



Research Article

**EVALUATION OF THE EFFECTIVENESS OF WEBSITES OF JCI ACCREDITED
HEALTHCARE FACILITIES: A COMPARATIVE GLOBAL ANALYSIS FROM A HEALTH
TOURISM PERSPECTIVE**

Mehmet Halit AKIN^{1*} (orcid.org/0000-0002-9455-0323)

¹Erciyes University, Tourism Faculty, Department of Tourism Management, Kayseri, Türkiye

Abstract

With globalization and the development of technology, the importance of international accreditation, which is considered necessary in terms of quality and assurance for health tourists, increases. As a tool of electronic marketing, websites, which enable the fastest and most accurate data on healthcare services, especially due to their unpredictable structure, are an important tool for healthcare facilities to gain competitive advantage by reaching more audiences. In this research, it is aimed to examine the effectiveness of the websites of JCI Accreditation Certified health facilities in Singapore, Thailand, India, Malaysia, Taiwan, Mexico, Costa Rica, and Türkiye, which are prominent in health tourism, in terms of dimensions such as communication channels, information provided, accommodation, and facilitation with a holistic approach and a health tourism perspective. In addition, it is expected that global comparisons will be made, the current situation will be determined, and conclusions and recommendations will be presented. For this purpose, 139 websites were subjected to content analysis. As a result of the research, it was observed that the majority of the health facilities in the destinations have a high concentration of criteria that are recommended to be improved or that need to be improved in terms of the effectiveness of the criteria. This situation shows that the effectiveness of the websites of health facilities in terms of health tourism is not fully achieved. In terms of Türkiye, it has been observed that there is a significant level of website effectiveness in many criteria, but there are more criteria that need to be improved. Therefore, it is necessary for health facilities in Türkiye to develop their websites with a health tourism perspective and modern marketing approaches.

Keywords: Health facilities, Health tourism, JCI, Website

Introduction

In recent years, one of the most demanded tourism activities due to changing living conditions and leisure time trends is health tourism (Smith and Puczko, 2015). As the health sector and health-based tourism services have become increasingly globalized and in demand, competition among destinations seeking a larger share of the health tourism pie has increased (Enderwick and Nagar, 2011). In other words, as a result of the increase in demand for health tourism due to the integration of individuals' desire to access better quality health services with touristic activities (Akin, 2021), health tourism offers a significant competitive advantage in global markets, especially for developing countries. Therefore, destinations, tourism facilities, and health facilities strive to have a greater share in the competitive environment related to health tourism by standing out in terms of product diversity, supporting supply services, quality dimensions, and a qualified workforce (Didaskalou and Nastos, 2003).

International accreditation certificates are important for health facilities that want to get a larger share of the international health tourism market (Altın et al., 2012). The accreditation certificate is important not only for the health facility to reach the target audience but also for guiding the decision-making process of the target audience. In other words, for people who will travel to different countries to receive healthcare services, the international accreditation certificate will provide a prediction in terms of the quality of the service they will receive (Birdir and Buzcu, 2014). International accreditation is a quality assurance, especially for people who will receive healthcare services by going to an unfamiliar country. In addition, since the quality of the service received from healthcare facilities can only be evaluated after the treatment processes, people direct their healthcare facility preferences in line with the quality and assurance offered by the international accreditation

*Sorumlu yazar: halitakin@erciyes.edu.tr

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certificate (Pillai and Mondal, 2024). One of the most widely preferred accreditation organizations worldwide is Joint Commission International (JCI) due to its functional structure, which includes presenting global practices for healthcare facilities in local facilities and evaluating and improving patient care and safety (Semnani and Asadi, 2016). Therefore, it can be said that JCI is the primary choice of healthcare facilities in terms of accreditation on a global scale, and JCI is an important source of assurance and guarantor for people.

Technology and especially the widespread use of the Internet have enabled the development of new approaches in marketing, defined as electronic marketing, and have led to the emergence of Internet-based marketing practices within the scope of electronic marketing (Taylor and Strutton, 2010). One of the most intensively used channels in Internet-based marketing is a website (Grubor and Jakša, 2018). Websites are very important in terms of providing the opportunity to obtain information and a virtual experience without a time limit, especially in the service sector, which has a structure that cannot be experienced beforehand (Guan et al., 2022). In this respect, the effectiveness of websites gains importance. It is known that the effectiveness of websites is an important tool in directing the preferences and revisit intentions of the target audience (Blake, Neuendorf, and Valdiserri, 2005; Wang and Liu, 2007; Abdallah and Jaleel, 2015). In line with this information, the research focuses on examining the effectiveness of websites, which are an important tool for healthcare facilities with JCI accreditation certificates to reach more audiences and gain an advantage in the global competitive environment.

In the relevant literature, there are studies on health facilities with JCI Accreditation Certificate at the national level (Birdir and Buzcu, 2014; Tengilimoğlu et al., 2018; Mesci and Sağlık, 2020), health facilities in different destinations (Samadbeik et al., 2017; Baghbanian et al., 2021; Warith and Mohammed, 2021), health facilities with health tourism authorization certificate (Çullu Kaygısız, 2021; Aydın, 2022; Şafak, Yılmaz and Karamustafa, 2022; Çetinkaya and Bostan, 2023) and studies (Moghavvemi et al., 2017) comparing several destinations. However, there is no research that deals with the accreditation-certified destinations that stand out in health tourism with a holistic approach and a health tourism perspective from a global comparative perspective. Therefore, this research is important in terms of filling this gap in the relevant literature. The aim of the research is to determine the current situation through a comparative analysis of the effectiveness of the websites of health facilities with the JCI Accreditation Certificate from the perspective of health tourism on a global scale and to present the conclusions and suggestions that are expected to have a widespread impact on the relevant literature. In this direction, the most well-known and prominent global destinations in health tourism, such as Singapore, Thailand, India, Malaysia, Taiwan, Mexico, and Costa Rica (Monica and Ramakrishnan, 2018; Arulmozhi and Thowseaf, 2023), as well as health facilities in Türkiye with JCI Accreditation Certificate were identified. Their websites were analyzed through content analysis from a health tourism perspective, and findings on the effectiveness of their websites were determined. In addition, the findings are compared within the scope of Türkiye and other destinations on a global scale, and conclusions and recommendations are presented.

Literature Review

Developments in information and communication technologies, as well as the global competitive environment, have made websites one of the most important promotion, marketing, and communication tools for health tourism facilities. From the perspective of medical tourism, another significant aspect of websites is that providing clear and accurate information about the services offered through these sites directly impacts the preference and decision-making processes of the target audience (Samadbeik et al., 2017). This importance has attracted the attention of researchers on the subject, and many studies have been conducted on the basis of examining the websites of healthcare facilities (Lunt and Carrera, 2011; Moghavvemi vd. 2017; Temizkan and Konak, 2018; Kopmaz et al., 2019; Ghaderi-Nansa et al., 2020; Baghbanian et al., 2021; Tekingündüz et al., 2021; Warith and Mohammed, 2021; Yazdani et al., 2024).

Warith and Mohammed (2021), who aimed to examine the effectiveness of the websites of medical tourism facilities in Egypt according to various dimensions, found that the relevant websites were effectively designed in terms of criteria such as location, corporate information, communication, history, vision and mission, news, touristic elements, facility images, transportation, and social networking communication tools. However, they concluded that the websites were not carried out in accordance with their purpose due to their lack of effectiveness in terms of many criteria, such as an online survey, price, food and beverage, weather, and personnel information. Similarly, Şafak, Yılmaz, and Karamustafa (2022), in their research conducted to determine the effective use of the websites of health facilities with health tourism authorization certificates, revealed that health facilities use their websites effectively in terms of criteria such as history, vision, and

mission, in-site search, corporate information, foreign language option, doctors, and location. They specified found that websites were almost never used effectively in terms of online survey, non-doctor staff information, treatment packages, package prices, live support, room images, video of the facility, patient opinions, visa assistance, and contracted institutions.

Yazdani et al. (2024), who examined the websites of health tourism facilities in terms of usability, revealed that website usability can be achieved with consumer-based practices such as site content that matches the real world, user control and freedom, consistency, user recognition, flexibility and efficiency of use, aesthetic and minimalist design, help documentation, and security. Moghavvemi et al. (2017) examined the websites of health tourism facilities in India, Malaysia, and Thailand in terms of both presentation and addressing the perceived needs of tourists in terms of hospital information and facilities, admission and medical services, interactive online services, external activities, and technical elements. It was found that the relevant websites provide sufficient data in many aspects, but there are significant deficiencies in live support, medical records, contracted agencies, foreign language options, and accessibility for disabled individuals. Kopmaz et al. (2019) conducted research on the e-information quality of 555 dental health facilities' websites. In the research, which was based on the comparison of public and private sectors, it was found that the average of the private sector was lower in terms of contact information and website layout, but higher in the foreign language option.

Baghbanian et al. (2021), who examined the websites of public and private health tourism facilities in Iran, found that there is sufficient data on contracted agency information, maps, touristic attractions, and facility images on the websites. They also found that there is not much information about prices, appointments, patient opinions, online surveys, and doctors. In another research conducted to examine the digital marketing activities of 73 thermal facilities and 30 JCI Accreditation Certified healthcare facilities in Türkiye (Tengilimoğlu vd., 2018), it was found that the majority of the 15 facilities did not include information such as price, staff, patient rights, vision and mission, and patient opinions on their websites. It was observed that information such as foreign language options, transportation, and visuals about the facility were included in the majority of the websites. Mesci and Sağlık (2020), who also conducted research on 35 JCI Accreditation Certified health facilities in Türkiye, found that information such as foreign language option, doctor and other personnel information, institutional information, international patient tab, transportation, and laboratory results were sufficient on the majority of the websites. On the other hand, it was found that information such as practices for the disabled, patient opinions, price, and an online survey were insufficient.

Aydın (2022) evaluated the suitability of the websites of 17 health facilities with health tourism authorization certificates in Kayseri with a content analysis based on 10 criteria. It was determined that the websites of health facilities were inadequate in terms of many dimensions, such as communication, news and statistics, transportation, international patient rights, photo galleries, appointment systems, and treatment follow-up, and it was emphasized that the websites should be redesigned since they are important in terms of promotion and image. Çetinkaya and Bostan (2023), who conducted research to determine the importance of websites in health tourism service provision, evaluated the websites of 20 health facilities with health tourism authorization certificates in Aydın province in line with 26 criteria consisting of two dimensions. On the websites of the health facilities, it was determined that information on communication and transportation was provided in full; on the other hand, it was observed that there was no international patient tab or information on international patient rights. In addition, it was found that there are very few health facilities that provide information about patient opinions and sightseeing tours. Çullu Kaygısız (2021) examined the websites of 89 travel agencies with international health tourism authorization certificates and found that the majority of the agencies provided the necessary information in terms of institutional information, service information, and facilitating transactions, but not price-related information.

Birdir & Buzcu (2014) conducted research to examine the current state of medical tourism in Turkey and the websites of healthcare facilities with JCI Accreditation. They found that the websites were effectively managed in terms of offering options in other languages, location, contact information, affiliated institutions, and appointment systems, but lacked information regarding service fees. In addition to website evaluations, Samadbeik et al. (2017) interviewed tourists as users and found that potential clients emphasized the need for websites to include information about prices, tourist features, treatment follow-up, and details about doctors and other staff.

Methods

The research aims to examine the effectiveness of the websites of health facilities with JCI Accreditation Certificate in Singapore, Thailand, India, Malaysia, Taiwan, Mexico, Costa Rica, Mexico, Mexico, Costa Rica,

and Türkiye from a health tourism perspective, to determine the current situation, to make comparative analyses, and to present conclusions and suggestions that are expected to have a widespread impact on the relevant literature. The population of the research consists of 198 health facilities located in the relevant health tourism destinations identified during the scans conducted on the JCI website on April 12-16, 2024 (JCI, 2024). It was seen that there were a total of 5 JCI Accreditation Certified health facilities in Singapore, and it was determined that two of them used a common website since they were within a chain of health facilities, and therefore four websites belonging to health facilities in Singapore were included in the analysis. Due to a similar situation, 14 out of 65 JCI Accredited healthcare facilities in Thailand, 54 out of 54 in India, five out of 18 in Malaysia, two out of 9 in Mexico, one out of 5 in Taiwan, and 10 out of 40 in Türkiye were examined through their common websites. In Costa Rica (2), all identified health facilities were included in the analysis. However, 7 websites that could not be accessed due to reasons such as being in maintenance or not working were excluded from the scope of the research. In the study, 139 websites were identified without the need for sampling, and they were included in the research and subjected to content analysis in line with the research objectives. This research is not included in a research group that requires ethics committee permission.

Content analysis is a technique that enables the systematic evaluation of all the content obtained from communication tools with an inductive approach and reveals the relationship between the contents (Kolbe and Burnett, 1991). Within the scope of this research, content analysis was conducted based on qualitative methods since the websites of health facilities with JCI Accreditation Certificate were examined. In order to obtain the data used in the content analysis, 23 criteria prepared by Şafak, Yılmaz, and Karamustafa (2022) based on the relevant literature and consisting of six groups including communication, facilitation, institutional information, accommodation, staff information, and health service information were used. The criteria were coded "present" and "absent," and the frequency and percentage values of the data obtained are given in the tables where the data are presented as a whole. The frequency values in the tables show the frequency of revisit of the "present" option.

Findings

The data on the country and number of health facilities, which are the data sources for the research, are given in Table 1. Within the scope of the research, the websites of a total of 139 health facilities were analyzed based on the previously mentioned criteria.

Table 1. Data on Destinations and Number of Health Facilities Examined

Country	Number of Facilities
Thailand	49
India	31
Türkiye	30
Malaysia	13
Mexican	6
Singapore	4
Taiwan	4
Costa Rica	2
TOTAL	139

The focus of this research is a comparative examination of the websites of health facilities with JCI Accreditation Certificate from a health tourism perspective on a global scale. In this direction, firstly, Thailand, India, and Türkiye, whose frequency values express the number of health facilities with JCI Accreditation Certificate in the destination, were examined. The aim here is to make a more accurate comparison between the related destinations with a holistic approach. In addition, the total values of the findings for the related destinations are also included (see Table 2).

Table 2. Findings on Health Facilities in Thailand, India and Türkiye

Group	Contents	Thailand		India		Türkiye		TOTAL	
		f	%	f	%	f	%	f	%
Contact	Having an active website	49	100	31	100	30	100	110	100
	Online survey	1	2.04	2	6.45	4	13.33	7	7.27
	Contact form	32	65.31	24	77.42	24	80	80	74.24
	Social network communication links	45	91.84	31	100	26	86.67	102	92.84
	Map of the health facility	43	87.76	26	83.87	23	76.67	92	82.77
	Reserved area for user comments	18	36.73	28	90.32	5	16.67	51	47.91
Facilitation	In-site search feature	25	51.02	19	61.29	22	73.33	66	61.88
	One foreign language option	30	61.22	24	77.42	7	23.33	61	53.99
	At least two foreign language options (multilingualism)	21	42.86	7	22.58	19	63.33	47	42.92
	Live support service	27	55.10	21	67.74	14	46.67	62	56.50
	Information about the agency you work with	3	6.12	1	3.23	0	0	4	3.12
	Visa information	7	14.29	22	70.97	5	16.67	34	33.98
Corporate knowledge	Information about the history of the health facility	27	55.10	24	77.42	23	76.67	74	69.73
	Vision and mission	24	48.98	26	83.87	23	76.67	73	69.84
	Corporate information contents	41	83.67	27	87.10	28	93.33	96	88.03
Accommodation	Room image of the healthcare facility	32	65.31	5	16.13	8	26.67	45	36.04
	Video of the health facility	10	20.41	7	22.58	6	20	23	21.00
	Food and beverage information	5	10.20	1	3.23	2	6.67	8	6.70
	Suitability of images for health tourism	31	63.27	9	29.03	10	33.33	50	41.88
Staff information	Information for health tourism physicians	43	87.76	30	96.77	29	96.67	102	93.73
	Information for non-physician healthcare personnel	3	6.12	3	9.68	1	3.33	7	6.38
Health service information	Information on treatment packages	45	91.84	20	64.52	9	30	74	62.12
	Treatment package prices	30	61.22	11	35.48	1	3.33	42	33.34

The frequency value of the websites analyzed in Thailand, India, and Türkiye destinations is 110; therefore, these websites constitute the majority of the research population. First of all, it is evident that all health facilities have an active website. On the other hand, according to Table 2, it is understood that the websites of the relevant health facilities generally include the following criteria: "contact form", "social network communication links", "map of the health facility", "in-site search feature", "one foreign language option", "live support service", "information about the history of the health facility", "vision and mission", "corporate information content", "information for health tourism physicians," and "information about treatment packages". A comparative analysis of the data for each destination regarding these prominent criteria reveals that although the percentage values for some criteria are very close to each other, Thailand stands out in the criteria of "map of the health facility" and "information on treatment packages", while India stands out in the criteria of "social networking connections", "a foreign language option", "live support service", "information

on the history of the health facility", "vision and mission", and "information on health tourism physicians". Türkiye, on the other hand, stands out in the criteria of "contact form", "in-site search feature", "corporate information content", and, similar to India, "information for health tourism physicians".

When the total values are analyzed, it is seen that there are criteria such as "reserved area for user comments", "at least two foreign language options (multilingualism) ", and "suitability of images for health tourism" that are included in the websites at a medium level. Among these criteria, Thailand stands out in "suitability of images for health tourism" and India stands out in "reserved area for user comments". Compared to other destinations, Türkiye is higher in terms of percentage value in the criterion of "at least two foreign language options (multilingualism)". Although these criteria are at a moderate level, they can be stated as criteria that should be improved in order to increase the effectiveness of websites.

All other criteria in Table 2 refer to the criteria where websites are inadequate in terms of effectiveness. In other words, they can be defined as criteria that need to be improved for websites. In all destinations, "online survey", "information about the agency worked with", "video of the health facility", "food and beverage information", and "information for non-physician health personnel" are the criteria that need to be improved to increase the level of effectiveness. While Thailand has above average values in the criteria of "room image of the health facility" and "treatment package prices", websites in other destinations need to be improved in the relevant criteria. It is important to improve the "visa information" criterion on the websites of Thailand and Türkiye. Table 3 presents the data for all destinations identified for the purpose of the research.

Table 3. Findings on Health Facilities in Singapore, Malaysia, Taiwan, Mexico, Costa Rica and Türkiye

Group	Contents	Singapore		Malaysia		Taiwan		Mexico		Costa Rica		Thailand		India		Türkiye		TOTAL	
		f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Contact	Having an active website	4	100	13	100	4	100	6	100	2	100	49	100	31	100	30	100	139	100
	Online survey	0	0	2	15.38	0	0	0	0	0	0	1	2.04	2	6.45	4	13.33	9	4.65
	Contact form	1	25	7	53.85	0	0	6	100	1	50	32	65.31	24	77.42	24	80	95	56.45
	Social network communication links	4	100	9	69.23	1	25	5	71.43	1	50	45	91.84	31	100	26	86.67	122	74.27
	Map of the health facility	0	0	9	69.23	2	50	6	100	2	100	43	87.76	26	83.87	23	76.67	111	70.94
	Reserved area for user comments	3	75	9	69.23	0	0	3	42.86	0	0	18	36.73	28	90.32	5	16.67	66	41.35
Facilitation	In-site search feature	3	75	10	76.92	3	75	2	28.57	0	0	25	51.02	19	61.29	22	73.33	84	55.14
	One foreign language option	4	100	8	61.54	2	50	6	100	2	100	30	61.22	24	77.42	7	23.33	83	71.69
	At least two foreign language options (multilingualism)	3	75	5	38.46	0	0	0	0	2	100	21	42.86	7	22.58	19	63.33	57	42.78
	Live support service	3	75	8	61.54	0	0	3	42.86	1	50	27	55.10	21	67.74	14	46.67	77	49.86
	Information about the agency you work with	1	25	5	38.46	0	0	2	28.57	0	0	3	6.12	1	3.23	0	0	12	12.67
	Visa information	3	75	2	15.38	0	0	2	28.57	0	0	7	14.29	22	70.97	5	16.67	41	27.61
Corporate knowledge	Information about the history of the health facility	1	25	5	38.46	3	75	3	42.86	1	50	27	55.10	24	77.42	23	76.67	87	55.06
	Vision and mission	1	100	7	53.85	3	75	2	28.57	1	50	24	48.98	26	83.87	23	76.67	87	64.62
	Corporate information contents	4	100	13	100	4	100	6	100	2	100	41	83.67	27	87.10	28	93.33	125	95.51
Accommodation	Room image of the healthcare facility	4	100	3	23.08	0	0	3	42.86	0	0	32	65.31	5	16.13	8	26.67	55	34.26
	Video of the health facility	4	100	1	7.69	0	0	3	42.86	0	0	10	20.41	7	22.58	6	20	31	26.69
	Food and beverage information	0	0	7	53.85	0	0	1	14.29	0	0	5	10.20	1	3.23	2	6.67	16	11.03
	Suitability of images for health tourism	4	100	3	23.08	0	0	4	57.14	0	0	31	63.27	9	29.03	10	33.33	61	38.23
Staff information	Information for health tourism physicians	3	75	12	92.31	4	100	6	100	1	50	43	87.76	30	96.77	29	96.67	128	87.31
	Information for non-physician healthcare personnel	3	75	1	7.69	1	25	2	28.57	0	0	3	6.12	3	9.68	1	3.33	14	19.42
Health service information	Information on treatment packages	4	100	13	100	1	25	6	100	2	100	45	91.84	20	64.52	9	30	100	76.42
	Treatment package prices	0	0	6	46.15	1	25	1	14.29	0	0	30	61.22	11	35.48	1	3.33	50	23.18

The data for all destinations where health facilities have an active website show that the websites of the health facilities generally have a significant level of effectiveness in the criteria of "social networking communication links," "map of the health facility," "one foreign language option," "vision and mission," "corporate information contents," "information for health tourism physicians," and "information for treatment packages." In the criteria of "corporate information content," "information for health tourism physicians," and "information on treatment packages," it is seen that the websites of all destinations have a significant level of effectiveness in general. Taiwan's "social networking links," Singapore's "map of the health facility," Türkiye's "one foreign language option," and Mexico's "vision and mission" have the lowest percentage values in terms of effectiveness compared to each other. When the percentage values for Türkiye are analyzed, it is seen that the websites stand out significantly, especially in the criteria of "social network communication links," "corporate information contents," and "information for health tourism physicians," and the effectiveness of the websites is ensured by these criteria.

On the other hand, the criteria that are in the middle level in terms of percentage values and recommended to be improved for website effectiveness are "contact form", "reserved area for user comments", "in-site search feature", "at least two foreign language options (multilingualism)", "live support service," and "information about the history of the health facility". An important finding at this point is that Taiwan has zero percentage value in the criteria of "contact form", "reserved area for user comments", "at least two foreign language options (multilingualism)", and "live support service" and therefore has no website effectiveness in these criteria. When the comparative percentage values of Türkiye are analyzed, it is seen that Türkiye stands out in terms of website effectiveness in the criteria of "contact form", "in-site search feature", and "information about the history of the health facility". The criterion "reserved area for user comments" has the lowest percentage compared to other destinations.

The criteria that need to be improved for website effectiveness are "online survey", "information about the agency worked with", "visa information", "room image of the health facility", "video of the health facility", "food and beverage information", "suitability of images for health tourism", "information for non-physician health personnel", and "treatment package prices". What is noteworthy among these criteria and destinations is that Singapore and Mexico have no activity in some criteria, while Taiwan and Costa Rica have no activity in almost all criteria. What is noteworthy for Türkiye is the very low level of effectiveness of the websites in the criteria of "information about the agency worked with", "food and beverage information", "information for non-physician health personnel", and "treatment package prices". These criteria, as mentioned before, are criteria that need to be improved for website effectiveness.

The findings on the effectiveness of websites on the basis of destinations reveal that the percentage values differ from each other on the basis of destinations and criteria. This situation is thought to be related to the dynamics of destinations and health facilities. However, in the global competitive environment, it can be said that taking into account the dynamics of people and the dynamics of modern marketing approaches that have emerged with a focus on people rather than the dynamics that vary is one of the most fundamental keys in terms of reaching more audiences. Therefore, the conclusions and suggestions made as a result of the evaluations made regarding the findings obtained in this part of the research are very important for sector representatives. In the following section of the research, in addition to the conclusions and recommendations related to the effectiveness of the websites of healthcare facilities, a comparison of the results obtained with the relevant literature is also included.

Discussion, Conclusion and Suggestions

The effectiveness of websites is especially important for the service sector, which has a structure that cannot be experienced beforehand. Websites, which stand out in sectoral preferences as electronic marketing practices on the basis of modern marketing approaches, are very necessary in terms of providing people with preliminary information about the requested goods or services, providing experience, and guiding preferences. Especially for health facilities that guarantee a certain level of quality and standardized service provision by obtaining an accreditation certificate, the importance of the effectiveness of websites emerges at the point of presenting the right information, directing people's image perceptions about the facility, directing their purchasing intentions, and monitoring satisfaction after service purchase. This research focuses on evaluating the effectiveness of the websites of health facilities with JCI Accreditation Certificate in health tourism destinations according to various criteria.

In the analysis of Thailand, India, and Türkiye, which have similar quantitative values of health facilities with the JCI Accreditation Certificate, it has been observed that although there are similar criteria in terms of the

effectiveness of the websites of each destination, different criteria have different percentages. A detailed examination of these values, which are thought to be related to the health and tourism-related dynamics of the destinations, shows that all destinations have achieved a significant level of effectiveness in the communication and corporate information groups. This shows that health facilities use their websites effectively in order to introduce themselves to their target audiences and provide easier access. Considering the necessity of accessibility in terms of communication and answering the question of who we are in the global world, it can be said that a significant level of effectiveness has been achieved. The criterion that is seen as a necessity for the related destinations to improve is the online survey in the communication group, and the criterion recommended for improvement is the reserved area for user comments. Considering that pre- and post-service experiences are important in terms of customer loyalty in the service sector, it is very necessary to expand the online survey both to know the possible demands of the customers and to see their satisfaction after the service they receive. On the other hand, since the experiences of other users in the service sector are an important factor in the decisions of potential customers, it is important to add tabs related to user reviews, especially for the active implementation of electronic word-of-mouth marketing in modern marketing. The criterion related to user reviews is even more necessary for Türkiye, which has a lower percentage of user reviews compared to other destinations.

In the data for all destinations, the online survey in the communication group is a criterion that needs to be improved, and the reserved area for user comments is a criterion that needs to be improved. Compared to Thailand, India, and Türkiye, the average values of all destinations are lower. This is related to the inclusion of data from other destinations that have low averages in terms of website effectiveness. In addition, in Thailand, India, and Türkiye, it is understood that the importance given to the effectiveness of the websites of health facilities as an important communication tool related to health tourism is more in line with a professional management approach. It is noteworthy that Singapore, Malaysia, and Mexico have higher website effectiveness in terms of reserved area for user comments compared to Thailand and Türkiye. As mentioned earlier, receiving positive or negative feedback through electronic word-of-mouth marketing in modern marketing is very important for destinations and healthcare facilities in a competitive environment. Therefore, Thailand and Türkiye need to improve their effectiveness in this regard.

One of the most important findings obtained for the related destinations is the finding regarding the facilitation group, which is expected to guide the purchasing processes of potential customers. Among these criteria, which are important in terms of customers' preference for the relevant business, it is seen that India and Türkiye have an in-site search feature and a foreign language option criteria that provide website effectiveness. However, when the overall averages are examined, it is seen that the percentages of the criteria for all destinations are at medium or low levels. The intensification of competition due to globalization makes it critical for healthcare facilities to attract more customers. Therefore, in these criteria that will affect customers' preferences, information about the agency and visa information should be improved for all destinations. Other criteria are suggested to be improved in order to reach more audiences. The data on accommodation, which is another group, shows that all destinations need to develop criteria related to accommodation. People want to access information and visuals about the place where they will receive health services, visit, and stay. In addition, considering that one dimension of health tourism is tourism and the most important component of tourism is accommodation, it is necessary for all destinations, especially Türkiye, to increase the effectiveness of their websites related to accommodation. For Türkiye, the criteria that need to be improved are information about the agency and visa information. Similar to other destinations, Türkiye's effectiveness in these areas is very low. In order to reach potential customers on a global scale, information on intermediary organizations and visa processes should be provided.

In the means for the facilitation group for all destinations, there is an increase in the criterion of a foreign language option compared to the means for Thailand, India, and Türkiye. This increase is based on the fact that all websites offer the option of English, which is a global language, in addition to the native languages. On the other hand, the fact that the websites of health facilities in India offer English, which is one of the most widely spoken languages in the country, as the only option rather than their mother tongue, has increased the percentage of the relevant criterion. What should be emphasized about the facilitation group is the decrease in the percentages of all destinations, as in the other criteria. Türkiye's low percentage for the criterion of one foreign language option is due to the fact that it offers at least two foreign language options. In other words, health facilities in Türkiye offer options in different languages with a multilingual approach and therefore stand out in terms of ensuring website effectiveness in this regard. In the averages of all destinations for the accommodation group, although there is a decrease in all criteria, the criterion of the suitability of the visuals

for health tourism, which was previously presented as a criterion that was recommended to be improved, has turned into a criterion that needs to be improved. In health facilities in all destinations, it is very important to increase the content related to tourism, which is an important dimension of health tourism, rather than only health-oriented promotion and marketing practices.

Another important finding for Thailand, India, and Türkiye is the findings on staff and healthcare information groups. In all health facilities, including those in Türkiye, it is observed that there is a significant level of efficiency regarding physicians and treatment packages offered. However, the effectiveness regarding non-physician healthcare personnel and treatment package prices, which complement each other and are considered to be an important factor in customer tendencies, is quite low. It was observed that there is an option to receive quotations on the websites related to treatment package prices. Although it is understandable that price-related information cannot be presented effectively due to economic structures and global factors, it should not be forgotten that price is the most important factor affecting customer preferences, and customers tend to access information easily. Providing information about the educational background and experience of non-physician healthcare personnel will have a guiding effect on customer preferences. Therefore, it is necessary to improve both criteria. Another point to be emphasized here is the low percentage of health facilities in Türkiye that offer treatment packages. This is an important criterion that needs to be improved for Türkiye because it is quite low compared to other destinations that are seen as global competitors.

In the staff and healthcare information groups, the only criterion that showed an increase in percentages for all destinations compared to websites in Thailand, India, and Türkiye was the information criterion for non-physician healthcare staff. This increase is mainly due to the fact that healthcare facilities in Singapore include not only information about doctors but also information about other healthcare personnel, especially nurses, on their websites. One of the most important criteria that needs to be improved for Türkiye and all destinations is the provision of information on personnel other than doctors. Thailand stands out in terms of the percentage of treatment package prices. It is important for health facilities in other destinations to make improvements to their websites to ensure effectiveness in this regard.

In addition to the comparative analysis between destinations and websites, another important output of this research is the evaluation of all the criteria that are examined within the scope of the research and the comparison of the findings obtained with the relevant literature. In this context, first of all, the criteria in the communication group were evaluated, and it was seen that all health facilities included in the scope of the research have active web pages. In addition, it was found that the online survey criterion (4.65%) had a very low average, and this result was similar to the related literature (Mesci and Sağlık 2020; Baghbanian et al., 2021; Warith and Mohammed, 2021; Şafak et al., 2022). The criteria of the contact form (56.45%) and the reserved area for user comments (41.35%) were determined as criteria that are recommended to be improved according to their averages. In the related literature, it is seen that different findings have been obtained that the effectiveness of the communication criterion needs to be improved (Aydın, 2022; Birdir and Buzcu, 2014) or that its effectiveness has been achieved (Çullu Kaygısız, 2021; Warith and Mohammed, 2021; Çetinkaya and Bostan, 2023). Similar findings were also found for the reserved area for user comments criterion. There are findings indicating that there are criteria whose effectiveness needs to be improved (Tengilimoğlu et al., 2018; Mesci and Sağlık, 2020; Baghbanian et al., 2021; Şafak et al., 2022; Çetinkaya and Bostan, 2023) or criteria whose effectiveness has been achieved (Moghavvemi et al., 2017). Therefore, findings that differ with the relevant literature have been presented. In the criteria of social network communication links (74.27%) and the map of the health facility (70.94%), it was observed that effectiveness was achieved in the websites examined, and these results coincided with the relevant literature for both criteria (Baghbanian et al., 2021; Çullu Kaygısız, 2021; Warith and Mohammed, 2021; Şafak et al., 2022; Çetinkaya and Bostan, 2023).

In the facilitation group, one foreign language option (71.69%) was found to be effective, in-site search (55.14%) and live support service (49.86%) were found to be criteria that were recommended for improvement, and visa information (27.61%) was found to be criteria that needed improvement. These findings are in line with the findings of other studies in the relevant literature (Moghavvemi et al., 2017; Mesci and Sağlık, 2020; Çullu Kaygısız, 2021; Şafak et al., 2022). A similar result was obtained with the option of at least two foreign languages (42.78%), and it was found to be a criterion that needs to be improved (Birdir and Buzcu, 2014; Moghavvemi et al., 2017; Tengilimoğlu et al., 2018). Information about the agency (12.67%) was found to be a criterion that needs to be improved, and this finding is both similar (Moghavvemi et al., 2017) and different (Baghbanian et al., 2021) from some studies in the relevant literature.

It was observed that the vision and mission (64.62%) and corporate information content (95.51%) criteria in the corporate information group were generally effective on the websites examined. Although these findings are similar to the relevant literature (Mesci and Sağlık, 2020; Çullu Kaygısız, 2021; Warith and Mohammed, 2021; Şafak et al., 2022), the finding that vision and mission are the criteria that need to be developed in the research conducted by Tengilimoğlu et al. (2018) shows that it differs from this research. All of the criteria related to accommodation were found to be criteria that need to be developed. These findings, which overlap with the related literatures (Tengilimoğlu et al., 2018; Baghbanian et al., 2021; Çullu Kaygısız, 2021; Warith and Mohammed, 2021; Aydın, 2022; Şafak et al., 2022 show that the tourism dimension of health tourism is ignored. Moghavvemi et al. (2017) obtained a different result for the criteria of the room image of the health facility and the video of the health facility and concluded that the effectiveness of both criteria was achieved. At this point, it should be emphasized that there are studies in the relevant literature that emphasize the tourism dimension of health tourism, although not related to accommodation. Moghavvemi et al. (2017), Baghbanian et al. (2021), and Warith and Mohammed (2021) found that touristic elements are also included in the websites of health facilities and that these contents are significantly effective.

It was determined that a significant level of effectiveness was achieved in terms of information for health tourism physicians and information for treatment packages in the personnel information group, which includes information for health tourism physicians (87.31%) and information for non-physician health personnel (19.42%), as well as information for treatment packages (76.42%) and treatment package prices (23.18%). There are studies that support the findings obtained in terms of information about health tourism physicians (Mesci and Sağlık, 2020; Şafak et al., 2022). However, there are also studies in the relevant literature that differ in terms of the criteria for information about health tourism physicians (Tengilimoğlu et al., 2018; Baghbanian et al., 2021; Çullu Kaygısız, 2021; Warith and Mohammed, 2021). At this point, the finding that differs from the relevant literature is seen in the criterion of knowledge about treatment packages. This criterion, which was found to be effective in this research, was found to be a criterion in need of improvement in other studies (Çullu Kaygısız, 2021; Şafak et al., 2022). All findings in other studies on information for non-physician healthcare personnel and treatment package prices were found to be criteria in need of improvement, similar to this research.

There are some criteria that are not included in the examination criteria of this research, but are identified in the reviewed literature and are considered to be important in terms of promotion and marketing as well as website effectiveness. These criteria, which are very important to be included in the websites of healthcare facilities in order to reach more audiences and increase attractiveness, are news and statistics (Warith and Mohammed, 2021; Aydın, 2022)9-21, international patient rights (Moghavvemi et al., 2017; Tengilimoğlu et al., 2018; Çullu Kaygısız, 2021; Aydın, 2022; Çetinkaya and Bostan, 2023), international patient tab (Behmane, Rutitis and Savicka, 2019; Mesci and Sağlık, 2020; Çetinkaya and Bostan, 2023), treatment tracking system (Aydın, 2022), accessibility for the disabled (Aydın, 2022) and weather (Warith and Mohammed, 2021). When the websites of the healthcare facilities in the destinations examined within the scope of the research are evaluated in terms of these criteria, it can be said that there is partial information content on news and statistics, an international patient tab, and weather. However, no website was found to include information on international patient rights, treatment tracking system or accessibility for the disabled. It would be beneficial to ensure the website effectiveness of health facilities regarding these criteria, which are very important in order to guide their preferences beyond reaching more audiences.

In line with the findings and inferences obtained within the scope of the research, it is possible to develop some suggestions for health facilities in order to appeal to more audiences by ensuring website effectiveness from the perspective of health tourism. In this context;

- The inclusion of the international patient tab criteria on the websites of all destinations, where health facilities in India are fully operational,
- In addition to the intensive use of the quotation option in treatment package prices, continuous announcement of current prices on websites,
- Developing a health tourism focus on the websites of health facilities instead of only a hospital service focus,
- Expansion of special call back practice for international patients,
- Dissemination of virtual tour practices for the units of the health facility to increase attractiveness,
- Offering a variety of room options with additional fees on websites, similar to accommodation businesses,

- Increasing the effectiveness of informative content on the training and experience of non-physician personnel,
 - Creation of website content integrated with the destination where the health facility is located, such as touristic attraction, food and beverage facilities, places to visit,
 - Expanding content that includes user comments to be more effective in directing demand,
 - Provision of online consultations with doctors,
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- Due to the international nature of health tourism, offering different language options on websites with a multilingual approach,
 - Considering that websites and their content are one of the most important tools to reach more audiences, the creation of content focused entirely on promotion and marketing,
 - Including information on accreditation, insurance companies, and certificates of achievement, as well as information on contracted businesses to instill a sense of trust,
 - Displaying customer comments on social media accounts on websites and
 - It is recommended that before and after practices for various treatments are presented on websites.

While the recommendations presented above are valid for all destinations, specific recommendations for Türkiye will be another important output of this research. In this context, it is recommended to improve the communication channel of healthcare facilities in Türkiye and to expand the use of online surveys and dedicated areas for user comments on websites in order to receive accurate and effective feedback from customers. In order to facilitate decision-making and purchasing processes, it is suggested to increase language options, offer live support services, and provide information about the agency, visa, and history of the health facility. On the other hand, in order to ensure the effectiveness of the website related to accommodation, which is at the lowest level in terms of effectiveness, it is recommended to support the websites with touristic products and services as well as images and videos of all units of the health facility compatible with health tourism. Finally, in order to ensure website effectiveness in terms of personnel and health service information, it is recommended to provide information about the training and experience of non-physician personnel and to constantly announce the current prices of the services offered.

The purpose of this research may be subject to several limitations due to various variables such as the review process and the use of online applications. The scope of the study includes the websites of medical tourism enterprises identified based on reviews conducted on the JCI website during specific dates. Therefore, a limitation arises at this point, and future research is recommended to be conducted covering different and broader time frames. Additionally, since no technical auxiliary program could be identified for evaluating the websites based on specific criteria, the analysis was conducted by the researcher. In this context, it is suggested that future studies be conducted with broader and more comprehensive criteria and, if possible, based on technological tools. On the other hand, this research focused on JCI-accredited enterprises and prominent destinations in medical tourism, and it is recommended that future studies include different destinations and medical tourism enterprises within a broader population and sample.

References

- Abdallah, S., and Jaleel, B. (2015). Website appeal: development of an assessment tool and evaluation framework of e-marketing. *Journal of theoretical and applied electronic commerce research*, 10(3), 45-62.
- Akın, M.H. (2021). Sağlık turizmi alanyazının bibliyometrik analizi (2015-2020). *Manas Sosyal Araştırmalar Dergisi*, 10(3), 2026-2036.
- Altın U, Bektaş G, Antep Z, İrban A (2012) Sağlık turizmi ve uluslararası hastalar için Türkiye pazarı. *Acıbadem Üniversitesi Sağlık Bilimleri Dergisi*, 3, 157–163.
- Arulmozhi, S. J., and Thowseaf, S. (2023). Investigating The problems encountered by the medical tourist of India. *South India Journal of Social Sciences*, XXI(3), 44-52.
- Aydın, A. (2022). The evaluation of the web sites of the health care institutions in Kayseri having medical tourism license in terms of medical tourism. *International Journal of Health Management and Tourism*, 7(3), 332-351.
- Baghbanian, A., Safdari, R., Erfannia, L., and Zokaei, M. (2021). The medical tourism industry in Iran: A review of websites designed for cross-border patients. *Health Scope*, 10(1).
- Behmane, D., Rutitis, D., and Savicka, V. (2019). An evaluation of health care service provider websites in Latvia—A medical tourism perspective. *Regional Formation and Development Studies*.
- Birdir, K., and Buzcu, Z. (2014). JCI akreditasyon belgesine sahip olan sağlık kuruluşlarının web sitelerinin medikal turizm açısından değerlendirilmesi. *Çağ Üniversitesi Sosyal Bilimler Dergisi*, 11(1), 1-19.
- Blake, B. F., Neuendorf, K. A., and Valdiserri, C. M. (2005). Tailoring new websites to appeal to those most likely to shop online. *Technovation*, 25(10), 1205-1214.
- Çetinkaya, U. M., and Bostan, A. (2023). Sağlık turizmi yetki belgesine sahip sağlık tesislerine ait web sitelerinin kalite yönetimi ve sağlık turizmi perspektifinde incelenmesi: Aydın ili örneği. *Journal of Travel and Tourism Research*, 22(22), 96-115.
- Çullu Kaygısız, N. (2021). Sağlık turizmi yetki belgesi bulunan seyahat acentelerinin web sitelerinin değerlendirilmesi, *Türk Turizm Araştırmaları Dergisi*, 5(1): 152-163.
- Didaskalou, E. A., and Nastos, P. (2003). The role of climatic and bioclimatic conditions in the development of health tourism product. *Anatolia*, 14(2), 107-126.
- Enderwick, P., and Nagar, S. (2011). The competitive challenge of emerging markets: the case of medical tourism. *International Journal of Emerging Markets*, 6(4), 329-350.
- Ghaderi-Nansa, L., Rabiei, R., Asadi, F., Hosseini, A., and Emami, H. (2020). Medical Tourism Websites with an approach to information content: A systematic review. *Iranian Journal of Public Health*, 49(6), 1045-1052.
- Grubor, A., and Jakša, O. (2018). Internet marketing as a business necessity. *Interdisciplinary Description of Complex Systems: INDECS*, 16(2), 265-274.
- Guan, J., Lau, Y. Y., Yang, H., and Ren, L. (2022). To buy or not to buy: how young consumers approach new smart products in the social media context. *Young Consumers*, 23(1), 90-111.
- Joint Commission International – JCI, (2024). Search for JCI-Accredited Organizations. <https://www.jointcommissioninternational.org/who-we-are/accredited-organizations/#sort=%40aoname%20ascending>, Erişim tarihi: 12-16.04.2024.
- Kolbe, R. H., and Burnett, M. S. (1991). Content-analysis research: An examination of applications with directives for improving research reliability and objectivity. *Journal of Consumer Research*, 18, 243–250.
- Kopmaz, B., Kitapci, N. S., Kitapci, O. C., Bulu, S. B., Aksu, P. K., Koksall, L., and Mumcu, G. (2019). Dental websites as new media tools for patients in dental health tourism. *Acta Informatica Medica*, 27(2), 128.
- Lunt, N., and Carrera, P. (2011). Systematic review of web sites for prospective medical tourists. *Tourism Review*, 66(1/2), 57-67.

- Mesci, G., and Sağlık, E. (2020). Sağlık turizminde dijital iletişim: JCI akreditasyon belgesini almış hastaneler üzerinde bir araştırma. *Journal of Hospitality and Tourism Issues*, 2(1), 74-90.
- Moghavvemi, S., Ormond, M., Musa, G., Isa, C. R. M., Thirumoorthi, T., Mustapha, M. Z. B., and Chandy, J. J. C. (2017). Connecting with prospective medical tourists online: A cross-sectional analysis of private hospital websites promoting medical tourism in India, Malaysia and Thailand. *Tourism management*, 58, 154-163.
- Monica, B. S., and Ramakrishnan, M. S. (2018). Medical tourism in India. *International Journal of Advanced Scientific Research and Management*, 3(11), 412-417.
- Pillai, J.S.K., and Mondal, R. (2024). Significance of Accreditation on Medical Tourism. In: Chaudhary, B., Bhatia, D., Patel, M., Singh, S., Sharma, S. (eds) *Medical Tourism in Developing Countries*. Springer, Singapore. https://doi.org/10.1007/978-981-99-8909-6_4
- Semnani, F., and Asadi, R. (2016). Designing a developed balanced score-card model to assess hospital performance using the EFQM, JCI Accreditation standards and clinical governance. *J Bus Hum Resour Manag*, 1(005).
- Samadbeik, M., Asadi, H., Mohseni, M., Takbiri, A., Moosavi, A., and Garavand, A. (2017). Designing a medical tourism website: A qualitative study. *Iranian journal of public health*, 46(2), 249.
- Smith, M., and Puczkó, L. (2015). More than a special interest: Defining and determining the demand for health tourism. *Tourism recreation research*, 40(2), 205-219.
- Şafak, K., Yılmaz, M., and Karamustafa, K. (2022). Sağlık turizmi yetki belgeli sağlık tesislerinin web sitelerinin içerik analizi ile değerlendirilmesi. *Eskişehir Osmangazi Üniversitesi Sosyal Bilimler Dergisi*, 23(2), 320-344.
- Taylor, D. G., and Strutton, D. (2010). Has e-marketing come of age? Modeling historical influences on post-adoption era Internet consumer behaviors. *Journal of business research*, 63(9-10), 950-956.
- Tekingündüz, S., Kocaoğlu, F., İşler, A., İnan, S., and Anar, A. (2021). Sağlık turizmi açısından yetki belgesine sahip hastanelerin web sitelerinin incelenmesi. *Karya Journal of Health Science*, 2(3), 83-87.
- Temizkan, S. P., and Konak, S. (2018). Medikal turizmde medikal seyahat planlayıcılarının web siteleri üzerine bir analiz. *Journal of Gastronomy*, 1(2), 26-36.
- Tengilimoğlu, D., Güzel, A., Aykan, C., Tengilimoğlu, E., and Boduroğlu, E. (2018). The evaluation of the digital marketing activities of thermal facilities and JCI accredited hospitals in terms of Health tourism. *International Journal of Health Management and Tourism*, 3(2), 108-121.
- Wang, X., and Liu, J. (2007). Usability evaluation of B2C web site. In 2007 International Conference on Wireless Communications, Networking and Mobile Computing (pp. 3837-3840). IEEE.
- Warith, M. F. A., and Mohamed, H. A. S. (2021). Assessing the effectiveness of the Egyptian medical tourism websites: An exploratory study. *Journal of the Faculty of Tourism and Hotels-University of Sadat City*, 5(1/1).
- Yazdani, A., Erfannia, L., Shirazi, A. M. A., and Zakerabasali, S. (2024). Usability evaluation of medical tourism websites in Iran. *Frontiers in Health Informatics*, 13, 199.