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## Outbound medical tourists from China: An update on motivations, deterrents, and needs

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### ABSTRACT

This is an exploratory study to identify Chinese perspectives on motivations, deterrents, and needs of outbound medical tourists using qualitative methods. Data were collected from participants through in-depth interviews. Research findings show there is varying urgency at the preliminary motivation stage according to different types of medical tourism. The specific motivations are advanced technology, unavailable or better quality Western medicine, well-regulated and supervised market, and the quality of care. The deterrents include high cost, risk to individual health, lack of information, absence of companion, and lack of time. The corresponding needs are health insurance, clear information, and intermediary agency. The implication of the findings for international healthcare management, travel patients, and future research is also discussed. However, existing previous research mainly focus on Westerners (the USA and Europe) and few studies have been undertaken in Asian or even China. This is, therefore, a key contribution of this article as it generates knowledge about China, which is a major market that has not yet been thoroughly studied. The research findings serve as references for the planning and management of international healthcare organizations focused on outbound patients from China.

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### KEYWORDS

Medical tourism; China; patient travel motivations; international patient deterrents; patient needs; health tourism

### Background and purpose

Chinese demand for medical tourism is growing quickly. According to statistics released in *2016 online medical tourism report* in December by a well-known domestic tourism website, the number of Chinese who went for overseas medical treatment quintuples last year and had been estimated to reach 500,000 by the end of 2016 [1]. One of the Chinese brokers (agencies) dealing with medical tourism for the seriously ill also reported the rapid growth of their customers' base. The fast development of Chinese medical tourism could be characterized as starting with a small base number, yet growing at a rapid speed. According to the profile of sought services abroad, they can be divided into four types. The first type refers to those seeking well-being (wellness) and prevention services, they either favor traditional tourism programs integrated with new healthcare elements such as SPA and massage or go abroad for medical examinations; the second type is the beauty group, who take plastic surgery or take anti-aging treatment to beautify themselves; the third type is the medical tourists seeking cure for the diseases abroad; and the fourth type is the maternity group, who choose to leave mainland or go abroad for childbirth. It is noteworthy that we classify those who might go abroad for fertility issues into the third type. If viewed from the services'

perspective, customers seek wellness services, anti-aging treatment, medical examination, vaccine injections, cure for diseases, and giving birth. In this paper, we call all those who travel with the purpose of obtaining above-mentioned services abroad as medical tourists.

The international medical tourists' movement is the noticeable emerging trend in the world healthcare market [2]. Taking a tourism website survey, for example, the most popular destination countries for Chinese medical tourists in 2016 are Japan, the United States of America, Taiwan, Germany, Singapore, Malaysia, Switzerland, Thailand, and India [3]. But the international patient movement also poses adaptation challenges on international healthcare management dimensions and related organizations. As more Chinese join the international patients' movement, it might be necessary to understand these linguistically and culturally different tourists. Based on an understanding of the characteristics of a specific group, healthcare organizations might be able to take a proactive approach in their management or establish strategies to attract more international customers. The understanding of the outbound mobility is often related to two fundamental questions: What motivates them to go abroad to seek medical services? What holds them back?

## Reviewing relevant research

Previous international studies had identified reasons [4], intentions [5], motivations, decision factors, and risks of those willing to go abroad to take healthcare services [6]. A scope review of the English-language published literature identifies four themes in the patients' experience of medical tourism: decision-making (push and pull factors), motivation (travel-based, cost-based, and procedure-based), risks (health and travel), and first-hand accounts. It is found that what affects tourist' decision-making and motivation might be low cost, timely service, religious accessibility, quality care, the ease and affordability of international travel, etc. The risks that people worry about include the risk to their personal health, risk brought by travel, risks related to post-surgery, etc. [7]. This scope review helps us to get a glimpse of the existing published evidence.

However, existing previous research closely related to our research topic mainly focuses on Americans. It suggests that low cost, timely service, privacy, and the costs at home are the reasons why American patients go abroad [8]. Another comparative study conducted about North American medical tourists investigates the factors and characteristics between those likely and unlikely to take medical tourism within a country in terms of risk, reasons, demographic features, destination countries, and medical conditions. The most notable finding in this research, as the researchers argue, is the larger percentage of respondents willing to consider medical tourism as a means to obtain quality, timely, and affordable care. On the other hand, deterrents that might dissuade people from going abroad are both externally and internally imposed. For medical tourists, it is the uncovered cost by insurance; for non-tourists, they might be the self-imposed perceptions, attitudes, and trust or fears [9]. Other studies also take American samples and focus on the postoperative patients to investigate their perceived destination location, medical tourism experience, and overall perceived quality [8,10]. All these above-mentioned studies taking US sampling are quantitative studies. Quantitative studies can help to identify main factors, but might not be able to obtain a deep and complete understanding of a specific cultural group.

Our literature review also shows that there have been some variations in patients' experience related research, but it still remains conceptual and general. Thus, we argue that the ongoing diversification of international patients travel demands the study of other cultural groups apart from American patients because research questions, to the same knowledge needs, might differ with samples from different cultures [11]. Furthermore, it is also necessary to gain a deeper understanding of various factors related to

decision-making, perceived risk, information sources, and motivations [12]. Even if the factors remain the same, the meaning and the effect of the factors could vary between different cultural groups. At least one cross-cultural study has touched upon this point. A cross-cultural study between China, Russia, and Japan compares the factors related to perceptions and attitude of people from different countries travelling to Korea. The findings show different factors have different relevance and effects across cultures. For example, travel-related risks are the most influential factors among Russian, Japanese, and Chinese patients, whereas Americans are mostly influenced by health-related risks [13].

In our study, we take Chinese tourists, an emerging demand in the international healthcare market, as samples. This research adopts a qualitative methodology, aiming to achieve an interpretive and holistic understanding of their characteristics concerning motivation, deterrents, and needs.

## Methodology

This research puts forward three research questions concerning Chinese tourists' mobility and perceptions:

1. What motivations for international medical tourism can be identified?
2. What are the deterrents?
3. What factors would increase their possibility of mobility?

The definitions of key words in the research questions are as follows:

Motivation means the reason for people's needs, desires, and actions. It is also one's direction to behavior or what causes a person to want to repeat a behavior [14].

Deterrent, according to Merriam Webster, means serving to discourage, prevent, or inhibit [15]. It means something that prevents someone from doing something.

## Sample

This research adopts the criterion sampling method. Criterion sampling involves selecting cases that meet some predetermined criterion of importance [16]. The purpose of this sampling method is to guarantee the quality and relevance of the recruited participants. Previous research indicates that medical tourism is subject to the influences of many factors, of which age and economic status are among the most noticeable. People in their middle age are found to be more likely to be motivated to using medical tourism [17] programs. A pilot study done with Chinese young

people in their twenties in this research also shows they are not motivated as much as those in the middle age. As for the economic status, due to the fact that patients from less-developed countries come to the USA, Western Europe, or other administrative regions, as better quality care and advanced treatments are not available in their home country or mainland, and are mostly those who can afford the cost of care and the associated costs of travel. The domestic medical tourism data [1] also confirm that those who go for outbound tourism are mainly wealthy people in Chinese society. Therefore, this research takes age and income as two criteria for selecting samples. We recruited participants in their middle or early middle ages and from the middle and upper middle class in Chinese society.

Ten participants were recruited from Zhejiang province, No.4 sourcing province of outbound medical tourists in China. Table 1 provides details of the total sample profile.

### Data analysis

A grounded theory analysis of the data obtained was undertaken following semi-structured in-depth interviews with the participants from Zhejiang province. Three-level coding and categorization are applied to analyze the collected data and the research findings are as follows.

## Results and discussion

### Motivation

#### Motivation at its preliminary stage: The varying urgency

It is understandable that motivation is not only the reason for people's action, but also corresponds to needs and desires. Before they are motivated to go for an overseas medical tourism, people have to feel the desire and need for something. This study also shows these preliminary stage desires and needs. For the beauty group, it is the innate love for beauty or realization of the limitation of not being pretty enough. For the wellness tour, it could come from the value of health and the fun of the tour. For the disease-curing group, it could be the strong desire for a better quality

of life. For the disease prevention group, it is out of the fear of the disease (mainly cancer).

However, the 'readiness' of the motivation varies between different medical tourism types. Generally speaking, the wellness tour seems not so urgent compared to other types of tours. Its preliminary motivation has to do with a personal perception of the importance of health, the comparison between traditional Chinese medicine (TCM) programs and overseas wellness programs as well as their preference for the wellness tour itself. Beautification tourism being similar, the need for beauty varies from person to person depending on their age, gender, self-confidence, job, etc. In contrast, some medical tours are in more urgent need. It is understandable that the need to cure the disease is more urgent due to the prevalence of pain of illness and the risk of health imbalance. For the disease prevention tour (especially for vaccine injection), people are readily motivated and they will go without much hesitation due to interplay of many factors: comparatively low cost, the full realization of its importance for health, the need to get the injection at young age for the possible desirable effect, and the destination region for the injection being near the mainland of China.

### Motivations for outbound tourism

*The general motivation to take an outbound medical tour: 'Better' and 'different'.* What prompts people to go for an overseas medical tour? A simple and general answer to this question is that they can find something better in foreign countries and other regions. It means they can find better technology, better quality tour, better regulation, and practices in the overseas healthcare market. Also, it means that they can find something not available in the domestic healthcare market, it includes medicine, technology, medical instrument, and identity. The above-mentioned better things and the unavailable things could be overlapping; but in some cases, they are not. The following quotations could show participants' perspective on the issue: 'I think there should be something different. That is to say, people feel needs for it, but it's not available in the domestic market' (G). 'If there is no sign for improvement, feel desperate and the overseas treatment is the only hope, I can't agree more' (D). It helps to explain why some participants and their relatives did not choose to go abroad for some medical tour, because in their opinion, the domestic market and overseas market may be similar and they do not see much advantage in the overseas market.

### *The specific motivations for an outbound tour.*

*Advanced technology:* In the eyes of the participants, technology means not only the devices available for diagnostics and treatment, but also the skills of physicians/doctors. The advanced technology available in

**Table 1.** The total sample profile.

Participants	Age	Annual income (RMB)	Education	Gender
A	43	45,0000	Bachelor degree	Female
B	44	20,0000	Bachelor degree	Female
C	43	50,0000	Graduate degree	Female
D	45	22,0000	Graduate degree	Male
E	41	50,0000	High School	Female
F	43	300,0000	Graduate degree	Male
G	36	25,0000	Bachelor degree	Male
H	43	1000,0000	Bachelor degree	Male
I	40	10,0000	Graduate degree	Female
J	43	20,0000	Graduate degree	Male

some developed countries and the trust they have on the technology motivate them to travel long distances and spend lots of money for the medical treatment.

I thought of going to Japan two years ago. The myopia diagnose usually has some complications, and a Kyoto hospital can do stem cell transplantation (SCT). Some people took the operation. This idea occurred to me too, if there was no other possibility of recovery, I would take the operation too. (C)

What is more, interviewees tend to assume that tourists go abroad for complex medical treatment. Most interviewees express that one of the preconditions for the ill to go for an overseas treatment is that they have exhausted the possibility to be cured in domestic hospitals. In the participants' words, it could be 'complex one requiring many operations' (G). In terms of the physical condition of the patients, they tend to assume that patients are either 'seriously ill' (D) going for the treatment of 'life-threatening' disease (F), or going for 'difficult and complicated' disease treatment (A). Actually, the domestic brokers (agencies) for overseas medical tourism in China all target the seriously ill patients and their business grows very quickly, which might be an evidence that the physical condition is an important factor for making a medical tour, especially for the disease-curing type.

For the beautification type, they also think that people go overseas for some complex clinical interventions. They tend to believe overseas treatment excels in some complex intervention (surgical procedures), but has not much advantage compared to the domestic market in other minor beautification treatments like skin treatment and fat filling. According to them, they are more likely to be motivated by bigger operations than the minor ones: 'It depends. I will choose the domestic hospital if it's convenient and effective, I don't have to go abroad. But if it comes to some big plastic surgery, then I have to go abroad' (B).

For the medical examination tourists, advanced and sophisticated diagnostic technology is the main attraction. They believe that medical examination abroad in some developed neighboring countries can offer a more accurate and sophisticated report about the human body, it can help to detect cancer even at its early stage and to protect health. The 2016 *Online Medical Tourism Report*[1] says those who go for medical examination in developed countries make the largest number of all those going for beautification tours, wellness tours, and medical examination tours.

*Unavailable or better quality medicine:* Similarly, people are motivated by the medicine unavailable in the domestic market or the perceived better quality of it. 'If you have some disease, the domestic physician would prescribe imported medicine or those produced by a joint venture company. It shows people have more trust in it' (H). A point worth noting is that many

people are motivated to go to neighboring regions for vaccine injection. Women, especially, are said to be motivated to get injections for the prevention of breast and cervical cancer. The main reason is that the vaccine is not yet available or popularized in the domestic hospitals.

My wife is 36 years old. Last year, she told me she is going to take anti-cancer vaccine injection in Hong Kong. To receive injection at young age means it can be more effective. It's mainly for the prevention of female breast and cervical cancer. I am supportive of her decision, for there is not much available at domestic market and the quality is less trustworthy. (F)

*Well-regulated and supervised market:* Interviewees see the point of a well-regulated overseas healthcare market for different types of tourism. 'Since I decided to spend some money to take plastic surgery, why not spend money in some trustworthy one?' (B). Such a market could guarantee the safety of medicine (vaccine), the successful rate of plastic surgery, and the effect of a medical examination. This point has been integrated into the foregoing paragraphs about people's trust in the technology and medicine in some developed countries and regions for they think the well-regulated market and supervised market can contribute to the good quality of both medicine and technology. On the other hand, they will not choose products from a perceived chaotic market. 'I would definitely not consider a medical tour to those countries, for the Production of medicine in those countries is not normalized. What if it is not safe?' (C).

*Quality of care:* The quality of care can be the perceived result of the attitude of the professionals, the unique characteristics of treatment, and the procedures to obtain the services. Wellness tourists might be attracted by the quality of an overseas tour even if it shares a similar content with the domestic one. They might tend to think that the overseas service is better than what is rendered in the domestic market. 'I have been there, they provide SPA with local characteristics, I would try again next time I go there. The environment is good, two persons in a room, we all fell asleep. There is music, food, and the massage is relaxing, not comparable to service at home. They are very professional' (A). Some gray literature also indicates the quality of care is also one of the reasons why the disease-curing tourists turn to seek overseas service. Concerning the quality of care, it might be more likely to exclude or lower the chances of misdiagnosis and better take care of patients. 'One of the reasons for Chinese elites to go for overseas medical service might be the trust they put in overseas medical technology and the professional ethic of medical practitioners' (H).

China is developing quickly and the motivations for the overseas tour are also subject to the changes of the domestic healthcare market. What is worth mentioning

is the previous motivation to take a maternity tour to obtain overseas citizenship and nationality is now losing its appeal. Since October 2015, the Chinese government had started the two-child policy, which means the ending of one child policy which was in place for the last 30 years. This policy, together with other positive economic and political development, greatly reduces the number of maternity tours taken by those who want to have another kid or want to seek more opportunity for their newborn babies. Participants H and F all had the experiences of taking maternity tour and have their kids born in other regions outside the Chinese mainland. H says:

It (maternity tour) has passed its prime time, the desire to obtain the overseas citizenship and nationality used to be hot 10 years ago. China is internationalized and what is the most important is the starting of the two-child policy.

F says: 'The overseas nationality has no attraction for me, as I have said, the well-educated, rich Chinese people belonging to upper class have global vision, whenever they want to go to developed countries, they can go.' However, China is big, and we cannot absolutely exclude the possibility of a maternity tour for others.

## **Deterrents**

### **High cost**

Cost is the most mentioned deterrent across all tourism types. Participants are well informed about the high cost of a disease-curing tour to some developed Western countries. They somehow worry about the after-treatment economic situation of the family if not supported by insurance. 'After the treatment, the family can go bankrupt, the patient can survive, but the latter part of life has to be loaded with heavy debt, it's not optimistic'(D). 'I watched on TV that a foreign country took Chinese patients, it's very expensive. For rich people, only. The average Chinese can't afford the cost' (I). For other non-urgent and optional tour like anti-aging and diagnostic medical examination, the cost could also constitute a deterrent for its comparably high cost. 'The medical examination in local hospital is 6000 RMB, 8000 RMB, pretty high. In J country, it is 100.000, almost 10 times ... so it has something to do with personal financial capability' (F). For the wellness tour, they think money might still be a deterrent, therefore not sure whether they can afford it or not. Interviewees care less about money when it comes to beautification and vaccine injection. The vaccine injection is affordable for most participants, and the beautification tour seems not to cause financial difficulty for the motivated.

### **Risk to health**

The fear of the risk to individual health could be based on the doubt about the rationale of the treatment. For

example, some participants doubt the capability of human technology to reverse age and its potential effect on the body. A similar argument also applies to Western medicine and TCM. For example, why bother going abroad for a wellness tour if TCM is good enough? People have to be well informed about the technology and rationale of an invasive surgery/intervention before they make decisions. 'Generally speaking, I choose TCM. The western medicine curtails the disease partially, while the TCM approach to cancer regulate the whole body system. It might not be difficult to cure cancer' (C). 'I am conservative about the anti-aging treatment. There is no hard medical proof that one can be brought back to youth or the treatment can reverse age' (B).

One other aspect is the fear of the failure of the surgery/intervention due to many reasons. As is the fear shown in the worrisome tone talking about the failure of an expensive operation: 'What if the effect is not desirable, but still cost lots of money?' (J). The fear is common to most participants. 'Security is the most important, and the extent of a clinical possible failure is a deterrent. For another, plastic surgery can't be performed at the cost of deteriorating health' (D). 'There are too many reports about failure of plastic surgery performed, and sometimes there is no way to deliver their complaints or file a lawsuit' (E).

The fear could also extend to the postoperative stage. The effect of a plastic surgery might not stay forever, it might be gone after some years. In some cases, 'patients have to take injections to maintain the effect' (F). That may partly explain why the participants tend to accept minor beautification surgeries, but deny the complex ones.

### **Lack of information**

Information plays an important role in the decision process to support an outbound journey. People rely more on information rather than on tacit knowledge because they know little about healthcare services outside their country. Some participants are deterred by the uncertainty about an overseas medical tour due to lack of information: 'There are too many uncertainties going abroad. Language, communication, fees, safety. We feel more certain at home. Unless you know the place well or have some acquaintances, you can know something' (G). This point could be supported when it comes to the choice of the destination country. 'I would choose country B if there are many channels to get information. On the other hand, even if country A has good reputation, I would not go if I don't have much information' (B).

### **Absence of companion**

The lack of companion could also be a deterrent for some people. They might not consider a wellness trip worthwhile if there is no companion available. In

terms of childbirth, participant F regretted about the choice of the maternity tour to Hong Kong for the absence of a close family member in attendance: 'We somehow regret about the choice, it's not convenient to go to Hong kong, though I sent different people to accompany my wife for a month. But, you know, nursing mothers after childbirth have maternity blues ...'(F). For other types of tour, it is similar. 'To be frank, if you go alone for a medical tour to cure disease, you have to be the person with strong inner power' (A). 'I love to take a wellness tour, but our family members may not be able to accompany. So, you have to balance the opportunity' (B).

### **Lack of time**

This deterrent is frequently mentioned in the optional tours such as medical examination tour, wellness tour, and beautification tour. People usually do not feel they have the time to take the tour immediately. It cannot compete in its priority with work and family, which have already occupied most of their time. 'If your customer is entrepreneur, their time is pressing and the medical program has to be integrated into their schedule' (H). The other fact related to time is that the realistic medical tour tends to be more complicated than expectations. It might demand more than one trip to the destination country and that could be troublesome, let alone the trip to some distant countries is going to lose the intended fun of a medical tour and become less attractive.

### **Needs**

#### **Information**

The analysis of the need for information can be made from two perspectives: the information of priority and the preferred channel to obtain information.

What information do they need most for a medical tourism? It could be manifold, but the information of predominance is about the right healthcare organization and (or) the professionals. Take disease-curing medical tourism for example. What the interviewees think they should know includes details on medical insurance, regulation, charging of medical fees, post-surgical services, accessibility, and so on. But what they tend to focus is on the right professional and hospital. The match between patients and the professional with right clinical skills is the priority. For the wellness tour, however, the emphasis is laid more on the quality of the tour.

The preferred channel to get information is an authoritative and professional one because these channels could provide reliable information, though their opinions on what is the authoritative and professional channel vary. As it is said by G: 'We'd better get some professional information through reliable channel.' Some prefer advice from domestic professionals;

some prefer information from scientific academic journals; some prefer those from well-established agencies/brokers; and some even insist on carrying out an on-the-spot visit of the healthcare facilities and organization to find the right professional themselves based on the information collected. After all, medical tourism is the tourism related to health and life, so the identification of the right healthcare organization and its professionals is critical to achieving the intended effect of the medical tourism. Otherwise, people may put their health and life at risk. Other information channels include word of mouth, a forum on the internet, etc. They also serve as the channels to collect information.

#### **Insurance**

If cost could be a deterrent, then insurance could be what they need, especially for the disease-curing tourists. The interviewees know well that medical fees in some Western countries are very expensive. Therefore, they all agree that health insurance is the way to make it possible.

For me, it's a financial burden. The medical fees are calculated in US dollars if I go to America, and it's very expensive. It's OK if covered with insurance, if not, it's too heavy a burden for people with average income. It is definitely in need of financial means to solve the problem. (C)

With medical insurance, 'the deterrent of cost can be eliminated as the family won't go bankrupt even if trying this new way of expensive overseas medical tourism which can bring them hope to cure the disease and bring back health' (D). Insurance is mostly related to medical tour for curing disease. For the other types of medical tourism, they either could afford it or just give up the overseas tour if there is a financial difficulty. After all, the motivation is not so strong and compelling for the other three types and it is optional.

#### **Intermediary agency**

To make an overseas medical tour to take place, the intermediary agency becomes a key need for most people. There are many issues to deal with in an outbound medical tour. The most mentioned intermediary agencies are brokers and travel agencies. Well-established brokers are needed because international medical tourism is cross-cultural, there are many unknown areas constituting obstacles for many families, especially if they do not know the language. The legislation, for example, could be different in different countries. Thus, people need the help of well-informed brokers to deal with it to facilitate their medical tour or guarantee a secure International medical tour. 'What attracts me most is a reliable intermediary agency. Without it, it is neither possible nor realistic for you to go abroad for the tour. The agency can provide systematic and reliable service. They will

do it'(C). For other tours like medical diagnosis/examination tour, wellness tour, or beautification tour, people may still find themselves counting on the service rendered by the travel agency. With this service, an international tour is much easier.

## Discussion

### *Implications for international management of healthcare organizations*

The research findings serve as references for the planning and management of international healthcare organizations focusing on outbound patients from China. Firstly, as motivations for different types of medical tourism are different, the possible implication for the healthcare market at this point might be how to well adapt to the market strategy based on the needs and desires, together with necessary further investigations of market need analysis. After all, it is the first step leading to outbound medical tourism. The market strategy has to consider how to motivate people by cultivating and inspiring preliminary needs if to make a whole and complete marketing package. In addition, for some well-motivated medical tours like the vaccine injection, the services need to be expanded to meet the demands of the market. But close attention has to be paid to the fast development of the healthcare market in China.

Secondly, communication between healthcare organizations and their potential medical tour market is also fundamental. In terms of disease-curing medical tourism, currently in China, patients might rely more on agencies/brokers to get information about overseas hospitals and professionals as they could have an easy access to their Chinese websites. It might also be helpful if the information of the overseas hospitals could be available on their website so that they can get a direct access to the information themselves. It should be of great help if it is in Chinese as language barrier constitutes a great obstacle in communication for average Chinese. If possible, some hospitals, clinics, and wellness resorts can also establish cooperation with Chinese counterparts to create more opportunities for patients. Briefly, open more reliable channels and better bridge the two sides. In terms of other types of medical tour, the availability of information is equally important. How to improve its publicity for targeted segments and how to offer convincing information to attract more customers with good-quality programs can all contribute to its marketing success.

Thirdly, since cost is an important consideration for international medical tourism, and the disease-curing type of medical tourism is in great need, integrating health insurance with the disease type of medical tourism is an issue for the consideration of hospitals, insurance company, and patients. The creative design of the insurance program and the availability of the insurance

to the potential market can facilitate the international movement of patients from China. Additionally, as there are dramatic differences in the costs of different medical tours, the targeted market for different types of medical tourism could also be different.

### *Future research of medical tourism*

The limitation of previous research related to the topic and the limitation of this study encountered three factors.

Firstly, research findings show there have been similarities and differences between Chinese medical tourists and Western medical tourists. If more cultural groups are taken as samples in the study of medical tourism, other differences in motivations, deterrents, and needs might also emerge. Therefore, the study of diversified groups can help to understand international patients better and can challenge the existing findings.

Secondly, most articles on medical tourism have noticed the role of variables in demographic characteristics, physical conditions, and others in people's outbound mobility. But these articles might all take an indiscriminate approach toward different types of medical tourists. However, research shows different tourists' types have identifiable differences in many ways. Therefore, it might be advisable to take tourists of different medical purposes as a factor in the study of patient experiences, as this factor accounts not only for the readiness to undertake the medical tour, but also for the differences in deterrents and needs. Another consideration is to redefine medical tourism programs if necessary, to take different types into consideration.

Thirdly, the limitation of this research is that the samples in this research represent the well-educated middle and upper middle class in developed eastern coastal provinces in China. Though the findings of qualitative research are never meant to be generalized to all Chinese people.

Overall, we can argue that rethinking the reality affecting 'Chinese' outbound patients, as discussed in this article, is necessary so as to better evaluate the practical implications of this research and consider its implication for future research, as well as to support the alignment of strategies of healthcare organizations interested in attracting Chinese customers within the four segments identified. More research can be carried out with varied samples. For example, the post-surgery Chinese medical tourists or high-end segments in Chinese society. Their needs seem to be different from the middle-class segments. Their perceptions and expectations can help further medical tourism from a global perspective.

### **Disclosure statement**

No potential conflict of interest was reported by the authors.

## Notes on contributors

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