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MEDICAL TOURISM AND THE ROLE OF E-MEDICAL TOURISM INTERMEDIARIES IN GREECE

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The aim of this paper is to investigate the tourist industry's satisfaction with medical tourism in Greece, the factors associated with its performance improvement and the ICT infrastructure underlying it. For this purpose, a nationwide survey was carried out in 2012. According to our findings, satisfaction of tourist company executives with their performance in handling the flow of medical tourists depends on the degree of company staff training on medical tourism. In addition, the important role of state agencies or local government in guaranteeing local infrastructure availability and quality is a fact that influences directly tourism entrepreneurship in the country. Obviously, medical tourism in Greece could constitute an important source of national income and consequently, an alternative for the country to exit the economic crisis, provided care is given to ICT infrastructure and legislation procedures.

Keywords: *Medical tourism, ICTs, e-medical tourism intermediaries, Greece.*

JEL Classification: *L83, M1, O1*

INTRODUCTION

As technology and medical know-how dissolved to emerging market countries, a new model of medical tourism – from rich to poor countries – evolved over the last two decades, and an increasing number of patients from developed countries have been travelling to medical centres of less developed countries in order to obtain certain medical services (Horowitz et al., 2007). It should be noted that numerous factors of medical tourist

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demand and supply have influenced this change of direction, such as the inability to obtain health service in their own countries, due to the high health care costs, the absence of public or private insurance schemes coverage, long waiting lists, the non existence of specific health technologies, contracting with well known western clinics and hospital universities and other ethical and religious issues (Connell, 2006; Horowitz et al., 2007).

Nowadays, the growth of the medical tourism industry usually follows the trends of general tourism as well as those of the national and/or international economy and medical tourism has a significant impact on countries' national economy as well as on the hospital budgets generating up to 10% of total revenue from international patients (Hungarian Central Statistical Office, 2010). According to international data, emerging markets in Asia, such as India, Malaysia, Singapore, Thailand, in Europe and Latin America are some of the most attractive and low cost medical tourist destinations. Rich country tourists started to exploit the possibility of combining tourist aspects with medical ones. (Horowitz et al., 2007). At the same time, USA and European hospitals – especially in the UK as well as in Germany – are able to attract foreign patients for high quality and specialized care (Hungarian Central Statistical Office, 2010).

Greece is one of the countries that has always invested in tourism. According to macroeconomic data, the Greek tourist industry accounts for 15.8% of GDP in 2012. Greece is among the countries with the highest demand on Mediterranean destinations and it also offers natural advantages, tourist infrastructures and expertise at a high level. It is a fact though, that international competition and the current economic crisis, in combination with political and social volatility that quite often make the news worldwide, have indeed had a significant negative impact on Greek tourism. Medical tourism is an alternative form of tourism in which Greece can and has to invest given its climatic and geographical characteristics. However, medical tourism has been very recently prioritised in the political agenda, mainly due to the economic recession and the tuff austerity measures taken in the country. Furthermore, data on medical tourist flows are poor and consequently, its impact on the health sector and the overall economy is difficult to estimate; in addition, lack of standardised and integrated information systems in the public administration across the country prohibits collection and elaboration of relevant data (Kavoura, 2012).

The integration of information and communication technologies (ICTs) into the organizational fabric of medical tourism businesses is an

important key to success. ICTs use in medical tourism affects the whole structure of the medical tourism industry, not only supply and demand side, but also medical tourism intermediaries (Lunt et al, 2012). Rapidly improving health care systems in some key countries, where new technologies have been adopted, (as for example India, Thailand and Mexico), in order to become important global destination, have upgraded and imported technology, absorbed western medical protocols and emphasized low cost and prompt attention, but also advertised as important the links to their IT industry (Connell, 2006).

In this context, the aim of this study was to investigate tourist executives' opinions, aspects and beliefs in medical tourism and to examine factors affecting their potential investments in Greece.

TOURISM HEALTH RELATED TERMINOLOGY AND HISTORICAL BACKGROUND

The concept of medical tourism is not new. The first record goes back thousands of years ago when the Greeks arrived in a small territory in the Saronic Gulf called Epidauria (today Epidaurus). This territory was the sanctuary of the healing god Asclepius and became the first travel destination for medical tourism. In the 18th century England, entire cities appeared with spas because of the existence of natural sources with mineral water that cured illnesses like bronchitis, while in other European countries sanatoria were built in mountainous areas for the treatment of tuberculosis (Horowitz et al., 2007). Since the end of the 19th century, richer citizens and the elite from underdeveloped countries travelled towards medical centers in more developed countries i.e Europe, for diagnosis and treatments which were not possible to obtain in their own countries. Also, rich patients from northern countries of Europe travelled towards tourist destinations such as the Swiss Alps and on the Mediterranean coast in order to be treated in sanatoriums for tuberculosis. In the last few decades, this emigrational flow has taken a new direction. More specifically, an increasing number of patients from developed countries have been travelling to medical centres of less developed countries in order to obtain certain medical services (Horowitz et al., 2007). Health insurance companies in the Developed World are also encouraging such packages, in order to enjoy cost cutting in their medical expenses. It should be noted that numerous factors of medical tourist demand and supply have influenced this change of direction, such as the inability to obtain health service in their own countries due to the high

health care costs, the absence of public or private insurance schemes coverage, long waiting lists, the non existence of specific health technologies, contracting with well known western clinics and hospital universities and other ethical and religious issues (Connell, 2006).

"Medical tourism" or alternatively called "health tourism" and "wellness tourism" is a term that has risen from the rapid growth of an industry where people from all around the world are travelling to other countries to obtain medical, dental and surgical care while at the same time touring, vacationing and fully experiencing the attractions of the countries that they are visiting. The factors that have led to the increasing popularity of medical travel include lower health care costs, limited time of bureaucratic procedures, convenience, affordability of a trip and 'exploitation' of the technology that has been developed in many countries (Ford and Fottler, 2000).This travel is "driven by the internet, progressively cheaper flights, improved physical connectivity between large numbers of nations, improving longevity and most importantly disenchantment with the delivery of healthcare in terms of quality and price in the countries people live in" (Garg and Bhardwaj, 2012: 115). This combination of medicine, i.e. providing complex medical services and tourism is a relatively new type of tourism showing a high rate of growth. It combines travelling with the provision of various, often serious medical services, such as operations, transplantations, plastic surgery, dental procedures, as well as other more simple medical interventions. This kind of health tourism most often involves cross border travelling, where the provision of medical services is the only or the primary motive for travelling (Connell, 2006).

There is definitely an overlap between health and medical tourism, which has been discussed by many scholars (Smith and Puczko, 2009; Harahshesh, 2002; Cornnell, 2006; Thelen and Travers, 2007; Helmy, 2011), the difference though between the use of terms "health and medical tourism" is based mainly on the type of intervention on the body (Cook, 2008). Health tourism aims to improve tourists' health status by relaxing in spa or providing alternative treatments, whereas medical tourism implies diagnosis, hospitalization and surgical operations to improve or restore health in the long term (Connell, 2006). Helmy, (2011: 294), defines health tourism as "travel for a wide range of health and wellbeing purposes such as healthcare, health assessment, surgery and operation, plastic surgeries, beauty, healing, cure, rehabilitation and convalescence, combined with leisure, recreational and cultural activities at the visited destination." Health Tourism in the broadest sense is defined

as the participation of tourists in private health care plans or programs related to health and hygiene at affordable prices and in collaboration with the tourism industry. Health Tourism refers to the prevention, retention, treatment, recovery and restoration of health with modern medical methods or natural methods, while combining rest, relaxation and entertainment. The basic idea is the physical, mental, spiritual and emotional rejuvenation of the individual away from the daily routine in a beautiful relaxing environment (Ford and Fottler, 2000).

The main aspects of health tourism can be distinguished in 'medical tourism' that appeals to tourists - patients that usually make use of specialized services of medical monitoring and treatment, and the 'wellness tourism', where the focus is balanced between medical treatment and tourism, and appeals to tourists who wish to enrich their holidays with services to improve or preserve their health (SPA, thalassotherapy, hydrotherapy) and all such activities are practiced under medical supervision. In the latter category falls the traditional 'spa tourism' (Ford and Fottler, 2000). Helmy, (2011: 296), introduces also the term wellness tourism, where the focus is on physical, body and spirit rejuvenation employing the "feel good" approach such as body pampering (for example herbal bath/mud bath), beauty and facial treatments, fitness programs such as massage, water exercise, sauna and thallassotherapy.

Medical or therapeutic tourism medical can be defined as travel to destinations to undergo medical treatments such as surgery or other specialist interventions (Smith and Puczko, 2009: 101) and refers to the primary and secondary sector of health services that are provided by established public or private organizations of the Ministry of Health and Social Solidarity to domestic or foreign citizens, where part of the services rely on the infrastructure or facilities that are provided by operators in the tourism industry (Leahy et al., 1995). There are three main groups of people who choose to travel abroad and stay in Health Tourism Centres (Leahy et al., 1995):

• People who choose to combine their travel on tourism and holiday with other reasons of preventive medicine and therapeutic treatment in the mental health sector that contribute to wellness and inner balance.

• People seeking specialized medicine and in general therapeutic recovery treatments of temporary or chronic disabilities alongside their holidays or other forms of tourism.

• People that because of chronic or special health problems such as: kidney failure, organ transplantation, chronic obstructive pulmonary disease (COPD), chronic alcoholism - detoxification, rheumatism -

orthopaedic diseases, diabetes, neurological, haematological and cardiological syndromes, cancer patients after radiation and chemotherapy, in practice are unable to go on holidays or to exercise other forms of tourism are excluded from the conventional forms of the tourism businesses and choose therefore to be directed to a facility that provides all the health services they need, but in an environment that its atmosphere does not resemble to a hospital.

In Greece, in an era of economic crisis, severe efforts are planned for the reinforcement of medical tourism, despite the fact that medical tourism initiatives and effects have not yet been measured. The purpose of this research was to investigate the tourist industry's satisfaction with medical tourism, since there are no similar studies in the specific field. More specifically, the study aims at identifying the dynamic of the field, its potential in relation to the Greek tourism industry, as well as the factors associated with its performance improvement and its growth in the country.

Greece can and should establish the conditions to achieve the goals for the development of medical tourism, ensuring the high quality standards of the provided services and to create an 'identity' of international acceptance, according to which the country will be recognized and distinguished, taking into consideration its cultural, natural and geographical advantages.

THE ROLE OF E-MEDICAL TOURISM INTERMEDIARIES

Internet is of special interest to the tourism industry, since websites may be the first and only contact with the potential customers (Katsoni and Kavoura, 2013). The hotel industry has realized the importance of the internet as an innovative distribution channel for disseminating information on products and services, for online purchases and for opportunity to communicate directly with e-consumers (Katsoni and Venetsanopoulou, 2012). The adoption of new technologies in rapidly improving health care systems in some key countries is a key issue in order to become an important global destination. India for example, has upgraded and imported technology, absorbed western medical protocols and emphasized low cost and prompt attention, but also advertised as important the links to its highly successful IT industry (Connell, 2006:1095). Deliberate marketing of medical tourism has as a result a globalization of health services' (Levett, 2005: 27), and advertisements for medical tourism invariably stress technology, quality reliability, and overseas training.

The rise of the Internet and the access to price information has facilitated growth in medical tourism, but also helped in the emergence of a third party intermediary (rather than being directly referred or receiving informal recommendations from a domestic consultant) and this emergence of new companies, "that are not health specialists, but brokers between international patients and hospital networks" Connell, 2006: 1095), act as advisers and help the consumer/patient select, negotiate and access health care abroad (Crooks, et al. 2010; Cormany and Baloglu, 2010). The need for the creation of these intermediaries mainly stems from medical tourists' lack of the technical knowledge to assess the quality and appropriateness of care and may struggle with a foreign language or navigating a different health system (Legido-Quigley et al., 2008). Thus, several medical tourism companies have differentiated themselves from their competitors by consistently managing to attract news coverage and by developing social media strategies that take advantage of free marketing opportunities provided by social media such as YouTube, Facebook, and Twitter (Turner, 2012) and in many cases, the main source of information on quality is provided by a consumer friendly website created by intermediary organizations (Lunt et al., 2010), which provides reassurance about the quality of treatments and the qualifications and competences of foreign providers and individual clinicians. Services provided by these e-medical tourism intermediaries, range from information about health care regulation, qualifications and special competences and other forms of specialization of the individual and/or public host country's providers, to typical travel agents' tasks, such as booking of hotels and flights according to the client's special requirements. Sometimes, special tailor- made surgical packages are offered, according to the medical market of the country of destination. These e-medical tourism intermediaries can be specialized travel agencies, electronic medical tourism guides (e.g. treatmentabroad.net) and specialized e-journals (e.g. International Medical Travel Journal-imtjonline.com). Network creation between hotels offering special services for medical tourists is also developed, as for example StarHospitals network) and these services can be included in the above mentioned services of e-medical tourism intermediaries.

It is difficult for most medical tourism companies however, to keep pace with the evolution of new technologies, the emergence of innovative advertising strategies, the changes in the consumer market, limited financial and human resources and the growing competition due to increasing globalization, and all these aspects impact the way medical

tourism destinations are promoted and developed. An example of this keen competition is the case of medical tourism companies in Canada, which were operating with distinct business models, and exhibiting varying degrees of business savvy and marketing sophistication, but, nevertheless, they failed despite widespread claims about the rapid growth of medical travel and the emergence of a global marketplace for health services; approximately half of all medical tourism companies established in Canada since 2004 are no longer in business (Turner, 2012, 2011). Keen competition and unregulation in the information provided through the medical tourism intermediaries are maybe the most possible threats in the latter's existence and function.

MATERIAL & METHODS

The survey was conducted nationwide through the use of a questionnaire given to 337 five- star hotels in Greece as well as to 28 member companies of the Hellenic Association of Professional Congress Organizers (HAPCO). Our focus was on non-cosmetic surgery and medical treatment. In this case, tourists sought sophisticated, often technologically advanced services that were typically not available in their home countries. The questionnaire was based on international literature with adjustments to the Greek reality. At first, a pilot survey was conducted so that the initial questionnaire would be corrected and rendered perfectly understandable. The pilot survey took place at 3 hotels and 2 member companies of the Hellenic Association of Professional Congress Organizers (HAPCO). The questionnaire was emailed to responders and it was sent back the same way. The questionnaire was based on international literature with adjustments to the Greek reality and consisted of 3 parts. The first part included questions regarding the demographic data of the population, the second part contained general questions regarding the executives' opinion on matters like the possible economic influence of medical tourism in the local community, the standards of the infrastructure on various types of activities, the possible state funding and the third included specific questions concerning the satisfaction of the medical tourism performance, the information given to tourists linked with medical tourism issues and in which type of medical tourism the country should invest in the future.

Descriptive and econometric analyses have been performed. The performance satisfaction with medical tourism has been used as the dependent variable. Tourism companies' satisfaction with their performance in medical tourism has been used as the dependent variable,

while staff training and local community support were used as the independent variables. Variables are expressed on a Likert scale of ascending order categories (1: Little, 2: Moderately, 3: Very, 4: Highly) and ordinal logistic regression was employed for the econometric analysis due to the ordinal nature of the variable.

RESULTS

According to our findings, 177 hotel and 15 members of HAPCO executives responded and completed the questionnaire, corresponding to a 52.5% and 53.6% response rate respectively.

Table 1. Demographic characteristics

	Frequency	Percent
Gender		
Female	40	20,8%
Male	152	79,2%
Age		
20-35	38	19,8%
36-45	72	37,5%
46-55	76	39,6%
56+	6	3,1%
Education		
High school -college	12	6,3%
University	105	54,7%
Master	75	39,1%
Family status		
Single	41	21,4%
Married	140	72,9%
Widow	2	1,0%
Divorced	9	4,7%
Position		
Owner	67	35,3%
tour-operator	4	2,1%

Executives	113	59,5%
Other	6	3,2%

Based on the descriptive analysis, the sample characteristics are presented in Table 1. According to table 1, the ratio of female and male respondents is 20.8% and 79.2% respectively. 39.6% has an age between 46 and 55 years old, 37.5% is between the age of 36 and 45 years old, 19.8% is between the age of 20 -35 years old and the rest 3.1% is above the age of 56 years old. Regarding the issue of education 54.7% of the respondents have a University degree, 39.1% have a master degree and the rest 6.3% is a graduate of either a high-school or a college. On the issue of family status, 72.9% of the respondents is married, 21.4% is single, 4.7% is divorced and the rest 1% is widow. Finally, 59.5% of the respondents are executives, 35.3% are the owners of the hotel, 2.1% are tour operators and the rest 3.2% gave a different answer.

In table 2 the level of tourist information on issues of medical tourism is presented. The table shows that almost half of the responders (43.3%=10%+27.2%+6.1%) considered at least moderate the information given to tourists on issues of medical tourism while 45% considered that the amount of information is not enough. Also 11.7% of the respondents refused to answer or they did not have an opinion on the specific issue. It is obvious that the employees are divided on this issue which could be interpreted as a sign that the level of tourist information on issues of medical tourism should and can be improved not only by increasing the quantity of the information given but improving also the quality of the information.

Table 2. Level of tourist information on issues of medical tourism

	Frequency	Percent
Little	81	45.0
Moderate	18	10.0
A Lot	49	27.2
Very much	11	6.1
I don’t know/refuse to answer	21	11.7
Total	180	100.0

The level of personnel training on issues of medical tourism is presented in table 3. Almost half of the responders (46%) evaluated at low level the personnel training on issues of medical tourism while 45.4% evaluated the training as at least sufficient. Also 8.6% of the respondents refused to answer or they did not have an opinion on the specific issue. It is obvious that the executives are divided on this issue which could be interpreted as a sign that the level of personnel training on issues of medical tourism should and can be improved by increasing not only the time of training but also improving the quality of the training.

Table 3. Personnel training on issues of medical tourism

	Frequency	Percent
Little	86	46.0
Moderate	20	10.7
A Lot	52	27.8
Very much	13	7.0
I don't know/refuse to answer	16	8.6
Total	187	100.0

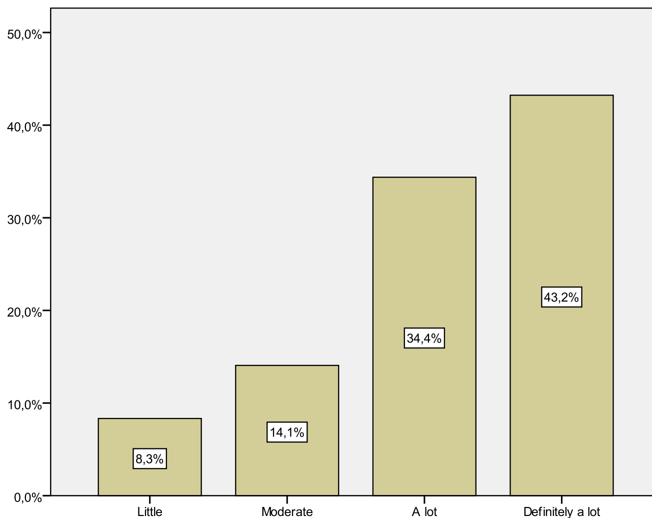

Figure 1. Ability of local community to support medical tourism

According to figure 1, it seems that the majority of the executives (91.7%) evaluated highly this ability and only 8.3% evaluated at a low level. They also stated that the local community is ready to support medical tourism if it has the chance to do so.

In table 4 the performance satisfaction with medical tourism is also presented. The majority of the executives (58.7%) has a low level of satisfaction while 29.3% are at a medium level satisfied. Also 12% of them refused to answer or they did not have an opinion on the specific issue. It can be noticed from above that the degree of satisfaction is low regarding the performance of medical tourism in Greece.

Table 4. The performance satisfaction with medical tourism

	Frequency	Percent
Little	108	58.7
Moderate	32	17.4
A Lot	20	10.9
Very much	2	1.1
I don't know/refuse to answer	22	12.0
Total	184	100.0

In table 5 the results of the econometric analysis are presented. The econometric analysis indicates that the likelihood of being satisfied with medical tourism in the company is positively associated with personnel training on medical tourism (OR=1.84). Additionally, the higher the ability of the local community to support medical tourism, the lower the likelihood of tourism companies to be satisfied with medical tourism (OR=0. 29). Both McFaddenR2 (0.2273) and Likelihood Ratio Tests ($p<0.001$), are satisfactory.

It is revealed that the ability of local community to support medical tourism affects in a statistical significant level the degree of satisfaction (p=0.000). The same applies for the personnel training on medical tourism (p=0.014). Moreover the direction of influence for the personnel training is positive while for the ability of local community to support medical tourism is negative.

Regarding the index McFadden R2 = 0.2273 (satisfactory values above 0.20), and the pLikelihood Ratio Test<0.001, the model can be considered at least sufficient. Moreover on the basis of Link Test, the

model does not have any specifications error since phat<0.05, phat2>0.05.

Table 5. Multiple logistic Regression
(The performance satisfaction with medical tourism)

	OR	**Std. Err.**	**z**	**P>z**	**95% Confidence Interval**	
Personnel training on medical tourism	1.844512	.4597647	2.46	0.014	1.131645	3.006442
Ability of local community to support medical tourism	.295038	.0745383	-4.83	0.000	.179817	.4840891

DISCUSSION

The purpose of this study was to investigate the performance satisfaction with medical tourism in Greece. Therefore a nationwide survey was carried out which aimed to the population consisted of all the 5-star hotels across the country and the companies-members of the Hellenic Association of Professional Congress Organizers (HAPCO). Despite the fact that the majority of the executives evaluated highly the ability of local community to support medical tourism, the level of satisfaction was stated low regarding the performance of medical tourism in Greece. An explanation behind this low rated satisfaction might be due to the executives' belief that medical tourism has not been satisfactorily exploited in a professional way in the country. Initial indications regarding the lack of professionalism seem to be the low rate evaluations of personnel training on issues of medical tourism.

Furthermore, the personnel training on issues of medical tourism along with the tourist information given on issues of medical tourism was evaluated below average. This result indicates that the environment for investing in medical tourism is fruitful if the right choices will be done. The support of the local community which is the most important factor has a strong presence, suitable therefore environment for investments.

Meanwhile, the level of tourist information on issues of medical tourism has some problems that must and can be improved in the future, not only by increasing the quantity of the information given but also improving the quality of the information. Even though executives believe that the local community is in favour and supportive of medical tourism, it seems that executives are dissatisfied from the government and tourism decision makers' performance. It should be also noted that our finding regarding the low level of the executives' satisfaction was almost expected, since decision making in medical tourism always refers in the political agenda without the proposed measures and legislation being finally enacted and realised.

The authors argue that the medical industry also needs active promotional programmes and government support in terms of ICTs implementation and that a cohesive effort by the various sectors like travel, tourism and healthcare will further give an impetus to the upcoming industry.

CONCLUSIONS

The outcome from the whole analysis was that tourism companies' satisfaction is low regarding the performance of medical tourism in Greece. Training is a key factor in boosting staff skills and increasing the share of medical tourism in the company's turnover. Moreover, the high level of staff training is expected to increase satisfaction and improve the quality of the medical tourism services provided. High class hotels have the ability and the relevant infrastructure to develop it, provided that the whole ICT infrastructure integrates successfully in the organizational fabric of medical tourism businesses. Network creation and cooperation among all relevant medical tourism stakeholders, public and private, is necessary, in order to coordinate efforts for the successful development of this particular tourism destination.

Obviously, medical tourism in Greece should constitute an important source of national income and consequently, an alternative for the country to exit the economic crisis. Since, medical tourism has been very recently prioritized in the political agenda and given that there is a positive willingness to invest in this field, further research is needed on their potential impact on the national economy.

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