

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

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ABSTRACT

Objective: This study aims to measure the relationship between consumers' cultural values and word-of-mouth marketing behavior. As a sub-objective of the research, it also measures whether cultural values and word-of-mouth marketing dimensions differ according to demographic characteristics.

Methods: The participants in this study were recruited from foreign citizens who have received healthcare in İstanbul at least once, and Turkish citizens who have received healthcare in İstanbul at least once, in terms of examining cultural differences. An acceptable 390 questionnaire forms were obtained using the convenience sampling method. Statistical analysis was performed using the Statistical Package for Social Sciences version 22.0 software (IBM Corp.; Armonk, NY, USA). Independent sample *t*-tests and one-way analysis of variance were carried out to assess whether the dimensions of word-of-mouth marketing and individual cultural values differ according to demographic characteristics. A simple correlation analysis was conducted to assess the relationship between word-of-mouth marketing and individual cultural values.

Results: The relationship between age and the variables revealed a significant difference only for power distance, collectivism, and out-group word-of-mouth marketing ($P < .05$). The relationship between gender and the variables was analyzed, and only masculinity tendency showed a significant difference according to gender ($P < .05$), while no significant difference was found between word-of-mouth marketing and gender ($P > .05$). The results showed that there was a statistically significant difference between individual cultural values and nationality ($P < .05$).

Conclusion: The study results show that there is a significant positive relationship between word-of-mouth marketing and cultural values.

Keywords: Word-of-mouth, cultural values, consumer behavior, international marketing, health services

Introduction

Health care is a sector where consumers minimize risk, and mostly seek urgent care. Consumers prefer to receive health-care services from institutions they trust, as receiving a bad health-care services will increase the likelihood of malpractice cases. Although this trust can be achieved through brand image, it is known that the most effective method is word-of-mouth marketing. Previous studies have suggested that word-of-mouth is one of the most effective communication channels in the marketing field and it impacts consumer behavior, expectations, attitudes, perceptions, and purchasing decisions.¹⁻⁴ Word-of-mouth marketing minimizes the uncertainty arising from the intangibility of the service, making it particularly important within the scope of the service purchase decision,⁵ especially in health services.

Most of the time, people cannot measure the quality of hospitals and/or physicians when they need to get health services. The reason is people do not have the time and resources to assess the quality of the physician or hospital.⁶ The fact that people lack sufficient knowledge about evaluating health services and have a limited number of resources that can be evaluated before receiving health care prompts them to seek advice from patients and their relatives when they want to get health care.⁷ The perception that word-of-mouth is impartial, the use of word-of-mouth as a source of information in services that are difficult to evaluate, and the fact that the consumer's expectation from the service is not as clear and sharp as the benefits expected from tangible products force consumers to give more importance to the opinions of others.^{5,8} Due to the debate

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about the legitimacy of medical advertising, people naturally rely on the experiences of others, in other words, word-of-mouth, when they want to get health care.⁹ In this context, word-of-mouth is of great importance in health services, where consumers earnestly seek the highest quality but cheapest service.¹⁰

Culture plays an important role in the word-of-mouth marketing process, as consumers' cultural values greatly influence their communication patterns.^{11,12} The impact of word-of-mouth marketing also varies across cultures.¹³ Cultural differences in word-of-mouth marketing suggest that international businesses may need to adopt different strategies when promoting their products/services/brands across cultures.¹⁴ Developing an understanding of how culture influences word-of-mouth marketing helps businesses to create more proactive and targeted marketing programs. More effective management of word-of-mouth marketing can increase acceptance and preference for a product/service/brand among consumer populations across diverse cultures.¹⁵

Word-of-mouth communication, while offering benefits for businesses, also presents risks for businesses as it is an uncontrollable method. Since people with diverse cultural values may perceive word-of-mouth marketing messages differently, what appears positive for one consumer could be perceived negatively by another, potentially harming health-care providers. Therefore, health-care providers need to examine the relationship between word-of-mouth marketing and cultural values. In this study, the relationship between word-of-mouth marketing and the cultural values that foreign nationals are inclined toward has been tried to be measured.

Methods

Sampling

The population of this study comprises foreign citizens who have received health services in Türkiye. The participants in this study were recruited from foreign citizens who have received healthcare in İstanbul at least once, and Turkish citizens who have received healthcare in İstanbul at least once, in terms of examining cultural differences. 390 valid questionnaire forms were collected using the convenience sampling method.

Data Collection

The quantitative research method was applied in the study, and a questionnaire form consisting of three sections was prepared for the

data collection tool. The questionnaire form was prepared in line with the literature review, and the first section consists of questions to determine the demographic characteristics of the participants. In the second part, there is the individual cultural values scale, developed by Yoo et al.¹⁶ and adapted into Turkish by Saylik,¹⁷ to determine the cultural values of the participants. The last part of the questionnaire includes the word-of-mouth scale, developed by Lam et al.,¹⁵ to measure the word-of-mouth marketing behavior of the participants. A 5-point Likert-type scale was used to evaluate the statements in the scales. There are 26 statements regarding the individual cultural values scale and 8 statements regarding the word-of-mouth marketing scale.

Ethical Considerations

The research was conducted with the permission of İstanbul University-Cerrahpaşa Social Sciences and Humanities Research Ethics Committee (Approval no: 641660, Date: March 13, 2023). Participants were selected by convenience sampling method, and written informed voluntary consent was obtained from all participants.

Statistical Analysis

Statistical analysis was performed using the Statistical Package for Social Sciences version 22.0 software (IBM Corp.; Armonk, NY, USA). Frequency and percentage distributions were used to measure the distribution of the answers given in the research. Reliability was calculated using Cronbach's α coefficient. Cronbach's α coefficient for the individual cultural values scale consisting of 26 variables was 0.832. For the word-of-mouth marketing scale consisting of 8 variables, Cronbach's α coefficient was 0.723. This result shows that the research scale is reliable. Confirmatory factor analysis was also used for the reliability.

Factor analysis was applied to measure the validity of the scale. After the factor analysis, the normality distribution of the data was examined. Shapiro–Wilk and Kolmogorov–Smirnov tests were used for the normality analysis. The normal distribution is accepted when Skewness and Kurtosis results are between +1.5 and –1.5.¹⁸ According to the analysis, it was concluded that the data were normally distributed. Therefore, independent sample *t*-tests and one-way ANOVA were carried out to assess whether the dimensions of word-of-mouth marketing and individual cultural values differ according to demographic characteristics. A simple correlation analysis was conducted to assess the relationship between word-of-mouth marketing and individual cultural values. Figure 1 presents the research model. In this context, the hypotheses are as follows:

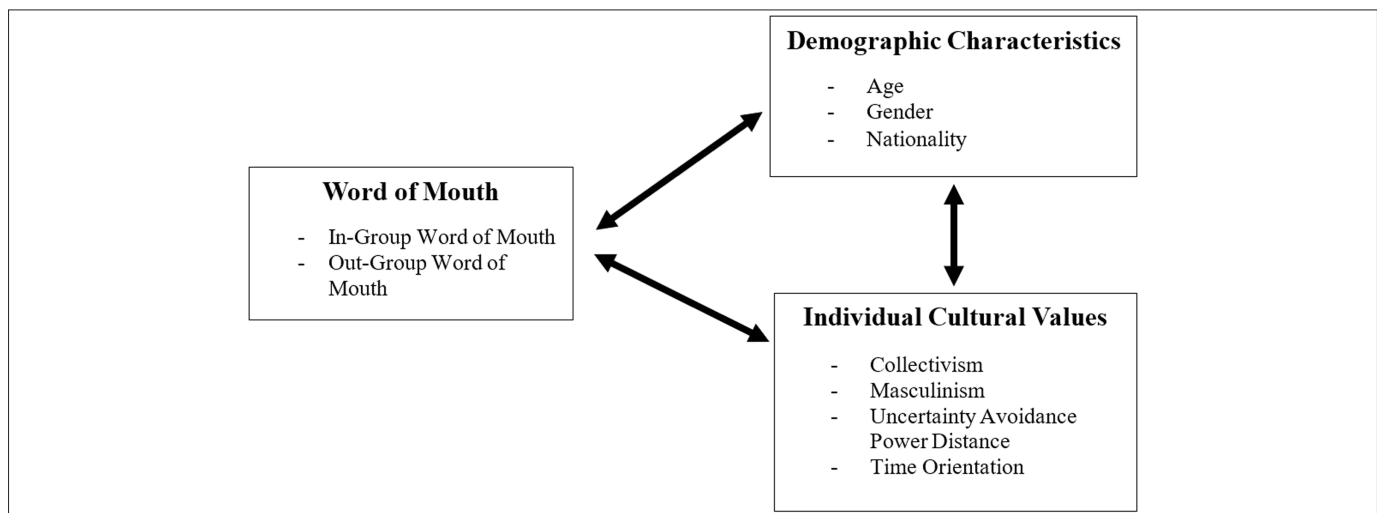


Figure 1. The research model.

- H1: There is a statistically significant relationship between individual cultural values and word-of-mouth marketing.
- H2: There is a statistically significant difference between individual cultural values according to demographic characteristics.
- H3: There is a statistically significant difference between word-of-mouth marketing according to demographic characteristics.

Results

Table 1 presents information regarding the age, gender, and nationality of the participants included in the research within the scope of demographic characteristics. Most of the participants were between 31 and 39 years old (28.2%), were male (56.9%), and of Middle Eastern origin (27.9%).

Factor analysis was applied to the scale consisting of 26 items about individual cultural values and the word-of-mouth marketing scale consisting of 8 items. In the individual cultural values scale, where 6-factor groups were obtained, 2 items with close loadings under different factor groups were removed from the scale, and factor analysis was performed again with the remaining 24 items. According to the results of the analysis, the Kaiser–Meyer–Olkin sampling suitability measurement result was 0.843, and the Bartlett test significance value was 0.000. As a result of the factor analysis conducted with 24 statements, 5-factor groups were obtained. These factors explain 56.89% of the total variance. For the word-of-mouth marketing scale, the result of the Kaiser–Meyer–Olkin sampling suitability measurement was 0.706, and the Bartlett test significance value was 0.000. As a result of the factor analysis, 2-factor groups were obtained. These factors explain 62.07% of the total variance. Table 2 presents the results of the factor analysis applied to the individual cultural values and word-of-mouth scale.

Table 3 presents the results of the analysis of individual cultural values and word-of-mouth marketing according to demographic characteristics. The relationship between age and the variables revealed a significant difference only for power distance, collectivism, and out-group word-of-mouth marketing ($P < .05$). When the relationship between gender and the variables was analyzed, only masculinity tendency showed a significant difference according to gender ($P < .05$), while no significant difference was found between word-of-mouth marketing and gender ($P > .05$). The results showed that there was a statistically significant difference between individual cultural values and nationality ($P < .05$). The post hoc tests conducted to determine the difference between the groups revealed that the power distance tendency of the

European participants was lower than the Asian, Middle Eastern, and Turkish participants, the uncertainty avoidance tendency of Turkish participants was higher than the other nationalities, collectivism tendency of European participants was lower than that of Middle Eastern and Turkish respondents, Turkish participants' time orientation tendency is higher than Asian and European participants and Turkish participants' masculinity tendency was lower than African, Asian, and Middle Eastern participants. Also, the results show that only out-group word-of-mouth marketing differs by nationality ($P < .05$). The results of the Tukey test revealed that Turkish respondents were more likely to use out-group word-of-mouth marketing than African, Asian, and European respondents.

Table 4 presents the results of the correlational analysis. Collectivism, masculinity, power distance, and time orientation were positively correlated with in-group word-of-mouth marketing. There was no significant correlation between uncertainty avoidance and in-group word-of-mouth marketing. The correlation analysis between out-group word-of-mouth marketing and individual cultural values shows that there is a positive relationship between uncertainty avoidance, collectivism, power distance, and time orientation. There was no significant correlation between masculinity and out-group word-of-mouth marketing.

Discussion

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

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

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

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

According to the results, as age increases, the behavior of resorting to out-group word-of-mouth marketing also increases. The financial, psychological, privacy, performance, and time risks that may be associated with the choice of healthcare service providers may become more important for recipients as they get older. This finding is consistent with that of Aydemir et al¹⁹ No significant difference was found in the relationship between in-group word-of-mouth marketing and age groups. This finding was also reported in previous studies.²⁰⁻²²

These findings indicate that there is no difference between gender and word-of-mouth marketing. This finding was also reported by Ceyhan et al,²⁰ Gun,²¹ Derse and Yazar,²² and Ekiyor and Atilla.²³ However, this outcome is contrary to that of Freundt and Bortoluzzo.²⁴

Table 1. Demographic Characteristics of the Participants		
	Frequency	Percentage
Age		
18-25	97	24.9
26-30	109	27.9
31-39	110	28.2
≥40	74	19.0
Gender		
Female	168	43.1
Male	222	56.9
Country/continent		
Africa	75	19.2
Asia	70	17.9
Europe	61	15.6
Middle East	109	27.9
Türkiye	75	19.2

Table 2. Factor Analysis Results of Individual Cultural Values and Word-of-Mouth Scale

Factors	Items	Factor Loads	Total Explained Variance	Cronbach's α
Uncertainty avoidance	It is important to closely follow instructions and procedures.	0.811	16%	0.865
	Rules and regulations are important because they inform me of what is expected of me.	0.796		
	Instructions for operations are important.	0.793		
	Standardized work procedures are helpful.	0.779		
	It is important to have instructions spelled out in detail so that I always know what I'm expected to do.	0.665		
Collectivism	Group welfare is more important than individual rewards.	0.744	12.77%	0.803
	Group success is more important than individual success.	0.742		
	Group loyalty should be encouraged even if individual goals suffer.	0.677		
	Individuals should stick with the group even through difficulties.	0.674		
	Individuals should sacrifice self-interest for the group.	0.669		
	Individuals should only pursue their goals after considering the welfare of the group.	0.536		
Masculinity	Solving difficult problems usually requires an active, forcible approach, which is typical of men.	0.791	10.01%	0.753
	Men usually solve problems with logical analysis; women usually solve problems with intuition.	0.790		
	It is more important for men to have a professional career than it is for women.	0.715		
	There are some jobs that a man can always do better than a woman.	0.674		
Power distance	People in higher positions should avoid social interaction with people in lower positions.	0.704	9.43%	0.667
	People in higher positions should make most decisions without consulting people in lower positions.	0.680		
	People in higher positions should not ask the opinions of people in lower positions too frequently.	0.635		
	People in higher positions should not delegate important tasks to people in lower positions.	0.629		
	People in lower positions should not disagree with decisions by people in higher positions.	0.548		
Time orientation	Working hard for success in the future.	0.727	8.68%	0.728
	Giving up today's fun for success in the future.	0.678		
	Long-term planning.	0.660		
	Personal steadiness and stability.	0.604		
Out-group word-of-mouth marketing	I like to provide people, other than my close friends or family, with information about new health services and products.	0.843	32.67%	0.822
	I seek out the advice of people other than my close friends or family regarding which health service to buy.	0.834		
	I like to seek information and advice from people other than my close friends or family before making a health service purchase decision.	0.787		
	I share information about new health services and products with people other than my close friends or family.	0.761		
In-group word-of-mouth marketing	I only provide information about new health services and products to my close friends or family.	0.804	29.41%	0.760
	I like introducing the health services I receive only to my close friends or family.	0.776		
	I like to seek advice or information only from my close friends or family when making a health service purchase decision.	0.756		
	I only gather information about a health service before I buy from my close friends or family.	0.706		

The findings of the study show that the behavior of sharing healthcare services with people other than relatives varies significantly depending on the nationality of the respondents. It was found that Turkish respondents were more likely to use out-group word-of-mouth marketing than African, Asian, and European respondents. Among nationalities, Turks were the most likely to engage in out-group word-of-mouth marketing, and the least participants were Asians. According to the results obtained, it can be said that Turks are more inclined to share this with people other than their relatives when they receive a health-care

service compared to all other nationalities. Christodoulides et al²⁵ conducted a study with British and Chinese consumers and found that electronic word-of-mouth marketing significantly influences purchase intentions. Previous studies have shown that the differences in cultural values also differ in terms of the degree and motivation to use electronic word-of-mouth marketing.^{26,27} Also, Freundt and Bortoluzzo²⁴ concluded that word-of-mouth marketing is the most important factor in the decision-making process of expatriates when choosing a health-care provider.

Table 3. Analysis Results for Individual Cultural Values and Word-of-Mouth Marketing by Demographic Characteristics

		Uncertainty Avoidance	Collectivism	Masculinity	Power Distance	Time Orientation	Out-WOM	In-WOM
Variables		$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$	$\bar{x} \pm SD$
Age*	18-25 ¹	3.95 ± 0.74	3.19 ± 0.73	2.75 ± 1.03	2.29 ± 0.72	3.83 ± 0.68	3.23 ± 0.84	3.09 ± 0.76
	26-30 ²	3.97 ± 0.82	3.29 ± 0.93	2.74 ± 1.03	2.32 ± 0.70	4.02 ± 0.74	3.33 ± 0.95	2.73 ± 1.01
	31-39 ³	3.91 ± 0.83	3.40 ± 0.82	2.72 ± 1.03	2.34 ± 0.79	3.90 ± 0.82	3.41 ± 0.94	2.93 ± 0.98
	≥ 40 ⁴	4.13 ± 0.89	3.59 ± 0.84	2.69 ± 0.92	2.66 ± 0.96	4.04 ± 0.84	3.69 ± 0.88	2.99 ± 1.02
Statistical analysis		<i>P</i> = .318	<i>P</i> = .013 4 > 1	<i>P</i> = .984	<i>P</i> = .009 4 > 1, 2, 3	<i>P</i> = .209	<i>P</i> = .008 4 > 1, 2	<i>P</i> = .052
Gender**	Female	4.06 ± 0.74	3.27 ± 0.90	2.40 ± 0.99	2.32 ± 0.84	3.93 ± 0.76	3.44 ± 0.94	2.94 ± 0.96
	Male	3.92 ± 0.87	3.41 ± 0.79	2.98 ± 0.95	2.43 ± 0.75	3.95 ± 0.79	3.36 ± 0.90	2.92 ± 0.95
Statistical analysis		<i>P</i> = .094	<i>P</i> = .112	<i>P</i> = .000	<i>P</i> = .181	<i>P</i> = .809	<i>P</i> = .370	<i>P</i> = .777
Nationality*	Africa ¹	3.94 ± 0.79	3.38 ± 0.83	2.94 ± 0.85	2.24 ± 0.70	4.02 ± 0.69	3.23 ± 0.94	2.91 ± 0.90
	Asia ²	3.67 ± 0.92	3.28 ± 0.81	3.00 ± 1.03	2.59 ± 0.79	3.69 ± 0.93	3.17 ± 0.87	3.12 ± 0.90
	Europe ³	3.90 ± 0.59	3.02 ± 0.72	2.46 ± 0.99	2.01 ± 0.70	3.81 ± 0.61	3.25 ± 0.75	2.79 ± 0.87
	Middle East ⁴	3.91 ± 0.84	3.38 ± 0.79	2.88 ± 1.00	2.40 ± 0.67	3.93 ± 0.75	3.48 ± 0.83	2.77 ± 0.93
	Türkiye ⁵	4.45 ± 0.70	3.64 ± 0.97	2.26 ± 0.96	2.62 ± 0.97	4.23 ± 0.76	3.77 ± 1.06	3.10 ± 1.11
Statistical analysis		<i>P</i> = .000 5 > 1, 2, 3, 4	<i>P</i> = .001 4, 5 > 3	<i>P</i> = .000 1, 2, 4 > 5	<i>P</i> = .000 2, 4, 5 > 3	<i>P</i> = .000 5 > 2, 3	<i>P</i> = .000 5 > 1, 2, 3	<i>P</i> = .049

$\bar{x}$, mean; SD, standard deviation; WOM, word-of-mouth.

*Analysis of variance.

**t-test.

Several studies^{28,29} have concluded that electronic word-of-mouth marketing in health tourism positively affects the intention to revisit the institution, intention to travel, and destination trust. Different studies have found that word-of-mouth marketing has a positive impact on health tourists' perception of the hospital image.^{30,31} These results show the importance of the impact of word-of-mouth marketing on health-care providers.

The correlation analysis between individual cultural values and word-of-mouth marketing shows that there is a significant positive relationship between individual cultural values and word-of-mouth marketing. Previous studies have also concluded that word-of-mouth marketing is affected by cultural differences.³²⁻³⁵ The findings of this study are in line with the literature.

Conclusion

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

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

Table 4. Correlation Analysis of Cultural Values and Word-of-Mouth Marketing

		Individual Cultural Values					Word-of-Mouth Marketing	
			Uncertainty Avoidance	Collectivism	Masculinity	Power Distance	Time Orientation	
Individual cultural values	Uncertainty avoidance	Pearson correlation	1					
		<i>P</i> (two-tailed)						
	Collectivism	Pearson correlation	0.458**	1				
		<i>P</i> (two-tailed)	0.000					
	Masculinity	Pearson correlation	-0.009	0.136**	1			
		<i>P</i> (two-tailed)	0.864	0.007				
	Power distance	Pearson correlation	-0.047	0.098	0.243**	1		
		<i>P</i> (two-tailed)	0.359	0.053	0.000			
	Time orientation	Pearson correlation	0.525**	0.379**	0.121*	0.005	1	
		<i>P</i> (two-tailed)	0.000	0.000	0.017	0.919		
Word-of-mouth marketing	Out-group word-of-mouth marketing	Pearson correlation	0.225**	0.236**	0.071	0.111*	0.211**	1
		<i>P</i> (two-tailed)	0.000	0.000	0.162	0.029	0.000	
	In-group word-of-mouth marketing	Pearson correlation	0.077	0.112*	0.214**	0.165**	0.100*	1
		<i>P</i> (two-tailed)	0.127	0.027	0.000	0.001	0.049	0.031
	<i>N</i>		390	390	390	390	390	390

*Correlation is significant at the 0.05 level (two-tailed).

**Correlation is significant at the 0.01 level (two-tailed).

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

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

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

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

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

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

Ethics Committee Approval: Ethics committee approval was received for this study from the Ethics Committee of İstanbul University-Cerrahpaşa (Approval no: 641660, Date: March 13, 2023).

Informed Consent: Written informed consent was obtained from participants who participated in this study.

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