

Available online at www.elixirpublishers.com (Elixir International Journal)

Tourism Management

Elixir Tourism Mgmt. 67 (2014) 21522-21525



Investigating Motivation of Medical Tourism in Iran

Alireza Mooghali, Nooshin Sardari and Fariba Mosallae Departement Public Administration, Payamnoor University, Iran.

ARTICLE INFO

Article history:

Received: 31 December 2013; Received in revised form: 24 January 2014;

Accepted: 6 February 2014;

Keywords

Medical tourist, Treatment variables, Destination variables, Motivation.

ABSTRACT

Medical Tourism forms a significant proportion of less developed countries' income. With regard to Iran's attractiveness for tourists and big advantages of developing this industry in the country and lack of researches in this field, identification of motivations of medical tourists for choosing Iran, can significantly improve this burgeoning industry. Statistical population of this research is foreign medical tourists which have traveled to Iran for medical treatments. The data is gathered through distributing 56 questionnaires consist of 38 questions between medical tourists which were chosen by the method of convenience sampling. For testing the conceptual model multi linear regression has been applied. Results showed that while treatment cost, waiting time, treatment options, medical facilities and sociological factors are significantly and positively influential on medical tourists' motivation, service quality, political conditions and tourist attractions has not any significant influence on medical tourists' motivation. Therefore, we suggest concentrating the investment on the first 5 above mentioned factors in marketing plans and considering prevention of bad effects of the other factors.

© 2014 Elixir All rights reserved

Introduction

Medical tourism is leaving the local area for medical treatment or in its broadest conceptualization could be defined as "travel with the express purpose of obtaining health services abroad". Different medical tourists' destinations provide different kind of services major ones are: cardiac, orthopedic, dental and plastic surgery (Ajzen, 2001).

There is a difference between health tourism and medical tourism which is the emphasis of this article. Carrera and Brideges defined health tourism as "the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's well-being in mind and body". Therefore, medical tourism is encompassed in health tourism and is defined as "organized travel outside one's natural health care jurisdiction for the enhancement or restoration of the individual's health through medical intervention". There are three different types of medical tourism in relevant literature which is outbound, inbound and intrabound. Due to scope of this article, outbound medical tourists are those tourists who are going outside of their home country for treatment. Inbound tourists are those medical tourists who come to a country for treatment. Considering the scope of this article, this type of medical tourism is the main focus of this article. Finally, the intrabount tourists are characterized by a patient travelling to a different geographic area for treatment, which is inside the home country (Awadzi).

The need for better healthcare has grown significantly in recent years. This growth was the motivation for developing countries to promote medical tourism. Moreover, considering the rising costs of medical related treatments in most developed countries like United States and European countries, the low treatment price in developing countries is one of most cited factors in relevant literature as the primary incentive of medical tourists for coming to those countries (Blyth and Farrand, 2005).

Consequently, the investigation of the primary incentives of the medical tourists has become prevalent in recent years. Although there are myriad of researches in which the primary incentives of tourists for traveling has been investigated, all of them are in the general tourism area and there is paucity of researches in which significant related factors to traveling of medical tourists has been investigated. Therefore, the purpose of this study is twofold. Firstly, the main motivation and incentives of medical tourists for coming to Iran will be investigated and identified. Secondly, regarding the extracted motivation of medical tourists for coming to our country, a conceptual model will be developed and empirically tested.

The remainder of the paper is organized as following. The relevant literature will be discussed at next section. The conceptual model and hypotheses will be followed. At the third section, statistical analysis and results will be presented. And at the last section of this research managerial implications and future directions will be discussed.

Literature review Medical Tourism

Researchers has defined medical tourism as offshore provision of medical services, with use of comparative advantages (e.g. cost). This definition of medical tourism assumes that prospective medical tourists are motivated by economic reasons (Bookman, 2007).

Medical tourism services have been in place for more than thousands of years. Considering ancient Greece in which patients came to be healed by god, the history of this sector would become much clearer, the practice which has been continued till now. In contemporary practices of medical tourism has been promoted by low cost traveling a competitive prices of medical services all around the world. Patients in these days have worldwide option for choosing their medical treatment. Consequently, different variables will become the main vital decision factors of patients for choosing their destination. Due to potential profitability of this industry, managers and marketers have become concerned about the main motivation and criteria's of medical tourists by which they

Tele:

E-mail addresses: Mooghali@yahoo.com

choose their destination. In this study we developed a conceptual model based on reviewing the relevant literature, and several hypotheses have been developed which the involved variables will be discussed at the following (Burkett, 2007).

Cost of treatment

Several of researchers have cited cost treatment as one of the most motivational factors for treatment in a foreign country. Even in some cases, researchers found treatment cost as the most important factor between all the involved factors (Chinai, and Goswami, 2007).

High cost of treatment in many of the developed countries has motivated patients to travel abroad for treatment of their illness. At most of the times the chose counties are developing countries due to low cost of treatment. Researches shows that the cost of treatment in developed countries is 6 to 8 times of a cost of treatment in developing countries (Tasci and Gartner, 2007). Therefore the following hypotheses will be developed:

H1: low cost of treatment has direct positive effect on motivation of medical tourists.

Waiting time

When patients found that the time they have to wait to receive their treatment is much longer in comparison to their home country, their motivation for leaving their home county to find a less time consuming treatment will become higher. Therefore, as long as the patients view their home countries' medical system with skepticism, the probability of leaving the home country will become higher. York University has shown that 87 percent of English patients prefer to have their treatment outsider their home country due to long waiting times of those treatments (Tatti et al., 2009). Therefore we can propose that:

H2: Low waiting time has direct positive influence on motivation of medical tourists.

Medical treatment diversity

The diversify medical treatments can be potential motivator of growth of medical tourist in one country. Although this factor is not permanent, as long as patients feel the different options among which they can choose their treatment, this industry can sustain its growth (Tourani et al., 2010).

For emphasizing the potential effect of this variable, the case of New Zealand kidney patients can be a good example which has to travel to Australia to receive their treatment. Even in some rare cases, some kind of special treatments are forbidden in some countries namely abortion and fertility (Truner, 2007). Therefore we can propose that:

H3: Diversify medical treatment has direct positive effect on medical tourists.

Quality of medical services

The quality of medical services is one of the important factors in medical tourism. Therefore, managers in developing countries are doing their best to insure the patients for high quality of their medical treatment. This factor is so important that persuades marketers to emphasis on quality dimension of their medical services with use of their quality of surgeons and their accreditation (Zargham, 2000). Therefore we can assume that:

H4: Quality of medical services has direct positive effect on medical tourist's motivation.

Medical facilities:

Medical treatment in its nature is highly relied on different kinds of medical facilities. All the developing counties are now looking to improve their medical facilities. Even medical devices and relative software are part of facilities. Some hospitals (e.g. Apolo hospital), are invested even in their beds and furniture for their patients comfort. Some researches emphasis that hospitals for attracting foreign patients have to even use expert patients besides their modern facilities to show their patients their high respect for them (Blyth and Farrand, 2005). Therefore we can propose that:

H5: Medical facilities have direct positive effect on medical tourists.

Political and safety condition

Safety and secure political condition is one of the most priorities of patients and their fellowships. Therefore, all the developing counties which want to become a major medical tourist destination should first provide secure environment as a prerequisite of attraction of medical tourists to their country (Burkett, 2007).

Some researchers have shown that security and stable political environment are one of the most important factors in attracting tourists. At the other hand, some other researchers have found that characteristics of destination namely political, international conflicts and military activities which are not directly related to medical tourism, have major influence in making a negative image in the mind of the medical tourist (Ajzen, 2001). Therefore we can propose that:

H6: Political condition has direct positive effect on the motivation of medical tourists.

Comfort traveling

The distance of destination country and the home country is influential on both comfort of patient and the expenditure of the travel. Therefore it will be influential in final result which is the motivation of the medical tourist. Moreover, in several researches the importance of visa and its effect on tourist attraction has been fully discussed. For example, India's government has designedunique visa particularly for patients and their accompanies for sake of their comfort. Since the transportation industry is nation industry and has been managed by government in developing countries, airways and their relevant expenditures are also considered as hinder imposed by government in those countries (Awadzi, 2006). Therefore we can propose that:

H7: Comfort of travel has direct positive influence on motivation of medical tourists.

Sociocultural factors:

Researches have investigated the relation of culture and its effect for traveling to other countries. The result shows that cultural differences have inverse relation with travel intention and visiting of places. Low cultural differences will make the perceived risk of the traveler to be reduced which is due to less difference in perceived values of different cultures. However, proceeding researches have shown that these differences are not equal for all the customers and people with individualist characteristics prefer to travel to places with high similarity in culture, whereas people with collectivist characteristic prefer to travel to those countries which have much different culture with their home countries culture (Tourani et al., 2010).

Some other researchers have shown that the destination country has direct effect on travelers destination choice and there preferred destination. For example, some researchers has reached the point that more geographical distance and more different cultures are influential in developing more psychological distance between two countries. Therefore, whenever the psychological distance of two countries is not much far, people are sharing much more same practices such as: fundamental principles, history and preferences and thus prefer to travel to each other country (Tasci and Gartner, 2007). Therefore we can propose that:

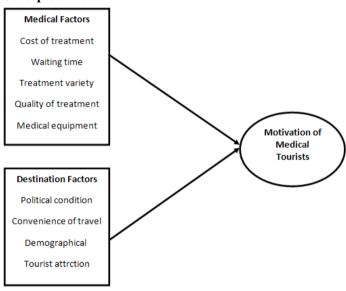
H8: Sociocultural factors have direct positive effect on motivation of medical tourists.

Tourist attraction

Majority of medical tourists prefer to visit beautiful places and tourist attractions while treating their illness. Researchers have shown that Hong Kong city despite lots of advantages like expert physicians and surgeons has real problem in lack of tourist attraction (Bookman, 2007). Therefore we can consider tourists attraction as one of the important influential factors on medical tourists' motivation. Thus we can propose that:

H9: Tourist attraction has direct positive impact on medical tourists' motivation.

Conceptual model



Conceptual model

Methodology

The statistical society of this research is all the patients who come to Iran for treatment. Because we do not have any statistics for those people we used non probable convienient sampling. Therefore, for data collection a agency in medical tourism industry helped us and from 58 total distributed questionnaire 56 usable questionnaires were used. For designing the questions because there were no standard measurement in the literature, we used researcher based measure which the factors were extracted with use of library studies and expert interviews. Finally, 38 questions questionnaire were designed which 7 questions were demographic and 31 questions were specific questions. The cronback alpha was more than the threashold .7 which is a indication of good reliability of our questionnaire.

Analysis and results

For extracting the demographic information from our sample we asked 9 questions in our questionnaire. The results showed us about 75 percent of the sample were males and 25 percent of them are females. Regarding the age, more than 15 percent of the sample was consist of people under the age 30 and about 85 percent of our patients were above 30 year of age. Moreover, more of the people traveled to our country were from countries namely: Azarbiajan, Iraq and Arminia and the other rest of the sample were from Afghanistan and Pakistan. More of our samples (about 85 percent) were muslems and just 15 percent of them were non muslem patients. More of our sample chosen Iran for medical purposes only (about 60 percent) and about 40 percent of the patients came to our country for health purposes like regular chekups. About 40 percent of our sample had prior experience for coming to Iran and more than half of

our sample chosen hotels for their accommodation during their staying in our country.

For testing our conceptual model we used multiple regression which is shown in the table below:

Table 1: Hypotheses testing

| Hypotheses | В | t | status |
|--|------|-----------------|----------|
| The effect of cost of treatment on motivation of patients to come to Iran | 0.36 | 3.51 | accepted |
| The effect of waiting time on motivation of patients to come to Iran | 0.39 | 3.84 | accepted |
| The effect of treatment variety on motivation of patients to come to Iran | 0.27 | 2.53 | accepted |
| The effect of quality of services on | - | - | :41 |
| motivation of patients to come to Iran | 0.06 | 06 0.59 rejecte | |
| The effect of medical equipment on motivation of patients to come to Iran | 0.19 | 2.02 | accepted |
| The effect of political condition on | - | - | :41 |
| motivation of patients to come to Iran | 0.14 | 1.11 | rejected |
| The effect of convenience of traveling | | | |
| on motivation of patients to come to | 0.02 | 0.15 | rejected |
| Iran | | | |
| The effect of sociological variables on | 0.31 | 2.41 | accepted |
| motivation of patients to come to Iran | 0.51 | | |
| The effect of tourism attraction on motivation of patients to come to Iran | 0.15 | 1.66 | rejected |

As it is show in the table, five out of eight of our hypotheses were accepted and three of them did not have enough evidence for being accepted. After analyzing the status of each hypotheses we will know have to identify the priority of each of our variables from view point of our patients. For this purpose we used friedman test which is shown in table below:

Table 2: Friedman test

| Tubic 2. Tileaman test | | | | |
|------------------------|---------------|----------|--|--|
| variable | Average value | priority | | |
| Cost of treatement | 7.34 | 1 | | |
| Waiting time | 4.90 | 5 | | |
| Treatment variaty | 6.61 | 3 | | |
| Quality of treatment | 3.54 | 7 | | |
| Medical equipment | 7.17 | 2 | | |
| Political condition | 2.12 | 9 | | |
| Traveling convieniance | 3.33 | 8 | | |
| Sociological variables | 5.37 | 4 | | |
| Tourism attraction | 4.63 | 6 | | |

As it is shown in the table, three most important factors from view point of our patients were: cost of treatment, medical equipment and treatment variety.

Conclusion and managerial implication

In this research a model for analyzing and investigating motivation of medical tourist for coming to Iran was presented. Regression analysis was done by which 5 of the hypotheses were accepted.

The first hypothesis showed us low cost will have effect on motivation of medical tourists, therefore, managers and marketers in medical tourism industry can advertise on low cost of treatment. The second proved hypothesis showed us waiting time is important for medical tourists; therefore marketers should emphasis the low waiting time for treatment in Iran in comparison to other countries. The third hypothesis showed us that treatment variety will effect medical tourists motivation for coming to Iran, therefore hospitals should invest on diversify the treatments they offer to their foreign patients. The fourth proved hypothesis showed us medical equipment will affect the motivation of medical tourists therefore showing the highly qualified medical equipment in advertising could be a good recommendation for managers and marketers. Finally the fifth proved hypothesis showed us sociological variables will effect the motivation of medical tourists. Therefore, marketers and managers in this industry should concentrate on those societies which have more similarities to our culture like our neighbor countries

Future researchers should follow their research in more concentrated approach. For example they can use the results of this research and concentrate on cost variable and see its effect on different medical tourists which come to our country for different treatments and see if there is any differences among different medical tourists regarding this variable or not. Moreover, future research can be followed on areas such as the profile of medical tourists or the image of our country in the view point of different kind of medical tourists from different countries and its probable effect on choosing Iran as their destination for treatment.

References

- 1. Ajzen, I. (2001). Nature and operation of attitudes. *Annual Review of Psychology*, 52,27-58.
- 2. Awadzi, W., & Panda, D. (2006). Medical tourism: Globalization and the marketing of medical services. *Consortium Journal of Hospitality and Tourism*, 11(1), 75-81.
- 3. Blyth, E., &Farrand, A. (2005). Reproductive tourism e a price worth paying for reproductive autonomy? *Critical Social Policy*, 25(1), 91-114.
- 4. Bookman, M. Z., & Bookman, K. R. (2007). *Medical tourism in developing countries*. New York: Palgrave McMillan.

- 5. Burkett, L. (2007). Medical tourism: Concerns, benefits and the American legal perspective. *The Journal of Legal Medicine*, 28, 223-245.
- 6. Chinai, R., &Goswami, R. (2007). Medical visas mark growth of Indian medical tourism. *Bulletin of the World Health Organization*, 85(3), 164-165.
- 7. Tasci, A. D., & Gartner, W. C. (2007). Destination image and its functional relationship. *Journal of Travel Research*, 45, 413-425.
- 8. Tatti, K., Janthapho, P., &Unluechai, S. (2009). *International tourist' motivation and satisfaction with medical products and services at bumrungrad hospital*. Bangkok: Neresuan University.
- 9. Tourani, S., Tabibi, S. J., Tofighi, S. &ShaarbafchiZadeh, N. (2010). Medical tourism in Iran: Analysis of opportunities and challenges with MADM approach. *Research Journal of Biological Sciences*, 251-257.
- 10. Turner, L. (2007). First world health care at third world prices. *globalization, bioethics and medical tourism*, 2(3), 303-325
- 11. Zargham, H. (2000). Spa and mineral water, tourism development and role of endemic population. *Tourism Journal*, *4*, 69-84.