

# MEDICAL TOURISM: BANGLADESHI CONSUMERS' CHOICE OF DESTINATION COUNTRY

## ABSTRACT

The factors influencing medical tourism among Bangladeshi citizens remains an unexplored territory. This study is a pioneering attempt to gauge the preferences of medical tourism consumers from Bangladesh and to test a decision making model that determines their country of choice. In line with previous findings, this study found *cost of treatment* and *quality of services* to be important decision-making factors. Other decision-making factors identified were: *history of successful treatment*; and, the *image of the service provider (physician)*. *Brand image of destination hospitals* significantly correlated with the *availability of culturally appropriate food (Halal food) and accommodation* in the packages provided. However, Bangladeshi consumers' preference of Malaysia as a destination over Thailand introduces a new element to decision-making factors, i.e. *religious and cultural relatedness*. The study empirically tests previous decision-making models of consumers of medical tourism and proposes relevant developments to capture the evolving nature of consumer behaviour within this service industry. This study provides useful information for practitioners of medical tourism as findings may be instrumental for the development of marketing strategies in promoting medical tourism.

Keywords: Medical tourism, decision making model, Bangladesh, consumer choice.

## INTRODUCTION

As emerging nations accelerate their economies, creating a wealthy middle class, swelling numbers of health care consumers are willing to travel to secure what they perceive to be high quality medical care (Karp, 2008). There are also growing numbers of uninsured patients in the developed world, facing high cost of medical care at home. They are travelling abroad to seek lower cost alternatives. A bidirectional flow of tourists seeking medical help is the new trend of the medical tourism industry (Horowitz & Rosensweig, 2008). This new trend has introduced an opportunity for many countries to develop a completely new industry providing services to this niche market of tourists. In 2005, for example, India, Malaysia, Singapore and Thailand attracted more than 2.5 million medical travellers (United Nations Economic and Social Commission for Asia and the Pacific [UNESCAP], 2008). Singapore, India, Thailand, Brunei, Cuba, Hong Kong, Hungary, Israel, Jordan, Lithuania, Malaysia, the Philippines and United Arab Emirates are now emerging as major health care destinations. However, Asia remains the main region for medical tourism (Conell, 2006). By 2012, Asian medical tourism is expected to generate \$4.4 billion a year (The Daily Star, 2006). Despite having attracted a lot of commercial attention particularly in the developing countries, this emerging field has only a few academic studies focusing on it. There are about a dozen of non-academic books available in the market on this subject and most of their focus is on Asian countries like India and Thailand and the nature of the services being provided by these countries. The demand side of this industry is often poorly understood even by the supplier countries that are designing their services only from a supplier perspective. It is now more important to understand the demand side of this service industry with the new emerging nations providing the industry with a new class of patient customers who have their distinct nature of social and cultural background. To the best of the authors' knowledge there has not been any studies considering the emerging supplier countries and the nature of the service