A Literature Review on Motivation Factors, Behavioral Intention and Perception of Medical Tourists

by

Name: **Vaishnavi Padhy**

Roll No.: **IIHMR-U/01/2020-22/1231**

MBA Hospital and Health Management

2020-22

IIHMR UNIVERSITY

ACKNOWLEDGEMENT

I would like to take this opportunity to thank all the people before I start my research paper, whose constant support helped me to bring this research paper into existence.

First and foremost, I would like to thank my parents, without whose love and support, nothing would have been possible. I cannot thank my parents enough for being my constant support system throughout my life.

I express my deepest gratitude to IIHMR University, Jaipur for this great opportunity. I sincerely thank Dr. P.R. Sodani, President, IIHMR University and Dr. Dhirender Kumar, Dean, IIHMR University for giving me the permission and guidance to do this research paper. I would also like to thank all my teachers who made me the person I am today.

I profoundly thank my mentor, Prof. Prashant Sharma, Associate Professor, IIHMR University, Jaipur, for his co-operation and guidance in materialization of this research paper. I express my sincere thanks for giving me an opportunity to do this research paper and his guidance and support extended throughout the period of my study.

Last, but not the least, I thank one and all who have contributed their part in helping me in my endeavor to accomplish this paper.

TABLE OF CONTENTS

ACRONYMS/ ABBREVATIONS

ANOVA: Analysis of Variance

CII: Confederation of Indian Industries

DHX: Dubai Health Experience

FDI: Foreign Direct Investment

I.T. Act: Information Technology Act

IPSC: International Patient Service Center

IVF: In-Vitro Fertilization

JCI: Joint Accreditation International

LASIK: Laser Assisted In-Situ Keratomileusis

MRI: Magnetic Resonance Imaging

MTI: Medical Tourism Index

NABH: National Accreditation Board of Hospitals and Healthcare Providers

NCR: National Capital Region

NHP: National Health Policy

WOM: Word-of-mouth

WTO: World Trade Organization

CHAPTER-1

INTRODUCTION

1.1 Abstract

Traveling from a country to another for getting medical treatment by an individual is called as Medical Tourism. Several governments throughout the world promote medical tourism as a way to attract patients. Most of the patients are attracted to developing countries because of lower costs, whereas individuals who require complex surgery and advanced medical treatment are attracted to developed countries. It has huge potential for generating foreign exchange. This promotes the economic development of the country. Inspite of the worldwide economic slump, medical tourism has become the fastest growing sector. The patients seek cost-effective treatment options in other countries because of high treatment cost in industrialized nations like US and UK. The medical tourism industry of India is still in its rise, but it has not reached its potential yet. There is a huge potential of immense growth and development in the Indian medical tourism sector in future if the right measures are undertaken. The main aim of this paper is to identify a research gap in the domain of medical tourism which is holding back India to reach its potential. It is identified by conducting a thorough literature review. The conclusions from the literature review indicate that there is a huge knowledge void regarding the motivation of India's medical tourists.

1.2 Objectives of the study

- To identify a research gap in the domain of medical tourism in India.
- To develop a framework of research design on the identified research gap.

1.3 Nature of Research:

- The present study is exploratory in nature by conducting a thorough literature review.
- Data Sources: Journal papers are the major source of information for the study. Along with that, several secondary sources such as textbooks, internet, previous surveys, articles and newspapers were used.
- Keywords: "Medical Tourism" and "Motivation factors", "Push factors" and "Pull factors", "Perceived destination image", "Perceived quality", "Medical tourism in India", "Perceived value" and "Satisfaction level" and "Behavior intention"

- Database used: Scopus, Google Scholar

1.4 Rationale of the study:

There is a knowledge void about the factors which motivate medical tourists to choose India as their destination. This data is essential to draft right policies and make strategies, and ensure the growth and development of medical tourism. The knowledge gaps are highlighted and attempts are made to find the parameters for a survey and fill the research void. The strengths and weaknesses of Indian healthcare system could be determined, which then the hospitals and government could improve to attract more medical tourists.

CHAPTER-2

MEDICAL TOURISM: A BRIEF HISTORY & BACKGROUND

2.1 Medical Tourism

Traveling from a country to another for getting medical treatment by an individual is called as "Medical Tourism". It is also known as "Health Tourism" or "Wellness Tourism". The term Medical Tourism was coined to describe the process where individuals travel to other nations to receive medical care. Medical tourists are mostly from the developed countries like the U.S., Canada, the U.K., Western Europe, Australia and the Middle East. Medical tourism has been on the rise since 1980s. One of the most prominent factors affecting the sector is the expansion in technology and medical research and development, as well as increased product consciousness and globalization. The primary reasons patients travel to other countries for treatment can be stated as follows: availability of therapies, quality of healthcare, shorter waiting periods, lower costs, and travel opportunities.

Medical tourism, according to the Global Spa Summit 2011, refers to individuals going to different nations to get medical care at a low treatment cost and high quality. The reasons for seeking medical treatment in foreign countries could be because of "low treatment cost", "long waiting lists" and "non-availability of treatments in the home country". Cuba, Costa Rica, Hungary, India, Israel, Jordan, Lithuania, Malaysia, and Thailand are some of the countries actively promoting medical tourism.

In UK and Canada, a patient has to wait for a long period of time to get a hip replacement, whereas in Bangkok and Bangalore, the individual may get the treatment soon after arriving. Cost is the actual appealing thing for many medical tourists. In India, a heart valve replacement costs $10,000 including the round-trip travel and a short holiday package. In South Africa, the complete facelift that costs $20,000, costs only $1,250 in the US.

Bangkok's Bumrungrad Hospital has more than 200 board-certified surgeons from the US. A major hospital in Singapore is a division of Johns Hopkins University. Escorts Heart Institute and Research Center in Delhi and Faridabad, does approximately fifteen thousand (15000) heart

procedures annually, with a fatality rate of only 0.8%. Medical tourism brought India USD 5-6 billion by mid-2020, according to analysts.

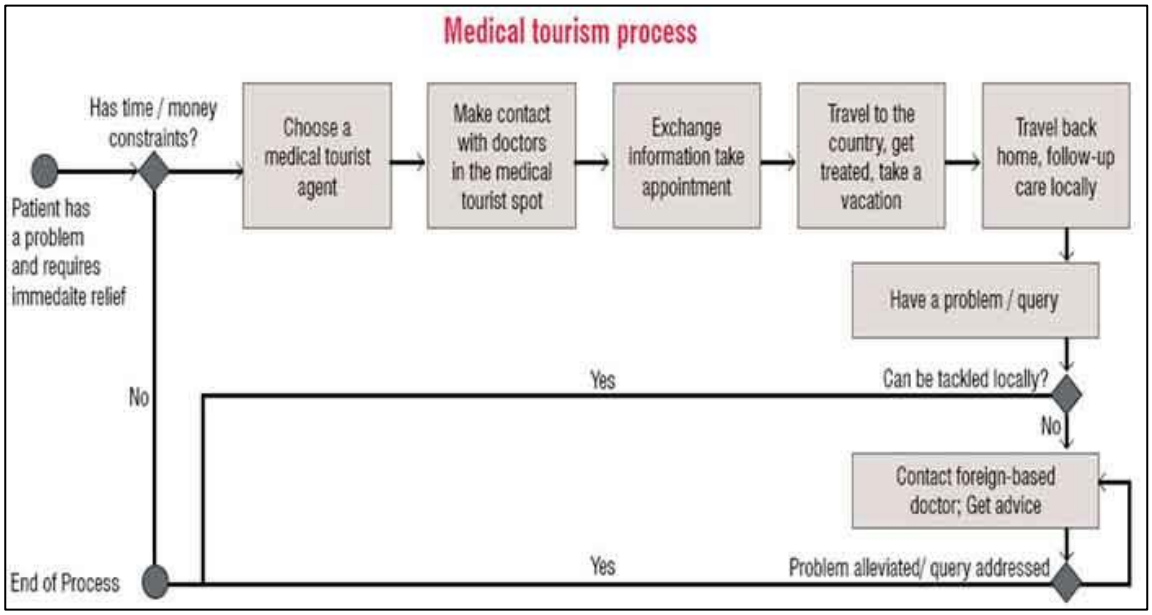


Fig.1 Process of Medical Tourism

***(Source:** Retrieved 3 July 2021, from https://dergipark.org.tr/tr/download/article-file/881291)*

2.2 History and Evolution

Medical tourism isn't a new trend. It goes back as far as thousands of years, when Greek pilgrims traveled to Epidauria, a little island in Saronic Gulf. It was the home of Asklepios, the deity of healing. People in Roman Britain traveled and drank water from shrines at Bath, a practice that lasted 2,000 years. After discovering iron-rich hot springs in the year 1326, a small town in east Belgium became quite famous. In the 16th century, it grew into a full-fledged health resort. Early medical tourism took the shape of spa towns and sanitariums, where people visited for medical treatment. Medical tourists went to spas as they claimed to have health-giving mineral water that could help with everything from gout to liver problems and pneumonia. In the early 1800s, people travelled to adjacent nations to improve their health when there were no travel limitations in Europe. Traveling was once thought to have a good effect on mental and physical well-being. Thailand gradually became the most popular medical tourist destination. The most common procedures included complicated surgery and dental work, kidney dialysis, organ transplantation, sex alteration, etc.

India has a long history of medical tourism. Yoga was first practiced 5000 years ago. The medical science of India extends back to the Indus Valley civilization. Many people have visited India for Ayurvedic healing. For thousands of years, Indians have regarded Ayurveda as a 'Science of Life.' Susruta was a well-known ancient Indian surgeon.

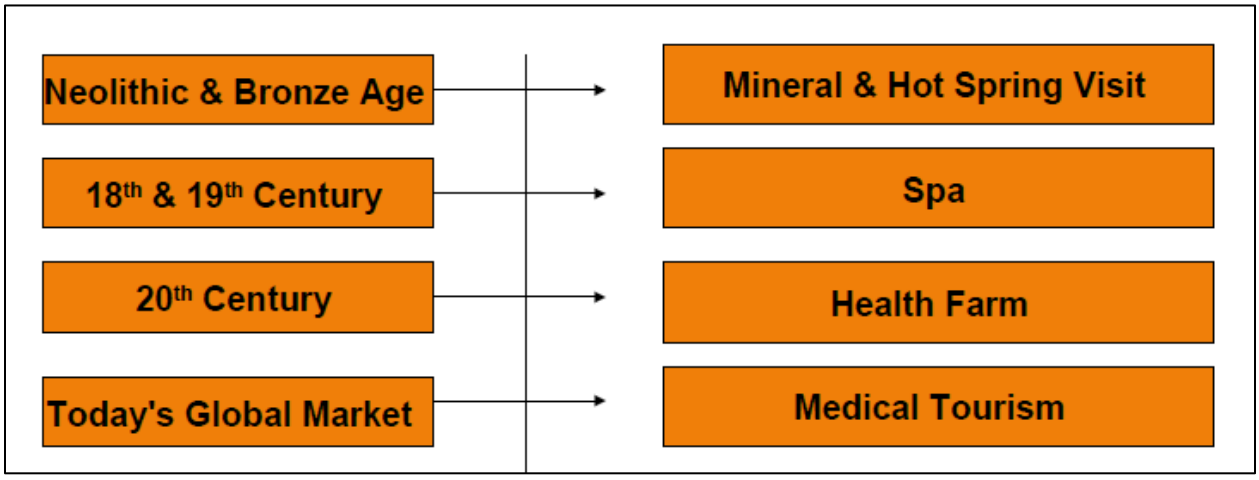


Fig.2 Evolution of medical tourism

*(**Source:** from https://www.slideshare.net/Malko29/medical-tourism-ppt-34531634/)*

As reported in her letters from 1856, 'Florence Nightingale' was a pioneer in the field of medical tourism. She detailed the ailments, physical descriptions, nutritional information, and other critical characteristics of patients who were guided to Turkey's spas, which were substantially less expensive than those in their own country of Switzerland. She was pointing low-income people in the direction of treatment that was inexpensive.

2.3 Favorable places for Medical Tourism

According to the MTI that evaluates a country's attractiveness for medical travel, "the economy and public image of the country, cost of treatment, and the quality of medical care provided are the primary elements that influence the growth of medical tourism in a location." The top medical tourism hubs based on these criteria are-

- **Canada:** Canada ranks first in the MTI for 2020. It attracts over 14 million Americans annually. Patients come to Canada to avoid expensive treatments and long wait-time. It has gained popularity for giving high-quality and specialized healthcare services.
- **Singapore:** Singapore ranks second in the MTI. International Patient Service Centers (IPSCs) were recently established in Singapore to operate as a medical travel agency and act as mediator between foreigners and Singapore's healthcare providers. Gleneagles Hospital, provides exceptional medical care with cutting-edge technology and highly qualified doctors. A patient can save 25% to 40% on health care in Singapore compared to the identical treatment in the United States. Singapore is a primary destination for treatments related to cardiac, fertility, reproductivity, neurology, spine, orthopedic, etc. (Lakhwinder Singh, 2019)
- **Japan:** Japan's healthcare system is among the most advanced in the world. Japan has been at the forefront of recent technological and medical developments and continues to provide world-class healthcare to its inhabitants and visitors who mainly come for its world-class cancer treatment and plastic surgery. Hip replacement surgeries in Japan cost $4,126 compared to $30,000 in the United States, saving more than 70% on treatment expenditures.
- **Spain:** MTI has recognized Spain as Europe's top medical tourist destination attracting millions of patients annually from Middle East, North Africa, and British Isles, who come for advanced orthopedic, cosmetic, and dental treatments. Cosmetic surgeries such as a facelift and breast augmentation costs around $5,000 in Spain. The hospitals accredited by JCI are "Hospital Universitario de Madrid" and "Sanitas Hospitales in Madrid".
- **United Kingdom:** UK bags the fifth place in MTI. Some of the best healthcare facilities in UK are "London Orthopedic Clinic", "Birmingham Children's Hospital", and the "Cambridge Complex Orthopedic Trauma Center". Many patients are attracted to UK because of its rich cultural legacy and affordable cost of treatment.
- **Dubai:** Dubai is famous for its architecture, skyscrapers, and high-end shopping malls. According to the MTI, Dubai tops as medical hub in Arab region consisting of world-class hospitals and internationally recognized doctors in a variety of specializations. In 2018, Dubai Health Experience (DHX) was established for improving medical services and patient experience through foreign patient departments. Dubai is a major destination for treatments related to cardiac, oncology, hip replacement and orthopedic. (Lakhwinder Singh, 2019)

- **Costa Rica:** In recent years, Costa Rica has surpassed Canada and US in dental treatments and cosmetic surgery. The CheTica Ranch in San Jose, offers services to medical tourists who want to recover in a calm environment for healing. This ranch also has highly-trained nurses on staff to help the patients with their medical needs while recovering. Costa Rican treatments are 45%-65% cheaper than that of US. It is a major destination for treatments related to cosmetics and dentistry. (Lakhwinder Singh, 2019)
- **Israel:** Many tourists come to Israel for IVF and other fertility procedures. In the MTI, Israel ranks highly in terms of worldwide reputation, patient experience, healthcare quality, and accreditation of healthcare institutions. The renowned Sheba Medical Center has opened an international medical tourism branch, which is known for its expertise in complicated surgical treatments. It serves thousands of international patients from countries like as Russia, Cyprus, Georgia, and the United States.
- **Abu Dhabi:** In 2019, the Abu Dhabi Medical Tourism e-portal was established that gives information about the city's medical treatments and healthcare facilities to overseas patients. It also provides access to insurance packages and other services like “hotel bookings”, “transportation”, and “leisure activities for potential patients”. Stringent quality standards for healthcare facilities have been set up by the government.
- **India:** Many people visit India for medical care. The updated visa policy makes traveling easier for foreign patients. They are permitted to stay for up to 60 days under the medical visa program including a medical attendant visa for whoever wishes to come with the patient. The government has developed an e-portal to give patients access to their healthcare services being offered. It allows people to make appointment with the doctor and book lodging and leisure activities, before they arrive for their treatment. It is a major destination for treatments related to cardiac surgery, bariatric surgery, wellness/ alternative and hip resurfacing. (Lakhwinder Singh, 2019)
- **Malaysia:** Medical tourism is actively promoted by the government here. It assures tourists of their worth, establishes safety standards, and provides guidance. The price is really low in Malaysia. Health care is inexpensive, especially when medical insurance covers all or most of the prescriptions.
- **Thailand:** Many patients come to Thailand for low treatment cost and outstanding services relating to Plastic surgery, dental, cardiac, and orthopedic surgery. The clinics and hospitals

are equipped to perform a wide range of treatments easily. It has a large number of orthopedic surgeons who have received their education outside of the country. It is a major destination for treatments related to sex change, stem cell research and cosmetics. (Lakhwinder Singh, 2019)

- **Turkey:** Patients can use thermal baths and wellness services including five-star hotel accommodations and high-quality facilities. It has about 30 medical centers. The hospitals are equipped with cutting-edge medical technology. They employ board-certified physicians, with more than 35% of them having received their training in Western countries. Turkey is also known for its ophthalmologists.

2.4 Surgeries associated with Medical Tourism

- **Total Knee Replacement:** Total Knee Arthroplasty is a procedure that treats aching knees, arthritis, and other knee-related issues. It involves resurfacing the knee bones with metal and plastic implants. The knee bones should have good alignment and the weight passing through them should be evenly distributed. Metal and plastic implants are used to resurface the areas of the bones that rub together during complete knee replacement surgery. The damaged surfaces from the bones are removed using special equipment. After that, the replacement surfaces will be installed. The damaged ends of the thigh (femur), leg (tibia) and rear of the kneecap (patella) are removed during this procedure. The bone ends are bent and capped with metal surfaces, and specific plastic liners are inserted as a bearing surface to promote low friction gliding between metal and plastic.

Fig 3- Total Knee Replacement

***(Source**: https://www.neortho.com/total-knee-replacement.html)*

- **Total Hip Replacement:** It is a procedure involving replacement of the hip joint with a prosthetic implant. joint replacement surgeries are usually performed as part of the hip fracture treatment to reduce arthritis and repair significant damage to the bone.

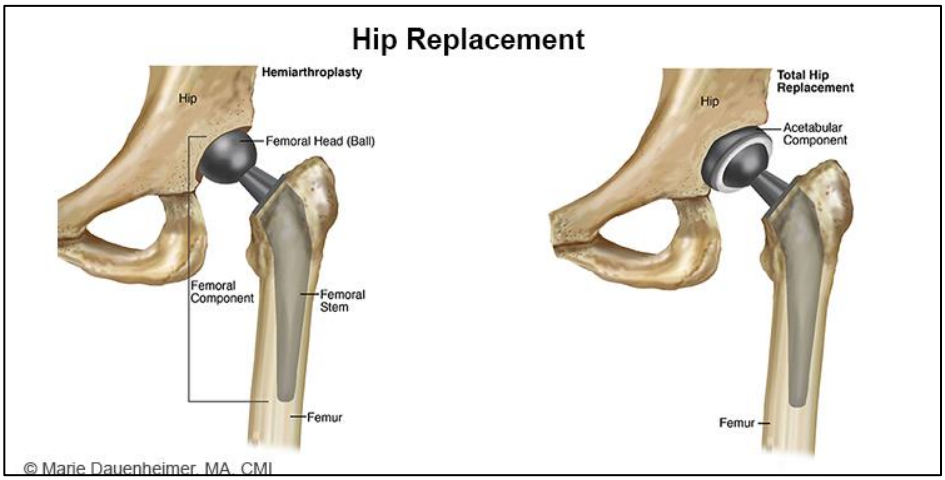


Fig.4 Total Hip Replacement

*(**Source:** https://orthoinfo.aaos.org/en/treatment)*

- **Coronary Angiography:** It is an X-ray of the blood vessels and chambers of the heart. A catheter is placed into the blood vessel, either in upper thigh or arm area . A contrast medium or dye is then injected using the tubes' tip, which is adjusted either in the heart or at the beginning of blood vessels. X-rays can be used to see this fluid, and the images obtained are known as Angiograms.

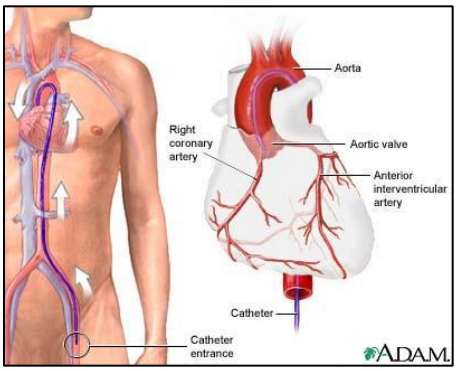
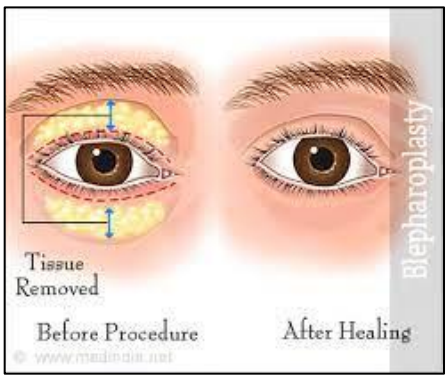


Fig.5 Coronary Angiography

***(Source:** https://drliminghaan.com/treatments-and-services/coronary-angioplasty-and-stenting/)*

- **Blepharoplasty (Eyelid Surgery):** It is the process of reshaping the eyelids or applying permanent eyeliner. The excess skin and muscle are eliminated from the eyelids, which, in turn, decreases the fat. Patients who desire to eliminate extra fat from their upper eyelids and eye bags typically undergo this procedure. Fat deposits make people appear exhausted and older than they are. Cosmetic surgery can therefore help with fat reduction.

Fig.6 Blepharoplasty



(Source:** https://www.annapolisplasticsurgery.com/before-after/annapolis-blepharoplasty**)

- **Rhytidectomy (Facelift):** It is a procedure that removes wrinkles and ageing symptoms from the face. The trademarked 'Aptos threads' are used in the 'Feather-Lift,' (a non-surgical facial lifting procedure). It helps in improving the visible ageing signs of face and neck like "sagging in the mid-face", "deep creases in the undereye area", "wrinkles between nose and mouth", "fat that has fallen or displaced" and "loss of muscle tone in the lower face", that results in jowls. It reverses the ageing effects by lifting the contours of the face and improving the skin tone beneath it.

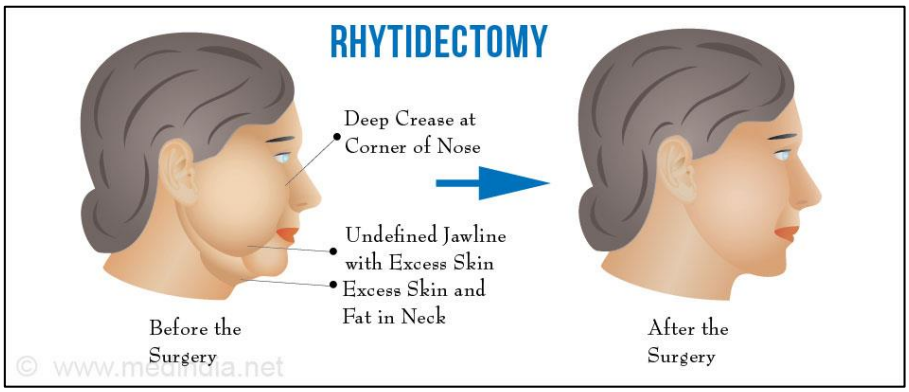


Fig.7 Rhytidectomy

(Source:** https://www.drschalit.com/face-lift**)

- **Rhinoplasty (Nose Job):** Also known as a nasal refinement, it is used to improve the appearance of the nose. It involves reshaping the nose bones to the desired shape, that is usually small and straight.

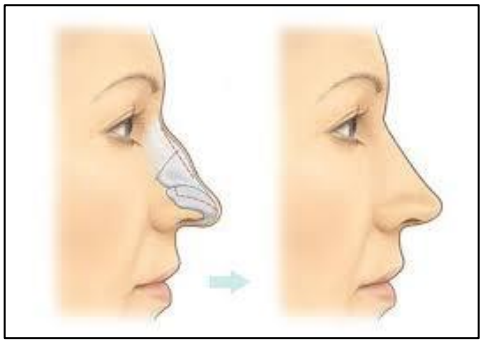


Fig.8 Rhinoplasty

(Source**: https://www.drvitenas.com/before-and-after/non-surgical-rhinoplasty-photos-58694**)

- **Abdominoplasty (Tummy Tuck):** It involves surgically extracting extra skin and fat from the middle and lower abdomen, and tightening the muscles of the abdomen area. It is one of the top five cosmetic surgeries. The factors that influence the results of the tummy tuck include patient's age during procedure, physical condition, skin type, and weight fluctuations, if any. The full tummy tuck requires general anesthesia and a short hospital stay, whereas, the mini tuck just requires local anesthesia and can be completed as an outpatient procedure.

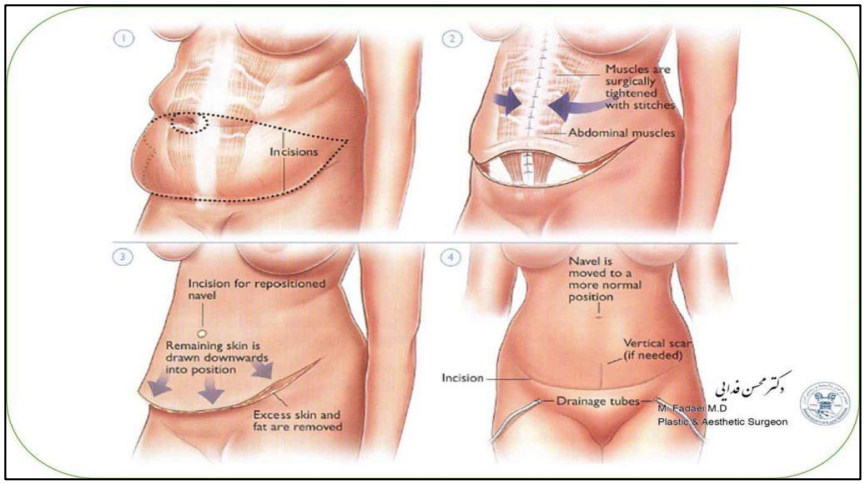


Fig.9 Abdominoplasty

(Source: *https://elitecosmeticsurgery.ae/wp-content/cache/all/procedures/body-contouring/tummy-tuck/index.html****)***

- **Mastopexy (Breast Lift):** This surgery entails raising or contouring the breasts to make them less droopy after a weight reduction period, such as after a pregnancy. Rather than glandular tissue, it requires the excision of breast skin. The breast lift improves the appearance of sagging breasts by lifting and tightening them. Breast lift surgery candidates have loose skin and lost volume and tone as a result of having children. Some patients may have implants and lifts done at the same time. The scars left by breast lift surgery are permanent, however they disappear over time.

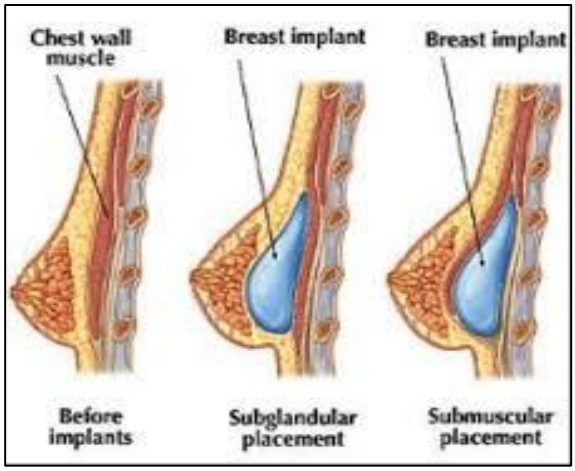


Fig.10 Mastopexy

(*Source:* *https://clark-illustration.com/mastopexy-biological-graft**)***

- **Keratomileusis (Lasik Eye Surgery):** LASIK is a treatment to correct myopia, hyperopia, and astigmatism. It is performed while the patient is awake. To alleviate the discomfort, moderate sedatives and anesthetic eye drops are used. The procedure for Lasik eye surgery is broken down into the following phases. The eye is first numbed using an anesthetic drop. The eyelids are then kept open using a device called a lid speculum. After that, the eye is covered with a ring and high pressure is applied to induce suction in the cornea. A flap is cut in the eye using a microkeratome. Once the eye is in position, the laser is turned on which aids the vaporization of a specific amount of tissue predetermined by the surgeon based on preliminary analysis. The flap is replaced in the last stage, and the patient's eye is shielded

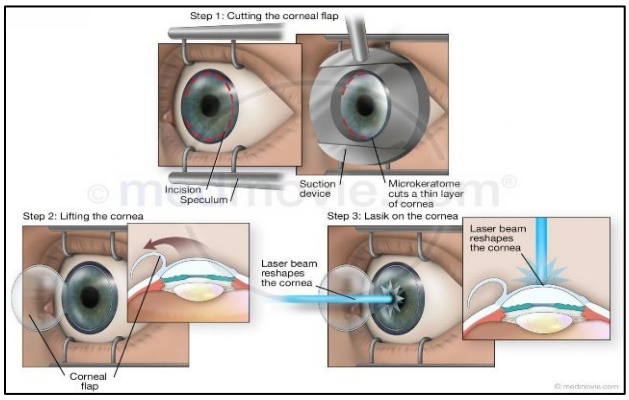


Fig. 11 Keratomileusis

(Source: *https://entokey.com/11-laser-in-situ-keratomileusis**)***

- **Hair Transplantation:** It is the removal of hair from an area where it isn't needed and transplanting it to another, usually the most prominent region of the head. This region is given precedence since the lack of hair here makes a person appear bald. The doctors do not grow new hair during a hair transplant; instead, they restructure existing hair. The side and back area of the head is the safest place to uproot and replant hair in the center of a bald spot with a good chance of regrowth. The hair from this area has a low risk of shedding even though it is placed in an area with excess hair loss. Regardless of the area it is regrafted, the original characteristics are preserved.

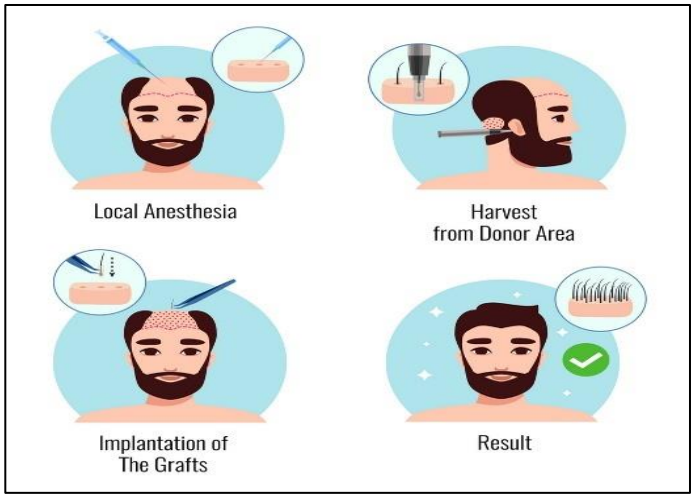


Fig.11 Hair Transplantation

(Source:** https://surehair.com/sure-hair-blog/**)

2.5 Scope of Medical Tourism in India

India is often regarded as the world's largest promoter of medical tourism. It has expanded into 'medical outsourcing' recently, in which subcontractors deliver services to Western nations. The National Health Policy (NHP) of India has declared medical tourists as "export and eligible for all fiscal advantages granted to export revenues." Millions of people come to get their treatment annually. It has top-notch health facilities, including hospitals and multi-specialty centers. Plastic surgery, dental treatment, heart surgery and check-ups, valve replacements, knee replacements, eye treatment, and Ayurveda are some of the services being offered.

A major selling factor is the cost advantage. The motto is "First-World treatment at Third-World prices." The price difference is only a tenth of what it is in the West. In UK, open-heart surgery is $70,000, whereas, in India, it is between $3,000-$10,000. The treatment cost of Knee surgery is Rs.3,50,000 ($7,700) in India and £10,000 ($16,950) in the UK. There are a variety of services available, including general radiography, ultrasound, mammography, MRI, digital subtraction angiography, intervention treatments, nuclear imaging, etc. The best hospitals that have created capacities and are handling a rising volume of overseas patients are Apollo Group, Escorts Hospitals (New Delhi); Jaslok Hospitals, Hindujas, N.M. Excellence (Mumbai); and Global Hospitals, CARE, Dr. L.V. Prasad Eye Hospitals (Hyderabad). Chennai is known as 'Health Capital of India' as it attracts 48% foreign patients and 37-41% patients from different parts of the country itself.

Joint Commission International (JCI) established the international affiliate in the year 1999. An overseas hospital must meet the same stringent requirements stated by the Joint Commission in the US to get accreditation. JCI accreditation has been granted to over 936 facilities across the world till now. There are more than 36 JCI and 350 NABH recognized hospitals in India, and the number is rapidly increasing. Some of the JCI accredited hospitals in India are-

Name of the hospital	Place	Accreditation Date
Aditya Birla Health Services Ltd.	Pune	14-12-12
Ahalia Foundation Eye Hospital	Palakkad	31-12-19
Apollo Gleneagles Hospital	Kolkata	23-02-09
Apollo Hospital	Bangalore	17-07-08
Apollo Hospital	Chennai	28-01-06
Apollo Hospital	Hyderabad	27-04-06
Artemis Health Institute	Gurgaon	11-01-13
Asian Heart Institute	Mumbai	19-10-06
Fortis Escort Heart Institute	New Delhi	19-02-10
Fortis Hospital	Bangalore	08-02-08
Fortis Hospital	Mohali	14-06-07
Fortis Hospital	Mumbai	25-08-05

Indraprastha Apollo Hospitals	New Delhi	17-06-05
Medanta- The Medcity	Gurgaon	30-08-13
Moolchand Hospital	New Delhi	04-12-09
Narayan Institute of Cardiac Sciences	Bangalore	20-01-11
Narayan Multispecialty Hospital	Jaipur	26-07-12
Salgur Pratap Singh Apollo Hospital	Ludhiana	02-02-07
Sri Ramchandra Medical Center	Chennai	06-02-09

Table-2 List of JCI-accredited hospitals in India

***(Source:** Retrieved 3 July 2021, from https://dergipark.org/tr/download/article-file/881291)*

2.6 Government contribution for Medical Tourism in India

The major focus of Indian government is to develop healthcare infrastructure to promote medical tourism in India. Hospitals, clinics, and laboratories are being built in both urban and rural areas of the country. Providers of medical tourism services such as hospitals and clinics are entitled to incentives and tax relaxations. Indian medical travel and health sector offers benefits to businesses, manufacturers, healthcare providers, and tourist agencies by pushing them to invest in therapeutic and preventative health services. Indian authorities have published papers analyzing the potential for Indian medical tourism, providing corporations with valuable insight into the market.

The government plays different roles for the growth and success of India's medical tourism sector. It is a promising market for infrastructure and services, so there is a need for regulators to create a reliable grading and certification system for ensuring consumer's trust, and facilitators for boosting private investment in medical infrastructure and policymaking. Healthcare is recognized as an infrastructure sector by the investment facilitator, and benefits under section 80-IA of the I.T. Act. It should actively encourage FDI in the healthcare industry by offering low-interest financing, lowering import/excise duties on medical equipment, and making clearance and certification easier. To improve the inflow of tourists to India, the tourism facilitator employs Medical Attachés at Indian embassies in order to enhance medical care for potential individuals. In this way, the visa process (M-Visa) is simplified and an Open-Sky policy is adopted.

CHAPTER-3

LITERATURE REVIEW

According to (CBS News Online, 2004; Tourism Research and Marketing, 2006), Medical Tourism occurs majorly from developed countries patients traveling to developing countries. Patients from different geographic regions have different causes to travel abroad for a treatment. Higher treatment costs in industrialized nations, long waitlists for non-urgent treatments, enhancement in standards of healthcare in the developing countries, easy and affordable international travel are some of the popular reasons for medical tourism. Both insured & uninsured Americans are seeking low-cost medical treatment through medical tourism which is increasing the demand for low treatment cost in developing nations (Forgione, D.A., & Smith P.C., 2007). Demand for health travel in general and demand for health travel in a specific nation are the two attributes of determinants of demand in medical tourism. The main demand determinants for healthcare are patients' personal income, openness to the outside world, expectation regarding treatment cost in future, and availability of health coverage access in their country. The demand for medical treatment in a given country is dependent upon cultural affinity, distance from the home country, health services provided, and the reputation of health services in the destination country (Bookman, M., 2007).

The following is the literature review of research papers in the domain- motivation factors of medical tourism.

3.1 Theory of Motivation

According to previous studies on motivation of tourism in general, the two factors influencing tourism decisions are- "push factors" and "pull factors."

According to (Cha et al., 1995; Chon, K., 1989; Dann, G.M.S., 1981; Uysal, M et al., 1994), the factors that push individuals to travel are related to their "cognitive processes" and their "internal socio-psychological motivation." As said by (Chon, K, 1989; Lam, T. & Hsu, C.H.C., 2006; Uysal, M. & Jurowski, C., 1994; Yuan, S. & McDonald, C., 1990) push factors include "escape desires",

“novelty and adventure seeking”, “fulfilling dreams”, “rest and relaxation”, “health and fitness”, “prestige, and socialization.”

According to (Bello, D.C., & Etzel, M.J., 1985; Cha, S., McCleary, K.W., & Uysal, M., 1995; Dann, G.M.S., 1981; Uysal, M. & Jurowski, C., 1994), an individual's pull factors are those external factors that entice them to travel to a particular location. “Pull factors can be both tangible and intangible like historical attraction, physical environment, infrastructure, sports and recreation services, and the marketed image of the destination.” (Kim, S.-S; Crompton, J., & Botha, C., 2000; Klenosky, D.B., 2002; Uysal, M. & Hagan, L.A.R., 1993)

(Yuan, S. & McDonald, C., 1990) surveyed the push/pull motivation factors of foreign tourists traveling for recreational purpose. The conclusions from the survey states that individuals from developed nations like France, Japan, UK, and West Germany took tourism to fulfill their needs that were not satisfied yet. In another study on Japanese travelers, (Cha et. al., 1995) found “sports enthusiasts”, “novelty seekers”, and “family/relaxation seekers” as the categories of travelers. Further, in a study conducted by “(Kim, S.-S, Lee, C.-K., & Klenosky, D.B., 2003)”, the impact of push/pull factors of motivation were examined by surveying the visitors in Korean national parks. It highlighted “the need to escape daily routine”, “appreciating natural resources”, “partaking in adventure activities”, “making new friends”, “spending time with family” as the major ‘push’ factors.

Several literatures on travel and tourism investigate the “pull factors”. (Yuan, S. & McDonald, C., 1990) in their study concluded that pull motivations for a vacation consists of hunting, wilderness, cosmopolitan environment, culture, history and budget. In another study, “(Fakeye, P.C., & Crompton, J.L., 1991)” identified six “pull factors” out of 320 aspects by surveying visitors at a famous winter destination in Texas. The identified “pull factors” of a destination include “social opportunities and attractions”, “natural and cultural amenities”, “accommodations and transportation”, “infrastructure”, “food”, “the nature of local people”, “physical amenities” and “recreation activities”. (Turnbull, D.R., & Uysal, M., 1995) identified six “pull factors” that are- “heritage/culture,” “city enclave,” “comfort-relaxation,” “beach resort,” “outdoor resources,” and “rural and inexpensive.” Visitors of various nationalities showed varied level of importance to the different pull factors. “(Chen, J.S., Prebensen, N., & Huan, T.C., 2008)” in their research identified the tourists’ motivation regarding wellness destination. It was observed that relaxation, partaking

various activities, recreation and enjoyment, and witnessing the natures' beauty are the primary motivations of such a tourism.

According to (Dann, G.M.S., 1977), "the push-pull framework offers an easy and innate way to comprehend the tourists' motivation regarding a particular destination." This framework, however, focuses on whether to go or not, and where to go (Klenosky, D.B., 2002). According to (Dann, G.M.S., 1981), both the push/pull factors simultaneously influence a tourist's decision. A potential tourist may consider the pull factors while deciding the destination (Dann, G.M.S., 1981). The internal factor pushes an individual to travel, whereas, the external factor pulls the people to opt a specific location "(Cha, S., McCleary, K.W., & Uysal, M., 1995; Uysal, M., & Jurowski, C., 1994; Kim, S.-S., Lee, C.K., & Klenosky, D.B., 2003)". It was concluded that "push/pull factors should not be viewed as being entirely independent of each other but instead as fundamentally related to each other (Kim, S.-S., Lee, C.K., & Klenosky, D.B., 2003; Klenosky, D.B, 2002)."

The above researches were regarding motivation for tourism in general. The push and pull factors pertaining to health and medical facilities also have been studied by a few researchers.

3.2 Literature related to Motivation factors for medical tourism

There are many literature reviews focusing the nature and scope of the booming medical tourism sector. To understand the motivation factors of tourists for traveling outside the home country for availing medical treatments, a study was conducted by (John, S.P., & Larke, R., 2016), identifying the factors and categorizing them as "Push and Pull Factors." They observed that the most common pull motivators are "lower medical costs", "service quality", "international accreditation of the medical facilities", and "shorter waiting times", whereas, the least common pull factors are "reputation of the medical practitioners" and "tourists' socio-cultural familiarities with the destinations." The most common push factors include "recommendations from friends, doctors, and family", "inadequate insurance coverage", and "desire for privacy and confidentiality of treatments." The least common push factors are "lack of treatment options" and "distrust in home-country healthcare systems." The motivation factors were identified from review of previous research articles and not by conducting a survey. In addition to that, the results are generic in nature and does not account factors related to geographical region of the destination.

Another study was conducted by (Saipraset, W., 2011) to "examine the structural relationship of medical tourists' motivational behavior and perception." The study also aimed at "examining the relationship between the international medical tourists' demographic profiles on motivation factors, perceived destination image, perceived quality, perceived value, overall satisfaction, word of mouth, repeat visit, and the tourists' willingness to pay more." The research was conducted by adopting a descriptive and causal research design to "establish a model of motivational behavior and perception and to analyze the structural relationship among international medical tourists' motivation, behavior, and perception." Convenience sampling method was used to conduct a survey of 350 individuals traveling for getting treatment at hospitals in "Bangkok", "Chiang Mai" and "Chonburi provinces" of Thailand from July 2009-March 2010. The survey consisted of questionnaire containing the questions pertaining to the decision-making behavior of the international medical tourists. The questions in the first section of the questionnaire were related to reason of travel, medical service type they were seeking, information source, alternative destinations, and other secondary information like medical insurance, travel arrangements, etc. The questions in the second section were designed in a way to assess the tourists' motivational factors and perceived destination image. The respondents were required to rate their agreement with different motivational factors and perceived destination image with respect to different attributes. The scale ranged from 'strongly agree' to 'strongly disagree'. The third section consisted of a similar measurement scale for the perceived quality by measuring the attributes like "hospital reputation and accreditation", "physical experience and reputation", "medical equipment and facilities", "appointment and reservation system" and "protection against malpractice and liability". The author formulated certain hypothesis related to the relationships between motivation factors, destination image and perception of quality. Various statistical analysis like "frequency count and percentages", "independent sample T-test", "analysis of variance (ANOVA)", "factor analysis and structural equation modeling" were used to analyze the gathered data and test the hypothesis. The author concluded three motivational factors from the data analysis- destination image, opportunity to travel and perceived value. The analysis indicated that some medical tourists travelled because of push factors, especially opportunity to travel and perceived value, whereas most of them were motivated by both push and pull motivation.

"(Dangor, F., Hoogendoorn, G., & Moolla, R., 2015)" conducted a research by interviewing Indian- South Africans travelling to India. The study aimed at identifying the motivation for travel.

The research was conducted by interviewing 54 persons of Indian- South African descent. The interview was conducted in a snowball sampling approach. The respondents were 10-80 years old, with majority being from middle age. The study concluded that for a majority of them, the primary reason for travelling to India was medical treatment while tourism was a secondary motive. The interview highlighted the various shortfalls in South African healthcare system like "lack of treatment availability", "poor quality of service", "higher costs" and "better expertise abroad". The research also states that the major source of information for them about the medical facilities in India is word of mouth. The survey highlights the problems which are there in South Africa's medical infrastructure, therefore determining the push factors for their medical tourism to India. However, the pull factors of Indian medical infrastructure which attracted them for medical tourism is lacking in the research. In addition to that, the research is confined to Indian-South African diaspora only and doesn't represent all the medical tourists coming to India.

According to a research conducted by (Singh, L., 2019), there is a need to analyze the motivation factors for travel among the health tourists. He conducted a case study at Delhi's NCR region using a push-pull framework and highlighted the attributes which contribute in motivation of medical tourists to travel abroad for their medical treatments and procedures. It uses the push/pull framework to find out the pull motivation factors such as "low cost", "less waiting time", "extensive treatment range", "quality care", "favorable socio-cultural factors", "tourists' attractions", "technology and personalized services"; and push motivation factors like "affordability", "adjournment", "unavailability of specific treatment", "inferior health services", "lack of insurance coverage", "privacy concerns and legal liability associated with medical tourism." The major motivations for travel to this region were identified as "quality & range of services", "zero waiting time", "eye catching treatment cost", "technical advancement", "large pool of health professionals", "facilitation", "tourist attraction" and "language proficiency." The research gives a comprehensive idea of push/pull motivators of medical tourists who come to Delhi- NCR. However, the survey is limited to only one medical tourism hotspot of India. The survey misses out the other hotspots such as Chennai, Mumbai, Bangalore, Ahmedabad, Hyderabad, etc. According to Confederation of Indian Industries (CII), Chennai is the medical tourism hub of India and there are no research surveys which study the motivation behind the tourists choosing it as their destination for medical treatments.

From the above literature review, it can be concluded that there is a research gap in the domain of finding out the motivational factors of medical tourists visiting India. There are no prevalent surveys which identifies the motivation factors of medical tourists by accounting the whole of India.

3.3 Parameters which influence motivation

Now, after the research gap is established, the parameters which define the motivation of medical tourists needs to be found out. A literature review is conducted for the purpose as follows:

3.3.1 Perceived Destination Image

Several researches were conducted to study "the perceived image of the destination and the impact it has on the behavior of tourists in general", "the process of selection of tourist destination", and "travel satisfaction" "(Bigne, J.E., Sanchez, M.I., & Sanchez, J., 2001; Chon, K.-S., 1990; Hunt, J.D., 1975; Rittichainuwat Ngamson, B., Qu, H., & Brown, T., 2001; Rittichainuwat Ngamsom, B., Qu, H., & Leong, J., 2003)."

Destination image is an evolving process which transforms initial perception to a detailed opinion as and when more information and data is gained "(Fakeye, P.C., & Crompton, J.L., 1991)". Destination image consists of "perceptions of individual attributes" like "climate", "accommodation facilities", and "friendliness of people" as well as "holistic impressions (mental pictures or imagery) of the place (Echtner, C.M., & Ritchie, J.R.B., 1993)." Thus, it can be said that "destination image is the cumulative perception of the individual elements or attributes that make up the entire tourism experience (Milman, A., & Pizam, A., 1995)."

"(Fakeye, P.C., & Crompton, J.L., 1991)" in their research, studied "destination image of perspective, first-time, and repeat long-stay winter visitors to the Rio Grande Valley in Texas." The visitor's perception of all five factors- "social opportunities and attractions", "natural and cultural amenities", "accommodations and transportation", "infrastructure, food and friendly people" and "bars and evening entertainment" were surveyed. The research concluded that "there are significant differences on all five of the image factors." The length of stay of the travel was found to majorly affect the destination image on two of five factors.

In another study, "(Kotler, P., Bowen, J., & Markens, J., 1996)" found that "the following structure can be established to know the pull factors of a destination in totality: image → quality → satisfaction → post purchase behavior." This shows that the perceived image on the destination affects how a customer perceives the quality of services at the destination. Destination image, thus, has a positive influence on the perceived quality and satisfaction as it creates expectations that the tourists from even before visiting the place (Font, X., 1997; Phelps, A., 1986; Beigne, J.E., et. al, 2001).

"(Beigne, J.E., Sanchez, M.I., & Sanchez, J., 2001)" in their research concluded that "there is an influence of destination image on consumer behavior post the tour." It highlights that "tourism image exercises influence on the quality perceived by the tourists and on the satisfaction obtained from the experience." The results showed that "the tourism destination image is a direct antecedent of perceived quality, satisfaction, intention to return and willingness to recommend the destination to others."

A model depicting the model to evaluate a destination's pull motivations with help of perceived destination image is shown below in Fig 12.

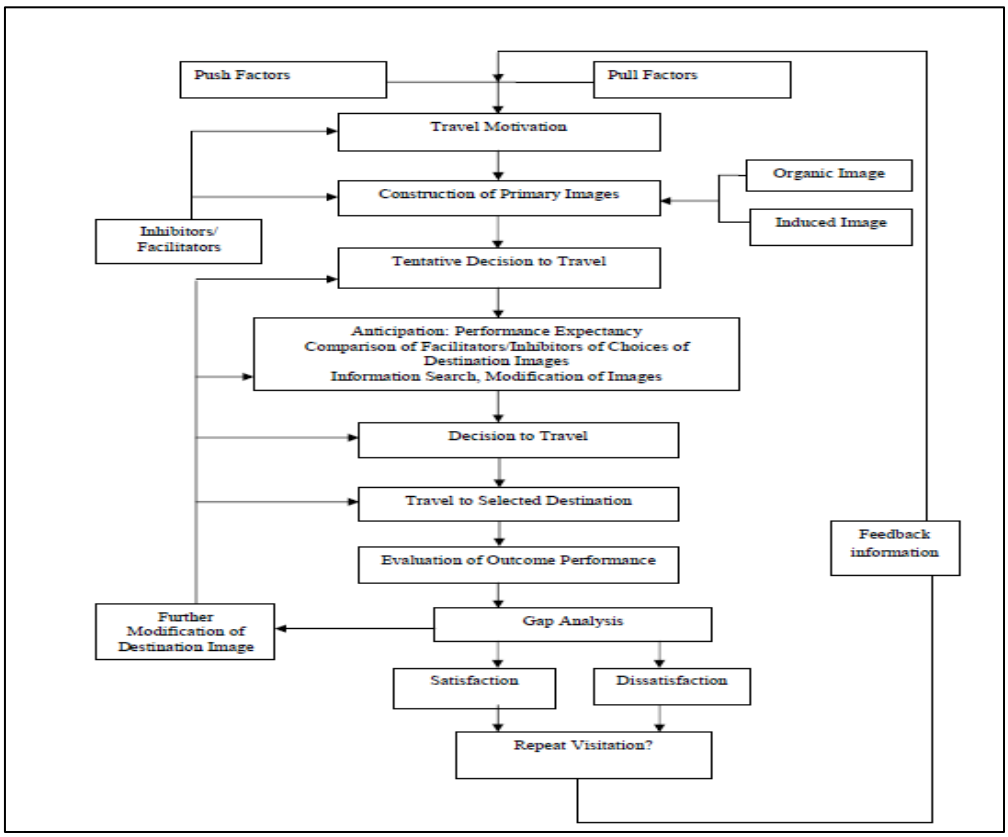


Fig.12 Model depicting Destination image and Travel behavior

(Source:** Saiprasert, W. (2011). Examination of the medical tourists' motivational behavior and perception: A structural model**)

3.3.2 Perceived Quality

Perceived quality is defined as the perceptions which a tourist has on the quality of service that would be provided to him/her (Baker & Crompton, 2000). It is different from satisfaction and quality of experience as it is not the parameter which actually determines the quality of the service. It is, on the other hand, a perception of its quality "(Baker & Crompton, 2000)".

Whereas, satisfaction refers to the state of mind of a tourist after he has experienced a service. In addition to socio-psychological factors such as mood, disposition, needs, etc., external factors such as the weather and social interactions can also affect a tourist's satisfaction with the service they receive. In other words, performance quality measures the output of the provider, whereas satisfaction level is a measure of the outcome of the tourist. Visitors are likely to be more satisfied with a service that performs better "(Baker & Crompton, 2000)". Both "(Mefford, 1993 and Moore

& Schlegelmilh, 1994)" suggested that two factors influence service quality- the service expected and the service perceived.

According to a study conducted by (Zeithamal, 1988), objective quality is defined as the superiority of a service over a predetermined ideal standard that can be measured and verified. The perception of quality is more of an abstraction than an attribute referring to a specific product aspect. In the domain of medical tourism, patients' judgments regarding the quality of a service relies solely on whether they perceive it to be excellent or superior on an overall basis (Gupta & Chen, 1995). In another study by (Jun, Peterson & Zsidisin, 1998), eleven parameters were identified for measurement of a quality of a service- "tangibility", "reliability", "competence", "responsiveness", "courtesy", "communication", "access", "caring", "patient outcomes", "collaboration" and "understanding the patient."

3.3.3 Perceived Value

Value is defined as the returns gained with respect to the investment (Zeithmal, 1988). It is "the ratio of consumer's outcome/input to that of the service provider's outcome/input (Oliver & DeSarbo, 1988)." According to (Bolton & Drew, 1991) the perception of service value is influenced by service quality.

In a study conducted by (Sweeny and Soutar, 2001), four different parameters- "emotional", "social", "quality/performance" and "price/value of money" were used to determine the perception of customers on the value of goods. Most researches related to the measurement of perceived value are focused on goods and services and very few researches are available in the tourism and none in the medical tourism field. (Patrick, 2002), in his research developed a 25-attribute matrix to determine the five dimensions of perceived value of a service- "behavioral price", "monetary price", "emotional response", "quality", and "reputation". "(Eggert & Ulaga, 2002)", in their research analyzed if perceived value gives better prediction of behavioral outcomes or satisfaction gives better prediction. They did empirical tests on the two models. The results declared that perceived value directly influence customer intentions. The study concluded that "value and satisfaction can be conceptualized and measured as two distinct, but complementary parameters."

3.3.4 Overall Satisfaction

According to "(Pizam, A., & Ellis, T., 1999 and WTO, 1985)"", customer satisfaction is the emotional and psychological feeling of receiving the product/service that a person has hoped and expected to receive. Likewise, 'Tourism satisfaction' is the mental state of tourists after an experience (Baker, D.A., & Crompton, J.L., 2000).

It is important to consider "patient satisfaction" within the healthcare sector, especially because medical tourists combine getting treatment with tourism. As a result of the work of (Linder-Pelz, S., 1982), five socio-psychological variables were proposed as determinants of healthcare satisfaction-

- occurrences – a persons' interpretation of events that happened
- value – evaluating a key attribute of medical care
- expectations – probabilistic beliefs about the likelihood of events exhibiting key aspects and their outcomes
- interpersonal comparisons – a persons' assessment of the healthcare encounter by comparing it with past experiences
- entitlement – credence in one's ability to stake a claim on proper and accepted grounds (Linder-Pelz, S., 1982)

(Sitzia, J., & Wood, N., 1997) did literature review pertaining to patient satisfaction. They categorized patient satisfaction into four categories- "accessibility", "interpersonal aspects of care", "technical aspects of care", and "patient education and information". They found out that older age and better sense of health status are the best satisfaction predictors.

In a study conducted by "(Thi, P.L.N., Briancon, S., Empereur, F., & Guillemin, F. 2002)", the forces with respect to in-patient satisfaction for the treatment were determined. It consisted of seven satisfaction dimensions- "admission", "nursing and daily care", "medical care", "information", "hospital environment and ancillary staff", "overall quality of care and services", and "recommendations/intentions".

3.3.5 Behavioral Intention

According to (Alexandris, K., Dimitriadis, N., & Markata, 2002), behavioral intentions include "word-of-mouth (WOM)", "purchase intentions", "price sensitivity", and "complaining behavior".

In hospitality and tourism industry, where intangible products are hard to evaluate prior to consumption "(Litvin, S.W., Goldsmith, R.E., & Pan, B., 2008)", interpersonal influence and word-of-mouth (WOM) are critical. A study of consumer attitude towards healthcare reported that the most important factor in deciding which doctor to consult is by a friend or relatives' recommendation "(Woodside, A.G., & Moore, E.M., 1987)".

"(Kim, W.G., Han, J.S., & Lee, E., 2001)", who studied "relationship marketing's effect on repeat purchases and word of mouth", found that "higher amounts of guest confidence and communication skills result in greater relationship quality, which in turn leads to more guest commitment, repeat sales and positive word-of-mouth."

3.3.6 Relationship of Perceived Quality, Perceived Value, Overall Satisfaction & Behavioral Intention

As "(Parasuraman, A., Zeithaml, V.A., & Berry, L.L., 1985)" observed, quality is a gestalt attitude attained over time, towards a service that one has used several times, while satisfaction refers to a particular service transaction.

In a service context, (Patterson, P.G., & Spreng, R.A., 1997) created a model to explain the relationship between "perceived values", "satisfaction", and "repurchase intentions". According to their study, it was hypothesized that "perceived performance has positive correlation with value, repurchasing intentions, and satisfaction". It was also concluded that "value has a huge impact on customer satisfaction, which in return affects intentions."

Based on the survey of telephone service customers, "(Bolton, R.N., & Drew, J.H., 1999)" developed a model for evaluating customer perceptions of service quality. They evaluated service quality, performance levels, and service value based on the past experiences and expectations. It

was found out that performance has significant impact on service quality and service value assessment.

“The correlation between service quality, perceived value, customer satisfaction, and behavioral intention” was studied by “(McDougall, G.H.G., & Levesque, T., 2000)” among dentists, auto repair shops, restaurants, and hairdressers It was shown that “customer satisfaction is directly related to behavior intentions in the future.”

“(Baker, D.A., & Crompton, J.L., 2000)” defined performance quality as the parameter of service that can be controlled by tourism provider, whereas satisfaction is the mental state of a tourist after an experience. According to their study, perceived performance quality is more significant for behavioral intention than satisfaction.

The integrated model developed by (Choi, K.-S., Cho, W.H., Lee, S., Lee, H., & Kim, C., 2004) about healthcare consumer satisfaction is based on pre-determined correlation between “service quality”, “value”, “patient satisfaction” and “behavioral intention”. This study reports the outcome of 537 South Korean healthcare consumers, correlating “service quality and value”, “satisfaction”, and “behavioral intention” in the multi-attribute attitude model framework. It shows that “both service quality and value directly influence behavioral intentions while perceived quality influences value assessment.”

“(Chi, C.G., & Qu, H., 2008)” examined “the structural relationship between tourist satisfaction, destination image, and re-visit in tourism sector”. Overall satisfaction directly influences destination loyalty, according to their study.

(Jung, M., Lee, K., & C, M., 2009), in the study of satisfaction of outpatients and their willingness to visit the same hospital for future treatments, found that overall satisfaction immensely influences their willingness to undergo future treatments in the same hospital.

3.3.7 Frequent Visit

Several factors influence the perceptions that an individual has of a destination, including geographic proximity, prior experience, favorable opinion, and knowledge of that country (Hunt,

J.D., 1975; Crompton, J.L., 1979; Phelps, A., 1986; Hu & Ritchie, 1993). Researchers believe that "decision-making process of a medical tourist is influenced by how much familiar he is with the destination" (Fodness, D., & Murray, B., 1997; Gursoy, D., & Mccleary, K.W., 2004; Vogt, C.A., & Fesenmaier, D.R., 1998).

A study by (Hu, Y., and Richie, J.R.B., 1993) found significant differences between the perception of being attracted to Hawaii, Australia, Greece, France, and China by visitors and non-visitors based on past visits. It was observed that familiarity has an impact on perception related to destination countries. Another factor related to familiarity with a location is its geographic location. It was suggested by (Hunt, J.D., 1975) that "distance from a region may be an important factor in image formation for respondents who reside farther from the region did not differentiate areas within the region as well as those respondents from closer markets". "Past experience during the visit, geographic location, knowledge about destination country and positive perception creates a major impact on tourists' destination image and behavioral intention of choosing a travel destination" (Crompton, J.L., 1979; Hunt, J.D., 1975; Hu, Y., & Ritchie, J.R.B., 1993; Milman, A., & Pizam, A., 1995; Phelps, A., 1986).

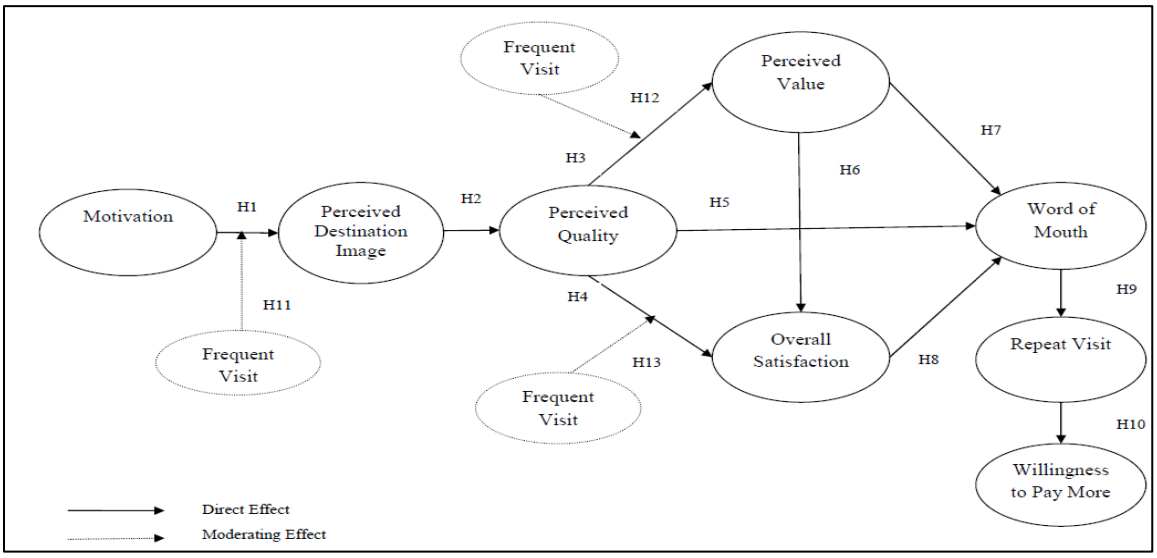


Fig.13 Motivation Factors, Behavior & Perception Model

(Source:** Saiprasert, W. (2011). Examination of the medical tourists' motivational behavior and perception: A structural model**)

CHAPTER-4

CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

In today's globe, medical travel is becoming an important part of the tourism sector. It primarily entails medical procedures in conjunction with travel and tourism. Travel for medical reasons outside of the United States has become an increasingly common practice over the last few years. Many nations are supporting and promoting wellness travel because it benefits both the home as well as destination country in terms of economic and infrastructure development. Low treatment cost, quality of care, advanced technology, legal ramifications, and privacy concerns are all key motivators for medical tourists and influence the growth of medical tourism in general according to literature. However, there is a knowledge void about the factors which motivate medical tourists to select India as their destination. Such data is essential for drafting the right policies and making strategies to ensure the effective development of medical tourism in India. The literature review conducted in this study highlights the knowledge gap and attempts to find the parameters based on which a survey can be conducted to fill the aforesaid research gap. The parameters of motivation found from the literature review are listed in the next section.

4.2 Recommendation

The literature review highlights the need to conduct a survey to determine the factors which motivate a medical tourist to opt for India as their destination. The survey can be questionnaire type composing of questions which asks the respondent to rate the different parameters like- “Destination image”, “perceived quality”, “perceived value”, “overall satisfaction” and “future behavioral intention”. Destination image of India as a medical tourist hub can be measured by asking the respondent to rate the different attributes like “cost of treatment”, “waiting time”, “privacy and confidentiality”, “ease of visa and immigration procedures”, “hospital accreditation”, “language barrier”, “climate”, “accommodation facilities”, “transportation and infrastructure”, “friendliness of people”, etc.

The perceived quality of the medical services in India can be measured by asking the respondents to rate the attributes like- “competency and responsiveness of the health providers”, “tangibility”, “reliability of service”, “access to healthcare”, “hospital amenities and equipment”, “concern for patient safety” and “protection against medical malpractice and liability”.

The perceived value of the services experienced by the medical tourists can be judged by asking the respondents to rate the “quality of treatment” and “value for money”. The overall satisfaction can be measured by asking the respondents to rate the “satisfaction with the medical treatment” and “satisfaction with hospital services”. Similarly, the future behavioral intention can be measured by asking the respondent to rate the “willingness to recommend India for treatments”, “willingness to return for future treatments”, “opting India as the first priority for treatments” and “willingness to spend more even if the prices increase”.

The above mentioned attributes can be rated from “strongly agree” to “strongly disagree”. The results of the analysis of data obtained can be then used to know the factors which attract the medical tourists to India. Once, the strengths of India’s healthcare system is derived from the survey, they can be used to advertise to attract more medical tourists. The survey would also give the parameters on which the India’s healthcare system is perceived to be lacking according to the medical tourists. The knowledge gained can help the government and hospitals to formulate policies to improve in those fields.

REFERENCES

Ajzen, I., & Fishbein, M. (1980). Understanding Attitudes and Predicting Social Behavior. Prentice-Hall: New Jersey.

Alexandris, K., Dimitriadis, N., & Markata (2002). Can perceptions of service quality predict behavioral intentions? Managing Service Quality, 12(4), 224 – 231.

An, D. (2014). Understanding medical tourists in Korea: Cross-cultural perceptions of medical tourism among patients from the USA, Russia, Japan, and China. Asia Pacific Journal of Tourism Research, 19(10), 1141-1169.

Baker, D. A., & Crompton, J. L. (2000). Quality, satisfaction and behavioral intentions. Annals of Tourism Research, 27(3), 785 - 804.

Baloglu, S. (2001). Image variations of turkey by familiarity index: informational and experiential dimensions. Tourism Management, 22, 127 - 133.

Baloglu, S., & Uysal, M. (1996). Market segment of push and pull motivations: A canonical correlation approach. International Journal of Contemporary Hospital Management, 8(3), 32 – 38.

Beerli, A., & Martin, J. D. (2004). Factor influencing destination image. Annals of Tourism Research, 31(3), 657 – 681.

Bello, D. C., & Etzel, M. J. (1985). The role of novelty in pleasure travel experience. Journal of Travel Research, 24(1), 20 – 26.

Bies, W., & Zacharia, L. (2007). Medical tourism: Outsourcing surgery. Mathematical and Computer Modeling, 46, 1144 - 1159.

Bigne, J. E., Sanchez, M. I., & Sanchez, J. (2001). Tourism image, evaluation variables and after purchase behavior: Inter-relationship. Tourism Management, 22, 607-616

Bolton, R. N., & Drew, J. H. (1991). A multistage model of customers' assessments of service quality and value. Journal of Consumer Research, 17(4), 375 - 384.

Bookman, M. (2007). Medical tourism in developing countries. Springer.

Bowers, M. R., Swan, j. E., & Koehler, W. F. (1994). What attributes determine quality and satisfaction with health care delivery? Health Care Management Review, 19(4), 49 – 55.

Burkett, L. (2007). Medical tourism. The Journal of Legal Medicine, 28(2), 223 - 245.

Caballero-Danell, S., & Mugomba, C. (2006). Medical Tourism and its Entrepreneurial Opportunities - A conceptual framework for entry into the industry. Goteborg University.

Carrera, P. M. & Bridges, J. FP. (2006). Globalization and healthcare: Understanding health and medical tourism. Expert Review of Pharmacoeconomics & Outcomes Research, 6(4), 447 – 454.

CBS News Online (2004). Medical Tourism: Need Surgery, Will Travel. Available at: http://www.cbc.ca/news/background/healthcare/medicaltourism.html Retrieved: July 3, 2021.

Cha, S., McCleary, K. W., & Uysal, M. (1995). Travel motivations of Japanese overseas travelers: A factor-cluster segmentation approach. Journal of Travel Research, 34(1), 33 - 39.

Cham, T. H., Lim, Y. M., Sia, B. C., Cheah, J. H., & Ting, H. (2021). Medical tourism destination image and its relationship with the intention to revisit: A study of Chinese medical tourists in Malaysia. Journal of China Tourism Research, 17(2), 163-191.

Chanda, R. (2002). Trade in health services. Bulletin of the World Health Organization, 80(2), 158 - 163.

Chen, J. S., Prebensen, N., & Huan, T. C. (2008). Determining the motivation of wellness travelers. Anatolia: An International Journal of Tourism and Hospitality Research, 19(1), 103 – 115.

Chew, Y. T., & Darmasaputra, A. (2015). 12 Identifying research gaps in medical tourism. Destination marketing: An international perspective, 119.

Chi, C. G., & Qu, H. (2008). Examining the structural relationships of destination image, tourist satisfaction and destination loyalty: An integrated approach. Tourism Management, 29, 624 – 636.

Choi, K.-S., Cho, W. H., Lee, S., Lee, H., & Kim, C. (2004). The relationships among quality, value, satisfaction and behavioral intention in health care provider choice: A South Korea study. Journal of Business Research, 57, 913 – 921.

Chon, K. S. (1990). The role of destination image in tourism: A review and discussion. The tourist review.

Chon, K., -S. (1990). The role of destination image in tourism: A review and discussion. Tourism Management, 45(2), 2-9.

Connell, J. (2006). Medical tourism: Sea, sun, sand and… surgery. Tourism Management, 27, 1093 – 1100.

Connell, J. (2013). Contemporary medical tourism: Conceptualization, culture and commodification. Tourism management, 34, 1-13.

Crompton, J. L. (1979). An assessment of the image of Mexico as a vacation destination and the influence of geographical location upon that image. Journal of Travel Research, 17(4), 18 - 23.

Crooks, V. A., Turner, L., Snyder, J., Johnston, R., & Kingsbury, P. (2011). Promoting medical tourism to India: Messages, images, and the marketing of international patient travel. Social Science & Medicine, 72(5), 726-732.

Dangor, F., Hoogendoorn, G., & Moolla, R. (2015). Medical tourism by Indian-South Africans to India: an exploratory investigation. Bulletin of Geography. Socio-economic Series, 29(29), 19-30.

Dann, G. M.S. (1977). Anomie, ego - enhancement and tourism. Annals of Tourism Research, 4(4), 184 - 194.

Dann, G. M.S. (1981). Tourist motivation: An appraisal. Annals of Tourism Research, 8(2), 187 – 219.

De Arellano, A. B. R. (2007). Patients without borders: the emergence of medical tourism. International Journal of Health Services, 37(1), 193-198.

Diethelm Travel's. (2005). Thailand Tourism Review: Medical Tourism. Available at: http://www.bangkokpost.net/tourismreview2005/31.html Retrieved: July 3, 2021.

Dowling, G., & Staelin, R. (1994). A model of perceived risk and intended risk-handling activity. Journal of Consumer Research, 21(1), 119 - 135.

Echtner, C. M. & Ritchie, J. R. B. (1993). The measurement of destination image: An empirical assessment. Journal of Travel Research, 31(4), 3 – 13.

Eggert, A., & Ulaga, W. (2002). Customer perceived value: A substitute for satisfaction in business markets? Journal of Business & Industrial Marketing, 17(2/3), 107 – 118.

Ettinger, W. H. (1998). Consumer-perceived value; The key to a successful business startegy in the healthcare market place. Journal of American Geriatrics Society, 46(1), 111 – 113.

Fakeye, P. C., & Crompton, J. L. (1991). Image differences between prospective, firsttime, and repeat visitors to the lower Rio Grande Valley. Journal of Travel Research, 30, 10 - 16.

Fodness, D., & Murray, B. (1997). Tourist information search. Annals of Tourism Research, 24(3), 503 – 523.

Font, X. (1997). Managing the tourist destination's image. Journal of Vacation Marketing, 3(2), 123 – 131.

Ford, R. C., Bach, S. A., Fotter, m. D. (1997). Methods of measuring patient satisfaction in healthcare organizations. Health Care Management Review, 22(2), 74 – 89.

Forgione, D. A., & Smith, P. C. (2007). Medical tourism and its impact on the US healthcare system. Journal of Health Care Finance, 34(1), 27 - 35.

Garcia-Altes, A. (2005). The development of health tourism services. Annals of Tourism Research, 32(1), 262 - 266.

Gursoy, D., & McCleary, K. W. (2004). An integrative model of tourists' information search behavior. Annals of Tourism Research, 31(2), 353 - 373.

Horowitz, M. D., Rosensweig, J. A., & Jones, C. A. (2007). Medical tourism: globalization of the healthcare marketplace. Medscape General Medicine, 9(4), 33.

Hunt, J. D. (1975). Image as a factor in tourism development. Journal of Travel Research, 13(3), 1 - 7.

Hu, Y., & Ritchie, J. R. B. (1993). Measuring destination attractiveness: A contextual approach. Journal of travel Research, 32, 25 - 32.

Hutchison, B. (2005). "Medical Tourism Growing Worldwide," UDaily, July 25,2005 http://www.udel.edu/PR/UDaily/2005/mar/tourism072505.html., Retrieved: July 3, 2021.

John, S. P., & Larke, R. (2016). An analysis of push and pull motivators investigated in medical tourism research published from 2000 to 2016. Tourism Review International, 20(2-3), 73-90.

Joint Commission International, Home Page (2009). Available at: http://www.jointcommissioninternational.org/about-jci/ Retrieved: July 3, 2021.

Joint Commission, Home Page (2009). Available at: http://www.jointcommission.org/ Retrieved: July 3, 2021.

Jun, M., Peterson R. T., & Zsidisin, G. A. (1998). The identification and measurement of quality dimensions in health care: Focus group interview results. Health Care Management Review, 23(4), 81 – 96.

Jung, M., Lee K., & C, M. (2009). Perceived service quality among outpatients visiting hospitals and clinics and their willingness to re-utilize the same medical institutions. Journal of Preventive Medicine & Public Health, 42(3), 151 -159.

Kim, S.-S., & Lee, C.-K. (2002). Push and pull relationships. Annals of Tourism Research, 29(1), 257 - 260.

Kim, S.-S., Crompton, J., & Botha, C. (2000). Responding to competition: A strategy for sun/lost city, South Africa. Tourism Management, 21(1), 33 – 41.

Kim, W. G., Han, J. S., & Lee, E. (2001). Effects of relationship marketing on repeat purchase and word of mouth. Journal of Hospitality & Tourism Research, 25 (3), 272 – 288.

Kim, S.-S., Lee, C.-K., & Klenosky, D. B. (2003). The influence of push and pull factors at Korean national parks. Tourism Management, 24(2), 169 - 180.

Klenosky, D. B. (2002). The "pull" of tourism destinations: A means - end investigation. Journal of Travel Research, 40, 385 - 395.

Kotler, P., Bowen, J., & Markens, J. (1996). Marketing for Hospitality and Tourism. New Jersey: Prentice Hall.

Lam, T., & Hsu, C. H. C. (2006). Predicting behavioral intention of choosing a travel destination. Tourism Management, 27, 589 – 599.

Linder-Pelz, S. (1982). Toward a theory of patient satisfaction. Social Science & Medicine, 16, 577 – 582.

Litvin, S. W., Goldsmith, R. E., & Pan, B. (2008). Electronic word-of-mouth in hospitality and tourism management. Tourism Management, 29, 458 – 468.

McDougall G. H. G. & Levesque T. (2000). Customer satisfaction with services: Putting perceived value into equation. Journal of Service Marketing, 14(5), 392 – 410.

Medical Tourism 2021 Retrieved 3 July 2021, from https://dergipark.org.tr/tr/download/article-file/881291

Mefford, R. N. (1993). Improving service quality: Learning from manufacturing. International Journal of Production Economics, 30, 399 – 413.

Milman, A., & Pizam, A. (1995). The role of awareness and familiarity with a destination: The Central Florida case. Journal of Travel Research, 33(3), 21 - 27.

Moore, S. A. & Schlegelmilch, B. B. (1994). Improving service quality in an industrial setting. Industrial Marketing Management, 23(1). 83 – 92.

Oberoi, S., & Kansra, P. (2019). Factors influencing medical tourism in India: a critical review. SAMVAD, 17, 9-16.

Oliver, R. L., & DeSarbo, W. S. (1988). Response determinants in satisfaction judgments. Journal of Consumer Research, 14, 495 – 508.

Parasuraman, A. Zeithaml, V. A. & Berry, L. L. (1985). A conceptual model of service quality for future research. Journal of Marketing, 49 (4), 41 – 50.

Parasuraman, A. Zeithaml, V. A. & Berry, L. L. (1988). SERVQUAL: A multi item scale for measuring consumer perception of service quality. Journal of Retailing, 64, 12– 40.

Patterson, P. G., & Spreng, R. A. (1997). Modelling the relationship between perceived value, satisfaction and repurchase intentions in a business-to-business, services context: An empirical examination. International Journal of Service Industry Management, 8(5), 414 - 434.

Phelps, A. (1986). Holiday destination image- the problem of assessment. Tourism Management, 7(3), 168 – 180.

Pizam A., & Ellis, T. (1999). Customer satisfaction and its measurement in hospitality enterprise. International Journal of Contemporary Hospitality Management, 11(7), 326 – 339.
Rittichainuwat Ngamsom, B., Qu, H., & Brown, T. (2001). The image of thailand as an international travel destination. Cornell Hotel and Restaurant Quarterly, 42 (2), 82-95

Rittichainuwat Ngamsom, B., Qu, H., & Leong, J. (2003). The collective impacts of a bundle of travel determinants on repeat visitation. Journal of Hospitality and Tourism Research, 27 (2), 217 – 236.
Saiprasert, W. (2011). Examination of the medical tourists' motivational behavior and perception: A structural model.

Sankar, P. (2019). Medical tourism in India: issues, opportunities and designing strategies for growth and development. Sociology of Medical Tourism, 227.

Singh, L. (2019). Medical Tourism Motivations: The Driving Force. Journal of multidisciplinary academic tourism, 4(2), 77-86.

Sitzia, J., & Wood, N. (1997). Patient satisfaction: A review of issues and concepts. Social Science & Medicines, 45(2), 1892 – 1843.

Thi, P. L. N., Briancon, S., Empereur, F., & Guillemin, F. (2002). Factors determining inpatient satisfaction with care. Social Science & Medicine, 54, 493 – 504.

Turnbull, D. R., & Uysal, M. (1995). An exploratory study of German visitors to the Caribbean: Push and pull Motivation. Journal of Travel and Tourism Marketing, 4(2), 85 – 92.

Uysal M., & Jurowski, C. (1994). Testing the push and pull Factors. Annals of Tourism Research, 21(4), 844 – 846.

Uysal, M., & Hagan, L. A. R. (1993). Motivation of pleasure travel and tourism. In Khan, M., Olsen, M., Var, T. (Eds), Encyclopedia of Hospitality and Tourism, 798 – 810.

Vogt, C. A., & Fesenmaier, D. R. (1998). Expanding the functional information search model. Annals of Tourism Research, 25(3), 551 – 578.

Wong, K. M., Velasamy, P., & Arshad, T. N. T. (2014). Medical tourism destination SWOT analysis: A case study of Malaysia, Thailand, Singapore and India. In SHS Web of Conferences (Vol. 12, p. 01037). EDP Sciences.

Woodside, A. G., & Moore, E. M. (1987). Competing resort hotels: Word-of-mouth communication and guest retention. Tourism Management, December, 323 – 328.

Yet Mee, L., Cham, T. H., & Chuan, S. B. (2018). Medical tourists' behavioral intention in relation to motivational factors and perceived image of the service providers. Lim, YM, Cham, TH, Sia, BC (2018). Medical Tourists' Behavioral Intention in relation to Motivational Factors and Perceived Image of the Service Providers, International Academic Journal of Organizational Behavior and Human Resource Management, 5(3), 1-16.

Yuan, S., & McDonald, C. (1990). Motivational determinates of international pleasure time. Journal of Travel Research, 29(1), 42 - 44.

Zarei, A., & Maleki, F. (2019). Asian medical marketing, a review of factors affecting Asian medical tourism development. Journal of Quality Assurance in Hospitality & Tourism, 20(1), 1-15.