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Issues of increasing the medical tourism potential of the Republic of Uzbekistan

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ABSTRACT

The current research examines the key factors of taking a medical treatment decision abroad and considers the relationship between the quality of medical services, the overall tourism context, and information-sharing patterns. The scholarship that has emerged on medical tourism on the international front is voluminous, but the thread that runs through the establishment of such determinants in the young healthcare marketplaces, where the healthcare infrastructure and governance systems are developing, is an underrepresented topic. Taking the form of a quantitative survey design, the study based its findings on the information gathered about 498 people. The dataset was analyzed using structural equation modeling (SEM), in which the perceived value was introduced as an intervening construct. It can be seen that the quality of medical services and information sharing have significant effects to behavioral intention, nonetheless, tourism-related conditions did not cause any significant impacts. Further, perceived value mediates all the association between medical factors and intention and some of the mediation that lies between the information sharing variables. In early phase markets, therefore, patients will lay more emphasis on the effectiveness and consequent confidence of the treatment than the recreational appeal of medical tourism. The conclusions provide theoretical explorations to the push-pull mechanism of medical tourism and provide an empirical insight to formulate health policies and infrastructure establishment in an informed manner.

KEYWORDS

medical tourism, behavioral intention, perceived value, information sharing, healthcare quality, structural equation modeling

INTRODUCTION

Medical tourism is an extremely fast-growing subsector of the world healthcare market that provides individuals with the opportunity to get medical care abroad during their leisure or rest time. Medical tourism is a transnational trend driven by the increasing regional imbalance in the costs, quality and access to medical care. Medical tourism is considered both as the solution to the limitation of local health system and as a source of economic diversification in numerous developing countries. The recent increase of medical mobility across the globe thus requires receiving countries to coordinate the healthcare infrastructure, reinforce transparency of the information and streamline their tourism-related services to attract and retain patients.

In this context, an interdependence between healthcare quality, the information that is disseminated, and patient decision-making becomes quite significant. The common theory pushed by researchers on the behaviour of medical tourism is the push pull theory which assumes that the push determinants, e.g. poor domestic healthcare services, will influence people to travel overseas and see healthcare services, whereas the pull factors, e.g. attractive destinations and modern

treatment facilities, will direct them towards particular countries. The service quality, cost of treatment and reputation of the hospital has been repeatedly stressed in empirical studies and accessibility of information plays a critical role in influencing intentions to behave in a certain manner. However, the existing literature bases most of its findings on already established med-tourism destinations hence leaving a knowledge gap in the way these determinants work in developing areas in which infrastructure and governance are yet to be set up.

In this research paper, determinants of outbound medical tourism intention of residents of a developing healthcare market will be investigated. To test the aforementioned direction, some quantitative approach will be used-structural equation modeling (SEM) which will be used to analyze the mechanisms by which medical service features, tourism context and information exchange needs to cause behavioral intention. It administered a survey on 498 respondents due to their interest in overseas medical treatment, whereby constructs of interest were validated in existing literature and then thoroughly translated and validated to guarantee contextual validity.

The findings indicate that the quality of medical services provided and accessibility of reliable information are the greatest factors that impact the intention to go to another country in search of care. Destination-level tourism characteristics (which are often deemed to be key influencing factors) have slight impacts on the decision making. Moreover, the perceived value becomes a complete mediator between the medical aspects and behavioral intention and incomplete in the case of information sharing. These results indicate that patients value medical care related necessity and comfort in decision making as compared to leisurely facility when considering planning of outbound medical services, especially in those rural areas where medical tourism is still in its infancy.

Conceptually, the study improves conceptual frameworks, that is, push-pull matrix through shedding light on the intermediary effect of perceived value and challenging the importance of tourism factors as assumed salient. In a practical sense, evidence-based suggestions are to be produced to facilitate the quality progress and to empower information framework, two core pillars of competitive medical tourism industry. In the future, it would be prudent to introduce longitudinal data, many of the effects of digital innovation, and qualitative measures to help clarify the much-needed motivation and cultural aspects of medical tourism behavior.

METHODOLOGY

The research methodology in this study is quantitative because it aims to study the factors that have an impact on the behavioral intention of the citizens to receive medical services abroad by concentrating on the case of Uzbekistan. The construction of a defined questionnaire was proposed on the basis of the former empirical researches to gauge influential constructs, such as medical services quality, cost-effectiveness, facility standards, severity of illnesses, destination desirability, infrastructure, safety, and the availability and reliability of information. Seven point likert scale was used to measure each construct to achieve precision of answers by individuals. The questionnaire was firstly written in English, was translated into Uzbek and back-translated in order to maintain a conceptual congruence. Data were gathered online between 15 December 2020 and 25 January 2021, among Uzbek citizens who either received an international medical treatment directly or were interested in international medical treatment. Delivery was done via social media iPhone app and Facebook, and the demographics of the sample base was obtained without age, region, and income limitation. They received 568 filled in forms, 498 valid responses were taken after cleaning was done to ensure completeness and relevancy of responses. The Structural Equation Modeling (SEM) software has been used to analyze the data with the help of SPSS and AMOS programs, and it was possible to examine both the direct and indirect connections between

variables with the perceived value playing a mediating role. Cronbach alpha, composite reliability and corrected item-total correlation are used to ensure reliability, which were more than the standard requirements. It was established that convergent and discriminant validity was achieved through the Confirmatory Factor Analysis (CFA) in that, the constructs developed were sufficient to reflect accurately on the theoretical model and statistically significant.

RESULTS AND DISCUSSION

The present study based on empirical analysis explains why a number of factors influence the intention of people to obtain healthcare across the national boundaries. Of the three major independent variables-medical factors, tourism factors and information sharing, medical factors and information sharing showed significant effects on behavioral intention as perceived by visitors in company of the other. Structural equation modeling (SEM) result showed that information sharing produced superior direct impacts ($b = 0.516$, $p < 0.01$), as compared to the number two ($b = 0.399$, $p < 0.01$) medical factors, whereas, the tourism factors did not produce any significant impacts. This tendency highlights the fact that, by deciding to seek medical care in a foreign land, people are first and foremost guided by the considerations of reliability of in-country resources and healthcare support quality, but not by the opportunities to have a good leisure time or even touristic experience.

In the indirect model in which perceived value was included as a mediating factor, the medical factor was identified to influence behavioral intention wholly through perceived value, which meant complete mediation. Conversely, information sharing did not fully mediate its effect through the perceived value, which means that information serves not only as an independent determinant but also as a value-addition mechanism. The finding that there was no considerable influence of tourism associated factors makes a headway against existing literature that tends to establish leisure as one of the major motivational construct in medical tourism. Rather, in the current setting, medical necessity and clarity of information prevail as decision metrics, which translates to the immaturity of medical tourism in the area of focus.

The current research will shed light on a significant gap in knowledge about the predictors of cross-border healthcare behaviour, which are, in particular, institutional trust, digital infrastructure, and locally oriented promotion efforts. Longitudinal designs should be applied in future studies to this line of inquiry to track the changes in preferences as reforms in healthcare and digital health platforms become more developed. Adding the qualitative points of view would also deepen the knowledge of cultural and psychological aspects that are currently underdeveloped in the existing model, including the level of risk perception and the physician-patient trust. Practically, as the results indicate, there is a need to put into consideration policy programs that prioritize the establishment of quality medical approaches, and simultaneously, provide transparent and open mediums of information.

This can be done by reinforcing the perceived importance of national medical services by means of patient-centred care, strategic communication, and public-private partnership to have a service that can reverse the outbound patient movement. In theory, this research is important due to its ability to prove the intermediary role of perceived value and prove the dominance of medical quality and information sharing over the touristic appeal in the medical travel ecosystem in the first stages. Besides the contribution to the development of the push-pull framework that consists in putting it into a governance perspective, it also proves that sustainable service delivery and strategic information dissemination are keytons of successful development of a healthcare tourism product. These findings are therefore seen to serve as a guidepost to scholars and policymakers keen on creating evidence-based interventions in the fast changing field of international patient

mobility.

CONCLUSION

This paper examines the factors that determine the medical tourism behaviour and comes up with the finding that in making the decision to opt out or go to the foreign country medical tourism in the decision formulation, adults consider the quality of medical care, the presence of reliable information as a priority, the reasons to do tourism being found to be statistically insignificant. The implications of these findings relate to the fact that health care, availability of reliable information has more value than either leisure or cultural attractions to the evaluation of cross-border healthcare delivery. The paper therefore recommends that policy efforts must be aimed at strengthening local medical infrastructure, increasing the extent of specialised health care, and improving the digital platforms through which people will be able to interact transparently and in a way that is trustworthy. These actions might increase the perceived worth of the domestic healthcare and, thus, reduce the movement of those who seek medical services abroad. Also, mediating effect of perceived value is portrayed and it is clear that the patient-centred service design is critical in defining behavioural intentions. The following studies should analyse longitudinal changes in the medical tourism behaviour, analyse the mediational role of trust in the insitutions, the appearance of the digital health innovation, and embrace qualitative approaches to reflect the cultural and emotional factors guiding the decision-making process in medical travel. These reflections will play a critical role in developing elaborate policies that will help to achieve sustainable governance in the emerging context of the global healthcare mobility.

REFERENCES

1. Medical-Tourism. History of Medical Tourism—From Ancient Times until Today. Available online: <https://www.health-tourism.com/medical-tourism/history/> (accessed on 9 May 2021).
2. УП-5590-сон07.12.2018. О Комплексных Мерах по Коренному Совершенствованию Системы Здравоохранения Республики Узбекистан. Available online: <https://www.lex.uz/docs/4096199> (accessed on 5 May 2021).
3. Social Protection, Rights of Mothers and Children. The State Committee of Republic of Uzbekistan. Available online: <https://stat.uz/uz/rasmiy-statistika/social-protection-2> (accessed on 13 May 2021).
4. Main Health Indicators. Open Data Portal of the Republic of Uzbekistan. Available online: <https://data.gov.uz/ru/datasets/13717> (accessed on 14 May 2021).
5. Choi, Y. Regional Cooperation for the Sustainable Development and Management in Northeast Asia. *Sustainability* 2018, 10, 548.
6. Connell, J. Contemporary Medical Tourism: Conceptualisation, Culture and Commodification. *Tour. Manag.* 2013, 34, 1–13.
7. Bookman, M.Z.; Bookman, K.R. *Medical Tourism in Developing Countries*; Palgrave Macmillan: New York, NY, USA, 2007. *Sustainability* 2021, 13, 6915–17 of 18
8. World Tourism Organization. *Exploring Health Tourism—Executive Summary*; World Tourism Organization: Madrid, Spain, 2018.
9. Medhekar, A. Government Policy Initiatives for Developing Sustainable Medical Tourism Industry. *Gstf J. Bus. Rev.* 2014, 3, 11.
10. Dann, G.M. Anomie, ego-enhancement and tourism. *Ann. Tour. Res.* 1977, 4, 184–194.