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Full Length Research Paper

Emerging of Medical Tourism in Egyptian Hospitals: International Patient Satisfaction towards Nurses Services Quality

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The present study aims to examine medical tourism in two of the Egyptian Hospitals and to explore the level of international patient satisfaction concerning services provided by nurses in five dimensions (tangibles, reliability, responsiveness, assurance and empathy). A quasi- experimental design was used in carrying out the study. The study was conducted in As-Salam International Hospital and Dar El Foad Hospital. Subjects were composed of two groups. The first group was (212) from As-Salam International Hospital nurses and (198) from Dar El Foad Hospital. Included both Arabic and foreigner nurses. While, the second group was international patients included Arabic patients from Arabic countries and foreigner patients from other countries all over the world, (180) patients from As-Salam International Hospital and (130) patients from Dar El Foad Hospital. Data was collected by using nurses' knowledge about medical tourism Questionnaire; semi-structured interview sheet and international patient satisfaction Questionnaire (using SERVQUAL instrument). Majority of the studied nurses in both of the studied hospitals before awareness sessions were lack knowledge about definition of medical tourism, reasons for medical tourism, benefits of medical tourism for the host country, quality and safety in medical tourism, ethical and legal considerations in medical tourism and barriers to growth of medical tourism. International patients mentioned several points when deciding medical tourism hospital. The mean score of international patients' satisfaction in the five dimensions in SERVQUAL instrument were ranged between average and high level. It was concluded that all nurses of the study sample before awareness session were lack knowledge about medical tourism, international patients mentioned criteria for selecting medical tourism hospitals and the mean score of international patients' satisfaction in the five dimensions in SERVQUAL instrument were ranged between average and high level.

Keywords: Medical Tourism, Nursing Care, Quality, patient satisfaction, SERVQUAL instrument

INTRODUCTION

Travel exposes travelers to various mental and physical challenges in their new environment as part of their experience (Durgham, 2011). Medical tourism, alternatively called health tourism and wellness tourism, is a term that has risen from the rapid growth of an industry where people from all around the world are

traveling to other countries to obtain medical, dental, and surgical care while at the same time touring, vacationing, and fully experiencing the attractions of the countries that they are visiting. It is a silent revolution that has been sweeping the healthcare landscape of countries for almost decades (Helmy, 2011). Global competition is

emerging in the health care industry. Wealthy patients from developing countries have long traveled to developed countries for high quality medical care. Now, a growing number of less-affluent patients from developed countries are traveling to regions once characterized as "third world." These patients are seeking high quality medical care at affordable prices (Horowitz et al. 2007). There is no one definition for medical tourism. Thus, this study has reviewed several definitions that define medical tourism from scholar and practitioner perspectives (Muffatto and Panizzolo, 1995; Farhana and Ijaz 2007) had defined medical tourism as a "travel activity that involves a medical procedure or activities that promote the well being of the tourist". (Muschler and Schumacher 2008) had defined medical tourism as a "set of activities in which a person travels often long distances or across the border, to avail medical services with direct or indirect engagement in leisure, business or other purposes". Both definitions have almost similar perspectives on medical tourism, and both mention that any travel activity that incorporates medical services with tourism values can be utilized under the new model of tourism known as "medical tourism". However, (Navid et al. (2010) had defined medical tourism as "an economic activity that entails trade in services and represents the splicing of at least two sectors: medicine and tourism". Nurses play an important role in the hospital as they are the primary point of contact between patients and the world of health care. They alleviate suffering, prevent further illness, provide safety and promote health, showing their fundamental role that nurses perform in the overall recovery of any patient (Uzun, 2001; Poramaphorn, 2010). Nurses provide primary medical services to patients, playing an influential role in their well-being and satisfaction. In a hospital, the role of nurses is to provide primary treatment care and coordinate with other members of the healthcare team to take care of patients (Ben-Natan et al., 2009). (The World Health Organization (WHO) 1997) divided the roles of nurses into six categories as follows: care for patients, work with doctors to cure patients, Coordinate patient care, protect the patient, teach patients and families and advocate for patients. High quality service is considered an essential determinant of long-term profitability for both service and manufacturing organizations. Service quality refers to an overall judgment of a particular service. It is based on the difference between expected quality and perceived quality. When quality is higher than expected, it can be termed superior service (Berry and Zeithaml 1990; Damrongsak, 2001; Garcia, 2005). Within the hospital industry, a competitive advantage is best attained through service quality and customer satisfaction. The hospital can use service quality to create a competitive advantage by emphasizing responsiveness and consistency of service delivery (Navid et al. 2010; Durgham 2011). The SERVQUAL method is a technique that can be used to perform a gap analysis of an

organization's service quality performance against customer service quality needs. It is an empirically derived method that may be used by a service organization to improve quality. It is widely used within service industries to understand the perception of target customers regarding their service needs (Parasuraman; Berry and Zeithaml, 1988; Platonova; Kennedy and Shewchuk, 2008). It was originally measured on ten dimensions and by the early 1990s; the model was refined to five dimensions as shown in figure 1. In conclusion, SERVQUAL is an instrument for organizations to better understand what customers' value and how well their organizations are meeting the needs and expectations of customers (Chou et al. 2005). Patient satisfaction is a valid indicator of service quality measurement. Patients' opinions are important because dissatisfaction presents opportunities for improvement. Customer satisfaction is when a customer is satisfied with a service or product that meets their needs, wants and expectations. It is considered one of the most important competitive factors, and is the best indicator of a company's profitability. It also indicates the quality of service at all levels of the company (Sermsri and Chompikul, 2007) and helps an organization achieve its objectives by retaining loyal customers who promote positive word of mouth (Poramaphorn, 2010). Feedback from customers allows a company to measure customer satisfaction (Platonova et al., 2008).

Significance of the study

Practitioners and scholars have described medical tourism as the future of health services, the ultimate outsourcing, a new era, an international business, and a new phenomenon (Platonova et al. 2008).

Countries such as Jordan, Singapore, Israel, and India have adopted medical tourism as the main thrust behind community economic development (Forgione and Smith 2007; Rory et.al. 2010). Imposing the principles of sustainable development on medical tourism is vital to maintaining the three pillars of a strong nation, namely, the environment, the economy, and the local community (Valorie et. al. 2011).

During the researcher presence in the selected hospitals with internship students observed the presence of many international patients. The researcher discussed this observable phenomenon with hospitals' directors, and how the hospital can increase this number of international patients which will in turn affect Egyptian's economy positively after our great revolution. Actually they were highly enthusiastic toward this idea and helped me a lot in my work. The main reason for conducting this study is its significance and contribution to the Egyptian economy.

Aim of the study

The present study aims to:

Examine medical tourism in two of the Egyptian Hospitals through:

- Assess nurses' knowledge about medical tourism in the selected hospitals.
- Increase nurses' knowledge about medical tourism.
- Determine the important points international patient consider when deciding medical tourism hospital.

To explore the level of international patient satisfaction concerning services provided by nurses in five dimensions (tangibles, reliability, responsiveness, assurance and empathy) using SERVQUAL model.

Research hypotheses

There will be a high significant difference between nurses' knowledge about medical tourism before and after awareness sessions. Also, the mean score of international patients' satisfaction in the five dimensions in SERVQUAL instrument will be low.

Subjects and Methods

Research design: It is a quasi- experimental study.

Study setting: The study was conducted in As-Salam International Hospital and Dar El Foad Hospital both are private and accredited hospitals.

Subjects: Subjects of this study were composed of two groups.

The first group: The first group was comprised of all available nurses in both of selected hospitals, from As-Salam International Hospital (212) nurses and (198) from Dar El Foad Hospital. Including both Arabic and foreigner nurses from (flipin, India and Jurdan). (285) of them had baccalaureate degree in nursing, while (108) of them had associate degree in nursing and only (17) of them were diploma nurses. With at least two years of experiences in the selected hospitals.

The Second group: The second group was comprised of international patients in the selected hospitals including Arabic patients from Arabic countries and foreigner patients from other countries all over the world.

Tools of data collection: Data for this study was collected by using nurses' knowledge about medical tourism Questionnaire; semi-structured interview sheet and international patient satisfaction Questionnaire (using SERVQUAL instrument).

Nurses' knowledge about medical tourism questionnaire format

The questionnaire format was developed by the researcher based on review of current literature. It was

reviewed by experts in the related field, and modifications were made based on their suggestions. It included questions as definition of medical tourism, reasons for medical tourism, benefits of medical tourism for the host country, quality and safety in medical tourism, ethical and legal considerations in medical tourism, and barriers to growth of medical tourism.

The semi-structured interview sheet

Semi-structure interview sheet was used by the researcher to interview international patient to determine the important points they consider when deciding medical tourism hospital. The tool was developed by the researcher after reviewing the relevant literature, it was reviewed by experts in the related field, and modifications were made based on their suggestions. Data collected utilizing the interview sheet included the international patient demographic data and the important points they consider when deciding medical tourism hospital.

International patient satisfaction Questionnaire (using SERVQUAL instrument).

The SERVQUAL instrument is a multi-item scale developed to assess customer perceptions of service quality in service and retail businesses (Parasuraman et al., 1998). The scale distills the notion of service quality into five constructs as shown below SERVQUAL Instrument.

The present study applied SERVQUAL to measure international patients' satisfaction in these five dimensions.

A hospital's tangible attributes must be efficient and well-equipped to handle international patients who generally demand high quality professional services. This includes medical equipment being updated and renewed frequently to maintain high technological standards, comfortable rooms and facilities plus neat appearance of nurses in international wards. A hospital's location is also considered a tangible attribute. Reliability refers to the service provided by nurses on the international ward within the promised timeframe. This reflects the ability to perform a service dependably and accurately. It is one of the most important service components for customers. Responsiveness represents the willingness of nurses to provide services promptly and in a timely manner. Assurance reflects the knowledge and courtesy of nurses and their ability to inspire trust and confidence using English for communication. It includes an ability to provide clear explanations before care is given plus explanations of medicine to patients before discharge. Empathy involves caring, individualized attention of nurses, where communication in English is also a factor.

The questionnaire was presented in Arabic for Arabic

The SERVQUAL instrument

Dimensions	Meaning
Tangibles	Physical facilities, equipment and appearance of personnel.
Reliability	Ability to perform the promised service dependably and accurately.
Responsiveness	Willingness to help customers and provide prompt service.
Assurance	Knowledge and courtesy of employees and their ability to inspire trust and confidence through competence, courtesy, creditability and security.
Empathy	Caring and individualized attention that the firm provides to its customers, namely, access, communication and understanding the customer.

patients and in English for other foreigner patients (they were speaking English). It measured patient satisfaction based on the five service dimensions of SERVQUAL, namely, tangibles, reliability, responsiveness, assurance, and empathy.

The questionnaire included twenty questions concerning International Patients Satisfaction. Respondents rated their level of satisfaction with services provide by nurses on international ward at the selected hospital. The questionnaire was designed based on the five SERVQUAL dimensions. The rating scale was: highest (5), high (4), moderate (3), and low (2), lowest (1). The criteria and meaning of the rating scale was defined as follow:

Number 5 means the highest level of patient satisfaction.

Number 4 means the high level of patient satisfaction.

Number 3 means average level of patient satisfaction.

Number 2 means low level of patient satisfaction.

Number 1 means the lowest level of patient satisfaction.

The scale measured the level of patient satisfaction for each SERVQUAL dimension. Based on the criteria of (Best 1981), the mean of the standard ranking scale was used to evaluate the level of patient satisfaction towards nursing services. The criteria and meaning of the ranking scale are interpreted as follows:

Rating of 4.50 – 5.00: Reflects the highest level of patient satisfaction.

Rating of 3.50 – 4.49: Reflects high level of patient satisfaction.

Rating of 2.50 – 3.49: Reflects average level of patient satisfaction.

Rating of 1.50 – 2.49: Reflects low level of patient satisfaction.

Rating of 1.00 – 1.49: Reflects the lowest level of patient satisfaction.

Pilot study

The aim of the pilot study was to test the practicability, and to estimate the time required to complete tools. The researcher randomly selected 25 nurses from As-Salam International Hospital and 20 nurses from Dar El Foad Hospital for testing the questionnaire format to assess their knowledge about medical tourism. The time needed to fulfill the self administered questionnaire format for staff ranged between (20-30) minutes; the researcher

gave Arabic version to Arabic nurses and English version to foreigner nurses. Then, the researcher randomly selected 20 international patients from each hospital and interviewed them to determine the important points they consider when deciding medical tourism hospital and then using SERVQUAL instrument to estimate the time needed to fulfill tools; it was ranged between 30-45 minutes for interview and 20-30 minutes for SERVQUAL instrument. All of these subjects were included in the main study sample. Necessary modifications were done in the study tools according to pilot results.

Field work

The field work of this study was executed in two years. Data collection started in September first 2010 till September last 2012. The researcher selected these two hospitals because our intern students in my faculty of nursing in Helwan University spend their internship year at those hospitals, so, during the researcher presence in the hospitals with students in the selected hospitals observed the presence of many international patients. The researcher discussed this observable phenomenon with hospitals' directors, and how the hospital can increased this number of international patients which will in turn affect Egyptian's economy positively after our great revolution. Actually they were highly enthusiastic toward this idea and helped me a lot in my work.

The researcher started to assess staffs' knowledge about medical tourism using questionnaire format, the time needed to fulfill the self administered questionnaire format for staff ranged between (20-30) minutes; the researcher gave Arabic version to Arabic nurses and English version to foreign nurses. This was lasted for three months. Based on the results of the questionnaires, awareness sessions were conducted one time per week and lasted for four months in each of the selected hospitals. Finally, the researcher assessed the target patients for their considerations when deciding medical tourism hospital and then used SERVQUAL instrument. The time needed to fulfill tools; it was ranged between 30-45 minutes for interview and 20-30 minutes for SERVQUAL instrument. Collecting data from patients lasts for one year, to collect as much as possible numbers of international patients.

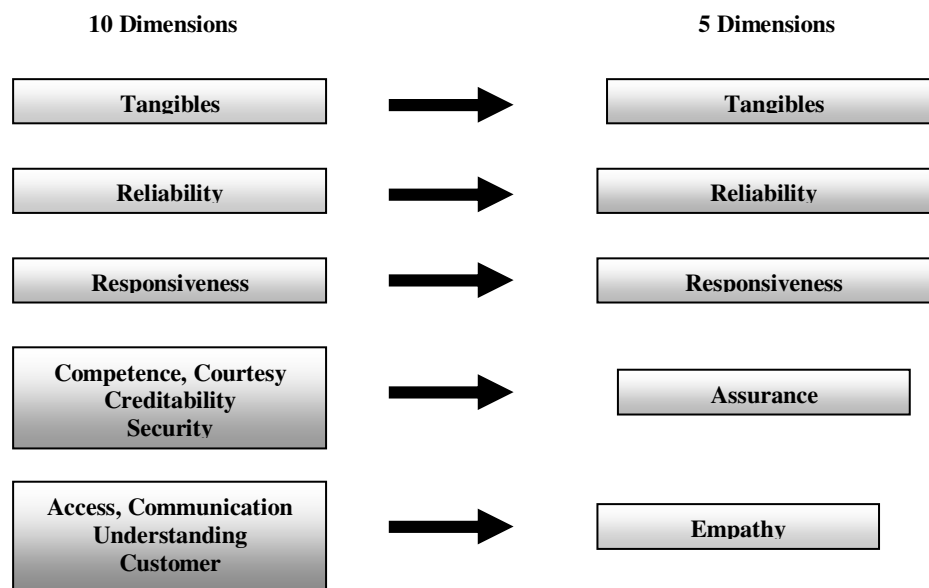


Figure 1. Dimensions in the SERVQUAL instrument

Table 1. Nurses' knowledge about Medical Tourism Before and After Awareness Sessions

Items	Nurses' knowledge (Before awareness sessions)				Nurses' knowledge (After awareness sessions)				P-value
	As-Salam International Hospital nurses (n= 212)		Dar El Foad Hospital Nurses (n= 198)		As-Salam International Hospital nurses (n= 212)		Dar El Foad Hospital Nurses (n= 198)		
Definition of Medical Tourism	No.	%	No.	%	No.	%	No.	%	
Complete definition	0	0	0	0	199	93.87	190	95.96	<0.001
Incomplete definition	3	1.42	5	2.53	11	5.19	5	2.53	<0.001
Wrong definition	7	3.30	4	2.02	2	0.94	3	1.52	<0.001
Do not Know	202	95.28	189	95.45	0	0	0	0	<0.001
Reasons for Medical Tourism									
Complete	0	0	0	0	200	94.34	195	98.48	<0.001
Incomplete	7	3.30	3	1.52	12	5.66	3	1.52	<0.001
Do not Know	105	49.53	195	98.48	0	0	0	0	<0.001
Benefits of Medical Tourism for the host country									
Complete	0	0	0	0	203	95.75	192	96.97	<0.001
Incomplete	12	5.66	19	9.60	9	4.25	6	3.03	<0.001
Do not Know	200	94.34	179	90.40	0	0	0	0	<0.001
Quality & Safety in Medical Tourism									
Complete	0	0	0	0	208	98.11	193	97.47	<0.001
Incomplete	0	0	0	0.00	4	1.89	5	2.53	<0.001
Do not Know	212	100	198	100.00	0	0	0	0	<0.001
Ethical & Legal Considerations in Medical Tourism									
Complete	0	0	0	0	198	93.40	190	95.96	<0.001
Incomplete	0	0	0	0	14	6.60	8	4.04	<0.001
Do not Know	212	100	198	100	0	0	0	0	<0.001
Barriers to growth of Medical Tourism									
Complete	0	0	0	0	210	99.06	196	98.99	<0.001
Incomplete	4	1.89	6	3.03	2	0.94	2	1.01	<0.001
Do not Know	208	98.11	192	96.97	0	0	0	0	<0.001

(*) statistically significant at $p<0.05$

Table 2. Personal Data of International Patients

Items	As-Salam International Hospital international patients No.= 180		Dar El Foad Hospital international patients No.= 130	
	No.	%	No.	%
Sex				
▪ Male	108	60.00	98	75.38
▪ Female	72	40.00	32	24.62
Age				
▪ 20-30 years	9	5.00	12	9.23
▪ 31-40 years	37	20.56	42	32.31
▪ 41-50 years	106	58.89	66	50.77
▪ 51-60 years	28	15.56	10	7.69
Country of Residence				
▪ The United States of America	19	10.56	14	10.77
▪ Australia	0	0.00	2	1.54
▪ United Kingdom	23	12.78	17	13.08
▪ France	14	7.78	20	15.38
▪ Japan	5	2.78	0	0.00
▪ Arab countries	87	48.33	69	53.08
▪ Others (African Countries & East Asian Countries)	32	17.78	8	6.15

Table 3. Important Points Considered by International Patient When Deciding Medical Tourism Hospital.

Points	As-Salam International Hospital international patients No.= 180		Dar El Foad Hospital international patients No.= 130		P-value
	No	%	No	%	
1. The hospital has international accreditations and certifications.	175	97.22	122	93.85	>0.05
2. The hospital's doctors are board certified.	132	73.33	99	76.15	>0.05
3. Fully-integrated hospital over a clinic.	158	87.78	103	79.23	>0.05
4. The hospital staffs understand my language.	177	98.33	118	90.77	>0.05
5. The reputation of the hospital among locals.	171	95.00	124	95.38	>0.05
6. The hospital has some quality indicators	169	93.89	126	96.92	>0.05

(*) statistically significant at $p < 0.05$

Administrative and Ethical Considerations

To carry out the study in the predetermined hospitals, letters containing the aim of the study were directed from the researcher' faculty of nursing to the hospitals' director and also to nursing directors to obtain their permission and help to conduct the study in their facility. The researcher then met the hospitals directors and the nursing directors and explained the purpose and methods of data collection for the study. The researcher also obtained study subjects' approval orally after explaining the purpose and method of data collection for the study. Confidentiality, anonymity and the right to

withdraw from the study at any time were guaranteed.

Statistical Analysis

After reviewing the completed questionnaires, the data was gathered and analyzed parting each section. Data entry and analysis was done using SPSS 13.0 statistical software package. Pearson correlation analysis was used for assessment of the inter-relationships among quantitative variables. Statistical significance was considered at $p < 0.05$. The mean score was used

Table 4A. International patient satisfaction in each SERVQUAL dimension; Means of patient satisfaction towards Tangibles

Tangibles	As-Salam International Hospital international patients		Dar El Foad Hospital international patients	
	Mean	Level	Mean	Level
1. Maintains cleanliness of room .	3.9	High	4	High
2. Has high technology equipment.	4.2	High	4.3	High
3. Room facilities are comfortable.	4	High	4	High
4. Nurses wear clean uniforms.	4.6	High	4.6	High
Average Mean Score	4.14	High	4.23	High

Table 4B. Means of patient satisfaction towards Reliability

Reliability	As-Salam Hospital international patients		Dar El Foad Hospital international patients	
	Mean	Level	Mean	Level
1. Services provided by nurses are within the promised timeframe.	3	Average	2.5	Average
2. Nurses show their interest in solving patients' basic problems.	2	Low	1.6	Low
3. Nurses are reliable and provide accurate information.	1.5	Low	1.5	Low
4. Nurses perform services right the first time.	3.4	Average	3	Average
Average Mean Score	2.48	Low	2.15	Low

Table 4C. Means of patient satisfaction towards Responsiveness

Responsiveness	As-Salam International Hospital international patients		Dar El Foad Hospital international patients	
	Mean	Level	Mean	Level
1. Nurses are willing to answer patients' questions.	3	Average	3.2	Average
2. Nurses are willing to help at all times.	3.2	Average	2.5	Average
3. Nurses visit patients at appropriate times.	2.2	Lowest	1.2	Lowest
4. Nurses respond to patients' requests immediately in the case of inconvenience or pain.	2.5	Low	2.4	Low
Average Mean Score	2.7	Average	2.33	Low

Table 4D. Means of patient satisfaction towards Assurance

Assurance	As-Salam International Hospital international patients		Dar El Foad Hospital international patients	
	Mean	Level	Mean	Level
1. Nurses are knowledgeable about treatment.	3.3	Average	3.48	Average
2. Nurses provide a clear explanation before giving nursing care.	2.6	Average	3	Average
3. Nurses provide a clear explanation of home medications upon discharge.	3	Average	3.2	Average
4. Nurses make patients feel safe and confident when providing service.	3.5	High	3.7	High
Average Mean Score	3.1	Average	3.35	Average

Table 4E. Means of patient satisfaction towards Empathy

Empathy	As-Salam International Hospital international patients		Dar El Foad Hospital international patients	
	Mean	Level	Mean	Level
1. Nurses are able to communicate with patients in English.	2.5	Average	2.5	Average
2. Nurses have a pleasant tone of voice.	3.49	Average	3.45	Average
3. Nurses show empathetic facial expression.	2.5	Average	2.49	Low
4. Nurses give patients personal attention.	3.2	Average	3.4	Average
Average Mean Score	2.9	Average	2.96	Average

to analyze the level of patient satisfaction in five dimensions.

RESULTS

Table (1) displays staff nurses' knowledge about medical

tourism before and after awareness sessions; it shows that the majority of the studied staff nurses in both of the studied hospitals before awareness sessions lack of knowledge about definition of medical tourism, reasons for medical tourism, benefits of medical tourism for the host country, quality and safety in medical tourism,

ethical and legal considerations in medical tourism and barriers to growth of medical tourism. Meanwhile post awareness sessions the majority of them became completely aware of the mentioned items. There was a high significant ($p < 0.001$) difference between staff's knowledge about medical tourism before and after awareness sessions.

Table (2) describes personal data of international patients, (60% and 75.38%) in As-Salam International Hospital and Dar El Foad Hospital respectively was males and (40% and 24.62%) respectively was females. They were classified into four age groups. The subject group aged 20-30 years accounted for (5% and 9.23%) respectively, 31-40 years old accounted (20.56% and 32.31%) respectively, 41-50 years old (58.89% and 50.77%) respectively and 51-60 years old (15.56% and 7.69%) respectively. The international patients aged 41-50 years old, were found at both of the studied hospitals higher than the other age group.

The majority of international patients came from different countries either Arabic or foreigner countries. (48.33% and 53.08%) respectively were from Arab countries. On the other hand, few of them came from Australia and Japan, in both of the studied hospitals.

Concerning important points considered by international patient when deciding medical tourism hospital. Table (3) shows that the highest percentage in both of the studied hospitals, international patients mentioned several points as the hospital should have international accreditations and certifications, the hospital staffs can understand his/her language, the hospital should have some quality indicators and good reputation among locals and the hospital's doctors should be board certified. There was no significant difference between both of the studied hospitals regarding the mentioned important points by international patients.

Regarding international patient satisfaction in each SERVQUAL dimension, Table (4 A) illustrates that the overall level of satisfaction in the tangible dimension was high in both of the selected hospitals, with a mean score of (4.14) and (4.23). Meanwhile Table (4 B) shows that overall international patient satisfaction concerning reliability was low in both of the selected hospitals, with a mean score of (2.48) and (2.15). While Table 4C

presents that overall international patient satisfaction concerning responsiveness was average in As-Salam International Hospital with a mean score of (2.7) and low in Dar El Foad Hospital with a mean score of (2.33). With the regards to Table (4 D) shows that overall international patient satisfaction concerning assurance was average, with a mean score of (3.1) and (3.35) in both of the selected hospitals respectively. Finally Table (4 E) presents that overall international patient satisfaction concerning empathy dimension was average, with a mean score of (2.9) and (2.96) in both of the selected hospitals respectively.

DISCUSSION

The global growth in the flow of patients and health professionals as well as medical technology, capital funding and regulatory regimes across national borders has given rise to new patterns of consumption and production of healthcare services over recent decades. A significant new element of a growing trade in healthcare has involved the movement of patients across borders in the pursuit of medical treatment and health; a phenomenon commonly termed 'medical tourism' (Ben-Natan; Ben-Sefer and Ehrenfeld 2009). Medical tourism occurs when consumers elect to travel across international borders with the intention of receiving some form of medical treatment. However, the present study revealed that the majority of the studied staff nurses in both of the studied hospitals were not aware of the complete definition and reasons for medical tourism. These findings were inconsistent with (Bookman and Bookman 2007; Christine 2007; Durgham 2011) who emphasized that Medical tourism is a term initially coined to describe the rapidly-growing practice of traveling across international borders to obtain healthcare. This was supported by (Rory et al. 2010) who asserted that medical tourism can be broadly defined as provision of 'cost effective' private medical care in collaboration with the tourism industry for patients needing surgical and other forms of specialized treatments. This also agreed by (Horowitz et al. 2007; Durgham 2011 and Helmy 2011) who found that Medical tourism, is an emerging phenomenon wherein citizens, in most cases of industrialized nations, bypass services offered in their own communities and travel to other destinations (many of which are less developed countries) seeking high quality medical care at affordable prices.

Meanwhile, regarding reasons for medical tourism, some of the common reasons for medical travel include lengthy wait times in developed western countries, the rising cost of healthcare and the high quality private healthcare available abroad combined with the option of a tropical / cultural holiday (Cartwright 2000; Connell 2006). (Cortez 2008) mentioned that well trained professionals is the main reason, he added that since the beginning of the 1980s, doctors in developing countries have been educated according to western standards. Many of the best doctors abroad received their education from reputable Western medical schools. Furthermore, the large population in these countries enables doctors to get more hands on experience in surgery, diagnosis and treatment. Also, (Damrongsak 2001; Durgham 2011) stated that the presence of more medical staff is an important reason, he stated that since most of the developing countries have a large population and a substantially lower cost of living, the hospitals in these regions can afford to hire many medical professionals. As a result the staff / patient ratio

in these hospitals is much higher when compared to western countries. So, expect good personal care, friendliness and attentiveness from hospital and clinic staff. Moreover, (Farhana and Ijaz 2007; Fried and Harris 2007) asserted that infrastructure and technology were vital reasons; he stated that with local governments supporting the medical travel industry and with well sustained economies in many developing countries, there are substantial improvements in overall infrastructure with new and modern hospital buildings and state of the art operation theatres. Also, he emphasized that the improvements in medical technology have brought about a great level of accuracy to medical diagnosis and have improved robotic navigation during complicated surgeries. Many countries involved in the medical travel industry have spared no expense in upgrading diagnostic and medical instruments, they often make use of their profits to pump up and upgrade their technology, and as a result many major hospitals involved in medical travel now boast of standards on par or better than their western counterparts. Most of the countries possess cutting edge diagnostic machines and imaging capabilities. These results were in contrast with the present study.

Furthermore, (Jones and Keith 2006; Herrick 2007) asserted that accessibility and pleasure considered as an important reasons for medical tourism. He mentioned that there are countless direct and frequent flights linking major cities of USA/Canada with major medical travel countries/cities. It is also very easy to obtain a medical travel VISA to these countries since it is an encouraged activity by local governments. He added that most of the nations offering medical travel also happen to be popular tourist hotspots. So, a 2-4 week sightseeing tour is becoming more and more popular, not to mention the medical and economical benefits which make the experience more fulfilling. There is little wonder that a growing number of North Americans are taking advantage of affordable, high quality treatment, and combining it with a tropical, cultural and relaxing holiday. All of these results were contradicted with the present study.

Many countries today are seeking to compete successfully in the medical tourism marketplace by advertising a wide variety of medical, surgical, and dental services in comfortable, modern facilities. As regard to benefits of medical tourism, (Jutabha [as reported by Tam, D., and Lim 2007; Kasikorn Research Center 2008) found that access to advanced technology, lower out of pocket payment, privacy and anonymity and improved waiting times were the main benefits of medical tourism. These findings were inconsistent with the present study.

Although medical tourism offers benefits for many patients, quality-of-care issues abound. Many of the hospitals that advertise heavily to medical tourists are in low-cost, developing countries that may be experiencing social, political, and cultural issues. These issues may

detract from the quality of care received, thus resulting in a less than optimal environment for the medical tourist seeking quality care (Rory et al. 2010). Regarding the results of the present study revealed that the highest percentage of the study sample was not aware of the quality and safety issues in medical tourism. These results were inconsistent with (Jones and Keith 2006; Horowitz et al. 2007) who asserted that concerns have also been voiced regarding complications that might result from vacation activities and travel in the postoperative period. This was supported by (Bishop and Litch 2000; Herrick 2007; Helmy 2011) who found that there is a need to address both the management of postoperative complications occurring after a patient leaves a foreign medical facility, and also the resulting financial costs associated with such care. These complications present difficult issues that remain unresolved and merit further investigation and discussion to better establish the true economic benefit of medical tourism for patients. He emphasized that other quality of care issues include appropriate follow-up care, as well as adequate communication between providers and patients. The provisions to assure the quality of this long-term, follow-up care and also to provide for the cost of this care need to be considered before undergoing procedures in other countries. On the same line (Muffatto and Panizzolo 1995; Richter and Richter 1999; Muschler and Schumacher 2008) advocated that the quality of the hospital environment is an important issue to be considered, he asserted that patients should carefully assess the quality and the standards that they expect and have been promised. This assessment should include the environment outside the hospital. He added that in some countries the quality of the water and the air, as well as hygienic standards, may be quite different from patients' expectations and may compromise their convalescence.

It was interesting that the present study revealed that more than half were males and the others were females of the international patients in both of the selected hospitals. These results was similar to (Valorie et al 2011) who found 52% were male and 48% were female in his study of the international patients. He also found that the majority of international patients came from five countries. 26% were from Australia, 16% from the United States, 10% from the United Kingdom, 10% from France and 6% from Japan. The remaining 32% of participants came from a wide variety of countries including Finland, Korea, Canada, Norway, Malaysia and Israel. Meanwhile, the present study revealed that the majority of international patients came from different countries either Arabic or foreigner countries. About half of them were from Arab countries. On the other hand, few of them came from Australia and Japan, in both of the studied hospitals.

Although well-trained physicians and modern, well equipped hospitals provide high quality care in a number of medical tourism destinations, medical tourists, faced

with a variety of medical institutions in numerous countries around the world, may find it very difficult to identify the well trained healthcare providers and modern hospitals that consistently provide high quality care (Parasuraman; Berry and Zeithaml 1990; O'Connor et al. 2000). It is a critical challenge for potential medical tourists to select the best possible destination for the specific services needed. These results were supported by (Jutabha [as reported by Tam, D., and Lim, J] 2007; Horowitz et al. 2007) who asserted that the type of accreditation held by various institutions can provide guidance in selecting the most appropriate institution. These were agreed by (O'Connor; Trinh and Skewchuk 2000; Valorie 2011) who recommended that professionals apply a checklist called "The Four D's," when investigating a hospital outside their country. These Four D's include: Domain, Doctors, Data, and Disaster. All of the above results were consistent with the present study.

Regarding international patient satisfaction in each SERVQUAL dimension; the results of the present study illustrated that the overall level of satisfaction in the tangible dimension was ranged between average and high in both of the selected hospitals. These results were consistent with (Szwarc 2005; Poramaphorn 2010) who found the same results approximately in the tangible dimension. He added that patients chose the hospital where they could stay and felt comfortable, confident and recovered well from their sickness. So, from the researcher's point of view, both of the studied hospitals in tangible attributes were found to be efficient and well-equipped to handle international patients who generally demand high quality and professional services. Moreover, the present study showed that overall international patient satisfaction concerning reliability was low in both of the selected hospitals. These findings were inconsistent with (Szwarc 2005; Tourism Authority of Thailand 2008) who found that overall satisfaction with reliability was high. He emphasized that Nurses showing their interest in solving patients' basic problems. He explained this is because nurses were well-trained to take care of patients 24 hours a day, helping them rest, sleep and ensuring they are comfortable. The present study revealed that the mean score for reliability and accurate information was lowest mean score among all of reliability dimension. This indicated that the ability to perform service accurately still needs improvement. From the researcher's point of view this may be because nurses' may not be able to provide reliable and accurate information to patients. This is supported by one patient, who commented, "The officer sometimes lacked of communication skills to explain my symptoms." The ability to communicate in English may be a barrier between nurses and international patients. Nurses need improvement in English speaking and listening skills to enhance communication with patients, which in turn will inspire patients to return to the hospital if the needs arise. The previous results were consistent with (Chou et al.,

2005) who used SERVQUAL to evaluate the quality of nursing service in Taiwan. Their study showed that reliability was significant in predicting overall satisfaction with nursing care and the intent to return. (Berry and Zeithaml 1990) also advised that reliability was one of the most important service components for customers. To achieve service excellence, hospitals must improve their service quality in terms of providing reliable and accurate information plus improving English ability. These actions would increase patient satisfaction, maintain patient loyalty and effectively retain existing patients.

Responsiveness explores patient satisfaction with nurses concerning willingness to answer questions and to assist international patients, visiting at appropriate times and promptly responding to requests. However, the present study revealed that overall international patient satisfaction concerning responsiveness was average in both of the selected hospitals. These results were in contrast with (Uzun 2001; Sermsri and Chompikul 2007) who found it high in his study. He mentioned that in hospital where he conducted his study, nurses had a duty to evaluate and monitor patients' clinical condition as well as detect any problems. Nurses had to visit a patient every four hours to ensure there were no complications. He added that nurses at the international ward performed their duties in accordance with nursing standards. This study is consistent with the research result obtained by (Chou et al. 2005), who showed that responsiveness, was highly significant in predicting overall satisfaction with hospital services.

The findings of the present study concerning the quality of nursing service in terms of knowledge of treatment, explanation of medical care, explanation of home medication and ability to inspire trust and confidence showed average. These results were contradicted with (Taylor 1994; Soutar 2001; Valorie 2011) who found that it was at high level in his study. The results of the present study suggested that nurses need an improvement in communication skills to provide clear explanation before providing the nursing care. Nurses need to explain their patients to ensure the process of nursing care. Knowledge and courtesy plus the ability to inspire trust and confidence can increase patient satisfaction. The researcher emphasizes the importance to ensure that nurses provide professional care to patients, because the nursing service is the art of helping others and enables people to help themselves. This was supported by the (World Health Organization 1997) has defined one role of nurses as being an advocate for patients. This is one aspect of caring, closeness and trust between nurses and patients.

Empathy refers to caring and giving individualized attention to patients including approachability, ease of contact, effective communication, and understanding (Parasuraman; Berry and Zeithaml 1990; Platonova et al. 2008). Individual attention can be expressed through effective communication, empathetic facial expressions

and a pleasant tone of voice. The results of the present study showed that mean score was average. Of primary concern in the present research is the fact that “nurses are unable to communicate in English”. Evidence to show the failure was from the international patients who commented that “Nurses require a bit higher skill of English” and “Perfect service but requires more English speaking”. This is may be that not all of those nurses were bachelor degree and in turn had little opportunity to communicate in English.

It was interesting that the present study revealed that the mean score of international patients' satisfaction in the five dimensions were ranged between average and high level. So, those two studied hospitals needs to understand that to gain a competitive advantage and be a leading private hospital in Egypt should pay attention to all five dimensions in order to increase the level of international patient satisfaction. This is supported by (Muffato and Panizzolo 1995; Poramaphorn 2010), who explained that customer satisfaction, is considered one of the most important competitive factors, and will be the best indicator of a company's profitability. Patient satisfaction has become a key in gaining and maintaining market share, showing a hospital's success and long term competitiveness. As a result, a high level of patient satisfaction will lead to increasing revenue and growth of the hospital.

CONCLUSION

According to the study findings, it was concluded that all nurses of the study sample before awareness session were lack knowledge about medical tourism, Moreover, international patients mentioned criteria for selecting medical tourism hospitals and finally, the mean score of international patients' satisfaction in the five dimensions in SERVQUAL instrument were ranged between average and high level.

RECOMMENDATIONS

Based on the study findings, the following recommendations were suggested:

- Hospitals should prepare themselves according the international criteria required by international patients to be an attractive market for them.
- Hospitals should prepare special units and supply it with special well prepared staff for international patients.
- An English training class should be conducted to develop nurses' ability in both speaking and listening skills.
- Further studies should include patient satisfaction with the quality of nursing services at different departments and different hospitals all over Egypt.

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