



PEOPLE'S DEMOCRATIC REPUBLIC OF ALGERIA  
MINISTRY OF HIGHER EDUCATION AND SCIENTIFIC RESEARCH  
MOHAMED BOUDHIAF UNIVERSITY OF M'SILA  
FACULTY OF ECONOMIC, COMMERCIAL AND MANAGEMENT SCIENCES



SECTION OF COMMERCE  
OPTION /MARKETING SERVICES

MEMOIRE SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR THE DEGREE OF MASTER

The Title of Memoire

**Word of mouth effectiveness in medical tourism services  
-A case study of el Baraka complex at Guelma state -**

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**Academic Year : 2020/2021**

# AKNOWLEDGEMENT



Throughout the writing of this dissertation I have received a great deal of support and assistance. I would first like to thank my supervisor, Professor Nedjoudia Saoudi, whose expertise was invaluable in formulating the research questions and methodology. Your insightful feedback pushed me to sharpen my thinking and brought my work to a higher level.

I would like to thank the Department of Commercial Sciences for accepting this study.



# DEDICATION

First of all, I like to thank ALLAH, the Most Merciful, Most Compassionate, who has guide me in the right direction and gave me the full strength to complete this dissertation.

Second, while there are numerous individuals that I acknowledge for encouragement during this journey, i am dedicating this work to my mother and father. They had faith on me and gave me their trust to decide and make my way through life. I salute my brother Fawzi, who was a link between me and the institution under study, I also to thank all my friends who encouraged me, especially my frriend Faride and Shema, in completing this study.

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## ABSTRACT

The word-of-mouth becoming very effective in the medical tourism and marketing, where it became a diffuse style in attracting customers. This study aims to demonstrate the effectiveness of the word-of-mouth at the services of the medical tourism in the Baraka as a study sample. And for evaluate this study, a questionnaire was directed to the visitors to this tourist complex, it was analyzed by SPSS. A high positive rating was assumed by costumers on the effectiveness of the word-of-mouth on the reputation of the El Baraka midical tourism complex. Ultimately based onthe findings the general hypothesiswas accepted, consequently the Word of mouth is very effective for El Baraka midical tourism complex.

**Key words:** Word-of-mouth, Medical Tourism, Destination, Midical tourists.

### ملخص:

صارت الكلمة المنطوقة فعالة جدا في السياحة العلاجية والتسويق بصفة عامة، حيث اصبحت أسلوبا منتشرا في جذب العملاء. هذه الدراسة تهدف إلى إثبات فعالية الكلمة المنطوقة على خدمات السياحة العلاجية في مركب البركة كدراسة حالة، ولتقييم هذه الدراسة تم توجيه استبيانات إلى زائري المركب السياحي، وتم تحليله بواسطة برنامج SPSS. لقد تم افتراض وجود تقييم ايجابي مرتفع من قبل العملاء على فعالية الكلمة المنطوقة في مركب البركة للسياحة العلاجية. ومنه بناء على النتائج تم قبول الفرضية العامة بما يعني تأكيد ان الكلمة لمنطوقة فعالة جدا لمركب البركة للسياحة العلاجية.

**الكلمات المفتاحية:** الكلمة المنطوقة، السياحة العلاجية، الوجهة، السياح الطبيين.

# Introduction

## Introduction

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### Introduction

Tourism is one of the biggest dynamic and competitive industry that requires the ability to adapt constantly to customers' changing needs and desires, as the customer's satisfaction, safety and enjoyment are particularly the focus of tourism businesses. People travel around the world for various reasons: fun, work, sightseeing, food tourism, active or leisure time, sports and health.

Travelling for health and wellness care has a long history. People have been traveling for centuries in the name of health, from ancient Greeks and Egyptians who flocked into hot springs and baths, to 18th and 19th century Europeans and Americans who were coming to spas hoping to cure diseases, like tuberculosis. The history of health tourism in Europe has tended to be based around spas and seawater treatments, mainly because of the large numbers of thermal and mineral springs and sea coasts, but modern medical tourism or as it also being called health tourism nowadays usually refers to people, who travel abroad to get specialize healthcare. Fortunately, in the past years more and more people around the world learn about medical tourism as it is one of the quickly developing parts of tourism industry nowadays, which, has been projected to expand globally by 2017

In general, travelers before going to any destination, they start to gather information about the destination. From management perspective, tourism managers believe that destination attributes such as image is very important for tourists to select their travelling process. These information and search in websites or internet reviews play an important role to take decision where to travel. Moreover, word of mouth has become an essential part or one of the important factors to gather information. In Tourism destination management studies have demonstrated that word of mouth has positive and negative effect on tourism products.

The topic of word of mouth has become in the top of tourism researchers interest. Were as the word of mouth is strong and credible affected on consumer behavior in the field of marketing. In the same point of view, Word of Mouth today is a substantial subject for researchers and practitioners. Who highlighted the effect of word of mouth on the customers before travelling, Word of Mouth is also the information that tourist seeks to get it from the people whom have a similarity for travelling. The recommendation from colleagues and friends is considered significant sources for potential tourists. Furthermore, that word of mouth is the main

# Introduction

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The medical tourism industry is a new industry and one of the fastest growing industries globally. This study is aimed at revealing the Word of mouth effectiveness in medical tourism services,

## **1. THE GENERAL FRAMWORK OF THE STUDY**

### **1.1 Research Problem**

Based on the above, the problem of the study is determined by the following question:

**Q1- How effective is word of mouth for El Baraka midical tourism complex?**

**The Hypothesis of the study:**

Word of mouth is very effective for El Baraka midical tourism complex.

**Research purpose:**

The study aims to highlight the Word of mouth effectiveness in medical tourism services from the point of view of customers by achieving the following sub-objectives:

Knowing the effectiveness of the word of mouth in choosing a medical tourism destination.

The importance of medical tourism in attracting individuals to the country or individuals who reside within the same country.

The role of the word of mouth in decision making for medical tourists

**Research Importance:**

The study derives its importance from its scientific as well as its practical application. where it stems from the attempt to enrich the studies and research conducted in the field of Word of Mouth which is the orientation adopted by marketers in medical clinics to attract medical tourists that seek to searching on medical services, and the tourism at the same time.

The study also draws on clarifying the effectiveness of Positive and negative word of mouth on the healthcare tourism that help to medical tourists to decision making about the destination.

**Previous studies :**

## Introduction

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Study of International Trade Centre (2014) : thesis entitled « **Medical and Wellness Tourism: Lessons from Asia** »

This paper reviews current trends in global medical tourism. It draws on the experience of four Asian countries – India, Malaysia, Thailand and the Philippines – to extract lessons and the best practices for another Asian country, Sri Lanka that demonstrates considerable potential in medical and wellness tourism given its traditional knowledge of Ayurveda treatments. It concludes by highlighting the role that international organizations, in particular the International Trade Centre (ITC), can play in helping developing countries grow their domestic capabilities and join the global health tourism industry.

Study of Bashar Aref Alhaj Mohammad (2020) thesis entitled « **The Effect of Word of Mouth and Destination Attributes on Travel Intention to Jordan** »

This paper contributes to the theme of word of mouth and destination management. A research model was developed to investigate the effect of Word of Mouth (WOM), destination image attraction, tourism product attributes, tourist's satisfaction and price of tourism products on travel intention to Jordan. A total of 473 self-administrated questionnaires were distributed through convenience sampling to visitors' in Jordan and analyzed by SPSS software. The results of this study indicate that there is strong relationship and effect of word of mouth and destination attributes on travel intention to Jordan. Many valuable information and results drawn from the research are given to decision makers, researchers and planners.

Study of Norzayana Yusof, Herwina Rosnan (September 2020) thesis entitled « **The Effectiveness of word-of-mouth as a Marketing Tool in the Medical Tourism Industry in Malaysia: Challenges and the Way Forward** »

The Malaysian medical tourism industry has been making numerous international achievements. Nevertheless, the industry is challenged by low utilization of high-value treatments such as those in cardiology, orthopedic and fertility departments. Despite the abundant literature on word-of-mouth (WOM) as a marketing tool, extant empirical findings fail to narrate the specific 'words' that concern the patients and the reasons behind trusting those 'words'. With the aim of bridging this gap, the present research conducted a qualitative case study through 11 in-depth interviews with private hospitals, healthcare facilitators and medical specialists to seek their insights on the ability of WOM as a marketing tool to

## Introduction

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promote Malaysia's high-end treatments. Results indicated that WOM and electronic-WOM (eWOM) play an essential role in conveying patients' experience. Patients tend to choose the country with their children either residing or have had treatments as they are able to provide information on accommodation, food and doctors' statuses.

The hospitals are also challenged by the advertisement restrictions which are imposed by the local authority. This hampers the marketing activities thus causing Malaysia to lose to the neighboring countries. Hence, suggested improvements are provided to alleviate this concern.

Study of khair El-din Bouzarb and Ammar Aris (2016) thesis entitled «**The development of medical tourism as an entrance to the development of the tourism sector-a reading of some of the leading international experiences with the possibility of Algeria-»**

This study aimed to examine the reality of medical tourism in Algeria through the ingredients that own them and deal with the problems and obstacles that stand without developed to contribute to the development of tourism, as well as to study some of the most important international experiences in this area, and try to draw lessons that can be exploited in the promotion of therapeutic tourism in particular and tourism in general.

### **What distinguishes this study from previous studies:**

-It differs from previous studies in the application environment, where the study was applied on the medical tourism sector in Algeria, regarding the importance of this sector in developing the national economy.

-the study differs in determining the effectiveness of the Word of mouth in medical tourism services, and defining the relationship between both variables.

The study was also conducted by the questionnaire's distribution to both customers, and the purpose is to detect their view on the extent of the Word of mouth effectiveness in medical tourism services.

### **The study structure :**

Bsead on the reserch problem, this study was divided into three parts, so that both the first sction and second sction represented the theoretical part, where the first sction was under the title Word Of Mouthand the scond was under th title Medical

## **Introduction**

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Tourism. As for the third section , it is represented in the applied part of the study under the title Empirical research Case study of el Baraka complex at Galma state.



**Section 1**  
**Word of Mouth**

## **Introduction of section 1**

from the beginning of time, humans have communicated with each other, sharing different view point, perceptive, what they like, prefer expressing like and dislikes, talk about product and services, cars, computers sandwiches....etc.

Influencing one another's decision by the suggestions recommendation or references provided by friends and close ones. This persuasive sin fluent al process is commonly known in marketing as word of mouth.

This section will deal in the first topic the definition of word of mouth which with will tackle first the meaning of word of mouth, second, Generating word of mouth. Last, the locus of control in word of mouth. The second topic, which's entitled "the Power and levels of the word of mouth". Will tackle first the power of word of mouth, than the levels of word of mouth. The final topic entitled "Effectiveness of word of mouth". Will tackle first Positive and negative word of mouth, than the Word of mouth and decision-making.

## **Topic1: Definition of word of mouth**

### **1. What is the word of mouth?**

#### **1.1 The meaning of word of mouth:**

Word of mouth is often considered one the oldest and most powerful forms of marketing. It is said that word of mouth has always existed since a human first pointed to a cave painting to location of a good hunting ground with his family, yet its meaning still remains unclear. It has often been used as a synonym to other unconventional types of marketing such as buzz and viral marketing. However, there are essential differences, which derive word of mouth from the rest (Eda, 2009, p. 6).

According to oxford English Dictionary, a well-respected authority on the evolution of the English language etymology, the first written occurrence of ‘ word of mouth’ dates back to 1533. In dictionary, ‘word of mouth’ is defined as ‘oral communication’, ‘oral publicity’ and ‘speaking.’ Following the first occurrence of word of mouth, later on, in marketing and communication literature the term has obtained a more limited meaning and refers to the act of consumers giving information to other consumers about products or services (Eda, 2009, p. 6).

Despite the fact that personal communication about product was known in early twentieth century, word of mouth only become a scientific term after the rise of positivist communication research in the US following world war 2 (Eda, 2009, p. 6).

The following definition for word of mouth: “Oral, person to person communication between a perceived non-commercial communication and a receiver concerning a brand, product or a service” (Eda, 2009, p. 6).

The early definitions are consistent with recent definitions in marketing and communication literature. The term word of mouth is most commonly recognised for its interpersonal communication occurring in a situational environment and it describes verbal communications between groups such as the product provider, independent experts, family and friends and the actual or potential consumer (Eda, 2009, p. 6).

Emanuel Rosen , the author of Anatomy of Buzz, believes that word of mouth can be considered oral communication about products and services with friends, family and colleagues (Eda, 2009, p. 7).

O’Leary and Sheehan define it as the process of information exchange, especially recommendation about products and services, between two people in an informal way (Eda, 2009, p. 7).

Kotler defines the word of mouth influence as “personal communication about a product between target buyers and neighbors, friends, family members, and associates (Anton , 2009, p. 3).

A simple definition of Word of mouth according to the Word of Mouth Marketing Association is that it is “The act of consumers providing information to other consumers (Anton , 2009, p. 3).

Based on the previous definition, the following can be deduced about the pronunciation (18-17 الصفحات، 2019، سعودي):

- The word of mouth is a flow of communication, conversation, exchange of information, ideas, and comments between individuals.
- The word of mouth conveys information about an experience with a product or service.
- The word of mouth is the passing of information to a person who is independent of the product or seller, that is, it is voluntary and without applying marketing strategies.
- The word of mouth is a social process related to decision making.

### **1-2 Definition Word of mouth marketing:**

Even simpler: It is everything you can do to get people talking. If you like acronyms, think of it this way: Word of mouth marketing is “CtoC” marketing. You have heard about business-to-business (B to B) and business-to-consumer (B to C) marketing. Word of mouth marketing is about real people talking to each other—consumer to consumer (CtoC)—instead of marketers doing the talking ( Sernovitz, 2012, p. 1).

Word of mouth marketing takes word-of-mouth one-step further. Word-of-mouth marketing is not only about creating word-of-mouth, but it also involves learning how to make word of mouth fit a marketing objective. Marsden defines it as the promotion of a company or its product and services through an initiative conceived and designed to get people talking positively about a company, product or services. Andy Sernovitz, however, prefers to put it in a simpler way and describes it as “CtoC Marketing” (Eda, 2009, p. 14).

In order to prevent confusion, WOMMA defines it as an effort by an organization to affect how consumers create and/or distribute Marketing-relevant information to other consumers (Eda, 2009, p. 14).

A simple definition of word of mouth according to the Word of Mouth Marketing association is that it is “The act of consumers providing information to other consumers” (Kappers & de Boer, 2007, p. 17).

Although there have been various definitions of word of mouth and it has been often confused with other types of marketing and advertising, based on the abovementioned definitions it can be concluded that word of mouth is C-to-C marketing those results from individuals sharing information with other individuals about a product or a service in an offline environment spontaneously.

### 1.3 Characteristics of Word-of-Mouth

According to Buttle , word- of-mouth can be characterised by valence, focus, timing, solicitation, and intervention (Eda, 2009, pp. 9-10):

**Valence:** Word-of-Mouth does not have to be positive to be good and this is not that same as “all PR is good PR. The word-of-mouth can influence consumers’ decisions either positively or negatively. While a consumer is more likely to pay attention to negative than to positive information. And nothing spreads more quickly than negative word-of-mouth, however, demonstrates that people do not display a simple preference for bad news. Instead, they pass over information that suits the emotional valence of the conversation topic. In other words, negative word-of-mouth can cause damage, yet if managed correctly, it can also be a powerful way to spin word of mouth in the right direction and win back a customer who may also make positive reports to others.

**Focus:** Majority of literature considers word-of-mouth solely limited to consumers. However, word-of-mouth also involves building and meaning relationships in a variety of domains: consumers (which may be end users or intermediaries), suppliers, employees, and influential, recruitment and referral markets. For instance, word-of-mouth is also an important source of information in the recruitment market. In the literature, however, word-of-mouth is commonly referred to satisfied consumer experience. Gremler and Brown propose that customers who provide other consumers with positive word-of-mouth, about a service or service provider, are more likely to become loyal customers the. The assumption is that positive word-of-mouth draws customers on the loyalty ladder, thereby converting a prospect into a customer. That is, by embracing word of mouth

marketers will increase their customer community and will reinforce customer loyalty.

**Timing:** Word-of-mouth may occur at different phases of decision-making.

When word-of-mouth operates as pre-purchase informa

tion, this is called input word-of-mouth and when word-of-mouth occurs after purchase, this is conceptualized as output word-of-mouth.

**Solicitation:** Disseminator initiates 50 percent of word-of-mouth communications and 50 percent is solicited by the receiver. Indeed, word-of-mouth may be offered with or without solicitation; it may or may not be sought and in the case of an authoritative information, however, the receiver might seek the input of an opinion leader or influential.

**Intervention:** The proven scientific fact that word of mouth drives growth, companies look for the ways to stimulate high levels of positive word-of-mouth in their markets to grow fast. Therefore, the companies target opinion leaders represent the 10 percent of society and help influence the majority of all purchasing decisions. Getting people talk often, favorably, to the right people in the right way.

### 2. Generating word of mouth:

Recommendations in generating word-of-mouth are highlighted below (GILDIN, SUZANA Z., 2003, p. 101):

Targeting opinion Leaders through Advertising. Advertising plays an important role in reaching opinion leaders. There are many ways in which advertising can be designed in order to appeal to opinion leaders and enhance word-of-mouth. Since locating opinion leaders who are influential is complicated, advertising is a tool used to simulate opinion leadership.

The advertiser simulates personal influence by using customer testimonials where the user shares a favorable experience or opinion about a product or service within ads. The most effective testimonials are given by people who others can relate to or would aspire to be. So if your customers are people who love to cook, getting a testimonial from the chef of the most expensive restaurant in town may not be the best one because people can have the impression that company is selling only for chefs and not for ordinary cooks. On the other hand sincere comments from people with culinary training who have skills in a kitchen might be right, particularly if the person looks like someone your audience would like to be.

Celebrities testimonials, featured by famous actors and athletes, is another form of simulating personal influence. Marketers who use celebrities in their campaigns must be aware that the Federal Trade Commission requires that “celebrities must actually use the product if the ad says they do and they have to present their honest view of the product”.

Another way of simulating opinion leadership is to use a company’s chief executive (or personal endorsement). While many businesses choose celebrities to talk about their products, Marriott Corporation chooses to be endorsed by its president, Bill Marriott Junior. His presence in the ads shows that he is personally “interested in any problems that guests may have”.

The success of the testimonial approach depends on something. First, consumers have to believe that speakers are talking “spontaneously” and are not being paid to talk about a product. Second, the speaker needs a “believable” relationship to that product. Third, the language used should sound “authentic”.

Advertising can also be used to stimulate opinion leadership. Some companies develop entertaining and emotional campaigns in order to make consumers engage in discussion about the product and the advertising.

### **3. The locus of control in word of mouth**

Locus control is one of the most widely studied personality concepts; it is usually used for predicting employees’ behavior in organization. One definition for locus of control is “the degree to which the individual perceives that the reward (obtained) follows from or is contingent upon his own behavior or attributes.”

Lam & Mizerski have studied the meaning of locus of control for Word of Mouth, and the major finding was that the word of mouth is influenced by person’s locus control. It can either be internal (meaning the belief that their environment, some higher power, or other people control their decisions and their life). The research on locus of control has shown externals to be less educated, have a low income, tend to be women and hold lower corporate positions, whereas internals, on the other hand, have a higher income, are more educated, tend to be men and hold higher corporate positions.

The study found that individuals with a high internal locus of control were more likely to engage in word-of-mouth communication with people they are not that close to i.e. outgroups. Individuals with their close friends and families i.e. ingroups. This information can be useful for marketers when identifying the segments,

as there is knowledge on the type of people who may be more receptive to word-of-mouth marketing (Anton , 2009, p. 5).

## **Topic2: Power and levels of the word of mouth**

### **1. Power of word of mouth**

According to Rosen, word of mouth plays an important role in the purchase process of many products :

Friends and relatives are the number-one source of information about places to visit or about flight, hotels or rental cars, according to the Travel Industry Association. Of people they surveyed, forty-three percent cited friends and family as a source for information. Most people rely on the advice of others when going to a doctor (GILDIN, SUZANA Z., 2003, p. 98).

WOM is more credible than any most sincere salesperson. It is able to reach more people, is faster than advertising, direct mail, and even the Internet, because it can spread like wildfire. It breaks through the clutter and the noise better than anything does .Even more important than its credibility, reach, speed and ability to break through the clutter is its ability to get people to act. People think that WOM is so powerful because of its objective, and independent nature. Why is that so important? This is because a decision maker is more likely to get the whole, undistorted truth from an independent third party who has interest in promoting your point of view. This unique credibility gives word of mouth much of its power. There are some other reasons why word of mouth is so powerful, and these include: It is more relevant and complete (Khraim, 2011, p. 275).

WOM is “live,” and not be canned like most company communications. That means it is custom tailored to the people who are participating in it. People are not giving a pitch; they are responding to questions, though most important questions, the ones the decision-makers themselves are asking. Therefore, customers pay more attention because it is perceived as more relevant and more complete than any other form of communication. It is the most honest medium. Because it is custom-tailored, and because people are independent of the company, it is the most honest medium, and customers know it. Advertising and salespeople are notoriously biased and not fully truthful. The inherent honesty of word of mouth further adds to its credibility. It is customer driven. Closely related to the above, word of mouth is the most customers driven of all communication channels. The customer determines who he/she will talk to, what he/she will ask, whether he/she will continue to listen or politely change the

subject. It is a mysterious, invisible force. Despite all of its overwhelming power, it is invisible. It is sometimes called “underground” communication, or the grapevine (Khraim, 2011, p. 275).

### **2. Levels of word of mouth**

Word-of-mouth has different levels, the nature and intensity is not the same all the time. Silverman divides the word-of-mouth into nine different levels, starting from negative that includes four levels, to neutral or positive that has five different level (Anton , 2009, p. 3).

#### **The first: the negative level of word of mouth**

The minus 4 level is highly negative and usually relates to scandal that leads people engaging in harmful conversation. People complain about the product, and encourage other people to boycott the product.

The next level, minus3 is much the same, but does not yet include the scandalous proportions.

At minus2 level, people do not anymore actively seek people to badmouth the product, but the talk is highly negative and slows sales. Marketing at this level can be dangerous, as the more people get involved with the product; the more negative word of-mouth is created.

At the last negative level, minus1, the customers are still slightly, unsatisfied, but do not anymore badmouth the product. There is neither positive discussion, nor active complaining.

#### **The second: the neutral level of word of mouth**

Most products are at the neutral level, where people use the products, but do not really have much to say about it.

#### **The third: the Positive level of word of mouth**

Pronunciations on the other hand, the positive levels of the word of mouth present those cases in which the talk about the product is positive, as it expresses the satisfaction and happiness of customers using the product, and this is increasingly on the scale of 4 degrees (30-29 الصفحات، 2019، سعودي).

At the first plus level, people have positive things to say if asked. For example if a restaurant has been good, is said, as it is true.

At this level, the traditional marketing is a good boost for the word-of-mouth. At the next level, plus2, people are already really excited about the product when asked, and traditional marketing is no longer enough to increase the word-of-mouth, people need the channels to rave about the product.

At level3, people convince other people to try the product, or for example, restaurant, and it is the thing that everybody talks about.

At the last positive level, the product is a subject of constant word of-mouth. The publicity is high and even the influential are talking and promoting the products.

### **Topic3: Effectiveness of word of mouth**

#### **1. Positive and negative word of mouth**

The positive word of mouth is a powerful tool for companies to promote their business, negative word of mouth can have a disastrous impact on a company's image.

One of the things that is shown in research about word of mouth is the fact that dissatisfied customers tend to spread their negative experiences to more people than they do when they have positive experiences, research shows that when an individual has a positive experience, he tells three people about it, and when ha has a negative he shares it whit seven people.

The emotional involvement that a costumer has with a product can be a good predictor of how many people ha will tell about an experience. It is believed that the more involvement individuals have with a product the more people they will share their experience with it (GILDIN, SUZANA Z., 2003, p. 97).

##### **1.1 Positive word of mouth**

Word of mouth is talking about products and services between people apart from companies' advertisement for products or service. These talks can be mutual conversations or unilateral advices and suggestions. However, the main point is taking place of these talks by people who has a very low benefit to persuade others to use that product ( Maisam & Mahsa, 2016).

### **1.2. Negative word of mouth**

Negative Word of mouth communication is defined as interpersonal communication concerning a marketing organization or product that denigrates the object of the communication. Negative word of mouth potentially has a more powerful influence on consumer behavior than print sources, such as Consumer Reports, because individuals find it to be more accessible and diagnostic. In fact, research has suggested that negative word of mouth has the power to influence consumers' attitudes and behaviors (Laczniak, DeCarlo, & Ramaswami, 2001, p. 58).

## **2. Word of mouth and decision-making**

Word of mouth has a different meaning for consumers in different stages of decision-making process. Pruden & Vavra concentrates on three stages on the process: awareness, information gathering, and decision-making. In all the stages except for the awareness stage, word of mouth is considered the most reliable source of information. 69 % of interviewed people admitted to using referrals during the past year help in decision-making process concerning restaurants (Anton, 2009, p. 5).

### **Effective Decision Making**

In effective decision-making process there are number of contributors that have direct or indirect role. The effective decision making is contextual based in which the contributing variable change according to the situation. Following are the factors of decision making that are carefully selected for the study in hand (Khalid, Ahmed, & Ahmad, 2013, p. 52).

#### **1. Perceived Risk**

Perceived risk has been distinct as negative or harmful consequences that can occur from the purchase of a product or services (Bauer, 1967). There are different types of perceived risk such as financial, social, psychological, time, functional and security risk. Similarly, Hablemitoglu and Yildirim, argued that decision-making is influenced by the descriptive variables including gender, family, location etc. Health is very important for the human they cannot take risk so sometimes people give priority to the financial issues or others while selecting doctor or medical service. Murray suggested that word-of-mouth give the most efficient information for reducing risk in purchases of a service.

**2. Personal Information Source**

Personal information source includes person's personal effort to collect information for the selection of the products and including doctors for particular disease. He/she search information from different channels for example bulletin boards, news papers, pamphlets regarding doctors and make their decision on the basis of that information.

**3. Opinion Leaders**

An opinion leader is those who lead the opinion of others people and give the opinions to the individuals. Opinion leader include convincing personality to convince others, more knowledgeable and aware people and have influential role in the communities. Selection of doctor is very sensitive and consist series of visit so people take word-of- mouth information from opinion leaders. Others opinion often shape our decision so it is very important factor for decision making.

**4. Communication Medium**

We often influenced by information that we get from different type of electronic medium. The communication coming from these medium allows organization to connect with their customers. Advertisement from different electronic medium plays important role in our decision making. Especially in selection of doctor decision we often convinced through advertisement play by cable or radio.

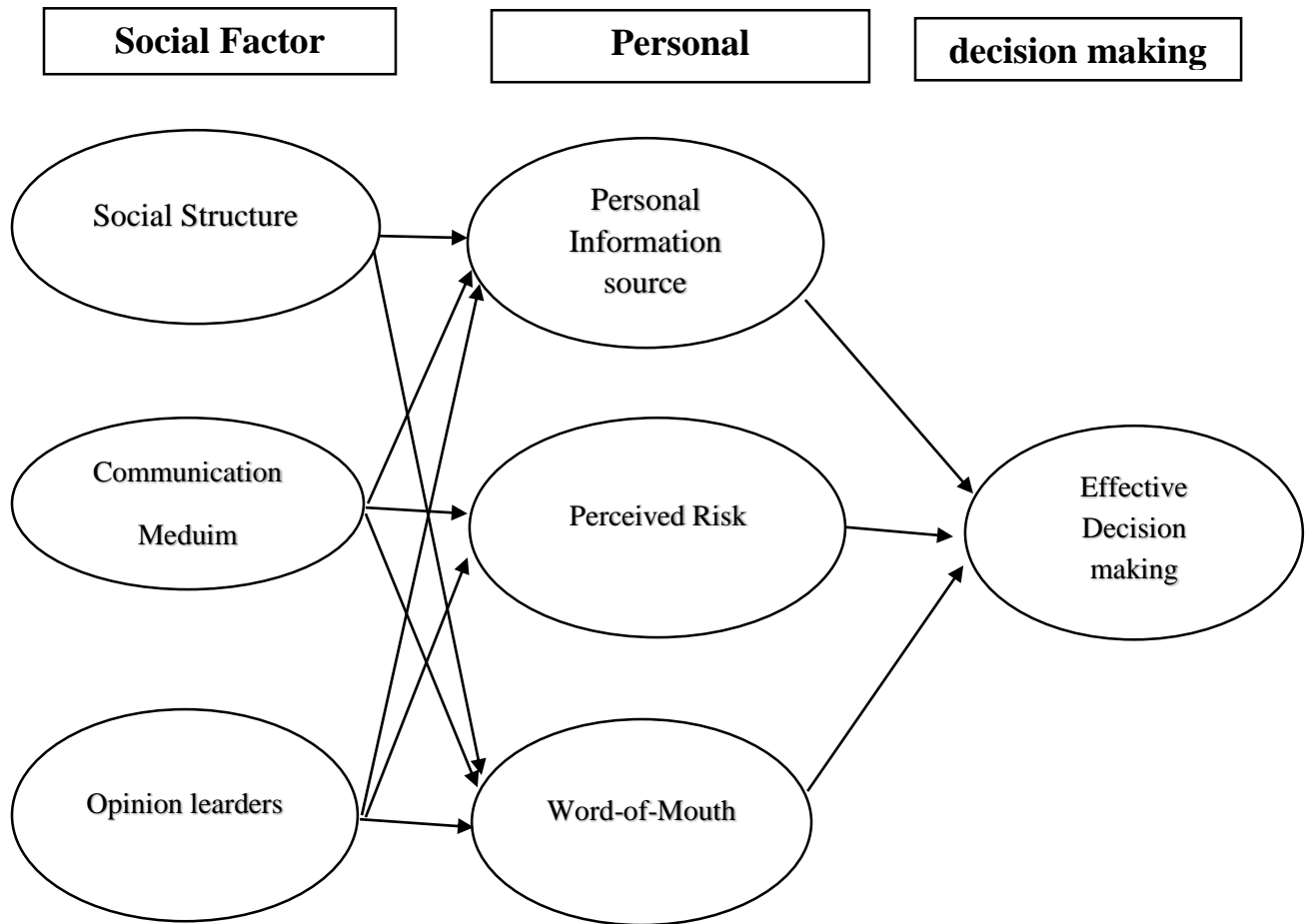
**5. Word-of-Mouth**

Word-of-mouth is defined as the sharing of information from one person to another .If actively sought word-of-mouth then it has greater impact on the decision. Stated that actively sought word-of mouth were very important element in decision making process. Receiver's participation towards word-of mouth is very important element in decision making. Since if a message is actively sought then it have greater influence on decision.

**6. Social Structure**

Social structure based on the information that we get from friends, family and other people in our society. It includes that person to which we can easily share our personal experiences. Friends, peers and family member's preferences about doctor are more influential. So we can say that social network have great effect on decision. The following model has been proposed in the study based on the above mentioned factors of effective decision making.

**Figure 1: Proposed Model of Effective Decision Making**



Source: ( Khalid, Ahmed, & Ahmad, 2013, p. 52)

### **Summary of section 1:**

It has been discussed in this section the meaning of word of mouth and the stages of its development and how to control it through Locus way.

The levels of word of mouth have also been tackled, finally talk about power of word of mouth have been viewed through effect whether negative or positive and their condition making.

## Section 2

# Medical Tourism

## **Introduction of section 2:**

All in all, medical tourism is an interesting phenomenon, that connects care of health and enjoyment of travelling.

Tourists, so called patients go abroad to check, improve their health, or totally get rid of the disease, they participate in the other's countries' healthcare, and at the same time these people/patients can be attributed to the tourism industry, due to the fact that they go through almost all stages, that any other tourist would go, meaning, that patient experiences other countries' culture, foreign language environment, reflection of the trip.

This section will deal in the first topic definition of medical tourism in focus which will tackle first definition of medical tourism, second, the history and early of medical tourism. The second topic, which is entitled "Health care services marketing". Will tackle first "Health care services marketing in medical tourism" than the "Catalysts for and barriers to medical tourism". The final topic entitled "Health care services market". Will tackle first "Emerging markets as medical tourism destinations", than the "Factors affecting health tourism".

### **Topic1: Definition of medical tourism in focus**

#### **1. Definition of medical tourism**

Medical tourism become a universal term that embraces virtually all categories of people who seek or obtain any kind of health-related activity – provided they travel away from "home" to get it. It embraces consumers and stakeholders in medical travel, wellness travel, international patient care, and domestic medical tourism ( Munro, 2012, p. 10).

Medical tourism is defined as 'the practice of travelling to another country with the purpose of obtaining health care' (elective surgery, dental treatment, reproductive treatment, organ transplantation, medical checkups, etc.). This excludes wellness tourism, which refers to visiting spas, homeopathy treatments or traditional therapies ( Smith , Álvarez, & Chanda, 2011, p. 277).

Some writers have continued to use the phrase "health tourism" to cover all forms of health related tourism including medical tourism, and some distinguish "medical tourism" as involving specific medical interventions ( Filistianova, 2017, p. 5).

In general, according to medical tourism can be defined as traveling outside the country of residence in order to obtain medical assistance. Worth to notice, that the inclusion of specialized medicine, requiring the presence of specialists such as surgeons, distinguishes medical tourism from wellness and spa tourism ( Filistianova, 2017, p. 6).

### **2. The history and early of medical tourism**

The phenomenon of looking for medical services outside borders has been known since ages. Medical Tourism is determined as travelling to other countries, aimed at treatment, rehabilitation and rest. Beginning of Medical Tourism is dated back to around 2000 BC. Hippocrates visited in ancient Greece the sanctuary of Asklepios at Epidauros.

The 18th and 19th centuries are the beginning of increased Medical Tourism traffic, which consisted on visiting warmer places situated in southern France. A significant increase in the interest of Medical Tourism has been taking place since the 90's in the 20th century. Despite the fact that travelling with the aim of seeking medical services have been known for many years, observed in the last twenty years phenomenon of Medical Tourism on such scale, is something new. For the first time the "reversed globalization" was noted, which is based on the travelling of people from highly developed countries to countries with lower level of economic development, due to costs, quality as well as lack of benefits. Currently, this "reversed flow" is the determinant of Medical Tourism.

The new concept of Medical Tourism, which was only formed in the 21st century, concerns these people who travel for the purpose of receiving medical treatment. Other important factors include the development of low-cost air connections, expansion of the internet, which is the main source of information as well as formation of Medical Tourism by increasing the share of both the private and public medical entities. In addition, the increased involvement of governmental institutions in the promotion of Medical Tourism is considered as an important source of income ( Olkiewicz, 2015, pp. 110-111).

### **Topic2: Health care services marketing**

#### **1. Health care services marketing in medical tourism**

Service marketing continued to develop because service oriented scholars believed that it filled an important gap in marketing literature and there was an

industry that required academics to act. Although both tourism and healthcare are highly service-oriented sectors, the fundamental purpose of consuming the product differs. A normal tourist seeks pleasures, while healthcare consumers need medical attention. Service marketing concept, considering healthcare as the core product, the patients as healthcare consumers, and the hospitals, clinics, and facilitators as healthcare providers ( Rydback, 2021).

First, healthcare service is necessary but not desired: Unlike in hospitality services, healthcare consumers do not feel usually comfortable to travel, even if they find it necessary. Besides the inherent characteristics of services ( intangibility, heterogeneity, inseparability, and perishability), this type of services has a high credence factor. This implies that assessment of the degree of the satisfaction and quality of services difficult to determine even after consumption. In addition, the patient's decision is complicated due to inherent medical, emotional, and commercial risks. Therefore, building trust is important to reduce this kind of uncertainty.

Second, Medical tourism relates to nature and complexity around healthcare consumers. Patients are not regular consumers. Healthcare patients come in contact with Medical tourism when they go through a sensitive period of their lives. In most cases, patients are highly involved in the decision-making, which is unique in the consumer segment. Besides the inherent characteristics, recognized difficulties related to cultural influences on the international context of health services marketing. Cultural differences between the service providers and consumers regarding beliefs, norms, and attitudes may inhibit the success of services marketing. Moreover, due to the abundance of information available on the internet, patients and their families are able to easily access information regarding the illness, its up-to-date treatment, and the price level from different providers. Berry and Parasuraman observe that patients tend to rely on word of mouth before making a decision. As a result, patients become a knowledgeable, sophisticated, and price-sensitive consumer segment, thus making marketing more challenging.

Lastly, healthcare providers such as hospitals and clinics are not traditional business marketers. The health sector is often public-driven, where aggressive marketing is uncommon. Therefore, hospitals as a competitive organization attract few scholars' attention. In the case of Medical tourism, healthcare offerings are mostly profit-driven and therefore both private and public that

see the necessity of rigorous marketing activities for survival. Many healthcare providers create new specialized units, where one focuses on taking care of medical tourists, while the other concentrates on international strategic marketing. Following the standard and institutionalizing medical delivery as it is done in the USA, has become a hallmark of Medical Tourism providers (Rydbäck, 2021, pp. 41-43).

### **2. Catalysts for and barriers to medical tourism**

Although the number of incoming medical tourists is often questioned, the trend shows one thing: the number of healthcare consumers is growing. Empirical studies show that international healthcare consumers look for (Rydbäck, 2021, pp. 36-38): advanced technology at an affordable price.

Long waiting lists and unavailability of the medical procedure in the country of residence can also motivate healthcare consumers to seek services across border.

In some cases, anonymity, privacy, and generous bioethical legislation can encourage healthcare consumers to engage in medical tourists.

Availability of the information on the internet (internet marketing) and cheaper transportation costs also influence healthcare consumers.

Bokman and Bokman claim that the main reasons for the phenomenon's popularity are demographic (growing number of people living longer), medical (increase in chronic diseases), economic (people better economic status), and social (willingness to travel).

The advent of the internet gives the possibility for the providers to reach a large number of people and consumers to collect information.

It empowers both the consumer to choose the healthcare providers that fit their needs and the providers to decide where they can find their paying consumers.

Another motivation for patients to travel away from their residence is the accessibility of state-of-the-art technology. The availability of medically advanced procedures is now enjoyed even in emerging countries, due to cheaper labor costs and simpler regulation, many destinations can offer more affordable services compared to local healthcare providers in developed countries, this is patients that pay out of pocket or are underinsured.

The affordability of travel fare has also offered a possibility for many people to accept the medical tourism destination's attractive proposal.

Connel has recently observed that patients travel shorter distances and toward destinations that they are culturally familiar with (diasporas), believing that the medical tourism industry can bring economic and social developments, many governments play a significant role in its facilitation

Some of its supporters observe that it can provide local employment, investment, foreign currency reserves, and national healthcare development, as well as counter the brain drain. The popularity of the medical tourism industry has not been without dispute, the expected infusion of funds coming from international patients to facilitate the trickle-down improvements for the local healthcare system is far from reality.

The availability and accessibility of modern medical services might be affordable to many medical tourists, but it is not for most local patients, thus, the presence of state-of-art medical technology in a country cannot be considered complete relief for the local population.

### **Topic3: Health care services market**

#### **1. Emerging markets as medical tourism destinations**

Emerging markets are highly competitive in medical tourism due to the high and stable demand for healthcare from the increasing population in the region (Rydback, 2021, pp. 38-39):

Although the population in Emerging markets is growing, the concerns center on the demographic and diversity of the people. A large part of the population growth in emerging markets consists of young people belonging to the mass market with low spending power. Therefore, the increase of population does not guarantee the realization of medical tourism success, if healthcare providers in the region mainly depend on the local market.

According to Bookman and Bookman, Emerging markets usually possess an abundance of young professionals (i.e., doctor and nurses) that is beneficial to the medical tourism industry.

## **Section II** \_\_\_\_\_ **Medical Tourism**

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Healthcare providers can offer a reasonable price to lower labor costs and elimination of other unnecessary costs, such as commissions to other parties or generous malpractice insurance.

Prices are usually circulated for healthcare consumers to compare. The competitive nature of medical tourism creates an efficient market that is particularly market advantageous to consumers.

Maintaining affordable prices puts pressure on service providers to hold down the labor costs. Consequently, young professionals in emerging markets are likely to leave their home countries for better pay (and due to lack of job opportunities) which can result in brain drain.

The rapid social and demographic change can be unbearable for many emerging economies. Due to scarce financial resources in some emerging markets, governments tend to rely on the active participation of private stakeholders in social and economic development. Involvement of private business in medical tourism illustrates the vitality of the industry. Yet, lack of government intervention can be problematic in the long term, because a government role is seen as beneficial to medical tourism industry success. Emerging markets countries continue to strive and dominate the medical tourism industry.

**Table1: Top emerging country destinations**

| <b>Country</b>    | <b>Main attraction</b>  | <b>Main tourist market</b>            |
|-------------------|---|---------------------------------------|
| Brazil            | tummy tucks, breast augmentations, facelifts and rhinoplasty  | South America                         |
| Costa Rica        | cosmetic surgery and dental care  | United States of America              |
| Hungary           | major dental care, including cosmetic oral surgeries, full-mouth restorations and implants.   | European Union                        |
| India             | cardiac and orthopaedic procedures  | United States, European Union, Canada |
| Malaysia          | special burn treatment, executive check-up packages   | ASEAN, the Middle East                |
| Mexico            | check-ups, dental cleanings, physicals and other treatments   | United States (Mexican expatriates)   |
| Singapore         | cardiology and cardiac surgery, gastroenterology, general surgery, hepatology, neurology, oncology, ophthalmology, orthopaedics and stem cell therapy | ASEAN and others                      |
| Republic of Korea | spinal surgeries, cancer screenings and treatments and cosmetic surgeries, comprehensive health screening   | United States (Korean expatriates)    |
| Thailand          | cosmetic surgery  | Japan, VieNam, China and the          |

|        |               |                                    |
|--------|---------------|------------------------------------|
|        |               | Republic of Korea, the Middle East |
| Turkey | Ophthalmology | European Union                     |

**Source:** (Brockman, 2014, p. 7)

## **2. Factors affecting health tourism**

### **2.1 Cultural distance:**

Socio-cultural factors create an important regional preference in health-care tourism, which leads to the creation of regional hubs in different parts of the world or in different regions of the same country.

Culture encompasses religion, language, eating habits and many more dimensions that affect several aspects of daily life.

Cultural differences, including language, create barriers for potential tourists in choosing their destination and are found to be significant in consumer choice.

In medical tourism, the additional strain of being in an alien environment may create stress for patients seeking remedy.

Cultural distance, which provides the degree of which cultural values in one country are different from those in another country, or the difference in the culture of one region to another region in the same country, may be considered an appropriate way to handle the culture aspect of choice.

### **2.2 Political and economic stability:**

The political and economic stability of a country provides information on living standards and security level of a nation. Political stability specifies lack of war, civil unrest, uprisings, terrorism and other activities that can affect the safety of health tourists during their stay

### **2.3 Regulatory standards and legal framework:**

Regulatory standards in the host country and the legal framework that covers malpractice and patient confidentiality laws are also considered important factors in health-care tourism destination choice.

The malpractice laws protecting consumers in developed countries are usually lacking in developing countries. Moreover, even if these laws exist, they may be hard to enforce. Tourists looking for high safety standards enforced by laws may be discouraged by the lack of applicable laws in host countries.

### **2.4 Costs:**

The cost dimension is among the major factors in choosing a facility in another country.

The attractive prices of health-care services determined by favorable exchange rates, lower professional wages and efficient state-of-the-art equipment lead consumers to health-care providers in developing countries. Costs for medical procedures in developed countries can be considerably high compared to similar treatments in developing countries.

Found that the cost of health-care services is one of the important factors for mature customers in choosing health-care facilities. Insurance companies and large institutions offering private health insurance to their employees are considering and using international health tourism as viable alternatives to local health-care facilities because of significant cost differences.

### **2.5 Credibility/trust:**

Credibility of the institution/professional providing health-care services is an important factor for both locals and international medical tourists. Establishing trust with prospective travelers is challenging in international markets.

Creating positive word-of-mouth via health-care professionals and relatives or friends of potential visitors is also considerably difficult to implement.

In this context, international accreditation and quality assurance

Certificates help international patients in making their decision by acting as an indicator of quality of services offered.

### **2.6 Overall quality of care:**

Quality is considered as one of the major factors in choosing health-care facilities. Nonetheless, the quality of a facility and the overall quality of care received including the hospitality and transportation may contrast each other. From this point of view, international accreditation of a facility is an effective

indicator of the quality of care provided; however, it may not be a viable indicator of the overall quality of care available in a country.

Different epidemiological characteristics in host countries and potential infectious disease breakouts may create health problems for visitors from other regions of the world.

In particular, the environment surrounding the facility and hotels is a potential health hazard in underdeveloped countries.

### **2.7 Ease of access to health-care services:**

Social security and health insurance systems in most developed countries cover a significant number of health-related problems and offer free diagnosis and treatment to patients. However, health problems are not limited to these medical problems. Problems related to well-being, the majority of social security systems does not cover mental health and most cosmetic defects.

Moreover, new techniques to treat diseases may not be available in western health-care systems because of tight regulatory mechanisms.

### **2.8 Physical distance:**

Among the countries that are considered as popular destinations, most enjoy a regional popularity and provide services to visitors from a close proximity. This phenomenon can be explained by the physical distance between origin and host countries. Health-care tourists may be deterred by the extensive travel requirements to obtain the services they demand. In addition to the increasing costs of travel for long distances, travel-related discomfort increases, especially for individuals in need of special medical treatment as the duration of the journey gets longer ( Aydin, 2017, pp. 23-26).

### **Summary of section 2:**

In this section, medical tourism has been tackled which is considered part of the tourism sector, medical tourism has been defined as well as its growth, in addition to the different types of medical tourism.

Second, an overlook of the marketing of medical tourism services has been taken, in addition to the most important triggers and barriers of medical tourism.

Finally, medical tourism market has been presented in addition to the most important emerging markets in the world, also the most crucial factors influencing medical tourism.

**Sction3: Empirical research**  
**Case study of el Baraka complex**  
**at Guelma state**

### **INTRODACTION OF SCTION 3:**

Medical tourism is a relatively new industry due to its conception in the late 1990s. Nevertheless, it is also seen as one of the world's fastest growing industry, This industry is peculiar to the behaviour of patients from developed to undergo medical treatments, the strength of Wordof-Mouth (WOM) that brings confidence to medical tourist .

This proves that WOM is an essential tool for the survival of their clinic medical as it helps the healthcare providers in el Baraka complex at Guelma state to create a better marketing strategy.

In this sction we will talk about Exploratory studies of the el Baraka complex at Guelma state in the topic one, than we will conduct an analytical study on this complex.

## Topic 1: Exploratory studies of the el Baraka complex at Guelma state

### 1.1. Introduction to the el Baraka complex at Guelma state:

EL-BARAKA THERMAL COMPLEX this is a modern architectural ensemble, located in Hammam Ouled Ali, within a picturesque landscape and a mild temperate microclimate, at the foot of the mountain of Djebel Bezioune, green all year round. Located 15 km west of Guelma, 50 km southwest of Annaba, the spa complex is accessible by the N \* 80 national road. This complex fully meets international standards in its design, its equipment and all the amenities.

Of high standing. The medical and paramedical staff of the thermal baths of the complex have a great deal of experience and professional qualifications, while ensuring a good provision of care and especially listening to the complaints of the customers.

### 1.2 Physic-Chemical Characteristics of Waters EL-BARAKA THERMAL COMPLEX

Table 2: Physic-Chemical Characteristics of Waters EL-BARAKA THERMAL

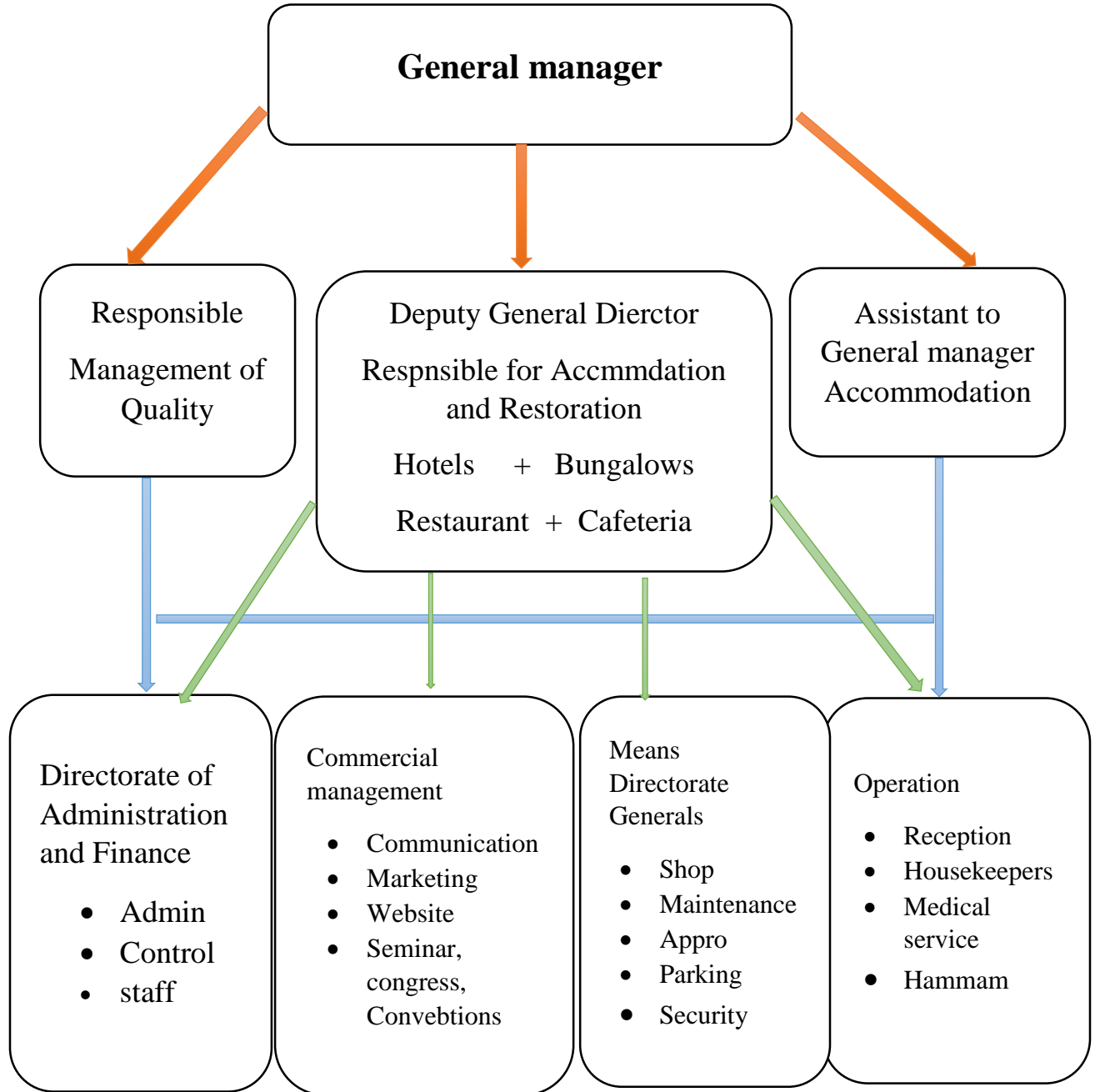
| Physic-Chemical ingredients of Waters El-Baraka thermal complex | Mg/L | Characteristics of Waters EL-BARAKA THERMAL COMPLEX:   |
|---|------|--|
| Hydrogen Potential  | 7.8  | The thermo-mineral waters of the El-Baraka thermal complex are renowned for their therapeutic virtues, mill ennia and hyper-thermal sunaj, they emerge naturally at 57 ° C, richly mineralized: Bicarbonates and Calcium sulphates and rich in trace elements. |
| Calcium   | 224  |  |
| Sodium  | 40   |  |
| Bicarbonates  | 397  |  |
| Sulfates  | 300  |  |
| Magnesium   | 19   |  |
| Potassium   | 05   |  |

**Sources:** Prepared by the 0students from the croporate documents

1.2. Services provided by the el Baraka complex at Guelma state

The firsts:

Figure02: Organizational chart about el Baraka complex.



Sources: Prepared by the 0students from the corporate documents

Services medicals

The Medicinal Baths: THE MEDICALIZED THERMS The El Baraka thermal spa complex is renowned for the thousand-year-old virtues of its hyper thermal waters, which emerge naturally at 57 ° C, richly Mineralized Bicarbonates and Calcium sulphates and rich in trace elements, recommend for the management of several chronic conditions:

Rheumatology/Traumatology / Neurology / Neurosurgery / ENT and Bronchopulmonary / Dermatology.

The medicalized thermal baths of the complex are made up of 02 Distinct Care spaces: DRY and WET A range of care formulas pre-established by a professional medical staff of the thermal complex, is offered to customers who adhere to "WELL-BEING". space: \* Manual massage cabins \* Paraffin wrapping cabins \* Cryotherapy cabins \* Ultrasonic devices \* Electrotherapy devices.

For the "CURIST" clientele, the Medical Consultation of the resort's sedician will establish the "treatment card" and the appropriate urea for the spa stay, which will be personalized for each patient. A range of personalized treatments applied by qualified Hy-ro Physiotherapists:

Manual massage with Aromatized essential oils: therapeutic, relaxing, well-being, anti-cellulite- manual massage.

Under Infrared Joint and muscle wrap with paraffin, Aqua gym and physiotherapy in thermal pool Massage under water, Jet massage Immersion in a Jacuzzi or in a bathtub, in the room and medical gymnastics, Electrotherapy (in all its forms) Ultrasound Cryotherapy (cold treatment) The spa treatment makes it possible to reduce, if not erase, the tress, overwork, overweight, to relieve chronic humatisms, back pain and heaviness of ambes . The time for treatment will be a pleasant moment, thanks to a warm welcome and treatment in a soothing aroma and sound environment. A unique, privileged place where one finds with delight.

## **2. The second: Other Services:**

1. Transport: The mobile fleet of the El Baraka complex has more than 50 air-conditioned places at the disposal of our customers for hikes and guided, scientific and tourist visits to Roman and historical sites in the region. It is available to groups staying at the complex.
2. - Swimming pool: For your holidays and those of your children, the swimming pool of the Thermal Complex EL-BARAKA, in the open air designed especially for your comfort and rest, and the best

reception will be reserved to you. Amount excluding VAT Children Under 7 400.00 Children under 15 500.00.

3. Accommodation:

3.1 Residences Bungalows: \* Residence F2 (04 Beds) \* Residence F3 (06 Beds)

3.2 Accommodation Hotel "A" & "B": \* Single Room. \* Double room. \* Triple room. Hotel "C" accommodation: \* Single room. \* Double room. \* Triple room. Catering and Gastronomy: \* Menu at 02 Dishes. \* Menu at 03 dishes. \* Menu with 04 dishes. Conference Room and Coffee Break: Equipped with all the amenities for all scientific or other activities.

4. Feeding services:

4.1 Restaurant and Gastronomy: Amount H.T Menu at 02 Dishes / Person 1,200.00 Menu at 03 Dishes / Person 1.400.00 1.600.00 Menu at 04 Dishes / Person 1- Menu at 02 Dishes: • One Starter. \* A Main Course: meat with garnish. \* A dessert. \* Mineral water 0.5cl. \* Juice or Soft Drink 0.33cl. 2- Menu at 03 Dishes: \* Two starters. \* A main course: meat with garnish. \* A dessert. \* Mineral water 0.5cl. \* Juice or Soft Drink 0.33cl.

4.2 Conference Room & Coffee Break: 1- Conference room: This space has 220 seats, equipped with all the necessary accessories for any type of event (seminars, congresses, symposiums, parties, etc.).

## **Topic2: Empirical research**

### **1. Theoretical framework**

In order to respond to the proposed objectives, the research examines the effect of word of mouth, destination image attraction, what to consumers favoreads and decision making about destination medical torism, tourist's medical satisfaction with the services provided in the medical clinic from the destination, and compared to what medical tourists heard positive things about the destination before.

#### **Measurement instrument and field study**

Questionnaire which was based on the previous literature research, makes it much more practical to be answered by customers.

Firstly, the demographics as gender (sex) and (age), customer type, education level, income, job, were determined. Then the word of mouth effectiveness were taken into consideration under the inspiration of the previous studies. Even though the word of mouth effectiveness presents positive and negative word of mouth, but it has an effect decision making about the destination of medical tourism. Questions aiming to address perceptions were rated using 5-point Likert scale. The scale was 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree. Convenience sample was conducted to achieve the research objectives. The researcher tested the reliability of the questionnaire through Cronbach's Alpha in order to ensure the reliability of respondents' answers to all statements. The results were measured based on Cronbach's Alpha yielded 0.922.

### **1. Test of Reliability**

**Table3: cronbach's alpha index of the customer's questionnaire**

| <b>Reliability Statistics</b> |                   |
|-------------------------------|-------------------|
| <b>Cronbach's Alpha</b>       | <b>N of Items</b> |
| 0.922                         | 15                |

**Sources:** Prepared by the students from the SPSS Outputs

Sources: Prepared by the students from this SPSS outputs

From the table above we found cronbach's alpha index is 0.922 for all the 15 items indicate the high statistically significant value which confirms the internal consistency of the questionnaire statements .

### **2. The sample characteristics description**

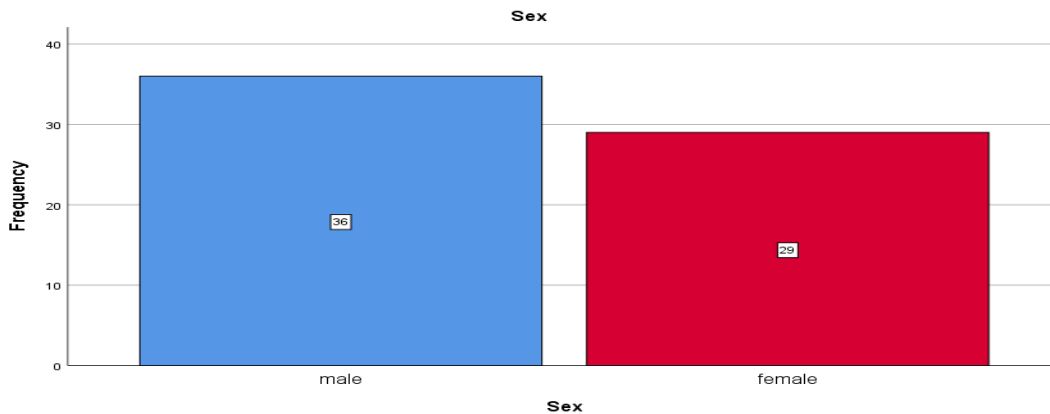
2.1. Analyses of Personal information:

**2.1.1. Sex**

**Table 4: Sex**

|              |               | <b>Frequency</b> | <b>Percent</b> |
|--------------|---------------|------------------|----------------|
| <b>Valid</b> | <b>Male</b>   | <b>36</b>        | <b>55.4</b>    |
|              | <b>Female</b> | <b>29</b>        | <b>44.6</b>    |
|              | <b>Total</b>  | <b>65</b>        | <b>100.0</b>   |

**Figure 3: Sex**



**Sources:** Prepared by the students from the SPSS Outputs

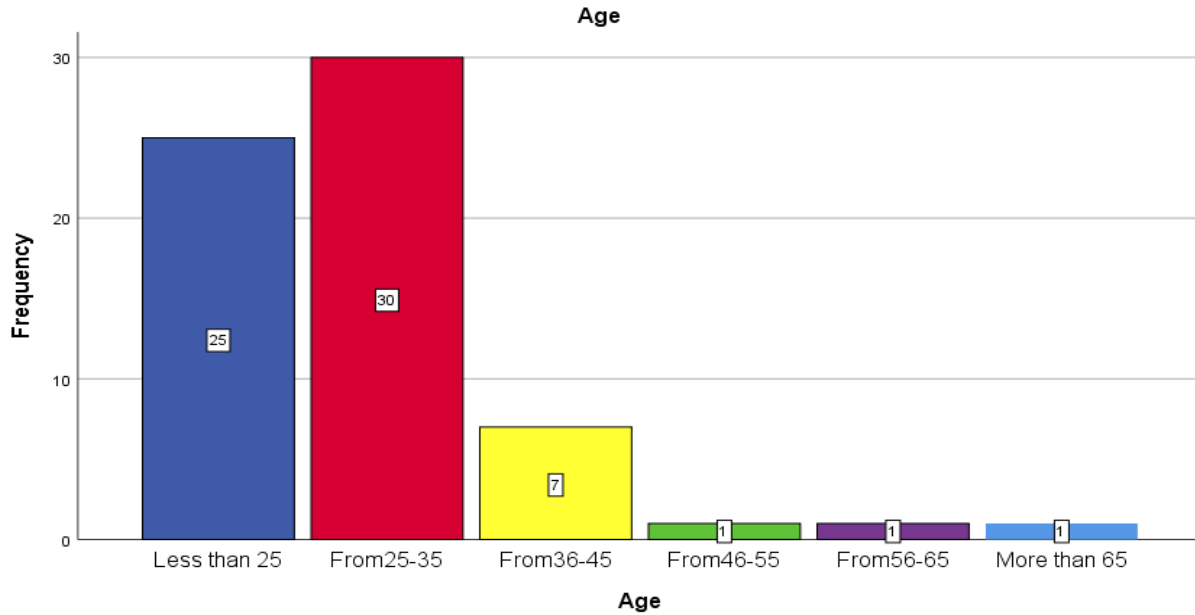
As presented in the (Table 4 and Figure 3) 55.4% of the visitors were males and 44.6 % of otherswere females.

**1.1.2.Age**

**Table 5: Age**

|              |                     | <b>Frequency</b> | <b>Percent</b> |
|--------------|---------------------|------------------|----------------|
| <b>Valid</b> | <b>Less than 25</b> | <b>25</b>        | <b>38.5</b>    |
|              | <b>From25-35</b>    | <b>30</b>        | <b>46.2</b>    |
|              | <b>From36-45</b>    | <b>7</b>         | <b>10.8</b>    |
|              | <b>From46-55</b>    | <b>1</b>         | <b>1.5</b>     |
|              | <b>From56-65</b>    | <b>1</b>         | <b>1.5</b>     |
|              | <b>More than 65</b> | <b>1</b>         | <b>1.5</b>     |
|              | <b>Total</b>        | <b>65</b>        | <b>100.0</b>   |

**Figure 4: Age**



**Sources:** Prepared by the Ostudents from the SPSS Outputs

As presented in the (Table 5- Figure 4) 30% of the visitors they are to (From25-35), then Percent 25% of the visitors they are to (Less than25), another Percent7% of the visitors they are (From36-45), finely the three level age (From46-55),(From56-65), and(More than65) it is Percent 1%.

From these results, we noticed the maximal age level it is (From25-35).

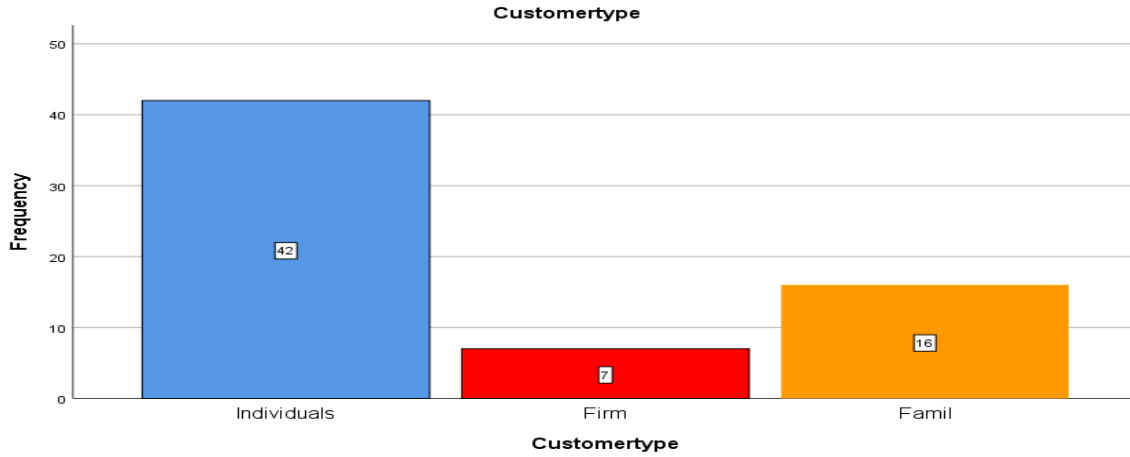
### 2.1.3 Customer type

**Table 6: Customer type**

|              |                    | Frequency | Percent      |
|--------------|--------------------|-----------|--------------|
| <b>Valid</b> | <b>Individuals</b> | <b>42</b> | <b>64.6</b>  |
|              | <b>Firm</b>        | <b>7</b>  | <b>10.8</b>  |
|              | <b>Family</b>      | <b>16</b> | <b>24.6</b>  |
|              | <b>Total</b>       | <b>65</b> | <b>100.0</b> |

**Figure 5: Customer type**

**Section III — Empirical research Case study of el Baraka complex at Guelma state**



**Sources:** Prepared by the students from the SPSS Outputs

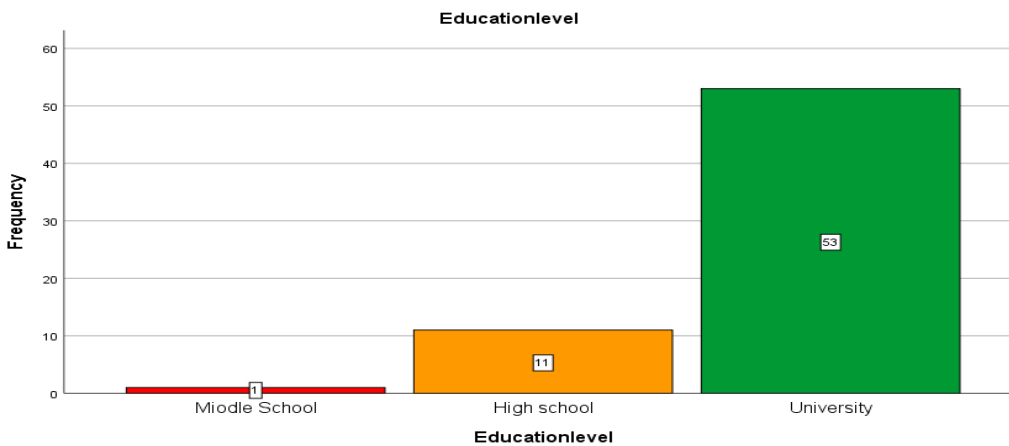
The sample consisted from 42 % of individuals, 16 % of family, and the Percent 7% of firm.

**2.1.4 Education level**

**Table 7: Education level**

|       |               | Frequency | Percent |
|-------|---------------|-----------|---------|
| Valid | Miodle School | 1         | 1.5     |
|       | High school   | 11        | 16.9    |
|       | University    | 53        | 81.5    |
|       | Total         | 65        | 100.0   |

**Figure 6: Education level**



**Sources:** Prepared by the students from the SPSS Outputs

**Section III — Empirical research Case study of el Baraka complex at Guelma state**

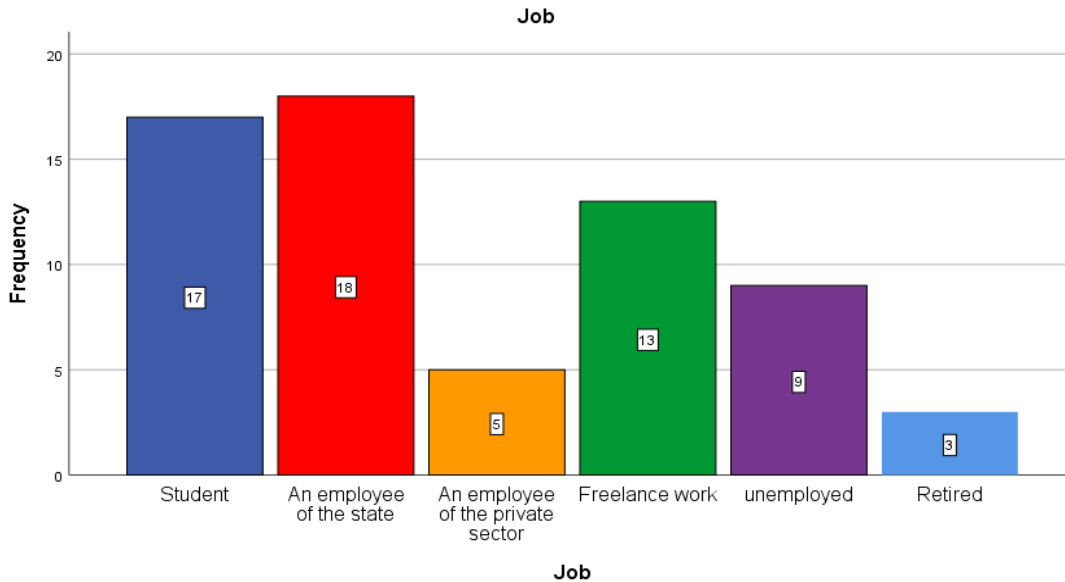
We noticed that 81.5 percent of the visitors had a university degree, 16.9 % of them with a high school level and 1.5 percent of others with a Middle School level.

**1.1.5. Job**

**Table8: Job**

|              |  | <b>Frequency</b> | <b>Percent</b> |
|--------------|--|------------------|----------------|
| <b>Valid</b> | <b>Student</b>                           | <b>17</b>        | <b>26.2</b>    |
|              | <b>An employee of the state</b>          | <b>18</b>        | <b>27.7</b>    |
|              | <b>An employee of the private sector</b> | <b>5</b>         | <b>7.7</b>     |
|              | <b>Freelance work</b>                    | <b>13</b>        | <b>20.0</b>    |
|              | <b>Unemployed</b>                        | <b>9</b>         | <b>13.8</b>    |
|              | <b>Retired</b>                           | <b>3</b>         | <b>4.6</b>     |
|              | <b>Total</b>                             | <b>65</b>        | <b>100.0</b>   |

**Figure 7: Job**



**Sources:** Prepared by the students from the SPSS Outputs

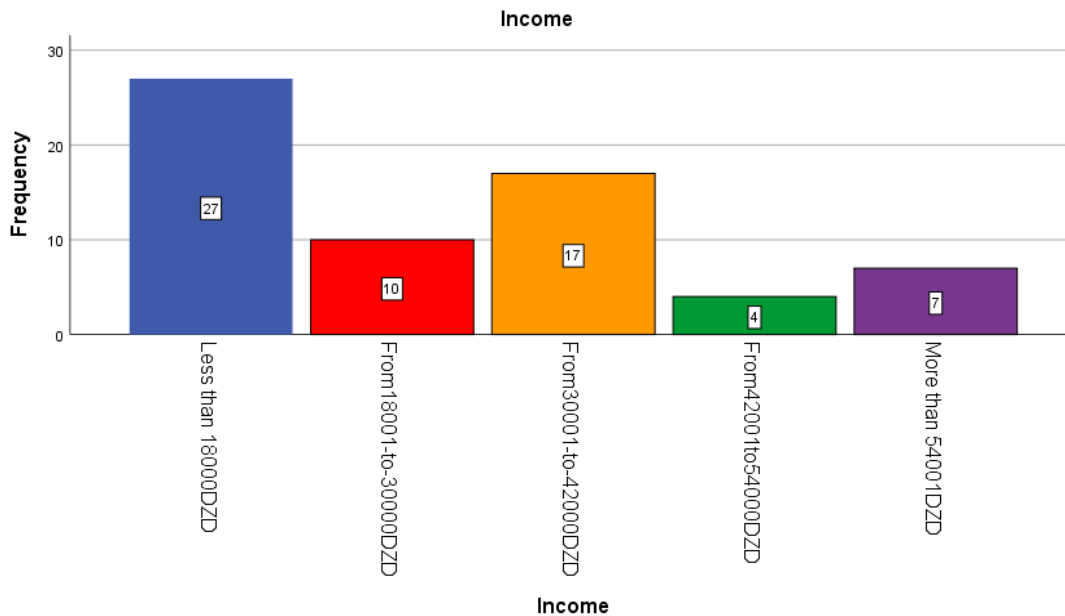
18percent of visitors employees of the state, after their 17 percent were students, the percent 13% Freelance work, then 9% of unemployed, an employee of the private sector it was percent 9%, and 3%of retired.

1.1.6. **Income**

**Table 9:Income**

|              |                              | <b>Frequency</b> | <b>Percent</b> |
|--------------|------------------------------|------------------|----------------|
| <b>Valid</b> | <b>Less than 18000DZD</b>    | <b>27</b>        | <b>41.5</b>    |
|              | <b>From18001-to-30000DZD</b> | <b>10</b>        | <b>15.4</b>    |
|              | <b>From30001-to-42000DZD</b> | <b>17</b>        | <b>26.2</b>    |
|              | <b>From42001to54000DZD</b>   | <b>4</b>         | <b>6.2</b>     |
|              | <b>More than 54001DZD</b>    | <b>7</b>         | <b>10.8</b>    |
|              | <b>Total</b>                 | <b>65</b>        | <b>100.0</b>   |

**Figure 8: Income**



**Sources:** Prepared by the students from the SPSS Outputs

We noticed that 27 % of income to visitors less than (18000 Algerian dinar), 17percent of them with (from 30001-to42000DZD), yet the rest categories does not contain much difference but the proportions are much close.

**3. Analysis of The questionnaire:**

### Section III — Empirical research Case study of el Baraka complex at Guelma state

**Table 10: Descriptive Statistics for Word of mouth effectiveness in medical tourism services**

- A case study of el Baraka complex at Guelma state -

| Questions   |   | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Mean   | Std. Deviation |
|---|---|----------------|-------|---------|----------|-------------------|--------|----------------|
| I heard positive things about the complex el Baraka -Guelma- in medical tourism services                  | N | 14             | 37    | 10      | 4        | 0                 | 3.9385 | .78813         |
|   | % | 21.5%          | 56.9% | 15.4%   | 6.2%     | 0%                |        |                |
| I was recommended from friends and relatives to visit the complex el Baraka -Guelma-.                     | N | 12             | 42    | 7       | 4        | 0                 | 3.9538 | .73805         |
|   | % | 18.5%          | 64.5% | 10.8%   | 6.2%     | 0%                |        |                |
| I was encouraged from my relatives and friends to visit complex el Baraka - Guelma-.                      | N | 13             | 40    | 7       | 4        | 1                 | 3.9231 | .83493         |
|   | % | 20%            | 61.5% | 10.8%   | 6.2%     | 1.5%              |        |                |
| I will encourage friends and relatives to visit complex el Baraka - Guelma-.                              | N | 16             | 33    | 15      | 1        | 0                 | 3.9846 | .73935         |
|   | % | 24.6%          | 50.8% | 23.1%   | 1.5%     | 0%                |        |                |
| I will recommend by complex el Baraka- Guelma- to someone who seeks my advice about the medical tourism.  | N | 18             | 35    | 8       | 4        | 0                 | 4.0308 | .80950         |
|   | % | 27.7%          | 53.8% | 12.3%   | 6.2%     | 0%                |        |                |
| I will say positive things about complex el Baraka- Guelma- to other people.                              | N | 20             | 29    | 14      | 2        | 0                 | 4.0308 | .80950         |
|   | % | 30.8%          | 44.5% | 21.5%   | 3.1%     | 0%                |        |                |
| I was advised from my colleagues for the complex el Baraka-Guelma- as place to visit for medical tourism. | N | 13             | 38    | 9       | 5        | 0                 | 3.9077 | .80473         |
|   | % | 20%            | 58.5% | 13.8%   | 7.7%     | 0%                |        |                |
| Complex el Baraka- Guelma- has variety of touristic sites in addition to the medical service              | N | 18             | 31    | 12      | 3        | 0                 | 4.0000 | .81650         |
|   | % | 27.7%          | 47.7% | 18.5%   | 4.6%     | 0%                |        |                |

### Section III — Empirical research Case study of el Baraka complex at Guelma state

|   |   |       |       |       |       |      |        |        |
|---|---|-------|-------|-------|-------|------|--------|--------|
| El Baraka-Guelma- has Cultural distance attraction because it has a mineral bath.   | N | 17    | 30    | 15    | 3     | 0    | 3.9385 | .82683 |
|   | % | 26.2% | 46.2% | 23.1% | 4.6%  | 0%   |        |        |
| I heard that El Baraka-Guelma- has qualified workers in medical tourist affiliated industries.  | N | 10    | 32    | 19    | 4     | 0    | 3.7385 | .79602 |
|   | % | 15.4% | 4.2%  | 29.2% | 6.2%  | 0%   |        |        |
| The healthcare providers are willing to have contact with medical tourists.   | N | 8     | 30    | 24    | 3     | 0    | 3.6615 | .75575 |
|   | % | 12.3% | 46.2% | 36.9% | 4.6%  | 0%   |        |        |
| The healthcare providers in medical clinic in the complex el Baraka-Guelma- show friendliness to medical tourists.  | N | 10    | 29    | 19    | 7     | 0    | 3.6462 | .87376 |
|   | % | 15.4% | 44.2% | 29.2% | 10.8% | 0%   |        |        |
| Are you satisfied with the services provided in the medical clinic inside the complex el Baraka-Guelma-.  | N | 11    | 27    | 24    | 3     | 0    | 3.7077 | .80473 |
|   | % | 16.9% | 41.5% | 36.9% | 4.6%  | 0%   |        |        |
| Through your experience of the medical services provided at the complex el Baraka-Guelma-clinic, it is consistent with what you heard from relatives and friends. | N | 8     | 31    | 20    | 4     | 2    | 3.6000 | .89791 |
|   | % | 12.3  | 47.7% | 30.8% | 6.2%  | 3.1% |        |        |
| There was an effect of word of mouth about your choice of this medical tourism destination  | N | 15    | 32    | 13    | 4     | 1    | 3.8615 | .89925 |
|   | % | 23.1% | 49.2% | 20%   | 6.2%  | 1.5% |        |        |
| The weighted mean   |   |       |       |       |       |      | 3.8610 |        |
| Sit. Deviation  |   |       |       |       |       |      |        | .56234 |

### Section III — Empirical research Case study of el Baraka complex at Guelma state

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Table(9) shows( Descriptive Statistics for Word of mouth effectiveness in medical tourism services-A case study of el Baraka complex at Guelma state -), from which find that highest was awarded to the question (Q5,Q6): ( I will recommend by complex el Baraka-Guelma- to someone who seeks my advice about the medical tourism) and (I will say positive things about complex el Baraka-Guelma- to other people) with mean 4.0308 and Std. Deviation.80950, followed by question (Q8): (Complex el Baraka-Guelma- has variety of touristic sites in addition to the medical service) with mean 4.0000 and Std. Deviation .81650. Followed by question ( Q4) with mean 3.9846 and Std. Deviation .73935, followed by question (Q2): (I was recommended from friends and relatives to visit the complex el Baraka -Guelma-.) with mean3.9538 and Std. Deviation .73805.With Strongly Agree by percent( 27.7%, 30.8%, 27.7%, 24.6%, 18.5% respectively) and Agree by percent(53.8%, 44.5%, 47.7%, 50.8%, 64.5% respectively).

Wile which we find that the values average was awarded to the question (Q9): (El Baraka-Guelma- has Cultural distance attraction because it has a mineral bath.)with mean 3.9385 and Std. Deviation .82683, followed by question (Q1): (I heard positive things about the complex el Baraka -Guelma- in medical tourism services) with mean 3.9385 and Std. Deviation.78813.Followed by question(Q3): (I was encouraged from my relatives and friends to visit complex el Baraka -Guelma-.)with mean 3.9231and Std. Deviation .83493, followed by question(Q7): (I was advised from my colleagues for the complex el Baraka-Guelma- as place to visit for medical tourism.) with mean 3.9077 and Std. Deviation.80473.Followed by question(Q15): (There was an effect of word of mouth about your choice of this medical tourism destination) with mean 3.8615 and Sit.Deviation .89925.With Strong Agree by precent (26.2%, 21.5%, 20%, 20%, 23.1% respectively) and Agree by percent(46.2%, 56.9%, 61.5%, 58.5%, 49.2% respectively ).

Wile the lowest average was awarded to the question (Q10): (I heard that El Baraka-Guelma- has qualified workers in medical tourist affiliated industries.)with mean 3.7385and Sit.Deviation .79602, followed by question(Q13): (Are you satisfied with the services provided in the medical clinic inside the complex el Baraka-Guelma-.)with mean 3.7077 and Sit. Deviation .80473. Followed by question(Q11): (The healthcare providers are willing to have contact with medical tourists.) with mean 3.6615 and Sit.Deviation .75575, followed by question (Q12): (The healthcare providers in medical clinic in the complex el Baraka-Guelma- show friendliness to medical tourists.) with mean 3.6462 and Sit.Deviation .87376, followed by question (Q14): (Through your experience of the medical services provided at the complex el Baraka-Guelma-clinic, it is consistent with what you heard from relatives and friends.) with mean 3.6000 and Sit.Deviation .89791.

With Strong Agree by perscent( 15.4%,16.9%, 12.3%, 15.4%, 12.3% respectively) and Agree by percent(4.2%, 41.5%, 46.2%, 44.2%, 47.7% respectively).

We use 5-points Likert scale which ranged from (1) up to (5), as sbown in the next table

**Table 11: 5-points Likert scale**

| <b>Likert-Scale</b> | <b>Interval</b> | <b>Description</b> |
|---------------------|-----------------|--------------------|
| 1                   | 1.00-1.79       | Strongly Disagree  |
| 2                   | 1.80-2.59       | Disagree           |
| 3                   | 2.60-3.39       | Neutral            |
| 4                   | 3.40-4.19       | Agree              |
| 5                   | 4.20-5          | Strongly Agree     |

**Sources:** Prepared by the students

The weighted average of the 15 question was 3.8610 with Std. Deviation .56234, which indicate that the trend of (Word of mouth effectiveness in medical tourism services -A case study of el Baraka complex at Guelma state -) is (Agree), as a general trend according to 5-point Likert scale as shown in table (11) since 3.8610 lie in the interval (3.41-4.20).

So, the average of Word of mouth effectiveness in medical tourism services -A case study of el Baraka complex at Guelma state – is 3.8610 which consider a high, Since the intervals of level as follow:

Low level: (1-2.59)

Moderate level: (2.60-3.39)

High level: (3.40-5)

### **Topic 3 : Discussion and test hypothesis**

#### **1. Test hypothesis**

**HO: Word of mouth is very effective for El Baraka medical tourism complex.**

To answer the hypothesis above, we may use the two table below that represent T-Test.

**Table12: One-Sample Statistics**

|                                  | <b>N</b> | <b>Mean</b> | <b>Std. Deviation</b> | <b>Std. Error Mean</b> |
|----------------------------------|----------|-------------|-----------------------|------------------------|
| word of mouth in medical tourism | 65       | 3.8610      | .56234                | .06975                 |

**Sources:** Prepared by the students from the SPSS Output

**Table13: One-Sample Test**

|                                  | Test Value = 3 |    |                 |                 |   |        |
|----------------------------------|----------------|----|-----------------|-----------------|---|--------|
|                                  | T              | Df | Sig. (2-tailed) | Mean Difference | 95% Confidence Interval of the Difference |        |
|                                  |                |    |                 |                 | Lower                                     | Upper  |
| word of mouth in medical tourism | 12.343         | 64 | .000            | .86095          | .7216                                     | 1.0003 |

**Sources:** Prepared by the students from the SPSS Outputs

The table(12) of the output merely tells us the sample size, observed sample mean of (3.8610).

From the Table13: One-Sample Test we see that the observed (T) statistic is equal to (12.343) evaluated on 64, and Sig. (2-tailed) the (.000), so it is statistically significant.

As statistical analysis of the section (word of mouth in medical tourism) with mean relatively high level compared to test value, consumers reported high satisfaction in the phrase (I will recommend by complex el Baraka-Guelma- to someone who seeks my advice about the medical tourism) and (I will say positive things about complex el Baraka-Guelma- to other people) with mean 4.0308 and .80950, as for Low level of agree in the phrase (Through your experience of the medical services provided at the complex el Baraka-Guelma-clinic, it is consistent with what you heard from relatives and friends.) with mean 3.6000 and Std.Deviation .89791.

Through results of the section (word of mouth in medical tourism) with mean 3.8610, high from the test value 3, and value Sig. (2-tailed) .000 is less than 0.05, it was statistically significant, we accepted the hypothesis “Word of mouth is very effective for El Baraka medical tourism complex.”

## **2. DISCUSSION**

Findings from this study show how strong the effective is word of mouth in medical tourism services. According to the results of this study, factor analysis has drawn to investigate the effect of WOM on travel in order to medical tourism to El Baraka complex. The results show that WOM, its own may not be as strong as when it’s combined with trust. In which, it happens when the relatives are describing their experience of living in the desired country, undergoing the treatments in clinics, or the mineral baths that contain clinics for medical tourism, as is the case in this complex el Baraka. The strong effect of positive word of mouth about favored the destination of medical tourism.

### **Section III — Empirical research Case study of el Baraka complex at Guelma state**

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In fact, the findings were the results of integrating various moderating variables such as Sex, Age, Customer type, Education level, Job, and Income, in the sex it was percent of males greater than of percent females, the Age we noticed the maximal age level it is (From 25-35), as for the majority of Customer type is individuals, Education level it was high percent of the visitors from level university; and Income it was high percent of the visitors from less than (18000 Algerian dinar).

In line with the hypothesis “ Word of mouth is very effective for El Baraka medical tourism complex”, it was statistically significant from a sample t-test, thus, the hypothesis was proven correct and coincided with the previously established research objectives.

The results from this study seem consistent with previous testing done on similar subjects. In study done by (Yusof & Rosnan, 2020), about The Effectiveness of word-of-mouth as a Marketing Tool in the Medical Tourism Industry in Malaysia: Challenges and the Way Forward, it was found is a strong and effective tool in the marketing of Malaysian medical tourism industry.

The experiment provides a new insight into the relationship between the effect of WOM and travel in order to medical tourism.

In the last further research is required to establish whether WOM is a factor in clinic medical and Hospitals in general in Algeria.

**Summary of section 3 :**

In this section, the institution was presented and the most important services it provides, including medical services, for tourists from different cities. Then, in the other two topics of this section the questionnaire was analyzed and results were reached, including proving the validity of the existing study hypothesis.

# **Conclusion and recommendations**

### Conclusion and recommendations

#### First: Conclusion

This research aimed to identify effective word of mouth in medical tourism. Based on a qualitative and quantitative analysis of Word of mouth is very effective for medical tourism, it can be concluded that:

WOM is a strong and effective tool in the marketing of El Baraka medical tourism complex industry.

Furthermore, it is also unveiled that 'trust' is developed through prominent figures such as well family friends and relatives members who either reside or have had treatments in El Baraka medical tourism complex Guelma.

The strong effect of positive word of mouth about favored the destination of medical tourism.

Medical tourists decide to go on clinic medical because they want to receive treatment, and at the same time, their decisions on where to go are based on destination attributes and information that they gathered for their friends and relatives or from reference groups.

#### Second: recommendations

Based on the results of this research, there are some recommendations for responsible to enhance medical tourism sector in the country.

This gives remarks for tourism authorities, and the health sector to encourage this type of medical tourism in mineral bath.

This gives remarks for marketers to design appropriate marketing programs and promotional campaigns to increase medical tourist arrival to the country.

Therefore, future research is suggested to be conducted quantitatively in order to gain representativeness of the research. Apart from that, qualitative studies are also encouraged in order to gain the perspectives of the medical tourists themselves. Hence, interviews could be done to explore on their experience and meanings of WOM and how did that affect their very personal decisions. For a creation of holistic framework that caters for both patients and service providers.

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# Appendice



PEOPLE'S DEMOCRATIC REPUBLIC OF ALGER

MINISTRY OF HIGHER EDUCATION AND SCIENTIFIC RESERACH

MOHAMED BOUDHIAF UNIVERSITY OF M'SILA

FACULTY OF ECONOMIC, COMMERCIAL AND MANAGEMENT SCIENCES

SECTION OF COMMERCE

OPTION /MARKETING SERVICES

**The questionnaire**

Mr./ Ms. Visitor El Baraka complex at Guelma state greetings but after. The researcher is conducting q study titled (Word of mouth effectiveness in medical tourism services-A case study of el Baraka complex at Guelma state -) looking for Word the accurate information from your side, knowing that the information you will provide will be treated strictly confidential and for the purposes of scientific research only.

**Personal information:**

**Sex:** male   female

**Age:** Less than 25  From25-35  From36-45  From46-55   
From56-65  More than 65

**Customer type:** Individual  Firm  Family

**Education level:**

Elementary  Miodle School  High school  University

**Job:**

Student  An employee of the state  An employee of the  
private sector  Freelance work  unemployed  Retired

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**Income:**

Less than 18000DZD  From18001-to-30000DZD   
 From30001-to-42000DZD  From42001to54000DZD   
 More than 54001DZD

| N° | STATEMENT  | STRONGLY AGREE | AGREE | NUTRAL | DISAGREE | STRONGLY DISAGRE |
|----|--|----------------|-------|--------|----------|------------------|
| 01 | I heard positive things about the complex el Baraka -Guelma- in medical tourism services                 |                |       |        |          |                  |
| 02 | I was recommended from friends and relatives to visit the complex el Baraka - Guelma-.                   |                |       |        |          |                  |
| 03 | I was encouraged from my relatives and friends to visit complex el Baraka -Guelma-.                      |                |       |        |          |                  |
| 04 | I will encourage friends and relatives to visit complex el Baraka - Guelma-.                             |                |       |        |          |                  |
| 05 | I will recommend by complex el Baraka- Guelma- to someone who seeks my advice about the medical tourism. |                |       |        |          |                  |

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|    |  |  |  |  |  |  |
|----|--|--|--|--|--|--|
| 06 | I will say positive things about complex el Baraka-Guelma- to other people.  |  |  |  |  |  |
| 07 | I was advised from my colleagues for the complex el Baraka-Guelma- as place to visit for medical tourism.          |  |  |  |  |  |
| 08 | Complex el Baraka-Guelma- has variety of touristic sites in addition to the medical service                        |  |  |  |  |  |
| 09 | El Baraka-Guelma- has Cultural distance attraction because it has a mineral bath.                                  |  |  |  |  |  |
| 10 | I heard that El Baraka-Guelma- has qualified workers in medical tourist affiliated industries.                     |  |  |  |  |  |
| 11 | The healthcare providers are willing to have contact with medical tourists.  |  |  |  |  |  |
| 12 | The healthcare providers in medical clinic in the complex el Baraka-Guelma- show friendliness to medical tourists. |  |  |  |  |  |

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|    |   |  |  |  |  |  |
|----|---|--|--|--|--|--|
| 13 | Are you satisfied with the services provided in the medical clinic inside the complex el Baraka-Guelma-.  |  |  |  |  |  |
| 14 | Through your experience of the medical services provided at the complex el Baraka-Guelma-clinic, it is consistent with what you heard from relatives and friends. |  |  |  |  |  |
| 15 | There was an effect of word of mouth about your choice of this medical tourism destination  |  |  |  |  |  |



الجمهورية الجزائرية الديمقراطية الشعبية

وزارة التعليم العالي و البحث العلمي

جامعة - المسيلة -

كلية العلوم الاقتصادية والتجارية وعلوم التسيير



قسم: العلوم التجارية

تخصص: تسويق خدمات

# إستبيان

السيد زائر مركب البركة بولاية قالمة تحية طيبة وبعد؛ تقوم الباحثة بإجراء دراسة بعنوان (فعالية الكلمة المنطوقة في خدمات السياحة العلاجية - دراسة حالة مركب البركة بولاية قالمة-) يرجى التكرم بقراءة عبارات الإستبيان المرفقة بدقة والإجابة عنها بموضوعية بناء على تعاملك السابق والحالي مع المركب لما في ذلك من أثر على صحة النتائج، مثنين جهودكم وشاكرين تعاونكم معنا في إعطاء المعلومات الدقيقة. علما بأن المعلومات التي سوف تقدمونها ستعامل بسرية تامة ولأغراض البحث العلمي فقط.

الجزء الاول: البيانات الشخصية

يرجى وضع علامة (X) في المربع المناسب

الجنس: ذكر  انثى

العمر: اقل من 25  من 25-35  من 36-45  من 46-55

من 56-65  اكبر من 65

نوع العميل: أفراد  مؤسسات  عائلة

المستوى التعليمي: ابتدائي  متوسط  ثانوي  جامعي

المهنة: موظف لدى الدولة  موظف لدى الخواص  طالب  متقاعد  بدون

عمل  عمل حر

الدخل الشهري:

اقل من 18000  18000-30000  من 30001-42000

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من 42001-54000     اكثر من 54001

الجزء الثاني : اسئلة الاستبيان تضم 15 سؤال

| الرقم | البيان  | موافق تماما | موافق | محايد | غير موافق | غير موافق تماما |
|-------|---|-------------|-------|-------|-----------|-----------------|
| 01    | سمعت أشياء إيجابية عن مركب البركة -قالمة- في خدمات السياحة العلاجية                   |             |       |       |           |                 |
| 02    | أوصيت من الأصدقاء والأقارب بزيارة مركب البركة -قالمة-.                                |             |       |       |           |                 |
| 03    | لقد شجعتني أقاربي وأصدقائي على زيارة مركب البركة -قالمة-.                             |             |       |       |           |                 |
| 04    | سأشجع الأصدقاء والأقارب على زيارة مجمع البركة -قالمة-.                                |             |       |       |           |                 |
| 05    | سأوصي بمركب البركة-قالمة- لمن يطلب نصيحتي حول السياحة العلاجية                        |             |       |       |           |                 |
| 06    | سأتحدث بإيجابية عن مجمع البركة-قالمة- للآخرين.  |             |       |       |           |                 |
| 07    | لقد تم نصحي من قبل زملائي بمجمع البركة -قالمة- كمكان للزيارة من أجل السياحة العلاجية. |             |       |       |           |                 |
| 08    | يحتوي مركب البركة على العديد من المرافق السياحية بالإضافة الى الخدمة الطبية           |             |       |       |           |                 |
| 09    | مركب البركة-قالمة- لديه جاذبية البعد الثقافي  |             |       |       |           |                 |

## Appendice

|  |  |  |  |  |  |    |
|--|--|--|--|--|--|----|
|  |  |  |  |  | لأنه يحتوي على حمام معدني.   |    |
|  |  |  |  |  | سمعت ان مركب البركة- قالمة- لديه عمال مؤهلين في الصناعات الطبية التابعة للسياح.                                    | 10 |
|  |  |  |  |  | مقدمي الرعاية الصحية في مركب البركة-قالمة- على استعداد للاتصال مع السياح الطبيين.                                  | 11 |
|  |  |  |  |  | مقدمي الرعاية الصحية في العيادة الطبية في مركب البركة-قالمة- يبدون الود للسياح الطبيين.                            | 12 |
|  |  |  |  |  | أنت راض عن الخدمات المقدمة في العيادة الطبية داخل مجمع البركة-قالمة- .   | 13 |
|  |  |  |  |  | من خلال تجربتك في الخدمات الطبية المقدمة في عيادة مجمع البركة- قالمة- فإنه يتطابق مع ما سمعت من الأقارب والأصدقاء. | 14 |
|  |  |  |  |  | كان هناك تأثير الكلمة المنطوقة حول اختيارك وجهة السياحة العلاجية   | 15 |

شكرا لتعاونكم

## Appendice

### Reliability

Scale: ALL VARIABLES

| Case Processing Summary |                       |    |       |
|-------------------------|-----------------------|----|-------|
|                         |                       | N  | %     |
| Cases                   | Valid                 | 64 | 98.5  |
|                         | Excluded <sup>a</sup> | 1  | 1.5   |
|                         | Total                 | 65 | 100.0 |

a. Listwise deletion based on all variables in the procedure.

| Reliability Statistics |            |
|------------------------|------------|
| Cronbach's Alpha       | N of Items |
| .922                   | 15         |

### Frequency Table

| Sex   |        |           |         |               |                    |
|-------|--------|-----------|---------|---------------|--------------------|
|       |        | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | male   | 36        | 55.4    | 55.4          | 55.4               |
|       | female | 29        | 44.6    | 44.6          | 100.0              |
|       | Total  | 65        | 100.0   | 100.0         |                    |

| Age   |              |           |         |               |                    |
|-------|--------------|-----------|---------|---------------|--------------------|
|       |              | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Less than 25 | 25        | 38.5    | 38.5          | 38.5               |
|       | From25-35    | 30        | 46.2    | 46.2          | 84.6               |
|       | From36-45    | 7         | 10.8    | 10.8          | 95.4               |
|       | From46-55    | 1         | 1.5     | 1.5           | 96.9               |
|       | From56-65    | 1         | 1.5     | 1.5           | 98.5               |
|       | More than 65 | 1         | 1.5     | 1.5           | 100.0              |
|       | Total        | 65        | 100.0   | 100.0         |                    |

| Customer type |             |           |         |               |                    |
|---------------|-------------|-----------|---------|---------------|--------------------|
|               |             | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid         | Individuals | 42        | 64.6    | 64.6          | 64.6               |
|               | Firm        | 7         | 10.8    | 10.8          | 75.4               |
|               | Famil       | 16        | 24.6    | 24.6          | 100.0              |
|               | Total       | 65        | 100.0   | 100.0         |                    |

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|                                  | Test Value = 3 |    |                 |                 |   |        |
|----------------------------------|----------------|----|-----------------|-----------------|---|--------|
|                                  | t              | df | Sig. (2-tailed) | Mean Difference | 95% Confidence Interval of the Difference |        |
|                                  |                |    |                 |                 | Lower                                     | Upper  |
| word of mouth in medical tourism | 12.343         | 64 | .000            | .86095          | .7216                                     | 1.0003 |

| Education level |               |           |         |               |                    |
|-----------------|---------------|-----------|---------|---------------|--------------------|
|                 |               | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid           | Middle School | 1         | 1.5     | 1.5           | 1.5                |
|                 | High school   | 11        | 16.9    | 16.9          | 18.5               |
|                 | University    | 53        | 81.5    | 81.5          | 100.0              |
|                 | Total         | 65        | 100.0   | 100.0         |                    |

| Job   |                                   |           |         |               |                    |
|-------|-----------------------------------|-----------|---------|---------------|--------------------|
|       |                                   | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Student                           | 17        | 26.2    | 26.2          | 26.2               |
|       | An employee of the state          | 18        | 27.7    | 27.7          | 53.8               |
|       | An employee of the private sector | 5         | 7.7     | 7.7           | 61.5               |
|       | Freelance work                    | 13        | 20.0    | 20.0          | 81.5               |
|       | unemployed                        | 9         | 13.8    | 13.8          | 95.4               |
|       | Retired                           | 3         | 4.6     | 4.6           | 100.0              |
|       | Total                             | 65        | 100.0   | 100.0         |                    |

| Income |                       |           |         |               |                    |
|--------|-----------------------|-----------|---------|---------------|--------------------|
|        |                       | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid  | Less than 18000DZD    | 27        | 41.5    | 41.5          | 41.5               |
|        | From18001-to-30000DZD | 10        | 15.4    | 15.4          | 56.9               |
|        | From30001-to-42000DZD | 17        | 26.2    | 26.2          | 83.1               |
|        | From42001to54000DZD   | 4         | 6.2     | 6.2           | 89.2               |
|        | More than 54001DZD    | 7         | 10.8    | 10.8          | 100.0              |
|        | Total                 | 65        | 100.0   | 100.0         |                    |

### T-Test

| One-Sample Statistics            |    |        |                |                 |
|----------------------------------|----|--------|----------------|-----------------|
|                                  | N  | Mean   | Std. Deviation | Std. Error Mean |
| word of mouth in medical tourism | 65 | 3.8610 | .56234         | .06975          |

## Appendice

| One-Sample Test                  |                |    |                 |                 |   |        |
|----------------------------------|----------------|----|-----------------|-----------------|---|--------|
|                                  | Test Value = 3 |    |                 |                 |   |        |
|                                  |                |    |                 |                 | 95% Confidence Interval of the Difference |        |
|                                  | t              | df | Sig. (2-tailed) | Mean Difference | Lower                                     | Upper  |
| word of mouth in medical tourism | 12.343         | 64 | .000            | .86095          | .7216                                     | 1.0003 |

**Table 11: 5-points Likert scale**

| Likert-Scale | Interval  | Description       |
|--------------|-----------|-------------------|
| 1            | 1.00-1.79 | Strongly Disagree |
| 2            | 1.80-2.59 | Disagree          |
| 3            | 2.60-3.39 | Neutral           |
| 4            | 3.40-4.19 | Agree             |
| 5            | 4.20-5    | Strongly Agree    |

## Appendice

Université Mohamed Boudiaf a M'sila

Faculté des Sciences Économiques, Commerciales et  
des Sciences de Gestion

Département: .....

الجمهورية الجزائرية الديمقراطية الشعبية

وزارة التعليم العالي والبحث العلمي



جامعة محمد بوضياف بالمسيلة  
لية العلوم الاقتصادية والتجارية وعلوم التسيير

اسم: .....

### تصريح شرفي

بالالتزام بمعايير الأمانة والتزاهة العلمية في إعداد مذكرة الماستر

أنا الممضي اسقله:

الطالب (ة) \* : حاج محمد بن محمد المولود(ة) بتاريخ: 1995/02/20 ب: المسيلة

العامل لبطاقة التعريف الوطنية (أور.س.) رقم: 360637 الصادرة بتاريخ: 2016/04/25

المسجل بالسنة الثانية ماستر شعبية: علوم تجارية تخصص: التسويق خدمات خلال السنة الجامعية 2016-2017

والمعد لمذكرة الماستر التي تحمل عنوان \* : .....

Word of mouth effectiveness in medical tourism services  
- A case study of el Baraka complex Guelma  
State -

أصرح بشرفي أنني إلتزمت بمراعاة معايير الأمانة والتزاهة العلمية المطلوبة في إنجاز مذكرة الماستر المذكور أعلاه.

حرر بتاريخ: ...../...../.....

التوقيع والبصمة

\* يحزر كل طالب (ة) تصريحها فرديا في حالة إعداد المذكرة من طرف أكثر من طالب(ة) واحد .