

“Safe Holidays” in Veneto

A Multimodal Discourse Analysis of Health-related Information in Institutional Tourist Webpages

Daniela Cesiri^[1] and Katia Peruzzo^[2]

“Ca’ Foscari” University of Venice^[1]; University of Trieste^[2]

ORCID: <https://orcid.org/0000-0002-0988-0505>^[1]; <https://orcid.org/0000-0002-8292-5925>^[2]

Email: daniela.cesiri@unive.it^[1]; kperuzzo@units.it^[2]

Keywords

Institutional tourist websites
Veneto Region
Multimodal discourse analysis
Health-related information
National and foreign tourists

Abstract

Going on holiday usually encompasses several planning activities, one of these being how to deal with possible health issues. Covid-19 has made this aspect more prominent also due to the variety of restrictive measures adopted worldwide. Even though, according to the WHO, the pandemic is officially over, there are many other reasons why tourists may need to retrieve health-related information before and during their holiday. In this regard, one of the first sources prospective visitors are likely to consult are local tourist websites administered by public institutions and private companies. This paper presents a case study carried out on institutional tourist websites in the Veneto Region, a popular destination for both Italian and foreign visitors. The aim is to explore whether and to what extent these websites feature health-related information in Italian and how much of this information is made available in English.

The paper presents a follow-up of two previous contributions (Cesiri 2021; 2019), which investigated tourism promotion before, during, and immediately after the Covid-19 pandemic. Starting from the results of these two studies, the paper considers institutional tourist websites in the aftermath of the pandemic. By adopting qualitative multimodal discourse analysis methods of investigation, the paper analyses the communicative strategies employed in these websites to assess whether the health-related information available is easy to retrieve. Of particular concern are the foreign tourists who might not be informed about the organisation of the national health system and the services it provides through the local institutions.

1. Introduction¹

The Covid-19 pandemic has affected all aspects of human activities, especially in industrial sectors at the global level, on which the impact was more noticeable than on others. Understandably, the tourism sector is one of these industries (Szczygielski et al. 2022), in consideration of the limitations to people’s movements and global transports that health

¹ Both Authors contributed to the full article. However, for the formal division of the writing process, Daniela Cesiri was responsible for Sections 1, 2 and 4.1, Katia Peruzzo for Sections 3 and 4.2, and both Authors for Section 5.

authorities and national governments had to impose to tackle the spread of the virus during the pandemic (2020-2023, according to the World Health Organization²).

The effects and the impact of the global pandemic on tourism and leisure activities were extended beyond the immediate period of global and general emergency in that the Covid-19 pandemic has prompted institutions and companies in the tourism sector to enact a series of communication strategies to inform potential visitors about health-related risks existing in the destination, or to provide health-related information on their websites (Park et al. 2022). Indeed, there might be many reasons why tourists may need to retrieve health-related information before and during their holiday beyond Covid-19, such as the wish to know where emergency departments can be found in popular tourist destinations. In this regard, one of the first sources that prospective visitors are likely to consult are local tourist websites administered by public institutions and private companies. The latest available data on Italian tourist destinations concern the year 2022 and reveal that the preferred destinations were in Lombardy, Lazio, and Veneto (Banca d'Italia 2023). Following two previous contributions (Cesiri 2021; 2019), which investigated tourism promotion in the institutional websites of the Veneto territories before, during, and immediately after the Covid-19 pandemic, this paper presents a case study carried out on institutional tourist websites in the Veneto Region, which still reveals to be a popular destination for both Italian and foreign visitors. The aim is to explore whether and to what extent these websites feature health-related information in Italian and how much of this information is made available in English.

Starting from the results of the two previous studies, this paper adopts a qualitative multimodal discourse analysis methodology to examine how health-related information is provided to prospective visitors. In this case, the websites analysed are slightly different from those of the previous contributions: as Section 3 explains in greater detail, due to the inactivity or cancellation of some of the websites, the present study considers the websites of the main cities of three territories (i.e., *capoluoghi di provincia*) and a popular seaside destination nearby Venice, namely the beach town of Jesolo.

Regarding the methodology, the study takes both a visual and a verbal approach. The former focuses on the visual component of the webpages; it employs the methodological frameworks provided by Kress and Van Leeuwen (2006) and Baldry and Thibault (2006), which will provide a multimodal method of analysis to investigate the structural elements of the webpages (i.e., any graphic elements such as pictures, symbols, colours used, etc.) in their meaning-making function both individually and in their relation with the webpage as a structural whole. This part of the analysis aims to investigate whether pictures and images accurately represent the

² <https://www.who.int/europe/emergencies/situations/covid-19>. All websites last visited on 13/04/2024.

contents, thus matching the verbal component. The latter aims to assess the content provided in the selected webpages. In this part of the study, the notion of ‘presupposition’ is particularly relevant, namely any kind of background assumption that the authors of a specific content include in their message but may not be shared by the receivers (Fairclough 2000).

The paper is organised as follows: Section 2 presents the results of the two previous studies, to contextualise the present investigation more effectively; Section 3 describes the dataset, the theoretical frameworks and the methods of investigation applied for the present contribution, while Section 4 provides a discussion of the findings from the visual and verbal analyses. Finally, Section 5 contains some conclusive remarks and suggestions for future research.

2. Previous research and state of the art

The corpus analysis conducted in the 2019 study (Cesiri 2019) investigated the verbal strategies employed in the institutional websites of the seven Veneto provinces in English and in Italian. Quantitative and qualitative data in the two languages revealed that the two versions of the websites used specialised language and were written in an elaborate style. The qualitative analysis also confirmed that the tourist websites made a limited use of emphatic language and a more prominent use of terminology, which made them less promotional than expected. A general preference was observed for the semantic fields of the history of the arts, architecture, and geography, with detailed descriptions of the territories containing very specific information, following the KILC principle (‘keep it long and complete’) (Katan 2006, 55) typical of the Italian writing style. This was in line with previous research on Italian promotional – and more specifically tourism – discourse (see, e.g., Manca 2016) and, coupled with the lack of consistency between images and lexical choices identified, contributed to making it difficult for the users to create a specific mental image based on the presentation of the territories provided.

The 2021 study (Cesiri 2021) investigated the websites of the same territories during the Covid-19 pandemic. The contribution aimed to investigate the verbal strategies that local institutions in the Veneto Region applied to communicate Covid-19-related information to prospective tourists who wished to visit the area. The analysis of the English and Italian versions of the websites revealed that, as far as the verbal promotion of those territories is concerned, nothing changed – with respect to the 2019 study – after the outbreak of the pandemic. Very few webpages mentioned safety measures implemented in the region or the country because of the ongoing pandemic. They did so by applying different strategies depending on whether the target audience were Italian or foreign tourists. In the texts in Italian, a writer-oriented attitude was observed, with a formal, impersonal and bureaucratic style typical of the legal/administrative domain used without any form of reformulation or explanation that could help the general public’s understanding. On the contrary, the texts in English provided only

essential information, redirecting visitors to the dedicated page of the Italian Ministry of Health's website. Therefore, in both cases, albeit for different reasons, institutional communication resulted in being opaque and ineffective, given that neither the information provided nor the language choices could contribute to enhancing the users' knowledge of the safety measures in place and, therefore, their agency in terms of health-related decision making before or during travelling.

The importance of tackling health-related risks and their effects on tourism promotion has indeed become an increasingly relevant issue in tourism destination management. For instance, several studies analysing the issue from various perspectives conclude by advocating the importance of transmitting congruent information about the destination and the potential health-related risks, which might be more effective if transmitted via websites and social media (e.g., Park, Kim and Kim 2022; Su et al. 2021; Vong, Rita and Nuno 2021; Lee, Han and Ko 2020; Smith and Amorim 2017). Another study has pointed out more specific issues related to effectively managing communication in the tourism and hospitality sector during health-related crises and specifically concerning the role of social media in reinforcing racial discrimination and spreading fake news (Yu et al. 2020), while other contributions considering the same time period (the Covid-19 pandemic) reveal a composite picture in which effective health-related communication in corporate and institutional websites depended on the effort of individual countries or media attitude/coverage (cf., e.g., Chen, Hsu and Chinomona 2023; Wadhar et al. 2023, respectively). Finally, we should also mention Šerić, Verruccio and Pastore (2024), in which the experience of the Covid-19 crisis is used as an example of good practice for the integration of new marketing communication strategies in tourism crisis management.

3. Dataset and methodology

The starting point of this study was the hypothesis that, since the websites of the seven Veneto provinces provided health-related information during the Covid-19 pandemic, although with different degrees of presupposition and effectiveness of the communicative strategies employed, in the aftermath of the health crisis the same websites – both in Italian and in English – would continue to contain health-related information addressed to prospective visitors. This hypothesis, however, was soon disproved by the information available on the web. Of the seven websites analysed by Cesiri (2021), two have been deactivated,³ two have been replaced by other websites,⁴ and other two have maintained the same URLs but contain no trace of health-related

³ www.infodolomit.it and www.polesineterratradauefiumi.it.

⁴ www.turismovenezia.it has been replaced by www.veneziaunica.it and www.tourism.verona.it by www.visitverona.it.

information.⁵ Given the changes in the websites, the dataset used in this study is much smaller than the one used in Cesiri (2021) and includes only the webpages of the three main cities in three Veneto provinces and that of the town of Jesolo, namely the four destinations that still provided some form of health-related information. The dataset analysed in what follows thus contains four websites, as illustrated in Table 1.

Destination	Health-related webpage in Italian	Health-related webpage in English
Jesolo	https://jesolo.it/informazioni-utili/covid-19/	https://jesolo.it/en/useful-information/covid-19/
Padova	https://www.turismopadova.it/accoglienza-in-citta/servizi-sanitari/	https://www.turismopadova.it/en/welcome-in-padua/healthcare-and-emergencies/
Venice	https://www.veneziaunica.it/it/content/assistenza-sanitaria	https://www.veneziaunica.it/en/content/health-care
Verona	https://www.visitverona.it/it/pianifica/salute-cure-e-emergenze	https://www.visitverona.it/en/plan/healthcare-and-emergencies

Tab. 1: Institutional webpages of Veneto provinces and tourist destinations containing health-related information

In order to analyse these webpages, which are available both in Italian and in English, this study adopts a qualitative multimodal discourse analysis method. The first part of the analysis is devoted to the visual component of the webpages. By applying the methodological frameworks provided by Kress and Van Leeuwen (2006) and Baldry and Thibault (2006), the layout of the webpages is described in terms of clusters to verify whether the visual elements (pictures and images as well as the colour scheme) match the verbal component. In this regard, it must be borne in mind that the verbal component focuses on healthcare assistance but is provided on tourist websites, which may influence the choice of visual elements to be included in these pages.

The second part of the analysis adopts a contrastive (Italian and English) perspective to examine the verbal component of the dataset by resorting to Fairclough’s (2000) model, according to which any communicative event may be conveyed and interpreted correctly only if three dimensions are taken into account: the text (the actual communicative event, either spoken or written), discourse practices (necessary for the production and the interpretation of the text), and social practices intended as “forms of work, identification, that is the construction of social identities, and representations of the social world” (Fairclough 2003, 167-168). Following suit with Cesiri (2021), this model is applied to bring to the fore the presuppositions present in the Italian and in the English versions of the websites, i.e., any background assumptions that may not be shared by the receivers of the message (Fairclough 2000). The aim is to uncover possible passages that may hinder effective communication due to scarce

⁵ www.vicenzae.org and www.visittreviso.it.

consideration of the background knowledge of the intended audience. This is especially true if the users of the English versions of the webpages are considered. In this case, the intended audience is homogeneous, in that it is made of (prospective) visitors who do not have a sufficient knowledge of the Italian language enabling them to access the ‘original’ webpage. They therefore resort to the English versions of the webpages since it is nowadays the lingua franca of tourism (Maci 2020, 218). However, the fact that the intended readers understand English does not mean that they are not also heterogeneous: they may come from different countries and backgrounds and speak different languages, which makes it impossible for the producers of the webpages to draw a clear picture of their background knowledge of Italy.

4. Findings: visual and verbal analyses

4.1 Visual analysis

Starting with the visual analysis of the city of Venice website, both the Italian and the English versions show the same visual structure, images, and combination of colours. The contexts are also the same, but they are provided in Italian and in English, respectively (see Section 4.2). Figure 1 shows the page of the website where Covid-19- and health-related information is provided: due to space constraints only the version in Italian is displayed here for the sake of the visual analysis and, for the same reasons, the page has been divided into four separate screenshots.

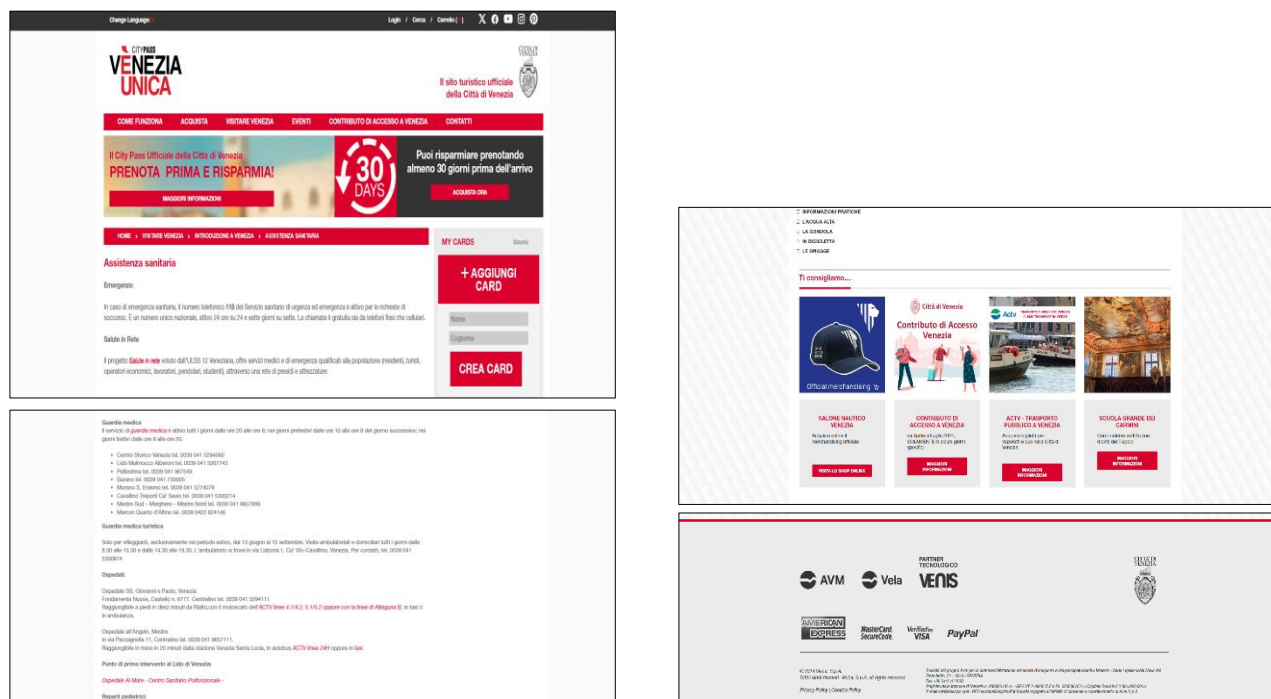
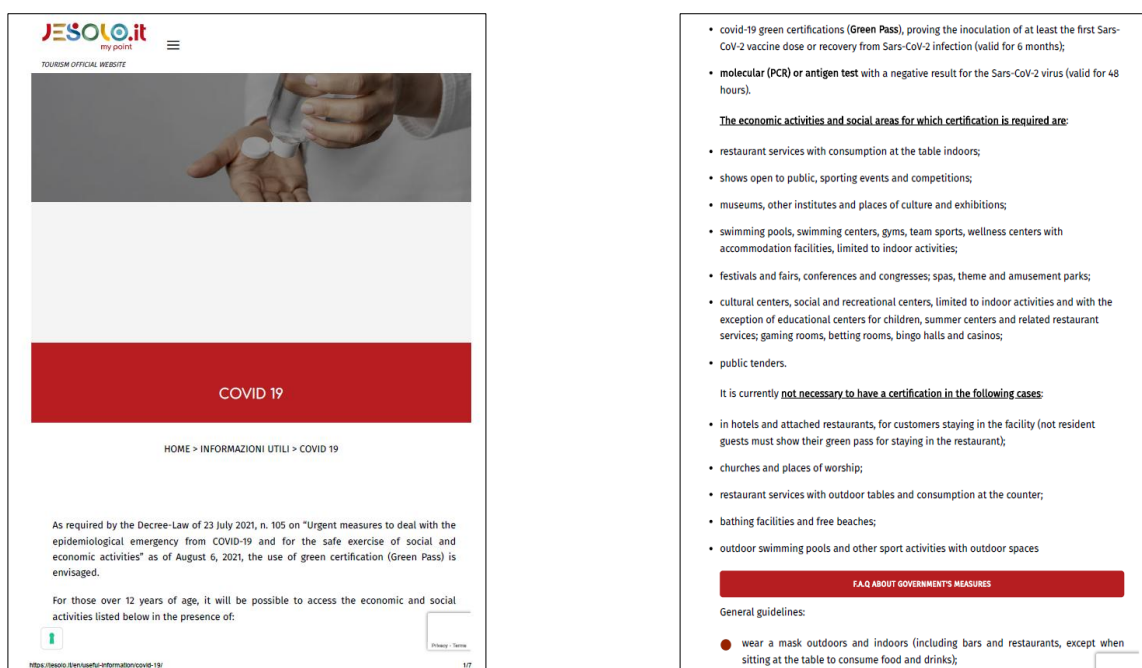


Fig. 1: The city of Venice website (Italian version). The image order is: Top left, bottom left, top right, bottom right

Using Baldry and Thibault (2006)’s methodology to identify the clusters composing the webpage, it can be observed that the page might be divided into five clusters. Cluster 1 is represented by the header, which also contains most of the graphic content of the webpage; then, Cluster 2 dominates the central part of the page and includes all the health-related information, so it accommodates most of the verbal and textual components of the page. Clusters 3 and 4 occupy the bottom part of the page and comprise the remaining graphic elements of the page such as suggested events or other webpages (Cluster 3) together with the institutional logos and sponsor information (Cluster 4), while Cluster 5 is situated on the right-hand side of the page and is dedicated to the purchasing options for the public transportation card system. Therefore, the cluster distribution tells us that prominence is given to the verbal component of the communication, while the combination of colours shows a predominance of red and white, reminders of Venice’s tourist logo (Venezia Unica) at the top of the page. The only historical reminder to the city, a blurred photo of *Palazzo Ducale* with St Mark’s Bell Tower, can be seen in the header. Moreover, no graphic element indicates that the contents of the page are dedicated to the provision of important health-related, emergency information, which makes it difficult, especially for foreign tourists, to access this kind of information on the website since the name of the section is translated as ‘Healthcare’, which might not be immediately accessible to the tourist unless they are specifically looking for this keyword.

The second webpage investigated is Jesolo’s website. Unfortunately, at the moment of writing, the two pages were inactive (see Table 1), seemingly cancelled from the website, but the older versions were saved in .pdf format, so the analysis could be performed on their offline versions. As for the previous website, both the English and Italian pages had the same graphic composition, as illustrated in Figure 2; this time the English version is presented.



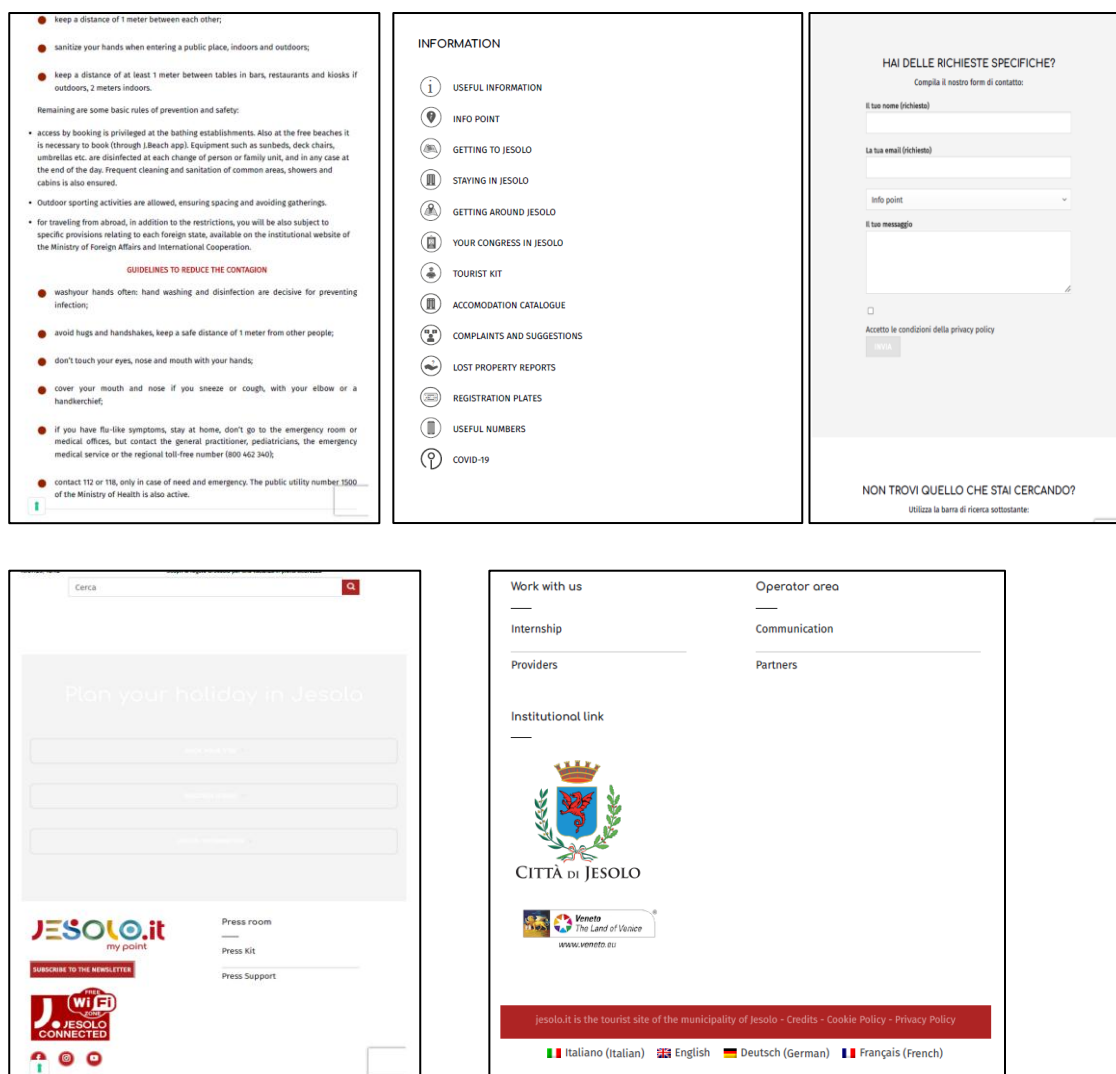


Fig. 2: The town of Jesolo's health-related information page (read left to right)

As can be seen from the screenshot, Jesolo's health-related information page can be divided into six clusters. Cluster 1 is the header, in which the logo of the town of Jesolo is associated with a clear representation of a gesture that has come to be associated with the Covid-19 emergency, namely the use of sanitising gel. In this case, the hands using it are seemingly those of a doctor, since the person is wearing a doctor's white coat. It is, however, significant that the person represented is a male, as if to give more authority to the message of the importance of hands sanitisation, which may reproduce some of the gender-based biases in medicine (e.g., Chesak et al. 2022). Cluster 2 is mostly text-based and contains health-related information organised in a bullet point list of essential facts and in a clearly separated section featuring FAQs. Clusters 3 and 5 resume the promotional aim of the general website, that is to promote Jesolo as a tourist destination. With a list of icon buttons, Cluster 3 indicates tourists where to find practical information, where to book accommodation, and so forth, while Cluster 5 provides a useful online form to plan a holiday, even though it just repeats the same functions as Cluster 3, namely a link to book accommodation, to find more information, to other sections in the website

“to discover Jesolo.” Unexpectedly, Cluster 4 is not translated into English: it contains a request for information form that is entirely in Italian, so it is potentially difficult to access by foreign tourists. Finally, Cluster 6 closes the page with the usual graphic elements presenting the logo of the town with links to social media, sponsors and other sections of the website. As for the combination of colours, they are very similar to Venice’s website, providing an unintentional *leitmotif* across the territory but, at the same time, not helping the foreign tourist in the creation of a specific territorial image connected to Jesolo as separated from Venice. Unlike the Venezia Unica website, however, in this case the health-related information is easily accessible and successfully conveyed, especially from the visual point of view, as indicated by the image in the header in Cluster 1.

Another website considered is the one of the city of Padova, available in both Italian and English. The issue of accessibility in this case lies in the almost total absence of health-related information, which was as illustrated in Figure 3 already during the outbreak of the Covid-19 emergency.

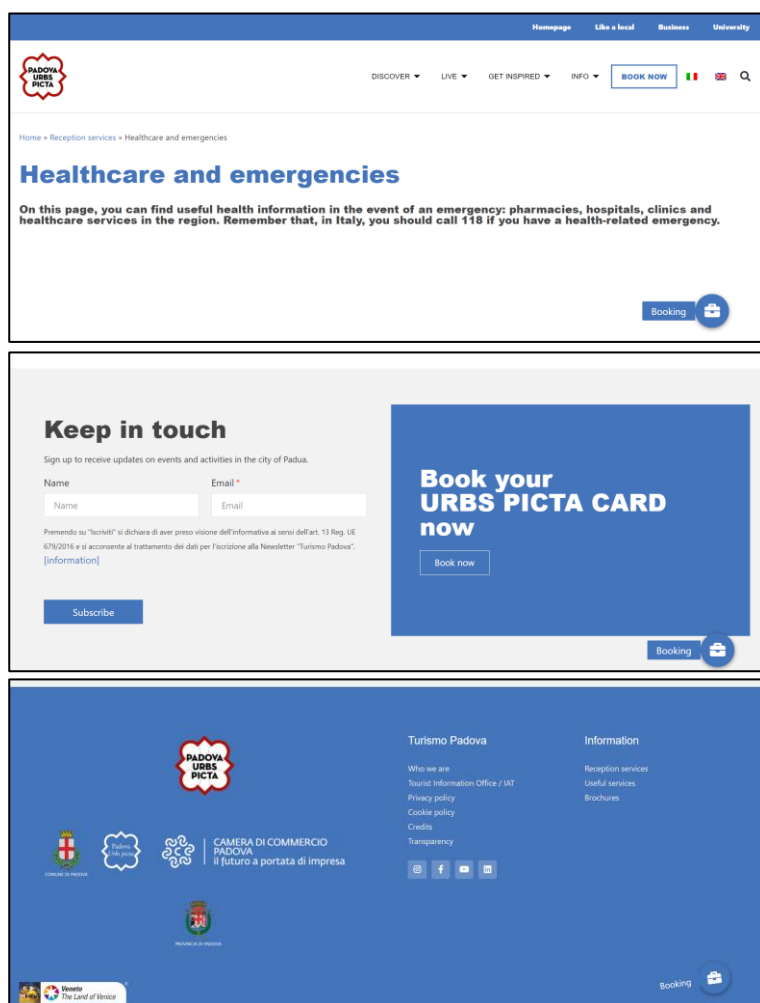


Fig. 3: Health-related page on the city of Padova’s tourist website

Figure 3 clearly shows that the page does not provide any relevant information, which is devolved to the local health services, authorities, and emergency numbers. The page can be divided into three clusters: Cluster 1 (the header), with no relevant graphic elements except for the city of Padova’s logo; Cluster 2 (the central part of the page), which provides scanty textual information; and Cluster 3, the bottom part of the page with the usual institutional and sponsor logos and information. The combination of colours is blue and white, which are the symbolic colours of the city.⁶ Overall, the visual representation of health-related information is not successful in that nothing tells domestic or foreign visitors about the function of the specific webpage, thus communication in this particular case fails.

Finally, the website of the city of Verona is the last case considered for the visual analysis in the present study. Similarly to Padova, the information provided is scanty, as illustrated in Figure 4.

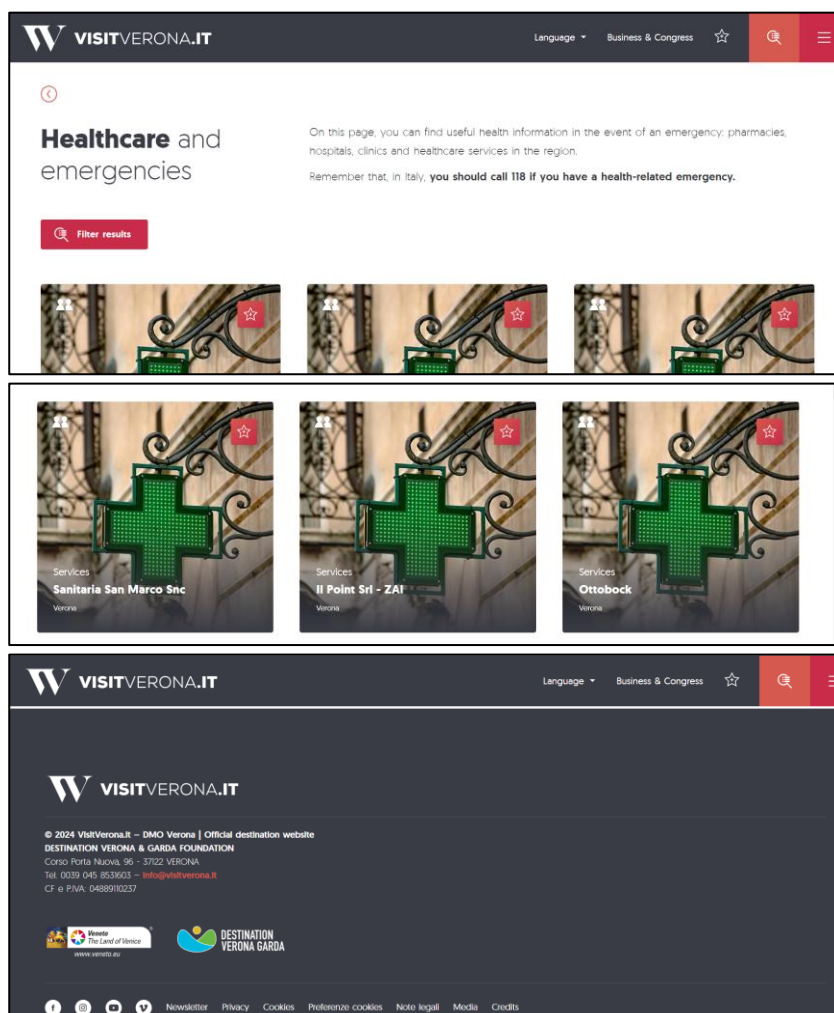


Fig. 4: Verona’s website with health-related information

⁶ <https://padovamusei.it/it/padova-suoi-colori-storia-nostra-citta-attraverso-personaggi-luoghi-colori>.

The page offers enticing graphic content. Unlike the previous case, the repeated representations of the pharmacy symbol immediately communicate to the visitors, both domestic and foreign, that the information provided is of sanitary nature. The textual content, however, is just as scarce and unsatisfactory as the Padova case. The page can be divided into four clusters: Cluster 1 is the header with the Visit Verona text-only logo and access to the rest of the website through other buttons, Cluster 2 contains very limited textual information, while Cluster 3 is based on graphic elements, namely repeated pictures of the same photo: a pharmacy sign with the name of the different drug outlets, opening times and addresses indicated in the captions below the photos. Finally, Cluster 4 at the bottom of the page again displays the Visit Verona logo and provides the usual reminders to social media, sponsors, copyright and disclaimers. The combination of colours is basic in that Cluster 1 and 4 use white fonts on a black background, while the opposite (white background with black font) is used for the text-based clusters. Except for the symbol of the pharmacy repeated in the photos in Cluster 3, nothing else reminds the visitors that the page provides health-related information. However, this solution is way more effective than the total absence of reminders in the case of the city of Padova’s website.

4.2 Verbal analysis

As specified in Section 3, the verbal analysis aimed to unveil the possible presuppositions, i.e., any background assumptions that may not be shared by the receivers of the message, hidden in the webpages of the dataset. In this regard, given the amount of text available on the webpages, a distinction is to be made between Padova’s and Verona’s websites on the one hand and those of Jesolo and Venice on the other. Although the former feature a webpage devoted to healthcare and emergencies, their verbal component in Italian and in English is extremely limited, corresponding to the text in Figures 3 and 4 above and reported in Table 2 below.

Destination	Verbal component in Italian	Verbal component in English
Padova	Servizi sanitari Servizi sanitari, punti Covid Test e farmacie per una vacanza sicura	Healthcare and emergencies On this page, you can find useful health information in the event of an emergency: pharmacies, hospitals, clinics and healthcare services in the region. Remember that, in Italy, you should call 118 if you have a health-related emergency.
Verona	Salute, cure ed emergenze In questa sezione potete trovare informazioni e contatti utili per la vostra salute in caso di emergenza: farmacie, ospedali, ambulatori e servizi sanitari del territorio. Vi ricordiamo che, in Italia, il numero sanitario unico da chiamare in caso di emergenza è il 118.	Healthcare and emergencies On this page, you can find useful health information in the event of an emergency: pharmacies, hospitals, clinics and healthcare services in the region. Remember that, in Italy, you should call 118 if you have a health-related emergency.

Tab. 2: Verbal component in Padova’s and Verona’s health-related webpages

What clearly emerges from Table 2 is that, while the information on the Italian version of the webpages differs, with Padova’s text being extremely concise and mentioning Covid-19, the English versions of the two pages perfectly coincide and correspond to the content provided on Verona’s Italian webpage. Despite the difference in the amount of text, and regardless of the language of the webpage, when visiting Padova’s website users would probably be disappointed by the fact that the natural expectation to find “useful health information in the event of an emergency” is not met: the headings and the short texts below them are simply followed by blank space. On the contrary, both the Italian and the English texts in Verona’s webpage are followed by graphic elements, i.e., links to the relevant services (pharmacies, hospitals, clinics, etc., as illustrated in Cluster 3, Figure 4), with the text thus serving as an introduction to the information that follows.

Taking a closer look at the verbal component, we can notice that both language versions indicate 118 as the number to call in any health emergency situation in Italy. This specification is interesting if analysed from the perspective of presuppositions. In Italy, the health emergency number has traditionally been 118, a fact that can be considered known to most of the population. However, in 1991 the European Union passed legislation introducing 112 as the single European emergency call number to help Europeans who travel abroad, which should be also called in the event of health emergencies. Italy has transposed this legislation into its domestic law, but at the time of writing, 112 is still not evenly active across the Italian territory.⁷ Veneto signed the protocol to implement it in March 2023,⁸ meaning that when the data were collected for this study, 112 was not available in the region and, therefore, specifying 118 as the Italian health emergency number was appropriate on those pages. This is even truer if the information is provided to foreign visitors, who may not know what the health emergency number is or who may be used to 112 if they are EU citizens.

In comparison, Jesolo and Venice present much richer webpages in terms of verbal component. The differences in content are significant: Jesolo’s webpage focuses on Covid-19 only, thus showing that it has not been updated since the pandemic, while Venice’s webpage is devoted to health services in general.

The first feature of Jesolo’s webpage that needs underlining is the fact that, despite being published on a website addressing domestic and foreign visitors, it provides information in the typical style of Italian administrative texts rather than tourist texts. Since the English version is a faithful translation of the Italian text, the same style can be traced in the English text as well. In fact, as is common in administrative discourse, the texts open with a reference to the

⁷ <https://www.interno.gov.it/it/notizie/giornata-europea-numero-unico-emergenza-112-attivo-10-regioni>.

⁸ See press release at <https://www.regione.veneto.it/article-detail?articleId=13785159>.

legislation regulating the health emergency situation in Italy and the social and economic activities allowed at the time, as is evident from extracts (1a) and (1b).

- (1a) Come previsto dal Decreto-legge del 23 luglio 2021, n. 105 sulle “Misure urgenti per fronteggiare l'emergenza epidemiologica da COVID-19 e per l'esercizio in sicurezza di attività sociali ed economiche” a far data dal 6 agosto 2021 è previsto l'impiego della certificazione verde (c.d. Green Pass).
- (1b) As required by the Decree-Law of 23 July 2021, n. 105 on “Urgent measures to deal with the epidemiological emergency from COVID-19 and for the safe exercise of social and economic activities” as of August 6, 2021, the use of green certification (Green Pass) is envisaged.

While not contributing to the communicative effectiveness of the texts and being discouraged by linguists (e.g., Cortelazzo 2021), references to legislative sources are so widespread as to be perceived as standard by readers of Italian institutional texts. However, this might not be what foreign users expect to find at the very beginning of a text supposed to provide health-related information of a practical nature, also because the legislative text referred to is not accessible in a language other than Italian. Moreover, the translation into English fails to consider that the use of the term “green pass”,⁹ extremely popular in Italy during the pandemic, was not as informative as in the Italian text. Indeed, in Italy this Anglicism was introduced to refer to the health pass implemented during the pandemic, which was known by different designations in other countries (such as vaccine pass, vaccine passport, Covid-19 passport, virus pass, etc.).¹⁰ Borrowings from foreign languages, especially English, are a typical feature of most recent Italian administrative texts (Cortelazzo 2021, 36-37), but neologisms created from English words and used in Italian are not necessarily shared or understood by speakers of other languages, irrespective of their knowledge of English. This is exactly the case of the Italian “green pass”: while the term is straightforward for Italian readers, the same cannot be assumed for foreign readers, especially because neologisms containing the adjective ‘green’ are usually associated with the protection of the environment rather than with human health.

Most of the remaining text in Jesolo’s webpage is presented in bullet points, which is a typical feature of institutional texts with an informative purpose in both Italian (Cortelazzo 2021, 23-24) and English.¹¹ The text lists the economic and social activities for which a health pass was,

⁹ The Italian equivalent “*certificazione verde*” has definitely not achieved the same level of diffusion as “green pass.”

¹⁰ See also Corbolante (2024).

¹¹ See, for instance, <https://www.gov.uk/>.

or was not, necessary and contains links to external sources of information, such as the FAQs by the Italian Government. In this regard, it should be pointed out that the advice to consult the Government’s website in order to learn about the latest updates in every single region and the FAQs¹² was only available in Italian. Excluding omission as a reason for this difference between the Italian and the English version of this webpage, the choice to leave out this suggestion from the English text could be explained by the fact that the information on the Government’s webpages was only available in Italian, making it inaccessible to speakers of other languages.

Another point in the text where presuppositions play an important role is when information is provided on the basic rules to prevent contagion when enjoying Jesolo’s beaches, as shown in the following extracts.

(2a) Presso gli stabilimenti balneari viene privilegiato l’accesso tramite prenotazione. Anche presso le spiagge libere è necessario prenotarsi (tramite app J.Beach).

(2b) access by booking is privileged at the bathing establishments. Also at the free beaches it is necessary to book (through J.Beach app).

The English text is almost a word-for-word translation of the original, and its wording – reproducing the Italian impersonal style, which favours de-personalised forms and the passive voice – is *per se* particularly awkward. However, understanding of this passage requires knowing how the Italian coast is managed. Italians are generally familiar with the fact that, at least in the most popular tourist destinations, beach-side establishments are mostly run by private businesses, which may charge high fees to access the shoreline and use their facilities (e.g., cafés and restaurants, toilets, reclining chairs and parasols), and occupy most of the coast, a small portion of which is accessible free of charge. Italians are also familiar with the fact that, especially in high season, these establishments can go sold out, so domestic tourists take for granted that they must book a place in advance. Given the social distancing measures introduced during the pandemic, the number of visitors that beach establishments could accommodate was reduced, and booking was more than highly recommended, not only to ensure social distancing but also to find a place. What constituted a novelty for both Italians and foreign visitors was the introduction of a booking system – via a dedicated app – for “free beaches,” access to which had never been regulated before. While the text is not particularly cryptical for

¹² The text reads as follows: “*Per rimanere aggiornati sulla situazione regione per regione e verificare le domande più frequenti, consigliamo di monitorare il sito del Governo.*”

a national audience, to whom the booking system for privately run beaches is already known, the same may not be true for foreign visitors, who may not be aware of the fact that in Italy there are public and privately run beaches and that, at least during the pandemic, a place must be booked regardless of the type of beach one wishes to access.

Another point in the text where the English version is a faithful translation of the Italian original but does not consider that Italian and foreign visitors may have different background knowledge of how the Italian health system works is found in the section devoted to the guidelines to reduce contagion as in extracts (3a) and (3b).

(3a) se hai sintomi simili all’influenza resta a casa, non recarti al pronto soccorso o presso gli studi medici, ma contatta il medico di medicina generale, i pediatri di libera scelta, la guardia medica o il numero verde regionale (800 462 340);

(3b) if you have flu-like symptoms, stay at home, don’t go to the emergency room or medical offices, but contact the general practitioner, pediatricians, the emergency medical service or the regional toll-free number (800 462 340).

The Italian text mentions the *guardia medica*, which is the public health service available outside general practitioners’ and paediatricians’ office hours, usually for non-urgent cases. It is thus different from the service provided by emergency rooms in hospitals and the two emergency numbers mentioned above 112 and 118, which are meant for cases requiring immediate care. While knowing the subtleties of the Italian health system may not be particularly relevant to understand the passage at hand, it is still believed that a lack of details may make the text less informative than it should be, with an ensuing limitation to the reader’s agency in the event of a health emergency.

The last text analysed here is the one available on Venice’s website, which shares some of the features mentioned in relation to the other three webpages. The webpage addresses healthcare in general and contains no mention of Covid-19. Contrary to what has been observed with reference to Jesolo, in this case the English webpage is only partially a translation of the Italian one, as emerges from excerpts (4a) and (4b).

(4a) Assistenza sanitaria

Emergenze:

In caso di emergenza sanitaria, il numero telefonico 118 del Servizio sanitario di urgenza ed emergenza è attivo per le richieste di soccorso. È un numero unico nazionale,

attivo 24 ore su 24 e sette giorni su sette. La chiamata è gratuita sia da telefoni fissi che cellulari.

(4b) Health Care

In case of a medical emergency, the number 118 of the Medical Emergency Service is active for emergency requests. It is a nationwide number, available 24 hours a day and seven days a week. The call is free of charge from both fixed and mobile telephones.

In Italy 112 will be active soon, the single European emergency number, that will replace 118; when you dial 112 you can ask for the intervention of the police, Carabinieri (gendarmerie), fire brigade and medical emergency, also with the possibility of alerting the civil defence service and the local police. The system will offer assistance in several languages and for people with disabilities, as required by European directives.

Apart from some minor formatting differences, the first part of the text is the same in Italian and English. As already pointed out for the previous extracts, the explanation of the number 118 in Italian may be superfluous, given that most of the population is familiar with it, while the same amount of information in English may prove helpful to a foreign visitor. The part of the text devoted to the single European emergency number 112, on the other hand, is only available in the English webpage and explains what the number will (or should) make possible in the future rather than what it does in the present. Therefore, despite being comprehensive and trying to make explicit what may not be particularly clear to a foreign visitor (e.g., by using a functional equivalent next to the Italian term ‘Carabinieri’), the text reinforces the idea that the author assumes that foreign visitors may be more familiar with the European number 112 than the Italian number 118, because the former may be already active in their country of origin. Furthermore, although in a milder way, the text resorts to the typical feature of administrative texts, with a reference to “European directives,” which would probably meet the expectations of Italian users more than those of foreign ones.

The section that follows in the Italian webpage only is dedicated to a project named “Salute in Rete” (lit. Health on the web) and is described as follows:

- (5) Il progetto *Salute in rete* voluto dall’ULSS 12 Veneziana, offre servizi medici e di emergenza qualificati alla popolazione (residenti, turisti, operatori economici, lavoratori, pendolari, studenti), attraverso una rete di presidi e attrezzature:

- *Punto di Primo Intervento in Piazza San Marco*

Venezia – Piazza San Marco 63/65 Procuratie Nuove

- *Punto di Primo Intervento di Piazzale Roma*
Venezia – Santa Croce 496 Piazzale Roma
- *Città Cardioprotetta*: 50 defibrillatori dislocati in città
- *“health-in-touch”*: servizio attivo dal 1 aprile al 31 ottobre come desk virtuale in italiano e inglese (dalle 8.00 alle 18.00) per dare risposte di counselling al turista: cosa è consigliabile faccia; dove è consigliabile vada; con chi è consigliabile parli.

The description contains information that only locals may grasp, namely reference to the local health authority *ULSS 12 Veneziana*, but at the same time it also mentions tourists twice: the first time when it lists them among the target users of the health and emergency services provided within the project and the second time when it explains what the “health-in-touch” service is. Curiously enough, this passage is meant explicitly for tourists, it is rich in Anglicisms (the name of the service itself, ‘desk’, ‘counselling’) and describes a service available in Italian as well as in English, but the information is only available in Italian, cutting out potential users.

5. Final remarks and conclusions

The aim of the present study was to investigate how health-related information is communicated to prospective visitors in the Italian and English versions of a selected group of tourist destinations’ websites in the Italian region of Veneto. The study is a follow-up of two previous contributions (Cesiri 2021; 2019) that investigated similar websites before, during and after the outbreak of the Covid-19 pandemic.

The multimodal discourse analysis conducted on the visual and verbal components of the websites has revealed that, since the first two studies and since the authors started the collection of the material for the dataset, only four destinations (i.e., Padova, Verona, Venezia, Jesolo) have maintained their tourist promotion websites active to this day and – of these – only three (Padova, Verona, and Venezia) have retained health-related information online. The website of the beach town of Jesolo could be included in the present investigation only because the authors saved a .pdf file of the corresponding webpages.

The visual and the verbal analyses of these websites have revealed that the health-related information is limited to essential information on emergency numbers and services (e.g., pharmacies) or is delegated to external websites, such as those of healthcare authorities (e.g., regional ULSS services). In some cases, the webpages analysed still retain traces of the measures adopted during the pandemic and now outdated, such as references to the so-called ‘green pass’ and social distancing, possibly indicating some lack of consideration for health-related matters in local institutions responsible for the contents of the websites. What is more, when this kind of information is provided, it presupposes a level of knowledge of the Italian

healthcare system and services that foreign travellers seldom – if ever – possess. This lack of information – or the unavailability of the websites altogether – and the high level of presupposition entrenched in the health-related content of those websites makes institutional communication opaque and ineffective. The present study, therefore, showcases similar results to the previous studies (see Section 2); albeit the research is based on different contents, it completes the overall conclusion that institutional tourism communication should be thoroughly revised in terms of both content accessibility and information retrieval not only in Italian but also in the English versions of the tourist destination websites. This aspect is particularly relevant because of the role played by English as a *lingua franca*, especially in the tourism sector.

The study undoubtedly shows some drawbacks due to the limited size of the dataset, which in turn is due to the ephemeral nature of websites. It would be thus interesting to extend the analysis to the external links provided by the tourist websites still available and examine the health-related information for foreign visitors provided by the local healthcare authorities (i.e., the ULSS in the several Veneto districts), and then compare and contrast the communicative strategies in terms of health-related communication at the level of presupposition in the Italian and the English version of the ULSSs’ websites.

Bionotes

Daniela Cesiri is Associate Professor of English Language, Linguistics and Translation at the Department of Linguistics and Comparative Cultural Studies, “Ca’ Foscari” University of Venice, Italy. Her research interests include the investigation of the English language through corpus linguistics, discourse analysis, Computer-Mediated Communication, and pragmatics, the history and varieties of English, EAP/ESP. In these areas, she has published extensively in national and international journals and volumes. She has also authored the monographs “Nineteenth-Century Irish English: A Corpus-Based Linguistic and Discursive Analysis” (2012, Mellen Press), “The Discourse of Food Blogs: Multidisciplinary Perspectives” (2020, Routledge), and the textbook “Variation in English Across Time, Space and Discourse” (2015, Carocci). A third monograph “Communicating Food to Children: Linguistic and Socio-cultural Perspectives” (Routledge) is forthcoming. On this, she is also conducting a two-year research project as Principal Investigator within the funded programme SPIN2023 at “Ca’ Foscari” University of Venice.

Katia Peruzzo is Associate Professor of English Language and Translation at the Department of Legal, Language, Interpreting and Translation Studies, University of Trieste, Italy, where she teaches English language and English-Italian translation. Her academic interests include

legal discourse as well as knowledge mediation and popularisation. Her latest research focuses on the dissemination of legal knowledge through multimodal material, the relationship between ideology and terminology, and the potentially discriminatory use of language. In her studies, she applies mainly qualitative and quantitative corpus-assisted analytical approaches.

Works cited

- Baldry, Anthony and Paul J. Thibault. *Multimodal Transcription and Text Analysis: A Multimedia Toolkit and Coursebook with Associated On-Line Course*. London: Equinox, 2006.
- Banca d'Italia. *Indagine sul Turismo Internazionale*. 28 June 2023. <http://www.banditalia.it/statistiche/index.html>. Last visited 13/04/2024.
- The British Government Website. <https://www.gov.uk/>. Last visited 13/04/2024.
- Cesiri, Daniela. "The Construction of the Territorial Image in Tourism Websites: The Case of the Veneto Provinces." *Altre Modernità* 21 (2019): 158-176.
- . "The promotion of the Veneto Territory in Times of Crisis: A Critical Discourse Analysis of Tourist Boards Websites during the Covid-19 Pandemic." *Iperstoria* 18 (2021): 108-131.
- Chen, Shui-Lien, Hsiang-Ting Hsu and Richard Chinomona. "How Tourists' Perceived Risk Affects Behavioral Intention through Crisis Communication in the Post-COVID-19 Era." *Mathematics* 11 (2023): 1-18.
- Chesak, Sherry S., et al. "Experiences of Gender Inequity Among Women Physicians Across Career Stages: Findings from Participant Focus Groups." *Women's Health Reports* 3.1 (2022): 359-368.
- Corbolante, Licia. "Neologismi per non vaccinati: no pass e boh vax." *Terminologia etc.* 27 July 2021. <https://www.terminologiaetc.it/2021/07/27/neologismi-no-green-pass/>. Last visited 13/04/2024.
- Cortelazzo, Michele A. *Il linguaggio amministrativo. Principi e pratiche di modernizzazione*. Roma: Carocci Editore, 2021.
- Fairclough, Norman. *Analysing Discourse: Textual Analysis for Social Research*. London: Routledge, 2003.
- . "Discourse, Social Theory, and Social Research: The Discourse of Welfare Reform." *Journal of Sociolinguistics* 4 (2000): 163-195.
- Jesolo.it. "Covid 19." Italian version. <https://jesolo.it/informazioni-utili/covid-19/>. Last visited 18/07/2023.
- . "Covid 19." English version. <https://jesolo.it/en/useful-information/covid-19/>. Last visited 18/07/2023.

- Katan, David. "It's a Question of Life or Death: Cultural Differences in Advertising Private Pensions." *Forms of Promotion: Texts, Contexts and Cultures*. Edited by Nicoletta Vasta. Bologna: Pàtron Editore, 2006. 55-80.
- Kress, Gunther and Theo van Leeuwen. *Reading Images: The Grammar of Visual Design*. London: Routledge, 2006.
- Lee, Timothy J., Ji-Sook Han and Tae-Gyou Ko. "Health-Oriented Tourists and Sustainable Domestic Tourism." *Sustainability* 12 (2020): 1-16.
- Maci, Stefania. *English Tourism Discourse: Insights into the Professional, Promotional and Digital Language of Tourism*. Milano: Hoepli, 2020.
- Manca, Elena. "Official Tourist Websites and the Cultural Communication Grammar Model: Analysing Language, Visuals, and Cultural Features." *Cultus* 9.1 (2016): 2-22.
- Ministero dell'Interno. "Giornata europea del Numero unico emergenza 112, attivo in 10 regioni." 12 February 2021. <https://www.interno.gov.it/it/notizie/giornata-europea-numero-unico-emergenza-112-attivo-10-regioni#:~:text=Il%20modello%20della%20centrale%20unica,una%20popolazione%20complessiva%20di%20oltre>. Last visited 13/04/2024.
- Park, Eunhye, Woo-Hyuk Kim and Sung-Bum Kim. "How Does COVID-19 Differ from Previous Crises?: A Comparative Study of Health-related Crisis Research in the Tourism and Hospitality Context." *International Journal of Hospitality Management* 103 (2022): 1-12.
- Regione del Veneto. "NUE 112. Numero unico emergenza europeo, siglato oggi a Venezia da Ministro dell'Interno e Presidente della Regione il protocollo per l'attuazione nel Veneto." 30 March 2023. <https://www.regione.veneto.it/article-detail?articleId=13785159>. Last visited 13/04/2024.
- Szczygielski, Jan Jakub, et al. "The Impact and Role of COVID-19 Uncertainty: A Global Industry Analysis." *International Review of Financial Analysis* 80 (2022): 1-17.
- Šerić, Maja, Maria Vernuccio and Alberto Pastore. "Revising the Basic Principles of Integrated Marketing Communications During a Health-related Crisis: The Case of Croatian Tourism and Hospitality Industry." *Corporate Communications: An International Journal* 29.2 (2024): 257-278.
- Smith, Matthew and Ericka Amorim. "Tourism, Safety, and Health Information Provided on European Country Websites: A Content Analysis." *Revista Turismo & Desenvolvimento* 27/28 (2017): 679-690.
- Su, Diep Ngoc, et al. "Modeling Behavioral Intention Toward Traveling in Times of a Health-related Crisis." *Journal of Vacation Marketing* 28.2 (2021): 135-151.

- Turismopadova.it. "Healthcare and emergencies." 2 November 2023. <https://www.turismopadova.it/en/welcome-in-padua/healthcare-and-emergencies/>. Last visited 13/04/2024.
- . "Servizi sanitari." 19 November 2021. <https://www.turismopadova.it/accoglienza-in-citta/servizi-sanitari/>. Last visited 13/04/2024.
- Veneziaunica.it. "Assistenza sanitaria." <https://www.veneziaunica.it/it/content/assistenza-sanitaria>. Last visited 13/04/2024.
- . "Health Care." <https://www.veneziaunica.it/en/content/health-care>. Last visited 13/04/2024.
- Visitverona.it. "Healthcare and Emergencies." <https://www.visitverona.it/en/plan/healthcare-and-emergencies>. Last visited 13/04/2024.
- . "Salute, cure ed emergenze." <https://www.visitverona.it/it/pianifica/salute-cure-e-emergenze>. Last visited 13/04/2024.
- Vong, Celeste, Paulo Rita and António Nuno. "Health-Related Crises in Tourism Destination Management: A Systematic Review." *Sustainability* 13 (2021): 1-28.
- Wadhar, Saba Batool, et al. "What Factors Will Influence Chinese International Traveling for Leisure in the Post-COVID-19 Era: Role of Health Priorities and Health-Related Information Literacy." *Healthcare* 11 (2023): 1-23.
- World Health Organization. <https://www.who.int/>. Last visited 13/04/2024.
- Yu, Meng, et al. "Communication Related Health Crisis on Social Media: A Case of COVID-19 Outbreak." *Current Issues in Tourism* 24.19 (2020): 2699-2705.