



Health Communication: A Bibliometric Analysis

Sağlık İletişimi: Bibliyometrik Analiz

Abdulkadir GÜNER¹, Emine MURT² ve Yılmaz DAŞLI³

¹Arş. Gör. Sivas Cumhuriyet Üniversitesi, Sağlık Bilimleri Fakültesi, Sağlık Yönetimi Bölümü, Sivas, kadirguner@cumhuriyet.edu.tr, orcid.org/ 0009-0003-9387-2501

²Doktora Öğrencisi Sivas Cumhuriyet Üniversitesi, Sosyal Bilimler Enstitüsü, Sağlık Kuruluşları Yöneticiliği Anabilim Dalı, Sivas, emine.mnrt@gmail.com, orcid.org/ 0009-0000-0070-8648

³Prof. Dr. Sivas Cumhuriyet Üniversitesi, Sağlık Bilimleri Fakültesi, Sağlık Yönetimi Bölümü, Sivas, ydasli@cumhuriyet.edu.tr, orcid.org/ 0000-0001-6569-1103

Araştırma Makalesi/Research Article

Makale Bilgisi

Geliş/Received:
12.05.2025
Kabul/Accepted:
05.08.2026

DOI:

10.18069/firatsbed.1697518

Keywords

Health communication,
health and communication,
bibliometric analysis, web
of science, biblioshiny

Anahtar Kelimeler

Sağlık iletişimi,
sağlık ve iletişim,
bibliyometrik analiz,
web of science,
biblioshiny,

ABSTRACT

The purpose of this research is to examine the scientific trends, developmental trajectory, and structural characteristics of academic studies produced in the field of health communication using bibliometric methods. In this context, 9,518 studies published between 1972 and 2024 in the Web of Science (WoS) database and containing the terms "health communication" or "health and communication" in their titles were analyzed. R-based Biblioshiny for Bibliometrix software was used for data evaluation. The findings indicate that the first publication in the field was produced in 1972, that the studies were published in 2,316 different sources, that the annual publication growth rate was 14.52%, and that the average number of citations per document was 18.16. A consistent increase in the number of publications has been observed particularly after 2004, with a notable acceleration in 2019. The most productive journals are Health Communication, Journal of Health Communication, Patient Education and Counseling, and Journal of Medical Internet Research; while the most productive authors are Gary L. Kreps, Seth M. Noar, and Triveni Kuchi. The results reveal the development of health communication research and provide a guiding framework for future studies.

ÖZ

Bu araştırmanın amacı, sağlık iletişimi alanında üretilen akademik çalışmaların bilimsel eğilimlerini, gelişim seyrini ve yapısal özelliklerini bibliyometrik yöntemle incelemektir. Bu kapsamda, Web of Science (WoS) veri tabanında 1972–2024 yılları arasında yayımlanan ve başlığında “sağlık iletişimi” veya “sağlık ve iletişim” ifadelerini içeren 9.518 çalışma analiz edilmiştir. Verilerin değerlendirilmesinde R tabanlı Biblioshiny for Bibliometrix yazılımı kullanılmıştır. Bulgular, alandaki ilk yayının 1972 yılında gerçekleştirildiğini, çalışmaların 2.316 farklı kaynaktan yayımlandığını, yıllık yayın artış oranının %14,52 ve doküman başına ortalama atıf sayısının 18,16 olduğunu göstermektedir. Özellikle 2004 yılından sonra yayın sayılarında düzenli bir artış, 2019 yılında ise belirgin bir ivmelenme gözlenmiştir. En üretken dergiler Health Communication, Journal of Health Communication, Patient Education and Counseling ve Journal of Medical Internet Research; en üretken yazarlar ise Gary L. Kreps, Seth M. Noar ve Triveni Kuchi’dir. Sonuçlar, sağlık iletişimi araştırmalarının gelişimini ortaya koymakta ve gelecekteki çalışmalara yol gösterici bir çerçeve sunmaktadır.

Atıf/Citation: Güner, A., Murt, E. ve Daşlı, Y. (2026). Health Communication: A Bibliometric Analysis. *Fırat Üniversitesi Sosyal Bilimler Dergisi*, 36, 3, 1109-1124.

Sorumlu yazar/Corresponding author: Emine MURT, emine.mnrt@gmail.com

1. Theoretical Framework

Health is an indispensable element for the sustainable development and welfare of societies (Gedikli, 2024). The multidimensional structure of health was clearly established in the WHO's 1948 declaration. According to this definition, health is a state of complete physical, mental and social well-being and not merely the absence of disease or clinical infirmity. This perspective emphasizes that health goes beyond the mere absence of illness or disability, encompassing a broader understanding that includes overall quality of life and societal well-being. It defines health as a fundamental human right that is non-transferable and irreplaceable (Koçak & Bulduklu, 2013).

In healthcare services, one of the most principal factors — along with the treatment process — is establishing accurate and effective communication with patients (Yılmaz & Günay, 2022). Therefore, communication is undoubtedly one of the most critical components that must be addressed in the delivery of healthcare services (Koçak & Bulduklu, 2013).

Communication is also a foundational element encountered at every stage of daily life from the moment of birth, enabling individuals to participate actively in social life (Kuşku Özdemir, 2023).

Until the late 1990s, the term "telecommunication" was commonly used instead of "communication." While "telecommunication" primarily refers to the process of transmitting information, the concept of "communication" today carries a broader and more dynamic meaning. Communication includes not only the transmission of information but also mutual understanding, interaction, and the construction of shared meaning among individuals — a process in which both parties try to understand each other by expressing their thoughts, emotions, and ideas (Ertekin et al., 2018).

In conclusion, communication plays a vital role not only in conveying information but also in establishing social bonds and shaping individual behaviors. Through communication, individuals can share meanings and knowledge about health within the context of their community's structure and conditions (Koçak & Bulduklu, 2013), contributing to the development of societies and enabling individuals to build healthier and more understanding relationships (Yılmaz & Günay, 2022).

The combination of health and communication has allowed for the emergence of a significant concept aimed at making health-related interactions more efficient and effective (Şengün, 2016). The first implementations of this concept historically took place in the United States. As public interest in health and healthcare services increased in the mid-20th century, the process of conceptually defining and professionalizing health communication also gained momentum. This development expanded the responsibility for conveying health-related information beyond medical professionals, transforming it into a concept that reaches a broader audience (Sezgin, 2015). Consequently, health communication has become an increasingly prominent and popular field in recent years (Şengün, 2016).

Health communication first emerged as an independent field of study in the United States. From the 1970s onward, this field, with its expanding scope, began to attract attention with its multidimensional structure (Başol, 2018). The first systematic step toward establishing the discipline was taken in 1972 by the International Communication Association (ICA); thanks to the conferences organized by the institution in the academic world and the works it contributed to the literature, health communication gained a multidisciplinary character (Vardarlier & Öztürk, 2020). As the field continued to develop, the establishment of the first health communication commission within the Speech Communication Association (SCA) in 1985 marked a critical stage in institutionalization (Öztürk, 2009). The turning point when scientific research on health communication truly gained momentum on a global scale was 1992. The merger of the expertise of two well-established organizations (ICA and SCA) at this time paved the way for a rapid increase in both national and international studies and for the field to reach its current academic competence (Şengün, 2016).

Today, health communication, which has taken on a multidisciplinary structure, has reached strategic importance on a global scale by continuously expanding its sphere of influence. The most concrete reflections of this process can be seen in the "Healthy People" projects, which have made health communication one of their fundamental strategic objectives.

Looking at the historical development of this process, the "Healthy People 2010" vision played a pioneering role in the official recognition of health communication as an institutional discipline. With the subsequent "Healthy People 2020" goals, this field was carried to a more comprehensive dimension by being integrated with health information technologies under the influence of digital transformation. These structural

transformations clearly demonstrate that health communication is not merely a supporting element in protecting and improving public health, but will be a central actor in future health management strategies (Vardarli & Öztürk, 2020).

Health communication is a process that facilitates the effective exchange of health-related information between individuals, groups, communities, and healthcare institutions. This concept goes beyond merely providing health information; it also plays a critical role in encouraging healthy behaviors, raising awareness about health issues, and contributing to the development of public health policies at the societal level (Avcı & Avşar, 2014). In contemporary societies, health communication emerges as a vital public health tool aimed at promoting health and preventing diseases through the sharing of information among individuals and communities (Ishikawa & Kiuchi, 2010). The scope of this field is not limited to treating illnesses or delivering healthcare services. It also encompasses essential areas such as promoting healthy lifestyles, expanding health education, and increasing health awareness across the community. As a discipline that seeks to integrate both social and medical sciences, health communication aims to ensure that health-related information is conveyed to the public in an accurate and effective manner. It plays a crucial role in strengthening the exchange of information between healthcare professionals and patients, sharing health knowledge with the public, and enhancing the effectiveness of healthcare services (Göksu, 2018).

Health communication is a broad and dynamic field that directly influences the quality, effectiveness, and patient satisfaction of healthcare services. It is not limited to physician-patient or nurse-patient relationships but also includes interactions among all healthcare providers, communication with patients' families, and raising public awareness about health. Therefore, health communication is an indispensable tool for the effective functioning of health professionals, institutions, and societal organizations. Examining the various domains of health communication contributes to a better understanding of its significance. Moreover, health communication encompasses not only individual patient relationships but also the efficient exchange of information and coordination at every level of the healthcare system. This communication between health professionals, institutions, and communities enhances the efficiency of healthcare services and improves patients' quality of life, thereby strengthening public health (Büyükaslan, 2018; Alkan & Özyıldız, 2021).

For health communication to function successfully in the provision of healthcare services, it is essential to effectively utilize core communication elements such as empathy, active listening, trust, transparency, and mutual understanding. Health professionals should also consider patients' emotional states, establish trust, and actively involve them in the treatment process (Büyükaslan, 2018). One of the primary goals of health communication is to enhance the effectiveness of interactions between healthcare providers and patients, thereby improving treatment outcomes and the overall success of healthcare interventions. In line with this goal, health communication aims to contribute to reducing health risks, preventing diseases, and raising public awareness about health (Ishikawa & Kiuchi, 2010). The stronger the communication in healthcare services, the higher the patient satisfaction, treatment adherence, and success of treatment outcomes. When healthcare professionals engage with patients through open, understanding, and empathetic communication, it not only improves the quality of care but also facilitates greater patient participation in the treatment process. Conversely, communication breakdowns in healthcare settings can lead to severe consequences between patients and healthcare workers, potentially causing medical errors or more significant crises in healthcare delivery. Thus, health communication holds critical importance in directly influencing the success of medical interventions and patient outcomes (Wynia & Osborn, 2010; Başol, 2018).

In conclusion, health communication stands out as a multidisciplinary field that plays a vital role across a wide spectrum—from the delivery of healthcare services to the enhancement of patients' health awareness (Beşikci & Aslan, 2024). Considering the impact of interpersonal interactions and mass media messages on public health, it holds critical importance in the healthcare domain. The information individuals receive about their health can directly shape their decisions, behaviors, and the overall well-being of the community (Koçak & Bulduklu, 2013). Fundamentally, health communication involves the effective transmission of information, emotions, and experiences between healthcare professionals, patients, health institutions, and society (Beşikci & Aslan, 2024). Through this process, effective health communication becomes a powerful tool in promoting public health by helping individuals make informed decisions regarding their health (Koçak & Bulduklu, 2013). It can increase patient satisfaction, encourage treatment adherence, and lead to improved health outcomes (Beşikci & Aslan, 2024). It is widely acknowledged among healthcare professionals that effective

and accurate communication with patients and their relatives contributes positively to the treatment process. Therefore, accurate and high-quality communication in healthcare settings is regarded as an indispensable component of healthcare services (Yılmaz & Günay, 2022).

Although the number of publications on health communication has been increasing, the number of studies employing bibliometric analysis in this field remains extremely limited. Existing bibliometric studies related to health communication are based on a single database and focus on specific country groups and limited periods (Mheidly & Fares, 2020; Qiong, Razi & Zulkefli, 2024; Makkizadeh & Ebrahimi, 2022; Fadillah & Huiqian, 2023). Bibliometric analysis was first introduced by Pritchard (1969) as an alternative to bibliography. This method has the potential to offer “a systematic, transparent, and reproducible review process based on the comprehensive measurement of scientific activity” (Aria & Cuccurullo, 2017). Through bibliometrics, studies conducted over different periods can be analyzed within specific criteria (Köse et al., 2020). It is a highly valuable analytical method that allows researchers to reach holistic conclusions about a given field and gain insights into the direction of the literature. Bibliometric analyses focus on the quantitative evaluation of scientific publications (Wilsdon et al., 2015) and offer “reliable and informative assessments to evaluate the performance of publications, track authors and institutions” (Özsoy & Demir, 2018). These analyses enable the statistical examination of data such as authorship, topics, cited authors, and sources, thereby revealing the overall structure of the field in question based on the results (Yeşiltaş & Yılmaz, 2021). The aim of this study is to analyze the publications related to health communication based on various variables. Furthermore, it seeks to identify Türkiye’s contribution to the international academic community in the field of health communication.

2. Method

In this study, the bibliometric analysis method was employed. Bibliometric analysis is the process of obtaining statistical and quantitative indicators—such as the number of studies published in a specific research area, their distribution over the years, authors, sources, collaboration networks, and co-citation networks (Ellegaard & Wallin, 2015). Through bibliometric analysis, it is possible to examine the characteristics, trends, and scientific domains of recorded information. This facilitates the evaluation of research activities and supports the management of scientific knowledge (Patra et al., 2006).

In this study, a bibliometric scan was conducted using the Web of Science (WoS) database. The search terms TS= (“health communication”) OR (“health and communication”) were used in the Web of Science search engine, and studies indexed in this database were reviewed. This query includes studies that contain these expressions in the title, abstract, and keywords. Additionally, studies conducted up to 2024 have been included in the research. A total of 9,518 studies related to “health communication” or “health and communication,” published between 1972 and 2024—the period during which the first studies in this field emerged—were analyzed using the Biblioshiny for Bibliometrix software, which is based on the R programming language. This R-based software includes effective statistical algorithms and offers integrated data visualization tools (Aria & Cuccurullo, 2017). Based on the collected data, various aspects such as the yearly distribution of the 9,518 publications, the authors, sources, countries, and network relationships were examined. Consequently, this research aims to analyze the literature on “health communication” or “health and communication” indexed in WoS through a bibliometric approach. In this context, the research seeks to answer the following main research question: “What structure do scientific publications in the field of 'health communication' or 'health and communication' indexed in the Web of Science (WoS) database exhibit in terms of temporal development, publication sources, author profiles, citation structures, key concepts, and international collaboration patterns within the framework of bibliometric indicators?”

Within this framework, answers to the following sub-research questions were sought:

1. What is the distribution of publications in the field of health communication by year?
2. Which journals/sources most frequently publish studies in this field?
3. Who are the most productive authors in health communication literature?
4. Which publication sources receive the most citations in the field literature?
5. What is the distribution of corresponding authors by country and what are their collaboration networks?

6. What are the most frequently used keywords in health communication studies?
7. What are the structural characteristics of international author collaborations?

3. Analysis and Findings

Table 1. Basic Statistics on the Publications

Definitions	Results
Time Span	1972-2024
Documents	9518
Sources	2316
Annual Average Growth Rate	%14,52
Average Citations per Document	18.16
Authors	30060
Authors' Keywordsz"	13618
Average Number of Co-authors per Document	4.36
International Collaboration Rate	%18,24
Number of Researchers with Single-Authored Publications	1108

Table 1 presents the basic bibliometric indicators related to publications produced during the 1972-2024 period. The production of a total of 9,518 publications during this period indicates that the examined field has an expanding literature over time. The fact that the publications were published in 2,316 different sources reveals that the literature is not focused on a limited number of journals and exhibits a dispersed publication structure. The annual average growth rate of 14.52% indicates that the field has shown a significant increasing trend, especially in recent years. The average of 18.16 citations per document demonstrates that the level of usage and visibility of studies within the field has reached a certain level.

The use of 13,618 different keywords in the literature, contributed to by a total of 30,060 authors, reveals the diversification of research topics. An average of 4.36 authors per publication indicates that studies are largely produced on the basis of co-authorship. In contrast, 1,108 single-authored publications point to the continued presence of individual studies within the field. The international collaboration rate remaining at 18.24% shows that despite the field being addressed on a global scale, international cooperation is limited. Overall, the table demonstrates that the examined field has a growing and collaborative literature; however, the level of international interaction remains relatively low.

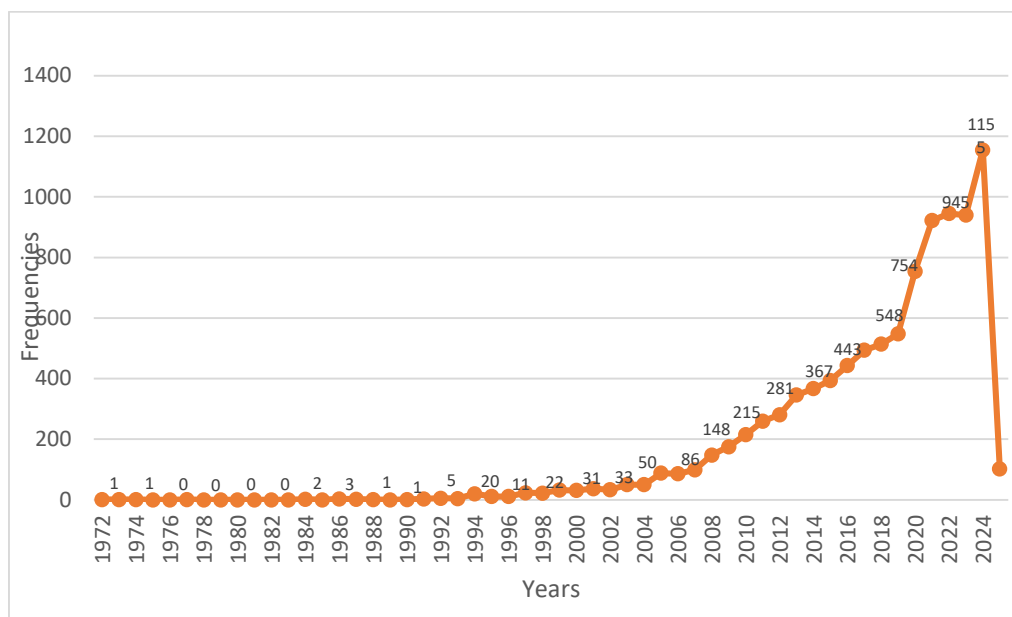


Figure 1. Distribution of publications by year

Figure 1 shows the distribution by year of publications written on "health communication" or "health and communication" topics.

Looking at the distribution of publications by years, it can be seen that most publications were published between 2019-2024 with 5264 studies. In 2019, the number of publications in the field was 548, while 2024 is the time period with the most publications, with a total of 1155. At the same time, while there was a jump in the number of publications after 2019, there appears to be somewhat more stagnation in the number of publications between 2021 and 2023, and in 2024, the number of publications shows a significant upward trend again.

When Figure 1 is evaluated overall, it is observed that publications on "health communication" or "health and communication" have generally shown a continuous increasing trend especially since 2004, with a significant jump occurring in 2019. This situation has been facilitated by the development of digital media and social networks, the ease of searching and sharing health information with the development of the internet and social media, the increase in new media channels and advertising activities in health communication, and e-health applications and various platforms providing individuals with easy access to health information services. These and similar factors have contributed to the increasing number of studies in the field of health communication day by day.

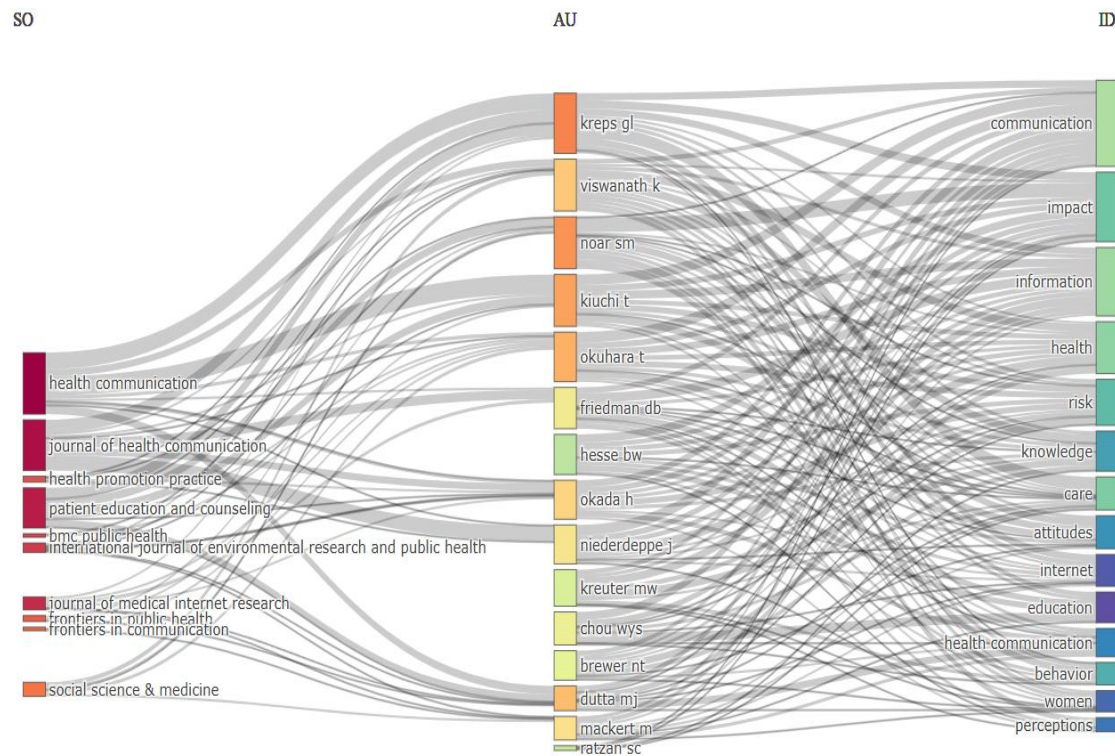


Figure 2. Three-field plot: Relationship between authors, keywords and sources

The three field graphs in Figure 2 reveal the relational structure among sources, authors, and keywords in the examined literature. The graph shows that studies published in the field of health communication are concentrated around specific journals. Particularly, the connection of journals such as Health Communication, Journal of Health Communication, Health Promotion Practice, and Patient Education and Counseling with numerous authors indicates that these publications play a central role in knowledge production within the field. When examining the connections between authors and keywords, concepts such as "communication, health, information, risk, knowledge, care, and attitudes" stand out. These concepts indicate that the literature is primarily shaped around health information production, risk communication, attitudes, and health behaviors. The association of the same authors with multiple keywords reveals that studies are not limited to singular themes; on the contrary, they exhibit a thematically intersecting and multidimensional structure. Figure 2 demonstrates that there is a strong and continuous interaction between sources, authors, and concepts in the health communication literature.

Table 2. Most Relevant Sources

Sources	Number of Publicati ons	h_ind ex	g_ind ex	Total Citatio ns
HEALTH COMMUNICATION	540	47	70	9627
JOURNAL OF HEALTH COMMUNICATION	328	46	80	9079
PATIENT EDUCATION AND COUNSELING	220	40	73	6613
JOURNAL OF MEDICAL INTERNET RESEARCH	216	55	100	11090
INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH AND PUBLIC HEALTH	161	25	40	2224
BMC PUBLIC HEALTH	135	25	46	2577

HEALTH PROMOTION PRACTICE	117	20	45	2272
FRONTIERS IN PUBLIC HEALTH	106	13	27	912
FRONTIERS IN COMMUNICATION	98	12	21	553
SOCIAL SCIENCE & MEDICINE	82	30	69	4827
PLOS ONE	77	21	37	1486
VACCINE	70	27	58	3459
JOURNAL OF CANCER EDUCATION	61	16	24	760
JOURNAL OF APPLIED COMMUNICATION RESEARCH	61	21	37	1517
JCOM-JOURNAL OF SCIENCE COMMUNICATION	57	11	15	332

Table 2 presents the most relevant sources in the examined literature through the number of publications and impact indicators. The findings show that certain journals in health communication hold a central position in terms of both productivity and citation impact. In particular, Health Communication and Journal of Health Communication are among the core journals in the field with their high number of publications and h-index values, reflecting the institutionalized structure of the literature.

Journal of Medical Internet Research, despite having a relatively limited number of publications, has achieved the highest h-index, g-index, and total citation count, demonstrating the strong influence of digital health and online communication themes on the field. Patient Education and Counseling and Social Science & Medicine stand out as important resources supporting the interdisciplinary character of the field in terms of both publication productivity and citation levels. Journals such as International Journal of Environmental Research and Public Health, BMC Public Health, and PLOS One expand the field's reach by making regular contributions to the literature, despite publishing on a wider range of topics. Overall, Table 2 shows that the health communication literature is concentrated around certain specialized journals, while being supported by interdisciplinary contributions from public health, social sciences, and digital health fields. This structure reveals that the field possesses both thematic depth and methodological and theoretical diversity.

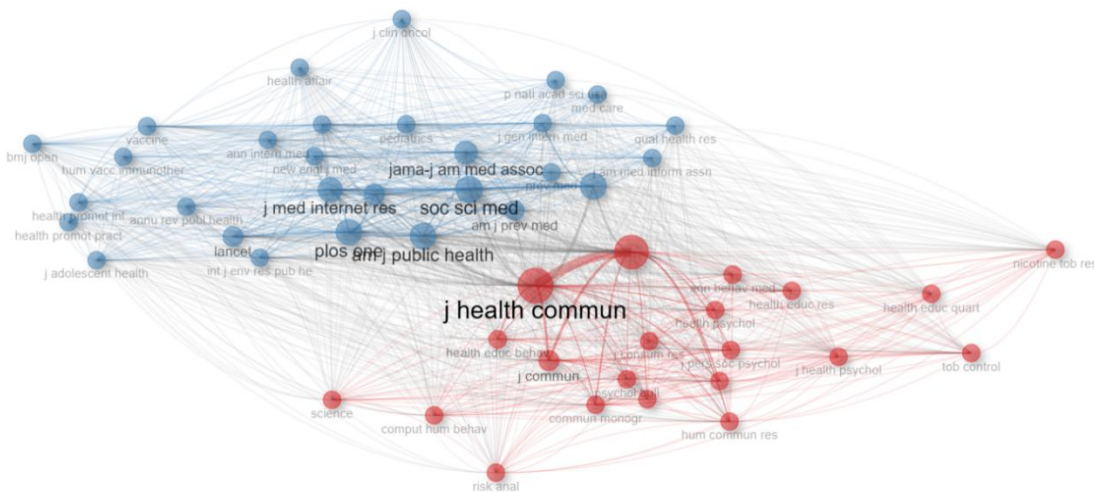


Figure 3. Co-citation network among sources

Figure 3 presents the co-citation network analysis of the sources cited in the analyzed studies. Co-citation analysis reveals the cross-reference relationships among the selected articles and enables network analysis. It is used to visualize the structure of co-citations and to identify the key sources within the network (Tang et al., 2021). In the co-citation network shown in Figure 3, red and blue clusters are visible, with connecting lines representing the relationships between them. The size of each cluster reflects the impact level of the source within the network.

Within the red cluster, the source with the highest betweenness (140.981) and closeness centrality (0.015) is identified as *Journal of Health Communication*. Based on this finding, it is observed that the source serves as a critical connection point enabling information flow between different clusters. At the same time, since the size of the clusters represents the magnitude of impact, it shows that the "Journal of Health Communication" source both receives widespread citations and has extensive relationships with other sources.

The second most central source is *Health Communication* with a betweenness value of 114.228 and closeness of 0.015, followed by *Health Education & Behavior* with betweenness of 23.287 and closeness of 0.015.

In the blue cluster, the source with the highest betweenness (26.028) and closeness centrality (0.013) is *International Journal of Environmental Research and Public Health*. It has been concluded that this source establishes stronger connections with other studies, receives more citations, and plays a more central role. It is followed by *Social Science & Medicine* (betweenness: 23.580, closeness: 0.013), and *PLOS ONE* (betweenness: 17.850, closeness: 0.013).

Figure 3 demonstrates that knowledge production in the field of health communication has a multi-centered co-citation structure that concentrates around specific journals, yet draws from different disciplines. This structure indicates the existence of a continuous interaction between different research traditions while maintaining the theoretical integrity of the field.

Table 3: Most Relevant Authors

Authors	Number of Articles	h-index	g-index	m-index	Total Citations
KREPS GL	56	22	47	0,611	2281
NOAR SM	53	21	52	1,05	2713
KIUCHI T	46	11	22	0,579	521
OKUHARA T	43	9	14	1,125	251
DUTTA MJ	41	17	32	0,654	1089
VISWANATH K	39	18	36	0,72	1302
OKADA H	38	8	12	1,333	198
NIEDERDEPPE J	35	15	27	0,714	773
MACKERT M	35	11	21	0,611	482
FRIEDMAN DB	30	14	21	0,824	530
CHOU WYS	29	13	29	0,765	1548
BREWER NT	27	19	27	0,826	1738
KREUTER MW	26	17	26	0,63	3491
RATZAN SC	26	7	15	0,219	235
HESSE BW	25	16	25	0,696	2052
ZHANG Y	21	9	17	0,692	319
BERNHARDT JM	20	13	20	0,481	793
KIM S	20	7	19	0,467	389
BULLER DB	19	13	19	0,464	432
SCHILLINGER D	19	11	19	0,579	796

Table 3 quantitatively presents prominent authors in health communication literature through productivity and impact indicators. According to the findings, Kreps holds the position of most productive author with 56 articles; this productivity is supported by an h-index of 22 and 2,281 total citations. Similarly, Noar demonstrates high publication performance with 53 articles and maintains his strong academic impact on the field with an h-index of 21 and 2,713 total citations. Kiuchi and Okuhara, with 46 and 43 articles respectively, demonstrate the significance of Japan-based studies in the literature; however, their total citation counts remaining at levels of 521 and 251 suggest that their impact levels are more limited.

In terms of citation performance, Kreuter stands out with a total of 3,491 citations and an h-index value of 17, despite having a relatively lower number of publications with 26 articles. Similarly, Brewer ranks among the

highly influential authors in the field, reaching 1,738 citations and an h-index value of 19 with 27 articles. The fact that authors such as Noar, Chou, and Hesse have received over 1,500 citations indicates that these researchers have a decisive impact on the theoretical and practical orientations of the field. The m-index values being above 1 for authors like Okuhara (1.125), Okada (1.333), and Noar (1.05) suggests that these authors have achieved effective academic production in a relatively short period of time.

Table 3 reveals that a limited number of authors in the field of health communication have generated high levels of productivity and citation impact; whereas a broader group of authors have made moderate and low-level contributions. These findings indicate that the field is both shaped around a core academic structure and is in a dynamic development process that is open to new researchers.

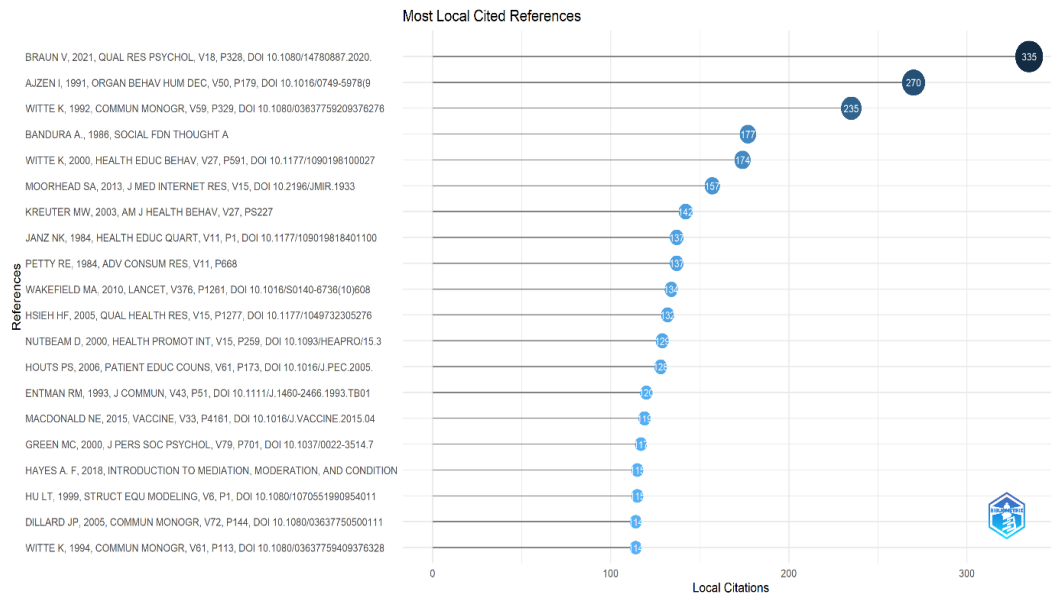


Figure 4: Locally cited sources

Figure 4 displays the top twenty most locally cited sources in the studies related to "health communication" or "health and communication" included in this research. The most frequently cited source is the article titled "A Health Communication Campaign Designed to Improve Study Habits and Wellness: A Feasibility Study" by Matkovic, Mckenzie, Sheu & Glassman, (2022), with 330 citations. The second most cited source is an article published in *Communication Theory* by Guttman (1997), with 265 citations.

When examining local citation counts, works by authors such as Braithwaite, Ajzen, Witte, Bandura, and Kreuter are particularly prominent. These works represent fundamental theoretical frameworks in health communication, such as behavior change, risk perception, attitudes, self-efficacy, and planned behavior. The high local citation rates of these studies indicate that the field has strong theoretical connections with social psychology, behavioral sciences, and communication theories.

Furthermore, the frequent citations of studies published in journals such as Journal of Health Communication, Health Communication, Patient Education and Counseling, and Journal of Medical Internet Research reveal that the field is shaped around specific core publication outlets. This indicates that knowledge production in health communication literature is both based on theoretically well-established studies and gains continuity through certain journals. Overall, Figure 4 demonstrates that the works referenced in the field of health communication largely consist of classic and influential publications that form the theoretical foundations of the field; these publications play a central role in determining the orientations of the literature and the research agenda.

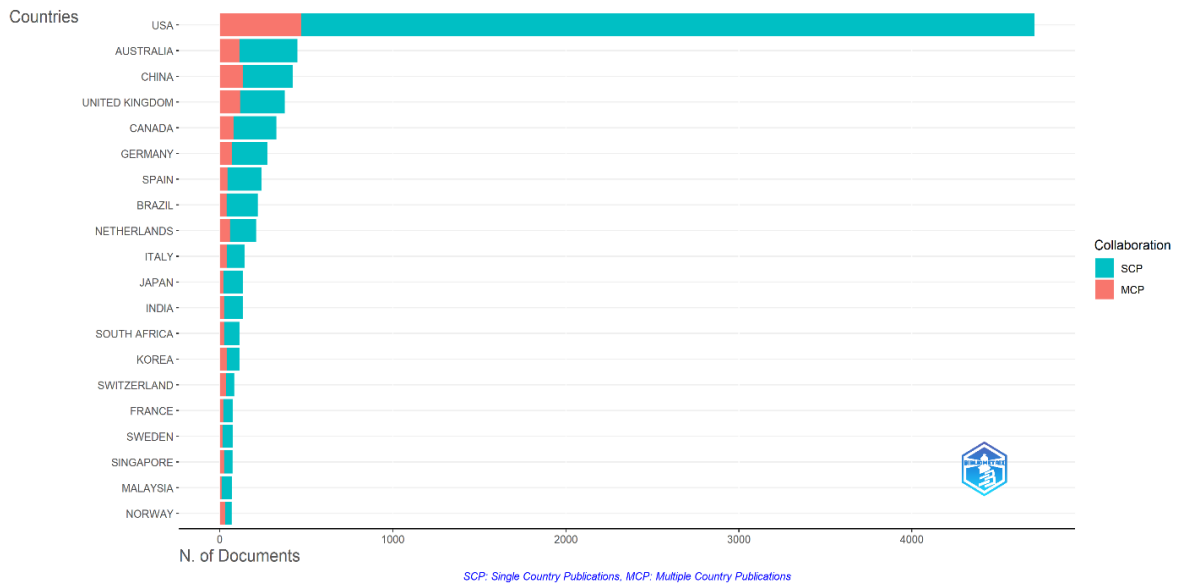


Figure 5: Corresponding author's country

Figure 5 illustrates the distribution of studies conducted in the fields of "health communication" and "health and communication" according to the countries of corresponding authors and reveals the collaboration patterns among these countries. In the figure, SCP shown in green represents author collaborations within the same country; while MCP shown in orange represents international academic collaborations. This distinction provides an important indicator for evaluating the dynamics of scientific interaction at national and international levels in the field.

The analysis results reveal that the US is the clear leader with 4672 studies. However, despite this quantitative superiority, the fact that 4203 of the studies fall under SCP and only 469 under MCP indicates that US-based research is largely produced within national academic networks. While this suggests that the US has a strong and self-sufficient academic ecosystem, it is noteworthy in terms of the relatively limited rate of international collaboration.

Australia ranks second with 441 studies, and considering the SCP (328) and MCP (113) values, it is evident that the studies are predominantly shaped on the basis of domestic collaborations. Similarly, China follows immediately after Australia with 411 studies; however, China's higher MCP value (131) compared to Australia indicates that Chinese corresponding authors are more strongly integrated into international research networks. This finding suggests that China has adopted an approach that encourages international joint publications in line with its science policies, especially in recent years.

The United Kingdom (375 studies) and Canada (322 studies), ranking fourth and fifth respectively, exhibit a balanced cooperation model when SCP and MCP values are evaluated together. In particular, the difference of 37 between MCP values indicates that the United Kingdom has a more advantageous position compared to Canada in terms of international collaborations. This situation can be associated with the strong relationships that the United Kingdom has established with Europe-centered and global academic networks.

The findings regarding Turkey present a more limited view in the context of the global collaboration structure of the field. Turkey ranks 27th with 53 studies; the fact that 51 of these studies are SCP and only 2 are MCP indicates that approximately 96% of the publications are conducted at the national level. This ratio reveals that Turkey has not been sufficiently integrated into international research networks in the field of health communication. However, bibliometric literature emphasizes that studies conducted through international collaborations generally have higher citation impact and broader scientific visibility. Therefore, Turkey's low MCP ratio constitutes a significant limitation in terms of both international impact and global academic positioning.

These findings based on WoS data reveal that while productive countries in the field of health communication are quantitatively strong, their levels of international cooperation vary from country to country. Especially for

Figure 7 presents the collaboration network between countries for studies on "health communication" or "health and communication." The findings obtained in Figure 7 appear to be consistent with the results related to the countries of corresponding authors shown in Figure 5. The dominant position of the USA within the network is clearly observed through the large cell size, which is due to the high number of studies conducted. Moreover, the fact that the USA has established direct connections with numerous countries indicates that this country has a high level of centrality in the network.

When examining the network structure, it is observed that the United States is positioned as a central actor in the international cooperation network in the field of health communication, developing intensive collaborative relationships especially with the United Kingdom, Canada, China, and Australia. This indicates that the United States not only demonstrates quantitative productivity but also functions as a bridge facilitating information flow between different countries. Australia has also been found to have a significant position in the network; exhibiting a medium-high level of centrality particularly through its connections with the United Kingdom, Canada, and China.

These findings reveal that international scientific production in the field of health communication is concentrated around certain countries, and that some countries, particularly the USA, play a directive and central role in global collaboration networks.

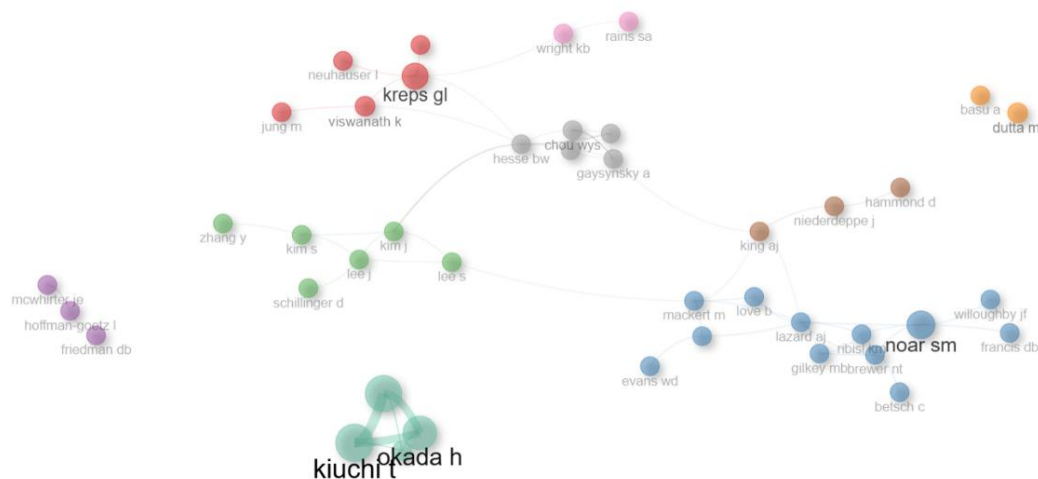


Figure 8: Collaboration network among authors

Figure 8 presents the collaboration network among authors within the scope of studies conducted in the field of "health communication" or "health and communication." The figure reveals that scientific production in the field is shaped not only by individual publication numbers but also through collaboration patterns among authors.

When examining the network structure, it can be seen that Kreps GL and Noar SM, who have the most studies in the field, are positioned within relatively crowded clusters and establish numerous network connections with authors in different clusters. This situation demonstrates that these authors not only have high publication productivity but also possess a high level of centrality within the network and function as key actors connecting different research groups. The position of Kreps GL and Noar SM in the network suggests that they contribute to the intellectual integration of the field and assume a role that facilitates the flow of knowledge.

In contrast, Kiuchi T and Okada H, who have a significant number of studies in the field, appear to have developed intensive collaborations primarily within their own clusters and with each other. The limited number of external connections these two authors have in the network structure indicates that their collaborations are predominantly restricted to a specific research group or national academic circle. The strong collaborative bond observed between Kiuchi T and Okada H is thought to stem from the fact that both authors are Japanese scientists working in the same field and share common institutional or national research contexts.

The author collaboration network presented in Figure 8 reveals that in the field of health communication, both central actors with extensive connections and more closed and clustered collaboration structures coexist. This situation demonstrates that the field develops through both research networks open to interaction on a global scale and academic clusters concentrated at the national or thematic level.

4. Conclusion

An analysis of 9,518 studies on “health communication” or “health and communication” published between 1975 and 2024 revealed that the number of publications in this field has significantly increased, particularly after 2019. Most studies were published between 2019 and 2024. This surge can be attributed to the growing public interest in health-related issues and the increasing use of technological communication channels. Additionally, during the COVID-19 pandemic, remote health service providers played a crucial role in informing and raising awareness among the public to prevent the spread of the disease.

The most influential source in the field of health communication has been identified as the *Health Communication* journal, which is published by Taylor & Francis and covers a wide range of topics in the field. The second most influential journal is *Journal of Health Communication*, one of the leading publications in the area. This journal also holds the highest betweenness centrality score (140.981), indicating its critical role in the flow of information within the citation network. Another important source, *Patient Education and Counseling*, is an international and interdisciplinary journal focusing on patient education and health communication. The study also found that the most prominent authors in the field are G. L. Kreps, S. M. Noar, and T. Kiuchi, respectively. Researchers intending to contribute to the field of health communication are advised to follow the work of these authors closely.

It is noteworthy that the earliest studies in the field of health communication originated from the United States. In this study, an evaluation of the countries of the corresponding authors shows that half of the analyzed publications come from the U.S., indicating that research in this field has historically developed under the influence of American scholars. When examining the countries of the corresponding authors, Australia ranks second, followed by China in third place. The rate of collaboration between U.S. authors and researchers from other countries was found to be 10%. In comparison, this rate was 25.62% for Australia and 31.87% for China. While one out of every three publications from Chinese researchers involved international collaboration, the rate was significantly lower for American authors. Collaborating with researchers from different countries is important for reaching a broader audience, promoting mutual knowledge exchange, strengthening international ties, and advancing scientific communities.

One of the key findings of the bibliometric analysis is the identification of frequently used keywords. The most commonly used keywords in the analyzed studies were: *communication, information, health, care, and impact*. These keywords offer advantages in accessing scientific studies, determining focal points, and mapping the literature. Another significant finding was the most highly cited publications, namely: “*A Health Communication Campaign Designed to Improve Study Habits and Wellness: A Feasibility Study*” with 330 citations and “*Beyond Strategic Research: A Value-Centered Approach to Health Communication Interventions*” with 265 citations.

As can be seen, this study conducted a bibliometric analysis of publications on “health communication” or “health and communication.” The analysis presents data on the distribution of publications over time, sources, authors, citations, keywords, countries, collaborations, and network relationships. This research is expected to lay a solid foundation for future studies in the field and contribute meaningfully to the literature.

References

- Alkan, A., & Özyıldız, K. H. (2021). Sağlık hizmeti sunumunda çocuk hastalarla iletişim. *Hacettepe Sağlık İdaresi Dergisi*, 24(2), 415–434.
- Aria, M., & Cuccurullo, C. (2017). Bibliometrix: An R-tool for comprehensive science mapping analysis. *Journal of Informetrics*, 11(4), 959–975.
- Avcı, K., & Avşar, Z. (2014). Sağlık iletişimi ve yeni medya. *İletişim Kuram ve Araştırma Dergisi*, 39, 181–190.
- Başol, E. (2018). Hasta ile sağlık çalışanları (doktor ve hemşire) arasındaki iletişim sorunları ve çözüm önerileri. *International Anatolia Academic Online Journal: Social Science Journal*, 4(1), 76–93.
- Beşikci, S., & Aslan, Ö. (2024). Dünyada sağlık iletişimi üzerine yazılan akademik çalışmaların bibliyometrik analizi. *Turkish Studies*, 19(4), 1453–1473. <https://doi.org/10.7827/TurkishStudies.77631>
- Büyükaslan, A. (2018). Sağlık iletişiminde sektörel tespitler. *Erciyes İletişim Dergisi*, 5(3), 2–10.
- Ellegaard, O., & Wallin, J. A. (2015). The bibliometric analysis of scholarly production: How great is the impact? *Scientometrics*, 105(3), 1809–1831.
- Ertekin, İ., Ilgın, H. Ö., & Ataman Yengin, D. (2018). Örgütsel iletişim kuramları. *Turkish Online Journal of Design Art and Communication*, 8(2), 297–311.
- Fadillah, D., & Huiqian, Z. (2023). A systematic literature review and bibliometric analysis of developing music as a foundation for health communication. *Komünikatör*, 15(2), 167–185.
- Gedikli, E. (2024). Türk sağlık sisteminin sorunlarının hizmet alıcı rolündeki sağlık yönetimi öğrencileri tarafından değerlendirilmesi. *Banü Sağlık Bilimleri ve Araştırmaları Dergisi*, 6(2), 386–393. <https://doi.org/10.46413/boneyusbad.1435406>
- Göksu, N. F. (Ed.). (2018). *Sağlık iletişimi*. İstanbul Üniversitesi Açık ve Uzaktan Eğitim Fakültesi.
- Guttman, N. (1997). Beyond strategic research: A value-centered approach to health communication interventions. *Communication Theory*, 7(2), 95–124.
- Ishikawa, H., & Kiuchi, T. (2010). Health literacy and health communication. *Biopsychosocial Medicine*, 4(1), 1–5.
- Koçak, A., & Bulduklu, Y. (2013). Sağlık iletişimi: Yaşlıların televizyonda yayınlanan sağlık programlarını izleme motivasyonları. *Selçuk İletişim*, 6(3), 5–17. <https://doi.org/10.18094/si.72403>
- Köse, G., Kurutkan, M. N., & Orhan, F. (2020). Kalp yetmezliği konusunda en çok atıf alan ilk 100 makalenin bibliyometrik analizi. *Sağlık Akademisyenleri Dergisi*, 7(2), 92–104.
- Kuşku Özdemir, E. (2023). Sağlık iletişiminde dil ve iletişim becerilerinin rolüne ilişkin algılar: Sağlık çalışanlarına yönelik nitel bir değerlendirme. *Korkut Ata Türkiyat Araştırmaları Dergisi*, Özel Sayı 1, 1529–1549.
- Makkizadeh, F., & Ebrahimi, F. (2023). Theme trends and knowledge structure on health communication: Bibliometric analysis in PubMed database. *Informatics in Medicine Unlocked*, 32, Article 101017.
- Matkovic, J., McKenzie, N., Sheu, J.-J., & Glassman, T. (2022). A health communication campaign designed to improve study habits and wellness: A feasibility study. *Journal of American College Health*, 1–4.
- Mheidly, N., & Fares, J. (2020). Health communication research in the Arab world: A bibliometric analysis. *Integrated Healthcare Journal*, 2, e000011.
- Okay, A. (2020). *Sağlık iletişimi*. Der Yayınları.
- Özmen, S. (2018). Sağlık iletişimine giriş. In N. F. Göksu (Ed.), *Sağlık iletişimi*. İstanbul Üniversitesi Açık ve Uzaktan Eğitim Fakültesi.
- Özsoy, Z., & Demir, E. (2018). Which bariatric procedure is the most popular in the world? A bibliometric comparison. *Obesity Surgery*, 28(1), 2339–2352.
- Öztürk, Ş. (2009). Sağlık sektöründe insan odaklı ilişkilerin değişimi. *Sağlık Düşüncesi ve Tıp Kültürü Platformu*, 8, 42–47. https://www.medipol.edu.tr/sites/default/files/document/SD_Dergi_Sayi8-43-48.sayfalar_Sule_Yuksel_Ozturk.pdf
- Patra, S. K., Bhattacharya, P., & Verma, N. (2006). Bibliometric study of literature on bibliometrics. *DESIDOC Bulletin of Information Technology*, 26(1), 27–32.
- Pritchard, A. (1969). Statistical bibliography or bibliometrics. *Journal of Documentation*, 25(4), 348–349.
- Qiong, L., Razi, M., & Zulkefli, M. (2024). Health communication research performance in 2013–2022: A bibliometric analysis. *International Journal of Academic Research in Business and Social Sciences*, 14(6), 1902–1920.
- Sezgin, D. (2015). Sağlık iletişiminde paradigma ihtiyacı: Disiplinlerarası işbirliğine çağrı. *Ankara Üniversitesi Tıp Fakültesi Mecmuası*, 68(3), 95–101.
- Şengün, H. (2016). Communication management in healthcare services. *Journal of Istanbul Faculty of Medicine*, 79(1), 38–42. <https://doi.org/10.18017/iuitfd.40259>

- Tang, K. Y., Chang, C. Y., & Hwang, G. J. (2021). Trends in artificial intelligence-supported e-learning: A systematic review and co-citation network analysis (1998–2019). *Interactive Learning Environments*, 31(4), 2134–2152.
- Vardarlier, P., & Öztürk, C. (2020). Sağlık iletişiminde sosyal medya kullanımının rolü. *Sosyolojik Düşün*, 5(1), 1–18.
- Wilsdon, J., Allen, L., Belfiore, E., Campbell, P., Curry, S., Hill, S., & Johnson, B. (2015). *The metric tide: Report of the independent review of the role of metrics in research assessment and management*. HEFCE.
- Wynia, M. K., & Osborn, C. Y. (2010). Health literacy and communication quality in health care organizations. *Journal of Health Communication*, 15(2), 102–115.
- Yeşiltaş, E., & Yılmaz, A. (2021). Eğitimde medya okuryazarlığı ile ilgili araştırmalara yönelik bibliyometrik bir analiz. *Uluslararası Toplum Araştırmaları Dergisi*, 11(18), 4903–4929.
- Yılmaz, D., & Günay, M. A. (2022). Türkiye’de sağlık iletişimi: Sağlık çalışanları üzerine yapılmış bir araştırma. *İNİF E-Dergi*, 7(1), 75–91.

Etik, Beyan ve Açıklamalar

1. Etik Kurul izni ile ilgili;

☒ Bu çalışmanın yazar/yazarları, Etik Kurul İznine gerek olmadığını beyan etmektedir.

2. Bu çalışmanın yazar/yazarları, araştırma ve yayın etiği ilkelerine uyduklarını kabul etmektedir.

3. Bu çalışmanın yazar/yazarları kullanmış oldukları resim, şekil, fotoğraf ve benzeri belgelerin kullanımında tüm sorumlulukları kabul etmektedir.

4. Bu çalışmanın benzerlik raporu bulunmaktadır.
