

Medical Tourism Motivations: An Integrated Framework Encompassing Source and Destination Characteristics

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Abstract

This study introduces a holistic model integrating factors from the destination country, source country, and the characteristics of medical tourists, forming a cohesive framework to identify the motivators driving medical tourism. Employing a comprehensive domain-based review, the framework categorizes motivation factors into four contexts: High-Quality Medical Services and Infrastructure, Regulatory and Privacy, Financial and Operational, and Proximity factors. This approach differentiates push motivations associated with source countries from pull motivations related to destination countries. The proposed model provides stakeholders in the medical tourism industry with a structured way to segment medical tourists, position their respective countries, and design essential medical facilities. Key findings suggest that patients from Global North countries are driven to Global South by financial and operational factors, while those from Global South often seek medical care in Global South due to cultural, religious, and geographic proximity. Medical tourism to Global North from Global North is largely driven by regulatory or privacy factors while Global South medical tourists visit Global North destinations mostly due to high quality service and infrastructure. The model's practical implications can guide healthcare providers, marketing managers, and policymakers in creating effective strategies to attract and retain medical tourists.

Introduction

In recent decades, we've witnessed a significant shift in how people approach medical tourism.¹ Traditionally, wealthier individuals from developed countries sought top-notch healthcare in cities like London but are now increasingly opting for quality medical treatments in developing nations like India.^{2,3} As medical tourism becomes a global trend, with Destination Marketing Organizations (DMOs) actively promoting it, understanding the motivations of medical tourists based on their home country and chosen destination is crucial for effective medical tourism management. This insight can assist DMOs and governments in tailoring marketing strategies for specific target destinations. Addressing this, we propose that medical tourists' motivations are closely tied to both source and destination country characteristics, varying depending on the traveler's origin and the location of medical treatment. We propose a classification based on the attributes of both source and destination countries, contributing to a more nuanced understanding of medical tourism motivations.

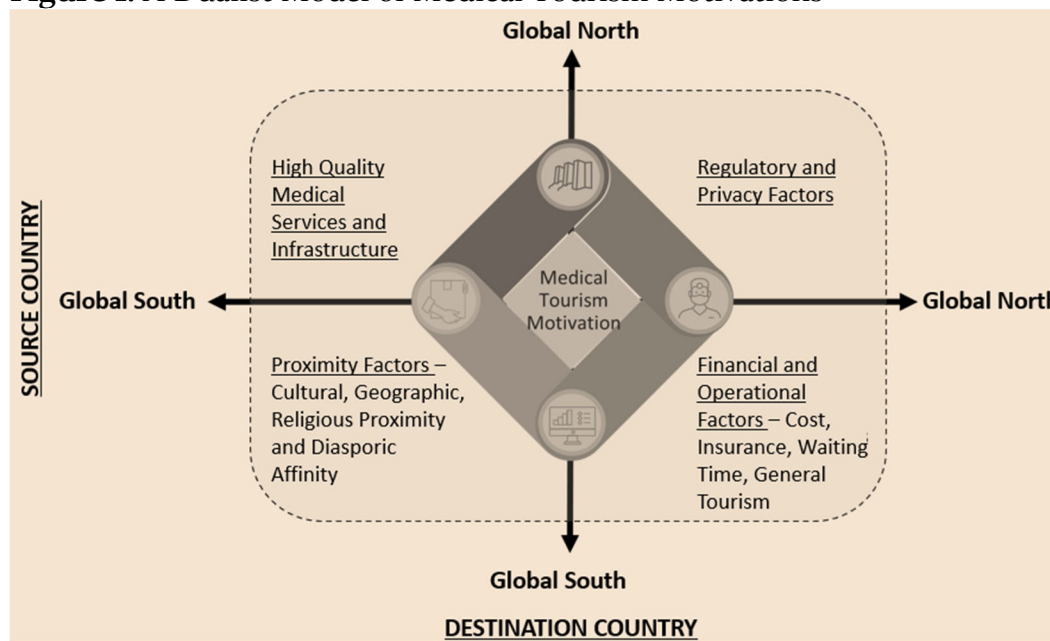
A dualistic model based on geographic and economic attributes, combining factors from both the source and destination countries to categorize these motivations is being proposed. This dualistic model integrates motivation factors and country-specific elements into a single framework, offering a deeper insight into medical tourism drivers across four distinct contexts. The proposed motivation factors in the dualistic model include High-Quality Medical Services and Infrastructure, Regulatory and Privacy, Financial and Operational, and Proximity factors (as depicted in Figure 1). This integrated framework is expected to assist policymakers and marketing managers in tailoring promotional efforts based on the type of medical tourist and their motivations, ultimately positioning their country or organization as a preferred medical tourism destination.

The Rise and Rise of Medical Tourism

The phenomenon characterized by individuals traveling to foreign destinations with the primary objective of seeking medical treatment is commonly referred to as "medical tourism," and those engaging in such travel are termed "medical tourists."⁴ However, there exists a lack of consensus regarding the precise definition of medical tourism. This ambiguity often leads to the interchangeability of related terms, such as "health tourism" and "wellness tourism," thereby contributing to confusion in terminology.⁵ We adopt the definition of medical tourism that describes it as "traveling outside one's home country with the primary intention of receiving medical treatments and services, while concurrently experiencing tourism products

and services.”⁶ This definition delineates Medical Tourism from “wellness tourism,” which predominantly focuses on lifestyle enhancement, beauty-related treatments, and preventive healthcare.⁷

Figure 1. A Dualist Model of Medical Tourism Motivations



The field of Medical Tourism has witnessed substantial growth in recent years, with estimates suggesting its global industry size could be as substantial as \$100 billion.³ Medical Tourism involves various stakeholders including healthcare providers, healthcare marketers, medical tourism facilitators, accreditation bodies, government agencies, healthcare facilities, and host communities. This implies that all these stakeholders must function appropriately, at an individual level as well as together, for a country to be an attractive medical tourism destination.^{2,8,9} Numerous scholars have investigated different aspects of Medical Tourism like the motivations and characteristics of medical tourists, the influencers and information sources shaping their decisions, the competitiveness of medical tourism destinations, and the roles played by diverse stakeholders in the industry.^{6,7,8,10,11}

India, Thailand, and Singapore have emerged as prominent destinations in the realm of Medical Tourism, capturing significant market shares.¹² India, for instance, ranks favorably due to its cost-effective medical services, well-regarded medical professionals, and the availability of diverse tourism opportunities.⁸ Thailand has cultivated a niche in cosmetic medical care while ensuring privacy, high-quality services, and language accessibility.¹³ Singapore’s competitive advantage lies in its conducive environment,

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characterized by forward-looking management practices, comprehensive government policies, and effective collaboration among various stakeholders.¹⁴

Leveraging the Push-Pull framework to understand medical tourist motivations

We leverage the Push-Pull framework for studying traveler motivation.¹⁵ According to the model, pull factors describe the supply side destination attributes as cultural heritage, weather, and pricing that affect the supply side of tourism. On the other hand, push factors are demand-side factors related to the traveler's requirements like relaxation, escape from the daily routine. In the context of medical tourism, pull factors are primarily related to destination country or organization characteristics like affordability, quality of medical facilities, country environment, and tourism opportunities.^{12,13,14,16} On the other hand, the push factors can include the patient's socio demographic profile, patient's health-related factors, and source country characteristics that cumulatively indicate the medical service demand.^{3,17-20}

Pull Motivations Factors – Destination Country Specific and Healthcare Provider Specific

A comprehensive analysis of over 400 scholarly articles spanning the years 2000 to 2016 reveals pivotal pull motivations that attract medical tourists.²⁰ Key factors identified include lower medical costs, service quality, accreditation of medical facilities, and shorter waiting times. Specifically, these pull motivations are unique to healthcare providers, while infrastructure and the availability of specific treatments, such as cosmetic surgery or abortion, emerge as primary pull motivations associated with the destination.²⁰

The significance of affordability and cost-saving emerges consistently as the primary impetus for patients to travel long distances in pursuit of medical care.^{21,22} Numerous academic studies underscore the importance of medical costs in the decision-making process of medical tourists. For instance, research indicates that medical cost is a crucial factor for individuals selecting Malaysia as their medical care destination.⁶ A survey encompassing medical tourists to India, China, and the United Arab Emirates further supports the notion that cost is the paramount criterion for selecting a destination.²³

The subsequent set of destination factors influencing medical tourism revolves around the quality of medical facilities and services provided by the destination country.^{13,24} These factors encompass availability and quality and include perceived healthcare quality, access to the latest medical technology,

hospital reputation, the caliber of doctors and nursing staff, overall health and hygiene conditions, and interpersonal behavior of medical professionals.^{7,14,16,25,26} Medical service needs are hierarchically classified as emotional, informational, environmental, restorative, and after-care, with distinct needs gaining prominence at different phases of medical care.²⁴

Additional factors contributing to destination attractiveness encompass the overall environment of the host country. This encompasses the general image, regulatory framework, socio-economic situation, and cultural similarity with the patient's home country. Destination image is found to be a determinant of travel intention in leisure tourism and the result has been extended to Medical Tourism as well.¹² Government regulations play a substantial role in influencing medical tourism, with incentives such as tax and land concessions and special visas for medical tourists.^{4,16,23} Socio-economic factors, including public safety, corruption levels, political and economic stability, and general public infrastructure, also impact the attractiveness of a destination.^{3,12} Cultural familiarity, religion, and language with the host nation are identified as crucial factors influencing medical tourists' destination choices.^{7,22} A study of patients visiting Turkey, concluded that cultural distance has an impact on destination choice of medical tourists.²⁷ Similarly, another study found cultural affinity as a determinant of destination selection.²⁸ A study exploring the difference in perception towards Medical Tourism among tourists from three countries found it to be significant across cultures.⁴ Religion and language are other social factors critical in selecting a Medical Tourism destination.^{7,29,30}

The final set of destination factors pertains to the general tourism aspect of the host country. Many patients, particularly those undergoing minor surgeries, and their accompanying friends or relatives, consider vacationing while recuperating.^{26,31} Therefore, countries with popular or exotic tourist locations and pleasant weather conditions gain an additional advantage as medical tourism destinations.¹² In summary, the review of academic literature underscores medical treatment affordability, perceived quality of medical care, the overall perception of the country, and the scope for leisure tourism as key destination factors influencing medical tourism.

Push Motivation Factors – Source Country Specific and Medical Tourist Specific

This section delves into the characteristics of a medical traveler and the dynamics within the source country that influence medical tourism. These demand-side elements align with the push factors in the Push-Pull framework employed in this study and are explored comprehensively below.

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Patients seeking medical care abroad often cite higher costs, extended waiting times, and inaccessibility to specific treatments in their home country as primary reasons for their decision.³² Notably, John & Larke's review paper identifies major push motivation factors, including word-of-mouth recommendations from medical professionals, family, and friends, insufficient insurance coverage, and a desire for privacy.²⁰

The global trend towards hospital privatization has contributed to escalating medical costs in the Global North.^{29,33} This rise is exacerbated by diminishing insurance coverage, leading to increased out-of-pocket expenses for patients.³⁴ Studies further emphasize behavioral differences based on whether the expenses are covered by insurers or borne by patients directly.²² In such scenarios, opting for medical care abroad becomes a more economical choice for patients.

Another influential factor prompting patients to seek medical treatment abroad is the prolonged waiting times in Global North countries compared to the swift medical access available in Global South destination countries.^{8,35} This issue is compounded by the higher growth rate of the aging population in Global North nations.¹²

The last set of issues pertains to the inaccessibility of specific medical procedures in the patient's native country.³⁶ Home country regulations, privacy concerns, and technical limitations may render certain medical processes unavailable. For instance, Chinese residents often visit Hong Kong for child delivery to circumvent China's single-child policy.¹⁹ Similarly, assisted reproduction and organ transplant procedures, restricted in some countries, are accessible in many medical tourism destinations.³⁶

Social norms in many countries do not allow for certain medical treatments of specific minority groups. Researchers have found that privacy was a very high priority for female medical travelers seeking treatment in the United Arab Emirates (UAE), ranked higher on gender equality, from countries like Oman, Qatar, and Yemen.²³ Patients seeking cosmetic surgeries and sex-change treatments also prioritize privacy due to associated social stigma.^{13,33} Additionally, lack of technological advancement in the home country can render certain medical treatments unavailable.³³

There is still an ongoing debate in academic literature, around who is a medical tourist and types of medical care they seek in destination countries.³² Medical tourists are known to travel long distances from Global North regions of Europe, Oceania, and North America to Global South countries like Thailand and India.^{13,21,30} A study on medical tourists to India found them to be from distant regions like the UAE, Europe, USA, and Canada.³⁵ However, another school of thought suggests that a large part of Medical Tourism is cross-border movement or consists of diaspora and in

some cases both.^{29,33} It has been reported that most medical tourists to Poland from Belgium were of Polish origin and visited with the primary objective of visiting friends and relatives while medical treatment only a secondary reason.⁷ Studies have reported that more than 20 percent of medical tourists in India are non-resident Indians (NRIs) or expatriates.³³ Familiarity with culture, access to health insurance, lack of knowledge about the foreign healthcare system, requirement of a long stay, and visits post-surgery are some of the reasons mentioned by medical tourists to prefer their country of origin.^{7,33}

Cross-border short-distance nature of Medical Tourism has been highlighted through various illustrations. For instance, nearly one million Indonesian patients travel to Malaysia, a well-established Medical Tourism destination, for treatments and surgeries.³⁷ Most of these patients have prior visit experience in Malaysia for leisure activities like visiting friends or relatives and shopping.³⁸ Thailand though receives patients from geographically distant countries but it also has a large influx of economically backward patients from neighboring country Laos.³³ More than half of the medical tourists to India are from nearby countries like Nepal, Bangladesh, Sri Lanka, Afghanistan, and Middle East which have cultures almost similar to Indian culture. It has been argued that the familiarity construct of Medical Tourists comprises of cultural distance, communication barrier, and familiarity with healthcare systems.^{4,7,27,33} Hence, awareness and understanding of the destination country's culture, language and healthcare facilities is an important individual factor for a patient to decide about Medical Tourism. Studies have also attempted to segment medical tourists based on the type of medical procedures undertaken, significance of medical care in overall decision, and touristic activities pursued by them at the destination.¹³ Scholars have categorized medical tourists into eight groups based on their motivations, including availability, affordability, perceived quality of care, familiarity, and the source of funding, whether self or insurer.²²

In summary, the burgeoning growth of Medical Tourism is significantly influenced by primary Push factors originating in the home country. These factors encompass high medical costs, diminishing insurance coverage, extended waiting times compounded by an aging population, and the unavailability of specific medical treatments. Medical tourists can be broadly categorized into two distinct groups. The first segment comprises affluent patients from the Global North who often undertake extensive journeys to Global South countries. Their motivations typically revolve around cost-effectiveness, sensitivity, and the allure of tourism opportunities. The second segment pertains to cross-border tourists who travel to destinations

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primarily to reconnect with friends and relatives. This group exhibits a preference for receiving medical care in their country of origin, guided by familiarity with culture, language, and medical facilities. This preference predominantly results in South-South, short-distance regional, and cross-border Medical Tourism.

Impact of Geographic and Economic context in Medical Tourism motivations

As noted earlier, most of the studies on Medical Tourism motivations have been case studies specific to a source country, destination country or both.^{7,12,24,27} However, this paper based on the review of literature proposes that motivations can be highly varied depending on whether the source country and the destination country are from Global South or the Global North. Few earlier studies have already indicated that context of source and destination countries have an important role to play in the motivation of Medical Tourists.

A few studies suggest that there is a large South-South movement of Medical Tourists to South Africa from the neighboring countries which is numerically and financially far more significant than the North-South movement.³⁹ Similarly, it has been noted that the South-South flow of Medical Tourists from Indonesia to Malaysia is driven by very different factors compared to the ones that influence a North-South movement of Medical Tourists.³⁸ This set of studies identified Medical Tourism as more of a cross-border phenomenon where Medical Tourists of Global South countries prefer a neighboring country for medical care due to reasons like physical proximity.^{22,40} Similarly, diaspora of a country is observed to prefer their native country for medical care primarily motivated by cultural familiarity.^{7,27,29,33}

Most studies in the recent times have described and investigated Medical Tourism in the restrictive context of patient flow from Global North to Global South.^{12,16} For example, a large number of Medical Tourists from US travel to Global South countries to take advantage of lower medical costs at the destination countries.¹² Similarly, there are studies that focus on the rising number of patients travelling from Global North like Canada and US, to clinics in the Global South of India and Thailand that they distinguish from the historical patient movement patterns of South-North and North-North.⁴¹

Medical Tourists from the Global South have travelled to Global North countries for receiving advanced medical facilities unavailable in their home country without much of a cost consideration.³³ Mayo Clinic in the US has historically attracted patients from the Global South.⁴¹ Rise of Global South as significant Medical Tourism destinations post the late 1990s has been

termed as ‘reverse globalization’ since traditionally the affluent Medical Tourists of Global South sought medical care in globally advanced medical centers like London and Berlin.³³ Although this flow of Medical Tourists has stayed stagnant but the motivations of such patients are significantly different and under examined.

Finally, regulatory concerns, privacy issues and medical policies could force patients from a Global North to seek care in another Global North country.³⁶ For instance, insured patient-citizens have travelled within European Union countries for timely and advanced health care.^{22,38} Similarly, many residents of mainland China visited Hong Kong for child delivery to avoid the single-child policy in China and many medical tourists from wealthy countries visit Singapore as they prefer the anonymity in a distant country.^{14,19} An extreme form of this type of tourism is patients seeking euthanasia in Switzerland.^{31,42}

Such country specific case studies have provided insights about particular destinations but are restricted in terms of capturing contextual and nuanced understanding. This limits the generalizability and representativeness of the extant research on Medical Tourism motivations. Hence, a research gap exists where Medical Tourism motivations need to be understood in the context of geographic and economic variations along the lines of Global North-South binary.^{33,38} The proposed dualist model aims to fill this exact gap in Medical Tourism research by classifying the identified Push-Pull motivations based on the source and destination attributes.

Bringing the Source and Destination together: A Dualistic Model of Medical Tourism Motivations

As described earlier, the motivations of a medical tourist need to be understood in context of the geographies that they are coming from and the geographies that they are heading into. Leveraging the Push-Pull model in understanding the motivations of medical tourists, we next propose a dualistic model incorporating motivation factors and country-specific elements into a single framework (Figure 1). This framework aims at providing a deeper understanding of medical tourism drivers across four distinct contexts of source (Global North/Global South) and destination (Global North/Global South) countries. The model suggests that particular motivations are more applicable in specific source-destination scenarios but does not discount their relevance in alternative source-destination scenarios. We next discuss the impact of different individual motivational factors driving movement from a particular type of source country to a specific destination country.

Structural Factors: High Quality Medical Services and Infrastructure

The travel of patients historically flowed from poorer nations with limited medical accessibility and availability to resource rich countries having higher quality medical services and latest technologies. Historically London and Berlin have seen a significant inflow of affluent patients facilitated by state medical organizations.^{33,43} In other words, structural factors like latest medical technology and high-quality health system drive the decision of a patient from a Global South to be treated in a Global North nation.^{18,41} Four such push factors of the source countries from Global South have been identified to predict the inflow of Medical Tourists to US.¹⁸ These are Economic, Social, Health and Infrastructure related factors. In the early days, this was perhaps the primary direction of medical tourists flow but the number of such patients has stayed low and hence there is hardly any contemporary research on Medical Tourists driven by these motivations.³³ This study proposes that further research is required to investigate the phenomenon of affluent patients from Global South nations traveling to Global North countries to overcome the structural factors and avail the latest medical care.

Regulatory and Privacy Factors

Unlike the structural factors, regulatory factors are driven by policy, privacy, and moral issues. A lot of patients seek care in another country primarily either because those policies are not allowed by the medical board in their home country or are not comfortable others knowing about the procedures that they have gone through. Switzerland is known to have patients flying in from many European nations for receiving euthanasia that is prohibited in their own country.²⁹ Many medical tourists seek cosmetic surgery and gender change operations in remote countries of Thailand and Argentina for the comfort of being unknown there and escaping social circle.^{13,44,45} The primary reason for Medical Tourists from France going to Belgium was that they were denied access to treatment with donor sperm in France while Belgium medical policies allowed them the medical facility.⁴⁶ Many patients travel to the neighboring country for reproductive care since law in the couple's own country forbids a certain kind of treatment.⁴⁷ Progressive medical policies and strategic planning have also been considered as the key reasons why patients from other Global North countries visit Singapore for receiving medical care.¹⁴ Very few studies have explored in-depth the motivations of privacy, medical regulations, and medical policies for tourists to travel from one Global North nation to the other and this needs to be explored further.

Financial and Operational Factors – Cost, Insurance, Waiting Time, and General Tourism

Operational factors arise when the medical expenses are high in a Global North nation with limited insurance coverage and long waiting times.^{12,16,17} Sometimes general tourism, within a reasonable budget, can also be a key motivator for such patients to travel to Global South nations.^{21,41} The other reasons for patients from Global North traveling to Global South include recommendations by doctors, medical service quality, and accreditation of medical facilities at the destination.^{3,17,20,35} A large body of Medical Tourism research in recent times is associated with patients from Global North countries traveling to Global South and hence the motivations listed in this section seem to be more frequently cited in the academic literature.^{12,23}

Proximity Factors – Cultural, Geographic, Religious Proximity and Diasporic Affinity

In recent times, there has been another emerging school of thought that Medical Tourism is more of a regional cross-border phenomenon than a large-scale long-distance one.^{33,48} The primary motivations of Medical Tourists in such cases have revolved around cultural, geographic, and religious proximity with patients from Global South visiting the neighboring countries to seek medical care.^{7,27,40} Another related reason for seeking treatment in a destination country is returning to the country of origin because of familiarity.^{7,27,29} Medical patients of Indonesia, while seeking medical care outside their home country, prefer Malaysia because of physical proximity and transport options play a pivotal role in their destination choice.⁴⁰ Similarly, many Chinese patients prefer Taiwan due to the cultural and linguistic proximity.^{27,49} Cultural affinity also manifests itself in the form of diaspora returning back to their adjacent native country when faced with medical emergencies.^{7,27,29,33} Finally, religious affinity could also be a factor in patients selecting certain destinations especially when religiously sensitive medical procedures like fertility treatments are concerned.^{27,50} Therefore, it is proposed that many patients from Global South prefer being treated in another Global South country motivated by the factors of proximity, familiarity or diasporic affinity.

Discussion

This research has explored the evolving landscape of Medical Tourism and investigated the motivations from the contextual perspective of source and destination countries on the lines of Global South and Global North. Our study has proposed a classification that links medical tourists' motivations to both source and destination country attributes. Building upon existing

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knowledge, we introduced a dualistic model that combines motivation factors and country-specific elements, thereby categorizing motivations across four distinct contexts: High Quality Medical Services and Infrastructure, Regulatory and Privacy, Financial and Operational, and Proximity factors.

The findings from this study suggest that motivations for medical tourism are complex and context-dependent, influenced by a range of factors including economic conditions, healthcare infrastructure, cultural norms, and regulatory frameworks. Our dualistic model demonstrates that Global North-to-South flows are driven largely by financial and operational factors, such as lower medical costs, shorter waiting times, and limited insurance coverage. In contrast, Global South-to-South flows are often influenced by cultural, religious, and geographic proximity, as well as diasporic affinity. Meanwhile, medical tourism to Global North from Global North is largely driven by regulatory or privacy factors while Global South medical tourists visit Global North destinations mostly due to high quality service and infrastructure. This distinction is crucial for stakeholders in the medical tourism industry as it guides them in developing targeted strategies based on the motivations of different segments of medical tourists.

This framework holds the potential to aid policymakers and marketing managers in customizing their promotional efforts based on the type of medical tourist and their underlying motivations. For instance, healthcare providers in Global South countries can leverage this understanding to market their cost-effective services to patients from the Global North, while emphasizing cultural familiarity to attract medical tourists from neighboring Global South countries. Ultimately, it positions their respective countries or organizations as preferred medical tourism destinations. By embracing this dualistic approach and recognizing the interplay between source and destination attributes, stakeholders in the medical tourism industry can navigate the evolving landscape more effectively, offering tailored experiences to a diverse range of medical tourists. As this field continues to evolve, further research and practical applications of this framework can contribute significantly to the sustainable growth of medical tourism worldwide.

This study proposes a comprehensive model that includes destination pull motivations and push motivations associated with destination and source countries as well as internal attributes of medical tourists. We argue that motivations of a medical tourist shall be influenced by characteristics of the destination country, depend on the economic development stage of his/her home country, and familiarity level of the medical tourist with the country of treatment.

The study results would help practicing managers since insight on medical tourist motivations would aid them in critical marketing decisions like medical tourist segmentation, appropriate positioning of their country as desirable Medical Tourism destination, and designing required medical facilities, subsequently leading to demand growth.³ The study provides a comprehensive framework for all the stakeholders - healthcare providers, healthcare marketers, medical tourism facilitators, accreditation bodies, government agencies, and healthcare facilities - and would help them devise business strategies in a comprehensive manner instead of focusing on a restricted aspect of Medical Tourism. Finally, the research provides an instrument that may help the government agencies in designing suitable Medical Tourism policies.

Avenues that require further understanding

While the domain of medical tourism has witnessed significant growth in recent years, our review highlights the need for further research and this section outlines key directions for future research for both academicians and practitioners to enhance our understanding of the motivations and factors driving medical tourists in different contexts.

One critical avenue for future research is a deeper exploration of the motivations that drive medical tourists. Medical tourism research has predominantly focused on patients from Global North countries traveling for medical assistance. As a result, commonly cited motivations in the literature may not hold true for all scenarios. It is essential to recognize that the motivations of medical tourists can vary significantly depending on the source and destination country. To avoid oversimplification, future research should contextualize motivations in light of the specific source and destination countries involved, acknowledging that the motivations of patients from Global South nations may differ from those of Global North medical tourists.

Second, while this study identifies various motivations, it assumes that all factors are of equal intensity. Additional studies are required for understanding the relative strengths of these motivations. By quantifying and comparing the importance of each motivation, we can gain insights into which factors exert the most significant influence on medical tourists' decisions. This information can be invaluable for healthcare providers and policymakers seeking to tailor their services to attract specific patient segments.

Finally, in addition to investigating the motivations of medical tourists, push motivations also require further exploration as they have been relatively less investigated as compared to the pull motivations. Rather than simply

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categorizing these motivations based on country type or medical tourist type, one can conduct in-depth examinations to understand the underlying factors that push individuals to seek medical care abroad. Understanding push motivations can shed light on the broader social, economic, and healthcare system factors that influence medical tourism.

Conclusion

The dualistic model presented in this study sheds light on the motivations behind medical tourism by analyzing push-pull factors across different Global North and Global South destination and source contexts. The drivers emanating from our framework for different source-destination combinations have significant implications for policymakers and practitioners in the medical tourism industry. Policymakers can leverage these insights to create more targeted policies that attract medical tourists and support the sustainable growth of the sector. They can focus on facilitating travel, ensuring medical quality standards, and promoting cultural compatibility to attract medical tourists from different regions. Healthcare providers and marketing managers can use this model to construct tailored promotional strategies. By understanding the specific motivations of their target audiences, they can design marketing campaigns that resonate with prospective medical tourists. Additionally, this knowledge helps practitioners offer more personalized and culturally sensitive patient care, enhancing the overall experience for medical tourists. The dualistic model can also guide healthcare organizations in their operational planning. It helps identify which factors are most influential in driving medical tourism, enabling better resource allocation and facility management. By recognizing the importance of proximity, cultural familiarity, and affordability, stakeholders can better position their countries or institutions as preferred medical tourism destinations.

This study contributes to a deeper understanding of medical tourism motivations and provides a framework for policymakers and practitioners to develop effective strategies for attracting and accommodating medical tourists, ultimately contributing to the sustainable growth of the medical tourism industry.

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