

## AN ANALYSIS OF PUSH AND PULL MOTIVATORS INVESTIGATED IN MEDICAL TOURISM RESEARCH PUBLISHED FROM 2000 TO 2016

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Medical tourism is growing in many parts of the world. As such, it should not be surprising that there is a growing body of literature focusing on the nature of scope of this tourism sector. One subset of this literature involves the motivations that tourists have to travel outside their home country for medical care. To develop a better understanding of these motivations, this study investigates the motivators most commonly used in medical tourism research and classifies them with regard to whether they are push or pull motivators. The results reveal that some of the most commonly used pull motivators include lower medical costs, service quality, international accreditation of the medical facilities, and shorter waiting times, while the least commonly used include reputation of the medical practitioners and tourists' social and cultural familiarities with the destinations. With regard to push motivators, the most commonly used are recommendations from friends, doctors, and family, inadequate insurance coverage, and desire for privacy and confidentiality of treatments. The least commonly used are lack of treatment options and distrust in home-country healthcare systems. The study concludes with a discussion of the managerial implications of these results and provides recommendations for further research in the areas of medical tourism.

**Key words:** Medical tourism; Push and pull motivation; Literature review

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### Introduction

Medical tourism is a “phenomenon in which patients are leaving their country of residence made with the intent of accessing medical care, often surgery abroad” (Carerra & Bridges, 2006, p. 447). The primary purpose of medical tourism is to provide services to a tourist with the goal of treating specific illnesses he or she may have (Puczko & Bachvarov, 2006).

The available evidence indicates that medical tourism is a meaningful subset of travel and tourism. For example, it has been reported that medical tourism generated nearly US\$55 billion in 2014 based on approximately 11 million cross-border patients worldwide spending an average of \$3,500–\$5,000 per visit (Patients Beyond Borders, 2015). People from the US and other Western countries accounted for the majority of these so-called medical tourists.

Medical tourism has also become relatively competitive with nearly 50 countries counting it as one of their national industries (Enderwick & Nagar, 2011). In some regions, however, just a handful of countries account for the majority of medical tourism receipts. For example, Thailand, India, Singapore, and Malaysia account for more than 80% of the receipts in Asia.

Given the presumed significance of medical tourism, it should not be surprising that an emerging body of research is dedicated to understanding the motives of medical tourists. A review of the literature reveals more than 400 peer-reviewed articles related to the study of medical tourism from 2000 to 2016. Given the attention to medical tourism in the literature, it would appear reasonable to undertake a systematic review of this literature to develop a better understanding of its nature and scope. In doing so, researchers benefit by having an efficient synthesis of the literature, thereby facilitating more effective research. For medical practitioners, the results may reveal insights that can be used to hone their marketing offers and strategy. Finally, the results might also serve to benefit society through the further dissemination of information about medical tourism.

The article begins with a brief review of the distinction between medical, healthcare, and wellness tourism in order to provide appropriate context to the analysis. To conduct the review, a model was developed using the push–pull motivation classification. The literature review is then conducted using this model as a template. The study concludes with a discussion of the results.

### Defining Medical Tourism

Medical tourism is a term commonly used to denote the cross-border travel behavior of individuals seeking major or minor required surgeries, cosmetic treatments, and dental treatments (Cormany & Baloglu, 2011). Connell (2013) commented that “medical tourism” is an umbrella term used in many cases where improved health is the key component of travel and involves more invasive procedures and medical checkups than more passive procedures associated with related forms of health care, for example, relaxation therapies. Therefore, medical tourism should be considered as treatments such as, for example,

cosmetic surgery, heart surgery, and hip/knee replacement. However, surgery alone is only one component of medical tourism. According to Heung, Kucukusta, and Song (2011), preventive medical services such as medical checkups and health screening procedures are also within the scope of medical tourism.

Medical tourism is also a subset of the broader concept of health care tourism. Hall (2003) defined healthcare tourism as:

A commercial phenomenon of industrial society which involves a person travelling away from his or her normal home environment for the express benefit of maintaining or improving health and the supply and promotion of facilities and destinations which seek to provide such benefits. (p. 274)

Implicit in this definition is the concept of wellness tourism, which is defined as the sum of all relationships and phenomena occurring from a trip and subsequent residence by individuals whose main objective is to preserve and promote their health (Mueller & Kaufmann, 2001; Rocha & Brandao, 2014). According to Mueller and Kaufmann (2001), wellness tourism often includes a comprehensive service package offered by tourism providers, comprising comfortable accommodation, physical fitness, beauty care, healthy diet, relaxation/meditation, and other mental activities.

For the purposes of this study, the analysis focuses only on medical tourism, with an acknowledgement it is part of a larger sector of medical care.

### Classifying Medical Tourism Motivators: The Push–Pull Model

One of the most commonly used concepts in tourism research is motivation; the reasons that tourists do what they do. In other words, motivation can be defined as the driving forces within individuals that compel them to take action (Jeong, 2014). These driving forces can serve to arouse, direct, and integrate a person’s behavior (Dann, 1981; Yoon & Uysal, 2005). Crompton (1979) recognized that an understanding of the motivational factors that influence travel is helpful in understanding the behavior of a tourist, and tourist motivation is now a large and established area of tourism research.

Although a variety of schema are available for classifying motivations, a review of the tourism

literature indicates that push/pull factors are commonly used (Kanagaraj & Bindu, 2013; S. S. Kim, Lee, & Klenosky, 2003; Mohammad & Som, 2010; Uysal & Jurowski, 1994). According to the push–pull model, “people travel because they are pushed into making travel decisions by internal, psychological forces, and pulled by external forces of the destination attributes” (Walker & Walker, 2010, p. 43). In other words, push factors create a desire within an individual to go on a trip, while pull factors help that individual select an appropriate destination (Goossens, 2000). In a broad sense, motivators such as the desire for escape, rest, relaxation, prestige, enhancement of kinship relationships, facilitation of social interactions, adventure, health, and fitness would be considered as push factors (Crompton, 1979; Uysal & Jurowski, 1994). Alternatively, motivators such as beaches, weather, relaxed tempo, recreational facilities, cultural attractions, novelty, education, benefit expectation, and marketing image would reflect pull factors (Dann, 1981; Uysal & Jurowski, 1994).

In a medical tourism context, push factors can include sociodemographic (e.g., age, gender, income, education) and health-related (e.g., insurance status, health status) characteristics, and, in this context, reflect the demand for medical services (Fetscherin & Stephano, 2016). Conversely, pull factors are mainly related to the medical tourism destination and can include such things as the “country environment (e.g., stable economy, country image) and the quality of the medical facility and services (e.g., quality care, accreditation, reputation of doctors)” (Fetscherin & Stephano, 2016, p. 540). In this sense, push factors influence the outflow and pull factors influence the inflow of medical tourists.

Using the push–pull model as a foundation, Fetscherin and Stephano (2016) developed a “medical tourism index.” The index is comprised of four factors: country environment, tourism destination, medical tourism costs, and medical facilities and services. Veerasoontorn and Beise-Zee (2010) used the push–pull model to investigate the contextual factors influencing the decision-making process of international medical travelers to Thailand. The study found a range of factors pushing medical tourists to seek treatment abroad, all related to health care in the tourist’s home country: unaffordability of health care in the home country, lack

of trust and confidence in local medical systems, negative experience at home, long treatment waiting lists at home, and unavailability of new treatments at home. Factors pulling medical tourists to Thailand included medical innovation, organizational efficiency, emotional service quality, and cultural bonding.

Given this background, it would appear that the push–pull model provides an intuitively appealing and conceptually sound approach for classifying medical tourism motivations. The following section describes the method used to harvest data for the classification of motivators within the push–pull model.

### Method of Analysis

Relevant research was harvested from a detailed search of peer-reviewed academic articles located in major library databases (i.e., ABI/INFORM, ProQuest, Scopus and EBSCO Business Source Premier, and CBCA Business). The search parameters were articles published between 2000 and 2016 that contained the key phrases “medical tourism” and “medical tourists.” The search resulted in the identification of 407 articles suitable for analysis.

The articles were analyzed using NVivo content analysis version 10 software to identify motivators used. Content analysis is a systematic and objective method that will analyze the contents quantitatively, using a category system (Yu, Lee, & Noh, 2011). It helps to identify the frequency of occurrence and relative importance of certain expressions or trends. The aim of the content analysis in this particular study was to identify the motivators being discussed in the scholarly literature. Once this process was completed, the motivators were classified as being either push or pull. The classification process is a relatively straightforward exercise; that is, motivators are either internal to the individual or external and reflective of characteristics of the destination.

### Review of Motivators

Deeper analysis of the themes generated and its context in the literature revealed a number of individual motivators in medical tourism. These included quality of treatment services, accreditation

of the facilities, religion, culture, language, the infrastructure of the destinations, accreditation and affiliation of the hospitals, insurance coverage of the treatments, and lack of medical treatments in the home countries.

Analysis of the themes generated from the thematic cluster map and their related sources and references categorized the three interrelated motivational forces of medical tourism. These are 1) healthcare provider-specific motivators; 2) tourism destination-specific motivators; and 3) medical tourist-specific motivators. Among these, healthcare provider-specific motivators and destination-specific motivators are grouped as pull factors while medical tourist-specific motivators are grouped as push factors. The following sections discuss in detail the push and pull medical tourism motivators identified from this literature review.

#### Push Motivators in Medical Tourism

Push factors in medical tourism are associated with the attributes of the individual tourists (Fetscherin & Stephano, 2016) such as their gender, age, income, culture, insurance status, and health

status. The analysis reveals a relatively large number of push factors including a recommendation from doctors, family, and friends, inadequate insurance coverage, sponsoring of foreign treatments from an employer or insurance company, desire for privacy and confidentiality of treatments, and so on. Table 1 lists the most frequently cited push factors in medical tourism.

Recommendations from doctors, friends, and family are found to be the most widely cited push factor of medical tourism. Nearly 30% of the medical tourism literature cited this factor while investigating medical tourism motivations. Empirical studies conducted among medical tourists from different markets confirm the role of word of mouth and testimonials in motivating medical tourists (Singh, 2013; Zeng & Gerritsen, 2014). For example, Singh (2013) found that 81.4% of American medical tourists seek the opinion of their primary physicians regarding a destination for medical care. More than 50% of the medical tourists reaching Malaysia were referred by family, friends, or local general practitioners (Yeoh, Othman, & Ahmad, 2013). Similar findings were reported in Bochaton's (2015) study on medical tourism to Thailand by Laotians. The study found that 54% of the Laotian

Table 1  
Push Motivators Cited in the Medical Tourism Literature

Motivators	Author(s)	Coverage ( $N = 407$ )
Recommendation from doctors, family, and friends	Connell, 2011; Deloitte Center for Health Solutions, 2009; Gan & Frederick, 2013, 2015; Singh, 2013	120
Inadequate insurance coverage (Cosmetic, dental, vision, fertility treatments, etc.)	Connell, 2006; Crooks et al., 2013; Crooks, Kingsbury, Snyder, & Johnston, 2010; Fisher & Sood, 2014; Johnston et al., 2012; Musa et al., 2012; Ormond & Sulianti, 2014; Woodman, 2007	87
Desire for privacy and confidentiality of treatments	Alsharif, Labonte, & Zuxun, 2010; Gan & Frederick, 2015; Horowitz et al., 2007; Mariana & Sinescu, 2014	68
Prior medical tourism experience	Fisher & Sood, 2014; Henson et al., 2015; Wongkit & McKercher, 2013	68
Proximity of destination	Chang et al., 2016; Judkins, 2007; Moghimehfar & Nasr-Esfahani, 2011	55
Affordability of international travel	Culley et al., 2011; Kumar & Raj, 2015; Maheshwari et al., 2012; K. S. Reddy, 2015	50
Sociodemographic status (age, gender, income, etc.)	Culley et al., 2011; Fetscherin & Stephano, 2016; Kluge et al., 2013; Sung, Chang, & Sung, 2015	26
Cultural similarities	Alcaraz Ariza, & Navarro, 2006; Viladrich & Baron-Faust, 2014	25
Lack of treatment options in home countries	Ferraretti, Pennings, Gianaroli, Natali, & Magli, 2010; Hanefeld et al., 2015; Henson et al., 2015; Hopkins et al., 2015; Van Hoof, Pennings, & De Sutter, 2015	18
Distrust in local healthcare systems	Crooks & Snyder, 2015; Culley et al., 2011; Walsh, 2014	11

medical tourists considered somebody's advice in choosing a medical tourism destination (Bochaton, 2015). As well as from friends and family, recommendations from travel agents, medical tourism companies, and opinions and comments from social media also influence the destination choice of medical tourists (M. Lee, Han, & Lockyer, 2012; Wongkit & McKercher, 2013). This shows the role of networks and relationships in medical tourism marketing (Hanefeld, Lunt, Smith, & Horsefall, 2015).

Inadequate insurance coverage is found to be the second highest (21.3%) push factor in medical tourism (Crooks et al., 2013; Turner, 2011). Inadequate insurance coverage in this literature includes both the individuals who do not have any insurance for medical treatments and those who already have insurance, but which is insufficient to cover the treatment costs at home. Coupled with inadequate insurance coverage, medical tourism research states that rising costs of medical treatments in developed Western countries force people without adequate insurance to seek affordable choices abroad (Culley et al., 2011; Eissler & Casken, 2013; Martin, Ramamonjiarivelo, & Martin, 2011; Ramamonjiarivelo, Martin, & Martin, 2015), thus fuelling the demand for medical tourism. For example, in the US it was reported that nearly 47 million Americans have no health insurance and much more are underinsured (Mariana & Sinescu, 2014; Turner, 2011, 2012). This is significant among those who are looking for cosmetic or dental surgeries. Similarly, in the UK, the National Health Service (NHS) scheme does not pay for most cosmetic surgery (Hanefeld, Lunt, & Smith, 2013; Lunt, Mannion, & Exworthy, 2013).

Individual tourists' desire for privacy and confidentiality of their treatments (e.g., plastic surgery) is found to be the third highest cited push factor (17%) in medical tourism research (Mariana & Sinescu, 2014). Rich patients from Western countries and public figures may prefer a distant location where they can receive treatments without public scrutiny (Gbadeyan, 2010). For example, a survey conducted among 482 US medical tourists revealed that privacy and confidentiality of treatment was the second most important factor they considered after treatment costs (Singh, 2013). Gan and Frederick (2015) stated that various social-related factors including privacy and

confidentiality of treatments motivate middle aged and married American tourists to travel for healthcare abroad.

Previous travel and tourism experience in the destination country was the fourth highest cited push factor. A little under 17% of the medical tourism literature cited this factor. Research indicates that quality of experience received from medical care providers including their quality of interaction with patients, quality of the physical environment, outcome quality, administration of the medical procedures, and perceived enjoyment, all significantly influence patients' trust, perceived value, and overall medical tourists' satisfaction (Wu, Li, & Li, 2016). The literature states that previous favorable travel/medical tourism experience in the chosen destination is likely to increase the comfort level of international medical tourists (Henson, Guy, & Dotson, 2015).

Factors including geographic proximity to the destination (13.5%), affordability of international travel (12.2%), sociodemographic status of the medical tourists (6.3%), cultural similarities with the destination (6.1%), lack of treatments in the home country (4.4%), and distrust and dissatisfaction with the local healthcare systems (2.7%) are found to be other push factors in medical tourism literature (Chang, Chou, Yeh, & Tseng, 2016; Crooks, Li, et al., 2015; Esiyok, Çakar, & Kurtulmuş, 2016; Mamun & Andaleeb, 2013; Musa, Doshi, Wong, & Thirumoorthy, 2012; Ormond & Sulianti, 2014; Wu, Li, & Li, 2016). Even though these motivators are cited less frequently than the others, this literature review evidenced the roles played by these motivators in medical tourism research. For example, after the introduction of a Taiwanese medical tourist visa, Chinese tourists visiting Taiwan increased by 64% (Chang et al., 2016). It is reported that geographical proximity, cultural familiarity, and linguistic proximity motivate mainland Chinese medical tourists to visit Taiwan for medical treatments (Chang et al., 2016). According to M. Lee et al. (2012), geographical proximity, inexpensive travel options, and enjoyment of local attractions are the major motivators of Japanese medical tourists to Korea. Carrera and Lunt (2010) commented that geographical proximity is an important factor in shaping choices, but not a decisive one. Dissatisfaction and distrust with the



NHS in the UK, lack of NHS provisions, expertise of the foreign doctors, geographical proximity, and ease of traveling through Eurostar train networks were found to be the major motivators of 77 British medical tourists who traveled to various medical tourism destinations in the European Union and India (Hanefeld et al., 2015). A recent study was conducted among Canadian medical tourists who traveled after developing distrust in their local healthcare systems due to experiencing inadequate access to care (Crooks, Li, et al., 2015), and this distrust encouraged them to consider treatment options abroad. Lack of access to care and dissatisfaction or distrust in the UK's NHS were found to be significant motivations among British medical tourists as well (Lunt et al., 2014). Poor services provided by the hospitals, uncaring behavior of medical professionals, and inaccurate diagnosis resulted in a general distrust in the Bangladesh healthcare system, leading to wealthier Bangladeshi patients to seek healthcare from nearby countries such as India and Thailand (Mamun & Andaleeb, 2013).

#### Pull Motivators in Medical Tourism

Pull motivators in medical tourism are associated with the attributes of the destination country that can generate demand for inbound tourism. This review identified various pull factors that generate

and stimulate demand for inbound medical tourism. For better understanding, the pull factors in medical tourism motivations are classified into healthcare provider-specific motivators and destination-specific motivators. *Healthcare provider-specific motivators* refer to the characteristics of the medical treatment providers, which seek to motivate individual medical tourists to seek a particular healthcare provider in a medical tourism destination. *Destination-specific motivators* refer to those factors that make a specific medical tourism market attractive to the potential medical tourists.

#### *Pull Motivators (Healthcare Provider Specific)*

Table 2 presents the pull (healthcare provider-specific) motivations identified in the literature review.

Lower treatment cost in destinations is the most widely cited motivator of medical tourism. Eighty-three percent of the medical tourism literature reviewed in this study reported that lower treatment costs pull potential medical tourists to various destinations (Fetscherin & Stephano, 2016; NaRanong & NaRanong, 2011; Solomon, 2011; Whittaker, 2008; Whittaker & Chee, 2015). Lower treatment costs may be attractive to those tourists from Western countries such as the US, especially for those who do not have adequate insurance to cover their

Table 2  
Pull Motivators (Healthcare Provider Specific) Cited in the Medical Tourism Literature

Motivators	Author(s)	Coverage ( $N = 407$ )
Lower medical costs	Henderson, 2003; Martin et al., 2011; Ramamonjiravelo et al., 2015; Wu et al., 2016	335
Service quality	Debata et al., 2015; Manaf, Hussin, Kassim, Alavi, & Dahari, 2015; Sung et al., 2015; Wang, 2012	238
Language proficiency of the medical staff	Fisher & Sood, 2014; Gan & Frederick, 2013; Singh, 2013; Wongkit & McKercher, 2013	178
Accreditation of medical facilities	Alsharif et al., 2010; Gan & Frederick, 2011a; Singh, 2013; Forgione & Smith, 2007; Wongkit & McKercher, 2013	163
Less waiting time	Jackson & Barber, 2014; Johnston, Crooks, & Ormond, 2015; Johnston et al., 2012; Oh, Jun, Zhou, & Kreps, 2014	131
Access to treatments/medications not available in home countries	Dangor et al., 2015; Musa et al., 2012; Singh, 2013; Tomasovi Mr ela et al., 2015	70
Hospital reputation	Fisher & Sood, 2014; Gan & Frederick, 2013; Hallem & Barth, 2011; Heung et al., 2010; Mishra & Shailesh, 2012; Peters & Sauer, 2011	55
Reputation of the practitioners	Fetscherin & Stephano, 2016; Gan & Frederick, 2013; Hallem & Barth, 2011; Heung et al., 2011; Lunt, Horsfall, & Hanefeld, 2016	21

costs at home (Gan & Frederick, 2013). For example, a coronary artery bypass surgery that costs between \$70,000 to \$130,000 in the US might cost only \$23,000 (including transportation and accommodation) in an internationally accredited hospital in Singapore (Gan & Frederick, 2013). Mariana and Sinescu (2014) commented that the rising cost of health care services in Western countries coupled with the availability of high-quality treatments at much lower prices trigger the demand for medical tourism. Previous quantitative studies conducted among medical tourists from different parts of the world validate the significance of cost advantage as a medical tourism motivator (Gan & Frederick, 2013; Johnston, Crooks, & Snyder, 2012; Singh, 2013).

Perceived service quality of medical facilities abroad was the second most frequently cited (238 articles, 58.5%) pull factor in medical tourism studies (Debata, Patnaik, Mahapatra, & Sree, 2015). Service quality in healthcare is defined as a function of technical care and art of care (John, 1991) where, "technical care refers to the adequacy of diagnostic and therapeutic processes, while art of care refers to the manner and behaviour of service provider in delivering healthcare and communicating with the patient" (p. 228). A patient's perceived service quality is the key determinant of a hospital's success and reputation due to its role in achieving patient satisfaction (Choi, Cho, Lee, Lee, & Kim, 2004; Guiry & Vequist, 2011). Literature in medical tourism suggests that service quality of a healthcare provider includes various dimensions such as services and physical facilities (Aziz, Samdin, Awang, & Adbullah, 2015; Dangor, Hoogendoorn, & Moolla, 2015), quality of care (Fetscherin & Stephano, 2016; Frederick & Gan, 2015; Henson et al., 2015), specialist services offered (Beladi, Chao, Ee, & Hollas, 2015), usage of state of the art medical technologies (Dangor et al., 2015; Jun & Oh, 2015), personalized care (Demicco & Centron, 2006; Gan & Frederick, 2015; Jun & Oh, 2015), and follow-up care (Jun & Oh, 2015). According to Veerasoontorn and Beise-Zee (2010), service quality attributes such as innovation in medical technologies, emotional service quality, and patient-doctor relationship (bonding) are pulling medical tourists to Thailand.

Proficiency of the medical staff in speaking patients' languages is the third most widely cited

pull motivator (Abubakar & Ilkan, 2016; Fetscherin & Stephano, 2016; Han & Hyun, 2014, 2015). The ability of the medical staff to speak patients' languages help international medical tourists to communicate easily and efficiently (Han, Kim, Kim, & Ham, 2015) with treatment providers. In a study conducted among 3000 American medical tourists, Fetscherin and Stephano (2016) validated the role of language similarity in medical tourism. A study among medical tourists from Botswana and Mozambique to South Africa revealed that these tourists are treated as residents in many parts of South Africa due to their language similarity (Crush & Chikanda, 2015). Medical tourists from Middle Eastern countries often chose Turkey as their preferred medical tourism destination due to the absence of any language barrier (Abubakar & Ilkan, 2016) in addition to religious and other cultural similarities. Today, many international hospitals in Asia employ interpreters and international patient centers to aid foreign medical tourists. An international patient center typically has staff who can speak multiple common languages such as English, German, French, Chinese, and Japanese, as well as amenities that appeal to Western patients (Frederick & Gan, 2015). It is reported (Choi, Lee, & Kim, 2015) that nearly 57% of the medical professionals of international hospitals in Korea could speak at least one foreign language. One of the factors that enabled India to market its medical tourism services successfully is that Indian medical professionals and medical staff speak English (Bookman & Bookman, 2007; Viladrich & Baron-Faust, 2014).

International accreditation of the medical facilities in tourism destinations is the fourth most frequently cited pull motivation, with nearly 40% of the academic articles reviewed in this study mentioning the importance of accreditation. Hospital accreditation refers to the process by which an agency or organization evaluates and recognizes that medical care providers meet certain professional standards (Grepperud, 2015). Accreditation plays an important role in signaling the quality of medical services and is often employed as a guarantee of quality in developing medical tourism markets including Thailand, India, Singapore, and Malaysia (Pocock & Phua, 2011; Woodhead, 2013). Accreditation of the medical facilities by

international organizations such as Joint Commission International (JCI) of the USA, QHA Trent Accreditation by the UK, and Accreditation Canada aims to improve the quality of health services to their citizens as well as to international medical tourists (Woodhead, 2013). Studies found that accreditation of the hospitals, along with their perceived quality of care, influence medical tourists when they evaluate medical tourism destinations (Fisher & Sood, 2014). Accreditation of the medical facilities is the third most important factor (behind medical costs and privacy of medical records) among American medical tourists when evaluating a medical facility abroad (Singh, 2013). To ensure the quality of medical tourism services, recently Turner (2011) recommended that medical tourism intermediaries such as tourism organizations and other medical tourism companies should be subjected to external evaluation and accreditation. Western accreditation is sought after by international healthcare providers to provide legitimacy to the medical tourism services (Chambers & McIntosh, 2008).

Pull motivators in medical tourism, including shorter waiting times for receiving treatments (32.1%), availability of multiple treatment options at the same destination and which may not be accessible in home countries (17.2%), reputation of the hospitals and medical facilities (13.5%), and reputation of medical professionals (5.1%) were all also cited in the literature. Availability of immediate treatment options compared to long waiting times in the home countries motivate medical tourists to access medical care abroad (Lunt et al., 2013; Maheshwari, Animasahun, & Njokanma, 2012). Patients travel abroad to access medical procedures that are not available in their home countries. Such treatments include bariatric treatments, stem cell therapies, or fertility treatments (Culley et al., 2011; Hanefeld et al., 2015; D. H. Kim, Sheppard, de Gara, Karmali, & Birch, 2015; Snyder & Crooks, 2010). People from Mongolia often travel to countries such as China, Japan, Thailand, and South Korea to receive treatments that are not available in their home country (Snyder et al., 2015). It is reported that lack of access to local treatments, long waiting lists, and rising medical treatment costs in Canada were the primary motivations for a sample of Canadian medical tourists (Sheppard, Lester, Karmali, de Gara, & Birch, 2014; Snyder,

Johnston, Crooks, Morgan, & Adams, 2016). For most of those Canadian medical tourists, the reputation of the overseas medical practitioners was the key deciding factor (Johnston et al., 2012). Word of mouth and other positive reviews from satisfied patients enhance the reputation of a specialist or a medical tourism destination (Narayan, Rajendran, Sai, & Gopalan, 2009). For example, "Thailand and Singapore are well established with a good reputation as medical tourism destinations" (H. K. Lee & Fernando, 2015, p. 149).

#### *Pull Motivators (Destination Specific)*

According to Fetscherin and Stephano (2016), pull factors are associated with certain characteristics of a medical tourism destination, such as its economic status, the reputation of its medical systems, infrastructure, healthcare, and its overall tourism industry. Although push factors motivate tourists to travel, pull factors influence their choice of destination (Chen & Chen, 2015). In this sense, the current study identified frequently cited, destination-specific pull motivators for medical tourists. Destination-specific motivators refer to those factors that make a specific medical tourism market attractive to the potential medical tourists. Most commonly cited destination-specific motivators can be characterized as 1) the public infrastructure of the destination; 2) special treatment offerings (e.g., stem cell therapy, abortion, gender reassignment, and so on); 3) reputation of the medical system including the quality of medical professionals; 4) political and social stability of the destination country; 5) favorable exchange rates; 6) food and accommodation facilities at the destination; 7) regulatory environment at the destination; and 8) social and cultural familiarities. Besides the ease of access to money and credit, local people's attitude toward foreigners and the climate of the destination are also cited as motivating factors.

Perceived quality of the public infrastructure was found to be the most frequently cited destination-specific motivator in medical tourism (39%). People choose a destination based on their perception of the quality of infrastructure available in these markets (Heung et al., 2011; Turner, 2013). Destination infrastructure includes availability of hospitals and related medical services, accredited



medical facilities and procedures, medical tourism agencies, basic services infrastructure (including insurance, banking, legal assistance, hotels, travel agents, transportation facilities, and information and communication technologies) (Chen & Chen, 2015; Chuang, Liu, Lu, & Lee, 2014; Sarantopoulos, Vicky, & Geitona, 2014; Shchekin & Guba, 2015). Availability of high-quality medical facilities at significantly lower cost is driving medical tourism market demand in some developing countries (Mariana & Sinescu, 2014). Singh (2013) explored the factors influencing American medical tourists and reported that infrastructure, including medical facilities and services, hotels and food and beverage quality, and general tourism supply are important for American medical tourists. Public and private health infrastructure in Asian medical tourism markets is being transformed as corporate companies build more high-quality hospitals and medical facilities specifically for international patients (Whittaker, 2008). Most of the leading medical tourism markets in Asia including Singapore, India, Thailand, and Malaysia are developing their healthcare infrastructure with a specific aim of attracting international patients (Burns, 2015; Wilson, 2011).

Availability of special treatments at a destination is the second most widely cited (37.5%) pull factor. The lack of approved/available treatments in Western countries pushes medical tourists to consider alternate foreign destinations (Hanefeld et al., 2015; Hopkins, Labonté, Runnels, & Packer, 2015; S. G. Reddy, York, & Brannon, 2010). Medical procedures, including abortion, stem therapies, cell or tissue treatments, cancer treatments, and infertility treatments are neither approved nor available in some Western countries. Nearly 44% of outbound American medical tourists seek medical treatments that are not approved in the US (Alleman et al., 2011). Lack of access to some specific treatments not approved under the NHS in the UK also forces British medical tourists to travel to the neighboring European countries such as France and Belgium (Hanefeld et al., 2015). Medical tourism companies in Canada mostly target uninsured and underinsured Americans seeking access to treatments at medical facilities outside the US (Turner, 2010). Immediate availability and accessibility of specialized medical treatments were the key drivers of medical tourism

to India for patients from Yemen (Kangas, 2011) and Bangladesh (Smith, 2012).

The reputation of the medical tourism destination itself is the third most widely cited (30.4%) destination-specific pull factor in medical tourism literature. The goodwill of a destination depends on factors including political, economic, and regulatory, and environmental factors, public and health infrastructure, expertise and qualifications of physicians, and so on. Factors including access to high-quality medical services, affordability of treatments, the rapid development of medical technologies and services were found to be driving medical tourism demand (Dangor et al., 2015). Recently, Aziz et al. (2015) opined that hospital accreditation, the reputation of the physicians, overall destination image, services, and physical facilities were influencing the ranking of a medical tourist destination. Guiry and Vequist IV (2015) commented that a destination's brand personality includes three factors: sincerity, competence, and ruggedness. Based on their study on Korean medical tourism, the same study found that personal values including excitement, self-respect, sense of belonging, and being well-respected were positive predictors of a destination's brand personality. They found that, while medical destinations such as India and Thailand are acknowledged for their cost-effective treatments, Singapore is positioned as a medical tourism hub for high-quality medical services with advanced medical technologies and infrastructure.

The political and social stability of the destination (24.5%), economic status of the destination including favorable exchange rates, availability of money and credit transactions (18%), presence of strong regulatory bodies to ensure the quality of treatment procedures, and the legal protection for tourists in case of malpractice (8.35%) were other frequently cited motivators in medical tourism literature (Das & Mukherjee, 2016). Medical tourism is shaped by the interactions of political, medical, legal, and social forces inside a destination (Heung et al., 2011; Horowitz, Rosensweig, & Jones, 2007). The "political" variable impacts both the offer and attractiveness of a medical tourism destination (Menvielle, Menvielle, & Tournois, 2011). Recent political crises, protests, and the airport closures in Bangkok drove many medical tourists away from Thailand, for example (International Medical Travel Journal

[IMTJ], 2014). The economic environment also plays a major role in the growth of a medical tourism destination. Research shows that economic indicators of a destination, including lower treatments costs and favorable exchange rates, influence tourists to select a specific destination (Connell, 2006; Menvielle et al., 2011). For example, medical care is 80% cheaper in India than in the US (Menvielle et al., 2011) and this cost advantage is one of the key drivers of Indian medical tourism today. International medical tourists, mainly from the US, with no or inadequate insurance not surprisingly prefer to seek destinations that can offer medical care at an affordable cost.

Considering the sociodemographic factors, the ageing of populations in many developed nations also contributes to the rising demand for medical tourism. Although ageing populations require more expensive treatment procedures that make lower cost destinations attractive, younger people, of Generation X or younger, are traveling abroad for cosmetic and dental treatments (Connell, 2006; Menvielle et al., 2011).

The presence of legal systems and regulatory bodies protecting patients' interests add confidence to the medical tourists to travel abroad. Crooks, Cohen, Adams, Whitmore, and Morgan (2015) identified five legal and regulatory themes that influence the success of medical tourism for a chosen destination. These include liability laws, immigration law, physician licensing, corporate ownership, and reputational

protection. Singh (2013) identified that, in a medical tourism destination, the legal protection for patients, including safety laws and legal systems for ensuring remedies for malpractice, directly drives medical tourism growth. Table 3 presents the list of most commonly cited destination-specific pull motivators in medical tourism literature.

## Discussion

Push factors identified in the literature are somewhat dependent on the individual characteristics of medical tourists. A medical tourist may be influenced by the recommendations she receives from doctors, family, and friends, the status of her insurance coverage in the home country, and the nature of treatments required (e.g., cosmetic surgery, abortion, dental treatments). Other push factors include: patients' need for privacy and confidentiality of treatments; their prior medical tourism experience; accessibility of medical tourism destination; cultural similarities with the destination country; affordability of traveling expenses; the sociodemographic status of the medical tourists; and the quality, availability, and reliability of medical care in the home country.

Frequently cited pull factors include affordable medical treatment costs, quality of care at par with Western standards, language proficiency of the medical staff, accreditation of the medical facilities,

Table 3  
Pull Motivators (Destination Specific) Cited in the Medical Tourism Literature

Motivators	Author(s)	Coverage ( $N = 407$ )
Infrastructure	Gan & Frederick, 2011; Johnston et al., 2010; Patients Beyond Borders, 2015; Singh, 2013	158
Availability of specific treatments (abortion, stem cells therapy)	Alleman et al., 2011; Crooks et al., 2010; Fisher & Sood, 2014; Musa et al., 2012	153
Reputation of the medical professionals in the destination	Gan & Frederick, 2013; Hallem & Barth, 2011; Heung, Kucukusta, & Song, 2011; S. G. Reddy et al., 2010; Forgione & Smith, 2007	124
Political and social stability	Forgione & Smith, 2007; Bookman & Bookman, 2007; Singh, 2013; Dhariwal, 2005	100
Favorable exchange rates	Connell, 2006, 2011; Lee, 2012; Mishra & Shailesh, 2012; Musa et al., 2012; Forgione & Smith, 2007	73
Food and accommodation facilities	Henson et al., 2015; Loureiro, 2015; Wernz, Wernz, & Phusavat, 2014	48
Regulatory environment (legal protection)	Gill & Singh, 2011; Singh, 2013	34
Social and cultural familiarity	Gan & Frederick, 2013; Seddighi, Nutall, & Theocharous, 2001	30

shorter waiting times, multispeciality services, and overall reputation of the medical professionals. Attributes of the destination country are also found to be attractive to medical tourists. Major destination-specific motivators include public and healthcare infrastructure, the political and social stability of the destination, favorable exchange rates, high standards of accommodation, legal and regulatory standards of the destination, and availability of alternate treatment options and the overall reputation of the medical system.

It is evident that pull factors are more frequently cited in the literature than push factors. Figure 1 presents the distribution of most frequently cited motivators in the medical tourism literature including push and pull factors.

A deeper understanding regarding why pull factors are more frequently cited in the literature, at this point, is probably one of conjecture. It may be that pull motivators are simply regarded by researchers as the primary drivers of medical tourism and, as such, efforts to better understand which ones make the strongest contribution to “success” is logical. Alternatively, conventional wisdom in marketing would argue that an understanding of the motives of the individual are critical to successfully meeting his/her needs and preferences. Hence, it would be reasonable to propose that additional attention should be directed toward developing a better understanding of individual motives.

Additionally, the results of this analysis suggests that research should be considered that examines the relationship between what medical tourists want and what medical suppliers provide. Fundamentally, this would likely necessitate a segmentation strategy where the different tastes and preferences of one segment can be compared to what is being provide in the market. In this way, gaps between what medical tourists want and what medical suppliers provide can be better evaluated and addressed.

As with all research, the current study contains some limitations that should be acknowledged. In particular, the scope of this article is limited to a counting exercise; the number of times individual motivators are cited in medical tourism research. As such, it doesn't address which factors are considered the most (or least) important; rather, it implies that motivators that are most often cited are regarded as more salient (at least in the eyes of the researchers).

In this sense, the analysis should be considered an initial step in developing a better understanding of medical tourism. The next step is to determine which motivators are the most/least important, both to medical tourists and medical suppliers. Such an analysis would have several benefits. First, it would help clarify any inconsistencies between the two groups, should they exist. An example of an inconsistencies would be if medical tourists placed high importance on some motivators, but these were not considered as important by the medical suppliers. In this sense, the analysis would serve to measure the ability (and/or willingness) of medical suppliers to meet the needs of medical tourists.

Second, it would direct medical suppliers towards those issues that medical tourists care most about and do so in a manner that is based on a sound analysis of consumer choice. In doing so, medical suppliers will be able to more effectively align their medical care offerings to medical tourist needs.

Measurement of the importance of motivators, however, can be challenging. Perhaps the most common method is through the use of a rating scale. In this scenario, respondents are provided with a list of motivators for which they are asked to rate the importance of each (typically on a 5–7-point scale that anchors with *not important* to *very important*). However, as Furlan and Turner (2014) point out, there are problems with this approach:

With a rating approach, survey respondents are presented with the features individually and asked for their evaluations. While this exercise is straightforward and requires little time and effort, it does not explicitly capture priorities and results might suffer from lack of differentiation (e.g., everything emerges as being important); in addition, the scale suffers from scalar inequivalence issues (i.e., due to response style and cultural and personal background differences, there might be differences across respondents in the usage of the scale—Louviere & Flynn 2011; Sawtooth Software, 2012). All these drawbacks might compromise the correct interpretation of the results and thus the actionability.” (pp. 368–399)

An alternative is to use a ranking system, but rank evaluations are based on an ordinal scale that prevents further analysis of the strength of the ranking.

A better approach may be the use of choice modeling. In particular, the use of best–worst scaling



(BWS) would allow researchers to better measure the extent to which respondents find a motivator more or less important than others. (Louviere, Lings, Islam, Gudergan, & Flynn, 2013). BWS is a more rigorous approach because it explicitly accounts for the tradeoffs that respondents make when evaluating alternatives. In doing so, it reflects the decision-making processes that consumers go through to make a decision. As J. A. Lee, Soutar, and Louviere (2008) note:

The BWS approach was designed to overcome common problems in survey research and polling in which survey respondents are asked questions such as, “How concerned are you with the safety of your food supply?” Such questions lack the context of “relative to what?” BWS provides the context by asking respondents to make choices among relevant other issues that compete for the respondent’s concern (such as taxes, traffic, or water pollution). (p. 336)

Finally, it should be acknowledged that the nature and scope of medical tourism is wide spread and often complicated. The results of this study are intended to provide researchers with a useful summary of motivators that are most (and least) commonly examined. It is hopeful that this information will be useful in guiding further research in this area.

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