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Research Paper

East–West differences among medical tourism facilitators' websites

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ABSTRACT

As more and more patients from developed Western countries seek medical care outside their home countries, an industry of medical tourism facilitators has developed to help them find appropriate destination hospitals and clinics and to help manage their travel. This study looks at the ways in which these firms differentiate themselves from each other on their web sites. It finds that there are differences associated with whether the firm is based in a Western or an Eastern country. Such differences are due to cultural factors, such as the preference for high-context or low-context communication, and to differences in cost advantages in providing certain services. The study also finds that the types of medical treatments facilitated by these firms tend to be grouped into clusters.

1. Introduction

In the broadest sense, medical tourism is the practice of traveling beyond one's own community to receive medical care. Most often, though, the term refers to traveling to a different country for medical care. According to Lautier (2014), the value of health services exports worldwide was $11,766 million in 2010. This figure was growing faster than the estimated export value of more conventional travel services, and it had grown by a factor of two since 2003. Lautier estimated that in 2010 the number of foreign patients worldwide was between 5 and 6 million per year, and that on the average these patients spent between $1960 and $2360 per patient abroad. Many of those foreign patients were citizens of third-world countries who sought medical care in somewhat more developed third-world countries. Between 50,000 and 121,000 Americans traveled abroad for care in 2007, spending an average of $1722 per person (Johnson & Garman, 2010). A recent report concerning U.S. consumer interest in medical tourism found that 27% of the consumers were willing to travel outside the country for treatment. If they could be assured that the treatment would be of comparable quality and if they could save 50% by going abroad, then 39% of these consumers would consider having an elective procedure done abroad (Deloitte, 2008).

The reasons for engaging in medical tourism are many. In some third world countries, patients often travel to other countries in their region where the quality of medical care is better. Examples are Indonesians and Vietnamese who travel to Singapore for care (Gan & Frederick, 2011a), Libyans and West Africans who seek better care in Tunisia (Lautier, 2008), and Yemenis who travel to Jordan and India for the 'advanced and trustworthy' technological care unavailable in their home country (Kangas, 2007) and Laotians who travel to Thailand (Bochaton, 2015). Consumers in the developed countries have used medical tourism for cosmetic surgery for many years because of the lower prices available in countries like Brazil and India (American Medical Association, 2007; Demicco & Cetron, 2006; Forgione & Smith, 2007; Turner, 2007), the reputations of some foreign surgeons (Mattoo & Rathindran, 2006), and because of a desire for some privacy while they recover from the surgery (Horowitz & Rosensweig, 2008). In this millennium, Americans and Europeans have also been using medical tourism for medically necessary surgeries—and in increasing numbers, until recently. In the United States, the growing numbers of uninsured and underinsured Americans have been increasingly drawn to medical tourism by the low prices at high-quality hospitals in Thailand, Singapore, India, Costa Rica, and elsewhere (Forgione & Smith, 2007; Gan & Frederick, 2013; Horowitz & Rosensweig, 2008). Europeans who use medical tourism are often trying to avoid the waiting lines and the bureaucracy of the health-care systems of their home countries (Bies & Zhacharia, 2007; Connell, 2006; Horowitz & Rosensweig, 2008; Penney, Snyder, Crooks, & Johnston, 2011).

Today, several cities around the world boast state-of-the-art hospitals which attract, and cater to, foreign patients from developed countries. Some examples are Bumrungrad in Bangkok, the Parkway Hospitals in Singapore, Hospital Clinica Biblica in San Jose, Costa Rica, the Fortis Hospitals and Apollo Hospitals in India, and many others. Hospitals in Johannasburg, South Africa, have become known for kidney and stem-cell transplants (Crush & Chikanda, 2015), and Hungarian dental clinics attract large numbers of Germans (Piazolo & Zanca, 2011). To help attract Western patients, especially Americans, most of these hospitals are accredited by the Joint Commission, International. Because of the high labor costs in Western countries,

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Americans and Europeans usually find that the costs of surgery in these hospitals is one quarter to one tenth of the prices that these patients would pay at hospitals in their home countries, and the quality of medical care in these hospitals is comparable to that in their home countries (Demicco & Cetron, 2006; Forgione & Smith, 2007; Gan & Frederick, 2011b, Turner, 2007).

When patients in the developed nations of Europe and North America first became aware of the benefits of medical tourism, they had to arrange their medical appointments and travel arrangements themselves. These were not simple tasks. As medical tourism became more common, an industry of medical tourism facilitators (MTFs) arose to help travelers take advantage of the medical facilities in foreign countries (Cormany & Baloglu, 2011; Gan & Frederick, 2011b; Dalstrom, 2013; Lagiewski & Myers, 2008; Penney et al., 2011). These MTFs were based in both the developed nations of the travelers and the less developed host nations. This study examines the differences between MTFs based in Western counties and those based in Eastern countries. It focuses on the ways that these firms differentiate themselves from competitors through their websites. Two factors that could create differences in the firms' strategic behavior are (1) the effect of the cost of acquiring information about hospitals and services on the MTF's competitive advantage and (2) the effect of cultural differences on how people communicate and establish trust.

2. Review of the literature

The advent of the Internet has led to greater demand for web-based searches for health or medical information (Akerkar & Bichile, 2004). A recent study reported that 80% of U.S. online users had searched for health information on the Internet, while 56% of them had looked for information relating to treatments or procedures, and 44% and 36% of them had searched for information concerning physicians and hospitals, respectively (Pew Research Center, 2011). Given such usage patterns, it is not surprising that websites have been the main channel used by the medical tourism facilitators to attract customers (Connell, 2011, p. 79; Lunt, Hardey, & Mannion, 2010).

A number of researchers have studied the websites of medical tourism facilitators, both regionally and globally. Most of these studies were based on various content analysis methods focusing on various issues.

Lagiewski and Myers (2008) administered an online survey which targeted 48 U.S.-based MTFs and asked the operators' perspectives of medical tourism. Although their response rate was only 25%, they found that cost savings and quality of care were valued by most of the firms' clients when choosing destinations. Two of their respondents actually cited the reputation of the agents as affecting consumers' destination choice. These agents also cited additional non-medical factors such as security and safety, travel time, and the quality of the accommodations. According to the agents surveyed, concierge services provided by the agents in the destination countries and their related support contributed towards consumers' positive experience in medical tourism. Because Lagiewski and Myers queried the agents rather than the medical tourists themselves, this study was interesting for its insight into agents' perceptions of medical tourists' concerns about medical travel. However, it had little to say about how the agents addressed those concerns. Since all of the firms in their study were based in the U.S., this study could not make comparisons between agents located within or outside of the host countries.

By means of thematic content analysis, Penney et al. (2011) identified 17 Canada-based medical tourism agents' websites and focused on the MTFs' practices for communicating risks to their online consumers and for obtaining informed consent from them. The researchers found that most of the websites reviewed mentioned the agents' role in post-treatment care, their prices, and treatment recovery time. They even mentioned third-party accreditation bodies regularly, but 47% of these websites either did not mention surgical risks or mentioned them only in a limited way. Thus, while Penney et al., did examine the firms' websites and they did address one of the issues noted by Lagiewski and Myers above, they did not address costs or regional differences between the medical tourism agents.

Mason, Wright, and Bogard (2011) analyzed visual associations of medical tourism and looked at cultural representations of patient and physician imagery from 66 medical tourism websites worldwide. The authors believed the representations of culture and cultural identity seen in websites did impact the clients' perceptions of both the practitioners and the facilities that offered the services. These perceptions, in turn, form process-expectations of risk and care. They found that representations of care given to patients and the depictions of physicians and their related environmental surroundings did vary by the type of website and by regions. Specifically, they found that websites in the East Asia and the Pacific region were more likely to show doctors actually treating patients, rather than simply showing 'headshots' of the doctors. They also found evidence of possible distortions of physicians' ethnicity in the imagery. However, the variety of websites covered by this study was rather broad, including those that dealt with medical tourism in general along with those of MTFs. The study's finding that there were regional differences in how physicians were depicted on the websites illustrated the cultural aspects that we incorporate in the current paper.

Using framing theory, Lee, Wright, O'Connor, & Wombacher (2014) explored the benefits and risks featured on the websites of 91 medical tourism agents based outside the U.S. and analyzed the type of persuasive appeals these websites employed to attract potential consumers. They found that these websites stressed benefits while downplaying the risks. Even though they advertised complicated and risky treatments, no report of any procedural concerns, after-care concerns or any related legal concerns was found on these sites. They also found heavy usage of new media features by these websites to enhance the appeal of treatments for which they refer patients. Even though this study covered agents' websites across five continents (which did not include North America), it did not analyze their regional differences in website marketing.

2.1. Transaction costs in medical tourism

Due to the infancy of the MTF industry, the survival of this industry depends critically on how MTFs represent themselves on their websites to strategically differentiate their services in the minds of potential consumers. The MTF industry faces competition from the foreign health care providers themselves. Many of the prominent destination hospitals operate international patient centers (IPCs) in their facilities. Prospective patients can contact English-speaking employees of the hospital at these IPCs and arrange surgery on their own. These agents often help travelers get the necessary visas and help them coordinate their care with the patients' domestic doctors. Some destination hospitals also have in-house marketing departments. For example, Parkway Group in Singapore has international referral offices (IROs) in Asia and North America. Thus, the amount that an MTF can charge travelers for its services is limited by the fear that medical tourists will use these other facilitators.

Williamson (1979) suggested that economies of scale and economies of scope create three ways in which having an external firm provide a service could be more efficient than internal production. First, as the external supplier, the MTF can benefit from economies of scale by serving more hospitals and thereby having a larger volume of foreign patients. The costs of the resources it devotes to research into the quality of destination hospitals and to learning their systems are fixed costs which gives