

Abstract

The aim of this research is to analyse the factors that determine the motivation and behaviour of potential medical tourists in choosing a destination, with particular emphasis on the role played by destination image in the case of Thailand. In pursuit of this objective, the study examines the motivation of individuals to engage in medical tourism, their information search behaviour, their reliance on various information sources, and the salient criteria they use in evaluating alternative medical-tourism destinations.

These issues are worthy of detailed study for several reasons. First, medical tourism has the potential to be an important factor in sustaining the competitive advantage of Thailand in the tourism market in general, while also being a significant revenue-generating sector in its own right; indeed, the policy of the Thai government envisages Thailand as both a tourism and medical hub of Asia. Secondly, contemporary medical tourism, which typically involves patients from developed countries being attracted to developing countries for quality medical services at cheaper prices, is a relatively new phenomenon that has received very little research attention. As a consequence, decision-makers in this field are forced to make marketing decisions on the basis of intuition and/or relatively unreliable non-research literature. A thorough research-based understanding of consumer behaviour in the context of medical tourism is still lacking. It is therefore important for decision-makers to have access to a thorough research-based analysis of the salient factors that determine the choice of a medical-tourism destination.

To address the substantive research question of identifying the salient factors that influence the choice of a medical-tourism destination, the present study primarily collects data from an online survey of potential medical tourists, complemented with data from a hardcopy written survey. The population from which the sample is drawn for these surveys includes individuals who: (i) have expressed an interest in medical tourism; and (ii) are proficient in English. Respondents in the final research sample are asked to answer questions that seek to measure their attitudes, opinions, and intentions with regard to: (i) their health behaviours; (ii) the costs and waiting times of

medical treatment provided in their home countries; (iii) their perceptions of risk; (iv) their familiarity with medical procedures and with Thailand as a medical-tourism destination; (v) their assessment of destination attributes; (vi) the image of Thailand (and its three competing destinations) as a medical-tourism destination; and (vii) their intentions to visit Thailand (and/or its three competing destinations) for the purpose of medical tourism.

Following analysis of the collected data, the study finds that individuals who are more inclined to undertake medical tourism are those who: (i) have an internal health locus of control; (ii) consider the cost of health-care services in their home countries to be financially unaffordable; and (iii) consider that the waiting time to receive desired treatment in their home countries is too long (Wallston et al., 1994, Awadzi and Panda, 2005).

The study also finds that there is a negative relationship between the information-search behaviour of potential medical tourists and their familiarity with medical procedures and/or alternative destinations (Gursoy and McCleary, 2004, Wirtz and Mattila, 2003). In contrast, perceptions of risk, which might have been expected to have a positive effect on external information search, is not found to exert an influence in this study; this finding probably reflects the complexity of the issues involved and respondents' relative inability to process the relevant information (Hawkin et al., 2001).

Information from autonomous image agents and organic image agents is found to be more important than information from induced image agents; nonetheless, all three types of information sources are found to have a significant influence on respondents' choosing Thailand as a final medical-tourism destination (Tasci and Gartner, 2007). However, prospective medical tourists who perceive certain types of risk are found to rely more on information from particular organic image agents (such as personal doctors and insurance companies)(Beerli and Martin, 2004).

The study also finds that prospective medical tourists are particularly motivated to consider four destination attributes in choosing a medical-tourism destination: (i)

saving potential; (ii) quality of care; (iii) hygiene issues; and (iv) safety and security (Marlowe and Sullivan, 2007). In contrast, general tourism opportunities, which have been promoted in the past in seeking to attract medical tourists, appear to be neither important nor unimportant to the respondents in the present study.

When evaluating alternative destinations, medical tourists reject destinations that they perceive as providing an inadequate quality of care. However, the provision of medical care that exceeds this threshold level of quality does not necessarily enhance the appeal of a destination (Mansfeld, 1992, Marlowe and Sullivan, 2007). Indeed, the study finds that medical tourists are prepared to sacrifice some attributes (such as quality of care above the threshold level) for greater saving potential (Marlowe and Sullivan, 2007, Mansfeld, 1992). In this regard, the study finds that price-sensitive medical tourists consider Thailand more appealing than Singapore. Taken together, these findings suggest that Thailand should therefore optimise its appeal to prospective medical tourists by ensuring that there is an appropriate balance between the provision of a quality of care that meets threshold levels and prices that maximise saving potential.

Apart from quality of care and cost saving, the study also finds that the image of a destination with regard to hygiene and its image with regard to safety are also important in choosing a medical-tourism destination (York, 2008). Thailand should therefore take steps to ameliorate any negative aspects of its image with regard to safety and/or hygiene.

From the finding of this research, implications can be drawn for both theory and practitioners. The first implication for theory is about the information search behaviour, prospective tourists with high inherent risks tend to engage more in external information search as to minimise the perceived risks (Gursoy, 2003). Insignificant relationships between perceived risk and intention to engage in external information search suggest that there are other factors (such as complexity of the issues) that serve as antecedent of external information search behaviour as well. Therefore, when presenting complex information such as medical procedures,

healthcare service providers and medical tourism promotional agents should use presentation cues instead of core contents about the procedures.

The second implication for theory is about reliance of information sources of medical tourists, the finding suggests that prospective medical tourists rely on all three types of information sources, induced, autonomous, and organic image agents, in combination. In medical tourism destination choice situation which is considered a risky decision, prospective medical tourists tend to rely on information from particular sources including personal doctor and insurance companies.

The third implication for theory concerns destination attributes salient to medical tourism destination choice. Quality of medical care, the most important criterion, is a non-compensatory decision rule meaning that destinations that are perceived as failing to deliver care of an expected level tend to be rejected. Saving potential, the second most important criterion, is a compensatory decision rule meaning that prospective medical tourists find a destination more appealing as it offer a greater saving potential and vice versa. Other criteria that are salient to medical tourism destination choice are hygiene level of a destination as well as its safety and security.

The first implication for practitioners is related to the use of information source to promote a destination for its medical tourism sector. The finding suggests that tourism promotion practitioners should engage in both overt and covert marketing communication activities. Besides, as medical tourists tend to rely on information from personal doctors and insurance companies, promotional schemes that can provide insightful product information about medical services offered in the destinations such as familiarization trips.

The second implication for practitioners is related leverage points for promotional message. Tourism practitioners leverage the quality of care according to the acceptable standard of developed countries, as well as saving potential while communicating that the destinations are hygienic and safe.

There are also a number of limitations pertained to this research. First limitation concerns access to respondents. Due to the sensitive nature of the information and ethical concerns, the recruitment of respondents has been done with the assistance for gatekeepers who often choose not to cooperate. The second limitation concerns the potential bias from respondents who were approached by Tourism Authority of Thailand and Thai healthcare providers. Therefore, they are those who are already aware of Thailand as a potential medical tourism destination. The third limitation concerns that data collection period which took place well before the political instability. Therefore, the country's image about safety and security as well as the intention to visit might have been changed.

For those who would like to conduct the research in the area of medical tourism should conduct the research on each source markets as each of them has their own healthcare system. The future research should explore the images of Thailand in regards of the six studied attributes while comparing such images with other competing destinations. Besides, actual destination choice behaviour should also be observed if time and resource permit.