



**Medical tourism: a conceptual framework
to exploit the drivers of push and pull
towards Egypt as a hub and destination for
medical tourism in Africa to achieve
Egypt's vision 2030**

Dr/ Gamal Abdel Aziz

Professor of Marketing-
Business administration,-
faculty of Commerce- Cairo
University

Dr/ Sarah Adam

Instructor-management
department-English section -
Cairo University

Ibtessam Kewina

ibtessamkewina@yahoo.com

مجلة الدراسات التجارية المعاصرة

كلية التجارة – جامعة كفر الشيخ
المجلد السابع . العدد الحادي عشر- الجزء الثالث
يناير ٢٠٢١م

رابط المجلة : <https://csj.journals.ekb.eg>

Abstract

Tourist activity is characterized by its variable and varied nature, as it is a human activity that includes various features that constantly need to be satisfied through the different types of tourism. Meanwhile, the global transformations and developments that occurred during the past two decades have led to an increasing demand for more specialized types of tourism, among which, is medical tourism. The importance of the foreign market to the destination country has attracted scholars' interest in understanding the motivations of tourists to travel abroad. The success of marketing destinations must be guided by a comprehensive analysis of tourists' motivations, which is why this study adopts a model that relies on push and pull factors as a conceptual framework. Whereas, the push factors is that a person desires to travel and they are mainly internal psychological motives while pull factors is an external factor that affects a person's travel to satisfy a need or desire. A person will choose one destination that meets his needs and desires. Since little information has been documented about the motives for travel to Egypt, this study attempts to determine the motivation factors for foreign tourists toward Egypt as different tourism markets show different areas of behavior. This may have important marketing implications for the Egypt especially with regard to examining drivers in segmenting markets, designing promotional programs and deciding on destination development. Despite the already published work around medical tourism in the last two decades, there continues to be, firstly, a jungle of similar and mixed concepts (most of the previous studies have analyzed different aspects of this type of tourism, mainly medical tourism, without providing a clear and integrated framework). And, secondly, an area of scarcity of research on mature destinations (mostly African countries have received the attention).

Keywords motivation, medical tourism, push factors, pull factors, customer intention, satisfaction, healthcare provider, destination specific, Strategic vision of Egypt 2030 And Strategic vision of Africa 2063 for sustainable development.

Track:

Push and pull motivation in medical tourism context and Egypt vision 2030

Word count:

10244 words

Paper type: Conceptual

1. Introduction

Travel motivation has been investigated by many researchers from different fields like from sociology, anthropology, and psychology (Cohen, 1972; Dann, 1977; Crompton, 1979; Gnoth, 1997). Maslow's hierarchical theory of motivation was one among the foremost applied within the tourism literature (1970). The speculation was modeled as a pyramid whose base consists of the physiological needs, followed by higher levels of psychological needs and also the need for self-actualization. Many tourism scholars have attempted to change the model empirically, with the remarkable success of Pierce (1982), who proposed a model for stimulating tourism that reflected Maslow's model, but freed from the assumption of the oligarchs. In other words, motivation may be defined because the driving forces within individuals that compel them to require action (Jeong, 2014). These driving forces can serve to arouse, direct, and integrate a person's behavior (Dann, 1981; Yoon & Uysal, 2005).

The medical tourism industry has been estimated to be a \$100 billion industry (Lunt et al, 2011), and despite the worldwide economic slowdown, is predicted to grow at a rate of up to 35% in coming years (Deloitte, 2009). And also the quantity of countries providing modern medical facilities and services to foreign tourists is increasing. This international trade medical service also has huge economic potential for the globe economy, and medical tourism is emerging as a really profitable sector for developing countries. Despite the actual fact that tiny is believed about the market size, more is being learned about medical tourists and what drives demand for medical tourism. We are becoming all the way down to learned more about their attitudes toward the medical tourism experience. Medical tourists are generally patients paying out-of-pocket and pursuing medical services offered within the private sector.

The engagement between the tourism and healthcare industry has resulted in what's, for several countries, one among the most important service industries, with medical tourism producing significant economic benefits for several destination countries. Indeed, medical tourism is taken into account to be one among the prompt-growing tourism sectors within the world (Bookman & Bookman, 2007; Han & Hwang, 2013; Heung et al., 2011). to amass a greater market share in an increasingly competitive medical tourism industry, an increasing number of medical centers in destination countries has been improving their pleasure and services such they analogous those found in many excellent hotels (Bernstein, 2012; Hume & DeMicco, 2007; Sheehan-Smith, 2006). These processes considerably offer not only quality treatment but also a superior level of services to their international customers.

Countries involvement in developing the medical tourist industry has been predicted on the premise that it's an export industry that earns interchange and contributes to economic development. In step with Bookman and Bookman (2007), the highly skilled jobs, capital intensive technology and interchange that medical tourism generates will help less developed countries to flee from the economic dependency that extractive industries has created. Theoretically, there's also a prospect of direct benefits to the general public health system. An Egypt MOH document, as an example, states that the income from foreign patients are often utilized to boost the national health services for the good thing about the local population (MOH, 2003:51). Of the outline of push and pull factors of the dominant answer the question of why tourists visiting the Egypt tourism destinations. That's because Egypt can meet the requirements and desires of tourists or tourist's fulfillment the inner factors of tourism motivation by external factors (attribute destinations).

The medical tourism industry role in ensuring a sustainable economy is critical because medical tourism industry is that the essential players in economic development and has the financial resources, technological knowledge, and also the institutional capacity to implement sustainable solutions. This research can help achieve the strategic vision of Egypt 2030 developed by the ministry of health and ministry of Tourism which aims at building sustainable Egyptian economy. Understanding of the most factors that may affect the medical tourism industry sustainability performance in Egypt represents a vital step in building a sustainable economy.

The purpose of this research is to fill this gap by delineate the push and pull travel motivations of international patients supported the identification of socio-psychological and physical travel motivations and extend the theoretical and empirical evidence on the relationships among push and pull motivations , to create the customer intention toward Egypt as a Medical Tourism destination hub. This study mainly attempts to discover the basic factors that may influence the intention of international patients to seek medical treatment in Egypt. The applicability of push and pull theory provides the possibility to investigate the intent of international patients and gauge the past general attitudes and feelings of tourists towards traveling abroad to seek medical treatment. A quantitative research approach was used to conduct this study.

Supported the previous discussion, the research problem is to "point out and examine the varied drivers (push and pulls motivations) and therefore the interrelationship between push and pull drivers of international patients (customers) to go to Egypt as a medical tourism destination."

Therefore, this research main objective is to identify major push and pull factors which influencing tourists to visit Egypt as a medical

destination hub in Africa. The push-pull theory is applied to the medical tourism industry in order to identify sources of sustainable Egyptian economy.

2. Literature review and hypotheses development

2.1. Medical tourism and medical tourism motivation

Medical tourism integrate medicine with tourism, emboldening patients to hunt medical services while traveling for relaxation and leisure and have emerged united of the prompt growing areas of educational research interest in both tourism and health studies. Smith and Puczko debate that health tourism consists of medical tourism and wellness tourism, meaning that medical tourism could be a subset of health tourism. The present literature employs very loosely and inconsistently the terms 'health tourism', 'medical tourism' and 'wellness tourism' (Connell, 2013, p. 2). During this research, we seek to form a transparent uniqueness between these terms. First, the researcher reconcile with Smith and Puczko (2009) suggestion that 'health tourism' consists of 'wellness tourism' and 'medical tourism' and 'medical tourism' is that the correct term to use in cases during which medical, surgical or dental interventions are required, anything is 'wellness tourism' (Connell, 2006). Yu and Ko (2012, p. 81) articulated "medical tourism embrace not only going overseas for medical treatment, but also the planning for destinations that have the last word technical proficiency and which offer it at the foremost competitive prices. Borman and Jonathan define Health Tourism as known to draw in tourists through unique destination attractions moreover as health care services facilities. Connell, points out that health tourism and medical tourism should be distinguished, as medical tourism is that the right term to be used in situations requiring medical intervention.

Motivation is defined as "a state of need, a condition that leads to individuals pushing toward certain types of work that are considered likely to bring satisfaction." (Moutinho, 1987, p. 16). An investigation of tourist motivations is an effort to resolve the question "Why do people leave their homes to go to other places?" (Pearce, 1987, p. 21). However, it's difficult to see a final relationship between individual motivation and selection of destination "because tourists aren't just numerical abstraction, but whole individual personalities, they need a spread of full motives" (Bosselman, 1978).

At present, Asia is the leading vital medical tourism area. Horowitz and Rosenweig summarized that the main reasons for seeking medical tourism are (1) low cost, (2) avoid waiting lists, (3) procedure not available in home country, (4) tourism and vacations, (5) privacy and confidentiality. While people from less developed countries have visited and continued to travel to developed countries. Recently, Aziz et al. (2015) opined that hospital accreditation, doctors' reputation, overall destination picture,

services, and physical facilities affect the arrangement of a medical tourism destination. Guiry and Vequist IV (2015) comment that a destination brand's personality includes three factors: sincerity, competence, and ruggedness. supported their study of Korean medical tourism, the identical study found that private values including excitement, self-esteem, a way of belonging, and good respect were positive predictors of a destination's brand personality. They found that while medical destinations like India and Thailand are known for his or her cost-effective treatments, Singapore has been positioned as a medical tourism hub for high-quality medical services with advanced medical technologies and infrastructure.

Based on literature review, the motivations for medical tourism are cost savings, timely service, combining medical and holiday care, cultural similarity, medical treatment regulations or procedures (i.e. restricted, prohibited or unavailable), quality of medical services, information availability and supporting services (Barrowman, Grubor, & Chandu, 2010; Elliot-Smith, 2010; Glinos & Baeten, 2006; Hall, 2013; Lee, Kearns, & Friesen, 2010; Musa et al., 2011; Vequist & Stackpole, 2012). (Panteli et al., 2015) found the foremost travel drivers are cost savings, an honest experience with previous treatment, confidence during a given health care provider in another country and also the likelihood of blending medical treatment with a vacation.

The drives are heterogeneous and vary across treatments, while information related to tourist features don't exist (Lunt et al., 2016). Motivation can be a multidimensional concept within which tourists have many needs and desire varied experiences in an exceedingly very destination (Baloglu & Uysal, 1996). Push and pull motivation is also a typical way of approaching this issue in tourism behavior research (Baloglu & Uysal, 1996). Further, it's considered a necessity in destination marketing to know the link between push and pull motivations of a possible tourist (Baloglu & Uysal, 1996). Push and pull motivation could also be a typical way of approaching this issue in tourism behavior research (Baloglu & Uysal, 1996). Studies of Lee & Lockyer (2012) and Weil (2009), where numerous reports indicated that travelling for medical treatment to Africa is vital as Africa has been considered as globally well – known medical tourism hub. Additionally, travelling for medical treatment may be a growing trend, and has highlighted in concert of the vital key drivers of country economic development.

2.2 Medical travelers' visit intention

Customer intention is defined as the degree to which the customer forms an idea to interact or not engage in a future behavior, and it addresses the extent of efforts to filter certain behaviors (Jang and Namkung, 2009; Webb and Sheeran, 2006). From a firm's performance perspective, behavioral intentions are often used as indicators of customer loyalty and firm success.

Items associated with the willingness to buy, willingness to recommend and providing positive word-of-mouth communication are commonly used as proxies of customer behavioral intentions (Choi et al., 2004; Jang and Namkung, 2009). Several scholars (e.g. Wu et al., 2008) have discussed the relationships among motivations and behavioral intentions in healthcare contexts. Models built around these constructs within the literature follow the logic of the multi-attitudinal framework, where the cognitive component precedes affective response, which successively, determines conative attitude or intention (Žabkar et al., 2010). Patient behavioral intentions are a product of private evaluation leading to conative intention (Lai et al., 2009). Patient satisfaction leads to behavioral intentions of the patient (Choi et al., 2004; Hansen et al., 2013) (Liang et al., 2013; Rauyruen and Miller, 2007). Researchers found that push and pull drivers are the primary precedents for the intention to buy back medical tourists (Lai et al., 2009; Wu et al., 2008; Wu et al., 2011).

According to (Ferrero, 2009; 43: 700--41) there's often ambiguity in an external or internal situation after we interpret a conditional statement. He has determined that external conditions are people who simply enable a private to amass intention, but internal conditions are those who qualify the content of one's intention. The inner state is of high importance because of its true ability to develop intention. (Ferrero 2009; 43: 700--41) divides internal conditions into two main categories: empowerment and constraint. The enabling condition is taken into account a cause for doing and obtaining an external condition which can be a vital reason for developing the intention to try and do so.

Therefore, patients from western and developed regions are said to accumulate "unconditional pure intentions". However, visualizing international medical travel from a broader perspective reveals that not only unconditional pure intentions lead to patients traveling to a different country but conditional restrictive intentions even have a vital role in international medical travel. As previously discussed, the bulk of patients in international medical travel are from developing countries and don't have options to avail the service in their home countries. The most push factors for these patients are mainly unavailability and poor quality of services reception (Crush J, Chikanda A. Soc Sci Med 2015; 124: 313--20). These patients don't seem to be interested in low-cost or better-quality services in destination countries, but they're forced to travel outside the country because services aren't available or available in caliber. Matters with them are conditional and restricted, so it are often said that patients from developing countries acquire "conditional restrictive intentions."

2.3 Medical Tourism Motivators: The Push–Pull Model

A review of the literature indicates that travel motivation is often examined by motivation's theory supported push and pull factors (Mat Som,

2010). The concept of push and pull factors involves the idea that individuals travel because they're pushed by their own internal forces and pulled by the external forces of destination attributes (Mat Som, 2010). in line with Jang, Bai, Hu, and Wu (2009), push factors are supported “socio-psychological needs that predispose someone to travel, and pull factors are ones that attract the person to a selected destination after push motivation has been initiated” (p. 55). In other words, “push factors are internal to the person and establish the will to travel, whereas pull factors are external to the individual and are aroused due to destination attractions” (p. 55.)

To date, little information has been documented about travel motivations to Egypt. Some studies (Mat Som, 2010, p. 42) focused on destination quality or overall satisfaction but didn't identify specific motivation dimensions; this text thus seeks to spot motivation factors of international tourists to Egypt, which can have important marketing implications. “Knowing of both push and pull factors and also the interrelation between them can help destinations to fulfill the specified needs of individual travelers from different markets” Knowledge of tourist's motivation is critical to predict future travel patterns and enable destination marketers to plan and execute effective marketing strategies. Capitalizing on destinations' strengths in push and pull motivations renders a competitive advantage within the travel industry (Jang et al., 2009). A destination can capitalize with an optimal combination of push and pull factors to draw in and retain tourists.

Based on the opinion of some observers and tourism practitioners, the potential for foreign tourists who chose Egypt as a tourism destination is incredibly large. there's a push and pull factors of tourists to go to Egypt which is unknown at now, if they will be identified factors that push and pull, then it implies that the tourist potential into actual choose Egypt as a goal. Although the push and pull factors has been employed in several studies regarding the motivation of international tourism (see: Gossens, 2000; Hanqin & Lam, 1999; You et al., 2000), but no studies in Egypt are investigated by using this theory even the item of research is that the foreign tourists. Therefore the purpose of this research was to spot push and pull factors that trigger tourists to choose Egypt as medical tourism destination as Egypt is a medical tourism hub in Africa (Khaled Khalil - Al-Borsagia 9/2020).

2.3.1 Push factors and patient intention

Planned Behavior Theory (TPB) is a theoretical model designed to clarify the relationships between consumers' beliefs, attitudes, intentions, and behaviors. Various studies that explore visiting intentions and review and tourists' consumption behaviors based on travel motives, and the destination image have used the TPB hypothesis to support their models. Motivation was found to have a direct and positive relationship with behavioral intent,

indicating that the motives of medical tourists positively influence the intentions of their visit.

The push and pull theory of motivation proposed by Dann (1977) is another widely accepted theoretical framework in tourism research. In keeping with Dann (1997), there are multiple factors that motivate tourists to go to specific destinations, but these factors are classified as either push or attraction (pull) motives. The concept of push and pull was introduced by Dann (1977) to clarify motivations for travel. Push factors relate to people who are pushed to create the choice to travel due to internal forces, while pull factors relate to those who are pulled in to shape the travel decision by the external forces of tourist attractions. (Jang & Wu, 2006). Therefore, attraction motives also sit down with the attributes of a destination or attractions (Hsu & Huang, 2008). These two motivational factors are studied in numerous fields (Jang & Wu, 2006). Hanefeld, Smith, Horsfall and Lunt (2014) conducted a scientific review of medical tourism and located that almost all papers explain patients' decisions to travel in terms of push and pull factors. Based on the above discussion, the present research hypothesizes:

H1: there is a significant relationship between push factors and international patient's intention to visit Egypt as a medical tourism destination.

In the present study as the desire for privacy and confidentiality of treatments, usage of state of the art medical technologies (Dangor et al., 2015; Jun & Oh, 2015) The medical tourism need to enhance his/ her knowledge and experience about a foreign country. Therefore, supported the findings, to stimulate the necessity for novelty and knowledge seeking among the target travelers at the identical time, persuading them to visit Egypt to experience the multicultural setting. And supply tourists with opportunities to experience the locals' way of life. Tour companies should provide tourists the opportunities to learn about technology used in treatment. (Baloglu & Uysal, 1996) argued that novelty and knowledge seeking are tangible resources which consider as pull factor which contrary the intangible desires (push factor) of the individual. Also, Crompton (1979) first sought to draw pull motive (novelty and education). The conceptual framework that he developed would influence the choice of a destination, and this approach implies that the destination can have a point of influence on vacation behavior in meeting an aroused need. Thus, the present study hypothesizes the following;

H1a: there is a significant relationship between novelty and knowledge seeking and international patient's intention to visit Egypt as a medical tourism destination.

The concept of ego tourism was first introduced by Wheeler (1993) as a response to environmental myopia and sustainable tourism research

(see also Wheeler, 2007). Wheeler (1993, 1994) notes that they're eco-tourists "ego tourists" who travel with like-minded companions to previously unpolluted areas where they're going to not feel a part of mass tourism or packed. The ego factor has long been recognized in tourists' travel motives. Dan (1977) identified ego enhancement as one of the major motivators of travel, it is derived from the need for recognition obtained through status Granted to travel. Therefore, some people will travel to destinations due to of the prestige that they will gain from the trip. MacCannell (2002) states that The dominant commercially successful destinations for organized tourism The experience was to design herself with as much ego as possible - for example Luxury island destinations, and more recently by the United Arab Emirates. Hence, the present study hypothesizes that:

H1b: there is a significant relationship between ego enhancement and international patient's intention to visit Egypt as a medical tourism destination.

Medical tourism needs the time to can escape from stress in his/her daily life, This is the time he/she can be away from the routine life, This is the time he /she can physically rest and relax, and enjoy and make his/her self happy while traveling. In a broad sense, motivators like the need for escape, rest, relaxation, and prestige, enhancement of kinship relationships, facilitation of social interactions, adventure, health, and fitness would be considered as push factors (Crompton, 1979; Uysal & Jurowski, 1994). Thus, the present study hypothesizes the following;

H1c: there is a significant relationship between rest and relaxation and international patient's intention to visit Egypt as a medical tourism destination.

2.3.2 Pull factors and patient intention

in line with Jang, Bai, Hu, and Wu (2009), pull factors are ones that attract the person to a selected destination after push motivation has been initiated" (p. 55). In other words, pull factors are external to the individual and are aroused due to destination attractions" (p. 55). Pull factors help that individual locate an acceptable destination (Goossens, 2000). Gray (1970) whose study of travel motives is one of the first drivers of travel, sunlust is to search for specific experiences or entertainment environments. Dann (1981, 1996) and Pearce (1987). Describe 'sunlust' is a 'pull' factor, whereby the characteristics of a tourist destination attract tourists away from their homes. Pull factors, are people who emerge as a results of the attractiveness of a destination because it is perceived by the travelers. (Baloglu & Uysal, 1996). pull factors are the destination's attributes that attract travelers. Hence, the present study hypothesizes that :

H2: there is a significant relationship between pull factors and international patient's intention to visit Egypt as a medical tourism destination.

An organization or company that seeks to bring together a potential patient and a service provider, usually a hospital or clinic. These organizations are generally facilitators and developers of medical tourism, which leads to a number of issues that do not apply when a patient stays in their home country. Some of these institutions and companies specialize in specific areas of healthcare, such as plastic surgery, dentistry or transplant surgery, while others are more general in their approach, providing multiple services across a wide range of medical specialties. These organizations may also focus on providing services in one country or may provide access to treatment across multiple countries. Watipaso Mzungu Jr, February 2019. In the context of medical tourism Research indicates that the standard of experience received from treatment providers including the standard of their interaction with patients, the standard of the physical environment, the standard of results, the management of medical procedures, and also the perceived enjoyment all have a major impact on patient confidence, perceived value, and medicine which Satisfying the tourists (Wu, Li, & Li, 2016). The literature indicates that previous favorable medical travel / medical tourism experience within the chosen destination is probably going to extend the comfort level of international medical tourists (Henson, Guy, & Dotson, 2015). Hence, the present study hypothesizes that:

H2a: there is a significant relationship between healthcare provider specific and international patient's intention to visit Egypt as a medical tourism destination.

Quality defined within the present study as meeting the necessities of a customer's needs and desires and these requirements need to be above the expectations so as to own a protracted term relationship, stay within the business and have the competitive advantage over the competitors (Zakaria, Hamid, & Karim, 2009). The service provider needs greater information regarding competitive strategies which will target offering the simplest possible service quality and at the identical time ensuring customer satisfaction. (Ogorlec & Snoj, 1998). The patient's perceived quality of service is that the main determinant of the hospital's success and reputation because of its role in achieving patient satisfaction (Choi, Cho, Lee, Lee, & Kim, 2004; Guiry & Vequist, 2011). The literature within the field of medical tourism indicates that the standard of service for the health care provider includes various dimensions like services and physical facilities (Aziz, Samden, Awang, and Adaballah, 2015; Dangor, Hogendorn, and Mulla, 2015), quality of care (Vicherin and Stefano, 2016; Frederick & Gan, 2015; Henson et al., 2015), specialized services provided (Beladi, Chao, Ee, & Hollas, 2015), use of state-of-the-art medical technology (Dangor et al., 2015; Jun & Oh, 2015), private care (Demicco & Centron, 2006; Gan & Frederick, 2015; Jun & Oh, 2015), and aftercare (Jun & Oh, 2015). Consistent with Veerasoontorn and Beise-Zee

(2010), attributes of service quality like innovation in medical technologies, quality of emotional service and patient-doctor relationship (interconnectedness) attract medical tourists to Egypt. Hence, the present study hypothesizes that:

H2a1: there is a significant relationship between service quality and international patient's intention to visit Egypt as a medical tourism destination.

The growth of medical tourism could be a reflection of the continued globalization trend in health care , therefore the pull, or supply, factors the long waiting time and unavailability of the procedures due to technical, legal,(166 Z. Ramamonjariavelo et al),political, religious or ethical reasons (Crook et al., 2010; Economist, 2008; Moghimehfar & Nasr-Esfahani, 2011; Reddy, York, & Brannon, 2010). Based on literature review, the motivations for medical tourism are cost savings, timely service, combining medical and holiday care, cultural similarity, medical treatment regulations or procedures (Barrowman, Grubor, & Chandu, 2010; Elliot-Smith, 2010; Glinos & Baeten, 2006; Hall, 2013; Lee, Kearns, & Friesen, 2010; Musa et al., 2011; Vequist & Stackpole, 2012). Hence, the present study hypothesizes that

H2a2: there is a significant relationship between waiting time and international patient's intention to visit Egypt as a medical tourism destination.

The pull factors discuss with the explanations that make the situations in foreign countries more appealing to patients such as: lower health care costs which will help the patient save the maximum amount as 80% for a few procedures (Pafford, 2009). (Census, 2013) indicated that traveling outside the borders to obtain health care is being supported by the elderly who need more medical services, an increasing number of unaccompanied people, and the increase in local health care costs along with the ease of travel abroad. Medical travelers are encouraged to hunt care outside of their area of residence by many factors, including more advanced technology, quicker access, higher quality of care, or lower costs for care within the destination locality (Ehrbeck, Guevara, & Mango, 2008). Research report had revealed that international demand for medical interventions from developed countries has grown dramatically because of lower cost health care services which are provided within the respective countries (Crooks, Kingsbury, Snyder, & Johnston, 2010). Patients from everywhere come to Egypt seeking the smart combination of the best personalized treatment with the unforgettable touristic experience at an inexpensive and reasonable overall cost. Patients or their insurer can save to 60% -80% of the US healthcare costs. Certainly these high costs are driving more patients toward Egypt for treatment. The lower cost of healthcare isn't an indicator of caliber, after all the standards maybe even better with greater patient satisfaction. Hence, the present study hypothesizes that:

H2a3: there is a significant relationship between medical cost and international patient's intention to visit Egypt as a medical tourism destination.

Destination image is defined as the concept of attitudes “the sum total of the beliefs, ideas, and impressions the tourist carries about the destination” (Crompton, 1979, p. 18). The destination image has been claimed to be related to a personal interpretation of tourists' feelings and beliefs towards a particular destination (Baloglu & McCleary, 1999; Bigne, Sanchez, & Sanchez, 2001). Previous studies have reported that destination image is formed from a complex process in which tourists develop a mental block based on their perceptions, ideas, beliefs, impressions, identities, or feelings towards a destination. Destination image is an important concept for tourism research for two main reasons. First, the destination image is undoubtedly one of the most pressing factors for tourists to decide to travel (Byon & Zhang, 2010; Chen & Tsai, 2007). Second, the destination image has been shown to have an effect on the level of satisfaction of the tourists based on their destination experience (Chun, 1990; Lopez, 2011; May, 1975). Medical tourism destinations are developed mainly for economic reasons. Different destination offers unique value propositions in attracting this lucrative and growing market .

On the other hand, the induced image is derived based on information specific to tourism such as a vacation website, social media communication, or a destination brochure, where the information is formulated as part of the destination's marketing efforts.(Gunn, 1972; Moon et al., 2013). A review of the literature on medical tourism shows that the country's image is composed of several features. These features include tourist attractions, public infrastructure, reputation of hospitals, and quality of hospital services, medical facilities, and social environment and transportation services. Accommodation, support services, food, personal safety, and communication were those common elements that make up the image of a medical tourism destination (Gotecastera, 2010; Khan et al., 2016a; Khan, Chilia, and Haroun, 2016b; Lam, de Croce, and Fong, 2011; Viladrich & Baron-Faust, 2014). Based on above discussion, the present study posits the following hypotheses;

H2b: there is a significant relationship between destination specific and international patient's intention to visit Egypt as a medical tourism destination.

Tourists in general are at risk. Tourists will take into account the safety and security aspect in their choice of destination other than country profile and price (Ayob & Masroni, 2014; George, 2003). Safety and security are seen as the odds of a tourist encountering criminal activity (such as pickpocketing), the nature of the environment (such as an earthquake), or physical violence (Tan, Chung, and Ho, 2017). Safety and security have been recognized as prominent factors in tourism after the tragic terrorist acts of September 11th in the United States in 2001 (Zainal, Radzi, Hashem, Shek,

Abu, 2012). Safety and security are two vital conditions for the success of the tourism industry (Ayob & Masroni, 2014; Pizam & Mansfeld, 1996). Safety and security is defined in this study as a state that is relatively free from the risks associated with crime, terrorism, food, transportation, and natural disasters. Safety and security are prerequisites for shaping a country's image (Chetthamrongchai, 2017; Saiprasert, 2011). the medical tourist are going to be traveled to Egypt due to the safety and security, the weather, festival and recreation activities, the seaside/beaches the variety of shopping places, friendliness of individuals the supply of travel-related information. The nice and cozy dry climate everywhere the year is that the milestone of medical tourism in Egypt; you'll be able to enjoy the proper climate in any season. Safety is paramount where health and medical services are concerned, and is of primary concern for those traveling to a different country to get such services. Hence, a well coordinated partnership between medical institutions and hotels is required to satisfy the requirements of medical tourists. (Chacko, 2006). Thus, the present study hypothesizes that:

H2b1: there is a significant relationship between environment and safety and international patient's intention to visit Egypt as a medical tourism destination.

Tourism exists due to attractions. Attractions provide the energizing power of the travel and tourism system (Gunn 1988). Pull factors, as expected and mentally conceived by the potential traveler, provide the drive and magnetism to get from one point to the next. The success of any attraction depends on how visitors measure the benefits and the level of satisfaction with their visit. One way to describe attractions is to divide them into two groups, cultural attractions, historical attractions; this study compared the attractiveness of various tourist attractions in Egypt as representatives of these two groups. Cultural attractions. Cultural landscapes that differ from those in the tourist's homeland are part of the destination's overall attraction. The destination's unique cultural expressions, including religion, architecture, museums, art galleries, dress code, galleries, galleries and craftsmanship, add to its vacation charm and provide many avenues for exploration. Examples of cultural attractions in Egypt are traditional dances, sports, and music. Historical attractions. Tourists are interested in ancient ruins, castles, ancient homes, forts, battlefields, and other constructed sites that provide perspectives on the past. The main historical attractions in developing countries are mainly ruins of ancient civilizations, such as the pyramids and the Sphinx of Egypt. Many travelers wish to rediscover history by visiting these sites. Hence, the present study hypothesizes that:

H2b2: there is a significant relationship between cultural and historical attractions and international patient's intention to visit Egypt as a medical tourism destination.

The rise of medical tourism in countries is made possible by low wages for highly trained medical professionals, limited medical liability, availability of the latest medical technology, affordable international transportation costs, the emergence of the Internet, the emergence of new companies and agents who act as intermediaries between international patients and hospital networks, as well as government support. (Suthin, Assenov & Tirasatayapitak, 2007; Ormond & Mainil, 2015, pp. 154e163). Medical services in hospitals are generally promoted as modern, high-tech, and high-quality, and the experience of doctors (abroad) is frequently mentioned in order to legalize medical tourism as the practice and marketing of medical tourism as an option for the foreign public (Lunt, 2011, p.13).

In addition to information regarding medical procedures, physicians, and facilities, this literature indicates that other common features on websites for medical tourism facilities (MTFs) include information on hospital accreditation; Costs; Guidance for international patients, and assistance in obtaining medical travel visas; Travel, leisure activity and accommodation reservation services; Book a medical appointment, process medical records, and translation services. In-country post-operative care / support; Patient testimonials or recommendations; Design / communication elements to demonstrate reliability such as photos, videos, and contact options for inquiries (e.g., email contact, phone number, postal address, information request form, and real-time chat rooms), virtual tours of medical facilities, and dates of the last update webpage (Fedorov et al., 2009; Lee, 2007; Penney et al., 2011; Smith & Forgione, 2007; Taylor et al., 2005; Ye, Yuen, Qiu, & Zhang, 2008). Thus, the present research posits;

H2b3: there is a significant relationship between tourism facilities and international patient's intention to visit Egypt as a medical tourism destination.

2.3.3 Push and Pull interaction

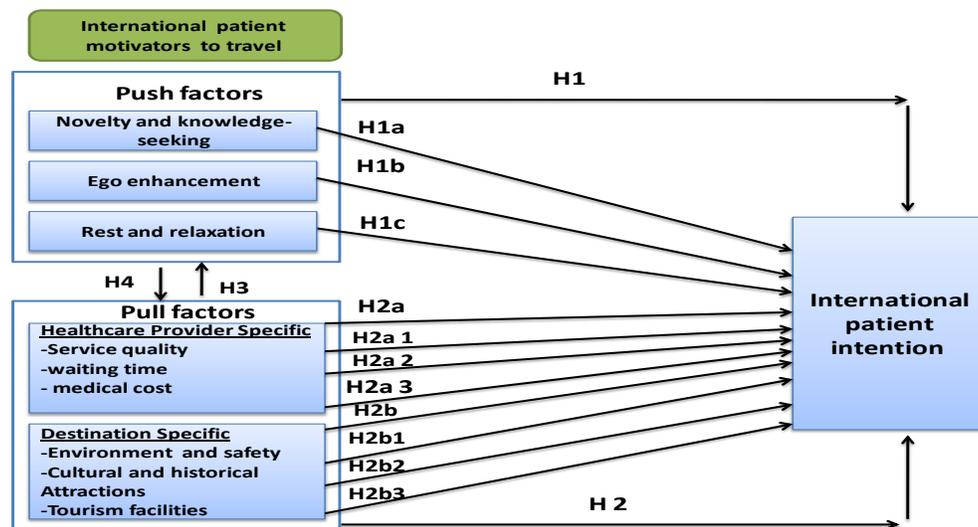
The relationship between push and pull factors Push and pull factors have generally been described as relating to two separate decisions made at two separate points in time - one focusing on whether to go and the other on where to go (Klenosky, 2002). Dann (1981) noted that "Once a decision has been made about a trip, where to go, and what to see or what to do (in relation to specific destinations) it can be dealt with. Thus, analytically, and often logical and temporary, the push factors precede the attractions. (Dann, 1981, p. 207; see also Dann, 1977, p. 186).

Contrary to this perspective, other researchers have suggested that push and pull factors should not be seen as completely independent of one another, but rather as fundamentally related to one another (Klinski, 2002). In particular, it has been observed that while internal forces drive people to travel, external forces of destination itself simultaneously attract them to choose that specific destination (Cha et al., 1995; Uysal & Jurowski, 1994). Likewise, Dann (1981) has indicated that “potential tourists in the Where to Go” report may also take into account various attractions that adequately match their motivational drive (Dann, 1981, p. 206). Research examining the interrelationship between push and pull forces has only recently been reported in the travel and tourism literature (Baloglu & Uysal, 1996; Klenosky, 2002; Oh et al., 1995; Pyo et al., 1989; Uysal & Jurowski, 1994) . Hence, the present study hypothesizes that:

H3: there is a significant relationship between pull factors and push factors.

H4: there is a significant relationship between push factors and pull factors

3. The research model



4. Research Gaps and the expected contribution

Based on reviewing the literature and exploratory study findings, we generated some research gaps that need to be filled in future research. firstly, it adds knowledge to the services marketing and therefore the existing literature on motivations because most researchers examine the push factors only (Jang & Wu, 2006), or pull factors only Jang and Cai (2002), or examine push and pull

factor because it is. Lee, Lee, and Wicks (2004), but during this study we'll be examined the interrelationship between the push and pull factors (from the researcher point of view). This study is going to be strengthening the prevailing body of information by testing the interrelationships between push and pull factors on patient motivation intention in medical tourism industry in Egypt." Therefore, we make a contextual contribution to research by that specializes in the medical tourism industry based during a developing country (Egypt). Secondly, it re-conceptualizes and evaluates the relationships between push and pull motivations and also the patient' overall intention. Thirdly, Most of the studies analyze the environmental and social behavior supported only one level of research (push factors only or pull factors only) while during this research it contributes to the literature by employing a multilevel perspective (high order analysis). Finally, Medical tourism industry has been estimated to be \$100 billion dollar industry. Despite the increasing number of individuals, companies and countries involved in medical tourism, we all know little about the key drivers and the way countries are perceived as medical tourism destinations. the general aim of this study is to look at empirically Egypt participation of push and pull motivations to create the international patients' intention toward Egypt as a Medical Tourism destination. And to explore the critical success factors for medical tourism destinations and providers. The research objective of this study is addressing the gap in literature of the link between push and pull motivations to make the international patients' intention.

Nevertheless, "despite the growing volume of motivation related research, scholars have noted that travel motivations aren't yet well understood and suggested that more research on pleasure travel motivations must be wiped out order to develop more complete models" (Chiang & Jogaratnam, 2006, p. 61). During this light, this study seeks to look at and better understand the travel motivation of international travelers to Egypt. Therefore, to bridge this gap, this research aims to research the relevant factors which are deemed to contribute to the push and pull forces specializing in medical tourism industry. Also, despite the provision and variety of medical tourism attractions in Egypt, they're not optimally exploited. Thus, the current research aims to shed light on the attractions of this sort of tourism in Egypt. An analysis of push and pull motivators on patients' intention toward Egypt as a medical tourism destination and to an exploitation of pull motivators on push motivators to trigger the international patient intention toward Egypt as a medical tourism destination, there are factors had not been investigated Yet, there's a lacked of enquiry (from the view of the researcher) that examines these factors within the business-to-customer setting especially specializing in medical tourism industry in Egypt.

According to services marketing theory (e.g. Rodie & Kleine, 2000), active participation of patient and their commitment is probably going to

reinforce the standard of medical services in an exceedingly medical tourism centers. This places a stress on the need of studying patient' behavior within the medical tourism context. Patients are likely to exhibit favorable attitudes toward their medical centers either through positive word-of-mouth (promotion to others), or helping behaviors. Helping middle could be within the kind of providing financial donations or cooperation. (Hennig-Thurau, et al., 2001). In particular, the role of healthcare provider specific and destination specific is still need more improvement. Also, , there is a call for research examining the role of rest and relaxation in medical tourism as no research finds that their negative impact on patient intention relationship which is new contribution for this study. Moreover, few researches on medical tourism exist in emerging markets in Egypt.

5. Proposed Research Methodology and sample

This study will be applied on the international patients in medical centers and hospitals operating on the medical tourism industry in Egypt First, we will conduct some qualitative work with customer (patient) in medical centers and hospitals via in-depth interviews with using semi-structured questionnaires as those members represents the key decision makers (key informants) in the medical centers and hospitals who are receiving medical treatment in the private Egyptian hospitals in order to explore the push and pull motivational factors that trigger the patient intention toward Egypt as a medical tourism destination. Then, the quantitative approach will follow the exploratory phase to conclude the results and generalize them via singel-crosssectional survey using structured questionnaire. A snowball non probability sample will be employed. Finally, the researchers may conduct some qualitative follow up work with those who were asked in the exploratory research to get more insights of the research results.

SPSS v.26 will be used to describe the characteristics of the respondents, while Structural Equation Modeling (SEM) was used to evaluate the proposed model and test the relationships among the research constructs. More specifically, this research applies the PLS-SEM. Using Smart PLS v.3.3.2 (Ringle et al., 2015). Smart PLS v.3.3.2 (Ringel et al.,) was used because it does not create identification problems with small sample sizes. In this regard, the PLS-SEM use is much cited by scholars in various business disciplines such as tourism management (Ahmet & Kucukergin, 2018; do Valle & Assaker, 2016; Faizan et al., 2018). Accordingly, a PLS-SEM is applied using two-stage approach. The CCA includes model specifying and identifying, item reliability, construct validity, and construct reliability. As well as the structural model includes the multicollinearity assessment, path coefficient, and predictive ability (Hair, Joseph F. et al., 2019; Hair, Joseph F. et al., 2020)

Reference

1. Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckman (Eds.), *Action-control: From cognition to behavior* (pp. 11–39). Heidelberg, Germany: Springer.
2. Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
3. Ajzen, I., & Madden, T. J. (1986). Prediction of goal-directed behavior: Attitudes, intentions and perceived behavioral control. *Journal of Experimental Social Psychology*, 22(5), 453–474.
4. Alleman, B. W., Luger, T., Reisinger, H. S., Martin, R., Horowitz, M. D., & Cram, P. (2011). Medical tourism services available to residents of the United States. *Journal of General Internal Medicine*, 26(5), 492–497.
5. Anderson, C. N., Noar, S. M., & Rogers, B. D. (2012). The persuasive power of oral health promotion messages: A theory of planned behavior approach to dental checkups among young adults. *Health Communication*. Advance online publication. doi:10.1080=10410236.2012.684275
6. Arbuckle, J. L., and W. Wothke (1999). *AMOS 4.0 User's Guide*. Chicago: Small Waters.
7. Ateljevic, I. (1999). "Tourist Motivation, Values and Perceptions." In *Consumer Psychology of Tourism, Hospitality and Leisure*, edited by A. G. Woodside, G. I. Crouch, J. A. Mazanec, M. Oppermann, and M. Y. Sakai. London: CABI, pp. 193-210.
8. Adams, M. (2006). Rising popularity of medical tourism reveals deterioration of U.S. healthcare system. Retrieved March 7, 2010, from <http://www.newstarget.com/007097.html>
9. Beladi, H., Chao, C.-C., Ee, M. S., & Hollas, D. (2015). Medical tourism and health worker migration indeveloping countries. *Economic Modelling*, 46, 391– 396. doi: 10.1016/j.econmod.2014.12.045
10. Bochaton, A. (2015). Cross-border mobility and social networks: Laotians seeking medical treatment along the Thai border. *Social Science & Medicine* (1982), 124, 364–373. doi: 10.1016/j.socscimed.2014.10.022
11. Bookman, M. Z., & Bookman, K. R. (2007). *Medical tourism in developing countries*. New York: Palgrave Macmillan.
12. Burns, L. R. (2015). Medical tourism opportunities and challenges: Illustration from US-India trade. *International Journal of Healthcare Management*, 8(1), 1526.
13. Bansal, H., & Eiselt, H. A. (2004). Exploratory research of tourist motivations and planning. *Tourism Management*, 25(3), 387–396.

14. Carrera, P. M., & Bridges, J. F. (2006). Globalization and healthcare: Understanding health and medical tourism. *Expert Review of Pharmacoeconomics & Outcomes Research*, 6(4), 447–454.
15. Carrera, P., & Lunt, N. (2010). A European perspective on medical tourism: The need for a knowledge base. *International Journal of Health Services: Planning, Administration, Evaluation*, 40(3), 469–484. doi: 10.2190/HS. 40.3.e
16. Chambers, D., & McIntosh, B. (2008). Using authenticity to achieve competitive advantage in medical tourism in the English-speaking Caribbean. *Third World Quarterly*, 29, 919–937. doi: 10.1080/01436590802106056
17. Chang, I.-C., Chou, P.-C., Yeh, R. K.-J., & Tseng, H.-T. (2016). Factors influencing Chinese tourists' intentions to use the Taiwan Medical Travel App. *Telematics and Informatics*, 33(2), 401–409. doi: 10.1016/j.tele.2015. 09.007
18. Chen, L. J., & Chen, W. P. (2015). Push-pull factors in international birders' travel. *Tourism Management*, 48, 416–425. doi: 10.1016/j.tourman.2014.12.011
19. Choi, K., Lee, T. J., & Kim, H.-K. (2015). Strategic marketing development of hospitals participating in medical tourism : A case of South Korea. *Tourism Analysis*, 20, 129–136.
20. Dangor, F., Hoogendoorn, G., & Moolla, R. (2015). Medical tourism by Indian-South Africans to India: An exploratory investigation. *Bulletin of Geography: Socio-Economic Series*, 29, 19–30.
21. Dann, G. M. S. (1981). Tourist motivation an appraisal. *Annals of Tourism Research*, 8(2), 187–219. doi: 10.1016/ 0160-7383(81)90082-7
22. Das, G., & Mukherjee, S. (2016). A measure of medical tourism destination brand equity. *International Journal of Pharmaceutical and Healthcare Marketing*, 10(1),104–128. doi: 10.1108/17506121211216905
23. Debata, B. R., Patnaik, B., Mahapatra, S. S., & Sree, K. (2015). Interrelations of service quality and service loyalty dimensions in medical tourism. *Benchmarking: An International Journal*, 22(1), 18–55.
24. Deloitte Center for Health Solutions. (2009). Medical tourism: Updates and implications. Retrieved from <http://www.medretreat.com/templates/UserFiles/Documents/Deloitte%20Report%2020091023.pdf>

25. Eissler, L., & Casken, J. (2013). Seeking health care through international medical tourism. *Journal of Nursing Scholarship*, 45(2), 177–84. doi: 10.1111/jnu.12014
26. Enderwick, P., & Nagar, S. (2011). The competitive challenge of emerging markets: The case of medical tourism. *International Journal of Emerging Markets*, 6(4), 329–350. doi: 10.1108/17468801111170347
27. Esiyok, B., Iakar, M., & Kurtulmuşoğlu, F. B. (2016). The effect of cultural distance on medical tourism. *Journal of Destination Marketing & Management*. doi: 10.1016/j.jdmm.2016.03.001
28. Fluker, M. R., & Turner, L. W. (2000). Needs, motivations, and expectations of a commercial white water rafting experience. *Journal of Travel Research*, 38(4), 380–389.
29. Ferraretti, A. P., Pennings, G., Gianaroli, L., Natali, F., & Magli, M. C. (2010). Cross-border reproductive care: A phenomenon expressing the controversial aspects of reproductive technologies. *Reproductive Biomedicine Online*, 20(2), 261–266. doi: 10.1016/j.rbmo.2009.11.009
30. Fetscherin, M., & Stephano, R.-M. (2016). The medical tourism index: Scale development and validation. *Tourism Management*, 52, 539–556. doi: 10.1016/j.tourman.2015.08.010
31. Fisher, C., & Sood, K. (2014). What is driving the growth in medical tourism? *Health Marketing Quarterly*, 31(3), 246–262. doi: 10.1080/07359683.2014.936293
32. Forgione, D. A., & Smith, P. C. (2007). Medical tourism and its impact on the US health care system. *Journal of Health Care Finance*, 34(1), 27–35.
33. Frederick, J. R., & Gan, L. L. (2015). East–West differences among medical tourism facilitators' websites. *Journal of Destination Marketing & Management*, 4(2), 98–109. doi: 10.1016/j.jdmm.2015.03.002
34. Gan, L. L., & Frederick, J. R. (2013). Medical tourists: Who goes and what motivates them? *Health Marketing Quarterly*, 30(2), 177–194. doi: 10.1080/07359683.2013.787894
35. Gan, L. L., & Frederick, J. R. (2015). Medical tourism: Consumers' concerns over risk and social challenges. *Journal of Travel & Tourism Marketing*, 32(5), 503–517. doi: 10.1080/10548408.2014.918923

36. Gbadeyan, R. A. (2010). Health care marketing and public relations in not for profit hospitals in Nigeria. *International Journal of Business and Management*, 5(7), 117–125.
37. Gill, H., & Singh, N. (2011). Exploring the factors that affect the choice of destination for medical tourism. *Journal of Service Science and Management*, 4(3), 315–324. doi:10.4236/jssm.2011.43037
38. Goossens, C. (2000). Tourism information and pleasure motivation. *Annals of Tourism Research*, 27(2), 301– 321. doi: 10.1016/S0160-7383(99)00067-5
39. Grepperud, S. (2015). Is the hospital decision to seek accreditation an effective one? *The International Journal of Health Planning and Management*, 30(1), E56–E68. doi: 10.1002/hpm.2263
40. Hair, J. F., Black, W. C., Babin, B. J., Anderson, R. E., & Tatham, P. L. (2006). *Multivariate data analysis* (6th ed.). Upper Saddle River, NJ: Prentice Hall.
41. Hanafiah, M. H., Othman, Z., Zulkifly, M. L., Ismail, H., & Jamaluddin, M. R. (2010). Malaysian tourists' motivation towards outbound tourism. *Journal of Tourism, Hospitality & Culinary Arts*, 2(1), 47–55.
42. Hanqin, Z. Q., & Lam, T. (1999). An analysis of Mainland Chinese visitor's motivation to visit Hong Kong. *Tourism Management*, 20(5), 587–594.
43. Hsu, C. H. C., & Huang, S. (2008). Travel motivation: A critical review of the concept's development. In A. G. Woodside & D. Martin (Eds.), *Tourism management: Analysis, behaviour and strategy* (pp. 14–27). Cambridge, MA: CABI Publishing.
44. Hsu, T. K., Tsai, Y. F., & Wu, H. H. (2009). The preference analysis for tourist choice of destination: A case study of Taiwan. *Tourism Management*, 30(2), 288–297.
45. Huang, S. (2010). Measuring tourist motivation: Do scales matter? *Tourism: An International Multidisciplinary Journal of Tourism*, 5(1), 153–162.
46. Jang, S., Bai, B., Hu, C., & Wu, C-M. E. (2009). Affect, travel motivation, and travel intention: A senior market. *Journal of Hospitality & Tourism Research*, 33(1), 51–73.
47. Jang, S., & Cai, L. (2002). Travel motivations and destination choice: A study of British outbound market. *Journal of Travel & Tourism Marketing*, 13(3), 111–133.

48. Jang, S., & Wu, C.-M. E. (2006). Seniors travel motivation and the influential factors: An examination of Taiwanese senior. *Tourism Management*, 27(2), 306-316.
49. Jackson, L. A., & Barber, D. S. (2014). Ethical and sustainable healthcare tourism development: A primer. *Tourism and Hospitality Research*, 15, 19–26. doi: 10.1177/1467358414553868
50. Jeong, C. (2014). Marine tourist motivations comparing push and pull factors. *Journal of Quality Assurance in Hospitality & Tourism*, 15(3), 294–309. doi: 10.1080/1528008X.2014.921772
51. John, J. (1991). Improving quality through patient-provider communication. *Journal of Health Care Marketing*, 11(4), 51–60.
52. Klenosky, D. B. (2002). The “pull” of tourism destinations: A means-end investigation. *Journal of Travel Research*, 38(4), 411–416.
53. Kim, S., Lee, C., & Klenosky, D. B. (2003). The influence of push and pull factors at Korean national parks. *Tourism Management*, 24(2), 169–180.
54. Kim, S., & Prideaux, B. (2005). Marketing implications arising from a comparative study of international pleasure tourist motivations and other travel-related characteristics of visitors to Korea. *Tourism Management*, 26(3), 347–357.
55. Kim, J., & Ritchie, B. W. (2012). Motivation-based typology: An empirical study of golf tourists. *Journal of Hospitality & Tourism Research*, 36(2), 251–280.
56. Kozak, M. (2002). Comparative analysis of tourist motivations by nationality and destinations. *Tourism Management*, 23(3), 221–232.
57. Kanagaraj, C., & Bindu, T. (2013). An analysis of push and pull travel motivations of domestic tourists to Kerala. *International Journal of Management & Business Studies*, 3(2), 112–118.
58. Lee, H. K., & Fernando, Y. (2015). The antecedents and outcomes of the medical tourism supply chain. *Tourism Management*, 46, 148–157. doi: 10.1016/j.tourman.2014.06.014
59. Lee, J. A., Soutar, G., & Louviere, J. (2008). The best–worst scaling approach: An alternative to Schwartz’s values survey. *Journal Of Personality Assessment*, 90(4), 335–347.
60. Lee, M., Han, H., & Lockyer, T. (2012). Medical tourism— Attracting Japanese tourists for medical tourism experience. *Journal of Travel & Tourism Marketing*, 29(1), 69–86. doi: 10.1080/10548408.2012.638564

61. Loureiro, S. M. C. (2015). Medical tourists' emotional and cognitive response to credibility and Servicescape. *Current Issues in Tourism*, 3500. doi: 10.1080/13683500. 2015.1050363
62. Maheshwari, S., Animasahun, B. A., & Njokanma, O. F. (2012). International patients with congenital heart disease: What brings them to India? *Indian Heart Journal*, 64(1), 50–53. doi: 10.1016/S0019-4832(12)60011-X
63. Mamun, M. Z., & Andaleeb, S. S. (2013). Prospects and problems of medical tourism in Bangladesh. *International Journal of Health Services: Planning, Administration, Evaluation*, 43(1), 123–141. doi: 10.2190/HS.43.1.i
64. Manaf, N. H. A., Hussin, H., Kassim, P. N. J., Alavi, R., & Dahari, Z. (2015). Country perspective on medical tourism: The Malaysian experience. *Leadership in Health Services*, 28(1), 43–56.
65. Mariana, R., & Sinescu, C. J. (2014). Analysis of medical tourism for cardiovascular diseases. *Amfiteatru Economic*, 16(8), 1136–1151.
66. Martin, D. S., Ramamonjiarivelo, Z., & Martin, W. S. (2011). MEDTOUR: A scale for measuring medical tourism intentions. *Tourism Review*, 66(1/2), 45–56. doi: 10.1108/16605371111127233
67. Menvielle, L., Menvielle, W., & Tournois, N. (2011). Medical tourism: A decision model in a service context. *Tourism: Preliminary Communication*, 59(1), 47–61.
68. Nicolau, J. L., & Mas, F. J. (2006). The influence of distance and price on the choice of tourist destinations: The moderating role of motivations. *Tourism Management*, 27(5), 982–996.
69. Nurul Hikmah, Z., Syamsul Herman, M. A., Zaiton, S., Ahmad, S., & Nur Syuhada, C. I. (2012, July). Motives and visit characteristics of local and foreign visitors in Langkawi. Paper presented at ICTL 2012: The 5th International Colloquium on Tourism and Leisure, Thailand.
70. NaRanong, A., & NaRanong, V. (2011). The effects of medical tourism: Thailand's experience. *Bulletin of the World Health Organization*, 89, 336–344. doi: 10.2471/BLT.09.072249
71. Narayan, B., Rajendran, C., Sai, L. P., & Gopalan, R. (2009). Dimensions of service quality in tourism—an Indian perspective. *Total Quality Management & Business Excellence*, 20(1), 61–89. doi: 10.1080/1478336 0802614299
72. Oh, K. M., Jun, J., Zhou, Q., & Kreps, G. (2014). Korean American women's perceptions about physical examinations and cancer

- screening services offered in Korea: The influences of medical tourism on Korean Americans. *Journal of Community Health*, 39, 221–229 doi: 10.1007/s10900-013-9800-z
73. Ormond, M., & Sulianti, D. (2014). More than medical tourism: Lessons from Indonesia and Malaysia on South- South intra-regional medical travel. *Current Issues in Tourism*, 1–15. doi: 10.1080/13683500.2014.937324
74. Organization for Economic Co-operation and Development. (2011). *Higher education in regional and city development: State of Penang, Malaysia 2011*. OECD Publishing.
75. Oliver RL. A cognitive model of the antecedents and consequences of satisfaction decisions. *J Mark Res* 1980;17(3):460–9.
76. Oliver RL, Swan JE. Consumer perceptions of interpersonal equity and satisfaction in transactions: a field survey approach. *J Mark* 1989;53:21–35.
77. Parasuraman A, Zeithaml V, Berry L. A conceptual model of service quality and its implications for future research. *J Mark* 1985;49(4):41–50.
78. Parasuraman A, Zeithaml V, Berry L. SERVQUAL: a multiple-item scale for measuring consumer perceptions of service quality. *J Retail* 1988;64 (1):12–40.
79. Parasuraman A, Zeithaml V, Berry L. Alternative scales for measuring service quality: a comparative assessment based on psychometric and diagnostic criteria. *J Retail* 1994;70(3):201–30.
80. Park, S., Hsieh, C., & MacNally, R. (2010). Motivations and marketing drivers of Taiwanese island tourists: Comparing across Penghu, Taiwan and Phuket, Thailand. *Asia Pacific Journal of Tourism Research*, 15(3), 305–317.
81. Pearce, P. L., & Lee, U. (2005). Developing the travel career approach to tourist motivation. *Journal of Travel Research*, 43(3), 226–237.
82. Rittichainuwat, N. (2008). Responding to disaster: Thai and Scandinavian tourists' motivation to visit Phuket, Thailand. *Journal of Travel Research*, 46(4), 422–432.
83. Ramamonjarivelo, Z., Martin, D. S., & Martin, W. S. (2015). The determinants of medical tourism intentions: Applying the theory of planned behavior. *Health Marketing Quarterly*, 32(2), 165–179. doi: 10.1080/07359683.2015.1033934
84. Reddy, K. S. (2015). India's aspirations for universal health coverage. *The New England Journal of Medicine*, 373(1), 1–5. doi: 10.1056/NEJMp1414214

85. Reddy, S. G., York, V. K., & Brannon, L. A. (2010). Travel for treatment: Students' perspective on medical tourism. *International Journal of Tourism Research*, 12(5), 510–522. doi: 10.1002/jtr.769
86. Rocha, A., & Brandao, A. (2014). On developing wellness and medical tourism: The characterization of a national thermal network. *International Journal of Healthcare Management*, 7(14), 226–236. doi: 10.1179/2047971914Y.0000000086
87. Sarantopoulos, I., Vicky, K., & Geitona, M. (2014). A supply side investigation of medical tourism and ICT use in Greece. *Procedia—Social and Behavioral Sciences*, 148, 370–377. doi: 10.1016/j.sbspro.2014.07.055
88. Sawtooth Software. (2012). Report on conjoint analysis usage among sawtooth software customers. Retrieved from <http://www.sawtoothsoftware.com/about-us/newsand-events/sawtooth-solutions/ss34-cb/1054-report-onconjoint-analysis-usage>
89. Seddighi, H. R., Nuttall, M. W., & Theocharous, A. L. (2001). Does cultural background of tourists influence the destination choice? An empirical study with special reference to political instability. *Tourism Management*, 22(2), 181–191.
90. Shchekin, G. Y., & Guba, T. I. (2015). Social risks of medical tourism. *Asian Social Science*, 11(7), 233–239. doi: 10.5539/ass.v11n7p233
91. Sheppard, C. E., Lester, E. L. W., Karmali, S., de Gara, C. J., & Birch, D. W. (2014). The cost of bariatric medical tourism on the Canadian healthcare system. *American Journal of Surgery*, 207(5), 743–747. doi: 10.1016/j.amjsurg.2014.01.004
92. Tran, X., & Ralston, L. (2006). Tourist preference influence of unconscious needs. *Annals of Tourism Research*, 33(2), 424–441.
93. Tomasović Mrčela, N., Borovac, J. A., Vrdoljak, D., Grazio, S., Tikvica Luetić, A., & Tomek-Roksandić, S. (2015). When elders choose: Which factors could influence the decision-making among elderly in the selection of health tourism services? *Medical Hypotheses*, 85(6), 898–904. doi: 10.1016/j.mehy.2015.09.013
94. Turner, L. (2010). “Medical tourism” and the global marketplace in health services: U.S. patients, international hospitals, and the search for affordable health care. *International Journal of Health Services*, 40(3), 443–467. doi: 10.2190/HS.40.3.d
95. Turner, L. (2011). Quality in health care and globalization of health services: Accreditation and regulatory oversight of medical tourism

- companies. *International Journal for Quality in Health Care*, 23(1), 1–7. doi: 10.1093/intqhc/ mzq078
96. Turner, L. (2012). News media reports of patient deaths following “medical tourism” for cosmetic surgery and bariatric surgery. *Developing World Bioethics*, 12(1), 21–34. doi: 10.1111/j.1471-8847.2012.00320.x
97. Uysal, M., & Jurowski, C. (1994). Testing the push and pull factors. *Annals of Tourism Research*, 21(4), 844–846. doi: 10.1016/0160-7383(94)90091-4
98. United Nations Economic and Social Commission for Asia and the Pacific. (2008). *Medical travel in Asia and the Pacific: Challenges and opportunities*. Bangkok, Thailand: Author. Retrieved March 6, 2010, from <http://www.unescap.org/ESID/hds/lastestadd/MedicalTourismReport09.pdf>
99. United Nations Economic and Social Commission for Asia and the Pacific Publications. (2007). *EGM patients without borders: An overview of the medical travel industry in Asia, its challenges and opportunities*. Bangkok, Thailand: Author. Retrieved March 6, 2010, from <http://www.unescap.org/esid/hds/lastestadd/MedicalTBkgdPaper%5BFIN%5D02%201007.pdf>
100. Van Hoof, W., Pennings, G., & De Sutter, P. (2015). Crossborder reproductive care for law evasion: A qualitative study into the experiences and moral perspectives of French women who go to Belgium for treatment with donor sperm. *Social Science & Medicine* (1982), 124, 391–397. doi: 10.1016/j.socscimed.2014.09.018
101. Veerasoontorn, R., & Beise-Zee, R. (2010). International hospital outshopping: A staged model of push and pull factors. *International Journal of Pharmaceutical and Healthcare Marketing*, 4(3), 247–264. doi:10.1108/17506121011076174
102. Viladrich, A., & Baron-Faust, R. (2014). Medical tourism in tango paradise: The internet branding of cosmetic surgery in Argentina. *Annals of Tourism Research*, 45, 116–131. doi: 10.1016/j.annals.2013.12.007
103. Walker, J. R., & Walker, J. T. (2010). *Tourism: Concepts and practices*. Upper Saddle River, NJ: Pearson Education.
104. Walsh, K. (2014). The economics of medical education. *Irish Medical Journal*, 107(1), 28–29.

105. Yoon, Y., & Uysal, M. (2005). An examination of effects of motivation and satisfaction on destination loyalty: A structural model. *Tourism Management*, 26(1), 45–56.
106. You, X., & O’Leary J. (2000). Age and cohort effects: An examination of older Japanese travelers. *Journal of Travel & Tourism Marketing*, 9(1), 21–42.
107. Yuan, S., & McDonald, C. (1990). Motivational determinates of international pleasure time. *Journal of Travel Research*, 24(1), 42–44.
108. Yeoh, E., Othman, K., & Ahmad, H. (2013). Understanding medical tourists: Word-of-mouth and viral marketing as potent marketing tools. *Tourism Management*, 34, 196– 201. doi: 10.1016/j.tourman.2012.04.010
109. Yoon, Y., & Uysal, M. (2005). An examination of the effects of motivation and satisfaction on destination loyalty: A structural model. *Tourism Management*, 26(1), 45–56. doi: 10.1016/j.tourman.2003.08.016
110. Yu, J., Lee, T. J., & Noh, H. (2011). Characteristics of a medical tourism industry: The case of South Korea. *Journal of Travel & Tourism Marketing*, 28, 856–872. doi: 10.1080/10548408.2011.623052
111. Zhang, Q. H., & Lam, T. (1999). An analysis of Mainland Chinese visitors’ motivations to visit Hong Kong. *Journal of Tourism Management*, 20(5), 587–594.
112. Zimmer, Z., Brayley, R., & Searle, M. (1995). Whether to go and where to go: Identification of important influences on seniors’ decision to travel. *Journal of Travel Research*, 33(3), 3–8.
113. Zeng, B., & Gerritsen, R. (2014). What do we know about social media in tourism? A review. *Tourism Management Perspectives*, 10, 27–36. doi: 10.1016/j.tmp.2014.01.001

