



Perceived impacts of medical tourism development on community wellbeing

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ABSTRACT

Community leaders and tourism authorities in Las Vegas have suggested the promotion and development of medical tourism to improve the economy and quality of life for residents. The present study uses social exchange theory with spillover theory as the conceptual framework to examine factors of economic performance of medical tourism, overall community satisfaction, health care satisfaction and attitudes toward medical tourism; these factors influence on residents' perceptions of medical tourism's impact on community wellbeing, which in turn affects willingness to pay higher taxes and support for medical tourism development. The findings revealed that the greater the economic performance of medical tourism, the more positive the impact of medical tourism to community wellbeing was perceived. Similarly, attitudes toward medical tourism and overall community satisfaction positively influenced the perceived impact of medical tourism on community wellbeing. Finally, community wellbeing positively influenced residents' willingness to pay higher taxes and support medical tourism development.

1. Introduction

Over the past decade, community leaders and tourism authorities have increasingly viewed medical tourism as an important industry with the potential to diversify existing forms of tourism, improve the economy, enhance local health care systems, create employment, and increase tax revenues. Medical tourism is a niche tourism resulting from the rapid rise of domestic and international travelers in search of medical surgery and therapies for various conditions (Cormany & Baloglu, 2011). Medical tourism—where travel is linked to both wellness and direct medical intervention—is quite new and is satisfying the needs of people who are patients and travelers, from a range of countries, benefiting themselves and a growing number of destinations (Connell, 2011).

Particularly, the US faces an aging population, soaring health care service expenses, decreasing insurance coverage, and caregiver numbers shrinking in relation to the population size, while expectations surrounding holistic care and maintenance of good health are increasing (Cormany, 2013). Furthermore, as the disproportionate increase of private medical costs in other countries and the long waiting lists for some treatments in public hospitals in countries with socialized medicine increases outbound travel to the US for medical services (Gray & Poland, 2008), the ability to attract travelers for health care services becomes a distinct advantage.

In general, tourism's impact on a community in which its

developed—both positive and negative—dynamically changes quality of life (QOL), and many studies have focused on understanding residents' perceptions of its impact (Allen, Hafer, Long, & Perdue, 1993; Choi & Sirakaya, 2006; Deccio & Baloglu, 1999; Jurowski & Gursoy, 2004; Jurowski, 1994; Lankford & Howard, 1994; Perdue, Long, & Allen, 1990; Pizam, 1978; Vincent & Thompson, 2002). Residents' perceptions imply that their beliefs about tourism vary widely (Dogan, 1989; Doxey, 1975), and that their relationships on the effects of tourism may be linear or nonlinear (Allen, Long, Perdue, & Kieselbach, 1988; Milman & Pizam, 1988). While previous research has investigated the effects from a variety of tourism types (e.g., eco-tourism, nature-tourism, adventure tourism, recreation-based tourism, cruise-ship tourism, historic/heritage tourism, cultural tourism, event tourism; sports tourism, and gaming tourism) on a community, there is a limited understanding of the role medical tourism would play on community QOL (Kim, Woo, & Uysal, 2015).

QOL is a complex concept, wherein multidimensional and interactive domains encompass many aspects of people's lives and environments in different ways (Sirgy, Rahtz, Cicic, & Underwood, 2000). As residents and their external environments change, so too may their perceptions of a community QOL (Sirgy et al., 2000). In this regard, QOL can be expressed by five factors: economic health, subjective wellbeing of locals, unspoiled nature and the protection of resources, healthy culture, and satisfaction (Müller, 1994). These interacting factors are not equal in importance, however. Müller (1994) places a

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particular emphasis on the wellbeing of local residents. Concomitantly, Uysal, Sirgy, Woo, and Kim (2016) recognize that community wellbeing is an important emotional and psychological dimension that involves residents' living experiences within a community and principles of reciprocity applied to residents and regional tourism development.

Particularly, Epley and Menon's (2008) representative group of living experiences include (1) enjoyment and livability of a community; (2) desirability of a community; and (3) satisfaction with overall community QOL. However, while some studies in the area of tourism and residents' support for tourism development have introduced the idea that residents' perceptions of tourism's impact affect their community QOL and their support for incremental tourism development, tourism's influence on community wellbeing has not been associated with the attainment of particular tourism development goals (Andereck & Nyaupane, 2011; McCabe & Johnson, 2013).

Thus, the question remains: Do residents perceive that tourism impacts community wellbeing (i.e. desirability and enjoyment of living in the community, and overall QOL)?

Furthermore, residents in tourism destinations may expect better community wellbeing through medical tourism nested in their communities. The potential effect of medical tourism on community wellbeing can be attributed to its ability to create significant economic benefits and jobs in the health sector in the community (Connell, 2013b). Further increases in jobs should play a significant role in increasing the economic and consumer wellbeing of the residents. Increases in jobs and sales should also generate more tax revenues for the community, which in turn allows increases in public sector spending. Economic, consumer wellbeing, and public sector spending enhance the community's desirability, enjoyment of living in the community and overall quality of life for residents (Epley & Menon, 2008).

This is particularly important in the study's context of the greater Las Vegas area. Las Vegas was hard-hit by the recession in 2008 and endured a slow economic recovery. Gaming revenue suffered a two-year decline (Bush, 2013). The initial phase of the financial crisis caused a \$5.2 billion swing from profitability to loss for the top twenty-two performing Las Vegas Strip properties between peak fiscal year 2007 and 2009 (Macomber, 2012). Unemployment rates remained the highest in the nation, reaching 14% and pointing to the deepest economic slide since the Great Depression (Nagourney, 2010). Las Vegas became known as the unofficial foreclosure capital of the U.S., its median home values declined more than 60% between 2008 and 2011 (Bush, 2013; Hanscom, 2014). The region's lack of economic diversity and heavy reliance on gaming, tourism, and construction, was cited as its single-greatest vulnerability.

Consequently, close to a decade post recession, regional stakeholders are underway diversifying the economic base beyond these industries and have recently embraced the potential of promoting Las Vegas as a medical tourism destination. The need for a medical tourism industry is echoed by residents, who advocate serious efforts to extend the economy beyond gaming to create a sustainable Las Vegas region as well as improve the local health care system which is currently ranked poorly in the U.S. national health care ratings (SNMIC, 2013). Distressed local health care services, senior communities, businesses, casinos, resorts, hotels, and other community facilities would benefit from planning as those entities attempt to introduce innovative medical and wellness amenities to attract additional tourism. Important spillover effects from medical tourism planning may include increased desirability of living in the community for residents due to the expanded employment opportunities, stronger tax revenue, and an improved health care system that would benefit the locals as well (LVCVA, 2013).

In 2014, a coalition including the Las Vegas Convention and Visitors Authority (LVCVA), the Las Vegas Global Economic Alliance (LVGEA), the Southern Nevada Medical Industry Coalition, the Las Vegas Health Education Advocacy Leadership of Southern Nevada (Las Vegas HEALS), and the University of Nevada Las Vegas (UNLV) developed a strategic plan for medical tourism. It outlined several existing features

for promotion by tourism facilitators to tourists interested in receiving health care services in the entertainment capital of the world—cosmetic surgery, physical therapy, managed and senior care, rehabilitation, diagnostic services, dental services, and holistic treatments, to name a few (LVCVA, 2013).

The Cleveland Clinic center in Las Vegas, for example, is world-renowned for its program on brain health, which offers the diagnosis and treatment of patients with cognitive disorders. The LVCVA also identifies the potential for widespread promotion of medical tourism extending to Las Vegas's world-class wellness travel features, including the spas located in the luxury hotels. In fact, casino resort-hotels have already started developing innovative “healthy-hospitality,” including, for example, the MGM Grand's 171 Stay Well rooms and suites, which feature in-room wellness amenities and technology. Furthermore, due to the cost of real estate and state laws allowing research and procedures outlawed in other states, Southern Nevada has seen in recent years a large expansion of medical conventions, training facilities, stem-cell research labs, biotechnology, and pharmaceutical manufacturing—all of which attract physicians and specialists who then set up practice in the area, expanding the medical offerings (NGOED, 2012). With dozens of spas and ample hotel rooms for travelers, combined with growth of state-of-the-art medical facilities and knowledgeable professionals, Las Vegas has the potential to become a sought-out medical tourism destination for patients who seek medical or specialized wellness care and who are interested in a healthy lifestyle (Haugen, 2015).

However, medical tourism could result in traditional health care services for locals turning into commercial opportunism, resulting in varied and paradoxical effects such as tourist overcrowding, higher costs of services, diversion of public funds, decreased accessibility to health care services, and negative relationships between residents and tourists (Connell, 2013a), which reduce enjoyment and quality of living for residents in the community.

Thus, there is a demonstrable need for health care improvement and continued economic revitalization within the Las Vegas metropolitan area, and answers to questions about medical tourism's impact on residents' community wellbeing are important to both community leaders and tourism officials. Medical tourism formulated to enhance residents' enjoyment of living in a community, desirability of a community and overall QOL for residents is also necessary to maintain resident support for tourism. Furthermore, how residents perceive these effects on community wellbeing may be a useful concept for evaluation of not only their support but also their personal investment in tourism development in the form of paying taxes.

To answer these questions, a conceptual model that describes how residents' perceptions of medical tourism's impact on community wellbeing influences their support for development and their taxpaying behaviors was developed and tested.

2. Literature review

2.1. The impact of tourism on local communities

Tourism is critical to both urban and rural development programs around the world, and many disciplines have recognized tourism as a formidable means of economic diversification and social development (Archer, 1978; Cohen, 1978; Farrell, 1977; Inskip, 1988; Ioannides, 1995; Keogh, 1990; Marcouiller, 1997; Murphy, 1981; Peters, 1969; Turner & Ash, 1975). Previous research has identified that tourism contributes to both benefits and costs to a community (García, Vázquez, & Macías, 2015) and tourism's positive or negative impacts dynamically change community quality of life (QOL) (Allen et al., 1988; Bramwell & Lane, 1993; Haywood, 1988; Johnson, Snepenger, & Akis, 1994; Liu & Var, 1986; Liu, Sheldon, & Var, 1987; McCool & Martin, 1994; Pearce, 2009; Perdue et al., 1990; Sharpley, 2000). Studies have adopted multidimensional approaches to studying tourism's impact on QOL

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