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# Asian medical marketing, a review of factors affecting Asian medical tourism development

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## ABSTRACT

Recently, medical tourism has been considered as a profitable economic sector in developing countries. In this study, we have reviewed articles from 2000 to 2017 on medical tourism marketing in Asian countries. We have found that perceived service quality and satisfaction are the most important factors to attract medical tourists. Moreover, a lack of factors like coordination among medical market stakeholders, medical services quality, insurance coverage, and effective laws are the major barriers to medical travel cited in studies. The results suggest that more specific models should be presented for Asian medical marketing, especially in niche markets of this industry.

## KEYWORDS

Asian countries; developing countries; developing economies; medical marketing; medical tourism; review

## Introduction

Nowadays, medical services are provided as a part of the global medical market in countries all around the world. When customers decide to travel to receive medical services in a foreign country, 'medical tourism' represents this situation (Abubakar & Ilkan, 2016; Cheng, 2016; Debata, Patnaik, Mahapatra, & Sree, 2015; Ebrahim & Ganguli, 2017; Junio, Kim, & Lee, 2017; Sandberg, 2017; Wu, Li, & Li, 2016; Yu & Ko, 2012). Facilities such as transportation, informative websites, and social networks have made traveling and obtaining information easier than in the past. As a result, medical tourism has experienced remarkable growth in the last two decades (Khan, Chelliah, & Haron, 2016; Esiyok, Çakar & Kurtulmuşoğlu, 2017). Fetscherin and Stephano (2016) have divided medical tourism motivating factors into push and pull groups. Push factors relate to consumers and their country, while pull factors relate to medical service providers in the destination country that motivate patients from foreign countries. Due to these factors, some countries have been more successful in attracting medical tourists. As researchers have shown, some Asian countries including Thailand, Singapore and India have reached a remarkable position in the international medical market (Ebrahim & Ganguli, 2017; Lautier, 2014; Moghavvemi et al., 2017). Medical travels from developed countries to

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developing countries, even Third World countries, have had significant growth in the last decade (Ahmed & Yeasmeen, 2016; Khan et al., 2016; Lautier, 2008; Moghavvemi et al., 2017; Serirat, 2010). Some factors including low costs beside comparable medical service quality and accessibility have motivated patients to travel from developed country to developing ones (Khan et al., 2016). Thus, the significant growth of medical tourism (Bolton & Skountridaki, 2017; Samadbeik et al., 2017; Skountridaki, 2017), especially in some Asian countries (Ganguli & Ebrahim, 2017; Khan et al., 2016; Moghavvemi et al., 2017; Musa, Doshi, Wong, & Thirumoorthy, 2012) is the reason for our reviewing the Asian medical tourism studies. As some Asian countries have reached a remarkable position in medical markets, some others are trying to use their existing potentials to gain a desirable share of this market. Thus, medical tourism marketing and managing have been considered in recent studies. The objective of this study is to investigate existing Asian medical marketing literature. In this study, we are going to answer the questions below according to conducted medical tourism studies in Asian countries. By answering these questions, we will discuss the factors that affect Asian medical marketing, and we will identify this industry research gaps. Moreover, according to our criteria for research inclusion in our study, we are going to statistically investigate Asian medical marketing papers.

Q1. What are the factors that affect the process of attracting medical tourists?

Q2. What are the barriers against attracting medical tourists?

Q3. What is the relationship between the studies and the growth of the medical tourism industry in different Asian countries?

## **Methodology**

For the literature review, we searched databases such as Science Direct, Emerald, Proquest, Wiley online library and Google scholar for the search key words “medical tourism marketing”, “medical tourism”, “Asian medical tourism”, and “export medical services”. Also, we used references in relevant articles. Moreover we have used four criteria for the inclusion of articles in the review. First, we have focused on articles that have been published from 2000 to 2017 because addressing service marketing, particularly medical marketing, has been increased in the last two decades and medical tourism has begun to grow and increase rapidly over the past decade (Bolton & Skountridaki, 2017; Ganguli & Ebrahim, 2017; Khan et al., 2016; Moghavvemi et al., 2017; Samadbeik et al., 2017; Skountridaki, 2017). Second, we have selected researches that have been done in Asian countries because recently, people from developed countries have been traveling to developing countries to receive low cost medical services with a comparable quality to

those in their home countries (Ahmed & Yeasmeen, 2016; Khan et al., 2016; Moghavvemi et al., 2017). Third, we have chosen studies that have been published in English and in prestigious journals (not including Asian Conference Papers). The articles published in hospitality and tourism journals are presented in Table 1. Among the hospitality and tourism journals, the *Tourism Management* published five articles on the topic of medical tourism marketing, while five articles on the topic were presented in the *Journal of Travel & Tourism Marketing* and the *Journal of Quality Assurance in Hospitality & Tourism*, *Current Issues in Tourism* and the *International Journal of Pharmaceutical and Healthcare Marketing* published six articles on medical tourism. Fourth, we have investigated studies that identify factors affecting medical tourism through qualitative methods or those that assess influencing factors statistically (quantitative method). According to research methods, in the early studies investigated in this research (from 2010 onwards), research methods were quantitative or qualitative. The quantitative methods include simple analysis as regression. However, in recent studies, researchers have used mixed methods (qualitative and quantitative). Among the 30 empirical articles, 19 articles used quantitative approaches, eight articles employed qualitative approaches, and three articles applied mixed methods. The specific statistical methods utilized in the quantitative studies are shown in Table 2.

Based on our criteria for inclusion the articles in the review, we have found 30 articles, all of which have been published from 2010 onward. Six of the articles in question were conducted in Malaysia, five in Thailand, seven in South Korea, one in China, one in Iran, one in Laos, four in Taiwan, three in India, two in Turkey, one in Bahrain and one in Singapore (one research has been conducted in three countries: India, Malaysia, and Thailand). As we can see, countries that are more developed in medical tourism industry have been more focused on this industry.

**Table 1.** Number of articles published in each hospitality and tourism journal.

| Journal   | Number |
|---|--------|
| <i>World Applied Sciences Journal</i>                                   | 1      |
| <i>The International Business &amp; Economics Research Journal</i>      | 1      |
| <i>Tourism Management</i>   | 5      |
| <i>Journal of Applied Business Research</i>                             | 1      |
| <i>Journal of Travel &amp; Tourism Marketing</i>                        | 5      |
| <i>Advances in Management and Applied Economics</i>                     | 1      |
| <i>Journal of Quality Assurance in Hospitality &amp; Tourism</i>        | 2      |
| <i>Social Science &amp; Medicine</i>                                    | 1      |
| <i>Procedia-Social and Behavioral Sciences</i>                          | 1      |
| <i>Current Issues in Tourism</i>  | 2      |
| <i>Journal of Business Research</i>                                     | 1      |
| <i>Benchmarking: An International Journal</i>                           | 1      |
| <i>Asia Pacific Journal of Tourism Research</i>                         | 1      |
| <i>Anatolia</i>   | 1      |
| <i>International Journal of Pharmaceutical and Healthcare Marketing</i> | 2      |
| <i>Journal of Place Management and Development</i>                      | 1      |
| <i>Tourism Management Perspectives</i>                                  | 1      |
| <i>Journal of Islamic Marketing</i>                                     | 1      |
| <i>Managing Service Quality: An International Journal</i>               | 1      |

**Table 2.** Applications of research methods in the publications.

| Methodology         |  | Number |
|---------------------|--|--------|
| Quantitative method | Multiple regression analysis                   | 4      |
|                     | Structural equation analysis                   | 12     |
|                     | ANOVA  | 3      |
| Qualitative method  | Phenomenology                                  | 8      |
| Mixed method        | Phenomenology and Multiple Regression Analysis | 1      |
|                     | Phenomenology and SEM analysis                 | 2      |

## Results and conclusion according to research questions

Q1. What are the factors that affect the process of attracting medical tourists?

Considering the market share of some Asian countries from the medical tourism market, other developing Asian countries are trying to understand factors that affect the process of attracting medical tourists. Therefore, first they need to know if there is a potential for medical tourists in their countries. Ebrahim and Ganguli (2017) have referred to some of these potential factors including the national economic strategy, economic openness, the level of reputation and trustworthiness of the provided medical services, the level of investment in medical tourism-related projects, the level of government support, the level of medical services' quality, and healthcare cooperation schemes with neighboring countries. In addition, low costs, lack of waiting time, the quality of medical services, informative websites, high medical technology, tourism centers, and also geographical climate are factors that affect the process of attracting medical tourists in Asian countries. Therefore, American and European people without health insurance coverage travel to developing countries for an acceptable quality of medical services since they are cheaper than those in their home country. Thus, some policies such as simplifying visa applications for medical tourists (Wang, 2017) can affect their decision making and behavioral intention. Moreover, medical tourism development needs an intersectional collaboration between sections including the regulation of the entry and residence of foreigners, airports and transportation, medical services, and hospital equipment. Thus, government support and planning as well as the allocation of necessary resources have an important role in the medical tourism industry development (Ulaş & Anadol, 2016). Some Asian destinations have been successful in attracting medical tourists because of their medical services' excellent quality, destination brand trust, high quality of hospitals and medical centers and their governments' collaboration strategies (Ganguli & Ebrahim, 2017). Furthermore, according to the Chomvilailuk and Srisomyong (2015) qualitative findings, brand trust can mediate the relationship between perceived congruence, perceived quality, and the brand image of hospitals and destination brand choices.

Since customers' satisfaction can create a competitive advantage, Rad, Som, and Zainuddin (2010) have shown that the service quality dimension, except tangibility (physical facilities, equipment, and appearance of personnel), influences patients' satisfaction. Also, Jaapar, Musa, Moghavvemi, and Saub (2017) believe that medical tourists' motivation influences their satisfaction. Their research results showed that cultural similarities didn't significantly affect medical tourists' satisfaction from dental services in Malaysia, maybe because of their home country. Their samples were mostly from Southeast Asia, Australia, New Zealand and Europe. Therefore, contrary to what might seem true, cultural and religious similarities cannot have an important role in convincing medical tourists to choose a destination. Therefore, in a country with a developed medical tourism industry, researchers focus on customers from developed countries (Guiry & Vequist IV, 2015) rather than just focusing on neighboring countries with similar cultures because attracting medical tourists from developed countries can be a long-term investment compared with available customers from close neighboring countries with similar cultures. Of course, medical tourists from neighboring countries are available potential customers. As Shahijan, Rezaei, Preece, and Ismail (2015) have stated, based on closeness, some cities including Shiraz are a reasonable destination for medical tourists from Persian Gulf countries. Moreover in Iran, East and West Azerbaijan and Kurdistan are border provinces that have been selected as a destination for medical tourists from Turkey, Armenia, and Iraq.

Medical hotels that provide hotel and medical facilities simultaneously have recently been considered in medical marketing studies (Han & Hyun, 2014; Han, Kim, Kim, & Ham, 2015). A competitive advantage can be created by focusing on the patients' expectations from medical hotels including financial saving, convenience, medical service, and hospitality (Han et al., 2015).

According to Q1 and Asian medical tourism studies, we conclude that the majority of studies have investigated factors affecting overall satisfaction and perceived quality as important elements in choosing and revisiting a destination (Han & Hyun, 2015; Jaapar et al., 2017; Lertwannawit & Gulid, 2011; Musa et al., 2012; Rad et al., 2010; Serirat, 2010; Shahijan et al., 2015; Wang, 2017; Wu et al., 2016). Moreover, some factors including cultural distance, political and economic stability, regulations and laws, overall medical services quality, costs, and human resources are the main factors affecting the development of medical tourism (Aydin & Karamehmet, 2017; Ulaş & Anadol, 2016). With regard to the Asian medical tourism studies, there is a lack of medical services segmentation. For example, Jaapar et al. (2017) have investigated the dental sector, but most studies have generally been conducted in clinics and hospitals without separating treatment departments.

Q2. What are the barriers against attracting medical tourists?

According to Table 3, there are few studies focusing on barriers to the development of the medical tourism industry in Asian countries. Heung, Kucukusta, and Song (2011) have shown that factors including economy (costs), infrastructure, the government's attitude, policies and regulations, promotion, expertise, investment potential, language and communication, as well as facilities and attractions are barriers to the development of the medical industry in China. Moreover, Debata et al. (2015) has mentioned some barriers against attracting medical tourists in India including xenophobia and psychological and cultural barriers, insecurity, lack of coordination among medical market stakeholders, inadequate medical services and facilities quality, lack of insurance coverage, image of poverty, and lack of effective laws.

According to Q2 and Asian medical tourism studies, as shown in Table 3, most studies have focused on factors that contribute to attracting medical tourists rather than barriers against medical tourism. We conclude that there are serious obstacles hindering medical tourism development in different Asian countries that should be examined carefully.

Q3. What is the relationship between the studies and the growth of the medical tourism industry in different Asian countries?

Most studies have been conducted in countries with a developed medical tourism industry (India, Malaysia and Thailand), which shows the importance of this issue in these countries. According to the results of the screening process, the included studies have been conducted from 2000 onwards, which shows an increase in the importance of this issue in the last decades. As can be seen, most studies belong to countries like South Korea and Malaysia that have reached a remarkable position in the medical tourism industry. So we can conclude that there is an apparent link between medical marketing researches and medical tourism industry development. Moreover, these studies show the importance of the medical tourism industry in that country.

### **Implications and further research**

This study makes a valuable contribution to the understanding of the Asian medical tourism studies. It provides insights into the relationship between the studies and the growth of the medical tourism industry in different Asian countries and the factors that affect the process of attracting medical tourists. It also identifies the research methods that have been employed in various researches and how many studies have been conducted in different countries in Asia.

Due to the growth of medical tourism in the last two decades, some Asian countries have gained noticeable revenues and some others are trying to reach a desirable share of this market. In this study, we have found that

**Table 3.** What are the medical tourists attracting factors and what are the barriers of attracting?

| Nr | References                    | Country     | Methodology & sample   | Findings   |
|----|-------------------------------|-------------|--|--|
| 1  | Rad et al. (2010)             | Malaysia    | Multiple regression analysis (quantitative method). A sample size of 200 was selected among international patients in Penang healthcare centers.   | The SERVQUAL model explains 23% of the variance of the overall satisfaction of medical tourists coming to Malaysia.  |
| 2  | Serirat (2010)                | Thailand    | Multiple regression analysis (quantitative method). 520 samples were selected from 3 hospitals and 19 clinics in Pattaya.  | Attitudinal loyalty among medical tourists is mainly driven by satisfaction, trust, perceived value, destination familiarity, and destination image in order of importance.  |
| 3  | Heung et al. (2011)           | China       | Qualitative method. Data were collected through in-depth interviews with hospital representatives, chief executives, directors of medical organizations, and representatives of relevant authorities in the healthcare sector. | Factors including economy (costs), infrastructure, government attitude, policies and regulations, promotion, expertise, investment potential, language and communication, facilities and attractions are barriers to medical industry development in China.  |
| 4  | Lertwannawit and Gulid (2011) | Thailand    | Quantitative method (SEM). A sample size of 400 international tourists in private hospitals in the Bangkok Metropolitan area.  | The effects of service quality, value, satisfaction, and brand trust on the behavioral loyalty of international tourists were proved.  |
| 5  | Yu and Ko (2012)              | South Korea | Quantitative research method. Data were collected from 785 samples from Chinese, Japanese, and Korean tourists.  | Types of medical-tourism products: major surgery, spinal procedures, limited cardiac surgery, senile diseases cancer treatments; and Chinese medicine. The information and insurance factors are most important for the Japanese. Medical factors significance was highest among Chinese tourists. Significant differences exist in how Chinese, Japanese and Korean medical tourists view factors of choice, discomfort and preferred product items |
| 6  | Lee et al. (2012)             | Korea       | Qualitative and quantitative methods (mixed method). A focus group was used to validate the items related to TPB constructs. 239 samples from entry/exit point in Korea were selected for SEM analysis.                        | TPB was examined in a specific situation (health treatment and beautification model) for Japanese tourists in Korean medical tourism.  |
| 7  | Musa et al. (2012)            | Malaysia    | Quantitative research method. 137 respondents were sampled in five private hospitals in Kuala Lumpur   | Hospital facilities and doctors are the two most important dimensions in influencing the overall satisfaction of medical tourists.   |
| 8  | Wang (2012)                   | Taiwan      | Quantitative method. SEM approach. Data were collected from 301 medical tourists from China.   | Perceived value is a key predictor of customer intentions.   |

(Continued)



Table 3. (Continued).

| Nr | References                         | Country     | Methodology & sample  | Findings   |
|----|------------------------------------|-------------|---|--|
| 9  | Han and Hyun (2014)                | South Korea | Qualitative and quantitative methods (mix method). A focus group was used to identify the perceived advantages of medical hotels. 387 cases were collected from four clinics located in Busan and two in Seoul for Multiple Regression Analysis. Quantitative method. Data were from 161 travel agency managers in Taiwan | Dimensions of the perceived advantages of staying at a medical hotel are associated with price perception, and willingness to stay.  |
| 10 | Lin (2014)                         | Taiwan      | Qualitative surveys were conducted in five border areas (2006e2007) in Laos   | The development of the international medical tourism industry is deeply impacted by cross-Strait relations; the international economic situation, and cross-cultural competence in Taiwan  |
| 11 | Bochaton (2015)                    | Laos        | Qualitative and quantitative research methods. Fifteen interviews for which the interviewees mostly represent the supply side of medical tourism. Quantitative data were collected from 117 patients of one hospital in Pattaya.  | Patients' social networks significantly influence treatment travel throughout the decision-making process, including logistical and financial considerations.  |
| 12 | Chomvilailuk and Srisomyong (2015) | Thailand    | A total of 325 completed questionnaires were collected from five medical clinics located in two metropolitan cities in South Korea.   | Perceived congruence of demand-supply medical facilities, perceived quality of demand-supply medical facilities and brand image of hospitality facilities affect destination brand choices.  |
| 13 | Han and Hwang (2015)               | South Korea | Qualitative and quantitative methods (mix method). A focus group was used to identify the possible outcomes of staying in a medical hotel. 387 usable data were collected from medical clinics in Korea's metropolitan cities.  | Perceived quality, perceived switching costs, satisfaction, and perceived effective communication have significantly different effects on revisit intention between new and repeat customers.  |
| 14 | Han et al. (2015)                  | South Korea | Quantitative research method (a structural equation modeling). 534 responses were collected from seven hospitals across India.  | Financial saving, convenience, medical service, and hospitality products were identified as outcomes of staying in a medical hotel. Attitudes toward a medical hotel, desires, and intention to stay in a medical hotel significantly associate, and desires act as a mediator |
| 15 | Debata et al. (2015)               | Indian      | SEM analysis. Data were collected from 309 samples in 2 metropolitan cities' medical clinics in Korea.  | Accessibility, satisfaction, courtesy, physical environment features, technical quality of care competency, promptness, facility premises, alternative therapy, cost and pharmaceutical services are dimension of medical tourism services quality.                            |
| 16 | Han and Hyun (2015)                | Korea       | Quantitative techniques structural equation modeling. 250 questionnaires were distributed with a response rate of 68%.  | Perceived quality, satisfaction, and trust in the staff and clinic have significant associations affecting intentions to revisit clinics and the destination country   |
| 17 | Shahijan et al. (2015)             | Iran        |   | Results supported a positive relationship between destination image, patient satisfaction, hospital service quality and patient attitude, and revisit intention with hospital service quality.   |

(Continued)

**Table 3.** (Continued).

| Nr | References                   | Country                      | Methodology & sample  | Findings   |
|----|------------------------------|------------------------------|---|--|
| 18 | Guiry and Vequist IV (2015)  | South Korea                  | Quantitative research based on 1588 US consumers.   | Sincerity and competence positively influenced consumers' willingness to travel to South Korea for medical care. Also, personal values are significant positive predictors of South Korea's medical tourism destination personality.                                       |
| 19 | Ulaş and Anadol (2016)       | Turkey                       | A qualitative research was conducted, and primary data were collected from the 2 directors and 12 medical professionals in a case hospital. | Government support, infrastructure, economic factors such as cost, capacity, and human resources orientation are the main factors affecting the development of medical tourism for a private hospital.   |
| 20 | Wongkit and McKercher (2016) | Thailand                     | Quantitative research method, 345 valid responses were received from Bangkok and Phuket in Thailand.  | Certain types of medical procedures also influence the decision-making processes of medical tourists.  |
| 21 | Das and Mukherjee (2016)     | India                        | Qualitative study, 30 people whose residences were located in Kolkata were interviewed.   | Four dimensions, namely, awareness, perceived quality, brand loyalty and authenticity were developed to assess medical destination brand equity.   |
| 22 | Wu et al. (2016)             | Taiwan                       | Quantitative research method, SEM analysis of a sample of 452 medical tourists from Mainland China.   | Experiential quality is the most important determinant of patient satisfaction, followed by patient trust and perceived value.   |
| 23 | Wang (2017)                  | Taiwan                       | Quantitative research method, SEM analysis 438 questionnaire responses were collected from Taiwan's famous scenic attraction.               | Service quality and satisfaction influence behavioral intention. Also expectation and service quality affect satisfaction.   |
| 24 | Ebrahim and Ganguli (2017)   | Bahrain                      | Quantitative research methods, Data were collected from medical service providers in the Kingdom of Bahrain.                                | Careful planning and management of multi stakeholder engagement in the medical tourism sector is crucial to ensure place attractiveness.   |
| 25 | Ganguli and Ebrahim (2017)   | Singapore                    | Qualitative research method, in-depth qualitative analysis, case study.   | An enabling tourism sector, strategic planning, Public-Private Partnerships, marketing and branding strategies, technology and innovation, accreditation and governance and human capital development are the 7 pillars that Singapore's competitive advantage stems from. |
| 26 | Moghavvemi et al. (2017)     | India, Malaysia and Thailand | Qualitative research method. Content and format of 51 hospitals' Websites was analyzed.   | There are differences between Indian, Malaysian and Thai hospital websites in five dimensions: Hospital information and facilities, admission and medical services, interactive online services, external activities, and technical items.                                 |

(Continued)



Table 3. (Continued).

| Nr | References                       | Country  | Methodology & sample  | Findings   |
|----|----------------------------------|----------|---|--|
| 27 | Jaapar et al. (2017)             | Malaysia | Quantitative research method, SEM approach. 196 medical tourists responded to the questionnaire, mainly from Southeast Asia, Australia, New Zealand and Europe. | Examining factors affect medical tourism satisfaction, dental care quality, dental care information access and supporting services positively influenced tourist satisfaction; cost-savings and cultural similarities had negative influences. |
| 28 | Aydin and Karamehmet (2017)      | Turkey   | A qualitative research was conducted. Structured interviews were carried out in one public and three private hospitals in Turkey                                | Factors affecting health tourism include costs, cultural distance, political and/or economic stability, regulations & legal framework, overall quality of care and trust.  |
| 29 | Ormond and Sulianti (2017)       | Malaysia | A qualitative research was conducted. Data were collected through 35 semi-structured interviews with Indonesian patients.                                       | Medical travellers' diverse socio-economic conditions shape decision-making and spending behavior relative to treatment, accommodation and transport choices as well as length of stay.  |
| 30 | Rahman, Zailani, and Musa (2017) | Malaysia | Quantitative research method, SEM approach. A sample size of 231 was collected in Klang Valley (is centered in Kuala Lumpur).                                   | Islamic medical service, permitted activities, forbidden activities and staff behavior influence the Muslim tourists toward travel intention to Malaysia.  |

governments can play an important role in attracting medical tourists. On this path, governments can facilitate the development of medical tourism by adopting appropriate insurance policies, simplifying visa applications, collaborating with others countries, attracting foreign investment in the medical industry, developing transportation, and improving the social and cultural infrastructure. In addition, partnership between private and public centers is one of the crucial elements of the medical tourism industry development (Ganguli & Ebrahim, 2017) that should be managed productively by governments. Furthermore, because of cultural, religious and language closeness in some border towns with neighboring countries, governments should focus on developing medical equipment and services' quality instead of just investing in medical tourism services in Metropolises. Also, some border provinces, which have desirable climate and nature, (Salehzadeh, Khazaei Pool, & Soleimani, 2016) can be good choices for medical tourism from neighboring countries with similar cultures, languages, and religions. For example, since the people of some Asian countries are Muslims (currently, Muslims account for 50 to 99% of the population of almost 15 independent countries in Asia) and thanks to the effects of religion on culture (Cohen & Hill, 2007; Jafari & Sürdem, 2012), they can have healthcare cooperation schemes with neighboring countries. Cultural similarity itself can be as important as patient satisfaction for choosing a medical destination (Esiyok, Çakar & Kurtulmuşoğlu, 2017).

Since there are not many countries that accept insurance from another country that covers their desirable medical procedure (Sandberg, 2017), medical services' cost is an important factor for choosing a medical destination. Since price reasonableness has a significant moderator role in determining consumer behavior (including medical tourism) (Han & Hyun, 2015) even in countries with expensive medical services, marketers can justify high prices by pointing to the chain services that are offered to patients. Thus, various strategies should be present for different Asian countries with different economies and levels of development. Therefore, medical marketing managers should study the effects of medical and healthcare service prices on medical tourism in a country, and provide an optimal marketing and advertising program to attract medical tourists.

Bochaton (2015) has shown that social networks on different levels including friends, and neighbors have a noticeable impact on choosing a destination for medical tourism in Lao. Thus, according to the influence of social networks and websites on choosing a destination, hospitals and clinics can use online social networks as an important and influential source of information for patients, where they can also share their experiences with others. This is because satisfied customers can be a free tool to reassure hesitant patients of the quality of medical services. Moreover, when previous customers share their experiences with others, they can have an important impact on the behavioral intention of potentially new customers. The reason is that in cases like medical services,

products cannot be seen before they are purchased. That is why consumer satisfaction and positive word of mouth can justify high prices and affect perceived price reasonableness. Also, behavioral intention can be affected by word of mouth, customers' complaining behavior and price sensitivity (Wu et al., 2016). Therefore, hospital websites with the possibility of two-way communication can play an important role in establishing trust between patients and medical service providers (Moghavvemi et al., 2017). Setting up a website where medical tourists can share their experiences and give feedback to the providers can be useful for planning practical medical marketing strategies (Lee, Han, & Lockyer, 2012). Also, mutual communication between patients and medical providers can be an important factor for maintaining their relationship and thus for customer retention.

According to Han and Hwang (2018), medical marketers in clinics and hospitals should try to enhance the possibility of first-time patients' revisiting these centers because repeat customers are more eager to go back and use the facilities and services of hospitals and clinics. Understanding who has already traveled to a destination and his/her motives can help marketers plan practical strategies. More marketing tools should be employed by medical marketers to expand positive word of mouth among medical tourists in different Asian countries. Since attracting new medical customers is more costly than maintaining current medical customers (Han & Hyun, 2015; Serirat, 2010), medical marketing managers should employ strategies for maintaining customers.

We suggest the following perspectives as future research subjects.

There are research gaps in particular medical niche markets such as reproductive tourism (Ikemoto, 2009) or gender reassignment surgeries. In such cases, people travel abroad for reasons including the unavailability of the procedure in their home country or privacy and confidentiality (Serirat, 2010). According to the nature of these segment criteria (Bigné, Gnoth, & Andreu, 2008) more accurate medical tourism segmentation should be done. Since most studies have investigated medical markets in general without paying attention to medical markets segmentation, future research should focus on medical niche markets with specific characteristics.

Moreover, Since Vijaya (2010) believes that just focusing on low costs and revenues from medical tourism is not a good solution for developing the medical tourism industry; more researches should be done about the barriers to attracting medical tourists in different countries.

Chu, Tang, and Luo (2016) believe that quantitative methods are usually applied to analyze the "what questions", while qualitative methods are used to answer the "how questions". Due to different circumstances in different countries, researchers can hardly generalize their studies' results and models to other countries, even if they are in the same continent. Due to the fact that the medical tourism industry is dependent on the conditions that exist in each country, more qualitative studies should be done.

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