



**An exploitation of push and pull motivations  
to trigger the international patients'  
intention to visit Egypt as a medical tourism  
destination**

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## Abstract

**Purpose-** This study examines the effect of international patient motivators to travel (push factors and pull factors) on international patient intention to visit Egypt as medical tourism destination. It proposes a model which examines the relationship between push and pull factors and patient intention toward Egypt as a medical tourism destination. Also, this study presents an integrated approach to understanding the tourist's motivations and attempts to expand the empirical evidence on the relationships between push and pull motives in order to determine the extent to which these motivating factors will contribute to the overall perception of a destination

**Design/Methodology/Approach-** The article is based upon a quantitative survey applied among 118 patients who visited Egypt as a medical tourism destination for receive treatment using snow ball sampling procedures. The items underlying push motivators, pull motivators, and patient intention constructs were derived from several literature sources and these were measured on a five-point Likert scale. Data were gathered through internet conducted with patient who visited Egypt for medical treatment. Structural equation modeling was employed to test the hypothesized relationships among the model constructs.

**Findings-** The research findings reveal that; push factors have a positive impact on intention of patient except for rest and relaxation which has negative impact, although, rest and relaxation is the most effective push factor. Also, both pull factors (healthcare provider specific, destination specific) have positive impact on intention of patient. While, destination specific is the most effective pull factors. More specifically, the destination specific can be arranged as following: Environment and safety, Culture and historical attractions, then the tourism facilities. Moreover, the Healthcare provider service factors can be arranged as following: the Service quality, Waiting time, and Medical cost. Also, there are significant positive relationships between pull factors on push factors and vice versa with the same strength. Finally, the results revealed three push and six pull factor dimensions and the results of the correlation analysis indicate that significant relationships were found between the three push and the six pull factor dimensions

**Practical implications-** Marketing managers, ministry of health and ministry of Tourism are provided with valuable insights to improve and invest in medical tourism sector in Egypt to help in achieving the strategic vision of Egypt 2030 which aims at building sustainable Egyptian economy. Understanding of the most factors which will affect the medical tourism industry sustainability performance in Egypt represents a very important step in building a sustainable economy and toward Egypt as a medical tourism hub. Through paying attention to international patients in terms of studying the most

important attractions that drive them to choose Egypt as a medical tourism destination

Originality/Value- This research offers value compared to other studies in medical tourism industry. Existing research in medical industrial sector stress the need to explore the factors essential for enhancing push and pull motivators for international patient toward Egypt as a medical tourism destination, in particular, the role of healthcare provider specific and destination specific is still need more improvement. Also, , there is a call for research examining the role of rest and relaxation in medical tourism as no research finds that their negative impact on patient intention relationship which is new contribution for this study. Moreover, few researches on medical tourism exist in emerging markets in Egypt.

Keywords motivation, medical tourism, push factors, pull factors, customer intention, satisfaction, healthcare provider, destination specific, Strategic vision of Egypt 2030 And Strategic vision of Africa 2063 for sustainable development.

Paper type Research paper

## 1. Introduction

Travel motivation has been investigated by many researchers from different fields like from sociology, anthropology, and psychology (Cohen, 1972; Dann, 1977; Crompton, 1979; Gnoth, 1997). Maslow's hierarchical theory of motivation was one among the foremost applied within the tourism literature (1970). The speculation was modeled as a pyramid whose base consists of the physiological needs, followed by higher levels of psychological needs and also the need for self-actualization. Many tourism scholars have attempted to change the model empirically, with the remarkable success of Pierce (1982), who proposed a model for stimulating tourism that reflected Maslow's model, but freed from the assumption of the oligarchs. In other words, motivation may be defined because the driving forces within individuals that compel them to require action (Jeong, 2014). These driving forces can serve to arouse, direct, and integrate a person's behavior (Dann, 1981; Yoon & Uysal, 2005).

The medical tourism industry has been estimated to be a \$100 billion industry (Lunt et al, 2011), and despite the worldwide economic slowdown, is predicted to grow at a rate of up to 35% in coming years (Deloitte, 2009). And also the quantity of countries providing modern medical facilities and services to foreign tourists is increasing. This international trade medical service also has huge economic potential for the globe economy, and medical tourism is emerging as a really profitable sector for developing countries. Despite the actual fact that tiny is believed about the market size, more is being learned about medical tourists and what drives demand for medical tourism. We are becoming all the way down to learned more about their attitudes toward the medical tourism experience. Medical tourists are generally patients paying out-of-pocket and pursuing medical services offered within the private sector.

The engagement between the tourism and healthcare industry has resulted in what's, for several countries, one among the most important service industries, with medical tourism producing significant economic benefits for several destination countries. Indeed, medical tourism is taken into account to be one among the prompt-growing tourism sectors within the world (Bookman & Bookman, 2007; Han & Hwang, 2013; Heung et al., 2011). to amass a greater market share in an increasingly competitive medical tourism industry, an increasing number of medical centers in destination countries has been improving their pleasure and services such they analogous those found in many excellent hotels (Bernstein, 2012; Hume & DeMicco, 2007; Sheehan-Smith, 2006). These processes considerably offer not only quality treatment but also a superior level of services to their international customers.

Countries involvement in developing the medical tourist industry has been predicted on the premise that it's an export industry that earns interchange and

contributes to economic development. in step with Bookman and Bookman (2007), the highly skilled jobs, capital intensive technology and interchange that medical tourism generates will help less developed countries to flee from the economic dependency that extractive industries has created. Theoretically, there's also a prospect of direct benefits to the general public health system. An Egypt MOH document, as an example, states that the income from foreign patients are often utilized to boost the national health services for the good thing about the local population (MOH, 2003:51). Of the outline of push and pull factors of the dominant answer the question of why tourists visiting the Egypt tourism destinations. That's because Egypt can meet the requirements and desires of tourists or tourist's fulfillment the inner factors of tourism motivation by external factors (attribute destinations).

The medical tourism industry role in ensuring a sustainable economy is critical because medical tourism industry is that the essential players in economic development and has the financial resources, technological knowledge, and also the institutional capacity to implement sustainable solutions. This research can help achieve the strategic vision of Egypt 2030 developed by the ministry of health and ministry of Tourism which aims at building sustainable Egyptian economy. Understanding of the most factors that may affect the medical tourism industry sustainability performance in Egypt represents a vital step in building a sustainable economy.

The purpose of this research is to fill this gap by delineate the push and pull travel motivations of international patients supported the identification of socio-psychological and physical travel motivations and extend the theoretical and empirical evidence on the relationships among push and pull motivations , to create the customer intention toward Egypt as a Medical Tourism destination hub. This study mainly attempts to discover the basic factors that may influence the intention of international patients to seek medical treatment in Egypt. The applicability of push and pull theory provides the possibility to investigate the intent of international patients and gauge the past general attitudes and feelings of tourists towards traveling abroad to seek medical treatment. A quantitative research approach was used to conduct this study.

Supported the previous discussion, the research problem is to “point out and examine the varied drivers (push and pulls motivations) and therefore the interrelationship between push and pull drivers of international patients (customers) to go to Egypt as a medical tourism destination.”

Therefore, this research main objective is to identify major push and pull factors which influencing tourists to visit Egypt as a medical destination hub in Africa. The push-pull theory is applied to the medical tourism industry in order to identify sources of sustainable Egyptian economy.

## 2. LITERATURE REVIEW

### 2.1 Medical tourism and medical tourism motivation

Medical tourism integrate medicine with tourism, emboldening patients to hunt medical services while traveling for relaxation and leisure and have emerged united of the prompt growing areas of educational research interest in both tourism and health studies. Smith and Puczko debate that health tourism consists of medical tourism and wellness tourism, meaning that medical tourism could be a subset of health tourism. The present literature employs very loosely and inconsistently the terms 'health tourism', 'medical tourism' and 'wellness tourism' (Connell, 2013, p. 2). During this research, we seek to form a transparent uniqueness between these terms. First, the researcher reconcile with Smith and Puczko (2009) suggestion that 'health tourism' consists of 'wellness tourism' and 'medical tourism' and 'medical tourism' is that the correct term to use in cases during which medical, surgical or dental interventions are required, anything is 'wellness tourism' (Connell, 2006). Yu and Ko (2012, p. 81) articulated "medical tourism embrace not only going overseas for medical treatment, but also the planning for destinations that have the last word technical proficiency and which offer it at the foremost competitive prices. Borman and Jonathan define Health Tourism as known to draw in tourists through unique destination attractions moreover as health care services facilities. Connell, points out that health tourism and medical tourism should be distinguished, as medical tourism is that the right term to be used in situations requiring medical intervention.

Motivation is defined as "a state of need, a condition that leads to individuals pushing toward certain types of work that are considered likely to bring satisfaction." (Moutinho, 1987, p. 16). An investigation of tourist motivations is an effort to resolve the question "Why do people leave their homes to go to other places?" (Pearce, 1987, p. 21). However, it's difficult to see a final relationship between individual motivation and selection of destination "because tourists aren't just numerical abstraction, but whole individual personalities, they need a spread of full motives" (Bosselman, 1978).

At present, Asia is the leading vital medical tourism area. Horowitz and Rosenweig summarized that the main reasons for seeking medical tourism are (1) low cost, (2) avoid waiting lists, (3) procedure not available in home country, (4) tourism and vacations, (5) privacy and confidentiality. While people from less developed countries have visited and continued to travel to developed countries. Recently, Aziz et al. (2015) opined that hospital accreditation, doctors' reputation, overall destination picture, services, and physical facilities affect the arrangement of a medical tourism destination. Guiry and Vequist IV (2015) comment that a destination brand's personality includes three factors: sincerity, competence, and ruggedness. supported their

study of Korean medical tourism, the identical study found that private values including excitement, self-esteem, a way of belonging, and good respect were positive predictors of a destination's brand personality. They found that while medical destinations like India and Thailand are known for his or her cost-effective treatments, Singapore has been positioned as a medical tourism hub for high-quality medical services with advanced medical technologies and infrastructure.

Based on literature review, the motivations for medical tourism are cost savings, timely service, combining medical and holiday care, cultural similarity, medical treatment regulations or procedures (i.e. restricted, prohibited or unavailable), quality of medical services, information availability and supporting services (Barrowman, Grubor, & Chandu, 2010; Elliot-Smith, 2010; Glinos & Baeten, 2006; Hall, 2013; Lee, Kearns, & Friesen, 2010; Musa et al., 2011; Vequist & Stackpole, 2012). (Panteli et al., 2015) found the foremost travel drivers are cost savings, an honest experience with previous treatment, confidence during a given health care provider in another country and also the likelihood of blending medical treatment with a vacation.

The drives are heterogeneous and vary across treatments, while information related to tourist features don't exist (Lunt et al., 2016). Motivation can be a multidimensional concept within which tourists have many needs and desire varied experiences in an exceedingly very destination (Baloglu & Uysal, 1996). Push and pull motivation is also a typical way of approaching this issue in tourism behavior research (Baloglu & Uysal, 1996). Further, it's considered a necessity in destination marketing to know the link between push and pull motivations of a possible tourist (Baloglu & Uysal, 1996). Push and pull motivation could also be a typical way of approaching this issue in tourism behavior research (Baloglu & Uysal, 1996). Studies of Lee & Lockyer (2012) and Weil (2009), where numerous reports indicated that travelling for medical treatment to Africa is vital as Africa has been considered as globally well – known medical tourism hub. Additionally, travelling for medical treatment may be a growing trend, and has highlighted in concert of the vital key drivers of country economic development.

## 2.2 Medical travelers' visit intention

Customer intention is defined as the degree to which the customer forms an idea to interact or not engage in a future behavior, and it addresses the extent of efforts to filter certain behaviors (Jang and Namkung, 2009; Webb and Sheeran, 2006). From a firm's performance perspective, behavioral intentions are often used as indicators of customer loyalty and firm success. Items associated with the willingness to buy, willingness to recommend and providing positive word-of-mouth communication are commonly used as proxies of customer behavioral intentions (Choi et al., 2004; Jang and Namkung, 2009).

Several scholars (e.g. Wu et al., 2008) have discussed the relationships among motivations and behavioral intentions in healthcare contexts. Models built around these constructs within the literature follow the logic of the multi-attitudinal framework, where the cognitive component precedes affective response, which successively, determines conative attitude or intention (Žabkar et al., 2010). Patient behavioral intentions are a product of private evaluation leading to conative intention (Lai et al., 2009). Patient satisfaction leads to behavioral intentions of the patient (Choi et al., 2004; Hansen et al., 2013) (Liang et al., 2013; Rauyruen and Miller, 2007). Researchers found that push and pull drivers are the primary precedents for the intention to buy back medical tourists (Lai et al., 2009; Wu et al., 2008; Wu et al., 2011).

According to (Ferrero, 2009; 43: 700--41) there's often ambiguity in an external or internal situation after we interpret a conditional statement. He has determined that external conditions are people who simply enable a private to amass intention, but internal conditions are those who qualify the content of one's intention. The inner state is of high importance because of its true ability to develop intention. (Ferrero 2009; 43: 700--41) divides internal conditions into two main categories: empowerment and constraint. The enabling condition is taken into account a cause for doing and obtaining an external condition which can be a vital reason for developing the intention to try and do so.

Therefore, patients from western and developed regions are said to accumulate "unconditional pure intentions". However, visualizing international medical travel from a broader perspective reveals that not only unconditional pure intentions lead to patients traveling to a different country but conditional restrictive intentions even have a vital role in international medical travel. As previously discussed, the bulk of patients in international medical travel are from developing countries and don't have options to avail the service in their home countries. The most push factors for these patients are mainly unavailability and poor quality of services reception (Crush J, Chikanda A. Soc Sci Med 2015; 124: 313--20). These patients don't seem to be interested in low-cost or better-quality services in destination countries, but they're forced to travel outside the country because services aren't available or available in caliber. Matters with them are conditional and restricted, so it are often said that patients from developing countries acquire "conditional restrictive intentions."

### 2.3 Medical Tourism Motivators: The Push–Pull Model

A review of the literature indicates that travel motivation is often examined by motivation's theory supported push and pull factors (Mat Som, 2010). The concept of push and pull factors involves the idea that individuals travel because they're pushed by their own internal forces and pulled by the external forces of destination attributes (Mat Som, 2010). in line with Jang, Bai, Hu, and Wu (2009), push factors are supported "socio-psychological needs that

predispose someone to travel, and pull factors are ones that attract the person to a selected destination after push motivation has been initiated” (p. 55). In other words, “push factors are internal to the person and establish the will to travel, whereas pull factors are external to the individual and are aroused due to destination attractions” (p. 55).

To date, little information has been documented about travel motivations to Egypt. Some studies (Mat Som, 2010, p. 42) focused on destination quality or overall satisfaction but didn't identify specific motivation dimensions; this text thus seeks to spot motivation factors of international tourists to Egypt, which can have important marketing implications. “Knowing of both push and pull factors and also the interrelation between them can help destinations to fulfill the specified needs of individual travelers from different markets” Knowledge of tourist’s motivation is critical to predict future travel patterns and enable destination marketers to plan and execute effective marketing strategies. Capitalizing on destinations’ strengths in push and pull motivations renders a competitive advantage within the travel industry (Jang et al., 2009). A destination can capitalize with an optimal combination of push and pull factors to draw in and retain tourists.

### **2.3.1 Push factors and patient intention**

Planned Behavior Theory (TPB) is a theoretical model designed to clarify the relationships between consumers' beliefs, attitudes, intentions, and behaviors. Various studies that explore visiting intentions and review and tourists' consumption behaviors based on travel motives, and the destination image have used the TPB hypothesis to support their models. Motivation was found to have a direct and positive relationship with behavioral intent, indicating that the motives of medical tourists positively influence the intentions of their visit.

The push and pull theory of motivation proposed by Dann (1977) is another widely accepted theoretical framework in tourism research. In keeping with Dann (1997), there are multiple factors that motivate tourists to go to specific destinations, but these factors are classified as either push or attraction(pull) motives. The concept of push and pull was introduced by Dann (1977) to clarify motivations for travel. Push factors relate to people who are pushed to create the choice to travel due to internal forces, while pull factors relate to those who are pulled in to shape the travel decision by the external forces of tourist attractions. (Jang & Wu, 2006). Therefore, attraction motives also sit down with the attributes of a destination or attractions (Hsu & Huang, 2008). These two motivational factors are studied in numerous fields (Jang & Wu, 2006). Hanefeld, Smith, Horsfall and Lunt (2014) conducted a scientific review of medical tourism and located that almost all papers explain patients'

decisions to travel in terms of push and pull factors. Based on the above discussion, the present research hypothesizes:

H1: there is a significant relationship between push factors and international patient's intention to visit Egypt as a medical tourism destination.

In the present study as the desire for privacy and confidentiality of treatments, usage of state of the art medical technologies (Dangor et al., 2015; Jun & Oh, 2015) The medical tourism need to enhance his/ her knowledge and experience about a foreign country. Therefore, supported the findings, to stimulate the necessity for novelty and knowledge seeking among the target travelers at the identical time, persuading them to visit Egypt to experience the multicultural setting. And supply tourists with opportunities to experience the locals' way of life. Tour companies should provide tourists the opportunities to learn about technology used in treatment. (Baloglu & Uysal, 1996) argued that novelty and knowledge seeking are tangible resources which consider as pull factor which contrary the intangible desires (push factor) of the individual. Also, Crompton (1979) first sought to draw pull motive (novelty and education). The conceptual framework that he developed would influence the choice of a destination, and this approach implies that the destination can have a point of influence on vacation behavior in meeting an aroused need. Thus, the present study hypothesizes the following;

H1a: there is a significant relationship between novelty and knowledge seeking and international patient's intention to visit Egypt as a medical tourism destination.

The concept of ego tourism was first introduced by Wheeler (1993) as a response to environmental myopia and sustainable tourism research (see also Wheeler, 2007). Wheeler (1993, 1994) notes that they're eco-tourists "ego tourists" who travel with like-minded companions to previously unpolluted areas where they're going to not feel a part of mass tourism or packed. The ego factor has long been recognized in tourists' travel motives. Dan (1977) identified ego enhancement as one of the major motivators of travel, it is derived from the need for recognition obtained through status Granted to travel. Therefore, some people will travel to destinations due to of the prestige that they will gain from the trip. MacCannell (2002) states that The dominant commercially successful destinations for organized tourism The experience was to design herself with as much ego as possible - for example Luxury island destinations, and more recently by the United Arab Emirates. Hence, the present study hypothesizes that:

H1b: there is a significant relationship between ego enhancement and international patient's intention to visit Egypt as a medical tourism destination.

Medical tourism needs the time to can escape from stress in his/her daily life, This is the time he/she can be away from the routine life, This is the time he /she can physically rest and relax, and enjoy and make his/her self happy while traveling. In a broad sense, motivators like the need for escape, rest, relaxation, and prestige, enhancement of kinship relationships, facilitation of social interactions, adventure, health, and fitness would be considered as push factors (Crompton, 1979; Uysal & Jurowski, 1994). Thus, the present study hypothesizes the following;

H1c: there is a significant relationship between rest and relaxation and international patient's intention to visit Egypt as a medical tourism destination.

### 2.3.2 Pull factors and patient intention

in line with Jang, Bai, Hu, and Wu (2009), pull factors are ones that attract the person to a selected destination after push motivation has been initiated” (p. 55). In other words, pull factors are external to the individual and are aroused due to destination attractions” (p. 55). Pull factors help that individual locate an acceptable destination (Goossens, 2000). Gray (1970) whose study of travel motives is one of the first drivers of travel, sunlust is to search for specific experiences or entertainment environments. Dann (1981, 1996) and Pearce (1987). Describe 'sunlust' is a 'pull' factor, whereby the characteristics of a tourist destination attract tourists away from their homes. Pull factors, are people who emerge as a results of the attractiveness of a destination because it is perceived by the travelers. (Baloglu & Uysal, 1996). pull factors are the destination's attributes that attract travelers. Hence, the present study hypothesizes that :

H2: there is a significant relationship between pull factors and international patient's intention to visit Egypt as a medical tourism destination.

An organization or company that seeks to bring together a potential patient and a service provider, usually a hospital or clinic. These organizations are generally facilitators and developers of medical tourism, which leads to a number of issues that do not apply when a patient stays in their home country. Some of these institutions and companies specialize in specific areas of healthcare, such as plastic surgery, dentistry or transplant surgery, while others are more general in their approach, providing multiple services across a wide range of medical specialties. These organizations may also focus on providing services in one country or may provide access to treatment across multiple countries .Watipaso Mzungu Jr, February 2019. In the context of medical tourism Research indicates that the standard of experience received from treatment providers including the standard of their interaction with patients, the standard of the physical environment, the standard of results, the management of medical procedures, and also the perceived enjoyment all have a major

impact on patient confidence, perceived value, and medicine which Satisfying the tourists (Wu, Li, & Li, 2016). The literature indicates that previous favorable medical travel / medical tourism experience within the chosen destination is probably going to extend the comfort level of international medical tourists (Henson, Guy, & Dotson, 2015). Hence, the present study hypothesizes that:

H2a: there is a significant relationship between healthcare provider specific and international patient's intention to visit Egypt as a medical tourism destination.

Quality defined within the present study as meeting the necessities of a customer's needs and desires and these requirements need to be above the expectations so as to own a protracted term relationship, stay within the business and have the competitive advantage over the competitors (Zakaria, Hamid, & Karim, 2009). The service provider needs greater information regarding competitive strategies which will target offering the simplest possible service quality and at the identical time ensuring customer satisfaction. (Ogorlec & Snoj, 1998). The patient's perceived quality of service is that the main determinant of the hospital's success and reputation because of its role in achieving patient satisfaction (Choi, Cho, Lee, Lee, & Kim, 2004; Guiry & Vequist, 2011). The literature within the field of medical tourism indicates that the standard of service for the health care provider includes various dimensions like services and physical facilities (Aziz, Samden, Awang, and Adaballah, 2015; Dangor, Hogendorn, and Mulla, 2015), quality of care (Vicherin and Stefano, 2016; Frederick & Gan, 2015; Henson et al., 2015), specialized services provided (Beladi, Chao, Ee, & Hollas, 2015), use of state-of-the-art medical technology (Dangor et al., 2015; Jun & Oh, 2015), private care (Demicco & Centron, 2006; Gan & Frederick, 2015; Jun & Oh, 2015), and aftercare (Jun & Oh, 2015). Consistent with Veerasoontorn and Beise-Zee (2010), attributes of service quality like innovation in medical technologies, quality of emotional service and patient-doctor relationship (interconnectedness) attract medical tourists to Egypt. Hence, the present study hypothesizes that:

H2a1: there is a significant relationship between service quality and international patient's intention to visit Egypt as a medical tourism destination.

The growth of medical tourism could be a reflection of the continued globalization trend in health care , therefore the pull, or supply, factors the long waiting time and unavailability of the procedures due to technical, legal,(166 Z. Ramamonjiarivelo et al),political, religious or ethical reasons (Crook et al., 2010; Economist, 2008; Moghimehfar & Nasr-Esfahani, 2011; Reddy, York, & Brannon, 2010). Based on literature review, the motivations for medical tourism are cost savings, timely service, combining

medical and holiday care, cultural similarity, medical treatment regulations or procedures (Barrowman, Grubor, & Chandu, 2010; Elliot-Smith, 2010; Glinos & Baeten, 2006; Hall, 2013; Lee, Kearns, & Friesen, 2010; Musa et al., 2011; Vequist & Stackpole, 2012). Hence, the present study hypothesizes that

H2a2: there is a significant relationship between waiting time and international patient's intention to visit Egypt as a medical tourism destination.

The pull factors discuss with the explanations that make the situations in foreign countries more appealing to patients such as: lower health care costs which will help the patient save the maximum amount as 80% for a few procedures (Pafford, 2009). (Census, 2013) indicated that traveling outside the borders to obtain health care is being supported by the elderly who need more medical services, an increasing number of unaccompanied people, and the increase in local health care costs along with the ease of travel abroad. Medical travelers are encouraged to hunt care outside of their area of residence by many factors, including more advanced technology, quicker access, higher quality of care, or lower costs for care within the destination locality (Ehrbeck, Guevara, & Mango, 2008). Research report had revealed that international demand for medical interventions from developed countries has grown dramatically because of lower cost health care services which are provided within the respective countries (Crooks, Kingsbury, Snyder, & Johnston, 2010). Patients from everywhere come to Egypt seeking the smart combination of the best personalized treatment with the unforgettable touristic experience at an inexpensive and reasonable overall cost. Patients or their insurer can save to 60% -80% of the US healthcare costs. Certainly these high costs are driving more patients toward Egypt for treatment. The lower cost of healthcare isn't an indicator of caliber, after all the standards maybe even better with greater patient satisfaction. Hence, the present study hypothesizes that:

H2a3: there is a significant relationship between medical cost and international patient's intention to visit Egypt as a medical tourism destination.

Destination image is defined as the concept of attitudes “the sum total of the beliefs, ideas, and impressions the tourist carries about the destination” (Crompton, 1979, p. 18). The destination image has been claimed to be related to a personal interpretation of tourists' feelings and beliefs towards a particular destination (Baloglu & McCleary, 1999; Bigne, Sanchez, & Sanchez, 2001). Previous studies have reported that destination image is formed from a complex process in which tourists develop a mental block based on their perceptions, ideas, beliefs, impressions, identities, or feelings towards a destination. Destination image is an important concept for tourism research for two main reasons. First, the destination image is undoubtedly one of the most pressing factors for tourists to decide to travel (Byon & Zhang, 2010; Chen & Tsai, 2007). Second, the destination image has been shown to have an effect on

the level of satisfaction of the tourists based on their destination experience (Chun, 1990; Lopez, 2011; May, 1975). Medical tourism destinations are developed mainly for economic reasons. Different destination offers unique value propositions in attracting this lucrative and growing market .

On the other hand, the induced image is derived based on information specific to tourism such as a vacation website, social media communication, or a destination brochure, where the information is formulated as part of the destination's marketing efforts.(Gunn, 1972; Moon et al., 2013). A review of the literature on medical tourism shows that the country's image is composed of several features. These features include tourist attractions, public infrastructure, reputation of hospitals, and quality of hospital services, medical facilities, and social environment and transportation services. Accommodation, support services, food, personal safety, and communication were those common elements that make up the image of a medical tourism destination (Gotecastera, 2010; Khan et al., 2016a; Khan, Chilia, and Haroun, 2016b; Lam, de Croce, and Fong, 2011; Viladrich & Baron-Faust, 2014). Based on above discussion, the present study posits the following hypotheses;

H2b: there is a significant relationship between destination specific and international patient's intention to visit Egypt as a medical tourism destination.

Tourists in general are at risk. Tourists will take into account the safety and security aspect in their choice of destination other than country profile and price (Ayob & Masroni, 2014; George, 2003). Safety and security are seen as the odds of a tourist encountering criminal activity (such as pickpocketing), the nature of the environment (such as an earthquake), or physical violence (Tan, Chung, and Ho, 2017). Safety and security have been recognized as prominent factors in tourism after the tragic terrorist acts of September 11th in the United States in 2001 (Zainal, Radzi, Hashem, Shek, Abu, 2012). Safety and security are two vital conditions for the success of the tourism industry (Ayob & Masroni, 2014; Pizam & Mansfeld, 1996). Safety and security is defined in this study as a state that is relatively free from the risks associated with crime, terrorism, food, transportation, and natural disasters. Safety and security are prerequisites for shaping a country's image (Chetthamrongchai, 2017; Saiprasert, 2011). the medical tourist are going to be traveled to Egypt due to the safety and security, the weather, festival and recreation activities, the seaside/beaches the variety of shopping places, friendliness of individuals the supply of travel-related information. The nice and cozy dry climate everywhere the year is that the milestone of medical tourism in Egypt; you'll be able to enjoy the proper climate in any season. Safety is paramount where health and medical services are concerned, and is of primary concern for those traveling to a different country to get such services. Hence, a well coordinated partnership between medical institutions and hotels

is required to satisfy the requirements of medical tourists. (Chacko, 2006). Thus, the present study hypothesizes that:

H2b1: there is a significant relationship between environment and safety and international patient's intention to visit Egypt as a medical tourism destination.

Tourism exists due to attractions. Attractions provide the energizing power of the travel and tourism system (Gunn 1988). Pull factors, as expected and mentally conceived by the potential traveler, provide the drive and magnetism to get from one point to the next. The success of any attraction depends on how visitors measure the benefits and the level of satisfaction with their visit. One way to describe attractions is to divide them into two groups, cultural attractions, historical attractions; this study compared the attractiveness of various tourist attractions in Egypt as representatives of these two groups. Cultural attractions. Cultural landscapes that differ from those in the tourist's homeland are part of the destination's overall attraction. The destination's unique cultural expressions, including religion, architecture, museums, art galleries, dress code, galleries, galleries and craftsmanship, add to its vacation charm and provide many avenues for exploration. Examples of cultural attractions in Egypt are traditional dances, sports, and music. Historical attractions. Tourists are interested in ancient ruins, castles, ancient homes, forts, battlefields, and other constructed sites that provide perspectives on the past. The main historical attractions in developing countries are mainly ruins of ancient civilizations, such as the pyramids and the Sphinx of Egypt. Many travelers wish to rediscover history by visiting these sites. Hence, the present study hypothesizes that:

H2b2: there is a significant relationship between cultural and historical attractions and international patient's intention to visit Egypt as a medical tourism destination.

The rise of medical tourism in countries is made possible by low wages for highly trained medical professionals, limited medical liability, availability of the latest medical technology, affordable international transportation costs, the emergence of the Internet, the emergence of new companies and agents who act as intermediaries between international patients and hospital networks, as well as government support. (Suthin, Assenov & Tirasatayapitak, 2007; Ormond & Mainil, 2015, pp. 154e163). Medical services in hospitals are generally promoted as modern, high-tech, and high-quality, and the experience of doctors (abroad) is frequently mentioned in order to legalize medical tourism as the practice and marketing of medical tourism as an option for the foreign public (Lunt, 2011, p.13).

In addition to information regarding medical procedures, physicians, and facilities, this literature indicates that other common features on websites for medical tourism facilities ( MTFs) include information on hospital accreditation; Costs; Guidance for international patients, and assistance in obtaining medical travel visas; Travel, leisure activity and accommodation reservation services; Book a medical appointment, process medical records, and translation services. In-country post-operative care / support; Patient testimonials or recommendations; Design / communication elements to demonstrate reliability such as photos, videos, and contact options for inquiries (e.g., email contact, phone number, postal address, information request form, and real-time chat rooms), virtual tours of medical facilities, and dates of the last update webpage (Fedorov et al., 2009; Lee, 2007; Penney et al., 2011; Smith & Forgione, 2007; Taylor et al., 2005; Ye, Yuen, Qiu, & Zhang, 2008). Thus, the present research posits;

H2b3: there is a significant relationship between tourism facilities and international patient's intention to visit Egypt as a medical tourism destination.

### 2.3.3 Push and Pull interaction

The relationship between push and pull factors Push and pull factors have generally been described as relating to two separate decisions made at two separate points in time - one focusing on whether to go and the other on where to go (Klenosky, 2002). Dann (1981) noted that “Once a decision has been made about a trip, where to go, and what to see or what to do (in relation to specific destinations) it can be dealt with. Thus, analytically, and often logical and temporary, the push factors precede the attractions. (Dann, 1981, p. 207; see also Dann, 1977, p. 186).

Contrary to this perspective, other researchers have suggested that push and pull factors should not be seen as completely independent of one another, but rather as fundamentally related to one another (Klinski, 2002). In particular, it has been observed that while internal forces drive people to travel, external forces of destination itself simultaneously attract them to choose that specific destination (Cha et al., 1995; Uysal & Jurowski, 1994). Likewise, Dann (1981) has indicated that “potential tourists in the Where to Go” report may also take into account various attractions that adequately match their motivational drive (Dann, 1981, p. 206). Research examining the interrelationship between push and pull forces has only recently been reported in the travel and tourism literature (Baloglu & Uysal, 1996; Klenosky, 2002; Oh et al., 1995; Pyo et al., 1989; Uysal & Jurowski, 1994) . Hence, the present study hypothesizes that:

H3: there is a significant relationship between pull factors and push factors.

H4: there is a significant relationship between push factors and pull factors

Based upon the above mentioned research hypotheses, the research constructs relationships are presented in Figure (1).

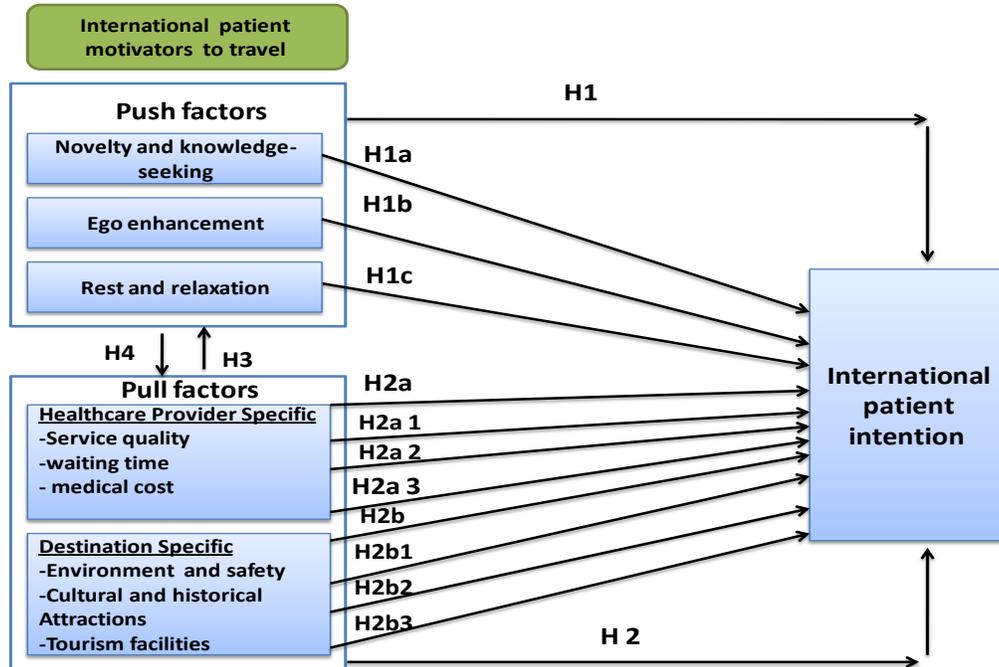


Figure (1): The proposed Model

### 3. Research methodology

#### 3.1 The population and sample

The sampling unit will be the international patients in the most popular medical centers and hospitals in Egypt which deal with medical tourism industry. (Such as Dar-Elfoaad hospital, 57357hospital, Magdi yacoub hospital, Air Force Hospital and Global Medical Center, German Saudi Hospital. Sharm Elshek international hospital and Ghoneim Center). The proposed research model will be tested in the context of health care service industry. The survey will be restricted to a list of all medical tourist hospitals in Egypt. The international patients in all medical centers and hospitals operating on the medical tourism industry in Egypt will be represented the population of the research. Based on ten times rule, Hair et al. (2014) suggested that the minimum sample size for PLS-SEM is ten times the higher number of paths

directed at endogenous variable. In this sense, the proposed sample is 100. A sample of 118 is taken to compensate for non response rate.

Data is collected from the international patients in all medical centers and hospitals operating on the medical tourism industry in Egypt. A snow ball sample is used; the sample size should cover the required minimum sample size to run the needed statistical analyses to test the proposed relationships in the conceptual model. Accordingly, the minimum sample size should be more than 100 to run the Exploratory Factor Analysis (EFA) to check the Common Method Bias. As well as, these 100 observations covers the needed sample size to run the Partial Least Squares-Structural Equation Modeling (PLS-SEM) that is needs at least 50 observations (5 independent dimensions \* 10 times), known as ten times rule.

### 3.2 Measure

Push factors is represented by three constructs; Novelty and knowledge seeking, Ego enhancement and Rest and relaxation. Novelty and knowledge seeking items were adapted from previous studies (Hanqin & Lam,1999), Crooks & Snyder, 2015; Culley et al., 2011; Walsh, 2014, Woodman, 2007 & Ferraretti, Pennings, Gianaroli, Natali, & Magli, 2010, Connell, 2006; Crooks et al., 2013. Ego enhancement measures were adapted from (Hanqin & Lam,1999) related to the concept of travel motivation, Horowitz et al., 2007; Alsharif, Labonte, & Zuxun, 2010; Gan & Frederick, 2015; Mariana & Sinescu, 2014. Whereas, Rest and relaxation adapted from previous studies ( Hanqin & Lam,1999) .

pull factors is represented by six constructs; service quality items adapted from Dagger et al. (2007) and Gallan et al. (2013) are also used to assess medical service quality, Debata et al., 2015; Manaf, Hussin, Kassim, Alavi, & Dahari, 2015; Sung et al., 2015; Wang, 2012. While, waiting time items adapted from Jackson & Barber, 2014; Johnston, Crooks, & Ormond, 2015; Johnston et al., 2012; Oh, Jun, Zhou, & Kreps, 2014. Also, medical cost scales adapted from Henderson, 2003; Martin et al., 2011; Ramamonjiarivelo et al., 2015; Wu et al., 2016. Environment and safety items were adapted from the scale items of (Hanqin & Lam,1999) in addition to some modifications to the measure to fit the current research context, cultural and historical attractions items were adapted from (Hanqin & Lam,1999) and were modified to be suitable for research site (Egypt), While , tourism facilities items were adapted from scale items of (Hanqin & Lam,1999) in addition to some modifications to the measure to fit the current research context, Finally, patient intention items were adapted from scale items of Zeithaml et al.(1996) and Bloemer, Ruyter, and Wetzels(1999) in addition to some modifications to the measure to fit the current research context.

#### 4. Data Analysis and Results

SPSS v.26 was used to describe the characteristics of the respondents, while Structural Equation Modelling (SEM) was used to evaluate the proposed model and test the relationships among the research constructs. More specifically, this research applies the PLS-SEM. Using Smart PLS v.3.3.2 (Ringle et al., 2015). SmartPLS v.3.3.2 (Ringel et al.,) was used because it does not create identification problems with small sample sizes. In this regard, the PLS-SEM use is much cited by scholars in various business disciplines such as tourism management (Ahmet & Kucukergin, 2018; do Valle & Assaker, 2016; Faizan et al., 2018). Accordingly, a PLS-SEM is applied using two-stage approach. While the first stage aims at building the measurement model using the Confirmatory Composite Analysis (CCA), the second stage aims to test the structural model. The CCA includes model specifying and identifying, item reliability, construct validity, and construct reliability. As well as the structural model includes the multicollinearity assessment, path coefficient, and predictive ability (Hair, Joseph F. et al., 2019; Hair, Joseph F. et al., 2020).

##### Sample Characteristics:

##### Demographic characteristics

The results from profiling the tourists' backgrounds showed that the majority of respondents were male (64.5%), married (76.6% %), and 35 to 44 years old (45.8%) Most of them had less than US\$7,500 income per month (77.5%); and had higher education degree (73.8%). The respondents of this survey were mostly from Arabs (54.2%). Most of the respondents (39%) were visiting Egypt for the first time, obtained information about Egypt from the Internet (38.0%), stayed at hotels (43.0%), stayed in Egypt 30 days (29%), and traveled to Egypt for Treatment and tourism (46.7%).

##### Factor analysis of push and pull motivational factors

Since the data of all of the study variables have been collected using single instrument, a shared variance between the study variables can be occurred. Hence, a common method bias should be checked. To check the common method bias, an Exploratory Factor Analysis (EFA) has been implemented to test the Harman's one factor (Jordan & Troth, 2020). Table (1) shows a summary of the EFA results that include the Harman's one factor part.

Table1, Summary of the EFA to test the common method bias

Component	Total Variance Explained					
	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	14.949	29.899	29.899	14.949	29.899	29.899
2	5.053	10.107	40.005	5.053	10.107	40.005
3	3.447	6.893	46.899	3.447	6.893	46.899
4	2.331	4.662	51.560	2.331	4.662	51.560
5	2.001	4.003	55.563	2.001	4.003	55.563
6	1.798	3.595	59.158	1.798	3.595	59.158
7	1.651	3.303	62.461	1.651	3.303	62.461
8	1.489	2.978	65.439	1.489	2.978	65.439
9	1.335	2.670	68.109	1.335	2.670	68.109
10	1.183	2.366	70.475	1.183	2.366	70.475
11	1.136	2.273	72.748	1.136	2.273	72.748
12	1.037	2.075	74.823	1.037	2.075	74.823
13	.953	1.906	76.728			
14	.922	1.844	78.573			
-	-	-	-			
-	-	-	-			
50	.033	.066	100.000			

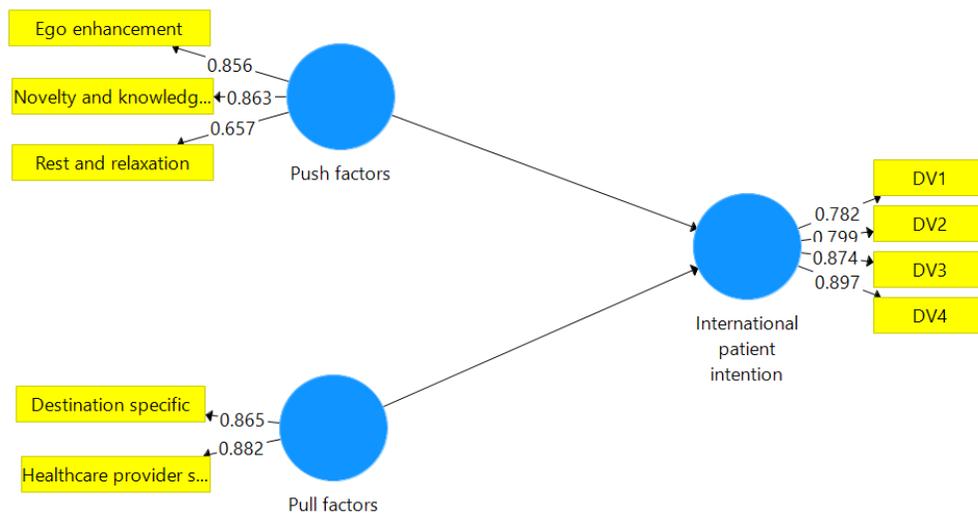
Extraction Method: Principal Component Analysis.  
Kaiser-Meyer-Olkin Measure of Sampling Adequacy = 0.785  
Bartlett's Test of Sphericity: Approx. Chi-Square = 4069.332. df= 1225, Sig. = 0.000

Table (1) illustrates that the EFA can be run with the current study sample size 107 since the KMO is 0.785 which is higher than 0.6. In addition, the Bartlett's test is significant. Hence, the total variance of the 14 factors of all measurement items is 78.573% which is higher than 50% (Pallant, 2011). Finally, the first factor, Harman's one factor, is only 29.899% which is less than 50% of the total variance of all 14 factors. Thus, the common method bias is not an issue in the current study.

The correlation test is incorporated in the current study statistical analysis to check the direction and significance of the relationships among the study variables. Moreover, a Pearson correlation test is applied to check the multicollinearity issue among the exogenous variables before applying the Structural Equation Modeling.

**Figure (1) , measurement model**

As can be clearly seen from figure (1), there are two exogenous variables and one endogenous variable. The exogenous variables are Push factor and Pull factors and the endogenous variable is the international patient intentions. All constructs are reflectively measured. The Push factors is a High Order Construct (HOC) that is measured in disjoint reflective-reflective two-stage approach. Where the first stage aims to validate the first order dimensions from the observed variables, the second stage aims to validate the second order construct from the latent scores of the valid dimensions. The same approach has been applied in the pull factors in disjoint reflective-reflective-reflective three-stage approach (Sarstedt et al., 2019). The international patient intentions construct is measured in a reflective first order way. It is worth noting that, the research builds the measurement model in figure (1) based on three subsequent



models. The first measurement model validates the Pull factors 6 strategies. The second model validates the Pull and Push 5 factors. The third model validates the two exogenous variables of the Push and Pull factors.

In addition, item reliability can be assessed using the outer loadings since all measures in the current research are reflective. The outer loading measures to what extent the items is correlated with the total scores of its construct. An item must be retained for the later stage if its outer loading is at least 0.708. Item must be removed if its outer loadings are less than 0.4. Item is nominated for deletion if their outer loading is between 0.4 and 0.708. A nominated item for deletion can be retained only if its counterpart items' increases can substitute its decrease. Otherwise, a nominated item should be removed (Hair, J.

F. et al., 2014; Hair, Joseph F. et al., 2017). Respectively, In order to build the measurement model, items IV2B3\_4, IV11\_1, IV11\_4, IV12\_1, IV12\_4, and IV12\_6 have been removed due to their outer loadings that are less than 0.708 and their counterpart items at the same construct cannot substitute their decrease. All other observed variables are retained in the three measurement models.

Moreover, construct validity can be assessed using the convergent validity and the discriminant validity. On one hand, the convergent validity measures to what extent the observed items are correlated together to measure their construct. A convergent validity can be established if the Average Variance Extracted (AVE) of the construct is at least 0.5(Hair, J. F. et al., 2014; Hair, Joseph F. et al., 2017). On the other hand, the discriminant validity measures to what extent the items of each construct make it discriminant and unique among other constructs at the same model. A discriminant validity can be established if the Heterotrait-Multitrait (HTMT) ratio of correlations is less than 0.9between a variable and each other variable at the same model(Henseler et al., 2015).Table 12 shows the results of the construct validity.

Table 2, Construct validity assessment results

Constructs	Convergent validity	Discriminant validity using HTMT0.9		
	AVE	International patient intention	Pull factors	Push factors
International patient intention	0.705			
Pull factors	0.763	0.712		
Push factors	0.636	0.397	0.865	

As can be seen from table (2), the AVE of each construct is higher than 0.5 as well as the HTMT is less than 0.9. Hence, the convergent and discriminant validity of each construct is well established.

Finally, the last step of the measurement model is to test the construct internal consistency. In doing so, the internal consistency can be assessed using the Cronbach's alpha and Composite Reliability (CR). A construct has the internal consistency if its reliability measures are at least 0.6 (Hair, Joseph F. et al., 2017)., Table (3) shows the results of the reliability tests.

Table (3), Construct reliability assessment results

Constructs	Cronbach's Alpha	Composite Reliability
International patient intention	0.865	0.905
Pull factors	0.690	0.866
Push factors	0.736	0.838

As can be seen from table (3), the Cronbach's alpha ranges between 0.69 and 0.865 as well as the Composite Reliability ranges between 0.838 and 0.905. Hence, all the study variables have the internal consistency using the reliability measures of the Cronbach's alpha and CR. To this end, the Measurement model's constructs are valid and reliable. Hence, a structural model can be tested.

### Testing the structural model:

Testing the structural model include the multicollinearity assessment between the exogenous variables, assessing the path coefficients, and testing the predictive ability of the model.

First, the multicollinearity assessment between the constructs is assessed via the Variance Inflation Factor (VIF). A VIF higher than 3 reveals a multicollinearity problem. In the current research, the VIF between the Push factors and Pull factors is 1.551 which is less than 3. This confirms the results of the correlation coefficient between the same constructs in table 11. Therefore, the multicollinearity is not an issue between the exogenous variables at the current structural model.

Second, the path coefficient is assessed by running a bootstrapping procedure with 5000 subsamples and 300 iterations of the two-tail test. Table (4) shows the results of the path coefficients to test the proposed hypotheses.

Table (4), path coefficient assessment

H	Paths	Beta	F2	t-value	p-value
1	Push factors -> International patient intention	0.049	0.002	0.515	0.607
1 a	Novelty and knowledge seeking -> International patient intention	0.119	0.014	0.978	0.328
1 b	Ego enhancement -> International patient intention	0.127	0.016	1.072	0.284
1 c	Rest and relaxation -> International patient intention	- 0.309	0.097	2.165	0.030
2	Pull factors -> International patient intention	0.542	0.281	6.240	0.000
2 a	Healthcare provider service -> International patient intention	0.339	0.113	3.141	0.002
2 a 1	Service quality -> International patient intention	0.171	0.019	1.199	0.231
2 a 2	Waiting time -> International patient intention	0.118	0.009	0.786	0.432
2 a 3	Medical cost -> International patient intention	0.042	0.002	0.502	0.616

H	Paths	Beta	F2	t-value	p-value
2 b	Destination specific -> International patient intention	0.358	0.129	4.139	0.000
2 b 1	Environment and safety -> International patient intention	0.461	0.136	3.295	0.001
2 b 2	Culture and historical attractions -> International patient intention	- 0.141	0.017	1.162	0.245
2 b 3	Tourism facilities -> International patient intention	0.009	0.000	0.075	0.941
3	Pull factors -> Push factors	0.617	0.616	7.614	0.000
4	Push factors -> Pull factors	0.617	0.616	7.614	0.000

**A path coefficient evaluation in table (4) shows the following results:**

The Push factors have a non-significant positive effect on the international patient intentions by 4.9% at confidence level 95%. Therefore, H1 is not supported.

The Novelty and knowledge seeking has a non-significant positive effect on the international patient intentions by 11.9% at confidence level 95%. Therefore, H1a is not supported.

The Ego enhancement has a non-significant positive effect on the international patient intentions by 12.7% at confidence level 95%. Therefore, H1b is not supported.

The Rest and Relaxation has a significant negative effect on the international patient intentions by 30.9% at confidence level 95%. Therefore, H1c is supported.

The Pull factors have a significant positive effect on the international patient intentions by 54.29% at confidence level 99.9%. Therefore, H2 is supported.

The Healthcare provider service has a significant positive effect on the international patient intentions by 33.9% at confidence level 99%. Therefore, H2a is supported.

The Service quality has a non-significant positive effect on the international patient intentions by 17.1% at confidence level 95%. Therefore, H2a1 is not supported.

The waiting time has a non-significant positive effect on the international patient intentions by 11.8% at confidence level 95%. Therefore, H2a2 is not supported.

The Medical cost has a non- significant positive effect on the international patient intentions by 4.2% at confidence level 95%. Therefore, H2a3 is not supported.

The destination specific has a significant positive effect on the international patient intentions by 35.8% at confidence level 99.9%. Therefore, H2b is supported.

The Environment and Safety has a significant positive effect on the international patient intentions by 46.1% at confidence level 99.9%. Therefore, H2b1 is supported.

The Culture and historical attractions have a non-significant negative effect on the international patient intentions by 14.1% at confidence level 95%. Therefore, H2b2 is supported.

The Tourism facilities have a non-significant positive effect on the international patient intentions by 14.1% at confidence level 95%. Therefore, H2b3 is supported.

The Pull factors have a significant positive effect on the Push factors by 61.7% at confidence level 99.9%. Therefore, H3 is supported.

The Push factors have a significant positive effect on the Pull factors by 61.7% at confidence level 99.9%. Therefore, H3 is supported.

In addition, the factors can be arranged based on the effect size (F2). And effect size of 0.02, 0.15, and 0.35 reflect weak, medium, and strong effect size. Accordingly, the push factors can be arranged from the most effective to the lowest effective factors following: Rest and relaxation (effect size = 0.097), Ego enhancement (effect size = 0.016), and Novelty and knowledge seeking (effect size = 0.014).

Similarly, the pull factors can be arranged as following: the Destination specific (effect size = 0.129) then the Healthcare provider service (effect size = 0.113). More specifically, the destination specific can be arranged as following: Environment and safety (effect size = 0.136), Culture and historical attractions (effect size = 0.017), then the tourism facilities (effect size = 0.000). Finally, the Healthcare provider service factors can be arranged as following: the Service quality (effect size = 0.019), Waiting time (effect size = 0.009), and Medical cost (effect size 0.002).

Moreover, most effective factor of the push factors is the Rest and Relaxation, and the most effective factor if the pull factors are the Destinations specific factors. More specifically, the most effective factor of the healthcare provider service is the Service quality and the most effective factor of the destination specific factor is the Environment and safety.

Finally, the predictive ability of the model can be evaluated via three criteria, namely, the coefficient of determination, the predictive relevance, and the PLS predict (Assaf & Tsionas, 2019; Shmueli et al., 2019). In this regard, the variance coefficient or coefficient of determination of 0.25, 0.5, and 0.75 reveals weak, moderate, and strong predictive power. In addition, a Blindfolding procedure to get the Q squared of 0.02, 0.15, and 0.35 reveals weak, moderate, and strong predictive relevance. Finally, if the Mean Absolute Error (MAE) of all, major, minor, none of the measurement items in PLS-SEM is lower than in Linear regression Model (LM), the PLS predict confirms the higher, medium, low, and none predictive power of the model. In this regard, table (4) reports the results of the model predictive ability.

Table (4), predictive ability evaluation

R2	Q2	PLS predict, k =5, r =10				
		Measurement items	PLS-SEM		LM	PLS – LM
			Q <sup>2</sup> _predict	MAE	MAE	MAE difference
0.328	0.212	DV3	0.264	0.614	0.617	-0.003
		DV4	0.297	0.643	0.652	-0.009
		DV2	0.100	1.100	1.101	-0.001
		DV1	0.091	1.094	1.110	-0.016

According to table (4), the model has a moderate explanation factor, R2 = 32.8% (less than 0.5). Moreover, the model has a moderate predictive relevance Q2 21.2% (less than 0.35). Finally, since these measures have shortcoming, the new PLS predict confirms the high predictive power of the model the mean absolute error of all measurement items in PLS-SEM are lower than in the LM.

## 5. Discussion

This research provides empirical evidence that adds to the industrial medical tourism literature, which still suffers from scarcity of empirical work. By measuring the relationships of push factors and pull factors on patient intention, Also, the interrelation push and pull factors on each other in a country whose culture is different from Western and Asian cultures.

The present research addresses three main objectives. The first and second objectives; were to distinguish important push motivation factors toward Egypt participants, and distinguish important pull motivation factors toward Egypt participants respectively. To address these objectives, four hypotheses were proposed for first objective which are H1, H1a, H1b, H1c and nine hypotheses were proposed for second objective which are H2, H2a, H2a1, H2a2, H2a3, H2b, H2b1, H2b2, and H2b3 as follows

H1: which stated that "there is a significant relationship between push factors and international patient's intention to visit Egypt as a medical tourism destination" Which have a non-significant positive effect on the international patient intentions by 4.9% at confidence level 95% Therefore, H1 is not supported ( $t=0.515$ ,  $p=0.607$ ).that's mean if the push motivations increase the patient intention to visit Egypt as a medical destination increase. Based on the effect size (F2), push factors (effect size =0.002) is the les strong effective factors than H2.

H2: which stated that "there is a significant relationship between pull factors and international patient's intention to visit Egypt as a medical tourism destination" The Pull factors have a significant positive effect on the international patient intentions by 54.29% at confidence level 99.9% Therefore, H2 is supported. ( $t6.240=$ ,  $p=0.000$ ). That's mean if the pull motivations increase the patient intention to visit Egypt as a medical destination increase. Based on the effect size (F2), pull factors (effect size =0.281) is the strong effective factors than H1. This results of H1 and H2 is reconfirmed that tourists' travel behaviors are driven by both internal and external forces. The push factors are internal and instill a desire for people to want to travel, whereas the pull factors are external and affect where to go based on destination attributes. The findings imply that both variables exert a positive and non-significant influence on buying intentions (push factors), and positive and significant influence on buying intentions (pull factors), in support of H1 and H2. The findings of this study consistent with the results of the study by Uysal and Jurowski (1994) who reported a relationship between push and pull factors.

H1a: Which stated that "there is a significant relationship between novelty and knowledge seeking and international patient's intention to visit Egypt as a medical tourism destination" The Novelty and knowledge seeking has a non-significant positive effect on the international patient intentions by 11.9% at confidence level 95%. Therefore, H1a is not supported ( $t=0.978$ ,  $p=0.328$ ). That's mean if Novelty and knowledge seeking motivational factor increase the patient intention to visit Egypt as a medical destination increase. Based on the effect size (F2), Novelty and knowledge seeking (effect size = 0.014) is the lowest effective push factors. This result is in consistent with Sangpikul (2008) argument that a certain reason to travel abroad is to seek a different experience or lifestyle that people cannot have in their usual environment. The results of this study also contradict the results of previous studies on the importance of researching novelty as motivational factors (Yuan & McDonald, 1990; Zhang & Lam, 1999; Jang & Cai, 2002; Sangpikul, 2008). Pearce, Lee (2005) and Huang (2010) also found that the search for novelty was among the most important and fundamental motivational factors. The results of this study do not agree with suggestions in a previous study, which stated that Asia was most likely preferred by those travelers seeking a new experience (Jang & Cai,

2002).while, such result contradicts with previous research (Dann, 1981; Uysal & Jurowski, 1994) which reveal that The Novelty and knowledge seeking categorized under pull factors which reflect the destination attractions

H1b: which stated that "there is a significant relationship between ego enhancement and international patient's intention to visit Egypt as a medical tourism destination" The Ego enhancement has a non- significant positive effect on the international patient intentions by 12.7% at confidence level 95%. Therefore, H1b is not supported ( $t=1.072$ ,  $p=0.284$ ). That's mean if ego enhancement motivational factor increase the patient intention to visit Egypt as a medical destination increase. Based on the effect size (F2) Ego enhancement (effect size = 0.016) is the second most effective push factor in this research. This result is consistent with Dan (1977) identified ego enhancement as one of the major motivators of travel; it is derived from the need for recognition obtained through status Granted to travel. Therefore, some people will travel to destinations due to of the prestige that they will gain from the trip. MacCannell (2002) states that the dominant commercially successful destinations for organized tourism the experience was to design herself with as much ego as possible. the original concept of ego tourism has been analyzed and expanded to include all types of travel that contribute to ego enhancement, and in this respect, ego tourism cannot be blamed as bad and socially unacceptable. On the contrary, the marketing professional can and should use them Opportunity to present products related to tourist ego. The ego factor has long been recognized in tourists' travel motives.

H1c: Which stated that "there is a significant relationship between rest and relaxation and international patient's intention to visit Egypt as a medical tourism destination" The Rest and Relaxation has a significant negative effect on the international patient intentions by 30.9% at confidence level 95% Therefore, H1c is supported ( $t=2.165$ ,  $p=0.030$ ). That's mean if Rest and Relaxation motivational factor increase while the patient intention to visit Egypt as a medical destination decrease. Based on the effect size (F2) Rest and Relaxation (effect size =0.097) is the most effective push factor in this research. This result is consistent with Jang and Cai (2002) in which their study findings reveal that rest and relaxation is the most effective push factor. Also, This result is contradict with (Crompton, 1979; Uysal & Jurowski, 1994) in which their study findings reveal significant positive relationship between push motivational factors named rest and relaxation and intention to visit destination. While, such result contradicts with previous research (Dann, 1981; Uysal & Jurowski, 1994) which reveal that rest and relaxation categorized under pull factors which reflect the destination attractions. These contradictions are due to new application which is medical tourism sector and due to new site of application (Egypt). And therefore the Patient belief that this push factor may be costing him more money despite his escape from the high price of treatment

in his home country. And therefore it is consider a new theory contribution for this study.

H2a: Which stated that" there is a significant relationship between healthcare provider specific and international patient's intention to visit Egypt as a medical tourism destination". The Healthcare provider service has a significant positive effect on the international patient intentions by 33.9% at confidence level 99% Therefore, H2a is supported. ( $t=3.141$ ,  $p=0.002$ ). That's mean if healthcare provider specific motivational factors increase the patient intention to visit Egypt as a medical destination increase. Based on the effect size (F2), healthcare provider specific (effect size =0.113) is the lowest effective pull factors than Destination specific (effect size = 0.129) pull factors. Also the result can be generalized (significant).this result is consistent with (Han, 2013; Han & Hwang, 2013; Lee et al., 2012) in which their study findings reveal that the efforts support patient customers have enjoyable medical tourism experiences and increasingly contribute to the numbers of international tourists incoming at clinics for medical treatment/healthcare/aesthetic services. Also, this result is consistent with Han, 2013; Han & Hwang, 2013; Lee, Han, & Lockyer, 2012) in which their study findings reveal that the more practical medical professionals, vast availability of medical/healthcare/aesthetic products, leading continuity of care, lower nurse patient ratio, more modern medical competence) likewise as service performance (e.g., hotel-style service training to produce true kindness and improve provider competence, increased numbers of well-trained service employees, more dynamic communication via same-language staff with premium medical knowledge) to draw in a greater number of international travelers.

H2a1: Which stated that" there is a significant relationship between service quality and international patient's intention to visit Egypt as a medical tourism destination". The Service quality has a non- significant positive effect on the international patient intentions by 17.1% at confidence level 95% Therefore, H2a1 is not supported. ( $t=1.199$ ,  $p=0.231$ ). That's mean if service quality motivational factors increase the patient intention to visit Egypt as a medical destination increase. Based on the effect size (F2), the Service quality (effect size = 0.019) is the most effective pull factors. This result is consistent with Previous literature which shown a strong relationship between motivational factor and service quality. Tourists who are highly motivated to travel to the chosen destination may view the quality of service as being higher than others. Regarding the relationship between the destination image and the quality of service for medical tourists, the result indicated that the intended image had a significant positive impact on the perceived quality. Likewise, Bigne concluded that the destination image is a direct precedent of service quality. Also, Ekinici (2004) posits, service quality functions as an antecedent of satisfaction. However, the converse relationship does not hold, in contrast with

the findings of Iacobucci et al. (1995). Furthermore, the results do not confirm those of McAlexander et al. (1994), who obtain identical results for models in which either perceived quality or satisfaction serves as the dependent variable. The findings do not match these identical results. Nonetheless, only with linear relationships appear in this research, which means that unidentified nonlinear relationships may exist. Some researchers even maintain that identifying the nonlinear effects between service quality and satisfaction may be possible (Taylor and Baker, 1994). Moreover, researchers consider the elements identified as components of satisfaction, including service quality, as critical. In this sense, Oh (1999) maintains that the value perceived by customers must appear in any study that attempts to evaluate service quality and satisfaction, because the combination of value and quality may intercede between consumer perceptions and satisfaction. Customer orientation is a common buzzword in the service industry. Ultimately, every effort made in the service industry aims at a higher level of service and a higher level of consumer satisfaction. Researchers have argued that positive perceptions of customer orientation correlate positively with perceived quality of service, the company's service environment, as well as the performance of company employees (Brady and Cronin 2001). As such, our understanding and examination of the physical service environment becomes critical if we aim to provide superior customer service and are seen in the minds of the consumer as being customer-oriented in our daily jobs. While, such result contradicts with previous research of Dann (1977) which reveal that the service quality categorized under destination specific pull factors that stimulate patient's external drive

H2a2: Which stated that "there is a significant relationship between waiting time and international patient's intention to visit Egypt as a medical tourism destination" the waiting time has a non-significant positive effect on the international patient intentions by 11.8% at confidence level 95% Therefore, H2a2 is not supported. ( $t=0.786$ ,  $p=0.432$ ). That's mean if waiting time motivational factors decrease the patient intention to visit Egypt as a medical destination increase. Based on the effect size ( $F2$ ), the waiting time (effect size =0.009) is the second most effective pull factors. The results of this study reveal that Egypt provides multiple treatments options at the same destination, the availability of immediate treatment options, and patient feel good about the diminish waiting time has significant impact on the motivation factors with medical tourists when choosing the destination. This result is consistent with (Lunt et al., 2013; Maheshwari, Animasahun, & Njokanma, 2012) in which their study findings reveal that the provision of immediate treatment options compared to long waiting times in home countries motivates medical tourists to access treatment abroad. Also, this result is consistent with (Culley et al., 2011; Hanefeld et al., 2015; D.H Kim, Sheppard, de Gara, Karmali, & Birch, 2015; Snyder & Crooks, 2010) In which their study findings reveal that the Patients

travel abroad to access medical procedures that don't seem to be Available in their home countries. These therapies include obesity therapies, vegetative cell therapies, or fertility treatments. And this result is consistent with (Andaleeb, 2001: Opperman, 1999) which stated that the reasons such as lack of medical insurance or underinsured, long roll and low exchange rates. Moreover within the year of 2011, 52% of health care consumers in France, 45% from Germany, and 36% from uk have expressed their frustrations with the long roll of medical treatment in their countries ("2011 Survey of Health Care Consumers Global Report Key findings, Strategic Implications,"2011). While, such result contradicts with previous research (Dann, 1981; Uysal & Jurowski, 1994) which reveal that the waiting time categorized under push factors that stimulate patient's internal drive.

H2a3: Which stated that" there is a significant relationship between medical cost and international patient's intention to visit Egypt as a medical tourism destination". The Medical cost has a non- significant positive effect on the international patient intentions by 4.2% at confidence level 95% Therefore, H2a3 is not supported. ( $t=0.502$ ,  $p=0.616$ ). That's mean if medical cost motivational factors decrease the patient intention to visit Egypt as a medical destination increase. Based on the effect size ( $F^2$ ), the medical cost (effect size =0.002) is the lowest effective pull factors. The findings of this study reveal that the medical cost in Egypt is affordable compared to alternative destinations, the medical cost is lower than my home country and the patient feel good about the medical cost. This result is consistent with (Census, 2013) which his study indicated that traveling outside boundary for healthcare is support by an aging population which needs further medical services, a growing number of people unaccompanied by insurance , increasing domestic healthcare costs along with easy traveling overseas. Also, this result is consistent with (Ehrbeck, Guevara, & Mango, 2008) which stated that the Medical travelers are encouraged to hunt care outside of their area of residence by many factors, including more advanced technology, quicker access, higher quality of care, or lower costs for care within the destination locality. And this result is consistent with (Crooks, Kingsbury, Snyder, & Johnston, 2010). Which revealed that international demand for medical interventions from developed countries has grown dramatically because of lower cost health care services which are provided within the respective countries. For example, around 750,000 Americans visit the developing countries in 2007 (Connel,2006). While, such result contradicts with previous research (Dann, 1981; Uysal & Jurowski, 1994) which reveal that the medical cost categorized under push factors that stimulate patient's internal drive. While, such result contradicts with previous research of Dann (1977) which reveal that the waiting time categorized under destination specific pull factors that stimulate patient's external drive. Also, this study in contrast with (Munt, 1994), Wheeler (2005) which stated that the Price -

Relatively higher compared to competing alternative products. It should include the "ego rental", meaning the value is higher because it reflects the "specialization" and "exclusivity" of the products and also the group to which the customer belongs.

H2b: Which stated that: there is a significant relationship between destination specific and international patient's intention to visit Egypt as a medical tourism destination". The destination specific has a significant positive effect on the international patient intentions by 35.8% at confidence level 99.9% Therefore, H2b is supported. ( $t=4.139$ ,  $p=0.000$ .) That's mean if destination specific motivational factors increase the patient intention to visit Egypt as a medical destination increase. Based on the effect size ( $F^2$ ), Destination specific (effect size = 0.129) is the most effective pull factors than healthcare provider specific (effect size = 0.113). this study is consistent with (Saadatnia & Mehregan, 2014, p. 156). However some years ago only a couple of hospitals and countries promoting themselves as medical tourism destinations, "today there are many hospitals and clinics and over thirty diverse countries elevating it" Regardless of the increasing number of nations supplying medical tourism, we "currently know little or no about many of the key features of medical tourism" (OECD, 2011, p. 14) and also the actual size of the industry. Despite the prominent and size of the medical tourism industry, there's an absence of empirical insights into the construct of nations as medical tourism destinations, This lack has been attributing to the shortage of a selected domain and statistically sound measurement system (Riefler, Diamantopoulos, & Siguaw, 2012). With increasing globalization; many countries are considering opening their health systems to greater cross-border movement of patients. this study is consistent with Crompton (1979) first sought to draw push motives and pull motives, The conceptual framework that he developed would influence the choice of a destination, and this approach implies that the destination can have a point of influence on vacation behavior in meeting an aroused need. .

H2b1: Which stated that "there is a significant relationship between environment and safety and international patient's intention to visit Egypt as a medical tourism destination". The Environment and Safety has a significant positive effect on the international patient intentions by 46.1% at confidence level 99.9% Therefore, H2b1 is supported. ( $t=3.295$ ,  $p=0.001$ ). That's mean if environment and safety motivational factor is high the patient intention to visit Egypt as a medical destination increase. Based on the effect size ( $F^2$ ), environment and safety (effect size = 0.136) is the most effective destination specific pull factors. This study reveals that the patient traveled to Egypt for friendliness of people, availability of travel-related information, safety and security, seaside/beaches, weather, variety of shopping places, and festival and recreation activities. This study is consistent with Maslow's (1943) which Studies focusing on need for security are still needed to examine whether young

travelers have a different approach to security than other older tourists. In general, security perceptions play an important role in tourism and travel (Williams & Baláž, 2015), so a lack of security is a disadvantage for some destinations and / or countries and an advantage for others. This underlines the importance of Maslow's theory (1943) for understanding contemporary society. Also, this study is consistent with Sangpikul (2009) compared the travel motives of Asian and European international tourists to Thailand. The study identified three pull factors (a form of attractions and tourism activities, travel costs, safety and hygiene) dimensions related to the travel motives of Asian tourists. As such Singh (2013) identified that legal protection for patients, in a very medical tourism destination, including safety laws and legal regulations to make sure compensation for malpractice, directly drives the expansion of medical tourism.

H2b2: Which stated that "there is a significant relationship between cultural and historical attractions and international patient's intention to visit Egypt as a medical tourism destination" The Culture and historical attractions have a non-significant negative effect on the international patient intentions by 14.1% at confidence level 95% Therefore, H2b2 is not supported. ( $t=1.162$ ,  $p=0.245$ ). That's mean if cultural and historical attractions motivational factor is low the patient intention to visit Egypt as a medical destination increase. Based on the effect size ( $F^2$ ), cultural and historical attractions (effect size =0.017) is the second most effective destination specific pull factors. In spite of the results showed that cultural and historical attractions were seen as an attraction that attracts international tourists to Egypt and the main goal of the tourists was to experience the multicultural society in Egypt and see historical places. But this negative relation between Culture and historical attractions and intentions is not supported by literature, this is due to the applying this research in new context which is medical tourism. Previous travel and tourism research has indicated the relationship between cultural and historical attractions of a destination and consumer perceptions of that destination as a whole (Echtner and Richie 1991; Gartner 1989, 1993; Mazanec 1994). However, most of these attractions were related to hotel stays, and landscapes ( Mansfield 1992). This study examines the role of the cultural and historical attractions in a completely different environment. Specifically, we examine the role of cultural and historical attractions within the context of medical tourism in Egypt. This study is contradicts with Dan (1977) which stated that attraction factors are a measure of a destination's ability to attract tourists. In this regard, cultural and historical attractions, which appeared as an attraction in this study, are seen as a feature of a destination that attracts international tourists to Egypt. The results of this study is not support the findings of you and O'Leary (2000) and Sangbekol (2008), regarding those cultural and historical landmarks that are important factors motivating foreign tourists to visit an overseas destination. This suggests

a good topic might be, 'Discover the rich Egyptian culture diversity!' Therefore, based on the results, historical attractions of Egypt should be developed as a major theme when marketing international patient travelers. This study is contradicts with previous researches due to the new context of application which is medical tourism sector, and due to new site of application (Egypt). Also, due to Patient belief that this pull factors may be costing him more money despite his escape from the high price of treatment in his home country. Therefore it is consider a new contribution for this study. The results of this study highlight the role of the environment in contributing to a customer-oriented heritage and cultural sector.

H2b3: Which stated that " there is a significant relationship between tourism facilities and international patient's intention to visit Egypt as a medical tourism destination". The Tourism facilities have a non-significant positive effect on the international patient intentions by 14.1% at confidence level 95% Therefore, H2b3 is not supported ( $t=0.075$ ,  $p=0.941$ ). That's mean if tourism facilities motivational factor is high the patient intention to visit Egypt as a medical destination increase. Based on the effect size ( $F^2$ ), tourism facilities (effect size =0.000) is the lowest effective destination specific pull factors. This study reveals that the patients traveled to Egypt because of the reasonable price, variety of tourist attractions, the quality of tourist places, convenience of traveling and ease of tour arrangement, and patient traveled to Egypt because of travel distance. Also, this study reveals that the destinations must thus be ready to meet customer expectations in terms of costs, facilities (such as accommodation, transportation, food, restaurants, and theme parks) and most significantly, the extent of quality offered. This suggests that from time to time, destination managers must leverage their offerings in ways in which meet customer needs and desires. Medical tourism in Egypt is World-Class Facilities and Access to Latest medical Technology. Plenty of hospitals that concentrate on medical tourism provide outstanding quality and repair. Equipment and facilities within these hospitals are up-to-date just like the leading hospitals in the world. This result is consistent with (Dann, 1981; Uysal & Jurovski, 1994). In which their study findings reveal that the motives such as beaches, weather, comfortable rhythm, recreational facilities, cultural attractions, novelty, education, expectation of benefits, and the marketing image will reflect the attractions. This study also supports the result of (Depata, Patnaik, Mahapatra, and Sri, 2015). Which stated that the quality of service for overseas medical facilities was the second most cited factor (238 articles, 58.5%) in medical tourism studies. this consistent with (Grepperud, 2015) study findings applied in medical tourism which stated that the International accreditation for medical facilities in tourist destinations is that the fourth most cited attraction, with nearly 40% of educational articles reviewed indicating the importance of accreditation.

The third research objective was to investigate the influence of the pull motivation factors on the push motivation factors in generating behavioral intentions of international patient toward Egypt as medical tourism destination and vice versa. For addressing this objective, hypotheses 3 and 4 were proposed.

H3: which stated that "there is a significant relationship between pull factors and push factors". The Pull factors have a significant positive effect on the Push factors by 61.7% at confidence level 99.9% Therefore, H3 is supported. ( $t=7.614$ ,  $p=0.000$ ). That's mean if pull motivational factors is intense it will trigger the push factors. Based on the effect size (F2), pull-push factors (effect size =0.616) is the same strong effective factors like H4.

H4: which stated that" there is a significant relationship between push factors and pull factors" the Push factors have a significant positive effect on the Pull factors by 61.7% at confidence level 99.9% Therefore, H4 is supported. ( $t=7.490$ ,  $p=0.000$ ). That's mean if push motivational factors is intense it will trigger the pull factors. Based on the effect size (F2), push-pull factors (effect size =0.616) is the same strong effective factors like H3. This result is consistent with Dann (1977). Push factors see the inner drives/desires of the travelers in pursuing a travelling activity while pull factors are the destination's attributes that attract travelers. This research offers a further view into the travelers' push and pull forces, Park et al. (2010, p. 307) stated, "Combinations of various push and pull motivations create perceptions of various tourism destinations." Chiang and Jogaratnam (2006) believed that the mix of psychological (push) and physical (pull) factors would motivate a tourist to plan a visit (p. 60). The result of this study is consistent with Klenosky (2002) suggested that the push and pull factors mustn't be viewed as independent factors but rather as associated with one another. this study result supported that although lots of research has been done on how pull factors are associated with specific push factors, more research is required on how push and pull factors are related, so this study examined the interrelationship between push and pull factors within the medical tourism industry in Egypt "by applying the idea of motivation and empirically testing it within the field of medical tourism and providing a coherent classification of medical tourism motives. This study is consistent with most tourism studies specialize in pull motivational factors, in some researches it's evident that pull factors are more frequently cited within the literature than push factors. A deeper understanding regarding why pull factors are more frequently cited within the literature, it's going to be that pull motivators are simply regarded by researchers because the primary drivers of medical tourism and, as such, efforts to raised understand which of them make the strongest contribution to "success" is logical. Alternatively, conventional wisdom in marketing would argue that understandings of the motives of the individual are critical to successfully meeting his/her needs and preferences.

Hence, it might be reasonable to propose that additional attention should be directed toward developing a stronger understanding of individual motives (push factors). This study is consistent with Jang, Bai, Hu, and Wu (2009), push factors are supported “socio-psychological needs that predispose someone to travel, and pull factors are ones that attract the person to a selected destination after push motivation has been initiated” (p. 55) which support the H4. In other words, “push factors are internal to the person and establish the will to travel, whereas pull factors are external to the individual and are aroused due to destination attractions” (p. 55).the result of this study findings indicates that the Pull factors come from within destinations, but these factors can help spark push factors which support H3. The destinations must thus be ready to meet customer expectations in terms of costs, facilities (such as accommodation, transportation, food, restaurants, and theme parks) and most significantly, the extent of quality offered. This suggests that from time to time, destination managers must leverage their offerings in ways in which meet customer needs and desires. While, such result contradicts the some researchers distinguish between the concepts of push and pull and only accept push factors as motivation (for example, Nicolau & Mas, 2006), while treating attractions as traits of destination. Hsu and Huang (2008, p.20) argued, "Even those studies that claim that attractions are a stimulus list them as destination traits and attractions." Bezam, Naumann, and Rachel (1979) argued that attractions didn't play any role in motivation and will be excluded from the study of real tourism, since attractions are merely logical explanations for sure tourism activities.

## 6. Managerial implications and recommendations

The study provides practical implications for managers, doctors, hotels, and service providers in medical tourism sector in Egypt and better understanding of travel drivers which might help destination planners understand the changing patterns of traveler behavior and also the ways during which these changes have evolved over time. The theories examined here - when mixed with marketing strategies - can facilitate the creation of more relevant promotional directions and properly aligned approaches, ensuring that destination offerings reach the foremost relevant and comprehensive customer bases. In light of the research findings and the insights gained from exploratory phase of the study, the destination marketing organizations and stakeholders, as they provide clues as to how their products are designed and aligned with the market. Marketers should consider the following:

First, understand key aspects of travelers' motivations, and improve how planners perceive travel behaviors and factors that influence their decision-making processes. Applications of travel motivation theories provide insights into the behavior of tourists in specific destinations, including, among other factors, what tourists are looking for, what they want to experience while on

vacation, the activities they are looking for and how they want to spend their comprehensive vacation.

Second, With respect to Maslow's Hierarchy of Needs (1943), the current study highlights that after a traveler's need is satisfied, the subsequent higher need arises. However, not all tourists have the identical needs, so further segmentation is extremely important so as to see the requirements and motivations of every segment at any given moment. The wants of tourists are constantly evolving and vary greatly between individuals. Therefore, planners must constantly adapt their offer to fulfill the wants, desires and expectations of tourists (Heather & Gibson, 2002) in step with age, gender, lifestyle, education and income. As societies evolve and use technology, so do consumers' needs.

Third, the results of this study highlight the role of the environment in contributing to a customer-oriented heritage and cultural sector, this study offers some empirical direction for managers of heritage/cultural attractions. As a result, there's an ongoing need for research examining ways to form tourism facilities / attractions more competitive and supply greater differentiation during a highly competitive market. This research provides some guidance for attraction managers to make sure that their attractions increase the revenue that's spent to entice the buyer and make a singular and memorable experience for his or her visitors.

Fourth, Combining current research and presenting various motivational theories as a coherent theoretical framework can provide a more robust understanding of the causes of medical tourists travel. This could help marketing managers and / or destination planners strategize their offerings. Application of theories to practical knowledge can encourage the choice of the most effective long-term policies and plans only, which might boost value creation and improve the way the tourism industry operates and integrates with its products.

Fifth, in discussions about travel motivations, the psychology behind traveler behaviors plays a very important role in shaping the general desire of these individuals to visit certain destinations. Understanding the behaviors of tourists and the factors that influence these patterns is critical to the success of tourism planners. According to Uysal et al. (2008, p. 413), "An improved understanding of travel drivers will aid in dividing markets, thus allowing tourism marketers to allocate scarce tourism resources more efficiently." In this way, planners can create specific products for different segments and promote their offerings accordingly. In addition, understanding the travel motives for the various tourism sectors and creating better products that meet their needs would allow destinations and tourism establishments to create optimal conditions for unforgettable tourism experiences.

Sixth, the role of the media is crucial in creating a distinctive destination image for Egypt in order to distinguish it from competitors within the region, by developing different images from other competing sites. The promotion will be more effective if marketers can position Egypt as a "land of multiple cultures", which differs in the Northeast African region. Convincing medical tourists to travel to Egypt to experience a multicultural environment. In addition, the tour packages related to various festivals should be included in the medical tourism packages. Tour packages should also be designed to provide tourists with opportunities to experience the locals' lifestyle (Homestay Program). Sangpikul (2008) proposed tourism marketers have to tie the motivational drives to the activities that the destination offers then package them to raised satisfy the target's needs. supported the exploratory study conducted in Egypt results of push and pull factor identified during this study, tourism marketers should try and develop the products that may satisfy the wants (push factors) of novelty and knowledge seeking with the products referring to cultural and historical attractions. This implication should be useful for destination marketers to focus on cultural tourism, particularly for the look of tour packages and marketing programs that specialize in multicultural and world heritage sites.

Thus, Pull factors, as explained by Dan (1977), can help planners increase and enhance destination offerings by promoting attractions that can include better prices, increased quality of service, and good infrastructure. The cited motivational theory provides marketers with a clearer understanding of the factors within their destination that are important to the travelers who choose the destination. Because quality of service is a factor that motivates tourists to travel, destination planners must understand how they have to improve their service standards to attract travelers. In addition, Quality defined within the present study as meeting the necessities of a customer's needs and desires and these requirements need to be above the expectations so as to own a protracted term relationship, stay within the business and have the competitive advantage over the competitors (Zakaria, Hamid, & Karim, 2009).

Furthermore, the results obtained will help reveal the current conditions at the destination and provide useful information to actors in the private and public sectors actively involved in the medical tourism industry. The results of the present study have implications regarding consumer motives in tourism as all the theories discussed remain relevant and new applications are frequently discovered. Among the foremost important aspects is how individuals' desires, morals, advantages, and prospects may be accustomed understand motivations for travel. Thus these aspects have to be taken into consideration when developing appropriate marketing strategies, appropriate advertising appeals and formulating the most effective methods for segmenting markets, product differentiation and positioning. As societies change rapidly and new needs

emerge - particularly at the technological level or driven by technology - policy makers and tourism planners, also as other destination stakeholders, must develop a greater awareness of the wants of medical travelers. Planners have to reply to this challenge with a powerful online and social media presence, implementing smart strategies that might function new drivers for medical travelers.

Finally, Analyzing medical tourism from a push and pull perspective is beneficial to the industry, as it allows portraying the whole picture of the industry and revealing its strengths and weaknesses. The push and pull factors analysis highlights the key points of what medical tourists need, also, the information gleaned from such studies also has implications for the medical and hospitality services in one organization and on the industry as a whole, provide valuable information on medical tourism establishments in terms of promotional activities, infrastructure development and superstructure. Moreover an analysis and comparison of push and pull factors in a particular country or region, as well as their interaction with the decisions made by medical tourists, will undoubtedly reveal the managerial and structural approaches taken by all market players in the medical tourism industry.

## **7. Limitations of the study and Future research**

Medical tourism has become an important industry that tourism organizations cannot ignore. Given that this niche industry brings together the medical and tourism sectors, and has enormous economic and social implications, especially in developing countries, studies in this area will be of great interest to researchers and practitioners in both sectors. This study acknowledges some limitations, in which these limitations may also provide fruitful areas for future research. These limitations must be overcome to improve the accuracy and validity in the interpretation of this study.

First, this investigation refers only to one sector and a specific geographical area. Consequently, further investigation would be useful for generalizing the results to other sectors and other geographical areas. Limited generalizability of the results to broader contexts due to the specific sampling context (non-probability sampling), so for future research (systematic sampling) may be applied. Second, the study is cross-sectional in nature and primary data collected at certain point of time not for a period of time (longitudinal research) as development of intention among customers can best be determined through longitudinal study. The study has not been able to take customers' past behavior into consideration. The data collected will be adequate for statistical analysis but for more accuracy and precision larger sample size could have been taken.

Third, the present study depends on perceptions of patients to investigate push and pull factor relationship (single cross - sectional) the usage of a single

source approach (patients) introduces limitations. Future research needs to expands this study to investigate both (doctors and service providers) perceptions (multi-cross sectional). Also, this study depends on descriptive and quantitative research which needs experimental method research for further research. Fourth, few factors were selected based on the result of the exploratory study on medical tourism sector in Egypt, further research should include other factors such as perceived value. Also recommending the development and testing of models that incorporate other moderators, mediators, antecedent variables, in an integrated model. Furthermore, the results provide concrete evidence of the role of push and pull drive in boosting visitor numbers; there is still a great deal of investigation that needs to be addressed. The relationship between motivational dimensions and demographic characteristics not addressed in this research, this finding contrasts with previous research (Chang & Jogaratnam, 2006), which found that demographic characteristics (education and income) affected the travel motivation of women traveling alone. Further research needed to address the effect of demographics on medical tourism sector.

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