

Sea, sun, sand and selecting surgery: an exploration of health, medical and wellness tourist's mobility

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Mass tourism facilities depend on repeat visitors as well as attracting new first time tourists. As these traditional sun and sand holiday destinations mature, tourism promoters are bundling opportunities to attract a different kind of tourist. Since many of these resorts are all-inclusive facilities and include a Spa, one potential expansion may be to market to health, medical or wellness tourists. Geographic research in travel and tourism has found that individuals either repeat visits to the same destination or diversify their choices. This paper highlights the decision-making process of tourists and how it may be related to the niche market of health, wellness, and medical tourism. It uses data from a survey that gathered the travel patterns and motivations, and socio-demographics of medical tourists. Consumers who exhibit different travel behavior rank hospital accreditation and American hospital affiliation more important than those who repeat travel behavior.

Key Words: *mobility, travel choice behavior, health, medical and wellness tourism, Costa Rica.*

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Introduction

For centuries travel to distant lands to relax in mineral waters has been fashionable (Towner, 1996; Dinu, Zbucea and Cioaca, 2010; Lunt, Mannion, and Exworthy, 2013). Today tourists are seeking not only a bath, but may also want cosmetic surgery or a knee replacement (Goodrich and Goodrich, 1987; Hall, 1992; Goodrich, 1993; Hall, 2003; Smith, 2006; Bookman and Bookman, 2007; Smith and Puczkó, 2009; Erdeli et al. 2011; Connell, 2013; Ormond, 2014; Roanghes-Mureanu and Tudoricu, 2014). These consumers, collectively called

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health, medical or wellness tourists are joining one of the largest niches in the industry. Fueled by the increased demand for outpatient, dental and cosmetic surgeries by a world of tourists, and the sophistication of health care operations and lower costs of travel, health, medical and wellness tourism is a growth industry (Horsfall and Lunt, 2015). Even the publisher of the popular *Complete Idiot's Guide* has come out with an edition devoted to Medical Tourism (Marsek and Sharpe, 2009).

Every year, more and more destinations join the ranks of promoting health, medical and wellness tourism. Popular vacation spots around the globe are reaching out to these tourists. This growth is fueled by an aging world population, increased health care costs, and advances in technology (Deloitte, 2014). Given this tremendous growth, what factors might influence the travel decision-making process of this growing segment of tourists? Understanding this travel behavior is important so planners can identify the determinants of patronage patterns in order to estimate better the returns on investments (Spear, 1981; Burnett, 1981; Crouch and Louviere, 2004; Vu et al., 2015).

The mobility of tourists seeking medical care is a complex experience (Hanefeld et al. 2015). One important aspect of this experience is the travel phase of the occurrence. Travel occurs because people seek alternatives in space where participation in some activity takes place. Like any travel, health, medical and wellness travel is where an individual seeks to meet some desired objective by selecting among alternative destination based on their attributes and then choosing one. Destinations are re-inventing themselves to reach out to these potential tourists. Many tourist areas have made a conscious effort to bundle health care with tourism (Connell, 2006). In so doing the nearby attractions benefit as tourist numbers increase.

Bundling attributes in a tourist destination is nothing new. In an industry facing global competition, tourism planners have capitalized on this idea to attract and retain the tourist traveler (Hwang and Fesenmaier, 2003). We find health and wellness opportunities packaged together with traditional tourist amenities to create the all-inclusive vacation opportunity (Han and Hyun, 2014). New in the last decade has been an attempt to build on worldwide opportunities in health care and attach the Health, Medical and Wellness Tourism moniker. Tourist destinations can provide health care and the post-operative facilities for this growing niche since recovery time may be needed for the wounds to heal after the treatment.

Yet given the variety of choices here and elsewhere, how can these medical tourist destinations attract new and as well as repeat visitors? Any travel involves some decision-making of the desired destination. Mobility research has found that individuals either repeat visits to the same destination or diversify choices (Bristow, Lieber and Fesenmaier, 1995; Fesenmaier and Lieber, 1998; Gitelson and Crompton, 1984; Hanson, 1980; Alegre and Cladera, 2006, Valle, Correia, and Robelo, 2008). Since these different travel strategies are uniquely different, Gitelson and Crompton, (1984) note the need for distinctive marketing approaches.

The purpose of this research is to explore the travel patterns of health, medical and wellness tourists in a global tourism environment where the industry depends on repeat visitation and continue to attract repeat visitors. Given that hospitals are not traditionally in the tourism business (George, 2009), but are now seeking to

provide this service to their foreign patients (e.g., Han and Hwang; 2013), research into these travel patterns is timely. First a literature review on health, medical and wellness tourism will be provided. Then a discussion of travel behavior will be illustrated linking it to the tourist. The methods to collect the travel behavior data are presented next, and results from the analysis. We conclude with a discussion of primary findings.

Literature review

In this section of the paper the relevant literature on health, medical and wellness tourism and mobility or destination travel behavior will be summarized. Health, medical and wellness tourism is nothing new. Historically, wealthy individuals have traveled far to seek the therapeutic benefits of mineral waters, clean mountain air and peaceful surroundings (Mitman, 2003). Today one definition of this phenomenon is the one found by United States' Senator Gordon Smith (2006) in his statement to the Special Committee on Aging in the United States Senate said "Medical tourism refers to the practice of patients seeking lower-cost health-care procedures abroad, often packaged with travel and sightseeing excursions."

While this definition is a good starting point, a review of the literature offers additional explanations (Hancock, 2006; Bookman and Bookman, 2007; Lunt, Horsfall and Hanefeld, 2015). Since affordable health care and medicine are not available for many citizens, a low-cost operation overseas is a reasonable expense, even after adding the travel and lodging costs.

Besides the cost benefit, individuals have also crossed borders to seek procedures not available at home due to laws or local customs. These include sex change operations (Connell, 2006; Aizura, 2010), reproductive services and fertility treatment (Pennings, 2002; Blyth & Farrand, 2005), faith healing (Shankar, Paudel & Giri, 2006), unapproved procedures and medicine (Gray & Poland, 2008; Gunter et al. 2010), organ transplants (Budiani-Saberi & Delmonico, 2008), assisted-suicide (Higginbotham, 2011) and other procedures.

As the world population ages, travel choices for seniors is likely to expand as well, dependent of course on increased time available offset by lower disposable income (Fleischer & Seiler, 2002; Kattiyapornpong & Miller 2009). Given this varied need, demand for health, medical and wellness care is expected to continue. Further since the demand varies so greatly, so are the destinations that attract these tourists.

Beyond the need for these kinds of procedures, the tourist is also concerned about a quality experience (Lunt, Horsfall and Hanefeld, 2015). Overall, cost, post-operation facilities and climate of the destination, reputation of the doctor, facility, and possible accreditation and/or affiliation with a hospital at home and the desire to return home or the lack of availability of the treatment are the main reasons to travel for care.

While based on a modest response rate, the 2013 MTA Medical Tourism Survey Report (Medical Tourism Association, 2013) found that nearly 80% of the demand for medical travel was influenced by the interest in saving money. Further, the MTA found that cosmetic surgery was the most sought after procedure. Mexico and India were the most popular medical tourist destinations in the study.

Since health, medical and wellness tourism is a mobility concern, an introduction into travel is presented next. Travel occurs because people seek alternatives in space where participation in some activity takes place (Shaw, Agarwal & Bull, 2000). Travel behavior is considered to be an example of utility maximizing behavior (Cooper, 1980; Hanson, 1980; Louviere & Timmermans, 1992; McFadden, 1974; Tussyadiah et al., 2006). However, unlike travel to work, health, medical and wellness tourist choice behavior is voluntary since an individual seeks to meet desired objectives by selecting among alternative hospital, clinic or spa destinations and choosing one. In particular, travel for health, medical and wellness care is assumed to be a function of the health care system, population characteristics, health behavior and perceived health status (Andersen, 1995). Each of these socio-economic and demographic factors is sensitive to policy implementation (Kutter, 1981). In order to investigate the influence of these factors, a review of spatial travel behavior will be introduced.

Travel behavior can be viewed in one of two ways: either people visit the same place repeatedly, or they tend to exhibit diversified travel. It has long been thought that much of travel was exemplified by repeating patterns, that is to say, a systematic or non-random selection of travel choice was found. For instance, Marble and Bowlby (1968) investigated repetitious travel for households. They found people would repeat visits 75% of the time indicating a degree of travel concentration. For consumers, this may be an example of brand loyalty, where individuals attempt to reduce the risk of a poor selection (Sheth & Venkatesan, 1968; Gitelson & Crompton, 1984; Oppermann, 2000). Contemporary tourism literature notes the importance of this 'place attachment.' The health, medical and wellness tourism example here would recognize that the tourist is sensitive to quality, satisfaction, trust and cost (Han and Hyun, 2015).

Gitelson and Crompton (1984) noted the dependence of vacation destinations on repeat visitation. Their research into repeat travel found five primary reasons for this behavior: reduction of risk that the trip would be unsatisfactory, meeting the same kind of tourist, emotional attachment, a desire to further explore a chosen destination or the interest in showing others.

It has also been found that repeat visitors tend to stay longer and are involved in more local activities (Wang, 2004; Hwang & Fesenmaier, 2011). Yoon and Uysal (2005) add that motivations and satisfaction are additional elements that contribute to destination loyalty. But repeat visitation may not be the ultimate goal for a destination. Research in the Mediterranean region found that repeat visitation to 'sun and sand holiday destinations' may also reflect the destination's inability to attract new visitors and a lack of appeal (Alegre & Cladera, 2006). Thus, many destinations are in a constant state of reinventing themselves to reach out to a tourist who has not yet visited.

Further, while repeat visitation may be a characteristic of some mobility, some geographers have questioned the reliance on only one form of travel choice. Hanson and Huff (1988) for example, explain repeat travel as a function of poor research design. The authors found that repeat travel was characteristic of short sampling schemes, and when travel patterns were considered for longer periods of time, considerable variation in behavior was found to exist.

Previous research by Hanson (1980) reviewed the travel behavior literature and found several possible explanations of diversified travel behavior.

First, an individual may be motivated to diversify travel from the desire to reduce uncertainty by learning about the available options. Second, travel diversification may result from an interest to spread risk by developing a portfolio of regularly visited destinations. For the shopper, this may be the process of visiting several stores to find out which has the best prices, widest selection and so forth (Smith, 1978).

A third possibility for travel diversification may come about because of temporal, spatial and modal constraints. In this instance, the consumer may be short on time and/or lack the family automobile and be forced to patronize the neighborhood convenience store rather than the large supermarket. In a tourist context, this could be the experience for a family who takes a weekend picnic to the local park and goes to the Black Sea for the longer family vacation. It is obvious that travel distance plays a role in the visitation patterns as well. Although, first-time visits to new and exotic destinations may make the longer distances needed to travel less of a disutility (Moutinho & Trimble, 1991; Nicolau, 2008). Another reason Hanson (1980) found was the need to reduce boredom by adding variety. This strategy may be classified as risk taking, collecting or trophy hunting (McAllister & Pessemier, 1982). Fifthly, a person may seek different destinations for various reasons (e.g., sunbathing at a Caribbean island versus downhill skiing in the Alps).

Next, travel diversification may be present when the tourist wishes to combine several activities into a single trip. In this example, long-haul travel yields maximum utility by meeting the different needs of all travel companions by, for example, combining business with pleasure travel (Tideswell & Faulkner, 1999; McKercher & Wong, 2004).

Hanson identifies a final reason for different travel strategies based on the origin of the particular trip. A trip originating at home will differ from those that begin at work. However, while the destination may differ between the two starting points, Kitamura and Kermanshah (1984) found that the home location was still important for non-home based destination choice since the home may be the final destination of the experience.

Is the health, medical and wellness tourism industry interested in repeat visitation or diversified travel behavior from their clients? Perhaps both type of client is needed. Repeat visitation may be required for the spa treatment, yet first-time visitors need to be attracted as well.

One can summarize travel as existing along a continuum of behavior (Huff & Hanson, 1986). At one end, the behaviour is completely stochastic (where stops are entirely independent and random) and at the other end, completely habitual or repetitive. Huff & Hanson (1986) believe that observed travel falls somewhere in between.

The question for researchers is then to identify which type of behavior can be expected and under what conditions. For the purpose of this research, the dependent variable is the actual travel of a sample of health, medical or wellness tourists along this continuum anchored by the travel experience of likely to go to the same destination again (repeat travel), likely to try a new destination with different types of activities (diversified travel), or likely to try a new destination with similar activities (something in between).

Methods

In order to assess the mobility of tourists, a survey was deployed. The survey instrument was designed to collect information about these tourists: the socio-economic characteristics, motivations, and travel planning strategies, where they traveled, and what procedures they sought. The respondents were given an opportunity to rank the importance of factors that might influence their mobility. The survey instrument was pretested, and a few minor adjustments were made. A call for participation in the study was published in the *Tico Times*, a weekly English-language newspaper published in Costa Rica. In addition to this, the survey was promoted online on relevant distribution lists, medical tourism blogs, and expat forums. The survey instrument was hosted on an online survey site and while the respondent's Internet Protocol (IP) address was known, we did not explore the origin of the individual user since we assured confidentiality in the data collection.

The survey was open to all who traveled abroad for health, medical and wellness procedure and 135 individuals responded to the call. About half of the sample identified their future interest in travel. For this study, actual travel, instead of those just planning a trip, was used and yielded a modest sample of 65 medical tourists. Given the convenience sampling procedure, it is impossible to determine the randomness of the data. Thus, the results are merely provided as an exploration of the travel behavior of health, medical and wellness tourists.

Results

The Central American country of Costa Rica was the most popular destination for the tourists. Nearly 37% of the sample visited this country, followed by 19% to Mexico, and 13% to India. Given that the survey instrument was heavily marketed in Central America, these results should come by no surprise. Hong Kong and Singapore garnered 4% of the sample each. One or two tourists in the sample each sought procedures in Canada, Colombia, Malaysia, Taiwan, Thailand or Turkey.

Dental care was sought by 43%, and cosmetic surgery was obtained by 23% of the sample. These figures are consistent with the reputation of medical treatment in the Central American region (Judkins, 2007). Orthopedic (knee and hip) procedures were obtained by 11%, and bariatric care was found for 8%. The tourists tend to be older, with 54% of the sample being 50 years or older. Most are men (61%) and well educated (72% with a college degree or higher). Participants tended to be married and had a moderate income (\$25,000 - \$49,900 US).

In order to assess the relative importance of travel behavior on medical tourists, tests of statistical association and correlation were undertaken. The respondents were asked about situations that were important to the individual as a medical tourist. They coded their response on a five-point Likert Scale from Not Very Important to Very Important (i.e., 1 to 5 respective). Since most of the answers were noted as important or very important, a recoded table simplified the data to simply not important, indifferent and important (1, 2, and 3 respective) and maintains the ordinal scale of the data. Further, it was necessary to recode the data, to eliminate missing values for the categorical and ordinal statistical analysis. Table 1 summarizes the descriptive statistics of the data.

Table 1. Factors important to medical tourists

How important are these considerations in your decision?	Mean	SD
Cost	2.81	0.56
Reputation of Medical Doctor	2.82	0.56
Reputation of Medical Facility	2.86	0.44
Post operation opportunities (recuperation)	2.59	0.73
Hospital is accredited	2.55	0.74
Climate (weather) of country	2.21	0.77
Facility is affiliated with American Hospital	2.10	0.86
Returning to home country	2.02	0.84
Procedure not available at home	1.67	0.73

(Note: 3-point scale, 1 = not important, 3 = important)

Table 2. Statistical Tests for Future Travel

How important are these considerations in your decision?	X ²	df	Gamma
Cost	2.56	2	-0.4
Reputation of Medical Doctor ¹	0	na	na
Reputation of Medical Facility	2.1	2	1
Post operation opportunities (recuperation)	1.35	2	0.1
Hospital is accredited	6.2	4	0.53*
Climate (weather) of country	1.86	4	-0.18
Facility is affiliated with American Hospital	8.68	2	0.44*
Returning to home country	4.99	4	-0.03
Procedure not available at home	6.2	4	-0.18

(Note: Probability *=0.05, **=0.01.

¹ medical doctor's reputation was ranked high by all)

Cost, reputation of the doctor and facility and post operation opportunities were the most important factors to our medical tourists. While the other factors were less important, the larger standard deviation indicates a significant variation in the importance of these influences. In the analysis, *the least important* motivation was 'Procedure not available at home'. This suggests the sample decided to travel for something that might have been available at home and that the other reasons were more important.

To test the importance of these factors with the travel behavior of the tourists, the Chi Square and Gamma Tests of Association were used. In so doing a contingency table was created with the travel behavior continuum on one axis (i.e., likely to go to the same destination again, likely to try a new destination with similar activities, likely to try a new destination with different types of activities) and the ranking of the factors on the other. Table 2 highlights the findings.

The importance of whether or not the chosen clinic was affiliated with an American hospital was statistically significant ($X^2=8.68$, $df=2$, $p=0.10$;

Table 3. Medical tourists chosen destination by propensity to diversify travel

Chosen Destination	Repeat Travel	Diversified Travel	Total
Costa Rica	10	15	25
Other Country	9	31	40
TOTALS	19	46	65

(Note: $X^2=2.28$, $p=0.131$; Gamma = 0.0393, $p=0.140$)

Gamma=0.44, $p=0.05$). This suggests that affiliation is more important to those tourists who exhibit diversified travel behavior. Likewise, hospital accreditation was also important to those who diversify their travel choice (Gamma=0.53, $p=0.05$). The doctor's reputation was ranked high by all medical tourists, and thus no significant variation was found. This analysis suggest that future diversified travel behavior is more likely to occur when the destination has some external accreditation and/or is linked to an American hospital. Both may be considered some assurance of quality.

As more and more tourist destinations attempt to build a health, medical and wellness tourism reputation by bundling existing clinics, spas, and hospitals with traditional tourist infrastructure, the analysis seeks to explore the potential attraction in an example. Costa Rica is selected as the case study since the country has a history of extensive ecotourism founded on a wealth of natural resources and protected park areas. Adding to this, the country has a reputation of excellent health care facilities (Cook, 2007; Fallas, 2009).

The results of our analysis found that many of the Costa Rica medical tourists exhibit a stronger propensity to repeat travel behavior, clearly a measure of place attachment with the Latin American country (Table 3). Those who sought medical care elsewhere were individuals who exhibited variety seeking behavior. While not a significant difference, our modest sample size may explain this ($X^2=2.28$, $p=0.131$; Gamma = 0.0393, $p=0.140$). The data suggests that the Costa Rica is likely to attract tourists who have travelled there before rather than first-time visitors. The challenge for the expanding opportunities in the region would be to encourage a first-time visit to Costa Rica, and to continue to market the destination to repeat travelers.

Discussion

The decision-making process of tourist is a complex relationship between the individual and the destination. One element of the behavior is the consumers' decision to travel to someplace new or return to a favored vacation spot. Adding to this mix, the need to include a health related procedure away from home complicates the decision-making process. A bad meal in a restaurant or a noisy hotel room does not rank as important as a successful operation in a foreign clinic. Thus, the tourist provider needs to be fully aware of the health, medical and wellness tourists' travel planning.

This travel behavior has been shown to exist along a continuum. At one end, the consumer is content with visiting the same destination time and time again. The

holiday is safe and secure and satisfies all the traveler's needs, so no new stimulation is necessary. At the other end, the variety seeking behavior of the tourist demands different and new stimulation. The barriers to new and different travel are overcome in order to achieve a different set of goals for the traveler.

For health, medical and wellness tourists, who may be under the stress and strain of traveling to a distant land for treatment, it is necessary to overcome the hurdles of travel in order to get that tourist, or patient, to visit a clinic. While cost tends to be the greatest concern among these tourists, the familiarity of the chosen destination does play a role in the decision-making process. While the sample explored in this study is heavily weighted toward travelers to Central American tourist facilities, several factors influencing travel were found to be statistically significant. For variety seeking health, medical and wellness tourists, some assurance of quality, either through international accreditation or some affiliation with an American hospital was an important element influencing travel behavior. Similar experiences may be found in the other major destinations. Eastern Europe and Southern Asia are attractive destinations for their particular market. Since our sample was concentrated in the western hemisphere, even if different motivations exist to influence the travel for those in the East, the end result, the beneficial treatment at a health, medical or wellness facility is still the most important aspect.

Because the survey was administered online, there is no attempt to infer the findings to the population of all health, medical and wellness tourists. Even so, research by Litvin and Kar (2001) found significant differences in travel patterns as reported when scholars use both on e-surveys compared to traditional in-person surveys. Since the sample in this study was obtained entirely online, little variation could be expected with this modest database. Further, it is our attempt to explore the travel behavior of health, medical and wellness tourists in this descriptive study. And given that medical records are private, any insight into this mobility from people who have actually travelled is useful as we explore this behavior.

Conclusion

The challenge for tourist facilities seeking to expand into the growing field of health, medical and wellness tourism is to assure the repeat visitor that the clinics can address their needs while at the same time reaching out to first-time visitors. Wang (2004) would suggest that attention to repeat visitors provides the greatest benefit to destination management than providing extra attention to first-time visitors. It is true that travelers displaying spatial behavior along the continuum have to be treated as two or more market segments. Repeat customers are critical for tourist destinations and clinics to succeed in the competitive world of tourism (Han & Hyun, 2015).

This study offered an exploratory investigation of health, medical and wellness tourists based on their actual travel behavior. By linking the travel behavior to the motivations behind the trip, several characteristics were found to be statistically significant. A larger random sample might yield different influences, yet for this baseline study we have found that elements of familiarity or safety are most important to the diversifying tourist. And for the manager of the tourist destination, this is the factor that must be overcome to attract a first time visitor.

Future research in travel behavior of health, medical and wellness tourists should explore the specifics of the treatment sought. Heart surgery is likely to be a first time experience; the hospital should not be looking for a repeat client. On the other hand, spa and wellness opportunities need to attract repeat tourists in addition to the first time visitor. This treatment continuum is quite different from the travel continuum describe in the paper. But in either case, there can be no one market in tourism. The individual has certain needs and expectations, and the world of health, medical and wellness tourism must meet those challenges.

References

- Aizura, AZ 2010, 'Feminine transformations: Gender reassignment surgical tourism in Thailand', *Medical Anthropology*, vol. 29, no. 4, pp. 424-443.
- Alegre, J, Cladera, M 2006, 'Repeat Visitation in Mature Sun and Sand Holiday Destinations', *Journal of Travel Research*, vol. 44, no. 3, pp. 288-297.
- Andersen, R 1995, 'Revisiting the Behavioral model and Access to Medical Care: Does it Matter?', *Journal of Health and Social Behavior*, vol. 36, no. 1, pp. 1-10.
- Blyth, E & Farrand, A 2005, 'Reproductive tourism – a price worth paying for reproductive autonomy', *Critical Social Policy*, vol. 25, no. 1, pp. 91-114.
- Bookman, M & Bookman, K 2007, *Medical Tourism in Developing Countries*, Palgrave, New York.
- Bristow, R, Lieber, S & Fesenmaier, D 1995, 'The Compatibility of Recreation Activities in Illinois', *Geografiska Annaler, Series B*, vol. 77, no. 1, pp. 3-15.
- Budiani-Saberi, D & Delmonico, F 2008, 'Organ Trafficking and Transplant Tourism: A Commentary on the Global Realities', *American Journal of Transplantation*, vol. 8, no. 5, pp. 925-929.
- Burnett, P 1981, 'Theoretical Advances in Modeling Economic and Social Behaviors: Applications to Geography Policy-oriented Models', *Economic Geography*, vol. 54, no. 4, pp. 291-303.
- Connell, J 2006, 'Medical tourism: Sea Sun Sand and ... surgery', *Tourism Management*, vol. 7, no. 6, pp. 1093-1100.
- Connell, J 2013, 'Contemporary medical tourism: conceptualisation, culture and Commodification', *Tourism Management*, vol. 34, pp. 1-13.
- Cook, W 2007, 'Costa Rica: From Ecotourism Leader to World Class Healthcare Provider', *Medical Tourism at a Glance*, no. 1, pp. 20-22.
- Cooper, C 1981, 'Spatial and Temporal Patterns of Tourist Behavior', *Regional Studies*, vol. 15, no. 5, pp. 359-371.
- Crouch, G & Louviere, J 2004, 'The Determinants of Convention Site Selection: A Logistic Choice Model from Experimental Data', *Journal of Travel Research*, vol. 43, pp. 118-130.
- Deloitte 2015, Global health care outlook: Common goals, competing priorities, viewed 25 November 2015, <http://tinyurl.com/oyx7pa2>.
- Dinu, M, Cioaca, A & Zbucea, A 2010, 'Health tourism in Romania: main features and trends', *Journal of Tourism Challenges and Trends*, vol. 3, no. 2, pp. 9-34.
- Erdeli, G, Dinca, AI, Gheorghilaş, A & Surugiu, C 2011, 'Romanian spa tourism: a communist paradigm in a post communist era', *Human Geographies - Journal of Studies and Research in Human Geography*, vol. 5, no.2, pp. 41-56.
- Fallas, H 2009, '100.000 turistas vienen al año a recibir tratamiento médico', *La Nación*, viewed 15 June 2015, <http://tinyurl.com/oy2hepz>.
- Fesenmaier, D & Lieber, S 1988, 'Destination Diversification as an Indicator of Activity Compatibility: an exploratory Analysis', *Leisure Sciences*, vol. 10, no. 3, pp. 167-178.
- Fleischer, A & Seiler, E 2002, 'Determinants of Vacation Travel Among Israeli Seniors:

- Theory and Evidence', *Applied Economics*, vol. 34, pp. 21-430.
- George, B 2009, 'Medical tourism in India: A case study of Apollo Hospitals' in M Smith & L Puczko (eds), *Medical and Wellness Tourism, Elsevier Science and Technology Books*, Burlington, MA, pp. 367-372.
- Goodrich, J & Goodrich, G 1987, 'Health-care tourism – an exploratory study', *Tourism Management*, vol. 8, no. 3, pp. 217-222.
- Goodrich, J 1993, 'Health-care tourism in the Caribbean' in D Gayle & J Goodrich (eds), *Tourism marketing and management in the Caribbean*, Routledge, NY, New York, pp. 122-128.
- Gray, H & Poland, S 2008, 'Medical Tourism: Crossing Borders to Access Health Care', *Kennedy Institute of Ethics Journal*, vol. 18, no. 2, pp. 193-201.
- Gunter, KC, Caplan, AL, Mason, C, Salzman, R, Janssen, WE, Nichols, K, Bouzas, LF, Lanza, F, Levine, BL, Rasko, JEJ, Shimosaka, A & Horwitz, E 2010, 'Cell therapy medical tourism: time for action', *Cytotherapy*, vol. 12, no. 8, pp. 965-968.
- Hall, C 1992, 'Adventure, Sport and Health Tourism' in B Weiler & C Hall (eds), *Special Interest Tourism*, Belhaven Press, London, pp. 141-158.
- Hall, C 2003, 'Spa and Health Tourism' in S Hudson (ed), *Sport and Adventure Tourism*, Haworth Press, New York, pp. 273-292.
- Han, H & Hwang, J 2013, 'Multi-dimensions of the perceived benefits in a medical hotel and their roles in international travelers' decision-making process', *International Journal of Hospitality Management*, vol. 35, pp. 100-108.
- Han, H & Hyun, SS 2014, 'Medical hotel in the growth of global medical tourism', *Journal of Travel & Tourism Marketing*, vol. 31, no. 3, pp. 366-380.
- Han, H & Hyun, S 2015, 'Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness', *Tourism Management*, vol. 46, pp. 20-29.
- Hancock, D 2006, *The Complete Medical Tourist: Your guide to inexpensive dental cosmetic and medical surgery abroad*, Penguin Group, New York.
- Hanefeld, J, Lunt, N, Smith, R & Horsfall, D 2015, 'Why do medical tourists travel to where they do? The role of networks in determining medical travel', *Social Science & Medicine*, vol. 124, pp. 356-363.
- Hanson, S 1980, 'Spatial Diversification and Multipurpose Travel', *Geographical Analysis*, vol. 12, no. 3, pp. 245-257.
- Hanson, S & Huff, J 1988, 'Systematic Variability in Repetitious Travel', *Transportation*, vol. 15, no. 1-2, pp. 111-135.
- Higginbotham, G 2011, 'Assisted-Suicide Tourism: Is it Tourism?', *Tourismos: An International Multidisciplinary Journal of Tourism*, vol. 6, no. 2, pp. 177-185.
- Huff, J & Hanson, S 1986, 'Repetition and Variability in Urban Travel', *Geographical Analysis*, vol. 18, no. 2, pp. 97-114.
- Hwang, Y & Fesenmaier, D 2003, 'Multidestination Pleasure Travel Patterns: empirical Evidence from the American Travel Survey', *Journal of Travel Research*, vol. 42, no. 2, pp. 166-171.
- Hwang, Y & Fesenmaier, D 2011, 'Unplanned Tourist Attraction Visits by Travellers', *Tourism Geographies*, vol. 13, no. 3, pp. 398-416.
- Judkins, G 2007, 'Persistence of the US - Mexico Border: Expansion of medical-tourism amid Trade Liberalization', *Journal of Latin American Geography*, vol. 6, no. 2, pp. 11-32.
- Kattiyapornpong, U & Miller, K 2009, 'Socio-demographic Constraints to Travel Behavior, International Journal of Culture', *Tourism and Hospitality Research*, vol. 3, no. 1, pp. 81-94.
- Kitamura, R & Kermanshah, M 1984, 'Sequential Model of Interdependent Activity and Destination Choice', *Transportation Research Record*, vol. 987, pp. 81-89.
- Kutter, E 1981, 'Some Remarks on Activity-Pattern Analysis in Transportation Planning' in P Stopher, A Meyburg & W Brog (eds), *New Horizons in Travel-Behavior Research*, Lexington Books, Lexington MA.
- Litvin, S & Kar, G 2001, 'E-surveying for Tourism Research; Legitimate Tool or a

- Researcher's Fantasy?', *Journal of Travel Research*, vol. 39, pp. 308-314.
- Lunt, N, Horsfall, D & Hanefeld, J 2015, *Handbook on Medical Tourism and Patient Mobility*, Edward Elgar Publishing, Cheltenham, UK.
- Lunt, NT, Mannion, R & Exworthy, M 2013, 'A framework for exploring the policy implications of UK medical tourism and international patient flows', *Social Policy & Administration*, vol. 47, no. 1, pp. 1-25.
- Louviere, J & Timmermans, H 1992, 'Testing the External Validity of Hierarchical Conjoint Analysis Models of Recreational Destination Choice', *Leisure Sciences*, vol. 14, pp. 179-194.
- McAllister, L & Pessemier, E 1982, 'Variety Seeking Behavior: An interdisciplinary Review', *Journal of Consumer Behavior*, vol. 9, no. 3, pp. 311-322.
- McFadden, D 1974, 'The Measurement of Urban Travel Demand', *Journal of Public Economics*, vol. 3, pp. 303-328.
- McKercher, B & Wong, D 2004, 'Understanding Tourism Behavior: Examining the Combined Effects of Prior Visitation History and Destination Status', *Journal of Travel Research*, vol. 43, no. 2, pp. 171-179.
- Marble, D & Bowlby, S 1968, 'Shopping alternatives and recent travel patterns' in F Horton (ed), *Geographic Studies of Urban Transportation and Network Analysis*, Northwestern University, Evanston, IL.
- Marsek, P & Sharpe, F 2009, *The Complete Idiot's Guide to Medical Tourism*, Alpha Books, New York.
- Medical Tourism Association 2013, MTA Medical Tourism Survey Report, viewed 22 June 2015, www.medicaltourismassociation.com/en/2013-mta-survey-report.html.
- Mitman, G 2003, 'Hay Fever Holiday: Health, Leisure, and Place in Gilded-Age America', *Bulletin of Historic Medicine*, vol. 77, no. 3, pp. 600-635.
- Moutinho, L & Trimble, J 1991, 'A Probability of Revisitation Model: The Case of Winter Visits to the Grand Canyon', *The Service Industries Journal*, vol. 11, no. 4, pp. 439-57.
- Mueller, H & Kaufmann, EL 2001, 'Wellness tourism: Market analysis of a special health tourism segment and implications for the hotel industry', *Journal of Vacation Marketing*, vol. 7, no. 1, pp. 5-17.
- Nicolau, J 2008, 'Characterizing Tourist Sensitivity to Distance', *Journal of Travel Research*, vol. 47, no. 1, pp. 43-52.
- Ormond, M 2014, 'Medical Tourism, In The Wiley-Blackwell Companion to Tourism' in A Lew, C Hall & A Williams (eds), John Wiley & Sons, Malden, MA.
- Oppermann, M 2000, 'Tourism Destination Loyalty', *Journal of Travel Research*, vol. 39, no. 1, pp. 78-84.
- Pennings, G 2002, 'Reproductive tourism as moral pluralism in motion', *Journal of Medical Ethics*, vol. 28, no. 6, pp. 337-341.
- Roanghes-Mureanu, A & Tudoricu, A 2014, 'Development opportunities for spa tourism in Vâlcea Subcarpathians: Towards a single European market', *Human Geographies – Journal of Studies and Research in Human Geography*, vol. 8, no. 2, pp. 111-123.
- Shankar, R, Paudel, R & Giri, B 2006, 'Healing Traditions in Nepal', JAAIM-Online, *The Online Journal for the American Association of Integrative Medicine*, viewed 15 July 2015, <http://www.aaimedicine.com/jaaim/sep06/>.
- Shaw, G, Agarwal, S & Bull, P 2000, 'Tourism Consumption and Tourist Behaviour: A British Perspective', *Tourism Geographies*, vol. 2, no. 3, pp. 264-289.
- Sheth, J & Venkatesan, V 1968, 'Risk Reduction processes in Repetitive Consumer Behavior', *Journal of Marketing Research*, vol. 5, no. 3, pp. 307-10.
- Smith, T 1978, 'Uncertainty, Diversification and Mental Maps in Spatial Choice Problems', *Geographical Analysis*, vol. 10, no. 2, pp. 120-141.
- Smith, G 2006, The Globalization of Medical Care: Can Medical Tourism Reduce Medical Care Costs, viewed 20 January 2014, <http://tinyurl.com/p7hjpgf2>.
- Smith, M & Puczkó, L 2009, *Medical and Wellness Tourism*, Elsevier Science and Technology Books, Burlington, MA.

- Spear, D 1981, 'Travel-Behavior Research: the need and Potential Policy Relevance' in P Stopher, A Meyburg & W Brog (eds), *New Horizons in Travel-Behavior Research*, Lexington Books, Lexington MA.
- Tideswell, C & Faulkner, B 1999, 'Multidestination Travel Patterns of International Visitors to Queensland', *Journal of Travel Research*, vol. 37, no. 4, pp. 364-374.
- Towner, J 1996, *A Historical Geography of Recreation and Tourism in the Western World 1540-1940*, John Wiley, New York.
- Tussyadiah, I, Kono, T & Morisugi, H 2006, 'A Model of Multidestination Travel: Implications for Marketing Strategies', *Journal of Travel Research*, vol. 44, no. 4, pp. 404-417.
- Valle, POD, Correia, A & Rebelo, E 2008, 'Determinants of tourism return behavior', *Tourism and Hospitality Research*, pp. 205-219.
- Vu, HQ, Li, G, Law, R & Ye, BH 2015, 'Exploring the travel behaviors of inbound tourists to Hong Kong using geotagged photos', *Tourism Management*, vol. 46, pp. 222-232.
- Wang, D 2004, 'Tourist Behavior and Repeat Visitation to Hong Kong', *Tourism Geographies*, vol. 6, no. 1, pp. 99-118.
- Yoon, Y & Uysal, M 2005, 'An Examination of the effects of motivation and satisfaction on destination loyalty: a structural model', *Tourism Management*, vol. 26, no. 1, pp. 45-56.