizes, as destination trust will increase the intention to travel or revisit a medical destination. Similarly, Wu and Wang (2011) examined the impact of eWOM brand attitude, brand trust, brand affection, and purchase intention. Their results showed that eWOM had a positive and significant direct impact on the aforementioned variables. In this view, this study argues that eWOM will equally have significant impact on destination trust and intention to travel to a medical destination.

Social influence can enhance favorability towards a product or service, and is an antecedent of trust towards the seller (Xu, 2014). Similarly, Jalilvand et al. (2012c) investigated the mediating effect of destination image between the relationship of eWOM and travel intention. The outcomes depicts that eWOM has a significant indirect effect on travel intention through destination image. Although destination

image is different from destination trust on a number of factors, an individual's overall impression of a place with regard to mental portrayal of that destination is referred to as destination image (Alhemoud & Armstrong, 1996; Phelps, 1986).

Based on the earlier definition that destination trust is “the willingness of a tourist to rely on the ability of a med-tour destination to perform its advertised functions (i.e., transparent, reliable, risk, and hassle-free medical service)”. Coupled with the light tenets of brand signal theory, tourists' trust for a particular destination is likely to elicit a persuasive influence on their opinions about the focal destination. Based on the aforementioned empirical and theoretical arguments, the researcher posits the following hypothesis.

**H4:** *Destination trust will mediate the relationship between eWOM and intention to travel to a medical destination.*

## **2.5 The Moderating Role of Gender**

A fierce debate has taken place in the research literature regarding gender differences in relation to risk-taking activities. Multiple studies in various fields have supported the hypothesis that women and men respond to risk differently (Brindley, 2005; Eckel & Grossman, 2008; Palich & Bagby, 1995; Simon, Houghton, & Aquino, 2000). Men and women differ on several dimensions in the online arena; these differences arise from social, cultural, psychological, and other environmental factors (Meyers-Levy & Loken, 2015). Men have more positive attitudes toward online messages than women (Wolin & Korgaonkar, 2005). Men have a higher propensity to post eWOMs, and engage in an online dialogue than women (Abubakar, 2012; Gretzel & Yoo, 2007).

Previous studies have shown that men differ from women with respect to eWOM messages and shopping behaviors (Dittmar & Drury, 2000; Rodgers & Harris, 2003). Harris, Jenkins and Glaser (2006) found partial differences between men and women in terms of social risk-taking activities. Perhaps, it would be interesting to understand how gender difference works in connection to information usage and absorption in the med-tour industry. In other words, how the impact of eWOM on destination trust may differ by gender. Based on the aforementioned theoretical and empirical arguments, it is proposed that the relationship between eWOM and destination trust will be moderated by gender in the med-tour context. Given the extant literature, the following hypothesis is proposed.

**H5a:** *Gender will moderate the relationship between eWOM and destination trust.*

Researchers have pointed out that men have different attitudes toward online messages and shopping (Chen et al., 2015; Dittmar, Long, & Meek, 2004; Slyke et al., 2010). Social role theory classifies men as agentic e.g., independent, masterful, assertive, and instrumentally competent; while women are classified as communal e.g., friendly, unselfish, concerned with others, and emotionally expressive (Eagly, 1987; Eagly & Wood, 1991, p. 309).

Scholars have advocated that women are less likely to take risks than men (Byrnes, Miller, & Schafer, 1999; Estes & Hosseini, 1988; Hudgens & Fatkins, 1985; Johnson & Powell, 1994). Intuitively speaking, men are likely to take impulse travel decisions due to their independent personalities, as well as risk-taking capabilities. Based on the aforementioned theoretical and empirical arguments, it is proposed that the relationship between eWOM and intention to travel will be moderated by gender

in the med-tour context. Given the extant literature, the following hypothesis is proposed.

**H5b:** *Gender will moderate the relationship between eWOM and intention to travel.*

Olsen and Cox (2001) added that in the presence of social and technological hazards, women are more risk-averse (i.e., less risk-taking) than men, even when the level of expertise and experience is the same (Dwyer, Gilkeson, & List, 2002; Harris et al., 2006; Olsen & Cox, 2001; Powell & Ansic, 1997). Prior research noted that women are more trusting than men (Feingold, 1994) in terms of WOM communications. However, when evaluated in an online context specifically, the eWOM which consists of short and anonymous messages, men are more trusting than women (Midha, 2012). Risk perception is higher for women (Pascual-Miguel et al., 2015; Van Slyke, Comunale, & Belanger, 2002) due to online privacy concerns (Midha, 2012), and misuse of online information (Garbarino & Strahilevitz, 2004). Therefore, the impact of destination trust on intention to travel will differ by gender. Given the extant literature, the following hypothesis is proposed.

**H5c:** *Gender will moderate the relationship between destination trust and intention to travel.*

## Chapter 3

### MODUS OPERANDI

This chapter presents the methodological approach and conceptual model employed in this study, and discusses the sampling method, plan, size, location of the study, data collection instruments, procedural and statistical analyses.

Turkey, as a medical destination, has approximately 32 international accredited hospitals. The country offers top-notch medical care in cardiology, ophthalmology, endocrinology, gastroenterology, rheumatology, nephrology, oncology, neurology, dermatology, gynecology/obstetrics, orthopedics, organ transplantation, hair transplantation and otolaryngology (Organization of Medical Tourism, 2015; Skylife, 2011). Some hospitals have partnerships with prestigious American university hospitals such as Harvard Medical Center and Johns Hopkins, and are staffed with many highly skilled, English-speaking, and western-trained doctors (Foreign Economic Relation Board, 2012; Organization of Medical Tourism, 2015). One of these hospitals, Acibadem Health Group, is declared to be among the “ten hospitals worth the trip” in the world, according to *Forbes.com* (Van Dusen, 2007).

According to the information obtained from the Ministry of Health’s website, North Cyprus has nine public hospitals with different specialties (Ministry of Health North Cyprus, 2015a). District health centers were not considered because the number of employees was <10). There are twelve private hospitals on the island (Star-Kibris,

2014); most of them are small in size, expensive, lack modern facilities and qualified doctors, except Near East University Hospital. Shortage of doctors is another factor hindering the health sector in North Cyprus (Yeni-duzen, 2014). Given the current state of the health sector in North Cyprus, the minister of health *Salih Izbul* was quoted saying, “This was the first time something serious has been done in the health sector; I will work hard to complete the unfinished projects started by my predecessor” (Ministry of Health North Cyprus, 2015b). This indicates that the health sector has a problem, and is currently undergoing some sort of reform.

Scholars have noted that overseas med-tourists often face one or more of these problems such as language barriers, inefficient communication, uncomfortable atmosphere, low-quality services and incivility (Gan & Frederick, 2011; Han, 2013; Han & Hwang, 2013; Snyder et al., 2011). As mentioned earlier, cultural factors, language and social ties may influence med-tourists’ decision but referral is the most important factor (Hanefeld et al., 2015); that is, referrals in the form of eWOM. Considering the challenges facing North Cyprus nationals in terms of access to medical care, proximity, socio-cultural ties, and their ability to speak and understand Turkish, we are of the opinion that these factors may increase cognitive and emotional trust, which in turn affects eWOM reception.

Data was collected from prospective med-tourists by measuring their intention to travel to Turkey. Figure 3 below depicts a pictorial diagram regarding the concept and interrelationship of the proposed study variables. That is, eWOM has a significant influence on destination trust and intention to travel; that destination trust

has a significant influence on intention to travel. Finally, the strength of the relationship will differ by gender.

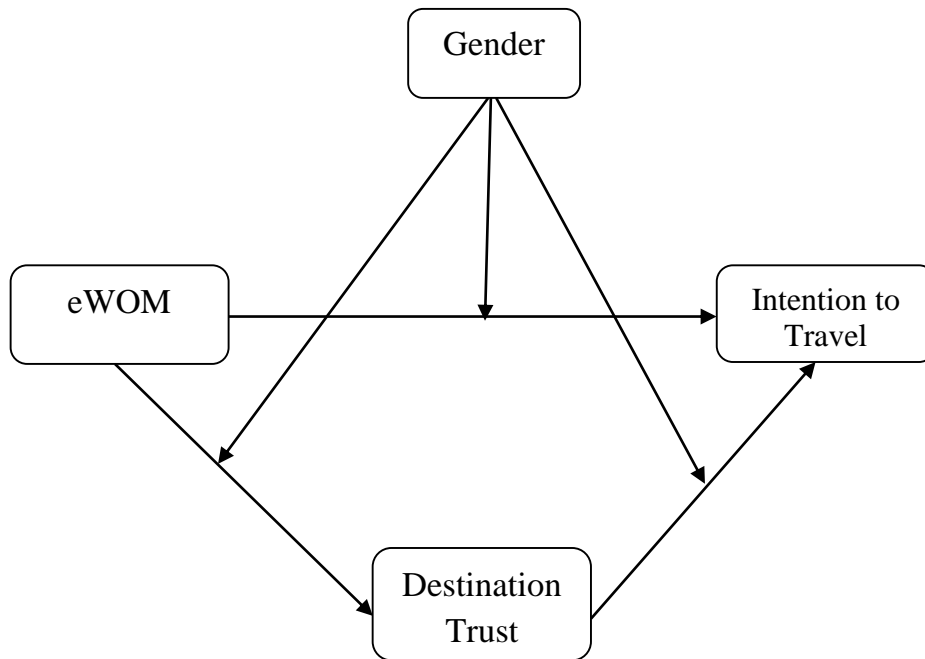


Figure 3: Conceptual model

### 3.1 Sampling and Procedure

To achieve the study's goal, a survey was conducted with potential med-tourists in North Cyprus using a random sampling technique. The term "random" means that every subject is selected at random. The simple random sampling approach is a type of statistical sampling strategy in which a subset (study-sample) is chosen from the population of interest randomly, such that subjects within the target population have equal chance of been chosen for participation. This type of sampling technique is not subjected to selective bias, because it is known to be unbiased in terms of data collection. This sampling approach is also free of classification error, is simple and easy to interpret, has high external validity, and it provides a sample that is



representative of the target population as supported by numerous studies. Since this study attempted to cover all subgroups, random sampling appeared to be the appropriate sampling strategy for the current research.

Permission to conduct the survey was issued by the management of all the hospitals. Questionnaires were distributed by the researchers to local patients receiving medical care in three public hospitals and three private hospitals. This was done in the form of a regional cluster to increase the reliability and representativeness of the sample. The hospitals were selected because of size and number of patients. Most of the patients at these hospitals have cancer, diabetes, plastic, cosmetic surgery, heart, kidney and dental related issues; these are illnesses that require professionalism and continuous attention. Thus, the propensity that they may seek medical attention abroad is high, given the current state of medical services in North Cyprus. Patients were contacted directly to improve the ecological validity of the research, which improves the external validity.

Common method variance (CMV) refers to a variance that is attributable to the measurement method rather than to the construct of interest. Podsakoff, MacKenzie, Lee, and Podsakoff (2003) suggested that assuring respondents' anonymity will likely reduce the potential of CMV. Social desirability is the tendency for respondents to behave in a culturally acceptable and appropriate manner. Thus, assuring confidentiality and anonymity should reduce people's evaluation apprehension, and make them less likely to edit their responses to be more socially desirable (MacKenzie & Podsakoff, 2012; Podsakoff et al., 2003).

Proximal and psychological approaches were used to make it appear that the measurement of the predictor variable was not related to the measurement of the criterion variables (MacKenzie & Podsakoff, 2012). The predictor variable items were placed on a separate page, and criterion variables on another page. In addition, the Harman single factor test only explained 44% of the variance, thus the potentials of CMV was diminished (Podsakoff et al., 2003).

The questionnaire was written in English and then back translated to Turkish by linguistic experts. A pilot study was conducted with seven respondents and necessary changes were made thereafter. There were five inclusion criteria: (1) 18 years of age or older; (2) fluent in English and/or Turkish; (3) North Cyprus nationals; (4) a member of any online community; (5) read or post online reviews. Those who failed to meet the criteria were excluded from the survey.

### **3.2 Measures**

#### **eWOM**

Electronic word-of-mouth was measured with six items widely used by other studies (Bambauer & Mangold, 2011; Jalilvand & Samiei, 2012a; 2012b). Sample items included, '*I often consult other medical tourists' online travel reviews to help me choose a good medical destination*' and '*To make sure I choose the right medical destination, I often read other medical tourists' online travel reviews*'. The items were operationalized with a five-point scale ranging from 5 (strongly agree) to 1 (strongly disagree).

### **Destination Trust**

As discussed earlier, prior empirical studies have interchangeably used “destination” and “brand”. For instance, “brand equity” is translated to “destination equity” (Papadopolous & Heslop, 2002), “brand personality” is translated to “destination personality” (Hosany et al., 2006), and “brand image” is translated to “destination image” (Gallarza et al., 2002). Relying on this, eight brand trust items were adopted and modified to operationalize destination trust. Delgado-Ballester’s (2004) brand trust study consists of relevant items from consumer trust and organization trust that were adopted from other empirical studies (Garbarino & Johnson, 1999; Hess, 1995; Morgan & Hunt, 1994). Finally, eight items were used to measure destination trust; sample items included, *‘I feel confidence with Turkish hospitals’* and *‘I could rely on Turkish hospitals to solve my medical problems’*. The items were operationalized with a five-point scale ranging from 5 (strongly agree) to 1 (strongly disagree).

### **Intention to Travel**

Intention to travel consists of three items widely used by other studies (Jalilvand & Samiei, 2012b; Kassem et al., 2003; Kassem & Lee, 2004). The items were modified to fit the operationalized medical travel intention context. A sample of items included, *‘I would visit Turkey rather than any other medical destination’* and *‘I predict I will visit Turkish hospitals in the future’*. The items were operationalized with a five-point scale ranging from 5 (strongly agree) to 1 (strongly disagree).

### **Demographics**

Demographic variables used in this study include age, gender, marital status, education level, and monthly income.

### **3.3 Data Analysis**

In regards to data analyses, this study utilized *Windows SPSS* version 22. First, a descriptive analysis was conducted to generate respondents' profiles based on the following demographic characteristics: age, gender, marital status, education level, and monthly income. Next, we evaluated the effect of missing data in both studies as recommended (Collier & Bienstock, 2007). This was performed to tackle the profound impact of non-response error. The effects of the non-response error and missing data were evaluated by comparing the demographic characteristics of the subjects as suggested (Armstrong & Overton, 1977; Collier & Bienstock, 2007). The comparison of the current research population's demographics with those of the general population showed no significant difference. In general, this increases the robustness of our data; the sample seems to be representative of the population of interest.

Next, the psychometric properties of the study's instruments were assessed through factor analysis; all items were subject to factor analysis. In this type of analysis, items loadings are important. The factor analysis was conducted with varimax rotation, items with cross-loadings greater than or equal to .40 will be eliminated and Eigen value greater than 1. The reliability of each variable was assessed through a reliability analysis with the aid of Cronbach's alpha. Reliability "pertains to the consistency of a measure and is inversely related to the degree to which a measure is contaminated by random error". The discriminant validity was assessed with the aid of Pearson's correlation analysis. All of the aforementioned analyses were conducted to establish convergent and discriminant validity of the items used in the current study.

As a next step, multiple regression analysis was conducted to assess the impact of the independent variable on the mediator and the dependent variable. Then, the mediating effect of the mediator was assessed using indirect effect analysis as recommended (Preacher, Rucker, & Hayes, 2007). Bootstrapping analysis was conducted to ascertain the mediating effect of the mediator, using a 95% confidence interval. Although there are other methods (e.g., Baron and Kenny's approach coupled with Sobel's test), which can equally test the mediating effect of the mediator. However recent studies (e.g., Preacher & Hayes, 2004; Preacher, Rucker, & Hayes, 2007; Rucker, Preacher, Tormala, & Petty, 2011) recommended that bootstrapping analysis has the ability to overcome the flaws of Sobel's test in testing the significance of the mediator.

According to Hayes (2009), "bootstrapping analysis generates an empirical representation of the sampling distribution of the indirect effect by treating the obtained sample of size  $n$  as a representation of the population in miniature, one that is repeatedly resampled during analysis as a means of mimicking the original sampling process". Bootstrapping permits the measurement of accuracy (defined in terms of bias, confidence intervals, prediction error and variance) to sample estimates using random sampling methods.

Hayes (2009) added that "one of the beauties of bootstrapping is that the inference is based on an estimate of the indirect effect itself, but unlike the Sobel test, it makes no assumptions about the shape of the sampling distribution of the indirect effect, thereby getting around this problem that plagues the Sobel test". Based on the

aforementioned methodological recommendations, this employed bootstrapping analysis to test the mediation effect in the current study.

Finally, a multi-group moderation analysis was conducted to see if there was a difference between genders at the model level, and further at the path level. First, the dataset was divided in two gender-wise, and then the impact of the study variables on one another were tested gender-wise. As a next step, the coefficients were observed, and the invariance was analyzed based on these coefficients. Chi-square and significance tests were used in interpreting the moderating effect using a statistical analysis Excel worksheet developed by Gaskin (2012).

## **Chapter 4**

### **RESEARCH FINDINGS**

#### **4.1 Study Findings**

Two hundred and forty-three (243) usable samples were obtained, however, only 216 were used for analysis due to missing data. Out of the 216 respondents, 54% (116) were female and the rest were male. An overwhelming number of the respondents' ages were in the range of 31 to 40 (49%), and 21 to 30 (42%). Fifty-four percent of the respondents were married while the rest were single or divorced. The majority of the participants (46%) had monthly income between 3000 and 3999 Turkish Lira, and 33% had monthly income over 4000 Turkish Lira; (19%) had monthly income between 2000 and 2999 Turkish Lira. In terms of formal education, (43%) had higher degrees, (39%) had bachelor degrees, while (13%) of the respondents had some college degrees (See Table 5).

Table 5: Respondents' Profile ( $n = 216$ )

	Frequency	Percentage
<b>Gender</b>		
Male	100	46.3
Female	116	53.7
Total	216	100.0
<b>Age</b>		
Below 20	3	1.4
21- 30	90	41.7
31- 40	105	48.6
41- 50	17	7.9
Above 50	1	.5
Total	216	100.0
<b>Marital status</b>		
Single	99	45.8
Married	117	54.2
Total	216	100.0
<b>Income in TL</b>		
Below 2000	3	1.4
2000 - 2999	40	18.5
3000 - 3999	100	46.3
Over 4000	73	33.8
Total	216	100.0
<b>Education</b>		
High school	8	3.7
Some college degree	29	13.4
Bachelor's degree	86	39.8
Higher degree	93	43.1
Total	216	100.0

Notes: TL, Turkish Lira



Table 6: Psychometrics Properties of the Measures ( $n=216$ )

Scale items	Loadings	Mean	S.D
<b><i>eWOM</i> (<math>\alpha = .88</math>; Mean = 4.02; S.D = .80)</b>			
I often read other medical tourists' online travel reviews to know what make destinations good impressions on others.	.73	3.88	1.07
To make sure I choose the right medical destination, I often read other medical tourists' online travel reviews.	.89	3.97	.96
I often consult other medical tourists' online travel reviews to help me choose a good medical destination.	.77	3.99	.92
I frequently gather information from tourists' online travel reviews before I travel to a certain medical destination.	.79	4.08	1.03
If I don't read tourists' online travel reviews when I travel to a medical destination, I worry about my decision	-*	4.04	1.08
When I travel to a medical destination, tourists' online travel reviews make me confident in travelling to the destination.	.70	4.18	.91
<b><i>Destination Trust</i> (<math>\alpha = .87</math>; Mean = 4.05; S.D = .67)</b>			
Turkey as a medical destination meets my expectations.	-*	3.96	.92
I feel confidence with Turkish hospitals.	.61	4.06	.82
I will not be disappointed with Turkey's healthcare services.	-*	4.01	.79
Turkish hospitals guarantee satisfaction.	.82	4.13	.83
Turkish hospitals would be honest and sincere in addressing my concerns.	.82	4.17	.78
I could rely on Turkish hospitals to solve my medical problems.	.82	4.01	.84
Turkish hospitals would make any effort to satisfy me.	.68	4.03	.87
Turkish hospitals would compensate me in some way in case after of injuries service.	.66	3.90	.95
<b><i>Intention to Travel</i> (<math>\alpha = .90</math>; Mean = 4.01; S.D = .97)</b>			
I predict I will visit Turkish hospitals in the future	.94	4.11	1.09
I would visit Turkey rather than any other medical destination.	.81	3.86	1.02
If I need medical attention I think, I will visit Turkish hospitals in the future.	.85	4.07	1.06

Notes:  $\alpha$ , Cronbach's alpha - \* dropped items during factor analysis. KMO Measure of Sampling Adequacy = .84; Bartlett's Test of Sphericity = 2041.4,  $df = 91$ ,  $p < .001$ .

The results from the exploratory factor analysis shows that the construct fits are reasonable and acceptable. Cronbach's alphas were between .87 and .90, above the cutoff point of .70 (Nunnally, 1978). In addition, the standardized loadings were above the thresholds of .50 as suggested (Hair et al., 1998, 2006). The results verify evidence of internal consistency, and also suggest evidence of convergent validity (See Table 6). Discriminant validity is established when the estimated correlations between the variables is below 0.85 (Kline, 2005). Table 7 presents the mean, standard deviation, and correlations of the respective study variables; composite scores for each variable were computed by averaging respective item scores. The inter-factor correlation analysis among the variables was below 0.85, so the results verify evidence of discriminant validity.

The  $R^2$  value was used to assess the proportion of variance in the endogenous constructs that could be explained by the exogenous variables. Approximately 57% of the variance for intention to travel was explained by the eWOM and destination trust, and 36% of the variance in destination trust was explained by eWOM, making the interpretation of the path coefficients meaningful and resourceful. Table 7 also shows that online WOM has a significant impact on destination trust ( $r = .43, p < .01$ ) and intention to travel ( $r = .39, p < .01$ ). Likewise, destination trust has a significant impact on intention to travel ( $r = .60, p < .01$ ). Thus, this provides preliminary support for the hypothesized relationships. Based on the above results, H1, H2, and H3 received preliminary support.

Table 7: Means, Standard Deviations (SD), and Correlations of Study Variables

Variables	Mean	SD	1	2	3
1. Online WOM	4.02	.80	-		
2. Destination Trust	4.05	.67	.429**	-	
3. Intention to Travel	4.01	.97	.390**	.597**	-

*Note: Composite scores for each variable were computed by averaging respective item scores. SD, standard deviation; \*\* Correlations are significant at the .01 level.*

The results from the regression analysis ( $\beta = .43$ ,  $t = 6.19$ ,  $p = .00$ ) confirmed that eWOM has a positive and significant influence on destination trust; asserting that positive online reviews can increase destination trust in the eyes of potential med-tourists. Electronic word-of-mouth was an important antecedent for consumers' intention to travel ( $\beta = .16$ ,  $t = 2.74$ ,  $p < .05$ ); hence, eWOM can increase med-tourists' intention to travel to a particular destination. Finally, destination trust was found to be an important antecedent for intention to travel ( $\beta = .53$ ,  $t = 8.80$ ,  $p = .00$ ). This provides a confirmatory support to H1, H2, and H3 (See Table 8).

Table 8: Regression Estimates for the Research Model ( $n=216$ )

Exogenous variables	Endogenous variables	Coefficient estimates	Standard error	t-statistics	$p$
eWOM	Destination Trust	.429	.051	6.187	***
eWOM	Intention to Travel	.164	.071	2.740	.006**
Destination Trust	Intention to Travel	.527	.086	8.803	**

*Notes: \*\*Significant at the  $p < 0.01$  level (two-tailed); \*\*\* significant at the  $p < 0.001$  level (two-tailed)*

To adequately examine the interplay between the variables, total, direct and indirect estimates were assessed in Table 9 as recommended (Preacher, Rucker, & Hayes, 2007). As hypothesized, destination trust will mediate the relationship between eWOM and intention to travel. The mediation effect was assessed by evaluating the indirect effect of eWOM on intention to travel through destination trust with *Windows SPSS* software.

The indirect effect of eWOM on intention to travel through destination trust was .270. Using SPSS, we bootstrapped the indirect relationship using a validation sample of ( $n=2000$ ) as recommended (Preacher & Hayes, 2004; Shrout & Bolger, 2002). Results showed that the standardized indirect effect of eWOM on intention to travel was .270 ( $p < .001$ , 95% confidence interval: 0.18 – 0.38). That is, 1 unit increase in eWOM will increase intention to travel by .27 units. The outcome signifies the importance of eWOM in stimulating travel intentions, as well as the formation of destination trust. As such, H4 received empirical support (See Table 9).

Table 9: Breakdown of Total Effect of the Research Model ( $n=216$ )

Exogenous Variables	Endogenous variables	Total Effect	Direct Effect	Indirect Effect	<i>p</i>
eWOM	Destination Trust	.355	.355	.000	***
eWOM	Intention to Travel	.466	.196	.270	**
Destination Trust	Intention to Travel	.762	.762	.000	***

**Notes:** \*\*Significant at the  $p < 0.01$  level (two-tailed); \*\*\* significant at the  $p < 0.001$  level (two-tailed)

Hypotheses 5a, 5b and 5c posits that gender will moderate the relationship between eWOM, destination trust, and intention to travel. This was evaluated with the aid of multi-group moderation analyses to see if there was any difference in the strength of the relationship for gender. First, this would be analyzed at the model level, and then at path level. Multi-group moderation analyses showed that the groups are different at the model level; we further tested the interplay at path level (See Table 10).

Hypothesis 5a posits that gender will moderate the relationship between eWOM, and destination trust; the result shows that gender does indeed moderate the relationship. That is, the relationship between eWOM and destination trust is significant for both genders but stronger for males. As such, H5a received empirical support.

Hypothesis 5b posits that gender will moderate the relationship between eWOM, and intention to travel; the result shows that gender does not moderate the relationship. The relationship between eWOM and intention to travel is not significant for both genders. As such, H5b did not receive empirical support.

Hypothesis 5c posits that gender will moderate the relationship between destination trust, and intention to travel; the result shows that gender does moderate the relationship. The relationship between destination trust and intention to travel was significant for both genders but stronger for females. Thus, H5c received empirical support.

Table 10: Multi-group Moderation ( $n=216$ )

Exogenous Variables	Endogenous variables	Male ( $n=100$ ) $\beta(t)$	Female ( $n=116$ ) $\beta(t)$	$X^2 (p)$	Decision
eWOM	→ Destination Trust	.474(5.46 <sup>***</sup> )	.289(4.61 <sup>***</sup> )	2.94 ( $p < .08$ )	Accepted
eWOM	→ Intention to Travel	.178(1.24)	.181(2.63 <sup>**</sup> )	0.00 ( $p = .98$ )	Rejected
Destination Trust	→ Intention to Travel	.578(3.98 <sup>***</sup> )	.931(9.93 <sup>***</sup> )	4.12 ( $p < .05$ )	Accepted

*Notes: \*Significant at the  $p < 0.1$  level (two-tailed);  $t \geq 1.645$   
<sup>\*\*</sup>Significant at the  $p < 0.05$  level (two-tailed);  $t \geq 1.960$   
<sup>\*\*\*</sup>significant at the  $p < 0.001$  level (two-tailed);  $t \geq 3.291$*

The statistical results are summarized in Tables 8, 9 and 10; the outcome generated seven major findings based on the hypothesized relationships:

(1) eWOM positively and significantly influenced destination trust

**(H1 supported).**

(2) eWOM positively and significantly influenced intention to travel

**(H2 supported).**

(3) Destination trust positively and significantly influenced intention to travel

**(H3 supported).**

(4) Destination trust mediated the relationship between eWOM and intention to travel **(H4 supported).**

(5a) Gender moderates the relationship between eWOM and destination trust, such that the linkage was stronger for males **(H5a supported).**

(5b) Gender failed to moderate the relationship between eWOM and intention to travel **(H5b rejected).**

(5c) Gender moderates the relationship between destination trust and intention to travel, such that the linkage was significant and stronger for females **(H5c supported).**

## Chapter 5

### DISCUSSION AND CONCLUSION

There has been no prior attention given to the role of destination trust in the med-tour industry. Hence, this provides an additional lacuna for research concerning the possible impact of eWOM on a focal medical destination. This thesis enriches our understanding of eWOM in conjunction with destination trust and gender, and draws implications for how medical destinations can better leverage this competitive advantage tool. This research also extends prior work in this area, both on methodological (i.e., the use of both procedural and sophisticated statistical approaches) and theoretical fronts (i.e., extension of eWOM to med-tour and the establishment of destination trust as a potential measure).

This work has established destination trust as a construct, although we encourage other researchers to validate the translated construct through more research. This current study builds on previous research and explores the specific contribution of social influence on destination trust, and intention to travel from a med-tour angle. We investigated why eWOM might enhance destination trust and intention to travel to a medical destination. The findings from this empirical work suggest that eWOM, in particular, positively influenced destination trust, which in turn results in a higher desire to travel.

In light of our theoretical model and empirical findings, it should not be surprising that online marketers seeking to take advantage of WOM communications are facing challenges. This has attracted the attention of marketers to create reliable information sources that are not generated through traditional marketing communication or a biased source. Technically, eWOM is the answer, especially in services with high-credence values such as the med-tour industry.

Accordingly, this study hypothesized that eWOM will exert significant influence on destination trust. The findings suggest that eWOM has a positive and significant influence on destination trust. Although previous research regarding online WOM has documented a positive effect on tourists' intention to travel (Jalilvand & Samiei, 2012b) and destination image (Jalilvand et al., 2012c; Ko & Kim, 2011), there has been no prior attention paid to destination trust, therefore this study strives to fill these voids in the literature.

Second, this study hypothesized that eWOM will exert significant influence on the intention to travel. The findings suggest that eWOM has a positive and significant influence on intention to travel, as supported by prior empirical studies (Jalilvand et al., 2012c; Jani & Hwang, 2011). This empirical work has extended the concept to the med-tour industry, as no prior studies have done this before.

Third, this study hypothesized that destination trust will exert significant influence on the intention to travel and/or revisit intention. The findings suggest that destination trust has a positive and significant influence on intention to travel. Prior studies like Winch and Joyce (2006) and Wu and Wang (2011), have documented



positive relationships between brand trust and purchase intention. In this view, this current study extends the relationship to the med-tour industry using destination trust and intention to travel.

Fourth, in regard to the mediation effect, the result shows that destination trust mediated the relationship between eWOM and intention to travel. Although previous eWOM research (Duverger, 2013; Filieri & McLeay, 2014; Mauri & Minazzi, 2013; Sparks & Browning, 2011) have documented positive relationships with intention to travel as well as its importance in shaping tourist travel decision, in particular through destination image and attitudes toward a destination. This study has established the fact that eWOM has an indirect impact on intention to travel through destination trust.

Fifth, this study also hypothesized that the relationship between eWOM and destination trust will be moderated by gender. The findings suggest that gender moderates the relationship between eWOM and destination trust, such that the linkage was stronger for males. The outcome of this study contradicts Feingold's (1994) findings, who claimed that women are more trusting than men. eWOM influenced the intention to travel to a medical destination, and the impact was about 1.2 times stronger for males. To this end, the findings highlight the independent and masterful nature of men when it comes to risk-taking activities. An interpretation of the findings is that men are agentic and men use eWOM messages to discover new things (Taylor et al., 2011).

Sixth, this study hypothesized that the relationship between eWOM and intention to travel will be moderated by gender. The findings suggest that gender failed to moderate the relationship between eWOM and intention to travel. A first possible explanation for this null finding might relate to the fact that eWOM has different forms e.g., eReferral which co-exist among people who share strong ties, which tend to influence women more. This suggests that eWOM will always trigger the intention to travel in spite of the gender differences. Another interpretation for the lack of support for the above mentioned relationship comes from the size of our smaller sample.

Finally, this study hypothesized that the relationship between destination trust and intention to travel will be moderated by gender. The findings suggest that gender moderates the relationship between destination trust and intention to travel such that the linkage was significant and stronger for females. Destination trust influenced the intention to travel, and the impact was about 2.5 times stronger for females. This is because destination trust reduces the risk perception, and the probability of adverse effect are lowered at the stage, which is in line with Pascual-Miguel et al.'s (2015) arguments. Our findings contradict prior findings of Feingold (1994), which asserted that women are more trusting than men.

A synthesis analysis of eWOM in the management, gender and tourism research has shown that women have more concerns for privacy and information misuse. Therefore, from this point of view, it will be wise to initiate eWOM messages from their social circle, to abate these concerns, specifically for potential female med-tourists. The finding shows that eWOM influenced destination trust and intention to

travel, and that there is a difference between men and women. Furthermore, destination trust influenced intention to travel and the linkage was stronger for women than for men.

Med-tour practitioners seeking to attract female med-tourists can use eWOM in the form of referrals for product and/or service recommendations. The greater the destination trust, the greater the tendency that a female med-tourist will visit a medical destination. Whereas, practitioners seeking to attract male med-tourists can also use eWOM for product and/or service recommendations, but they should bear in mind that men perceive the anonymity provided by the Internet as an ideal venue in which they can openly share their concerns, and thus break out of the traditional masculine role to ask for help (Mo, Malik, & Coulson, 2009; White & Dorman, 2000).

Relying on the outcomes from this study, the researcher recommends that destination marketers in the med-tour industry can utilize eWOM to maximize their market share by considering the type of medical care they provide in respect to the target gender. For instance, the outcomes of this study delineates that positive eWOM enhanced destination trust in both genders but was stronger among male med-tourists; this is because men are agentic in nature. Women who trusted a medical destination have a higher intention to travel because of their concern for privacy and misuse of information as noted earlier. Another approach to enhance destination trust is by increasing the credibility of eWOM such as including user identity, or by using referral systems, as previous studies have noted that women's concerns are abated

when a website is recommended by a friend but not for men (Garbarino & Strahilevitz, 2004; Meyers-Levy & Loken, 2015).

This research is important for several reasons. While there are substantial studies regarding the impact of eWOM on travel intention (Duverger, 2013; Filieri, 2015a), destination choice (Jalilvand & Samiei, 2012b; Zhu & Lai, 2009), attitudes toward destination (Jalilvand et al., 2012c; Vermeulen & Seegers, 2009), and intention to revisit (Kim et al., 2012), to the best of our knowledge this is the first empirical study to include destination trust in the interplay and in the med-tour industry. This study also extends previous research by spicing up the relationship with gender and destination trust, given the high risk and uncertainty associated with med-tour products and services.

## **5.1 Managerial Implications**

The context of this research has important implications for med-tour destination marketers. Our results suggest that practitioners have a lot to gain from computerized information tools because eWOM has become an important part of the online marketing mix and plays essential roles. Given this, discernment of this phenomenon is very important to med-tour destination marketers; since the internet has granted med-tourists the opportunity to read and post reviews online, which in turn affects the behavioral outcomes of potential med-tourists.

One reason is because destination trust mediates the relationship between eWOM and the intention to travel. Second, gender moderated the relationship between eWOM and intention to travel as well as between destination trust and intention to travel. In our opinion, practitioners should organize and create point-of-service

activities (e.g., instant photo sharing during beautification procedures, cosmetic surgery, etcetera) in the form of service trials with the aim of motivating positive eWOM communication; thereby creating a medium by which potential med-tourists may form their own impression. We opine that such actions may ignite eWOM communication from potential, present and even previous med-tourists. Thus, the possibility that destination trust and intention to travel would increase. Based on the research outcomes, the following practitioner's points were formulated.

On the positive front, top-notch service experience can induce positive eWOM. Therefore, a positive eWOM will facilitate indirect destination branding co-creation due to the interactive and diffusive nature of eWOM. In particular, medical destination marketers should attempt to keep complaints under their control and avoid devastating consequences. From the broken windows theory perspective, a negative eWOM would spread faster, because the theory predicts that "any negative phenomenon could convey a message that can cause other hidden negative phenomena to spread"; thus, causing devastating consequences for med-tour destinations. Besides this, responding to med-tourists' complaints should be sincere, and should also be accompanied with an explanation stating the cause of the failure and proposed solution. This will delight tourists and may reduce the number of negative eWOMs.

Med-tour destination marketers should take advantage of this competitive tool to boost destination attractiveness and to increase profits, because positive eWOM may increase the destination trust, and the intention to travel to a specific destination. Practitioners should also take note that med-tourists can be influenced by a third

party who reads online reviews, therefore they should try to diminish the number of negative online reviews (Ko & Kim, 2011).

Service quality leads to positive eWOM and alteration of behavioral intentions; thus, to gain greater market share in an increasingly competitive med-tour industry, medical clinics in destination countries must improve their amenities and services such that they will resemble excellent hotels (Bernstein, 2012; Hume & DeMicco, 2007). This way, potential med-tourists would have access to positive reviews, which increase destination trust and subsequently the number of med-tourists may rise.

Practitioners at medical clinics and destination countries must recognize the intricate and essential role of eWOM, and utilize it in developing strategies to acquire and retain med-tourists and to maximize revenue. They should change their business orientation from transaction to relationship, from tourists into partners, and from long-term relationship into commitments (Raju, Lonial, & Gupta, 1995) because the cost of attracting new tourists is five times higher than retaining existing tourists (Yeoh et al., 2013), and “a 5% decrease in the customer defection rate can boost profits from 25% to 95%” (Jacob, 1994).

Marketers should develop diverse benefits that encourage the spread of positive eWOMs to acquire new med-tourists and for repeat med-tourists to re-patronage their services. For instance, granting complimentary medical services to non-medical tourists using eWOM recommendations from friends and family members, coupled with bonuses, discounts and gift certificates for local restaurants, local souvenirs,

local tours and site-seeing exhibitions. This might be a good strategy to penetrate other untapped markets, and increase revenue streams.

## **5.2 Limitations, Strengths and Future Research Directions**

While this paper has shed some light on online WOM literature, it has some limitations. The nature of the research design including sample size, data collection method, and the sample precludes causal inference. Albeit, we tested the linkage across two studies, the absences of experimental control establish causality. The response rates in the samples were somewhat low, which may limit the generalizability of the models, however, bootstrapping with resample ( $n=2000$ ) was used to overcome this. Self-report data may inflate the observed relationships on the ground of social desirability.

In terms of strengths, the present set of studies demonstrates the robustness of the relationship between eWOM, destination trust, and intention to travel. Through the representativeness of the samples obtained through the random selection process, we find grounds for making generalizations from the results of the sample back to the general population. As this research utilized samples with a single country focus, future research should examine the generalizability of these findings via cross-cultural studies. In addition, the effect of eWOM on destination trust and destination image should be examined simultaneously; and behavioral outcomes like vacation satisfaction, intention to travel, and intention to revisit can be investigated.

Luo et al. (2014) noted that consumers with strong individualistic cultures will incline to evaluate the credibility of the information based on their own cognitions, and are more likely to accept an argument viewpoint in eWOM messages.

Consumers with strong collectivistic cultures are accustomed to following the social/group norms; as such they are more willing to conform to others' opinions instead of their own cognitions (Luo et al., 2014). As prospective tourists may espouse different cultural values, destination marketers need to identify the target tourists' values and norms, and then adopt different online marketing strategies to influence their cognitions and motivate their purchase intentions.

This study proposes that future researchers should try to incorporate other computer-mediated communication channels like eReferral to evaluate its effect on tourist's behavioral reaction. Future research can also measure the simultaneous effect of eWOM and eReferral on destination trust, image, attitudes toward a destination, and other forms of tourist's intents and purpose.



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