

Assessing the effectiveness of the Egyptian medical tourism websites: An exploratory study

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Abstract

Medical tourism websites have emerged as an important marketing and communication tool for various medical tourism providers. The rationale aim of this paper is to examine the current status of the top selected Egyptian medical tourism websites. The current study also seeks to assess the effectiveness of medical tourism websites according to definite dimensions; contact information, general information, surrounding area information, medical and wellness services information, communication with customers, social networks, facilities information and booking information. The focus of this website analysis is to evaluate the main features of the top Egyptian websites. To achieve this aim, a qualitative content analysis was conducted; besides, an online survey was addressed to the participants. The main findings reveal that only the most basic information about the Egyptian medical tourism company and their services are presented on the websites. Results also indicated that the Egyptian Medical tourism websites have not benefited much from the creation of an online site; to promote their services. The overall conclusions have significant implications for website developers and medical tourism partners.

Keywords: medical tourism, health tourism, medical tourism websites, Egypt, website evaluation.

1. Introduction

Medical and health tourism has captured the attention of both scholars and practitioners in the field of tourism and health (Connell, 2006; Bookman & Bookman, 2007; Balaban & Marano, 2010; Crooks et al., 2010; Hopkins et al., 2010; Kangas, 2010). Terms such as (medical tourism), (medical travel) and (health tourism) are commonly referred to traveling to another place for healthcare (Hall, 2011; Wang, 2012). Health tourism is regarded as an umbrella term for all aspects of health, wellness, and medical care (Goodrich, 1993). Medical tourism has appeared in different regions and destinations because of the high costs of treatment, long waiting lists, the affordability of international air travel, supporting economic exchange rates and the ageing of baby-boom generation (Connell, 2006). Medical tourism is developing rapidly in many countries such as Hong Kong, India, Iran, Korea, Latin America, Singapore, Taiwan, Thailand, Turkey, Jordan, Lebanon and United Arab Emirates (Connell, 2006; Yu and Ko, 2012). Egypt has emerged as a new medical tourism destination, where patients can be treated at affordable prices (Zaki, 2017). The most popular treatments in Egypt are cardiology, orthopedics like hip replacement, cosmetic surgery and dentistry, offered at only 50 percent of

the cost when compared to other countries in the world (Jagyasi, 2014; Khalifa & Haley, 2010). The expansion of medical tourism has been linked to the rise of the Internet (Petch, 2004; Connell, 2006; Bookman & Bookman, 2007; Lunt et al., 2010; Maifredi et al., 2010; Hohm & Snyder, 2015). Consumers search for online health information in three main ways: searching directly for health information, consulting with health professionals and participating in online support groups (Cline & Haynes, 2001). Besides, medical tourism websites provide the prospect for medical partners to easily reach potential patients by offering accurate health information and gaining patients' trust to achieve sustainable competitive advantage (Aplar et al., 2010). Thus, medical websites became a key actor offering services for both patients and medical providers (Skountridaki, 2017). Examining website performance became a very significant aspect for health providers (Vicky et al., 2018). High-quality online information is essential to attract medical tourists (Loda, 2011). The evaluation process can include dimensions and standards such as quality, truthfulness, and accuracy (Dragulanescu, 2002). However, the role and quality of online health information have not been profoundly discussed (Horsfall et al., 2013). Against this background, the recent study seeks to address this gap and contribute towards deeper understanding of medical tourism websites. The study primary concern is to assess the effectiveness of the top selected Egyptian medical websites according to specific criteria. The paper also aims to answer the following questions:

- What are the main factors that influence the effectiveness of medical tourism websites?
- What are the users' perceptions towards the main features of the Egyptian medical tourism websites?

2. Literature Review

2.1 Medical Tourism

Concerning medical tourism, various definitions have been presented in table (1).

Table 1 Definitions of medical tourism

Author(s)	Definition
Gupta (2004)	The provision of cost-effective medical care for patients in cooperation with the tourism industry.
Carrera and Bridges (2006)	It is an organized trip to sustain, improve and recover the individual's physical and mental health.
Connell (2006: 1094)	It is a niche market industry, where people travel often for long distances to overseas destinations to get medical, dental and surgical care as simultaneously being tourists, in a more conventional sense.

ESCAP (2009:1)	The international phenomenon of individuals travelling to access health-care services that are otherwise not available due to high costs, long waiting lists in the country of origin, and medical tourism referring: undertake medical travel in combination with visiting tourist attractions.
Lunt and Carrera (2010)	The travel of a person to a foreign country with the intention of receiving medical care; focused on clinical surgical, and hospital provision.
Navid et al. (2010)	It is an economic activity that engages trade in services and represents the combination of two sectors: medicine and tourism.
Yu and Ko (2012)	It involves not only going overseas for medical treatment, but also the search for destinations that have the most technical proficiency and which provide it at the most competitive prices.
Thilakavathy (2015)	It involves traveling to a selected destination to achieve the opportunities for healthcare services offered by the best- experienced professionals, at the technically most advanced medical service, in full privacy and at a reasonable price.

In sum, reasons patients seek care at medical destinations (Horowitz & Rosensweig, 2007) for various purposes: low cost; avoid waiting lists; medical procedure not available in home country; tourism and vacations; privacy and confidentiality. Cormany and Baloglu (2011) mention that participants who are involved in medical tourism are searching for major or minor surgery, dental treatments, and cosmetic enhancements with low costs and enhanced medical technology. Medical check-ups and health screening can be also classified as medical tourism activities (Heung et al., 2010; Connell, 2013). There are definite areas of specialization in medical tourism such as organ transplant, plastic surgery, dentistry, eye care, orthopedic surgery, fertility treatments, heart surgery, dialysis (EIMC, 2008). The tourism component in the medical tourism industry is represented in three different ways (Helmy, 2011):

- To facilitate all travel arrangements and all relevant services, to and from destinations.
- To present definite recreational, cultural or entertaining activities.
- To suggest tourist programs to the patient's accompanied persons.

2.2 Egyptian medical tourism

Egypt owns most of the essential attractions to become a superior medical destination such as: good weather, nearness to markets, reasonable medical and tourism services prices, health care professionals and a wide array of services at integrated medical centers (Fady, 2016).

However, Egypt's share of international health tourism (including both medical and wellness tourism) is not more than 0.7 percent (Ahmed and Rabee, 2014). Reasons behind this drawback can include: the delay in establishing international quality standards in hospitals and the non-existence of tailored medical tourism programs, besides, the strong competition of other countries in the Middle East and Africa region such as Jordan, Lebanon, Tunisia, South Africa and Turkey (Ahmed and Rabee, 2014; Fady, 2016). A limited number of private and military hospitals which are JCI members (Joint Commission International) accredited (six hospitals: As-Salam International Hospital, Children Cancer Hospital Egypt (CCHE) 57357, Dar Al Fouad Hospital, El Araby Hospital, International Medical Center, Magrabi Eye Hospital) (JCI, 2017). The last few years have witnessed the widespread of state-of-the-art private sector healthcare providers such as hospitals and dental care clinics, besides, the expansion of groups of private medical labs and eye care centers across the country (Helmy, 2011). Moreover, some large private holding companies like the UAE based Abraaj Capital, the Saudi Andalusia Group and Saudi German Hospital Group have already developed in the Egyptian market (Ayoub, 2017). The Egyptian Medical Services Group (EMS) has been established to provide dialysis services for international tourists with kidney illness (Helmy, 2011). The Egyptian government has also nominated the country as a center of medical treatment for Hepatitis ‘C’, part of the campaign ‘Tour n’ Cure’ to attract tourists from all over the world to receive cheap and effective treatment (El- Nadar, 2017).

2.3 Medical tourism websites

The internet provides a range of options for accessing health information relating to professional diagnosis, self-diagnosis, aftercare and support (Lunt et al., 2010). The Internet serves as a platform for promoting medical destinations (Lunt et al., 2011), and to connect consumers with a variety of health care providers and brokers (Mainil et al., 2010). Websites are a key marketing and communication strategy for medical tourism providers (Lee et al., 2013; Loncaric et al., 2013). Through websites, the travelers can obtain information, compare costs, and arrange reservations easily (Loncaric et al., 2013). The typology of websites can be illustrated in table 2.

Table 2 Types of medical tourism sites

Type of site	Features
Portals	They are considered as an entry point to many destinations, brokers and providers. They may focus on one treatment type or many. They can take several forms such as; open, regionally focused, or focused on an individual provider. Provider portals may spotlight on a single provider or group (e.g. hospital or surgery) and offer information and details about the services, treatments on

	offer, and the training and experience of staff. They have similar features such as videos, testimonials and virtual tours. Portals provide the consumer with the opportunity to receive further information, tailored to the individual and sometimes including quotes for treatments.
Media sites	There are also sites supporting medical tourist magazines and commercial interests involved in the marketing of medical tourism. These include stories and interviews with industry experts and details of emerging markets and new developments.
Consumer – generated sites	These include blogs and discussion boards and debates. These sites allow the sharing of experience and support community.
Commerce- related sites	These sites offer information on commerce that is linked to the medical tourism industry. This can include cost-comparison sites, insurance sites, financial advice sites overseas property sales sites and market research sites.
Professional, policy and regulatory-focused sites	These provide information on the regulation and legislation aspects of medical tourism. These are usually professionally, developed and maintained.

Source: Meric et al., 2002; Lunt et al., 2010; Horsfall et al., 2013

The main functions of medical tourism websites can be classified into five main processes; functionality as a gateway to medical and surgical information, connectivity to related health services, the assessment and/or promotion of services, commerciality and communication (Lunt et al.,2010;Young et al.,2013).

1. **Information:** There are different reasons for medical users to search for online health and medical information (Better Health Channel, 2013):
 - Gather more diagnosed disease or illness information.
 - Find out about alternative medical treatments.
 - Get a "second opinion".
 - Resolving conflicting health information.
 - Join relevant patient support groups who have the same kind of medical disease or illness via online discussion forums or "chat rooms".
2. **Connectivity:** Medical sites may contain links and references to other useful websites of third parties such as health care websites, medical travel information websites and health insurance websites (Lunt et al., 2010).
3. **Assessment:** The National Health Services (NHS) (2013) assured that the online health information should be: approved by a clinical expert;

reviewed and updated regularly; unbiased; non-commercial purposes; non-claiming to replace the advice given by a doctor; and not asking user to pay a full emailed diagnosis.

4. **Commerciality:** The commerciality of medical sites is built on the profiling and data gathering of the individuals who navigate the website (Lunt et al., 2010). Data is obtained in the form of cookies, surveys, newsgroup posting, and web forums and during the consumer sign up to newsletters or register with the websites to access the full content (Lunt et al., 2010).
5. **Communication:** Doubtless, online communication has appeared to strengthen the communication relationship between patients and providers in the health care industry (Katz & Moyer, 2004). Users can exchange and store information in structured, easily retrievable mode, besides, the communication can be easily tracked, documented and evaluated (Safran, 2003).

Many studies have proposed dimensions for assessing websites' effectiveness in the field of healthcare service provision (Kim & Fesenmaier, 2008; Lee & Morrison, 2010; Loda, 2011). These dimensions include the information content, ease of communication and marketing effectiveness, aesthetic design features and appeal, customer service, technical and website service quality, and website interactivity (Kim & Fesenmaier, 2008; Lee & Morrison, 2010; Loda, 2011). There are several features that medical tourism websites suffer from such as; poor quality of content, lack of safety and security, lack of ethical concerns, the exclusion of important facts, and lack of accuracy and honesty (Moslehifar et al., 2016). Eysenbach et al. (2002) examined 79 studies that explored the quality of health information. This study adopted certain criteria based on; accuracy, completeness, readability, design, disclosure and references (Eysenbach et al., 2002). The study also concluded that 70% of these websites faced a problem with the quality of information (Eysenbach et al., 2002). Furthermore; Khazaal et al. (2008) conducted a study for evaluating social phobia websites. This study concluded that the quality of sites was poor (Khazaal et al., 2008). HON (Health on the Net) is a quality label that has been active for ten years and provides a simple way of appraising quality of health information ((Lunt & Carrera, 2011). According to HON guidelines, the websites should be: authoritative, complementary to existing doctor-patient relations, protective of privacy, attributive, justifiable, transparent, financial disclosure, and clearly distinguish advertising policy from editorial content (Lunt & Carrera, 2011). Charnock and Shepperd (2004) also examined the application of DISCERN (a tool for assessing the quality of health information on the internet) to online health sites. Provost et al. (2006) conducted a comprehensive quality assessment study for health sites and developed an instrument for assessing health websites (WebMedQual scale). Concerning the evaluation of medical tourism websites, many studies have adopted content analysis to investigate the usability (attractive design/presentation of information, ease of navigation, interactivity and external links), content

(clarity of site purpose; accuracy of general information, discussions, resources and support systems), and reliability (disclaimers and HON code) (Eysenbach et al., 2002; Maifredi et al., 2010). They all conclude that few websites fulfilled the quality criteria in order to provide information sufficient (Eysenbach, et al., 2002; Maifredi et al., 2010). In a similar vein, Cormany and Baloglu (2011) evaluated 57 medical websites in North America, Asia, Europe, Central and South America, and Africa; Mason and Wright (2011) conducted a content analysis of 66 medical websites in the United States, India, Thailand and Singapore; and Penney et al. (2011) undertook a thematic content analysis of 17 Canadian medical websites.

3. Methodology

The research focus of this study aimed at evaluating and assessing the effectiveness of the Egyptian medical tourism websites. At the completion of this research new information will be acquired regarding the top six medical tourism web sites in Egypt which were selected through Google search. These sites are www.egyptmedtravel.com, www.tourcure.com, www.goldentoursegypt.com, www.ems_eg.com, www.touricoegypt.com, and Karnack.egyptair.com

3.1 Sampling

The target populations of this study are the tourists or customers of medical tourism who contact these Egyptian medical tourism websites. The sample was selected purposively with the assistance of medical tourism agencies. The online survey was the main form of data collection. In total, 400 participants took part in the survey. Data collection was carried out during the period from June to July 2019. However, only 348 of the questionnaires were valid, indicating an estimated response rate of 87 percent.

3.2 Research Instrument

The data collecting methods of the study used a combination of two methods: questionnaire forms and content analysis to investigate, analyze and evaluate the Egyptian medical tourism websites in Egypt. The first method to assess the effectiveness of the Egyptian medical websites, was a questionnaire. It was distributed to tourists to understand their expectations and perceptions. After choosing medical tourism websites through google search the questionnaires were sent to customers who exhibit medical tourism behavior. The assessment questionnaire was measured using revised items from Elling et al. (2012). The developed and structured questionnaires list contained 8 dimensions and 32 criteria. The analyzed dimensions were: Ease of use, Hyperlinks, Structure, Relevance, Comprehension, Completeness, Layout, and Search option. The questionnaire was prepared based on Likert's 5 scale model. It comprised two sections. Section 1 is the respondents' profile. Section 2 consists of 8 dimensions with 32 inquiries to assess the effectiveness of these websites, with a five-point scale ranging from extremely disagree (1) to extremely agree (5). The higher score of the five-point Likert scale means the higher quality of the websites. A pilot study was conducted on five experts to examine the

questionnaire validity. Reliability analysis on item-scale was conducted on 12 tourists. In the questionnaire, Cronbach's alpha of the study measures was 0.83. The second method was a quantitative research technique which was used in the study with statistical tools to achieve results (Christou, 2011). A content analysis technique has been applied so as to accomplish the research aims. Content analysis was used to study the websites of the six medical tourism providers. Content analysis is a research method that has come into wide use in health studies in recent years (Hsieh & Shannon, 2005). The content analysis application is also common in tourism research. Content analysis was conducted by evaluating and analyzing detailed information for each dimension of company websites. According to Weber (1990), content analysis is also performed to compare and analyze the availability of information on websites to their visitors. The evaluation framework of the content analysis was developed and structured into 8 dimensions and 25 items adapted from Lončarić et al. (2013). The analyzed dimensions were contact information, general information, surrounding area information, medical and wellness services information, facilities information, communication with customers, social networks, and booking information. Dimensions that already presented in the study literature, have been modified to fit the aims of the research. The combination of eight dimensions mentioned below provides a comprehensive view of the current Egyptian medical tourism websites.

4. Results

4.1 Content Analysis

For each visited website, an evaluation was made on the content of the website and the services offered by its owners. Dimensions evaluated were compared based on "present/not present" scale, eliminating the variability of qualitative assessments. Sites were judged by sets of criteria. These were information present on the site. An initial list of 8 items included:

- Contact information
- General information
- Surrounding area Information
- Medical and wellness services information
- Facilities information
- Communication with customers
- Social networks
- Booking information

The analysis has shown that all medical tourism providers have their own website. However, the websites contain only basic information. The content of the analyzed websites in Table (3) revealed that According to **Contact information** two websites had all items of content information; however, three of them did not have the direct electronic mail to the relevant departments. Two websites did not have (Contact person). On the other hand, It was noticed that the testimonials of patients are represented with a low percentage. However, these are the most vital attributes that should be available on the website because they provide credibility.

In the **General information** category, all researched contents were available on two websites (www.touricoegypt.com, Karnack.egyptair.com). Just one website did not determine its mission. The Awards or achievement was not available on the two websites. Three of them had employment opportunities. All of the six websites had a Press release.

According to **The Surrounding Area Information**, it was inadequately represented on the six websites. General information about the destination, Surrounding Photos, and Accessibility (transport) was represented at the six websites. Only one website represented the following items: Easy to navigate, Opportunity of looking for other hotels, and Information such as weather condition, rates, etc. Two websites have published Promotions and notices about the Destination accommodation services.

Not available on any website Promotions and notices about the Destination food and drink services, and Advertisements of different firms.

In the **Medical and wellness services information**, all of the websites represented information regards medical programs. Although this is a field of specialization, the information was short and non-transparent to attract customers. Price list of medical services, Medical indications, Guide and/or restrictions for patients, wellness programs, and Chance to make group reservation were available in two websites. Waiting list, Price list of wellness services, Sports medical program, Price list of sports medical program services, hotel description and information about hotel concept were not represented in any website. The majority of the websites have published Photos of medical and wellness services, Recreation program, and Price list of the recreation program. However, Facilities and Service and Hotel Location Map were represented on one website. For the **facilities information**, more than half of the websites contained Hotel Photos, Room Photos, Promotions and notices about accommodation services, and Promotions and notices about children. The newsletter was available on all websites. Room Description could be found on one website.

Communication with customers was inadequately presented. There was no website that supports Employee of the month and Site satisfaction questionnaire. However, contents such as Online Survey, Membership and user access, frequently coming customer program, Job opportunities, were represented in the vast majority of the websites. All of the available websites used Facebook as a **social network**, while other forms of social networks were used such as Twitter on some of the websites.

Booking information was the last category of content analysis. Online Payment opportunity, Online Reservation opportunity, and Availability Information were allowed on about half of the websites. Chance to make a group was available on one site. Unfortunately, no site had any information about the terms of cancellation, guiding the traveler to secure payment, special offers for the online reservation, and date of the last update. Also, no website contained a virtual tour or a video. The vast majority of the websites were multilingual. English was the most common language.

Table (3) Websites content analysis

Research area	Content	www.egyptmedtravel.com	www.tourncure.com	www.goldentoursegypt	www.ems_eg.com	www.touricoegypt.com	Karnack.egyptair.com	%
Contact Information	• Address	√	√	√	√	√	√	100
	• Contact Person	√	√	√	X	√	X	66.6
	• Direct electronic mail to the relevant departments	X	√	X	X	√	√	50
	• Electronic mail bulletin	√	√	√	√	√	√	100
	• General e-mail address	√	√	√	√	√	√	100
	• Information about owners and partners.	√	√	√	√	√	√	100
	• Online forum	√	√	√	√	√	√	100
	• Telephone Number Links to subsidiaries Branded web address	√	√	√	√	√	√	100
General information	• History of institution	√	√	√	√	√	√	100
	• Company profile	√	√	√	√	√	√	100
	• Mission	√	√	X	√	√	√	83.3
	• Awards or achievement	√	X	X	√	√	√	66.6
	• Employment opportunities	x	√	X	X	√	√	50
	• Press release	√	√	√	√	√	√	100
Surrounding Area Information	• General information about the Destination (City)	√	√	√	√	√	√	100
	• Surrounding Photos	√	√	√	√	√	√	100

	• Accessibility (transport)	√	√	√	√	√	√	100
	• Easy to navigate	√	x	X	X	X	X	16.6
	• Promotions and notices about the Destination accommodation services.	x	√	X	X	X	√	33.3
	• Promotions and notices about the Destination food and drink services.	x	x	X	x	x	x	0
	• Opportunity of looking for other hotels	x	X	X	X	X	√	16.6
	• Information such as weather condition, rates,etc.	√	X	X	X	x	x	16.6
	• Advertisements of different firms	X	x	X	X	x	x	0
Medical and wellness services information	• Medical program	√	√	√	√	√	√	100
	• Price list of medical services	√	X	X	X	√	X	33.3
	• Medical indications	√	√	X	X	X	X	33.3
	• Guide and/or restrictions for patients	√	√	X	X	X	X	33.3
	• Waiting list	x	X	X	x	X	x	0
	• Wellness program	√	X	X	X	√	X	33.3
	• Price list of wellness services	x	X	X	X	X	X	0
	• Sports medical program	x	X	X	X	X	X	0

	• Photos of medical and wellness services	x	X	√	√	X	√	50
	• Price list of sports medical program services	x	X	X	X	x	x	0
	Recreation program	√	√	√	√	√	√	100
	• Price list of recreation program	X	√	√	X	√	√	66.6
	• Chance to make group Reservation	X	x	√	√	x	X	33.3
	• Hotel Location Map	X	X	X	X	X	√	16.6
	• Hotel Description • Information about hotel concept	X	X	X	X	X	X	0
	• Facilities and Service	X	X	X	X	X	√	16.6
Facilities information	• Description	X	X	X	X	X	√	16.6
	• Room Description	X	X	X	√	X	x	16.6
	• Hotel Photos	x	X	X	√	√	√	50
	• Room Photos	√	√	X	x	√	√	66.6
	• Promotions and notices about accommodation services	√	x	X	x	x	√	33.3
	• Promotions and notices about food and drink services	√	X	X	X	X	X	16.6

	• Promotions and notices about children	√	X	X	X	X	√	33.3
	• Newsletter	√	√	√	√	√	√	100
Communication with customers	• Online Survey	X	X	X	X	√	√	33.3
	• Membership and user access	X	X	X	√	√	√	50
	• Frequently coming customer program	X	X	X	X	X	√	16.6
	• Job opportunities	X	X	X	X	√	X	16.6
	• Employee of the month	X	X	X	X	x	x	0
	• Site satisfaction questionnaire	x	x	X	x	x	X	0
Social networks	• Facebook	√	√	√	√	√	√	100
Booking information	• Online Payment opportunity	X	√	X	X	X	√	33.3
	• Chance to make group Reservation	x	x	X	x	√	x	16.6
	• Online Reservation opportunity	X	√	X	√	√	√	66.6
	• Price Information	√	X	X	X	X	√	33.3
	• Availability Information	X	√	X	X	√	√	50

4.2 Questionnaire

4.2.1 Respondent Profile

The respondents' demographic profile indicated that, female respondents represented (33.3%) however male respondents scored higher than females (66.7%). Most respondents were relatively young, about (70.1%) of the respondents were under the age of 30, with three-quarters of the sample and (14.7%) of the respondents falling into the age category of 31 to less than 40. Finally, (14.9%) were below the age of 20. In terms of monthly income, (69.0%) of the respondents had \$10001- \$15000. Nearly (23.9%) of the respondents were falling into the range from \$5001 to \$10000. While (6.6%) of the respondents had up to \$5000, furthermore the monthly income of (.6%) of the sample was above \$15000. According to the respondents level of education, about (78.2%) of the sample had high education, about (19.3%) received postgraduate education, and 2.9% of the sample passed middle school.

In the first examination of the data, a reliability analysis was employed for measuring the reliability of **Ease of use**, **Hyperlinks**, **Structure**, **Relevance**, **Comprehension**, **Completeness**, **Layout** and **Search option** to examine to what extent these variables were compatible with each other. Therefore, Cronbach's alpha was used and employed. The normally allowed percentage for Cronbach's alpha is 0.70 (Nunnally, 1994). The results of reliability analysis are presented in table (4) that showed, the reliability analysis gave alpha coefficients exceeding (.80) for the eight constructs which are regarded as acceptable reliability coefficients and a good indication of construct reliability.

Table (4): The measuring constructs reliability

N	Construct	Cronbach's Alpha
1	8	0.830

4.2.2 Descriptive and correlation analysis

Descriptive statistics which include the mean and standard deviation have been calculated to order the variables and identify how homogenous or discrepant the sample is, regarding (**Ease of use**, **Hyperlinks**, **Structure**, **Relevance**, **Comprehension**, **Completeness**, **Lay out** and **Search option**) the eight variables of the questionnaire. Subsequently, a correlation analysis was conducted to find out the relationship between these variables. The finding of the analysis (Table 5) indicated that a positive relationship was found except the dimension of "Comprehension" that had a significant negative relationship with "ease of use" ($\gamma = 0.018$ -, $t = 3.02$, $p < .05$). This result gives an implication for the medical tourism websites managers and owners that the two conditions of ease of use and comprehension should be met at any website.

Table (5) Descriptive statistics and correlation

Study Variables	Mea	Std.	1	2	3	4	5	6	7	8
1. Ease of use	4.037	.575	1							
2. Hyperlinks	4.101	.577	0.336*	1						
3. Structure	3.957	.533	0.514*	0.549*	1					
4. Relevance	4.256	.662	0.391*	0.315*	0.432	1				
5. Comprehension	4.095	.492	0.018	0.220*	0.181	0.39	1			
6. Completeness	4.058	.506	0.240*	0.227*	0.405	0.36	0.29	1		
7. Lay out	4.106	.605	0.328*	0.423*	0.345	0.39	0.49	0.52	1	
8. Search option	4.135	.575	0.308*	0.220*	0.292	0.50	0.47	0.52	0.62	1

* Correlation is significant at the 0.01 level

5. Discussion and Conclusion

This study employed to analyze, evaluate and assess the effectiveness of the Egyptian medical tourism websites. With the aim of this study, a qualitative content analysis was conducted; as well, an online survey was performed to the customers who interested in medical tourism to understand their expectations and perceptions. The result of the respondents' demographic profile in a questionnaire survey indicated that male participants scored higher than females. Most respondents were relatively young, under the age of 30. Furthermore, the vast majority of the respondents had \$10001- \$15000 according to their monthly income. Nearly three-quarters of the sample had a high education. From the statistic analysis of the questionnaires collected from 348 participants, all of the eight dimensions (Ease of use, Hyperlinks, Structure, Relevance, Comprehension, Completeness, Layout and Search option) had positive relationship except the dimension of Comprehension that indicated a negative relationship with Ease of use.

The website content analysis has indicated that the Egyptian Medical tourism websites have not benefited much from the creation of an online site, to promote their services. This is consistent with Vicky et al., (2018), where they confirmed that the company which attracts medical tourists through its website could not gain a share of this niche market unless there are development and enhancement for its website. Moreover, results revealed that only the most basic information about the medical tourism company and their services is presented on the websites which are used as a tool for evaluation and improvement. In addition to the description of the medical programs and services, all other Medical and wellness services information are inadequately represented. In medical health care, information is continually progressing due to new discoveries in this field (UCSF Medical Center, 2013).

Lambert (2010) proposed that 60 % of health information presented through websites is inaccurate, and merely 40 % of websites provided accurate information. This means that it is essential to assess the quality and validity of the information. For this reason, information from medical tourism websites

should be substantiated by more dependable sources of information with scientific evidence, facts and opinion of experts from the national and international medical organization (UCSF Medical Center, 2013). Particularly the medical tourism sites that are accredited to a certification scheme provided by the health department are more trusted by customers (Yoong et al., 2013). In brief, Egyptian medical tourism websites need more efforts, detailed information, and marketing strategies to attract medical tourism customers. They need to explore the privileges of these websites as they are more accessible marketing and communication tool with a lower cost than traditional ones.

References

- Ahmed, A. and Rabee, M. (2014). **Only 0.7% Egypt's share of global therapeutic tourism** . Available at: <http://massai.ahram.org.eg/Archive/Inner.aspx?ContentID=14757> (Accessed 20/6/2019).
- Aplar, O., Algur, S. and Cengiz, F. (2010). Content analysis of accommodation establishment websites in Alanya region , Hosteur. **Journal of Hospitality and Tourism**, 19(2): 25 - 32.
- Ayoub, M. (2017). **Medical tourism in Egypt: Opportunities and challenges**. Master of Public Administration . Unpublished Thesis, School of Global Affairs and Public Policy, The American University in Cairo.
- Balaban, V. and Marano, C. (2010). Medical tourism research: A systematic review . **International Journal of Infectious Diseases**, 14: 135
- Better Health Channel. (2013). **Health information and health products online** . Available at: http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Health_information_and_health_products_online (Accessed 20/6/2019).
- Bookman, M. Z., and Bookman, K. R. (2007) . **Medical tourism in developing countries** .London: Macmillan.
- Carrera, PM., Bridges JF. (2006). **Health and medical tourism: What they mean and imply for health care systems**. The Geneva Association . Available at: <http://bit.ly/1dka0iT>. (Accessed 21/5/2019)
- Christou, E. (2011). Exploring online sales promotions in the hospitality industry. **Journal of Hospitality Marketing & Management**, 20(7): 814 – 829.
- Charnock, D. and Shepperd, S.(2004). Learning to DISCERN online: Applying an appraisal tool to health websites in a workshop setting. **Health Education Research**, 19(4): 440-6.
- Cline, R. J. and Haynes, K. M. (2001) . Consumer health information seeking on the internet: The state of the art. **Health Education Research**, 16(6): 671 - 692.
- Connell, J. (2006). Medical tourism: sea, sun, sand, and ... surgery. **Tourism Management**, 27(6): 1093-100.
- Connell, J. (2013). Contemporary medical tourism: Conceptualization, culture and commodification. **Tourism Management**, 34(0): 1-13.
- Cormany, D., and Baloglu, S. (2011). Medical travel facilitator websites: An exploratory study of web page contents and services offered to the prospective medical tourist. **Tourism Management**, 32(4): 709-716

- Crooks, VA., Kingsbury, P., Snyder J., and Johnston, R.(2010). What is known about the patient's experience of medical tourism? A scoping review . **BMC Health Service Research**, 10:266.
- Dragulanescu, N. G. (2002). Website quality evaluations: Criteria and tools. **International Information & Library Review**, 34(3): 247–254 .
- Egyptian Industrial Modernization Centre (EIMC). (2008). **Egyptian medical tourism strategy** . A project conducted by AIT Consulting and sponsored by IMC.
- Elling S., Lentz L., de Jong M., Bergh H.,(2012). Measuring the quality of governmental websites in a controlled versus an online setting with the 'Website Evaluation Questionnaire', **Government Information Quarterly** , 29 , 383–393.
- El-Nadar, M. (2017) . **Messi visits Egypt to promote Hepatitis C treatment**. Daily News Egypt. Available at: <http://www.dailynewsegypt.com/2017/02/21/messi-visits-egypt-promote-hepatitisc-treatment/> (Accessed 20/6/2019).
- ESCAP (2009), **Medical travel in Asia and the Pacific. Challenges and opportunities**, United Nations and Social Commission for Asia and the Pacific, Bangkok
- Eysenbach G., Powell J., Kuss, O. and Sa, E.R.(2002). Empirical studies assessing the quality of health information for consumers on the World Wide Web: A systematic review. **JAMA**, 287(20): 2691-700.
- Fady, M. (2016). **Egypt and medical tourism: What is... and What Could Be**. Medical Tourism Magazine. Available at: <http://www.medicaltourismmag.com/egypt-and-medical-tourism-what-is-and-whatcould-be> (Accessed 23/6/2019).
- Goodrich, J.N. (1993). Socialist Cuba: A study of health tourism. **Journal of Travel Research**, 32 (1): 36-41.
- Gupta, A. S. (2004). Medical tourism and public health . **People's Democracy**, 27(19) .
- Hall, C.M. (2011). Health and medical tourism: A kill or cure for global public health? **Tourism Review**, 66 (1/2): 4-15.
- Helmy, E. (2011).Benchmarking the Egyptian medical tourism sector against international best practices: An exploratory study. **TOURISMOSs: An International multidisciplinary Journal of Tourism**, 6 (2): 293-311.
- Heung, V., Kucukusta, D. and Song, H.(2010).Medical tourism development in Hong Kong: An assessment of the barriers. **Tourism Management**, 32: 995-1005 .
- Hohm, C., and Snyder, J. (2015) . It was the best decision of my life: A thematic content analysis of former medical tourists' patient testimonials. **BMC Medical Ethics**, 16: 8.
- Hopkins, L., Labonte´ , R., Runnels, V. and Packer, C. (2010). Medical tourism today: What is the state of existing knowledge. **Journal of Public Health Policy**, 31 (2): 185-98.
- Horowitz, M.D. and Rosensweig, J.A.(2007). Medical tourism – Health care in the global economy . **The Physician Executive**: 24-30.

- Horsfall, D., Lunt, N. King, H., Hanefeld, J. and Smith, R. D. (2013).The impact of the internet on medical tourism . In D. Botterill et al. (Eds.) . **Medical tourism and transnational health care**, Palgrave Macmillan,(pp.223-239).
- Hsieh, H.-F., & Shannon, S. E., (2005).Three approaches to qualitative content analysis, **Qualitative Health Research**, Vol. 15, No. 9, pp. 1277–88
- Jagyasi, P. (2014). **Medical tourism and its gifts to Egypt**. Available at: <http://www.medicaltourism.com/blog/medical-tourism-and-its-gifts-to-egypt/> (Accessed 23/6/2019).
- JCI. (2017). **JCI-Accredited Organizations**. JCI-Accredited Organizations . Available at: <http://www.jointcommissioninternational.org/about-jci/jci-accredited-organizations/>.(Accessed 23/6/2019).
- Kangas, B. (2010). Travelling for medical care in a global world . **Medical Anthropology**, 29: 344–362.
- Katz, S. J. and Moyer, C. A. (2004) . The emerging role of online communication between patients and their providers . **Journal of General Internal Medicine**, 19(9): 978 - 983.
- Khalifa, M. and Haley, D. R. (2010).Globalization and the ethical implications for the Egyptian healthcare system . **World Hospitals and Health Services**, 47(4):13-15 .
- Khazaal, Y., Fernandez, S., Cochand, B.A., Reboh, I. and Zullino, D.(2008). Quality of web-based information on social phobia: A cross-sectional study. **Depress Anxiety**, 25: 461-5.
- Kim, H., and Fesenmaier, D. R. (2008) . The persuasive design of destination web sites: An analysis of first impression. **Journal of Travel Research**, 47: 3-13.
- Lambert, V. (2010). **Finding Health Information on the Internet**. The Telegraph. Retrieved on October 18, 2013from <http://www.telegraph.co.uk/health/wellbeing/8066878/Finding-health-information-on-the-internet.html>(Accessed 23/6/2019)
- Lee, J. and Morrison, A. M. (2010) . A comparative study of web site performance . **Journal of Hospitality and Tourism Technology** , 1(1) : 50 - 67.
- Lee, H., Wright, K.B., O'Connor, M. and Wombacher, K. (2013).Framing medical tourism: An analysis of persuasive appeals, risks and benefits, and new media features of medical tourism broker websites. **Health Communication**: 1–9.
- Loda, M. D. (2011). Comparing web sites: An experiment in online tourism marketing . **International Journal of Business and Social Science**, 2(22):70-78.
- Loncaric, D., Basan, L. and Jurkovic, M.(2013). Websites as tool for promotion of health tourism offering in Croatian specialty hospitals and health resorts . **Recent Advances in Business Management and Marketing**: 265-270 .
- Lončarić D., Bašan L., Jurković MA M.,(2013) Websites as Tool for Promotion of Health Tourism Offering in Croatian Specialty Hospitals and Health Resorts
- Lunt, N. and Carrera, P. (2010).Medical Tourism: Assessing the evidence on treatment abroad. **MATURITAS**, 66: 27-32.
- Lunt, N., Hardey, M. and Mannion, R.(2010).Nip, tuck and click: Medical tourism and the emergence of web-based health information. **The Open Medical Informatics Journal**, 4: 1-11.

- Lunt, N., Smith, R., Exworthy, M., Green, T. S., Horsfall, D., and Mannion, R.(2011). **Medical tourism: treatments, markets and health system implications: A scoping review**, Directorate for Employment, Labour and Social Affairs, OECD.
- Mainil, T., Platenkamp, V. and Meulemans, H. (2010) .Diving into the contexts of in between worlds: World making in medical tourism . **Tourism Analysis**, 15: 743-54.
- Maifredi, G., Orizio, G., Bressanelli, M., Domenighini, S., Gasparotti, C., Perini, E., et al. (2010) . Italian hospitals on the web: A cross-sectional analysis of official websites. **BMC medical informatics and decision making**, 10(17):1-13.
- Mason, A. and Wright, K.B. (2011) . Framing medical tourism: An examination of appeal, risk, convalescence, accreditation, and interactivity in medical tourism websites . **Journal of Health Communication**, 16 (2): 163–177.
- Meric, F., Bernstam, E. V., Mirza, N. Q., Hunt, K. K., Ames, F. C., Ross, M. I., Kuerer, H. M., Pollock, R. E., Musen, M. A. and Singletary, S. E. (2002). Breast cancer on the World Wide Web: Cross sectional survey of quality of information and popularity of websites. **BMJ**, 324(7337): 577 - 581.
- Moslehifar, M.A. Ibrahim, N.A. and Sandaran, S. (2016).Assessing the quality of trust features on website content of top hospitals for medical tourism consumers. **Malaysian Journal of Communication** 32(1): 469-489.
- National Health Services (NHS) Choice . (2013). **Staying safe online**. Available at: <http://www.nhs.uk/aboutNHSChoices/aboutnhschoices/staying-safe-online/Pages/find-healthinformation-online.aspx> (Accessed on 20/6/2019).
- Navid FR., Ahmad P. and Yuserrie, Z. (2010) . Service quality and patients' satisfaction in medical tourism . **World Applied Sciences Journal**, 10: 24-3.
- Nunnally, J. C. and Bernstein I. H., (1994) , **Psychometric Theory**, 3rd Edition (McGraw-Hill, New York).
- Penney, K., Snyder, J., Crooks, V.A. and Johnston, R.(2011).Risk communication and informed consent in the medical tourism industry: A thematic content analysis of Canadian broker websites. **BMC Medical Ethics**: 12-17 .
- Petch, T. (2004) . Content analysis of selected health information websites - Final Report , **Applied Communication Technology Information Organization Networks for Health**, 1 - 79.
- Provost, M., Koopalum, D., Dong, D. and Martin, B.C. (2006).The initial development of the Web Med Qual scale: domain assessment of the construct of quality of health web sites. **International Journal of Medical Informatics**, 75: 42-57.
- Safran, D. G. (2003) . Defining the future of primary care: What can we learnt from patients? **Annals of Internal Medicine**, 138(3): 248 - 255.
- Skountridaki, L.(2017).Barriers to business relations between medical tourism facilitators and medical professionals. **Tourism Management**, 59: 254-266 .
- Thilakavathy, M. (2015).Potentials and prospects of medical tourism in Chennai, India . **Current Issues and Emerging Trends in Medical Tourism**: 246-57.
- UCSF Medical Center. (2013). **Evaluating Health Information: Is the Source Credible**. Available at: http://www.ucsfhealth.org/education/evaluating_health_information/ (Accessed 20/6/2019).

- Vicky, K., Aspa, G., Olympia, K., Aikaterini, P., Panagiotis, P. and Maria, H.(2018).Content analysis of Greek medical tourism websites for a successful implementation of an e marketing strategy. In M. H. Bilgin et al. (eds.), Consumer behavior, organizational strategy and financial economics, **Eurasian Studies in Business and Economics**, 9: 37-51.
- Wang, H.Y. (2012). Value as a medical tourism driver, *Managing service quality: An International Journal*, 22(5): 465-491.
- Weber, R. (1990). **Basic content analysis** (2nd ed.). New Delhi: Sage Publications.
- Yoong, W. L. Sulaiman, N. and Baldry, D. (2013).**A review on the functionality of medical tourism websites** .Available at: https://www.researchgate.net/profile/Noralfishah_Sulaiman/publication/260037173(Accessed20/6/2019)
- Yu, J. Y., and Ko, T. G. (2012). A cross-cultural study of perceptions of medical tourism among Chinese, Japanese and Korean tourists in Korea . **Tourism Management**, 33(1): 80-88.
- Zaki, D. (2017).Medical tourism as a new form of niche tourism in Egypt . **International Journal of Heritage, Tourism and Hospitality**, 11, (2/2): 13-27 .

تقييم فعالية مواقع السياحة الطبية المصرية: دراسة استكشافية

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الملخص العربي

برزت مواقع السياحة الطبية كأداة تسويق وتواصل مهمة لمختلف أصحاب المصلحة في السياحة الطبية. ففي الآونة الأخيرة ، ازداد عدد مواقع السياحة الطبية بسرعة فائقة. الغرض من هذا البحث هو دراسة الوضع الحالي لأفضل المواقع السياحية الطبية المصرية المختارة. تسعى الدراسة الحالية أيضاً إلى تقييم فعالية مواقع السياحة الطبية وفقاً لأبعاد محددة مثل الخصائص العامة ، وسهولة الوصول ، وظائف وتسهيلات المعلومات. ولقد ركز تحليل المواقع على تقييم السمات الرئيسية لكل موقع على حده. ولتحقيق هذا الهدف ، تم إجراء تحليل المحتوى لكل المواقع المختارة ؛ إلى جانب ذلك ، تم توجيه استطلاع عبر الإنترنت إلى المشاركين . و اشارت النتائج إلى وجود نقص في المعلومات الخاصة بالسياحة العلاجية وان المعلومات الأساسية هي المتوفرة فقط. وكذلك اشارت النتائج إلى أن مواقع السياحة الطبية لم تستفيد الاستفادة المرجوة من هذه المواقع. كما ان الاستنتاجات العامة كان لها آثار كبيرة على مصممي المواقع وشركاء السياحة الطبية.

الكلمات الدالة: السياحة الطبية، السياحة الصحية، مواقع السياحة الطبية، تقييم المواقع، مصر.