

An Exploratory Study of Factors Influencing Chinese Outbound Medical Tourism

Chia Kei Wei, Liao Yi Ming, Poon Wai Chuen

Faculty of Business and Management, Asia Pacific University Kuala Lumpur, Malaysia

Centre of Entrepreneurship and Leadership, (APU), Technology Park Malaysia, Malaysia

Abstract

China experienced the rapid economic transitions in the past few decades, accumulating high demand for accessible, affordable, and efficient health care services within the country and abroad. The purpose of this study was to explore the factors influencing Chinese mainland outbound medical tourism. The data were derived from interviews with 10 informants. The thematic analysis qualitative method was employed in identifying informants' view on the. A total of seven themes were identified and can be classified under two dimensions (quality of medical service & convenience). The study contributes to the medical tourism literature while also providing insights some insights and implications which are derived from the results are discussed.

Keywords: *China, Factors, Outbound, Medical Tourism*

Introduction

Today, people travel without borders to seek for medical treatment (Arellano, 2007). The amount of people traveling abroad for medical services has increased rapidly (Tseng, 2013). Many medical tourism countries pin its eyes on the China market because there are affluent people are willing to fly abroad to look for medical treatment. In 2017, there were 131 million overseas trips made by Chinese tourists. It was also reported that the China's health expenditure equaled RMB4.6 trillion (Deloitte China, 2017). Meanwhile, Chinese mainland tourists spent US\$257.7 billion, which is closely to nearly 20% of the world's total tourism spending (UNWTO, 2018).

It was also estimated that there were approximately 500,000 outbound Chinese medical tourists, they spent more than \$10 billion annually, seeking medical treatment in Southeast Asia and Western countries (Global Growth Market, 2018). This number is expected to reach 100,000 by 2020. There were several researches focus outbound Chinese medical tourism (Ye, Qiu, & Yuen, 2011; Yu & Ko, 2012; Pan & Chen, 2014).

China's medical tourism industry is developing rapidly. At present, a few first-tier cities such as Beijing, Shanghai and Guangzhou have shown great enthusiasm for the development of medical tourism industry, actively learning from the experience of developed countries. Yet despite increased awareness of the health issues, it is only in recent years that a substantial body of medical research in China has emerged. Little research is concerned with studying the Chinese medical tourists travel abroad to seek medical services (Pan & Chen, 2014). Consequently, this study seeks to contribute to filling this void by examining the motivation of Chinese medical tourists travel abroad to seek medical services. Researchers from different disciplines have carried out research work on the medical tourism in developed countries.

However, little is known on developing countries such as China. In addition, a large amount of medical tourism studies in China were quantitative in nature. In order to advance the subject in this area, a qualitative survey was conducted. The findings are incorporated into a global context and conclusions are drawn in order to understand the importance of factors drive Chinese medical tourists seek medical treatment abroad. Besides this purely academic purpose, the study aims at giving a starting point for future comparison for medical tourism in other parts of the world.

Literature Review

Medical Tourism

Medical tourism has become a significant niche of the tourism industry. Many tourists choose Human have been travelling beyond the boundary to seek for health care treatments (Connell, 2006; Rodrigues et al., 2017). In general, there is no universal accepted definition since different countries and researchers defined the term differently (Helble, 2011). Medical tourism is always associated with health tourism and is a subset of health tourism (Heung, Kucukusta, & Song, 2010). Altin et al. (2012, p. 1004) defined health tourism as “the travel of individuals from their residences to other places with the purpose of receiving treatment”. It is also ‘a form of outsourcing medical services to medical centers in countries in which costs of services are lower than in the home country (Pan & Chen, 2014, p.108)’. In some countries, such as Malaysia, the economic contribution of medical tourism is evident (Abd Manaf et al., 2015; Klijs et al., 2016).

Foreign medical tourism has few competitive advantages because foreign medical institutions provide professional services and treatments in the world. One of the unique selling point of the few foreign medical tourism destination such as Malaysia is supported by Malaysian government. Thus, it ensures the quality and meet the safety standards and regulations compliance. Meanwhile, a large number of medical experts have been well trained and the medical equipment has met international standards. In developing a medical tourism, few considerations were highlighted by Ulaş and Anadol (2016) pertaining to the growth of medical tourism. For example, an aging population, the development of international health care standards, increased insurance coverage, cooperation between the insurance companies and health care institutions, as well as the establishment of mediatory agencies between international patients and hospital networks, marketing communication efforts and government publications targeting medical tourists' support.

Medical Tourism in China

In China, the demand of medical tourism saw a tremendous growth (Pan & Moreira, 2018). Medical tourism was initially incorporated into by Chinese government who saw a need to reform the health system. It has been emerging rapidly in recent years when Hainan become the hub of medical tourism

destination in China to boost domestic medical tourism (Bloomberg News, 2017). Meanwhile, some foreign investment penetrates into China healthcare industry, establishing more than 100 clinics within first tier's cities. In the late 2000s, the China government reform the health system, with the aims to achieve comprehensive health care coverage by 2020 (Yip et al., 2012). The Chinese government reform the insurance policy, public hospital and the essential drug system.

China has largest number of diabetes sufferers in the world, at around 114 million (Deloitte, 2018). Previously, China's 'One Child' policy has driven some Chinese couples travelled to Hong Kong to give birth (Ye, Qiu, & Yuen, 2011). Today, the lifted of one-child policy allows Chinese couples to consider a second child, however, the age is a consideration since most of the couples are above 40 years old (Khairie Hisyam Aliman, 2018). Thus, some countries such as Malaysia is taking this opportunity to help the Chinese couples because the success rate (approximately 66%) for vitro fertilisation (IVF) treatment in Malaysia is above the world average (50%).

Meanwhile, the most advanced medical resources in the mainland are very limited and basically concentrated in some public hospitals across the country. The common medical problems in China include long waiting lists (Wee, 2018; Sun et al., 2017; Sun, Wang, & Barnes, 2016; Cao et al., 2011), poor medical service quality (Eggleston et al., 2006; Meesak, 2017), overcharging (Liu, Liu, & Chen, 2000; Fang, 2008; Hui, 2010), medical corruption (Tam, 2011; Cao, 2015; Xu, 2008; Zhang et al., 2014), low responsiveness (Eggleston et al., 2006), lack of specialist services in many places. These has driven Chinese patients to seek medical treatment abroad and open up business opportunity. Chinese public frequently complaints about the medical corruption (Zhang et al., 2014). Cao (2015) reported misbehavior of some Chinese doctors in public hospitals, where doctors receive bribery from patients due to the low wages. It was reported that 1,100 medical staff in one city in China were found to have taken bribes, amounting US\$ 3.34 million (Yan, 2013).

The demand for medical services in China is extremely high. From the institution context, before the 1980s, majority of the public hospitals covered approximately 90% of inpatient and outpatient services (Yip et al., 2012). This has imposed huge burden to public hospitals and caused inefficiencies (Liu, Vortherms, & Hong, 2017). Moreover, the 2003 SARS (severe acute respiratory syndrome virus) outbreak had pushed the Chinese government to reform the health care system. From a supply perspective, in 2015, the number of private hospitals exceed public hospitals, accounting roughly 58% of the total (Ren & Zhan, 2017) and China plans to add 89,000 new hospital beds and 140,000 medical personnel by 2020 (Stanway, 2017). The medical expenditure was influenced by the income and the government's public health care reforms (Wu & Jacobson, 2015). In addition, the demand for medical services in the country is high due to several issues, such as aging population, urbanization, diseases, and so forth. With the rapid economic growth, the supply and demand of health care services is not balance (Liu et al., 2017).

As medical tourism continues to grow, scholarship in the area becomes more expedient. Assessing the motivations and needs of medical tourists continues to be popular among medical and tourism scholars. Some studies draw insights from this field in a quest to understand the motivation of medical tourists seek medical services abroad from diverse vantage points, and in different contexts. Recently, medial tourism studies have portrayed a much more inclusive perspective on motivations (Pan & Moreira, 2018). Pan and Moreira (2018) studied the motivations, deterrents, and needs of Chinese outbound medical tourists. They findings indicates that availability and quality of medicine, well-regulated and supervised market, advanced technology, and quality of care were the main

motivation. Meanwhile, high cost, risk to individual health, lack of information, absence of companion, lack of time are restrictions. In addition, they highlighted that intermediary agency, health insurance, and clear information are important needs.

Factor Influencing Medical Tourism

There are many reasons why patients travelled to seek for medical treatment abroad. Previous literatures reported some factors influence the choice of medical tourism destination. This includes 1) political climate, 2) economic condition, 3) regulatory standards, 4) cost, 5) accreditation of hospitals, 6) quality of services and facilities, 7) physicians expertise, 8) long waiting time, 9) travel opportunity, 10) illegal or untested procedures, 11) privacy, 12) insurance.

Pan and Chen (2014) identified eight motives why Chinese participate medical tourism in China. On the other hand, Tseng (2013) found lack of health insurance, not enough health insurance, high costs, inaccessibility, and unfamiliar language and culture are some motives why people travel abroad to seek for medical treatment. In United States, Singh (2013) found that low cost, governmental policies and laws, and high quality health care services are important factors that influence choice of destinations. However, they will consult doctor's recommendation. Meanwhile, Drinkert and Singh (2017) investigate the push and pull factors on perceived quality based on the post medical travel experience. They reported that price, timely service, privacy, and unavailable local medical services influence US citizens to seek medical treatment abroad.

Long waiting time will reduce patient's satisfaction (Xie & Or, 2017) particularly in public hospitals. This is because long waiting time is often associate with poor quality (Sun et al., 2017) and poor management (Sun et al., 2016). A study conducted in Malaysia public hospitals showed that the whole medical process took more than two hours but the actual consultation with doctor was only about 15 minutes (Pillay et al., 2011). This is similar in China, where registration time is far longer than consultation time (Cao et al., 2011).

Zarei et al. (2018) identified seven factors that attract medical tourists to seek for niche medical tourism service such sex reassignment surgeries (SRS) in Iran. The seven factors include religious, quality and standards, marketing and advertising channels, attractions, ease of travel and stay, restrictions on availing medical services at home, services. On the other hand, Zolfagharian et al. (2018) stated that domestic medical costs, patient privacy concerns, medical restrictions, and foreign destination desirability are important considerations when choosing medical treatment abroad.

Musa, Thirumoorthi, and Doshi (2012) examined the travel behaviour among inbound medical tourist in Kuala Lumpur, Malaysia. They utilised quantitative methods (i.e. purposive & convenience sampling) and received 138 valid responses. They identified few factors (cost, facilities, cultural & religious similarity) that drive medical tourists to visit Kuala Lumpur for medical treatment, such as medical treatment, cosmetic procedure, surgical procedure, and medical check-up. In average, medical tourists spent about RM26, 800.00 including medical fee, airfare, and accommodation.

In selecting a medical tourism destination, there are many concerns that are to be measured. For example, the safeguard of the quality of healthcare is not guarantee by the government (Burkett, 2007). In addition, there is always a debate on the legal issue pertaining to the negligence of medical services in some developing countries (Herrick, 2007; Whittaker, 2008). The difficulties medical travellers experienced in the course of booking their out-of-country care. Obtaining visas and

registration were the most frequently encountered problem, particularly in China and Jordan. Language and communication, in contrast, posed particular difficulties for medical travellers to China. In addition, travel experience is valued more significant factor than costs by Chinese (Nielson, 2017). The destination choice is influenced by tourist's travel motivation (Musa et al., 2012). Travel motivation can be explained using push and pull factors. In tourism studies, push factors refer to intrinsic desires of human beings, such as to escape from busy routine, seeking for adventure and novelty and so on (Uysal & Jurowski, 1993). On the other hand, pull factors refer to particular elements that caused people recognize their needs, such as people, cost, image, facilities and etc.

Methodology

This study adopts Lam, du Cros, and Vong's (2011) study in examine the influencing factors for Chinese medical tourists to seek medical treatment abroad.

Question 1: What are the factors will influence your intention to seek medical treatment abroad?

Question 2: What are the influential factors of medical tourism?

Sample Size

Surveying the entire population of China would be impossible, therefore, choosing the right sample is important. In qualitative study, there are no standard or requirement about the number of sample size to reach data saturation (Hagaman & Wutich, 2016). This is because arriving 'data saturation' is much more important as long as the sample size can justify it (Francis et al., 2010). However, Francis et al. (2010) proposed at least 10 interviews or criterion (10+3) where extra 3 interviews should be added if no saturation met. On the other hand, some researchers suggested 12 (Guest, Bunce, and Johnson, 2006), 16 to 24 (Hennink, Kaiser, & Marconi, 2017), 20 to 40 (Hagaman & Wutich, 2016). Likewise, saturation usually reach between 8 and 16 interviews (Namey, Guest, McKenna, Chen, 2016).

Data Collection

This study endorses the use of the telephone interview in using semi-structured interviews. There are several reasons and benefits why telephone interviews were used. First, it is cost saving (Wilson & Edwards, 2001; Sturges & Hanrahan, 2004) and it is cheap and do not require to travel far for an interview (Musselwhite et al., 2007). Second, telephone allows interviewer to cover more geographic area (Wilson & Edwards, 2002). Third, is more flexible (Cachia & Millward, 2011) and second call could be set if the interviewees were not convenience to be interviewed (Musselwhite et al., 2007; Cachia & Millward, 2011). Fourth, it protects anonymity of interviewees especially on the sensitive topics (Greenfield et al., 2000). Fifth, a more honest data through 'virtual' communication, (Trier-Bieniek, 2012).

Sturges and Hanrahan (2004) suggested that there is no significant differences in the interviews conducted face to face or telephone. The flexibility of the telephone interview allows the interviewees or the interviewer to set the time they are convenience and comfortable with. Furthermore, telephone interview produces good quality textual data as face-to-face interview (Cachia & Millward, 2011). In this study, all the interviewees chose to arrange a telephone interview when they are free (e.g. after work and weekend). This indirectly create a 'safe location' without interrupting the

interviewee's personal space (Hanna, 2012).

This study used purposive sampling where only selected interviewees fulfilled certain criteria were examined and selected. Potential interviewees were recommended by the researcher's own network and the recommendation from friends. Then, potential interviewees were contacted through phone and they were briefed the purpose of the survey and were invited to participate in the survey. Interviewees were informed that the study is at voluntary basis and they can stop the interview anytime with no force. Upon agreement, the researcher set a time when (e.g. after work, weekend, or night) the interviewee feel free to be interviewed. Due to time constraints and confidential, some potential interviewees were either rejected or not able to participate. In total, only 10 interviews were secured. The data collection took place between September 2017 and October 2017.

The interviewees were informed that the collected information would be confidential. An interview guide was utilised by the researcher with a combination of open-ended interview questions to guide the topic over general questions (Pine & Qi, 2004). During the telephone interview, interviewees were encouraged to give their information as many as possible without any restriction. In the meantime, some ambiguous answers were probed by the researcher. All interviews were straightway transcribed after the interviews. Each interview took roughly 40 min, and the whole conversation were recorded with the permission given by the interviewees.

Data Analysis

The researchers followed Poland's (1995, 2003) and suggestion on Ho, Chia, Ng, and Ramachandran (2017) in the process of analysing the data. Prior running the thematic analysis, the transcribed scripts were read numerous times to get a 'feel' of the entire data. The data were first translated into Mandarin and then into English and back translated to check the consistency. All the data were conducted, interpreted and translated by the researchers to reduce the bias. Walls et al. (2011) suggested that the transcribed scripts should be read for few times so that the transcribers get overall feeling of the study. Then, the core themes and sub-themes should be sorted out. This study refers to the coding procedure suggested by Strauss and Corbin (1998) to identify the themes and categories.

In qualitative study, when saturation stage has reached, the study can be ended (Suri, 2011). This study followed the process of analysis as suggested by Christoua, Farmakia, and Evangelou (2018). First, the researcher used frame analysis to analyse the information, where the emerging topics were classified into interrelated themes based on a coding structure. The key themes were drawn from the transcripts. The theme categories were then compare with the previous studies. This study presents the outcomes in a similar arrangement in other studies (e.g. Sharpley & Jepson, 2011; Christoua et al., 2018). In order to protect the anonymity of the interviewees, each interviewee received a pseudonym used in data analysis. Each interviewee was assigned a code for analysis. For example, SZ-R1, GZ-R3.

Findings

Characteristics of Interviewees

The interviewees are from different 7 different cities in China, including Hong Kong. The age of the interviewees ranges 28 – 55, with an average age of 38 years old. In term of gender, there is an equal distribution of male and female. Among the interviewees, eight are professional workers and only

two are either student or housewife.

Table 1: Demographic Profile of Interviewees

| Respondent | City | Occupation | Age | Gender | Code |
|------------|-----------|---------------------|-----|--------|------|
| 1 | Shenzhen | IT operations staff | 32 | M | R1 |
| 2 | Shenzhen | IT developer | 30 | M | R2 |
| 3 | GanZhou | Accountant | 28 | F | R3 |
| 4 | Nanning | Student | 28 | F | R4 |
| 5 | GanZhou | Wealth manager | 36 | M | R5 |
| 6 | Shenyang | Freelancer | 42 | F | R6 |
| 7 | Shanghai | Housewife | 46 | F | R7 |
| 8 | Wuhan | CEO | 35 | M | R8 |
| 9 | GanZhou | Self-employed | 50 | F | R9 |
| 10 | Hong Kong | Self-employed | 55 | M | R10 |

In choosing a medical tourism destination, interviewees said they would consider South East Asia region (e.g. Thailand, Malaysia), East Asia (e.g. Korea, Japan), and Europe (i.e. UK, USA).

Themes and Extracted Framework of the Study

Based on the results, themes were grouped under 2 headings.

Table 2: Factors and Sub Factors

| Factors | Sub factors | Description |
|-------------------------------|-----------------------------|------------------------|
| 1. Quality of medical service | Quality of treatment | Good quality |
| | Quality of customer service | Waiting time |
| | Quality of equipment | Advanced |
| | Cost | Cheap, affordable |
| 2. Convenience | Travel distance | Close, near |
| | Language | English, same language |
| | Climate | |

Quality of Treatment

Recently, the quality of medical treatment of developing countries is as good as developed countries. Unsurprisingly, all the respondents claimed that quality of medical treatment is the upmost important factor when seeking for medical tourism abroad. One interviewee explained because of the success rate is higher in developed countries. Below is a comment reflecting this:

“We should choose to go to the most developed countries for treatment, so that the success rate is higher”. R1

One interviewee is more confident with the quality of medical treatment in overseas as he said ‘*the quality of medical treatment abroad should be better than domestic ones*’ (R3). Another interviewee

agrees that *'the medical level and quality are trustworthy in Malaysia especially the In-Vitro fertilization or treatment as Malaysian government supports the Malaysia Medical Tourism Council (R4)'*.

Quality of Customer Service

The quality of medical services is perceived as an important factor in considering a medical destination (Singh, 2013). There was a strong agreement among interviewees that the quality of customer service is an important factor in choosing medical tourism abroad. Several interviewees reverberated that they find quality of customer service as important consideration, which is not somewhat lacking in China. One interviewee (R5) provide his answer:

Compared with developed countries, both the service level and the medical level in China are lagging behind.

Another interviewee (R8) noted that some countries provide one stop medical services to patients. His comment is illustrated as below:

I heard that Bangkok's medical tourism internationalization service is good, it provides one-stop service for travel, inspection, surgery, recuperation and tourism customization.

Quality of Equipment

Most interviewees commented that quality of equipment appears to be another important factor. One respondent stated that the medical equipment in overseas is better and advance than China. He stated:

'Medical equipment is also updated and the same as medicines. In China, many medicines have to be clinically tested abroad for a long time before they can be sold in China. This is a lot behind, which will delay the treatment of the disease''. R1

Another interviewee (R2) *'feel that foreign medical equipment is more advanced that would be superiority'*. However, for some interviewees, most of the medical services and medical equipment are standardized but he will still choose to seek for medical treatment abroad. He said:

'I tend to accept international medical services, because no matter from the medical level, medical equipment or the medical services will be more standardized (R10)'.

Costt

Cost is frequently cited by the interviewees. Previous studies (e.g. Yu & Ko, 2011; Heung et al., 2011) had highlighted that cost is an influencing factor for outbound medical tourism. For example, Yu and Ko (2011) showed that cost is a factor influencing Chinese medical tourist to Korea.

The finding suggests that interviewees aware of the high cost of treatment in developed countries. However, some are also considering for treatment in developing countries. One interviewee (R4) explained:

In terms of expenditure, the domestic prices are very expensive, and the price of Thailand has no advantage over Malaysia. Because of the government's support and control, visitors who come here to enjoy medical tourism can enjoy world-class health care services at reasonable prices under the strict control of the Malaysian Health Authority. In general, the price of medical services in Malaysia is basically only half the price of other countries.

A similar view was echoed by another interviewee (R6) that *'the price of medicines and the cost of medical treatment for specialists are relatively expensive and some consumers will go to foreign countries because of the high domestic cost'*.

The finding also suggest that medical tourists are looking for better treatment quality at affordable rate compared to Mainland China, which is considered as expensive.

Travel Distance

The findings also suggest that travel distance influence the motivation of interviewees. Most of the interviewees (R4, R6, R10) acknowledged that they prefer to travel short distance such as Taiwan, Korea, and South East Asia. One interview (R2) explained:

I want to experience it in every country in Southeast Asia because it is very close to China. If we stay on the plane too long, it will be very tired and we have no mood to enjoy the holiday later on.

Another interviewee (R4) said she *'will choose medical tourism in Malaysia, where is close to China, and it is convenient to do anything'*. The same comment is shared by another interviewee (R6) that she *'would like to go to Malaysia to find out the relative service, because the two countries are very close'*.

Language

Language barriers may create many problems to some none English speakers. However, the findings found that language may influence destination choice. One respondent (R7) feel that travelling to a non-English speaking country may cause some problems. For example, she explained:

Due to differences in language, there are problems that cannot be ignored in grasping the condition, examination results and treatment, and communication with patients, and it is difficult to guarantee the rights of medical tourists.

Some interviewees had different views (R1, R4) and they commented that language is not a main barrier because some medical personnel from Thailand and Malaysia speak their language and communication become easier.

Climate

The climate of each nation is dissimilar and this will influence the selection of medical tourists. The findings revealed that many interviewees keep stressing the prominence of local climate conditions. Some interviewees prefer warm weather and sunshine in Southeast Asia, while some others like colder weather in Japan. The findings showed that most interviewees (R1, R2, R3, R4, R10) prefer to travel to a place where climate is comfortable, which is South East Asia. One interviewee (R1) explained why climate is important. He explained:

The climate should be pleasant, if it is too hot will affect our travel mood.

This is supported by another interviewee (R6) where she commented '*as long as the climate is good, the family should relax and enjoy exotic charm*'.

Discussion

Medical tourism is a redistribution of medical resources to people around the world who need them and it beneficial to both suppliers and consumers. Cross-border medical tourism expands consumer's choice of medical services and travel radius. On the one hand, it enables more people to enjoy high-quality medical services at lower price. This finding was supported by previous studies (Horowitz, Rosensweig, & Jones, 2007; Heung et al., 2010; Lunt & Carrera, 2010) who showed that quality of treatment was an important attribute for medical tourists when considering their medical treatment abroad. Meanwhile, this research confirms that customer service quality appears to be another important influencing factor for outbound medical tourism, ascribe to the view espoused by previous studies (Chen, Liu, & Chang, 2013; Turner, 2007).

There are many private hospitals in China and the operation mode is relatively mature, however, most of the interviewees feel that the technology, equipment, services should be better than the mainland. Given the utilisation of high-quality medical equipment is comparatively low, the findings reported that many interviewees view high-quality medical equipment as a motivation factor, which were highlighted in earlier studies (Yu & Ko, 2012; Cohen, 2008; Veerasoontorn, Beise-Zee, & Sivayathorn, 2011) showed that the quality of equipment influences the decisions to travel abroad for medical treatment.

The medical cost varies across different regions and countries. This study found medical cost to be influential. The comparatively affordable cost of medical treatment in abroad becomes one of the pull factor for Chinese mainland tourists. This mirrors previous research (Han & Hyun, 2015; Yu & Ko, 2012; Moghimehfar & Nasr-Esfahani, 2011) on similar medical tourism contexts. Distance plays an important role in choosing an international medical tourism (Moghimehfar & Nasr-Esfahani, 2011; Heung et al., 2010; Zhang, Seo, & Lee, 2013; Hanefeld et al., 2015). As Connell (2013, p.1) stated, medical tourism 'is now seen as relatively short distance, cross border and diasporic'. Medical patients are now prefer to travel short distance to get medical treatment.

Although English is widely spoken in most of the medical tourism destinations, Heung et al., (2011) highlighted the important of hiring medical staff who can speak foreign languages. Han (2013) agree that having same language medical staff can reduce the language barrier. Most of the interviewees see language as important consideration. However, language barriers were not a problem for the interviewees because they can communicate in simple English. In addition, many professional medical staffs in South East Asia can communicate in Mandarin which is barrier-free and very convenient for Chinese medical tourists. Finally, medical tourists would intend to travel to a place with comfortable weather. Given the strategic location of Southeast Asia, climate and weather conditions, were deemed suitable compared to many countries (Kanittinsuttitong, 2015). Other studies (Jabbari et al., 2013; Singh, 2013; Yu, Lee, & Noh, 2011; John & Larke, 2016) reported that ideal climate is an influencing factor in planning a medical trip.

Theoretical and Managerial Implications

This study sought to contribute to the understanding of the factors influencing Chinese medical tourist. From the theoretical implication, the study established a framework for identifying the medical motivation. Interestingly, this study found climate, an attribute seldom being identified in the previous studies. Although the study on medical tourism are not new, findings in this study can help practitioners to improve their marketing strategies. From a managerial viewpoint, foreign medical service providers should aware of the factors influencing the purchase decisions of Chinese mainland medical tourists. This is because when potential Chinese medical tourists plan for their medical treatment abroad, many factors may influence their decisions. Thus, medical service providers should develop strategies that focus on these factors to attract customers. Focus should be emphasized on the quality of medical services and facilities. Accordingly, different marketing strategies should be used to attract medical consumers. Given the convenience of online tools as an information source, medical marketers may need to fully utilize them to promote the medical services.

Limitations

Given its exploratory nature, this study is subject to a few limitations that will lead to future studies. First, this study bears some inherent limitations of qualitative approach, where the findings were taken from a small number of interviewees through researcher's network and snowball sampling. Future study should consider use a quantitative method to validate these findings based on large sample group. Therefore, a larger sample size is required for future research. Second, the finding may not be generalised to represent the whole Chinese Mainland citizens as the interviewees were mainly from Southern part of China. Future studies should conduct study to cover different part of China.

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