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A Case Study of the Decision Model for American Outbound Medical Tourists

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A Case Study of the Decision Model for American Outbound Medical Tourists

By

Azadeh Radmanesh

A Thesis

Submitted to Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree

Master of Science Degree

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Thesis Committee:

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Abstract

The growing medical tourism industry attracts international patients who decide to have their medical treatment performed at international hospitals. This exploratory research aims to determine the main factors that influence American medical tourists' decision-making process about travelling overseas in order to access medical services.

The results of this qualitative study, which interviewed 12 participants, suggest that cost, advanced technology, high quality services, and accreditation are main motives that encourage medical tourists to obtain medical treatment outside their origin of country. On the other hand, the pull factors of the decision-making process in medical tourism is grouped to define primary risks contain lack of malpractice law, infection, difficulties in communication, and the follow-up care. The findings of this study might provide significant information for academic studies, prospective medical tourists, and policy makers, providers of health-related services, and tourism organizations in both local and destination countries.

Acknowledgements

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Chapter I

Introduction

The term “medical tourism” is utilized to describe a travel activity with the aim of obtaining medical services related to the health of a tourist (TRAM, 2006). In this study, medical tourism includes cosmetic surgeries, non-cosmetic surgeries, and dentistry (Altin, Singal, & Kara, 2011). Medical tourism is more specific than health tourism in the sense that health tourism can also include wellness tourism, which mostly refers to mental, physical, spiritual, or biological well-being and includes travel for the purpose of promoting a lifestyle rather than curing a specific disease (Smith & Puczko, 2009). Figure 1 provides the relationship among the terms specified above.

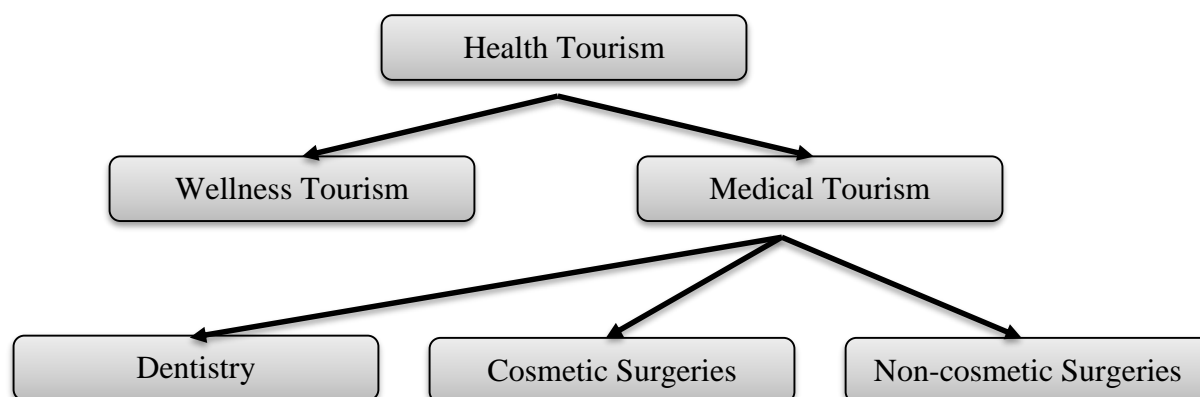


Figure 1. Range of Services Offered in Medical Tourism. By Altin, Singal, & Kara (2011); Menvielle & Menvielle (2011).

Medical tourism is a \$60 billion industry that impacts different parties, including customers, service providers, medical destinations, governments, and other related organizers (Lunt et al., 2011). The growing medical tourism attracts international patients who decide to

have their medical treatment performed at internationally accredited hospitals that offer advanced technology, high quality of care, and affordable cost. Woodman (2014) states that more than 11 million patients worldwide travel overseas to pursue medical services every year. Statistics shows that nearly 11 million medical tourists spend \$3,500-\$5,000 per visit, which includes international and local transport, accommodations, and medical expenses.

By growing medical tourism and the close competition between countries engaged in this industry, some supporting services such as accommodations and lodges are provided in order to meet the expectations of international medical tourists. In addition to medical services, medical hotels provide the routine accommodation services including rooms, food, and beverages (Han & Hwang, 2013).

The success of global medical tourism is not limited to the supplies of a host country (Bookman & Bookman, 2007). The relationship between a host country and foreign parties such as insurance companies, educational medical organizations, and travel agencies enhances the image of a destination (Bookman & Bookman, 2007). It is estimated that saving between 40 and 90 percent of the cost of medical services in developing countries is one of the most important factors that encourages patients to seek for international medical services (Eissler & Casken, 2013).

Current Situations in Different Countries

Different factors such as the high cost of medical services at home, long waiting lists at hospitals and clinics in developed countries, lack of insurance coverage, and the cost effectiveness of international transportation encourage patients to consider medical travel.

In addition, the presence of the Internet provides valuable opportunity for medical tourism agencies to market their services and target potential medical tourists. On the other hand, the development of online communication allows potential medical tourists to access in-depth information such as cost of different services, length of recovery, transportation,

hotels, qualifications of doctors, and the reviews of other patients. King (2009) claims there are various options for medical tourists, such as self-research through the Internet, travel agencies and service providers that enable patients to compare different options and make a decision based on their needs.

Costa Rica, India, Israel, Malaysia, Mexico, Singapore, South Korea, Taiwan, Thailand, Turkey, and the United States are the top medical tourism destinations in the world, according to Woodman (2014), which provides information about global, medical, and health travel for customers (Woodman, 2014). Reddy (2013) indicates that countries such as Brazil, Mexico, Guatemala, Costa Rica, and other Latin American countries are targeted by U.S. medical tourists.

Although different types of medical services are offered by medical tourism destinations, Cook (2011) suggests that in order to attract potential customers, medical tourism marketing agencies need to define the most common medical services offered by a destination country. For example, India is well-known in orthopedic, cardiac and cosmetic surgery. On the other hand, Mexico, due to its proximity to the U.S., is a popular destination for American patients who look for cheaper dental treatment and medication (Cook, 2011). This exploratory study will further the discussion and understanding of medical tourists' motives, experiences, challenges, and risks they might face.

Purpose of the Study

The objective of this study is to determine the main factors that influence consumers' decision-making process about travelling overseas in order to access medical services. This study provides perceptions of medical tourism experience by focusing on American medical tourists.

Research Question

What are the factors influencing American patients' decision-making process about travel overseas in order to access medical services?

Methods of Study

This exploratory study aims to discuss the components of American medical tourists' decision-making to engage in medical tourism. In order to understand the experiences and attitudes of patients, a qualitative research method was adopted to collect information from medical tourists.

Due to lack of access to sufficient number of medical tourists, the study participants were recruited through the snowball-sampling method. This qualitative study interviews 12 participants, who mostly knew each other. After identifying an appropriate participant, data are collected through semi-structured interviews. Open-ended questions use in this study allows me to investigate patients' motives more thoroughly. Chapter 4 provides a more detailed explanation of the methods and procedures employed in this study.

Definitions of Terms

Medical Tourism

According to Keckley and Underwood (2008), medical tourism is the process of "leaving home" in order to access medical services and health care outside a patient's home country. Also, medical tourism includes a "set of activities in which a person travels often long distances or across the border, to avail medical services with direct or indirect engagement in leisure, business or other purposes" (Jagyasi, 2009, p. 1).

Decision-making

Decision-making is a process "by which a preferred option or course of action is chosen from among a set of alternatives on the basis of given criteria" (Wang, Wang, Patel, Patel, 2006, p.130).

Limitations

Several limitations are acknowledged for this study. The most significant limitation is this study's small sample size. Another limitation is the issue of sample bias in the sense that participants included may not be representative of the general U.S. population. The interview process also had its limitations. Due to the geographical constraints, most interviews were switched from face-to-face to telephone interviews. The lack of adequate studies on this subject and high price of statistical data were among other limitations of this study.

Chapter II

Literature Review

This chapter presents an overview of decision-making process and travel motivations from the field of general tourism to provide insight into the motivational characteristics of medical travelers and decision-making process in medical tourism.

General Tourist decision-making process

The travel decision-making process has been widely investigated in different tourism studies. Wahab, Crampon, and Rothfield (1976) present a model in which a tourist behavior is considered as a rational decision activity. According to this model, a prospective traveler evaluates the cost and benefits of his/her actions prior to a purchase (Wahab, Crampon, & Rothfield, 1976).

Schmoll (1977) develops a four-stage travel decision-making model. The first stage is travel stimuli such as advertisements and personal and trade recommendations. The second stage is personal and social elements of travel behavior, which includes socioeconomic status, personality features, social influences and aspirations, and attitude and values. The third stage points to external variables such as confidence in service provider, destination image, previous experience, risk evaluation, and time and cost limitation. The fourth stage includes characteristics and features of service destination (Sirakaya & Woodside, 2004).

In another model of travel decision-making process, Mayo and Jarvis (1981) indicate that internal psychological factors such as perception, learning, personality, motives, and attitudes play a key role in the traveler decision-making process. This model identified external social factors affecting decision-making process as role and family influences, reference groups, social classes, and culture and subcultures (Pizam & Mansfeld, 1999).

According to Jeng and Fessenmair (2002), factors that influence travel decision-making process include psychological/cognitive components, behavioral components, and

decision context. The psychological components contain value, knowledge, involvement, risk, attitude, and intention. The behavioral components of decision-making comprise information retrieval process and information integration process. The decision context includes environmental effects such as ethnicity, socio-demographic, and culture and situational effects such as type of trip, marketplace, and marketing and advertising.

Decision-Making Process in Medical Tourism

Medical tourism has both positive and negative impact on medical tourists, their home countries, and host countries (Snyder, Crooks, Johnston, & Kingsbury, 2013). Hence, the decision-making process plays an important role in reducing the amount of ambiguity and risk for prospective medical tourists. Patients' medical history, types of medical procedure, physician, and facilities are contributing factors in clinical outcomes, risks, and patients' satisfaction (Lunt & Carrera, 2010)

Gill and Singh (2011) conduct an exploratory study at a western University to investigate factors that influence patients' decision. The result shows that "medical facilities and services" have the highest impact on patients' decision. Other influential factors were detected as "local primary doctor's recommendation", "government's policy and law", "hotels and food/beverage quality", and "general tourism supply" of destination country (Gill & Singh, 2011). Another study about dental tourism suggests that factors such as expensive local services, long waiting time of local dentists, qualified international dentists, affordable cost of travel, and ease of communication through Internet affect the popularity of dental tourism (Turner, 2008).

Making decisions about the choice of destination involves a high level of risk. Mansfeld (1992) argues that tourists' motivation for traveling, which in this case is to find an advanced medical treatment with affordable cost, has a significant impact on choice of destination. He categorizes decision rules, based on attributes of destinations, to

compensatory and non-compensatory. According to Mansfeld (1992), destination attributes is the result of assigning values to different parts of destination alternatives. In the case of medical tourism, individuals are expected to evaluate attributes of a destination and weight them. The compensatory rules apply when a low evaluation of one specific attribute can be compensated by one or more desired attribute(s). On the other hand, the non-compensatory rules suggest that lack of desired attributes cannot be compensated for by higher rated attributes (Mansfeld, 1992).

Bies and Zacharia (2007) develop an Analytical Network Process (henceforth ANP) model to evaluate whether it is worth to promote medical tourism in the U.S. To investigate the research question, this model analyzes benefits, opportunities, costs, and risks (BOCR) of four different types of medical packages from social, economic, medical, and political perspectives (Bies & Zacharia, 2007). The results of the ANP model shows that due to the lowest cost and risk and highest benefits, self-selected medical tourism is the most preferred among four different packages.

The second rated program, which is employer-encouraged medical tourism, has lower benefits, higher cost, and higher opportunities compared to the self-selected medical tourism. The benefits and opportunities of status quo alternative was approximately the same as government-encouraged medical tourism, but the rate of cost and risk were significantly lower than other three alternatives. Hence, due to the lower benefits and opportunities, and higher cost the government-encouraged medical tourism was among least preferred options (Bies & Zacharia, 2007).

Factors Affecting Choice of Medical Tourism Destination

The type of medical services, which are required for patients, play an important role in the choice of destination. For example, due to the different legal and ethical concerns, particular medical services such as infertility treatments are not offered in some countries

(Moghimehfar & Nasr-Esfahani, 2011). Likewise, the ease of access to a medical destination is a key influencing factor on patients' transportation cost and their convenience

(Moghimehfar & Nasr-Esfahani, 2011). The decision-making process in medical tourism is highly affected by affordable travel cost, ease of telecommunication, and Internet (Turner, 2007).

Connell (2006) points that several factors that influence prospective medical tourists' decision-making process are high cost and long waiting time for procedures at patients' country, and advanced technology and qualified physicians in a medical destination country. Smith and Forgione (2007) design a model to describe factors affecting choice of destination. This model investigates an international destination from two different perspectives, which are country's location and its medical facilities. Based on this model, country's situation is more important than characteristics of medical facilities of that country (Smith & Forgione, 2007). It suggests that medical tourists need to be cautious about the economic environment, political situation, and international standards of a destination country (Smith & Forgione, 2007).

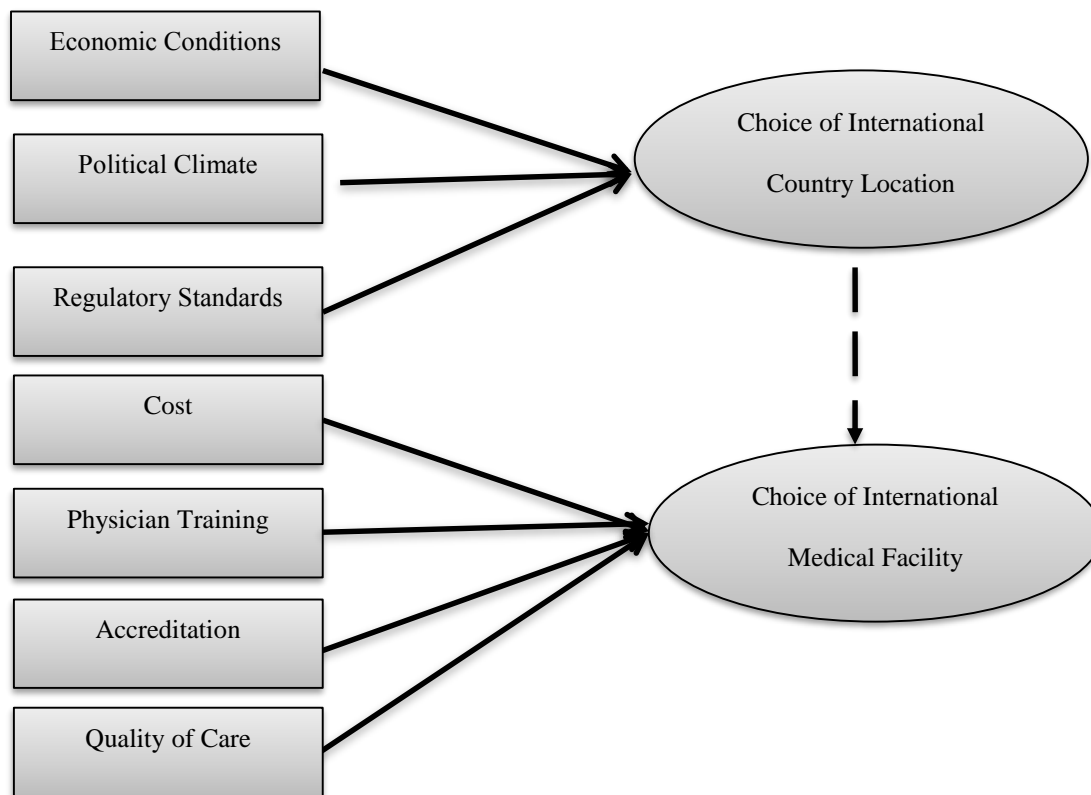


Figure 2. Medical Tourism Decision Model. Adopted from “Global Outsourcing of Healthcare: A Medical Tourism Decision Model,” by Smith & Forgione (2007).

The following illustrates the main components of the medical tourism decision model such as economic conditions, political climate, regulatory standards, cost, physician training, quality of care, and accreditation developed by Smith and Forgione (2007).

Political Climate

The tourism industry is highly affected by the political instability, and medical tourism is not an exception. Political instability presents a challenge to the medical tourism industry, and results in public reluctance to travel to a country. The events such as wars, political unrests, and terrorist attacks, which threaten the safety and security of tourists,

reduce the demand for tourism (Fletcher & Morakabati, 2008). Besides, a stressful environment leads to a poor customer service. The U.S. Department of States updates warnings and alerts about traveling to such countries based on political and safety issues. Therefore, international medical tourists first need to consider safety and security of destination country, and later plan for travel.

Economic Condition

In the event of economic instability, the tourism industry is being threatened by both internal factors known as rising cost, falling revenues, and unprofitability and external factors such as recession, currency fluctuations, and taxation (Sian et al., 2009). Economic stability of a country is an essential indicator in providing medical facilities and encourages patients to consider such countries as a medical travel destination (Smith & Forgione, 2007).

Regulatory Standards

Laws and regulations, which aim to protect the wellbeing of patients within the U.S. (e.g. Health Insurance Portability and Accountability Act of 1996) are not applied to American patients outside the U.S., unless the service provider is a U.S. based organization (Smith & Forgione, 2007). Inapplicability of protective laws together with the lack of medical liability insurance in some countries discourages American medical tourists to seek medical treatment outside the U.S. borders (Smith & Forgione, 2007). The information provided by the American Medical Association, however, can be used to improve one's knowledge of different laws in destination countries (Gill & Singh, 2011).

Cost

The high cost of medical services within the U.S. is the primary reason that encourages U.S. citizen patients to travel overseas to obtain medical services (Smith & Forgione, 2007). Due to the high cost of insurance coverage and low salaries, many patients cannot afford health care in the U.S. (Turner, 2007). In medical tourism, however, patients

receive different quality levels of services depending on their financial standing (Turner, 2007). Although, cheaper medical services might affect the quality of services, and put patients' life at risk (Turner, 2007). Hence, considering quality of care and services is an important issue while choosing a destination.

Herrick (2007) names factors affecting the high cost of medical services in the U.S. as higher labor cost, malpractice insurance, and some inessential medical examinations.

According to the Centers for Medicare and Medicaid Services (henceforth CMS), seventy percent of inpatients hospitals' cost is associated with the labor cost (Herrick, 2007). The CMS estimates that salaries of doctors (nurses) outside of the U.S. are approximately eighty (forty) percent less than those in the U.S. (Herrick, 2007).

The growing cost of high-priced drugs is another major factor affecting healthcare spending in the U.S. (Health Research Institute, 2014). According to Health Research Institute, in 2014, 25% of total U.S. drug spending is allocated to specialty drugs, which are being used by 4% of patients. In addition to the high cost of medical equipment and drugs, the lack of cooperation between hospitals and insurance providers leads to the higher medical expenses (Kumar, Breuing, & Chahal, 2012).

Beauvais, Brooks, and Wood (2010) discuss that in the United States third parties such as insurance companies, employers, and government institutions pay 87% of health care provided to patients causing them to be less cost-conscious (Beauvais et al., 2010). Hence, medical providers in the U.S. are less likely to involve in price completion, which contributes to higher medical cost (Beauvais et al., 2010).

The increasing number of people with obesity, which is defined as having a body mass index (BMI) equal to or greater than 30 in the U.S. is another factor contributing to the booming cost of healthcare (Finkelstein, Trogon, Cohen, & Dietz, 2009). According to Finkelstein et al. (2009), approximately 10% of medical expenditure in the U.S. was due to

obesity related complications in 2008. Significant cost differences between the U.S. and other leading countries in medical tourism is an important motive for the U.S. patients to seek medical treatment outside their home country. Table 1 presents the cost of different medical procedures in selected countries.

Accreditation of Hospitals

With growing medical tourism, the need for accreditation of international healthcare and hospitals seems to be more essential. Especially, American patients who seek medical services outside the U.S. expect high quality standards. Therefore, accreditation of international hospitals provides an opportunity for patients to evaluate the safety of medical treatments.

Joint Commission International (henceforth JCI), founded in 1994, is one of the accreditation organizations, which works with more than 100 countries worldwide. The JCI evaluates and accredits more than 20,000 organizations with the aim of enhancing patients' safety and quality of care (JCI, 2014). In addition to the JCI, the International Society for Quality in Health Care (ISQUA) accredits hospitals worldwide (Keckley & Underwood, 2008). There are other organizations such as National Committee for Quality Assurance (NCQA), International Organization for Standardization (ISO), and European Society for Quality in Healthcare (ESQH), which evaluate the quality of services offered to consumers (Keckley & Underwood, 2008).

Table 1

Comparative Cost of Typical Procedures

Procedure	U.S.	Costa Rica	India	Malaysia	Mexico	Singapore	South Korea	Thailand
	Cost							
Average Savings		45-65%	65-90%	60-80%	40-60%	25-40%	30-45%	50-75%
Coronary artery	\$88,000	\$31,500	\$14,400	\$20,800	\$37,800	\$54,500	\$29,000	\$23,000
Bypass graft (CABG)								
Valve replacement with bypass	\$85,000	\$29,000	\$11,900	\$18,500	\$34,000	\$49,000	\$33,000	\$22,000
Hip replacement	\$33,000	\$14,500	\$8,000	\$12,500	\$11,500	\$21,400	\$15,500	\$16,500
Knee replacement	\$34,000	\$9,500	\$7,500	\$12,500	\$12,800	\$19,200	\$15,000	\$11,500
Spinal fusion	\$41,000	\$17,000	\$9,500	\$17,900	\$22,500	\$27,800	\$18,000	\$16,000
IVF cycle, excluding medication	\$15,000	NA	\$3,300	\$7,200	\$7,800	\$9,450	\$7,500	\$6,500
Gastric bypass	\$18,000	\$11,200	\$6,800	\$8,200	\$13,800	\$13,500	\$12,500	\$12,000
Four-implant porcelain bridge	\$23,000	\$9,500	\$7,200	\$7,800	\$8,500	\$12,000	\$10,500	\$10,500
Implant-supported dentures (upper and lower)	\$10,500	\$4,400	\$3,500	\$3,800	\$4,200	\$6,400	\$5,800	\$3,900
Full facelift	\$12,500	\$4,500	\$3,500	\$5,500	\$5,250	\$8,750	\$5,900	\$5,300
Rhinoplasty	\$6,200	\$3,400	\$2,800	\$3,600	\$2,800	\$4,750	\$4,700	\$4,300

Note. From Woodman (2014)

Quality of Services and Facilities

Gill and Singh (2011) state that the quality of care is the second important issue after price in medical tourism. The decision-making process of medical tourism is highly dominated by the safety of patients and quality of care and services (Runnels & Carrera, 2012). Medical tourists look for accredited hospitals, and medical facilities, which are owned,

managed, or associated with reputable American universities or health care organizations (Herrick, 2007).

Smith & Forgione (2007), however, indicates that although the quality of medical services presented in many developing countries meets the international standards, endemic diseases such as malaria, hepatitis A or B, HIV, typhoid, tuberculosis, and influenza in some countries threaten patients' safety. This discourages medical tourists to seek medical treatment outside their home countries.

Physicians Expertise

As for the development of medical tourism, the world-class physicians and surgeons who are able to communicate in English play a significant role in attracting American patients. A huge number of physicians in medical tourism destinations received training in developed countries, especially in the U.S. (Smith & Forgione, 2007; Ricafort, 2011). Menvielle, Menvielle, and Tournois (2011) indicate that expert physicians, advanced technologies and facilities, and skilled caregivers are important components that drive medical tourists to seek medical treatment overseas.

Other Decisive Factors Associated with Medical Tourism

In addition to the factors described above, there are other important contributing factors such as long waiting list of hospitals, travel opportunity, lack of services in the U.S., lack of adequate health insurance, and privacy, which encourage patients to obtain healthcare and treatment overseas (Bies & Zacharia, 2007; Connell, 2006; Gill & Singh, 2011).

Long Waiting Time

Behrmann and Smith (2010) indicate that spending a long time on the waiting lists of hospitals in order to access medical services in developed countries has caused a noticeable development in medical tourism. According to Bies and Zacharia (2007), cost and long

waiting times for hospitals are prevalent reasons that encourage U.S. citizen patients to consider medical tourism.

Travel Opportunity

In addition to the affordable medical cost, medical tourists have an opportunity to enjoy the attractions of destination countries (Sobo, 2009; George & Swamy, 2007). According to Connell (2006) and Turner (2007), taking the advantages of a destination country in terms of its tourist attractions is another motive for patients who seek medical services outside their home country.

Illegal or Untested Procedures

Lack of opportunity to access procedures that are illegal or unavailable in the U.S. leads patients to consider outsourced medical services (Gill & Singh, 2011; Eissler & Casken, 2013). The growth of organ donor market in developed countries attracts many American patients who are waiting for organ transplants for years. According to the record of 55 transplant centers in 26 states, 119 U.S. citizens and resident aliens who received kidney transplant in 18 foreign countries were on the waiting list of U.S. hospitals between 21 days and 8.5 years (Budiani-Saberi & Delmonico, 2008).

Privacy

Considering overseas treatment may accrue to those patients who prefer to receive treatment in a private and relaxing environment far from any judgments and questions. Connell (2006) suggests that due to the importance of privacy, especially in some forms of treatments like sex change and drug rehabilitation, some patients prefer to go across international borders in order to take advantage of remaining unknown (Gill & Singh, 2011).

Insurance

Insurance plays an important role in medical tourism. Cohen (2011) categorizes medical tourists in three categories based on their insurance status. The first group includes

patients who are uninsured or underinsured in their own country. This applies to many Americans due to insufficient medical insurance coverage in the U.S. (Kumar, Breuing, & Chahal, 2012; Behrmann & Smith, 2010). The second group consists of patients with private insurance plans, which cover in-network international providers. Finally, the third category involves patients who use government insurance plans, which work with international providers (Cohen, 2011).

Thomson, Osborn, Squires and Reed (2011) argue that “as of 2010 almost 50 million residents (16% of the population) were uninsured, and an additional 29 million were underinsured (covered by some form of basic coverage, but with high out-of-pocket expenses in relation to their income)”. Among those with insurance coverage, approximately 76% receive primary coverage from private insurers with nearly 86% insured through their employers, and 15% self-insured (Artecona, 2012). The rest of the population is covered under public programs such as Medicare, Medicaid and/or veterans care (Artecona, 2012).

In March 2010 President Obama signed the Patient Protection and Affordable Care Act (henceforth ACA), in order to improve healthcare coverage and contain healthcare cost (Stolley & Watson, 2012). This reduced the number of uninsured Americans by 8% to 41 million, compared to 2013 (Tavernise, 2014).

According to the International Profiles of Health Care Systems (2014), private voluntary health insurance covered approximately 64% of U.S. residents. While 54% of them were covered by employer-provided insurance, and approximately 10% were covered directly. Public programs such as Medicare, Medicaid, and veterans care covered the rest of the insured residents (Mossialos, Wenzl, Osborn, & Anderson, 2015). Data suggests that even after implementing the ACA, the U.S. healthcare system still suffers from significant deficiencies, which encourages U.S. citizen patients to seek cross border medical treatments.

Decision Components in Medical Tourism

Altin et al. (2011) explain the decision-making process of medical tourism in three phases (See Figure 3).

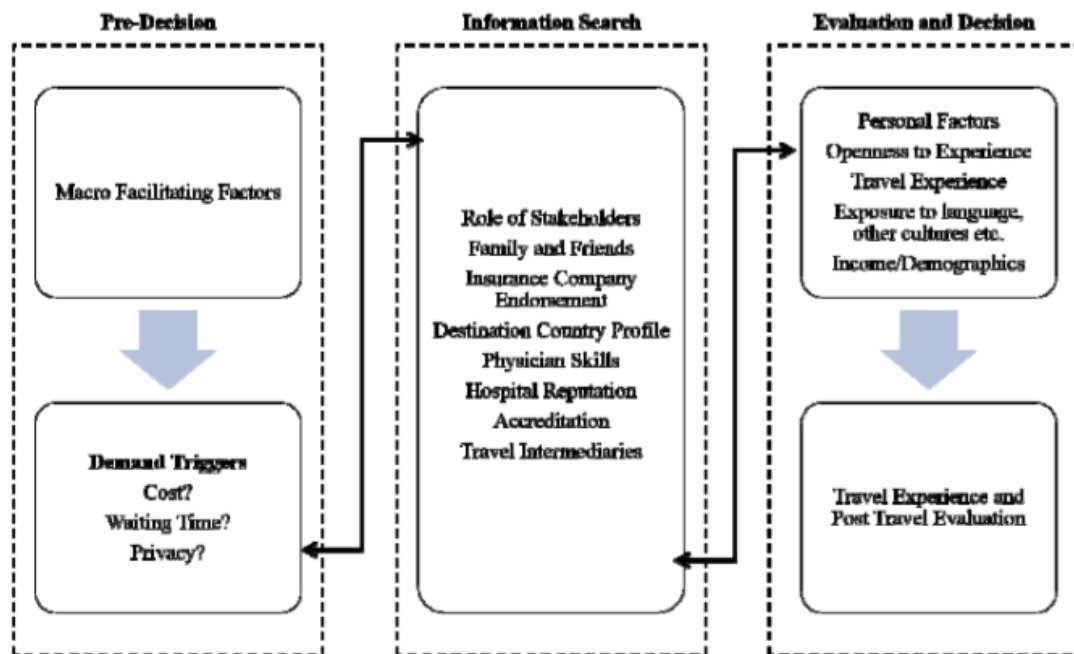


Figure 3. Decision Components in Medical Tourism. Adopted from “Consumer Decision Components for Medical Tourism: A Stakeholder Approach,” by M. Altin, M. Singal, & D. Kara, 2011, University of Massachusetts, 16th Graduate Students Research Conference in Hospitality and Tourism, 1-11.

According to their model, increasing demand for medical tourism is not only the result of high cost of medical services, long waiting times, and privacy (Altin et al., 2011). Affordable travel cost, interest in travel, ease of access to information via Internet, travel agencies and tour operators, and support of employer and insurance companies are among other factors which motivate medical tourism.

Other influential elements in the decision-making process are role of stakeholders and economic, political, legal, socio-cultural, and technological status of the destination country. Also, international image, quality of hospitals and services, and credibility of service providers influence choices of medical tourists (Altin et al., 2011). In terms of personal factors, not only demographic factors such as age, gender, education, and income, but also willingness of consumers to experience different cultures and languages play a key role in medical tourism decision-making process (Altin et al., 2011).

Travel Motivations

It is also critical to understand the motivations for participating in the medical tourism in this study. Understanding the motivations for the travel becomes the first step to understand the motives of obtaining the oversea medical treatment. Motivation is the key part of tourists' behavior process (Hsu, Cai, & Li, 2009). Psychologically, motivation appears when a consumer wishes to fulfill a need. A resulting tension arising from a need requires consumer's attempt to satisfy that need (Solomon, Bamossy, Askegaard, & Hogg, 2006). Crompton (1979) divides travel motivational factors into push motives and pull motives. He defines push motives (also referred to as socio-psychological) as escape, self-exploratory, relaxation, prestige, regression, kinship-enhancement, and social interaction. On the other hand, pull motives (also referred to as external motivations) include novelty and education (Crompton, 1979). To sum up, people decide to travel is determined by their inner needs (push motives) and the features of the tourism attractions (pull motives). Such findings would lay foundations to explore the motivations for the oversea medical treatment.

According to Baloglu and Uysal (1996), push factors are mostly intangible or intrinsic desires of the individual travelers. Their examples of push factors also include health and fitness and adventure. Pull factors are predominantly influenced by the attractiveness of the destination. Not only tourists' expectations and perceptions, but also tangible recourses such

as beaches, recreational facilities, and historic resources enhance destination image (Baloglu & Uysal, 1996).

Hsu, Cai, and Li, (2009) adopt a model by Gnoth (1997), which emphasizes the interrelation between expectations, motivations, and attitudes (the EMA model), to explain the travel motivations. They argue that: a) tourists' expectation of visiting an outbound destination has a direct effect on their motivation to visit the destination; b) tourists' motivation has a direct effect on their attitude toward visiting the destination; c) tourists' expectation of visiting an outbound destination has a direct effect on their attitude toward visiting the destination; d) motivation has a mediating effect on the relationship between expectations and attitudes. Given the importance of motivation in tourism in general, the following section focuses specifically on motivations for medical tourism.

Motivations of Medical Tourists

Musa, Thirumoorthi, and Doshi (2011) conduct a study about travel behavior of medical tourists in Malaysia. They find different motivational factors among medical tourists such as "value for money," "excellent medical services," "cultural similarities," and "religious factors." Guojinga and Zhijun (2013) indicate that the travel motivation in medical tourism is highly influenced by tourists' medical demand. The sources of demand for medical tourism are affordable medical service, short waiting time, advanced or unique medical technology, tourism opportunity, and status (Guojinga & Zhijun, 2013). Furthermore, medical tourists' motivation is related to the required type of treatment (Hanefeld, Lunt, Smith, & Horsfall, 2015). They later discuss the other motivational factors in medical tourism as unavailability of a treatment at home, cost, expertise, lack of language barriers, and presence of family members in a medical destination country.

Contributing Risk Factors and Decision on Medical Tourism

Although traveling for medical purposes provides different benefits, there are some risks and challenges associated with medical tourism such as weak malpractice law, accreditation, infection, side effects, and in some cases, risk of travel for patients (Bies & Zacharia, 2007). In the event of malpractice lawsuits, it might be difficult for U.S. citizen patients to claim for damages in a foreign country. On the other hand, there are some concerns regarding follow-up care upon patient's return. Hence, local sources need to be provided to patients to ensure follow-up care will take place.

Another concern for many medical tourists is the possibility of getting infected during treatment. Allegranzi et al. (2011) argue that the risks of getting infected during a healthcare process in developing countries tend to be higher than those in developed countries. For example, the infection rate in adult intensive care units in developing countries is three times higher than developed countries. The failure to consider the risks of medical tourism can have negative consequences. Hence, potential medical tourists have to consider different risk factors before reaching any decision.

Due to the increase in globalization of trade and economic activities between developed and developing countries, the role of organizations such as General Agreement on Trade in Services (henceforth GATS) is more pronounced (Darwazeh, 2011). The role of GATS, which is founded in 1995 by the World Trade Organization and the Council for Trade in Services, is to support the international trade in services between different countries by providing plans, strategies and principles (Darwazeh, 2011). Such organizations provide an opportunity for developing countries to benefit from latest skills, viewpoints, and knowledge (Darwazeh, 2011). Consequently, pioneer countries in medical tourism take the advantage of expert physicians who were certified by high ranked universities in developed countries

(Darwazeh, 2011). Therefore, information sources about medical tourism destinations play an important role in minimizing risk of perusing medical treatment outside the U.S.

Source of Information and Medical Tourism

Tasci and Gartner (2007) suggest that available sources of information for potential medical tourists are “induced image agents,” “autonomous image agents,” and “organic image agents” (Jotikasthira, 2010, p.10). Induced image agents provide information through service suppliers and marketing agencies, which may be influenced by falsification and bias (Jotikasthira, 2010). According to Beerli and Martin (2004), autonomous image agents employ their information from unofficial social channels. Jotikasthira (2010) indicate that word-of-mouth plays a significant role in persuading potential tourists to choose a destination. The third source of information refers to the overall image of a destination from the outside of a country. Factual reports and records in the form of narrative films or newspapers are some examples of organic image agents (Jotikasthira, 2010). Data collected from organic and autonomous image agents are more reliable and tend to be more persuasive compared to those collected from induced image agents (Jotikasthira, 2010).

In the process of decision-making, patients need to gather information from different sources in order to reduce risk and uncertainty (Gursoy, 2003). Gursoy and McCleary (2004), categorize information search into external and internal search. The internal information search relies on individuals’ knowledge about destinations. While, in the external information search individuals identify alternatives from their memory (Gursoy & McCleary, 2004). The external sources of information include travel professionals, word-of-mouth, marketing communication, and destination specific literature (Baloglu and McCleary, 1999).

The History of Medical Tourism

The history of travel with the aim of accessing hot springs and bath in mineral waters along with leisure and relaxation goes back to the Sumerian, Greek, and even earlier periods (Altin et al., 2011). During the Greek empire, for example, the healing temples such as the Sanctuary of Zeus, Delphi, and Asclepius (God of medicine) temple accepted people from different countries.

Weisz (2011) believe that “True mineral waters were very much connected with place and were frequently thought to lose their therapeutic powers if they were moved to another location.” The flourish of medical tourism goes back to when Greek pilgrims were crossing the Mediterranean to Epidauria in the Saronic Gulf (Gahlinger, 2008). Epidauria, was famous as a healing place as well as the first medical tourism destination. Epidauria obtained its name from another Greek healing god (Gahlinger, 2008). During the 15th century, the Mansuri hospital in Egypt was one of the best destinations in terms of size and facilities (Kazemi, 2007). In Asia, India and Japan were popular medical tourism destinations. For example, people used to travel to India for Yoga and Ayurvedic medicine 5000 years ago. On the other hand, Japan was well-known for hot mineral springs called Onsen (Ricafort, 2011).

Traveling for cure continued during the 16th century B.C.E. when Roman baths in St. Mortiz, Ville d'Eaux, Baden Baden, Aachen, and Bath were among popular destinations (Ricafort, 2011). Later in 18th and 19th centuries, spas and remote retreats were center of attention for Europeans and Americans who traveled to cure diseases such as tuberculosis (Ricafort, 2011). But, medical tourism became popular among American patients in 1980s and 1990s, when the price of healthcare increased in the U.S. dramatically (Ricafort, 2011).

In the beginning of 21st century, the dentistry and cosmetic surgeries, especially in Thailand, Singapore, and India became the center of attention of American patients (Ricafort,

2011). According to Woodman (2014), the size of medical tourism market today is estimated to be USD 38.5-55 billion.

Medical Tourism in Different Countries

There are different factors such as cost, long waiting-time, high quality services and facilities, advanced technology, experienced doctors, and travel opportunity that encourage patients to take advantage of medical treatments outside their home country. According to Woodman (2014), approximately 900,000 Americans pursued medical services outside the United States in 2013.

Woodman (2014) classifies medical tourism countries based on specific treatment goals. For example, countries such as Mexico, Costa Rica, and Thailand are mostly targeted for cosmetic surgeries. Also, Mexico, Costa Rica, and Hungary are well-known for dentistry. India, Thailand, Singapore, and Malaysia provide more expensive surgeries such as open-heart surgery or a knee replacement (Woodman, 2014). In some cases, the whole package of healthcare, accommodation, and tourism attractions, which is being promoted by countries such as India, Brazil, the Philippines, and Thailand is comparable to the cost of health service in the U.S. (Wolfe, 2006). In order to make a better understanding of the American patients' motivational factors, the characteristics of medical tourism in some countries worldwide will be discussed in this section.

United State of America

According to the OECD Health Statistics report (2015), the U.S. spent 16.4% of its GDP on health in 2013 (this number does not include investment expenditures), while the OECD average of health spending as a fraction of GDP was 8.9% in 2013. Countries such as Netherlands (11.1%), Switzerland (11.1%), and Sweden (11.0%) are ranked below the U.S. in healthcare expenditure.

According to Demko (2014), the United States hosted 400,000 inbound patients, who imported around \$5 billion to the U.S. economy in 2008. It is estimated that the number of inbound medical tourists will increase to 561,000 in 2017 (Demko, 2014). Also, this report indicates that due to the advanced medical technology and the quality of physicians in the U.S., wealthy patients who mostly come from the Middle East, South America, and Canada choose the U.S. as their top choice for medical treatment (Demko, 2014). According to Woodman (2014), top medical travel cities in the U.S. are Rochester, MN, Miami, FL, Cleveland, OH, New York, NY, and Baltimore, MD.

Although the cost of cosmetic surgeries in the U.S. is higher than in other leading countries in medical tourism such as Thailand, Singapore, Mexico and India, luxury hotels and transportations, world-famous restaurants, and entertainment opportunities play an important role in attracting wealthy patients to world-class U.S. hospitals (International Medical Travel Journal, 2014).

Mexico

In recent years, Mexico has become a major medical tourism supplier and destination with worldwide quality, especially for U.S. medical tourists. Without considering unrecorded Hispanics returning home for healthcare, the number of medical tourists' arrival in Mexico is anticipated to be between 200,000 and 1.1 million. Herrick (2007) states that uninsured American patients save approximately 40% on the cost of a procedure in Mexico. Procedures such as cardiology and heart surgery, cosmetic and reconstructive surgery, dentistry, oncology, orthopedics, and weight loss surgery meet a growing demand in Mexico. Medical tourists from Texas, Nevada, Arizona, and Southern California comprise more than 70% of the U.S. patients in Mexico (Woodman, 2014).

Costa Rica

Costa Rica is another favorite medical tourism destination, especially for U.S. medical tourists. Demand for cosmetic surgery in Costa Rica goes back to 1980s (Warf, 2010). Medical services offered in Costa Rica's accredited hospitals and clinics include, but are not limited to, dentistry, orthopedics, cardiology, cancer treatments, cosmetic surgery, and bariatric surgery. Many tourism attractions, tropical beaches and exclusive accommodations motivate medical tourists to consider Costa Rica as a medical travel destination. In terms of healthcare, Costa Rica overtakes developed countries such as the U.S. and Canada. Advanced medical services in Costa Rica attracted 48,000 medical and health tourists in 2011 (Woodman, 2014). Cosmetic surgeries and dentistry include 5% of international patients' demand in Costa Rica (Woodman, 2014).

India

In addition to saving between 65% and 90% in different medical treatments and surgeries, world-class local doctors and surgeons in India encourage more than 250,000 foreign medical tourists to obtain medical services in India (Woodman, 2014). The success of medical tourism industry in India is influenced by advanced facilities, English proficiency of service providers, affordable cost, and tourist attractions (Gupta, 2008). Hospitals and clinics, especially designed for medical tourism, can be found in different cities such as Bangalore, Chennai, Hyderabad, Mumbai, and New Delhi (Woodman, 2014). Due to the geographical situation of India, this country is mostly targeted by international medical tourists from Bangladesh, the Turkic speaking states, the Middle East, and East Africa.

Thailand

The history of medical tourism in Thailand goes back to 1990s, when Thai baths were popular among tourists. Today, Thailand owns 32 accredited hospitals. The cost saving on medical tourism in Thailand compared to the U.S., EU, and Japan is between 40% and 60%

(Woodman, 2014). Also, the use of English language in Thailand is widespread. Hence, medical tourists are less likely to face a language barrier in Thailand (Woodman, 2014). In addition to the high quality medical services with affordable cost, hospitality and friendliness of Thai people are other important factors in attracting medical tourists (Cohen, 2008).

Singapore

Singapore, which is among the top medical tourism countries, is known as one of the most expensive medical destinations in Asia (Woodman, 2014). Additionally, English language is widely spoken in this country. According to Woodman (2014), approximately 550,000 medical tourists visit Singapore yearly. Most of these medical tourists come from Indonesia, the Philippines, Australia, North America and the EU. In terms of medical tourism, Singapore is a well-known country in providing services such as cardiovascular, neurological surgery and stem cell therapy (Pocock & Phua, 2011). In order to improve the quality and expertise of physicians, Singapore's National University has established a joint venture graduate school with Duke University in 2005 (Pocock & Phua, 2011).

South Korea

According to International Medical Travel Journal (IMTJ) (2014), South Korea hosted around 200,000 medical tourists from 188 countries in 2013. In terms of technology and science, South Korea is one of the most advanced countries in the world (Woodman, 2014). Also, the largest JCI accredited hospital is located in this country. The herbal medicine market and hot spots attract many tourists yearly. Moreover, South Korea is a well-known destination for providing cosmetic surgeries and treatments for spinal disorders and cancer (Woodman, 2014).

Iran

There are approximately 850 advanced hospitals and rehabilitation centers in Iran (Jabbari, Mardani, Tabibi, & Delgoshaei, 2012). The geographical location of Iran, up-to-date

medical technology, reputable physicians, and cost effectiveness of medical services in Iran compared to other neighboring countries turn this country into a favorable medical tourism destination in the Middle East (Kazemi, 2007). Besides this, natural resources and cultural heritage in Iran are other motivational factors for potential medical tourists (Jabbari et al., 2012). Due to the political environment, safety, and visa issues, Iran mostly host medical tourists from the Islamic countries in the Persian Gulf (Jabbari et al., 2012). According to the IMTJ (2013), around 30,000 medical tourists, and 200,000 health, wellness and spa tourists visit Iran annually.

Chapter III

METHODS

The primary purpose of this chapter is to explain the main factors that influence consumer decision-making process when traveling overseas for medical services. This chapter explains the research framework of the study, research question, relevant data descriptions, data collection methods, and limitations.

This study uses the qualitative research technique to thoroughly explore the factors that encourage American patients to travel overseas to fulfill their medical needs. The qualitative research method is appropriate for this study given the complexity of the decision-making process of medical tourists. Because, it allows the researcher to investigate more deeply the less observable aspects of an individual decision-making (Cormany, 2013; Stake, 1995; Raderbauer, 2011)

In this study, data is collected through semi-structured interviews. Semi-structured interviews lead to a greater degree of control over the subject and the direction of the interview than other approaches (Kvale, 2006). Some participants are non-native English speakers. Therefore, any misunderstandings during the interviews are clarified through asking further questions.

Later, to identify characteristics and themes, open coding was conducted. In this study, an investigation and analysis of the decisive factors associated with medical tourism were identified using interviews.

Participants

A total of 12 American adults aged 18 years and older of both genders participate in this study. Some of the participants are born in the U.S. while others are naturalized citizens.

Sampling

Due to lack of access to comprehensive sources of data, the participants for this study are recruited through the snowball-sampling method. This means that many participants know of others involved in this research. Some participants help promoting the research through their social networks. A similar study of motivation and experiences of mainland Chinese medical tourists in Hong Kong, with a sample population of nine participants uses 15 minutes to 1-hour long interviews (Ye, Qiu & Yuen, 2011). After identifying an appropriate participant, data is collected through semi-structured interviews. Open-ended questions are used in this study enabling me to investigate more thoroughly factors affecting the participants' decision-making process.

Data Collection

As stated previously, data is collected through twelve semi-structured, one-on-one interviews, which lasted 30 to 40 minutes in length. According to Bryman (2004) and Veal (2006), in-depth interviews are divided into structured, semi-structured, and unstructured interviews (Raderbauer, 2011, p. 41). Semi-structured interviews are designed to extract information more precisely about participants' ideas, feelings, thoughts and knowledge. Based on the interviewee's background and experience, the order of the interview questions varies from one interview to another.

The interview consists of nine questions evaluated by my advisor (see Appendix F). The personal information of the interviewees is eliminated from the study upon their request. The interviews are conducted through Skype and on the telephone. Interviews are audio-recorded and hand-written notes are taken. Each participant is given a pseudonym. Names in transcripts are changed or deleted. The researcher's notes of names of individuals and matching pseudonyms and other identifying information are kept in a secure place.

Potential interviewees are sent an email requesting their participation in a 30 to 40 minutes semi-structured interview (see Appendix B). Upon receiving a positive response from a potential interviewee, a second email is sent to provide more information about the study, while requesting the interviewees' consent. The email also asks the interviewee to specify a convenient time to conduct the phone interview (see Appendix C).

In the consent form, participants are informed about the purpose of the research, the need to audio-record the interview, and the confidentiality and anonymity of the information given. The consent form also provides contact information about the researcher's advisor and St. Cloud State University, in which the study is conducted. The interviewees review and complete the consent form before each interview is completed (see Appendix D). After completion of each interview, a thank you email is sent to each interviewee (Appendix E). The consent form is approved by the Office of Research and Sponsored Programs at St. Cloud State University (see Appendix A).

Data Analysis

Consistent with the literature, to analyze the data, the following steps are taken. First, the data from all interviews are transcribed. After deductive and inductive coding of the transcripts, irrelevant information is eliminated and the data is narrowed down to information most relevant to the topic of the study.

Then, a codebook is created and transcripts are broken down into small sections containing a word or a group of sentences. The coding continues by merging and refining codes to represent meaningful groups. See figure 4 for clarification.

Coding Reliability

To improve the coding quality, data validity is confirmed by my thesis advisor and consensus on a coding scheme is reached. A codebook is more reliable when more coders agree on the coding of a text (Hruschka et al., 2004). To measure the reliability of the coding

the intercoder reliability test is used, which shows the level of agreement between different coders using similar coding instruments to get equivalent results (Freelon, 2010). The intercoder reliability of this study is 0.632, which confirms the acceptability of the coding scheme used in this study.

Chapter IV

Results and Discussions

After transcribing the interviews, developing a coding scheme, and testing its validity, the data is ready for final analysis. This chapter presents the main findings of this study and discusses the results.

Profile of Participants

The demographic characteristics of participants are evaluated in terms of gender, age, marital status, employment status, and the purposes of medical visit. Table 2 presents a summary of the demographic characteristics of participants.

Table 2

Demographic Profile of Participants

	Gender	Age	Country	Procedure
1	Female	56	Mexico	Dermatology
2	Male	40	Iran	Rhinoplasty
3	Male	35	Mexico	Dental
4	Female	47	Costa Rica	Dental implants
5	Female	36	Indonesia	Breast Implants
6	Male	63	Costa Rica	Hernia Operation
7	Female	40	Costa Rica	Implants/ veneers
8	Female	39	Mexico	Root Canal Therapy
9	Female	31	Mexico	Rhinoplasty
10	Female	58	Costa Rica	Upper Eyelid surgery
11	Female	31	Iran	Rhinoplasty
12	Female	62	Brazil	Neck lift Surgery

Our participants are categorized into four age groups. Group one includes participants between 31 and 40 years of age (n=7). Group two includes participants between 41 and 50 years of age (n=1). Group three captures participants between 51 and 60 years of age (n=2). The final category involves participants who are above 61 years old (n=2).

Married participants constitute 75 % of the sample, and singles represent 16.7 % of the participants. The remaining 8.3% consists of participants who are divorced.

Approximately, 83.3% of participants hold bachelor degrees, 8.3% hold a PhD, and the remaining 8.3% have a high school Diploma. In our sample, 91.67% of participants are employed full-time, whereas 8.33% are retired.

As mentioned in Chapter 1, medical tourists can be divided depending on the type of treatments and procedures that they receive overseas. Table 3 summarizes the participants' specific objectives for travelling abroad for medical reasons.

Table 3

Objectives of Travelling Abroad for Medical Reasons

Objective of travelling abroad	Number of Participants
Cosmetic Surgeries	6
Dentistry	5
Non-cosmetic Surgeries	1

According to Table 3, the largest number of participants (six) are interested in cosmetic surgery, followed by dentistry (five), and non-cosmetic surgeries (one).

The choice of medical destination varies with participants. Mexico and Costa Rica equally received four participants. While, two participants chose Iran to obtain medical

treatment. One of the participants traveled to Indonesia, and one of them traveled to Brazil to pursue medical treatment.

Findings

After merging and refining the relevant codes to represent meaningful groups, decision-making push factors were grouped into five categories including cost, quality of care and services, insurance, expert physicians, and travel opportunity. The pull factors of the decision-making process in medical tourism were grouped to define four primary risk categories including lack of malpractice law, infection, difficulties in communication, and the ease of follow up care. Figure 4 represents the final categories that resulted from coding the data.

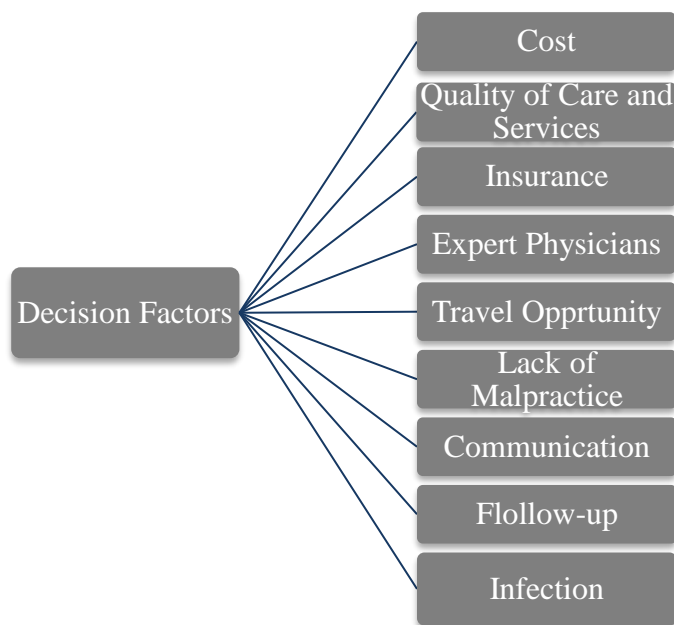


Figure 4. Data Analysis Process

Cost

Among the nine identified themes, all 12 participants mentioned cost as the main factor affecting their final decision. On the question “What are the most important criteria when choosing a medical tourism destination?”, all participants indicates that the high cost of medical services within the U.S. is a primary factor affecting their decision. Participants indicate that since medical care is not affordable for them in the U.S., they looked for alternatives overseas. Even for those who can afford the treatments, relatively lower cost abroad is an important incentive. For example, one of the interviewees stated that *“Although, we have the best facilities and doctors in the U.S., it’s very expensive.”*

The cost differences between medical procedures performed in the U.S. compared with other countries cannot be denied. Therefore, participants are asked about their experience in terms of price differences. Some of the responses are listed below.

“Since rhinoplasty surgery in the U.S. would be cosmetic, it would cost me approximately \$10,000.”

“A dental implant would cost me around \$3000 in the U.S. But, I only paid one third of this amount in Costa Rica.”

“The approximate cost of breast implants in the U.S. with surgeon’s fees and facility fees is \$9,000. This price was around \$3000 in Thailand.”

“By considering airfare, hotel, and operation I spent half of what the surgery would cost me in the U.S.”

“The package recommended to me, included translator, airport pick up, all operation charges, consultations, anesthetics, 3 nights at clinic, and hotel was \$4000. I saved approximately 60%.”

These observations are consistent with Smith and Forgione's (2007), Altin et al. (2011), and Marlowe and Sullivan (2007), which mention cost as a major trigger for medical tourism.

Insurance

According to five participants, the lack of insurance coverage is another major contributor in participants' decisions. Some of the comments by participants are listed below.

"I travelled to Mexico for some dermatology treatment... Unfortunately, insurance doesn't cover such treatments."

"When I retired, I lost my health insurance. I was told the cost of this surgery is \$14,000. My insurance company referred me to an agent, who told me in Costa Rica the same procedure would cost just \$3,500..."

"I had some dental work such as root canal, build-up and crown, and regular medical check. But, due to the lack of access to dental insurance, it was difficult to overcome the cost of the treatment."

One of the participants is asked about the reason behind receiving rhinoplasty in Iran, despite the availability of this surgery in the U.S. He replied, *"rhinoplasty is available in the U.S., but it's very expensive! It is not covered by the insurance."*

These observations are consistent with Bies and Zachaia (2007), and Bookman and Bookman (2007), which specify that insufficient or lack of medical insurance drives medical tourists to travel outside their home country to achieve medical treatment.

Quality of Care and Services

All 12 participants state that quality of care and services is an important motive for them to choose a destination. Additionally, interviewees describe the care that they received as "excellent" or "very good." This is consistent with Smith and Forgione (2007), Gill and

Singh (2011), and Runnels and Carrera (2012) who identify that quality of care and services are among the most influential factors on decision-making process of medical tourists.

One interviewee states: *“I was skeptical of the quality and costs... The quality of services provided by the clinic was very high.”* Another interviewee mentions that *“when I visited the clinic, and got a tour to see their technology and equipment, I was quite sure that there is not any problem in terms of quality.”* An interviewee who traveled to Costa Rica for dental implants says, *“I went to San José, because it has the country’s best clinics and hospitals.”* One of the interviewees states that *“I got both implants and veneer done at the same week, and the care was excellent. I could not have asked for more.”*

Expert Physicians

As it was emphasized by Connell (2006), Smith and Forgione (2007), and Menvielle, Menvielle, and Tournois (2011), the expertise of physicians is an essential component in the decision-making process of medical tourists. In this study, all 12 participants mention the importance of physicians’ expertise in their decision-making process. They described their physicians as “professional,” “expert,” “compassionate,” and “caring,” who mostly are trained in the first-world countries.

For example, one interviewee states, *“I had heard that Costa Rica has high-quality doctors and dentists, many of whom were trained in the U.S. and are fluent in English.”* Later, she added *“When I made my mind about going to Costa Rica I looked for doctors who are board certified and recommended by top specialists.”*

Another interviewee shares his medical experience in Iran stating that *“The most important thing is that the experience and level of Iranian doctors performing rhinoplasty is very high.”* One of the interviewees who was referred to a clinic by his insurance company says, *“I asked my agent to verify doctor’s education and his certificate before I traveled.”*

Another interviewee suggests that *“The clinic has a huge experience dealing with foreigners. There are very skilled doctors working there.”* Finally, an interviewee says, *“The top board certified plastic surgeons are in Costa Rica, there was a great channel of communication, and cheap services.”*

Risks

Based on the previous studies, medical tourists are subject to a variety of risks (Bies & Zacharia, 2007; Allegranzi et al., 2011). The practice of going to another country for health purposes might involve different risks and threats. Main issues that concern participants of this study are side effects, malpractice law, and follow-up care.

None of the participants mention any difficulty in getting adequate follow-up care after returning home. But, nine participants reveal concerns about the risk associated with medical tourism. Only two participants express worry about infectious diseases prior to travel. Also, five participants believe that medical malpractice in a foreign country might be challenging for medical tourists.

Regarding the follow-up care, the one of the interviewee expresses that *“I also, arranged for the follow-up care with my local health care provider before I left. Fortunately, I didn’t face any problem after the surgery.”*

Due to the different standards and rules that exist in different jurisdictions, medical tourists might face lack of legal help in a foreign country.

“The only other comment that I have about the surgery in Iran was the fact that if problems arise, lawsuits are very rare in Iran. Also, since I am a U.S. citizen and the U.S. does not have an embassy in Iran, I could not ask for any medical help/advice from the U.S. government.”

Another participant believes that traveling to a new country with different rules compared to the U.S. always involves a degree of risk.

“When you are traveling somewhere that is outside your comfort zone or somewhere that is unfamiliar to you risk always plays a role in your decision. Especially, when you know there is not a malpractice insurance as there is in the U.S.”

The other two interviewees believe that finding an accredited hospital or clinic reduces the risk of medical tourism.

“Risks are rare when you choose a well known clinic. If not, then you are in trouble with malpractice or any operational infections.”

“I must admit; I was a bit skeptical about traveling to a foreign country to receive treatment. If you go for an accredited clinic with professional doctors, the risk will be the same as here. But, if you want to go for a cheap surgery and unknown clinic, you may regret it later.”

As mentioned in the literature (e.g. Allegranzi et al.; 2011), medical tourists are at risk for procedure/hospital associated infections or/and locally endemic infections. One participant states that, *“There are more concerns about tuberculosis, hepatitis A and infections outside the U.S.; I was pretty sure about the quality of the clinic I chose. But, if something bad had happened there were very limited options in obtaining justice and compensation.”*

Sources of Information in Medical Tourism

There are numerous choices for medical tourist destinations. The participants of this study predominantly use the Internet and word-of-mouth as primary sources of information. A reliable person such as a family member or a friend can influence a participant’s decision.

“My wife did all the research about my surgery. She had some friends who had the experience of rhinoplasty surgery before. They helped us a lot to find an expert doctor in Iran.”

“So, I did a lot of online research to find a reliable clinic in Mexico. I got 3 estimates and took one of them. I was lucky to find a friend who recommended me the same clinic.”

“I had no idea about the dental tourism, until my colleague, who had done her dental work in Mexico, recommended me a clinic and I asked them for a quote.”

“When I made my mind about going to Costa Rica, I looked for doctors who were board certified and recommended by top specialists. Actually online information was very helpful. It allowed me to be confident that I receive excellent care.”

Social media, news, advertisements, and search engines makes gathering information easier than ever for patients. As Nielsen (2001) points out, the interactivity and the ease of access to information and feedback motivate patients to prefer Internet as a source of information rather than travel agencies. Besides, the Internet contains different levels of information such as word-of-mouth and certified information from organizations (Nielsen, 2001).

Communication and Language Barriers

Language barriers can be very problematic for patients seeking treatment outside their home countries. Lack of communication skills can restrict people from visiting a foreign medical tourism destination. According to Hanefeld et al. (2015), lack of language barriers is a motivational factor for medical tourists. The following summarizes some of the relevant responses.

“My dermatologist was an American lady, so I didn’t have any problem in communication.”

“Because, my wife is originally from Iran, we usually go to Iran every two years so she can visit her family. My wife was my translator during the whole time.”

“Besides, doctors and some nurses could speak English, and it was such a relief that I didn’t need a translator.”

“I was concerned about recovery time and communication. But, all staff spoke English fluently.”

Different factors such as working with an American doctor, having a family member as a translator, traveling to a home country for medical treatment, and expertise of staff in English language caused participants no difficulties in medical destination countries. There are some quotes from interviewees regarding communication issues.

Destination Image and Travel Opportunity

Based on the previous studies, medical tourism can be combined with vacation and visiting a country's attractions (Connell, 2006; George & Swamy, 2007; Turner, 2007; Sobo, 2009).

In this study, a large number of participants (11) mention that they intended to incorporate holiday along with the treatment. Also, participants describe their tourism experience in a foreign country with terms such as “lovely town,” “explore a foreign land,” “adventure,” “advanced shopping malls and recreational facilities,” “hiking in rainforests,” “relaxing,” “diversity of cuisine,” “hospitality of local people,” “beautiful beaches,” “pleasant weather,” and “nightlife and entertainment.”

Additionally, seven participants indicate destination image was one of their concerns while choosing a destination.

The findings of this study suggest that although, travel opportunity and attractiveness of a country were important to participants, tourism facilities and activities were not participants’ main concern during the decision making process. However, destination image including political stability, safety, and facilities are important in terms of their effect on tourists’ final decision. Our findings also suggest that the gender of medical tourists does not affect their motivational factors, perceived destination image, and their decision-making process.

Chapter V

Conclusion

Using semi-structured interviews and a qualitative approach, this study provides some insight into medical tourists' motivations and their decision-making process. As in previous literature, this study defines medical tourism as organized travel outside of someone's healthcare jurisdiction to enhance or restore health. Medical services reported in our sample predominantly include categories such as dentistry, cosmetic surgery, and to a lesser extent less complicated routine non-cosmetic surgeries.

Consistent with the literature, our findings suggest that the cost of medical services, insurance coverage, physicians' expertise, quality of care and facilities, accreditation, and follow up care are among the most important factors affecting decisions made by medical tourists. The quality of care alone is not adequate in attracting medical tourists if the cost is high. Interviewees in this study state that cost and medical quality are both important in their final decision.

Other important factors include communication barriers, and to a lesser extent tourist attractions of a medical destination. Destination image (i.e. safety and stability) is also an important factor, which contributes to the tourists' decision-making process.

Our survey participants acquire their information predominantly via the Internet and word-of-mouth. Findings suggest that family and friends play an important role in the decision-making process by providing recommendations and experiences. A positive recommendation is a signal of satisfaction and carries significant and positive information. The dominance of the Internet and social media, and the subsequent availability of information makes both known and unknown individuals significant sources of information.

In medical tourism, communication and the process of exchanging information between patients and service providers are also important. Patients need to feel understood in

order to trust their physicians in a foreign country. The ease of communication before and after arrival in a destination is encouraging to medical tourists and enables them to make a decision to proceed further with a medical procedure. Different methods of communication such as emails and audio/video calls are essential in order to comfort patients before a treatment occurs in a foreign country. Persuasive and supportive communication leads to trust and comfort and possibly increases demand for a specific destination.

Recommendations

Our findings suggest that investing in high quality medical technology and medical training programs, enhanced global communication with medical professionals and accreditation agencies, and effective communication with insurance companies overseas can improve the demand for medical tourism. Advanced medical technology, well-trained medical professionals, and accredited medical institutions signal a well-grounded health care system. Effective communication with insurance companies overseas can help expand their coverage to health services provided internationally thus reducing potential tourists' out of pocket expenses in a foreign destination. Insurance companies overseas can benefit from expanding their health care network to reliable health care providers in foreign countries in cases where high quality services are provided at lower costs in a foreign destination.

Developing a follow-up system is required in order to reduce concerns about the risks associated with overseas medical travel. Effective communication with health care providers in tourists' home country can facilitate follow-up health services such as physiotherapy, rehabilitation, and consultation services.

An enhanced flow of information via medical tourism facilitators together with informative websites and strong marketing strategies are also crucial in attracting medical tourists from all over the world. The ease of access to crucial information improves patients' trust, reduces their risks of unknowns, and encourages medical tourism.

Policies focused on cross-cultural cooperation, reduced tensions, social tolerance, cultural diversification, ease of travel, and hospitality towards international travelers can improve a country's image and promote all forms of tourism including medical travels. Investments in a country's local attractions, its system of transportation, culinary services, and lodging accommodations especially housing services such as medical hotels are also crucial because such investments provide the comfortable environment necessary for both patients and their family members to rest and heal.

Implications

This study can be of interest to academics, public policy makers, prospective medical tourists, and private businesses. This study, although a small piece of the puzzle, provides a better understanding of the topic. A review of the academic literature reveals a limited number of studies on factors affecting the decision-making process of medical tourists mainly due to limited access to data (Gatrell, & Elliott, 2014).

Public policy makers and government officials can also benefit from findings and recommendations presented in this study. Medical tourism is a \$60 billion industry with considerable impacts on different sectors of the economy and can be an important source of income for different factions of a country. Therefore, strategies focused on improving a country's competitive advantage in the market for medical tourism is of a great importance in public policy. Enhanced health care tourism can also help private medical/and or non-medical businesses flourish. Understanding customers' needs, expectations, and their decision making process is crucial in training medical experts, marketing professionals, and other service providers alike.

Future Extensions

This study can considerably benefit from a formal economic/and or mathematical model of decision-making, and an increase in the sample size. A formal model provides a

solid and internally consistent framework to specify factors, which affect outgoing demand for a specific medical service or medical services overall. Once a formal model is constructed, its external consistency can be verified via statistical methods applied to a large and unbiased sample. A large and unbiased sample allows us to investigate quantitatively the statistical and mathematical significance of each individual factor. An unbiased sample is one which not only includes subjects who seek treatment overseas but also those who choose to stay within the boundaries of their home country. A binary choice regression model can then be used to investigate factors which most influence a patient's decision-making process.

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Appendix A

IRB Approval Form

		Institutional Review Board (IRB)	
OFFICE OF RESEARCH AND SPONSORED PROGRAMS ST. CLOUD STATE UNIVERSITY.		Administrative Services 210 Website: stcloudstate.edu/osp Email: osp@stcloudstate.edu Phone: 320-308-4932	
Name:	Azadeh Radmanesh	IRB PROTOCOL DETERMINATION: Expedited Review-2	
Address	500, 12th Street South St. Cloud, MN 56301 USA		
Email:	raaz1301@stcloudstate.edu		
Project Title: A Study of American medical Tourists Motivations and Perceptions			
Advisor Alvin Hung Chih Yu			
The Institutional Review Board has reviewed your protocol to conduct research involving human subjects. Your project has been: APPROVED			
Please note the following important information concerning IRB projects:			
- The principal investigator assumes the responsibilities for the protection of participants in this project. Any adverse events must be reported to the IRB as soon as possible (ex. research related injuries, harmful outcomes, significant withdrawal of subject population, etc.).			
- For expedited or full board review, the principal investigator must submit a Continuing Review/Final Report form in advance of the expiration date indicated on this letter to report conclusion of the research or request an extension.			
- Exempt review only requires the submission of a Continuing Review/Final Report form in advance of the expiration date indicated in this letter if an extension of time is needed.			
- Approved consent forms display the official IRB stamp which documents approval and expiration dates. If a renewal is requested and approved, new consent forms will be officially stamped and reflect the new approval and expiration dates.			
- The principal investigator must seek approval for any changes to the study (ex. research design, consent process, survey/interview instruments, funding source, etc.). The IRB reserves the right to review the research at any time.			
Good luck on your research. If we can be of further assistance, please contact the Office of Research and Sponsored Programs at 320-308-4932 or email ldonnay@stcloudstate.edu . Use the SCSU IRB number listed on any forms submitted which relate to this project, or on any correspondence with the IRB.			
Institutional Review Board:		St. Cloud State University:	
			
Linda Donnay IRB Administrator Office of Research and Sponsored Programs		Marilyn Hart Interim Associate Provost for Research Dean of Graduate Studies	
OFFICE USE ONLY			
SCSU IRB# 1421 - 1847	Type: Expedited Review-2	Today's Date: 10/14/2015	
1st Year Approval Date: 10/8/2015	2nd Year Approval Date:	3rd Year Approval Date:	
1st Year Expiration Date: 10/7/2016	2nd Year Expiration Date:	3rd Year Expiration Date:	

Appendix B

Information for Invitation to be interviewed

Date:

Dear (name of participant),

We are conducting interviews with medical tourists as part of a research study to increase our understanding about medical tourism, which is defined as traveling outside the United States to obtain medical advice and/or treatment

I would like to provide you with more information about this project and what your involvement would entail if you decide to take part. The interview takes about 30 minutes. If you are willing to participate, please respond to the email soon with your available time and date for this interview. An informed consent mail will send to you as well.

Regards,

Azadeh Radmanesh

St. Cloud State University

Department of Geography and Planning

Under the supervision of Dr. Hung-Chih 'Alvin' Yu

Cell Phone: +1 763-843-7787

Email: raaz1301@stcloudstate.edu

Appendix C

Email with Detail Information and Consent Form

Date:

Dear (name of participant),

This letter is to inform you about an interview for a Master's research study at St. Cloud State University. The interview will take about 30 minutes and is about Medical Tourists Motivations and Perception. The aim of this study is to identify the major factors that motivate patients in pursuing medical treatment outside the U.S.

All responses to this interview will be kept confidential as well as your personal medical history and information. You may decline to answer questions or withdraw your participation anytime without any reason.

The interview can be held in person or over the phone or Skype. With your permission, I would like to record the interview for data analysis in the future. All information from this information will be kept in a secure location and will not be made available to anyone other than myself, and will be deleted after completion of this project.

I would like to assure you that this study has been reviewed through the Office of Research and Sponsored Programs at St. Cloud State University. However, the final decision about participation is yours. If you have any comments or concerns regarding your participation in this study, please contact office of Research and Sponsored Programs at (320) 308-4932 or by email osp@stcloudstate.edu.

Please read the research consent form and if interested in participating in this study, initials on a section of the consent form and return the form to the researcher via email.

Azadeh Radmanesh

St. Cloud State University

Department of Geography and Planning

Under the supervision of Dr. Hung-Chih 'Alvin' Yu

Cell Phone: +1 763-843-7787

Email: raaz1301@stcloudstate.edu

Appendix D

Informed Consent Cover Letter

A Case Study of the Decision Model for American Outbound Medical Tourists

You are being asked to participate in a research study. Before you give your consent to volunteer, it is important that you read the following information to be sure you understand what you will be asked to do.

Investigators

The researcher conducting this study is Azadeh Radmanesh (Graduate student at St. Cloud State University) supervised by Dr. Alvin Yu (Faculty of Travel and Tourism Program at St. Cloud State University).

Purpose of the Research

You are invited to participate in a study that examines the motives and decisive factors for medical tourists, those who travelled overseas in order to access medical services. The purpose of this study is to gain a better understanding of the motivation factors that influence medical tourists' decision making process regarding overseas treatments.

Procedures

After agreeing to participate in this study, you will be interviewed about your experiences as a medical tourist your participation is entirely voluntary and your responses will be kept completely confidential. You can stop participating in the study at any time without any reason. You will select where you would like to be interviewed, which can include in person at a place of your choice, over the phone, or Skype.

Risks

Participation is not expected to cause any physical and psychological harm outside of what is normally encountered in daily life. If discomforts become a problem, you may discontinue

your participation. Participants will have the option of ending their participation at any time during the interview or also choose to not answer to questions, which they do not wish to respond.

Benefits

There may not be direct benefits to you as a participant in this study. But, this study has the potential to positively impact potential patients who are interested in high quality and affordable healthcare outside the U.S. Study results will be made available upon request to all interested parties working with patients in order to enhance their awareness about medical tourism.

Confidentiality

Participation in this research is based on voluntary. Your responses will be kept strictly confidential. No one except the investigator, Azadeh Radmanesh, will have access to the data.

I would like to record this interview so that I can use it for reference while proceeding with this study. I will be the only one who will hear the audio recordings, which will be transcribed by me. I will not record this interview without your permission. If you do grant permission for this conversation to be recorded, you have the right to revoke recording permission and/or end the interview at any time.

Though direct quotes from you may be used in the paper, your name and other identifying information will be kept confidential. We will not ask you to share personal issues and you do not have to share any knowledge that you are not comfortable sharing. Direct quotes from information you provide will not be published or shared except as authorized by you. There won't be any connection between your quotes and your identity.

Financial Information

No financial compensation will be given to anyone who participates in the study.

Questions about the Research

If you have any questions about the research, you may contact:

Azadeh Radmanesh at (763) 843- 7787 or by email: raaz1301@stcloudstate.edu.

Dr. Alvin Yu at (320)308-2275 or by email hyu@stcloudstate.edu.

St. Cloud State University Office of Research and Sponsored Programs at (320) 308-4932 or by email osp@stcloudstate.edu

Questions about the Research Results

If you would like a copy of the study results from this research, you may contact Azadeh

Radmanesh at (763) 843- 7787 or by email: raaz1301@stcloudstate.edu.

Consent

Your initials indicate that you:

- Have read and understand the information provided above
- Are at least 18-year-old
- Traveled overseas for medical purposes
- Willingly agree to participate in this research study
- Understand you may withdraw your consent at any time and discontinue participation without penalty
- Received a copy of this form
- Understand you are not waiving any legal claims
- Agree to be audio recorded for purposes of the interview, unless you state otherwise
- Agree to the use of anonymous quotations
- Understand that there is minimal risk or discomfort directly involved with this research

(Initials)

(Date)

Thank you in advance for your participation.

Appendix E

Email Thanking Participants

Thank you for participating in this study about the decision model for medical tourism. We appreciate your help and candidness in answering what were sometimes uncomfortable or awkward questions. Your contribution to this research is invaluable.

The goal of this research was to determine the main factors influence medical tourists' decision-making process. This study provides perceptions into medical tourism experience by focusing on U.S. citizens' medical tourists.

Appendix F

Interview Questions

- 1- Please, tell me the story about your experience of having a procedure/ surgery in foreign country.
- 2- How did you decide to become a medical tourist? Tell me about the process that you went through in your decision-making.
- 3- Please indicate how important risks are to you when making your decisions about overseas travel for a medical treatment.
- 4- Did you seek follow-up care upon return to the U.S.?
- 5- How much destination image and attractiveness was important to you?
- 6- Please indicate your gender/age/marital status.
- 7- State your annual personal income in U.S. Dollar.
- 8- What is your education status?
- 9- What is your occupation?

Appendix G

Interview Transcripts

Interviewee 1

A: Please, tell me the story about your experience of having a surgery in Mexico.

Well, I travelled to Mexico for some dermatology treatment. Although, we have the best facilities and doctors in the U.S., it's very expensive. Unfortunately, insurance doesn't cover such treatments. I did some comparing of prices in the USA and Mexico. Since I needed a vacation, I decided to do this in Mexico. I was skeptical of the quality and cost. Yes, I did a lot of checking before making a decision.

I can say, my overall experience was very positive. My dermatologist was an American lady, so I didn't have any problem with communicating with her. She was very professional.

My husband accompanied me to Mexico, and we stayed there for 2 weeks. In order to make sure everything works well. He was at the beach most of the time, but I couldn't go under the sun because of the treatments. So, I was in the hotel during the day. But, we had lots of fun at night.

A: So, can you tell me how much you saved?

Considering the whole cost of the trip for both of U.S., like hotel, tickets and food I saved more than 60%. That time I think the cost of ultherapy was between \$2000-\$4000 in the U.S. But, in Mexico it was like \$500.

Did you seek follow up care upon return to U.S.?

B: I was communicating with my doctor through the clinic for 2 months. But, doctor in Mexico is only available to answer questions but is not at all involved in follow-up with the patient. I also, arranged for follow-up care with my local health care provider before I leave. Fortunately, I didn't face any problem after the surgery.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

B: I was indeed nervous. I read different ultherapy reviews on various clinics to help find the right clinic, and the best provider. I can't say I wasn't worried about the result and side effects, but I did lots of research to find the best recommended clinic based on other patients' experiences.

What was your motivation for seeking health care in a country other than U.S.?

B: The lower price of services was the most important reasons in my decision-making. The quality of services provided by the clinic was very high. Also, it was very convenient for me to commute there.

Were destination image and attractiveness major concerns when you were thinking about engaging in medical tourism?

Well I had been in Mexico before and I had a very good image about the country and its attractions. It was kind of affordable and easy to travel to.

Please indicate your gender/age/ marital status.

Female/ 56/ Married

Interviewee 2

Please, tell me the story about your experience of having a surgery in Iran.

Well, I was thinking about rhinoplasty for years, but I never had enough time to go to Iran, and stay there for more than 2 weeks. Because, my wife is from Iran, we usually go to Iran every two years so she can visit her family. Well, last summer my family and me went to Iran, and stayed there for 6 weeks.

Is such a treatment available in the U.S.?

Yes, of course! But it's very expensive! rhinoplasty is not covered by insurance. And also, I needed some time to relax. So my family and me got a vocation for 6 weeks.

Have you ever had a medical treatment in Iran before?

Well, yeah, I think several times for dentistry. It's very cheap compared to the U.S., and the most important thing is the experience and level of Iranian doctors performing rhinoplasty is very high, so I don't need to be worried about side effects. Since my rhinoplasty surgery in the U.S. would be cosmetic, it would cost me approximately \$10,000.

So can you tell me how much you saved?

H: my wife did all the research about my surgery. She had some friends who had the experience of Rhinoplasty surgery before. They helped U.S. a lot to find an expert doctor in Iran.

Any communication problem?

My wife was my translator during the whole time.

rhinoplasty surgery is between \$700 and \$3000 in Iran. So, you can imagine how much I saved. My family and me were staying at her parents' house during our travel to Iran.

Considering all kinds of expense like airfare for three and the surgery, I think, three of U.S. spent around \$10,000. The U.S. dollar is accepted in Iran and is very strong. Therefore, the U.S. clients get an excellent exchange rate (while using U.S. dollars).

Did you seek follow up care upon return to U.S.?

I stayed there for 6 weeks, to make sure everything is under control. But, after returning to U.S. I didn't feel like I need to follow up. Everything was normal.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

H: Since I am a risk taker, having a rhinoplasty overseas did not concern me. The only concern that I did have was finding a reputable, experienced doctor in Iran to perform the

surgery. The only other comment that I have about the surgery in Iran was the fact that if problems arise, lawsuits are very rare in Iran. Also, since I am a U.S. citizen and the U.S. does not have an embassy in Iran, I could not ask for any medical help/advice from the U.S. government. But fortunately, I got the care and attention that I needed.

What was your motivation for seeking health care in a country other than U.S.?

Since Iran has seven times more rhinoplasty surgeries than the USA, the experience level of a reputable doctor in Iran was my motivation to get my surgery there. The cost was also a factor in my decision.

Describe the impact of obtaining medical care in a country other than your resident country.

Fortunately, everything worked out fine, as my surgery was a “text-book case”. I had no complications and my recovery was quick. I can say I’m very happy with my decision.

Please indicate your gender/age/ marital status.

Male/ 40/ Married

Interviewee 3

Please, tell me the story about your experience of having a surgery in Mexico.

I had some Dental work such as root canal, build-up and crown, and regular medical check. Due to lack of access to dental insurance, it was difficult to overcome the cost of treatment, and by the way I had heard that people go to Mexico, especially for cosmetic surgeries, which cost is only less than half of what it is in the U.S. So, I did a lot of research to find a reliable clinic in Mexico. It is always important to have a doctor with lots of experience and knowledgeable. I got 3 estimates and took one of them. I was lucky to find a friend who recommended me the same clinic. To avoid any side effects after reviewing their work prior

to the surgery, I made an appointment with them to ask some questions about the side effects and follow-ups.

Can you tell me how much you saved?

I saved around 60% of what the cost is in the U.S. Besides, I could enjoy the sandy beaches in Mexico.

Did you seek follow up care upon return to U.S.?

No, although, I got copies of all my medical records before returning home, there was no need for follow up, everything worked well for me. Doctor did a great job and would go there for future dental work.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

When you are traveling somewhere that is outside your comfort zone or somewhere that is unfamiliar to you risk always plays a role in your decision. Especially when you know there is not a malpractice insurance as there is in the U.S. However, I talked to someone who had her dental work done there before. I was less worried about it. When I visited the clinic and got a tour to see their technology and equipment I was quite sure that there is not any problem in terms of quality. Besides, doctors and some nurses could speak English, and it was such a relief that I didn't need a translator.

What was your motivation for seeking health care in a country other than U.S.?

Price and also using the time as my vacation.

So, destination image and attractiveness were major concerns when you were thinking about engaging in medical tourism?

Definitely, natural and cultural attractions of Mexico were an important issue after safety and quality.

Describe the impact of obtaining medical care in a country other than your resident country.

There was no impact personally. I think the impact was that I didn't have to pay as much for the same service. I'm so grateful I had a fantastic holiday at a very affordable price.

Please indicate your gender/age/ marital status.

Male/ 35/ Married

Interviewee 4

Please, tell me the story about your experience of having a surgery in Costa Rica.

I was thinking about dental implants for more than a year. I had heard that Costa Rica has high-quality doctors and dentists, many of who are trained in the U.S. and are fluent in English. I went to San José, because it has the country's best clinics and hospitals. When I made my mind about going to Costa Rica I looked for doctors who are board certified and recommended by top specialists. Actually online information was very helpful. This allowed me to be confident that I receive excellent care.

So, can you tell me how much you saved?

A dental implant would cost me around \$3000 in the U.S. But, I only paid one third of this amount in Costa Rica. Plus, I enjoyed a holiday full of fun and excitement.

I paid around \$500 for flight to San José. And I think I paid \$120 per night for hotel. I stayed there for 5 days. The other expense was between \$300-\$400. It would cost me more if I wanted to do it at home.

Did you seek follow up care upon return to U.S.?

I scheduled a follow-up visit with my regular doctor. The clinic in San José sent my medical records to my doctor.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

Risks are rare when you choose a well-known clinic. If not, then you are in trouble with malpractice or any operational infections.

Did you face any miscommunication with your doctor?

No as I mentioned they were educated in the U.S. and all were good in English.

What was your motivation for seeking health care in a country other than U.S.? Did you incorporate a holiday along with the treatment?

Price, explore a foreign land, hiking in its rainforests and relaxing and try different Cuisine.

Please indicate your gender/age/ marital status. Female/47/Married

Interviewee 5

Please, tell me the story about your experience of having a surgery in Thailand.

Because of my husband we were living in Australia for 1 year, I had a breast enlargement in Thailand. It was so straightforward. I found several clinics and I emailed them for a quote, which was very reasonable. I gave them a date and booked my flights and they took care of everything else. Their service and help amazed me. I was collected at the Phuket airport. Two days after I went for the surgery. My surgeon spoke excellent English, All the staff at the hospital were very helpful. The end result was excellent.

How much did you save?

The approximate cost of breast implants in U.S. with surgeon's fees and facility fees is \$9,000. This price was around \$3000 in Thailand. Hotel, airfare and travel cost were around \$2000.

Did you seek follow up care upon return to U.S.?

Dissolving sutures were used in breast augmentation surgery.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

I had a comprehensive consultation with my doctor. After a careful examination he gave me recommendations. Finally, we discuss the risks and benefits of surgery. The best practice is to have a great channel of communication and work with a top surgeon, which I did. There are more concerns about tuberculosis, hepatitis A and infections outside the U.S. I was pretty sure about the quality of clinic I chose.

But if something bad would happen it was a very limited option in obtaining justice and compensation. With different laws in other nations, the legal alternatives are few.

What was your motivation for seeking health care in a country other than U.S.?

Doctors in Thailand specialize in breast augmentation. Cost, lovely town, good shopping malls, and recreational facilities.

Please indicate your gender/age/ marital status. Female/36/married

Interviewee 6

Please, tell me the story about your experience of having a surgery in Costa Rica.

When I retired, I lost my health insurance. I bought my own insurance (\$10,000 deductible).

The next year I needed a hernia operation. I was told the cost of this surgery is \$14,000. My insurance company referred me to an agent, who told me in Costa Rica the same procedure would cost just \$3,500.

I decided to travel with my wife. We stayed in Costa Rica for a week. By considering airfare, hotel, and operation we spent half of what the surgery would cost me in the U.S.

I stayed in a neighborhood hotel during recuperation process. Nurses were visiting me daily to make sure everything is fine. They were speaking English and there were no miscommunication.

They gave me a physical exam that was much more thorough than any American care I've received.

Did you seek follow up care upon return to U.S.?

It healed after 2 weeks. I never needed to see the doctor again. Just a regular check up.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

I asked my agent to verify doctor's education and his certificate before I travel. I read the reviews about the clinic and contacted my doctor before I make the final decision, I was not worried much about risks.

What was your motivation for seeking health care in a country other than your home country?

Cost, lack of enough insurance coverage, vacation, Professional, responsive, helpful, well-trained staff and especially doctor who did my treatments.

So, destination image and attractiveness were major concerns when you were thinking about engaging in medical tourism?

In addition to cost, the positive image of Costa Rica in terms of political safety and stability were my concern in decision-making.

Please indicate your gender/age/ marital status.

Male/ 63/ Married

Interviewee 7

Please, tell me the story about your experience of having a surgery in Costa Rica.

I was a little worried about going to another country for surgery but this was the best thing I have ever done. I got both implants and veneers (teeth) done at the same week and the care

was excellent I could not have asked for more. The outcome was fantastic and the aftercare was brilliant.

So, can you tell me how much you saved?

I was told the average cost of implant for single teeth would be \$2500, while I paid \$800 in Costa Rica. Each dental veneer would cost me \$1500 in U.S., but I only paid \$600 in Costa Rica. I was told that I needed to budget 5 days for dental veneers including visiting doctor and lab making the veneers. I booked hotel for a week.

Did you seek follow up care upon return to U.S.?

No, I only go to doctor for check up.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

The clinic has a huge experience dealing with foreigners. There are very skilled doctors working there. But, they helped me feel very comfortable in making my decision to move forward so I could finally receive my operation at a cost that I could afford. The quality of the materials used is good. Paying less for treatment doesn't mean that it should be second-rate.

What was your motivation for seeking health care in a country other than your resident country?

Price, quality of services, easy to travel

Did you think about destination image and its attractiveness before engaging in medical tourism?

Yes, in Costa Rica you experience so many different things, have so much fun, be amazed with the hospitality of Costa Ricans. It was a good opportunity for adventure.

A: Please indicate your gender/age/ marital status.

Male/40/Married

Interviewee 8

Please, tell me the story about your experience of having a surgery in Mexico.

I travelled to Mexico for Root Canal Therapy. I had no idea about dental tourism, until my colleague, who had done her dental work in Mexico, recommended me a clinic and I asked them for quote. I was surprised, when I found I need to pay one third of the price in U.S.. I am so happy with the service and care that was provided. The whole procedure was professional and quick. I travelled with my friend and spent 6 days in Mexico.

Did you seek follow up care upon return to U.S.?

No.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

I was concerned about recovery time and communication. But all staff spoke English fluently.

What was your motivation for seeking health care in a country other than your home country?

Financial advantages, qualifications of the surgeon, and the facility where the surgery or treatment will be done

Did you think about destination image and attractiveness before engaging in medical tourism?

There were different factors involved like beautiful beaches, pleasant weather, variety of food, and nightlife and entertainment.

Please indicate your gender/age/ marital status.

Female/39/Married

Interviewee 9

Please, tell me the story about your experience of having a surgery in Mexico.

The price of rhinoplasty is approximately \$3200 in Mexico. I was told this would cost me \$8000 in U.S.. I reviewed so many clinics and finally I narrowed it down to two clinics. I contacted the clinic and my coordinator did a great job answering all of my questions before and after my procedure. Finally, I made my decision and booked my ticket and reserved the hotel. To be on the safe side I allowed 10 days for recovery. The airfare cost me \$400, and hotel \$600. Meanwhile I enjoyed my time in Cancun. But, I had some limitations because of the surgery.

Did you seek follow up care upon return to U.S.?

I visited my Dr. several times after I came back to make sure everything is fine.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

I must admit; I was a bit skeptical about traveling to a foreign country to receive treatment. If you go for an accredited clinic with professional doctors, the risk will be the same as here. But, if you want to go for a cheap surgery and unknown clinic, you may regret it later. Doing research is very important. As I said before I contacted several clinics to make a decision.

What was your motivation for seeking health care in a country other than your resident country?

Obviously price, quality of job, and travel opportunity. Local people are very friendly.

Interviewee 10

Please, tell me the story about your experience of having a surgery in Costa Rica.

I had my upper eyelid done in Costa Rica. It was my friend's advice; she travelled all the way to Mexico for dental implants few years ago. I started looking for clinics and asked them for advise, they patiently answered all my questions and concerns and even provided an

opportunity to speak with patients that are satisfied with their service. It was very helpful and inspiring. It is how I ended up having surgery in Costa Rica.

Can you tell me how much you saved?

Well, I can say I saved up to 70% in this surgery. Besides I had a great week in Costa Rica. I had an advanced medical check-up before surgery. The next day surgery took 2 hours. I was told to stay in hospital for 8 hours after the surgery.

Did you seek follow up care upon return to U.S.?

It did not require a hospital stay, and the recovery time was minimal. Though a follow up appointment is ideal, the doctor uses dissolvable sutures to close the incisions, so a return visit is not necessarily required.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

It depends on which doctor and clinic you choose in Costa Rica. If something happens there is no malpractice and it sucks!

What was your motivation for seeking health care in a country other than your residence country?

Top board certified plastic surgeons are in Costa Rica, there was a great channel of communication, cheap services.

How much destination image and attractiveness was important to you?

Safety and stability of the country were very important, otherwise because of the surgery I couldn't go out much.

Please indicate your gender/age/ marital status.

Female, 58, married

Interviewee 11

Please, tell me the story about your experience of having a surgery in Iran.

Some cities in Iran such as Shiraz are pole of medical tourism in the Middle East.

There is a significant difference in price of public and private hospitals. Based on my personal experience the status of public hospitals is acceptable, but the private hospitals are in moderate status.

Price was the initial motivating factor for me. Rhinoplasty is a common surgery in Iran and I never had any fear about having this surgery in Iran. I did the surgery during my visit to Iran. I got amazing work done, and I couldn't recommend them any more highly! I was told I need to stay at least ten days in Iran after the operation but because I was planning to visit my family I spent about one month in Iran.

Can you tell me how much you saved?

The total cost of surgery including clinic cost was \$2700. My ticket to Iran cost me \$1100.

Before I travel I asked about the range of cost and my doctor told me it cost between \$6,000-\$10,000 depending on the level of complexity and location of the surgery.

Did you seek follow up care upon return to U.S.?

I didn't need any follow up.

How important risks are to you when making your decisions about overseas travel for a medical treatment.

I knew a well-known doctor who operated some of my friends. I never had any doubt about his job. Employees were real pros!

What was your motivation for rhinoplasty surgery outside the U.S.?

Cost and professional doctor, visit family, travel opportunity.

Please indicate your gender/age/ marital status.

Female, 31, single

Interviewee 12

Please, tell me the story about your experience of having a surgery in Brazil.

I had neck lift surgery in Brazil two years ago. it was a 3 hours' surgery but I preferred to stay there for 6 days in case of needing any special care. There were some scars in my neck area for few months, but it was improving slowly. Generally, I'm happy with the result.

So, can you tell me how much you saved?

The package recommended to me, included translator, airport picks up, all operation charges, consultations, anesthetics, 3 nights at clinic, and hotel was \$4000. I saved approximately 60%.

Did you seek follow up care upon return to U.S.?

Afterward there was no swelling or bruising externally but I had my monthly check ups with my local doctor for six months.

How important risks were to you when making your decisions about overseas travel for a medical treatment.

Initially, I was very nervous about this surgery, I had read so many reviews of other patients with bad experiences. That's why it took me almost a year to find a reliable surgeon.

What was your motivation for neck lift surgery outside the U.S.?

Money (insurance doesn't cover plastic surgeries), quality of services, and perfect surgeons.

How much destination image and attractiveness was important to you?

Safety was an important issue to me

Please indicate your gender/age/ marital status.

Female, 62, Divorced.