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The Consumer's Perspective in Medical Tourism – Identification of Research Gaps

Summary

The rapid development of medical tourism started in 1990s and was soon followed by a growing interest of scholars in this phenomenon. However, the research on medical tourism cannot keep up with the pace of its development, and scientists still face a number of challenges which result from the lack of the following: the consensus on the actual name of the phenomenon, its explicit definition, reliable data on its scale, recognition of market mechanisms in terms of the supply and the demand. The article aimed at the presentation of terminology and definition problems related to medical tourism. It was also intended to identify the research gaps in the demand aspect of that phenomenon. As a result, five fields have been indicated where explanatory research should be carried out because their present recognition and understanding seems insufficient. The analysis has been carried out, based on the original review of scientific literature (Czakov 2013, p. 51) available at the Internet resources (first of all, the EBSCO publication database).

Key words: medical tourism, medical services, services marketing.

JEL codes: I12, M31, Z33

Introduction

In the 21st century, the scale of travelling abroad in order to obtain medical treatment has already reached an unprecedented level. Despite the fact that the increasing significance of medical tourism has naturally intensified the interest of scientists, the studies over that phenomenon have not kept up with the pace of its development (Stankiewicz 2015, p. 22). The scientists who carry out the research on medical tourism still face a number of challenges which result from the lack of any consensus as regards the very name of the phenomenon, its explicit definition, reliable data referring to its scale (Cortez 2008, p. 73; Lautier 2014, p. 106; Lunt, Carrera 2010, p. 27; Connell 2013, p. 1), the recognition of market mechanisms in their supply and demand aspects. The article aims at the indication of problems referring to the terminology and definition of medical tourism, the identification of research gaps referring to the demand aspect of the discussed phenomenon, on the basis of a literature review. The considerations are started with a presentation of various names suggested for the analysed notion and a discussion on their aptness. Then, the article focuses on various attitudes towards the definition of medical tourism. The article is closed with an attempt at

the identification of fields which should be studied as their current recognition and understanding is still insufficient.

The terminology problems related to medical tourism

Referred to as 'medical tourism', the phenomenon is very complex and difficult to be named and defined in an explicit way. Expert literature provides a number of terms of the discussed problem, namely: 'medical travel', 'medical care abroad', 'treatment abroad' (Connell 2013, p. 3), 'health tourism' (Carrera, Bridges 2006, p. 447), 'medical value travel', 'global healthcare travel' (Cormany, Baloglu 2011, p. 709), 'overseas medical health services', 'international trade in health services/ health services exports' (Lautier 2014, p. 106), 'international medical migration', 'patient migration' (Fisher, Sood 2014, p. 246). Some authors apply the above-mentioned notions interchangeably with medical tourism. Lubowiecki-Vikuk (2012, p. 554) provides some systematisation to the term chaos, indicating that the most general term is health tourism which includes medical tourism and spa and wellness tourism.

Considering the context of international medical services, some scientists indicate that the term of 'tourism' may trivialise the reasons for which patients search for solutions outside their home country, and which are often related to severe health problems (Connell 2013, p. 3). Tourism is usually associated with pleasant ways of spending leisure time, in which the criterion of selecting destinations is their attractiveness resulting from some specific tourist assets of particular places. Considering such a point of view, such notions as 'medical tourism' and its various types such as 'abortion tourism', 'procreation tourism', 'maternity/citizenship tourism' (pregnant women leaving their home country to deliver their babies in a host country because it will offer better living conditions, or it will provide new-born children with its citizenship), 'death tourism' (euthanasia), seem to be inapt or even completely out of place. A similar situation refers to people, defined as tourists, who search for help in saving their life and health abroad, because they cannot obtain it in their home country. Such travelling often results from desperation, pain, suffering, uncertainty, detachment from one's own social and cultural context, and it often involves considerable expenses. Considering all the above-mentioned types, the tourist component is not excluded, however it comes as a more or less marginal element of patients' experience. For example, in their research studies on infertility treatment and in vitro fertilization provided abroad to British patients, Culley et al. (2011, p. 2376) indicate that the patients firmly rejected the notion of a 'fertility tourist'. Inhorn and Shrivastav (2010, p. 71S-72S) state that the term of 'a reproductive exile' is more proper to describe highly stressful and expensive travelling undertaken by patients who desperately want to have children.

Considering such a context, 'medical travelling abroad' seems to be a more appropriate term (a similar opinion is shared by Al-Amin, Makarem, Pradhan 2011, p. 212; Whittaker 2008, p. 273), however it is obviously a longer name and, when considered from a communication point of view, it is less convenient to use. We cannot, however, exclude a situation

in which some less invasive medical treatments are just an addition to tourist experience (e.g. some dental or aesthetic treatments). It seems, therefore, that there is not any universal notion that can refer to the whole phenomenon. Considering the above-mentioned objections, it is possible to use the terms of 'medical travelling abroad' and 'medical tourism', depending on a specific context. However, despite the discussed objections and considering the fact that the term of 'medical tourism' has been recurrently used as a part of generally accepted terminology, the author of the article has decided to refer to this one in her work, also because the explicit definition is still to be agreed upon in the discussed field. Placing the discussion into the field of marketing, it refers to the problems related to the definition of an offer structure and its core. Connell (2013, p. 3) indicates that the elements of tourism are emphasized in the communication of intermediary entities which participate in the organisation of medical trips and the countries which provide such services, in order to highlight some potentially pleasant aspects of such trips, which may come as some added value.

Definitions of medical tourism

The above-discussed problems related to the lack of an adequate and explicit name for the discussed phenomenon indicate its complexity which can be observed during the attempts made to find a definition for medical tourism. Expert literature offers some terse definitions stating that it refers a trip '*which includes a medical treatment of any other activity which fosters tourists' welfare*' (Stankiewicz 2012, p. 488), and some more complex ones, such the one presented by Carrera and Bridges (2006, p. 447), which lists the aims of such trips in a more specific way: it is '*the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's wellbeing in mind and body*'. In her definition, Rab-Przybyłowicz (2010, p. 695; 2012, p. 213) indicates the motivations for such trips; according to that definition medical tourism refers to '*trips outside one's home country or region in order to have an appointment at a physician's office, a clinic or a hospital to improve one's health or appearance, under the supervision of a specialist physician*'. Generally, scientists agree to define people who independently decide to travel and cover all the expenses with their own funds as medical tourists; however this group does not include people who are sent by various health care institutions which participate in their travelling expenses (Crooks et al. 2010, p. 2; Connell 2013, p. 2).

It seems interesting that most definitions do not refer to the element of tourism (Connell 2013, p. 2). Some authors, however, do take that aspect into their consideration (e.g. Crooks et al. 2010, p. 2; Jagyasi 2008; Hopkins et al. 2010, p. 186), and Lubowiecki-Vikuk (2012, p. 557-8) presents it in the most detailed way by combining widely understood health care and '*relaxation, recovery of one's good physical and mental condition, visiting tourist attractions and entertainment*'. A comprehensive definition of the analysed concept in an international approach is presented by A. Białk-Wolf (2010, p. 655; 2014, p. 8). In accordance with this definition '*medical tourism involves purposeful travelling to a foreign country in order to undergo an intended medical treatment to save one's health, to improve one's*

quality of life, to improve one's appearance, because of financial or qualitative reasons or because of the fact that such services are unavailable in one's own country (which may result from the lack of personnel, knowledge, equipment, procedures, long waiting time or legal constraints); such travelling is often combined with the sightseeing of the visited place'. The author also incorporates wellness and spa tourism and diagnostic tests into the discussed notion; she also emphasizes its international aspect.

The research gaps in the demand aspects of medical tourism

Scientists generally agree that despite the fast development of medical tourism, there has been very little research done on that phenomenon so far (Al-Amin, Makarem, Pradhan 2011, p. 207; Crooks et al. 2010, p. 1; Hopkins et al. 2010, p. 194; Snyder et al. 2011, p. 5; Lunt et al. 2011, p. 133; Lunt, Carrera, 2010, p. 29; Menvielle, Menvielle, Tournois 2014, p. 264). Furthermore, there are relatively very few research articles discussing the phenomenon of medical tourism in Europe. In their review of expert literature, Lunt and Carrera (2010, p. 28-29) indicate that among 371 articles, most of them refer to America and only 23 articles refer to Europe. Considering an academic point of view, scientific achievements in that field are very scarce, and they are mostly of conceptual nature (see: Guy, Henson, Dotson 2015, p. 68). Some authors even claim that the knowledge about medical tourism is mainly based on speculation and unreliable sources (Crooks et al. 2010, p. 5; Johnston et al. 2010, p. 3), and it is of a very optimistic character (Connell 2013, p. 10).

The current analytic studies have been mainly focused on the research on the supply aspect of that market, without much proper consideration given to its demand aspect (Gan, Frederick 2013, p. 178). Some authors indicate insufficient recognition of the consumers' point of view (Whittaker 2008, p. 283; Crooks et al. 2010, p. 9; Lim and Ting 2012, p. 7-8; Lunt and Carrera 2010, p. 30; Al-Amin, Makarem and Pradhan 2011, p. 207; Cormany and Baloglu 2011, p. 710). In a vast review of the expert literature on the demand aspect of the discussed phenomenon, involving 216 articles, Crooks et al. (2010, p. 4-5, 8) identify only five which have been based on the primary research. The lack or insufficient amount of original and replicated research refer to the problems (Clarke, Griffin 2008, p. 653; Connell 2013, p. 8, 11; Crooks et al. 2010, p. 8-9; Eissler, Casken 2013, p. 178; Gan, Frederick 2013, p. 180; Guiry, Vequist 2011, p. 254; Guy, Henson, Dotson 2015, p. 69; Henson, Guy, Dotson 2015, p. 4, 6; Johnston, Crooks, Snyder 2012, p. 2; Kumar, Breuing, Chahal 2012, p. 177; Lim, Ting 2012, p. 8; Lunt, Carrera 2010, p. 30-31; Lunt, Hardey, Mannion 2010, p. 1; Lunt et al. 2011, p. 133, 135; Lunt, Mannion, Exworthy 2013, p. 5, 7; Menvielle, Menvielle, Tournois 2014, p. 264; Whittaker 2008, p. 283-284) which can be related to five research areas:

1. The volume and direction of international flows of medical tourists.
2. The characteristics of consumers:

- who are medical tourists or who consider a possibility to take advantage of such form of medical treatment, and those who do not take such a possibility into their consideration (their age, gender, social and demographic features);
 - medical tourists' perception of their own identity (as consumers, patients, travellers, tourists and buyers) and its significance;
 - the differences among patients (e.g. in terms of the procedures, their country of origin, destinations, social and economic status, the type of affliction);
 - demand for various packages offered in medical tourism, depending on customers' educational background, place of residence, social and economic status.
3. Consumers' behaviour and experience in the market of medical tourism:
 - clients' behaviour in the market of medical tourism (e.g. the length of their stay abroad, expenses, activities);
 - medical tourists' motivations and their sources, e.g. cultural ones related to the pressure to stay young;
 - (models) of decision-making processes and factors which affect them, including the push and pull factors related to the selection of destinations and service providers;
 - the type of information that is required and indispensable for clients which is provided in sufficient amount;
 - the sources in which clients look for information, the ways in which they consult and assess the obtained information, including the use of the Internet and social media;
 - expectations and perception of the quality of provided medical services, depending on the type and severity of a disease;
 - the significance, the level of satisfaction and customers' expectations referring to medical and recreational aspects of medical tourism;
 - the perception of risk before and after the participation in medical tourism;
 - the results of medical treatment provided abroad and further care after the completed procedures.
 4. The role of various entities involved into the decision-making process and the formation of patients' experience (physicians, medical and tourist intermediates, air lines, insurance agencies, hotels).
 5. Ethical and legal aspects, including the aspects of safety and responsibility and the role of patients in those aspects.

The above-mentioned relatively broad specification of the identified research gaps which refer to the demand aspects of medical tourism clearly indicates the need for further, in-depth scientific research on that phenomenon in the indicated areas.

Conclusions

The research studies on medical tourism fit well into a wide stream of scientific studies and analyses referring to international marketing, coming as a result of globalisation processes (Wiktor 2014, p. 89). Medical tourism is a complex phenomenon which has been

scarcely recognised. It mainly refers to its demand aspect. Undoubtedly, a considerable difficulty comes with the identification and recruitment of respondents; on one hand, considering service providers' point of view, providing such information may involve some violation of confidentiality rules, trust or medical professional secrecy which is protected with a number of legal regulations; consumers', on the other hand, may not be prone to share their opinions which refer to such a personal field as one's health problems. Nevertheless, the challenge should be faced, not only because of cognitive reasons but also because of practical aspects related to customers' welfare. Indicating the estimating nature and the lack of scientific proofs for the quality and results of medical procedures provided abroad, Lund and Carrera (2010, p. 31) state that with the current knowledge, medical tourists may only fall back on a Latin adage: *caveat emptor* (*Buyers, beware!*).

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Perspektywa klienta w turystyce medycznej - identyfikacja luk badawczych

Streszczenie

Pod koniec lat 90. zeszłego wieku rozpoczął się gwałtowny rozwój turystyki medycznej, który znalazł swoje odzwierciedlenie w rosnącym zainteresowaniu środowisk naukowych tą sferą. Jednak badanie tego fenomenu nie nadąza za jego rozwojem, zaś badacze nadal stoją przed wieloma wyzwaniami wynikającymi z braku: konsensusu odnośnie do nazwy tego zjawiska, jego jednoznacznej definicji, miarodajnych danych dotyczących jego skali oraz rozpoznania mechanizmów rynkowych zarówno w aspektach podażowych jak i popytowych. Celem artykułu było wskazanie problemów terminologicznych i definicyjnych w obszarze turystyki medycznej oraz identyfikacja luk w badaniach nad popytową stroną tego zjawiska. W efekcie wskazano pięć obszarów, w których należałoby przeprowadzić badania o charakterze eksplanacyjnym, ponieważ aktualnie ich rozpoznanie i zrozumienie jest niedostateczne. Analiz dokonano na podstawie autorskiego przeglądu literatury naukowej dostępnej w zasobach internetowych (przede wszystkim bazy publikacji EBSCO).

Słowa kluczowe: turystyka medyczna, usługi medyczne, marketing usług.

Kody JEL: I12, M31, Z33

Перспектива клиента в медтуризме – выявление исследовательских брешей

Резюме

В конце 90-х годов XX в. началось бурное развитие медтуризма, которое нашло свое отражение в растущем интересе научной среды к этой сфере. Однако изучение этого явления не успевает за его развитием, исследователи же

по-прежнему стоят перед многими вызовами, вытекающими из нехватки согласия в отношении названия этого явления, его однозначного определения, достоверных данных, касающихся его масштаба, а также изучения рыночных механизмов как в аспектах предложения, так и спроса. В результате указали пять областей, в которых следовало бы провести изучение объяснительного характера, поскольку в настоящее время их изучение и понимание недостаточны. Анализы провели на основе авторского обзора научной литературы, доступной в интернет-базе (прежде всего базы публикаций EBSCO).

Ключевые слова: медтуризм, медуслуги, маркетинг услуг.

Коды JEL: I12, M31, Z33

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