

## **MEDICAL TOURISTS' TRAVEL MOTIVATIONS: A REVISIT TO THE LITERATURE**

**Vasundhra**<sup>\*</sup>

**Usha Arora**<sup>\*\*</sup>

**Parmod**<sup>\*\*\*</sup>

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### **Abstract**

*Travelling abroad for the purpose of medical treatment is not a new concept. An important extension of this concept is medical tourism, where people travel to overseas countries in order to attain more timely, accurate and affordable medical care, The meteoric growth of medical tourism has garnered the attention of medical practioners, policymakers, mass media and the academicians. Such widespread growth necessitates identification, of the factors which motivate medical tourists to travel to medical tourism destinations, and understanding their relative importance. On the basis of extant literature as well as researchers' observation, the present review attempts to identify the factors which motivate medical tourists to travel out of jurisdiction. The findings bring out that the most prominent motivation continues to be low cost in the destination countries, followed by quality of care provided in these destinations. The findings will guide the service providers in understanding what factors motivate medical tourists and devising befitting marketing strategies which will ultimately enhance satisfaction of such medical tourists.*

*Keywords: medical tourism, travel motivations, medical tourists, motivational factors.*

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<sup>\*</sup> Research Scholar, Haryana School of Business, Guru Jambheshwar University of Science & Technology

<sup>\*\*</sup> Professor, Haryana School of Business, Guru Jambheshwar University of Science & Technology

<sup>\*\*\*</sup> Assistant Professor, Haryana School of Business, Guru Jambheshwar University of Science & Technology

## INTRODUCTION

Travelling out of jurisdiction for the purpose of medical treatment is not a new concept. However, what has garnered the attention of policymakers, medical practitioners, academicians and the mass media is the phenomenon of patients travelling from all across the globe to countries, with cutting edge medical facilities, in order to obtain world class medical services at cheaper costs while combining it with leisure and recreational activities. This phenomenon, which is termed as medical tourism, has emerged as a lucrative option for people in need of better quality and affordable medical treatment. Medical tourism destination choice has witnessed a tremendous shift. Earlier, only developed countries were the main receptors of such patients. But, of late, various developing countries have emerged as renowned destination choices for medical tourists.

Earlier, patients from developing countries used to travel to developed nations with cutting edge medical facilities for their treatment. But the trend seems to have reversed of late. Now the patients from developed countries are travelling to developing nations in search for affordable and quality medical treatments which may or may not be available domestically/at home. On the global map of medical tourism, countries such as India, Malaysia, Thailand, Mexico, Costa Rica and Turkey are making their mark (Patients Beyond Borders, 2019).

## OBJECTIVE OF THE PAPER

The present review attempts to identify and understand the factors motivating medical tourists' to travel to overseas destinations in search of medical care.

## METHODOLOGY

For the purpose of review of literature, search engines such as Google Scholar, PubMed, Sage and ScienceDirect were used to collect the relevant articles. Various combinations of keywords were used to search the title, abstract of the papers in order to find material literature. In addition to that, reference mining technique has also been used to collect more relevant data. Keywords such as medical tourism, cross border care, health tourism, international medical travel, travel motivations, medical tourists' motivations were used to retrieve relevant literature. Along with that, a scoping review of published reports, and media literature was also undertaken.

## MEDICAL TOURISM

Medical tourism is defined as the phenomenon of patients of one country travelling to another country in search of timely and affordable medical care in conjunction with some tourism activity. The term, medical tourism, initially came from travel agencies and mass media who used it as a catch phrase to describe this burgeoning industry (Reddy & Qadeer, 2010).

Since the trend of international medical travel, where patients travelled from developing countries to developed nations, has reversed lately, medical tourism has become the talk of the town. There has been a tremendous growth in the medical tourism industry in recent years. Such meteoric growth necessitates the identification and understanding of the motivational factors which induce patients to travel overseas for treatment.

## MEDICAL TOURISTS' MOTIVATIONS

Motivation can be defined as a “psychological condition in which an individual is oriented towards and tries to achieve a kind of fulfilment” (Jang & Wu, 2006). It is considered to be one of the most pertinent determinants to explain travel behavior. Tourist motivation serves as an important factor in explaining tourist behavior with regards to their needs, wants and preferences as well as their destination choice (Chan & Baum, 2007). Since in medical tourism, patients are travelling with the express intent of receiving treatment, motivations in medical tourism are different from those in leisure tourism (Khan *et al.*, 2017). In the healthcare sector, the growth of medical tourism is predominated by a wide range of motivators. A study conducted by Singh in 2013 revealed four major motivational factors for potential medical tourists. These are local doctors' recommendation, medical facilities and services, hotel accommodations and food and beverage and the general tourism supply and governmental laws and policies at the international destination. Crooks *et al.* (2010) categorised the travel motivations of medical tourists as either procedure related, travel-related or cost-related.

Based on the pertinent literature as well as the researchers' own observation, the following medical tourists' motivational factors have been identified:

### COST:

The most important motivational factor cited in the extant medical tourism literature is low cost (Goodrich & Goodrich, 1987; Horowitz, 2007; Burkett, 2007). Majority of the

Americans who travelled for medical procedures cited cost savings as the most common reason. Prices for procedures in medical tourism destinations like India are estimated to be between one fifth and one tenth of the price of the same procedures in developed countries. A patient from U.S.A could save up to 90 percent of his costs if he chooses to go to India for treatment (Statista, 2017).

Mishra and Kumar (2012) went up to the extent of saying that the combined cost of travel and treatment in India is still a fraction of the amount spent on just medical treatment alone in the developed countries like U.S.A. The key reasons for such cost differential are lower labour costs, no malpractice costs and lower pharmaceutical costs as quoted by Forgione and Smith (2007). The professional liability premium for a surgeon in India is 4 percent of what it is in New York (Lancaster, 2004). A cost comparison of various medical procedures in different countries is depicted in Table 1. As per the figures, a heart bypass surgery which is available at 7000 US\$ in India, costs 1,30,000 US\$ in the United States. Similarly, a hip replacement costs 43,000 US\$ in U.S. and 46,000 US\$ in U.A.E. whereas, the same procedure is available in just 7,020 US\$ in India and 10,000 US\$ in Malaysia (KPMG & FICCI, 2014). Turner (2007) pointed out that the cost factor is especially important to patients who have no or inadequate insurance coverage.

TABLE 1: Cost Comparison of medical procedures of various countries

| Procedure<br>Cost (US\$)   | U.S.     | Thailand | Singapore | Malaysia | U.A.E  | South<br>Korea | Mexico | Costa<br>Rica | India |
|----------------------------|----------|----------|-----------|----------|--------|----------------|--------|---------------|-------|
| Heart Bypass               | 1,30,000 | 11,000   | 18,500    | 9,000    | 40,900 | 31,700         | 27,000 | 24,100        | 7,000 |
| Heart Valve<br>Replacement | 1,60,000 | 10,000   | 12,500    | 9,000    | 50,600 | 42,000         | 30,000 | 30,000        | 9,500 |
| Hip<br>Replacement         | 43,000   | 12,000   | 12,000    | 10,000   | 46,000 | 10,600         | 13,900 | 11,400        | 7,020 |
| Knee<br>Replacement        | 40,000   | 10,000   | 10,000    | 8,000    | 40,200 | 11,800         | 14,900 | 10,700        | 9,200 |

Source: KPMG 'Medical Value Travel in India (2014)', FICCI Heal Conference (Pg 23)

## INSURANCE COVERAGE

Related to cost, a lack of insurance or being underinsured may also trigger the flow of patients to the developing countries for healthcare (Horowitz, 2007; Gupte & Panjamapiron, 2014). Gan and Frederick (2013) have found out a positive correlation between the lack of health insurance and the prospect of seeking medical care abroad. Treatments such as cosmetic surgery are not covered under the insurance programmes of many countries such as Canada and U.K., so patients of these countries travel to medical tourism destinations in order to obtain ‘first world care at third world prices’ (Horowitz, 2007).

## WAITING TIMES

Another important factor identified in the literature is the waiting times for medical procedures (Lagiewski & Myers, 2008; Hopkins *et al.*, 2010; Gill & Singh, 2011; Monica & Ramakrishnan, 2018). In countries with publicly funded healthcare systems such as U.K and Canada, patients are prey to the problem of long waiting lists due to which they choose to bypass care offered in their own country and travel to such destinations (Khan *et al.*, 2017; Lajevardi, 2016).

Waiting lists for less important surgeries such as knee reconstruction and hip reconstructions have been as long as 18 months in the UK and over 2 years in Australia and Canada (Connell, 2008). In India, on the other hand, patients don’t have to face such hardships and the treatment begins shortly after arrival. Medical tourism thus helps patients to circumvent the delays associated with treatment by travelling to another country (Horowitz *et al.*, 2007). Along with that, it helps developed countries that have long waiting lists to clear their backlog by sending patients to other countries providing better or equivalent care at low cost (Lancaster, 2004).

## TREATMENT NOT ALLOWED

The type of treatment not available or allowed in the home country also serves as a push factor (Burkett, 2007; Crooks *et al.*, 2010). Many patients also travel to overseas countries in order to access therapies and treatments which are restricted in their home country. In United Kingdom, a treatment called stomach sampling is prohibited for patients younger than 18 years of age (Baukute, 2012). Also, certain controversial procedures like stem cell therapy, surrogacy, abortion and fertility treatments are also banned in many countries (Crooks *et al.*, 2010; Khan *et al.*, 2017). Medical tourism destinations such as India, Thailand have lesser

regulations that are seen as attractive options for couples who would prefer to get these treatments done (Gill & Singh, 2011).

#### NON AVAILABILITY OF TREATMENT

Another factor for patients travelling for healthcare is the non availability and accessibility of treatment in home country. Patients from Afghanistan and Nepal travel to India due to better availability of medical equipments and services here (Km, 2014). Bangladesh accounts for the highest number of medical tourists visiting India owing to the lack of quality healthcare infrastructure and unavailability of skilled manpower in their country (KPMG & FICCI, 2014). Travellers from Africa visit to other countries because of unavailability of modern medical procedures and diagnostic services (Crush & Chikanda, 2015). The desire to have less invasive alternates for hip and knee surgeries also served as important motivation for Canadian medical tourists (Cameron *et al.*, 2014). There are countries which do not provide IVF treatments to older women, unmarried couples, single individuals and transgender patients (Salama *et al.*, 2018).

#### QUALITY OF CARE

Quest for superior quality of care also emerges as a significant factor motivating medical tourists to bypass care offered in their own country and choose medical tourism destinations. Patients can be drawn towards medical tourism destinations where the hospitals are famous for the quality of services they offer (Horowitz, 2007). Perception of better success rates overseas drives patients towards medical tourism destinations (Hudson *et al.*, 2011). Hanefeld *et al.* (2014) asserted that patients prefer to go for treatments at such destinations where the procedure they desired has either been pioneered or the doctor is well reputed and renowned. Quality of care of service provider, doctor and other staff as well as quality of treatment are important determinants for selection of treatment and treatment provider amongst medical tourists who sought treatment in Thailand (Wongkit & McKercher, 2013). Since it is very difficult to assess the technical quality of care, research showed that one measure of assessing the quality of care is through accreditation. Hospitals that have high accreditation ratings from agencies like Joint Commission International and International Organisation for Standardization are presumed to be of superior quality.

## PRIVACY AND CONFIDENTIALITY

The assurance of privacy and confidentiality in the treatment is yet another motivation for patients to choose medical tourism (Horowitz *et al.*, 2007; Lunt *et al.*, 2011; Gill & Singh, 2011). Patients getting cosmetic procedures would prefer to get them done at a relatively isolated or alien environment (Connell, 2008). Similarly, there are some other therapies and treatments/procedures for which patients want a certain amount of confidentiality. Countries such as Thailand provide such privacy and are famous medical tourism destination for procedures like drug rehabilitation, sex change operations, HIV care and plastic surgery (Kumar & Hussain, 2016). Also, unlike in U.S., patients' personal medical records can't be viewed by a third party in these destinations (Mitka, 2009). Such countries that have no reporting requirements ensure privacy and anonymity of patients. In a study conducted by Hudson *et al.* (2011), patients revealed that for patients who did not want to reveal their treatment to friends, family and employers, disguising an absence from their jobs as a holiday made an overseas trip more appealing.

## RECOMMENDATION BY OTHERS

Recommendations given by friends, family and relatives, former patients and doctors at home are also found to have deep impact on the patients' decisions to go abroad. Medical tourists' social networks provide economical and emotional support to them as well as guide them in making destination and treatment choice (Bochaton, 2015). There are various medical tourism blogs and forums where former patients write their experiences. Referrals and success stories from friends and relatives play an integral part in motivating medical tourists to make travel decisions (Dangor *et al.*, 2015).

## LANGUAGE AND CULTURAL SIMILARITY

Apart from quality, language and culture also play a key role in attracting patients (Connell, 2006; Burkett, 2007). Medical tourists will be allured to countries where the hospital staff is well versed with their language and which have some sort of familial tie (Carrera & Bridges, 2006). Cultural similarity gives a sense of relatedness to the medical tourists. Patients going for fertility treatments have socio cultural considerations and especially prefer the destinations they have cultural ties with (Salama *et al.*, 2018).

Besides these, various other factors allure patients to travel to a particular destination such as the opportunity to combine treatment with exotic vacation, availability of transportation after



reaching a destination, ease of visa procedures, frequency of flights to a destination, favorable exchange rates, portability of health insurance, quality of hotels and food, political stability of a nation etc. (Connell, 2006; Burkett, 2007; Bookman & Bookman, 2007; Whittaker, 2008; Drinkert & Singh, 2017).

Therefore, based on the review of pertinent literature, travel motivations of medical tourists cited by various researchers have been classified in table 2.

Table 2: List of motivational factors influencing medical tourists

| Motivational factors   | Previous Studies   |
|--|--|
| 1. Low cost of medical treatment than in home country                  | Grennan, 2003; Connell, 2006; Forgione & Smith, 2007; Herrick, 2007; Horowitz <i>et al.</i> , 2007; Turner, 2007; Gray & Poland 2008; York, 2008; Crooks <i>et al.</i> , 2010; Mechinda <i>et al.</i> , 2010; Hall, 2011; Singh, 2013; Beladi <i>et al.</i> , 2015; Shahijan <i>et al.</i> , 2015; Sarwar <i>et al.</i> , 2015; Cham <i>et al.</i> , 2016; Pantapalungkul & Yoopetch, 2016 |
| 2. Lack of insurance or being underinsured                             | Saha <i>et al.</i> , 1999; Andaleeb, 2001; Sultana <i>et al.</i> , 2014; Pantapalungkul & Yoopetch, 2016   |
| 3. Shorter waiting times than in home country                          | Grennan, 2003; Choi <i>et al.</i> , 2004; Horowitz <i>et al.</i> , 2007; Forgione & Smith, 2007; Gray & Poland, 2008; Mechinda <i>et al.</i> , 2010; Hall, 2011; Stolley & Watson, 2012; Singh, 2013; Shahijan <i>et al.</i> , 2015; Pantapalungkul & Yoopetch, 2016   |
| 4. Type of medical treatment not available in the home country         | Moufakkir & Burns, 2012; Sarwar <i>et al.</i> , 2012; Hanefeld <i>et al.</i> , 2014; Khan <i>et al.</i> , 2017   |
| 5. Type of treatment not allowed in the home country                   | Crooks <i>et al.</i> , 2010; Hall, 2011; Pantapalungkul & Yoopetch, 2016; Khan <i>et al.</i> , 2017  |
| 6. Preference of privacy and confidentiality                           | Vandemme & Leunis, 1993; Horowitz <i>et al.</i> , 2007; Hall, 2011; Pantapalungkul & Yoopetch, 2016;   |
| 7. Recommendation by friends, family and former patients/online forums | Hanefeld <i>et al.</i> , 2014; Dangor <i>et al.</i> , 2015; Bochaton, 2015   |
| 8. Quality/Expertise of care   | Horowitz, 2007; Hudson <i>et al.</i> , 2011; Burns, 2015; Hanefeld <i>et al.</i> , 2014; Bochaton, 2015  |
| 9. Language and culture similarity                                     | Carrera & Bridges, 2006; Burkett, 2007; Ormond, 2011; Musa <i>et al.</i> , 2012; Hanefeld <i>et al.</i> , 2014; Salama <i>et al.</i> , 2018  |
| 10. Opportunity to combine treatment with vacation                     | Hall, 2011; Saiprasert, 2011; Musa <i>et al.</i> , 2012  |
| 11. Ease and affordability of travel and lodging arrangements          | Connell, 2006; Chambers & McIntosh, 2008; Peters & Sauer, 2011; Singh, 2013  |
| 12. Favourable exchange rates  | Chambers & McIntosh, 2008; Lautier, 2008; Singh, 2013  |
| 13. Low rate of treatment failure                                      | Saiprasert, 2011; Musa <i>et al.</i> , 2012  |
| 14. Proximity to home country  | Musa <i>et al.</i> , 2012  |
| 15. Availability of information on internet                            | Connell, 2006; Musa <i>et al.</i> , 2012   |

Source: Literature review



## CONCLUSION

Medical tourism is a flourishing global industry. Since medical tourists are a major source of foreign exchange for the destination countries, there is an intense competition among them to grab a bigger chunk of medical tourists. In order to become the top leading destination, these countries have to identify and understand what motivates these patients to leave the comforts of their own home and travel overseas to a particular destination in search of care. Based on the review of extant literature, it is revealed that a low cost in medical tourism destinations continues to be the major motivational factor for patients. Another important factor which was identified was quality of care offered by the medical tourism destination hospitals as well as the recommendations from friends, family, former patients and doctors at home. This highlights the importance that medical tourists give to word of mouth. Such understanding of the motivations will enable the destination countries to devise befitting policies and strategies which will ultimately multiply the inflow of medical tourists.

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