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Health Services Exports: Case Study of Wellness Travels

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Executive Summary

Nowadays, health services trade (otherwise called medical tourism) is becoming more and more popular (20% annual growth worldwide). Due to that, competition in the field is also increasing; thus, in order to stay competitive, one must understand medical tourists' behaviour and act accordingly. With this in mind, the purpose of the research is to investigate consumer behaviour in medical tourism and analyse health service exports' attractiveness in Lithuania. By using a case study of a local medical tourism facilitator Wellness Travels, the research investigates what changes would improve Wellness Travels' attractiveness to their customers and competitive position in the market. A well-balanced empirical research is made, including an analysis of previous literature, semi-structured interviews with medical tourism stakeholders, secondary data from the field and a quantitative survey to (potential) medical tourists. All this is summarised through the 4P Analysis and the Theory of Planned Behaviour to bring practical conclusions that can be implemented by Wellness Travels within their international strategy. Results show that lower price, shorter waiting time and higher quality of medical treatment positively influence medical tourists' satisfaction. At the same time, perceived behavioural control, attitudes and subjective norms towards Wellness Travels positively influence medical tourists' behavioural intention to choose the company's services. Furthermore, those who are younger, earning less, are living not in their home country or have been on a medical tourism trip before have a higher intention of going abroad for a medical tourism trip. Such consumer behaviour insights help the company to create a well-balanced marketing mix strategy designed to increase their competitiveness. At the same time, a theoretical basis for further research on the topic is put by proving that the Theory of Planned Behaviour can be well used to understand consumer behaviour in the medical tourism industry.

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1. INTRODUCTION

1.1 Health Services Exports Background

Nowadays, trade in services is becoming more and more popular, leading to a more integrated world economy. This is due to the fact that globalisation is increasing, while trade tariffs are getting lower. Trade in services facilitates know-how, idea and technology exchange, which makes the services of higher quality (OECD, 2017). This is especially seen in the EU, where free trade and movement is dominating. The rate has almost quadrupled in the region in the years 2000-2016, rising from 245,243 to 870,456 millions of dollars (Figure 1).

One of the phenomena that benefits from this is health services trade (or otherwise called medical tourism). The phenomenon define people travelling abroad for accessing medical treatment, and, if possible, having a holiday at the same time. Among other factors, this is mainly due to the fact that people are seeking for a better price and/or quality of healthcare

Figure 1: Trade in services in the EU: Exports, Million US dollars. (OECD, 2017)

(Glinos & Baeten, 2006). Normally, such a trip takes around a week, having the necessary treatment on the first days, and staying for rehabilitation and sightseeing for the rest of the trip. However, the latter is only done when simple medical procedures are made (e.g. dermatology treatments or beauty injections), which do no limit the movements of patients. After all, the primary focus of a medical tourism trip is receiving the treatment itself (G. Kondrackis, personal communication, March 30, 2017).

The increasing rates of medical tourism can be explained by cheaper and better air-travel, similar healthcare quality among low-income and high-income countries, as well as effective global communication via the Internet. This allows healthcare providers to market their services abroad, and thus export them afterwards (Lunt et al., 2011). It is estimated by
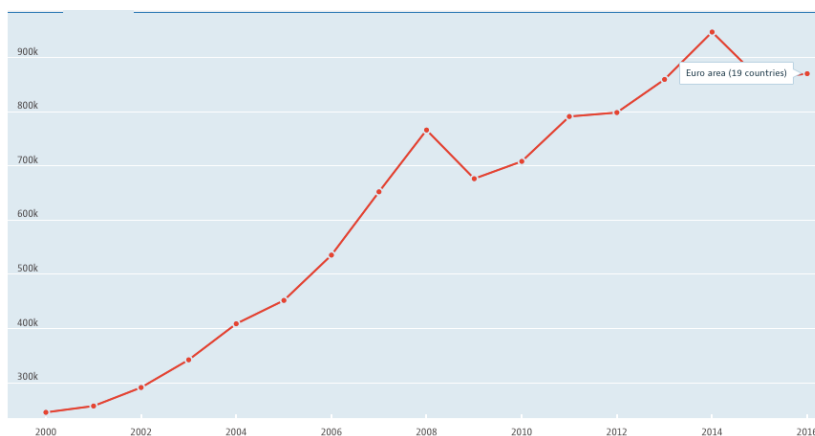
OECD that there are around 40-50 million medical travellers per year (with 20% annual growth). However, this number is often discussed and argued since there are no exact statistics on the sector (OECD, 2017). The most active healthcare service exporters in the world are developing countries, with Thailand on top of the list, and countries such as Mexico, Poland, and Hungary not far behind. These countries have lower-priced healthcare services than the developed ones; thus, there are usual big savings included for medical tourists. Even though the treatment costs vary based on each person's needs, it is estimated that the cost savings are usually between 20-80% with related expenses being already counted in (e.g. travel costs and accommodation). The most popular procedures worldwide are dental treatments, cosmetic surgery and vision-correction, which are usually sought abroad for price savings. However, with increasing waiting times for orthopaedic or weight-loss surgeries in countries such as the United Kingdom or the USA, people often choose to perform the treatments more promptly on their own expenses abroad (Medigo, 2017).

Medical tourism rate increase has also been seen in the EU to a wide extent. In general, European Commission states that healthcare in the EU is getting more and more connected due to the fact that (1) patients are going to other EU states for the treatment; (2) doctors are going to other EU states to work; (3) expectations for healthcare are increasing and (4) there is a large development in healthcare technologies. This led the European Commission to launch an EU-directive on cross-border healthcare. Among other rules, the directive states that people within the EU can receive the treatment in another member state with the same healthcare reimbursement rules as in their country of residence (European Commission, 2017). This further facilitates medical tourism increase in Europe, especially for treatments that are usually reimbursed by country's patient funds.

As a result of this, Lithuania is one of the countries that have highlighted healthcare services export as one of the priorities. In fact, medical tourism has been set as one of the 5 main tourism directions for the years 2014-2020. With this in mind, the Lithuanian Tourism Department is set to make the infrastructure better, increase the quality and popularity of the sector (Lithuanian Municipality Association, 2015). The country has also partnered up with Medical Tourism Association to help facilitate the industry growth. In addition, Lithuania has created their own medical tourism cluster, uniting various companies working in the field, including clinics, hospitals, accommodation and transportation providers, as well as travel agencies. All of it was done to bring synergies together for making medical tourism more popular in the country and ease the booking process for foreign patients (LitCare

Representative, personal communication, April 3, 2017). This proves that the country is willing to increase their trade in healthcare services, which would inevitably make healthcare quality better. However, with such major medical tourism players in the EU as Poland or Hungary, the country still has to go a long way to achieve their plans (WHO Representative, personal communication, April 2, 2017).

1.2 Lithuanian Healthcare in Brief

Looking to the Lithuanian public health sector, the country is doing relatively bad in relation to other European countries. In fact, Health Consumer Powerhouse made an Index of European health services, where Lithuania is indexed as only 27th among the 35 indexed countries. Whereas, the usual health services importing countries such as the Netherlands, Norway, Switzerland, Germany and Belgium were ranked as the best ones (Health Consumer Powerhouse, 2016). According to WHO representative, the key problems of Lithuanian healthcare system is a massive emigration of Lithuanian doctors to other EU countries and low state funding for the healthcare sector (6.6% of GDP) (WHO Representative, personal communication, April 2, 2017). In comparison, the funding rates in Norway (9.7%), Sweden (11.9%), Denmark (10.8%), the Netherlands (10.9%) and other leading health services importers in Europe are much higher (World Bank, 2015). In general, healthcare in Lithuania public institutions is not competitive in terms of quality in comparison with higher GDP countries in Europe, and thus it would be hard to export services abroad. However, as the interviewed healthcare expert stated, this conclusion could not be made to private clinics, which are usually the ones exporting health services abroad (incl. plastic surgery, dental treatments, vision-correction, bariatric surgeries, laser dermatology and more). Such private clinics have much higher healthcare quality due to private funding (LitCare Representative, personal communication, April 3, 2017). Yet, it is hard to assess the quality of such clinics since there is no official statistics provided; therefore, data from qualitative interviews with healthcare experts is used instead.

Looking to private healthcare clinics, the interviewed WHO representative stated that infection rates, doctor experience and medical technology could be the key determinants for assessing healthcare quality. According to him, private clinics in Lithuania indeed have relatively similar quality medical technology as in the Scandinavian or British private clinics, which is important for medical tourists (WHO Representative, personal communication, April

2, 2017). The healthcare quality of private institutions focusing on medical tourism can also be proven by the accreditations they have, including JCI "Hospital Standard", "Excellence in Medical Tourism", "Quality in International Patient Care", "Treatment Abroad Code of Practice" and others (LitCare, 2013). At the same time, private healthcare sector representatives indicate that complications are really rare (less than 1%), which is favoured by medical tourists (LitCare Representative, personal communication, April 3, 2017). Furthermore, rent and salaries of doctors are much lower in Lithuania than in the well-developed European countries; therefore, the clinics can offer around 50% lower prices for some of the treatments in comparison to e.g. Scandinavian market (G. Kondrackis, personal communication, March 30, 2017).

However, even though healthcare experts state that quality in private clinics is similar to that of medical tourists' home countries, the perceived quality is usually different. It is often based on prejudice and geographical location; therefore, people from Scandinavia or the United Kingdom have bad perception of healthcare quality in Lithuania due to its proximity to Russia and the former impact of the Soviet Union (WHO Representative, personal communication, April 2, 2017). To understand this better, perceived healthcare quality and other factors leading to the intention of going to a medical tourism trip and patient satisfaction afterwards is thus assessed in the current research. This is done through a questionnaire sent out to (potential) medical tourists.

All in all, even though Lithuanian public healthcare is relatively bad in comparison with other European countries, the private sector has a much better quality, which is important to medical tourists. However, the perception of it is often worse than it actually is; thus, further investigation on how it could be improved is needed. In order to do so, the research focus on a particular medical tourism facilitator - Wellness Travels, working directly with private clinics in Lithuania.

1.3 About Wellness Travels

Due to the increasing medical tourism rates in Lithuania, Wellness Travels has been established in 2014. The company's main headquarters are based in Kaunas, Lithuania, with supporting office in the country's capital – Vilnius. It was founded by a young entrepreneur Gediminas Kondrackis, who, after studying in the Netherlands, experienced the ever higher healthcare prices in Western Europe. Being born in the family of doctors, he decided to use

the price advantage that the Lithuanian healthcare has and offer medical services for those living abroad. After 3 years, the company has 5 other employees and a wide partner network (7 different private clinics in Lithuania). At the same time, the recently launched affiliate programme joins together more than 30 people promoting the company in Europe. Every year the company sells healthcare services for more than 300,000 EUR within their partner network. The yearly turnover of the company itself is around 108,000 EUR per year. As the director states, their main goal is offering high-quality healthcare at affordable prices (G. Kondrackis, personal communication, March 30, 2017). In order to better understand the company's business model, identify their problems and structure the research, the author further analyses Wellness Travels through Osterwalder's and Pigneur's nine building blocks (Osterwalder & Pigneur, 2009). This is done only on a general level in order to get an overall outlook of the company's business model.

Customer Segments of the model allows describing the customers targeted within the company's market segment. Naturally, the key customers of Wellness Travels are those looking for a treatment abroad. The company provides services to people above 18 years old; however, does not specify any particular demographics of the patients in terms of sex, income, marital status or other factors. The target countries, where Wellness Travels is promoting their services, are the ones with high GDP per capita in Europe and outside of it, including Sweden, Norway, Denmark, Finland, the USA, UK, Ireland, the Netherlands, Belgium, Germany, Switzerland and others. However, according to Wellness Travels director, targeting so many countries is expensive; thus, they are seeking to identify the most promising medical tourism importers and offer services only to them (G. Kondrackis, personal communication, March 30, 2017).

Value Proposition allows describing the services that Wellness Travels provides to their customers to deliver value. Wellness Travels positions themselves as a leading full-service medical tourism facilitator in the whole Eastern & Central Europe. Their value proposition is offering high-quality healthcare at affordable prices in the EU (Wellness Travels, 2017). The range of medical procedures that Wellness Travels offer is really wide – everything what their partner clinics are providing, including dentistry, plastic surgery, orthopaedics, dermatology treatments, vision correction, fertility treatment, gastric surgeries, SPA, cardiology and more. Yet again, offering so many treatments to foreign patients is both confusing and expensive; thus, they seek to concentrate only on the ones that are most attractive to their target customers (G. Kondrackis, personal communication, March 30, 2017).

Key Partnerships part of the model allows describing the business alliances and collaborations that Wellness Travels has established. In general, the company's business model is based on partnership with 7 different private clinics in Lithuania, who offer the above-mentioned services. Wellness Travels is advertising the clinics' services to target audiences abroad, while the clinics provide the clients with the necessary treatments. At the same time, the company is in partnership with accommodation and transportation providers in Lithuania, who offer discounted prices for their patients (G. Kondrackis, personal communication, March 30, 2017).

Key Activities allows describing the company's activities in relation to its products and services. In essence, Wellness Travels acts as a middleman between the clinics (key partners) and the patients (customers). This means that the company finds a suitable treatment for a patient, organises online consultations with the doctors, arranges their stay in Lithuania (accommodation, local transportation), helps them get the treatment on the arrival, as well as provides after-care services. In order to attract the patients, marketing activities are done online in their target markets (through their web, Google AdWords, clinic registries, specialized forums and social media). However, to do that the web site has to be translated in other languages and be updated constantly, which leads to additional costs and lower profit margins (Wellness Travels, 2017).

Channels allows describing the means with which Wellness Travels delivers its services to their customers. First of all, the biggest channel used for delivering the company's services is their online platform. All the information before arrival is sent to the patients via e-mail, as well as provided in their web page. Then, online consultations for the needed treatments are organised via Skype and travel arrangements are made through specialized websites (e.g. skyscanner.com). After the patient arrives, all the services are provided by the key partners (clinics, hotels), as well as through the company's travel assistants (providing local transportation, sightseeing tours and similar services) (Wellness Travels, 2017).

Customer Relationship building block of the Osterwalder's model allows describing the links and relationships established between Wellness Travels and its customers. First of all, most of the communication with (potential) customers is done online prior their arrival. Live chat feature on the web and 24/7 call line (for Viber, Whatsapp, Skype, phone) is available for customers to easily reach Wellness Travels. This communication is managed by the company's travel assistants. When customers arrive to Lithuania, same travel assistants help

directly throughout their stay in Lithuania by providing the key activities mentioned above (Wellness Travels, 2017).

Key Resources allows describing the resources Wellness Travels requires to deliver value to their customers. In essence, human resources are the key element for delivering the company's services. At the same time, a well-developed online platform (website, social media) and online marketing materials are needed for the clients to easily reach Wellness Travels and book the necessary treatments. All the other services are provided by the key partners mentioned above.

Revenue Stream allows describing the way Wellness Travels generates their income. The company's income generation is two-sided. Firstly, commissions are collected from the clinics where the clients have their treatment in (usually 15% of the money spent). Secondly, the clients pay for the arrangements Wellness Travels makes (organising online consultations, booking tickets, hotels, providing local transportation, etc.). The average monthly revenues account to 9,000 EUR (G. Kondrackis, personal communication, March 30, 2017).

Cost Structure - this building block of the Osterwalder's model allows describing the costs associated with delivering products and services. Generally looking, Wellness Travels key costs are salaries for their personnel, which currently accounts for 4300 EUR / month. Other costs are variable marketing expenses (950 EUR / month on average), administrative costs (300 EUR / month on average) and local transportation costs (250 EUR / month on average). The fixed costs are for office rental (200 EUR / month) and accounting (100 EUR / month) (G. Kondrackis, personal communication, March 30, 2017).

Overall, the relatively low costs of operation keep the company profitable at the moment. However, the concern of Wellness Travels director Gediminas Kondrackis is that they are not getting as many clients as they could. This is due to the fact that they are not concentrated enough in terms of their product offering and target audience, as well as lack consumer behaviour knowledge on the topic (G. Kondrackis, personal communication, March 30, 2017). The current research aims to solve this problem by analysing consumer behaviour of potential medical tourists, as well as performing qualitative interviews with medical tourism stakeholders to provide practical marketing suggestions for the company. This way the research results will not only have academic importance but will also directly help with managerial decisions for Wellness Travels.

1.4 Research Problem

Since medical tourism rates are increasing in Europe, there are more and more companies entering the field, which makes the competition very fierce in the sector. In order for a company to stay competitive, one must know medical tourists' consumer behaviour well and act accordingly (G. Kondrackis, personal communication, March 30, 2017). Since Lithuania has a national goal of increasing healthcare service exports, some analyses have been done on the topic in the region (e.g. Ernst & Young (2003); Cernikovaite (2015)), which helps the country improve their medical tourism strategy. However, these authors analyse the topic from a macro perspective, providing conclusions, which are hard to follow for specific companies. Due to that, Wellness Travels director states that there is still a lack of knowledge on the type of patients that are going abroad, the procedures that are most promising for being exported, the importing countries one must concentrate on, as well as the motivational factors that lead to patients' decision for travelling abroad and higher satisfaction afterwards (G. Kondrackis, personal communication, March 30, 2017). Knowing that would help individual companies working with medical tourism create better marketing strategies by targeting the right customers, concentrating on specific treatments that are attractive for exports, as well as directing their promotional campaigns towards affecting medical tourists' consumer behaviour, which would lead to their intention of going abroad for a treatment. In order to do that, the current research takes a consumer behaviour approach to analyse health service exports from one of the leading medical tourism facilitators in Lithuania – Wellness Travels (Wellness Travels, 2017).

1.5 Research Question

In order to address the above-mentioned problems, the **research purpose** is to (1) understand Wellness Travels medical tourists' consumer behaviour and (2) analyse Wellness Travels' health service exports' attractiveness and opportunities for improvement.

The research question covering the main purpose is *"What changes would improve Wellness Travels' attractiveness to their customers and competitive position in the market for health services exports?* To answer this, **two sub-questions have been developed:**

a) What are the main motivational factors affecting Wellness Travels customers' behaviour and satisfaction?

b) What marketing mix should Wellness Travels choose to increase their medical tourists' inflow?

This, as the director of Wellness Travels expressed, would inevitably help the company to further develop their international medical tourism strategy. At the same time, it would help to increase Lithuanian health services exports in general (G. Kondrackis, personal communication, March 30, 2017). Lastly, the results of the research could be further applied to other countries' medical tourism facilitators and, academically, put a basis for further work on the topic.

To answer the research question and the sub-questions, a well-balanced empirical case study is made. This is done by firstly analysing previous literature on medical tourism in order to put a theoretical basis to the research being made. Then, qualitative interviews with medical tourism stakeholders are done to get deeper insights into the topic, all of which is supported with secondary data from the field. Afterwards, a quantitative survey is made to Wellness Travels' target customers in order to understand their behaviour and the factors leading to their intention to go on a medical tourism trip. All this is then summarised to bring practical conclusions that can be implemented by Wellness Travels within their international strategy and academic implications for further research on the topic.

1.6 Hypotheses Development

To answer the research question, several hypotheses are investigated throughout the quantitative part of the paper. The main ones correspond to the factors of the Theory of Planned Behaviour, which is widely used to understand consumer behaviour in similar industries (Ajzen I., 1991). The others are drawn from the literature review and qualitative interviews with medical tourism experts.

First of all, looking to the Theory of Planned Behaviour, according to Ajzen (1991), positive attitude towards an action influences consumers' intention to perform it. Other researches made in the tourism industry prove that it is applicable in the sector (Meng, Onnb, & Naa, 2015). However, such correlation has not been tested yet in Lithuanian medical tourism industry. Therefore, the first hypothesis of the research looks at how medical tourists' attitude towards Wellness Travels influences their decision to go abroad for a treatment with the company:

- *H1: attitude positively influences medical tourists' behavioural intention to use Wellness Travels services.*

Looking further to the model, Ajzen (1991) states that the view of others, who are important to a person, also influences his/her behavioural intention. Subjective norm is used as an indicator for others' social pressure to an individual. It comprises of both, the normative beliefs of others, and the person's motivation to comply with them (Ajzen I., 1991). Therefore, the researcher proposes that the intention to use Wellness Travels services is influenced by other people's opinion about the company and the individual's motivation to comply with it. For example, if a person's spouse, whose opinion is important to the person, does not approve the decision to go for a medical tourism trip with Wellness Travels, he/she would be less likely to do so. This relationship between subjective norm and behavioural intention has also been looked at in other similar researches as well and was proven as true (Ziadat, 2015). Hence, the second hypothesis is:

- *H2: subjective norm positively influences medical tourists' behavioural intention to use Wellness Travels services.*

Lastly, the Theory of Planned Behaviour also states that individual's perception of how difficult it is to perform a specific action influences his or her behaviour. If a person thinks that he/she has the relevant resources to perform a behaviour, then he/she will be more likely to do it (Ajzen I., 1991). Within the current research, it is thus looked at how Wellness Travels customers' perception of the easiness to go on a medical tourism trip influences their behavioural intention. Therefore, the following hypothesis is investigated:

- *H3: perceived behavioural control positively influences foreign tourists' behavioural intention to use Wellness Travels services.*

Apart from the 3 main hypotheses above, based on previous literature on the topic and the recommendations got from the qualitative expert interviews, additional hypotheses were derived in order to test the main factors affecting medical tourists' satisfaction. The factors that are most often said to be the key determinants of medical tourism are price, quality and waiting time (LitCare Representative, personal communication, April 3, 2017). Thus, the following hypotheses are raised to check their influence on medical tourists' satisfaction:

- *H4: higher quality of medical treatment positively influences the satisfaction of medical tourism services;*

- *H5: shorter waiting time for medical treatment positively influences the satisfaction of medical tourism services;*
- *H6: lower price of medical treatment positively influences the satisfaction of medical tourism services.*

Lastly, the effect of medical tourists' demographic features on their behavioural intention is analysed. These hypotheses were drawn from qualitative interviews with medical tourism experts. Lithuanian Medical Tourism Cluster representative stated that those who earn less and are younger usually have a higher intention to go abroad for a treatment. At the same time, these are often the people who are of a different nationality than that of their country of residence (e.g. from migrant families). What is more, the intention is also higher for those who have been on a medical tourism trip before (LitCare Representative, personal communication, April 3, 2017). To test the applicability of these statements to Wellness Travels' customers, the following hypotheses are investigated:

- *H7: medical tourists earning less have a higher intention of going abroad for a medical tourism trip with Wellness Travels;*
- *H8: medical tourists of a different nationality than that of their country of residence have a higher intention of going abroad for a medical tourism trip with Wellness Travels;*
- *H9: younger medical tourists have a higher intention of going abroad for a medical tourism trip with Wellness Travels;*
- *H10: those who have been on a medical tourism trip before have a higher intention of going abroad for a medical tourism trip with Wellness Travels.*

All of the above-mentioned hypotheses are thus tested through the quantitative part of the paper – a survey made to Wellness Travels' target customers. The information got through the questionnaire is also supported with the implications from the literature review and expert interviews made.

2. LITERATURE REVIEW

To support the paper, theories and published reports related to the topic being investigated (healthcare services exports) are reviewed. This includes defining healthcare services exports and medical tourism, reviewing what is the existing knowledge on the topic, understanding what are the most important factors in healthcare service exports, what are the most influential healthcare services exporters in Europe, what theories are used to analyse the topic under consumer behaviour approach and more. All this serves as a basis for the current research and provides additional good practices for Wellness Travels to put in practice within their international strategy.

2.1 Medical Tourism Conceptualisation

First of all, it is essential to define what health services exports are. In general, within this research, the concept of health services exports is used for medical tourism. Medical tourism, in essence, is a type of patient mobility. A lot of research on the conceptualization on patient mobility is done by Irene A. Glinos and Rita Baeten (2006). Their research made serves as a basis for understanding, which type of patient mobility is investigated under the current research.

The authors have made extensive classifications on patient mobility and practicalities within. First of all, the authors identify three main types of patient mobility: (1) cross-border patient mobility - when patients are travelling abroad for a medical procedure, (2) regional cross-border patient mobility - when patients are living in border regions and are receiving the treatment in another country, and (3) inter-regional patient mobility - when patients are travelling elsewhere for a medical procedure, yet within their country limits. Secondly, the same authors categorise patients who receive treatment abroad into: (1) people, who are already abroad when they become sick and simply receive medical treatment there, and (2) people, who are intentionally going abroad for a certain medical treatment pre-booked in advance. This is an important categorisation because only the second group of people are considered as medical tourists within the current research. Lastly, they classify the type of mobile patients into: (1) people retiring in a foreign country; thus, using their health system, (2) people living in border region, where the closest treatment facilities are on the other side of the border, (3) people, who choose to undergo treatment abroad due to certain advantages

that the destination country has, and (4) people, who are sent abroad for a treatment by their local authorities due to capacity restrictions (Glinos & Baeten, 2006).

These categorisations help to really understand medical tourism better and narrow the scope for the current research. Within it, medical tourism as such is considered as (1) cross-border patient mobility, (2) for people who are intentionally going abroad for a medical treatment, (3) due to certain advantages that the destination country has. In general, a medical tourism destination is a place with a competitive advantage over other countries for receiving foreign patients (Rosenmöller, McKee, & Baeten, 2006). Therefore, within this research, people living on the border regions are not taken into account since there are no major differences between healthcare systems in Poland, Latvia, and Lithuania. At the same time, Wellness Travels is not targeting patients from Eastern Europe (Belarus and Russia), due to their international strategy focus. What is more, people who live in the border regions are usually well adapted to the culture of the neighbouring country and manage their medical procedures on their own without the use of a medical tourism facilitator such as Wellness Travels (G. Kondrackis, personal communication, March 30, 2017).

Looking further to what kind of patients are considered as medical tourists within this research, Glinos and Baeten (2006) research reveals that overall, patient mobility under medical tourism is a self-managed care. This means that patients organise their trips to receive healthcare abroad themselves, rather than with the help of local medical institutions or public authorities. However, this type of mobility can go two ways. The patients are either (1) themselves considering the countries to go to, the clinics to choose for the treatment and the travel arrangements to be made, or (2) order these arrangements through a private medical tourism agency (Glinos & Baeten, 2006). Again, the first group of this classification is not taken into account for the current research since Wellness Travels is a facilitator and the data provided by them only reveals consumer behaviour patterns of the second type of the patients.

Overall, the above analysis helps to limit the consumers investigated under the current research to those, who intentionally travel to Lithuania for a medical treatment due to the advantages that the country's private healthcare has, all of which is managed through a medical tourism agency such as Wellness Travels. Analysing the behaviour of such people helps to understand what changes would improve Wellness Travels' competitiveness in the medical tourism market. However, it must be noted that further research for the other types of patient nobilities identified above should be made for Lithuanian medical tourism industry.

2.2 Motivational Factors for Medical Tourism

After understanding what kind of consumers are targeted through the current research, it is then important to understand what are the usual motivational factors affecting their decision for going abroad. Glinos & Baeten identifies the factors that are usually most important for choosing a medical tourism destination. According to them, the factors are: (1) proximity; (2) availability; (3) financial costs; (4) perceived quality; (5) bioethical legislation. Authors state that the motivation for travelling to a specific destination usually comes from a combination of these factors (Glinos & Baeten, 2006). The factors are described in detail below.

The authors of the research state that proximity to a medical tourism destination is important for patients when choosing where to go for their treatment. This is especially the case when living near the borders of another country. In such cases, the cultural differences are small and people are familiar with the setting in the border country. However, as Glinos and Baeten (2006) stressed, this factor is usually a determinant when in consideration with other factors as well. Therefore, as mentioned before, even though Latvia or Poland have a very high proximity to Lithuania, people from there are not motivated to go to Lithuania as a medical tourism destination since other motivational factors are not in place due to similar economic situations in each of the countries. The presence of this motivational factor has been proven by LitCare representative as well since he assured that most medical tourists coming to Lithuania are the ones from Europe, and not from countries in other continents (LitCare Representative, personal communication, April 3, 2017).

Availability as a medical tourism motivational factor concerns the supply of treatments. It is a determinant when a medical tourism destination has a higher treatment availability than in patients' home country. This includes when the treatment is unavailable in the home country at all or if the waiting time to receive the treatment in destination country is lower. Wellness Travels director states that all of the treatments provided by their partner private clinics are available in the target markets as well because the company only covers popular medical treatments. However, the waiting time differences can be substantial, especially when it comes to orthopaedic or weight-loss surgeries (Baltic-American Clinic, personal communication, April 28, 2017; Northway Medical Centre, personal communication, April 29, 2017; Kardiolita Private Hospital, personal communication, April 27, 2017). Therefore, this factor shall be looked in more detail within the current research.

Financial costs concern the price of the treatments, which is one of the most important factors in medical tourism. Healthcare service price differences among high-income countries and low-income countries are considerable; thus, patients tend to choose the cheaper ones. According to Wellness Travels, the prices for medical treatments in Lithuania can be up to 3 times lower compared to their target markets in Western Europe. However, the factor must still be combined with others in order to retain medical tourists in the long run (G. Kondrackis, personal communication, March 30, 2017).

Perceived quality factor concerns the quality of the treatment and supporting medical tourism services in search. The reason to travel abroad may be the fact that the quality is really different between the home and destination country, or simply as an addition to the other factors. As the qualitative interviews reveal, the healthcare quality in Lithuanian private clinics is similar to that in Wellness Travels target countries. Therefore, rarely patients choose Wellness Travels in order to receive a better quality treatment than in their home country. However, it is an important factor when competing with other medical tourism destinations because patients search for a destination that can offer other motivational factors (e.g. price) with the same healthcare quality as in their home country (G. Kondrackis, personal communication, March 30, 2017).

Bioethical legislation concerns the treatments that are regulated by law in some of the countries. When patients cannot receive them in their home country, they search for an alternative abroad. For example, this is the case for fertility treatment or abortions. However, Wellness Travels target countries have the same or even more loose medical laws as in Lithuania; therefore, the company has not had any patients yet which would travel for this reason (G. Kondrackis, personal communication, March 30, 2017).

At the same time, apart from the above-mentioned factors, the same authors identify the main determinants that make the number of medical tourists high in certain destinations. These are (1) ease of travelling to a medical tourism destination country; (2) permissive structure for accessing treatment abroad; (3) availability of care in home country, and (4) chain reaction (Glinos & Baeten, 2006).

The first determinant does not only include the low distance to the medical tourism country but also a good flight-coverage. Therefore, in general, the before-mentioned proximity to Lithuania could be assessed as the presence of convenient travel options from Wellness

Travels target countries. The less time it takes for patients from abroad to travel to Wellness Travels' partner clinic, the more motivated the patients would be to use their services. Looking to the general country statistics, Lithuanian air-travel rates is one of the fastest growing in Europe with 11% increase in 2015 (Eurostat, 2016). Everyday direct flights from Wellness Travels major target countries' capitals (Berlin, Netherlands, Oslo, Stockholm, Dublin, London) are available. Therefore, Lithuania is well-endowed with this factor, which is a big advantage for Wellness Travels that needs to be stressed within their marketing strategy.

The second determinant under this categorisation is a permissive structure for accessing treatment abroad. This concerns whether the patients are available to travel freely to a destination country (Glinos & Baeten, 2006). Since Lithuania is in the Schengen area and Wellness Travels is targeting only European countries, patients are available to freely travel to Lithuania. As there is no need for a visa, Lithuania is well-endowed with this factor, which should as well be stressed in the company's promotion.

The third determinant - availability of care in the home country, concerns both the quality and range of services provided (Glinos & Baeten, 2006). As discussed before, the range and quality of services in Lithuanian private clinics are relatively the same as in Wellness Travels target countries. Therefore, it is though that this factor does not play a big role in medical tourists' flow. However, further investigation is made through a quantitative survey sent out to (potential) Wellness Travels medical tourists.

Lastly, chain reaction includes learning-by-doing and word-of-mouth (Glinos & Baeten, 2006). If a person is satisfied with a treatment abroad, then he/she is more likely to go again; thus, increasing medical tourism rates further. The same goes with positive word-of-mouth since referrals are an important part of medical tourism flows. In order to increase the number of patients, Wellness Travels should work in a way to keep its customers' satisfaction as high as possible so that chain reaction would be facilitated. The factors that influence patients' satisfaction and word-of-mouth will be looked at through the quantitative questionnaire made.

Lastly, Rosenmöller et al. (2006) identified few more factors as important determinants for medical tourism. The first is patients' access to full information before, during, and after the treatment. This includes information on the available options for the treatments, legal & administrative matters, risks involved, necessary documentation, etc. Looking to Wellness Travels, since the communication before (and after) medical tourism trip is done online, all of

this information is available on their web page. Additional information to the patients is sent via electronic means (e.g. surgery descriptions, contracts, services to be provided). Once in Lithuania, Wellness Travels partner clinics provide the patients with the remaining information about the surgery and after-care in English, which keeps the patients well-informed (Wellness Travels, 2017). Thus, it can be concluded that Wellness Travels is performing well in terms of this factor. Another factor stressed by the authors is continuity of care, meaning that the medical history of a patient would be transferred from the home country to the destination country before the treatment and the other way around after the treatment. Also, good after-care has to be organised in order for the risks to be limited. Within Wellness Travels, the documentation flow is facilitated through electronic means and the necessary medical history is both got before the treatment and issued after it. After-care usually takes 6 days within Lithuania continued by a 3-month-long communication through electronic means. If needed, patients come for a second trip to Lithuania for an additional procedure. At the same time, at least once per month some of the doctors (e.g. plastic surgeons) are visiting the most popular medical tourism target countries and consult the patients live there (G. Kondrackis, personal communication, March 30, 2017). This proves that Wellness Travels is well-endowed with this factor as well. Finally, according to Rosenmöller et al. (2006) structured mechanism of support should be present in medical tourism so that ambiguity of travelling abroad for healthcare would be eliminated. This concerns good medical tourism management when the government, clinics and medical tourism facilitators all work together in order to manage patient inflows better. They have to concern ease of logistics, better cultural assimilation (e.g. eliminate language barriers) and transparent prices so that there would not be any information asymmetries in the market (Rosenmöller, McKee, & Baeten, 2006). As mentioned before, medical tourism has been set as one of the 5 main tourism directions for the years 2014-2020 in Lithuania. With this in mind, the Lithuanian Tourism Department is set to make the infrastructure better and increase the quality and popularity of the sector (Lithuanian Municipality Association, 2015). At the same time, medical tourism cluster has been created in order to merge the companies working in the sector. Therefore, it is evident that the country is working its way on achieving good structural mechanisms of support, which is beneficial for Wellness Travels when attracting patients from abroad.

All in all, there are numerous factors that determine medical tourists' flows. According to Rosenmöller et al. (2006), if patients find these factors available, the risk of going abroad is limited, trust is facilitated and positive word-of-mouth about a certain medical tourism

destination is spread further. All this increases patient mobility rates in the long-run. As qualitative interviews with medical tourism stakeholders in Lithuania show, some of the factors are present in Lithuania, making it a good medical tourism destination in general. However, more exact consumer behaviour of medical tourists inquiring for a treatment from Wellness Travels still needs to be assessed. This way, the most important factors affecting medical tourists' satisfaction and behaviour will be highlighted.

2.3 Medical Tourism Research in Lithuania

In order to carry out a research for a Lithuanian medical tourism company, one must review other researches done on the topic in the region. One of those important to understanding the situation in Lithuania is "Medical Tourists' Expectations when choosing Lithuania for Healthcare Services" (Cernikovaitė, 2015). The purpose of it was to identify medical tourists' expectations before going to receive healthcare treatment in Lithuania. By analysing scientific literature and making a quantitative study, the researcher has concluded that (1) fast service, (2) exceptional patient care, (3) high-tech medical equipment and (4) good prices are the key things that make Lithuania an attractive medical tourism destination. This further contributes to the other factors identified above. However, comparing Lithuania to Thailand, the author made a conclusion that Lithuania still lacks good medical tourism marketing. Therefore, the means how Wellness Travels could improve their marketing strategy is further looked at through the current research. It must be noted that generalisations for the factors identified by Cernikovaite (2015) can not be made since the research was based on small samples and non-probability sampling. Thus, further research on the topic is needed.

At the same time, the author's literature review revealed that the most popular treatments among medical tourists are dental services, plastic surgery, eye surgery, heart and vascular surgery and health diagnostics. Latvia, Estonia, Czech Republic, Poland and Hungary are considered as the key competitor countries. All of these countries have both high-quality private healthcare and good prices, which is important for medical tourists. Looking to the demand side, Germany, UK and Scandinavia are the most popular countries where medical tourists come from. The major problem, which was identified by this researcher, was that these countries' residents have major stereotypes regarding service quality in Lithuania, thinking that it is really low. This negatively affects medical tourism rates. Therefore, Lithuania should promote its healthcare services abroad by showing that the quality is the same as in the Western

Europe. This can be best be done by using medical tourism facilitators, who organise medical tourists' traffic to private clinics (Cernikovaitė, 2015). The latter is really important for Wellness Travels since the company must engage in finding new ways how to promote Lithuania as a high-quality healthcare provider. This is discussed in more detail with medical tourism stakeholders when designing Wellness Travels marketing mix. At the same time, among other factors, the importance of healthcare quality to medical tourists' consumer behaviour is also checked through the quantitative survey performed.

An extensive study for medical tourism potential in Lithuania has also been done by Ernst & Young (2012). They have analysed Lithuanian medical tourism potential at a macro level by making a comparison with other destinations as well as analysing industry's statistical data. They have concluded that the key countries where medical service exports could be made should have (1) geographical proximity, (2) big size, (3) high customer purchasing power and (4) mobile residents. According to them, the most popular ones are the USA, UK, Russia and Germany. The key treatments that are usually exported are plastic surgery, dentistry, cardiology, medical SPA, orthopaedic and odontology treatments (Ernst & Young, 2012). This, to some extent, is in line with the research that Cernikovaite (2015) made. When making suggestions to Lithuania, Ernst & Young segmented the treatments to be offered according to the regions. They suggest that (1) cardiology and plastic surgery should be offered to Eastern markets, (2) diagnostics and odontology should be offered to Western markets, while (3) SPA, urological treatments and hip & joint replacement surgeries should be offered to everyone (Ernst & Young, 2012).

The forecasts made by Ernst & Young show that by 2022 Lithuania could attract almost 300,000 medical tourists providing with around 82 million euros from medical service exports. However, to reach that Lithuania should decrease the flaws that it has in the industry. Back in 2012 when the research was made, these were identified as (1) no clear image of Lithuania as a medical tourism destination in Europe; (2) no common management and unification of medical tourism resources in the country; (3) lack of marketing abroad; (4) undeveloped private medical services sector and (5) low adaptability of public medical sector to foreign patients; (6) lack of international accreditations achieved, which would prove the quality of healthcare institutions; (7) no clear target for the treatments to be exported, and (8) barriers to getting a visa for those not in the EEA. To tackle these problems, the consulting agency suggested that the country should firstly make awareness-raising campaigns of Lithuania as a medical tourism destination. At the same time, it should improve the physical

infrastructure of healthcare. Namely, the existing infrastructure should be adapted to foreign needs. According to them, the hospitals should not only improve the quality of healthcare but also focus on minimising the risks associated with providing the treatments. Furthermore, the country should establish cooperation with other Baltic States by joining their resources in marketing; thus, developing a medical tourism destination image for the whole region. Looking to all of the problems, Ernst & Young has also made a step by step guide on what Lithuania should do to improve their healthcare exports. The goal was to systematically work on positioning Lithuania as one of the best medical tourism destinations in Europe. This included (1) creating a medical tourism cluster; (2) increasing the quality of healthcare services; (3) improving the country's legal base for foreign medical tourists; (4) developing the physical infrastructure to provide medical tourism services; (5) improving the country's marketing strategy; and (6) developing new sales channels (Ernst & Young, 2012).

Among others, these factors have been discussed with healthcare experts in Lithuania. The experts confirmed that it is important for Lithuania to achieve these factors in order to increase their healthcare exports (LitCare Representative, personal communication, April 3, 2017). In fact, some of them have been dramatically improved since 2012. Firstly, Lithuanian Medical Tourism Cluster has been created, which aims to unify medical tourism management in Lithuania and promote it as a medical tourism destination in Europe. Secondly, there have been big private hospitals established such as Kardiolita Hospital, Baltic-American Clinic or Northway Medical Centre, all of which are promoting their services abroad. Yet, medical treatment in the public sector is still not developed, there is no clear target for medical treatments to be exported and there is still no medical visa created (LitCare Representative, personal communication, April 3, 2017). Therefore, it can be concluded that even though private medical tourism initiatives are being developed, the public strategy has not been improved much. Therefore, Wellness Travels should work together with other private clinics in Lithuania to lobby to the government in order to improve the public infrastructure for medical tourism. This would lead to the increased competitiveness of Wellness Travels when offering healthcare services abroad.

The implications drawn both by Cernikovaite (2015) and Ernst & Young (2012) have been also mentioned by Dr Melanie Kay Smith (2014). As she wrote in her Baltic Health Tourism Report, even though medical tourism sector is of key importance to the Baltic States, all of them suffer from the lack of a distinctive tourism image, as well as negative views

towards each country's healthcare system. A collaboration among countries is needed, which would lead to pooling of financial resources and thus improve the quality of medical tourism services on offer (Smith, 2014). However, differently from other researches made in the region, it is suggested that the countries should focus on offering wellness treatments, such as coastal wellbeing, SPA, water-based treatments and forest therapy. With this in mind, the companies working in the sector should work on offering purity, slowing down and enjoying natural things (Smith, 2014). However, this has not been considered yet by Wellness Travels since the company works in a completely different direction. Lastly, the author has also identified the target audience as younger generation from Russia, Finland and Scandinavia, which is in line with what has been offered by Ernst & Young (2012) as well.

All in all, the researches made in Lithuania and the Baltic States conclude on some of the common things such as the lack of medical tourism image in Lithuania, low perceived quality of healthcare and lack of collaboration in the sector. At the same time, different opinions are given to the regions that should be targeted or the treatments that should be offered by medical tourism providers. Lastly, all of the researches reviewed were done on a macro level, not looking into particular medical tourism providers such as Wellness Travels. All this proves that further research is needed in order to look more closely into consumer behaviour of medical tourists travelling to Lithuania, as well as the marketing mix that should be chosen by Wellness Travels to become more competitive in the market.

2.4 Consumer Behaviour in Medical Tourism

After understanding what medical tourism is, what motivational factors affect tourists' choices and what is the medical tourism situation in the Baltics, we look more closely into previous research done on the topic under a consumer behaviour approach.

Looking at consumer behaviour in general, there are plenty of theories of perception, exposure, social status or consciousness. The most important for our research is, however, behavioural intention of medical tourists. Understanding their intentions would lead to both practical benefits to Wellness Travels and theoretical insights into consumer behaviour theories. As it is seen by reviewing literature on the topic, one of the most popular consumer behaviour theories used within the medical tourism industry is the Theory of Planned Behaviour (TPB). This is suggested by the authors of "International Patients' Travel Decision Making Process - A Conceptual Framework" report (Khan, Chelliah, & Haron, 2016). The

authors look to the established consumer behaviour models in tourism literature and draw conclusions on how information, perceived benefits, risk and destination image could be examined within the medical tourism industry. By reviewing extensive literature on the topic, among other results, they state that the TPB model is well used in studies related to tourism and hospitality; therefore, would effectively fit for understanding consumer intentions within the medical tourism industry as well (Khan, Chelliah, & Haron, 2016). Papers focusing on this and other consumer behaviour theories are reviewed in further sections below.

One of the papers that have looked at consumer behaviour in medical tourism is "An examination of the medical tourists' motivational behaviour and perception: a structural model" (Saiprasert, 2011). The author has developed a structural model on medical tourists' motivational behaviour and perception. The model has been used to understand medical tourists' motivation by looking to perceived destination image, medical tourism quality, value, overall satisfaction and behavioural intention. At the same time, the author has identified the demographic profiles of medical tourists and how they influence consumer behaviour. All this was used to create recommendations for Thailand as a medical tourism destination in order to keep their services competitive.

In general, the paper combined the theories of motivation, perception, and behavioural intention to one theoretical model. The authors identified that both push & pull motivational factors affect medical tourists' behaviour. While the push factors (such as adventure seeking, rest and relaxation, health & fitness) motivate people to travel, the pull factors (physical environment, infrastructure, etc.) motivate them to choose a particular destination. The research also reveals that the majority of factors affecting consumer behaviour within medical tourism is pull motivation of the destination. Thus, country's image is one of the key factors affecting medical tourists' choice. The authors suggested that in order to create a reputation of a high-quality medical treatment, medical tourism destination image should be developed (Saiprasert, 2011). This corresponds to previously reviewed papers, stating that structural mechanisms of support for medical tourism at a country level are needed (Rosenmöller, McKee, & Baeten, 2006). Furthermore, the authors of the paper concluded that if the tourists' perceived quality of healthcare is higher and the perceived value they get is bigger, then they are more likely to recommend the services to others and come back for a medical treatment themselves (Saiprasert, 2011). Therefore, in order for Wellness Travels to increase their medical tourists flow, the general image of Lithuania as a medical tourism destination should be improved. At the same time, it is not enough for Wellness Travels to simply offer low prices

for the treatments, but they should also work on the quality in order for word-of-mouth to be facilitated. Moreover, the research suggests that, if medical tourists are satisfied with the services, they are prone to continue using the same hospital even if the price had increased and is higher than in other destinations (Saiprasert, 2011). Another interesting conclusion that the research found is that there are significant differences between attraction, perceived destination image, quality, value, overall satisfaction, word of mouth, repeat visit and willingness to pay more for a medical tourist if he/she is travelling with a companion. The reason for this is that when travelling abroad for a treatment, a companion is needed to let the medical tourists feel more secure. This leads to higher satisfaction of the whole medical tourism trip (Saiprasert, 2011). Therefore, Wellness Travels should take this into account when organising medical tourism trips for their customers since providing benefits for travelling with someone else, may lead to higher customer satisfaction and positive word-of-mouth.

Overall, their research showed that medical tourism destination image, perceived quality, perceived value, and satisfaction all positively affect behavioural intention. Within the current research, other factors that affect medical tourists' intention and satisfaction will be investigated on the micro level.

Another paper that looked at medical tourism from the consumer behaviour perspective was "Travel Intentions among Foreign Tourists for Medical Treatment in Malaysia: An Empirical Study" (Meng, Onnb, & Naa, 2015). Their study used Theory of Planned Behaviour (TPB) to analyse the factors that affect foreign tourists' intention to get medical treatment in Malaysia. By making a detailed questionnaire to foreign tourists in four major locations of Malaysia (380 respondents), they have identified that attitude (towards a medical tourism destination) and subjective norm (regarding medical tourism abroad) influence the intention to visit Malaysia to get a treatment done. However, another part of the "Theory of Planned Behaviour" - behavioural control - was not a significant determinant of intention to get a medical tourism trip abroad. At the same time, they have found that mostly younger people travel for medical tourism procedures in Malaysia (below 35 years old). They have also concluded that if people have been on a satisfactory medical tourism trip before, they are more likely to travel again (Meng, Onnb, & Naa, 2015). The results of the research in Malaysia will be compared to that of Wellness Travels as both use the Theory of Planned Behaviour to predict behavioural intention for going abroad for a treatment.

A similar study was also made in Jordan - "Applications of Planned Behaviour Theory (TPB) in Jordanian Tourism" done by Mamdouh T. AL Ziadat. Their study tested the application of the theory in examining revisit to Jordan intention. At the same time, this research moved forward from what has been done in Malaysia and have also analysed the actual behaviour during the visit to Jordan, as well as the causal relationship between perceived behavioural control and actual visit behaviour. Here it was proven that TPB model has a strong predictive power in understanding consumer behaviour in the tourism field. Similarly, their survey revealed that attitude and subjective norm positively influence customers (re)visit intention to Jordan. Again, perceived behavioural control had an insignificant impact on behavioural intention (it only directly positively affects actual behaviour) (Ziadat, 2015). The latter has to be further tested in the tourism sector and will be done during the current research.

As proven by the above-mentioned researches, the Theory of Planned Behaviour (TPB) can be well used in understanding consumer behaviour in the (medical) tourism industry. The current research is using the good practices done in Jordan and Malaysia and the TPB theory to investigate consumer behaviour in Lithuania. Even though the methodologies and questionnaires are adapted to fit Lithuanian market and Wellness Travels goals, the research will again look at whether perceived behavioural control has a significant impact on behavioural intention. As mentioned before, this factor was insignificant in the reviewed researches. Comparisons will also be made in relation to how attitude and subjective norm influence behavioural intention. A more detailed description of the model to be used may be found the in the next section.

2.5 The Theory of Planned Behaviour

As mentioned before, in order to better understand medical tourism consumer behaviour, the research use the Theory of Planned Behaviour (TPB), developed by Icek Ajzen (Ajzen I., 1985). The theory directly links consumer beliefs and behaviour, and is thus widely used worldwide in both healthcare and tourism sectors to better understand consumer behaviour. It is estimated that the theory has been used for 832 healthcare-related researches published in the Medline and PsycINFO databases alone (Francis, Eccles, & Johnston, 2004). As shown by the previous researches reviewed in the sections above, it is a good choice for analysing medical tourists' behaviour as well.

In general, TPB was derived from the Theory of Reasoned Action (TRA), which is used to understand consumer behaviour. TRA states that intention to perform a certain behaviour will lead to actual behaviour. The behavioural intention is a result of two predictors: (1) attitudes toward the behaviour and (2) subjective norm. The stronger these two factors are, the higher the behavioural intention is and the more likely the individual is to perform the actual behaviour (Fishbein & Ajzen, 1980). However, the TRA had a major limitation by not taking into account one's capability of performing the behaviour. At the same time, behaviour is not necessarily in individual's control. This is the part which Ajzen later extended by including perceived behavioural control as a predictor of behaviour in the Theory of Planned Behaviour.

TPB states that (1) behavioural beliefs (beliefs about consequences of a behaviour); (2) normative beliefs (beliefs about normative expectations of others); and (3) control beliefs (beliefs about factors allowing to perform the behaviour) all influence human behaviour. Looking more closely, I. Ajzen identifies that (1) behavioural beliefs structure attitude towards a behaviour; (2) normative beliefs

Figure 2: Theory of Planned Behaviour, Source: (Ajzen I., 1991).

form subjective norms / social pressure of others; while (3) control beliefs construct perceived behavioural control. Consequently, attitude, subjective norm and perceived behavioural control altogether positively influence behavioural intention of consumers. Lastly, intention is an immediate antecedent of the actual behaviour (the model composition is seen in figure 2). Although the relationship between behavioural intention and the actual behaviour is not perfect, the former can still be used as a proxy to measure the latter. This is an important contribution of the TPB model in comparison to the Theory of Reasoned Action, allowing to determine the strength of influencing variables (attitude, subjective norm and perceived behavioural control) to the actual behaviour. This is done in the current research as well.

The separate components of the theory affecting behavioural intention and the actual behaviour are described below:
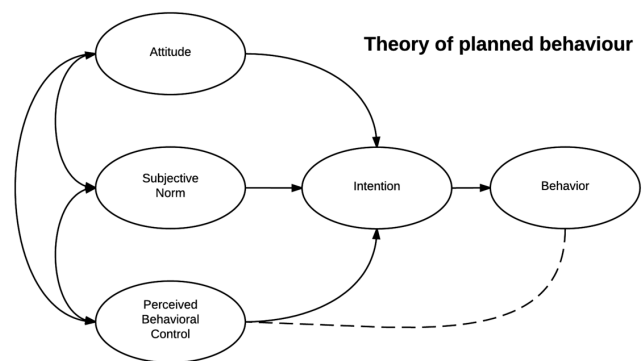
- **Attitude** – personal judgment being in favour or opposed to performing a certain behaviour (overall behaviour evaluation). If the attitude is positive, then the consumer has more intention to perform a specific action. Within the current research, if the consumers feel favourable about Wellness Travels and medical tourism destination in general, then they are more likely to come for a medical tourism procedure in Lithuania.

- **Subjective Norm** – the view of others, who are important to the individual, influencing decision making (person's own estimate of social pressure towards a behaviour). If people that are important to the respondent are feeling positively about receiving a treatment abroad in Lithuania, the subject will be more likely to perform the treatment.

- **Perceived Behavioural Control** – individual's perception of easiness of performing a specific behaviour (whether a person is able to perform a behaviour). If the person has the resources and opportunities to perform the behaviour, then his/her intention to perform it will be higher.

In general, by changing these factors, it is possible to positively influence the consumer to perform the behaviour that is desired by the company. The theory states that behavioural intention is determined by relative weights given to the above-mentioned three components. These weights may vary since the effect of attitude, subjective norm or perceived behavioural control are different for each particular person and/or situation (Ajzen I., 1991). In general, the theory could be summarised to this equation: Behavioural Intention = w_1 x Attitude + w_2 x Subjective Norm + w_3 x Perceived Behavioural Control. The weights for each of the components will be also looked at for Wellness Travels' case.

Naturally, the theory has certain limitations as well. Firstly, there are plenty of omitted variables such as past experience, moral norms or fear of risks, which is evident in medical tourism. Secondly, there is no time frame between behavioural intent and actual behaviour. Even though a person may intend to go on a medical tourism trip, he/she could only do it in many years to come. Therefore, only behavioural intention is measured within the TPB theory of the current research, leaving the actual behaviour for further researches. Furthermore, the past behaviour is not taken into account clearly within the model (only through attitudes), which could be a good predictor of later behaviour. Thus, the past behaviour of medical tourists is studied separately through the current research, afterwards making comparisons to the influence of behavioural intention. Lastly, since real life situations differ, it is evident that in some cases not all of the factors within the Theory of Planned Behaviour may turn to have

a significant impact on behavioural intention. How these and other factors are going to be analysed within medical tourism is discussed in the methodology section.

2.6 4P Analysis

As mentioned before, one of the main concerns of Wellness Travels is how to best market their services in order to increase their medical tourists' inflow. To do that, only understanding consumer behaviour is not enough; thus, a well-balanced marketing plan is needed in order to know how to promote and sell Wellness Travels services effectively. This can be done with the use of different marketing models. The range of those available nowadays is wide; therefore, specific company's needs should be looked at when deciding which model to use.

The research firstly considered Porter's Five Forces as one of the suitable models in order to analyse how suppliers, substitutes, buyers, competitors and new entrants influence Wellness Travels and their competitiveness (Porter, 1990). However, the model is mostly used when a company is entering a new industry, which is not the case for Wellness Travels. Instead, a well-balanced marketing mix is crucial for developing the company's international strategy. It would reveal possible interactions between Wellness Travels marketing efforts and customers' needs. In order to do that, qualitative interviews with different medical tourism stakeholders are made. For the interviews to be valuable for Wellness Travels, these are structured in a way to cover the key aspects of the 4Ps marketing mix model developed by J. McCarthy (1964). Even though the model has been developed more than 50 years ago, it has been one of the most dynamic marketing concepts over time. The key implications behind the model are reviewed below.

In essence, 4Ps marketing mix model developed by J. McCarthy helps to analyse the available marketing options in terms of the 4 main elements. Product is the first one that a company should consider – i.e. what is the product or service on offer to the customers. This decision is made by understanding the customer needs, the benefits that the company could bring with the product, as well as the differences from what is already available in the market. After the products or services offered are known, the pricing has to be set – i.e. how much the customers should pay for the products or services. This has to be done by looking to the price sensitivity of the customers as well as the prices set by others in the market. When setting the price, the value delivered to the customer has to be also taken into account. As the price highly impacts the profit margins as well as the quantities sold, it should be carefully chosen to fit

with the company's general international strategy. Consequently, the place and promotion shall be thought through. The former mainly looks to what are the locations where the clients could be best reached, where the products or services should be provided, what distribution channels and sales forces are needed, and how the place differs to that of competitors. The latter takes into account how all the valuable information about the company and its products or services (the value proposition) is presented to the customer (through which marketing channels and with what promotions). All of these factors affect each other and thus should be well combined in order to deliver the best value to the customers (Constantinides, 2006).

For some marketers it seems that the model developed back in 1964 is outdated; thus, there have been a lot of new elements added throughout the years (e.g. making an e-marketing mix or 8P marketing mix). When using the 4P analysis, the limitations should be considered, which come from the common critiques of the model in today's environment. The two biggest ones are (1) the internal orientation of the analysis - not looking into explicit market input, and (2) the lack of personalization – not looking into separate customers needs, but rather to the mass market in general (Constantinides, 2006).

However, it is up to every company, which marketing mix they should use depending on its resources, clients' needs and other factors. Even J. McCarthy (1964) stated that "the number of possible strategies of the marketing mix is infinite". In fact, the marketing mix developed by J. McCarthy still remains the most commonly used method in marketing theory and practice (Goi, 2009). Due to its simplicity, it is used in the current research to provide suggestions on how Wellness Travels marketing mix should be structured. As the director of Wellness Travels expressed, the suggestions towards the product, price, place and promotion are sufficient for the company at this moment (G. Kondrackis, personal communication, March 30, 2017). Yet, further research for the company should be made in the future looking to other elements of the marketing mix in today's environment.

2.7 Key Take-Aways

All in all, the literature review revealed some important aspects regarding medical tourism, as well as consumer behaviour within. Firstly, the medical tourism concept was clearly structured. In general, within this research, it is considered as a cross-border patient mobility for people who are intentionally going abroad for a medical treatment due to certain advantages that the destination country has (Rosenmöller, McKee, & Baeten, 2006).

Moreover, the medical tourism trip shall be organised through a private medical tourism agency (Glinos & Baeten, 2006). This is the type of patients that Wellness Travels is working with.

Secondly, important consumer behaviour motivational factors have been revealed. These are proximity, availability, financial costs, perceived quality, ease of travelling to the medical tourism destination country, chain reaction, full access to information, continuity of care, and structured mechanism of medical tourism support (Glinos & Baeten, 2006; Rosenmöller, McKee, & Baeten, 2006). However, looking to Wellness Travels case, these motivational factors might be limited by the problems that Lithuanian medical tourism industry has, such as no clear image of Lithuania as a medical tourism destination country in Europe, lack of marketing abroad, low adaptability of public medical sector to foreign patients, lack of international accreditations achieved, no clear target for the treatments to be exported, and barriers of getting a visa for those not in the EEA. The most important of these flaws are the lack of distinctive medical tourism image and negative views towards country's healthcare system (Ernst & Young, 2012; Cernikovaitė, 2015; Smith, 2014).

Thirdly, target medical treatments and countries for Lithuania have been discussed through different papers. The treatments on offer could be dental services, plastic surgery, eye surgery, cardiology, health diagnostics, medical SPA, orthopaedics, urological and odontology treatments (Cernikovaitė, 2015; Ernst & Young, 2012). The key competitor countries are Latvia, Estonia, Czech Republic, Poland and Hungary; while, the key target markets are the USA, UK, Russia, Scandinavia and Germany. This is because the countries have a combination of geographical proximity, big size, high customer purchasing power, and mobile residents (Ernst & Young, 2012).

All of these implications and their strength for Wellness Travels will be further looked at in the current research. This is done through qualitative expert interviews, as well as a quantitative survey on medical tourists' consumer behaviour. Literature revealed that the latter can be best done through the Theory of Planned Behaviour (TPB). It is well used in studies related to tourism and hospitality; therefore, would effectively fit for understanding consumer intentions within the medical tourism industry (Khan, Chelliah, & Haron, 2016).

Looking generally, medical tourism destination image, perceived quality, perceived value, and satisfaction all positively affect behavioural intention of medical tourists. When TPB model is used, this is seen as well since attitude (towards a medical tourism destination)

and subjective norms (regarding medical tourism abroad) is found as a significant influence to the intention to get a treatment done (Meng, Onnb, & Naa, 2015). However, none of the researches reviewed found that behavioural control would be a significant determinant of the intention to travel abroad (Ziadat, 2015; Meng, Onnb, & Naa, 2015).

Going deeper to the theory, conclusions from other researches shows that if the tourists' perceived quality of healthcare is higher and the perceived value they get is bigger, then they are more likely to recommend the services to others and come back for a medical treatment themselves. At the same time, having a companion is an advantage when going to a medical tourism trip, as this makes the consumers feel safer and thus leads to a higher satisfaction of the whole medical tourism trip (Saiprasert, 1993). Such insights are important not only to understand Wellness Travels consumers' behaviour but also to construct the right marketing mix for the company. In order to provide practical recommendations for Wellness Travels on how to improve their competitive position in the market for healthcare services exports, qualitative interviews with different medical tourism stakeholders will be structured within the 4P marketing mix model developed by J.McCarthy (1964). This, as the literature revealed, still remains the most commonly used method in marketing theory and practise (Goi, 2009); thus, fits the needs of the current research as well.

All of this brings valuable insights for Wellness Travels international strategy. However, further comparisons will be made in relation to how attitude, subjective norm and behavioural control influence behavioural intention of going abroad for a medical tourism trip through Wellness Travels. At the same time the factors influencing customer satisfaction will be looked at, together with the general demographics of the company's customers.

3. METHODOLOGY

3.1 Methodological Design

As mentioned before, a case study is used in the research to better understand healthcare services trade. This is done due to the fact that this research area is still relatively unexplored in Lithuania and a well-rounded approach is needed at a micro level to answer the research question. Therefore, empirical methods used in the research are both qualitative and quantitative – the primary data from a quantitative survey performed is supported by qualitative interviews and secondary data in the field. Since similar analyses have already been done on the topic in other countries of Europe, the current research is explanatory in its nature. To understand Wellness Travels consumer behaviour, the research adapts what has been done before in other countries to the local needs. At the same time, the research uses deductive approach - applying specific theories (Theory of Planned Behaviour and 4P analysis) to analyse the collected data on medical tourism from the survey and qualitative interviews.

Within the research, semi-structured qualitative interviews are firstly made to better understand the current medical tourism situation in Lithuania, as well as make practical suggestions for Wellness Travels on how to attract more customers. Various medical tourism stakeholders are purposely chosen for the interviews. This allows gathering in-depth knowledge on the topic and putting the basis for further consumer behaviour investigation. At the same time, by structuring the interviews to a 4P analysis and supporting it by secondary data, the researcher identifies the marketing mix strategy, which Wellness Travels should concentrate on to increase their medical tourists' inflow.

Afterwards, a quantitative survey is made to understand what are the main factors affecting Wellness Travels customers' behaviour and satisfaction. The survey reveals medical tourists' consumer behaviour insights, the motives behind going abroad for healthcare and the factors that are necessary for a medical tourism company to have in order to gain a competitive advantage. People who have previously inquired Wellness Travels for medical tourism services were chosen as the respondents. The questionnaire was structured through the Theory of Planned Behaviour, adding additional sectors to best represent Wellness Travels needs. This was done by using the suggestions drawn from previous researches on the topic, as well as expert recommendations from the interviews.

To conclude, both qualitative and quantitative methods are used within the research in order to cover the medical tourism issue in depth and in detail. This methodological design allows understanding what changes would improve Wellness Travels' attractiveness to their customers, as well as competitive position in the market for healthcare services exports.

3.2 Semi-structured interviews

In order to better understand healthcare services trade in Lithuania, qualitative interviews with medical tourism stakeholders were conducted. This helped to gather in-depth information about international medical tourists and healthcare treatments that are popular among them. At the same time, certain questions have been asked to understand what marketing mix Wellness Travels should use in order to get higher medical tourists' inflows. Afterwards, the information from the interviews was used as a basis for developing the questionnaire to medical tourists. Non-probability sampling technique (purposive and heterogeneous) was used to choose the most competent interview candidates, which is common in similar case study researches. However, this sampling technique involves subjective judgment; thus, such results cannot be generalised to a population (other medical tourism facilitators) but is rather designed for the practical use of Wellness Travels.

Semi-structured interviews were used for the research. These were made according to Alan Bryman's guide provided in his book "Social Research Methods" (2001). This method allows flexibility by having both structured and unstructured sections with central questions drawn into the interview guides. The guides were made to cover the key areas of the 4P marketing mix analysis (price, product, place and promotion), as well as understand the general healthcare services trade situation in Lithuania. This way, the interviews revealed the leading importers of healthcare services from Lithuania, the most common healthcare services that are exported, the price level differences among the countries in Europe and the main factors that are important for people looking for a medical treatment abroad. An option to add additional questions was left throughout the interviews, which allowed to explore the topic of healthcare services exports in detail. After the draft interview guides were made, they were tested out with other medical tourism experts working in the field so that feedback would be collected and necessary changes would be made before interviewing the chosen respondents. The interviews were conducted face-to-face and one-on-one. Each of them was recorded so that it would be easier to transcribe and analyse them afterwards. The researcher first started

from general questions and went into more specific on the go. Open-ended questions were used. At the same time, ethical matters and handling of the collected data were discussed prior the interview (incl. introduction of the project, how interview data will be stored and used; anonymity and confidentiality issues; and reporting back). Partial-anonymity and confidentiality were ensured for interview subjects outside of Wellness Travels (just their work field is revealed). This allowed them to take voluntary decisions during the interviews. In addition, the respondents were treated properly during the whole process - accuracy and honesty were ensured in both data collection and representation afterwards. The semi-structured interview guides may be found in the Annex 1.

First of all, an in-depth interview with Wellness Travels Director Gediminas Kondrackis was made. This was done to better understand the company's needs and the current situation in the medical tourism market, which allowed to structure the research in a way that its conclusions would be applicable to the company's practice afterwards. Naturally, since the research focused on Wellness Travels in general, open follow-up interviews were made during the whole process of the research. Secondly, an interview with a Lithuanian working in World Health Organisation (WHO) was made. WHO is the main organisation dealing with healthcare in the world; thus, important implications about healthcare situation differences in Europe could be drawn. Afterwards, LitCare Medical Tourism Cluster representative was interviewed. LitCare is responsible for all medical tourism strategy in Lithuania. It merges the clinics, facilitators and secondary-service providers together. Therefore, the cluster's representative best knows about medical tourism general situation in Lithuania. In general, the representatives of all these organisations shared a well-rounded knowledge of the medical tourism industry in Lithuania, which contributed to the current research a lot.

After getting the general knowledge on medical tourism, the representatives of the most popular medical sectors among foreign patients (as indicated by the experts) were interviewed. The identified medical sectors included: (1) dentistry, (2) plastic surgery: (3) vision correction; (4) laser dermatology; (5) orthopaedics; (6) fertility treatment; (7) spa & rehabilitation. Thus, the clinics that work within these medical sectors were chosen for the interviews: (1) Baltic-American Clinic, (2) Northway Medical Centre and (3) Kardiolita Private Hospital. All of them have also identified medical tourism as one of their strategies; thus, deeper knowledge on specific treatments, their prices and target markets were got.

Lastly, an interview was made with a foreign patient that came to Lithuania through

Wellness Travels for the most popular medical tourism procedure – abdominoplasty (plastic surgery). A 42-year-old woman from Sweden was interviewed on the last day of her medical tourism trip. This allowed getting deeper knowledge on medical tourists' behaviour and the marketing mix (esp. promotional strategies) that could be used to attract other similar clients.

All in all, since the interviews were semi-structured, a moderate degree of freedom was allowed for the respondents. Thus, a broad picture of medical tourism in Lithuania was got. All this helped the researcher to design a survey instrument that correctly indicates the specific characteristics and behaviour of international medical tourists. At the same time, since the interviews included sections from the 4P analysis, important conclusions were drawn on what marketing mix should Wellness Travels choose to increase their medical tourists' inflow.

3.3 Survey

3.3.1 Survey Design

In order to better understand what factors determine the choice of going abroad for a treatment from the patients' perspective, a quantitative survey was performed. A questionnaire was constructed based on expert recommendations from the semi-structured interviews and previous research made on the topic by Chang Ling Meng et al (2015). As the research showed, Theory of Planned Behaviour can be used to understand medical tourists' behavioural intentions. Therefore, this model is used to investigate which factors influence the choice of going abroad for a medical treatment through Wellness Travels. Additional parts to support the Theory of Planned Behaviour and provide practical recommendations for Wellness Travels were added as suggested by WHO, LitCare, and Wellness Travels representatives during the qualitative interviews made beforehand. This part mostly concerns the assessment of factors that influence medical tourists' satisfaction. More detailed descriptions of the measurements of the survey can be found under the section 3.3.4.

After designing the questionnaire, the needed actions to ensure both content validity and construct validity were performed. Firstly, the designed survey draft was sent out to the previously interviewed medical experts in order to evaluate the quality the survey, its length, as well as the general format. Comments and suggestions provided by them were included to the questionnaire to make it better and more representative of the current situation in medical tourism industry. The experts also tested whether the questions are designed in a way to

measure what is needed. Afterwards, reliability was assessed by making a pilot study with 10 randomly chosen medical tourists. Minor flaws were eliminated and the final survey was made.

The survey was designed via online means, using "Google Survey" platform to make the questionnaire user-friendly. This way the respondents were be able to fill it in with ease. At the same time, this method allowed saving time and financial resources of the researcher without the need of sending paper surveys to the respondents. The link to the questionnaire was sent out through private e-mail lists of Wellness Travels to the people that previously inquired for their services. Since the target audience of the company has a wide range of English-speakers (80-90% of the people, according to the director), English was used as a survey language. Anonymity and confidentiality were also ensured for the survey respondents, with only aggregate data on medical tourists' demographics being revealed. This allowed them to take voluntary decisions while answering the questions. The questionnaire and its descriptions can be found in Annex 2.

3.3.2 Population

The population of interest that is analysed in the current research is (potential) medical tourists that are considering travelling through Wellness Travels. These are the people from the company's target markets, including Sweden, Norway, Denmark, Finland, the USA, UK, Ireland, the Netherlands, Belgium, Germany, and Switzerland.

Looking to the company's data, there has been in total 97 medical tourists that went through Wellness Travels to receive their treatment in Lithuania in 2016. However, the number of people who inquired for the services, yet chose not to come is considerably higher – 1183 in 2016 (Wellness Travels, 2017). Since the population of interest is both those who actually come for a treatment and those who simply inquire, the yearly population estimated for the current research is 1280 people (2016 Wellness Travels statistics). Investigating this population in detail allows drawing conclusions on Wellness Travels customers' behaviour.

However, it must be noted that the current research draws a conclusion only from a micro-level perspective of Wellness Travels; thus, statistical generalisations could not be made to other countries. Moreover, as the director of Wellness Travels revealed, plastic surgery is the most common procedure for which medical tourists choose the company (G. Kondrackis, personal communication, March 30, 2017). Thus, within this research, the population of

interest is mostly the people who consider going for a plastic surgery treatment through Wellness Travels. Therefore, further research should be made on a higher level, looking to the general population of those who are going abroad for a treatment in Lithuania or other European country. It is also suggested that further research would investigate other healthcare areas, such as laser dermatology, dentistry, SPA and vision correction in more detail.

3.3.3 Sample

The yearly estimated population for the current research is 1,280 (potential) medical tourists that inquire for Wellness Travels services. Random sampling was used to collect the responses from the population. Since Wellness Travels' e-mail lists were used, the survey has been successfully sent out to 791 random people that inquired for Wellness Travels services in 2016 (61.7% of the population). This consists of two main segments of people: (1) previous patients that came to Lithuania through Wellness Travels for a treatment, and (2) those who inquired; however, chose not to come. In total, 113 responses were got (14.3% response rate).

To check the validity of the sample, we have calculated the number of people required to be interviewed. Formula 1 has been applied for calculating the recommended sample size (Schwarze, 1993):

$$n = \frac{N \cdot 1{,}96^2 \cdot p \cdot q}{\varepsilon^2 \cdot (N-1) + 1{,}96^2 \cdot p \cdot q}; \quad \text{(formula 1)}$$

where:

- n – sample size (recommended number of respondents);
- N – size of the population;
- Number 1,96 is the standardised normal distribution value, when confidence level is α = 0,05;
- p – the probability that attributes investigated are present in the population (the probability of the worst option (50%) is used; thus, p = 0.5)
- q – the probability that the attributes investigated are not present in the target population (q = 1 - p = 0.5)
- ε – probability of error (ε = 0,1, i.e. 10%).

According to the formula, it is necessary to question 89 respondents in Wellness Travels' case. This was achieved through the current research (113 responses); thus, generalisations can be made about the population. However, it suggested that further research would be made with a smaller probability of error (5%), which would require a larger sample.

Looking to the respondents, 56 were the people who inquired Wellness Travels; however, did not come for a medical tourism treatment; and 57 were the ones who actually went for a treatment with Wellness Travels. This allows getting a well rounded approach to the population being investigated and make practically applicable suggestions to the company.

3.3.4 Survey Measurements

The survey was based on 4 main sections. Each of the section's descriptions and the key measurements that were used are described below. The exact questions asked to the respondents may be found in Annex 2.

3.3.4.1 Behaviour and Demographics Measurements

The first section covered the behaviour of (potential) medical tourists. It was constructed from the recommendations of medical tourism experts that were got through qualitative interviews made. As a result, the section included questions to (1) understand the type of medical treatments the people were inquiring for (categories & the exact treatments), (2) the countries they considered as medical tourism destinations, (3) the number of times they have been abroad for a medical tourism trip, (4) and given that they only inquired, however, chose not to come for the treatment, the reason for that.

Another section included questions to understand the general demographics of the respondents. This way information about their background was collected, which allowed making comparisons and contrasts among the sample groups. Gender, age, nationality, country of residence, marital status and income levels were asked from the respondents. These items were drawn from the discussions with Wellness Travels director who indicated that these are the demographical features that might have the impact on the behaviour of medical tourists (G. Kondrackis, personal communication, March 30, 2017).

3.3.4.2 Customer Satisfaction Measurements

Following the questions to understand the behaviour of previous medical tourists, specific items were constructed to collect the factors influencing their satisfaction during the medical trips undergone. This section was automatically provided only to those who indicated that they have been on a medical tourism trip before. Again, the items under the section were drawn from qualitative interviews with medical tourism experts made before and the previous research made on the topic. This way the questions asked were made to provide practical

recommendations for Wellness Travels in order to better understand which factors influence customer satisfaction the most. Both the expert interviews made and previous research indicate that price, quality and waiting time are the most important factors when choosing a medical tourism provider (Glinos & Baeten, 2006). Direct method was used to gather information on these 3 factors by using a 7-point Likert-Scale questions. This way statistics were gathered whether the patients received (1) high-quality, (2) reasonably priced treatment abroad, with (3) a low waiting time. The rating of the trip undergone was measured through three correlating items: (1) whether the patients were satisfied with the trip; (2) whether they would recommend it to a friend, and (3) whether they would go again for a medical tourism treatment to the same provider if needed. Again, 7-point Likert-Scale was used to assess the items. The impact of price, quality and waiting time was investigated to both each of the evaluation items separately and to one common evaluation factor derived afterwards. For practical comparison of medical tourism trip evaluations, the respondents were asked (1) the country which they received the treatment in, and (2) whether they have used Wellness Travels as a facilitator.

All in all, analysis of this section provided practical information for Wellness Travels on which factors influence medical tourists' satisfaction and overall evaluation.

3.3.4.3 Theory of Planned Behaviour Factors Measurements

The third section is the main one of the survey. It is structured according to the Theory of Planned Behaviour in order to understand the factors affecting the behavioural intentions of (potential) medical tourists (attitude, subjective norm, behavioural control). Each of the factors was measured through the items suggested in a guidebook for healthcare researchers (Francis, Eccles, & Johnston, 2004). Questions were asked in the form of a 7-point Likert-Scale to keep the survey consistent.

First of all, the meanings of the key components in the TPB theory for the current research were derived. This was made according to the previous research done on the topic and recommendations from Wellness Travels and LitCare representatives. Their meanings under the current research are described below:

• Behaviour was defined as a patient going abroad for a medical tourism trip through Wellness Travels. According to the "Manual for Health Services Researchers", behaviour should be defined in terms of its target, action, context and time (Francis, Eccles, & Johnston, 2004). Here the target is the patient, the action is going abroad for a medical

tourism trip, the context is through Wellness Travels, and the time is (implicitly) at any time in the future. As explained before, the TPB model allows using behavioural intention as a proximal measure of the behaviour. Thus, patients' intention for going abroad for a medical tourism trip through Wellness Travels is measured within the research.

- Attitude was defined as patient's attitude of having the medical tourism procedure in Lithuania through Wellness Travels.

- Subjective norm was defined as the way how other people, who may be in some way important to the patient, would like the patient to behave (i.e. whether they support the patient's decision in going abroad for a medical tourism trip through Wellness Travels).

- Perceived behavioural control was defined as the patient's capability of going abroad for a medical tourism trip through Wellness Travels.

Afterwards, the items for their measures were taken from the "Manual of Health Services Researchers" (Francis, Eccles, & Johnston, 2004). The manual is based on "Theory of Planned Behaviour" with the goal to help people make an effective healthcare service research questionnaire. Its authors investigated a number of researches made on the topic from 1985 to 2004 and reviewed strategies for constructing such questionnaires. This allowed them to create guidelines for making a questionnaire under the TPB in healthcare sector. The guidelines were proven to be accurate in other settings; thus, they fit the current research as well. The process of measuring the key factors according to the guidelines is described below.

Measuring Behavioural Intention

The authors of the guidelines provide three different methods for measuring behavioural intention: (1) Intention Performance; (2) Generalised Intention; and (3) Intention Simulation. However, the TPB literature shows that the second method is most often used in similar researches; thus, it is chosen for the current one as well (Francis, Eccles, & Johnston, 2004). According to the authors, internal consistency can be reached by using three items to measure behavioural intention. With this in mind, these are: (1) I wish to go on a medical tourism trip to Lithuania through Wellness Travels; (2) I want to go on a medical tourism trip to Lithuania through Wellness Travels; and (3) I intend to go on a medical tourism trip to Lithuania through Wellness Travels. Even though empirically there is a response consistency in answering these questions, research shows that there is a conceptual difference between these items (Armitage & Conner, 2001). Therefore, the items are considered as a good

measurement for behavioural intention in the current research. These items were also successfully formed into one factor when making the data analysis.

<u>Measuring Attitude</u>

To measure attitude, an indirect method from the guide was used as it provides deeper information on medical tourists' motivational factors. Normally, it is suggested to conduct an elicitation study for measuring behavioural beliefs (the beliefs, which might affect the behaviour of the target population) (Francis, Eccles, & Johnston, 2004). However, instead of making a new study to identify them, due to extensive literature on the topic, those are drawn from previous researches made. According to that, availability (waiting time), financial costs (price), and perceived quality of the treatment are often identified as the main motivational factors for medical tourism. This was the case in Glinos and Baeten research (2006) and the one done for the Lithuanian medical tourism industry (Cernikovaitė, 2015). Medical tourism experts also identified these factors as important for the patients. At the same time, LitCare medical tourism cluster representative suggested that safety is another important aspect for medical tourists when choosing their medical tourism destination (LitCare Representative, 2017). Therefore, all of these items were added to measure attitude (2 questions for price, 2 for quality/safety, 1 for waiting time, 1 for the perceived benefit). In order to keep the questionnaire consistent, again 7-point Likert-Scale is used to evaluate each of the items.

<u>Measuring Subjective Norm</u>

According to the guidelines, there are two ways of measuring subjective norm: direct and indirect. The direct method is designed to question the people that are important to medical tourists. However, the experts interviewed stated that the indirect method would be more accurate in this case since there are a few known-groups that influence medical tourists' decisions. A three step procedure was thus done to construct the measurement according to the guide: (1) categories of individuals, who make social pressure to medical tourists' behaviour, were identified; (2) questionnaire items to assess normative beliefs for each of the categories were constructed; and (3) questionnaire items to assess respondents' motivation to comply with the mentioned normative beliefs were made (Francis, Eccles, & Johnston, 2004).

In order to identify the above-mentioned categories of individuals, medical tourism experts and medical tourist from Sweden were asked whether there are any individuals or groups who could influence medical tourists' decision on going abroad for a treatment.

Different groups were identified, among which all of the respondents named the 2 main ones: (1) previous medical tourists, and (2) friends and relatives of the person making the decision to go abroad for a treatment. These are the groups of people, whose opinion on going abroad for a healthcare procedure might influence the decision of those making the choice. Therefore, to understand the strength of normative beliefs of these groups, 2 questions were asked to the survey respondents (in a 7-point Liker-scale): (1) other medical tourists have positive reviews of Medical Tourism in Lithuania through Wellness Travels; and (2) my friends and relatives have positive reviews of Medical Tourism in Lithuania through Wellness Travels. Lastly, the respondents' motivation to comply with these normative beliefs is measured by asking questions whether (1) other medical tourists' opinion is important to the respondents and whether (2) relatives' opinion is important to the respondents.

According to the guide, in order to get the final value of the measurement, the score of the strength of each normative belief is multiplied by the score of motivation to comply with it. The numbers are then summed up to get the overall score of the subjective norm: $N = (a*c) + (b*d)$, where N = total subjective norm score; a and b = scores for the normative beliefs, c and d = scores for motivation to comply with the beliefs (Francis, Eccles, & Johnston, 2004).

Measuring Perceived Behavioural Control

Lastly, to understand respondents' perceived behavioural control, the authors of the guide provide direct and indirect methods. The indirect method involves measuring control beliefs and their perceived power to influence behaviour. However, due to simplicity reasons, the direct method is chosen for the current study, using items that reflect respondents' confidence in being able to perform the behaviour (i.e. go on a medical tourism trip to Lithuania through Wellness Travels). To do that, respondents' self-efficacy and beliefs about the controllability of the behaviour is measured (Francis, Eccles, & Johnston, 2004).

Self-efficacy was assessed by asking people to report on a) how difficult it is to go on a medical tourism trip through Wellness Travels and b) how confident they are that they could do it. These measures were taken from what was stressed by medical tourism experts. The most commonly mentioned factors that could limit people's choice on going abroad for a medical tourism trip were: (1) funds, (2) language barrier, (3) treatment availability, (4) easiness of travel arrangement, and (5) easiness of medical treatment arrangement. Thus, questions to understand the presence of these factors are asked to measure the difficulty of going on a medical tourism trip through Wellness Travels. Afterwards, confidence was

measured by asking whether the respondents could easily go on a medical tourism trip to Lithuania through Wellness Travels if they wanted to. Controllability was assessed by asking people to report whether going on a medical tourism trip through Wellness Travels depends fully up to them. The above-mentioned questions were asked through a 7 point Likert-Scale.

As a result, in total 7 items were used to measure respondents' perceived behavioural control. During the data analysis, these were successfully formed into one factor

4. DATA ANALYSIS

4.1 Qualitative Interviews and Supporting Data

First of all, the qualitative interviews with medical tourism stakeholders were analysed in detail. As mentioned before, the interviews were structured in a way to help Wellness Travels develop their marketing strategy (through a 4P marketing mix analysis). This was made upon request from Wellness Travels since, as the director revealed, medical tourism facilitator's work is mostly dependent on effective marketing (G. Kondrackis, personal communication, March 30, 2017). Therefore, to best structure the information to a 4P analysis and make suggestions for Wellness Travels afterwards, the interviews were firstly transcribed from the recordings made. Then, information was assigned to the specific part of the 4P analysis that it corresponds to. Further on, the primary data from the interviews was supported with secondary statistical data. Lastly, suggestions for the quantitative survey were separated and then used when constructing the questionnaire. Partial anonymity of the respondents (apart from Wellness Travels director) was ensured throughout the process (only their work field was revealed).

Such handling of data allowed the researcher to successfully structure information according to the model developed by J.McCarthy (1964). In essence, the data analysis was made in a way to better understand: (1) the type of medical procedures Wellness Travels should export (product); (2) the countries, where Wellness Travels should distribute and market their service in (place); (3) the prices that persist in the market (price), and (4) the key benefits of medical treatments that Wellness Travels should highlight within their marketing strategy (promotion). At the same time, the data analysis helped to identify medical tourism problems that Wellness Travels should solve.

All in all, the analysis of the interviews was made in a way to reveal different choices that Wellness Travels should make to effectively position themselves in the medical tourism industry in terms of price, product, promotion and place. The suggestions drawn allows improving Wellness Travels competitiveness in the medical tourism industry and increasing their customer base. These can be found further in section 5.

4.2 Quantitative Data

4.2.1 Statistical Analysis of the Data

In this section, the general description of statistical analysis performed is provided. Each of the other sections correspond to separate parts of the survey. In order to sort out the quantitative data, answers of the questionnaire were coded and put into an IBM SPSS software, where statistical analysis was done.

Firstly, the percentage frequencies of the variables were calculated. Then, Pearson's chi-squared test ($_\chi2$) was used for checking the significance of the statistical findings (Pearson, 1990). For each of them, a hypothesis was tested whether the character distribution in different populations differs significantly. For making the decision, p-value and selected significance level ($\alpha = 0,05$) were used. If $p < \alpha$, then the hypothesis H_0 was rejected. If $p \geq \alpha$, then H_0 was ruled out.

Afterwards, in order to determine the internal reliability of the scales, Cronbach's Alpha was calculated. Cronbach 's Alpha classification: (1) if Cronbach's Alpha is below 0.5, reliability of the scale is considered too low and the use of such scale is not recommended; (2) if Cronbach's Alpha is between 0.5 and 0.6, reliability is considered satisfactory; (3) if Cronbach's Alpha is between 0.6 and 0.9, reliability is considered good; (4) if Cronbach's Alpha is above 0.9, reliability is considered very good (Cronbach & Shavelson, 2004). For the current research, if Cronbach's Alpha was at least 0.60, it was considered as appropriate.

Later, the averages of variable evaluations were calculated and tests were made to find out whether the averages differ significantly. In a case of two independent samples - Student's t-test was used; and in a case of three or more independent samples - one-way ANOVA was used. In both of the methods, the null hypothesis was being checked so that the variables' population averages would be equal ($H_0: \mu_1 = \mu_2 = ... = \mu_k$). The hypothesis was rejected, if $p<0.05$. When Student's t-test is done, it is sufficient to answer whether the sample averages significantly differ. However, ANOVA only shows if there are any significantly different sample averages, but does not specify, which specific sample averages significantly differ. To find this out, post hoc model using Bonferroni correction was used. Bonferroni correction indicates whether the averages differ significantly (if $p <0.05$) (Park, 2005).

Then, the dependence of the variables was observed using the correlation coefficient (r).

The correlation coefficient values are between -1 and 1. The closer it is to 1 in its absolute greatness, the stronger linear dependence of one variable on another is. The interpretation of these values, looking to absolute numbers, are: (1) between 0,9 and 1 - very strong linear correlation; (2) between 0,7 and 0,9 - strong linear correlation; (3) between 0,3 and 0,5 (weak linear correlation); (4) between 0,3 and 0 – very weak or no correlation. If the values are negative, then the correlations are negative, if positive - vice versa. Population variables correlate if $p < \alpha$ (the selected significance level is $\alpha = 0,05$) (Taylor, 1990).

In order to organise the questionnaire statements into factors, principal component analysis with Varimax rotation was firstly conducted. To test whether the variables are correlating significantly, Bartlett sphericity test was used. During this test, if p-value $\geq \alpha$, factor analysis does not apply to the available data (α - significance level selected, in our case, $\alpha = 0.05$). Afterwards, Kaiser–Meyer–Olkin (KMO) measure was used to assess whether the variables are suitable for factor analysis. For the factor analysis to be done well, Bartlet sphericity test should be significant (significance level $p < 0.05$) and KMO should be 0.6 or higher (Field, 2005).

In the end, linear regressions of factors were made, i.e. relations between the dependent variable and several independent variables were observed. These regression functions were written according to the formula: $y(x) = a + b_1x_1 + b_2x_2 + \cdots + b_kx_k$, where $x_1, x_2\ldots, x_k$ – independent variables, and $b_1, b_2\ldots, b_k$ are unknown constants, determined by least squares method. In order to test the suitability of each regression model, two hypotheses were tested: (1) all coefficients (bj) = 0, i.e. the regression model is inconsistent with the data; (2) each coefficient bj = 0. Hypothesis H_0 (coefficients are equal to zero) was rejected if p-value $< \alpha$ (where α is the chosen significance level, in our case, $\alpha = 0.05$).

All in all, a variety of statistical models were used to correctly analyse the questionnaire data. The data analysis for each sector of the questionnaire is further described below.

4.2.2 Respondents' Demographics

First of all, respondents' demographic characteristics were analysed. The graphical illustration of those may be found in Annex 3.

The study included 114 respondents, 95% of which were females and 5% males. Regarding respondents' age, they were divided into three categories: 35 - 44 years old (45%),

45 - 64 years old (32%), and 18–34 years old (23%). More than half of the respondents indicated that they were married or in a domestic partnership (61%), one-third of the respondents were single / never married (34%) and the remaining 5% indicated that they are divorced or widowed.

Among the respondents, more than half were from the United Kingdom (55%) and 46% were British by their nationality. 21% of the respondents were from Sweden, and 19% were Swedish by their nationality. Other countries accounted for the remaining 24%, which included Ireland, Norway, Denmark, the Netherlands and Saudi Arabia. Overall, 85% of the respondents lived in their home countries, while 15% - elsewhere.

Most of the respondents' monthly income was 1501 – 3000 EUR (49%). Slightly more than a third of the respondents' monthly income was up to 1500 EUR (36%) and 15% of the respondents reported that their monthly income was more than 3000 EUR.

4.2.3 Respondents' Medical Tourism Behaviour

Afterwards, the respondents' medical tourism behaviour was checked. First of all, the most popular treatments that the respondents inquired for were: tummy tuck (37%), breast surgeries (22%), liposuction (15%), and body lifts (8%). All the other medical treatments accounted for 18%.

Then, the treatments inquired for were analysed with regards to the demographics of the respondents (Figure 3). Looking to that, the youngest respondents (aged 18-34) most frequently applied for breast surgeries (one-third of them). The respondents aged 45 – 64 generally applied for a tummy tuck (75%). While the respondents aged 35-44 almost equally applied for tummy tucks, breast surgeries and liposuctions (one-quarter each). These differences are statistically significant (p = 0.001). Most of the respondents who are divorced/widowed applied for breast surgeries (83%), while married or in a domestic partnership - for a tummy tuck (49%). These differences are also statistically significant (p = 0.001). According to the country of residence, residents from Sweden more often than others applied for tummy tucks (46%) and body lifts (25%). Citizens from countries other than Sweden or the United Kingdom most frequently applied for breast surgeries (33%) (differences statistically significant at p = 0.020).
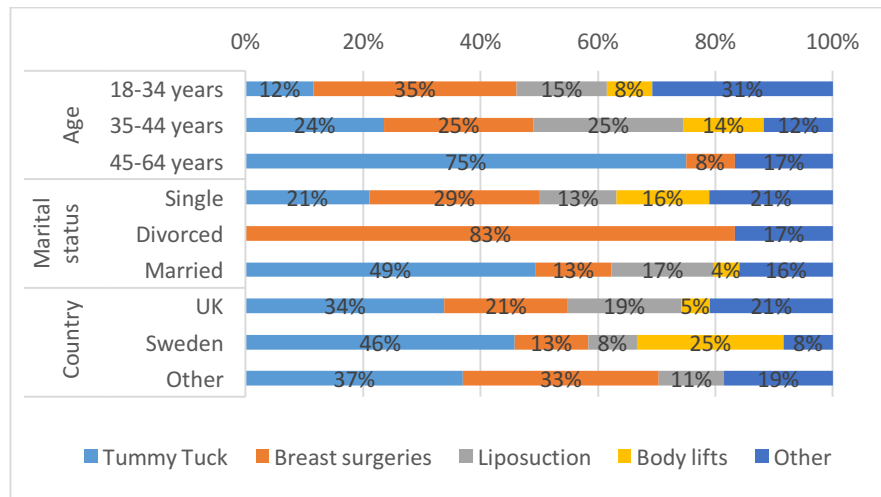
Figure 3: Specific treatment(s) by the respondent's demographic characteristics

When asked what other countries the respondents thought of when inquiring to Wellness Travels, respondents most frequently mentioned Poland (20%), Czech Republic (16%), Turkey (14%), Hungary (11%), Estonia (7%), and Latvia (6%). In general, 56% of the people were considering more than one country for their medical tourism trip.

Looking further, half of the respondents indicated that they have never been on a medical tourism trip before, 20% of them have been once, 17% - twice, and 13% - three or more times. Out of those who inquired Wellness Travels yet have not been on a medical tourism trip, most of the people were still making arrangements (50%). A quarter of the respondents postponed the treatment, while 20% of the surveyed decided not to have the treatment at all. Looking to those who have been on a medical tourism trip before, the majority were in Lithuania (79%), others visited the Czech Republic (9%), Poland (7%) and Hungary (5%). 67% of the respondents indicated that they chose Wellness Travels for their medical tourism trip.

More graphical representations of the statistics regarding respondents' medical tourism behaviour may be found in Annex 3.

4.2.4 Previous Medical Tourism Trip Evaluation

After the respondents' demographics and behaviour was looked at, the data from those who have been on a medical tourism trip before was analysed in more detail.

As written before, respondents were asked to evaluate the price, quality and waiting time of the previous medical tourism trip on a scale from 1 to 7. The reliability of the data was tested through Cronbach's alpha. The result was 0.919, which indicates that the data is reliable.

In general, the respondents rated their previous medical tourism trips very well. Statements "I received a treatment with a reasonable price" and "I received a high-quality medical treatment" were evaluated by 6.1 points out of 7, while the statement "I received a treatment with low waiting time" received a score of 6.5. Looking to the price evaluation, statistically significant differences were found among different treatments (p=0.008), nationality (p=0.027) and the country in which the procedure was made (p=0.001). Those who inquired about breast surgeries were evaluating the price the best (6.7 points), while those who had body lifts where evaluating the price the worse (4.8 points). The British favoured the prices more (6.4 points) than Swedish (5.5 points). Respondents, who went to Lithuania, evaluated the prices worse (6.0 points) than those who went to other countries (6.8 points). These results may be seen in the Figure below.
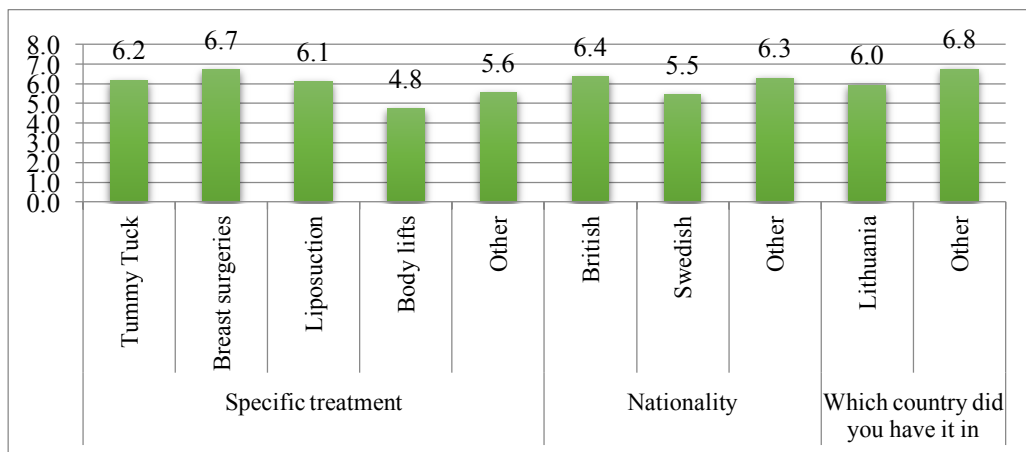
Figure 4: Evaluation of the price for the previous medical tourism trip

Similarly, examining the evaluation of the quality, statistically significant differences were found between specific treatments (p = 0.010) and nationality (p = 0.043). Those who inquired about breast surgeries evaluated the treatment quality the best (6.7 points), while those who inquired for body lifts – the worst (4.8 points). Again, British evaluated the quality of treatments better (6.1) than Swedish patients (5.5). Also, those living outside their home country evaluated the quality better (7.0 points) than the respondents living in their home country (5.9 points). Statistically significant differences were not found (p>0,05) when analysing the statement "I received a treatment with a low waiting time". The results are seen in Figure 5.
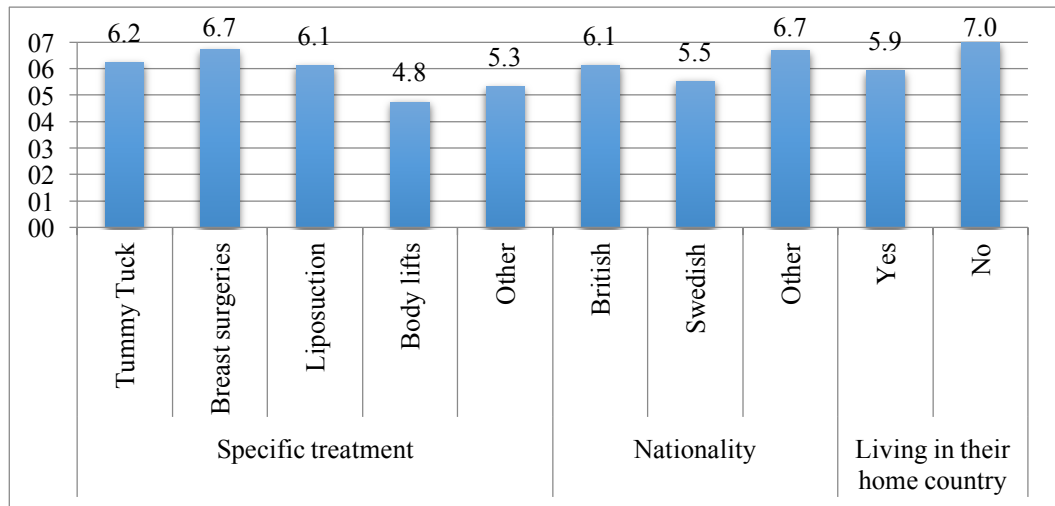
Figure 5: Evaluation of the quality of the previous medical tourism trip

When the respondents evaluated their medical tourism trips, the statement "If needed, I would go for a medical tourism trip with the same provider again" was evaluated the best (6.4/7). The statement "I would recommend my medical tourism provider to others" was evaluated a little bit worse (5.9 points), while "Overall, I was satisfied with my medical treatment abroad" received 5.8 points. The latter significantly differed for different treatments (p = 0.041), nationalities (p = 0.004), and marital status (p = 0.005).
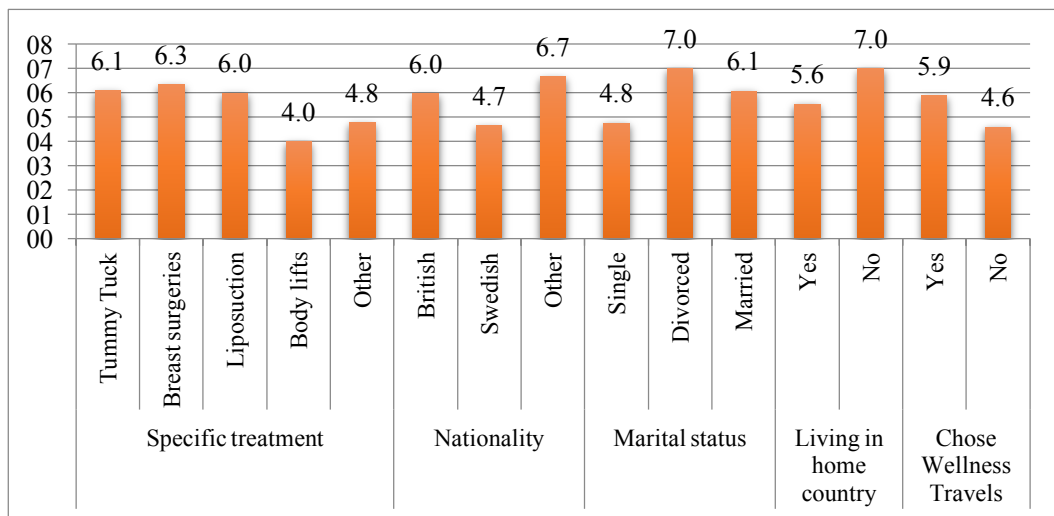
Figure 6: Satisfaction evaluation of the previous medical tourism trip

As it is seen from the figure above, respondents, who had breast surgeries, rated their satisfaction the best - 6.3 points, while those who inquired about body lifts – the worst (4.0 points). Respondents, whose nationality was Swedish, rated the satisfaction of their last medical tourism trip the worst (4.7 points), while those of other nationalities – the best (6.7 points). At the same time, all respondents who were divorced/widowed were satisfied with their medical tourism trip (7.0 points on average). Also, respondents, who lived outside their

home country, were very satisfied with their medical tourism treatment (7.0 points), whereas those living in their home country – not so much (5.6 points). The differences between the estimates are statistically significant (p = 0.001). Lastly, respondents who came to Lithuania with Wellness Travels rated this statement better (5.9 points) than those who chose other medical tourism facilitators (4.6 points) (statistically significant at p = 0.034).

After looking to the average evaluations of each of the items, a correlation analysis was made. It revealed that all previous medical tourism trip evaluation statements have a statistically significant correlation (p <0.05). Using regression analysis model, we can then write discovered dependencies (regression statistics can be found in Annex 4). Hypotheses H_0 was rejected, meaning all examined factors are not equal to zero. This means that the regression forecasting models are suitable and can be recorded by a formula using variables: price, quality and waiting time. The statement "Overall, I was satisfied with my medical treatment abroad" (satisfaction) can be written as the following formula:

Satisfaction = -2,248+0,234*Price+0,756*Quality+0,343*Waiting time

The statement "I would recommend my medical tourism provider to others" (recommendation) can be written as the following formula:

Recommendation = -1,180+0,363*Price+0,552*Quality+0,262*Waiting time

While the statement "If needed, I would go for a medical tourism trip with the same providers again" (repetition) can be written as the following formula:

Repetition = 0,583+0,236*Price+0,331*Quality+0,226*Waiting time

The three evaluation statements were then grouped into one factor – "General Evaluation". This was possible since KMO = 0.601, and Bartlett's Test of Sphericity = 0.001. The result reveals that rating correlates with price (Pearson's correlation - 0.737, significance level - 0.01), quality (Pearson's Correlation – 0.901, significance level - 0.05) and waiting time (Pearson's Correlation - 0.555, significance level - 0.05). The strongest linear relationship is between evaluation and quality (p = 0.001, r = -0.901). Using regression analysis, the evaluation factor was then expressed in terms of price, quality and waiting time estimates. All variables are important and fall into the following formula:

General evaluation = -1,743+0,357*price+0,616*quality+0,289*waiting time

Graphical data illustrations for previous medical tourism trip evaluation and more thorough statistics for the analyses made may be found in Annex 3 and Annex 4.

4.2.5 Theory of Planned Behaviour Statistics

As mentioned before, respondents were asked to evaluate different statements that were used as the measures for the key parts of the Theory of Planned Behaviour (behavioural control, attitudes, subjective norm and behavioural intention). Firstly, the reliability of the statements obtained was tested by

	Cronbach's Alpha	No of Items
Behavioural control	0,895	7
Attitudes	0,899	6
Subjective norm	0,717	4
Behavioural intention	0,779	3

Table 1: Cronbach's Alpha Values

looking whether Cronbach's Alpha > 0.7, which indicates a good reliability of the data (results can be seen in Table 1).

Examining how the respondents evaluated behavioural control statements, we see that the best evaluation is of "It fully depends on me whether I go to Lithuania for a medical tourism procedure" (6.3 points). The lowest evaluation was for the statement "There are no language barriers for me to go for a medical tourism procedure in Lithuania through Wellness Travels" (5.3 points). The statement evaluations may be found in the table below.
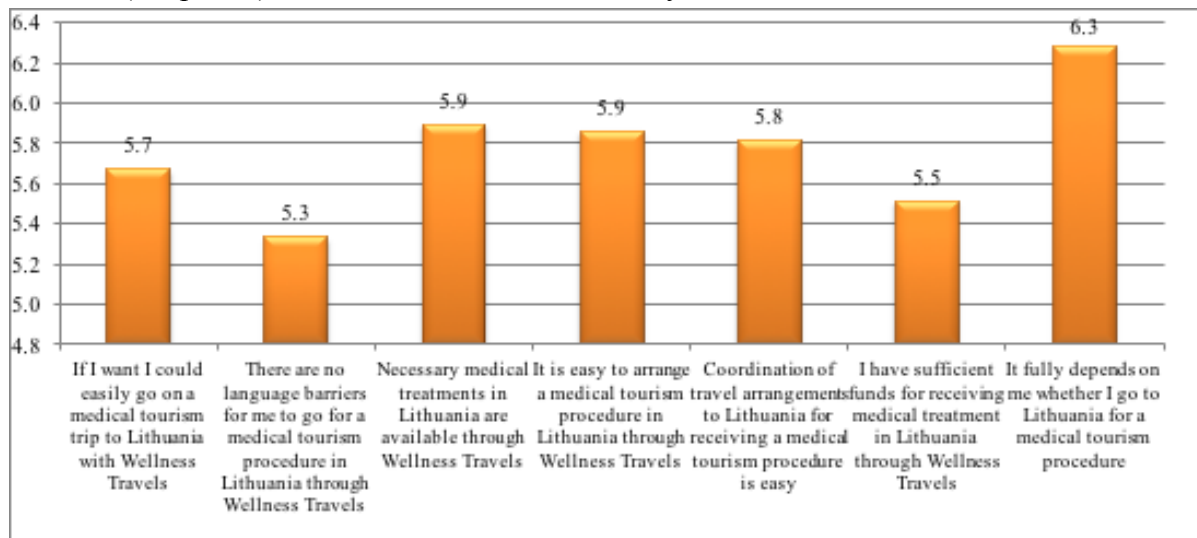
Figure 7: Behavioural control statements' evaluation

Examining how the respondents evaluated subjective norm group statements, it can be seen that the statement "Other medical tourists' opinion is important to me when making a decision to go on a medical tourism trip" (6.4 points) received a higher score than "My relatives' opinion is important to me when making a decision to go on a medical tourism trip" (5.2 points). At the same time, the statement "Other medical tourists have positive views about medical tourism in Lithuania through Wellness Travels" (5.8 points) is evaluated better than

"My friends and relatives have a positive view of medical tourism in Lithuania through Wellness Travels" (5.0 points).

Examining how the respondents evaluated the attitudes group statements, we see that the highest evaluated statement is "Having medical procedure in Lithuania, with Wellness Travels would be less expensive than in my country of residence" (6.4 points), while the lowest – "Having medical procedure in Lithuania, with Wellness Travels would be of similar quality to that in my country of residence" (5.5 points).

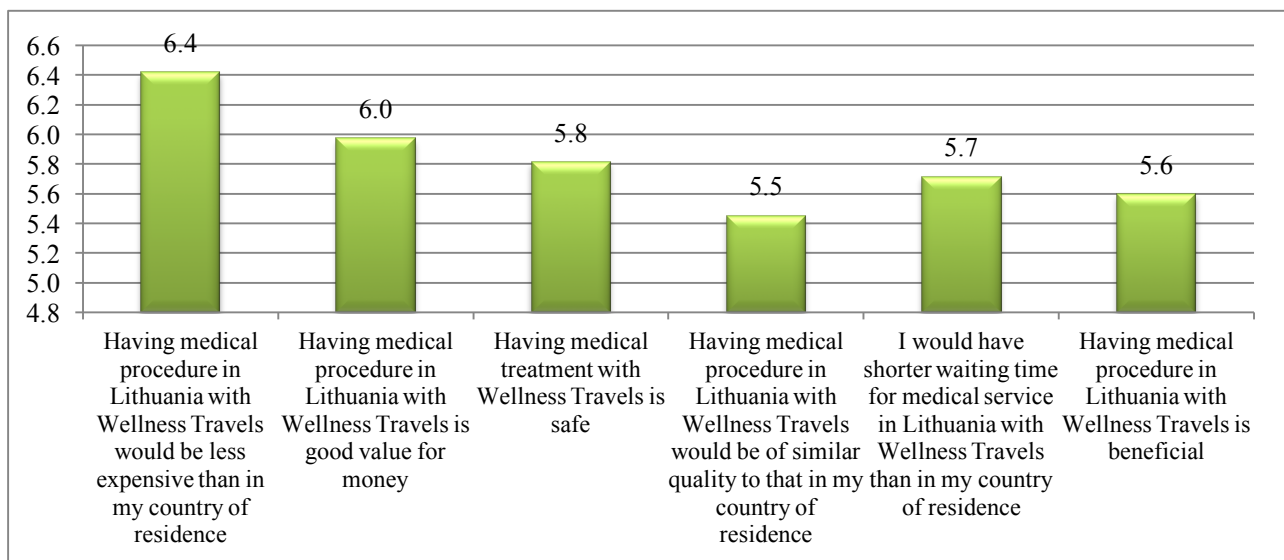*Figure 8: Attitudes statements' evaluation*

Lastly, examining how the respondents evaluated behavioural intention statements, it was seen that the statement "I wish to go on a medical tourism trip to Lithuania through Wellness Travels" received a higher score (6.0 points) than the statement "I intend to go on a medical tourism trip to Lithuania through Wellness Travels" (5.6 points).

After looking at the average scores, the researcher looked whether the statements in each of the groups could be formed into factors. Since KMO > 0.6 and Bartlett's Test of Sphericity < 0.05 for each of the group statements, factors were successfully formed (statistics can be found in Appendix 4). This way the group statements were recoded and further analysis of derived factors continued. When examining each of the factors, it was observed that behavioural intention on average scored 5.84 points, behavioural control – 5.76, attitudes – 5.83, and subjective norm – 5.62 points. Behavioural control factor's evaluation significantly differed by the treatment the respondents were inquiring for ($p = 0.044$), the times they have been on a medical tourism trip before ($p = 0.006$) and the country which they had the treatment in before ($p = 0.011$). The results may be seen in the figure below.
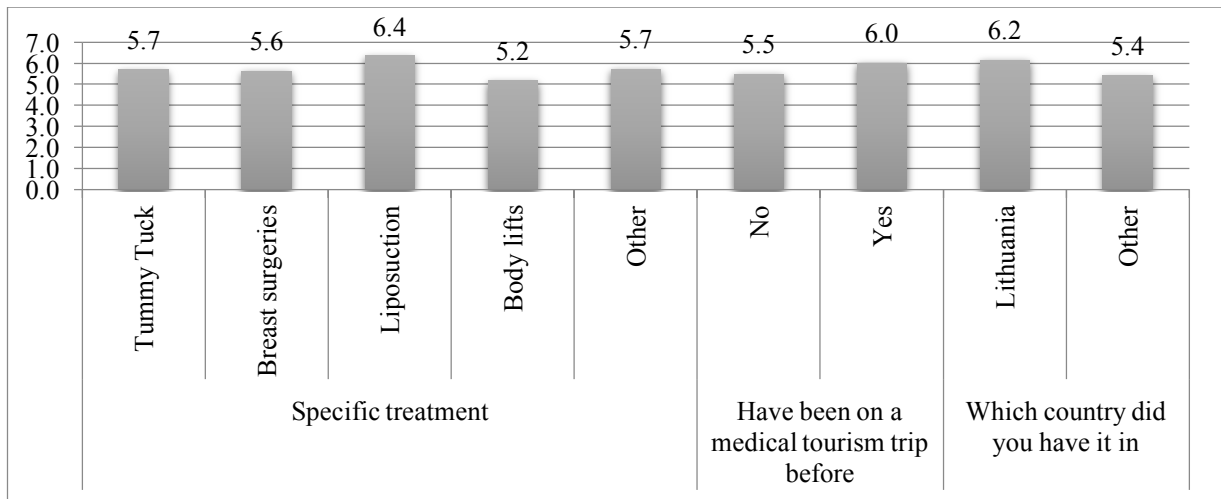
Figure 9: Behavioural control evaluation

Attitudes factor statistically significantly differed according to age (p = 0.046), marital status (p = 0.037) and whether the respondents have been on a medical tourism trip before (p = 0.001). The results may be seen in the table below.
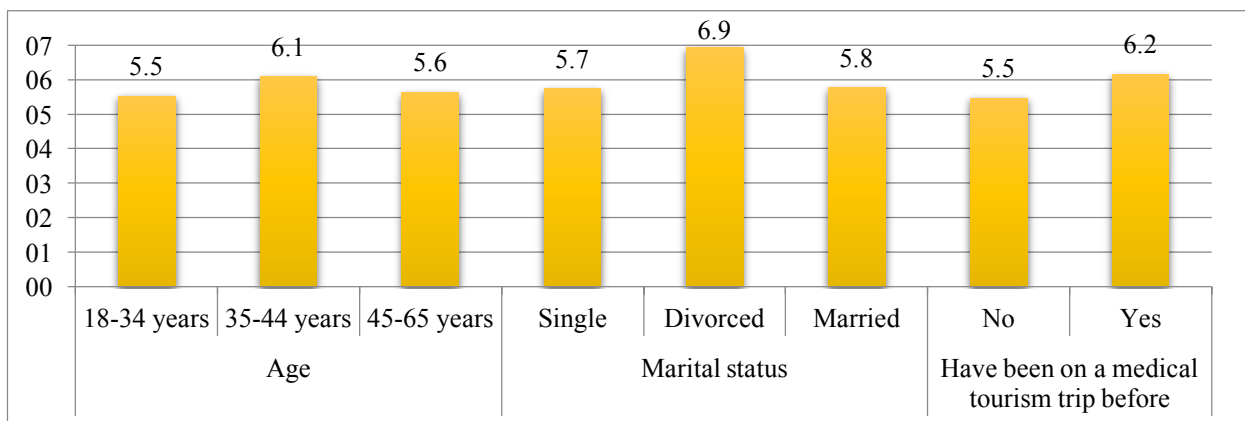
Figure 10: Attitudes Evaluation

Subjective norm factor evaluation was very different. It differed for treatments inquired for (p = 0.002), age (p = 0.005), marital status (p = 0.011), whether the respondents have been on a medical tourism trip before (p = 0.005), and whether they were living in their home country (p = 0.004). The results are in Figure 10.

Behavioural intention factors evaluation differed by age (p = 0.0020), treatment inquired for (p = 0.046), monthly income (p = 0.034), whether the respondent lived in their home country (p = 0.010), and whether they have been on a medical tourism trip before (p = 0.015). The results are in Figure 11.
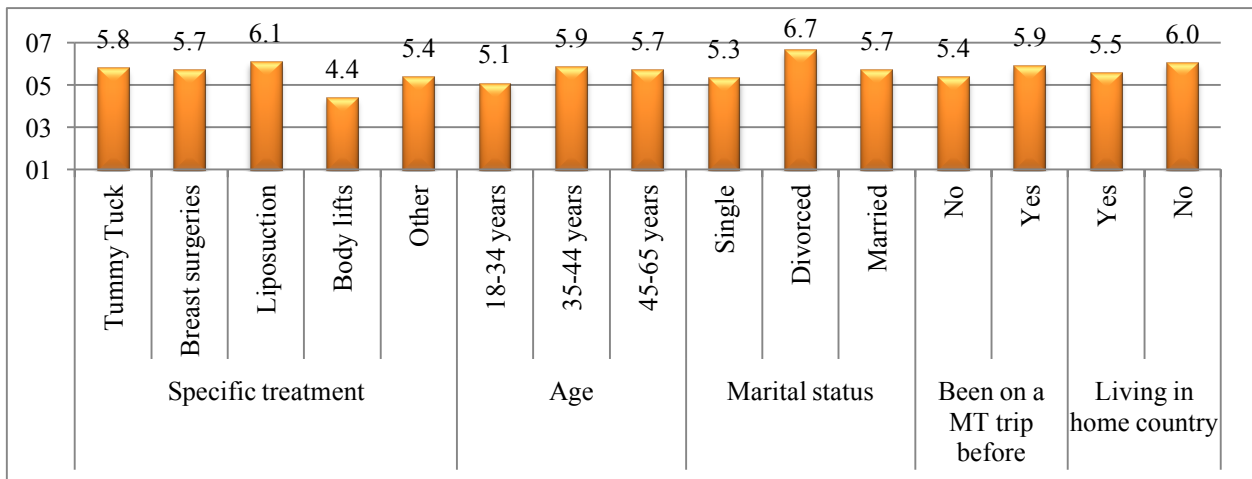
Figure 11: Subjective Norm Evaluation
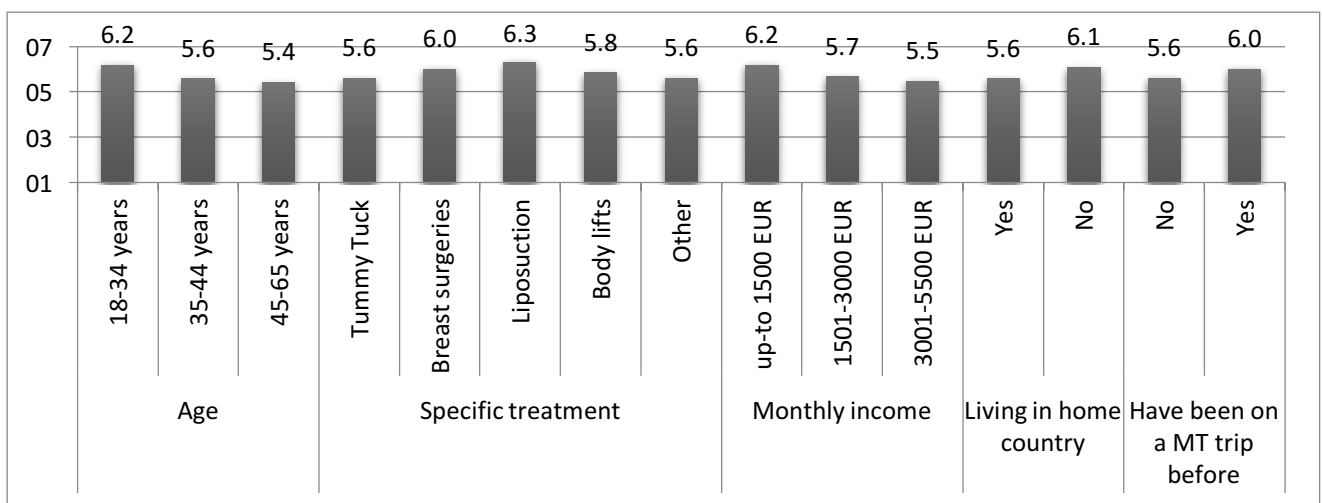
Figure 12: Behavioural Intention Evaluation

In the end, the researcher checked how the factors correlate with each other - linear dependence ($p < 0.05$) was found among all the factors. Behavioural control factor influences behavioural intention the most ($p=0.005$, $p=0.712$), meaning that the higher the control, the higher behavioural intention is. The weakest dependence of intention is with subjective norm factor ($p=0.001$, $p=0.393$). Afterwards, a regression analysis was made to express behavioural intention through the other factors. H_0 hypothesis was rejected, meaning that all the coefficients were not equal to zero. Thus, the regression model predictions are applicable and can be written in the following formula (statistics of the analysis can be found in Annex 4):

Behavioural intention = 1,103+0,379 * Behavioural Control + 0,232 * Attitude + 0,229 * Subjective Norm.

All in all, a well-rounded analysis was done to investigate Wellness Travels customers' behaviour. A number of measures were taken to make the data reliable and draw conclusions that are representative to the population, which are discussed in the section below.

5. DISCUSSION, FINDINGS & SUGGESTIONS

5.1 Qualitative Interviews and Supporting Data

First of all, the findings from the qualitative interviews are discussed. These are structured through the 4P analysis below. It reveals the type of medical procedures Wellness Travels should export; the countries, where Wellness Travels should distribute and market their service in; the prices that persist in the market; and the key benefits of medical treatments that Wellness Travels should highlight within their marketing strategy.

5.1.1 4P Analysis – Product

Through this part of the model, the researcher specifically focuses on understanding what products (i.e. treatments) Wellness Travels should offer. This is done by thoroughly analysing the transcribed data collected from the interviews with medical experts who identified the type of medical treatments that are suitable for foreign patients. Additional services needed to make the offer well-balanced are as well discussed.

The qualitative interviews with experts revealed that the treatments that could be offered for medical tourists should have considerably lower price or waiting time, as well as relatively the same healthcare quality as in the patients' home countries (LitCare Representative, personal communication, April 3, 2017). This is in line with what has been done in previous research, since it was concluded that availability, financial costs, and perceived quality are the key motivators for going abroad for a treatment (Glinos & Baeten, 2006). However, since the treatments are mostly done through private clinics in Lithuania, the healthcare quality is most often relatively the same as in other Western European countries (WHO Representative, personal communication, April 2, 2017). Of course, as the literature review showed, the perceived quality differs from the true quality; yet, the best solution to this is effective marketing, and not concentration on specific treatments (Ernst & Young, 2012). At the same time, it must be noted that the price difference is only important for the respondents who are having the treatments that are not included in the public healthcare plan, which requires the patients to pay themselves (WHO Representative, personal communication, April 2, 2017).

Furthermore, the treatments on offer should not be complex in their making and only require one (or two) visits to the destination country. This is due to the fact that medical

tourism abroad should be provided with ease, avoiding the additional costs involved for each travel to the destination country. At the same time, having the procedure within one visit limits the risks of complications, which is really important for medical tourists (LitCare Representative, personal communication, April 3, 2017). As it was seen from the literature review, word-of-mouth really influences customers' choice (Rosenmöller, McKee, & Baeten, 2006); thus, a complication from a complex procedure may negatively impact all of the medical tourism rates. Moreover, the procedure should be relatively standard, without the need of specific preparation in advance. This is because understanding specific medical requirements in advance for each patient is difficult when organising a medical tourism trip and may lead to higher complication rates. This means that the treatment to be provided should be clear from (1) the photos and (2) medical description sent by the patient in advance, as well as (3) the online consultation made with the doctor (G. Kondrackis, personal communication, March 30, 2017). Lastly, all of the treatments should have short waiting time since the competition in the market is fierce; thus, if a patient needs to wait long for a treatment, he/she will turn away to a competitor. This is especially the case for certain treatments, which have long waiting time in the importing countries and are funded by the public healthcare system (such as orthopaedic or weight-loss surgeries) (LitCare Representative, personal communication, April 3, 2017).

Overall, according to the experts, the medical sectors that fit these criteria are: (1) dental treatments; (2) eye treatments; (3) dermatological treatments; (4) health check ups; (5) weight-loss surgeries; (6) SPA & rehabilitation; (7) orthopaedic surgeries; (8) fertility treatment and (9) plastic surgery. Out of these, the latter is said to have the biggest market share, which is then followed by dentistry (LitCare Representative, personal communication, April 3, 2017). Cardiology and urological treatments, as suggested by the literature review (Černikovaitė, 2015), were left out since cardiology is too complex in the making, while urology is too hard to assess in advance (LitCare Representative, personal communication, April 3, 2017; WHO Representative, personal communication, April 2, 2017; G. Kondrackis, personal communication, March 30, 2017).

However, focusing on all of the treatments under these categories would be too expensive for Wellness Travels. Therefore, medical industry representatives from Baltic-American Clinic, Northway Medical Centre, and Kardiolita Private Hospital were asked to rule out some of them. These clinics are all focusing on medical tourism as one of their priorities and are offering treatments in each of the medical fields outlined by medical tourism

experts. Therefore, they know the situation in the market well.

First of all, even though Baltic-American Clinic is providing fertility treatment themselves, they have specified that it is not that popular in Lithuania since the regulations of it are not yet clear. Therefore, they suggested that Wellness Travels should start exporting these services only after a legal basis in Lithuania is put in place (Baltic-American Clinic, personal communication, April 28, 2017). Secondly, it was mentioned that SPA and health-check ups are only popular as a supplement to other procedures that are done in the clinics for medical tourists. Let alone, these treatments do not have the necessary price differences to attract foreign patients. Therefore, even though they could be on offer, it should only act as a supplement to the other medical treatments and should not be specifically marketed to medical tourists (Northway Medical Centre, personal communication, April 29, 2017).

After ruling out certain medical sectors, the clinics' representatives have identified specific treatments that are most popular among tourists. As the interviewees specified, the key drivers behind all of the treatments were either the price difference, waiting time difference or both. The information got from the interviews on the treatments to be exported is specified in the table below.

Medical Group	Most Popular Procedures for Medical Tourism	The Key Driver
Plastic Surgery	(1) Breast surgeries (breast lift, breast augmentation, breast reduction, gynecomastia), (2) face surgeries (eyelid surgery, rhinoplasty, nose tip reduction, otoplasty, lip enhancement; facelifts); (3) intimate surgeries (labiaplasty, clitoral hood reduction); (4) body surgeries (liposuction, tummy tuck, body lifts).	Price
Dentistry	Dental implants, cosmetic dentistry, prosthetic dentistry (veneers).	Price
Eye Treatment	Vision correction by laser – LASIK, LASEK.	Price
Weight-loss surgeries	Gastric Bypass, Gastric Sleeve, Gastric Band.	Waiting time & price
Orthopaedic Surgery	Hip replacement, knee replacement, shoulder joint replacement.	Waiting time & price
Laser Dermatology	Laser dermatology treatments – Thermage Skin Tightening, Fraxel Skin Resurfacing.	Price
Medical Procedures Ruled out by Industry Experts		

Diagnostics	Full health check-up through global diagnostics, MRI, Computed Tomography.	Price
SPA	Full relaxation packages in SPA resorts.	Price
Fertility treatment	In vitro fertilisation (IVF), Intra-uterine insemination (IUI).	Waiting time

Table 2: *Medical Tourism Treatments. Source: Northway Medical Centre (personal communication, April 29, 2017); Baltic-American Clinic (personal communication, April 28) 2017); Kardiolita Private Hospital (personal communication, April 27, 2017).*

Therefore, looking to the recommendations provided by the interviewees, it is suggested that Wellness Travels would focus only on providing the identified medical treatments from the following sectors: (1) Plastic surgery; (2) dentistry; (3) eye treatment; (4) weight-loss surgeries; (5) orthopaedic surgeries; and (6) laser dermatology. This categorisation is still wide; thus, they are further limited to the ones bringing the most financial benefit to medical tourists (under the section 5.1.3).

Lastly, since Wellness Travels is a medical tourism facilitator, they should offer additional services in order for the medical tourism trip to be well-balanced and organised with ease for the medical tourists. First of all, according to LitCare representative, the facilitators should offer accommodation, private transfers and personal support within Lithuania (LitCare Representative, personal communication, April 3, 2017). This is, however, already included in the service offering of Wellness Travels (Wellness Travels, 2017). Yet, as the interview with a medical tourism patient reveals, an additional concern for a patient is booking the flight tickets, as well as organising the meals during the stay. At the same time, instead of organising additional touristic services such as sightseeing, the patients prefer to have rehabilitation services after the treatment is performed. Moreover, an all-inclusive stay for a co-traveller is needed since patients require additional support from their family members (Swedish Medical Tourism Patient, personal communication, April 25, 2017). The latter is also in line with the previous research made (Saiprasert, 2011).

Therefore, it is suggested that Wellness Travels would: (1) cooperate with an agency offering flight bookings in order to organise the flights for their patients; (2) make agreements with accommodation providers to provide the patients with full-board during their stay; (3) include all-inclusive travel packages for medical tourists' companions; and (4) make agreements with rehabilitation facilities to offer additional after-care services for the patients during their stay in Lithuania. These extra services would further increase the competitiveness of Wellness Travels as well as their medical tourists' inflow. The value proposition of the

company could thus be providing all-inclusive medical tourism experience for the customers and their companions.

5.1.2 4P Analysis – Place

In general, the service offering in terms of place is straightforward and well designed for Wellness Travels (G. Kondrackis, personal communication, March 30, 2017). This is due to the fact that the main sales channel, where customers find Wellness Travels services, is their web page. Here the booking process takes place; thus, no additional distribution channels are needed. The web page is also operated by Wellness Travels' staff, avoiding the need of additional sales force. When the medical tourists come to Lithuania, the services are delivered by the travel managers of Wellness Travels and their partner network (clinics and accommodation facilities) (Wellness Travels, 2017). All this leads to effective management of the company resources.

However, one of the main concerns of Wellness Travels is the countries where they should export their services to (i.e. what are the target countries of the company). Knowing that would allow the company to direct their promotion to the right countries, more effectively reaching their target audience and thus increasing their medical tourists' inflow (G. Kondrackis, personal communication, March 30, 2017). At the same time, understanding the target countries better allows making an in-depth price comparison between them. This would lead to choosing the products which bring the most value to the customers. Therefore, through this part of the 4P model, instead of focusing purely on the distribution channels, which are well developed for Wellness Travels, the researcher concentrates on limiting the target countries for healthcare exports.

In order to identify the countries that could be the biggest healthcare importers from Wellness Travels, the interviewees were asked to name the factors that are the most important for a medical tourism importing country. There were several factors listed by the interviewees, namely: (1) high healthcare price level; (2) no or little language barrier, and (3) good accessibility to Lithuania (WHO Representative, personal communication, April 2, 2017; LitCare Representative, personal communication, April 3, 2017). This to some extent goes in line with previous research made on the topic, as (1) geographical proximity; (2) big size; (3) high customer purchasing power; and (4) mobile residents were named as the important factors for such countries (Ernst & Young, 2012). Thus, potential target countries are analysed in

more detail according to these factors by looking at the secondary data available.

The first factor mentioned by the experts (high healthcare price level) was measured by looking at the general price level of target countries, combining it with estimating the purchasing power of the residents. The second one (language barrier) – by looking at the English-speaking population of each country (since Wellness Travels official language is English). The third one (accessibility to Lithuania) was measured by looking at the availability of affordable short-haul flights, as well as visa requirements from each of the potential target markets. Due to this, only European countries were identified as the potential medical tourism importers from Lithuania. Lastly, looking to the recommendations from Ernst & Young (2012), countries with small population sizes (less than 500,000 residents) were not considered as potential target countries.

First of all, statistics show that the top 10 countries by "Price level index for household final consumption expenditure" in Europe are: the Netherlands, Finland, Luxembourg, Sweden, Ireland, Iceland, the United Kingdom, Denmark, Norway and Switzerland (Eurostat, 2016). At the same time, to measure purchasing power, the top 10 countries by Purchasing Power Parity (PPP) in Europe are taken: Luxembourg, Sweden, Iceland, the United Kingdom, Denmark, Norway, Switzerland, Lichtenstein, Germany and Austria (GFK, 2017). However, due to their low population (less than 500,000 inhabitants), Luxembourg, Iceland and Lichtenstein are not considered as a good choice for Wellness Travels. The remaining ones are thus potential countries for medical tourism imports according to the first factor mentioned by healthcare experts and the recommendations given by Ernst & Young (2012).

The second factor that was looked at is the level of English-speaking population in a country. The percentage of English-speakers in the countries identified in the first point are: the United Kingdom - 95.81%, Ireland - 98.37%, the Netherlands - 90%, Norway - 90%, Sweden - 86%, Denmark - 86%, Austria - 73%, Finland - 70%, Germany - 70%, Switzerland - 61.28% (European Commission, 2012). Again, the countries with considerably lower English speaking rate were taken out from consideration (Austria, Finland, Germany, and Switzerland).

The last factor, which was identified as important both by the experts and Ernst & Young (2003) was accessibility. All of the remaining countries (the United Kingdom, Ireland, the Netherlands, Norway, Sweden, and Denmark) are abundant with inexpensive every-day flights to Lithuania provided by Ryanair, Wizzair, Airbaltic or Norwegian Airlines (on average

less than 100 EUR one way) (Vilnius Airport, 2017). Each of the flights takes less than 4 hours; thus, these countries are considered as the ones with good accessibility to Lithuania.

In conclusion, the countries that well fit all of the factors that were marked as important by medical tourism experts and Ernst & Young (2012) are: (1) the United Kingdom, (2) Ireland, (3) the Netherlands, (4) Denmark, (5) Norway, and (6) Sweden. These are thus the countries that Wellness Travels should concentrate on in order to effectively use their resources for medical tourism marketing. The company should direct its promotion to these countries in order to effectively reach their target audience and thus increase their medical tourists' inflow.

5.1.3 4P Analysis – Price

After the treatments and the target markets are known, the research focus on understanding what is the value of the medical tourism services to Wellness Travels' customers. This is measured by comparing the price differences among the target countries and Lithuania. As the price is the main factor affecting medical tourists' decision of going abroad (Glinos & Baeten, 2006), knowing this allows the researcher to further limit medical treatments to be offered by Wellness Travels to the ones, which are the most attractive to medical tourists.

The price levels have been measured for each of the treatments identified by the industry professionals for the target countries that best fit medical tourism needs. A comparison was made between Sweden (used as an approximation for other Scandinavian countries as well), the Netherlands, UK (used as an approximation for Ireland as well), and Lithuania. The prices were drawn from the most popular medical providers in each of the countries, which were listed on an international European clinics registry – WhatClinic (2017). The average rate of each treatments' price given by different clinics included in the registry was drawn (compiled by the researcher). The extensive comparison can be seen in the table below.

Treatment	Price (LT)	Price (SE)	Price (NL)	Price (UK)	Av. Price Difference
Dentistry					
Implantation (one tooth)	€800	€3 300	€2 200	€3 180	72,35%
Cosmetic treatment (one tooth)	€160	€720	€270	€440	66,43%
Prosthetic treatment (veneer, one tooth)	€370	€840	€620	€740	50,20%
Plastic Surgery					

Breast lift	€1 800	€4 190	€4 870	€5 470	62,84%
Breast augmentation	€2 480	€4 200	€3 900	€4 850	42,55%
Breast reduction	€2 020	€4 790	€4 830	€6 150	61,57%
Gynaecomastia	€1 320	€3 890	€2 130	€3 350	57,74%
Eyelid Surgery	€1 470	€3 390	€2 830	€4 020	56,93%
Otoplasty	€670	€2 490	€1 730	€2 000	67,68%
Rhinoplasty	€2 070	€4 800	€4 330	€4 350	53,93%
Nose tip reduction	€1 120	€2 520	€2 130	€2 580	53,53%
Lip Enlargement	€1 020	€2 090	€1 730	€3 250	56,72%
Face lift	€3 320	€8 090	€6 030	€7 350	53,61%
Body lift (Arm Lift)	€1 570	€4 790	€3 130	€5 700	65,42%
Body lift (Buttock Lift)	€1 820	€5 090	€3 530	€5 400	61,06%
Body lift (Thigh Lift)	€2 020	€5 690	€5 330	€6 650	65,70%
Tummy Tuck (abdominoplasty)	€1 520	€6 090	€4 830	€5 850	72,81%
Liposuction	€1 320	€2 690	€2 530	€3 730	55,75%
Labiaplasty	€720	€1 790	€1 680	€2 570	64,24%
Clitoral Hood Reduction	€560	€1 190	€1 130	€2 300	63,64%
Weight-loss Surgery					
Gastric Bypass	€6 300	€11 200	€8 400	€7 600	30,51%
Gastric Sleeve	€6 300	€11 300	€8 700	€7 300	30,77%
Gastric Band	€5 100	€9 500	€7 400	€6 900	35,71%
Eye Treatment					
LASIK vision correction	€900	€2 300	€1 800	€1 900	38,50%
LASEK vision correction	€800	€2 100	€1 720	€1 800	39,68%
Dermatology					
"Thermage" Laser Treatment (Face & Neck)	€1 540	€3 300	€2 700	€2 600	34,77%
"Fraxel" Laser Treatment (Face & Neck)	€1 620	€2 600	€2 200	€2 100	29,57%
Orthopaedics					
Hip Replacement	€3 800	€8 900	€7 300	€9 300	55,29%
Knee Replacement	€4 600	€9 100	€7 600	€11 110	50,38%

***Table 3:** Price Comparison. Compiled by the author. Source: What Clinic, 2017.*

Looking to the price comparison, it can be seen that the prices differ between countries a lot. The biggest healthcare prices are seen in the UK, followed by Sweden and then the Netherlands. Therefore, it is assumed that the United Kingdom could be the biggest target market for Wellness Travels due to the existing price differences. At the same time, there are major differences in price savings for each of the treatments as well. Looking at the average price difference between Lithuania and its target countries, it can be seen that the lowest saving rate is for Fraxel (29.57%), while the highest for tummy tuck procedure (72.81%). Therefore, the latter could be the most popular treatment among Wellness Travels customers.

However, it must be noted that medical tourism trip involves additional costs for the patients. They have to additionally pay for (1) the flights; (2) private transfers within Lithuania and (3) accommodation (6 nights on average). These costs account to 455 EUR on average (Wellness Travels, 2017). Therefore, the total price of the treatment should be at least that much cheaper in Lithuania. Yet, medical tourists usually combine several treatments during one trip; thus, one cannot look to absolute price differences to state which treatments could be ruled out from the offer ((LitCare Representative, personal communication, April 3, 2017). As the medical tourist visiting Lithuania suggested, the treatment's price should be at least 50% cheaper in Lithuania than in the home country for the patient to be worth it to travel abroad. This is not only because of the additional costs and booking complexity incurred, but also due to additional risks for complications involved when travelling abroad for a healthcare procedure (Swedish Medical Tourism Patient, personal communication, April 25, 2017). Looking to the price comparison - vision correction, dermatology, weight-loss surgeries and breast augmentation are all less than 50% cheaper in Lithuania; thus, they are ruled out from the potential medical tourism treatment list for Wellness Travels. Otherwise, all of the other indicated plastic surgery, dentistry and orthopaedic treatments have the sufficient price difference and should be offered by Wellness Travels.

To conclude, the price sensitivity of Wellness Travels customers is very high since price is the main factor for going abroad to get a treatment. As the above analysis showed, the treatments offered by Wellness Travels should be sold for at least 50% lower price than in their target countries. However, the bigger the price difference, the more medical tourists would come. In general, tummy tuck, body lifts, breast reduction, breast lift, otoplasty, intimate surgeries, dental implantation and cosmetic teeth treatments are the procedures with the biggest potential to attract medical tourists for Wellness Travels in terms of price (all are at least 60% cheaper than in the target countries). It is suggested that the company would offer additional promotions for other treatments that have lower savings rate.

5.1.4 4P Analysis – Promotion

After knowing the treatments to be offered, their price levels and the target markets of Wellness Travels, promotion ways are then checked. This mainly concerns how to deliver the information about Wellness Travels' value proposition to the medical tourists. To do that transcribed data from the interview with Wellness Travels' medical tourist is used. The interviewee revealed the main advantages and disadvantages of medical tourism services with

Wellness Travels, according to which promotional strategy can be developed. This incorporates what marketing channels could be used to get the message delivered and what promotions Wellness Travels could do to be competitive in the market.

First of all, the interview with the Swedish patient revealed that patients usually look that the clinic (or a medical tourism facilitator) would be well positioned in Google search since that is where medical tourists look for information (good search engine optimisation). Secondly, the clinic should be listed in well-known clinic registries within the target countries in order for the patients to easily find information about them. Thirdly, the surgeons or doctors performing the treatments should have good reviews in international forums. At the same time, according to the patient, word of mouth is really important for people looking to travel abroad for a treatment; thus, means to facilitate that should be created. Furthermore, information about medical treatments should be well accessible on the clinic's web page so that patients would get all the necessary information within it. Lastly, there should be positive previous patients' testimonials (preferably in videos so that it would be sure that it is not fake). Talking about the service offer, as mentioned before, the medical tourism facilitator should offer an all-inclusive package with transportation, accommodation, food and flights included both for the patient and the companion (Swedish Medical Tourism Patient, personal communication, April 20, 2017). Therefore, all of this should be done by Wellness Travels in order to keep their promotion at a competitive level.

When evaluating which factors does Wellness Travels have, she stated that the company is positioned well online and provides good information about the treatments. It also offers all-inclusive travel package, yet the flights are not included; thus, making the booking procedure more difficult. At the same time, video testimonials in Wellness Travels web site are absolute; thus, they should be updated constantly. Lastly, the reviews about the doctors online are not monitored by Wellness Travels; thus, patients are not getting any responses for their concerns. All of these flaws have to be eliminated by the company since they negatively affect patients' perception of Wellness Travels. This is proven by the fact that the whole medical tourism trip in Lithuania was far better than expected for the medical tourist interviewed, which reveals that patients are not assured of what they are going to receive beforehand (Swedish Medical Tourism Patient, personal communication, April 20, 2017).

The interview also revealed that the main reason she chose to go abroad is price, which was around 3x less expensive in Lithuania for the surgery. She also considered Poland as a

destination; however, chose Wellness Travels due to the good customer service (live-chat integrated within the website, ease of booking and possibility to have a free online consultation with the surgeon). Thus, customer service is another determinant of going abroad for a treatment, which was revealed through the interview. She also mentioned that there was no difference for her between the two countries and she rather made the choice according to the quality of the facilitator and the clinic. Thus, the quality of service providers was also a big factor for her. Waiting time for plastic surgery was not a big issue since she could have gotten it within 2 months in Sweden and about the same time in Lithuania. She also revealed that the quality of the services in Lithuanian private clinic is better than in Sweden since she really liked the fact that the clinic was not that big and she got a lot of personal attention (Swedish Medical Tourism Patient, personal communication, April 20, 2017).

Conclusions regarding Wellness Travels promotions could be done from the interview insights. The main value proposition of Wellness Travels should be further improved and thus be: providing affordable and high-quality all-inclusive medical tourism experience for the customers and their companions. It should be mainly promoted through Google AdWords and international clinic registries. Strong content marketing should be done by keeping reviews about the surgeons and doctors up-to-date. At the same time, special price promotions could be made for patients reviewing Wellness Travels' services online and creating filmed or written testimonials through trusted web pages. Friend-referral programs could be made with service discounts both for the patient and his/her friend in order to keep word-of-mouth active. All of these promotions should be done to the previously identified target countries and for the treatments that bring the most value to the customers. These means could keep the company more accessible by the patients and thus increase their medical tourists' inflows.

5.1.5 Conclusions from the Interviews

The interviews with medical tourism stakeholders have drawn some valuable insights into the medical tourism market, which helped to put the basis of the quantitative survey made. At the same time, structuring the suggestions through the 4P analysis has also provided valuable suggestions to Wellness Travels regarding their marketing strategy.

First of all, the analysis showed that all of the Wellness Travels services should be targeted to medical tourism patients from the United Kingdom, Ireland, the Netherlands, Sweden, Denmark, and Norway, which are the countries with the biggest potential in medical

tourism. At the same time, the company should focus only on providing treatments in certain medical categories (plastic surgery, dentistry, and orthopaedic surgeries). This would help them effectively direct their marketing resources to the sectors, which have the most potential in medical tourism. Treatments within these categories should be sold for at least 50% lower price than in their target countries since the price sensitivity of the customers is very high. In general, tummy tuck, body lifts, breast reduction, breast lift, otoplasty, intimate surgeries, dental implantation and cosmetic teeth treatments are the procedures with the biggest potential to attract medical tourists for Wellness Travels. Additional services to be offered are flights, accommodation, private transfers, after-care and personal support within Lithuania for both the patients and their companions. These services would make the medical tourism trip well-balanced and organised with ease for medical tourists. The value proposition as such could be providing affordable and high-quality all-inclusive medical tourism experience for the customers and their companions.

All of this should be mainly promoted through Google AdWords and international clinic registries. Here, price promotions could be done for the treatments that have lower savings rates. Moreover, strong content marketing should be implemented, together with special price promotions for patients reviewing Wellness Travels' services online and creating filmed or written testimonials through trusted web pages. This combined with friend-referral programs could keep the word-of-mouth active.

The above mentioned marketing mix in terms of Wellness Travels' products, price, place and promotion would allow the company to effectively position themselves in the medical tourism industry and increase their customer base. Other important implications regarding medical tourists' consumer behaviour are discussed in the next section.

5.2 Quantitative Survey

The quantitative survey revealed some valuable insights into Wellness Travels customers' behaviour, which helps the company to further develop their international strategy. Generally, the survey results answer the second sub-question of the research by revealing what the main motivational factors affecting Wellness Travels customers' behaviour and satisfaction are. To answer it, firstly, Wellness Travels customers' demographics were revealed. Then, according to expert recommendations - price, quality and waiting time influence on customers' satisfaction and evaluation was checked. Afterwards, how attitude,

behavioural control and subjective norm influence medical tourists' behavioural intention was looked at. Lastly, comparisons were made among different medical tourists' segments.

5.2.1 Implications from Customers' Demographics

First of all, as the survey was sent to a random sample of those inquiring Wellness Travels, it can be concluded that the majority of patients considering the company for their medical tourism trip are females (95% in the survey sample). Secondly, major concentration in terms of age is also seen. It can be concluded that most of the people inquiring for Wellness Travels services are between 25 and 54 years old, among which almost half (45% in the sample) are 35-44 years old. At the same time, more than half of the company's customers are married or in a domestic partnership (61%).

Moreover, the survey results revealed the income levels of those inquiring for Wellness Travels services. The biggest portion was of those earning 1500-3000 EUR, which is around the average of the target markets' monthly salaries (Eurostat, 2017). What is interesting is that more than 1/3 of the people inquiring were the ones earning less than 1500 EUR, which is even less than the minimum wage in some of Wellness Travels target countries (e.g. Ireland or the Netherlands). This once again proves that the price sensitivity of Wellness Travels customers is high because these are the people who cannot afford expensive treatments in their home countries.

Furthermore, it can be seen that most of the Wellness Travels customers come from the United Kingdom (55%). Sweden is another major market with 19% of (potential) medical tourists coming from there. Other countries are much less popular - Ireland (10%), Norway (9%), the Netherlands (5%), Denmark (1%). This goes in line with the findings from the qualitative interviews as well, since the United Kingdom has both the largest population and the highest prices of the treatments.

All in all, the demographics reveal that the typical patient seeking for Wellness Travels' services is a middle-aged married woman, earning an average or lower salary and coming from the United Kingdom. The conclusion from this is two-fold. First of all, marketing strategies that are currently used for these customers are effective and should be further used to attract such patients in a cost-effective way. However, stronger marketing campaigns should be done by Wellness Travels to other customer segments. Especially, the company should create targeted campaigns for (1) men, (2) younger clients and (3) people living in other

potential target markets – Norway, Denmark, the Netherlands, and Ireland (as concluded from the interviews). These customer segments currently account only for a small percentage; thus, additional marketing campaigns to them could improve Wellness Travels attractiveness to their customers and competitive position in the market for health services exports.

5.2.2 Implications from Customers' Medical Tourism Behaviour

Looking to the treatments, the most popular medical category among Wellness Travels customers is plastic surgery, with over 90% of all the customers choosing that. Among others dentistry, vision correction, and orthopaedic surgeries were inquired for. Looking separately, (1) tummy tuck (37%), (2) breast surgeries (22%), (3) liposuction (15%), and body lifts (8%) were the most popular ones. Other procedures accounted only for the remaining 18%. This goes in line with the analysis made from the qualitative interviews, as these treatments were listed among those which bring the biggest value to medical tourists in terms of price. The importance of price as a determinant is also proven by the fact that e.g. Swedish patients more often than others applied for tummy tucks (46%), which is more expensive in Sweden than in e.g. the United Kingdom. At the same time, these results reveal that there is still much room for improving the offer of dentistry and orthopaedic surgeries for Wellness Travels customers. This is due to the fact that the qualitative analysis showed that these treatments are popular among medical tourists in general. Therefore, it is thought that better promotion for these sectors would increase Wellness Travels customers' inflows.

Looking further to the results, people of different age choose different treatments. As the survey showed, younger people (less than 35 years old) most frequently apply for breast surgeries (one-third of them), older ones (above 45) apply for tummy tucks (75%), while middle-aged people – tummy tucks, breast surgeries and liposuctions (one-quarter each). Most of the respondents who are divorced applied for breast surgeries (83%), while married or in a domestic partnership for a tummy tuck (49%). This is understandable because tummy tuck procedure (abdominoplasty) is done for women after pregnancies. At the same time, those who get divorced may want to look back to their aesthetics more and thus breast surgeries could be the most popular choice. Therefore, when making promotional campaigns, these specific target groups should be looked at to make the materials attractive to them. This means that, for example, Facebook and Google AdWords targeted campaigns of breast surgeries could be made for divorced and younger women. The same could be done for women who are married or older than 45 years old, for whom tummy tuck could be promoted instead.

Afterwards, the reasons why those who inquire for Wellness Travels services have not been on a medical tourism trip were revealed. According to the survey results, not counting the ones that are still making arrangements, 25% of customers postpone the treatment, while 20% decide not to have the treatment at all. These customer groups should be targeted by re-marketing techniques and special discounts in order to make them more motivated to choose the company. At the same time, out of those who inquire Wellness Travels for a medical treatment, more than half considers other countries apart from Lithuania. For that, the most popular ones are Czech Republic, Turkey, Poland, Hungary, Latvia, Estonia and Bulgaria, which are all major competitors in medical tourism for Lithuania. Looking to the exact medical tourism facilitators, "Beauty in Prague" (Czech Republic) and "The Health Clinic" (Estonia) were the top mentioned ones, which are direct competitors of Wellness Travels. In fact, statistics shows that 33% of those who inquired Wellness Travels for their services chose other clinics instead. 21% of the people chose a different country and 16% - different medical tourism provider in Lithuania (mostly "Nordesthetics" clinic). Therefore, it can be concluded that competition for Wellness Travel is fierce and 1/3 of the patients who inquire Wellness Travels choose other companies instead. The reasons for this must be further looked at in more detail in order to improve Wellness Travels international strategy accordingly. However, it is thought that the suggestions under the current research could in fact increase Wellness Travels competitiveness and thus decrease the number of customers choosing other clinics instead.

5.2.3 Implications from Medical Tourism Satisfaction Analysis

In general, those who go for a medical tourism procedure rate the services very well. This is seen from previous medical tourism trips' price, quality and waiting time evaluations in the survey (6.1–6.5 points out of 7). Therefore, it can be concluded that patients are generally satisfied with medical tourism providers. It was also proven by the survey that satisfaction and medical tourism trip general evaluation is positively affected by lower price, waiting time and higher quality. Therefore, the 3 hypotheses of the research are accepted (H4, H5 and H6). However, even though the qualitative interviews revealed that price is the biggest factor affecting medical tourists' motivation to go abroad for a treatment, the satisfaction after the trip and the general evaluation of it is mostly influenced by the quality of the services provided. This is an important implication because to attract the customers Wellness Travels should keep the prices of their services low, but to keep the customers satisfied, Wellness Travels should provide services of high quality. Therefore, a balance between price and quality

must be found (while keeping the waiting time low) in order to raise customer satisfaction and increase word-of-mouth.

Looking to the service quality, survey reveals that those living outside their home country evaluates the quality better (7.0 points) than the respondents living in their home country (5.9 points). In fact, such people evaluates the whole medical tourism trip much better (7.0 for general evaluation). This significant difference shows that if Wellness Travels would target e.g. migrant communities abroad, their services would be evaluated better and patients' satisfaction would be higher.

Furthermore, the survey showed that the evaluations of the price level really differ among treatments. Those who inquire for breast surgeries are evaluating the price the best (6.7 points in the survey). Those who inquire for tummy tuck and liposuction also evaluates the price well (6.1-6.2 points). However, those who inquire for body lifts were evaluating the price the worst (4.8 points). Therefore, it is suggested that special promotions would be done to further decrease the price for these procedures. At the same time, the British favours the prices more (6.4 points) than the Swedish (5.5 points), which supports the results from the price analysis of the research since the prices in the United Kingdom are higher. What is interesting, respondents who went to Lithuania for their medical trip evaluated the prices worse (6.0 points) than those who went to other countries (6.8 points). Therefore, Wellness Travels prices should be further lowered in order for the company to become more competitive and capture more patients, especially out of those who inquire for the treatments, yet choose other providers instead. After all, the survey shows that medical tourists are fond of choosing the same medical tourism providers for their services if needed (6.4/7 points), and recommending it to their friends (5.9/7 points). This also correspond to what has been found by Saiprasert (2011), who concluded that if the tourists' perceived quality of healthcare is higher and the perceived value they get is bigger, then they are more likely to recommend the services to others and come back for a medical treatment themselves.

Lastly, looking to patients' satisfaction, the results revealed that people are generally satisfied with breast surgeries, tummy tuck, and liposuction procedures. However, they are less satisfied with body lifts (only 4/7 rating in the survey). Therefore, Wellness Travels should improve their service offering for body lifts by both decreasing the price and increasing the quality. At the same time, Swedish patients also do not rate medical tourism services well (4.7/7 points); thus, special attention should be given to people coming from this region.

All the above suggestions would improve Wellness Travels' attractiveness to their customers by increasing customers' satisfaction, word-of-mouth, re-visit intention and the general evaluation of their services.

5.2.4 Implications from the Theory of Planned Behaviour

Looking to the Theory of Planned Behaviour under the survey, interesting conclusions were drawn. Survey results confirm that attitudes, subjective norm and behavioural control all affect medical tourists' intention to choose Wellness Travels services. Therefore, hypotheses raised are confirmed (H1-H3). This further extends the findings of the previous research, since Meng et al. (2015) conclusions said that behavioural control was not a significant determinant of intention to get a medical tourism trip abroad. As a result, in order to increase their customer flows, Wellness Travels should focus on improving the customers' attitudes, behavioural control and subjective norm about the company and medical tourism. The ways to do that are further analysed in the section below.

In general, it is up to the patients to choose Lithuania for a medical tourism procedure (6.3/7 rating in the survey). The coordination of travel and medical arrangements and availability of treatments is also evaluated positively by the clients (5.8-5.9/7). However, results reveal that the decision to choose Wellness Travels is limited by the availability of funds and language barriers. Therefore, it is again suggested that the company should lower their prices further and solve the language barrier problem by e.g. employing staff speaking the mother-tongues of the clients. Looking to specific treatments, those inquiring for liposuction have much higher behavioural control (6.4/7 points) than e.g. body lifts (5.2). Thus, the procedure to get body lifts has to be made easier. Survey also revels that those who have been on a medical tourism trip feel that it is easier to go again than those who have not been yet. Therefore, special attention should be given to new clients by making the booking procedure easier for them. As suggested by the previous literature on the topic, this could be done by lobbying the government to create a structured mechanism of support for medical tourism. The government, clinics and medical tourism facilitators should work together to ease the logistics, eliminate language barriers and make the prices transparent so that there would not be any information asymmetries in the market (Rosenmöller, McKee, & Baeten, 2006).

Looking to customers' attitude, patients agree that the procedure abroad with Wellness Travels would be cheaper than in their home country, which is in line with the price

comparison made through this research. However, the patients feel that the quality is not that good as in their home country (5.5/7 rating), which is also reflected in the fact that not all of them feel safe (5.8/7 rating). This is in line with previous research made, which shows that medical tourists often perceive the quality worse in Lithuania (Ernst & Young, 2012). Knowing that the quality is the key determinant of patients' satisfaction, it again shows that Wellness Travels should work on improving it. In general, middle-aged people have a better attitude towards Wellness Travels than others (6.1/7 points), which is also proven by the fact that they are the ones inquiring the company the most. Therefore, Wellness Travels image could be improved by launching special promotional campaigns to those younger than 35 and older than 45 years old. At the same time, those who have been on a medical tourism trip before think of Wellness Travels better than those who haven't. This again reveals that in general patients think worse of the company before going to Lithuania; thus, the perceived image should be improved. This is again in line with what has been found by Saiprasert (2011), who suggested that in order to create a reputation of a high-quality medical treatment, medical tourism destination image should be developed.

Subjective norm evaluation revealed that, in general, other medical tourists' opinion is more important to Wellness Travels clients than their relatives' opinion (6.4 against 5.2 points in the survey). This goes in line with the results revealed from the interviews and again proves that Wellness Travels should focus on promoting patient testimonials more. This could be done by making special discounts to the clients who make videos and written reviews online. As a result, word-of-mouth would be increased, leading to more clients for Wellness Travels.

Looking to behavioural intention, those who are inquiring for liposuction and breast surgeries are the ones who intend to choose Wellness Travels the most. Again, results show that more effort by Wellness Travels should be put into convincing customers who are inquiring for body lifts. Specific customer segments who are more likely to choose Wellness Travels services (have higher behavioural intention) are as well revealed. These are: (1) the younger clients (up to 35 years old), (2) those earning less (up to 1500 EUR), (3) those who are of a different nationality than that of their country of residence, and (4) those who have been on a medical tourism trip before. Therefore, hypotheses raised are confirmed (H7-H10). Again, the results that younger patients and those who have been on a medical tourism trip before are more likely to travel abroad for a treatment support the conclusions of Meng et al. (2015). Regarding that, to keep the costs low, the practical recommendation for Wellness Travels is to effectively use their marketing efforts by targeting these patients. However, if

they want to increase their customer base, they should offer special promotions to the other groups who are less likely to choose Wellness Travels services.

All in all, the survey revealed that the biggest influence on customers' behavioural intention to choose Wellness Travels services is from their attitudes towards the company and medical tourism. At the same time, the other two TPB factors are important to customers as well (behavioural control & subjective norm). Therefore, in order for Wellness Travels to increase their competitive position in the market for health services, the above-mentioned measures to raise customers' behavioural control, subjective norm and attitudes should be taken. This would increase Wellness Travels' attractiveness to their customers and their medical tourists' inflow.

6. CONCLUSIONS

The author used a well-balanced methodology to answer the research question and investigate the hypotheses raised. The reviewed literature on the topic, semi-structured interviews with medical tourism stakeholders, secondary data from the field and a quantitative survey to (potential) medical tourists help to bring valuable academic and managerial implications. Numerous changes have been suggested to improve Wellness Travels' attractiveness to their customers and competitive position in the market for health services exports. This was done by investigating the motivational factors affecting Wellness Travels customers' behaviour and creating a marketing mix for the company in order to increase their medical tourists' inflow.

In general, all of the hypotheses raised beforehand were proven to be true. Results show that lower price, shorter waiting time and higher quality of medical treatment positively influence medical tourists' satisfaction. At the same time, perceived behavioural control, attitude and subjective norm towards Wellness Travels positively influence medical tourists' behavioural intention to choose the company's services. As a result, in order to increase their customer flows, Wellness Travels should focus on improving customers' attitudes, behavioural control and subjective norm towards the company and medical tourism. Moreover, it was found that those who are younger, earning less, are living not in their home country or those who have been on a medical tourism trip before have a higher intention of going abroad for a medical tourism trip through Wellness Travels. Therefore, to effectively use their resources, the company should target these customers.

Looking closer to the interviews, valuable suggestions were drawn regarding Wellness Travels marketing strategy. The created marketing mix in terms of products, price, place and promotion allows Wellness Travels to effectively position themselves in the medical tourism industry and increase their customer base. The analysis shows that Wellness Travels should target medical tourists from the United Kingdom, Ireland, the Netherlands, Sweden, Denmark, and Norway. These are the countries with the biggest medical tourism import potential in terms of healthcare prices, size, purchasing power, proximity to Lithuania and language barriers. At the same time, the company should focus on providing plastic surgery, dentistry and orthopaedic treatments, because these are the healthcare categories which have the most potential in medical tourism. In fact, it is suggested that the company would make better promotion for dentistry and orthopaedic surgeries because currently plastic surgery accounts

to 95% of the treatments sold. Lastly, all of the treatments on offer should be at least 50% cheaper than in Wellness Travels' target countries since the price sensitivity of the customers is very high. Price promotions for the treatments that have lower saving rates should be done.

Even though the qualitative interviews revealed that price is the biggest factor affecting medical tourists' motivation to go abroad for a treatment, the survey showed that satisfaction after the trip is mostly influenced by the quality of the services provided. Therefore, to attract the customers, Wellness Travels should keep the prices of their services low, but to keep the customers satisfied, Wellness Travels should provide services of high quality. Survey also reveals that patients think that the company's service quality is not that good as in their home country, which is also reflected in the fact that not all of them feel safe. Yet, patients think worse of the company before going to Lithuania; thus, the perceived image should be improved. This is in line with the previous research made showing that medical tourists often perceive the quality of Lithuanian healthcare worse than it actually is (Ernst & Young, 2012). Since the quality is the key determinant of patients' satisfaction, Wellness Travels should work on improving the image of it. After all, the survey shows that medical tourists are fond of choosing the same medical tourism providers if needed and recommending it to their friends. This is in line with Glinos and Baeten (2006), who stated that chain reaction is really important for medical tourism. What is interesting, the survey also reveals that those living outside their home country evaluates the whole medical tourism trip much better. Thus, if Wellness Travels would target migrant communities abroad, their services would be evaluated better and patients' satisfaction would be higher.

At the same time, the quantitative survey revealed valuable insights to medical tourists' consumer behaviour, which help the company to create a well-balanced marketing mix strategy designed to increase their competitiveness. The demographics reveal that the typical patient seeking for Wellness Travels' services is a middle-aged married woman, earning an average or lower salary and coming from the United Kingdom. The conclusion from this is two-fold. First of all, marketing strategies that are currently used for this type of customers are effective and should be further used to attract the patients in a cost-effective way. However, stronger marketing campaigns should be done by Wellness Travels to other customer segments. Especially, the company should create targeted marketing campaigns for men, younger clients and people living in Norway, Denmark, Ireland, and the Netherlands. To increase their customer inflows, targeted campaigns should also be done according to specific

treatments. For example, breast surgeries should be promoted to the divorced or younger women, while tummy tuck to the women who are married or older than 45 years old.

The survey also reveals that the competition in medical tourism is fierce with the biggest competitor countries for Wellness Travels indicated as Czech Republic, Turkey, Poland, Hungary, Latvia, Estonia and Bulgaria. This is in line with previous research made in Lithuania (Cernikovaite, 2015). What is more, 33% of those who inquire Wellness Travels for their services choose other clinics instead. As the survey shows, this can be partly explained by the fact that the decision to choose Wellness Travels is limited by the availability of funds and language barriers. Therefore, it is suggested that the company would lower their prices further and solve the language barrier problem by e.g. employing staff speaking the mother-tongue of the clients. At the same time, as suggested by Rosenmöler et al. (2006) - government, clinics and medical tourism facilitators should all work together in order to manage the patient inflows better and thus keep the behavioural control higher. Moreover, to limit the competition, the company should make the medical tourism trip well-balanced for the customers. Qualitative data revealed that Wellness Travels should offer flights, accommodation, private transfers, after-care and personal support within Lithuania for the patients and their companions. The company's value proposition should thus be providing affordable, high-quality, all-inclusive medical tourism experience for the customers and their companions. Company's services should be promoted through Google AdWords, international clinic registries and active content marketing. Special price promotions for patients reviewing Wellness Travels' services online and creating testimonials through trusted web pages should also be made. This combined with friend-referral programs would facilitate word-of-mouth.

All of the above suggestions bring valuable managerial implications for Wellness Travels to improve their attractiveness and competitive position in the medical tourism market. At the same time, the research has given valuable academic implications. It goes in line with previous studies made on the topic in Lithuania, expanding the conclusions of Cernikovaite (2015), Ernst & Young (2012) and Smith (2014). It must be noted that the current research is the only one concentrating on a specific medical tourism company in Lithuania; thus, it will serve as an example to future researches done on the topic in Lithuania and Europe. The theoretical basis for further research was also put by proving that the Theory of Planned Behaviour can be used to understand consumer behaviour in the medical tourism industry. This further contributes to the research done using this theory in the tourism sector (Ziadat, 2015) and extends the findings of Meng et al. (2015), who found that only attitude and

subjective norm influence behavioural intention to go for a medical tourism trip. Furthermore, the research contributes to those investigating medical tourists' behaviour since valuable insights are drawn on medical tourists' demographics, treatments, importing countries and factors leading to patients' satisfaction. This extends the research done by Saiprasert (2011), who also investigated consumer behaviour in medical tourism. Moreover, the research supports consumer behaviour motivational factors identified by Glinos and Baeten (2006) and Rosenmöller et al. (2006).

Naturally, the current research has certain limitations that should be targeted in future works. First of all, further research could be done with a larger survey's sample and a smaller probability of error (5%). This would allow making stronger generalisations to the population. At the same time, non-probability sampling technique was used to choose the interview candidates and develop the 4P analysis; however, it involves subjective judgment; thus, such results cannot be generalised to other medical tourism facilitators or countries. In general, current research draws a conclusion only from a micro-level perspective of Wellness Travels; therefore, further research should be made on a higher level, looking to a wider medical tourists' population in Europe. It is also suggested that further research would investigate other healthcare areas (apart from plastic surgery) in more detail. Furthermore, the theories used has certain limitations as well. Due to the use of the Theory of Planned Behaviour, there are plenty of omitted variables in the survey instrument such as past experience, moral norms or fear of risks. There is also no investigation made between behavioural intention and actual behaviour, which is suggested to be done in further researches. The 4P analysis also draws certain limitations, among which the two biggest are (1) the internal orientation of the analysis and (2) the lack of personalization (Constantinides, 2006). Therefore, future research for Wellness Travels could be done with more up-to-date theories. Lastly, further studies could also be directed to other medical tourism facilitators in Europe. All of this would allow understanding the behaviour of medical tourists even better.

7. ANNEXES

7.1 Annex 1: Interview Guides

The general introduction to the interviews (varied a bit according to each interviewee):

The purpose of the interview: I am writing a Master Thesis in Norwegian School of Economics - "Healthcare Services Exports: Case Study of Wellness Travels". The research question is "What changes would improve Wellness Travels' attractiveness to their customers and competitive position in the market for healthcare services exports?". Thus, the purpose of the interview is to find out more about medical tourism and healthcare in Lithuania and in Europe, as well as identify the opportunities for improving Wellness Travels position in the market.

Terms of Confidentiality: your answers will be used only in supporting the Master Thesis. Your interview will be recorded to be used only for data analysis and will not be given to any third parties. The interview is partly confidential, with no other details than your position to be provided in the research, unless you would like otherwise. Does that suit you?

Practical information: After the research is performed, the results will be shared with you, if you wish. The interview will take 30-60 minutes. You will be guided through a set of questions that were prepared in advance. Do you have any questions before we start?

Questions for Gediminas Kondrackis (Wellness Travels representative):

I will start with questions regarding medical tourism in general:

1. Could you tell me about the current situation of medical tourism in Europe?
2. What are the key drivers of medical tourism in Europe?
3. What are the most popular destinations for medical tourism in Europe?
4. What are the most popular medical tourists' home countries in Europe?
5. Could you tell me what are the most important characteristics of a medical tourism importing country?
6. Could you discuss the factors that a country needs so that people would travel there for medical care?
7. Could you elaborate on these factors presence in Lithuania?
8. Could you compare these factors presence in Lithuania to the most popular destinations for medical tourism in Europe?
9. Could you compare these factors presence in Lithuania to the most popular medical tourists' home countries in Europe?
10. Could you tell me about the current situation of medical tourism in Lithuania?
11. What type of clinics offer medical tourism services in Lithuania?
12. In your opinion, how are Lithuania and its healthcare perceived abroad?

13. What are the general specifications of treatments that can be offered for medical tourism?

14. What medical areas would fit these specifications?

15. Could you identify specific procedures under these medical areas?

16. Could you describe what characteristics are the most common among medical tourists?

17. What do you think are the key factors affecting medical tourists' satisfaction?

I will now go deeper to questions regarding Wellness Travels:

1. Could you describe the current Wellness Travels business model?

2. What are Wellness Travels' average monthly revenues and costs?

3. What partners does Wellness Travels have?

4. What are they key difficulties which Wellness Travels have when running their business?

5. What business areas Wellness Travels needs more research on?

6. Could you describe Wellness Travels medical tourism service offer step by step?

7. How is information about medical tourism sent to Wellness Travels clients?

8. Which countries does Wellness travels offer their services in?

9. What are Wellness travels main competitors in Europe?

10. What healthcare treatments does Wellness Travels offer?

11. What are the prices of the services Wellness Travels offer?

12. How does Wellness Travels currently promote their services?

13. In your opinion, what questions should be asked to Wellness Travels' patients to better understand their motivational factors and consumer behaviour?

14. In your opinion, what questions should be asked through a quantitative survey to better understand what influences patients' satisfaction?

15. In your opinion, what are the most frequent perceived advantages of going abroad for a medical tourism treatment?

16. In your opinion, what are the most important people, who influence medical tourists on going abroad for a medical treatment?

17. In your opinion, what are the main factors that could limit medical tourists to go abroad to receive medical treatments?

Do you have any further comments, questions or suggestions?

Questions for World Health Organisation representative:

I will firstly go through different questions regarding medical tourism in Europe:

1. Could you tell me about the current situation of medical tourism in Europe?

2. What are the key drivers of medical tourism in Europe?

3. What are the most popular destinations for medical tourism in Europe?

4. Could you discuss the main reasons for this?

5. What are the most popular medical tourists' home countries in Europe?

6. Could you discuss the main reasons for this?

7. Could you tell me what are the most important characteristics of a medical tourism importing country?

8. Could you discuss the factors that a country needs so that people would travel there for medical care?

I will now continue with more specific questions regarding medical tourism and healthcare quality in Lithuania:

9. Could you elaborate on the before mentioned factors presence in Lithuania?

10. Could you compare these factors presence in Lithuania to the most popular destinations for medical tourism in Europe?

11. Could you compare these factors presence in Lithuania to the most popular medical tourists' home countries in Europe?

12. Could you tell me about the current situation of medical tourism in Lithuania?

13. What type of clinics offer medical tourism services in Lithuania?

14. In your opinion, how are Lithuania and its healthcare perceived abroad?

15. How would you compare Lithuanian healthcare with potential medical tourism importers and the main competitors?

16. What are the most important factors in terms of healthcare quality for medical tourists?

17. How are Lithuania performing in terms of these factors?

18. What are the biggest healthcare problems in Lithuania?

19. What are the general specifications of treatments that can be offered for medical tourism?

20. What medical areas would fit these specifications?

21. Could you identify specific procedures under these medical areas?

22. Could you describe what characteristics are the most common among medical tourists?

23. What do you think are the key factors affecting medical tourists' satisfaction?

24. After the interviews, a quantitative survey will be made to medical tourism patients that inquired for services in Lithuania. In your opinion, what questions should be asked to better understand their motivational factors and consumer behaviour?

25. In your opinion, what questions should be asked through a quantitative survey to better understand what influences patients' satisfaction?

26. In your opinion, what are the most frequent perceived advantages of going abroad for a medical tourism treatment?

27. In your opinion, what are the most important people, who influence medical tourists on going abroad for a medical treatment?

28. In your opinion, what are the main factors that could limit medical tourists to go abroad to receive medical treatments?

Do you have any further comments, questions or suggestions?

Questions for LitCare Medical Tourism Cluster representative

I will firstly go through different questions regarding medical tourism in Europe:

1. Could you tell me about the current situation of medical tourism in Europe?
2. What are the key drivers of medical tourism in Europe?
3. What are the most popular destinations for medical tourism in Europe?
4. Could you discuss the main reasons for this?
5. What are the most popular medical tourists' home countries in Europe?
6. Could you discuss the main reasons for this?
7. Could you tell me what are the most important characteristics of a medical tourism importing country?
8. Could you discuss the factors that a country needs so that people would travel there for medical care?

I will now continue with more specific questions regarding medical tourism and healthcare quality in Lithuania:

1. Could you elaborate on the before mentioned factors presence in Lithuania?
2. Could you compare these factors presence in Lithuania to the most popular destinations for medical tourism in Europe?
3. Could you compare these factors presence in Lithuania to the most popular medical tourists' home countries in Europe?
4. Could you tell me about the current situation of medical tourism in Lithuania?
5. What has Lithuania done in order to increase medical tourism rates during the past 10 years?
6. What type of clinics offers medical tourism services in Lithuania?
7. In your opinion, how are Lithuania and its healthcare perceived abroad?
8. How would you compare Lithuanian healthcare with potential medical tourism importers and the main competitors?
9. What are the general specifications of treatments that can be offered for medical tourism?
10. What medical areas would fit these specifications?
11. Could you identify specific procedures under these medical areas?
12. Could you describe what characteristics are the most common among medical tourists?
13. What do you think are the key factors affecting medical tourists' satisfaction?
14. What are the most popular treatments on medical tourism offer in Lithuania?
15. What should be the price difference from their home country so that medical tourists would choose Lithuania as their destination?
16. How often do complications happen during the treatments offered for medical tourism?
17. Could you describe what characteristics are the most common among medical tourists?

18. What do you think are the key factors affecting medical tourists' satisfaction?

19. Which additional services should medical tourism facilitators or clinics offer to support medical tourism?

20. After the interviews, a quantitative survey will be made to medical tourism patients that inquired for services in Lithuania. In your opinion, what questions should be asked to better understand their motivational factors and consumer behaviour?

21. In your opinion, what questions should be asked through a quantitative survey to better understand what influences patients' satisfaction?

22. In your opinion, what are the most frequent perceived advantages of going abroad for a medical tourism treatment?

23. In your opinion, what are the most important people, who influence medical tourists on going abroad for a medical treatment?

24. In your opinion, what are the main factors that could limit medical tourists to go abroad to receive medical treatments?

Do you have any further comments, questions or suggestions?

Questions to Baltic-American Clinic, Northway Medical Centre and Kardiolita Private hospital:

I will start with general questions on medical tourism:

1. Please describe the current situation of medical tourism in your clinic?

2. Could you tell me about the current flows of foreign patients that come to receive treatment in your medical centre?

3. Where do foreign patients usually come from? Could you discuss the main reasons for this?

4. What are the key factors that make them come? Could you discuss the main reasons for this?

5. In your opinion, how are Lithuania and its healthcare perceived abroad?

6. Could you describe what characteristics are the most common among medical tourists?

7. What do you think are the key factors affecting medical tourists' satisfaction?

8. Which additional services do you offer to support medical tourism?

Let's focus on the procedures that are being offered to medical tourists:

9. Do you offer plastic surgery, dentistry, eye treatment, weight-loss surgeries, orthopaedic surgeries, laser dermatology, diagnostics, SPA and fertility treatments to medical tourists? Why / why not?

10. What are the most popular medical procedures offered for medical tourists? Why?

11. What specific factors influence medical tourists to choose these procedures?

12. What are the price, quality and waiting time differences for these procedures between Lithuania and the patients' home countries?

13. How often do complications happen during the treatments offered for medical tourism?

Do you have any further comments, questions or suggestions?

Questions to Swedish Medical Tourism Patient:

I will firstly start with questions regarding your medical tourism trip:

1. Could you tell me about your medical tourism experience with Wellness Travels from the very start of the booking process to the end of the medical tourism trip?

2. Why did you choose to undergo medical procedure abroad?

3. Were service quality, price and waiting time important factors for you when choosing a medical tourism treatment abroad?

4. Why did you choose Lithuania and Wellness Travels?

5. What were other countries and clinics that you considered?

6. How would you rate your medical tourism experience?

7. What did you lack during your medical tourism trip?

8. How could Wellness Travels service offer be improved?

9. How would you rate Lithuania and its healthcare?

I will now move to general questions regarding medical tourism:

1. In your opinion, what are the main factors that lead to medical tourism?

2. Which additional services should be offered by medical tourism facilitators?

3. What should be the price difference for the patients to consider going abroad for a treatment?

4. In your opinion, where do patients usually search information about medical tourism abroad?

5. In your opinion, how medical tourism facilitators or clinics promote themselves to be visible for medical tourists?

6. In your opinion, which of these means does Wellness Travels use?

7. How could Wellness Travels promotion be improved?

8. After the interviews, a quantitative survey will be made to medical tourism patients that inquired for services in Lithuania. In your opinion, what questions should be asked to better understand their motivational factors and consumer behaviour?

9. In your opinion, what questions should be asked through a quantitative survey to better understand what influences patients' satisfaction?

10. In your opinion, what are the most frequent perceived advantages of going abroad for a medical tourism treatment?

11. In your opinion, what are the most important people, who influence medical tourists on going abroad for a medical treatment?

12. In your opinion, what are the main factors that could limit medical tourists to go abroad to receive medical treatments?

Do you have any further comments, questions or suggestions?

7.2 Annex 2: Online Survey Questions

Survey on Medical Tourism in Europe

Students in Norwegian School of Economics in cooperation with Wellness Travels is conducting a research to better understand medical tourists' motivation for going abroad for a treatment. Research results will be used to improve and provide better quality services to Wellness Travels' future clients. Your participation in this research is completely voluntary and should take 3-5 minutes. The results of the research will be presented in an aggregate format and no information will be reported in any way that will identify you; thus, full confidentiality is ensured.

Information about your (last) inquiry for a medical tourism trip:

1. Type of medical service you were inquiring for? (1) Plastic / cosmetic surgery; (2) Dental treatment; (3) Dermatology treatment; (4) Orthopaedic surgery; (5) Vision correction; (6) Health check-up & diagnostics; (7) Other: _____.
2. What specific treatment(s) were you inquiring for?
3. What countries did you consider for getting medical procedure abroad?
4. How many times have you been abroad on a medical tourism trip?
(1) 0; (2) 1; (3) 2; (4) 3 or more.

***Only if "0" chosen.* 5. What was the reason you did not go on a medical tourism trip after your inquiry?**
(1) Still making arrangements for the trip; (2) Postponed the treatment; (3) Had the treatment in my home country; (4) Decided not to have the treatment at all; (5) Other: _____.

Only if "0" chosen. *Skip to question 15.*

Information about your (last) medical tourism trip:

6. **Which country did you have it in?**
7. **Did you choose Wellness Travels for your medical tourism trip?** *Yes / No*
8. **Only if "No" is chosen: Which service provider did you choose and why?**

Perceived value of your medical treatment abroad:

Please indicate your level of agreement with the following statements by choosing an appropriate number from 1 "strongly disagree" to 7 "strongly agree"

9. I received a treatment with a reasonable price;
10. I received a high-quality medical treatment;
11. I received a treatment with low waiting time;
12. Overall, I was satisfied with my medical treatment abroad;
13. I would recommend my medical tourism provider to others;
14. If needed, I would go for a medical tourism trip with the same providers again.

Your thoughts on Wellness Travels & Medical Tourism in Lithuania:

Please indicate your level of agreement with the following statement by circling an appropriate number from

1 "strongly disagree" to 7 "strongly agree".

15. Having medical procedure in Lithuania with Wellness Travels would be less expensive than in my country of residence;
16. Having medical procedure in Lithuania with Wellness Travels is good value for money;
17. Having medical treatment with Wellness Travels is safe;
18. Having medical procedure in Lithuania with Wellness Travels would be of similar quality to that in my country of residence;
19. I would have shorter waiting time for medical service in Lithuania with Wellness Travels than in my country of residence;
20. Having medical procedure in Lithuania with Wellness Travels is beneficial;

21. Other medical tourists have positive views about medical tourism in Lithuania through Wellness Travels;
22. Other medical tourists' opinion is important to me when making a decision to go on a medical tourism trip;
23. My friends and relatives have a positive view of medical tourism in Lithuania through Wellness Travels;
24. My friends and relatives' opinion is important to me when making a decision to go on a medical tourism trip;
25. If I want I could easily go on a medical tourism trip to Lithuania with Wellness Travels;
26. There are no language barriers for me to go for a medical tourism procedure in Lithuania through Wellness Travels;
27. Necessary medical treatments in Lithuania are available through Wellness Travels;
28. It is easy to arrange a medical tourism procedure in Lithuania through Wellness Travels;
29. Coordination of travel arrangements to Lithuania for receiving a medical tourism procedure is easy;
30. I have sufficient funds for receiving medical treatment in Lithuania through Wellness Travels;
31. It fully depends on me whether I go to Lithuania for a medical tourism procedure;
32. I would say positive things to others about medical treatment abroad in Lithuania through Wellness Travels;
33. If needed, I would go for a medical tourism treatment in Lithuania through Wellness Travels;
34. I wish to go on a medical tourism trip to Lithuania through Wellness Travels;
35. I want to go on a medical tourism trip to Lithuania through Wellness Travels;
36. I intend to go on a medical tourism trip to Lithuania through Wellness Travels;

General Information:

Information to better understand demographics of the respondents. The results of the research will be presented in an aggregate format and no information will be reported in any way that will identify you; thus, full confidentiality is ensured.

37. What is your gender? *Male / Female / Undefined.*
38. What is your age group? 18-24**;** 25-33**;** 35-44**;** 45-54**;** 55-64**;** 65+.
39. What is your marital status? (1) Single, never married**; (2)** Married or in a domestic partnership; (3) Divorced/widowed**; Other: _____.**
40. What is your country of residence?
41. What is your nationality?
42. What is your monthly income? (1) up to 1500 EUR; (2) 1501-3000 EUR; (3) 3001-4500 EUR; (4) 4501-5500 EUR; (5) 5501+ EUR
43. Comments & suggestions regarding medical tourism:

7.3 Annex 3: Survey Results

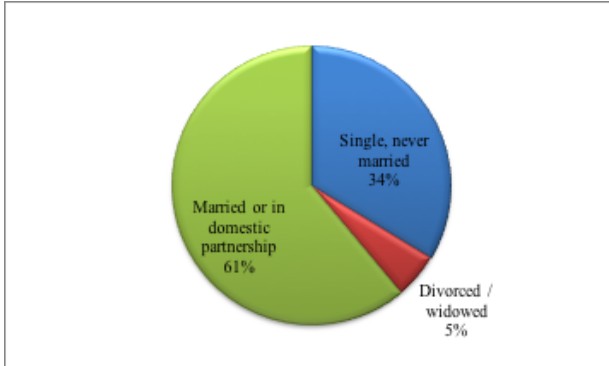*Figure 13: Distribution of the respondents by marital status*

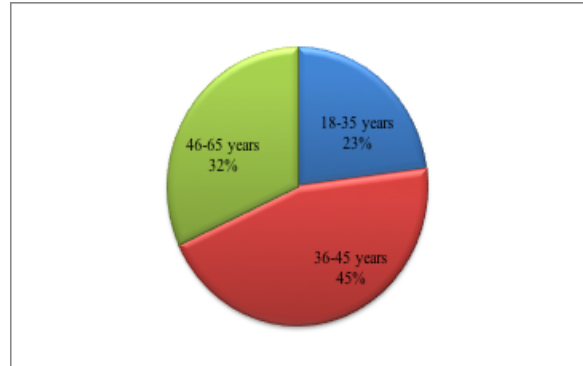*Figure 14: Distribution of the respondents by age*

Figure 15: Distribution of the respondents by country of residence and nationality
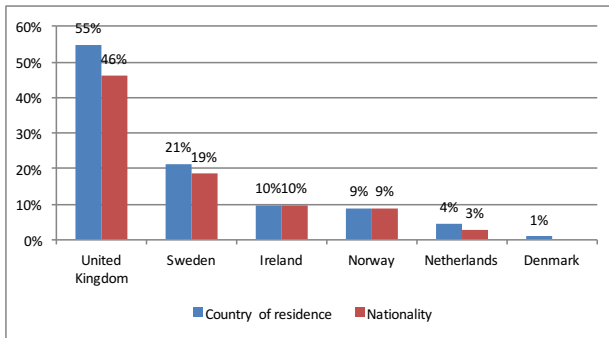

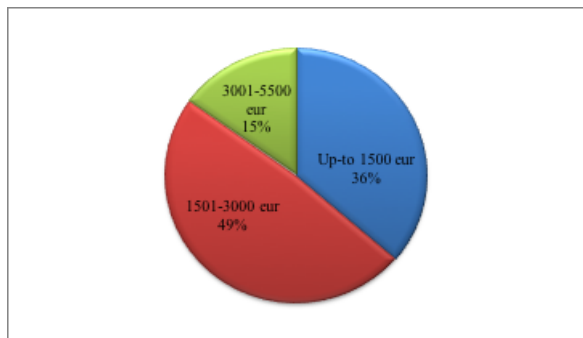*Figure 16: Distribution of the respondents by income*

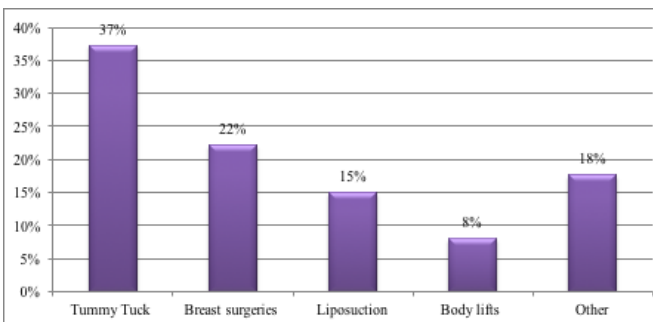*Figure 17: Treatments that the respondents inquire for*

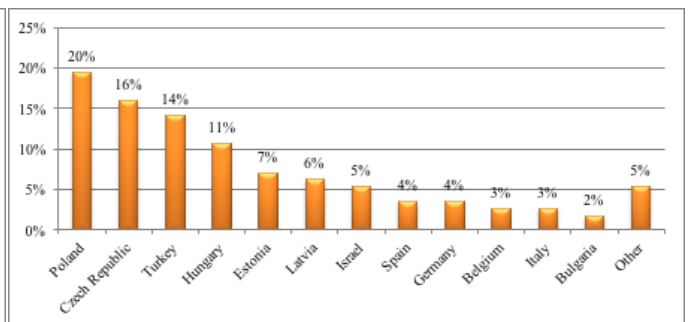*Figure 18: Countries the respondents consider for medical tourism*

Figure 19: Number of times the respondents (%) have been on a medical tourism trip
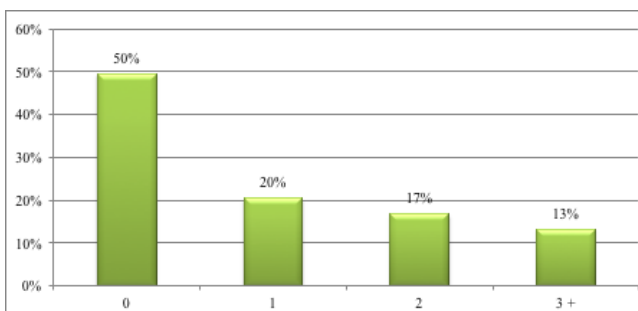

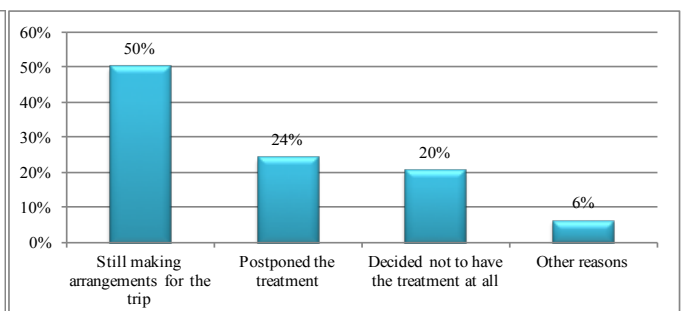*Figure 20: Respondents' reasons for not going abroad for a treatment*

Figure 21: Countries the respondents
went to for their medical tourism trip

Figure 22: Price, quality and waiting time
evaluations for previous medical tourism trip
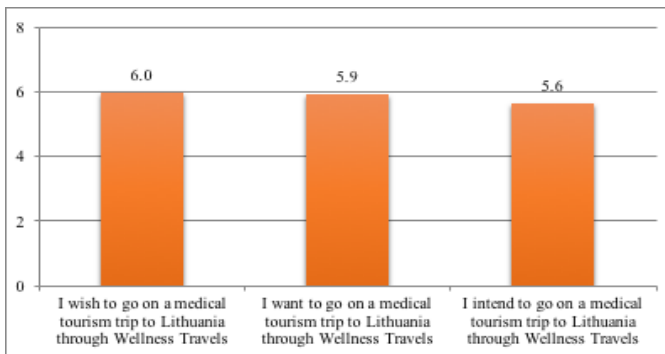

Figure 23: Respondents' general
evaluation of their medical tourism trip
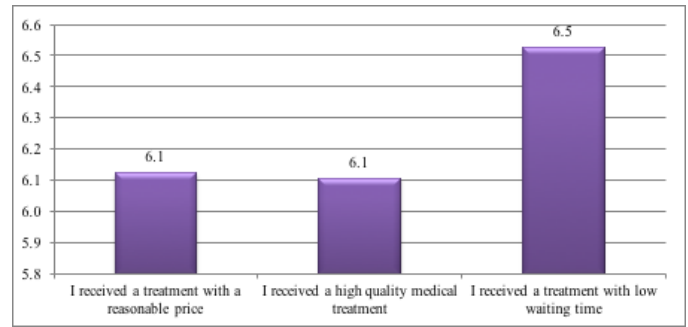
Figure 24: Subjective norm evaluations
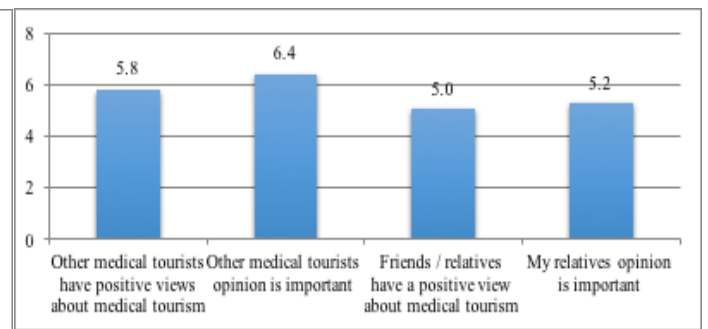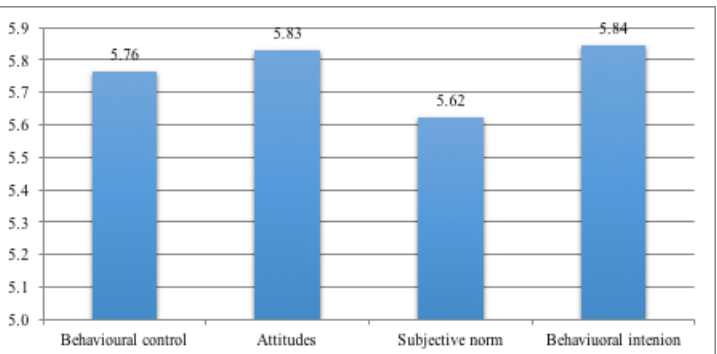

Figure 25: Behavioural intention evaluation

Figure 26: Theory of Planned Behaviour factors'
evaluations

7.4 Annex 4: Survey Statistics from SPSS Analysis

Table 4: Correlations of the previous medical tourism trip evaluation statements

		I received a treatment with a reasonable price	I received a high quality medical treatment	I received a treatment with low waiting time
Overall, I was satisfied with my medical treatment abroad	Pearson Correlation	,779**	,880**	,579**
	Sig. (2-tailed)	,000	,000	,000
I would recommend my medical tourism provider to others	Pearson Correlation	,766**	,892**	,574**
	Sig. (2-tailed)	,000	,000	,000
If needed, I would go for a medical tourism trip with the same providers again	Pearson Correlation	,400**	,671**	,321*
	Sig. (2-tailed)	,002	,000	,015

**Correlation is significant at the 0.01 level (2-tailed); *Correlation is significant at the 0.05 level (2-tailed).

Table 5: The coefficients of satisfaction regression. Dependent variable: Satisfaction ("Overall, I was satisfied with my medical treatment abroad")

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	-2,248	,512		-4,390	,000
Price	,234	,115	,220	2,036	,047
Quality	,756	,104	,666	7,302	,000
Waiting time	,343	,089	,202	3,832	,000

Table 6: The coefficients of recommendation regression. Dependent variable: Recommendation ("I would recommend my medical tourism provider to others")

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	-1,180	,646		-1,827	,043
Price	,363	,145	,364	2,510	,015
Quality	,552	,131	,516	4,222	,000
Waiting time	,262	,113	,164	2,326	,024

Table 7: The coefficients of repetition regression. Dependent variable: Repetition ("If needed, I would go for a medical tourism trip with the same providers again")

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	0,583	,547		2,893	,006
Price	,236	,152	,303	1,550	,027
Quality	,331	,155	,404	2,141	,037
Waiting time	,226	,131	,196	1,727	,040

Table 8: Correlation coefficients of medical tourism trip evaluation statements

		Evaluation
I received a treatment with a reasonable price	Pearson Correlation	,737**
	Sig. (2-tailed)	,000
I received a high quality medical treatment	Pearson Correlation	,901**

	Sig. (2-tailed)	,000
I received a treatment with low waiting time	Pearson Correlation	,555**
	Sig. (2-tailed)	,000

**. Correlation is significant at the 0.01 level (2-tailed).

Table 9: Coefficients of evaluation regression. Dependent variable: evaluation factor

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	-1,743	,648		-2,688	,010
Price	,357	,145	,338	2,459	,017
Quality	,616	,131	,544	4,693	,000
Waiting time	,289	,113	,171	2,553	,014

Table 10: Statistics of the Theory of Planned Behaviour Factor Analysis

Factors	KMO	Bartlett's Test of Sphericity	Number of factors
Behavioural control	0,838	0,000	1
Attitudes	0,868	0,000	1
Subjective norm	0,704	0,000	1
Behavioral intention	0,652	0,000	1

Table 11: Correlation coefficients of the Theory of Planned Behaviour statements

		Behavioural control	Attitudes	Subjective norm	Behavioural intention
Behavioural control	Pearson Correlation	1	,804**	,684**	,686**
	Sig. (2-tailed)		,000	,000	,000
Attitudes	Pearson Correlation	,804**	1	,626**	,712**
	Sig. (2-tailed)	,000		,000	,000
Subjective norm	Pearson Correlation	,684**	,626**	1	,393**
	Sig. (2-tailed)	,000	,000		,000
Behaviuoral intention	Pearson Correlation	,686**	,712**	,393**	1
	Sig. (2-tailed)	,000	,000	,000	

**. Correlation is significant at the 0.01 level (2-tailed).

Table 12: The coefficients of behavioural intention regression. Dependent variable: behavioural intention

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	1,103	,353		3,122	,002
Behavioural control	,379	,133	,375	2,861	,005
Attitudes	,232	,094	,235	2,459	,016
Subjective norm	,229	,102	,249	2,246	,027

Table 13. Correlation of behavioural control statements

		1	2	3	4	5	6	7
1. If I want I could easily go on a medical tourism trip to Lithuania with Wellness Travels	Pearson Correlation	1	,665**	,572**	,716**	,736**	,647**	,670**
	Sig. (2-tailed)		,000	,000	,000	,000	,000	,000
2. There are no language barriers for me to go for a medical tourism	Pearson Correlation	,665**	1	,573**	,569**	,637**	,393**	,278**

		1	2	3	4	5	6	7
procedure in Lithuania through Wellness Travels	Sig. (2-tailed)	,000		,000	,000	,000	,000	,003
3. Necessary medical treatments in Lithuania are available through Wellness Travels	Pearson Correlation	,572**	,573**	1	,759**	,685**	,371**	,378**
	Sig. (2-tailed)	,000	,000		,000	,000	,000	,000
4. It is easy to arrange a medical tourism procedure in Lithuania through Wellness Travels	Pearson Correlation	,716**	,569**	,759**	1	,804**	,528**	,445**
	Sig. (2-tailed)	,000	,000	,000		,000	,000	,000
5. Coordination of travel arrangements to Lithuania for receiving a medical tourism procedure is easy	Pearson Correlation	,736**	,637**	,685**	,804**	1	,563**	,438**
	Sig. (2-tailed)	,000	,000	,000	,000		,000	,000
6. I have sufficient funds for receiving medical treatment in Lithuania through Wellness Travels	Pearson Correlation	,647**	,393**	,371**	,528**	,563**	1	,539**
	Sig. (2-tailed)	,000	,000	,000	,000	,000		,000
7. It fully depends on me whether I go to Lithuania for a medical tourism procedure	Pearson Correlation	,670**	,278**	,378**	,445**	,438**	,539**	1
	Sig. (2-tailed)	,000	,003	,000	,000	,000	,000	

**. Correlation is significant at the 0.01 level (2-tailed).

Table 14: Correlation of attitudes statements

		1	2	3	4	5	6
1. Having medical procedure in Lithuania with Wellness Travels would be less expensive than in my country of residence	Pearson Correlation	1	,600**	,628**	,409**	,574**	,568**
	Sig. (2-tailed)		,000	,000	,000	,000	,000
2. Having medical procedure in Lithuania with Wellness Travels is good value for money	Pearson Correlation	,600**	1	,806**	,556**	,701**	,567**
	Sig. (2-tailed)	,000		,000	,000	,000	,000
3. Having medical treatment with Wellness Travels is safe	Pearson Correlation	,628**	,806**	1	,608**	,743**	,718**
	Sig. (2-tailed)	,000	,000		,000	,000	,000
4. Having medical procedure in Lithuania with Wellness Travels would be of similar quality to that in my country of residence	Pearson Correlation	,409**	,556**	,608**	1	,716**	,491**
	Sig. (2-tailed)	,000	,000	,000		,000	,000
5. I would have shorter waiting time for medical service in Lithuania with Wellness Travels than in my country of residence	Pearson Correlation	,574**	,701**	,743**	,716**	1	,600**
	Sig. (2-tailed)	,000	,000	,000	,000		,000
6. Having medical procedure in Lithuania with Wellness Travels is beneficial	Pearson Correlation	,568**	,567**	,718**	,491**	,600**	1
	Sig. (2-tailed)	,000	,000	,000	,000	,000	

**. Correlation is significant at the 0.01 level (2-tailed).

Table 15: Correlation of subjective norm statements

		1	2	3	4
1. Other medical tourists have positive views about medical tourism in Lithuania through Wellness Travels	Pearson Correlation	1	,506**	,716**	,304**
	Sig. (2-tailed)		,000	,000	,001
2. Other medical tourist's opinion is important to me when making a decision to go on a medical tourism trip	Pearson Correlation	,506**	1	,444**	,262**
	Sig. (2-tailed)	,000		,000	,005
3. My friends and relatives have a positive view of medical tourism in Lithuania through Wellness Travels	Pearson Correlation	,716**	,444**	1	,334**
	Sig. (2-tailed)	,000	,000		,000
4. My relative's opinion is important to me when making a decision to go on a medical tourism trip	Pearson Correlation	,304**	,262**	,334**	1
	Sig. (2-tailed)	,001	,005	,000	

**. Correlation is significant at the 0.01 level (2-tailed).

Table 16: Correlation of behavioural intention statements

		1	2	3
1. I wish to go on a medical tourism trip to Lithuania through Wellness Travels	Pearson Correlation	1	,551**	,659**
	Sig. (2-tailed)		,000	,000
2. I want to go on a medical tourism trip to Lithuania through Wellness Travels	Pearson Correlation	,551**	1	,420**
	Sig. (2-tailed)	,000		,000
3. I intend to go on a medical tourism trip to Lithuania through Wellness Travels	Pearson Correlation	,659**	,420**	1
	Sig. (2-tailed)	,000	,000	

**. Correlation is significant at the 0.01 level (2-tailed).

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