

Medical Tourists' Satisfaction and Decision-Making Factors with a focus on the Czech Republic

Monika Hilšerová

email: monika.jellusova@atlas.cz

Faculty of International Relations, Prague University of Economics and Business, Prague, Czech Republic

Hilšerová, M. (2022). Medical Tourists' Satisfaction and Decision-Making Factors with a focus on the Czech Republic. *Czech Journal of Tourism*, 11(1-2), 60-83. DOI: 10.2478/cjot-2022-0005.

Abstract

Medical tourism in the Czech Republic is a relatively new phenomenon, so far, no research has been conducted in this area to collect relevant data. This research aims to analyse and evaluate the experience of medical tourists and find out what is important and what influences them in choosing a destination where they will undergo the selected procedure. Based on qualitative research, which was conducted in the form of interviews with medical tourists who underwent medical intervention in the Czech Republic, the problems faced by medical tourists, and factors influencing their decision-making processes were identified. Finally, suggestions for improvement were found. The research focused on the areas of communication, behaviour, decision-making processes, and factors that lead to patient satisfaction. The results are important not only for the healthcare facilities themselves but also for the creation of an adequate marketing strategy, as it was found that the most important tool in the decision-making process is the word of mouth. It was found that medical tourists choose the country mostly based on the recommendation of family or friends, mostly those who have already undergone medical treatment in that country. Therefore, it is important that patients leave satisfied so that they can continue to recommend going for treatment abroad or particularly in the Czech Republic.

Keywords

The Czech Republic, decision-making process, motivational factors, medical tourists, satisfaction

JEL classification: I1, Z32

Accepted: 20 October 2022

Introduction

Health tourism

As the term health tourism covers a wide range of terms, there are many definitions. For the structure of this paper, the author will be based on the definition according to Kotíková (2013), which divides health tourism into spa, wellness, and medical tourism. Mainil, Eijfelaar, and Klijs (2017) also support this division. As a Czech-speaking nation, we also encounter the problem of translations from English. Very often, terms such as spa tourism, medical tourism, or wellness tourism are interchanged. Connell (2013) characterizes health tourism as a summary of all relationships and situations resulting from a change of residence to restore physical, mental, or social well-being, which, however, does not set a clear boundary between the individual orientations of given tourism. Voigt and Laing (2013), on the other hand, focus on the difference between wellness and medical tourism. The main difference is the presence vs. the absence of the disease, which in the case of wellness is prevention, while a medical tourist could consider himself more of a patient. Thus, wellness service providers are health-oriented, while healthcare providers are disease-oriented. Accordingly, the focus of the services of these facilities is divided, but also the staff, who, in the case of wellness, may not be as qualified as in the case of providing health services.

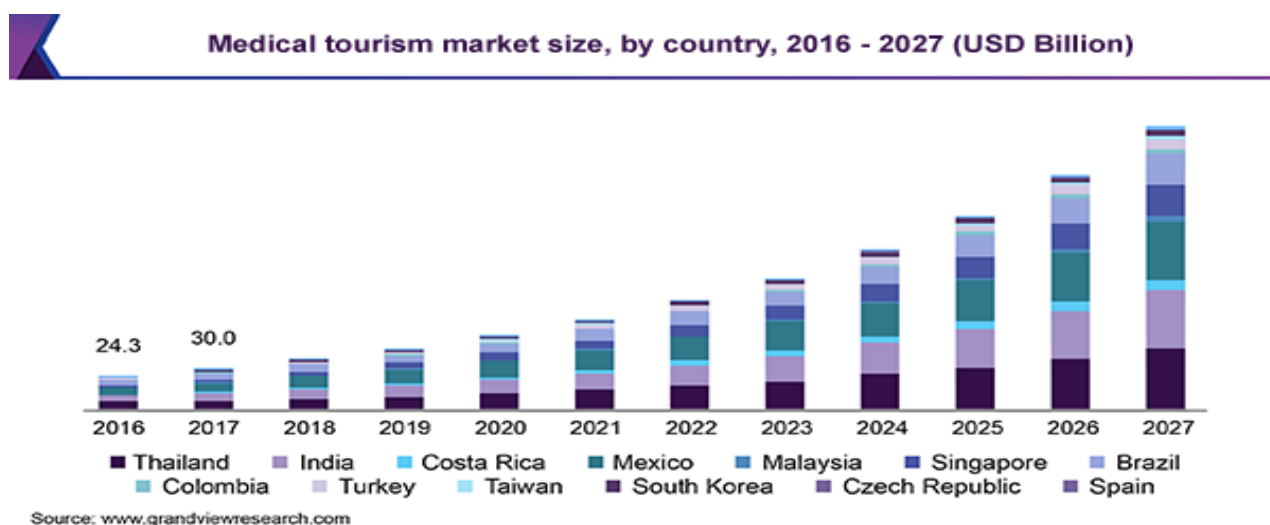
Tourists visiting wellness hotels and resorts aim primarily at improving the mental side, i.e., they focus on the regeneration of the psyche and relaxation in cooperation with maintaining a healthy lifestyle. Spa guests either want to primarily maintain their physical and mental health, so their motives are massages, wraps, relaxation in a pleasant environment, and care that does not require medical supervision, or they are patients who have undergone a medical procedure and are now trying to get back to a healthy state (Connell, 2013). These require professional, i.e., medical, care that they cannot determine for themselves. Medical tourists travel directly to treatment, usually to a specific facility and a specific procedure. Their motive is to get rid of the disease by undergoing a selected procedure. The division does not and cannot have strict boundaries, as hotel or medical facilities offer many additional services that can be part of preventive or curative services (for example, a tourist who comes to the spa for a relaxing massage, or a client who visits post after the operation wraps in a wellness hotel).

Medical tourism

Another area of health tourism is medical tourism, which will be the focus of this article. It is the youngest type of health tourism, which should provide classic medical procedures as quick, qualified, and cheap as possible (Benešová & Kruisová, 2015). According to Smith and Puczkó (2009), medical tourism can be defined as a journey to treatment in foreign destinations. The concept of medical tourism includes all procedures in the following fields: cosmetic surgery, dentistry, cardiology, cardiac surgery, orthopaedics, bariatric surgery, reproductive medicine, transplantation, ophthalmology, and diagnostics (Lunt, et al., 2013). Connell (2013) finds a complete in-depth definition of medical tourism, which is referred to in the market as a "niche product" that includes both health services and tourism packages. Individuals are willing to travel long distances regularly so that they can consult their problems with experts

in various diseases. They are also willing to pay for quality services and, at the same time, like to promote these services further, so the motivation to maintain treatment at a high level is great (Barrows, Powers, & Reynolds, 2012). Lunt et al. (2013) define medical tourism as a specific form of patient mobility, where patients travel across borders for special treatment. The most popular destinations in the health tourism market are Thailand, India, Costa Rica, Mexico, Malaysia, Singapore, Brazil, Colombia, Turkey, Taiwan, South Korea, the Czech Republic, and Spain (Karadayi-Usta & SerdarAsan, 2020).

Figure 1 Medical tourism market size, 2016-2027 (USD billion) (Source: Research and Markets, 2020)



The medical tourism market is growing with increasing global openness. This is an area of medical care that is defined by medical tourists. A medical tourist is a person whose primary and exclusive motive for travelling outside the territory of his state is medical treatment. The group of medical tourists does not include foreigners treated abroad based on an acute need, wellness tourists or people who are looking for spa care or alternative treatment, and emigrants, resp. expatriates who seek medical care in the country where they live. Similarly, a person who travels to a place of medical care from a neighbouring country is not considered a medical tourist because it is closest to him, so he does not consider the benefits of treatment in another country, and the financial side plays a minimal role (Lunt, et al., 2013). Revenues from medical tourism represent significant amounts for the national economy. For example, according to a study conducted in the UK (Horsfall & Lunt, 2013), hospitals earned £ 42 million for medical tourists in 2012, and tourists spent a further £ 219 million on hotels, restaurants, shopping, and transport. Another study (Research and Markets, 2020) estimates the global medical tourism market at \$ 207.9 billion and that it will reach \$ 207.9 billion in 2027 at a compound annual growth rate of 21.1%, as shown in Figure 2. Lee and Yudi (2015) emphasize the importance of cooperation between medical tourism providers and the media. Their research found that word of mouth is the most effective way to promote health tourism services.

Medical tourism in the Czech Republic

According to available International Medical Travel Journal data (International Medical Travel Journal, 2017), the number of medical tourists visiting the Czech Republic has more than tripled in the last 10 years to approximately 100 000 medical tourists per year. According to the World Tourism and Travel Council (World Travel and Tourism Council, 2019), the Czech Republic ranks among the top 15 countries with the largest inbound medical tourism spending, revenues from medical tourism in 2017 almost 4% of total tourism revenues, which is 265 million dollars, i.e., about 5 billion crowns.

The Czech Republic is already a very popular country, but it still has great untapped potential. Its healthcare is of high quality and affordable. It is important to outline here the problem of the lack of relevant information sources. The medical tourism market is still evolving, and more countries are gradually being added to target this market so that in most countries, there is no institutional framework to monitor and control it (Lunt & Carrera, 2010). To evaluate the competitiveness of medical tourism in individual countries, a Medical Tourism Index was created, which expresses the attractiveness of the considered country for medical tourists. Elsewhere, it can be as high as 100, and the higher the interest in the country. The Czech Republic is in 15th place for this year (2020 - 2021) with a value of 68.32 (Figure 2), which is a very good position and could increase interest in the Czech Republic. But as we can see in Table I, a large proportion of medical tourists do not know about this index, and even though they do, they did not decide according to it. This fact may also be because in recent years the Czech Republic has not been included in the Medical Tourism Index calculation.

Figure 2 Coding system (Source: Medical Tourism Index, 2020)

Overall MTI Ranking



2. Singapore	76.43		25. Colombia	64.95	
3. Japan	74.23		26. Egypt	64.81	
4. Spain	72.93		27. Malta	64.75	
5. United Kingdom	71.92		28. Brazil	64.35	
6. Dubai	71.85		29. Poland	64.10	
7. Costa Rica	71.73		30. Turkey	63.91	
8. Israel	70.78		31. Morocco	63.80	
9. Abu Dhabi	70.26		32. Bahrain	63.65	
10. India	69.80		33. China	63.47	
11. France	69.61		34. Greece	63.45	
12. Germany	69.29		35. Saudi Arabia	63.32	
13. Oman	69.03		36. Jordan	63.26	
14. South Korea	68.81		37. Panama	62.77	
15. Czech Republic	68.32		38. Tunisia	61.78	
16. Taiwan	67.93		39. Qatar	61.13	
17. Thailand	66.83		40. Jamaica	60.74	
18. Italy	66.75		41. Russia	60.17	
19. Dominican Republic	66.32		42. Mexico	59.47	
20. Argentina	66.26		43. Lebanon	57.14	
21. Portugal	65.96		44. Guatemala	55.04	
22. South Africa	65.82		45. Kuwait	54.84	
23. Hungary	65.69		46. Iran	44.38	
24. Philippines	64.99				



Copyright © 2020 Global Healthcare Resources & International Healthcare Resource Center

Theoretical basis

Understanding the behaviour of tourists, their needs, and what their priorities and requirements are, is a very important factor for success in the field of tourism. Tourism is a growing business, people are travelling to more and more distant destinations, and foreign tourists are the main source of income from tourism for most countries. Plus, their cultural backgrounds, behaviours, and priorities vary. The environment they come from, the behaviour they tend to because of their cultural background, and the elements that influence their shopping behaviour while travelling are all factors that determine the success of individual components of tourism. According to Reisinger and Turner (1999), misunderstanding these factors can lead to a decrease in demand for a given service, a reduction in profitability, and even the total cessation of that service. Therefore, tourism operators should seek to understand this issue as comprehensively as possible, as such knowledge will enable them to provide better-targeted services. It means not only ensuring higher profits for their business but also raising the level of tourism and contributing to tourism stability and sustainability in general.

Medical tourism is seen as an opportunity to invest in health care and innovation (Conell, 2006). The patient pays for all the care himself. There are many reasons why a patient should travel for the procedure. Above all, it is a question of lower financial demands than at the home clinic, shorter waiting times, better or more accessible health care, or the fact that the client will be kept more anonymous (Conell, 2006). Guy and Henson (2015) cite the most common reasons for lower medical costs, shorter waiting times, and better quality or availability of treatment that would not be legal in the home country. Tseng (2013) adds another reason for the unavailability of the procedure or the fact that the procedure is not covered by a health insurance company in the home country. The patient pays for all the care himself. These are often patients who are from developed countries, so they are relatively rich. Still, for some reason, they do not want to undergo surgery in their home country, so they choose another country, mostly the one that is an advantage from their point of view (Bennie, 2014). The choice of destination is influenced by the patient's motivation to travel, which can be explained using push and pull factors. Push factors represent a person's inner desires, such as escaping from reality, daily routines, or experiencing adventure. On the other hand, pull factors correspond more to human needs, such as costs, services, and references (Jurowski, 1993). Jurowski (1993) was one of the first who listed 12 factors that influence the choice of destination by a medical tourist. 1) political climate, 2) economic conditions, 3) regulated standards, 4) costs, 5) hospital accreditation, 6) quality of services, 7) experience of doctors, 8) long waiting periods 9) possibility of travelling, 10) illegal procedures, 11) privacy, 12) insurance. Singh (2013) conducted research in the United States and found that low costs, government policies, and laws, and the high quality of health services are the most important determinants of medical tourist decision-making.

There are, therefore, several factors that affect health and medical tourism and its development. For example, if the country's security changes (wars, natural disasters, infections, etc.), the health tourism market will be immediately disrupted, so the patient chooses another, safer country. The main factors that have influenced healthcare flows include the ever-increasing cost of medical care, long

waiting times, the availability of destinations through technology and air transport, and the increasing quality and hygiene in many countries. Patients from the United States travel to less developed countries mainly due to high healthcare prices, while patients from the United Kingdom travel due to long waiting times for the procedure. According to research by the Medical Tourism Association (2015), up to 80% of patients travel for the procedure due to lower costs, most often plastic surgery. A medical tourist is a patient who travels outside his home territory for a medical procedure. Some types of medical procedures are not available to patients at all in all countries. This may be due not only to the technological sophistication of hospitals, but also, for example, to the illegality of certain medical procedures in the home country, such as abortion, euthanasia, or the choice of sex of a child, which are legal abroad (Rab-Przybyłowicz, 2016). The low technological maturity of hospitals in some countries is associated with lower quality of medical care. In these cases, patients prefer medical treatment abroad, where, thanks to more technologically advanced methods and quality experts, they will receive better quality care with a higher probability of the expected result (Kotíková, 2013). Another motive for undergoing the procedure abroad is the possibility of combining a visit to a medical facility with a holiday. Johnston et al. (2010) state that patients often choose clinics for medical procedures abroad according to the destination in which they will feel like they are on holiday, which will make their subsequent recovery more pleasant.

Medical Tourism Index

If the country itself is attractive to tourists, it can also attract medical tourists, because they can combine medical care with exploring the country (or at least the patient's escort) and thus prefer the country over a less interesting one. Of course, this factor will not be decisive, but it can facilitate decision-making between already selected countries. Differences in the cultural environment play an important role in the decision-making process of tourists. The media play an important role in decision-making, especially for the people of Asia (Bookman & Bookman, 2007). The International Healthcare Research Center ranks countries in the health tourism market according to the so-called Medical Tourism Index (MTI). It consists of three areas. The first pillar is the country's environment - economy, security, image, and culture. The second pillar consists of the tourist and medical parts. It consists of the attractiveness of the country, climate, nature, and the cost of accommodation, operations, and travel. The third part includes the availability and quality of care, the environment of hospital facilities, additional services, certification, language skills, and friendliness of the staff. Thanks to MTI, it is possible to measure the differences between the countries to which medical tourists come. The higher the index, the higher the attractiveness of the country (maximum value is 100). The Czech Republic was not previously included in the MTI measurements, so the attractiveness of health tourism was difficult to compare with other countries. For 2020, the Czech Republic has already received a value of 68.32 points, which means a very good 15th place overall, and this result could

increase interest in the Czech Republic. The big disadvantage of this index is that it does not cover all countries, which reduces its informative value. (Medical Tourism Index, 2020)

Competitive advantages of the Czech Republic for medical tourists

The main advantage for medical tourists heading to the Czech Republic is the ratio of the price of medical procedures and their quality. The good reputation of the Czech Republic in the Euro Health Consumer Index, which compares healthcare systems in European countries, contributes to the good reputation of the Czech healthcare system. In 2018, the Czech Republic ranked 14th out of 35 countries under comparison and 1st in Central and Eastern Europe. The location, the safety of the country, the quality offer of accommodation, and the hygienic standards, which are very favourable for the Czech Republic, are also very important factors for choosing a health tourism destination. The Czech Republic is located in the heart of Europe and is easily accessible by all modes of transport. The Czech Republic is considered the 10th safest country in the world. In 2018, it was evaluated with 6.9 points out of 7, in the field of health and hygiene by the World Economic Forum which ranked 4th out of 140 evaluated countries. One of the reasons for placing the Czech Republic among the countries with the best hygiene is the strict standards, which are enshrined in Czech law, and relate not only to hygiene, but also to drugs or medical staff requirements that ensure patient safety and minimize health risks (Hilšerová, Hrabalová, & Kalábová, 2020).

Methodology

The research is focused on medical tourism in the Czech Republic. Due to the absence of previous research, this research also includes qualitative data collection to define the motivation of medical tourists. Qualitative research was chosen for exploration. A new topic was researched. Therefore, a methodology was chosen that would allow research of a phenomenon that was little known and provided space for new data not influenced by foreign studies. Furthermore, the method of explanation was used, where the relationships between the provider and recipient of services were investigated, and the given causal links were identified. Data were collected in the form of semi-structured interviews from October 2019 to December 2020. Structured data can be seen in Table 1. The research had to be interrupted and subsequently terminated due to the COVID-19 pandemic, which caused an absolute shortage of medical tourists. Interviews were conducted with medical tourists who underwent procedures in the largest private medical facilities in Prague. Prague was chosen as the representative city where the most medical tourism interventions are performed in terms of quantity and diversity. Prague clinics are the centre of medical tourism, both specialized and routine procedures are performed here, and thanks to the air transport connection, no other city in Prague can match. A total of 12 interviews were conducted, some in person, others using online platforms. Patients who underwent interventions in the mentioned areas were addressed in the chosen clinics. Those who agreed to the interview were included in the study. All patients met the definition of a medical tourist, i.e., they were patients who visited a clinic from abroad for a medical procedure, the costs of which they paid for themselves. All interviews were conducted after the procedure to allow patients to assess

satisfaction with the procedure, some were conducted immediately after the procedure, which may result in a reluctance to respond, but although the answers were shorter, they were relevant. Some patients wanted to remain anonymous, i.e., they were published under the name Anonymous. No medical facility wanted to publish its name. Clinics that provide medical care in the field of reproductive medicine, plastic surgery, and dentistry were selected. These three areas were selected as the most common procedures for medical tourists to the Czech Republic (based on data from interviews with experts in the field of medical tourism)¹. They are also procedures that are often not as extensive (such as bariatric or orthopaedic operations), and the patient is able to answer the interview questions after the procedure, structured questions were asked at the beginning of the interview, after which the patients spoke mostly, and the questions were more complementary or responsive to the respondent's words.

Only persons who met the criteria for participation were included in this study: a) they were at least 18 years old and b) they travelled to the Czech Republic to undergo a medical procedure that they paid for themselves. Respondents were informed that they were in the study voluntarily and could terminate the interview at any time. They were assured that the data provided would not be passed on to third parties and would be confidential. The interview was conducted in combination with open-ended questions, which gave space for discussion. Each interview lasted an average of 30 minutes and was recorded and transcribed. Data collection was performed to evaluate the satisfaction of medical tourists and, thus, the range of services provided to tourists, to identify problems that patients may encounter, and the factors that influence the decision-making process of potential tourists. After identifying the problems, evaluations, and suggestions for improvement in the given areas were made.

2 research questions were identified:

- 1) How do medical tourists experience their stay in the Czech Republic?
- 2) What factors affect medical tourists most in the decision-making process?

Data analysis

In qualitative research, validity corresponds more to the term "suitability" of methods to find answers to research questions (Leung, 2015). This study uses a method of qualitative research in the form of interviews and ensures the validity of the results by allowing respondents to respond freely and openly based on their knowledge and experience. Reliability is difficult to measure in qualitative research and looking for it is irrelevant in qualitative research, attempts to determine reliability can be rather misleading. (Spencer et al., 2003).

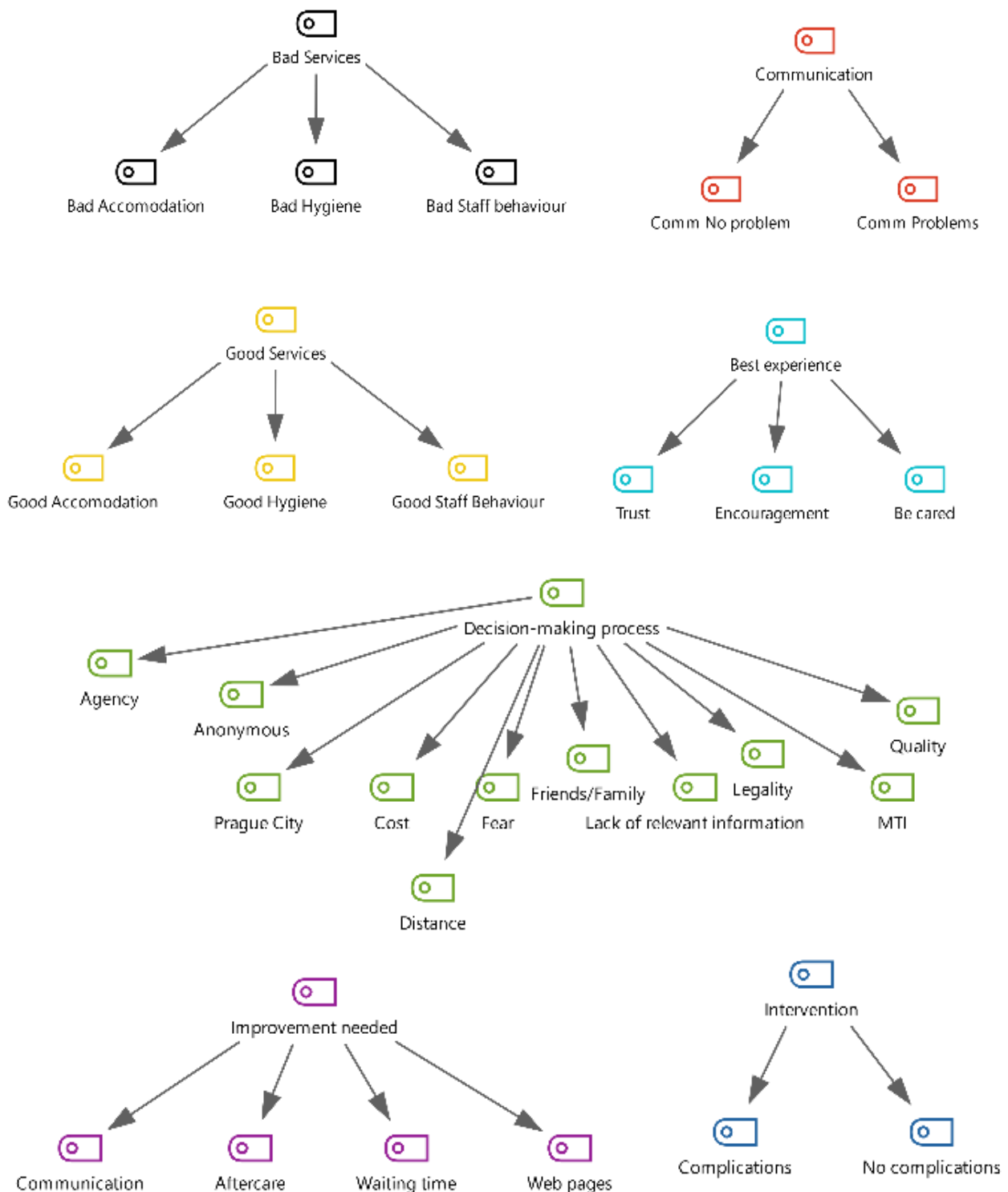
Lincoln and Guba (1986) offer their own, so-called natural criteria for the quality of qualitative research, which replace the "holy trinity" of quantitative research. Credibility thus represents a measure of the veracity of the findings, which is, however, determined by the research participants themselves, i.e., in this study by the respondents. Transferability replaces generalizability in the sense that knowledge is conditioned by the circumstances of its origin (time, place, etc.), and for its usability, in other

¹ The author's own research has not been published yet.

circumstances, it is necessary to describe the original and transferred context in sufficient detail. Reliability is determined by the care with which the researcher documents and reflects on his research strategy, especially the methods used, and the decisions made during the research. Confirmability then expresses the extent to which the analysis and presented findings are based on data and are based on acquired documentation.

First, the data was overwritten from audio recordings. The interviews were conducted in English, so the research was not influenced by translation. Then a framework analysis using a coding system was prepared, where important topics were classified according to mutual relations. Data analysis was performed using open and axial coding via MaxQDA software, which can graphically evaluate individual data. The questions were asked more specifically to reflect the purpose of the research. Based on the responses of the medical tourists, the coding system was created as shown in Figure 1. The services provided by the medical facility, the environment, and the accommodation were monitored. Furthermore, whether patients had complications during or after the procedure or were they satisfied with the follow-up care. Problems with communication with both staff and regular communication in public were asked. Emphasis was also placed on the decision-making process in deciding to which country patients undergo the procedure. Factors were found that influence this process, what would need to be improved, and what tourists evaluate positively.

Figure 3 Coding system (Source: author's own research and elaboration, 2020)



Data report

Table 1 summarizes the respondent profile and the baseline data for all twelve interviews. Gender, age, nationality, type of procedure, number of days after the procedure, whether the interview was conducted in person or online, whether respondents heard about MTI, whether they decided how many people accompanied the patient and whether they used the services of an intermediary agency.

These data are important for a complete picture of the respondents. Most medical tourists travel in pairs, only two travelled alone, and both respondents stated that they would rather travel with a partner or someone close, but this was not possible. The fact that patients usually travel in pairs proves that patients are afraid of travelling for the procedure and would welcome the support of their loved ones. One way to avoid the fear of the unknown and eliminate the worries of organizing the entire stay is to hire an agency that arranges contact with the health centre, provides transportation from the airport and accommodation, and it is possible to contact its representative in case of any problems. Even so, only a quarter of medical tourists used this option. Others preferred individual organizations, mainly due to lower costs.

Table 1 Respondents' data (Source: author's own research and elaboration, 2020)

Name	Gender	Age	Nationality	Type of intervention	Days after intervention	Interview	MTI knowledge	N. of visitors	Agency
Joanne K.	F	54	GER	STOM	1	PERS	Y	2	N
Anon. 1	F	34	POL	IVF	0	PERS	N	2	N
Georgina	F	55	UK	STOM	0	PERS	Y	2	N
Anna	F	45	RUS	COSM	30	ONLINE	N	2	Y
Anon. 2	F	37	UKR	COSM	14	ONLINE	N	1	Y
Anon. 3	F	50	VIET	COSM	2	PERS	N	1	N
Charlotte	F	39	UK	STOM	3	PERS	Y	2	N
Maryla	F	39	POL	IVF	1	PERS	N	2	N
Anastasia	F	37	RUS	COSM	18	ONLINE	N	2	N
Anon. 4	F	62	POL	STOM	2	PERS	N	2	N
Linh	F	31	VIET	IVF	6	PERS	Y	2	Y
Gisela	F	41	GER	COSM	10	ONLINE	N	2	N

Legend: GER = Germany, POL = Poland, UK = United Kingdom, RUS = Russia, UKR = Ukraine, VIET = Vietnam, COSM = cosmetic surgery, STOM = stomatology, IVF = in vitro fertilization, PERS = interview was conducted in person, ONLINE = interview was conducted online, Y = YES, N = NO

Results

Based on the analysis of the conducted interviews, six parameters were monitored. Services (accommodation, hygiene, staff behaviour), Communication (language barrier, polite behaviour), Intervention (with or without complications), Best experience (what the patients appreciated the most during the stay), Improvement needed (in which areas improvement would be needed) and Decision-making process (factors that were important for the patient's decision-making). Regarding the overall evaluation of the respondents' answers, Table 2 is helpful for the interpretation of the data. In the left part, the codes of individual segments are written and in the right part are numbers that indicate the number of mentioned codes in the document (interview). From the table, it is possible to read who was satisfied or dissatisfied with the provided services, communication, and intervention, what factors play the biggest role in the decision-making process, and more.

Table 2 Interview results (Source: author's own research and elaboration, 2020)

Soustava kódů	Linh...	Ano...	Charl...	Anas...	Ann...	Ano...	Ano...	Gisel...	Mary...	Geor...	Ano...	Joan...
Bad Services												
Bad Accomodation								1	1	1		
Bad Hygiene						2						
Bad Staff behaviour		1			2	1			5			
Best experience											1	
Trust			1			2	2	2		3		
Encouragement	1					1	1	1		1	1	
Be cared	1	1		1			1	1				1
Communication												
Comm No problem	1	1		2	1	2		1		1	1	1
Comm Problems					1	1	1		2			2
Decision-making process												
Agency	1				1	1						
Prague City	1							1		1		
Anonymous	1										2	
Cost		1		1	1	1	2	1	2	2	2	3
Distance		1				1			1		1	
Fear		1			1	1	1		3	1	1	1
Friends/Family	1	1		1	3	3	2	1	3	1	2	2
Lack of relevant information		1			1				1			1
Legality											1	
MTI	1											
Quality				1	1	1				2	1	1
Good Services												
Good Accomodation	1				1		1				1	1
Good Hygiene	1	1						1		1	1	2
Good Staff Behaviour	1	1		2			1	3		3	1	1
Improvement needed												
Communication	1				3			1				
Aftercare		1			1			1				
Waiting time									1	1	1	
Web pages		1			1				1			1
Intervention												
Complications		2			1	1			1			
No complications	1			1			2	1		1	1	1

The first research question was: How do medical tourists experience their stay in the Czech Republic?

Monitored parameters:

Services

The service level will be analysed first. By this term, it is meant the behaviour of staff, including the attending physician, the hygienic background of the facility, and accommodation. Services were divided into bad and good based on the respondent's view. These codes were separated and, for clarity, put into two tables 3, and 4. It is seen that the respondents were rather satisfied with the above-mentioned services, but a large part had something to complain about, which should be improved in the future.

Specifically, the respondents always described the staff behaviour and especially the attending physician as one of the most important factors, because they gained confidence not only in the physician and the facility itself but also in strengthened faith in a successful procedure. It should be mentioned that the accommodation factor does not depend on the medical facility, it cannot affect it in any way, but it undoubtedly belongs to the overall impression of the medical tourist from the stay. If there was a focus only on the staff behaviour, then eight patients were satisfied and four patients

were not satisfied, of which one was not satisfied at all. The ratio of good and bad service is also illustrated in Tables 3 and 4. Almost all medical tourists expect that the staff and especially the attending physician will pay full attention to them; besides, they pay for the procedure themselves, more so they expect full service and care. Most are afraid of the procedure because it is performed in a foreign country where they speak a language they do not understand. They need to build trust, be cared for, and be encouraged by staff that there will be no complications and that the operation will be successful. Poor staff behaviour will affect their entire stay, including the procedure itself because the patient is stressed and uncomfortable.

Table 3 Good services (Source: author's own research and elaboration, 2020)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Linh, F, 31, VIET, IVF, 6 days after																													
Anonymous 4, F, 62, POL, STOM, 2 day after																													
Charlotte, UK, STOM																													
Anastasia, 37, RUS, COSM																													
Anna, 45, RUS, COSM																													
Anonymous 2, 37, UKR, COSM																													
Anonymous 3, F, 50, VIET, COSM, PERS, today																													
Gisela, 41, GER, COSM																													
Maryla, POL, IVF																													
Georgina, UK, stom																													
Anonymous 1, Poland																													
Joanne K																													

Table 4 Bad services (Source: author's own research and elaboration, 2020)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Linh, F, 31, VIET, IVF, 6 days after																													
Anonymous 4, F, 62, POL, STOM, 2 day after																													
Charlotte, UK, STOM																													
Anastasia, 37, RUS, COSM																													
Anna, 45, RUS, COSM																													
Anonymous 2, 37, UKR, COSM																													
Anonymous 3, F, 50, VIET, COSM, PERS, today																													
Gisela, 41, GER, COSM																													
Maryla, POL, IVF																													
Georgina, UK, stom																													
Anonymous 1, Poland																													
Joanne K																													






The following Table 5 lists the statements of several selected respondents who commented on the importance of having confidence in the physician. Anastasia from Russia appreciates that the doctor explained everything to her before the procedure, and this is also mentioned by other respondents. Although the staff is kind and caring, it is the doctor to whom the patients place the most trust.

Table 5 Statements “Most important experience” (Source: author’s own research and elaboration, 2020)

Charlotte, UK, STOM...	I can say with confidence that my chosen dentist is the best doctor I have ever seen. First, he demonstrated an unprecedented quality of work. He is a top professional with impressive results.	☑️ Good Staff Behaviour
Anastasia, 37, RUS, ...	I don't know what services you have in mind, but I was very satisfied with the medical procedure and postoperative care. The clinic was not completely modern, but there was clean and nice staff. The doctor explained everything to me before the procedure, I could tell him my concerns and questions, and everything was answered to my full satisfaction.	☑️ Comm No problem ☑️ Good Staff Behaviour
Anonymous 2, 37, U...	It is definitely a great advantage that I can contact my doctor even after this procedure, when I am already at home.	
Anonymous 2, 37, U...	Probably my doctor, whom I could trust and call whenever I needed to. That was a very important thing for me, because as I was here alone, I didn't have anyone to talk to.	
Anonymous 3, F, 50,...	the doctor was amazing and the other staff were very helpful and tried to explain everything to me.	
Anonymous 3, F, 50,...	For sure my doctor, I could trust him, he was my only soul mate here	
Gisela, 41, GER, CO...	the doctor was really helpful and managed to fulfil my dreams, really.	☑️ Good Staff Behaviour
Gisela, 41, GER, CO...	My doctor explained everything to me really well, I saw exactly what and when was going to happen, what I needed to do, what I should and shouldn't do. He also consulted with me a lot of things, tried to accommodate me. I can't complain about anything.	☑️ Encouragement ☑️ Good Staff Behaviour
Georgina, UK, stom, ...	I trust my doctor here, he is our family friend	
Georgina, UK, stom, ...	Also my family helped me a lot because they know this dentist doctor so I know I can trust him and I have a feeling he became my friend which I consider is the most important thing.. to trust your doctor. And also it helped me that my husband was willing to come with me.	☑️ Friends/Family
Georgina, UK, stom, ...	My doctor. He was my person I could trust here.	

In the second table 6, on the other hand, are the statements of respondents who experienced bad staff behaviour illustrating the importance of medical staff behaviour. Anonymous 4 felt like she was bothering the doctor even though he acted professionally. Anna did not feel respected by the staff even though she paid for the intervention, and only her husband told her it would going to be all right.

Table 6 Statements “Bad staff behaviour” (Source: author’s own research and elaboration, 2020)

Anonymous 4, F, 62,...	I think everyone behaved professionally, only the doctor did not inspire complete confidence in me, which I think he should. From the first moment, I felt like I was bothering him, and he couldn't take care of other patients. I don't know, maybe it's just my feeling, the doctor was older and it was hard to guess his emotions. Anyway, I didn't feel completely relaxed in his presence.	
Anna, 45, RUS, COS...	I'm not satisfied at all. I didn't feel they respected me even though I paid lots of money. I wanted to be cared for and have confidence in my doctor, but from the beginning I had such a bad feeling that it would turn out badly. I felt scary and only my husband told me it would be okay.	 Comm Problems  Fear  Communication
Anna, 45, RUS, COS...	The doctor's behaviour was probably the worst. But the other staff, like the receptionist, didn't even smile at me, just answered abruptly when I asked her something. It was quite uncomfortable, because even then one cannot build trust and is afraid of the procedure even more than normally.	 Communication
Anonymous 2, 37, U...	The behaviour of the staff was standard. I was satisfied, but it didn't happen that they would take care of me like a queen.	
Maryla, POL, IVF, Po...	I'm not excited about all this and I don't know what to think. No one really explained much to me when I asked something, I felt like I was bothering.	
Maryla, POL, IVF, Po...	I honestly have to say that I am not very happy. I understand that there are a lot of women interested in this procedure, but I came here from Poland, I do not pay a small amount of money, so I would expect a little above-standard services. But I felt like one of many	
Maryla, POL, IVF, Po...	Yes, people here don't speak much English, so neither do I. I made quite a deal at the clinic, but I didn't feel very well, because the staff spoke quickly and with a strong accent, and even though I tried to catch every word, it wasn't easy.	 Comm Problems
Maryla, POL, IVF, Po...	I had already said that I was not satisfied, it occurred to me that they treated me like a normal patient in our country in Poland and not like someone who came from afar and paid for the procedure. I would expect more decency and help.	
Maryla, POL, IVF, Po...	Staff behavior. That actually ruined my stay the most. I didn't trust them.	

Best experience

Tourists were asked what they valued most during their stay. Communication with staff and factors that are considered the most important from the respondents' point of view (trust, encouragement, being cared for). Patients mentioned the most that it was important to be cared for, to be supported, and to have confidence in their doctor and staff. When patients do not get what they expect, especially when they pay for the services, it negatively affects their psyche and thus the smooth course of the procedure and possible post-operative complications. Therefore, the doctor-patient relationship is extremely important and, according to the respondents in Table 6, this relationship is sometimes not given sufficient emphasis.

Communication

Most medical tourists did not have problems with the language barrier, but there was often poor or insufficient communication between the medical staff and the medical tourist. Communication was also one of the 4 mentioned factors that would need improvement (one-third of respondents). Public communication was sometimes difficult, but each time it was finally understood. The language barrier between staff and patient was minimal, staff would always be very well equipped in language, but in some cases, patients complained of an approach of communication and misunderstanding rather than language as such.

Intervention

It is very difficult to evaluate the procedure itself because most patients were only a few days after the operation and it is difficult to evaluate the result when the patient is in pain or, for example, in the case of IVF, does not know it. The research illustrates the feelings that patients had after the procedure, rather than objectively assessing the quality and success of the procedure itself. Thus, patients responded more to whether they thought they had any complications or not, so it was a subjective evaluation. As a result, two-thirds of the patients did not feel that they had any complications and were therefore satisfied with the operation, and one-third of the respondents felt that their condition could be better. This parameter largely affects the approach of the medical staff and the doctor, as it is measured subjectively, how the procedure was perceived by the patients. It is possible that some complications could have followed the procedure, but if everything was well communicated by the staff, the patient did not even have to perceive these complications.

Improvement needed

When asked what medical tourists would like to improve, in addition to what they have already mentioned (such as poor services or surgery), some did not know how to answer, but others mentioned the following four problems. These include shorter waiting times (especially for IVF), improvements to the website of not only the clinic but also sites providing information on medical tourism and the prices of individual procedures, improved aftercare when the patient is often in the home country where could be a lack communication between doctor and patient. Table 7 contains selected statements illustrating the need for website improvement. Anna from Russia mentioned that the information on the Internet was often confusing, for Maryla from Poland it was written in a professional language that she did not understand, and Joanna lacked a website where all the information is together, and she could easily compare it.

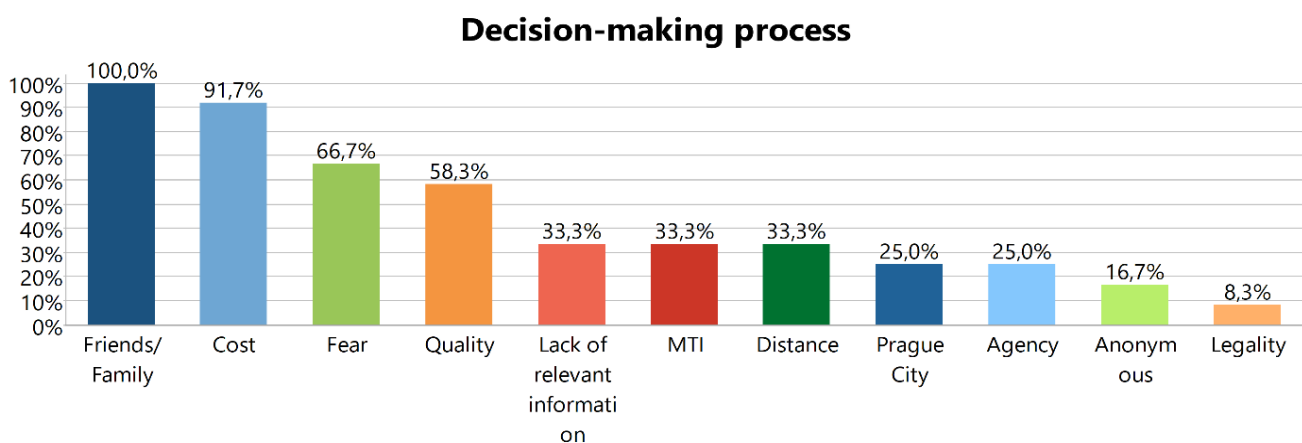
Table 7 Statements “Web pages improvement needed” (Source: author’s own research and elaboration, 2020)

Anonymous 4, F, 62,...	It is the doctor's behaviour and then also the website that needs to be redesigned to be clearer.
Anna, 45, RUS, COS...	So I looked at the internet, but there was an awful lot of information, especially in English, and I'm not very good at English. So it was quite a difficult decision, but the friends who live here helped me a lot.
Maryla, POL, IVF, Po...	I found some information on the internet, but mostly it was written in complicated language and I didn't understand it.
Joanne K, Pozice. 27	It would help me to have a web page where every data would be all together and I could easily compare them.

The second research question was: What factors affect medical tourists most in the decision-making process?

Another parameter monitored was the decision-making process and what factors influence potential medical tourists in choosing the country where they will undergo the procedure. Most respondents said they were worried about travelling and were unsure of their decision. The final decision was often greatly influenced by family or friends, who were often the ones who helped them with the organization's facilities. They either underwent the procedure in the country themselves, or they knew someone who could have mediated the procedure (for example, a well-known doctor). In Figure 4, the factors are ranked according to how often they have been mentioned by medical tourists, so they are ranked according to importance.

Figure 4 Decision-making process factors (Source: author's own research and elaboration, 2020)



All medical tourists mentioned the role of family or friends in the decision-making process. This result is indirect evidence that the word-of-mouth strategy is indeed the most effective, as the theory has suggested. All tourists also searched for information on the Internet, among others mainly references to the country and then the health facility. Almost everyone chose the Czech Republic because the procedures are relatively cheap and at the same time of high quality. The Czech Republic does not have the status of a country in which unique interventions are carried out, such as in Germany, the USA, and other large countries. Therefore, costs are one of the main items that are important, but not entirely decisive. There are still countries that are "cheaper" than the Czech Republic, but most of the care does not reach such quality. A large part also mentioned fear or anxiety as one of the parameters that discouraged them from travelling abroad, which was mainly due to the lack of relevant information sources. Furthermore, the distance was an important factor, patients preferred the country to be within range. The desire to get to know the capital city of Prague, the possibility of anonymity, or that the procedure is legal in the Czech Republic (reproductive medicine) played a minor role. The Czech Republic has a unique position not only geographically, but also in the imaginary cost-benefit ranking. Of the 12 factors mentioned (Jurowski, 1993), the political climate, hospital accreditation, and insurance were not mentioned at all. All the others were mentioned in some form as influencing

the client's decisions. Possibly, these factors were important to patients, but probably some parameters were obvious to them, so they did not mention them (for example, they do not go to a country where there is a war conflict, or they do not choose a medical facility that is small, without accreditation, but directly prefer facilities in large cities which are known). Table 8 mentions the statements of patients who spoke about the importance of family background in the decision-making process.

Table 8 Statements “Decision-making process, Friends and Family” (Source: author’s own research and elaboration, 2020)

Linh, F, 31, VIET, IVF,...	I have a large part of my family in the Czech Republic, even though I travel a lot myself, so I don't have any stable background. But my friend and I have already said that it would be time to settle down, unfortunately I can't get pregnant for a year. My family recommended a well-known clinic in Prague, where my aunt had already undergone the same procedure, so I had references and I knew what to look out for and how to make a decision.	Prague City
Anonymous 4, F, 62,...	But I was very scared, so I wanted my husband to come with me, who gave me courage and was my support.	Fear
Charlotte, UK, STOM,...	The Czech Republic is very well known as a country where dental care is in excellent terms in terms of cost and quality. I think both of these aspects are worse in Britain. In addition, I contacted a friend who was already a similar procedure in the Czech Republic and she advised me what and how.	Cost Quality
Anastasia, 37, RUS, ...	I have a colleague at work who underwent the same procedure in the Czech Republic, so she helped me with the organization and furnishing.	
Anna, 45, RUS, COS,...	My husband says he likes it, but I think he says it just to comfort me.	
Anna, 45, RUS, COS,...	So I looked at the internet, but there was an awful lot of information, especially in English, and I'm not very good at English. So it was quite a difficult decision, but the friends who live here helped me a lot.	Lack of relevant information Web pages
Anna, 45, RUS, COS,...	But probably that my husband was here with me because I probably wouldn't be able to do it alone. He was a great support to me.	
Anonymous 2, 37, U,...	I want my husband likes me	
Anonymous 2, 37, U,...	My part of the family lives in the Czech Republic, so I asked them about the options that are here and they recommended me to go to your country.	
Anonymous 2, 37, U,...	That it's cheap here and it's not as far as other more exotic countries like Thailand, which I also considered because I read that it's a country that provides a lot of care for medical tourists.	Distance
Anonymous 3, F, 50,...	my family discouraged me from doing so, they said that I was as beautiful as I was	
Anonymous 3, F, 50,...	So I contacted a doctor, which is the son of my sister-in-law, who works as a doctor in the Czech Republic, and he recommended his friend who works at a plastic surgery clinic.	
Gisela, 41, GER, CO,...	one of my Czech friends suggested I could undergo it in Czechia	
Maryla, POL, IVF, Po,...	My husband says it's definitely good that we went for it.	

The data in the contingency table (Table 9) shows the relationships between the individual codes. There is a strong positive correlation between the cost of the procedure and quality, so patients chose the country according to a cost-benefit strategy. Furthermore, there is a strong positive correlation between satisfaction with the services provided and the trust in medical staff, and on the other hand between poorly provided services and insufficient communication. And finally, the rectangle in the middle of the table indicates the relationship between the lack of relevant information, fears, family, and the need for website improvement.

Table 9 Contingency table – Factors' relationships (Source: author's own research and elaboration, 2020)

Soustava kódů	Bad ...	Best ...	Trust	Enco...	Be c...	Com...	Com...	Prag...	Cost	Dista...	Fear	Frien...	Lack ...	Qual...	Goo...	Com...	After...	Web...	Com...	No c...
Bad Accomodation																				
Bad Hygiene																				
Bad Staff behaviour																				
Best experience																				
Trust																				
Encouragement																				
Be cared																				
Communication																				
Comm No problem																				
Comm Problems																				
Decision-making process																				
Agency																				
Prague City																				
Anonymous																				
Cost																				
Distance																				
Fear																				
Friends/Family																				
Lack of relevant Information																				
Legality																				
MTI																				
Quality																				
Good Services																				
Good Accomodation																				
Good Hygiene																				
Good Staff Behaviour																				
Improvement needed																				
Communication																				
Aftercare																				
Waiting time																				
Web pages																				
Intervention																				
Complications																				
No complications																				

Discussion

The respondents who were willing to answer were only women. All the men addressed refused to answer. This is partly explained by the fact that one of the areas is IVF which only women undergo. Even cosmetic operations are performed mainly by women, and sometimes a man is usually ashamed of the procedure, so he is no longer willing to have an interview about the procedure at all. Even in dentistry, all men refused to give an interview. However, the research questions are not gender-specific, so the influence of research results in the case of men's answers is minimal. All respondents underwent performance in the capital city of Prague, so results in other parts of the country may be different. However, Prague is the main place for interventions, so it is assumed that the difference would be minimal and, conversely, the results would be less representative.

The answers of some respondents could be influenced by the fact that some took place only a few days after the procedure, so the patient could respond differently (for example in longer answers, his opinion could change after some time, complications could occur, or he could better evaluate aftercare) if he was asked later after the operation. Conversely, in interviews that were conducted later, patients may have forgotten some of the experiences.

The results of the research may be affected by the conditions of the given year, i.e., in a situation without a global pandemic. In the coming years, other factors will probably come to the fore, such as the presence or absence of infectious diseases in the country. The research was affected by the situation of the COVID-19 pandemic, which prevented travel and thus the arrival of medical tourists, so the sample of respondents was relatively small. This is also related to the fact that respondents were only from a few countries and underwent interventions only in some fields of medical tourism.

Conclusion

This research aimed to analyse and evaluate the experience of medical tourists and find out what is important and what influences them in choosing a destination where they will undergo the selected procedure. The legislation imposes operational obligations on every healthcare facility and requirements for the protection and safety of each patient, as well as allowing the possibility of evaluating the quality of care provided by each facility. Each quality assessment certificate, each referral, and each achievement create a certain device prestige that is desirable. Standards determine the lowest possible level of quality of care provided, but it is questionable whether this level also reflects satisfaction. There were observed 6 parameters. Services, Communication, Intervention, Best experience, Improvement needed, and Decision-making process.

The first research question asked how medical tourists experience their stay in the Czech Republic. From the obtained data medical tourists do not have enough information about the medical tourism possibilities or this information is written in a professional language that they cannot understand, so their main source of information is mainly friends or family experiences. They trust the most the recommendations of their friends and family. There is a relationship between the cost of the procedure and quality, so patients chose the country according to a cost-benefit strategy. These two factors were also mentioned the most often after the recommendations. Furthermore, satisfaction with the services provided relates to the trust in medical staff, and on the other hand poorly provided services relate to insufficient communication. It was also found a relationship between the lack of relevant information, fears, family, and the need for website improvement. Respondents always described the staff behaviour and especially the attending physician as one of the most important factors, because they gained confidence not only in the physician and the facility itself but also strengthened faith in a successful procedure. Medical tourists usually evaluate their experience with the procedure in the Czech Republic positively. Most had confidence in the doctor and staff, the clinics met the hygiene criteria, the quality of the procedure was high, and the costs were relatively low. Communication was mostly smooth, although English is not a common language in public, employees always spoke English or Russian or other languages. Of the twelve patients, four were dissatisfied, of which one was not satisfied at all. There is therefore room for improvement, whether in communication, services, or postoperative care.

The second research question asked what factors affect medical tourists the most in the decision-making process. The most important factor in the decision-making process was the opinion or recommendation of family or friends. Although respondents first searched for information most often on the Internet, after finding out that there were many of them and did not know which was relevant, they turned to friends who had already undergone some intervention in a foreign country. After receiving basic information, patients compared the cost and quality of the procedure in different countries on the internet. The factor named Fear played a role in this phase. Patients preferred countries they knew, where they had been before so they could imagine what health care might look like there. Therefore, for example, they often rejected exotic countries, although the cost of care could

be lower. Other factors such as the Medical Tourism Index or the distance from the home country have been mentioned less frequently, but they also play a role in the decision-making process.

Ensuring that medical tourists leave the Czech Republic satisfied and recommend medical facilities to their acquaintances, who trust them and give their advice further could hold a positive marketing campaign. Research has shown that most medical tourists leave satisfied, but there is still room for improvement, such as creating a comprehensive website with all the necessary information, ensuring proper postoperative care, even when patients are already in their home country, emphasizing decency and kind communication and try to make the patient's stay as pleasant as possible. The Czech Republic is chosen by medical tourists who prefer sufficient quality at a lower cost, who are not willing to travel long distances, or who have a strong connection to the country or friends living in it. Stable political and economic background undoubtedly contributes to the choice of the Czech Republic. The inclusion of the country in the Medical Tourism Index calculation does not yet affect medical tourists much, but it should be noted that this index is calculated for the Czech Republic for the first time this year.

In recent years, health services have become a commodity that is now part of an international trade in which the laws of supply and demand apply. The identified competitive advantages show that the Czech Republic has good potential for the development of medical tourism. However, it would be appropriate to reconsider the target markets of the Czech Republic and focus its promotion on the current major global sources of medical tourists, because patients from these countries are ready to travel abroad for procedures, and therefore it will be easier to attract their attention. Due to the higher price competitiveness of Asian health tourist destinations, the Czech Republic should focus its promotion on other competitive advantages, which are mainly the country's safety, strict hygiene standards, and high-quality medical care at an affordable price. The Czech government should also consider sales promotion tools as part of its marketing strategy, which can work very well, as seen in other destinations. The main competitive advantages of the Czech Republic in the field of medical tourism are almost zero waiting times and low costs for quality medical procedures and quality medical care. Compared to other destinations, especially in Western Europe, the prices of medical procedures in the Czech Republic are several times lower.

Medical tourism is an opportunity for countries to take advantage of the favourable international context and invest in creating and promoting a competitive medical tourism offer. The growth of destinations in the field of medical tourism is influenced by the higher economic level of the recipient countries, but at the same time, it is a growth factor for developing economies if it is included in their national strategy. Trends in the development of medical tourism include trade in health services, but also a combination of specific activities of many sectors: travel, hospitality, security, health system, government strategies, destination management and marketing, education, research, sustainability, etc. International accreditations and certifications have become a very important factor of quality control in the development of medical tourism, which could be a very useful tool for patient orientation in the medical tourism field. Further research should be quantitative, which would use the findings from this research, but would have a representative sample of respondents for quantitative research and would be statistically evaluated.

References

- Barrows, C., Powers, T., & Reynolds, D. (2012). *Introduction to Management in the Hospitality Industry*. New Jersey: John Wiley and Sons, Inc.
- Benešová, P., & Kruisová, H. (2015). *Zdravotně orientovaný cestovní ruch*. Praha: Idea servis.
- Bennie, R. (2014). Medical tourism: A look at how medical outsourcing can reshape health care. *Texas International Law Journal*, 583-600.
- Bookman, M., & Bookman, K. (2007). *Medical Tourism in Developing Countries*. New York: Palgrave Macmillan.
- Conell, J. (2006). Medical tourism: Sea, sun, sand and surgery. *Tourism Management*, 27(6), 1093-1100. DOI: 10.1016/j.tourman.2005.11.005.
- Connell, J. (2013). *Medical Tourism*. Oxfordshire: CABI.
- Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism Management*, 34(February), 1-13. DOI: 10.1016/j.tourman.2012.05.009.
- Guy, B., & Henson, J. (2015). Characteristics of consumers likely and unlikely to participate in medical tourism. *International Journal of Healthcare Management*, 8(2), 68-76. DOI: 10.1179/2047971914Y.0000000076.
- Hilšerová, M., Hrabalová, D., & Kalábová, M. (2020). Competitive advantages of the Czech Republic for the development of medical tourism. 23rd International Colloquium on Regional Sciences. Brno: Masaryk University. DOI: 10.5817/CZ.MUNI.P210-9610-2020-44.
- Horsfall, D., & Lunt, N. (2013). Medical Tourism: A Cost or Benefit to the NHS? *PLOS ONE*, 8(10). DOI: 10.1371/journal.pone.0070406.
- International Medical Travel Journal (2017). Czech Republic: Medical tourism profile [online]. Retrieved from <https://imtj.laingbuissonstest.com/country/czech-republic/>
- Johnston, R., Crooks, V. A., Snyder, J., & Kingsbury, P. (2010). What is known about the effects of medical tourism in destination and departure countries? A scoping review. *International Journal for Equity in Health*, 9, 1-13. DOI: 10.1186/1472-6963-10-266.
- Jurowski, C. (1993). US Virgin Islands National Park: A factor-cluster segmentation study. *Journal of Travel and Tourism Marketing*, 1(4), 3-31. DOI: 10.1300/J073v01n04_02.
- Karadayi-Usta, S., & SerdarAsan, S. (2020). A Conceptual Model of Medical Tourism Service Supply Chain. *Journal of Industrial Engineering and Management*, 13(2), 246-265.
- Kotíková, H. (2013). *Nové trendy v nabídce cestovního ruchu*. Praha: Grada.
- Lee, H., & Fernando, Y. (2015). The antecedents and outcomes of the medical tourism supply chain. *Tourism Management*, 46(February), 148-157. DOI: 10.1016/j.tourman.2014.06.014.
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 324-327. DOI: 10.4103/2249-4863.161306.
- Lincoln, Y., & Guba, E. (1986). But Is It Rigorous? Trustworthiness and Authenticity in Naturalistic Evaluation. *LGBTQ+ Evaluation*, 30, 73-84. DOI: 10.1002/ev.1427.
- Lunt, N., Carrera, P. (2010). Medical tourism: assessing the evidence on treatment abroad. *Maturitas*, 66, 27-32. DOI: 10.1016/j.maturitas.2010.01.017
- Lunt, N., Smith, R., Exworthy, M., Green, S. T., Horsfall, D., & Mannion, R. (2013). *Medical Tourism: Treatments, Markets and Health System Implications: A scope review* [online]. Paris: OECD, Directorate for Employment, Labour and Social Affairs. Retrieved from <https://www.oecd.org/els/health-systems/48723982.pdf>

- Mainil, T., Eijelaar, E., & Klijs, J. (2017). *Research for TRAN Committee – Health tourism in the EU: a general investigation*. [online] Brussels: European Parliament, Policy Department for Structural and Cohesion Policies. Retrieved from [http://www.europarl.europa.eu/RegData/etudes/STUD/2017/601985/IPOL_STU\(2017\)601985_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2017/601985/IPOL_STU(2017)601985_EN.pdf)
- Medical Tourism Association. (2015). Retrieved from <https://medicaltourismassociation.com/en/research-and-surveys.html>
- Medical Tourism Index. (2020). Medical Tourism. Retrieved from <https://www.medicaltourism.com/mti/home>
- Rab-Przybylowicz, J. (2016). Medical Tourism: Theoretical Considerations. *Studia Periegetica*, 2(16), 13-31.
- Reisinger, Y., & Turner, L. (1999). A cultural analysis of Japanese tourists: challenges for tourism marketers. *European Journal of Marketing*, 33(11/12), 1203-1227. DOI: 1.1108/03090569910292348.
- Research and Markets. (2020). *Medical Tourism Market Size, Share & Trends Analysis Report by Country (Thailand, India, Costa Rica, Mexico, Malaysia, Singapore, Brazil, Colombia, Turkey, Taiwan, South Korea, Spain, Czech Republic), and Segment Forecasts, 2020 - 2027*. Report. Research and Markets. Retrieved from <https://www.researchandmarkets.com/reports/4753454/medical-tourism-market-size-share-and-trends>
- Singh, N. (2013). Exploring the factors influencing the travel motivations of US medical tourists. *Current Issues in Tourism*, 16(5), 436-454. DOI: 10.1080/13683500.2012.695341.
- Smith, M., & Puczkó, L. (2009). *Health and Wellness Tourism*. Amsterdam: Elsevier/Butterworth-Heinemann.
- Spencer, L., Ritchie, J., Lewis J., & Dillon, L. (2003). *Quality in Qualitative Evaluation: A Framework For Assessing Research Evidence*. London: National Centre for Social Research. Retrieved from <https://core.ac.uk/download/74376246.pdf>.
- Tseng, H. (2013). Medical health care tourism: Why patients go overseas and what nurse practitioners need to know. *International Journal of Healthcare Management*, 6 (2), 132-135.
- Voigt, C., & Laing, J. (2013). A Way Through the Maze: Exploring Differences and Overlaps Between Wellness and Medical Tourism Providers. In D. Botterill, G. Pennings, & T. Mainil (Eds.), *Medical Tourism and Transnational Health Care* (pp 30-47). Basingstoke: Palgrave Macmillan.
- World Travel and Tourism Council. (2019). *Medical Tourism: A Prescription for a Healthier Economy – November 2019*. Travel & Tourism. Retrieved from <https://wtcc.org/Portals/0/Documents/Reports/2019/Medical%20Tourism-Nov%202019.pdf?ver=2021-02-25-182803-880>.