



The medical tourism index: Scale development and validation[☆]



Marc Fetscherin^{a,*}, Renee-Marie Stephano^b

^a Rollins College, Department of Business, 170 W. Fairbanks Avenue, Winter Park, FL 32789, United States

^b Medical Tourism Association, Northlake Blvd Suite 214-315, West Palm Beach, FL 33412, United States

HIGHLIGHTS

- The MTI is a new type of country-based performance measure to assess the attractiveness of a country.
- The MTI is multi-dimensional construct with 4 dimensions and 34 underlying items.
- The MTI allows to measure meaningful differences between countries.
- The MTI is a useful tool for various stakeholders to measure and manage their medical tourism brand.

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ABSTRACT

Medical tourism is an estimated \$100 billion dollar industry. Despite the increasing number of people, companies and countries involved in medical tourism, we know very little about the key drivers and how countries are perceived as medical tourism destinations. The purpose of this paper is to present the Medical Tourism Index, a new type of country-based performance measure to assess the attractiveness of a country as a medical tourist destination. We followed a rigorous multi-steps scale development procedure by using four empirical studies based on 4995 respondents. The MTI is a multidimensional construct with 4 dimensions (country, tourism, medical costs, medical facility and services) with 34 underlying items. Our results show the MTI allows to measure meaningful differences between countries, not only on an aggregated level but also on each sub-indexes. It provides a useful tool for the various stakeholders to measure and manage their medical tourism destination brand.

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1. Introduction

Traveling overseas in search for quality health services and well-being is not a new phenomenon. From the 18th to the 20th century, mostly wealthy patients from developing countries traveled to medical centers in Europe and the U.S. for medical treatment. This trend began to reverse in the late 20th and increased significantly in the 21st century by means of the globalization of communication and transportation technologies where less wealthy people from developed countries started to travel to developing countries for medical treatments.

In the U.S. for example, traveling outside borders for healthcare is fueled by an aging population which needs more medical

services, a growing number of people without health insurance coverage (Census, 2013; estimates about 42 million without healthcare insurance), increasing domestic healthcare costs in combination with ease of traveling overseas. Although the recent implementation of the Affordable Care Act has improved access to insurance and is reported to have reduced the number of uninsured by 30%, the demand for domestic cross-border and international medical services continues to thrive.

While a few years ago only a handful of hospitals and countries promoting themselves as medical tourism destinations, “today there are hundreds of hospitals and clinics and over thirty different countries promoting it” (Saadatnia & Mehregan, 2014, p. 156). Despite the increasing number of countries providing medical tourism, we “currently know very little about many of the key features of medical tourism” (OECD, 2011, p. 14) and the actual size of the industry. What we know, for example, is that the well-known Bumrungrad hospital in Bangkok Thailand gets out of their one million patients “some 40 percent of them are expatriates, tourists, or medical travelers from 190 different countries” (Patients Beyond

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* Corresponding author.

E-mail addresses: mfetscherin@rollins.edu (M. Fetscherin), renee@medicaltourismassociation.com (R.-M. Stephano).

Borders, 2012, p. 1). Deloitte (2009) estimates there are about 6 million people engaging in medical tourism per year inferring an estimated \$100 billion dollar industry.

Despite the notable growth and size of the medical tourism industry, there is a lack of empirical insights into the construct of countries as medical tourism destinations. This lack has been ascribed to the lack of a domain-specific and statistically sound measurement system (Riefler, Diamantopoulos, & Sigauw, 2012).

Against this background, our intended contribution is threefold. First, we build upon existing literature and conceptualize the *medical tourism index* as a multidimensional construct. We hypothesize that host country factors, medical and tourism industry factors, as well as medical facility and services all impact the attractiveness of a country as a medical tourism destination. We hypothesize the first dimension focuses on the destination or the country; the second focuses on the medical tourism industry in that country, specifically the healthcare and tourism industry; and the third dimension focuses on the organization and medical facilities performing treatments and services. This conceptualization aims to contribute to a better understanding of medical tourism by delineating its conceptual domain and highlighting its key dimensions (Riefler et al., 2012). Second, based on our conceptualization we develop a composite index,¹ a country specific and statistically sound measurement instrument, the '*Medical Tourism Index*' or short MTI. Third, we offer empirically based insights by benchmarking 30 countries on our newly developed index which allows an assessment of the attractiveness of a country as a medical tourism destination and shows where and how it falls short or leads compared to other countries.

2. Theoretical background

2.1. Definition

Regrettably, the current literature uses very loosely and unsystematically the terms 'health tourism', 'medical tourism' and 'wellness tourism'. This is probably due to the fact that sometimes the boundaries between these terms are not always clear as "a continuum exists from health (or wellness) tourism involving relaxation exercise and massage, to cosmetic surgery (ranging from dentistry to substantial interventions), operations (such as hip replacements and transplants), to reproductive procedures and even 'death tourism' (Connell, 2013, p. 2). In this paper, we intend to make a clear distinction between these terms. First, we agree with Smith and Puczko (2009) suggestion that 'health tourism' is composed of 'wellness tourism' and 'medical tourism' and 'medical tourism' is the correct term to use in cases in which medical, surgical or dental interventions are required, anything else is 'wellness tourism' (Connell, 2006).

There are many different definitions and conceptualization provided in the literature about 'medical tourism'. Connell (2006, p. 1094) defines "medical tourism as a niche has emerged from the rapid growth of what has become an industry, where people travel often long distances to overseas countries to obtain medical, dental and surgical care while simultaneously being holidaymakers". More recently, Yu and Ko (2012, p. 81) claim "medical tourism involves not only going overseas for medical treatment, but also the search for destinations that have the most technical proficiency and which provide it at the most competitive prices [...] combination of medical services and the tourism industry." We therefore provide the following definition:

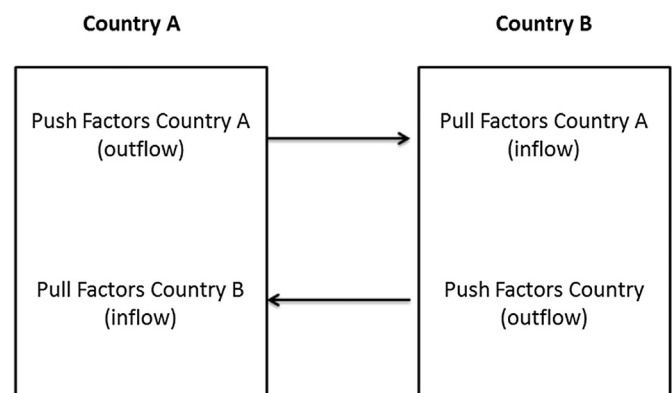
The Medical Tourism Index measures the attractiveness of a country as a medical tourism destination in terms of overall country environment; healthcare costs and tourism attractiveness, and quality of medical facilities and services.

2.2. Push and pull factors for medical tourism

As one can observe, "medical tourism is conceptually full of nuances, contradictions and contrasts" (Yu & Ko, 2012, p. 82). This lack of a universally accepted conceptualization makes medical tourism a vague concept with a number of different connotations. In order to help us to conceptualize the medical tourism construct, we turn to the economic literature which broadly categorized factors into demand side or '*push factors*' and supply side or '*pull factors*' to explain economical phenomenon such as international trade and foreign direct investments (FDI) (Crompton, 1992; Dann, 1977). Inspired by the economic literature, Dann (1977) proposed for international tourism, which is part of the international trade and services, the concept of 'push' and 'pull' factors for tourism. Researchers of medical tourism have used the same two categories (Crompton, 1992).

- (1) push factors focusing on the demand-side for medical tourism. They are mainly related to consumers and includes factors such as socio-demographical (e.g., age, gender, income, education) or health related (e.g., insurance status, health status) factors generating the demand for medical tourism;
- (2) pull factors focus on the offer for medical tourism. They are mainly related to the medical tourism destination such as overall country environment (e.g., stable economy, country image), healthcare and tourism industry of the country (e.g., healthcare costs, popular tourist destination) and quality of the medical facility and services (e.g., quality care, accreditation, reputation of doctors). The following Fig. 1 provides an illustration how each country has push and pull factors either encouraging or attracting medical tourism.

This MTI focuses on pull factors which influence the attractiveness of a country as a medical tourism destination. But by surveying people from the original country and getting socio-demographical information from respondents it also considers



Trade Balance of Medical Tourism
Between Country A and B

Fig. 1. Pull and push factors of medical tourism.

¹ We use a 'formative' model (not reflective model) as the direction of causality is from items to construct. The items are defining characteristics of the construct.

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