

ATINER CONFERENCE PRESENTATION SERIES No: MKT2023-0303

**ATINER's Conference Paper Proceedings Series**

MKT2023-0303

Athens, 29 September 2023

**The Effects of Cultural Values on Word-of-mouth  
Marketing in Health Services**

*Ceren Koksal & Eda Yilmaz Alarcin*

Athens Institute for Education and Research  
9 Chalkokondili Street, 10677 Athens, Greece

ATINER's conference paper proceedings series are circulated to promote dialogue among academic scholars. All papers of this series have been presented at one of ATINER's annual conferences according to its acceptance policies (<http://www.atiner.gr/acceptance>).

© All rights reserved by authors.

**ATINER's Conference Paper Proceedings Series**

MKT2023-0303

Athens, 29 September 2023

ISSN: 2529-167X

Ceren Koksal, Master Student, Istanbul University – Cerrahpasa, Turkey  
Eda Yilmaz Alarcin, Associate Professor, Istanbul University – Cerrahpasa,  
Turkey

**The Effects of Cultural Values on Word-of-mouth  
Marketing in Health Services**

**ABSTRACT**

*The increase in message density with the development of globalization and information technologies has created the need to access accurate information. Therefore, this situation has increased the impact and importance of word-of-mouth marketing in health services. People aim to reduce the risk of receiving poor service by using word-of-mouth marketing. In recent years, the increase in international marketing activities in health services, the fact that hospitals have started to operate abroad, the fact that people with different cultures prefer Turkey to receive health services, the fact that people from different nationalities have been residing in Turkey and their tendency to engage in word-of-mouth marketing have made it important to examine the relationship between culture and word-of-mouth marketing. This study aims to measure the relationship between consumers' cultural values and word-of-mouth marketing behavior. As a sub-objective of the research, it is also measured whether cultural values and word-of-mouth marketing dimensions differ according to demographic characteristics. The study results show that there is a significant positive relationship between word-of-mouth marketing and cultural values. The limitations of the study include the fact that it was not possible to focus on a single region due to time and cost constraints.*

**Keywords:** *Word of Mouth, Cultural Values, Consumer Behavior, International Marketing, Health Services*

## **Introduction**

Culture is a phenomenon with rules and norms that affect people's lives. As culture affects people, the people also affect, develop and change society. Knowing the cultural values of a society is important for understanding the consumer, creating integrated marketing strategies, and creating a positive brand image.

Healthcare is a sector where consumers minimize risk and are mostly applied for urgent needs. Consumers prefer to receive healthcare services from institutions they trust, as receiving a bad healthcare service will increase the likelihood of malpractice cases. Although this trust can be achieved through brand image, it is known that the most effective method is word-of-mouth marketing. Word-of-mouth communication, although it provides benefits for businesses, also poses a risk for businesses as it is an uncontrollable method. Since people with diverse cultural values may perceive word-of-mouth marketing messages differently, a situation that seems positive for one consumer may be negative for another, and this may harm healthcare providers. For this reason, healthcare providers need to examine the relationship between word-of-mouth marketing and cultural values. In this study, the relationship between word-of-mouth marketing and the cultural values that foreign nationals are inclined towards has been tried to be measured.

## **Literature Review**

### *Word of Mouth in Health Services*

The decrease in people's trust in businesses and the increase in direct communication between people make word of mouth a powerful tool in marketing (Allsop et al., 2007; Armelini, 2011; Islam and Farooqi, 2014). Thus far, previous studies have suggested that word of mouth is one of the most effective communication channels in the marketing field and it has an impact on consumer behavior, expectations, attitudes, perceptions, and purchasing decisions (Brown and Reingen, 1987; Charlett et al., 1995; Buttle, 1998; Wangenheim, 2005; Allsop et al., 2007; Cruz and Fill, 2008; East et al., 2008; Goyette et al., 2010; Atilgan Inan, 2012). The impact of word-of-mouth increases when there are factors that prompt consumers to do more research, seek more ideas, and think longer than they normally would, such as when consumers are buying a product/ service for the first time or products/services are relatively expensive (Bughin et al., 2010). Word-of-mouth marketing minimizes the uncertainty arising from the intangibility of the service, so this marketing tool is particularly important within the scope of the service purchase decision (Bansal and Voyer, 2000), especially in health services.

Most of the time, people can't measure the quality of hospitals and/or physicians when they need to get health services. The reason is people don't have the time and resources to control the quality of the physician or hospital (Khalid et al., 2013). The fact that people do not have enough knowledge about evaluating health services and have a limited number of resources that can be evaluated

before receiving healthcare prompts them to seek advice from patients and their relatives when they want to get healthcare (Kelley and Schwartz, 2005; Uzunal and Uydaci, 2010). The perception that word of mouth is impartial, the use of word of mouth as a source of information in services that are difficult to evaluate, and the fact that the expectation of the consumer from the service is not as clear and sharp as the benefits expected from the tangible product, forces consumers to give more importance to the opinions of others (Bansal and Voyer, 2000; Nyer and Gopinath, 2005). Due to the debate about the legitimacy of medical advertising, people naturally rely on the experiences of others, in other words, word of mouth when they want to get healthcare (Lin and Lin, 2018). In this context, word of mouth is of great importance in health services, where consumers are earnestly seeking the highest quality but cheapest service (Asiamah et al., 2018).

The patient routinely explains her/his experience when examined or treated by a physician (Ruswanti et al., 2020). Word of mouth is determined by satisfied healthcare receivers and spreads from real patients to potential ones, so it is used as an effective method in healthcare (Derse and Yarar, 2021; Soare et al., 2022); it also plays an important role in the consumer decision-making process (Islam and Farooqi, 2014) and affects the purchasing preference positively or negatively (Khalid et al., 2013; Derse and Yarar, 2021). In the technological era, healthcare receivers can find health institutions, physicians, or any health workers, through online platforms. In favor of an online health community, those who want to receive health services can choose the health institution according to the writings of previous patients who received service from the institution and the previous treatment results of the physicians (Gu et al., 2018). Before purchasing any health service, healthcare receivers read online reviews about services, which can positively or negatively affect their purchasing choice (Tajuddin et al., 2020). Consequently, information acquired through word-of-mouth marketing is of considerable importance in choosing healthcare services (Asiamah et al., 2018; Derse and Yarar, 2021).

Word-of-mouth marketing is used as a cost-effective alternative to sell healthcare, increase a healthcare institution's customer base, and increase the institution's revenue over time (Asiamah et al., 2018). Word-of-mouth marketing is an indicator of providing value in the patient experience. It provides a sustainable relationship between the patient and the health institution (Soare et al., 2022). Word-of-mouth marketing benefits both the service receiver and the service provider concerning patient relationship management. These benefits contribute to the revenue of the health institution or the accumulation of these revenues over time, which gives hospitals a financial advantage against marketing difficulties. By using word-of-mouth marketing, health institutions can grow their consumer networks without using to carry out make expensive marketing communication tools such as advertising, sales development, event management, and personal sales (Asiamah et al., 2018). Word-of-mouth marketing can be used indirectly as a promotional tool for the hospital when it is done by a patient who has experienced the service (Kitapci et al., 2014; Agustin et al., 2020). Marketing professionals encourage people to do word of mouth because they know that a recommendation from someone who has experienced the service is more important than an

advertisement. Word-of-mouth marketing in health services is becoming an important factor in building a strong brand (Ma et al., 2021). A good health institution's brand image is expected to influence consumer attitudes and behaviors, especially in terms of the patient's decision process in choosing a health provider (Agustin et al., 2020).

### *International Marketing and Culture*

The modern world is organized on the basis that every nation-state is sovereign and independent of other countries but in reality, no country can completely isolate its internal affairs from external forces. Even the most closed governments have realized the benefits of opening their national resources and borders. This major change in the orientation of most governments has enabled a significant amount of international marketing activity to take place (Ghauri and Cateora, 2014). The dynamic nature of international marketing is driven by global economic and regulatory changes (Donthu et al., 2021). The nature of the business world has undergone a great change due to the globalization brought about by the current century (Chatterjee et al., 2021).

The globalization of health care is also conspicuously shown through cross-border patient flows and increased international trade in health products and services (Pocock and Phua, 2011). With globalization, there are rapid developments in medical care delivery worldwide. Cross-country travel for medical care is seen as a useful alternative for many healthcare recipients (Johnson and Garman, 2010). A patient's intention to leave the country's borders to receive health care and travel intentionally occurs when patients think they can find what they are looking for (Glinos et al., 2010).

Every business operating in a foreign environment encounters problems in adapting to the host country. Although differences in economic and political environments cause difficulties, it is known that the biggest difficulty is cultural differences (Reynolds, 1978). Businesses face cultural problems when they enter foreign markets. Businesses that enter cross-border markets have to adapt to a foreign culture (Barkema et al., 1996). As international marketing leads to an increase in cultural diversity, it makes it necessary to collect information about lifestyles and consumption patterns in various parts of the world (Craig and Douglas, 2005). Due to the differences in the needs and marketing opportunities of the countries, both marketing professionals and practitioners need to understand the culture of the country (Ekerete, 2001).

### The Definition and Characteristics of Culture

The term culture is most frequently used in anthropology, sociology, political science, and management (Hofstede, 2011). Various definitions of culture have been proposed in these areas, but there is no single agreed definition for the term (Merz et al., 2008). Hofstede (2011), known for his work in the field of culture, defined culture as “the collective programming of the mind that distinguishes the members of one group or category of people from others”. Keegan and Green (2012) define culture as “ways of living, built up by a group of human beings, that

are transmitted from one generation to another". Although there are differences in the definitions, the common element of all of them is that culture can be learned, shared, and transferred from one generation to another (Czinkota and Ronkainen, 2013).

A culture exhibits ways of living in the context of social institutions, including family, education, religion, government, and businesses (Keegan and Green, 2012). Culture is conservative by its nature, it refuses to change and encourages continuity (Czinkota and Ronkainen, 2013). Just as people are impacted by culture, culture is also impacted by many other factors such as geography, climate, politics, religion, and history (Watkins, 2010). Culture can be analyzed through multiple types of comparisons: between nations, between regions or ethnic groups within a society, between people within a society by measuring cultural values, or between situations that mobilize different cultural concepts (Shavitt and Barnes, 2020).

### The Impact of Culture on Consumer Behavior

Culture is a key factor that differentiates consumers of one country from consumers of another (Dwyer et al., 2005), in this context, culture affects consumer behavior (Luna and Gupta, 2001; Saydan and Kanibir, 2007; Pookulangara and Koesler, 2011; Lo, 2012; Ma, 2013; Shavitt and Cho, 2016). A person's consumption behavior can be observed, emulated, or denied by others. Then this behavior can become the norm of the behavior of any group, and it can be defined as part of a particular culture (Luna and Gupta, 2001). Culture affects the way they react when a consumer assesses a product displayed in a store, compares prices, and sees advertisements (Shavitt and Barnes, 2020).

Knowledge of cultural differences in consumer behavior and decision-making is essential to understanding communication and advertising effectiveness in the global market (Wyer Jr, 2015). Even if people from different cultures use the same basic products, their consumption patterns, circumstances of use, the purpose of use, or perceptions of the product attributes may be so different that the way the product is presented, positioning or promotion of the product must be modified to adapt to the characteristics of different markets (Agwu and Onwuegbuzie, 2018).

Culture plays an important role in the word-of-mouth marketing process, as consumers' cultural values greatly influence their communication patterns (Lo, 2012; Ma, 2013). Despite the increasing impact of electronic word-of-mouth marketing, many word-of-mouth marketing and purchasing decisions are still made based on cultures that may differ between national markets (Lin and Kalwani, 2018). The impact of word-of-mouth marketing also varies across cultures (Schumann et al., 2010). Cultural differences in word-of-mouth marketing suggest that international businesses may need to adopt different strategies when promoting their products/ services/ brands across cultures (Chung and Darke, 2006). Developing an understanding of how culture influences word-of-mouth marketing helps businesses to create more proactive and targeted marketing programs. More effective management of word-of-mouth marketing can increase acceptance and preference for a product/ service/ brand among consumer populations across diverse cultures (Lam et al., 2009). Marketing managers should

take such differences into account when formulating marketing strategies across different cultures to use their resources effectively (Schumann et al., 2010). The cost of ignoring the folkways, traditions, taboos, tastes, and preferences of the society and misreading the culture will be quite high for businesses, and if businesses do these things, they will fail in the international market (Lannon, 1998; Agwu and Onwuegbuzie, 2018). Thus, global businesses need to define a brand image strategy as well as a formulated marketing program that creates and sustains a desirable image in the minds of consumers beyond cultural boundaries (Madden et al., 2000).

## **Hypothesis development**

### *Hofstede's Cultural Dimensions*

Hofstede's cultural approach assists marketing professionals to understand culture in terms of uncertainty avoidance, individualism versus collectivism, masculinity versus femininity, and power distance (Keegan and Green, 2012).

#### Uncertainty Avoidance

Hofstede defines uncertainty avoidance as “the extent to which the members of a culture feel threatened by ambiguous or unknown situations” (Hofstede et al., 2010). In societies with high uncertainty avoidance, people seek stable careers and follow regulations and procedures (Ghauri and Cateora, 2021). For these societies, the uncertainty inherent in life is seen as a constant threat that must be dealt with. For this reason, societies with high levels of uncertainty avoidance have high levels of stress and anxiety, while societies with low levels of uncertainty avoidance have low levels of stress and anxiety (Hofstede et al., 2010). Cultures with high uncertainty avoidance resist change and tend to stick to group-approved patterns of behavior. People in these cultures are less confrontational and value group agreement in decision-making (Lam et al., 2009). Therefore, this also impacts word-of-mouth marketing (Dang and Raska, 2022). In cultures with high uncertainty avoidance, people avoid the risk of purchasing the product/ service (Nath et al., 2018; Dang and Raska, 2022), this culture makes clearer assessments and word-of-mouth to help people who are going to buy the product/ service (Filiari and Mariani, 2021). Consumers in cultures with low uncertainty avoidance care less about writing detailed explanations and details that will reduce the level of risk involved in a purchase (Filiari and Mariani, 2021). Marketing activities should aim to promote word of mouth among consumers in high uncertainty avoidance cultures where word of mouth is particularly effective. On the other hand, word-of-mouth marketing is a less effective tool in cultures with low uncertainty avoidance, so service managers tend to invest in service quality and direct communication with the consumer (Schumann et al., 2010). Under all this information, we make the following estimate:

**H<sub>1</sub>**. There is a statistically significant relationship between uncertainty avoidance and word of mouth marketing.

### Individualism versus Collectivism

This dimension reflects the degree of integration of individuals in a society with groups (Keegan and Green, 2012). Individualism refers to societies in which ties between individuals are loose, and in individualism, everyone is expected to look after themselves and their families. Its opposite, collectivism, is known as societies in which people are integrated from birth into strong, interdependent in-groups, which people continue to protect throughout their lives in exchange for unquestioning loyalty (Hofstede et al., 2010). In individualistic cultures the tie strength of individuals is low, and it is not as integrated as in collectivistic cultures. Therefore, the flow of information in communication channels is lower than in collectivist cultures (Dwyer et al., 2005). Information-seeking behavior of collectivist cultures differs from individualistic cultures (Fong and Burton, 2008). In collectivist cultures, the social network serves as the main source of information, and word-of-mouth marketing about product innovation is more frequent in these cultures (Dwyer et al., 2005). In terms of electronic word-of-mouth marketing, consumers in individualistic cultures tend to reflect their personal opinions and feelings when commenting on a product (Fileri and Mariani, 2021), and when they are dissatisfied, they send more extreme feedback and deviate from the consensus (Dang and Raska, 2022). Under all this information, we make the following estimate:

**H<sub>2</sub>.** There is a statistically significant relationship between collectivism and word of mouth marketing.

### Masculinity versus Femininity

A community is called masculine when emotional gender roles are different, and a community is called feminine when emotional gender roles overlap. In masculine cultures, men are expected to be pretentious, tough, and focused on financial success, while women are expected to be humble, sensitive, and concerned with quality of life. In feminine cultures, both men and women are expected to be humble, sensitive, and concerned with the quality of life (Hofstede et al., 2010). In masculine cultures, high-priced status brands are an important means of showing one's success, so people from this culture consume more ostentatiously, whereas in feminine cultures, individuals prefer to consume more for use (Tang et al., 2017; De Mooij, 2019). In terms of word-of-mouth marketing, it is apparent that consumers in feminine cultures engage in electronic word-of-mouth marketing more than consumers in masculine cultures (Dang and Raska, 2022). Under all this information, we make the following estimate:

**H<sub>3</sub>.** There is a statistically significant relationship between masculinity and word of mouth marketing.

### Power Distance

For Hofstede et al. (2010), power distance means “the extent to which the less powerful members of institutions and organizations within a country expect and accept that power is distributed unequally”. In cultures with high power distance, power is inherent to one's position in the hierarchy. The opposite is true for cultures



with low power distance, and the difference between strong and weak decreases in this culture (Darley et al., 2013). Power distance has a negative effect on electronic word-of-mouth marketing, as consumers in cultures with high power distance are less interested in evaluating the opinions of others (Dang and Raska, 2022). Furthermore, consumers in high power distance cultures are more likely to engage in negative word-of-mouth marketing than consumers in low power distance cultures when their perception of service quality is negative (Liu et al., 2001). Under all this information, we make the following estimate:

**H<sub>4</sub>.** There is a statistically significant relationship between power distance and word of mouth marketing.

#### Time Orientation

The time orientation dimension, where societies define time horizons, focuses on people's efforts in the future, present or past (Dissanayake et al., 2015; Alsswey and Al-Samarraie, 2021). Hofstede et al. (2010) define long-term orientation as "the promotion of virtues - especially perseverance and frugality - that is oriented towards future rewards". Long-term-oriented cultures place more emphasis on the future (Dissanayake et al., 2015). These societies tend to postpone short-term social achievement and short-term emotional satisfaction to prepare for the future (Alsswey and Al-Samarraie, 2021). Consumers with a long-term orientation value tangible aspects of products more than service quality (Dang and Raska, 2022). The short-term orientation, which is the opposite pole of the long-term orientation, represents "the promotion of the virtues of the past and present, especially respect for tradition and the fulfillment of social obligations" (Hofstede et al., 2010). Short-term orientation occurs when people pay more attention to the present or the past than to the future (Alsswey and Al-Samarraie, 2021). Cultures with a short-term orientation adopt analytical thinking and can describe their experiences in electronic word-of-mouth marketing in short words. Cultures with a long-term orientation think systematically and need more words to describe their experiences and emotions (Dang and Raska, 2022). Under all this information, we make the following estimate:

**H<sub>5</sub>.** There is a statistically significant relationship between time orientation and word of mouth marketing.

#### **Methodology**

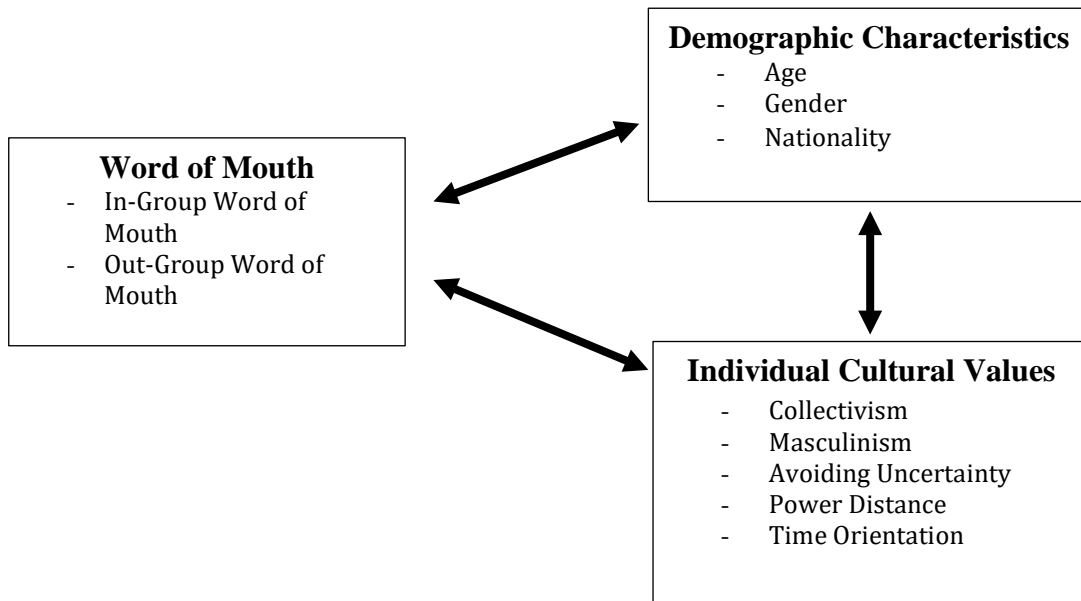
The population of this study consists of foreign citizens who have received health services in Turkey. The participants in this study were recruited from foreign citizens who have received health care in Istanbul at least once, and Turkish citizens who have received health care in Istanbul at least once in terms of examining cultural differences. Participants were selected by convenience sampling method. An acceptable 390 questionnaire forms were obtained by convenience sampling method.

The quantitative research method was applied in the study and a questionnaire form consisting of three sections was prepared for the data collection tool. The questionnaire form was prepared in line with the literature review and the first section consists of questions to determine the demographic characteristics of the participants. In the second part, there is the individual cultural values scale developed by Yoo et al. (2011) and adapted in Turkish by Saylik (2019) to determine the cultural values of the participants. The last part of the questionnaire includes the word-of-mouth scale developed by Lam et al. (2009) to measure the word-of-mouth marketing behavior of the participants. A 5-point Likert-type scale was used to evaluate the statements in the scales. There are 26 statements regarding the individual cultural values scale and 8 statements regarding the word-of-mouth marketing scale.

Statistical analysis was performed using SPSS, version 22. Frequency and percentage distributions were used to measure the distribution of the answers given in the research. Reliability was calculated using Cronbach's alpha. Factor analysis was also applied to measure the validity of the scale. After the factor analysis, the normality distribution of the data was examined.

Independent sample t-tests and one-way ANOVA were carried out to assess whether the dimensions of word-of-mouth marketing and individual cultural values differ according to demographic characteristics. A simple correlation analysis was conducted to assess the relationship between word-of-mouth marketing and individual cultural values. Figure 1 presents the research model.

**Figure 1.** *The Research Model*



**Results**

Table 1 presents information on the age, gender, and nationality of the participants included in the research within the scope of demographic characteristics.

**Table 1.** *Demographic Characteristics of the Participants*

	<b>Frequency</b>	<b>Percentage</b>		<b>Frequency</b>	<b>Percentage</b>
<b>Age</b>			<b>Nationality</b>		
18-25	97	24,9	Africa	75	19,2
26-30	109	27,9	Asia	70	17,9
31-39	110	28,2	Europe	61	15,6
≥ 40	74	19,0	Middle East	109	27,9
<b>Gender</b>			Turkey	75	19,2
Female	168	43,1			
Male	222	56,9			

Cronbach's alpha was used to analyze the reliability of the scales in the study. Cronbach's alpha coefficient for the individual cultural values scale consisting of twenty-six variables was 0,832. For the word-of-mouth marketing scale consisting of eight variables, Cronbach's alpha coefficient was 0,723. This result shows that the research scale is reliable.

Factor analysis was applied to the scale consisting of 26 items about individual cultural values. In the scale where six-factor groups were obtained, 2 items with close loadings under different factor groups were removed from the scale, and factor analysis was performed again with the remaining 24 items. According to the results of the analysis, the Kaiser- Meyer- Olkin sampling suitability measurement result was 0.843 and the Bartlett test significance value was 0.000. As a result of the factor analysis conducted with twenty-four statements, five-factor groups were obtained. These factors explain 56.89% of the total variance. The first-factor group was named "uncertainty avoidance"; the second-factor group was "collectivism"; the third-factor group was "masculinity"; the fourth-factor group was "power distance"; and the fifth-factor group was "time orientation". Table 2 shows the results of the factor analysis applied to the individual cultural values scale.

**Table 2.** *Factor Analysis Results of Individual Cultural Values Scale*

ITEMS	FACTORS				
	Uncertainty Avoidance	Collectivism	Masculinity	Power Distance	Time Orientation
It is important to closely follow instructions and procedures.	0,811				
Rules and regulations are important because they inform me of what is expected of me.	0,796				
Instructions for operations are important.	0,793				
Standardized work procedures are helpful.	0,779				
It is important to have instructions spelled out in detail so that I always know what I'm expected to do.	0,665				
Group welfare is more important than individual rewards.		0,744			
Group success is more important than individual success.		0,742			
Group loyalty should be encouraged even if individual goals suffer.		0,677			
Individuals should stick with the group even through difficulties.		0,674			
Individuals should sacrifice self-interest for the group.		0,669			
Individuals should only pursue their goals after considering the welfare of the group.		0,536			
Solving difficult problems usually requires an active, forcible approach, which is typical of men.			0,791		
Men usually solve problems with logical analysis; women usually solve problems with intuition.			0,790		
It is more important for men to have a professional career than it is for women.			0,715		
There are some jobs that a man can always do better than a woman.			0,674		
People in higher positions should avoid social interaction with people in lower positions.				0,704	
People in higher positions should make most decisions without consulting people in lower positions.				0,680	
People in higher positions should not ask the opinions of people in lower positions too frequently.				0,635	

<b>People in higher positions should not delegate important tasks to people in lower positions.</b>				0,629	
<b>People in lower positions should not disagree with decisions by people in higher positions.</b>				0,548	
<b>Working hard for success in the future.</b>					0,727
<b>Giving up today's fun for success in the future.</b>					0,678
<b>Long-term planning.</b>					0,660
<b>Personal steadiness and stability.</b>					0,604
<b>Reliability</b>	0,865	0,803	0,753	0,667	0,728
<b>Total Explained Variance</b>	16%	12,77%	10,01%	9,43%	8,68%

Factor analysis was applied to the word-of-mouth marketing scale consisting of 8 items. The result of the Kaiser- Meyer- Olkin sampling suitability measurement was 0,706 and the Bartlett test significance value was 0,000. As a result of the factor analysis, two-factor groups were obtained. These factors explain 62.07% of the total variance. The first-factor group was named "out-group word-of-mouth marketing" and the second-factor group was named "in-group word-of-mouth marketing". Table 3 shows the results of the factor analysis applied to the individual cultural values scale.

**Table 3. Factor Analysis Results of Word-of-mouth Marketing Scale**

ITEMS	FACTORS	
	Out-Group Word-Of-Mouth Marketing	In-Group Word-Of-Mouth Marketing
<b>I like to provide people, other than my close friends or family, with information about new health services and products.</b>	0,843	
<b>I seek out the advice of people other than my close friends or family regarding which health service to buy.</b>	0,834	
<b>I like to seek information and advice of people, other than my close friends or family, before making a health service purchase decision.</b>	0,787	
<b>I share information about new health services and products with people other than my close friends or family.</b>	0,761	
<b>I only provide information about new health services and products to my close friends or family.</b>		0,804
<b>I like introducing the health services I receive only to my close friends or family.</b>		0,776

<b>I like to seek advice or information only from my close friends or family when making a health service purchase decision.</b>		0,756
<b>I only gather information about a health service before I buy from my close friends or family.</b>		0,706
<b>Reliability</b>	0,822	0,760
<b>Total Explained Variance</b>	32,67%	29,41%

Table 4 presents the normality analysis results of the factor groups. Shapiro – Wilk and Kolmogorov – Smirnov tests were used for the analysis. The normal distribution is accepted when Skewness and Kurtosis results are between + 1.5 and - 1.5 (Tabachnick and Fidell, 2013). According to the analysis, it was concluded that the data were normally distributed.

**Table 4.** *Results of Normality Analysis of the Research Scale*

	<b>Skewness</b>	<b>Kurtosis</b>
<b>Uncertainty Avoidance</b>	-1,036	-1,036
<b>Collectivism</b>	-0,339	-0,005
<b>Masculinity</b>	-003	-0,762
<b>Power Distance</b>	0,307	-0,328
<b>Time Orientation</b>	-0,867	0,982
<b>Out-group Word-of-Mouth Marketing</b>	-0,298	-0,105
<b>In-group Word-of-Mouth Marketing</b>	-0,048	-0,531

Table 5 presents the results of the analysis of individual cultural values according to demographic characteristics.

**Table 5.** *Analysis Results for Individual Cultural Values according to Demographic Characteristics*

<b>AGE</b>		<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>F</b>	<b>P</b>	<b>Post Hoc</b>
<b>Power Distance</b>	18-25 <sup>1</sup>	97	2,292	0,724	3,903	0,009	Tukey 4>1,2,3
	26-30 <sup>2</sup>	109	2,328	0,701			
	31-39 <sup>3</sup>	110	2,343	0,790			
	≥ 40 <sup>4</sup>	74	2,667	0,964			
<b>Uncertainty Avoidance</b>	18-25	97	3,952	0,740	1,178	0,318	-
	26-30	109	3,970	0,827			
	31-39	110	3,914	0,836			
	≥ 40	74	4,137	0,898			
<b>Collectivism</b>	18-25 <sup>1</sup>	97	3,192	0,735	3,615	0,013	Tamhane T2 4>1
	26-30 <sup>2</sup>	109	3,295	0,930			
	31-39 <sup>3</sup>	110	3,404	0,824			

ATINER CONFERENCE PRESENTATION SERIES No: MKT2023-0303

	≥ 40 <sup>4</sup>	74	3,599	0,843			
<b>Time Orientation</b>	18-25	97	3,832	0,688	1,520	0,209	-
	26-30	109	4,020	0,747			
	31-39	110	3,904	0,828			
	≥ 40	74	4,043	0,849			
<b>Masculinity</b>	18-25	97	2,752	1,031	0,052	0,984	-
	26-30	109	2,745	1,039			
	31-39	110	2,725	1,035			
	≥ 40	74	2,695	0,923			
<b>GENDER</b>		<b>Mean</b>	<b>Levene's test</b>		<b>t- test</b>		
			<b>f</b>	<b>p</b>	<b>Equality of variances</b>	<b>t</b>	<b>p</b>
<b>Power Distance</b>	Female	2,326	3,277	0,071	Equal	-1,339	0,181
	Male	2,435					
<b>Uncertainty Avoidance</b>	Female	4,060	5,269	0,022	Not Equal	1,680	0,094
	Male	3,922					
<b>Collectivism</b>	Female	3,279	2,046	0,153	Equal	-1,592	0,112
	Male	3,417					
<b>Time Orientation</b>	Female	3,934	0,444	0,506	Equal	-0,242	0,809
	Male	3,953					
<b>Masculinity</b>	Female	2,400	0,569	0,451	Equal	-5,871	0,000
	Male	2,983					
<b>NATIONALITY</b>		<b>N</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>F</b>	<b>P</b>	<b>Post Hoc</b>
<b>Power Distance</b>	Africa <sup>1</sup>	75	2,245	0,704	7,101	0,000	Tamhane T2 2,4,5 >3
	Asia <sup>2</sup>	70	2,591	0,795			
	Europe <sup>3</sup>	61	2,016	0,704			
	Middle East <sup>4</sup>	109	2,403	0,671			
	Turkey <sup>5</sup>	75	2,621	0,979			
<b>Uncertainty Avoidance</b>	Africa <sup>1</sup>	75	3,946	0,796	9,632	0,000	Tamhane T2 5 >1,2,3,4
	Asia <sup>2</sup>	70	3,677	0,920			
	Europe <sup>3</sup>	61	3,908	0,590			
	Middle East <sup>4</sup>	109	3,919	0,842			
	Turkey <sup>5</sup>	75	4,453	0,707			
<b>Collectivism</b>	Africa <sup>1</sup>	75	3,380	0,832	4,813	0,001	Tamhane T2

	Asia <sup>2</sup>	70	3,285	0,811			4,5 >3
	Europe <sup>3</sup>	61	3,024	0,723			
	Middle East <sup>4</sup>	109	3,380	0,790			
	Turkey <sup>5</sup>	75	3,642	0,974			
<b>Time Orientation</b>	Africa <sup>1</sup>	75	4,020	0,694	5,130	0,000	Tamhane T2 5>2,3
	Asia <sup>2</sup>	70	3,692	0,935			
	Europe <sup>3</sup>	61	3,819	0,615			
	Middle East <sup>4</sup>	109	3,931	0,759			
	Turkey <sup>5</sup>	75	4,230	0,760			
<b>Masculinity</b>	Africa <sup>1</sup>	75	2,946	0,857	8,498	0,000	Tukey 1,2,4 >5
	Asia <sup>2</sup>	70	3,003	1,033			
	Europe <sup>3</sup>	61	2,463	0,992			
	Middle East <sup>4</sup>	109	2,885	1,004			
	Turkey <sup>5</sup>	75	2,260	0,969			

A one-way ANOVA test was used to analyze the relationship between individual cultural values and age. No significant difference was found for uncertainty avoidance, time orientation, and masculinity factors among the sub-dimensions of individual cultural values according to age, while a significant difference was found for power distance and collectivism sub-dimensions. Tukey and Tamhane T2 tests were conducted to determine the difference between groups in power distance and collectivism sub-dimensions, respectively. According to the Post Hoc tests, it was concluded that the power distance tendency of the participants aged 40 and over was higher than the participants aged 18-25, 26-30, and 31-39 and the collectivism tendency of the participants aged 40 and over is higher than the participants aged 18-25.

According to the t-test results for the relationship between individual cultural values and gender, only masculinity tendency showed a significant difference by gender. The results show that the masculinity tendency is higher in men than in women.

A one-way ANOVA test was used to analyze the relationship between individual cultural values and nationality. It was found that there was a statistically significant difference between individual cultural values and nationality. The Post Hoc tests conducted to determine the difference between the groups revealed that the power distance tendency of the European participants was lower than the Asian, Middle Eastern, and Turkish participants, the uncertainty avoidance tendency of Turkish participants was higher than the other nationalities, collectivism tendency of European participants was lower than that of Middle Eastern and Turkish respondents, Turkish participants' time orientation tendency is higher than Asian and European participants and Turkish participants' masculinity tendency was lower than African, Asian and Middle Eastern participants.



Table 6 shows the results of the analysis for word-of-mouth marketing according to demographic characteristics.

**Table 6.** Analysis Results for Word-of-mouth marketing by Demographic Characteristics

AGE		N	Mean	Std. Deviation	F	P	Post Hoc
<b>In-group Word-of-Mouth Marketing</b>	18-25	97	3,095	0,767	2,592	0,052	-
	26-30	109	2,736	1,017			
	31-39	110	2,938	0,984			
	≥ 40	74	2,996	1,029			
<b>Out-group Word-of-Mouth Marketing</b>	18-25 <sup>1</sup>	97	3,232	0,843	3,957	0,008	Tukey 4 >1,2
	26-30 <sup>2</sup>	109	3,334	0,952			
	31-39 <sup>3</sup>	110	3,415	0,944			
	≥ 40 <sup>4</sup>	74	3,699	0,884			
GENDER		Mean	Levene's test		t-test		
			f	p	Equality of variances	t	p
<b>In-group Word-of-Mouth Marketing</b>	Female	2,947	0,000	0,985	Equal	0,284	0,777
	Male	2,920					
<b>Out-group Word-of-Mouth Marketing</b>	Female	3,449	0,505	0,478	Equal	0,897	0,370
	Male	3,364					
NATIONALITY		N	Mean	Std. Deviation	F	P	Post Hoc
<b>In-group Word-of-Mouth Marketing</b>	Africa	75	2,910	0,907	2,412	0,049	-
	Asia	70	3,128	0,905			
	Europe	61	2,791	0,871			
	Middle East	109	2,779	0,937			
	Turkey	75	3,106	1,114			
<b>Out-group Word-of-Mouth Marketing</b>	Africa <sup>1</sup>	75	3,236	0,944	5,57	0,000	Tukey 5 >1,2,3
	Asia <sup>2</sup>	70	3,178	0,870			
	Europe <sup>3</sup>	61	3,254	0,750			
	Middle East <sup>4</sup>	109	3,481	0,838			
	Turkey <sup>5</sup>	75	3,776	1,067			

A one-way ANOVA test was used to analyze the relationship between word-of-mouth marketing and age. It is concluded that there is no significant difference between in-group word-of-mouth marketing by age, however, there is a significant difference between out-group word-of-mouth marketing by age. The Tukey test conducted to determine the difference between the groups revealed that participants over the age of 40 are more likely to engage in out-of-group word-of-mouth marketing than participants between the ages of 18-25 and 26-30. T-tests were used to analyze the relationship between word-of-mouth marketing and gender. No significant differences were found between them.

The differences between word-of-mouth marketing and nationality are highlighted in Table 6. The one-way ANOVA result shows that only out-group word-of-mouth marketing differs by nationality. The results of the Tukey test revealed that Turkish respondents were more likely to use out-group word-of-mouth marketing than African, Asian, and European respondents.

Table 7 presents the results of the correlational analysis. Collectivism, masculinity, power distance, and time orientation were positively correlated with in-group word-of-mouth marketing. There was no significant correlation between uncertainty avoidance and in-group word-of-mouth marketing.

The correlation analysis between out-group word-of-mouth marketing and individual cultural values shows that there is a positive relationship between uncertainty avoidance, collectivism, power distance, and time orientation. There was no significant correlation between masculinity and out-group word-of-mouth marketing.

**Table 7. Correlation Analysis of Cultural Values and Word-of-mouth Marketing**

			Individual Cultural Values					Word-of-Mouth Marketing	
			Uncertainty Avoidance	Collectivism	Masculinity	Power Distance	Time Orientation	Out-group Word-of-Mouth Marketing	In-group Word-of-Mouth Marketing
Individual Cultural Values	Uncertainty Avoidance	Pearson Correlation	1	0,458**	-0,009	-0,047	0,525**	0,225**	0,077
		p (2-tailed)		0,000	0,864	0,359	0,000	0,000	0,127
		N	390	390	390	390	390	390	390
	Collectivism	Pearson Correlation	0,458**	1	0,136**	0,098	0,379**	0,236**	0,112*
		p (2-tailed)	0,000		0,007	0,053	0,000	0,000	0,027
		N	390	390	390	390	390	390	390
	Masculinity	Pearson Correlation	-0,009	0,136**	1	0,243**	0,121*	0,071	0,214**
		p (2-tailed)	0,864	0,007		0,000	0,017	0,162	0,000
		N	390	390	390	390	390	390	390
	Power Distance	Pearson Correlation	-0,047	0,098	0,243**	1	0,005	0,111*	0,165**
		p (2-tailed)	0,359	0,053	0,000		0,919	0,029	0,001
		N	390	390	390	390	390	390	390
	Time Orientation	Pearson Correlation	0,525**	0,379**	0,121*	0,005	1	0,211**	0,100*

		p (2-tailed)	0,000	0,000	0,017	0,919		0,000	0,049
		N	390	390	390	390	390	390	390
<b>Word-of-Mouth Marketing</b>	<b>Out-group Word-of-Mouth Marketing</b>	Pearson Correlation	0,225**	0,236**	0,071	0,111*	0,211**	1	0,109*
		p (2-tailed)	0,000	0,000	0,162	0,029	0,000		0,031
		N	390	390	390	390	390	390	390
	<b>In-group Word-of-Mouth Marketing</b>	Pearson Correlation	0,077	0,112*	0,214**	0,165**	0,100*	0,109*	1
		p (2-tailed)	0,127	0,027	0,000	0,001	0,049	0,031	
		N	390	390	390	390	390	390	390
**. Correlation is significant at the 0.01 level (2-tailed).									
*. Correlation is significant at the 0.05 level (2-tailed).									

## Discussion

This study examines the relationship between word-of-mouth marketing and individual cultural values. It was analyzed how the individual cultural values variable is explained by the word-of-mouth marketing variable. Also, it was tested whether word-of-mouth marketing and individual cultural values differ according to demographic characteristics.

The results of this study show that as people get older, their power distance also increases. This may be due to generational differences and/or the more flexible subordinate-superior relationship in new types of management. The relationship between collectivism and age shows that as age increases, collectivism increases and individualism decreases. Moreover, the tendency towards masculinity decreases with age.

Concerning gender, a significant difference was found only with masculinity among the sub-dimensions of individual cultural values. Therefore, it can be suggested that the masculinity tendency of men is higher than that of women.

The findings of individual cultural values and nationality revealed that Turkish participants have the highest level of power distance, uncertainty avoidance, collectivism, and time orientation, while Asian participants have the highest level of masculinity. Europeans have the lowest power distance and collectivism, Asians have the lowest uncertainty avoidance and time orientation, and Turks have the lowest masculinity.

According to the results, as age increases, the behavior of resorting to out-group word-of-mouth marketing also increases. The financial, psychological, privacy, performance, and time risks that may be associated with the choice of provider for health care services may become more important for recipients as they get older. This finding is consistent with that of Aydemir et al. (2020). No significant difference was found in the relationship between in-group word-of-mouth marketing and age groups. This finding was also reported in previous studies (e.g., Ceyhan et al., 2018; Gun, 2020; Derse and Yazar, 2021).

These findings indicate that there is no difference between gender and word-of-mouth marketing. This finding was also reported by Ekiyor and Atilla (2014);

Ceyhan et al. (2018); Gun (2020); Derse and Yazar (2021). However, this outcome is contrary to that of Freundt and Bortoluzzo (2023).

The findings of the study show that the behavior of sharing health care services with people other than relatives varies significantly depending on the nationality of the respondents. It was found that Turkish respondents were more likely to use out-group word-of-mouth marketing than African, Asian, and European respondents. Among nationalities, Turks were the most likely to engage in out-group word-of-mouth marketing, and the least participants were Asians. According to the results obtained, it can be said that Turks are more inclined to share this with people other than their relatives when they receive a health service compared to all other nationalities. Christodoulides et al. (2012) conducted a study with British and Chinese consumers and found that electronic word-of-mouth marketing significantly influences purchase intentions. Previous studies have shown that the differences in cultural values also differ in terms of the degree and motivation to use electronic word-of-mouth marketing (e.g., Li et al., 2018; Dang and Raska, 2022). Also, Freundt and Bortoluzzo (2023) concluded that word-of-mouth marketing is the most important factor in the decision process of expatriates when choosing a healthcare provider.

Several studies (Abubakar and Ilkan, 2016; Abubakar et al., 2017; Kilinc and Kocarslan, 2022) have concluded that electronic word-of-mouth marketing in health tourism positively affects intention to revisit the institution, intention to travel, and destination trust. Different studies have found that word-of-mouth marketing has a positive impact on health tourists' perception of hospital image (Lu et al., 2014; Cham et al., 2016). These results show the importance of the impact of word-of-mouth marketing on healthcare providers.

The correlation analysis between individual cultural values and word-of-mouth marketing shows that there is a significant positive relationship between individual cultural values and word-of-mouth marketing. Previous studies have also concluded that word-of-mouth marketing is affected by cultural differences (Goodrich and De Mooij, 2013; Chiu et al., 2019; Leon, 2019; Lee and Choi, 2019). The findings of this study are in line with the literature.

## **Conclusions**

When the relationship between out-group word-of-mouth marketing and demographic characteristics is examined, it is seen that there is an increase in the recommendation-seeking and recommendation-giving behavior of Asian people with higher age levels. It would be beneficial for healthcare businesses to create platforms where people with such demographic characteristics can easily access and write comments, and to support these platforms with artificial intelligence. It would be useful to personalize electronic word-of-mouth programs to suit the consumer's culture and to highlight the online comments of people who share the same cultural values as the consumer.

Examining the relationship between collectivism and word-of-mouth marketing, the results show that societies that embrace collectivism give more

importance to word-of-mouth marketing than those that embrace individualism. In this case, in the promotional activities of health managers and health tourism enterprises for societies that embrace the collectivist culture, comments of people who have received services before and expressions representing their communities can be included in promotional posters.

The correlation analysis for uncertainty avoidance and word-of-mouth marketing revealed a positive correlation between uncertainty avoidance and only the out-group word-of-mouth marketing factor. Accordingly, it can be said that societies with high uncertainty avoidance are likely to exhibit electronic word-of-mouth marketing behavior. In this context, it may be recommended that marketing managers should encourage people who have already received service to comment on electronic media, respond to negative online comments as soon as possible, and provide detailed information about the service they provide online.

The results suggest that masculine societies engage in word-of-mouth marketing behavior only with their immediate social circles. When the mean results are analyzed, it can be said that Asia, Africa, and the Middle East regions embrace masculinity. In these regions, it would be useful for marketing professionals to focus on programs such as referral programs, which may tend to market word-of-mouth to the consumer's immediate social circles, rather than electronic word-of-mouth marketing or viral marketing.

The analysis of the relationship between power distance and word-of-mouth marketing reveals that cultures with high power distance are more likely to receive and give advice. In societies with high power distance, communication is predominantly from the upper unit to the lower unit. In this context, it will be in the best interest of businesses to use people who are respected by society for word-of-mouth marketing activities.

It is found that cultures with a long-term time orientation have an increase in word-of-mouth marketing. Long-term time orientation reflects a culture that is associated with long-term planning and a culture of acting with the future in mind. This situation allows a person to plan in the long term even if the need for health care is not severe. From this point of view, it may be recommended that health service providers emphasize the long term in their word-of-mouth marketing activities and share messages such as check-ups, cancer screenings, and chronic disease screenings about diseases that may occur with age.

The research data were collected using quantitative research methodology and different participants from many regions were reached. The limitations of the study include the fact that it was not possible to focus on a single region due to time and cost constraints. It may be useful for researchers and health managers to use qualitative methods in future studies, to compare two different regions, or to conduct this study based on regions of Turkey. This study is one of the rare studies in Turkey that examines the relationship between cultural values and word-of-mouth marketing in health services. It may be recommended to conduct in-depth research on this issue in future studies.

## References

- Abubakar AM, Ilkan M (2016) Impact of online WOM on destination trust and intention to travel: A medical tourism perspective. *Journal of Destination Marketing & Management* 5(3): 192-201.
- Abubakar AM, Ilkan M, Al-Tal RM, Eluwole KK (2017) eWOM, revisit intention, destination trust and gender. *Journal of Hospitality and Tourism Management* 31: 220-227.
- Agustin R, Hendriani S, Syapsan S (2020) The effect of brand image and service quality on purchase decision with word of mouth as mediation variable at Prof. Dr. Tabrani Hospital Pekanbaru. *International Journal of Economics, Business and Applications* 5(2): 25-44.
- Agwu ME, Onwuegbuzie HN (2018) Effects of international marketing environments on entrepreneurship development. *Journal of Innovation and Entrepreneurship* 7(1): 1-14.
- Allsop DT, Bassett BR, Hoskins JA (2007) Word-of-mouth research: Principles and applications. *Journal of Advertising Research* 47(4): 398-411.
- Allswey A, Al-Samarraie H (2021) The role of Hofstede's cultural dimensions in the design of user interface: the case of Arabic. *Ai Edam* 35(1): 116-127.
- Armellini G (2011) The effect of word of mouth in customer equity and brand equity. *Chinese Business Review* 10(3): 205-216.
- Asiamah N, Opuni FF, Frimpong FKS (2018) Leveraging word-of-mouth as a payback from patients of private hospitals: The role of healthcare quality delivery. *International Journal of Behavioural and Healthcare Research* 6(3/4): 251-267.
- Atilgan Inan E (2012) Resurgence of word-of-mouth marketing in the internet era. *Ataturk University Journal of Economics & Administrative Sciences* 26(2): 191-204.
- Aydemir I, Yasar ME, Celik S (2020) The effect of mouth-to-mouth communication on health consumers's behavior of purchase and use. *Dicle University, Journal of Economics and Administrative Sciences* 10(20): 311-330.
- Bansal HS, Voyer PA (2000) Word-of-mouth processes within a services purchase decision context. *Journal of Service Research* 3(2): 166-177.
- Barkema HG, Bell JH, Pennings JM (1996) Foreign entry, cultural barriers, and learning. *Strategic Management Journal* 17(2): 151-166.
- Brown JJ, Reingen PH (1987) Social ties and word-of-mouth referral behavior. *Journal of Consumer Research* 14(3): 350-362.
- Bughin J, Doogan J, Vetvik OJ (2010) A new way to measure word-of-mouth marketing. *McKinsey Quarterly* 2(1): 113-116.
- Buttle FA (1998) Word of mouth: Understanding and managing referral marketing. *Journal of Strategic Marketing* 6(3): 241-254.
- Ceyhan S, Uzuntarla Y, Fırat I (2018) Examining the use of word of mouth marketing in doctors' health service preferences. *Hitit University Journal of Social Sciences Institute* 11(3): 2467-2480.
- Cham TH, Lim YM, Aik NC, Tay AGM (2016) Antecedents of hospital brand image and the relationships with medical tourists' behavioral intention. *International Journal of Pharmaceutical and Healthcare Marketing* 10(4): 412-431.
- Charlett D, Garland R, Marr N (1995) How damaging is negative word of mouth. *Marketing Bulletin* 6(1): 42-50.
- Chatterjee S, Chaudhuri S, Sakka G (2021) Cross-disciplinary issues in international marketing: A systematic literature review on international marketing and ethical issues. *International Marketing Review* 38(5): 985-1005.

- Chiu YL, Chen KH, Wang JN, Hsu YT (2019) The impact of online movie word-of-mouth on consumer choice: A comparison of American and Chinese consumers. *International Marketing Review* 36(6): 996-1025.
- Chung CMY, Darke PR (2006) The consumer as advocate: Self-relevance, culture, and word-of-mouth. *Marketing Letters* 17(4): 269-279.
- Christodoulides G, Michaelidou N, Argyriou E (2012) Cross-national differences in e-WOM influence. *European Journal of Marketing* 46(11/12): 1689-1707.
- Craig CS, Douglas SP (2005) *International marketing research, third edition*. John Wiley & Sons, Chichester, ISBN: 0-470-01095-9.
- Cruz D, Fill C (2008) Evaluating viral marketing: Isolating the key criteria. *Marketing Intelligence & Planning* 26(7): 743-758.
- Czinkota MR, Ronkainen IA (2013) *International marketing, tenth edition*. Cengage Learning, Washington, ISBN: 978-1-133-62751-7.
- Dang A, Raska D (2022) National cultures and their impact on electronic word of mouth: A systematic review. *International Marketing Review* 39(5): 1182-1225.
- Darley WK, Luethge DJ, Blankson C (2013) Culture and international marketing: A sub-Saharan African context. *Journal of Global Marketing* 26(4): 188-202.
- De Mooij M (2019) *Consumer behavior and culture: Consequences for global marketing and advertising*. Sage, London, ISBN: 978-1-5443-1815-8.
- Derse B, Yarar O (2021) Examination of word of mouth marketing in the preference of dentist and oral dental health services, *Journal of Healthcare Management and Leadership* (1): 70-83.
- Dissanayake DMSB, Niroshan WWAE, Nisansala MH, Rangani MLD, Samarathunga SKRA, Subasinghe SEI, Wickramaarachchi DN, Nirasha, Kalani, Wickramasinghe DN, Wickramasinghe WWMEGPMB (2015) Cultural comparison in Asian countries: An Application of Greet Hofstede's Cultural Dimensions. In *Proceedings of the 2nd Undergraduate Symposium on Contemporary Management and Theory* (Department of Commerce and Financial Management, Faculty of Commerce and Management, University of Kelaniya). pp 211-224.
- Donthu N, Kumar S, Pattnaik D, Pandey N (2021) A bibliometric review of International Marketing Review (IMR): Past, present, and future. *International Marketing Review*, 38(5): 840-878.
- Dwyer S, Mesak H, Hsu M, (2005) An exploratory examination of the influence of national culture on cross-national product diffusion. *Journal of International Marketing* 13(2): 1-27.
- East R, Hammond K, Lomax W, (2008) Measuring the impact of positive and negative word of mouth on brand purchase probability. *International Journal of Research in Marketing* 25(3): 215-224.
- Ekerete PP, (2001) The effect of culture on marketing strategies of multinational firms: A survey of selected multinational corporations in Nigeria. *African Study Monographs* 22(2): 93-101.
- Ekiyor A, Atilla EA (2014) Word of mouth marketing in mouth and dental health centers towards consumers. *Journal Of Business Research – Turk* 6(3): 6-15.
- Filieri R, Mariani M, (2021) The role of cultural values in consumers' evaluation of online review helpfulness: a big data approach. *International Marketing Review* 38(6): 1267-1288.
- Fong J, Burton S, (2008) A cross-cultural comparison of electronic word-of-mouth and country-of-origin effects. *Journal of Business Research* 61(3): 233-242.
- Freundt VL, Bortoluzzo AB (2023) A cross-national study investigating the role of country of origin and word of mouth in expatriates' decision process when seeking a healthcare provider. *Journal of International Consumer Marketing* 35(1): 47-62.

- Ghauri PN, Cateora P (2014) *International marketing, fourth edition*. McGraw Hill, London.
- Ghauri PN, Cateora P (2021) *International marketing, fifth edition*. McGraw Hill, London.
- Glinos IA, Baeten R, Helble M, Maarse H (2010) A typology of cross-border patient mobility. *Health & Place* 16(6): 1145-1155.
- Goodrich K, De Mooij M (2013) How 'social' are social media? A cross-cultural comparison of online and offline purchase decision influences. *Journal Of Marketing Communications* 20(1-2): 103-116.
- Goyette I, Ricard L, Bergeron J, Marticotte F (2010) e-WOM scale: Word-of-mouth measurement scale for e-services context. *Canadian Journal of Administrative Sciences* 27(1): 5-23.
- Gu D, Yang X, Li X, Jain HK, Liang C (2018) Understanding the role of mobile internet-based health services on patient satisfaction and word-of-mouth. *International Journal of Environmental Research and Public Health* 15(9): 1972.
- Gun I (2020) Investigating word-of-mouth communication according to demographic features of consumers in health sector: A research in Mardin. *Al-Farabi International Journal on Social Sciences* 5(2): 85-102.
- Hofstede G, (2011) Dimensionalizing cultures: The Hofstede model in context. *Online Readings in Psychology and Culture* 2(1): 2307-0919.
- Hofstede G, Hofstede GJ, Minkov M (2010) *Cultures and organizations: Software of the mind*. McGraw Hill, New York, ISBN: 978-0-07-166418-9.
- Islam JU, Farooqi R (2014) Impact of word-of-mouth on consumer behavior in Indian healthcare industry. *Global Journal of Finance and Management* 6(2): 125-132.
- Johnson TJ, Garman AN (2010) Impact of medical travel on imports and exports of medical services. *Health Policy* 98(2-3): 171-177.
- Keegan WJ, Green MC (2012) *Global marketing*, Pearson, New Jersey.
- Kelley SW, Schwartz RW (2005) A marketing-oriented perspective on physician selection. *Surgical Innovation* 12(4): 357-363.
- Khalid S, Ahmed MA, Ahmad Z (2013) Word-of-mouth communications: A powerful contributor to consumers decision-making in healthcare market. *International Journal of Business and Management Invention*, 2(5): 50-59.
- Kilinc H, Kocarlan H (2022) The impact of electronic word of mouth marketing on regional trust and travel intent in health tourism: A research on foreign patients. *Journal Of Academic Perspective on Social Studies* (1): 43-65.
- Kitapci O, Akdogan C, Dortyol IT (2014) The impact of service quality dimensions on patient satisfaction, repurchase intentions and word-of-mouth communication in the public healthcare industry. *Procedia-social and Behavioral Sciences* 148: 161-169.
- Lam D, Lee A, Mizerski R (2009) The effects of cultural values in word-of-mouth communication. *Journal of International Marketing* 17(3): 55-70.
- Lannon J (1998) Three cultures of international marketing. *Journal of Brand Management* 5(5): 346-357.
- Lee KY, Choi H (2019) Predictors of electronic word-of-mouth behavior on social networking sites in the United States and Korea: Cultural and social relationship variables. *Computers In Human Behavior* 94: 9-18.
- Leon RD (2019) Hotel's online reviews and ratings: A cross-cultural approach. *International Journal of Contemporary Hospitality Management* 31(5): 2054-2073.
- Li J, Zhu H, He Y (2018) Research on the motivations of IWOM spread under the background of cross-cultural. *In IOP conference series: Earth and environmental science* 170(3): 032144.



- Lin HC, Kalwani MU (2018) Culturally contingent electronic word-of-mouth signaling and screening: A comparative study of product reviews in the United States and Japan. *Journal of International Marketing* 26(2): 80–102.
- Lin SH, Lin TM (2018) Demand for online platforms for medical word-of-mouth. *Journal of International Medical Research* 46(5): 1910-1918.
- Liu BSC, Furrer O, Sudharshan D (2001) The relationships between culture and behavioral intentions toward services. *Journal of Service Research* 4(2): 118-129.
- Lo SC (2012) Consumer decisions: The effect of word-of-mouth. *International Journal of Organizational Innovation* 4(3): 188-196.
- Lu HY, Wu WY, Chen SH (2014) Influences on the perceived value of medical travel: The moderating roles of risk attitude, self-esteem and word-of-mouth. *Current Issues in Tourism* 19(5): 477-491.
- Luna D, Gupta SF (2001) An integrative framework for cross-cultural consumer behavior. *International Marketing Review* 18(1): 45-69.
- Ma L (2013) Electronic word-of-mouth on microblogs: A cross-cultural content analysis of Twitter and Weibo. *Intercultural Communication Studies* 22(3): 18-42.
- Ma R, Cherian J, Tsai WH, Sial MS, Hou L, Álvarez-Otero S (2021) The relationship of corporate social responsibility on digital platforms, electronic word-of-mouth, and consumer-company identification: An application of social identity theory. *Sustainability* 13(9): 4700.
- Madden TJ, Hewett K, Roth MS (2000) Managing images in different cultures: A cross-national study of color meanings and preferences. *Journal of International Marketing* 8(4): 90-107.
- Merz MA, He Y, Alden DL (2008) A categorization approach to analyzing the global consumer culture debate. *International Marketing Review* 25(2): 166-182.
- Nath P, Devlin J, Reid V (2018) The effects of online reviews on service expectations: Do cultural value orientations matter?. *Journal of Business Research* 90: 123-133.
- Nyer PU, Gopinath M (2005) Effects of complaining versus negative word of mouth on subsequent changes in satisfaction: The role of public commitment. *Psychology & Marketing* 22(12): 937-953.
- Pocock NS, Phua KH (2011) Medical tourism and policy implications for health systems: A conceptual framework from a comparative study of Thailand, Singapore and Malaysia. *Globalization and Health* 7(1): 1-12.
- Pookulangara S, Koesler K (2011) Cultural influence on consumers' usage of social networks and its' impact on online purchase intentions. *Journal of Retailing and Consumer Services* 18(4) 348-354.
- Reynolds JI (1978) Developing policy responses to cultural differences. *Business Horizons* 21(4): 28-35.
- Ruswanti E, Eff ARY, Kusumawati DM (2020) Word of mouth, trust, satisfaction and effect of repurchase intention to Batavia hospital in west Jakarta, Indonesia. *Management Science Letters* 10(2): 265-270.
- Saydan R, Kanibir H (2007) The importance of differences in societal cultures in global marketing: (the examples from local cultures and multinational corporations). *Electronic Journal of Social Sciences* 6(22): 74-89.
- Saylik A (2019) The adaptation of the Hofstede's culture dimensions scale into Turkish: A reliability and validity analysis. *International Journal of Turkish Literature Culture Education* 8(3): 1860-1881.
- Schumann JH, Wangenheim FV, Stringfellow A, Yang Z, Blazevic V, Praxmarer S, Shainesh G, Komor M, Shannon RM, Jiménez FR (2010) Cross-cultural differences in the effect of received word-of-mouth referral in relational service exchange. *Journal of International Marketing* 18(3): 62-80.

- Shavitt S, Barnes AJ (2020) Culture and the consumer journey. *Journal of Retailing* 96(1): 40-54.
- Shavitt S, Cho H (2016) Culture and consumer behavior: The role of horizontal and vertical cultural factors. *Current Opinion in Psychology* 8: 149-154.
- Soare T, Ianovici C, Gheorghe IR, Purcărea VL, Soare CM (2022) A word-of-mouth perspective on consumers of family medicine services: A case study, *Journal of Medicine and Life* 15(5): 655-660.
- Tabachnick BG, Fidell LS (2013) *Using multivariate statistics*. Boston: Pearson.
- Tajuddin UNRA, Hassan LFA, Othman AK, Razak NA (2020) Electronic word-of-mouth (E-WOM), brand image and consumer purchase intention on healthcare products, *Journal of Accounting Research, Organization and Economics* 3(1):73-83.
- Tang L (2017) Mine your customers or mine your business: The moderating role of culture in online word-of-mouth reviews. *Journal of International Marketing* 25(2): 88-110.
- Uzunal B, Uydaci M (2010) Word of mouth marketing in health care organizations and a pilot study. *Oneri* 9(34): 87-95.
- Wangenheim FV (2005) Postswitching negative word of mouth. *Journal of Service Research* 8(1): 67-78.
- Watkins L (2010) The cross-cultural appropriateness of survey-based value(s) research: A review of methodological issues and suggestion of alternative methodology. *International Marketing Review* 27(6): 694-716.
- Wyer Jr RS (2015), *Cultural Differences in Procedural Knowledge and Their Impact on Consumer Behavior*, Handbook of Culture and Consumer Behavior, In: Ng, S. (ed.), Lee, A. Y. (ed.), Chapter 3, Oxford University Press, United Kingdom.
- Yoo B, Donthu N, Lenartowicz T (2011) Measuring Hofstede's five dimensions of cultural values at the individual level: Development and validation of CVSCALE. *Journal of International Consumer Marketing* 23(3-4): 1