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Analysis of hospital website contents for promoting medical tourism among accredited and non-Accredited hospitals

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Abstract---Hospital websites act as significant marketing channels for promoting and showing medical destinations, amenities, medical personnel, and services. It is believed that the accreditation status of hospitals assures the provision of quality care and adherence to high standards of patient safety practices. Hence, a cross-sectional analysis of hospital websites is performed to examine the association between the status of accreditation and hospital website content in promoting medical tourism. The contents of 111 hospitals' websites were coded using an 'ad-hoc Codebook' that has five categories of website information summing to a total of 38 items and the total evaluation

scores were calculated for each hospital. The findings show a significant difference in the 3 groups of hospitals. JCI accredited hospitals displayed most of the information on their websites significantly, followed by NABH accredited hospitals. Minimum information such as accommodation/travel arrangements and photos of the facilities were predominantly displayed on the websites of non-accredited hospitals. A high percentage of hospitals need improvement in the areas of admission and medical services follow-up through phone calls, email, or real-time chats.

Keywords---Medical tourism, Website analysis, Hospital websites, Hospital accreditation, Health care services, Health tourism.

Introduction

Internet usage statistics have revealed that the global penetration rate has reached 62.5% with impressive growth in recent years. More than 5 billion people across the globe have internet access (Zhong et al., 2021). The effect of internet dependency is very prominent in the present business environment. This has made the service providers create and use their official websites to capture their customers. Websites are the key platforms of the hospitals that enable information provision and communication of services outside their facilities (Patsioura et al., 2009). Websites serve as an effective and strategic tool in reaching their customers and sharing up-to-date information with their stakeholders (Aldogan & Özler, 2021). Thus, hospitals websites have become important platforms to communicate the service facilities to their prospective healthcare consumers.

When health care consumers opt to travel to receive medical services in a foreign country it refers to “medical tourism” (Abubakar & Ilkan, 2016; Carrera & Bridges, 2006; Zarei, & Maleki, 2019).

Connell (2006) defines medical tourism as a process of traveling to overseas destinations to avail health care services which can be surgical, medical, and/or dental care along with having the leisure of opportunity to pay a visit to the tourist spots of that chosen destination. Healthcare being the global market makes it a two-way directional flow of people, both from poor and rich nations in an alike way, and emerging nations flattered into main destinations where treatments are available at affordable prices (Cohen, 2008). There are several reasons for people to receive medical attention at foreign destinations. The primary reason is to avail health care services at a low cost in developing countries. Other reasons are the unattainability of certain procedures in their home country, privacy along with confidentiality issues, long waiting lists, and vacation and tourism. Globalization is one of the key factors in the advancement of health tourism. It has led to the availability of information across the globe, technology transfer, and professional training. All these have led to the expansion of medical tourism (Baker, 2015). Medical tourism is well-known in Asian countries like Thailand, Singapore, Malaysia, India, Mexico, Jordan, and a few other raising hubs (Smith, 2006; Zarei, & Maleki, 2019). India ranks fifth in being

the most attractive destination for medical tourism globally for foreign direct investments, after Malaysia, Panama, Brazil, and Costa Rica (Connell, 2013). However, India's medical tourism positioning is unique as it provides alternative forms of treatment such as Homeopathy, Unani, and Ayurveda treatments (Yanos, 2008).

Though low-cost treatment is a key driver of medical tourism, it cannot be realized by compromising the quality of healthcare services (Horowitz & Rosensweig, 2007). Accreditation has become a ubiquitous phenomenon in both the national and international healthcare industry as a recognized means of safety and quality. Accreditation is an external evaluation model used by several healthcare accreditation agencies around the world to improve, regulate, and promote health care services. The accreditation status of healthcare establishments helps them to openly recognize that they have met national/international quality criteria (Pomey et al., 2005). Among accreditation bodies, the most recognized is the "Joint Commission International (JCI)" accreditation. This is the US-based agency that has thorough standards for American hospitals and, the same agency accredits other countries' hospitals applying those standards. India has its accreditation agency named "National Accreditation Board for Hospitals and Healthcare Providers" (NABH). Accreditation assures high standards of quality and safety to the medical tourist. International accreditation serves as a stamp of approval to ensure patients receive quality health care services in foreign countries. A country having more accredited facilities or hospitals, tends to create a brand and more foreign patients get attracted to that country. Accredited hospitals can display accreditation symbols or badges on their websites. They act as "kitemark", assuring quality and safety to potential medical tourists, and at the same time promotes the health organization's records (Mayura, 2006 & Swathi et al., 2020). Hence, this study aims to explore the association between accreditation status and quality of hospital website contents that promote medical tourism in India.

Literature Review

There is a need for gaining access to medical information, the information that is necessary for international patients to understand and to trust the medical destinations to avail treatments for their illnesses or any other medical procedures (Lunt et al., 2014). Information across the globe is available via the internet. The internet is considered an important source and its usage has increased steadily for seeking information on health for patients and their families (Hunsaker & Hargittai, 2018). According to Moslehifar (2016), searching for medical information on the websites of the hospital is one of the common events on today's internet, therefore there should be a continuous evaluation of the quality of the information provided on the hospitals' websites. Many websites suffer due to lack of quality information, lack of ethical, safety, and quality concerns, the omission of facts, poor quality information, the question of honesty and accuracy (Samadbeik et al., 2017).

Moghavvemi et al. (2017) conducted an interesting cross-sectional study on accessing and analyzing the content on private hospitals' websites that promoted health tourism in Malaysia, Thailand, and India. A common observation was

drawn among three countries' websites, that is about weak online interactive services and the hospitals' managers must work towards improving this feature so that medical tourists can be able to make conservation and seek answers to any questions they have (Moghavvemi et al., 2017). Indeed, one set of criteria cannot outperform other hospitals' websites however, it depends on what the user might analyze to increase credibility. It can be 'usability' such as ease of navigation, quick links, website appeal, and search capability; 'content' such as accuracy and clarity of information, discussions, support system; and 'reliability' such as disclaimers and testimonials and adherence to health on the net (HON) codes (Joffe et al., 2003; Song, 2007).

Further, studies revealed an increased trend of international hospital accreditation in the active medical tourism markets. If the provider is accredited then the patients get a reassurance that they would likely receive good quality services (Woodhead, 2012). Providers obtain badges by achieving accreditation and use them to advertise their quality and participate in benchmarking themselves in the operating health markets. Though not all hospital achieve accreditation for facilitating medical tourism, we cannot deny the fact that accreditation ensures standard practices, and these mentioned in the websites will promote medical tourism.

Methodology

This cross-sectional study aims to examine the hospital websites for their contents through a content analysis method. The study intends to focus on what is present and absent on the hospital website and not on the exploratory experience of medical tourists. Purposive sampling method is used, and the list of hospitals is drawn from the portals. The list of JCI accredited hospitals in India was obtained from the JCI website and noted the presence of a total of 39 JCI accredited hospitals located in various cities of the country. However, the study considered only 37 JCI accredited hospitals as 2 hospitals were excluded due to lack of official hospital websites at the point of the study. The second group is NABH accredited hospitals. The list of accredited hospitals is obtained from the official website of NABH India, and the last group is non-accredited hospitals which are obtained from the Sehat website. The listing of hospitals is made on basis of a 1:1:1 ratio, that is for every 1 JCI accredited hospital in that specific state or city, 1 NABH accredited, and 1 non-accredited hospital is accorded from the same state or city. Since 2 JCI accredited hospitals' websites were not available, the total sums up to 37 JCI accredited hospitals, 37 NABH accredited hospitals, and 37 non-accredited hospitals that sum up to 111 hospital websites from India.

The main construction of the study is based on the five categories of information that allow us to assess the contents, usability, and reliability of websites developed by Maifredi et al. (2010). The five categories are "Hospital Information and Facilities, Admission and Medical Services, Interactive Online Services, External Activities, and Technical Items". Further, the study adopts 38 items for these 5 categories constructed by Moghavvemi et al. (2017) for assessing the website contents. This has enabled us to agree that these items include the information needed by medical tourists to make necessary health decisions. All

the five categories report “reliability” whereas categories “hospital information and facilities”, “admission and medical services”, and “external activities” speak of “content” and, the categories such as “external activities” and “technical items” explains “usability” of the websites.

A preliminary study was conducted for testing the codebook with 20 random samples of hospital websites. Two raters have coded the websites separately based on the constructs designed. Dichotomous coding was used to evaluate the websites based on the absence (0) or presence (1) of the codebook items. Inter-coder reliability was checked using Cohen’s Kappa test which resulted in an average of 0.87 indicating good agreement between the raters. After coding all the hospital websites, each website’s evaluation score, and its percentage were calculated. Then aggregate evaluation scores of the websites were calculated and analyzed across the 3 groups of hospitals to find differences and similarities amongst them.

The Kruskal-Wallis H test and the Mann-Whitney U tests were performed to investigate the differences in the distribution of the scores calculated between and within the hospital categories. The distribution of the scores and p-value was calculated for each item for the three categories of the hospital. P-value was also calculated to assess the difference between the website contents of the hospitals having NABH and JCI accreditation. All the analyses were conducted using SPSS statistical software package version 20.

Results and Discussion

In total 111 hospitals’ websites endorsing destination tourism in India were evaluated for their contents. The average evaluation score of the website analysis of JCI accredited, NABH accredited, and non-accredited hospitals are 30, 29, and 25, respectively. A mean website evaluation score percentage for all the five categories of contents is calculated and shown in table 1. JCI accredited hospitals scored better with an average total score of 70.7 percent among the three groups of hospitals in all the five categories of website content. Whereas the average total score of NABH accredited hospitals is 68.4 and of the non-accredited hospitals is 59.7. However, in the “External activity” category NABH accredited hospitals scored the highest. Indeed, there is a significant difference between the accreditation type and status of hospitals and the contents on the hospital websites promoting medical tourism in all the categories with p values less than 0.05 except for the “technical items”. However, among the accredited hospitals there is a significant difference between the website contents of JCI and NABH accredited hospitals except for two categories such as “External activities” and “Technical items”.

Table 1. Mean website evaluation scores for categories of hospitals

Name of the category	No. of items	Mean percentage of scores			P* value	P** value JCI vs NABH accredited hospitals
		Non-accredited hospitals (N=37)	NABH accredited hospitals (N=37)	JCI accredited hospitals (N=37)		

Hospital information and facilities	15	71.5	82.1	85.7	<0.001	0.018
Admissions and medical services	10	72.3	85.4	90.1	<0.001	0.006
Interactive online services	5	68.2	80.8	82.0	<0.001	0.009
External activities	3	23.7	34.7	32.3	0.018	0.736
Technical items	5	62.6	58.8	63.2	0.267	0.275
All items	38	59.7	68.4	70.7	<0.001	0.007

*Kruskal-Wallis test; ** Mann-Whitney U test

A descriptive analysis of all the items for each category of the codebook is discussed under the respective category. The percentage of hospital websites containing or not containing the single item in the codebook for all the five categories was assessed for each group of the hospital and is discussed below in detail.

Hospital Information and Facilities

The study finds significant differences in the mean percentage scores across the category of hospitals as shown in table 2. One such difference is the information of getting to the hospital, be it ground transportation arrangements (78%), entry visa assistance (63%), and/or partnerships with travel agents or hotels (81%), is found to be lacking in websites of non-accredited hospitals than JCI and NABH accredited hospitals. The percentage of hospitals mentioning patients' rights and responsibilities and obligations is less than 50%. JCI accredited hospitals are way too probable to consider accommodation and arrange for the same both within (84%) and outside (88%) of the hospital than NABH accredited hospitals (78% and 84% respectively) and non-accredited hospitals counterparts (47% and 81% respectively). Countries are diverse in origin and languages. Therefore, hospitals must consider catering to international patients by providing interpretation services in hospitals.

Table 2. Results by category of hospitals for 'Hospital Information and facilities' section

S No.	Items	Mean percentage of scores			P* value	P** value JCI vs NABH accredited hospitals
		Non-accredited hospitals (N=37)	NABH accredited hospitals (N=37)	JCI accredited hospitals (N=37)		
1	Hospital contact information	100%	100%	100%	0.133	0.154

2	Hospital statement of purpose	97%	100%	94%	0.137	0.041
3	Photos or videos featuring the hospital facilities and technology	100%	91%	97%	0.427	0.336
4	Getting to the hospital: Ground transportation arrangements	78%	91%	81%	<0.001	0.316
5	Getting to the hospital: Travel arrangements/bookings	88%	84%	88%	<0.001	0.056
6	Getting to the hospital: Entry visa assistance	63%	81%	84%	<0.001	0.041
7	Getting to the hospital: Partnerships with travel agents or hotels	81%	88%	91%	<0.001	0.013
8	Patient privacy information	56%	78%	81%	<0.001	0.638
9	Patient's rights and obligations	34%	44%	66%	0.003	0.132
10	Patient feedback	84%	100%	94%	<0.001	0.975
11	On-site language interpretation services	53%	75%	84%	<0.001	0.023
12	Food arrangements specific to international patients	41%	63%	69%	<0.001	0.192
13	On-site pharmacy and prescription assistance	69%	75%	84%	0.392	0.285
14	On-site facilities for patients' companions	47%	78%	84%	0.001	0.423
15	Off-site accommodation arrangements for patients' companions and outpatients	81%	84%	88%	<0.001	0.157

*Kruskal –Wallis test; ** Mann-Whitney U test

Admissions and Medical Services

This category emphasizes how all hospitals display information about their areas of excellence, medical specialties, and medical staff profiles. However, the three groups of hospitals differ variably comparative to information provided on estimated costs, payment details, foreign currency exchange, and post-discharge arrangements as shown in table 3. There is a significant difference across the hospital category except for three items in this codebook section. JCI accredited hospitals (88%) are explicit about providing billing information on the website in comparison to NABH and non-accredited hospitals (72% and 53% respectively).

Information about estimated cost is less likely provided on non-accredited hospitals' websites (59%).

Table 3. Results by category of hospitals for 'Admissions and medical services' section

S No.	Items	Mean percentage of scores			P* value	P** value JCI vs NABH accredited hospitals
		Non-accredited hospitals (N=37)	NABH accredited hospitals (N=37)	JCI accredited hospitals (N=37)		
1	Estimated costs	59%	88%	91%	0.033	0.528
2	Billing information	53%	72%	88%	0.017	0.228
3	Health insurance accepted	91%	100%	97%	0.001	0.594
4	Payment information and facilities	63%	94%	91%	0.014	0.331
5	Foreign currency exchange information and facilities	44%	56%	72%	<0.001	0.024
6	Inpatient accommodation	66%	81%	84%	0.083	0.604
7	Medical specialties/areas of excellence	100%	100%	100%	0.930	0.924
8	Medical staff descriptions	100%	100%	100%	0.790	0.986
9	Appointment booking	81%	100%	94%	<0.001	0.440
10	Post-discharge arrangements	66%	63%	84%	<0.001	0.002

*Kruskal –Wallis test; ** Mann-Whitney U test

Interactive Online Services

It is seen that most hospitals lack interactive tools for online communication or inquiries as given in table 4. Interactive tools can be live chats as well as email inquiries. The live chats are more attractive and provide real-time information for any queries asked by medical tourists. JCI accredited hospitals (75%) are better compared to NABH accredited (66%) and non-accredited (41%) hospitals. It is observed that all three types of hospitals in India lack the option of availability of medical records via the internet.

Table 4. Results by category of hospitals for 'Interactive online services' section

S No.	Items	Mean percentage of scores			P* value	P** value JCI vs NABH accredited hospitals
		Non-accredited hospitals (N=37)	NABH accredited hospitals (N=37)	JCI accredited hospitals (N=37)		
1	Interactive tools for online enquiries	41%	66%	75%	<0.001	0.016
2	Pre-admission consultations at a distance	81%	88%	88%	<0.001	0.066
3	Medical records available via the Internet	31%	50%	56%	0.001	0.988
4	Links to online forums for patient feedback and social networking	94%	100%	97%	0.005	0.336
5	Links to additional online venues for information generated by or about the hospital	94%	100%	94%	<0.001	0.950

*Kruskal –Wallis test; ** Mann-Whitney U test

External Activities

It is seen in the study that JCI accredited hospitals (72%) have mentioned on the health care joint ventures, overseas referral to other hospitals or international affiliations than NABH accredited (66%) hospitals, and non-accredited hospitals (56%) is at least having joint ventures or hospital branches as shown in table 5. In this study, it was proved that all three types of hospitals lack referral services for overseas physicians or even updating the referred doctors about the ongoing treatment of the patients. However, JCI accredited (9%), NABH accredited (13%) hospitals and non-accredited hospitals (9%) provide information about informing the referred doctor or referral services for international physicians. Hospitals providing links to relevant agencies or tourist attractions show non-medical affiliations. A limited number of hospitals provide links to the agencies or tourism sectors, which is more likely provided by NABH accredited (25%) and JCI accredited (16%), non-accredited hospitals (6%) give significantly less information or link about tourist attractions on their websites.

Table 5. Results by category of hospitals for 'External activities' section

S No.	Items	Mean percentage of scores			P* value	P** value JCI vs NABH accredited hospitals
		Non-accredited hospitals (N=37)	NABH accredited hospitals (N=37)	JCI accredited hospitals (N=37)		
1	Healthcare joint ventures, international affiliations and overseas referral networks with other hospitals	56%	66%	72%	0.075	0.992
2	Referral services for international physicians	9%	13%	9%	0.357	0.943
3	Links to relevant agencies/tourist attractions	6%	25%	16%	0.277	0.722

*Kruskal –Wallis test; ** Mann-Whitney U test

Technical Items

It is seen that all hospitals dynamically maintain the websites without any broken links, but they do not go the extra mile in catering for web usage for sensorial disabled people. However, few hospitals have the option of minimizing or maximizing the content on their websites making it feasible for people with eyes issues such as myopia or hyperopia, one hospital has music playing in the background whereas another hospital has the option of changing the color of the website background catering to colorblind people. These features are seen in JCI, NABH accredited and non-accredited hospitals (3%, 6%, and 6% respectively) as given in table 6. The ability to translate the content in alternative languages makes the medical tourist understand the content more precisely and reliable. JCI accredited hospitals (50%) are more likely to provide alternative language options than their counterparts.

Table 6. Results by category of hospitals for 'Technical items' section

S No.	Items	Mean percentage of scores			P* value	P** value JCI vs NABH accredited hospitals
		Non-accredited hospitals (N=37)	NABH accredited hospitals (N=37)	JCI accredited hospitals (N=37)		
1	Site map present	94%	88%	94%	0.493	0.722
2	Site-wide search tool present	91%	84%	88%	0.932	0.992

3	Availability of alternative language options for the website	34%	22%	50%	0.121	0.051
4	Website accessibility for people with sensorial disabilities	6%	6%	3%	0.379	0.167
5	Live (no broken) web links	88%	94%	81%	0.168	0.244

*Kruskal –Wallis test; ** Mann-Whitney U test

Access to information about physicians' qualifications and degrees has a great impact on medical tourists' decisions on choosing the hospital (Eysenbach & Kohler, 2003). Likewise, the findings revealed that most of the hospitals irrespective of their accreditation status have published about the physicians' details and the services available in their hospital. However, the important concern was the quality of healthcare providers such as doctors and nurses, followed by hospital services, facilities, and atmosphere (Wong & Musa, 2012). The study conducted in Canada on the hospitals found that 52.9% of their websites had information about treatment follow-up (Penny et al., 2011). But the findings suggest that very few hospitals' websites gave importance to what happens when a patient leaves the country post-treatment, whether they will be followed up by the treated doctor or not.

Providing an interactive platform on websites will boost recognition and increase conversion rates (Li, 2011). However, it was found that websites have the least accessibility to people with disabilities with a score of 5%. Providing the option of translation of content to a foreign language supports a wider reach of website users to stay for an extended duration and devote considerably more time to websites (Luna-Nevarez & Hyman, 2012). Likewise, the option of translating the websites' content to a foreign language was about 15% in the Iranian hospitals' (Joffe et al., 2003) websites and our results for Indian hospitals' websites were computed to 35%. Scheduling appointments online has shown a reduction in waiting time and hence improves patient satisfaction (Leahy, 2008). While most Indian hospitals have an appointment scheduling tool that is well-thought-out for website visitors. India's competitive advantage over other medical destinations is that high-standard treatments are offered at a competitive price. Similarly, most of the accredited hospital websites have information on the estimated cost of different types of services available in their facilities.

Conclusion

This study has compared the websites of JCI accredited, NABH accredited and non-accredited hospitals in India. It was seen that hospitals that are JCI accredited facilitate awareness about the expertise and services that they offer to internet users. Hospitals provide information about their certifications and accreditations. Thus, accreditation has a positive effect on the quality of website

content. Websites serve as a virtual gateway that helps people decide to choose their health destination with a low price yet high-quality services. Medical tourism in India offers advanced technology cardiac, dental, orthopedic, and cosmetic surgical services and, also traditional systems of medicine. Mentioning value-added services such as yoga, physiotherapy, recreational program, etc. will help in differentiating themselves from their competitors. Informative online marketing using an online forum like YouTube, Twitter, and Facebook can reach a huge population, thereby creating awareness about the services and treatments available. Articles and videos related to the latest cutting-edge technology and advanced equipment used in hospitals, available on the website will gain the confidence of medical tourists. In Canada, the companies or hospitals promoting medical tourism have attracted medical tourists by publishing information about tourist attractions and medical services provided on the websites along with their social networks (Turner, 2011). To increase the brand image, hospitals in India need to link up with foreign institutes to provide potential health tourists. For instance, the Apollo Group has international associations with many hospitals in Mauritius, Yemen, Bangladesh, and Tanzania, in addition, it also has a hospital in Sri Lanka and Dubai. In this study, it was noted that very few hospitals have such associations concerning follow-up care. Hence, it is essentially important to improve in the areas that are greatly uninformative on websites that are needed for promoting medical tourism. However, as this study has used purposive sampling in choosing the hospital website the results cannot be generalized to all the hospitals. The numbers are governed by limited hospitals catering to medical tourism provides information that is required by medical tourists. Few hospitals considered for the study were observed to be a chain of hospitals rather than individual hospitals (e.g., Apollo Hospitals) and some of them have a common website for their chain of hospitals. Secondly, this study relies on what is present and not present on the websites of the hospitals and does not anticipate looking at health tourists' experience with the websites. Hence, future studies could be conducted to analyze the impact of website content on health tourists' decision-making behavior. Future researchers can consider this study as a baseline and can conduct research that reveals more insights about the quality of websites and their influence on the behaviour of healthcare consumers.

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