
The Assessment of the Domestic and Foreign Medical Services and the Intents to Participate in Medical Tourism

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Abstract:

Purpose: The aim of the study was to identify the relationship between the assessment of the domestic medical services and the expectations connected with foreign medical services as well as the identification of the impact of the gap between these values on the intent to take the offer of MT and the differences among young consumers from various countries.

Design/Methodology/Approach: The fully structured questionnaire was used for the survey that included the convenience sample of 570 respondents who were young consumers from Jordan, Poland and Turkey. Multiple regression was used to verify the hypotheses.

Findings: Both the assessment of domestic medical services and the expectations regarding foreign services show a statistically significant relationship with the intent to undertake MT, while in the case of expectations, this relationship is twice as strong. The identified gaps have positive values meaning that the level of expectations regarding the quality of the service provided abroad exceeds the level of the assessment of these aspects in relation to the domestic service. Significant differences were demonstrated between Poland, Turkey and Jordan.

Practical Implications: Identified differences in each group of buyers provide suggestions on information strategies aimed at stimulating readiness to travel in order to use MT services addressed to people from a given country

Originality/Value: The obtained results show that the expectations that young consumers have towards this type of services are of key importance for the intent to undertake medical tourism. The lack of confirmation of the greater significance of the gap between the assessment and expectations does not mean that the assumptions relating to the method of testing the quality of services are negated, but only suggests doubts as to the applicability of the model assumptions for the situation of predicting future consumer decisions not based on previous experience.

Keywords: Medical tourism, decision-making factors, consumer intents, service quality.

Paper Type: Research article.

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1. Introduction

The dynamic development of medical tourism (MT) and the complexity of this phenomenon result in many of its areas being insufficiently explored. Among other things, the authors indicate the research gap concerning the decision-making processes in MT and the factors affecting them (Crooks *et al.*, 2010; Lunt, Mannion, and Exworthy, 2013; Adams *et al.*, 2015; Guy, Henson, and Dotson, 2015; Yildiz and Khan, 2016; Khan *et al.*, 2017b) as well as the comparisons depending on the country of origin of consumers (Crooks *et al.*, 2010; Khan *et al.*, 2017a).

The aim of this article is to examine the relationship between the assessment of domestic medical services, expectations regarding foreign medical services and the gap between these values and the intent to use MT by young consumers from Jordan, Poland and Turkey, and to identify differences in this regard among respondents from different countries.

The results of the research will expand the knowledge on the existence of differences in decision-making processes regarding medical tourism among consumers from different countries. In addition, identifying the reasons for taking up medical trips is of utilitarian importance – it should be the starting point when shaping the offer by various entities involved in providing value to medical tourists and it should be a source of knowledge for state administration bodies responsible for supporting these efforts.

Purchasing behaviour related to MT can be chronologically divided into three stages: before, during and after the journey (Eissler and Casken, 2013). In this first phase, two components can be distinguished: motivations – incentives deciding to use MT, and factors – attributes of potential destinations that can be considered by consumers (Johnston, Crooks, and Snyder, 2012; Henson, Guy, and Dotson, 2015) and about which the consumers gather their knowledge (Eissler and Casken, 2013). Following the push-pull logic, motivations are usually the elements ‘pushing’ patients out of national healthcare, and the factors are ‘pulling’ them to the offer of other countries (Crooks *et al.*, 2010; Lunt *et al.*, 2011).

The main motivators to start MT include lower costs of treatment abroad (Crooks *et al.*, 2010; Johnston, Crooks, and Snyder, 2012; Eissler and Casken, 2013; Lunt, Mannion and Exworthy, 2013; Guy, Henson, and Dotson, 2015; Yildiz and Khan, 2016; Khan *et al.*, 2017b; Suki *et al.*, 2017; Schmerler, 2018), lack of treatment

options as a result of medical procedures considered unsatisfactory, hardly accessible, unattainable or illegal domestically (Crooks *et al.*, 2010; Johnston, Crooks, and Snyder, 2012; Eissler and Casken, 2013; Lunt, Mannion, and Exworthy, 2013; Guy, Henson, and Dotson, 2015; Yildiz and Khan, 2016; Schmerler, 2018) and those that are available in shorter waiting times (Johnston, Crooks, and Snyder, 2012; Eissler and Casken, 2013; Lunt, Mannion, and Exworthy, 2013; Guy, Henson, and Dotson, 2015; Khan *et al.*, 2017a; Suki *et al.*, 2017; Schmerler, 2018) as well as the need for confidentiality and privacy (Gan and Frederick, 2013; Lunt, Mannion, and Exworthy, 2013; Henson, Guy, and Dotson, 2015).

Considered by medical tourists, the catalogue of factors in the literature on the subject is much broader and includes several dozen proposals. One classification organizes the factors according to the following criteria, economic, related to medical care and travel (Gan and Frederick, 2013). This study focuses on such factors related to healthcare as safety/perceived risk (Crooks *et al.*, 2010; Menvielle, Menvielle, and Tournois, 2014; Khan, Chelliah, and Haron, 2016; Kim and Um, 2016; Lee, 2016; Khan *et al.*, 2017a; 2017b; Seow *et al.*, 2017), availability of information on medical care (Medhekar and Newby, 2012; Lunt, Mannion, and Exworthy, 2013), availability of unconventional methods of treatment (Henson, Guy, and Dotson, 2015), waiting time and quality of care (Crooks *et al.*, 2010; Lunt, Mannion and Exworthy, 2013; Guy, Henson, and Dotson, 2015; Khan *et al.*, 2017b), quality of medical equipment and appliances (Levary, 2011; Suki *et al.*, 2017), qualifications of the personnel (Crooks *et al.*, 2010; Gan and Frederick, 2013; Henson, Guy, and Dotson, 2015).

2. Methodology/Research Framework

The research framework of these analyses is the assumption underlying the two Nordic and American quality models well-established in service theory by Ch. Grönroos (1984) and Parasuraman, Zeitzmal, and Berry (1985) stating that the overall assessment of the perceived quality of service and the consequent customer satisfaction are determined by the gap between the expected and the experienced quality. Due to the fact that satisfaction has a positive effect on purchasing intentions (Woodruff and Robert, 1995), for the needs of MT, the concept of gaps was adapted.

Therefore, it was assumed that in the context of the tendency to participate in MT, the gap between the assessment of the importance of certain factors in the selection of foreign medical services and their assessment in relation to domestic medical services among respondents from different countries will be significant in the study. Several dozen factors of selection of foreign medical services, identified on the basis of the literature review, were considered as criteria for this evaluation.

Since this study included the respondents who were potential medical tourists, not really involved in the actual decision-making process yet, an arbitrary selection of medical care factors that might have been taken into account in the early stages of

considering MT options was made. Moreover, it was decided not to include those factors that could have seemed too abstract and/or difficult for potential medical tourists to relate to. The research identified a difference (gap) between the assessment of the importance assigned to particular factors selected in the process of analyzing the literature on the subject, constituting important factors in selecting foreign medical services, and the assessment of identical factors in relation to domestic medical services.

As it can be seen in the concept of Ch. Grönroos (Inglehart and Welzel, 2021) and Parasuraman, Zeithaml, and Berry (Boguszewicz-Kreft *et al.*, 2019), the relationship between customer expectations in terms of services and their assessment is the starting point for the perception of service quality and, consequently, purchasing decisions. The main assumption of the model, however, takes into account the situation in which the customer already has a certain set of experiences related to a given service.

Since this research focuses on the intent to embark on MT, potential customers did not have this type of direct experience. For this reason, it was decided that the point of reference for this group of clients would be the expectations towards selected factors in the choice of foreign medical services in relation to the assessment of the same factors in choosing domestic medical services.

The measurement tool for medical services (assessment measures and expectations measures, respectively) was constructed on the basis of aggregated assessments of the catalogue of the above-mentioned factors related to medical care (Crooks *et al.*, 2010; Levary, 2011; Medhekar and Newby, 2012; Lunt, Mannion, and Exworthy, 2013; Menvielle, Menvielle, and Tournois, 2014; Guy, Henson, and Dotson, 2015; Henson, Guy, and Dotson, 2015; Khan, Chelliah, and Haron, 2016; Kim and Um, 2016; Lee, 2016; Seow *et al.*, 2017; Suki *et al.*, 2017; Khan *et al.*, 2017b; 2017a), which were treated as predictors of intent to use MT services.

H1: The lower the rating of domestic medical services and the higher the expectations for foreign medical services, the greater the intent to embark on medical tourism.

H2: The gaps between the assessment of domestic medical services (DMS) and expectations regarding foreign medical services (FMS) in terms of individual factors in the selection of medical services make it possible to forecast intent to embark on medical tourism better than the expectations themselves.

Despite the increasing globalization, particular nationalities differ in terms of their values, which affect their attitudes and behaviour, including consumer behaviour (Inglehart and Welzel, 2021). In addition, previous research among respondents from different countries showed differences in their attitudes to medical tourism (Boguszewicz-Kreft *et al.*, 2019). Due to the above, it was decided to investigate the influence of this factor on the studied variables.

H3: The country of origin of the respondents significantly differentiates the importance of the assessment of domestic medical services (DMS), expectations regarding foreign medical services (FMS) and the gaps between them with regard to their intent to participate in MT.

3. Procedure and Sample

A total of 570 people participated in the study, of which 213 from Poland, 167 from Turkey and 190 from Jordan, being an important regional markets for medical tourism services (Lautier, 2014; Guy, Henson, and Dotson, 2015; Lubowiecki-Vikuk and Dryglas, 2019). 51% of the convenience samples of respondents were women and 49% men; the respondents were students – therefore young – with 52% of them under 21 years of age. Although because of their age, the respondents are currently less interested in medical services, in the future they may, as the result of the acquired education and knowledge of foreign languages, constitute an important segment of MT consumers.

The research tool used in the study was a structured questionnaire in three language versions. Two questions were used for the diagnosis of intent in the field of medical tourism: “If a travel abroad to obtain medical treatment would be possible, I would consider it” (Reddy, York, and Brannon, 2010) and “If I would consider going abroad to get medical treatment, I would be able to do it” (Reddy, York, and Brannon, 2010). Both questions were answered on a 7-point scale (3 = definitely no, +3 = definitely yes).

The assessment of domestic services and expectations towards MT was based on the same set of 7 selected factors, including sense of security/risk related to medical services, access to information on this subject, access to non-traditional treatment methods/procedures, waiting time, quality of care, quality of equipment and qualifications of personnel (Crooks *et al.*, 2010; Levary, 2011; Medhekar and Newby, 2012; Lunt, Mannion, and Exworthy, 2013; Menvielle, Menvielle, and Tournois, 2014; Guy, Henson, and Dotson, 2015; Henson, Guy, and Dotson, 2015; Khan, Chelliah, and Haron, 2016; Kim and Um, 2016; Lee, 2016; Seow *et al.*, 2017; Suki *et al.*, 2017; Khan *et al.*, 2017b; 2017a). In both cases the response scale consisted of 7 points. The evaluation of services was measured on the scale from 1 – definitely negative to 7 – definitely positive, and in the case of expectations from 1 – totally unimportant to 7 – very important.

4. Results

The research identified the level of assessment of domestic medical services, the range of expectations towards foreign medical services and the size of the gap between them. This diagnosis was made in the scope of seven examined factors of the selection of a medical service. Their cumulative measures, followed by detailed assessments of individual factors, were treated as predictors of intent to embark on

MT. All calculations were made with the use of IBM SPSS Statistics 26.0. The identified gaps have positive values, which means that the level of expectations regarding the quality of the service provided abroad exceeds the level of assessment of these aspects in relation to the domestic service (Table 1).

Table 1. Descriptive statistics of the researched variables: mean, standard deviation, Pearson correlation coefficients

	M	SD	DMS assessment	Expectations related to FMS	gap	intent to MT
DMS assessment	3.87	1.07	1			
Expectations related to FMS	5.20	1.10	0.034	1		
Gap	1.40	1.56	-.675**	.693**	1	
intent to MT	5.05	1.23	-.144**	.306**	.334**	1

Note: * two side relevance $P < 0.05$; ** two side relevance $P < 0.01$; domestic medical services – DMS; foreign medical services - FMS

Source: Own calculations based on survey results.

Both the assessment of domestic medical services and expectations regarding foreign services show a statistically significant relationship ($P < 0.001$) with the intent to participate in medical tourism. The regression equations for all respondents and for individual countries are as follows:

cumulatively: $IMT_A = 3.93 - DMC * 0.025 + E * 0.05$

for Poland: $IMT_P = 3.16 - DMC * 0.01 + E * 0.08$

for Turkey: $IMT_T = 3.01 - DMC * 0.03 + E * 0.07$

for Jordan $IMT_J = 4.11 + E * 0.02$

Where: A – all, PL – Poland, T – Turkey, J – Jordan, IMT_i – intent to embark on medical tourism in i-country, DMC – domestic medical care, E- expectations.

The model prepared for all the respondents proved fitted for data:

$F(2,567) = 37.87$; $P < 0.001$, however, it explains only 12% of the variability of dependent variable. On the basis of the coefficients, it may be stated that the relationship with domestic services assessment is weak negative ($Beta = -0.16$, $P < 0.01$), and the relationship with expectations is moderate strong positive ($Beta = 0.31$, $P < 0.01$).

Also models prepared for each of the countries independently appeared to be well fitted for data PL: $F(2,210) = 27.58$; $P < 0.001$; T: $F(2,164) = 16.38$, $P < 0.001$; J: $F(1,188) = 3.70$, $P = 0.03$. Regarding those models, R-square coefficient was 0.21, 0.17, 0.04 respectively. This means that, in the case of Jordan, to consider the

assessment of the local services and expectations to predict medical tourism intent is of little use. Thus, the first of the presented research hypotheses can be assumed only in relation to Poland and Turkey.

Another hypothesis related to the possibility of using the gaps between the assessment and the expectations as an important predictor of intent to undertake medical tourism. For this purpose, for each assessment – expectation pair, a cumulative measure of discrepancy and the difference was calculated.

The correlation coefficient between the sum of the gaps and the intent to undertake medical tourism is statistically significant and amounts to $r_{gi}(568) = 0.334$ $P < .001$. It is worth noting that it is at a similar level to the relationship between the intent and the expectations described above, which is $r_{gi}(568) = 0.306$ $P < .001$ (Tab. 1). Due to the fact that the discrepancies can be mutually cancelled out, as well as taking into account the possibility of formulating application conclusions, in the regression analysis, 7 gaps from each of the analyzed areas were assumed as predictors (Table 2). The analysis was carried out both for all respondents and independently for each of the studied countries, obtaining the following regression equations:

for all: $IMT_A = 4.65 + TG_P * 0.14 + IG_P * 0.07$

for Poland: $IMT_P = 4.18 + TG_P * 0.24 + EG_P * 0.15 - SG_P * 0.10 + IG_P * 0.09$

for Turkey: $IMT_T = 4.31 + TG_T * 0.10 + CG_P * 0.14$

for Jordan: $IMT_J = 4.95 + IG_T * 0.09$

Where: A – all, PL – Poland, T – Turkey, J – Jordan, IMT_i – intent to embark on medical tourism in i-country, TG – gap related to waiting time; EG – equipment gap; SG – security gap, IG – information (access) gap, CG – care gap.

Table 2. Descriptive statistics of the identified gaps: mean, standard deviation, Pearson correlation coefficients

	M	SD	1	2	3	4	5	6	7	8
1. security	0.91	2.17	1	.429**	.279**	.301**	.432**	.385**	.341**	.496**
2. information access	1.10	2.08	.429**	1	.367**	.407**	.524**	.456**	.392**	.719**
3. access to non-traditional procedures	0.74	2.12	.279**	.367**	1	.341**	.336**	.363**	.278**	.617**
4. waiting time	2.25	2.60	.301**	.407**	.341**	1	.579**	.525**	.306**	.756**
5. care quality	1.85	2.11	.432**	.524**	.336**	.579**	1	.653**	.428**	.813**
6. equipment quality	1.57	2.05	.385**	.456**	.363**	.525**	.653**	1	.427**	.786**
7. qualifications	0.87	1.98	.341**	.392**	.278**	.306**	.428**	.427**	1	.637**

of personnel										
8. sum of gaps	1.40	1.56	.496**	.719**	.617**	.756**	.813**	.786**	.637**	1

Note: * two side relevance $P < 0.05$; ** two side relevance $P < 0.01$.

Source: Own calculations based on survey results.

All models turned out to be well fitted to the data [ALL: $F(2.567) = 44.02$; $P < 0.001$ PL: $F(4.208) = 24.32$; $P < 0.001$; T: $F(2.164) = 18.41$, $P < 0.001$; J: $F(1.198) = 5.90$, $P = 0.02$]. There were significant differences between the gaps between countries, which appeared to be important in explaining the intent to undertake medical tourism. Also, the models fit the data differently – R^2 for models in Poland, Turkey, and Jordan are 0.32, 0.215, and 0.03, respectively. This means that in the case of Jordanian students, only 3% of the variance of the explained variable is translated by gaps, and therefore the obtained model should be considered useless.

The conducted analysis allows for the adoption of 2 of the research hypotheses only in relation to Poland, because in this case the highest level of explanation of the independent variable, which was the intent to undertake medical tourism, was obtained. Meanwhile, the conducted analysis allows for the adoption of 3 of the formulated hypotheses, because there are significant differences between the studied countries in terms of the role played by the assessment, expectations, and the gap between them in shaping the intent related to MT.

5. Discussion

From the wide catalogue of factors indicated in the subject literature as the criteria for choosing a destination in MT, as well as guided by the specificity of the studied group of consumers – young people not involved in the actual decision-making process, seven factors were selected: the sense of security/risk related to medical services (MS), access to information on the subject, access to non-traditional treatments/procedures, waiting times, quality of care, quality of equipment, staff qualifications.

The results of the research for all respondents together (without division into countries of origin) have shown that there is a relationship between the assessment of domestic medical services and the expectations regarding foreign services with the intent to undertake medical tourism. However, cumulatively, these factors explain only 12% of the variability of the dependent variable – intent. It can be assumed with certainty that the intent to participate in MT is explained to a greater extent by motivators (not considered in this article) – the elements ‘pushing’ patients out of the domestic healthcare than the attributes of destination (factors) that can be considered by consumers and that attract them to the offer of other countries (pull).

This is not surprising. The importance of motives such as the lack of availability of certain services in a country, long waiting times or their price that is too high has

been confirmed in other studies (Crooks *et al.*, 2010; Johnston, Crooks, and Snyder, 2012; Schmerler, 2018). However, other kinds of factors, such as socio-cultural ones, can also influence intentions.

The results demonstrated that expectations for MT services were correlated to a greater extent with intent towards medical tourism than the evaluation of domestic services. Perhaps, regardless of whether consumers are more or less satisfied with domestic services, a sufficiently high reward resulting from using identical services abroad will determine the intent to participate in MT. This may involve the risks that are associated with such travel.

Considering each country separately, using the assessment of local services and expectations of foreign services to predict medical tourism intent turns out to be useful for Poland and Turkey, albeit not for Jordan.

Assuming that the factor that encourages considering MT would involve discrepancies in the assessment of domestic medical services and expectations in relation to the foreign offer, the existing gaps were identified. The waiting time gap turned out to be the largest ($M = 2.25$), followed by quality of care ($M = 1.85$), quality of equipment ($M = 1.57$), access to information ($M = 1.10$). The aim of the research was to confirm the hypothesis that the size of the gap was a better predictor of the intent to use MT than the assessment of the level of domestic services and the expectations regarding foreign services. The results of the research showed that the expectations correlated with the level of intent in a very similar way to the gap, while the strength of the relationship between the assessment and intent was two times lower, which, as it could be assumed, was related to the low importance of the assessment of domestic services for making decisions about using services in another country.

These results are inconsistent with the assumptions of qualitative models (Grönroos, 1984; Parasuraman, Zeithaml, and Berry, 1985) stating that the overall assessment of the perceived quality of service and the resulting customer satisfaction are determined by the gap between the expected and experienced quality. Apart from the above-discussed reasons for this state of affairs (the importance of motivators rather than destination selection factors for the intent to participate in MT), the reasons for this inconsistency may be of two types. The first may be the greater importance of socio-cultural factors in the intent to undertake MT in some countries.

The results of the research showed that for Poland 32% of the variance of the variable – in this case the intent to embark on MT – is explained by the gaps in the adopted selection factors, and in the case of Turkey slightly more than 20% of the variance, therefore the respondents' intentions can also be influenced by other factors.

However, for Jordan, only 3% of the variance of the dependent variable is explained by the gaps in the adopted factors, which indicates that completely different factors are important there. This also confirms that to predict medical tourism intent in this country it is of little usefulness to applying the assessment of local services and the expectations of foreign services from which the gap derives. Since the review of the literature in the field of MT clearly shows that the importance of selected factors has been demonstrated in many studies, it can be assumed that in the case of Jordan, intent is influenced by other types of stimuli.

An interesting tool to explain this situation seems to be The Inglehart-Welzel World Cultural Map (2020), which classifies individual countries according to dimensions 1) Traditional values versus Secular-rational values and 2) Survival values versus Self-expression values (Inglehart and Welzel, 2021). Jordan is distinguished from Turkey and Poland (which, according to this dimension, are at a similar level) by significantly greater adherence to traditional values in which the importance of social ties, in particular family related, is of significance.

Moreover, this society is characterized by a high level of national pride. It is therefore probable that the factors influencing the intent to undertake MT are the opinions of others as well as ethnocentrism, which should be further investigated. As regards the second dimension, Jordan ranks significantly more than Poland in the group of countries characterized by strong survival values, which emphasize economic and physical security. It is also associated with relatively ethnocentric views and a low level of trust and tolerance. According to this criterion, Turkey, in turn, finds its place between Poland and Jordan.

The second explanation for the low usefulness of the gap for explaining MT intent may be the selection of the research sample. The respondents were young people, students; moreover, the criterion of their choice was not their health condition. Health problems may seem quite remote for this age group, and problems with domestic medical services may be known to them predominantly from the reports of other people. The experience of actual health problems might change their perspective.

The collected material clearly shows the differences both in the importance of assessment and expectations for decision making, and in the importance of individual gaps between respondents from different countries. Referring to the regression models calculated for cumulative measures, one may observe that while differently for Jordan, for Poland and Turkey, both the assessment and the expectations turned out to be significantly related to the intent to undertake MT, meanwhile, in both countries the expectations turned out to be twice as strongly related to the intent.

However, the differences between Poland and Turkey emerged at the second stage of the analysis. Both in Poland and Turkey, the gap in the waiting time for the service

appeared to be an important predictor of intent. Therefore the more important it is for a potential client not to have to wait for the service abroad while having to wait in the home country, the more willing (s)he will be to make decisions about foreign trip. Additionally, however, when it comes to Poland, the gaps related to equipment, security and information are significant, while for Turkey, the gap in the quality of care is significant.

Simultaneously, as already mentioned, for Jordan none of the gaps turned out to be significant. The specificity of each group of buyers should be included in information strategies aimed at stimulating readiness to travel in order to use MT services addressed to people from a given country.

6. Conclusion

In conclusion, in the cognitive area, research has shown that there is a relationship between the assessment of domestic medical services and expectations regarding foreign services, and the intent to undertake medical tourism. Moreover, the expectations regarding MT services are correlated with the intent to use medical tourism services to a greater extent than the assessment of domestic services. The hypothesis that the gap between the assessment of domestic medical services and the expectations regarding foreign medical services (in terms of selected factors related to medical services) allows for better forecasting of the intent to undertake medical tourism than the expectations has not been confirmed. The reason for this state of affairs may be the potentially greater importance of factors other than those related to medical care or the methodological aspects related to the selection of the research sample.

The research results also showed that the country of origin of the respondents differentiates the relationship between the gap in the assessment of domestic medical services and the expectations regarding foreign medical services, and the intent to participate in MT. These differences may result from cultural and social differences, as shown/explained by The Inglehart-Welzel World Cultural Map model. These results can be utilitarian when shaping the offer of MT, both by entities involved in providing value to medical tourists and by state administration bodies dedicated to providing support to this industry.

The conducted research refers only to a selected group of potential customers of MT, therefore further research directions are perceived to take place as regards the expansion of the research group. The identification of differences among countries should be confirmed using the example of other states, including, in particular, the examination whether the dimensions proposed by Inglehart-Welzel explain the propensity to embark on MT. Additionally, as mentioned earlier, verification of the significance of the gap between the assessment and the expectations for making MT related decisions should be carried out on a group of people who have already made such decisions.

When presenting the results of the research carried out, one must bear in mind certain limitations resulting from the applied methodology. The first issue that should be addressed is the non-random selection of respondents to the sample. This type of activity entails limitations resulting from the possibility of generalizing the obtained results; however, due to the fact that the key of the conducted analyses was the identification of dependencies between the variables, the problem does not affect the process of reaching a conclusion. It is also worth emphasizing that the procedure of selecting respondents in the surveyed countries was the same, which allowed for comparisons between them.

Nevertheless, some studies have found that the results of surveys carried out among students do not differ from the representative samples for all buyers of a given market (Verlegh and Steenkamp, 1999). However, due to the specificity of MT, such a sample may not be reliable. Therefore, one should compare the importance of the three values mentioned: the assessment of domestic medical services, the expectations towards foreign medical services and the gap between them in the case of real patients.

Another aspect relates to the research tool used, because both the selection of factors and the self-descriptive character of the tool affect the scope of the analysis in a limiting manner. Nevertheless, without negating the multi-criteria and complex decision-making process about MT, the selection of the assessed factors was limited to the factors of key importance for this process, taking into account the scientific achievements in this field to date.

References:

- Adams, K. et al. 2015. Tourism discourse and medical tourists' motivations to travel. *Tourism Review*, 70(2), 85-96. doi: 10.1108/TR-04-2014-0015.
- Boguszewicz-Kreft, M. et al. 2019. The country of origin of services and consumers as the determinants of purchase intentions in medical tourism. *Journal of East European Management Studies*, 24(3), 466-483. doi: 10.5771/0949-6181-2019-3-466.
- Crooks, V.A. et al. 2010. What is known about the patient's experience of medical tourism? A scoping review, *BMC Health Services Research*, 10(1), 266. doi: 10.1186/1472-6963-10-266.
- Eissler, L.A., Casken, J. 2013. Seeking Health Care Through International Medical Tourism. *Journal of Nursing Scholarship*, 45(2), 177-184. doi: 10.1111/jnu.12014.
- Gan, L.L., Frederick, J.R. 2013. Medical Tourists: Who Goes and What Motivates Them? *Health Marketing Quarterly*, 30(2), 177-194. doi: 10.1080/07359683.2013.787894.
- Grönroos, C. 1984. A Service Quality Model and its Marketing Implications. *European Journal of Marketing*, 18(4), 36-44. doi: 10.1108/EUM0000000004784.
- Guy, B.S., Henson, J.L.N., Dotson, M.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.
- Henson, J.N., Guy, B.S., Dotson, M.J. 2015. Should I stay or should I go?: Motivators, decision factors, and information sources influencing those predisposed to medical tourism. *International Journal of Healthcare Management*, 8(1), 4-14. doi:

- 10.1179/2047971914Y.0000000083.
- Inglehart, R., Welzel, C. 2021. Inglehart–Welzel Cultural Map (2020). World Values Survey.
- Johnston, R., Crooks, V.A., Snyder, J. 2012. I didn't even know what I was looking for: A qualitative study of the decision-making processes of Canadian medical tourists. *Globalization and Health*, 8(1), 23. doi: 10.1186/1744-8603-8-23.
- Khan, M.J. et al. 2017a. Push factors, risks, and types of visit intentions of international medical travelers – A conceptual model. *International Journal of Healthcare Management*, 10(2), 115-121. doi: 10.1080/20479700.2017.1304345.
- Khan, M.J. et al. 2017b. Role of Travel Motivations, Perceived Risks and Travel Constraints on Destination Image and Visit Intention in Medical Tourism: Theoretical model. *Sultan Qaboos University Medical Journal*, 17(1), e11-17. doi: 10.18295/squmj.2016.17.01.003.
- Khan, M.J., Chelliah, S., Haron, M.S. 2016. Medical tourism destination image formation process: A conceptual model. *International Journal of Healthcare Management*, 9(2), 134-143. doi: 10.1080/20479700.2016.1142046.
- Kim, S.M., Um, K.H. 2016. The Effects of Ambivalence on Behavioral Intention in Medical Tourism. *Asia Pacific Journal of Tourism Research*, 21(9), 1020-1045. doi: 10.1080/10941665.2015.1093515.
- Lautier, M. 2014. International trade of health services: Global trends and local impact. *Health Policy*, 118(1), 105-113. doi: 10.1016/j.healthpol.2014.07.004.
- Lee, J.J. 2016. Ambiguity Aversion: Theoretical Advances and Practical Implications. *Journal of Marketing Thought*, 3(3), 11-17. doi: 10.15577/jmt.2016.03.03.2.
- Levary, R.R. 2011. Multiple-Criteria Approach to Ranking Medical Tourism Destinations. *Thunderbird International Business Review*, 53(4), 529-538. doi: 10.1002/tie.20430.
- Lubowiecki-Vikuk, A., Dryglas, D. 2019. Medical tourism services and medical tourism destinations in Central and Eastern Europe - the opinion of Britons and Germans. *Economic Research-Ekonomska Istraživanja*, 32(1), 1256-1274. doi: 10.1080/1331677X.2019.1627892.
- Lunt, N. et al. 2011. Are there implications for quality of care for patients who participate in international medical tourism? *Expert Review of Pharmacoeconomics & Outcomes Research*, 11(2), 133-136. doi: 10.1586/erp.11.4.
- Lunt, N.T., Mannion, R., Exworthy, M. 2013. A Framework for Exploring the Policy Implications of UK Medical Tourism and International Patient Flows. *Social Policy & Administration*, 47(1), 1-25. doi: 10.1111/j.1467-9515.2011.00833.x.
- Medhekar, A., Newby, L. 2012. Information Search for Medical Treatment Abroad. *Journal of Applied Global Research*, 5(13), 53-72.
- Menvielle, L., Menvielle, W., Tournois, N. 2014. Purchasing behavior of consumers for foreign medical services. *Qualitative Market Research: An International Journal*, 17(3), 264-282. doi: 10.1108/QMR-10-2012-0044.
- Parasuraman, A., Zeithaml, V.A., Berry, L.L. 1985. A Conceptual Model of Service Quality and Its Implications for Future Research. *Journal of Marketing*, 49(4), 41. doi: 10.2307/1251430.
- Reddy, S.G., York, V.K., Brannon, L.A. 2010. Travel for treatment: Students' perspective on medical tourism. *International Journal of Tourism Research*, 12(5), 510-522. doi: 10.1002/jtr.769.
- Schmerler, K. 2018. Traveling for Treatment: Taxonomy, Patient Flows and Candidate Drivers', in *Medical Tourism in Germany*. Springer Nature Switzerland A.G., 5-96. doi: 10.1007/978-3-030-03988-2_2.
- Seow, A.N. et al. 2017. Intention to visit Malaysia for medical tourism using the antecedents

- of Theory of Planned Behaviour: A predictive model. *International Journal of Tourism Research*, 19(3), 383-393. doi: 10.1002/jtr.2120.
- Suki, A.A. et al. 2017. Assessing Sharia Compliance Medical Destination Behaviour: A Medical Tourism Perspective. *Pertanika J. Soc. Sci. & Hum*, 25, 203-214.
- Verlegh, P.W.J., Steenkamp, J.B. 1999. A Review and Meta-Analysis of Country-of-Origin Research. *A Review and Meta-Analysis of Country-of-Origin Research*, 20, 521-546.
- Woodruff, R.B., Robert, B. 1995. Developing and applying consumer satisfaction knowledge: Implications for future research. *Journal of Consumer Satisfaction, Dissatisfaction and Complaining Behavior*, 6, 1-11.
- Yildiz, M.S., Khan, M.M. 2016. Opportunities for reproductive tourism: Cost and quality advantages of Turkey in the provision of in-vitro Fertilization (IVF) services. *BMC Health Services Research*, 16(1). doi: 10.1186/s12913-016-1628-7.