

# Medical tourism: Tourist information sources, satisfaction and post behavioral

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## Abstract

Medical tourism besides others is one of the recognized new niche tourism products that can contribute the economic development of a country including Malaysia. Despite gradually proliferate in term promotion, there still lack of understanding of core creation processes which are dealing with the pre-stage of information seeking, during experiencing the healthcare treatment and after having the treatment among the international medical tourists. In narrowing the existing study gaps, this paper reviews the information sources, medical provider attributes, satisfactions and behaviour intention and proposed the study framework which showing the connection between those variables.

## Keywords:

Medical tourism, information sources, satisfaction, post behavioral intention

## **1 Introduction**

No denying the fact that the general character of the tourism industry is gradually compartmentalizing into highly specialized money spinning segments with the tourism experts and countries are busy devising strategies that would open new tourism products for the tourists (Lai & Vinh, 2013). Gastronomic tourism, culture based tourism, rural and community based tourism, wildlife, green, dark tourism and medical tourism are examples of the niche new tourism products that are able to attract substantial number of the international tourists (Aydin & Boz, 2010). Compared to the other tourism products, medical tourism is inherent with considerable potential revenue generating when the international medical tourists are now being looked for good quality of medical treatment with reasonable charges and the attractive tourism attributes (Reddy, 2013). Globally, the medical tourism has been growing 20% annually over the past several years (Rollandi (2014). According to Rollandi (2014), a writer with *Patients beyond Borders* (a source of consumer information about international medical and health travel), the worldwide medical tourism market will be reaching approximately \$47 billion by the end of the current year. In the United State alone, there were more than 200,000 Americans travelled abroad for medical procedures in 2009 (Gatrell, 2011) while nearly 50,000 United Kingdom residents seek healthcare treatment abroad every year (Lunt, Machin, Green, & Mannion, 2011) and similar scenario is occurring for other countries in the globe.

In addition to the exiting conventional and niche new tourism products, Malaysia perceived medical tourism providing an impetus sign for economic and the social growth for the country. It is one of the tourism sectors that have been identified as a National Key Economic Area (NKEA) within the Economic Transformation Program, which is aimed in transforming Malaysia into a high-income nation by the year 2020 and now considered as one the greatest expansion sector of the tourism industry (Malaysian Economic Report, 2015). The commitment of the central government and related agencies in promoting medical tourism in Malaysia witnessed a significant growth with the increasing of medical tourists from 392,956 in 2010 to 859,00 in 2015 (Malaysia Healthcare Travel Council, 2015). The gradual increase of medical tourists has generated RM588.6 million of healthcare revenue between January to September in 2015 with target set at RM854 million in 2016 (Malaysia Healthcare Travel Council, 2016). Based on the market analysis, 70% of the medical tourists who visited Malaysia are from Indonesia, followed by Middle East, India, China, Japan, Australia, New Zealand and United Kingdom. African countries and Bangladesh are the other emerging market for medical tourism in Malaysia (Malaysia Healthcare Travel Council, 2016). According to Musa, Thirunoorthi and Doshi (2012) the excellent medical services, value for money, religious factor and supporting services are the factors that motivate international patients of choosing the Malaysian private hospitals.

## **1.1 Issues**

Tourism Research and Marketing (2006) classified medical tourism into four categories and those are: a). Illness (medical check-ups, health screening, surgery, cancer treatment and transplant, b). Wellness (acupuncture, spa treatment, beauty care, home therapy, c). Enhancement (cosmetic surgery, non-surgical cosmetic procedure and liposuction and, d). Reproduction (fertility treatments and birth tourism including surrogacy). In line with the four categories of medical tourism, the international medical tourists' indubitably dealing with the three stages of core creation processes namely the pre-stage of information seeking, during undertaking and experiencing the healthcare treatment and lastly the post or after having the treatment. In this sense, the medical tourists' behavioural intention of undertaking treatment overseas in particular is partly conditioned by information sources on medical attributes of the medical providers or hospitals. In other words, the initial information sources (induce, organic and autonomous) related to medical tourism attributes like cost, facilities, services, treatments and other attributes are conjectured to have influence the medical tourists' decision in choosing a destination subsequently evaluate the experience through their level of satisfaction for their future behaviour intentions and recommending others.

Based on literatures, the growing available studies pertaining to medical tourism to date is mainly looking at the individual safety of medical tourists including a lack of risk communication and informed consent (Penney, Snyder, Crooks & Johnston, 2011; Turner, 2013), distant travelled of medical tourism (Lunt, Hardey & Mannion, 2010; Penney et al., 2011), health care systems in destination and departure countries including the diversion of resources (Meghani, 2011; Sen Gupta, 2008) and the prioritization of the needs of international patients care (Turner, 2007; Chen & Flood, 2013). However, and not to exaggerate that there is still lack of an empirical investigation undertaken in understanding the connection between the pre-stage of information seeking, during experiencing the healthcare treatment and post or after having the treatment among the international medical tourists. In other word, the integrated of these three core creation processes have not being holistically tested. With that gaps and as the understanding of the international medical tourists' behavior will benefit the travel agencies, relevant medical providers like hospitals, clinics and the government agencies, an empirical investigation is therefore warrants to be undertaken. Thus, this paper reviews the information sources, medical provider attributes, satisfactions and behaviour intention and subsequently proposed the study framework which shows the connection between those variables.

## 2 Literature Review

### 2.1 Information Sources

From the available literatures, many scholars have discussed the information sources from travel and destination perspective (Beerli & Martin's, 2004; Chen & Tsai 2007; Echtner & Ritchie 1991; Gartner, 1993). Based on Beerli and Martin's (2004) travel model, information is composed from both primary and secondary sources. Primary information sources are a person's experience at a travel destination and the intensity of the visit while secondary information sources relate to information obtained without visiting the destination. The purpose of secondary information sources is to fulfil three basic functions in destination choice: to minimize the risk that the decision entails, to create an image of the destinations, and to serve as a mechanism for later justification of the choice (Beerli & Martin, 2004). In addition, Gartner (1993) state that the image of destination is shaped by induced, organic, and autonomous sources of information and these three sources are essential before the individual tourist experiencing a destination.

#### 2.1.1 *Induced*

Induced sources of information or promotional materials which Gartner (1993) classified as (a) overt induced and found in conventional advertising in the mass media, from information delivered by the relevant institutions in the destination or by tour operators and wholesalers; and (b) covert induced is using celebrities in the destination's promotional activities or destination reports or articles. Most of the conducted studies well recognized the relationship between supply side of induced sources information with the destination image (Gartner 1993; Iwashita 2003).

#### 2.1.2 *Organic*

Organic sources of information are word of mouth (WOM) from friends and relatives based on their own knowledge or experience about the places whether the information was requested or volunteered and a visit to the destination which both are not controlled by destination marketers (Gartner, 1993). Literatures indicated that receiving WOM has an impact on the receiver's awareness, attention, consideration, brand attitudes, intentions and expectation (Laczniak et al., 2001; Grewal et al., 2003; Mikkelsen et al., 2003).

#### 2.1.3 *Autonomous*

The name "autonomous agents" given by Gartner (1993) consist of things such as news articles, educational materials, movies and popular culture. Autonomous sources of information are assumed to have more influence on image formation since they have higher authority and capability to reach mass crowds than the destination-originated information (Gartner 1993; Hanefors & Mossberg 2002). Autonomous

sources of information generate a general understanding about a destination, and are independent and out of a destination’s direct control. Image can change in a short period of time when the information is shown to large audiences through the media. Also in the case of a distant country which lack of knowledge exists, the autonomous agents are able to cause a more effective change in image due to their high credibility and ability to reach mass crowds.

## 2.2 Medical Tourism

Owing to lack of empirical studies on medical tourism to date, the literatures highlighted here are more toward explanatory or descriptive rather than critical review. According to Reddy (2013) the term medical tourism is slightly problematic as it is not defined and applied consistently. Although in general it is referring to travel across national borders with the aim of improving one’s health (Bookman & Bookman, 2007), there is still no consensus over the types of treatments (TRAM, 2006). In fact, the terms medical tourism and health tourism and wellness tourism is used interchangeably (Bookman & Bookman, 2007). In short, Table 1 presents some selected definitions of destination image to untangle its various dimensions.

Table 1: Selected definitions of medical tourism

Authors	Definitions
Crooks, Kingsbury, Snyder and Johnston (2010)	The specific activity of the particular persons to travel across the borders for purchase a medical procedure out-of-pocket.
Connell (2006)	A popular mass culture which involve long distances overseas destination to obtain medical, dental and surgical care while simultaneously being holiday makers in a more conventional sense
Gill and Singh (2011)	Associate with travel from one’s normal place of residence to another destination to proactively pursue activities that maintain or enhance their health and well-being.
Mueller and Kaufmann (2001)	The individual or group often purchase a service package comprising physical fitness, beauty care, healthy nutrition, relaxation, meditation, and mental activity.

*Note: Researcher findings*

For whatever interpretation given, for this study the broad and holistic definition provided by Reddy (2013) is used which refer medical tourism to the act of travelling abroad across international borders to obtain various types of health and wellness treatments.

### 2.2.1 Medical Tourism Attributes

Glinos and Boffin (2006) identified four drivers behind the upsurge of demand for medical services overseas and contribute to medical tourisms increasing its popularity.

Monetary valuation or cost related, quality of service, treatments and travelling documents are the obvious ones. Millions of patients a year travel abroad to seek and consume healthcare and too expensive, too delayed, unavailable, or even proscribed in their country of residence cause the people seeking medical abroad (Patients Beyond Borders, 2013; Woodman, 2007). Connell (2006) postulate that lower cost of medical treatment and procedures attract substantial number of medical tourists to Thailand, Malaysia and India and as the cost 20% to 25% lower of those offered in the United States and many other developed countries. The Flash Eurobarometer survey (2007) list unavailability of treatment at home; better quality of treatment abroad; provision of services by specialist; faster treatment and affordability of care as among the drivers that motivate citizens of EU member states to seek treatment outside of their home country.

Gahlinger (2008) stated that countries like Thailand and Malaysia which is popular with medical tourism offers advanced medical procedures, holistic treatments, and professional overseas trained doctors with numerous JCI accredited hospitals. This is further support with an excellent hospitality, low crime rate and popular tourist destination. Euthanasia foreign patients to get a visa and the desire for privacy and the wish to combine traditional tourist attractions, hotels, climate, food, cultural visits with medical procedures are also thought to be key contributing factors (Furnham, Crump & Chamorro, 2007).

### **2.3 Satisfaction**

Despite its broad area, the current researchers generally agree that satisfaction is the end state feeling dealing with an effective and cognitive state of reward and emotional response to an experience or a comparison of rewards and costs to the anticipated consequences (Brief, 1998; Fisher, 2000; Weiss 2002). The affective component of satisfaction accounts for the feelings of people associate with object as well as the valence of those feelings (Bagozzi, 1978). A positive effect of satisfaction reflects the extent to which a person feels enthusiastic, active, and alerts (Watson, Clark & Tellegen, 1988). Conversely, individuals high in negative satisfaction are generally uncomfortable or otherwise orient towards life's negative aspects (Watson & Clark, 1984). Negative effect of satisfaction reflects the extent to which people experience a general dimension of subjective distress and unpleasant engagement that may take the form of many emotional states including anger, contempt, disgust, guilt, fear, and nervousness" (Watson et al., 1988).

Cognitive satisfaction is often characterized as the content of thoughts or beliefs about an attitude object or statement of fact in question, usually in comparison to a standard or expectation (Bagozzi, 1978; Campbell, Converse & Rodgers, 1976; Crites, Fabrigar & Petty 1994; Organ & Near, 1985; Weiss, 2002; Weiss & Cropanzano, 1996). For example, if an employee expects a certain level of autonomy in the way he works and is being micromanaged, the discrepancy between expected and perceived

autonomy may lead to thoughts of dissatisfaction. They may be thought of as the rational, calculating part of attitudes that rely on unemotional comparisons (Hulin & Judge, 2003, Moorman, 1993; Organ & Near, 1985). Martin, O'Neill, Hubbar, and Palmer (2008) on the other hand is viewing emotional satisfaction is the inner feeling resulting from an evaluative and experience by the individual toward something that may also determine future behavioral intentions. They argued that more attention should be paid to the role emotional satisfaction in a buying and experience process in addition to the affective and cognitive components of the satisfaction construct.

## **2.4 Behavioral intention**

The backbone of the argument that consumers' actual behaviours are strongly predicted by their behavioural intentions is found in Ajzen and Fishbein (1980). Typically, studies on consumers are limited to examining behavioural intentions rather than their actual future behaviour because of the complexity in tracking actual purchase behaviour. A contention to support the argument is that intentions should predict subsequent behaviours are put forward by some theoretical researchers (Ajzen & Fishbein, 1980) in the face strong criticisms that intention does not always lead to actual behaviour (Gabler & Jones, 2000; Morwitz & Schmittlein, 1992). However, Ajzen and Fishbein's (1980) assert that choices of intention are relatively accurate predictors of behaviour is affirmed by Fishbein and Manfredo (1992) who contended that when properly measured, corresponding intentions were indeed, precise predictors of most social behaviours. There are two main consequences of value perceptions, that is: 1) intentions to repurchase and 2) recommending behaviours and both the consequences have been of concern for value studies. Invariably, favourable behavioural intentions come by way of saying positive things about the service and recommending the service to others (Boulding, Kalra, Staelin, & Zeithaml, 1993; Julaimi, et. Al, 2016; Zeithaml et al., 1996).

## **3 Conceptual Framework**

Drawing upon a review of the major constructs and dimensions, the conceptual study framework which is also referred to hypotheses model is diagrammed in the below Figure 1. It depicts the information sources and relevant others contribute to medical tourists post behavioural intention. To be specific, the initial information sources (induce, organic and autonomous) related to medical tourism attributes like cost, facilities, services, treatments and other attributes are conjectured to have influence the medical tourists' decision in choosing a destination subsequently evaluate the experience through their level of satisfaction for their future behaviour intentions and recommending others.

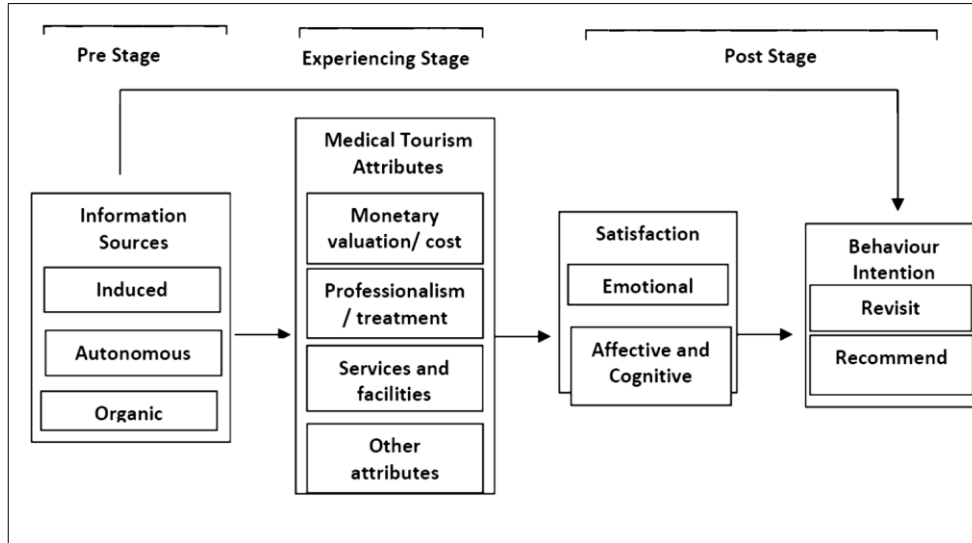


Figure1: Study framework

#### 4 Methodology

With the attention of revealing the international medical tourist experience on the three core creation processes, a quantitative approach through the questionnaire survey will be adopted for the information gathering. The target population and the unit analysis will be the individual international medical tourists who are currently or have experienced undertaken the medical treatment in Malaysia. These include: a) patients who are having medical check-ups, health screening b) patients who are engaging in or experiencing spa treatment or beauty care, c) patients who are dealing with cosmetic surgery, non-surgical cosmetic procedures and d) patients who are dealing with fertility treatments. A survey questionnaire will be used in gathering essential information and a self-completed questionnaire will be designed. It will be developed based on the variables stipulated in the conceptual study framework. Items in each dimension (independent, mediating and dependent variables) will be developed and adapted from established sources with modification made on the wording to suit the research objectives (Reddy, 2013; Cornell, 2006)

As this study will directly benefit the country, particularly the Ministry of Health and the Ministry of Tourism, Culture and Art, both ministries will be humbly requested to assist the researcher by issuing letters to respective hospitals and clinics with regard to the survey that will be undertaken. Subsequently, the Human Resources Department of each selected hospital and clinic will be met to obtain permission to undertake the survey with their international patients, particularly those on the verge of being discharged, and to obtain the records (electronic mail addresses or telephone numbers) of past patients. According to Patients Beyond Borders (2013) there are thirteen hospitals and clinics currently popular among the international medical tourists in Malaysia.



## 5 Conclusion

Academic literatures and research on medical tourism especially based on first hand patients or administrative interviews and survey is still limited and the available information on the growth of medical tourism is centrally highlighted in the mainstream media, printed materials, electronic media and the internet with little empirical research undertaken beyond the exploratory stage (Gatrell, 2011). There is also less attempt made on the understanding of core creation processes of the medical tourism which is dealing with pre-stage of information seeking, during experiencing the healthcare treatment and after having the treatment among the medical tourists. This scarcity is directly creating vast gaps for academicians to explore the issues in this niche new tourism market. The significant contributions of this proposed study will therefore be accomplished by way of testing the hypotheses model and confirming whether they are supported or rejected. The significant insights of this study will also create new documentation and add to the accruing academic literature on medical tourism. This study will also most likely be leading the other potential researchers to look more in depth or in broader scope related to the medical tourism studies.

From the practical perspective, it is hoped that understanding the connection between the pre-stage of information seeking, during experiencing the healthcare treatment and post or after having the treatment among the international medical tourists or the integrated of these three core creation processes will create awareness to the relevant parties such as hospitals, clinics, travel agencies and government authorities of the country in improving the weaknesses or maintaining and upgrading the current and the future scenario of medical tourism scenario.

Hospitals and clinics that receive and involve with the international medical patients may take heed to the findings by improving, maintaining and increasing the products and services offered. With the high yield, ground breaking medical treatment and procedures provided by the hospitals and clinics will also help the travel agencies in promoting and induce positive image of the country for medical tourism as well. It will also aid country in scrutinizing the drawbacks and strengthening their policies and marketing strategies overseas in attracting potential and revisit of medical tourists and making the country into the preferred destination of world class of medical tourism.

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