

# Revising a Conceptual Model and Scale to Assess Interest in Medical Tourism Services

OUTSTANDING PAPER: Hospitality and Tourism

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## Introduction

Across the globe, hospitals and medical providers been thrust into an environment of upheaval and intense competition. Regardless of the payment system, governmental intervention, or controls, many hospitals now compete for patients (Cooper, 2012). Research suggested that private and public hospitals alike have responded to increased competition by addressing clinical performance and service delivery. In return, patients look for hospitals and medical care providers to deliver value within the patient encounter (Porter, 2004).

For many decades, the affluent have traveled to obtain the best in medical care across the globe. It has only been within the last twenty years that the phenomenon has been given a name: medical tourism. Hamlin (2012) defined medical tourism as “travel outside of an individual’s home region or country in pursuit of medical care that is more accessible, of higher quality, of lower cost, or some combination of these.”

According to the Medical Tourism Association (2013), nearly 80% of Americans seeking a medical tourism site cited cost savings as their primary motivator. The study found that nearly 38% of respondents sought cosmetic surgery overseas. Patients must be satisfied, as 48% later reported that they would again use medical tourism. Global medical tourism could represent \$45-96 billion. Similar dynamics are occurring across the globe, as patients are seeking medical care outside of their local marketplace (Connell, 2013).

## *Review of Literature*

Medical tourism, while in existence for many decades, has risen in interest within the last few years. For United States citizens, Helble (2011) concluded that recent healthcare reforms have driven many Americans to seek medical tourism. For some, health insurance coverages may have changed, making medical tourism – which is usually paid out-of-pocket – a better option. Given that healthcare services in other countries are delivered at a lower cost with the same level of high quality makes this decision even easier.

Medical tourism is inherently linked to hospital selection. Akinci (2005) found that patients seek hospitals that have a good reputation within the market and as evaluate by past or current

patients. In practice, physicians are often the driving influence on hospital selection (Javalgi, 1991). However, word of mouth communication and past experiences are also key drivers for hospital selection. Specifically, past positive experiences are an important influencer or validator for selecting a hospital. As such, medical tourism patients often use the same heuristic in selection that they do when evaluating or choosing a local hospital.

Connell (2013) identified different categories of medical tourism patients:

- Elite patients – Those whose wealth will allow them to seek medical care anywhere in the world.
- Second-Tier wealthy patients – Those whose significant wealth will allow them to seek elective procedures in another market or across the globe.
- Diasporic patients – Those who are relatively affluent, but seek to return to their home country for medical care.
- Cross-border patients – Those who move freely across bordering countries' to seek medical care.
- Desperate medical patients – Those who seek care in another market, but do so at considerable personal cost.

While each of these categories are important, most researchers focus on the first three when seeking to explaining selection and evaluation dynamics among medical tourists (Crooks, 2010; Connell, 2006).

Not only do medical tourism patients benefit, as healthcare organizations also realize positive outcomes when they attract patients from outside the market area. Hjalager (2009) developed a model of medical tourism that offered the interchange between a provider's economics and innovation. The study found that medical tourists add to an organization's financial success. As a result, providers can redirect investments into technology, patient care, or other areas.

#### *Development of Conceptual Model*

While research has focused on the availability of medical tourism services, there is no definitive scale to analyze or predict an individual's likelihood to seek medical tourism services. Connell (2006) suggested that word-of-mouth is an effective way to communicate about medical tourism services. Through a literature review in the medical tourism field, the following dimensions for selecting medical tourism services across the research were identified (Crooks, 2010; Crooks, 2011; Guiry, 2011; Jonas, 2011; Levary, 2011; Menvielle, 2011; Peters, 2011; Smith, 2007; Snyder, 2012; Kumar, 2012):

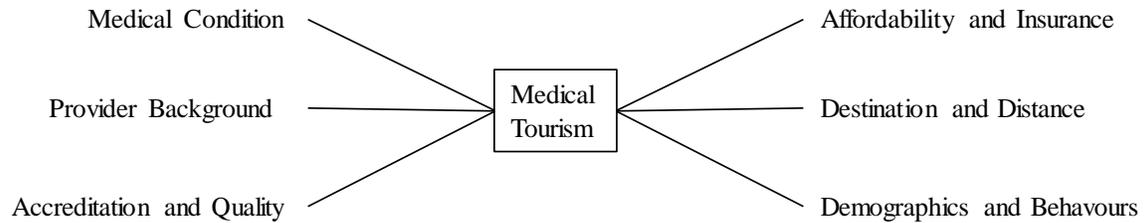


Figure 12: Dimensions for Selecting Medical Tourism Services

### *Qualitative Testing of Medical Tourism Dimensions*

Based upon the identified dimensions for selecting medical tourism services, a series of focus groups were held. The goals were to test the identified dimensions, identify other dimensions that may be important, develop operational definitions for each dimension, and develop a list of criteria under each that could be used in scale development.

A total of four focus groups were held, totaling 41 participants. For each group, participants were asked to define medical tourism in their own terms. Participants were then asked to evaluate and discuss the above dimensions from Figure 4.1.

They were provided with scenarios where patients might consider medical tourism. In the end, the participants validated the dimensions of medical tourism, with one exception: participants did not choose to include insurance. As such, this one dimension was revised include the concepts of high quality care and service, per the focus groups' recommendation.

Following the focus groups, a panel of healthcare experts was assembled. Focus group comments were transcribed and shared with the panel, along with other participant observations (emotion, voice tone, etc.). Following Sayre (2001), social constructivism was utilized, where the panel analyzed participants' comments and insights to understand how a consensus was achieved around the medical tourism dimensions. In the end, the panel validated the dimensions, affirming the outcomes of the focus group participants.

### *Scale Development*

Based upon characteristics and factors identified in the literature review, along with input from the focus groups, the following scale questions were developed within each dimension. These are aligned with the validated dimensions of medical tourism, as offered by focus group participants and validated by the panel of healthcare experts:

Dimension	Scale Questions
Medical Condition	<ul style="list-style-type: none"> <li>– What is your medical condition for which you are seeking care outside of your country? (Countries to select – Check all that apply)</li> <li>– My medical condition requires surgery (Yes/No)</li> <li>– My surgery is considered elective (Yes/No)</li> <li>– My medical condition can be treated as an outpatient, with maybe only an overnight stay in the hospital (Yes/No)</li> <li>– My medical condition must be treated as an inpatient, and will likely require a multiple night stay in the hospital (Yes/No)</li> </ul>
Provider Background	<ul style="list-style-type: none"> <li>– If the physician was highly regarded, I would seek a physician outside of my region to treat my medical condition.</li> <li>– If the physician was highly regarded, I would seek a physician outside of my country to treat my medical condition.</li> <li>– If the hospital was highly regarded, I would seek a hospital outside of my region to treat my medical condition.</li> <li>– If the hospital was highly regarded, I would seek a hospital outside of my country to treat my medical condition.</li> <li>– If it meant preserving my privacy, I would seek a hospital outside of my region to treat my medical condition.</li> <li>– If it meant preserving my privacy, I would seek a hospital outside of my country to treat my medical condition.</li> </ul> <p>[5-point Likert scale: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree]</p>
High Quality Care and Service	<ul style="list-style-type: none"> <li>– I am willing to take a risk, if it means seeking medical care outside of my region.</li> <li>– I am willing to take a risk, if it means seeking medical care outside of my country.</li> <li>– Looking for medical care outside of my region, it is important to find a provider that delivers high-quality care.</li> </ul>

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|  | <ul style="list-style-type: none"><li>– Looking for medical care outside of my country, it is important to find a provider that delivers high-quality care.</li><li>– Knowing the surgical outcomes is important when selecting a physician.</li><li>– Knowing the surgical outcomes is important when selecting a hospital.</li></ul> |
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[5-point Likert scale: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree]

<p>Affordability and Insurance</p>	<ul style="list-style-type: none"> <li>– Out-of-pocket cost for medical care is always important to consider.</li> <li>– My health insurance will cover care outside of my region.</li> <li>– My health insurance will cover care outside of my country.</li> <li>– I would seek medical care outside of my region if it meant a lower out-of-pocket cost to me.</li> <li>– I would seek medical care outside of my country if it meant a lower out-of-pocket cost to me.</li> </ul> <p>[5-point Likert scale: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree]</p>	
<p>Destination and Distance</p>	<ul style="list-style-type: none"> <li>– I would be willing to travel a long distance in my country to seek medical care.</li> <li>– I would be willing to travel a long distance – traveling to another country – in order to seek medical care.</li> <li>– Speaking my native language is important when seeking medical care in another country.</li> <li>– Speaking my native language is important when traveling in another country.</li> <li>– When traveling, I am attracted by the beauty of the region or country.</li> <li>– When traveling, I am attracted by the culture of the region or country.</li> <li>– When traveling, I enjoy taking a risk or two to do something different.</li> </ul> <p>[5-point Likert scale: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree]</p>	
<p>Demographics and Behaviors</p>	<ul style="list-style-type: none"> <li>– Age.</li> <li>– Gender.</li> <li>– Marital Status.</li> <li>– Education.</li> <li>– Profession.</li> <li>– Income</li> </ul>	<ul style="list-style-type: none"> <li>– Health (General self-assessment, chronic conditions, prescription use).</li> <li>– Health insurance coverage.</li> <li>– Past medical care utilization.</li> </ul>

Table 29: Dimensions and Survey Questions to Measure Interest in Medical Tourism

### *Future Research*

Future research should be directed at applying this scale in different cultures and healthcare settings. Longitudinal research could also be employed to cross-validate between the conceptual model, scale, and future medical tourism utilization. Additionally, current medical tourism patients could be surveyed to determine the scale's validity and predictive value.

### *Conclusions*

Medical tourism is an important concept, but difficult to predict. As offered earlier, between \$45-96 billion is spent annually by medical tourists. With increased competition and limited funding sources, global healthcare providers may need to evaluate the possibility of entering this lucrative market.

Despite this importance, conceptual models to measure the dimensions used to evaluate a medical tourism provider are scarce. Some past research has sought to measure why patients have sought healthcare providers outside of their market area, but have not offered a conceptual model or validated scale. Other research has confirmed the importance of medical tourism without advancing any dimensions of the decision-making process. This current research is a step toward contributing to the literature toward a better understanding of medical tourism.

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*Relevance to Marketing Educators, Researchers and Practitioners:* Based upon a thorough literature review, a conceptual model was offered and validated through focus groups. From

the qualitative research, a scale to measure the interest and selection of medical tourism has been suggested.

A notable finding of this research has been the validation of dimensions between past research and the focus groups participants. With only a minor modification, participants affirmed the important dimensions that medical tourism patients use in evaluating and selecting services. These dimensions can be used by hospitals and medical care providers survey current medical tourists.

*Keywords:* Medical tourism, scale development, hospital selection

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