ONLINE REPUTATION MANAGEMENT SYSTEMS FOR HEALTHCARE ORGANIZATIONS

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ABSTRACT

Digital content is a key to decision-making for patients. Through a Web analysis and interviews, the study follows an exploratory analysis based on the 13 general hospitals in Milan (Italy). The analysis aims to develop a deeper understanding of how hospitals manage their online reputation, if and to what extent it is related to their visibility within the Web, and the role that social media play in defining Online Reputation in the healthcare sector.

KEYWORDS

Information Asymmetries, Online Reputation Management, Social Media, Online Visibility, Decision Making

1. INTRODUCTION

Digital content is a key to decision-making activities, also in the healthcare sector. Patients talk to friends, family, or colleagues about the center and read review about them (Google-Compete/US, 2012). In the absence of relevant information to guide patients' choices of a health care provider or hospital, decisions are frequently made on reputation. As Dave Reibstein, the William Stewart Woodside Professor at the Wharton School, says, "digital word of mouth is one-to-millions. If you have a good experience, it's shared and re-shared with millions. You post it and suddenly, it's flying". For this reason, reputation is a social asset which should be appropriately managed so that it can be turned into an advantage for the hospital. Without restrictions of space and time, this novel medical model can help patients to reduce information asymmetry (Xiao et al., 2012) between them and physicians, charges and time spent, thus offering huge benefits for patients.

Through a Web analysis and semi-structured interviews, we develop an exploratory analysis based on 13 of the main hospitals, of both private and public structures, in Milan (Italy), a city well-known for the high quality of its hospitals.

Our analysis aims to develop a deeper understanding of how hospitals manage their online reputation, if and to what extent it is related to their visibility within the Web, and the role that social media play in defining Online Reputation (OR) in the healthcare sector. The paper is structured as follows: in the next Section we sintetized main literature regarding OR, in particular in healthcare sector. In Section 3 the sample and the methodology are descibed. In Section 4 main results of the web analysis and the interviews are reported and discussed. Finally, in the last Section main conclusions are argued, focusing in particular on some relevant managerial implications.

2. THEORETICAL HINTS

Hospital reputation has a significant impact on the choice of a hospital. Many patients are aware of hospital reputation and consider it when making a choice: 76% of the patients value hospital reputation positively when choosing a hospital (Pilny and Mennicken, 2014). Nowadays, also the health sector is very competitive and hospitals need to distinguish themselves from competitors like in any other sector. In this scenario having a good reputation is crucial. Hospital can use their reputation to set apart themselves from their competitors. Reputation is an intangible and organization specific resource, that plays a relevant role for organization's competitiveness, being scarce, valuable, non perfectly imitable, non sostitutable and non transferable (Fombrun and Shanley, 1990; Fombrun and Van Riel, 1997).

Providers of professional services have long been concerned about developing and maintaining a high quality reputation (Hite and Bellizzi, 1986). It has been argued that a positive reputation is linked to intention to purchase a service (Yoon et al., 1993), perceived poduct or service quality and to deterring competitor entry (Weigelt and Camerer, 1988); it enhances the competitive ability of firms and the attraction of investors (Fonbrun and Shanley, 1990). Reputation held about a firm by each public is formed on the basis of direct and indirect experiences and information received (Fombrun and Shanley, 1990; Sullivan, 1990; Yoon et al., 1993). It can be formed even when the experience by a public is not direct as long as this is passed on either directly through word-of-mouth, or indirectly via the media or other publics.

Today reputation derives from a co-production of information coming both from organization and their stakeholders (Barnes, 2008). The recent develop of web-based technologies, summarized under the idea of social media, has radically altered the dynamics of corporate reputation formation and management. Now we talk about Online Reputation (OR), a strategic and core firm's resource cumulated in time, a major factor in gaining competitive advantage (Alsop, 2004; Fombrun, van Riel, 1997). It is quite fragile and quickly damageable (Alsop, 2004; Grant, 2005). Every web user is able to communicate unmediated and unchecked contents via simple and widely used publishing tools; social media make easier the diffusion of comments, anecdotes, opinions, and this can affect the online corporate reputation (Francesconi and Dossena, 2015). Social media currently play a fundamental role in determining OR. Just one negative comment can contribute to worsen the corporate reputation within an online forum, while the perception of a positive reputation is merely proportional to

the number of positive comments (Park and Lee, 2007). Because of the success of a firm is increasingly dependent on its OR (Masum, Newmark, 2012), a fast detection of possible threats through a continuous monitoring of the huge amount of web contents is very important (Francesconi and Dossena, 2015). This is also true within the health sector where, with the rapid development and diffusion of Web 2.0 technologies, the way in which patients acquire medical and health information has changed. Internet represents a platform for gaining access to healthcare information, and is a convenient tool for establishing communication between physicians and patients (Ziebland et al., 2004). We can therefore talk about E-Health. Surfing the net is one of the best way to find health information (Hardt and Hollis-Sawyer, 2007); about 80% of people report using the Internet as a resource for researching and making healthcare decisions (Berkowitz and Schewe, 2011; Reid and Borycki, 2011; Szokan, 2011). The user can get advice from others, create, share or exchange information, knowledge and ideas in virtual networks and communities; online health communities has become an integral part of people's daily lives. Social media involves a great number of participants in online communication and makes it easy to find peers with similar problems to share experience and solutions or get targeted stories and practical advice. Personal learning about health and illness has been changed by the Internet (Bansal et al., 2010). Therefore, hospitals and health systems also are using web-based and social media tools to market themselves to consumers/patients with increasingly sophisticated strategies. These efforts are designed to shape consumers expectations, influence their purchase decisions and build a positive reputation in the marketplace. On healthcare websites patients can obtain more information about the quality of physicians' services than is available in hospital buildings. The importance of websites for conveying information to consumer is critical for the hospitals; based on these trends many health systems' websites have begun to include tools and information for both patients and visitors designed to make navigating complex health encounters more "user-friendly", provide information about conditions, treatment, and follow-up, and create a positive organizational image (Erdem, 2007; LaPenna, 2009).

Without restrictions of space and time this novel medical model can help patients to reduce information asymmetry (Xiao et al., 2012) between them and physicians, charges and time spent, thus offering huge benefits for patients.

3. METHODS

We take a pragmatic approach and adopt a multiple case-study methodology (Yin, 1994) which is proper for the explorative aims of this study. Because of the paucity of research investigating the relationships among our variables of interest, we were not able to develop hypotheses to be tested, and thus we thought a qualitative approach to be the best one in order to develop theoretical patterns that could be then tested in future research. Therefore, we proceeded with cross-cases comparison in order to identify critical patterns and themes (Eisenhardt & Graebner, 2007). The cross-case comparison phase involved the true inductive thinking exercise started with initial more descriptive codes towards pattern codes with a higher level of interpretation and abstraction (Andrade, 2009). Coincident with the data gathering and after the initial stages of analysis, we also begin to "systematically combine" (Shepherd & Sutcliffe, 2011) emergent data, themes, concepts, and key concepts in the relevant literature, in order to see whether our finding had precedents, and if we at the same time discovered new patterns.

3.1 Sampling

We based our empirical study on a Web analysis of 13 hospitals in Milan (Italy), well-known city for the high quality of their hospitals. In fact, Milan is one of the main destination in both the cross-border and the domestic medical tourism. We have taken into account all the general hospitals, of both private and public organizations. Some hospitals are related to an univerity, other not (table 1).

Table 1. The sample

Hospital	Governance	University
Ospedale Luigi Sacco	Public	Yes
Ospedale Niguarda Ca' Granda (Niguarda' Hospital)	Public	Yes
Ospedale San Raffaele	Private	Yes
Ospedale Fatebenefratelli	Public	Yes
Ospedale Macedonio Melloni	Public	Yes
Ospedale San Carlo Borromeo	Public	Yes
Ospedale San Paolo	Public	Yes
Clinica Mangiagalli	Public	Yes
Ospedale Maggiore Policlinico	Public	Yes
Istituto clinico San Siro	Private	No
Ospedale San Giuseppe (MultiMedica group)	Private	No
Istituto clinico Sant'Ambrogio	Private	No
Ospedale San Camillo	Private	No

For the interviews, 5 hospitals have been selected. The choice was opportunistic, since there were selected both small and big hospitals (with more than 1,000 employees), that use social media in very different ways, that have different levels of OR and that apply different strategies and resources in order to manage it.

3.2 Measures

For the Web analysis we measured the use of social media looking at the presence of an institutional account of the hospital in the main social media: Facebook, Twitter, YouTube and LinkedIn. The hospitals' profile was analysed looking at the number of followers (for Facebook, Twitter, YouTube and LinkedIn), likes (Facebook and YouTube), views (Youtube) and rating (Facebook).

OR is measured through two ratings: the Google rating (very popular but not related to the health sector) and the QSalute rating (one of the most popular Italian ranking for the health sector). We measured visibility in the Web through the number of results that arise searching in Google the name of each hospital[1].

Finally, online visibility is measured through the number of results in searching in Google the name of each hospital.

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[1] Internet research has been conducted in September 2017.

3.3 Interviews

Our field work followed a general interview guide approach that is a more structured approach than the informal conversational interview; nonetheless it still admits flexibility in its composition if prompts from participants arise (Gall, Gall, & Borg, 2007).

Unfortunately, not all the hospitals were available for interviews. We collected 5 interviews. Interviewers asked us to be anonymous. Therefore, we used fictitious names: Alpha Hospital and Beta Hospital (of the same 'Azienda Socio Sanitaria Territoriale' ASST), Gamma Hospital, Delta Hospital, and Epsilon Hospital. The interviews are face to face in-depth interviews with people with sound knowledge of the history of the hospital and on the use of social media (in the units of public relations, external communication, IS and Web, see Table 2).

Table 2. Interviews

Hospital	Interviewed
Alpha Hospital	Press Office Manager
Beta Hospital	Press Office Manager
Gamma Hospital	Marketing and Communication Manager
Delta Hospital	PR and Communication Manager
Epsilon Hospital	New Media Manager

Each interview lasted from a minimum of 40 minutes to a maximum of 90 minutes. All interviews have been recorded on a digital device and all relevant recordings have been transcribed and compared to researchers' handwritten field notes. All verbatim were sent to the interviewees in order to check whether the text was in accordance with what they told. Interviews, their transcripts and the very first conceptual analysis have been undertaken in the native language of the respondents (Italian). Interviews transcripts have then been coded; after that, the output has been analyzed, schematized and conceptualized in English language.

4. FINDINGS AND DISCUSSION

4.1 Web Analysis

4.1.1 Online Reputation and Presence in the Main Social Media

From the Web analysis as preliminary findings we found that a proactive use of social media can effectively lead to a better OR in Google (Table 3).

This 'better reputation' is related to both the average score and the number of reviews in Google ratings. This means that having an institutional account in the main social networks seems to ensure to the hospitals also a major visibility in Google. This is an interesting result, since having an institutional account in the social media seems to enhance more user-generated contents. However, this variable seems to be ineffective in determining hospitals' reputation in a medical platform such as QSalute, even if also in QSalute the number of reviews increases at the increasing of the number of institututional accounts.

Table 3. Use of social media and OR

	Hospitals that dont'use social media (absence of institutional account)	Use of 1 social media (with an institutional account)	Use of more than 2 social media institutional accounts
N. of hospitals	4	4	5
OR in Google rating (from 1 to 5) -Average-	3.3	3.3	3.8
OR (Google rating) - St. dev-	0.87	0.43	0.17
N. of reviews in Google -Average-	54	71	72
OR in QSalute rating (from 1 to 5) -Average-	3.7	3.8	3.8
OR (QSalute rating) -St. dev-	0.5	0.9	0.4
N. of reviews in QSalute -Average-	11	14	21
N. of searches in Google (Google visibility) -Average-	58,200	115,125	150,292

Notably, the better OR in Google for hospitals that use more than one social media is not related to the hospital dimensions (in terms of number of beds).

Afterwards, hospitals' accounts have been analyzed to identify if there are particular social media that better fit with higher levels of OR and Google visibility. The hospitals' profile was analysed looking at the number of followers (for Facebook, Twitter, YouTube and LinkedIn), likes (Facebook and YouTube), views (Youtube) and rating (Facebook).

4.1.2 Online Reputation and Governance

Having a good reputation is useful both public and private organizations. However, private hospitals have, on average, a better reputation only in Google. In QSalute the governance structure seems irrelevant (Table 4).

Table 4. Private vs Public hospitals

	Public	Private
N. of hospitals	8	5
OR in Google rating (from 1 to 5) -Average-	3.3	3.8
OR (Google rating) - St. dev-	0.62	0.16
N. of reviews in Google -Average-	49	48
OR in QSalute rating (from 1 to 5) -Average-	4	3.9
OR (QSalute rating) -St. dev-	0.64	0.44
N. of reviews in QSalute -Average-	16	19
N. of searches in Google (Google visibility) -Average-	101,925	104,872

On average, the number of searches in Google (that can be considered as a proxy of the visibility in Google) is a little higher in Private hospitals than in public institutions. Notably, patients frequently review an hospital in Google, independently by its governance.

Moreover, in our analysis we used the hospitals' dimension (in terms of number of beds and number of employees) as a control variable. As expected, findings suggest that the bigger hospitals are able to generate more like, views, etc in the social networks. However, it doesn't garantuee a better OR.

4.1.3 Online Reputation and Connection to an University

The sample shows also some interesting differences for hospitals that are related to an university. Unexpectedly, hospitals that are related to universities have, on average, lower levels of OR both in Google and in QSalute. Notably, these hospitals only rarely use social media. However, they generate a higher number of discussions and they have more visibility in the Web (Table 5).

Table 5. Relationship with an university

	Hospital related to an university	Hospital not related to an university
N. of hospitals	9	4
N. of hospitals that use more than 2 social media	2	3
OR in Google rating (from 1 to 5) -Average-	3.5	3.8
OR (Google rating) -St. dev-	0.6	0.2
N. of reviews in Google -Average-	69	30
OR in QSalute rating (from 1 to 5) -Average-	3.7	3.8
OR (QSalute rating) - St. dev-	0.6	0.4
N. of reviews in QSalute -Average-	13	21
N. of searches in Google (Google visibility) -Average -	158,025	30,590

4.2 Interviews

After mapping OR through the Web analysis, we made a cross-case coparison based on the interviews (Table 6).

Table 6. Cross-case comparison

	Alpha Hospital	Beta Hospital	Gamma Hospital	Delta Hospital	Epsilon Hospital (San Donato group)
OR in Google rating	2.4 $(3.42)^2$	3.1 $(3.42)^2$	3.8 $(3.42)^2$	4 $(3.42)^2$	3.8 $(3.42)^2$
OR in QSalute rating	3.2 $(3.76)^3$	4.1 $(3.76)^3$	3.4 $(3.76)^3$	3.8 $(3.76)^3$	4.3 $(3.76)^3$
N. of searches in Google (Google visibility)	56,400 $(183,184)^4$	165,000 $(183,184)^4$	21,200 $(183,184)^4$	292,000 $(183,184)^4$	402,000 $(183,184)^4$
Institutional account in social media	-	LinkedIn	Facebook LinkedIn	LinkedIn Youtube Twitter	Facebook LinkedIn Youtube Twitter
Organization unit for managing online activities	Press Office		Marketing and Communication Office	PR and Communication Cffice	New Media Office; Web and marketing Office
Dedicated peole for managing online activities	1		1	4	2
Dedicated IT-tools for managing online activities	No		No	No	No

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2 Average of the 5 hospitals
3 Average of the 5 hospitals
4 Average of the 5 hospitals

Digital strategy	Unstructured, exploratory approach	Unstructured, exploratory approach	Unstructured, exploratory approach	Unstructured, exploratory approach
Main role of the Website	To inform regarding hospital structure and medical treatments	To inform regarding hospital structure, medical treatments and hospital initiatives	To create a community around the hospital	To create a community around the hospital
Perception regarding social media	Threat	Curiosity (recent interest not officially explored yet)	Very important Mainly used to share hospital initiatives and to 'listen' patients	Very important Mainly used to easily and fastly contact patients; to 'listen' and to gain online viibility

From interviews, main findings suggest that:

- At present, *not all hospitals have the same degree of awareness regarding the importance of having a good OR*. For example, the ASST of the Alpha and Beta Hospitals has recently renewed its obsolete website (not compatible for mobile) but it is not interested in social media. The Gamma Hospital looks at the internet with skepticism, mainly because of the wrong information that can be retrieved in the web; however, it considers patients' blog as important sources of knowledge. The Delta Hospital believes in the importance that Internet – and, in particular, social media - plays in attracting and targeting potential patients, and in sharing medical information. This hospital believes that the Internet provides incredible opportunities as it represents a dynamic, fast, interactive tool. Notably, also the hospitals with the higher degree of awareness regarding the importance of having a good OR have only recently developed a mobile version of their website.

- *Every hospital follows a unique strategy to manage social media and OR*. For example, the Delta Hospital significantly invests in the Website and in managing the contents in the Internet and in social media, with 3 full-time employees in the PR and Communication Office. The hospital follows a very proactive strategy, focused in generating a bidirectional discussion between hospital and patients: the Web is considered also as important communication channel to 'listen' patients and potential patients. On the contrary, the Epsilon Hospital believes in the importance of user-generated contents, thus adopting a more reactive strategy. The hospital significantly invests in constantly updating the website; a minor emphasis is reserved to social media. Other hospitals, such as ASST of Alpha and Beta Hospitals, prefer to don't use a proper strategy in managing their OR, because they are not interested in managing these online activities.

- *OR management is developed in an unstructured, exploratory way.* All hospitals monitor their online conversations manually and without the use of appropriate software, i.e. without the support of Online Reputation Management Systems (Francesconi & Dossena, 2015). Also the Delta Hospital – a hospital with an high level of awareness regarding the importance of developing and managing online opportunities - has not structured and/or automated processes to efficiently manage the OR.

5. CONCLUSION

Through a Web analysis and interviews, we developed an exploratory analysis based on the 13 general hospitals in Milan (Italy). The analysis aims to develop a deeper understanding of: (a) how hospitals manage their OR, (b) if and to what extent it is related to their visibility within the Web, (c) and the role that social media play in defining OR in the healthcare sector.

From the analyses, main findings suggest that:
- Hospitals that use more social media (social media presence) have also higher levels of OR and visibility (n. of reviews) in Google rating and, in general, a higher visibility in Google, measured through the number of contents (results) in Google searches;
- In specialized medical social media (QSalute), the presence in the main social media and the governance structure seem to have no impact on the OR;
- The governance impacts only on OR in Google rating and it is irrelevant in QSalute rating;
- The hospital's dimensions (in terms of number of employees and beds) are irrelevant in defining OR and Google visibility. Therefore, also small hospitals can and must face online challenges and opportunities;
- The connection to a university doesn't guarantee a better reputation within the Web to the hospitals;
- Hospitals differ in their degree of awareness regarding the importance of having a good OR and, consequently, in the digital strategy followed.
- Currently OR is managed by hospitals following an unstructured, exploratory approach, through manual analyses of the Web and without the use of IT-tools.

Some important managerial implication can be found in this analysis. As relevant managerial implication, we found out that having an institutional account in the major social networks and proactively manage these channels can help hospitals to reach higher levels of OR in Google, even if it doesn't guarantee also a better reputation in specialized platforms such as QSalute. It is important to note that an increasing number of people is accustomed to using Google services and judge its ratings as reliable (for example in tourism sector). Another relevant managerial implication relies in the importance of developing structured methods and tools in orded to rapidly and sistematically manage OR. At present this practice is developed in an unstructured, exploratory way, without the support of Online Reputation Management Systems, i.e. IS for OR management (Francesconi & Dossena, 2015). We believe that hospitals could significanty benefit from these IT tools.

However, we found also that the most common rankings of online reputation don't match with this attraction ability. The fact is that patients are more involved in healthcare than ever before. When patients aren't searching for symptoms on the web, 94% of them search reputation of health facility. This is due by the rise of digital technologies which has had a transformational impact across everyday life and business globally including healthcare. But, is healthcare ready for empowered and digitally demanding patient? Thanks to Internet, Web and social media, the patient journey is going digital, especially during the research phase. Patients are better informed and empowered than even before, and choosing a clinic or a physician is nearly as transparent as car shopping. On the other hand, people who are seeking medical advice and care often find it difficult to obtain reliable information about the quality and competence of health service providers. How can patients choose the ideal health provider matched with their needs? The social reputation of hospitals and patients' feedback are the main driver in what literature uses to call digital patient journey. In fact, online reputation and rating systems represent an emerging trend in decision support for service consumers. For all these reasons, we decided to present and steer our project, named Ihealthyou, towards an innovative start-up in order to oversee this opportunity. Ihealthyou is a marketplace founded by individuals who share a common goal of tackling the cross-border health mobility and providing patients with reliable easy access to high-quality medical care in Europe. Purposely, it is thought with the aim of placing order in the complex healthcare sector:

1. **Providing a concrete and innovative solution** to the lack of available information about the healthcare system;
2. **Facilitating the touch points between people and healthcare provider**, managing the door-to-door service;
3. Being an actor of the **medical tourism market.**

In order to achieve these purposes, it is better to understand the value at the base of the project:

1. **Value for patients**: Ihealthyou want to offer a **concrete, innovative solution** to the lack of available information about the European health systems and to help patients to search for their ideal health providers specialized in particular illness and located in different European countries. Patients can also find all information they need about hospitals, illness, treatments and medical events on a medical wiki and a blog created by a team of doctors;
2. **Value for hospitals and clinics**: healthyou can cooperate with healthcare providers in order to support their marketing strategies with the development of ad hoc communication plan and the promotion of their centres of excellences in specific areas, increasing their visibility;
3. **Value for healthcare industries and stakeholders**: Ihealthyou wants to be a **reference point** for stakeholders involved in the healthcare world: from research centres to institutions interested in promoting healthcare excellence; from pharmaceutical companies to those involved in the medical devices market and, more generally, to all companies able to influence people's care choices such as insurance companies and banks.

With our user-friendly web-based platform and thanks to the **free research tool**, people can look for the ideal healthcare facility which will ensure them the wished care experience consistent with their needs: from the specific clinic area to the doctor, from the pathology to the examination, till the Country. The user can search the information and data related to the European healthcare providers, then they can choose the ideal one where to go and get the

service considering: **qualitative factors** (evaluation, given by users who have gone to the facility, regarding accessibility, waiting list, comfort, human relation) and **quantitative factors** (such as the number of examinations, number of admissions, number of accommodation, etc). In addition to the research, patient can also find all information they need about hospitals, illness, treatments and medical events on a medical wiki and a blog created by a team of doctors. In fact, the **information architecture** of the platform is structured using tasks in order to give the optimal user-experience:

1. **AREA NEWS AND BLOG:** In the news area the user can find the latest update about the European healthcare system; meanwhile the blog is aimed to make people aware about important topics related to their healthcare. The editorial team is composed by doctors and experts of digital marketing.
2. **ASSOCIATIONS:** The goal of collaboration with associations is to spread our patients satisfaction' survey and to reach people who don't always use digital technologies.
3. **TRAVEL WITH US:** This area is dedicated to the planning and organization of the travel, in door-to-door's view, in order to follow the patient during his care experience. This activity is available thanks to the partnerships with the tour operator of middle dimension and medical brokers.

Considering qualitative factors, to assess the quality of the hospitals and, thus, to define their reputation in our marketplace we have decided to implement a kind of rating based on patients satisfaction score and endorsement and to make the comparison of hospitals across this method. In fact, patient satisfaction is an important and commonly used indicator for measuring the quality in health care and the success of doctors and hospitals. With patient satisfaction scores now having a direct impact on the bottom line, the measure and management of patient satisfaction has become a top priority at health systems across the country. Choosing a hospital doesn't have to be a daunting task; for these reasons, we think that online endorsement can play an important role in helping users/patients to make health decisions. They can be particularly helpful when patients try hospitals or health care services whose quality they may find hard to assess before it has been experienced. In fact, our patient satisfaction rating takes into consideration five key metrics such as accessibility, waiting time, health care, relationship and comfort. Indeed, our scientific research was focused on identifying the multiple factors which influence the patients perception of healthcare quality. The source data come from a patient satisfaction survey sent to 550 patients and more than 350 patients and volunteering associations. By the way, patient can also use the number of clinical activities to classify all the health providers. This rating aims to examine the amount of surgical interventions, activity volume, research, process, and treatment outcome. The data we use come from ministerial open-source data, regional health system websites and hospitals' documents. The advantage of all these two systems (patients feedback and clinical activities) is that they allow service consumers to share their experience, and use this information to make better decisions about which services can be safely accessed without risking damages from poor quality or even deceptive services.

We are aware of the limits of the study, first of all, due to the small sample. In further researches We want to enrich the sample of hospitals examined in these analyses. Moreover, We would gather data regarding the provenience of the patients of the hospitals in order to assess the real ability of OR to attract patients and, thus, impact on hospital choices, i.e. in medical tourism (Carrera and Bridges, 2006).

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