

EXAMINATION OF THE FACTORS AFFECTING DECISIONS OF MEDICAL TOURISTS TO PURCHASE HEALTHCARE SERVICE IN RELATION WITH REGULATORY FOCUS THEORY

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ARTICLE INFO	ABSTRACT
Article Type: Research Paper Keywords: Health tourism, Medical tourism, Regulatory focus theory, Satisfaction, Behavioral intentions. Corresponding Author(s) Ceren TÜRKDOĞAN GÖRGÜN Address: Giresun University Management and Organization Department/ Healthcare Management Programme E-mail: cturkdogan@yahoo.fr	ABSTRACT <p>The aim of this study is, to examine the factors affecting the decision-making process (perceived destination image, perceived service quality, perceived value, overall satisfaction level) and behavioral intentions (revisit and positive word of mouth) of international medical tourists to choose a hospital or country by analyzing their relationships and effects. Another important aim of the study is, to group the medical tourists focusing promotion and prevention domains, according to the regulatory focus theory and to examine the relationship of these orientations with the factors in the decision-making process. The cross-sectional descriptive study and convenience sampling method was used for the study. Data were collected through questionnaires from a total of 124 medical tourists who visited seven different hospitals in Ankara, Istanbul and Izmir between February 2016 and May 2016. Descriptive analyzes, reliability analysis, exploratory factor analysis, correlation analysis and hierarchical regression analyzes were performed for the analysis respectively. According to the results of the study, the majority of incoming medical tourists are male (65.3%), married (78.2%) and aged 36-45 (34.7%). The vast majority (72%) come from the Middle East countries (Iraq, Libya, Tunisia); others come from European (18.5%) and Asian (7.2%) countries, respectively. The majority of the visitors came to Turkey for the first time (46%) and upon the recommendation of their doctors (44.4%). Perceived hospital/country image positively affects the perceived health service quality of medical tourists. The responsiveness of the health personnel to the patients positively affects the general satisfaction of the promotion-oriented medical tourists and their behavioral intentions. While improvements in the hospital tangibles (environment, buildings) negatively affect the perceived value of prevention-oriented medical tourists, it increases the overall satisfaction of promotion-oriented medical tourists. The only factor that increase the satisfaction of the prevention-oriented medical tourists was the empathy shown by the healthcare professionals.</p>

INTRODUCTION

Given the fact that individuals have been traveling to other nations for medical treatment since ancient times (Reddy et al., 2010), medical tourism has emerged as a significant and quickly growing healthcare sector (Lunt et al., 2010; Reddy et al., 2010). Health tourism is a broad term that has emerged as a type of tourism, referring to the movement of patients for the purpose of improving their healthcare. Many resources include health tourism as a larger category of tourism that includes medical tourism, thermal spa-wellness tourism, and tourism for the elderly and disability tourism (Burns, 2015).

Previously, rich individuals used to go to industrialized nations for specialized medical care. During recent years, the trend has shifted (Burkett, 2007; Herrick, 2007). People from other socioeconomic backgrounds are also traveling to developing nations such as India, Thailand, and Taiwan to receive high-quality medical care at a reduced cost, in addition to wealthy individuals (Crooks et al., 2011).

In the globe, medical tourism is one of the businesses that is expanding most rapidly. According to a new report (Market Data Forecast, 2021), the worldwide medical tourism industry is expected to be worth 78.15 billion by 2026, up from 33.03 billion in 2021, with a growth rate of 18.8 percent between 2021 and 2026. As a result of long waiting times for some procedures in the source country, high prices for treatment in wealthy countries, and patients seeking treatments that are not available in their home countries, increased consumerism, ease of international travel, and increased wealth of people are some of the fundamental factors that lead to the development of the medical tourism industry (Deloitte, 2008; Lunt et al., 2010). Furthermore, it is a viable option for combining medical treatment with vacation options.

The aim of the study is two-fold; first, international medical tourists will be categorized as promotion or prevention-focused people based on regulatory focus theory, and relationship between their orientations and their post-experience evaluations will be examined. Secondly, by examining relationships between perceived destination image, perceived service quality, perceived value, overall satisfaction, and behavioral intentions, the factors impacting post-experience assessments of both promotion and prevention oriented foreign medical tourists will be revealed. Since no single discipline is independently enough to understand the challenges of medical tourism industry, it would be beneficial to handle the subject interdisciplinary under the umbrella of tourism, behavioral sciences and healthcare services. Thus, more appropriate policies can be determined in a detailed framework and actions can be taken.

1. LITERATURE REVIEW

1.1. Health Tourism and Types of Health Tourism

The word "health tourism" has a lot of different definitions. Goodrich and Goodrich (1987) defined health tourism as the marketing of nations through the presentation of their health-care advantages. Health tourism, in its broadest sense, encompasses any health-seeking activities carried out in another nation at lower costs (Salmon, 2008). According to the Turkish Ministry of Health (2013), health tourism and the health tourist concept are stated as follows:

"Health tourism refers to travelling from the place of residence to another place for the purpose of protection and development of health and treatment of diseases, and benefiting from health and tourism opportunities by staying at the place of destination for minimum 24 hours. A person who travels for the aforementioned purposes is called 'health tourist'".

The notion of health tourism may be divided into three categories: First, there is medical tourism, which is discussed in this article, followed by thermal tourism and spa-wellness, and finally, elderly and disability tourism.

1.1.1. Medical Tourism

According to Marsek and Sharpe (2009), medical tourism is the pursuit for high-quality, low-cost medical treatment while visiting another country. In addition, medical tourism is not only traveling to another country for medical treatment, but also looking for places that have the greatest technological competence and offer it at the most reasonable rates [...] a mix of medical services and the tourism sector (Yu & Ko,

2012). Medical tourists are individuals who travel to other nations with the primary goal of receiving medical care (Ehrbeck et al., 2008). So, according to this definition of medical tourism, the following groups of people are not considered medical tourists: general tourists who become ill while on vacation, tourists who want to visit a spa/wellness center or receive treatments such as acupuncture, and foreign nationals who have already established residency in their home country and seek medical treatment there (Türkdoğan, 2016).

1.1.2.Thermal Tourism & Spa-Wellness

It is a tourim movement that mixes thermal bathing, spas, mud baths, and other spa treatments with complementary therapies such as physiotherapy, rehabilitation, and nutrition (Ankara Chamber of Commerce, 2015).

1.1.3.Elderly and Disability Tourism

Elderly tourism is viewed as a new type of health tourism, involving the care and rehabilitation of elderly people, occupational treatments, and the organization of trips for them. Disability tourism is another emerging kind of tourism. Disabled individuals in rehabilitation facilities receive particularly specific care in this form of travel (Turkish Ministry of Health, 2013).

1.2. Regulatory Fit Theory & Regulatory Focus Theory

Regulatory fit theory, according to Higgins (2000), offers a fresh perspective on the question of which situational factors should be examined for activity engagement because it is concerned with the relationship between people's attitudes toward performing an activity and the manner in which they engage in that activity. Strong motivation is created when there is agreement between people's goals and the way they pursue them, which is referred to as regulatory fit (Avnet & Higgins, 2006).

People's participation in an activity rises if their manner and orientation match. Regulatory focus theory is most often studied in numerous studies to show regulatory fit and non-fit (Cesario et al., 2007; Higgins et al., 2003.). There are two types of orientations in the regulatory focus theory: promotion and prevention (Higgins, 1997). Prevention orientation focuses on safety, responsibility and security, while promotion orientation concerned with the presence of positive outcomes such as hopes, success, progression requirements. Promotion orientation occurs when a person acts eagerly (to promote gains or development), whereas prevention orientation occurs when a person acts vigilantly (support non-losses) (Aaker & Lee, 2006).

When there is regulatory fit, individuals feel good about what they are doing and become more involved. As a result, the attraction of the activity and the value assigned to the activity strengthen (Freitas & Higgins, 2002; Higgins et al., 2003). According to Avnet and Higgins (2006), regulatory fit is a very helpful and essential phenomena in understanding consumer behavior.

1.3. Perceived Destination Image

While Hunt (1975) identified the perceived destination image as "perceptions held by potential visitors about an area", Kim and Richardson (2003) described it as the sum of one's impressions, beliefs, ideas, expectations, and sentiments about a location throughout time.

Positive destination images are believed to influence travelers' decision-making processes (Chi & Qu., 2007). A favorable destination image leads to higher levels of satisfaction and destination loyalty (Chen & Tsai., 2007). As a result, a more positive destination image increases visitor satisfaction, as well as the likelihood that tourists' revisit intention (Court & Lupton., 1997). According to Kotler, Bowen and Makens (1996), there is a dependent link between image, quality, satisfaction, and post-purchase behavior: image > quality > satisfaction > post-purchase behavior. A destination's image has an impact on service quality, which affects satisfaction. Satisfaction drives post-purchase behaviors, such as the choice to revisit to a destination or positive word of mouth (WOM) about the destination, according to this model (Kotler, Bowen & Makens., 1996). In a study, it is supported that positive brand image of hospital influences decision making in choosing a hospital by medical tourists (Chomvilailuk & Srisomyong, 2015).

1.4. Perceived Service Quality

Perceived quality has been defined by Parasuman et al. (1985, 1988) as the gap between customer expectations and actual behavior. Service quality, according to Mangold and Babakus (1991), is the result of a process in which consumers' expectations for the service are contrasted with their views of the service finally given.

In the literature, there are many research certify that there is a relationship between service quality and perceived value (Fornell et al., 1996; Petrick & Backman, 2002), satisfaction (Cronin & Taylor, 1992; Baker & Crompton, 2000; Caruana et al., 2000), behavioral intentions of patients (Reidenbach & Sandifer-Smallwood, 1990; Headley & Miller, 1993; Gooding, 1995). It is also found that there is a positive relation between service quality and positive WOM and loyalty (Andaleeb et al., 2007).

1.5. Perceived Value

Perceived value is defined as "the consumer's overall assessment of the utility of a product based on perceptions on what is received and what is given" (Zeithaml, 1988). Similarly, Kotler and Keller (2006) define perceived value as "the difference between the prospective customer's evaluation of all the benefits and all the costs of an offering and the perceived alternatives."

According to previous studies, customer buying behavior, satisfaction, and behavioral intentions such as recommending others and repurchasing it later are all influenced by perceived value (Woodruff; 1997; Choi et al., 2004; Parasuraman & Grewal, 2000).

1.6. Overall Satisfaction

Rust and Oliver (1994) defined customer satisfaction as the "customer's fulfillment reaction". The more satisfied a consumer is, the more likely he/she is to repurchase the product or service, as well as recommend it to others (Sun et al., 2013).

A medical tourist's overall happiness is determined by tourist satisfaction and, in particular, patient satisfaction. From tourism perspective, the natural environment, the landscape, the culture, conveniences and recreation are other key destination characteristics that impact tourist satisfaction (Lounsbury & Hoopes, 1985; Pizam & Milman, 1993).

Patient satisfaction is defined as the patients' assessment of whether their expectations were met or not in terms of technical and interpersonal treatment (Campbell et al., 2000; Esch et al., 2008). According to the literature, the factors determine the patient satisfaction are: cost, convenience, providers' characteristic & social interaction and professional competency (Risser, 1975); care quality, cost, prompt response, pre- and post-healthcare services, accessibility, confidence, patient requirements, and hospitality (Tengilimoğlu et al., 2014) and patient-healthcare provider interaction (Crowe et al., 2002).

According to previous studies, service quality is one of the best predictor of customer satisfaction (Parasuraman et al., 1985; McDougall & Levesque, 1994) and there is a positive relationship between them (Naidu, 2009; Rad et al., 2010; Chahal & Kumari, 2010). Similar results found also between satisfaction and post-purchase behavior of customers (Kozak, 2001; Yoon & Uysal, 2005; Kesler & Maylod, 2011).

1.7. Behavioral Intentions

"Customer loyalty, positive recommending behavior, spending more with the company, paying price premiums, complaint behaviors, and repurchase intents" are seen as important behavioral intentions components (Zeithaml et al., 1996; Cronin et al., 2000). Previous research have shown that loyal consumers are more likely to purchase the product or service again and to recommend it to others (Sonmez & Graefe, 1998; Petrick et al., 2001).

As potential tourists' most trusted information sources, word-of-mouth (WOM) recommendations play a significant role in tourism marketing (Yoon&Uysal, 2005). It was also stated that online WOM may bring in 30 times more customers than traditional channels (Trusov et al., 2009).

In the healthcare industry, satisfied patients are more likely to suggest their treatment to others (Finkelstein

et al., 1999; Cronin & Taylor, 1992). Furthermore, high healthcare service quality brings on positive behavioral intentions (Zeithaml et al., 1996) and has a positive relationship with patient loyalty (Rad et al., 2010).

2. RESEARCH METHODOLOGY

2.1. Conceptual Model

The conceptual model of the study is provided in the figure below, based on a comprehensive literature assessment and taking into account the context of the study. According to the regulatory focus theory, international medical tourists who responded to a questionnaire were categorized as either promotion oriented or preventive focused (Figure 1). In Figure 2 contextual model shows that destination image, perceived quality, perceived value, and overall satisfaction all have directional relationships with one another and serve as predictors of behavioral intentions.

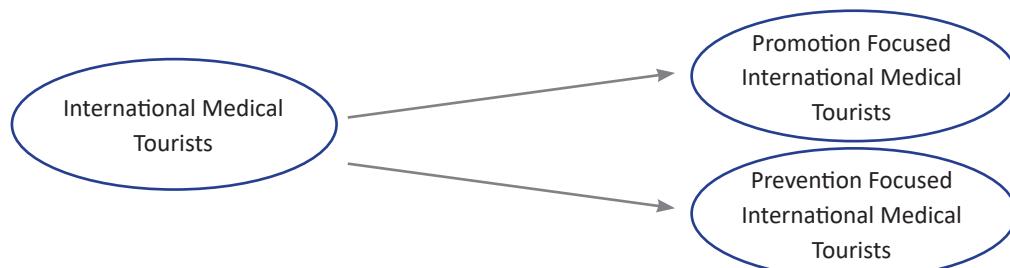


Figure 1. Classification of International Medical Tourists According to Regulatory Focus Theory.

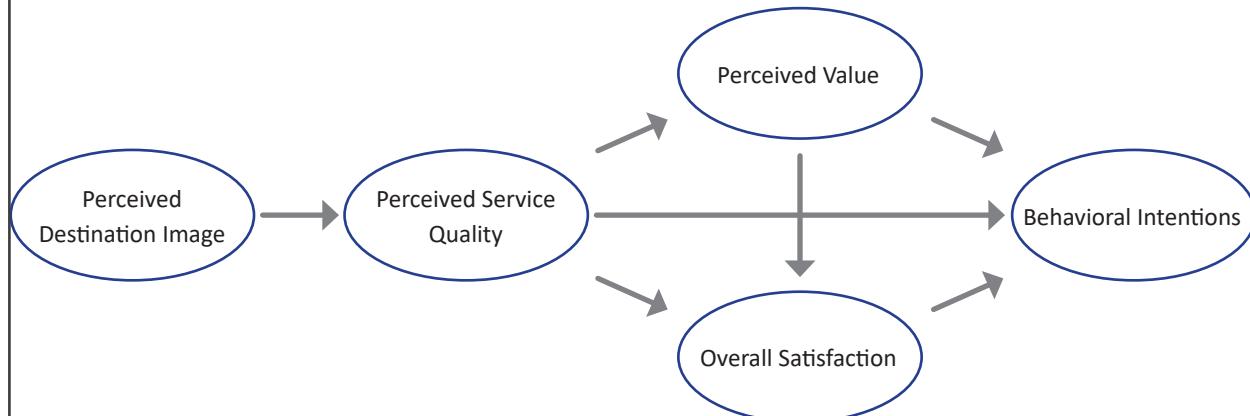


Figure 2. Conceptual Model.

2.2. Hypotheses of the Study

The following hypotheses are presented based on prior literature research and will be examined in this study:

- H1a: Promotion focused international medical tourists' perceived destination image have a significant effect on their perceived service quality.
- H1b: Prevention focused international medical tourists' perceived destination image have a significant effect on their perceived service quality.
- H2a: Promotion focused international medical tourists' perceived service quality have a significant effect on their perceived value.
- H2b: Prevention focused international medical tourists' perceived service quality have a significant effect on their perceived value.
- H3a: Promotion focused international medical tourists' perceived service quality have a significant effect on their behavioral intentions.

- H3b: Prevention focused international medical tourists' perceived service quality have a significant effect on their behavioral intentions.
- H4a: Promotion focused international medical tourists' perceived service quality have a significant effect on their overall satisfaction.
- H4b: Prevention focused international medical tourists' perceived service quality have a significant effect on their overall satisfaction.
- H5a: Promotion focused international medical tourists' perceived value have a significant effect on their overall satisfaction.
- H5b: Prevention focused international medical tourists' perceived value have a significant effect on their overall satisfaction.
- H6a: Promotion focused international medical tourists' perceived value have a significant effect on their behavioral intentions.
- H6b: Prevention focused international medical tourists' perceived value have a significant effect on their behavioral intentions.
- H7a: Promotion focused international medical tourists' overall satisfaction have a significant effect on their behavioral intentions.
- H7b: Prevention focused international medical tourists' overall satisfaction have a significant effect on their behavioral intentions.

2.3. Data Collection & Sample

This was a descriptive, cross-sectional study and convenience sampling method is used. The data was collected from the international medical tourists who chose to come to Turkey for their medical care at some hospitals and clinics in İstanbul, Ankara and İzmir between February 2016- May 2016. These hospitals are: Güven Hospital, Medical Park, Acıbadem, Liv Hospitals, Medicana, Koru Hospital and CTG Dental. Patients were given the questionnaires after they had received medical care and were about to leave the hospital. The inclusion criteria were as follows: (1) age of 18 years or older, (2) Medical tourists who has residence in foreign countries, and (3) informed of the study and willing to participate in the survey. The exclusion criteria were as follows: (1) under 18 years of age, and (2) foreign patients that already resided in Turkey. 124 medical tourists are included in the final study sample, after the invalid questionnaires were eliminated.

2.4. Questionnaires

The survey includes four main parts. First section includes questions about international medical tourists' decision making behaviors as the sort of medical service chosen, information sources, time frame for making a final decision, medical insurance coverage, countries researched for medical treatment other than Turkey, travel arrangements, and travel companion. Answers to the questions in this section can be made by deciding the proper choice. Second part of the survey is about perceived destination image, perceived service quality, perceived value, overall satisfaction and behavioral intentions. In this part 7-point Likert-type scale, ranged from "strongly disagree" to "strongly agree" is utilized. Third part includes questions about Regulatory Focus Theory in order to group medical tourists as promotion and prevention oriented, 5 point Likert-type scale is used and scored according to below formula (Higginsweb, 2018):

$$\text{Promotion} = [(6 - Q1) + Q3 + Q7 + (6 - Q9) + Q10 + (6 - Q11)] / 6$$

$$\text{Prevention} = [(6 - Q2) + (6 - Q4) + Q5 + (6 - Q6) + (6 - Q8)] / 5$$

The last part of the survey is about demographic informations about the medical tourists. All the questions in the survey are pre-tested with four academicians in business administration and in tourism to ensure content validity before application in the field.

Related Questions in the Survey	Adapted from the Studies
Decision making behaviors	Saiprasert, 2011
Perceived destination image	Assaker et al., 2011; Jalilvand & Samiei, 2012; Veasna et al., 2012
Perceived service quality	Duffy et al., 2001; O'Connor et al., 2000;
Perceived value	Sirdeshmukh et al., 2002
Overall satisfaction	Lee, Yoon, & Lee, 2007; Yoon & Uysal, 2005
Behavioral intentions (word-of-mouth)	Alexandris et al., 2004; Kim, Kim, & Kim 2009; Kim et al., 2001
Behavioral intentions (revisit)	Kim et al., 2009; Lin, 2013; Wang & Wu, 2011
Regulatory focus theory (RFQ Measurement)	Higgins et al. 2001.

2.5. Statistical Analysis

SPSS 16.0 program (Statistical Package for Social Sciences, IBM Inc., Chicago, IL, USA) was used for the data analysis. Histogram, Skewness and Kurtosis values were used in addition to Kolmogorov-Smirnov test for normality distribution. For the descriptive analysis, frequency and percentages are calculated. Reliability analysis is done with the Cronbach Alpha and exploratory factor analysis is performed. To evaluate the relationship between the continuous variables, Pearson correlation was performed. And lastly, after the assumptions of regression were checked, hierarchical multiple regression analysis was used to answer the research questions.ü

3. RESULTS

Demographic profile of international medical tourists are represented in Table 1, majority of tourists are male (65.3%), married (78.2%) and between 36-45 years old (34.7%). More than half of the participants of survey had bachelor or higher education level. People who chose Turkey for their medical care requirements are mostly (72.5%) from Middle East countries.

Table 1. Demographic Characteristics of Participants (N=124)

GENDER	FREQUENCY	PERCENTAGE (%)
Male	81	65.3
Female	43	34.7
MARITAL STATUS		
Single	23	18.5
Married	97	78.2
Divorced/Widowed/Separated	4	3.2
AGE		
18-25 years old	15	12.1
26-35 years old	40	32.3
36-45 years old	43	34.7
46-55 years old	13	10.5
56-65 years old	12	9.7
Above 65 years old	1	0.8
HIGHEST EDUCATIONAL LEVEL		
High school or below	38	30.6
Associate college degree/High diploma (2 years)	16	12.9
Bachelor degree (4 years)	47	37.9
Post graduate education	17	13.7

Professional certificate	6	4.8
NATIONALITY		
Middle Eastern	90	72.5
European	18	14.5
Asian	14	11.2
African	1	0.8
American	1	0.8
COUNTRY OF RESIDENCE		
Middle East	90	72.5
Europe	23	18.5
Asia	9	7.2
Africa	1	0.8
America	1	0.8

In respect of medical tourists' nationalities breakdown, they are predominantly from Iraqi with 50.8%. Other Middle Eastern medical tourists are from Libyan (16.1%), Tunisian (4%), Algerian (1.6%). European medical tourist are Dutch (6.5%), Albanian (2.4%), Belgian (1.6%), Kosovan (1.6%) and British (0.8%), French (0.8%) and Austrian (0.8%) as shown in Table 2.

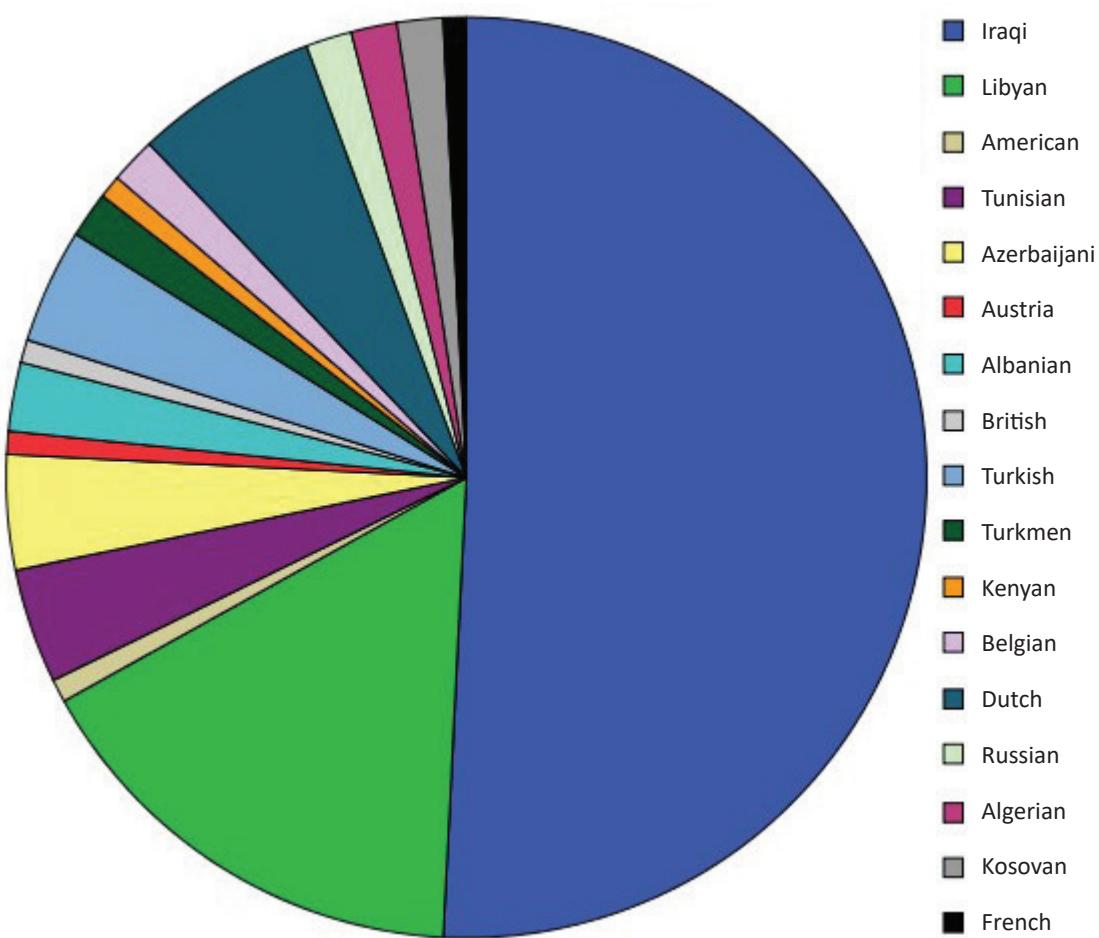


Figure 3. Distribution of Medical Tourists' Nationalities

Corresponding with the medical travel behaviors, majority of them (46%) visited Turkey for the first time, primary purpose of having medical care (90.3%), has no health insurance coverage in their country and decided to come to Turkey with the advise of their doctor in home country (44.4%). While most of them come to Turkey to have operations (as breast

surgery, lung cancer surgery, osteotomy, hernia operation and colon surgery), dental surgery/care was also one of the top medical service they were looking for in Turkey. They decide to come to Turkey mostly within 1-4 weeks and majority of them consider no alternative country while doing their choice (71%). Less people had alternative countries for their medical tourism as Germany, USA, Italy, Israel, UAE and Iran. The medical travel arrangements are mostly done directly with hospital in Turkey and 86.3% of them not choose to come alone. Lastly, in addition to have medical treatment in Turkey, 43.5% of medical tourists want to travel Istanbul, Antalya and Bursa for having holiday, visiting friends and sightseeing reasons while 56.5% of them don't think to travel in Turkey because of no money or no time (Table 2).

Table 2. Medical Travel Behavior

TRAVEL TIME	FREQUENCY	PERCENT
First time	57	46
2 times	30	24.2
3 times	19	15.3
4 times or more	18	14.5
PRIMARY PURPOSE OF TURKEY VISIT		
Pleasure/vacation	10	8.1
Medical treatment	112	90.3
Visit friends and relatives	2	1.6
MEDICAL SERVICE SEEKING		
Dental surgery/treatment	24	19.4
Cosmetic/plastic/reconstructive surgery	4	3.2
Sight treatment/lasik	22	17.7
Heart surgery	14	11.3
Comprehensive medical checkup	12	9.7
Other (breast surgery, lung cancer surgery, osteotomy, hernia operation, colon surgery, laryngotomy)	48	38.7
MEDICAL INSURANCE COVERAGE		
In your country- Yes	31	25.0
In your country- No	93	75.0
SOURCE OF INFORMATION (ranking top 1-3)		
Advice of doctor in home country	55	44.4
Word of mouth from friends or relatives	30	24.2
Reading the testimonies of other patients	21	16.9
DECISION TIME		
1-4 weeks	61	49.2
5-8 weeks	43	34.7
More than 8 weeks	20	16.1
CONSIDERED OTHER COUNTRIES		
Yes	36	29.0
No	88	71.0
Other countries: Germany, USA, Italy, Austria, Israel, UAE, Iran		
ARRANGE MEDICAL TREATMENT		
Directly with hospital	56	45.2
Through medical travel intermediaries' websites	27	21.8
Other (friends, relatives, ministry of health)	41	33.1

TRAVEL COMPANION			
Individual		17	13.7
Spouse/family/relatives/friends		107	86.3
TRAVELLING IN TURKEY BESIDES MEDICAL TREATMENT			
Yes		54	43.5
Type: Sightseeing, holiday, visit friends			
Destination: Istanbul, Antalya, Bursa			
No		70	56.5
Reason: No time, no money			

For the consistency of scale, reliability analysis is done and according to the results, Cronbach's alpha values of each dimensions in the scale between 0.721-0.917, which shows high internal consistency as shown in Table 3.

Table 3. Reliability Analysis

DIMENSIONS	Cronbach's Alpha
Perceived Destination Image	0.779
Perceived Service Quality	0.917
Perceived Value	0.721
Overall Satisfaction	0.789
Behavioral Intentions	0.796

In order to define underlying structure among variables (Hair et al., 2006) and to reduce and group the factors to a smaller number of dimensions, exploratory factor analysis (EFA) is performed. To be able to do EFA, Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and then Bartlett's test of sphericity are performed for "perceived service quality" (Table 4) and "behavioral intentions" (Table 5) respectively. As it is shown both in Table 4 and Table 5, KMO level is between 0-1 and more than 0.6, Bartlett's Test of Sphericity is less than the alpha level ($p<0.05$), indicating that employing EFA for perceived service quality and behavioral intentions items are suitable.

Table 4. KMO and Bartlett's Test of Perceived Service Quality

Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO)	0.851
Bartlett's Test of Sphericity	
Approximate Chi-Square	1127.963
df	105
Sig.	0.000

Table 5. KMO and Bartlett's Test of Behavioral Intentions

Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO)	0.688
Bartlett's Test of Sphericity	
Approximate Chi-Square	181.163
df	6
Sig.	0.000

For factor analysis, the Varimax Rotation and Principal Component Analysis methods are utilized. According to the results, perceived service quality's "Assurance" factor has taken two items from "Reliability" factor. Although Cronbach Alpha value of Reliability factor lower than 0.7, it wasn't removed because this factor also increased the total variance explained like all others (Table 6).

Table 6. Exploratory Factor Analysis of Perceived Service Quality

Factor	Factor Loading				
	F1	F2	F3	F4	F5
Factor 1 - Assurance					
Medical staff was polite and friendly	.762				
Medical staff are knowledgeable	.734				
Sufficient attention to patients' privacy, confidentiality and disclosure	.698				
Hospital is accurate in its billing	.614				
You feel safe in your interaction with medical staff	.536				
Factor 2 - Tangibles					
Spacious and comfortable hospital environment	.814				
Employees have neat appearance	.796				
Modern equipment in the hospital	.669				
Factor 3 - Responsiveness					
Good service attitude of nurses and administration staff			.815		
Short waiting time for the medical examination from the physicians			.775		
Doctors' full attention to patients' description of symptoms			.754		
Factor 4 - Empathy					
Hospital employees give patients personal attention				.860	
Hospital has patients' best interest at heart				.852	
Factor 5 -Reliability					
Hospital provides its services at the time it promises to do so					.824
When you have problem, hospital employees are sympathetic and reassuring					.622
Eigenvalue	7.080	1.479	1.134	1.010	0.871
Variance (%)	47.197	9.860	7.563	6.735	5.805
Cumulative Variance (%)	47.197	57.056	64.619	71.354	77.159
Cronbach's Alpha	0.850	0.798	0.826	0.921	0.697

With 82.962% of total variance explained, two factors are found for behavioral intentions. While their all reliability coefficients are high enough with 0.835 and 0.741, the factors continued to maintain their initial state with two items for each (Table 7).

Table 7. Exploratory Factor Analysis of Behavioral Intentions

Factor	Factor Loading	
	F1	F2
Factor 1 - Revisit		
I am likely to go on a holiday in Turkey in the near future	0.904	
If necessary, I will revisit Turkey for medical tourism in the near future	0.887	
Factor 2- Positive WOM		
I am willing to say positive things about medical tourism in Turkey to other people		0.873
I do not hesitate to refer my acquaintances to visit Turkey for medical experiences		0.845
Eigenvalue	2.514	0.805
Variance (%)	62.839	20.123
Cumulative Variance (%)	62.839	82.962
Cronbach's Alpha	0.835	0.741

For promotion focused international medical tourists, except perceived destination image and behavioral intentions, all the factors are positively correlated with each other. Especially, there are strong positive relationship between perceived service quality and overall satisfaction (0.783), perceived service quality and perceived value (0.669) and perceived value and overall satisfaction (0.628) at the 0.01 significance level (Table 8).

Table 8. Correlation Analysis (Promotion Focused)

	Perceived Destination Image	Perceived Service Quality	Perceived Value	Overall Satisfaction	Behavioral Intention
Perceived Destination Image	1	,508**	,521**	,437**	0,109
Perceived Service Quality	,508**	1	,669**	,783**	,415**
Perceived Value	,521**	,669**	1	,628**	,249*
Overall Satisfaction	,437**	,783**	,628**	1	,476**
Behavioral Intentions	0,109	,415**	,249*	,476**	1

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

Correlation analysis for the prevention focused international medical tourists indicated that there is a positive significant relationship between all the factors. Particularly the association between perceived value and overall satisfaction (0.713) and perceived service quality and overall satisfaction (0.690) are strong as same in promotion focused medical tourists (Table 9).

Table 9. Correlation Analysis (Prevention Focused)

	Perceived Destination Image	Perceived Service Quality	Perceived Value	Overall Satisfaction	Behavioral Intention
Perceived Destination Image	1	,573**	,444**	,562**	,384*
Perceived Service Quality	,573**	1	,541**	,690**	,362*
Perceived Value	,444**	,541**	1	,713**	,494**
Overall Satisfaction	,562**	,690**	,713**	1	,664**
Behavioral Intentions	0,384*	,362*	,494**	,664**	1

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

While taking perceived service quality as dependent variable and perceived destination image as independent factor, simple linear regression is progressed in order to see the causal relationship between factors. According to results, perceived destination image has a significant positive effect on perceived service quality for both promotion focused ($R^2=0.258$, $B=0.508$, $p<0.05$) (Table 10) and prevention focused international medical tourists ($R^2=0.328$, $B=0.573$, $p<0.05$) (Table 11).

Therefore, H1a, H1b hypotheses are both supported.

Table 10. Simple Regression Result (Promotion Focused)

Perceived Service Quality					
	Regression Coefficient	Std Error	Std Coefficient	t	Sig.
Independent Variables Perceived Destination Image	0,659	0,147	0,573	4,476	0,000
Adjusted R ²		0,312			
R ²		0,328			
F for ANOVA		20,036			

Table 11. Simple Regression Result (Prevention Focused)

Perceived Service Quality					
	Regression Coefficient	Std Error	Std Coefficient	t	Sig.
Independent Variables Perceived Destination Image	0,412	0,079	0,508	5,237	0,000
Adjusted R ²		0,248			
R ²		0,258			
F for ANOVA		27,453			

In order to analyze the incremental effects of each factor on dependent variables, hierarchical regression is performed. Perceived value was taken as dependent variable, while both perceived destination image and perceived service quality were independent variables in the analysis. Depends on the results, perceived destination image and responsiveness (prompt service and willingness to help) of promotion focused medical tourists had positive effects on the perceived value (Table 12) and on the other hand, only tangibles (spacious physical facilities and equipments increase) had negative significant impact on perceived value for the prevention focused medical tourists (Table 13).

Therefore, H2a, H2b hypotheses are both supported.

Table 12. Hierarchical Regression Results for Perceived Value as Dependent Variable (Promotion Focused)

	MODEL 1			MODEL 2		
	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient
Independent Variables						
Perceived Destination Image	0,446	0,082	,521*	0,210	0,082	0,245*
Perceived Service Quality						
Assurance				-0,028	0,132	-0,030
Tangibles				0,206	0,135	0,196
Responsiveness				0,254	0,099	0,323*
Empathy				0,148	0,110	0,179
Reliability				-0,013	0,117	-0,015
djusted R2		0,262			0,483	
R2		0,272			0,521	
R2 change		0,272			0,250	
F for ANOVA		29,467			13,439	

p<0.05*

Table 13. Hierarchical Regression Results for Perceived Value as Dependent Variable (Prevention Focused)

	MODEL 1			MODEL 2		
	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient
Independent Variables						
Perceived Destination Image	0,817	0,257	0,444*	0,263	0,281	0,143
Perceived Service Quality						
Assurance				0,474	0,292	0,349
Tangibles				-0,413	0,194	-0,340*
Responsiveness				0,174	0,258	0,139
Empathy				0,330	0,198	0,313
Reliability				0,063	0,220	0,041
djusted R2			0,262			0,424
R2			0,272			0,507
R2 change			0,272			0,309
F for ANOVA			29,467			6,162

p<0.05*

When overall satisfaction was dependent variable and perceived destination image, perceived service quality and perceived value were all independent variables, the results for promotion focused medical tourists are: 1) there was no significant effect of perceived destination image on overall satisfaction, 2) assurance, tangibles and responsiveness had positive significant impact on overall satisfaction, 3) perceived value was a significant predictor of overall satisfaction (Table 14). In terms of prevention focused medical tourists, only empathy and perceived value had positive effects on overall satisfaction (Table 15).

Therefore, H4a, H4b, H5a, H5b hypotheses are both supported:

Table 14. Hierarchical Regression Results for Overall Satisfaction as Dependent Variable (Promotion Focused)

	MODEL 1			MODEL 2			MODEL 3		
	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient
Independent Variables									
Perceived Destination Image	0,329	0,076	0,437*	0,046	0,063	0,061	0,014	0,065	0,019
Perceived Service Quality									
Assurance				0,236	0,101	0,280*	0,240	0,100	0,285*
Tangibles				0,205	0,104	,222**	0,174	0,104	0,188**
Responsiveness				0,191	0,076	0,276*	0,153	0,078	0,221**
Empathy				0,150	0,084	0,207**	0,128	0,084	0,177
Reliability				-0,083	0,090	-0,107	-0,088	0,089	-0,105
Perceived Value							0,150	0,088	0,170**
Adjusted R2			0,181			0,606			0,615
R2			0,191			0,635			0,649
R2 change			0,191			0,444			0,014
F for ANOVA			18,689			21,465			19,279

*p<0.05, **p<0.10

Table 15. Hierarchical Regression Results for Overall Satisfaction as Dependent Variable (Prevention Focused)

	MODEL 1			MODEL 2			MODEL 3		
	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient
Independent Variables									
Perceived Destination Image	0,709	0,163	0,562*	0,294	0,156	0,233**	0,242	0,150	0,192
Perceived Service Quality				0,265	0,162	0,285	0,171	0,159	0,184
Assurance				-0,145	0,108	-0,174	-0,063	0,108	-0,076
Tangibles				-0,013	0,143	-0,015	-0,047	0,137	-0,055
Responsiveness				0,334	0,110	0,461*	0,268	0,108	0,371*
Empathy				0,125	0,122	0,119	0,113	0,116	0,107
Reliability							0,198	0,088	0,289*
Perceived Value									
Adjusted R2	0,299			0,623			0,661		
R2	0,316			0,677			0,718		
R2 change	0,316			0,361			0,041		
F for ANOVA	18,924			12,557			12,715		

*p<0.05, **p<0.10

Lastly, when behavioral intention was the dependent as all other factors were independent factors, the results of hierarchical regression were: responsiveness and overall satisfaction positively affected behavioral intentions both for promotion and prevention focused medical tourists (Table 16-17).

Therefore, H3a, H3b, H7a, H7b hypotheses are both supported however, H6a, H6b hypotheses are not supported.

Table 16. Hierarchical Regression Results for Behavioral Intentions as Dependent Variable (Promotion Focused)

	MODEL 1			MODEL 2			MODEL 3			MODEL 4		
	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient
Independent Variables												
Perceived Destination Image	0,488	0,183	0,384*	0,288	0,202	0,226	0,265	0,206	0,209	0,139	0,2	0,11
Perceived Service Quality				0,272	0,209	0,290	0,232	0,218	0,247	0,143	0,208	0,152
Assurance				-0,184	0,139	-0,219	-0,149	0,149	-0,178	-0,117	0,14	-0,139
Tangibles				-0,322	0,185	0,370**	-0,336	0,188	0,387**	-0,312	0,176	0,359**
Responsiveness				0,402	0,142	0,551*	0,374	0,148	0,513*	0,234	0,151	0,312
Empathy				0,018	0,158	0,017	0,012	0,159	0,012	-0,047	0,151	-0,044
Reliability							0,084	0,12	0,121	-0,019	0,121	-0,028
Perceived Value										0,521	0,218	0,518*
Overall Satisfaction												
Adjusted R2	0,127			0,38			0,371			0,446		
R2	0,147			0,469			0,476			0,552		
R2 change	0,147			0,312			0,007			0,076		
F for ANOVA	7,089			5,294			4,542			5,229		

*p<0.05, **p<0.10

Table 17. Hierarchical Regression Results for Behavioral Intentions as Dependent Variable (Prevention Focused)

	MODEL 1			MODEL 2			MODEL 3			MODEL 4		
	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient	Regression Coefficient	Std Error	Std Coefficient
Independent Variables												
Perceived Destination Image	0,082	0,084	0,109	-0,09	0,092	-0,12	-0,079	0,096	-0,106	-0,085	0,093	-0,113
Perceived Service Quality				0,074	0,146	0,089	0,073	0,147	0,087	-0,021	0,149	-0,025
Assurance				0,133	0,15	0,144	0,144	0,153	0,156	0,075	0,152	0,082
Tangibles				0,248	0,11	0,360*	0,261	0,116	0,379*	0,201	0,115	0,292**
Responsiveness				0,097	0,122	0,135	0,105	0,124	0,146	0,055	0,123	0,076
Empathy				-0,13	0,13	-0,170	-0,131	0,131	-0,171	-0,099	0,128	-0,130
Reliability							-0,059	0,13	-0,059	-0,111	0,129	-0,126
Perceived Value										0,392	0,168	0,394*
Overall Satisfaction												
Adjusted R2	0,001			0,161			0,151			0,200		
R2	0,012			0,224			0,226			0,280		
R2 change	0,012			0,212			0,002			0,054		
F for ANOVA	0,954			3,558			3,038			3,5		

*p<0,05, **p<0,10

4. DISCUSSION

The study's main goal was first of all, to group international medical tourists as promotion or prevention oriented using regulatory focus theory, and see if there is a relation between their orientations and their post-experience evaluations; and 2) identify the factors influencing post-experience evaluations of both promotion and prevention focused people while examining the associations between perceived destination image, perceived service quality, perceived value, overall satisfaction and behavioral intentions.

According to the results, there is a significant positive correlation and a causal relationship between perceived destination image of medical tourists and their perceived service. The results are similar for both promotion and prevention focused international medical tourists. Previous studies (Bigne et al., 2001; Chen & Tsai, 2007) also showed that tourist image is a direct predictor of perceived service quality.

The positive correlation and the results of hierarchical regression between perceived service quality & perceived value showed that 'responsiveness' has main effects on perceived value of promotion focused medical tourists. This result is supported with previous studies (Fornell et al., 1996; Petrick & Backman, 2002). In addition, perceived destination image has both direct and indirect impact on perceived value. It was also indicated in the former study of Chen & Tsai, 2007, as the people who have high perceived destination image, would perceive service quality and value positively. Therefore, it can be deduced that promotion focused patients' value perceptions of medical care increase, when doctors/medical staffs are helpful and responsive. Moreover, the hospital image/country image increases the perceived value of promotion focused medical tourists. On the side of prevention focused medical tourists, the results for perceived value are quite different. 'Tangibles', which means modern equipments and spacious hospital environment, has negative impacts on perceived value.

According to the results of the antecedents of overall satisfaction are 'assurance', 'responsiveness', 'tangibles' and 'perceived value' for the promotion focused medical tourists. Previous studies also supported the positive causal relationship between service quality, value and satisfaction (Caruana, 2002; Choi et al., 2004; Amin & Isa, 2008). From this results, in order to increase the overall satisfaction of promotion focused medical tourists, the doctors and other healthcare workers would give more confidence to the patients (assurance), provide prompt service and answer patients' questions (responsiveness), offer healthcare service in a more modern and spacious environment (tangibles). Regarding the prevention focused medical tourists, 'empathy' and 'perceived value' are predictors of overall satisfaction, which show that when the doctors and other healthcare workers pay more personal attention, show empathy to their patients,

their overall satisfaction will increase. The study of Crowe et al. (2012) supports that, understanding and interpersonal relationship is the most important effect of customer satisfaction.

For the behavioral intentions, in other words for the revisit and positive WOM actions, 'overall satisfaction' and 'responsiveness' are the predictors both for promotion and prevention focused medical tourists. Previous researches both in healthcare (Rust & Zahorik, 1993; Kesler & Mylod, 2011) and in tourism (Bramwell, 1998; Kozak & Rimmington, 2000; Yoon & Uysal, 2005) proved that customer satisfaction is one of the most important predictor of behavioral intentions like revisit of the hospital or country, and positive WOM about the good experience that they had.

5. CONCLUSION AND RECOMMENDATIONS

To sum up, in this study the international medical tourists are grouped according to their regulatory focus orientation at first; the impact factors to their satisfaction and behavioral intentions are identified and then, the relationship between these factors are investigated; lastly, it is analyzed that if post-experience evaluations of medical tourists change depends on their regulatory focus orientations or not. To the best of our knowledge, this is the first study that combines regulatory focus orientation and post-experience evaluations of medical tourists in the literature. Depends on the results of this research, it can be resumed as below:

- The investment on the hospitals image or on the country image enhance 1) service quality perceptions of both promotion and prevention focused medical tourists; 2) perceived value of promotion focused medical tourists.
- The responsiveness (prompt response, being helpful) of medical professionals increase the perceived value of promotion focused medical tourists; 2) overall satisfaction of promotion focused medical tourists; 3) revisit and positive WOM intentions of both promotion and prevention focused medical tourists.
- The improvement in physical conditions of healthcare facilities (well decorated hospitals, modern equipments etc.) 1) concern prevention focused medical tourists regarding the value of the obtained health treatment rise and their perceived value decreases; 2) increase the overall satisfaction of promotion focused medical tourists.
- The empathy of doctors and other medical professionals is very crucial for the satisfaction of prevention focused medical tourists.
- The assurance (politeness, knowledge, attention to privacy of patients) of doctors and other healthcare workers supports the overall satisfaction of promotion focused medical tourists.
- The satisfied patients revisit the hospital /country and make positive WOM marketing about their experience.

The stakeholders of the medical tourism industry, which include transportation companies, intermediary firms, insurance companies, hotels, governmental institutions, public hospitals as well as private hospitals and clinics. This research was investigated only in some private hospitals, which is one of the limitation of this study. In addition, to be able to increase the representativeness of the study other cities like Bursa, Antalya, which attract many medical tourist to Turkey, would be included. For the future research, it is suggested to collect data for the study in the summer months, as these months are more available for the number of medical tourists in Turkey. It is also suggested to examine the concerns of medical tourists and to expand the study population to give a multifaceted dimension to the subject.

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