

Medical tourism: strategies for quality patient/guest experiences

A recent headline in the *Wall Street Journal* indicated that Walmart will now require (and not ask) their employees to travel for their (spinal) surgery. These employees will probably take a flight, and then spend an overnight or more in a hotel or other hospitality facility such as a time share rental, Airbnb or other. This is one part of the growing phenomenon of global Medical Tourism, the focus of this special issue in the *Journal of Hospitality and Tourism Insights (JHTI)*.

For most of us, getting sick is a good way to ruin a vacation. However, for growing numbers of people, needing to see the doctor is the whole point of going abroad. When medical tourists require surgery or dental work, they combine it with a trip to the Taj Mahal, a photo safari on the African veldt, or a stay at a luxury hotel – or at a hospital that feels like one – all at bargain-basement prices compared to home. Simply walking across the bridge from San Ysidro, Texas, to Tijuana can cut the price of dental work in half or less, sometimes much less.

Medical tourism is one of the hottest niche markets in the hospitality industry. Patients Beyond Borders (PBB), an online clearinghouse of information about medical tourism estimates that 12m to 14m people travel internationally for care each year (PBB, 2018). Only one in ten go for medical treatment, and 70 percent of them want cosmetic surgery or other elective procedures. The remainder seek a variety of “wellness” services like spa visits, supervised exercise and dieting. This puts medical tourism revenues between \$40bn and \$60bn per year. PBB’s best guess is that the market is growing by 15–25 percent annually (DeMicco *et al.*, 2018).

For a quick analysis, let us accept that there were about 14m medical tourists in 2018, revenue was \$50bn and growth was 20 percent. This multiplies out to about 60m medical tourists estimated in the year 2025, producing revenues of \$260bn, or about \$4,333 per person. Until better data becomes available, we will make this forecast: through 2025, expect medical tourism to grow by 20 percent per year, reaching 60m people and a market value in the neighborhood of \$260bn (DeMicco *et al.*, 2018).

What is Medical Tourism vs Medical Travel?

“Medical Tourism” and “Medical Travel” can both include an international visit or inter-state or intra state in the USA and in to other countries. To distinguish between the two, Medical Tourism usually involves a leisure or vacation aspect in addition to the medical care. It is typically for cosmetic, fertility, spa and other wellness reasons. However, Medical “Travel” is predominantly for more acute and often more crucial medical care (and not typically for leisure activities – as is the case with Medical Tourism). Examples would be for heart treatment, orthopedics, cancer and other life threatening health reasons. Tourists and vacationers that get injured or develop a (minor or major) medical condition while traveling long distances away from home and need medical care we call “Accidental Tourists” (DeMicco *et al.*, 2018).

This special issue medical tourism. In the first paper, Bruno Sousa and Gisela Alves examines the role of relationship marketing in behavioral intentions of medical tourism services and guest experiences. The main purpose of this study was to analyze how relationship marketing relates to other relevant variables in patient/guest behavior applied to healthcare management and medical tourism contexts. Under an interdisciplinary perspective, this research brings together inputs from relationship marketing, medical tourism and healthcare management (service excellence). The study found that relationship



marketing leads to commitment, trust and cooperation towards the healthcare and medical tourism facility and enhances the tourist satisfaction and service loyalty.

The second paper by Alicia Mason, Lynzee Flores, Pan Liu, Kenzie Tims, Elizabeth Spencer and T. Gabby Gire provides an analysis of the digital communication strategies used by medical tourism providers (MTPs) during the 2017 Caribbean hurricane season. The authors discuss improving risk information and crisis communication tactics and strategies. Understanding how best to communicate during adverse events, such as natural disasters, can help to ensure high-quality patient experiences in medical tourism encounters. There are practical insights to be gleaned from the findings from this paper. First, small-scale MTPs (i.e. specialty clinics, private practitioners and medical tourism facilitators) can improve on any weaknesses through proactive planning and preparation by creating organizational goals to complete basic crisis communication training courses and in doing so support the applied professional development of crisis management. Second, MTPs outside of the Caribbean region exposed to similar environmental risks of natural disasters (i.e. hurricanes, earthquakes, typhoons and tsunamis) may use these findings for comparative analysis purposes to support their own organizational planning. Findings from this study can help other medical tourism providers in at-risk regions plan and prepare should similar events manifest resulting in international medical tourism patient vulnerability.

The third paper by Simon Hudson and Karen Tahl in this special issue assesses the service product at a wellness facility, proposing and testing a theoretical framework to identify aspects of the service environment at a destination spa that contribute to psychological well-being. Self-determination theory (SDT) was used as the theoretical framework. According to SDT, basic needs must be met in order for psychological well-being to be achieved. The study examined whether basic need fulfillment may be achieved through the quality of the service environment and interactions with staff and guests. Psychological precursors to well-being, or basic needs, were estimated using structural equation modeling. In analysis, all precursors were significant with the model explaining considerable variation in the outcome variable, well-being. Results confirm that in addition to the wellness services and amenities, the service product uniquely contributes to psychological well-being. Thus, the study provides a theoretical framework for measuring the outcomes of a stay at a wellness destination. Practical implications for managing the service product include ensuring that guests' sense of autonomy or choice is supported, that guests are encouraged to develop a sense of mastery with respect to activities, and that interactions with other guests are facilitated.

The next paper by Sethumadhavan Meera and Attambayintatvida Vinodan examines the attitude towards alternative medicinal practices in wellness provision. Here, wellness tourists have various motivations despite their specific requirements; however, it can be concluded from the study that wellness tourists have a favorable attitude towards alternative medicinal practices akin to Kalarichikilsa as they meet their expectations of physical, emotional, social, psychological and personal wellbeing. India, the focus of this study, has been known as a major destination for wellness tourism especially for Yoga, Meditation and Ayurveda. Spiritual healing practices are also popular in India.

The final paper by Ilhan Sag and Ferhat Zengul investigates the relationships between the medical tourist's perceptions on decisive factors in choosing Turkey as their medical tourism destination. The data for this empirical study were collected from 288 patients in Turkey, all of whom were medical tourists from various countries. Descriptive statistics and Kruskal-Wallis difference tests were used for analyses. Statistically significant differences were found among medical tourists in regards to the geographical regions of their residence. For example, lack of expertise or technologic devices in the home country of the medical tourist was the most crucial factor in choosing Turkey for those from the Balkans and Middle Asia than the other regions, particularly Europe and America-Australia, given the technological development levels of these

specific regions. These findings suggest that differences among medical tourists in regards to the geographic regions of their residence contributed to the medical tourists' behaviors and medical tourism market segmentation in Turkey.

We hope that our readers will enjoy reading these insightful articles in this special issue on medical tourism in the *JHTI*.

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