



The Antecedents of Revisit Intention in Medical Businesses

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Abstract

This study investigates the relationship between electronic word-of-mouth (eWOM) and revisit intention of the medical tourists by focusing on the mediating role of brand trust. The Commitment Trust Theory was taken as the theoretical background of this study which posits relationship commitment and trust as key elements within a successful relationship. Having utilized data from 388 domestic medical tourists via a survey in Antalya, Turkey, it was concluded that eWOM has positive and significant influences on revisit intention. In addition, Structural Equation Modelling has shown that brand trust mediates the indirect effect of eWOM on revisit intention. This study concludes with discussion of empirical findings followed by practical implications, limitations and future directions.

Keywords: Medical tourism, eWOM, brand trust, revisit intention, Turkey

1. Introduction

In today's highly competitive market, there is a need for novel and effective strategies to rival and adapting to the new technologies particularly for the tourism industry. As Morgan and Hunt (1994, p. 20) stated "to be an effective competitor in the global economy requires one to be a trusted cooperator in some network". In this perspective, in the light of the commitment trust theory, ensuring brand trust is one of the utmost objectives for the organizations to have loyal customers with repurchase intention of the products or services. In order to achieve this goal, virtual community membership status of the consumers is not to be disregarded. Relatedly, what has shifted the avenue individuals communicate with each other and with organizations is undoubtedly social media (Hanna, Rohm, and Crittenden, 2011; Kietzmann, Hermkens, McCarthy, and Silvestre, 2011; Lever, Mulvey and Elliot, 2017). Consumers have changed their information quests as to products and services from traditional resources to electronic word-of-mouth (eWOM), one of the most influential information

transmission ways, like social networking and review sites (Gruen, Osmonbekov, and Czaplewski, 2006). Simple connection to the Internet and customization of media have enabled users to reach countable online content produced by other during their purchase process about a hotel or destination (Sparks and Browning, 2011; Xie et al., 2011; Ye et al., 2011). The review contents have caught on among travelers and tourists since it is possible to review and share experiences, comments and photos of their travel (Papathanassis and Knolle, 2011). The touristic media content available in social platforms like Facebook, MySpace, Booking.com, Tripadvisor.com and many other travel blogs like Nomadic Matt and View from the Wing impacts the travel and holiday decisions of other travelers (Wilson, Murphy and Cambra, 2012; Xiang and Gretzel, 2010). Specifically, Wilson, Murphy and Cambra (2012) found that peer-generated-reviews were mostly acknowledged as more objective, dependable, and unprejudiced than the ones supplied by partners. Behavioral intentions, such as revisit or repurchase intention were early described by Oliver (1997, p. 28) as “a stated likelihood to engage in a behavior”. The repurchase intention was previously recognized as the core of traveler’s commitment and loyalty to the destination or the brands (Day, 1969; Jarvis and Wilcox, 1977). EWOM’s effect during constructing brand trust and ensuring repurchase intention of the consumers is of great importance and therefore in the heart of this study.

Regarding brand trust as an experimental concept (Payne et al., 2009; Pine and Gilmore, 1999), Brakus, Schmitt and Zarantonello (2009) described brand experience as senses, understandings and physical reactions triggered by brand motivations containing brand design and identity, packing, connections and environments like Belaid and Behi (2011) who examined the high correlation between brand attachment and brand trust. The travelers bombarded with the impact of eWOM sources from the reviews and blogs develop positive attitudes to the destination. They may have read about numerous positive and exhilarating comments for a destination.

Medical tourism, on the other hand, a branch of health tourism, which is the act of travelling overseas for treatment and care, is an emerging phenomenon in the healthcare industry (Yu and Ko, 2012). Medical tourism provides tourist patients to promptly and conveniently get medical services while travelling, at lower prices and, generally, with a higher quality than they take in their countries of origin. In such an important sector, to be a trusted destination, related components are to be handled. The number of medical travelers in 2016 was about 12,017,000 to 15,085,000 and by country the numbers were respectively, to Costa Rica 60,000-75,000, to Brazil 240,000, to Taiwan 370,000, to Korea 400,000-620,000, to India 350,000-850,000, to the United States 300,000, to Singapore 370,000-550,000, to Turkey 510,000, to Malaysia 940,000, to Thailand 1,300,000-1,800,000, to Mexico 1,400,000-3,000,000 and to all other destinations 3,600,000 -5,500,000 (Patients Beyond Borders, 2017). Turkey as a medical tourism destination is preferred especially for dental, cancer and vision treatments provided approximately, 40- 50 % savings for the tourist patients. These huge numbers and the share of Turkey in this industry necessitate the urgency of such kind of a research. The market contains medically associated expenditure, international and intranational transportation and accommodation and its size is as big as 45.5-72 billion together with about 14 million cross-border clients all around the world who expend on their each visit averagely USD 3,800-6,000. It is also estimated that some 1,4 million people from the USA Americans will visit other countries for medical service in

2017 and the market of medical tourism in the World increase at a rate of 15-25% (Patients Beyond Borders, 2017).

Hence, in this study, both the effects of eWOM and brand trust on revisit intention of medical tourists were tested with the moderation of the personal experience of the domestic and German tourist patients preferring Turkey as a medical tourism destination.

2. Theoretical Framework and Hypotheses

The globalization of health services has triggered a new kind of tourism that is commonly known as health tourism. The World Tourism Organization has defined health tourism as a kind of travel towards health related destinations providing visitor to obtain health service or products, such as therapies, nourishment and medical interventions to maintain the patient's health (Gee and Fayos-Sola, 1997). Health tourism also enables patients the opportunity to have a holiday during their treatments (Doshi, 2008). Some other reasons of fast growth of health tourism can be mentioned as higher prices especially in Europe and the USA, cheaper flight tickets, the worth of consumers' currency and the aging of Westerners (Connell, 2006). Similarly, as one of the subtitles of health tourism, together with old age tourism, thermal/spa tourism and handicapped tourism, medical tourism functions with the principle of lower cost, higher know-how, better skills and without long waiting list (Cigerdelen, 2012). Moreover, considering the medical tourism destinations, to be one of the leading destinations is complicated process and necessitates a great deal of tasks which are; health care and tourism services infrastructure investment from the state and private sector, acquiring accreditation for international service, high quality guarantee, following high technology in the systems and the operations, providing cross-border patient flow with a balance in costs, a positive and maintained fame, having well trained medical personnel, keeping up with the new age needs, such as social platforms and online reviews. Thus, online marketing management has been far more important for the tourism industry than ever (Xie et al., 2011). The health tourism services include namely, senior tours for rehabilitation, exclusive services for the handicapped people, spa services, physiotherapies, thalassotherapies, hydrotherapies, alneotheraphies and peloidotherapies, climatotherapies, cardiovascular surgery, radiotherapy, cyber knife, transplantation, tube baby implementations, plastic surgery, eye and tooth care (TUROFED, 2017). Till now, a big amount of researches have been carried out as to health tourism (Balaban and Marano, 2010; Becheri, 1989; Bywater, 1990; Cigerdelen 2012; Connell, 2006; De Arellano, 2007, 2011; Garcia-Altes, 2005; Goodrich, 1993, 1994; Hall, 1992; Hofer, Honegger, and Hubeli, 2012), which can be divided into four subcategories as wellness/spa tourism (Chen, Prebensen, & Huan, 2008; Gonzalez and Brea, 2005; Hall, 2003; Tawil, 2011), medical/surgical tourism (Abubakar, 2016; Abubakar and Ilkan, 2016; Bergmann, 2011; Bramstedt and Xu, 2007; Chandler, 2010; Cormany and Baloglu, 2011; Crooks et al., 2010; Hall and James, 2011; Han, 2013; Han and Hyun, 2015; Hanefeld et al., 2015; Hunter, 2007; Johnson et al., 2015; Lee, Heesup and Tim, 2012), senior/third age/old age tourism (Alen, Losada and Dominguez, 2016; Anderson and Langmeyer, 1982; Backman, Backman and Silverberg, 1999; Chen and Shoemaker, 2014; Fleischer and Pizam, 2002; Hsu, Cai and Wong, 2007; Humberstone, 2010; Jang and Wu, 2006;), and handicapped/disabled tourism (Darcy, 2002, 2010; Figueiredo, Eusébio and Kastenholz, 2012; Murray and Sproats, 1990; Shaw and Coles, 2004;). With the myriad of the studies about health

tourism, medical tourism which generates huge revenue for the tourism industry was chosen as the focus of this study. The reason lying under this choice is the growing role of Turkey in medical travel sector. In a more detailed way, accredited healthcare organizations in Turkey have plenty of unique characteristics, such as facilities equipped with high tech units, experienced and trained medical personnel, lower prices, a geographically advantageous location, charming natural beauties and climate and public and private sector opportunities. The foreign demand to Turkey, especially for oncological treatment, comes from Germany, Russia, Middle East, Netherlands, Libya, England, Iraq, Arab Countries, the Balkans and the Caucasus. Whereas the motivations for Middle Easterners to Turkey are plastic surgery and hair transplantation, medical tourists from England, Netherlands and Germany prefer the country for surgical purposes like eye treatments. Turkey ranges as the first in liver transplantation and is able to serve aged European patients with the support of a protocol signed on by the Ministry of Health, Ministry of Economy and Turkish Airlines enabling 50 per cent of the transportation expense of foreigners. There are 2000 health organizations including cutting-edge technology- equipped hospitals, 54 of which are accredited by JCI (Joint Commission International) in Turkey. That is a ratio of 21 per cent among the 58 countries with accreditation. These hospitals provide full equipped health service in a wide range with their 150 000 health professionals, 15000 of whom are physicians. Especially the cities Istanbul, Bursa, Ankara, Antalya, Izmir, Adana and Kocaeli host these facilities with English speaking personnel and 5-star comfort healthcare services, such as eye, plastic surgery, dental, infertility treatments, the robotic surgery, colon cancer, brain tumors, stem cell treatments and organ transplantation. According to Tourism Strategy Plan 2023, the expected numbers are 20 billion US Dollars income and 2 million health tourists (TUROFED, 2017). To sum, Turkey has a significant potential in health tourism.

2.1. The Effect of eWOM

Word-of-mouth (WOM) denotes the informal interaction among customers regarding the features of an organization or a good (Westbrook, 1987). According to Hennig-Thurau, et al. (2004, p. 39)' s definition, eWOM is “any positive or negative statement made by potential, actual, or former customers about a product or company, which is made available to a multitude of people and institutions via the Internet”. eWOM can be considered as an extension of traditional WOM as the technological developments and the easier access to online reviews and blogs have changed WOM into eWOM. A great number of researches claimed that eWOM information has a profound effect on online purchase behaviors. For example, in the course of an online purchase, buyers depend on previous buyers' recommendations assuming that the former ones would not mislead them (Fong and Burton, 2006). Tsao et al. (2015) also studied on eWOM and concluded with two groups of persuasive effect of eWOM, which are human traits falling into two as the senders and receivers of electronic word-of-mouth and product type. Previous studies focused on qualitative management strategies regarding eWOM (Litvin, Goldsmith and Pan, 2007); the utilization of online platforms for a positive electronic word-of-mouth (Kim and Hardin, 2010), and the impact of electronic word-of-mouth on booking intentions (Kim, Mattila and Baloglu, 2011; Vermeulen and Seegers, 2009). Several scholars have suggested that for online consumers eWOM is a main resource of good information since it distributes recent, abundant, and objective good information (Cheung, et al., 2009; Dellarocas, 2003; Kim

and Gupta, 2009; Zacharia, Moukas and Maes, 2000). As an example, a survey revealed that 84 per cent of Americans' decision to purchase a product or service was affected by online reviews (Promomagazine, 2009). The studies on eWOM and medical tourism (Abubakar and Ilkan, 2016; Abubakar, et al., 2017; Moghavvemi, et al., 2017) are as seen so recent, but so few. Hence, in order to expand our knowledge concerning the effects of eWOM on brand trust and revisit intention in medical tourism, which has received little attention, the following Hypotheses 1 and 2 were developed;

H₁: There is a positive relationship between eWOM and brand trust.

H₂: There is a positive relationship between eWOM and revisit intention.

2.2. The Direct Effect of Brand Trust

Trust is recognized as a prominent phenomenon forming relationships between individuals themselves and organizations. It is commonly accepted that consumer trust mitigates the perceived risk of an online purchase. Existing studies pose that trust is an important predictor of purchase intention. Hong and Cha (2013) found that the mediating effect of consumer trust in an online purchase in the relationships between components of perceived risk and purchase intention. According to Commitment Trust Theory, taken as the theoretical background of this study, Morgan and Hunt (1994) posit that relationship commitment and trust are key elements within a successful relationship as they have a facilitating role of cooperative behaviors between related parties and foster them to sustain a permanent relationship. The relationships formed by trust and commitment provide parties to handle the high-risk situations believing that the other partner will tend to indulge into activities of interests of both partners. Relatedly, in this study, trust can be associated with brand trust and the permanent relationship with the revisit intention. For a consumer to be loyal to a brand or destination, trust is the phenomenon to be investigated firstly in a credence questioning study.

Quintal and Polczynski (2010) concluded that satisfaction with the attractiveness, quality, and value provided by the destination positively influenced revisit intention.

However, the effect of brand trust on revisit intention has had little attention in the related literature especially in medical tourism industry. Hence, the following Hypothesis 3 was developed in order to develop our understanding;

H₃: There is a positive relationship between brand trust and revisit intention.

2.3. Revisit Intention

As the final variable of this study, revisit intention has been studied for a great deal in the tourism industry literature. The intention to revisit stands for a kind of eagerness to visit the same place, facility or location at least once more (Cole and Scott, 2004). In accordance with the previous studies as to the antecedents of intention to revisit in tourism sector, the findings were about (1) importance of earlier visit purpose (Rittichainuwat, Hailin and Mongkhonvanit, 2008) and (2) the effect of satisfaction, the value noted by the consumer and the value for money (Petrick, Morais and Norman, 2001; Um, Chon and Ro, 2006).

Scholars know now that there exists a positive relationship between eWOM and brand trust (Abubakar, 2016) and gender has a moderator role on the relationship

among eWOM, destination trust and travel intention. Nevertheless, academic understanding of the processes by which and the conditions under which eWOM promotes or hinders consumers' revisit intention in medical tourism family firms is far from complete, and some fundamental pieces are missing. For example, eWOM bombarded medical tourists' direct intention to revisit is not a logical and compelling claim without any mediator effect as suggested by Whetten (1989) that it is essential for scholars to clarify causal associations in a phenomenon by describing intervening variables between predictor and outcome variables. In order to better understand how eWOM might lead to revisit intention, we embarked to unlock this black box by evidently scrutinizing the mediator effect of brand trust. In this research, we suggest that as a result of positive eWOM effect on medical tourists, they improve a kind of trust to the brand, which is one of the important antecedents of revisit intention, and thus, trust may potentially have a mediating role on the relationship between eWOM and revisit intention. Hence, the Hypothesis 4 was developed as follows;

H₄: Brand trust mediates the relationship between eWOM and revisit intention.

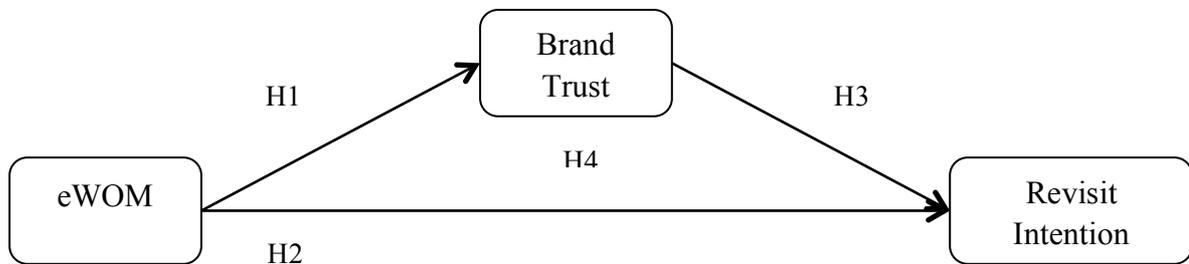


Figure 1: Study Model

3. Methodology

3.1. Procedure

The conceptual model was scrutinized using a random sampling technique, utilizing a questionnaire. Thanks to the random sampling, which refers to a smaller group of participants chosen from a bigger community whose people are randomly or by chance selected whereby every person has the same possibility to be selected at any level during the process (Yates, Moore and Starnes, 2008). The data were gathered from the Turkish medical tourists visiting hospitals located in Antalya for medical care, service or product in 2017.

3.2. Measures

The study survey included four parts (i) eWOM; (ii) brand trust; (iii) revisit intention; and (iv) demographic profiles of the participants, utilizing a 5-point scale from (1) strongly disagree to (5) strongly agree. eWOM was tested with five items adopted from Park et al. (2011) research. An example item is “I always read online reviews written by others.” Brand trust was tested through utilizing eleven item-scales developed by Gurviez and Korchia (2003). An example item is “This brand’s products make me feel safe”. Revisit intention was tested via two item-scales developed by Kim, Mattila and Baloglu (2008). A sample item is “I have a strong intention to visit this hotel again”. Along with the questionnaire items adopted from the recent literature, we

also developed one item for revisit intention scale by reviewing the literature about consumer behaviors and intentions in medical tourism. The added item was scrutinized by two academicians working in the Faculty of Tourism at Gazi University in order to ensure the items' face validity. At the end of the questionnaire form, four questions related with demographic characteristics were directed to the respondents; gender, age, education, and income. Survey items were organized originally in English and then back-translated into Turkish (McGorry, 2000). The participants were distributed the questionnaire forms to be filled in a self-administered manner. Before the questionnaires were distributed, the assurance that the knowledge, obtained from the respondents, was only used in this study and exactly kept confidential. Each participant received a cover letter including firstly a question regarding whether they came from another city of Turkey in order to get medical service as well as a survey instrument. The ones coming from another city out of the medical destination with the intention of staying at least overnight were included in the study.

Table 1: Participants' Profile (n = 388)

	Frequency	Percentage
Gender		
Male	261	67.3
Female	127	32.7
Total	388	100.0
Age		
18-28	158	40.7
29-39	110	28.4
40-50	45	11.6
51-60	40	10.3
Above 60	35	9.0
Total	388	100.0
Education		
Primary school	52	13.4
Secondary school	149	38.4
Two-year high school	85	21.9
Bachelor degree	100	25.8
Postgraduate degree	2	.5
Total	388	100.0
Income		
Very low	40	10.3
Low	51	13.1
Middle	138	35.6
High	91	23.5
Very high	68	17.5
Total	388	100.0

3.3. Data Analysis

The proposed model was evaluated with SPSS and AMOS package programs. EFA utilizing the maximal possibility technique was performed with a varimax rotation. Based on suggestions of Anderson and Gerbing (1988), Confirmatory Factor Analysis (CFA) was conducted to examine the convergent and discriminant validities of the constructs carrying out AMOS 24.0. Cronbach's alpha and composite reliability (CR) were utilized to test the reliability of the scale items. Pearson correlation analysis was utilized to identify the correlations among the factors. Hypothesized relationships were analyzed employing structural equation modelling (SEM). In addition, a bootstrapping approach to examining indirect effect of eWOM on revisit intention is performed in current version of AMOS.

Table 2: Measurement Parameter Estimates

	Standardized Loading	CCR	
AVE			
<i>eWOM</i>		.86	.56
eWOM1	.91		
eWOM2	.71		
eWOM3	.79		
eWOM4	.61		
eWOM5	.68		
<i>Brand Trust</i>		.92	
.57			
Trust1	.71		
Trust2	.75		
Trust3	.99		
Trust4	.68		
Trust5	.63		
Trust6*	-		
Trust7*	-		
Trust8	.98		
Trust9	.69		
Trust10	.63		
Trust11	.60		
<i>Revisit Intention</i>		.88	
.70			
Revisit1	.86		
Revisit2	.81		
Revisit3	.84		

Note: CCR = composite construct reliability; AVE = average variance extracted.

- * Dropped item as a result of confirmatory factor analysis.
- All loading values are significant at the 0.05 level.

4. Results

4.1. Measurement Model

According to EFA, all factor loadings were above 0.50 that all the factors exceed the commonly accepted threshold. The same items were subjected to CFA, since the data on the study variables were gathered from a single source (see Table 2). Two items from the trust measure that had standardized factor loadings below 0.50 were dropped

during CFA. The remained standardized loadings were significant, ranging from 0.60 to 0.99 ($p < .05$). In addition, all constructs showed the acceptable composite construct reliabilities (CCR) ranging between 0.86 and 0.92. Average variance extracted (AVE) scores of constructs were between 0.56 and 0.70, demonstrating sufficient convergent validity. Analyses demonstrated that the hypothesized model yielded an acceptable fit to the data ($\chi^2 = 384,34$; $df = 108$; $p < .01$; Tucker-Lewis index (TLI) = .96; comparative fit index (CFI) = .97; root-mean-square error of approximation (RMSEA) = .081), which recommended that these variables should be conceived as distinct constructs. Overall, the ratio of the AVE in every factor was more than the correlation coefficient's square between variables, ensuring discriminant validity.

Table 3: Means, Standard Deviations, and Correlations

Constructs	Means	SD	1	2	3	4	5	6	7
1. Gender	1.33	0.46	—						
2. Age	2.19	1.31	-.044	—					
3. Education	2.62	1.02	.031	-.208**	—				
4. Income	3.25	1.19	-.016	-.092	.392**	—			
5. eWOM	3.55	1.05	-.094	-.358**	.545**	.223**	(.86)		
6. Brand trust	3.72	1.08	.178**	.253**	.152**	.162**	.165**	(.94)	
7. Revisit Int.	4.17	0.93	-.024	-.006	.097	.395**	.250**	.188**	(.87)

Note: $n = 388$. SD denotes Standard Deviation. Values in parentheses along the diagonal represent the reliability (Cronbach's alpha). Revisit Int. = Revisit intention. Gender is coded 0 = male, 1 = female. Age is coded 1 = 18-28, 2 = 29-39, 3 = 40-50, 4 = 51-60, 5 = above 60. Education levels are coded 1 = primary school, 2 = secondary school, 3 = two-year high school, 4 = bachelor degree, 5 = postgraduate degree. Income is coded 1 = very low, 2 = low, 3 = middle, 4 = high, 5 = very high.

* $p < .05$. ** $p < .01$.

4.2. Descriptive Statistics

Table 3 demonstrates the means, standard deviations, Cronbach alpha reliabilities, and correlations of the study variables. As depicted in Table 3, the correlations among the variables are in the expected ways. In order words, there are significant and positive relationships between eWOM, brand trust, and revisit intention. Such findings satisfied the conditions for performing a mediation analysis.

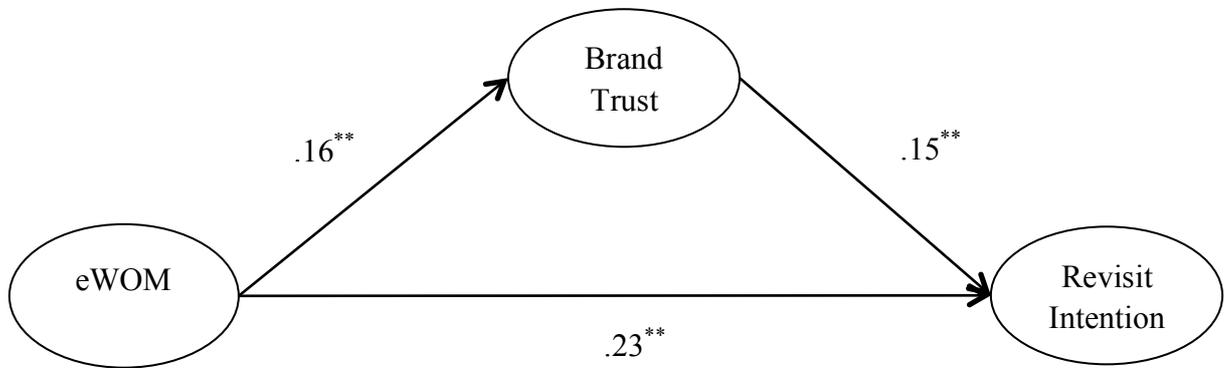
4.3. Hypothesis Testing

The findings displayed that VIF scores did not surpass above the commonly accepted threshold of 10. This shows that multicollinearity does not bias the results of this present research (Gujarati, 2003).

As mentioned above, SEM is conducted to examine the associations illustrated in the proposed model. As depicted in Table 3, the results displayed that there was a significant correlation between eWOM and brand trust ($r = .165$, $p < .01$), and between eWOM and revisit intention ($r = .250$, $p < .01$). Moreover, the direct effect of eWOM on brand trust ($\beta = .16$, $p < .01$) and the direct effect of eWOM on revisit intention ($\beta =$

.23, $p < .01$) were significantly positive (see Figure 2), providing empirically support for Hypothesis 1 and Hypothesis 2 respectively. For Hypothesis 3, the correlations demonstrated a positive significant association between brand trust and revisit intention ($r = .188, p < .01$). The direct effect of brand trust on revisit intention ($\beta = .15, p < .01$) was also significant and positive. Hence, Hypothesis 3 was supported.

Following the recommendations produced by Hayes (2017), so as to examine the indirect effect of eWOM on revisit intention via brand trust, this study utilized bias-corrected percentile bootstrapping at a 95% confidence interval with 1.000 bootstrap samples. This research tested the confidence interval of the lower and upper bounds as well as two-tailed significance to examine the significance level of the indirect effect. As can be observed in Figure 2, the findings of the bootstrapping approach endorsed the significant mediator influence of brand trust on the link between eWOM and revisit intention ($\beta = .025, p < .01$), ensuring statistically and empirically support for Hypothesis 4.



Standardized indirect effect:

eWOM → Brand trust → Revisit intention	.025 (.01)
Percentile 95% confidence intervals (CI) [Lower bound - Upper bound]	.008 - .051
Bias-corrected percentile 95% CI [Lower bound - Upper bound]	.009 - .054
Two-tailed significance	.002 (**)

Note: $n = 388$. The value corresponding to the indirect effect of eWOM is estimate, with standard error appearing in parenthesis.

* $p < .05$, ** $p < .01$, *** $p < .001$

Figure 2: Structural Model Results

5. Discussion

Based on Commitment Trust Theory, this study is among the first to examine the relationship between eWOM and revisit intention of medical tourists by focusing on the mediation effect of brand trust in Turkey. The empirical findings have supported that eWOM has a positive significant effect on brand trust. That is, consumers read the online reviews and other eWOM sources regarding the medical service or product and shape their feeling of trust towards their target, which supports Wilson, Murphy and

Cambra (2012)' s study referring that online reviews are generally considered as impartial, dependable, and unbiased.

The second finding of this study depicts that eWOM positively and significantly influences the intention of the medical tourists to revisit the same medical institution that is in line with the data (e.g., Promomagazine, 2009) showing that majority of the Americans decide to repurchase a product or service based on online reviews.

According to the results, the positive association between brand trust and revisit intention of the tourists with medical needs is significant. The finding demonstrates that as trust of a medical tourist for a medical service or product of an institution gets higher, the intention to revisit the same destination or medical center also rises. Relatedly, Commitment Trust Theory supports this finding because trust has a facilitating role of cooperative behaviors between related parties and fosters them to sustain a permanent relationship (Morgan and Hunt, 1994) which can be attributed as revisit intention.

Again, in line with the Commitment Trust Theory, it is expected that brand trust will mediate the influence of eWOM on revisit intention which is congruent with the study of Fong and Burton (2006). The current work has sought to change our understanding concerning the effects eWOM on revisit intention of visitors in medical tourism. That is, in the course of an online purchase, purchasers trust in the previous purchasers' experiences with the belief that the earlier ones direct them in a positive way, which in turn leads to higher level of intention to revisit previous medical center. This mediation role of brand trust points out the availability of other intervening variables out of the scope of this recent work.

6. Practical Implications

Based on the results, practical implications could be carried out toward the medical tourism marketing and management stakeholders. First, positive eWOM including online reviews on medical centers and institutions in Turkey has a promoting effect upon customers' brand trust regarding medical service and product. Therefore, the medical tourism executives should ensure that their customers are satisfied with the medical product and service and encourage them to share their positive and supportive experience and opinions on online platforms about that service or product. These executives are also to be aware of the fact that positive reviews boost the intention level of both existing and potential customers to revisit the same medical center.

Second, in consistent with the study results and the Commitment Trust Theory, the customers feeling safe about the quality and guarantee of the medical service and product and satisfied with the sincerity and honesty of the medical center are inclined to make sacrifices to continue using that brand and praise it, which are the antecedents of brand trust. In the study, the customers who trust the medical center brand are mostly of the opinion of appreciating this brand for a long time and revisiting it. Hence, the executives should construct the brand in such a safe, credible, sincere and honest way that it gives the customers a kind of compelling feeling of repurchasing it.

Lastly, it may also be suggested that medical centers are expected to invest in novel technology to in order to attract positive eWOM from the present and potential customers. For example, they can improve their websites, applications for smartphones, easy review creating opportunities in several social platforms and blogs.

7. Limitations and Future Research Directions

This research may still be restricted by common method bias since data were obtained from a single resource, although the threat of this bias driving the findings of this study is considerably diminished by the utilization of CFA and Harman's one-factor analysis.

Second, the data in this research were collected from the Turkish medical tourists. Similar data gatherings may be conducted in various cultures and countries so that we could have a better comprehension of the generalizability and restricting circumstances for our proposed model. Future exploration could also be carried out in a cross cultural setting in order to extend our understanding.

Third, the other sorts of health tourism, such as spa and wellness tourism, old age tourism and handicapped tourism were not investigated in this study. Examining such other tourism types, revisit intention would pay dividends. Therefore, we recommend further exploration in this avenue.

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