

Middle Eastern Consumers' Perceptions Towards Medical Tourism In Thailand.

Pamela Landreville



Pamela Landreville

Abstract

OBJECTIVE: This research study aimed to explore Middle Eastern consumers' perceptions toward medical tourism in Thailand. Middle Eastern citizens represent major clients for Thai private hospitals and a better understanding of their perception is valuable to stakeholders to improve services to ensure patients' satisfaction and sustainability.

MATERIALS AND METHODS: The sample consisted of respondents from the Middle East region obtained by convenience sampling in Bangkok, Thailand, Delhi, India, and Dubai, U.A.E. The employed research instruments comprised structured survey questionnaires and in-depth interviews. The quantitative data collected were analyzed through the use of SPSS.

RESULTS: Findings from this research study first demonstrated that Middle Eastern consumers (96%) have a positive perception towards the quality of health care in Thailand. They (81%) also perceive that Thai hospitals offer a wide range of medical procedures, which positively influence their perception of the health care system's efficiency. Only 43.3% of consumers surveyed agreed that health care in Thailand is well promoted and marketed abroad.

CONCLUSION: Findings from this research study include increased competition from emerging medical tourism destinations and the current economic situation in the Middle East. The recommendation is to review marketing and services (including prices) displayed and offered to the Middle Eastern clientele.

Keywords: medical tourism, consumers' perceptions, Middle East, marketing mix, Thailand

Tourism has always been associated with wellness, but the phenomenon called medical tourism has only emerged in the past few years. As per the researcher's experience as a medical facilitator in the Democratic Republic of the Congo, patients mainly travelled to India seeking medical treatments unavailable in Sub-Saharan Africa. However, the major trend for patients is to travel from industrialized countries to developing nations for health care treatments. Medical services offered range from cosmetic surgery to dental treatments, to complex medical treatments, etc. Currently, well-established and emerging medical tourism destinations are offering a wide range of generic and specific medical treatments that are cost-effective.¹

The medical tourism industry has been growing in the past decades for many reasons including patients' disappointments with health care in the country they live in; limited access to medicine at an acceptable cost, in reasonable time or in a responsive context; no appropriate insurance and revenue to pay for domestic procedures; increased consumerism, the abundant information about medical travel available on the Internet, accessibility of international travel, technology and medicine advancements in many countries; irregular legal and ethical perspective to complex health issues; and an increasing appeal for plastic surgery that connects many other factors together.¹ **"In other words medical tourism has grown as the outcome of changes in the institutional context of medical care, a more global economics of access to health and new attitudes to personal identity and medical care, enabled by developments in international communication, transport and tourism"**.¹ Going overseas for medical treatments gives international patients the opportunity to encounter cost-effective, immediate and high-end health care alternatives.¹

¹ Master's Student, Stamford International University

* Address Correspondence to author:
842 Terrasse Chabanel
Longueuil, Canada J4L 2R5
email: pamelalandreville@gmail.com

Received: May 10, 2016
Revision received: May 13, 2016
Accepted: after revision: June 20, 2016
BKK Med J 2016;12:39-51.
www.bangkokmedjournal.com

Medical procedures abroad can cost a fraction of the price of health care costs of developed countries in America and Europe. For instance, a bypass surgery with heart valve replacement would cost anywhere from USD 75,000 to USD 140,000 in the United States, but will, according to the Indian Medical Travel Association, cost only USD 9,500 in India. Using US costs of different treatments and procedures as a benchmark, medical travelers can achieve savings of more than 25% in Singapore and up to 90% in India.²

Estimating the dollar value of the medical tourism industry is quite challenging because modern medical tourism, developed since the 1970's, is still at a developmental stage, the definition of medical travel is inconsistent among international organizations, there is lack of verifiable data, projections vary extensively among research firms, and marketing organizations inflate the numbers and forecasts to serve their interests. Taking into account the situation mentioned above, Patients Beyond Borders estimate the market size of medical tourism worldwide to range from USD 38.5 billion to USD 55 billion, based on approximately eleven million international health travelers around the globe. International patients spend, on average, between USD 3,500 and USD 5,000 per visit, including all medical costs, international flight, local transport, and accommodations.² Governments of established and emerging medical tourism destinations are investing to attract medical travelers to promote healthcare in their country and generate revenues. The medical tourism industry has been growing significantly in recent years and presents no signs of deceleration. Indeed, the world population is aging and becoming wealthier at a rate that surpasses the availability of quality healthcare sources in developed countries. Additionally, medical costs continue to increase, while countries providing health care and social programs face resource restrictions and limitations. Additionally, traveling is facilitated by the development in international communication, transport and tourism. Those factors encourage patients to seek out healthcare treatments in other countries; either to save capital or to avoid waiting lists. Patients Beyond Borders estimates that the worldwide medical tourism market is growing 15% to 25% annually, with highest rates in Asia.² Finally, globalization of health care offers a wide range of cost-effective medical procedures as well as other advantages such as reduced waiting times, state-of-the-art facilities, advanced technological equipment, internationally certified hospitals and medical centers, qualified doctors and practitioners, and personalized services.¹

Popular medical tourism destinations include Costa Rica, India, Israel, Malaysia, Mexico, Singapore, South Korea, Taiwan, Thailand, Turkey and the United States. Those medical tourism destinations offer a wide range of health care specialties: cosmetic surgery, dentistry,

cardiovascular, oncology, orthopedics, cancer, reproductive, neonatology, weight loss, health screenings, etc.¹ In September 2015, H.E. Kobkarn Wattanavrangkul, Minister of Tourism and Sports of Thailand, mentioned that Thailand is the premier medical tourism destination in Asia, because of the internationally recognized medical facilities. She mentioned that medical travelers, because of their high-spending power and demand for upper class tourism products and services, are remunerative and lucrative tourist markets for the country. It encourages the government to promote Thailand as a quality leisure destination for medical traveler. Thailand became a popular medical tourism destination in the 1970's due to its status of leader in sex-change surgeries, but gained in popularity later for plastic surgery procedures¹. Thailand and several other Asian governments such as Malaysia have developed five-year plans for medical tourism. In 2009, the Thai Prime Minister, Abhisit Vejjajiva, elaborated that Thailand's service sector, including tourism, is key to maintaining economic growth and development after the Asian crisis of 1997. Tourism is growing and more and more people seek health care in Thailand, because the country has internationally recognized facilities and offers affordable high-quality medical and hospitality services.¹

Thailand was the leader in medical tourist arrivals holding more than a 40% share in Asia in 2011. In 2012, 2.5 million international health care travelers visited Thailand especially for medical treatment. Most international patients were from Japan, the United States, the United Kingdom, the Middle East and Australia. Revenues generated from health care tourism were approximately USD 4.31 billion in 2013, averaging 15% increases annually during the past ten years. Thailand is currently a leading medical tourist destination in Asia and in the world.⁵

Health care services can be inexpensive overseas, when in medical tourists tend to choose to save capital and take advantage of a luxurious vacation while recovering. Having a tourism-oriented economy, a welcoming service attitude and modern infrastructure partly explains Thailand's success, compared with Singapore, Taiwan and Korea.¹ To market and promote medical tourism in Thailand, images of modern technology, cleanliness and efficiency are important. Elegant websites, in English and other foreign languages feature the range of possible health care services, prices, accreditations, affiliations, professional practitioners, comfortable and sumptuous accommodation, patient testimonials, etc. Vejthani Hospital in Bangkok has a website in Thai, Japanese, Arabic, Bengali, German and English, and many other hospital's websites are multilingual. Some sites also include videos of reassuring doctors, procedures and satisfied patients.¹ Marketing on websites is aimed at reassuring potential patients and convincing them to opt for medical treatments abroad.

Several factors can influence consumers' perceptions toward medical tourism. In order to maintain its status of leader in the medical tourism field, hospitals and medical centers in Thailand have to provide outstanding services to international patients. Since the 1970's, Thailand has remained a popular destination for health care travel because it focuses on high-quality services, has technological medical equipment, advanced hospitals, skilled personnel and cost-effective medical procedures. As a result, the conclusions of this research study will be profitable to hospitals and agencies specialized in medical tourism for a deeper understanding of Middle Eastern consumers' perception toward medical tourism. This study will help leading international hospitals of medical tourism in Thailand to identify and improve the essential elements of medical services to Middle Eastern consumers'. Public and other private hospitals in Thailand can benefit as well from this study as they will get information about factors that need to be revised to provide a greater service to international medical travelers from the Middle East and ensure their satisfaction. Medical tourism is patient-oriented and the health travel industry in Thailand must keep up with clients' requirements in order to maintain its status of leader as medical tourism destination. Middle Eastern citizens represent a major group of clients for Thai private hospitals and medical centers, which contributes to the country's economy. Their perception toward medical tourism is valuable to stakeholders within the medical and tourism industries in order to improve services to ensure patients' satisfaction and medical institutions' profitability.

The objectives of this research study are:

1. To explore and understand Middle Eastern consumers' perceptions towards medical tourism in Thailand.
2. To study the relationships between demographics and consumers' perceptions towards medical tourism in Thailand.
3. To study the relationships between Marketing Mix and Middle Eastern consumers' perceptions towards medical tourism in Thailand.

Literature Review

The modern concept of Medical Tourism has emerged in the past few years; it incorporates health care and recreational travel. The trend to travel for medical reasons to another region or country grew in popularity, especially in developed countries. The essential objective of international patients that are traveling is to get affordable treatment in recognized hospitals paired with high-end health care services. Key factors for medical tourism include modern hospital facilities, personalized medical services, certified medical personnel, and cost-efficient health care procedures. The costs of health care are increasing in several developed countries, namely the United States, the United Kingdom, Japan, Australia, etc. As a result, more and more people seek affordable health care services abroad.

History of Medical Tourism⁶

Medical tourism is as old as medicine itself as the concept dates from ancient times. Research into ancient civilizations shows a link between spirituality and health care, which dates back thousands of years. Most ancient cultures recognized the therapeutic effects of mineral and iron-rich thermal springs, and sacred temple baths.

About 4,000 years BC, the Sumerians constructed in Mesopotamia, roughly corresponding to modern-day Iraq, Syria and Kuwait, the earliest known health complexes including temples and pools around hot springs. In India, about 3,000 years ago, medical tourism was also slowly developed with the popularity of yoga and Ayurvedic medicine. Travelers made the journey to India seeking the benefits of alternative medicine. About 2,000 years BC, during the Bronze Age, hill tribes in Switzerland recognized the health benefits of bathing in iron-rich mineral springs. Similar bronze tools were found in springs in France and Germany, which indicates wellness pilgrimages in those European cultures. The Ancient Greeks erected the Asclepia Temples, which is commonly known as the world's first medicine spots. People from different countries traveled to temples in Greece seeking health care.

About 300 years BC, other therapeutic temples opened in Greece, the most famous being Epidaurus. It included a gymnasium, a snake farm, a dream temple, and several thermal baths. During the reign of the Roman Empire, several hot-water baths and springs flourished and became popular among the elite; they were venues for social and commercial networking. With the collapse of the Roman Civilization, 476 AD, Asia maintained its status of a major health care destination for medical visitors. Temples were linked to hospitals that provided medical procedures to tourists seeking health care.

Around the 12th and 13th century, Japan's hot mineral springs called onsen rose in popularity because of their healing properties. The warriors used them to reduce pain, heal injuries, and recuperate from battles. During the Renaissance Period from the 14th to the 17th century, medical tourism flourished in Europe. In 1326, hot springs were established and gained in popularity in Ville d'Eaux, France. The word "spa" was first used there. Spa is derived from the Roman language and means health through waters. During the 16th century, the elite and aristocrats of Europe rediscovered Roman baths and visited wellness and therapeutic spas and pleasure resorts like St. Moritz in Switzerland, Baden Baden and Aachen in Germany, and Bath in England. The most significant tourist in the history of Medical Travel was Michel Eyquem de Montaigne, the father of luxury travel. He helped write a spa guide in early medical tourism history. In the 1720's, Bath was a famous city for spa and wellness in United Kingdom. Because of medical tourism, Bath became the first city in England to be equipped with a covered sewage system, paved roads,

lighted streets, and a good tourism infrastructure. Between 1700 and 1900, Europeans and Americans kept traveling to quiet regions with spas and health care complexes in the hope of curing various illnesses like tuberculosis.

The discovery of America brought new destinations for health care travelers from Europe. Indeed, during the 17th century, Europeans built small centers near springs. Moreover, Native Americans knew herbal medicines and competed with those from other parts of the world. During the 20th century, the United States and Europe were the commercial, industrial and health care centers. Only nobles and prosperous people could afford to travel to these areas to receive quality health care services.

In the 1960s, many Americans, as part of the New Age movement, went for a pilgrimage to India. Eventually, the elite and socialites from America and the United Kingdom rediscovered yoga and traditional Indian medicine. Later on, with the cost of health care increasing in the 1980's and 1990's, Americans started to consider going abroad for medical treatments like dental procedures in Mexico. Meanwhile Cuba launched programs and projects to attract foreigners, especially Canadians, for eye surgeries, heart and cosmetic procedures. The Asian economic crisis that took place in 1997 and the devaluation of Asian currencies pushed governments to direct marketing efforts towards medical tourism. Thailand, offering inexpensive health care services, became the hub for plastic and sex change surgeries.

With the emergence of health providers worldwide, the Joint Commission International (JCI) was created in 1997 to check and investigate international medical facilities to ensure that international standards are followed. Due to JCI accreditation, Thailand, Singapore and India became reliable medical destinations. Moreover, other Asian and Hispanic countries emerged as medical tourism destinations with JCI accreditation and agreements with exclusive American medical establishments.

Medical tourism in Thailand continued its massive expansion after the events of September 11, 2001. Indeed, the events reinforced security measures, visa policies, and application restrictions in many Western countries, especially towards Middle Eastern citizens, which made travelling arduous. Additionally, some Middle Eastern tourists also noticed the social pressure and did not feel welcomed anymore as international patients in America and Europe. As a result, many patients from the Middle East considered getting affordable, but high quality, medical treatments in Asia. Since 2001, the volume of inbound medical tourists from the Middle East has drastically increased in Thailand.

In 2006, 150,000 Americans traveled to Asia and Latin America for medical treatment, dentistry and cosmetic

surgeries. In 2007, 300,000 American travelers sought medical procedures abroad for face-lifts, bypass surgery, fertility and other elective treatments, etc. In 2010, nearly 1.5 million Americans went abroad for medical care. The medical tourism industry is growing and shows no sign of slowing down. Medical and insurance companies in America started considering outsourcing by offering their subscribers the possibility to get elective surgeries abroad.

International patients may also travel to get treatments that are socially or culturally not acceptable or not available in their own countries. Take for example, kidney transplantation is currently unavailable in the Democratic Republic of the Congo, wealthy patients have to travel to Belgium, South Africa, India, or elsewhere in order to get appropriate health care. More and more men are turning to cosmetic surgery. Nevertheless, the subject remains taboo. Of all cosmetic procedures, buttock implant surgery is one that has experienced the biggest leap in 2014 in the United States, according to the American Society of Plastic Surgeons. The operation is already popular with women in Latin America and is gaining acceptance with middle aged men, especially within the gay community. Today, people are more aware of possible interventions .

Nowadays, most medical tourists are citizens of developed or developing countries; people from the United States, Canada, the Middle East and the United Kingdom are major clients. Well-known destinations for international patients include Brazil, Costa Rica, India, Mexico, Malaysia, Singapore, South Africa, and Thailand. Medical facilities overseas offer state-of-the-art equipment and medical practitioners are internationally trained and specialized. Websites and travel agencies typically offer packages including airfare, accommodation, medical treatment and a vacation-like recovery arrangement. Medical services offer a wide range of cosmetic, dental and elective operations, etc.⁸

Medical Tourism Marketplace

People have been traveling for health and wellness since ancient times. In recent years, a phenomenon called medical tourism has emerged; patients travel from industrialized countries to developing nations like Thailand to undergo medical procedures and other health care treatments. Current medical services offered by established and emerging medical tourism destinations range from cosmetic surgery to dental treatments, and elective procedures, etc.

The medical tourism industry has grown drastically in the past two decades for several motives mentioned previously. Modern health care tourism has increased because of changes in the governmental context of medicine, affordable access to medicine and new thinking towards individual identity and health care, empowered by the

development of international communications, technology, transport and tourism. For patients, going abroad to receive medical treatments offers them an opportunity to find health care alternatives that are inexpensive, quicker and in some cases better.¹

Medical procedures in countries offering medical tourism services can cost a fraction of the price of health care charges of many developed/ Western countries in North America, Europe and Oceania. Indeed, a knee replacement would cost about USD 40,000 in the United States, USD 11,000 in Costa Rica, USD 10,000 in Thailand, and only USD 8,500 in India. Using American costs to compare health care treatments, patients can save from 25% in Singapore up to 90% in India. As mentioned previously, estimating the dollar value of the medical tourism industry is quite challenging: medical tourism is still in its infancy, the definition of a medical travel is not standardized, there is lack of verifiable data and predictions vary a lot within the world's research firms. Taking into account those factors, Patients Beyond Borders estimate the market size of medical tourism at USD 38.5-55 billion, based on approximately eleven million international patients across the globe. International patients spend an average of 3,500-5,000 U.S dollars per visit, including all medical costs, visa, local transport, and accommodations. The medical tourism industry has been growing significantly in the past years and presents, globally, no signs of slowing down. Indeed, the population is aging and becoming richer at a rate that surpasses the availability of quality medical sources. Additionally, medical costs continue to rise in developed countries, while countries providing health care and social programs face issues to respond to the increasing demand. Additionally, traveling is facilitated by the development in international communications, transport and tourism. These factors encourage patients to go abroad for medical procedures; saving money or to avoid waiting lists for surgery. Patients Beyond Borders estimates that the medical tourism market is growing between 15 and 25% annually, with high rates in Asia .

Finally, globalization of health care offers a wide range of cost-effective medical procedures as well as other advantages like no waiting lists, modern facilities, advanced technological equipment, internationally certified hospitals and medical centers, qualified doctors and medical team, and outstanding health care services¹.

The most popular medical tourism destinations are located in Asia and Latin America; those countries became international medical destinations because they invested in healthcare infrastructure, they have internationally accredited hospitals, they provide quality assurance, their outcomes are transparent, they offer inexpensive medical procedures, they are relatively socially and politically stable, they have extensive tourism infrastructure, they

have a history of healthcare innovation and achievement, they provide advanced technology, they have experienced and internationally-trained medical staff, etc. Those medical tourism destinations offer a wide range of health care specialties including dental, cosmetic and elective surgeries. A significant barrier to the medical tourism trend is maintaining the quality of health care: numerous websites emerged in the past few years and a tremendous amount of information regarding medical tourism and choices of health care destinations are readily available¹.

Review of Medical Tourism Literature By John Connell¹

John Connell conducted an extensive review of medical tourism literature and published a book about the growing medical tourism phenomenon and industry in 2011. It covers the history of medical tourism, the rise of the industry, marketing, economics, ethics, etc. It explained the growing medical tourism industry over the past decade with patients traveling abroad for health care treatments, especially for cosmetic surgery. High prices and long waiting lists in western countries, international accreditation of hospitals and medical centers, new technology and competences in emerging medical tourism destinations paired with affordable transport costs and online marketing encouraged people to seek health care in other countries. Asian countries are medical tourism leaders, namely Thailand, India, Malaysia, and Singapore. A detailed analysis of the medical tourism industry is challenging because it is both competitive and illicit, estimating the number of medical travelers and their reasons for travel is hard to determine. Connell explained why medical tourism became important: patients' disappointments with health care in the country they live in; limited access to medicine at an acceptable cost, in reasonable time or in a responsive context; a lack of appropriate insurance and revenue to pay for domestic procedures; increased consumerism, the abundance of information about medical travel available on the Internet, the accessibility of international travel, technology and medicine advancements in many countries; irregular legal and ethical perspectives to complex health issues; and an increasing appeal for plastic surgery that connects many other factors together. Connell mentioned that one of the critical issues in the development of medical tourism is the regulation of standards; indeed hospitals and medical centers are getting JCI accreditation worldwide. Medical tourism is a component of the tourism industry, through its linkages with hotels, airlines and the whole infrastructure of tourism, and in the leisure activities of the tourists.

American Consumers' Perceptions Towards Medical Tourism

Lydia L. Gan and James R. Frederick, from the Medical Tourism Research Center of University of North

Carolina, conducted a survey on consumers' perceptions toward Medical Tourism in 2012. This research reviews the factors that influence Americans' decision to seek medical treatment outside the United States. Street-intercept sampling was conducted in eight areas in North Carolina between June 2010 and March 2012. In total, 597 samples were collected including socio-economic data about the respondents and their attitudes toward medical tourism. Three main factors: risk, social-related, and vacation, were analyzed.

The research study's major findings are:

1. Medicare (medical insurance in the United States) beneficiaries are more aware of risk factors than other insurance types holders.
2. Medicare beneficiaries are less sensitive to social-related factors.
3. Middle income groups are more driven by risk factors than the low income or the high income groups.
4. Black people are less aware of risk factors than other ethnic groups.
5. Older consumers are more likely than younger people to be motivated by social-related factors to travel for treatment.
6. Young adults are more driven by risk factors than older people.
7. Single (unmarried) respondents are less motivated to travel because of socio-related factors.
8. Less educated consumers are less driven by risk or social-related factors.

Lydia L. Gan and James R. Frederick conclude the research study by mentioning that health travel could potentially release pressure on healthcare systems in developed countries and to restrain healthcare inflation, but it depends on how policy makers address those factors.

Students' Perspective of Medical Tourism

In 2010, Sumanth G. Reddy, Valerie K. York and Laura A. Brannon conducted a research study in the United States regarding students' perspective of medical tourism. They used the theory of planned behavior to examine the medical tourism beliefs of 336 undergraduate students in a basic psychology course in an American university located in the Midwest. As per the study, students did not have positive intentions for or the will to seek information about going to another country to receive health care treatment. As part of an educational intervention, the researchers thought that it is necessary to promote the possibilities of traveling for health care. The study was also aimed at educating people, including the students in this research, about the offers of quality medical care abroad, professional medical practitioners overseas and the opportunity for international patients to enjoy vacation overseas while recovering.

Materials and Methods

This section aims to explain the methods used to determine Middle Eastern consumers' perceptions towards medical tourism in Thailand. A descriptive research using comparative and correlational methods was performed to describe the different perceptions Middle Eastern consumers have towards medical tourism in Thailand. This study is a fundamental research study.

Population and Sample

This research study only includes national citizens from the Middle East, namely Bahrain, Cyprus, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates and Yemen. The current total population of Middle Eastern countries is more than 410 million inhabitants. In total, 300 samples were collected including demographic and socio-economic data about the respondents and their perception toward medical tourism in Thailand.

Research Methodology

This research study is a quantitative and qualitative research. Quantitative data were collected via street sampling using a structured survey questionnaire from a sample of respondents from the Middle East and located in Bangkok, Thailand and Dubai, United Arab Emirates between the 23rd of March and the 30th of April 2016. Fieldwork to sample quantitative data was conducted in the form of convenience sampling.

Fieldwork to sample qualitative data was conducted in the form of interviews of Middle Eastern citizens. Researcher used convenience sampling, a nonprobability sampling method in Bangkok, Thailand, Delhi, India, and Dubai, United Arab Emirates between the 23rd of March and the 30th of April 2016. Compared to survey research, interviews involve open-ended question and provide the researcher with rich and deep qualitative data content that can be used for further examination. Subjects of the population were selected by the researcher to be part of the sample because they are easy to access. Middle Eastern citizens were volunteers who agree to be interviewed to share their perceptions toward medical tourism in Thailand.

Data Collection

In this research study, the researcher used secondary and primary data. In this research study, the secondary data used and analyzed by the researcher included textbooks, scholar articles, specialized articles, journals, e-books, dictionary and web sites. Electronic journals, e-books and articles have been retrieved from Google Scholar, Emerald, EbscoHost and other Internet web sites.

The researcher identified the primary data needed. For the purpose of this study, the researcher used a structured questionnaire and in-depth interviews to collect the primary data from Middle Eastern consumers in Bangkok, Thailand, Delhi, India, and Dubai, United Arab Emirates.

The structured questionnaire was derived from the conceptual framework. The questionnaire was developed to evaluate the influence of demographics and Marketing Mix namely Product, Price, Place, Promotion, People, and Process on Middle Eastern consumers' perception toward medical tourism in Thailand. The questionnaire consists of two categories. The first part of the questionnaire refers to the demographics, general information about the respondents, including nationality, gender, age, marital status, employment status, and level of income. The second section of the questionnaire included questions regarding Marketing Mix, which incorporated the Product, Price, Place, Promotion, People, and Process and consumers' perception toward medical tourism in Thailand. All independent and dependent variables, except demographics, are measured using the four-point liker-scale. The researcher used this rating scale because it is the common tool to survey people's opinion and attitude. The response scale for each statement in the survey questionnaire ranges from 1 to 4 (1 = Strongly disagree, 2 = Somewhat disagree, 3 = Somewhat agree, 4 = Strongly agree). The identified rate of scale means that the respondents have to take a position (agree or disagree) and demonstrates the importance of each option as per the respondents' point of view.

The quantitative data were collected via self-administered structured survey questionnaires. The researcher distributed the questionnaires in Bangkok, Thailand and Dubai, United Arab Emirates between the 23rd of March and the 30th of April 2016. The distribution of the questionnaires took place in Watthana district in Bangkok and at the Canadian University of Dubai. The respondents took about 10 minutes to complete the survey questionnaire. To ensure Middle Eastern respondent's comfort and understanding, translators and the researcher provided the required assistance as objectively as possible. Questionnaires were collected by means of convenience sampling. In total, 300 samples were collected including demographic and socio-economic data about the respondents and their perception toward medical tourism in Thailand. Data were collected in two different countries, which allowed the researcher to compare Middle Eastern consumers' perceptions toward medical tourism between respondents that have visited Thailand and those who have not.

This research study also conducted in-depth interviews in order to have a deeper understanding of Middle Eastern consumers' perceptions toward medical tourism in Thailand.

Examples of interview questions:

- 1) Have you traveled to another country to undergo cosmetic, elective or dental treatment?
- 2) What is your perception of medical and dental treatments offered in Thailand?
- 3) What is your perception of cost of medical and dental procedures in Thailand?
- 4) What is your perception of promotion to Middle Eastern consumers to opt for cosmetic, elective or dental treatment in Thailand?
- 5) What is your perception of hospitality in Thailand?
- 6) What is your perception of risk associated with cosmetic, elective or dental treatment in Thailand?

The researcher used convenience sampling; a type of non-probability sampling where individuals are chosen because they are accessible to the researcher. A screening question is first asked to confirm their nationality in order to interview only Middle Eastern consumers. The sample population selected, for the purpose of the research study, consisted of Middle Eastern citizens located in Bangkok, Thailand, Delhi, India, and Dubai, United Arab Emirates between the 23rd of March and the 30th of April 2016, readily available and willing to undergo an interview. Interviews consisted of open-ended questions until information and data collection saturation is reached. Four in-depth interviews were conducted in each location. Qualitative data were collected in three different countries, which allowed the researcher to compare Middle Eastern consumers' perceptions toward medical tourism between patients that have visited Thailand and those who have not. Additionally, interviews conducted in Delhi, India, provided information about the motivations that influenced Middle Eastern patients to choose India over Thailand for medical treatments. Once again, data collection in different locations was preferred by the researcher in order to explore Middle Eastern consumers' perceptions toward medical tourism in Thailand.

Data Analysis

To analyze the data collected with the survey questionnaire, the researcher used the Statistical Program for Social Science (SPSS). This research study includes two sets of independent variables:

- 1) Demographics: Nationality, Gender, Age, Matrimonial status, Employment status, Level of income
- 2) Marketing Mix: Product, Price, Place, Promotion, People, Process

Confidence intervals for statistical significance are stated at 95% and a margin of error of 5%.

Results

Summary and Conclusions of Demographic Factors

Middle Eastern consumers' personal data and profile varied slightly according to the data collection points. Indeed, respondents surveyed in Bangkok were mostly from Oman or U.A.E, male, aged between 30 and 39 years old, married, employed, and with a level of income superior to USD 1,000 per month. Middle Eastern consumers surveyed in Dubai, mostly students, tend to be from U.A.E, aged between 18 and 29 years old, single, unemployed, and with a level of income inferior to USD 1,000 per month. In Bangkok, the researcher faced limitations in surveying Middle Eastern women in Bangkok as some husbands stopped them from taking part in this research study. In Dubai, however, the researcher surveyed almost as many women as men. Further investigations were carried out to evaluate Middle Eastern consumers' perception toward medical tourism in Thailand.

As a result, different respondent profiles allowed the researcher to explore and study the relationship between demographics and Middle Eastern consumers' perceptions toward medical tourism in Thailand.

Summary and Conclusions of Research Objectives And Hypothesis:

To evaluate the link between demographics and Middle Eastern consumers' perceptions toward medical tourism in Thailand, the researcher tested the following hypotheses:

H1 Demographic factors influence Middle Eastern consumers' perceptions toward medical tourism in Thailand.

- H1A Nationality influences Middle Eastern consumers' perceptions toward medical tourism in Thailand.
 H1B Gender influences Middle Eastern consumers' perceptions toward medical tourism in Thailand.
 H1C Age influences Middle Eastern consumers' perceptions toward medical tourism in Thailand.
 H1D Matrimonial status influences Middle Eastern consumers' perceptions toward medical tourism in Thailand.
 H1E Employment status influences Middle Eastern consumers' perceptions toward medical tourism in Thailand.
 H1F Level of income influences Middle Eastern consumers' perceptions toward medical tourism in Thailand.

The findings of this research study support that nationality, gender, matrimonial status, employment status and level of income, as a whole, do not significantly influence Middle Eastern consumers' perceptions toward medical tourism in Thailand. Indeed, results demonstrated only 'very weak' or 'weak' correlations between those demographic variables and Middle Eastern consumers' perceptions toward medical tourism in Thailand.

Demographics

However, age does significantly influence Middle Eastern consumers' perceptions towards medical tourism in Thailand. Indeed, the age of the respondents influences the belief that international patients visit Thailand to get medical procedures that are high in quality and the perception that health care treatment in Thailand is accessible from many locations. Findings demonstrated that younger Middle Eastern consumers (aged between 18 and 29 years old) believe, more than older respondents (aged 30 years old or more), that international patients

Table 1: Middle Eastern consumers' Personal Data Mode Classified by Collection point.

Mode of personal data variables	Bangkok	Dubai
Nationality	Oman and U.A.E	U.A.E
Age (years old)	30-39 years old	18-29
Gender	Male	Male
Matrimonial status	Married	Single
Employment status	Employed	Unemployed
Level of income	USD 1,000 to 3,000 per month	Up to USD 1,000 per month

Source: Data collected by the researcher in Bangkok (Thailand) and Dubai (United Arab Emirates) in March and April 2016.

visit Thailand to get medical procedures that are high in quality. Findings also demonstrated that older Middle Eastern consumers (aged 30 years old or more) tend to believe, more than young respondents (aged between 18 and 29 years old), that health care treatment in Thailand is accessible from many locations. As a result, it can be concluded that younger Middle Eastern consumers (aged between 18 and 29 years old) have a superior perception than older Middle Eastern consumers (aged 30 years old or more) regarding the quality of medical procedures provided to international patients in Thailand. It can also be concluded that older Middle Eastern consumers (aged 30 years old or more) tend to find Thailand to be more accessible than younger Middle Eastern consumers (aged between 18 and 29 years old). Older Middle Eastern consumers tend to have a higher level of income and this may influence the perception of accessibility.

Middle Eastern consumers surveyed in Bangkok tend to believe, more than respondents surveyed in Dubai, that international patients visit Thailand to get medical procedures that are high in quality, that health care treatment in Thailand is accessible from many locations, that health care institutions in Thailand offer a comfortable setting to international patients, that health care practitioners in Thailand are professional and well trained, and that health care practitioners in Thailand offer good customer service. Generally, Middle Eastern consumers surveyed in Bangkok had a more positive perception of health care in Thailand than Middle Eastern consumers surveyed in Dubai. It can be concluded that visiting Thailand positively influences the perception of Middle Eastern consumers toward medical tourism in Thailand.

Marketing Mix¹²

To evaluate the link between Marketing Mix and Middle Eastern consumers' perceptions toward medical tourism in Thailand, the researcher tested the following hypotheses:

- H2** Marketing Mix factors influence Middle Eastern consumers' perceptions toward medical tourism in Thailand.
- H2A Product influences Middle Eastern consumers' perceptions towards medical tourism in Thailand.
- H2B Price influences Middle Eastern consumers' perceptions towards medical tourism in Thailand.
- H2C Place influences Middle Eastern consumers' perceptions towards medical tourism in Thailand.
- H2D Promotion influences Middle Eastern consumers' perceptions towards medical tourism in Thailand.
- H2E People influences Middle Eastern consumers' perceptions towards medical tourism in Thailand.
- H2F Process influences Middle Eastern consumers' perceptions towards medical tourism in Thailand.

Marketing Mix: Product

The findings of this research study support that product significantly influences Middle Eastern consumers' perception toward medical tourism in Thailand. Indeed, the belief that health care institutions in Thailand offer a wide range of medical procedures positively influence, among others, the perception of health care in Thailand as a quality product, the belief that international patients visit Thailand to get medical procedures that are high in quality, the belief that health care institutions in Thailand offer a comfortable setting to international patients, the perception that health care practitioners in Thailand are professional and well trained, and the perception that health care system in Thailand is efficient. As a result, it can be concluded that Middle Eastern consumers associate the wide range of medical procedures available with quality, comfort, professionalism, and efficiency in hospitals and medical centers in Thailand.

Marketing Mix: Price

The findings of this research study support that price, especially the perception of affordable and reasonable health care cost in Thailand does not significantly influence Middle Eastern consumers' perception toward medical tourism in Thailand. Respondents surveyed in Bangkok, maybe because they are more aware and informed regarding the price of medical treatment, tend to perceive cost of health care in Thailand to be more affordable than other places. Finally, 68.7% of total Middle Eastern consumers' surveyed perceived health care in Thailand to be affordable and reasonable compared to other places. In-depth interviews with Middle Eastern clients of private hospitals in Thailand revealed that prices of medical treatments increased significantly over the past few years. Consumers noticed the price difference, but returned to Thailand to get quality health care. Finally, Middle Eastern consumers consider health care in Thailand to be affordable and reasonable, but not as affordable as it used to be a few years ago. It can be concluded that Middle Eastern consumers, as a whole, tend to perceive the costs of health care in Thailand to be affordable and reasonable when compared to other places regardless of other variables and/or factors.

Marketing Mix: Place (location)

The findings of this research study support that place (location) significantly influences Middle Eastern consumers' perception toward medical tourism in Thailand. Indeed, the belief that health care institutions in Thailand provide timely care/reduced waiting lists to international patients, the perception that health care treatment in Thailand is accessible from many locations, and the belief that health care institutions in Thailand offer a comfortable setting to international patients positively

influence the perception of health care in Thailand. Those variables primarily impact the perception of health care in Thailand as a quality product, the perception that health care practitioners in Thailand are professional and well trained, and the perception that health care practitioners in Thailand offer good customer service. As a result, it can be concluded that Middle Eastern consumers associate place, including time, proximity, and comfort, with quality, professionalism, and good customer service in hospitals and medical centers in Thailand.

Marketing Mix: Promotion

The findings of this research study support that promotion; the perception of Thailand as a leading medical tourism destination and the perception that health care in Thailand is well promoted and marketed abroad, does not significantly influence Middle Eastern consumers' perception toward medical tourism in Thailand. Respondents surveyed in Bangkok, maybe because they are more aware and informed about medical procedures available in Thailand, tend to perceive, more than respondents surveyed in Dubai, Thailand as a leading medical tourism destination. Finally, 71% of total Middle Eastern consumers surveyed agreed with the perception that Thailand is a leading medical tourism destination. On the other hand, only 43.3% of all Middle Eastern consumers surveyed agreed with the perception that health care in Thailand is well promoted and marketed abroad. Additionally, no respondent interviewed in Bangkok, Delhi or Dubai affirmed ever noticing advertisement or publicity promoting health care treatments in Thailand or Thai hospitals in their home countries. It can be concluded that Middle Eastern consumers do not generally perceive that health care in Thailand is well promoted and marketed abroad, but perceive the country as a medical tourism destination regardless of other variables and/or factors.

Marketing Mix: People

The findings of this research study support that people, health care practitioners and other individuals directly related to the medical industry, significantly influences Middle Eastern consumers' perception toward medical tourism in Thailand. Indeed, the perception that health care practitioners in Thailand are professional and well trained and the perception that health care practitioners in Thailand offer good customer service positively influence the perception of health care in Thailand as a quality product, the belief that health care institutions in Thailand provide timely care/reduced waiting lists to international patients, the perception that health care treatment in Thailand is accessible from many locations, and the belief that health care institutions in Thailand offer a comfortable setting to international patients.

Findings revealed that Middle Eastern consumers associate professionalism and good customer service in hospitals and medical centers in Thailand with place, including time, proximity and comfort. As a result, it can be concluded that place, including time, proximity and comfort and people, professionalism and training of health care practitioners and other individuals directly related to the medical industry, are significantly interrelated and interdependent.

Marketing Mix: Process

The findings of this research study support that process significantly influences Middle Eastern consumers' perception toward medical tourism in Thailand. Indeed, the perception that health care systems in Thailand are efficient and the belief that health care institutions in Thailand invest in research and development positively influence, among others, the perception of health care in Thailand as a quality product and the belief that international patients visit Thailand to get medical procedures that are high in quality. As a result, it can be concluded that Middle Eastern consumers associate process, efficiency and investment in research and development, with quality as a whole, in hospitals and medical centers in Thailand.

Analysis of In-Depth Interviews with Middle Eastern Consumers

In-depth interviews were conducted with Middle Eastern consumers in Bangkok, Thailand, Delhi, India, and Dubai, United Arab Emirates. The purpose of realizing interviews was to get a deeper and richer understanding of Middle Eastern consumers' perception towards medical tourism in Thailand. Indeed, the researcher was seeking Middle Eastern consumers' opinions and thoughts that could not be obtained via survey questionnaires. In total, twelve in-depth interviews were conducted with citizens from the Middle East between March 23rd and April 30th 2016.

The researcher conducted four in-depth interviews with Middle Eastern consumers in Watthana district in Bangkok, Thailand. Three respondents were from Oman and one was from United Arab Emirates. All respondents affirmed that Thailand is easily accessible by air travel with direct flights daily. In general, Middle Eastern consumers interviewed in Bangkok were satisfied with the level and efficiency of service, including Arabic translators, and the quality of health care provided by medical practitioners and employees in private hospitals in Thailand. However, the respondents reported a decline in the quality and personalization of service, as a whole, over the past few years. Additionally, Middle Eastern consumers interviewed in Bangkok also noticed a considerable increase in costs of health care treatments

in private hospitals in Thailand over the past few years. As a result, they do not tend to perceive Thailand as a very affordable medical tourism destination anymore. They come back to Thailand year after year seeking health care because of the relative ease in obtaining a medical visa, referrals they get from friends and relatives, and the level of confidence they have toward private hospitals.

The researcher conducted four in-depth interviews with Middle Eastern consumers in the Vasant Kunj district in Delhi, India. All respondents were from Iraq. Respondents affirmed that Thailand seemed to be easily accessible by air travel and assumed that there are direct flights daily. However, all of the respondents mentioned that, when traveling from Iraq, India is definitely closer than Thailand. None of the respondents had ever visited Thailand for health care purposes. In general, Middle Eastern consumers interviewed in Delhi seemed to have a positive perception of the quality of service and health care provided by medical practitioners and employees in private hospitals in Thailand. Additionally, Middle Eastern consumers tend to associate the service industry in Thailand with smile and preciseness. Moreover, there are considerable delays for Iraqi citizens in obtaining a Thai medical visa and not all applications for visas are granted. Conversely, Iraqi citizens are able to get Indian medical visa within a couple of days.

The researcher conducted four in-depth interviews with Middle Eastern consumers in Dubai Healthcare City district in Dubai, United Arab Emirates. Respondents were from Lebanon, United Arab Emirates, Iran, and the Palestine Territories. Respondents affirmed that Thailand seemed to be easily accessible by air travel and assumed that there are direct flights daily. None of the respondent had ever visited Thailand for health care purposes. However, some respondents have friends and relatives that visited Thailand to get medical treatment and other respondents visited Thailand for recreation purposes. In general, Middle Eastern consumers interviewed in Dubai seemed to have a positive perception of the quality of service and health care provided by medical practitioners and employees in private hospitals in Thailand. Additionally, Middle Eastern consumers tend to associate hospitality in Thailand with smiles and kindness. As a result, Middle Eastern consumers interviewed in Dubai tend to perceive Thailand as a leading destination for a vacation, but not prominent for health care. Respondents may consider undergoing a medical procedure in Thailand if the price is significantly lower to the cost of health care in the United Arab Emirates.

None of the respondent interviewed affirmed ever noticing an advertisement or publicity promoting health care treatments in Thailand or Thai hospitals in their home countries.

Discussion

Discussion on Literature Review and Research Findings

John Connell conducted an extensive review of medical tourism literature over the last decade. He reported that patients are traveling abroad for health care treatments, especially for cosmetic surgery. Research findings and recent medical literature now support that international patients seek, not only plastic surgeries abroad, but a wide range of elective medical treatments as well, including dental procedures and wellness treatments. High prices and long waiting lists in Western countries, international accreditation of hospitals and medical centers, new technology and competences in emerging medical tourism destinations paired with affordable transport costs and online marketing mainly encourage people to seek health care in other countries. Asian countries are still medical tourism leaders, namely Thailand, India, Malaysia, and Singapore. As medical tourism is a profitable industry, destinations emerge, such as U.A.E with Dubai Healthcare City project, and competition is fierce. Analysis of the medical tourism industry is still challenging and research firms and organizations do not agree on figures. Additionally, in contrast with massive marketing campaigns promoting medical tourism found within literature reviewed, research findings suggest that word-of-mouth and other references are major influencing factors for patients to seek treatment abroad. Medical tourists from the Middle East are a major market for the tourism industry in Thailand, through its linkages with hotels, airlines, and the whole infrastructure of tourism.

Research Findings' Limitations

This research study presents several limitations. First, it surveyed only 312* Middle Eastern consumers, mainly men, during the months of March and April 2016 in Bangkok, Thailand, Delhi, India and Dubai, United Arab Emirates. The conclusions and recommendations about Middle Eastern consumers should be interpreted with moderate caution since this research study was not based on a representative sample of the Middle Eastern population. Secondly, this research study did not focus on

*In total, for the purpose of this research study, 300 Middle Eastern consumers answered the survey questionnaire and 12 additional respondents underwent in-depth interviews.

a unique hospital or medical center, which leads to difficulties to evaluate consumers' perception among different medical service providers. Thirdly, this research study focused on a specific topic: Middle Eastern consumers' perception toward medical tourism in Thailand. As a result, other aspects indirectly related to medical tourism such as hospitality service, transport infrastructures, tourism facilities, destination appeal, authorities' policies, were not surveyed.

Recommendations for Further Research

To address the limitations listed previously, further research is advisable. Firstly, future researches should use probabilistic sampling methods in order to survey a representative sample of the population to improve the reliability and interpretation of research findings. Secondly, further research should focus on a unique medical provider such as Bumrungrad International Hospital or Bangkok Hospital to facilitate the evaluation of consumers' perception about a specific organization. Thirdly, future researches should include indirect aspects such as hospitality service, transport infrastructures, tourism facilities, destination appeal, and authorities' policies, etc. related to medical tourism that possibly influence consumers' perception toward medical tourism. Fourthly, several Middle Eastern consumers surveyed in this research study revealed a noticeable increase in the cost of health care in Thailand. Further investigation regarding the influence of medical procedures prices and economic situation on the volume of inbound medical tourists and revenues in the country should be considered. Fifthly, deeper investigation about the influence of promotion on the consumers' perception toward medical tourism would be needed. Finally, future research should study other major and/or emerging clienteles, such as Burmese and Vietnamese, in order for the Thai government, agencies, hospitals and medical centers to improve their medical tourism offer.

Conclusions

Middle Eastern citizens represent a major group of clients for Thai private hospitals and medical centers, which contributes to the country's economy. Their perception toward medical tourism is valuable to stakeholders within the medical and tourism industries in order to improve services to ensure patients' satisfaction and sustainability.

Findings from this research study first demonstrated that Middle Eastern consumers (96%) have a positive perception toward quality of health care in Thailand, which encourages international patients, especially young adults (18-29 years old), to visit the country to get high-grade medical procedures.

Most respondents surveyed and interviewed agreed that Thailand is easily accessible by air with daily flights from different cities in the Middle East to Bangkok. It was also found that older Middle Eastern consumers (aged 30 years old or more) tend to find Thailand more accessible than younger respondents (aged between 18 and 29 years old). Older Middle Eastern consumers generally have a higher level of income that may influence the perception of accessibility. Middle Eastern consumers interviewed in Delhi mentioned, without surprise, that India is closer to them than Thailand.

Middle Eastern consumers (81%) also perceive that Thai hospitals and medical centers offer a wide range of medical procedures, which positively influence their perception of health care system's efficiency. In order to make Middle Eastern consumers' perception evolve beyond cosmetic surgeries feasible, it would be recommended to promote the various medical treatments available in Thai hospitals.

Most Middle Eastern consumers surveyed (68.7%) agreed with the perception of affordability and the reasonable cost of health care in Thailand compared to other places. As per the findings, respondents' personal data such as nationality, age, gender, matrimonial status, employment status and level of income demonstrated having only a very weak influence on price perception. However, Middle Eastern consumers surveyed in Bangkok, more than respondents surveyed in Dubai, tend to perceive the cost of health care in Thailand to be more affordable than other places. Respondents surveyed in Bangkok, maybe because they are more aware and informed regarding the price of medical treatment in Thailand, tend to believe that health care procedures are more affordable in Thailand than in other countries. In-depth interviews with Middle Eastern clients of private hospitals in Thailand revealed that cost of medical treatments increased significantly over the past few years. Consumers noticed the price difference, but returned to Thailand to get quality health care. Finally, Middle Eastern consumers still consider health care in Thailand to be affordable and reasonable, but not as affordable as it used to be a few years ago. Additionally, with the decline in oil price over the past months, disposable income of some Middle Eastern consumers was affected adversely¹³. The findings of this research study include increased competition from emerging medical tourism destinations such as India and U.A.E itself, and the current economic situation in the Middle East would recommend reviewing marketing and services, including prices, offered to Middle Eastern clientele.

Findings also revealed that only 43.3% of total Middle Eastern consumers surveyed agreed with the perception

that health care in Thailand is well promoted and marketed abroad. Additionally, no respondent interviewed in Bangkok, Delhi or Dubai affirmed ever noticing advertisement or publicity promoting health care treatments in Thailand or Thai hospitals in their home countries. It can be concluded that Middle Eastern consumers do not generally perceive that health care in Thailand is well promoted and marketed abroad, but perceive the country as a medical tourism destination regardless of other variables and/or factors. It would be recommended to review and adapt marketing strategies taking into account that word-of-mouth and other references that influence consumers' decision to travel for health care.

Finally, Middle Eastern consumers in Bangkok, more than respondents surveyed in Dubai, believe that health care institutions in Thailand offer a comfortable setting to international patients. Also, there were more respondents in Bangkok thinking that Thailand is a leading medical tourism destination. Additionally, more consumers in Bangkok perceived that health care practitioners in Thailand are professional and well trained and offer good customer service. Finally, more respondents in Bangkok than Dubai believed that Thai medical institutions invest in research and development. It can be concluded that,

even if respondents in Bangkok did not necessarily experienced Thai hospitals, they tend to believe that those institutions offer distinguished medical services including comfort, hospitality, professionalism, and continuous improvement. As a whole, recreational tourists from the Middle East in Thailand, experiencing Thai hospitality, tend to have a better perception of health care available in the country. Those tourists may be more favorable to come back to Thailand to get medical treatments. It is recommended to focus medical tourism marketing efforts on Middle Eastern tourists that have previously visited Thailand, either for medical or recreational purposes.

Acknowledgements

I would like to express my deep gratitude to Dr. Declan P.O'Sullivan, my research supervisor, for his patient guidance and useful critiques of this research work and assistance in keeping my progress on schedule. I would also like to extend my thanks to Fortis Healthcare India, Bangkok Hospital Group, and Aster Medical Centre for providing me with the proper support. I would like to express my deep gratitude to the respondents who took time to answer the survey questionnaire and interview questions.

References

1. Connell J. Medical Tourism. *CAB International* 2011 :1-187.
2. Medical Tourism Statistics & Facts. Patients Beyond Borders, 2014. (Accessed aFebruary 13, 2016, at <http://www.patientsbeyondborders.com/medical-tourism-statistics-facts>.)
3. Ovidia J. Medical tourism the "fountain of youth" or illness of the healthcare systems? 2016. (Accessed February 15, 2016, at <https://www.linkedin.com/pulse/medical-tourism-fountain-youth-illness-healthcare-systems-ovadia>.)
4. Thailand Health and Wellness Tourism Showcase 2015 unveils the next big thing in health tourism. TAT News, 2015.(Accessed February 8, 2016, at <http://www.tatnews.org/thailand-health-and-wellness-tourism-showcase-2015-unveils-the-next-big-thing-in-health-tourism/>.)
5. Research/Surveys/Statistics. Medical Tourism Association, 2015. (Accessed January 25, 2016, at <http://www.medicaltourismassociation.com/en/research-and-surveys.html>.)
6. The History of Medical Tourism. Health Tourism, 2015. (Accessed January 27, 2016, at <https://www.health-tourism.com/medical-tourism/history/>.)
7. Kutlu N. Chirurgies esthétiques - Des fesses et des-hommes. 2016. (Accessed January 27, 2016, at http://plus.lapresse.ca/screens/03a9f2ba-3f0a-4650-b991-046ba4dbb6b7%7C_0.html.)
8. Rogers K. History and growth of medical tourism, 2015. (Accessed January 27, 2016, at <http://www.britannica.com/topic/medical-tourism>).
9. Medical Tourism Statistics & Facts. Patients Beyond Borders, 2014. (Accessed January 15, 2016, at <http://www.patientsbeyondborders.com/medical-tourism-statistics-facts>.)
10. Gan LL, Frederick JR. A Survey of Consumers' Perceptions toward Medical Tourism, 2013. Medical Tourism Research Center University of North Carolina at Pembroke Box 1510, Pembroke, NC 28372.
11. Reddy SG, York VK, Brannon LA. Travel for Treatment: Students' Perspective on Medical Tourism. 2010. (Accessed January 20, 2016, at <http://onlinelibrary.wiley.com/doi/10.1002/jtr.769/abstract>.)
12. The Marketing Mix 4P's and 7P's Explained. The Marketing Mix, 2015. (Accessed February 11, 2016, at <http://marketingmix.co.uk/>.)
13. Cheap oil means fewer nose jobs. Bangkok Post, 2016. (Accessed June 1, 2016, at <http://www.bangkokpost.com/news/special-reports/993649/cheap-oil-means-fewer-nose-jobs>.)