

Medical Tourism

A study about motivational factors and the prerequisites for creating a competitive offer – with a Swedish perspective

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ABSTRACT

Medical tourism is a global emerging industry and is an important component of tourism., and operates on the basis of both individual and regional level.

Medical tourism refers to a vacation that involves traveling across international borders to obtain a broad range of medical services. It usually includes leisure, fun, and relaxation activities, as well as wellness and health-care service. Patients who seek to reduce their health-care expenditures travel to medical centers in other countries to obtain dental, medical, and surgical services that are less expensive than those at home. Medical tourism can be defined as the provision of cost-effective medical care to patients in collaboration with the tourism industry. This process is usually facilitated by the private medical sector, whereas both the private and public sectors are involved in the tourism industry. By traveling abroad to have surgery or other medical treatment, medical tourists also take advantage of the opportunity to visit a popular travel destination, thus combining health care with a vacation.

The aim of this thesis can be summarized as to provide a deep understanding of what factors are essential and require the phenomenon of Medical Tourism in terms of Swedish travel patterns. The research questions aims also to develop a competitive and sustainable business concept within the frames of the current market. The results of this paper aims to proof in addition to the knowledge gained from literature and precedent research, to use a case study methodology to provide a valuable insight for both academics and practitioners into the process of further research, pursue studies and practicing approaches within the context of Medical Tourism.

Results indicate that , the factors that characterize the Swedish travel patterns within medical tourism is price, availability and service, quality and the ability of combining holidays with treatment. Medical tourism phenomena can be explained using for components of medical tourism system: medical tourists, medical tourist regenerating regions, medical tourist destinations regions and medical tourism industries. Each component is a basic component of the medical tourism system, and each is mutually connected and interdependent in their mechanisms. Medical tourists require the four areas of the services which are needed for successful medical tourism. Even if the components of service influence each other, in general medical tourism agency plays a major role in arranging the schedule of medical tourists for the for service components. Medical service may be the most important factor which the medical tourists consider when they choose a destination for medical tourism. Accommodation, food and beverage, tourism experiences, and government regulations and socio-cultural factors are also crucial factors affecting the choice of a medical tourism destination.

Quality management and Product differentiation is to strategies that both interrelate with each other and benefits both medical tourism efficiencies and medical tourists. They are important strategies from both a sustainable and economic perspectives as Quality management maximizes the internal force of every level in medical tourism clinics in order to satisfy their patients, meanwhile Product differentiation aims to develop sustainable marketing approaches to attract potential medical tourists and create competitive offers.

Keywords: Medical tourism, Push and Pull factors, Quality management, Product differentiation

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1. BACKGROUND

1.1. Problem statement

Medical tourism definition

Medical tourism refers to a vacation that involves traveling across international borders to obtain a broad range of medical services. It usually includes leisure, fun, and relaxation activities, as well as wellness and health-care service. Patients who seek to reduce their health-care expenditures travel to medical centers in other countries to obtain dental, medical, and surgical services that are less expensive than those at home (Heung, et al. 2010). Medical tourism can be defined as the provision of cost-effective medical care to patients in collaboration with the tourism industry. This process is usually facilitated by the private medical sector, whereas both the private and public sectors are involved in the tourism industry. By traveling abroad to have surgery or other medical treatment, medical tourists also take advantage of the opportunity to visit a popular travel destination, thus combining health care with a vacation (Ibid).

Medical tourism is also defined as constituting a form of popular mass culture whereby individuals travel long distances to obtain medical, dental, or surgical services while being holidaymakers in the more conventional sense (Ibid). Medical procedures not only include elective surgeries such as cosmetic surgery and dental operations, but also complex types of surgery such as heart surgery, knee/hip replacements, and the like. Preventive medical services such as medical check-ups and health screening can also be considered to fall within the scope of medical tourism. The development of this sector within the tourism industry has led to the emergence of new niche markets, with different destinations specializing in particular types of treatments, such as dental procedures, heart surgery, or cosmetic surgery (Ibid). A medical tourism product is a medical service with a leisure component. Although coordinating the resources and services of the health-care and tourism sectors is a challenge, strategically such coordination is often carried out at the governmental level. Once an individual decides to have a medical procedure performed in a foreign country, he or she requires both health-care and tourism services. Detailed travel arrangements must be made (including obtaining visas, airline tickets, etc.), the availability of a doctor must be ascertained, and other medical arrangements, including recuperation services, must be planned. All of these services require cooperation between the two sectors (Heung, et. al. 2010). As the popularity and reputation of medical tourism continue to grow, so too will the opportunities for both the hospitality and health-care industries. For a luxury hotel, a medical tourism service could fit well into the services it already offers. For example, after a patient undergoes surgery, he or she could spend an extended period of time recuperating in a luxury hotel. Together with specially designed rooms, the hotel would need to offer good follow-up care in coordination with a medical expert. Safety is paramount where health and medical services are concerned, and is of primary concern for those traveling to another country to obtain such services. Hence, a well coordinated partnership between medical institutions and hotels is required to meet the needs of medical tourists (Ibid).

The concept of traveling for health care is certainly not new. However, it has been only recently that travel across the globe has been safe, fast, and inexpensive enough to support the resort hospitals that comprise the backbone of the medical tourism service industry. Furthermore, the last 15 years surgical procedures, hospital stays, and other health care options now offered at medical tourism destinations were either not competitively priced or not of competitive quality compared with care offered in the United States or Western Europe. Before this shift in global economics, medical tourism was an activity of the wealthy, not the bargain shopper (Burkett, 2007). It is appropriate that the term “medical tourism” was coined by travel agents, because as a business model medical tourism relies on the same allure of adventure coupled with convenience that describes traditional recreational tourism. Exotic locations, interesting new cultures, and pleasant local staff are all emphasized on Web sites advertising various medical tourism programs, brokers, and hospitals. Many of these websites describe medical services offered, but also archive travel itineraries and highlight points of local interest (Ibid).

Planning a medical tourism trip is similar to planning a vacation using a travel agent. The broker’s services can be minimal or extensive, depending on what type of package the medical tourist purchases, but generally the broker acts as the primary liaison for the medical tourist and the foreign medical care provider. Even though a great deal of the institution of medical tourism is geared towards easing access to facilities, attractiveness of setting, and consumer satisfaction, in most cases the quality of medical care offered is not sacrificed (Ibid). Increasing numbers of individuals are leaving their local communities and crossing national borders in search of affordable, timely medical care in Europe, patients seeking inexpensive care commonly travel from Western European nations to such countries as Czech Republic, Hungary and Poland. The search for affordable dental care is an important driver of health-related travel in Europe. Many countries are both departure and destination points for medical travelers. There are many reasons why patients travel abroad for care. In some nations, delays in obtaining access to care in local health-care facilities prompt patients to travel to regions where they can receive immediate treatment (Ibid). For example, some which are patients wait-listed for treatment in Canada and the UK fly to India and arrange prompt access to hip and knee replacements. In other countries, the high cost of local health care is a major factor in prompting patients to seek treatment elsewhere. Some patients travel abroad for medical interventions that are not approved in their home country. For example, many patients obtain stem cell injections of unknown therapeutic effect and degree of risk by traveling to clinics situated in such countries as China, India and Ukraine (Ibid). Other patients travel for procedures that are illegal in their home country. In particular, some patients suffering from renal failure arrange commercial organ transplants in countries where it is possible to buy and sell kidneys. In short, there are many reasons why patients cross borders and obtain medical care outside the countries in which they are domiciled. Economic gradients - traveling from higher-to-lower cost health-care settings - are important but patient movement is not driven solely by cost-savings. Labels used to describe patients traveling abroad for care include ‘medical tourists’, ‘medical travelers’ and ‘medical refugees’ (Ibid). People choose to travel to a foreign country for medical treatment for a variety of reasons, and the destination they choose also depends on a number of factors, such as the destination-specific characteristics, including economic conditions, the political climate, and regulatory policies, influence this choice. Accordingly, these factors, along with a number of others, constitute the selection criteria on the demand side of our integrated medical tourism model.

Given that good-quality medical care is available in Western and other developed countries, other factors drive the decision to pursue treatment overseas. Although the quality of care in a particular destination certainly has a bearing on medical travel decisions, the prime motivator is generally financial (Heung, et al. 2010).

People may also travel abroad to obtain medical treatments that are not covered by their insurance policies, such as cosmetic surgery, or because they cannot afford insurance coverage at all. Most of the countries that promote medical tourism are attractive to those seeking affordable treatment. Cosmetic surgery, which is rarely covered by insurance policies, is one of the most popular medical treatments in the medical tourism market and, arguably, gave rise to the medical tourism phenomenon (Ibid). Individuals desiring such surgery can take advantage of the lower treatment and overall costs in a destination to enjoy a vacation and the confidentiality ensured by having the procedures performed outside their home countries. Another factor in the decision to travel abroad for treatment is the long waiting lists for certain procedures in some countries or the unavailability of those procedures in national health-care systems (Ibid). The fast-paced development of the Internet has seen the emergence of new companies (i.e., medical travel agencies) that operate as intermediaries between international patients and hospital networks, helping them to select a destination, facility, and provider, thus further facilitating the growth of medical tourism. Such companies also assist patients by transmitting medical records, arranging travel details, and collecting payment (Ibid). Medical travel agencies constitute one of the channels of distribution in our integrated model. Some of these companies assign medical tourists a program manager or assistant who takes care of all arrangements before and during their stay in the destination, including meeting them at the airport, acting as their local guide, and/or helping them to communicate with their families. Many of them also arrange follow-up care services in the patient's home country (Ibid).

Internationally recognized accreditation and certification schemes, such as the Joint Commission International (JCI) scheme, the International Organization for Standardization (ISO) scheme, and the Trent Accreditation Scheme (TAS), are making the standards of medical services worldwide increasingly transparent. Such international accreditation serves to demonstrate that the hospital employs only licensed, well-educated and experienced medical, nursing, and other professional staff (Ibid). Medical outsourcing is also boosting the medical tourism industry, as increasing numbers of companies, governments, and insurers consider it to lower health costs and maximize benefits. Companies may consider outsourcing certain medical procedures for their employees because performing those procedures abroad has advantages in terms of cost, access, and quality (Ibid).

1.2. Research questions and aim

The proposed underlying research questions to be treated within the scope of this Master thesis are two-fold:

- *What factors characterize the Swedish travel patterns that occur within Medical Tourism?*
- *What are the prerequisites for creating a competitive offering in the market?*

Taking these research questions as a lead, the aim of this thesis can be summarized as to provide a deep understanding of what factors are essential and require the phenomenon of Medical Tourism in terms of Swedish travel patterns. The research questions aims also to develop a competitive and sustainable business concept within the frames of the current market. The results of this paper aims to proof in addition to the knowledge gained from literature and precedent research, to use a case study methodology to provide a valuable insight for both academics and practitioners into the process of further research, pursue studies and practicing approaches within the context of Medical Tourism.

This research is made under the assumption that better understanding of the Medical Tourism industry's structure and components can bring insights with regard to more effective and efficient ways of developing competitive and sustainable business concepts. The findings from previous research and literature should depict approaches applied in practice to eventually contribute to answering the papers research questions. This paper does not attempt to make a holistic view of the phenomena per se, but rather an assessment of potential opportunities.

2. THEORETICAL FRAMEWORK

In this following section, the paper's theoretical framework will be presented. The theories follow a structured formal, in order to comply the thesis's research questions and aim with transparency, readability and line of argument throughout the full text. The Push and Pull factors theory is aimed at the thesis's first question, while the Quality Management and Product Differentiation theories are aimed at the thesis's second question.

2.1. Push and Pull factors

There is still lacking a universal agreed conceptualization of the tourist motivation construct; however the push/pull model is accepted by many researches within different fields of study. The push/pull factors are characterized by different aspects of motivation, which is why they distinguish each other. Push factors are defined as internal motives, i.e. internal motives or forces that cause the tourist to seek activities that reduces their needs, while pull factors are defined as destination generated forces and knowledge that the tourist hold about a certain destination. Push factors are intrinsic motivators, i.e. motives such as desire for escape, rest and relaxation, prestige, health and fitness, adventure and social interaction.

Pull factors emerge due to destination attractiveness, including beaches, recreation facilities and cultural attractions. The push factors are considered important initiating travel desire, while the pull factors are considered to more decisive in explaining destination choice (Woodside, et al. 2008). Push factors refer to the specific forces in our lives that lead to the decision to take a vacation (i.e., to travel outside of our normal daily environment), while pull factors refer to those that lead an individual to select one destination over another once the decision to travel has been made. Push factors are viewed as relating to the needs and wants of the traveler, such as the desire for escape, rest and relaxation, adventure, prestige, health and fitness, and social interaction. Pull factors, on the other hand, have been characterized in terms of the features, attractions, or attributes of the destination itself, such as sunshine, beaches, sports facilities, and cheap airfares.

Push and Pull factors have generally been characterized as relating to two separate decisions made at two separate points in time, one focusing on whether to go, the other on where to go (Klenosky, 2002). Many researchers have focused on the push factors that motivate people to travel. However, few have attempted to show the linkage between why people desire to travel and where they choose to go. While the inner motives and desires for travel explain why people travel, the pull forces (what the destination can offer to satisfy the traveler's needs and desires) may actually better explain where people travel, i.e., their destination choices. The matching of internal motives with destination attributes may prompt a traveler to select one destination over another. (You, et al. 2008). The push and pull model is by definition a dichotomous approach, and the dichotomy is adopted extensively in tourism research. Both push and pull factors enables researching to examine and identify motivation and anticipatory aspects, such as e.g. culture, history, shopping, ease of travel, cosmopolitan environment, escape, prestige, luxury/doing nothing, destination loyalty etc. Push and pull factors may correspond to separate stages in travel

decision making, they should not be treated as operating entirely independently from each other. Tourists travel because of their own internal forces and interests and simultaneously pulled by a destinations attractions and attributes. The push-pull concept is adopted widely in travel motivation studies. While most researchers simply employ the concept to classify and identify various motivational forces, some researchers focus on the interrelationship between push and pull factors. The adoption of both push and pull factors as a travel motivation is not without controversy. A number of researchers differentiate between the push and pull concepts, and accept push factors as motivational forces, but they treat pull factors as destination attributes or attractions (Ibid). Motivation studies attempt to answer the questions why tourists visit a specific destination or why tourists travel in general, because the underlying assumption is that motivation is one of the driving forces of behavior (Ibid). Knowledge and understanding of specific tourist motivations enhances destination managers and marketers to maintain, plan and develop better products, services, market communications and visitor attractions. Travel motivation is a psychological construct and holds a multidimensional underlying structure because tourists travel to various places for different needs. These multiple needs is something destination managers should have in mind in order to develop a variety of tourist attractions and services that provide these needs.

A tourist product could serve multiple purposes and appeal to different travel motivations if it's communicated properly, therefore is good understanding of travel motivations the very prerequisite of such communication (Ibid). Travel motivations are destination- and context-specific, and tourists may hold different sets of motivation when travelling to different destinations, for different occasions, and with different companions. An individual's travel motivation is influenced by its culture, background and previous experiences, therefore is motivation successfully used as a market segmentation criterion. Lack of knowledge and understanding of the characteristics of the target market and its travel motivations regarding a particular destination, could lead to less effective marketing efforts because only products and services that provide the benefits visitors seek can induce desirable tourist behaviors. Pull factors are destination attributes, which are under a great deal of control of the destinations. Hence, destination managers should develop and plan a destinations pull factors to their benefits to raise tourists motivation in order to visit the particular destination. Because travel motivation are destination- and context-specific, each destination or group of similar destinations, needs to investigate its current and potential markets travel motivation (Ibid).

2.2. Quality management

Quality management is an approach aiming to improve the effectiveness and flexibility of businesses as a whole. Quality management is basically a way of organizing and involving the whole organization, including every department, every activity and every employee at every level. Quality management is a management approach, which tries to ensure that everyone within a organization is working within the same direction, in order to provide service to customers, whether tangible or intangible, as required by the customers, when, where, and how the customers desire the service (Witt, et al. 1995). It's fundamental that everyone within the organization should know what their role is in the whole; as they should be capable of fulfilling their role and be able to perform their role within a whole system which supports the process rather than one in which people perform despite the system. This follows out when having a clear idea of what quality means in every situation, translating this into specifications of products/services/jobs, and analyzing how to deliver to specification and devising a system to ensure the product/service/job is delivered right first time every time. It has to happen within a corporate culture which reflects this commitment to quality and be supported by communications network, which supports this united and cohesive company behavior (Ibid). Implementation of quality management in terms of intangible products may be more difficult, but in some ways quality management with a mode of action of doing it right first time and customer orientation, is even more relevant and important in the service industries than it is in manufacturing. Often in services, the consumption and production are simultaneous, hence it is impossible to rework a faculty product, and i.e. it is imperative that the product is made right first time. Service producers have rarely more than one chance, if they get it wrong the costumer will go elsewhere next time, also in probability they will tell others to go elsewhere as well (Ibid). Different segments will have different requirements in terms of products and services, and if more than one segment is being provided for, then this will have an impact on what should be produced. In the role of supplier in quality management, each employee within the firm will be a costumer and a supplier, forming a chain from the executive chief to the front office employee who is in contact face to face with the costumers.

In quality management there are three fundamental issues that must be met, namely; 'what does my costumer require?', 'how can these requirements be met?' and 'what is required from my supplier?' (Ibid). Implementation of quality management requires commitment to quality and a clear demonstration of that commitment. Belief in costumer orientation is absolutely a necessity, as well as the understanding of the changes within the organization in interaction with the quality management tools. Quality management requires time, and Witt, et. al. suggests Oaklands (Ibid) scheme of steps in terms of implementation. *Understanding* by the CEO could be considered as the first step, i.e. the CEO should attend courses, take advices from experts and visit organizations that already operate quality management. *Commitment and policy* should be prepared in order to spell out the overall goals of the organization in relation to quality. The *organization* should incorporate the new philosophy and desired culture, and the structure should be set up to insure that the products and services are delivered as required. *Measurement* is probably the most difficult task to perform, e.g. as products and services can be intangible but at the same time the most vital to the success of quality management. By measuring knowledge is

achieved about whether organizational objectives have been met, identification of which areas needs attention, performance of employees, costs of failure, customer satisfaction etc. Detailed *planning* of the operations is the next stage, where critical analysis is used of where and how operations should be carried out. The planning procedure should also insure that equipment used performs reliably, i.e. involving planning maintenance programs and cover purchasing policies and procedures in order to reassess the current demand and supply position. *Systems* need to be designed and installed in order to insure that process works as envisaged and the product/service delivered as designed. Quality manuals should be prepared in order to maintain the organization's quality policies. *Capability* refers within the constraints of the present organizational structure, and if the requirements of the costumers is capable to be met. Every group of costumers has particular requirements and it's impossible to satisfy every one of them, it makes more sense to look for segment markets which can be satisfied with appropriate modification. The question of *control* must be considered, once capability has been established. Statistical process control is of importance when delivering to specification right first time. *Teamwork* promotes commitment, quality teams involve groups of employees in the solving of quality problems in their own area. *Training* is essential, and even if employees are motivated and committed, without the necessary skills and knowledge, there will never be possibility of performing as required. The benefits of implementing quality management from a tourism perspective may lead to reduce of lost potential customers, increased competitiveness, reduced costs, improved productivity and performance (Ibid).

2.3. Product differentiation

It is important to recognize that consumers above all are demanding the benefits of the products offer and not the products or the features of the products per se. The consumer seeks satisfaction of needs, and these needs are very diverse. The greater the number of needs that can be satisfied through the purchase of one product, the more attractive that product will become to the consumer. It is essential in terms of marketing, to produce added or unique benefits to the product which enables the marketer to distinguish one product from another. The need to invest distinctive benefits in a product gives rise to the concept of the unique selling proposition, which are features of a product which are not to be found in those of its competitors (Holloway 2004). Many tourist companies differentiate their offerings, although its target markets may be the same. E.g. Easyjet and Ryanair are both low fare airlines, which the latter one has differentiated themselves by operating flights to destinations with relatively short distances to the attractive and competitive principal tourism destinations such as e.g. Nyköping with a approximate distance of 130 kilometers to Stockholm city, while Easyjet operates directly to major cities. There are many possibilities for companies to differentiate their products in a wide variety of ways. Some companies may provide added features at an inclusive price, while other companies may choose to emphasize the reliability of the product on offer.

Another important attribute of many products is quality which predominates in relation to premium-priced products (Ibid). The Star Alliance network is one of the leading global airline networks, with the highest number of member airlines, daily flights, destinations and countries flown to. The global airline alliance offers customers convenient worldwide reach and a

smoother travel experience by membership. Its differentiated supply includes airport lounge access, priority airport check-in and boarding, and other conveniences in airports. Many companies try also to distinguish their products by making cheaper rates than their competitors, with marketing emphasis on the reduction of production costs and low promotional expenditure. This reduces unit profits, but the result increases in volume demand created by the attraction of low price can be sufficient inducement to establish a leading market share (Ibid). The belief that low price is the key to success is rather a self-fulfilling prophecy, as when companies only promote their products with low price as the only benefit, their customers will soon expect and demand low prices, but without abstaining from the other attributes, such as quality and reliability, which eventually results in falling levels of satisfaction. Price is only one aspect of a product, and many companies focusing on low price have adopted new marketing approaches to deliver higher profits and greater customer satisfaction (Ibid). Good design and style forms also the basis of product differentiation. Good design and style provides three important aids to consumers as it represents the perceived value of the product, it enables the company to create a personal profile for its products and well-thought-out modifications in styling, which creates demand through replacement with more fashionable new styles (Ibid). Style also plays a role in terms of the physical features of the product and the image which certain companies have generated.

The design and the décor provide opportunities for companies to personalize their products, as well as periodically update them. Focusing on cutting-edge design has also its disadvantages, as fashion constantly moves on, and unless periodic redecoration can be afforded, companies' style can soon appear outdated (Ibid). The creation of particular image or personalization for companies and its products is a particularly astute form of marketing, and becomes invaluable where physical design forms no part of the product itself. The marketing of the product aims to create a cluster of benefits, which distinguish the product from its competitors in often indefinable ways, e.g. differentiating the product by intangible aspects such as personal service or professionalism through product expertise (Ibid). When marketing products, managers have to remember that their customers are buying experiences and that design, atmosphere, excellent service, etc. can make a major contribution to overall tourist satisfaction.

3. METHODOLOGY

3.1. *Scientific consideration*

3.1.1. Ontology

Ontological questions are concerned with the nature of social entities, and the central point of orientation is the question whether social entities can and should be considered as objective entities that have a reality external to social actors, or whether entities can and should be considered as social constructions built up from the perceptions and actions of social actors. These two dichotomies are referred to respectively as objectivism and constructionism, and their differences can be illustrated referenced to two of the most common and central terms within social sciences, namely organization and culture (Bryman 2008).

Objectivism

Objectivism is an ontological position asserting that social phenomena and their meanings have an independent existence of social actors. It implies that social phenomena and the categories used in everyday discourse have an existence separate or independent from social actors. Organizations can be discussed as a tangible object, it has rules and regulations, it adopts standardized procedures for getting things done, there is organizational hierarchy and members of the organization are appointed to different jobs within a division of labour (Ibid). The degree to which the features exist within organizations is variable, but thinking in these terms tends to view that an organization has a reality that is external to the individuals that who inhabit it. Organizations represent social orders that exert pressure on individuals to conform to the requirements of the organization. Members of the organization learn and apply the rules and regulations, they do their jobs which they are appointed, they learn and apply the values in the mission statement, and if they don't do these things, they may be reprimanded or fired. Therefore organizations are a constraining force that acts on and inhibits its members (Ibid). The same may also apply to cultures as it can be viewed as repositories of shared values and customs into which people are socialized so they can function as full participants. Cultures and subcultures constrain people because they internalize its beliefs and values. In terms of organization and culture, the social entity in question comes across something external to the actor and as having an almost tangible reality of its own, as it has the characteristics of its own and thus having an objective reality (Ibid).

Constructionism

Constructionism is an ontological position asserting that social phenomena and their meanings are continually being accomplished by social actors. This position in contrast to objectivism challenges the suggestion that categories such as culture and organization are pre-given and therefore confront social actors as external realities that they have no role in shaping.

Constructionism implies that social phenomena and categories are not only produced through social interaction but that they are in a constant revision process (Ibid). Researchers focused on constructionism have argued and presented arguments to emphasize that social phenomena are being accomplished by social actors. For example, Strauss carried out research in a psychiatric

hospital and argued that the order was not pre-existing, but rather worked out. The hospital had doctors, nurses and other personnel, and the social order was an outcome of agreed-upon patterns that were themselves the products of negotiations between the different parties involved. The hospital's social order is in constant state of revision as it is a place where agreements are continually being established, produced, reproduced and revoked (Ibid). Constructionism may also apply to cultures. Instead of seeing culture as an external reality that acts and constrains people, it can be taken to be an emergent reality in a continuous state of revision, construction and reconstruction. Culture has a reality that persists and antedates particular people and shapes their perspectives, but it acts as a point of reference but is always in the process of being formed. Constructionism that the categories that people employ in helping them understand the natural and social world is social products itself (Ibid).

3.2. Qualitative research

Qualitative research tends to be concerned with words rather than numbers, and is a consistent ontological position described as constructionist, which implies that social properties are outcomes of the interactions between individuals, rather than phenomena 'out there' and separate from those individuals involved in its construction (Bryman 2008). Qualitative researchers express a commitment to viewing events and the social world through the eyes of the people that they study. The social world must be interpreted from the perspective of the people being studied, rather than as though those subjects incapable of their own reflections on the social world. Many qualitative studies provide a detailed account of what goes on in the setting being investigated, and very often qualitative studies seem to be full of apparently trivial details. However, these details are frequently important for the qualitative researchers, because of their significance for their subjects and also because the details provide an account of the context within people's behavior takes place (Ibid). With emphasis on description, qualitative studies are often full of detailed information about the social worlds being examined. On the surface, some of this detail may appear irrelevant and there is a risk of the researcher becoming too embroiled in descriptive detail. One of the primary reasons why qualitative researchers are keen to provide considerable descriptive detail is that they typically emphasize the importance of the contextual understanding of social behavior. This means that behavior, values, etc. must be understood in context, and i.e. that in order to understand a social group, their environment in which they operate in must be contextualized (Ibid).

The connection between theory and research is somewhat more ambiguous than in quantitative research, as theory is supposed to be an outcome of an investigation rather than something that precedes it, which in comparison to quantitative research strategy the theoretical issues drive the formulation of a research question, which in turn drives the collection and analysis of data (Ibid). However, qualitative research is usually regarded as denoting an approach in which theory and categorization emerge out of the collection and analysis of data. Commonly qualitative researchers emphasize a preference for treating theory as something that emerges out of the collection and analysis of data, though many researchers argue that qualitative data can and should have an important role in relation to testing of theories as well (Ibid).

3.3. Interviews

Interviews can have explorative or hypothesis-testing purposes. Explorative interviews are usually open and have little preplanned structure, whereupon the interviewer introduces an issue or area to make a chart of and uncover problem complexes. Explorative interviews allow the interviewer to follow up the subject's answers and seek new information about and new angles on the topic. On the other hand, hypothesis-testing interviews are more structured and the wording and sequence of questions may be more standardized in order to compare interviews (Kvale 2009).

The research interview is an interpersonal situation, a conversation between two participants about a theme of mutual interest. During the interview, the knowledge is created by the points of view of the interviewer and the interviewees statements. The setting of the interview should encourage the interviewees to describe their perspectives and point of view on their lives and worlds (Ibid).

Qualitative interviews can be divided into seven stages, and these seven steps can be seen as separate from one another, but broadly in line with each other. The easiest way is to look at them in the order they are, if the researcher are aware that this list represents a major simplification of reality (Trost 2010). Bellow follows a brief description of the seven stages of an interview inquiry.

Thematizing: Formulate the purpose of an investigation and conception of the theme to be investigated before the interview start.

Designing: Plan the design of the study in its details, and see them on in relation to all the later stages and in light of the purpose and perspective.

Interviewing: Conduct the interviews based on an interview guide, and be aware of not only the answers but the two relations, the researcher's relation with the interviewee and the interviewee's relation with the researcher. I.e. conduct the interview with a reflective approach to the knowledge sought and the interpersonal relation of the interview situation.

Transcribing: The material shall be processed and analyzed, which generally includes a transcription from oral speech to written text.

Analyzing: With the theoretical perspective and purpose as a base, it is time to process and analyze the gathered material that consists of interviews and other relevant factors.

Verifying: Ascertain the validity, reliability and generalizability of the gathered material in order to proof how consistent the results are and whether the interview study investigates what is intended to be investigated.

Reporting: Submit the findings of the study and the methods applied in a form that considers scientific criteria. Interpretations should follow the theoretical perspective and ethical aspects of the investigation taken into consideration (Ibid).

3.4. Validity and Reliability

Reliability is a part of the consistency and trustworthiness of research findings, and is often treated in relation to the issue of whether the research findings are reproducible at other times and by other researchers. Reliability concerns whether the interview subjects will give different replies to different interviewers and whether the interview subjects will change their answers during the interview. When leading questions are not a deliberate part of an interviewing technique, it may inadvertently influence the answers, which could have a negative reliable affect. Increasing the reliability of the interview findings is desirable in order to counteract haphazard subjectivity; a strong emphasis regarding reliability may counteract innovations and variability (Kvale 2009).

Validity refers to the truth, correctness and the strength of a statement and in social sciences validity pertains whether a method investigates what it purports to investigate. Qualitative research is invalid if it does not result in measurements, in a broader conception, validity pertains to the degree that a method investigates what is intended to investigate. The craftsmanship and credibility of the researcher is essential, as it is an important aspect of fellow researchers ascribing validity to the findings reported. Validity is not only a matter of conceptualization and of methods used, but the researchers including their moral integrity are critical for evaluating the quality of the scientific knowledge produced (Ibid). Validity is ascertained by examining the sources of invalidity. The stronger the falsification attempts a knowledge proposition has survived, the stronger and more valid is the knowledge. The researcher adopts a critical perspective upon the analysis, presents the perspective on the subject matter studied and the controls applied to counter selective perceptions and biased interpretations. Ascertaining validity is whether an investigation investigates what it seeks to investigate, i.e. the content and purpose of the study precede questions of method. Different questions of what and why posed to interview texts lead to different answers of how to validate an interpretation (Ibid).

3.5. Implementation

The research of this thesis has been based and elaborated in Stockholm, Sweden. The basis of the theoretical framework has been developed by scientific papers and articles, relevant literature on the subject-matter, as well as secondary sources taken from the Internet. Given that, the thesis's background and theoretical framework warrants the reports investigation into the questions and hypotheses outlined in the problem statement of this paper.

All interviewees within the scope of this paper have carefully been selected in order to provide a presentable understanding in terms of Medical Tourism. The majority of the interviews were conducted by mail and phone due to the geographical situation and time constraints of this paper.

4. EMPIRICISM

4.1. Healthcare in Sweden

In the Swedish healthcare system the responsibility is shared between the state, counties and municipalities. The Healthcare Act (Hälso- och sjukvårdslagen) regulates what is the county councils municipal responsibility in healthcare. The law is designed to give counties and municipalities considerable freedom in how their health services should be organized. The state is responsible for the overall healthcare policy. The government helps with general grants to county council's healthcare. In addition, it targets the specific funds to counties to increase the availability of care and pharmaceutical benefits (Regeringen 2011).

The county councils are responsible for organizing care so that all citizens have access to good care. In Sweden there are 20 counties including the regions Gotland, Halland, Skåne and Västra Götaland. The County council is financed largely by the county tax, and each council will decide on how much the tax should be and how it should be distributed. In addition, the county receives income from patient fees and the sale of services. Municipalities are responsible for the health of older people within the municipality's care, support and service to those who are pre-treated and discharged from hospital. Municipalities are also responsible for school health services and for housing, employment and support for people with mental disabilities (Ibid).

Patients have free choice of health center and can choose the provider of healthcare and their needs will govern how healthcare is designed. It should be quick to get in touch with care, it must be of high quality and they should be allowed to choose such as which medical center they want to go. There is a so-called healthcare guarantee, which means that patients are entitled to receive care within a certain time. The health care guarantee is regulated in healthcare law and clarifies that the county has an obligation to maintain the accessibility requirements of the care guarantee entails (Ibid).

The county councils are required to introduce choice of care systems that give the general public rights to choose private or public medical centers. All healthcare providers that meets the requirements of the county councils, claims the right to establish operations in counties with public compensation. The county councils administer the law of freedom of choice system (Lagen om valfrihetssystem) when they adopt the choice of care systems. Basics of the compensation system are that the money follows the patient's choice, and that private and public healthcare providers are treated equally. It is up to each council to decide on the compensation methods used (Ibid).

There is a new patient safety law designed to create safer care by reducing the number of medical injuries, regardless of the defects due to system failure or of the caregivers have made mistakes. The law makes it easier for patients to report injuries incurred during care to The National Board of Health and Welfare. In addition, the law provides stricter liability for healthcare providers to work systematically on patient safety (Ibid).

The National Board of Health and Welfare oversees the healthcare system and its personnel and checks that the county lives up to the care guarantee requirements. Healthcare providers are required to report to the National Board of Health and Welfare on a patient suffering from or exposed to risk of serious injury or disease related to healthcare. The authority also examines complaints from patients, and has the opportunity to criticize healthcare providers or individual practitioners. Patients Injury Board (Patientskadenämnden) is an advisory board to the insurance companies and supports and assists individual patients to help them get the information they need in order to safeguard their interests and help them to the correct authority (Ibid).

If a person lives in Sweden and travels temporarily to another EU/EEA country or Switzerland, the person is entitled to necessary care in the same financial terms as those living in the country. The temporary stay may apply for instance vacation, study or work for a short period of time. In order to receive care in other countries, the person must have an EU card (European health insurance card), this also applies to children regardless their age (Försäkringskassan 2012).

If a person lives in Sweden and can't get the care the person needs in an acceptable time in Sweden, the person may apply for prior authorization to receive the equivalent treatment in another EU/EEA country or Switzerland. It must in that case be such as care given within the public healthcare system in Sweden. Only in some cases the person may be reimbursed after the fact (Ibid).

4.2. Dental care in Sweden.

The Swedish Dental Care system includes both a general dental contribution to all adults from the year an individual turns 20, and a high-cost protection for dental services. Which type of dental care that is allowed is determined by the Dental and Pharmaceutical Benefits Agency (Tandvårds- och läkemedelsförmånsverket). There is free pricing within the framework of government dental support. Reference prices are the basis for the calculation of state dental compensation and also serve as the comparable price for the patients. Dental support has at general level two goals, which is to maintain good dental health for individuals with little or no dental care needs, and to enable individuals with significant dental needs to get dental care at a reasonable cost (Regeringen 2011).

The county council has primary responsibility for offering dental care to the population. Dental care can be done either by the county council's dental organization, by general dentistry or by private health care providers. General dentistry does the majority of child and adolescent dental care, although in almost all counties there is the opportunity to choose health care providers. However, private dental service is responsible for the majority of adult dental care (Ibid).

The dental support covers preventive dental care and dental care that allows patients avoiding pain, illness, and enabling eating, chewing and speaking without any major obstacles. Dental care that seeks to secure complexional acceptable outcome is also allowed, but not dentistry for purely cosmetic reasons. Dental support consists partly of a general dental contribution in preventive care, and partly as a new protection against high costs. The Government's ambition is that through public dental contribution maintain good dental health for individuals with small dental needs, and through high-protection cost to avoid people with high needs waives dental care for financial reasons (Ibid).

The general dental care allowance is free of charge for children up to and including the year they turn 19 years old. The dental care allowance means that everyone, from the year an individual turns 20, receives a grant to regular dental visits. Within the age groups 20-29, 75 and older, the government tried to encourage more visits to the dentist. The governments have introduced a protection against high cost of dental services, known as the high-cost protection. The protection means that the costs for the individual in a given year, between 3001-15000 SEK is refunded by 50 percent, and costs over 15000 SEK is refunded by 85 percent. Costs up to 3000 SEK has to be paid by the individual, and health care providers are refunded by the state by implemented arrangements (Ibid).

4.3. Investigation of travel patterns.

4.3.1. Interview: Susan Ritzén, Journalist.

Susan Ritzén has worked as a journalist since the beginning of 2000, and has experience with medical tourism on two occasions. The first experience was with the magazine called Focus, which she sold in one freelance work, and would review how the Swedish public viewed medical tourism. The second time Susan worked for Ekot (Swedish National Radio) and investigated medical tourism domestically and exportation of medical care, these were her two experiences with medical tourism journalism. As well as performing freelance work in a variety of capacities, Susan has worked extensively as a travel reporter with freelance work, among others for Aftonbladet and Allt om resor (Swedish newspaper and magazine). Susan has been to Thailand which is one of the most popular medical tourism destinations in the world. In connection with her work for Focus magazine, Susan was in several hospitals to that are prominent for Swedish patients, and it was there that she conducted interviews with patients, Thai doctors, dentists and other professionals in the field, in both Phuket and Bangkok. Susan herself received dental care in Thailand, so she has also the experience of being a medical tourist herself giving her the ability to not only speak on her reporting but personal experience (Ritzén, 2012).

In recent years, Susan has done less journalistically in regards to medical tourism, but the problem which she reported then is still prevalent today. This was the difficulty of my own research in getting a credible image of how many Swedes are seeking medical and dental care abroad. There is no authority that keeps track of these statistics. *“Hospitals in Thailand do not want to disclose this information, they like to boast that they have Swedish patients, and they allow you to meet as many patients you want but there is a competitive situation so it is very difficult to get hold of statistics”*, Susan stresses. Susan refers to herself as she travels a lot and does not hesitate. Susan has experienced dental care in Thailand before and she could easily get to the hospital if she needed to. It's about trusting a healthcare system, and the Swedes know that the Thai health system is really professional (Ibid).

What are the primary reasons that patients choose Medical and Dental care abroad rather than domestic treatment?

I think the price is the single most important factor, when prices in Thailand are similar or matched in Sweden then I don't believe patients will continue to seek out medical tourism for specific treatments. There are barriers why people do not choose medical or dental care abroad. You do not really know what the situation is such the case in as India, we hear so much about resistant bacteria and so one might think, should I really go there if I have the possibility of getting infected? You have to trust the health care system; you have to trust that the care is as good as it is in Sweden. It's expensive to go abroad, and in some way if you need dental or medical care you can take the opportunity to do so in a country you're attracted by and see something else. That is why Thailand is such an attractive destination for medial tourism, because it is a warm climate and people can enjoy the surroundings while getting their medical work. I do not think its dissatisfaction about the care in Sweden or that there are long waiting times, Swedes do not go to Thailand to get a hip replacement, but Swedes are going there for cosmetic surgery,

liposuction, laser eye surgery and cosmetic dentistry. This applies very little about the highly skilled medical care in terms of operations such as kidneys and other body parts (Ibid).

What are the advantages of Medical and Dental care abroad?

The timing aspect is very interesting as you can go to a hospital in Bangkok or in Phuket and get an appointment arranged within a week. Many people contact the hospitals before they travel to make sure, but they have such an open schedule so you can basically get an appointment within a short amount of time, and many Swedes are in Thailand for quite long time during the winter on vacation or family trips. Therefore the timing aspect is very interesting, not because there are long waiting times in Sweden, but the fact that it is so much quicker to get an appointment at medical offices abroad. It's the accessibility that is so amazing, I can book in an appointment with my dentist here in Stockholm if I have an emergency, but normally I have to book appointment months in advance before if I meet him again for something routine. I think that the medical care abroad is equally adept at home; I can't really see why the competency would be worse, though I think that the service level is higher. Their service is amazing, you come in and they treat you like royalty. You can do variety of checkups you want which you will never receive with Swedish medical care, you have to ask to take different tests in general when you come to a Swedish health center or medical clinic, but in Thailand because you pay there's never a problem with such a scenario (Ibid).

What are the disadvantages of Medical and Dental care abroad?

The major disadvantages are the companies' charge of the trips, they have very poor medical competence and they have inherently bad medical assistance, they just arrange the trips. If any problems occur, you have to have a decent insurance policy in order to get yourself back home. If something happens, there's not a standard plan, because there isn't a system where you can notify doctors or request a refund. Cosmetic surgery companies in Sweden rarely deny patients any correction if they are unhappy with the procedure because they lose so much creditability on it. It is harder to claim such rights abroad, partly because of the language, but also because different countries have different laws in place, e.g. to sue a doctor or medical practice. Tourists seeking medical care usually have a poor understanding of such procedures, laws and guidelines (Ibid).

What influence and impact does Medical Tourism have on the Swedish Healthcare and Dental care?

That was what I enquired when reporting for Sveriges Radio (Swedish National Radio), the fact is that the Swedish health and dental care practices have an international department currently working to see the basis for foreign patients to come to Sweden. They see business opportunities as all countries do, and if there are Swedish healthcare practices other countries can't compete with; they aim to attract these potential patients to come to Sweden. Apart from the cosmetic industry, I think that medical tourism is less of a threat to the advanced medical care business. That's because healthcare isn't very expensive compared to Sweden, but in the United States there are different motivations that drive the industry because healthcare is so expensive that people can't afford it to pay it privately. That's not the case in Sweden, as a patients receive generally medical care and don't have to pay for it, therefore I have difficult to understand why a Swede would travel abroad and do a hip replacement and pay several hundred thousand because just to avoid a time wait of a couple of months, it doesn't feel as justified. However, I think that simple things like dental care, where the competition is exposed in another way, there are cheaper versions, e.g. such as a Polish dentist who would consider opening a branch in Stockholm. Then there are moments of convenience, while saving money travelling to Poland and seeking dental care, it still costs money to travel. It is difficult to argue that it would be cheaper to travel overall with all costs that would involve in top of the medical procedure (Ibid).

How can Swedish Medical tourists influence the industries development?

Swedes are pretty quick to pick up on trends, and Swedes are a large patient group in Thailand. When I went to the dentist in Phuket, the dentist was going to make my teeth more aesthetic and I felt uncertain. In Thailand they have dental variants that are much cheaper than in Sweden, which would never be used in Sweden as they are considered to be poor quality, such as provisional things with less expensive materials. I think if a Swedish tourist travels abroad for medical treatment, they expect alternatives will endure the test of time, in order to avoid the risk of having to redo it in a few years, therefore quality is extremely important. It's good if Swedish tourists can be quality driven within their search of medical treatment, but then there's the contrast that the medical care is more expensive in Thailand than it was 10 years ago. As it becomes more and more expensive, the interest reduces as well and I think tourists will instead find new countries offering them prices they can afford to go to. I think Thailand has to be very careful about pricing, or they will lose a lot of customers, and there are other competing countries in the region that are cheaper, such as India (Ibid).

What is the future of Swedish Medical Tourism?

I think that medical tourism will increase as travelling is steady increasing. There are a lot of studies within the travel sector, and there is no indication that travelling will decrease. Since people are travelling, they expose themselves for temptations of doing simple forms of medical treatment, which will eventually push prices in dentistry, optics, cosmetic surgery, etc. The future of medical tourism is bright, there are actually only benefits for patients in Sweden, as it will mean shorter waiting times, and the healthcare and dental care will be unburdened.

4.3.2. Interview: Anna Bäsén, Medical reporter.

Anna Bäsén works currently as a medical reporter at Expressen (Swedish newspaper) and acting editor of the health magazines GI & Hälsa and Kom i gång.

What are the primary reasons that patients choose Medical and Dental care abroad rather than domestic treatment?

Usually a cheaper price and the possibility of combining holidays with healthcare, for example going to a location like Thailand. For immigrated Swedes, this could mean knowledge of skilled doctors and good hospitals in their home countries. Occasionally, there are also treatments and surgery techniques offered which the Swedish healthcare system does not offer, or alternative and complementary medicine that does not exist in Sweden. In some cases it may be about to being treated by the foremost international expert in a specialized field (Bäsén, 2012).

What are the advantages of Medical and Dental care abroad?

Lower cost as well as methods that do not exist in Sweden, and a confidence with their native language (for example doing it in their country of origin) (Ibid).

What are the disadvantages of Medical and Dental care abroad?

It is uncertain, what happens if something goes wrong? There may be complications with insurance policies and other social systems, there is a longer preparation time, and it is more difficult to get information if there are language problems (Ibid).

What influence and impact does Medical Tourism have on the Swedish Healthcare and Dental care?

Small but still pretty marginal, in the end it means that Swedish healthcare professionals must compete with international participants, and provide quality care at a good price (Ibid)

How can Swedish Medical tourists influence the industry development?

Mainly by “voting with your feet”, people go where the care is good and reasonably priced. This is mainly due to the authorities to raise the issue, such as the Swedish Consumer Agency (Konsumentverket) and The National Board of Health and Welfare (Socialstyrelsen). Today there is no patient association for medical tourists, but perhaps it will be established in the future (Ibid).

What is the future of Swedish Medical Tourism?

Swedish healthcare will probably continue to invest in promotion and marketing towards medical tourists. Medical tourism should also make use of quality indexes to fully demonstrate their good performance in various fields. Medical tourism means also that you must be able to provide care in several languages and adapt to different cultures. For example, a female patient from Saudi Arabia would not undress in the presence of a Swedish male doctor (Ibid).

4.3.3. Interview: Monica Sigurdsson, CEO, Tandresor - Kreativ Dental Sverige.

Monica Sigurdsson is CEO for Tandresor, which act as an agent for Kreativ Dental in Budapest, Hungary of the selection for Swedish patients.

What are the primary reasons that patients choose Medical and Dental care abroad rather than domestic treatment?

The primary reason is to save money because patients seek alternatives to high cost of extensive dental treatment (Sigurdsson, 2012).

What are the advantages of Medical and Dental care abroad?

I do not answer in general, but based on what I know and pass for to dental care at the clinic in Hungary, which I represent. In our case, the advanced dental care and the latest equipment, combined with a first-class dental laboratory is unique. Being able to get dental care at such high standard while being able to make substantial savings in terms of extensive works are important for the individual. It can be crucial to the person at all to implement a comprehensive restorative dentistry, which in turn is of great psychological importance (Ibid).

What are the disadvantages of Medical and Dental care abroad?

My experiences are only dental care abroad and my answers aimed at it. The patient will not qualify for reimbursement from dental insurance until after the fact. The patient must first pay the full fee themselves and make subsequent application to the Swedish Social Insurance Administration (Försäkringskassan), which we certainly help the patients with. Although the patient ultimately makes significant savings, the patient must first be able to spend a large sum of money. However, the Swedish Social Insurance Administration sends the reimbursement directly to dentists who have their practices in Sweden, and thereby the patient needs only to pay the patient's fee to Swedish dentists. However, not all procedures are supported by dental insurance and the so-called reference prices which the reimbursement is based upon, which means that many dentists feel compelled to take out higher price than the reference price. The excessive difference has to be paid by the patients themselves. The patient can thus make savings partly by our prices which are generally lower than the reference prices, and partly due to many actions which are not supported by dental insurance is carried out at greatly competitive prices. The insurance system is difficult to predict for individuals and the patient may not have binding advance notice from the Swedish Social Insurance Administration (Ibid).

What influence and impact does Medical Tourism have on the Swedish Healthcare and Dental care?

Exceedingly marginal (Ibid).

How can Swedish Medical tourists influence the industry development?

If the tourist discovers the ability to get great experiences at the destination and combine this with the quality of treatment, then of course it benefits the industry. It's the individuals benefits who controls the demand (Ibid).

What is the future of Swedish Medical Tourism?

One can imagine that more people are discovering the ability to take advantage of increasingly open borders within the EU and the globalized world. In February for example, broadcasted a TV program in France, which drew attention to how you can choose to make purchases in various countries, including purchasing their dental treatment at Kreativ Dental in Hungary, the clinic that we represent (Ibid).

4.3.4. Interview: Dr. Josef Milerad, Education Department, Lidingö Stad

What are the primary reasons that patients choose Medical and Dental care abroad rather than domestic treatment?

Medical tourism is a global phenomenon and not a specific Swedish problem. I think that we should therefore see it from a global perspective and avoid narrowing it specifically on the Swedish. Incentives for medical tourism are the same everywhere. If there are medical treatments that individuals absolute want but are not available for economic or legal reasons, then you have conditions for medical tourism, that's nothing new. In the sixties, before abortion was legalized, we had medical abortion tourism to Poland. Later, when the Polish law was changed and abortion became illegal, the medical tourism went in the other direction. I have no firm data, but I can imagine that the reasons are the same as in other countries. Aesthetic surgery is very expensive as well as some dental care, which certainly attracts to make interventions made in low-cost countries. Eye surgery to avoid glasses is also expensive and cheaper elsewhere. Surrogate mothers are not allowed in Sweden, as well as euthanasia and to purchase organs for transplantation is also not allowed. Swedes travel abroad for these treatments, although few want to tell it openly. There are probably more areas, such as miracle cures for cancer, electro sensitive treatments and treatments for diseases that we in Sweden do not really believe in can probably also occur (Milerad, 2012).

What are the advantages of Medical and Dental care abroad?

There are only two advantages, patients receive their treatment quickly and can get something that may not be available in their countries, and it is cheaper (Ibid).

What are the disadvantages of Medical and Dental care abroad?

The big drawback is that as a layman you do not have insight into the quality of practitioners and in the relevant country's legislation. Of course there are skilled and reputable healthcare providers for medical tourists, but there are also examples to the contrary. As a patient you can suffer really bad or even die after failed cosmetic surgery. Many surgical procedures require inspections and monitoring that will be difficult to render through. Nor is it certain that you get access to their records and know what really has been done (Ibid).

What influence and impact does Medical Tourism have on the Swedish Healthcare and Dental care?

I think in many ways it can be a wake-up call. We live in a global world in which some of our politicians do not really seem to have realized. If you don't get what you want, you go somewhere else. It is no argument for allowing everything, but you may need to consider what you are prepared to offer Swedish citizens and above all to inform objectively about the risks. You might also need to be proper and tell – we do not like you to do this or that procedure, but if you still want to do it, and then go to XXX rather than to YYY, where you can get in trouble (Ibid).

How can Swedish Medical tourists influence the industry development?

It is difficult to say (Ibid).

What is the future of Swedish Medical Tourism?

I believe in a continuous increase. When it comes to cosmetic beauty procedures, Sweden are lacking in many ways in terms of adequate legislation. Completely untrained people can buy a laser on the Internet and get down with beauty surgery. It primarily affects people with weak economies seeking cheap treatments, which are a bit the same group that travels to low-cost countries. Aside from cosmetic surgery, the development will mean that we can correct and improve more and more while the health budget cannot grow. You will have to pay for procedures that are in the grey zone between healthcare and general quality of life. It opens for low-cost interventions, therefore tourism (Ibid).

4.4. Investigation of prerequisites for creating a competitive offering in the market.

4.4.1. Interview: Dr. Marek Froelich, Dental Implant Aesthetic Clinic

What are the basic and necessary components of medical tourism in order to enter the market?

Marketing and online databases must be prepared. If someone wants to be of importance or some sort of clinic wants to discover some sort of role, it is not only about good treatment but all that happens in a circle. Regarding medical tourism, you have to think and know about it to always be present. There has to be a lot of emphasis placed on advertising, in some countries from what I know it is not allowed, but in Poland doctors may be advertised in one form or another. As I have noticed very much depends on advertising, perhaps not always medical skills are important, but marketing and advertising is. A good manager can bring patients (Dr. Froelich 2012)

What are the fundamental approaches to attract potential medical tourists?

To create requirements, competitive bids must be better than those that represent our competitors, i.e. doctors. This is done by including the provision of medical services that must be on the same or at higher level than our colleagues are doing. The conditions in which to undertake the treatment must be on a very high level, besides what matters is the whole culture, which is that the patient must gain confidence for the doctor, but also be very well treated. The patient must have the impression that he is taken care of, i.e. if the patient has inquiries or calls and asks how the treatment is, asks for prices or asks other questions, the patient must always get very comprehensive answers. If a patient wants to come from another country and heal in Szczecin, Poland from Sweden for example, the patient must be provided accommodation because the patient has to know how to get to Szczecin the patient must know where to go and eat, so the marketing needs to be expanded. It depends on the medical staff or the person responsible for marketing to be well trained in order to ensure all the issues mentioned (Ibid).

How and why important is quality management in medical tourism and medical practices in terms of sustainability?

The larger and higher levels of management in medical tourism, the greater are the chances to attract a bigger amount of patients, as each patient generates revenue. It's quite simple, the better trained the staff is, the greater the chance of success is for medical tourism management. The service is the same which is represented in other countries, for example in Sweden or Germany, and it's possible to discuss about the level of medical education if we are better or worse. We have a lot of experience, and it seems to not depend on fast money, but rather to satisfy the patients. And of course our prices for medical services is lower than in other countries, such as Sweden, Denmark, Germany or England, and that differentiates us. Regarding the type and quality of materials used is the same as in Germany, because the materials are German, while the price is lower (Ibid).

What factors should be considered when producing or adding unique benefits to a product in terms of satisfying the needs of medical tourists?

First of all advertising is of utmost concern, because in some one's own clinic the best advertisement is a good job. If the patient has a good treatment and is happy about it, the patient will spread the word to friends and relatives, and through the so-called word of mouth a clinic can gain a lot of patients. In these days you can't forget about the Internet, you just need to give such proposals to attract potential tourists. In addition to good work the price is also important, if the price right, i.e. competitive lower than to countries where tourists want to come from to Poland. In that case the tourists may reflect and calculate, and if it's a big job and surgery, they probably will come because it's worth the effort. The treatment is the aim of the arrival of tourists, but they need to feel good. You have to satisfy their cultural needs, e.g. ensure visits to the theater or a tour in the city; the tourists need to get closer with the region they are in and of course accommodation in a good hotel. If there is such a packaged proposal which benefits the patients, then they will come. You need to analyze your competitors and offer something more favorable, but it is mainly in terms of price and quality of the presentation to reach the customers (Ibid).

What factors should be considered when marketing a particular image or personalization for medical tourism companies in order to distinguish a product from its competitors?

The main factor is the price selected; the quality of work and material used in the treatment time would be of same quality as in those countries with expensive treatment where the tourists come from. If the patients knows that the treatment is the same here as it is in their country but a lot cheaper, and the patients knows that there are some attractions worth visiting or shopping, then they will come (Ibid).

4.4.2. Previous Research on topic

Medical tourism can be clarified as a balanced mixture of a particular destination's cultural and natural environment with the medical treatment available there. For the medical tourist it involves the procedures for a particular medical treatment along with recuperation and the concurrent enjoyment of certain activities associated with nature, culture and leisure sports, all unique to a particular destination. In other words, medical tourism incorporates central features of the medical industry and the tourism industry at a destination (Hunter, 2007).

The types of medical tourism can be divided in diverse ways such as type of treatment/procedure, motivation for travel, length of stay, travel budget etc. Cormany (Ko, 2011) argues that there are six types of medical tourists according to different medical products. Major surgery tourists are those that require major surgery on the heart, spine, joints, and other parts of the body. Minor surgery tourists are those that require dental work or other minor surgeries. Cosmetic/plastic surgery tourists are those that desire these kinds of aesthetic procedures, while diagnostic service tourists are those that do not have a specific illness, but wish to receive a general appraisal to their health. Tourists for alternative therapy treatments are those involved in

alternative treatments, such as traditional Chinese medicine. Finally, wellbeing tourists travel in order to receive services regarding wellbeing and a lifestyle remodeling (Ibid).

Although the tourism aspect is emphasized by travel agencies to potential tourists, oftentimes it is still the medical procedure that is of priority. Medical tourist destination region refers to the country or city attracting medical tourists from overseas markets. Medical tourist destination regions must conduct appropriate marketing promotions. An incorrect marketing choice of target market could bring about a waste of budget, time and manpower. Therefore, marketing strategies must be formed with great effort and precision in analysis of market opportunities, market segmenting, targeting and positioning with marketing mix (Ibid).

Medical tourism phenomena can be explained using for components of medical tourism system: medical tourists, medical tourist regenerating regions, medical tourist destinations regions and medical tourism industries. Each component is a basic component of the medical tourism system, and each is mutually connected and interdependent in their mechanisms. Medical tourists require the four areas of the services which are needed for successful medical tourism. Even if the components of service influence each other, in general medical tourism agency plays a major role in arranging the schedule of medical tourists for the for service components. Medical service may be the most important factor which the medical tourists consider when they choose a destination for medical tourism. Accommodation, food and beverage, tourism experiences, and government regulations and socio-cultural factors are also crucial factors affecting the choice of a medical tourism destination (Ibid).

As international travel becomes cheaper and more convenient while currency exchange rates remain favorable. Travel agencies are specializing in medical tourism for individuals and companies are arranging medical tours for their employees, including the scheduling of surgeries and the booking of flights, tours and activities as well as accommodations. Rapidly improving technology and standards of care are the results of the globalization that has produced a consumerist culture and the ability to buy any service, such as medical care, at any destination (Hunter, 2007).

The major pull factors for medical tourism are cost-effectiveness and availability of services on demand in combination with the unique features offered at a destination. In addition to low cost, medical tourists enjoy high quality care. Personalized care, favorable environments for recuperation and cultural sensitivity have made destinations such as Thailand very popular for Swedish patients. For others, recovering after cosmetic surgery or other medical interventions, the privacy available at a remote location is valued. Destinations offering medical tourism services take measures to stress the quality of its professionals and facilities, including levels of hygiene. Medical tourism can contribute to longer stays, more spending and more constructive interactions between hosts and guests (Ibid).

4.5. Case study: Dental Implant Aesthetic Clinic.

As a part of this paper a case study has been conducted in order to analyze which underlying conditions exist in terms of attracting potential Swedish medical tourists. Firstly, a SWOT analysis was conducted in Szczecin, Poland in order to determine whether Dental Implant Aesthetic Clinic possesses any competitive advantages. Secondly, the author has experienced treatment in the clinic, which provides insight into how the treatments are carried out from a qualitative perspective. The SWOT analysis will provide an overview of the prevailing circumstances and conditions that exist, as well as opportunity for further analysis.

Dental Implant Aesthetic Clinic was established in the summer of 2010 in Szczecin, Poland. The clinic specializes in maxillofacial surgery, mainly implantology and prosthodontics (prosthetic restorations), as well as providing services in orthodontics and cosmetic and general dentistry. The founders of the Dental Implant Aesthetic Clinic are Dr. Marek Froelich and Dr. Volker Von Zitzewitz who hold the diplomas of dental doctor, general practitioner, oral and maxillofacial surgery and plastic surgery. Dental Implant Aesthetic Clinic guarantees comfortable conditions for patients and that each aspect of their treatment is conducted according to the highest world standards. At disposal the clinic offers a team of qualified doctors, technicians and medical personnel and each in each treatment process the clinic use of ultra modern dental techniques and prosthetics. Dr. Froelich and Dr. Von Zitzewitz have many years of experience with their own private clinics in Hamburg, Germany and perform about 1000 implantations a year. The clinic is equipped with modern medical and diagnostic devices, and applies the best types of implants used on the German market (Dental Implant Aesthetic Clinic 2012).

4.5.1. SWOT Analysis

In order to determine whether an organization possesses any competitive advantage, it must perform an internal assessment, and traditionally most organizations begin this internal assessment process with the development of a SWOT analysis. The acronyms of SWOT stand for strengths, weaknesses, opportunities and threats. When performing a competitive analysis, these components must be assessed relative to the competition. The strengths and weaknesses have internal relevance for the organization, while the opportunities and threats can have both internal and external relevance. Usually are strengths and weaknesses current attributes, while the opportunities and threats are more future oriented (Tranter, et al. 2009).

The different components of the SWOT analysis formulate questions of their own characteristics in studies of phenomena's or organizations. When developing a list of strengths and weaknesses, several aspects should be considered as e.g. location, facilities, amenities, price/value perception, brand/image, reputation, human resources, financial resources, technological resources and customer loyalty. When developing a list of opportunities, several aspects should be considered as e.g. new demand generators entering the market, current demand generators expanding their operations within the market, new technological advances, new and effective channels of distribution, new opportunities for segmentation and increased demand for newer products and greater services. When developing a list of threats, several aspects should be considered as e.g.

fear of travel, cost of fuel, weather, the devaluation of currency, changing consumer behavior, changing tastes and trends and other goods or services competing for disposable income (Ibid).

Strengths:

There are a number of strengths that characterize Dental Aesthetic Implant Clinic. Primarily the doctors many years of experience should be pointed out. Both Dr. Froelich and Dr. Von Zitzewitz have over 25 years of experience with their own private clinics in Hamburg, Germany. Moreover, except the fact that they have joined their forces together, both Dr. Froelich and Dr. Zitzewitz perform about 1000 implants yearly.

Service and availability can be placed in the same category as the two components fit together. The service provided is of high standard, mainly due to the knowledgeable and courteous doctors and medical staff. Nevertheless, the clinic is equipped with modern medical and diagnostic devices, and applies the best types of implants used on the German market, resulting in convenient and safe conditions for patients. The availability can be discussed in various aspects. Firstly, general questions are effectively answered by phone and mail, and making appointment for treatment can be booked in short notice. Secondly, Szczecin is good geographically located to Berlin, Germany (about 1.5 h traveling by car or train) with linkage to the international airports Schoenefeld and Tegel. 56 kilometers north of Szczecin, is the port town Świnoujście located and connecting Poland to various destinations in Scandinavia.

The clinic is attractive due to a number of strengths. It is located in the old town of Szczecin (tourist attraction in itself) and the building's facade is architectural beautiful. The interior premises are very aesthetic and thoroughly decorated with marble, fine art photography and other accessories creating a pleasant environment. The clinics operating rooms have high ceilings, large windows that let in daylight and fully functioning air conditioning, which creates a comfortable and pleasant environment for the patient.

The treatment prices are a competitive strength in comparison for example to the Swedish market. Depending on the treatment, the price can be up to two thirds cheaper than in the patient's home country. In addition to the treatments, the standard of living is cheaper in Poland than Scandinavia for example, and medical tourists get value for the price in terms of shopping, recreation, and other activities.

Weaknesses:

There aren't many weaknesses noticed but there are some few to mention. The main weakness lie in the clinic's poor marketing, although their website is well informative and structured. However, there is no marketing from a broader perspective. Except that the clinic markets itself on few commercial websites, there is no advertising in public places in Szczecin.

Another weakness is the lack of dental technicians at first hand, which means that patients will be forwarded.

Opportunities:

There are potential opportunities to develop a competitive package including all the necessities in cooperation with various subcontractors. As the costs is relatively inexpensive, it is quite possible to establish an own transportation system, for example picking up patients from the international airports in Berlin, Germany. Cooperation already exists with the Neptun Hotel, but there are opportunities to develop working relationships with other entrepreneurs, such as nearby golf courses and other recreational facilities. To increase awareness of medical tourism and the augmentation of arriving patients, the clinic should establish partnerships with other competing departments. The more the clinic expands, the more doctors and medical staff it is possible to employ.

Threats:

The greatest threat is the competition among different clinics that offer dental care. In this case Dental Implant Aesthetic Clinic is somewhat unique because the clinic provides differentiated treatments in terms of both dental and cosmetic procedures. However, the major competitors have better marketing and advertisement than Dental Implant Aesthetic Clinic. The clinic should invest more on marketing in order to even out the tough competitive situation.

5. ANALYSIS

5.1. Push and Pull factors

The empirical findings of this paper indicates that the travel motivations is a psychological construct that holds a multidimensional underlying structure due to that tourists travel to various places for different needs.

The Push factor, i.e. the internal motives that cause the tourist to seek activities that reduces their needs emerges clear in the empirical findings. The most distinct and important Push factor found in the empirical findings is the price. All interviewees of this paper point out that the price is the primary motivational factor that patients choose medical and dental care abroad. It is important for the patient being able to get treatment at such high standard while being able to make substantial savings. There may be medical treatments that individuals want but are not available for economic reasons, such as aesthetic surgery which is expensive and certainly attracts to make interventions made in low-cost countries. Another distinct Push factor found in the empirical findings is the availability. Although the Swedish healthcare and dental care system is of high standard, the motivation of seeking treatment abroad is the availability. This is mainly due to the timing aspect; it is easier getting appointments arranged within a short amount of time. Even the actual treatments are quick receivable for patients, even though it is a matter of financial assets. Service is another Push factor and can be placed under the same category as the availability, since they relate to each other. Inasmuch the patients pay for their treatments, the service is an included factor which can be in the form of variety of checkups or additional services that provide comfortable conditions for patients.

The Pull factor, i.e. the internal motives that refer individuals to select one destination over another and the knowledge the tourist hold about a certain destination emerges clear in the empirical findings. A significant Pull factor found in the empirical findings is the possibility of combining holidays with healthcare, for example going to a location like Thailand. Swedes are pretty quick to pick up trends, and Swedes are large patient group in Thailand. Thailand is an attractive destination for medical tourism, because of its climate and enjoyable surroundings while getting their medical work. Swedes are in Thailand for quite long time during the winter on vacation or family trips, and exemplifies the possibility of combining holidays with healthcare. Quality is another distinct Pull factor. If the tourists discover the ability to get great experiences at the destination and combine this with the quality of treatment, then of course it benefits the industry. It's the individual's benefits who control the demand. If Swedish tourists travel abroad for medical treatment, they expect alternatives that will endure the test of time, in order to avoid the risk of having to redo it in a few years, therefore quality is extremely important. Aesthetic surgery is very expensive as well as some dental care, which attracts to make interventions made in low-cost countries. But also the price makes a difference to the quality, as destinations becomes more expensive, the interest reduces as well and tourists will instead find new destinations offering them prices they can afford to go to. Medical tourist destinations like Thailand have to be very careful about pricing, or they will lose a lot of customers as there are other competing countries in the region that are cheaper, such as India. To sum up, the major pull factors for medical tourism are cost-effectiveness and availability of services on demand in combination with unique features offered at a destination. In addition to

low cost, medical tourists enjoy high quality care. Personalized care, favorable environments for recuperation and cultural sensitivity have made destinations such as Thailand very popular for Swedish patients. For others, recovering after a cosmetic surgery or other medical interventions the privacy available at a remote location is valued. Destinations offering medical tourism services take measures to stress the quality of its professionals and facilities, including levels of hygiene.

The Push and Pull factors may correspond to separate stages in travel decision making, but they should not be treated as operating entirely separate from each other. Tourists travel because of their own internal forces and interests, and simultaneously pulled by a destinations attractions and attributes. This is evident in the empirical findings as many of the Push and Pull factors interrelate with each other. Travel motivations are destination- and context specific, and tourists may hold different sets of motivation when travelling to different destinations, for different occasions and with different companions. An individual's travel motivation is influenced by its culture, background and previous experiences, but there also collective concepts and perceptions about certain destinations which are universally accepted in terms of Push and Pull factors.

5.2. Quality management

The empirical findings of this paper demonstrate the importance of Quality management in connection with medical tourism. In Quality management there are three fundamental issues that must be met, namely; 'what does my customer require?', 'how can these requirements be met?' and 'what is required from my supplier?'. Implementation of Quality management requires commitment to quality and a clear demonstration of that commitment. Belief in customer orientation is absolutely a necessity. Dr. Froelich emphasizes the importance of customer orientation;

"The conditions in which to undertake the treatment must be on a very high level, besides what matters are the whole culture, which is that the patient must gain confidence for the doctor, but also be very well treated. The patient must have the impression that he is taken care of, i.e. if the patient has inquires or calls and asks how the treatment is, asks for prices or asks other questions, the patient must always get very comprehensive answers. If a patient wants to come from another country and heal in Szczecin, Poland from Sweden for example, the patient must be provided accommodation because the patient has to know how to get to Szczecin, the patient must know where to go and eat, so the marketing needs to be expanded. It depends on the medical staff or the person responsible for marketing to be well trained in order to ensure all the issues mentioned".

Different segments will have different requirements in terms of products and services, and if more than one segment is being provided for, then this will have an impact on what should be produced. The larger and higher levels of management in medical tourism, the greater are the chances to attract a bigger amount of patients, as each patient generates revenue. The better trained the staff is, the greater chances of success is for medical tourism management. Experience is important, and everything does not depend on fast money, but rather satisfying the patients. Cultural needs has to be satisfied, e.g. ensuring visits to the theatre, tour guiding in the

city and letting the tourists get closer with the region they are in. Patients must feel safe and secure, therefore should quality manuals be prepared in order to maintain the organization's quality policies. Cosmetic surgery companies in Sweden rarely deny patients any correction if they are unhappy with the procedure because they lose so much creditability on it. It is harder to claim such rights abroad, partly because of the language, but also because different countries have different legislations. Tourists seeking medical care usually have a poor understanding of such procedures, laws and guidelines. Patients will not qualify for reimbursement from health and dental insurance until after the fact. The patients must first pay the full fee themselves and make subsequent application to the Swedish Insurance Administration (Försäkringskassan). Therefore it is of utmost importance for medical tourism organizations and clinics to help out their patients with such matters, and therefore should quality manuals be prepared in order of avoiding dissatisfaction. Service producers have rarely more than one chance, if they get it wrong the customer will go elsewhere next time, also in probability they will tell others to go elsewhere as well.

Although the tourism aspect is emphasized by travel agencies to potential tourists, oftentimes it is still the medical procedure that is of priority. Medical tourist destination regions must conduct appropriate marketing promotions. An incorrect marketing choice of target market could bring about a waste of budget, time and manpower. Therefore, marketing strategies must be formed with great effort and precision in analysis of market opportunities, market segmenting and positioning with marketing mix. It is fundamental that everyone within the organization should know that their role is in the whole; as they should be capable of fulfilling their role and be able to perform their role within a whole system which supports the process rather than one in which people perform despite the system. This follows out when having a clear idea of what quality means in every situation, translating it into specifications of products/services/jobs and analyzing how to deliver to specification and devising a system to ensure that the product/service/job is delivered right first time every time. Dr. Froelich emphasizes the importance of Quality management:

“Marketing and online databases must be prepared. If someone wants to be of importance or some clinic wants to discover some sort of role, it is not only about good treatment but all that happens in a circle. Regarding medical tourism, you have to think and know about it to always be present. There has to be a lot emphasis placed on advertising, in some countries from what I know it is not allowed, but in Poland doctors may be advertised in form or another. As I have noticed very much depends on advertising, perhaps not always medical skills are important, but marketing and advertising is. A good manager can bring patients”.

Implementation of Quality management in terms of intangible products may be more difficult, but in some ways Quality management with a mode of action doing it right first time and customer orientation, is even more relevant and important in the service industries than it is in manufacturing. Often in services, the consumption and production are simultaneous, hence it is impossible to rework a faulty product, and i.e. it is imperative that the product is made right the first time.

5.3. Product differentiation

The empirical findings of this paper demonstrate that Product differentiation is an important aspect of creating a competitive offer within the medical tourism market.

It is important to recognize that consumers above all are demanding the benefits of the products offer and not the products or features of the products per se. The consumer seeks satisfaction of needs, and these needs are very diverse. The greater of needs that can be satisfied through the purchase of one product, the more attractive that product will become to the consumer. The main factor is the price selected; the quality of work and material used in the treatment time would be of same quality as in those countries with expensive treatment where tourists come from. If the patients know that the treatment is the same in the medical tourism destination as it is in their countries but a lot cheaper, and the patients know that there are some attractions worth visiting and shopping, then they will come. Dr. Froelich emphasizes the differentiation within his own clinic:

“The service is the same which is represented in other countries, for example in Sweden or Germany, and it’s possible to discuss about the level of medical education if we are better or worse. We have a lot of experience, and it seems not only to depend on fast money, but rather to satisfy the patients. And of course our prices for medical services is lower than in other countries, such as Sweden, Denmark, Germany or England, and that differentiates us. Regarding the quality of materials used is the same as in Germany, because the materials are German, while the price is lower”.

It’s the individual’s benefits who control the demand. Susan Ritzén points out that the demand is controlled by the individuals:

“In Thailand they have dental variants that are much cheaper than in Sweden, which would never be used in Sweden as they are considered to be poor quality, such as provisional things with less expensive materials. I think if a Swedish tourist travels abroad for medical treatment, they expect alternatives that will endure the test of time, in order to avoid of having to redo it in a few years, therefore quality is extremely important. It’s good if Swedish tourists can be quality driven within their search of medical treatment. Since people are travelling, they expose themselves for temptations of doing simple forms of medical treatment, which will eventually push prices in dentistry, optics, cosmetic surgery, etc”.

It is essential in terms of marketing, to produce added or unique benefits to the product which enables the marketer to distinguish one product from another. The need to invest distinctive benefits in a product gives the rise to the concept of the unique selling proposition, which are features of a product which are not to be found in those of its competitors. The belief that low price is the key to success is rather a self-fulfilling prophecy, as when companies only promote their products with low price as the only benefit, their costumers will soon expect and demand low prices, but without abstaining from the other attributes, such as quality and reliability, which eventually results in failing levels of satisfaction. Price is only one aspect of a product; and many companies focusing on low price have adopted new marketing approaches to deliver higher profits and greater customer satisfaction.

Medical tourism phenomena can be explained using four components of the medical tourism system: medical tourists, medical tourist regenerating regions, medical tourist destinations and medical tourism industries. Each component is a basic component of the medical tourism system, and each is mutually connected and interdependent in their mechanisms. Medical tourists require the four areas of the services which are needed for successful medical tourism. Even if the components if service influence each other, in general medical tourism agency plays a major role in arranging the schedule of medical tourists for the service components. Medical service may be the most important factor which the medical tourists consider when they choose a destination for medical tourism. Accommodation, food and beverage, tourism experiences, and government regulations and socio-cultural factors are also crucial factors affecting the choice of a medical tourism destination. The marketing of the product aims to create a cluster of benefits, which distinguish the product from its competitors in often indefinable ways, e.g. differentiating the product by intangible aspects such as personal service or professionalism through product expertise. Dr. Froelich exemplifies:

“To create requirements, competitive bids must be better than those that represent our competitors, i.e. doctors. This is done by including the provision of medical services that must be on the same or at a higher level than our colleagues are doing. First of all advertising is of utmost concern, because in some one’s own clinic the best advertisement is a good job. If the patient has a good treatment and is happy about it, then the patient will spread the word to friends, and relatives, and through the so-called word of mouth a clinic can gain a lot of patients. In these days you can’t forget about the Internet, you just need to give such proposals to attract potential tourists. In addition to good work the price is also important; if the price is right, i.e. competitive lower than to countries where tourists come from to Poland. In that case the tourists may reflect and calculate, and if it’s a big job and surgery, they probably will come because it’s worth the effort. The treatment is the aim of the arrival of tourists, but they need to feel good. You have to satisfy their cultural needs, e.g. ensure visits to the theatre or a tour in the city; the tourists need to get closer with the region they are in and of course accommodation in a good hotel. If there is such a packaged proposal which benefits the patients, then they will come. You need to analyze your competitors and offer something more favorable, but it is mainly in terms of price and quality of the presentation to reach to the customers”.

Good design and style forms also the basis of product differentiation. Good style and design provides three important aids to consumers as it represents the perceived value of the product, it enables the company to create a personal profile for its products and well-thought-out modifications in styling, which creates a demand through replacement with more fashionable new styles. The design and the décor provide opportunities for companies to personalize their products, as well as periodically update them. In the case study of Dental Implant Aesthetic Clinic, it emerged in the SWOT analysis that the clinic is attractive due to a number of strengths. The clinic is located in the old town of Szczecin, which is a tourist attraction in itself, and the building’s facade is architectural beautiful. The interior premises are very aesthetic and thoroughly decorated with marble, fine art photography and other accessories creating a pleasant environment. The clinics operation rooms have high ceilings, large windows that lat in daylight and fully functioning air conditioning, which creates a comfortable and pleasant environment for the patient. The design and décor of Dental Aesthetic Implant Clinic provides a differentiated personalization for the clinic as it has an aesthetically appealing aside from the treatments.

6. DISCUSSION & CONCLUSIONS

6.1. Knowledge contribution

This paper has investigated what factors characterize the Swedish travel patterns that occur within medical tourism and what are the prerequisites for creating a competitive offering in the market. Even though this dissertation investigates a relatively common topic of research, it can contribute to the existing knowledge by considering concepts from a new perspective. This was achieved by compiling a detailed theoretical framework and the analysis of the theoretical and empirical findings. The results from the empiricism and especially the conducted case study enable the researched topic into a practical context.

6.2. Answers to the research questions

The thesis' first underlying research question was: *What factors characterize the Swedish travel patterns that occur within medical tourism?* The patterns are evident and many of the patterns are connected one way or another. The single most important factor that emerged is the price. Whether it is about long distance travel to Thailand or simpler forms of dental treatments in Poland, the major Push factor which attracts Swedish patients is substantial savings. The empiricism concluded that the Swedish healthcare and dental care is of high standard, but still there are several factors for which Swedes are seeking healthcare abroad. The availability and service provided at medical tourist destinations and clinics maintain a high level, which means that to get an appointment or treatment happens within short notice. In connection to cheaper price, the availability and service provided means that patients may be able to choose different treatments and tests that usually take several months before the patient is treated in Sweden. Of course do such treatments and tests cost, but for example in Thailand it is possible to book a treatment within two weeks. Except the price, the quality is linked to all travel patterns. Swedes are both cost-conscious and quality-driven. The possibility of combining holidays with healthcare is strongly characterizing the Swedish travel patterns within medical tourism. However, the treatment is the purpose of the stay and if medical tourists discover the ability to get great experiences at the destination and combine this with the quality of treatment, then of course the medical tourists will be satisfied. Swedish medical tourists expect quality and expect treatments that will endure the test of time; therefore it is important for medical providers to offer qualitative treatments while offering cheaper prices than in the patient's country.

The factors that characterize the Swedish travel patterns can be regarded as obvious, but they are very important in order to understand what motivates medical tourists to carry out treatments abroad. A deeper understanding of these factors can help medical providers, medical tourism agencies and medical tourism destination in general to provide both quality care and related facilities in order to satisfy their patients. Personalized care, favorable environments for recuperation and cultural sensitivity have made destinations such as Thailand very popular for Swedish patients. It is important for destinations offering medical tourism services to take measures to stress the quality of its professionals and facilities, including levels of hygiene.

To sum up, the factors that characterize the Swedish travel patterns within medical tourism is price, availability and service, quality and the ability of combining holidays with treatment. Medical tourism phenomena can be explained using four components of the medical tourism system: medical tourists, medical tourist regenerating regions, medical tourist destinations regions and medical tourism industries. Each component is a basic component of the medical tourism system, and each is mutually connected and interdependent in their mechanisms. Medical tourists require the four areas of the services which are needed for successful medical tourism. Even if the components of service influence each other, in general medical tourism agency plays a major role in arranging the schedule of medical tourists for the service components. Medical service may be the most important factor which the medical tourists consider when they choose a destination for medical tourism. Accommodation, food and beverage, tourism experiences, and government regulations and socio-cultural factors are also crucial factors affecting the choice of a medical tourism destination.

Relating to thesis' second research question "*What are the prerequisites for creating a competitive offering in the market?*" the findings from the empiricism and the case study has led to understanding of the prerequisites and how they should be applied in the market in order to be competitive.

As it was presented earlier, it is of prime importance to understand what factors motivates patients to seek care abroad. After mapping the motivations, Quality management is very important to maintain a sustainable and quality-driven medical tourism clinic. Different segments will have different requirements in terms of products and services, and if more than one segment is being provided for, then this will have an impact on what should be produced. The larger and higher levels of management in medical tourism, the greater are the chances to attract a bigger amount of patients, as each patient generates revenue. The better trained the staff is, the greater chances of success is for medical tourism management. Experience is important, and everything does not depend on fast money, but rather satisfying the patients. Cultural needs has to be satisfied, e.g. ensuring visits to the theatre, tour guiding in the city and letting the tourists get closer with the region they are in. Patients must feel safe and secure, therefore should quality manuals be prepared in order to maintain the organization's quality policies. Cosmetic surgery companies in Sweden rarely deny patients any correction if they are unhappy with the procedure because they lose so much creditability on it. It is harder to claim such rights abroad, partly because of the language, but also because different countries have different legislations. Tourists seeking medical care usually have a poor understanding of such procedures, laws and guidelines. Patients will not qualify for reimbursement from health and dental insurance until after the fact. The patients must first pay the full fee themselves and make subsequent application to the Swedish Insurance Administration (Försäkringskassan). Therefore it is of utmost importance for medical tourism organizations and clinics to help out their patients with such matters, and therefore should quality manuals be prepared in order of avoiding dissatisfaction. Service producers have rarely more than one chance, if they get it wrong the customer will go elsewhere next time, also in probability they will tell others to go elsewhere as well.

Quality management is a very important aspect of maintaining an efficient activity within medical tourism. Through Quality management can all the important aspects in terms of quality

be maintained in order to maximize both profits and to satisfy medical tourists by offering them the highest standard of products and services.

Besides Quality management in order to be competitive, the Product differentiation is of prime importance. It is important recognize that consumers above all are demanding the benefits of the products offer and not the products or features of the product per se. The consumer seeks satisfaction of needs, and these needs are very diverse. The greater number of needs that can be satisfied through the purchase of one product, the more attractive the product will become to the consumer. It is essential in terms of marketing to produce added or unique benefits to the product which enables the marketer to distinguish one product from another.

It emerged in the empiricism that marketing and online databases must be prepared. If a clinic wants to be of importance, it is not only about good treatment but all that happens in a circle. Regarding medical tourism, the medical tourism clinics has always to be present and there has to be a lot of emphasis placed on advertising. To create requirements, competitive bids must be better than the competitors represent. This is done by including the provision of medical services that must be on the same or at higher level than the competitors are doing. The conditions in which to undertake the treatment must be on a very high level, besides what matters is the whole culture, which is that the patient must gain confidence for the doctor, but also be very well treated. If the patient has inquires, the patient must always get very comprehensive answers. If the patient wants to come from other countries to a specific medical tourism destination, certain aspects like accommodation, activities and transportation must be provided. It depends on the medical and marketing staff to be well trained in order to ensure maximized comfort and convenience. The larger and higher levels of management, the greater are the chances to attract a bigger amount of tourists, as each patient generates revenue. In the case of Dental Implant Aesthetic Clinic, they differentiated themselves by offering the latest medical equipment and services but to a much lower cost than countries such as Sweden, Denmark, Germany or England. The advertising is of utmost importance as it a tool reaching to potential medical tourists. All the needs of the medical tourists have to be satisfied, and if there are such proposals which benefit the patients then they will come.

To sum up, Quality management and Product differentiation is to strategies that both interrelate with each other and benefits both medical tourism efficiencies and medical tourists. They are important strategies from both a sustainable and economic perspectives as Quality management maximizes the internal force of every level in medical tourism clinics in order to satisfy their patients, meanwhile Product differentiation aims to develop sustainable marketing approaches to attract potential medical tourists and create competitive offers.

6.3. Personal reflection

This following part aim at describing the author's personal thoughts, conclusions and critical statements that emerged during the composition of this dissertation.

The composition of the theoretical framework has thoroughly been developed in connection with the dissertations problem statement. Many scientific articles, relevant literature and previous research on topic have been systematically read and analyzed in order to gain understanding of the phenomena. The chosen theories are related to medical tourism and contribute to a thorough analysis and deeper understanding of different aspects of the phenomena per se. The author gained even more understanding by using the theoretical framework when performing interviews with relevant actors and conducting a case study in Poland.

The interviewees represent different fields of the dissertations topic, though interconnected within the subject of matter in one way or another through their experiences. The discussions in form of e-mail communication and personal meetings allowed gaining insights into the perspectives of the different actors, and into a real life practice of a medical tourism operating clinic, hence approaching from a different angle. The communication with the interviewees provided certain information that would have definitely been hard to get from merely examining the respective scientific articles and literature, as it is taken from direct experience. The author's expressed aim of this dissertation was to evaluate theory and practice in the field of medical tourism. However, even though the theoretical framework as well as the information gained from the interviewees and case study were very informative and useful, and were used for answering the research questions, one of the main conclusions of thesis was the realization that comparisons are not easy to make.

Considering the scientific theories on the one hand, and the actually applied practices on the other hand, the author became conscious that they certainly do not always go together. In the observed case study of Dental Implant Aesthetic Clinic, the actor does not engage in tourism theory, but rather in real life conceptual approaches. This should by no means apply that actors within the field do not have the respective knowledge, but rather that they apply what is most appropriate for their use.

The conclusions of this dissertation is not generalized universally, as one of the aims is to investigate what factors that characterize the Swedish travel patterns that occur within medical tourism, which means that it conceptualized in a Swedish context. The dissertations second research question aims to investigate what prerequisites are underlying in order to create a competitive offer in the market. The answers of the second research question are universally generalized as it is applicable on any context, although it may result in different perspectives given the contextual circumstances and conditions.

The conclusions of this dissertation in a broader concept investigate what is intended to investigate. The empiricism has thoroughly been analyzed in order to obtain the most valid

conclusions as possible and to counter selective perceptions and biased perceptions by adapting a critical perspective upon the analysis.

6.4. Limitations and further research

The above discussed personal concerns can somewhat be considered as limitations. As indicated the author's personal reflections, one source of weakness in this dissertation is the theoretical framework and the empiricism from both interviews and the conducted case study are passably comparable in terms of real application. This is due to that different aspects of medical tourism have their own structures and are context-bound, which means that they apply approaches which are most appropriate for their use.

Another critical point is that even though this dissertation has relevant theoretical framework and empiricism investigated in the field of medical tourism, it has to be realized that Push and Pull factors, Quality management and Product differentiation will not necessarily lead to success, but rather the significance of improvement and sustainability.

A suggestion for further research is to investigate more deeply the different motivational factors that characterize the travel patterns. On the one hand to understand what medical tourists are motivated by and on the other hand for medical tourism entrepreneurs and practitioners to develop sustainable and competitive proposals including all possible conveniences for medical tourists.

Moreover, the subject matter of this dissertation could include more or other types of theory to investigate the phenomena from other perspectives and angles. The conducted case study can be used as a template for investigating other medical tourism clinics and be compared to other examples within the industry.

Finally, a final recommendation is that it would be significant for medical tourism to bring together tourism science and practice more. Taking real life cases as basis for developing theories

7. REFERENCES

7.1. Literary sources

- Bryman, Alan (2008). *Social Research Methods*. Oxford University Press. Oxford, UK.
- Burkett, Levi (2007). Medical Tourism: Concerns, Benefits and the American Legal Perspective. *Journal of Legal Medicine, Issue 2*.
- Heung, Kucukusta & Song, Vincent, Deniz & Haiyan (2010). *A Conceptual Model of Medical Tourism: Implications for Future Research*. Journal of Travel & Tourism Marketing, School of Hotel and Tourism Management, The Hong Kong Polytechnic University, Hung Hom, Kowloon, China.
- Holloway, J. Christopher (2004). *Marketing for Tourism. Fourth Edition*. Harlow: FT Prentice Hall.
- Hunter Cannon, William (2007) Medical Tourism: A New Global Niche. Tourism Sciences Society of Korea. *International Journal of Tourism Sciences, Volume 7, Number 1, pp. 129-140*.
- Klenosky, David B. (2002). *The “Pull” of Tourism Destinations: A Means-End Investigation*. *Journal of Travel Research vol. 40 no. 4 396-403*.
- Ko, Gyu Tae (2011) Medical Tourism System Model. Tourism Sciences Society of Korea. *International Journal of Tourism Sciences. Volume 11, Number 1, pp. 18-51*.
- Kvale, Steinar (2009). *Interviews: learning the craft of qualitative research interviewing*. Sage Publications, Los Angeles, USA.
- Tranter, Stuart-Hill & Parker, Kimberly, Trevor & Juston (2009). *An introduction to revenue management for the hospitality industry: principles and practices for the real world*. Pearson Prentice Hall, Upper Saddle River, N.J. USA.
- Trost, Jan (2010). *Kvalitativa intervjuer*. Studentlitteratur, 4:e uppl. Lund.
- Turner, Leigh (2010). *Quality in health care and globalization of health services: accreditation and regulatory oversight of medical tourism companies*. Center for Bioethics and School of Public Health, University of Minnesota, Minneapolis, USA.
- Woodside & Martin, Arch, Drew (2008). *Tourism management: analysis, behavior and strategy*. Cambridge, MA, Wallingford, UK.
- You, O’leary, Morrison & Hong, Xinran, Joseph, Alastair & Gong-Soog (2008). *A Cross-Cultural Comparison of Travel Push and Pull Factors*. Department of Forestry & National Resources, Purdue University, IN, USA. Department of Restaurant, Hotel, Institutional, and Tourism Management, Stone Hall, Purdue University, IN, USA. Department of Consumer Sciences and Retailing, Matthews Hall, Purdue University, IN, USA.

Witt & Moutinho, Stephen F. & Luiz (1995). *Tourism marketing and management handbook*. Prentice Hall, London, UK.

7.2. Interviews

Bäsén, Anna, Medical reporter, Expressen, Stockholm, Sweden, 15/5-12.

Froelich, Marek, Doctor & CEO, Dental Implant Aesthetic Clinic, Szczecin, Poland, 22/5-12.

Milerad, Josef, Doctor, Education Department Lidingö, Stockholm, Sweden, 28/5-12.

Ritzén, Susan. Journalist, SVT, Stockholm, Sweden, 17/4-12.

Sigurdsson, Monica, CEO, Tandresor™ – Kreativ Dental Sverige, Helsingborg, Sweden, 16/5-12.

7.3. Electronic sources

Dental Implant Aesthetic Clinic (2012). *About clinic – History*. (Electronic) Available: <<http://www.froe.pl/en/about-clinic/history/>> (2012-05-28)

Försäkringskassan (2012) *Vård inom EU*. (Electronic) Available: http://www.forsakringskassan.se/sjukvard/vard_inom_eu!/ut/p/b1/04_Sj9CPykssy0xPLMnMz0vMAfGjzOIjtjAx8nZwMHQ0sgg0sDDwtPSxd3SyN3F3MTYAKIoEKDHAARwNC-sP1o8BK8Jjg55Gfm6pfbthoOuoqAgAle6VQg!!/dl4/d5/L2dJQSEvUUt3QS80SmtFL1o2XzgyME1CQjFBMDhTMDgwSTIIOUVGOTJHVFEw/ > (2012-04-17)

Regeringen (2011). *Hälso- och sjukvård i Sverige*. (Electronic) Available: <<http://www.regeringen.se/sb/d/14832>> (2012-04-04)

Regeringen (2011). *Tandvård i Sverige*. (Electronic) Available: <<http://www.regeringen.se/sb/d/14835>> (2012-04-04)