This is the published version of a paper published in *Health Marketing Quarterly*.

Citation for the original published paper (version of record):

Hyder, A S., Rydback, M., Borg, E A., Osarenkhoe, A. (2019)
Medical tourism in emerging markets: The role of trust, networks, and word-of-mouth
*Health Marketing Quarterly*, 1-17
https://doi.org/10.1080/07359683.2019.1618008

Access to the published version may require subscription.

N.B. When citing this work, cite the original published paper.

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To cite this article: Akmal S. Hyder, Michelle Rydback, Erik Borg & Aihie Osarenkhoe (2019): Medical tourism in emerging markets: The role of trust, networks, and word-of-mouth, Health Marketing Quarterly, DOI: 10.1080/07359683.2019.1618008

To link to this article: https://doi.org/10.1080/07359683.2019.1618008

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Published online: 18 Jun 2019.

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Medical tourism in emerging markets: The role of trust, networks, and word-of-mouth

Akmal S. Hydera, Michelle Rydbacka,b, Erik Borgb, and Aihie Osarenkhoea

ABSTRACT
Despite the growing popularity of medical tourism (MT) in emerging markets (EMs), little is known about how healthcare providers operationalize. This article analyzes how healthcare providers meet different challenges to market MT in an EM setting. A qualitative method was used for data collection and conducting case studies on healthcare services in the Philippines. The results show that trust and network building are necessary for mitigating the unfavorable characteristics, instability and lack of legitimacy caused by institutional constraints in EM. Word-of-mouth is found to be important to attract new customers and disseminate information about MT services.

KEYWORDS
Emerging markets; Healthcare; Medical tourism; Network; Trust

Introduction
In the globalized world today, medical tourism (MT) has emerged as one of the most popular service niches that attract many emerging markets (Enderwick & Nagar, 2011). MT refers to the practice of traveling to obtain medical healthcare across the border that combines complementary activities such as tourism services (Heung, Kucukusta, & Song, 2010). MT includes both simple treatment and complex surgeries, from dental and cosmetic surgeries (Lunt & Carrera, 2010) to the most extreme forms, such as transnational retirement and “mercy killing” (Connell, 2006). MT’s core product is professional service (Heung et al., 2010) related to healthcare. MT is an innovative way of offering healthcare services beyond the patient’s country of residence. Hyder and Fregidou-Malama (2009) state that healthcare services are complex because of their high credence characteristic. Fisk, Grove, and John (2000) maintain that credence attributes are difficult to evaluate even after the consumption of a medical service.
Complicacy in MT can arise for several additional reasons, such as sensitivity of the service being offered to consumers (patients) under difficult conditions (due to illnesses), the involvement of third parties (i.e., travel agencies, government bodies, insurance companies, etc.) and the different contexts in which the healthcare service is delivered outside the patient’s country. Garman et al. (2016) investigated hospitals in Singapore, Thailand, and Mexico and provide insight on how they accommodate international patients. Yet the care providers’ role as marketers remains uninvestigated.

The popularity of MT can be seen through the increased number of countries, including many emerging economies, considering MT as their national industry (Woo & Schwartz, 2014). But MT practices in emerging markets (EMs) could be a difficult task, because these contexts are subject to institutional turbulence, complexity and within-country diversity (Burgess & Steenkamp, 2006). Cassia and Magno (2015) recognize institutional uncertainty, difficulties in building a sales network and inability to adapt as three major problems in marketing in EMs. Combined with credence attributes, MT marketing in EMs thus becomes a difficult task for service providers. Even though MT is becoming global, no study has yet focused exploring how MT is marketed in EMs. This article aims to fill this gap by analyzing what challenges service providers meet and how they solve those challenges to market MT in the EM setting.

Among the popular destinations for MT, countries like Thailand, Singapore, Malaysia, India, and the Philippines are at the top, and all are located in Asia (Turner, 2011). These countries make the region into the hub of MT, due to the cost and price advantages and availability of qualified manpower (Enderwick & Nagar, 2011). This study concentrates on three medical centers in the Philippines that offer healthcare services to foreign customers. We have chosen the country for its heterogeneous EM characteristics and its growing interest in becoming a leading actor in the MT sector.

**Theoretical background**

**MT and credence quality**

Eisingerich and Bell (2007) stated that the outcome of the consumed service, for example a knee operation, may be unclear even a few weeks after the operation. The credence characteristic makes customers uncertain about the service quality; therefore, customers take a high risk in buying such offerings. To minimize the risk, customers seek cues that can provide some information about the quality of the service (Zeithaml, Bitner, & Gremler, 2006). Service providers are therefore expected to expend more time and effort to convince customers that services offered are genuine and reliable.
MT requires a patient to travel to another country for treatment and medical support. It has become prevalent due to globalization and the availability of information on MT locations and the services offered (Rajagopal, Guo, & Edvardsson, 2013). Lovelock (1983) recognizes three categories of services: people-processing, possession-processing and information-based. MT represents the first category, since services are directly delivered or targeted at the customer’s physical person. It also means that human interactions are essential while offering services and that communication goes well so that misunderstanding between the service provider and service receiver can be avoided.

Initial service encounters carry some level of risk due to the intangible nature of the service product and the customer not knowing what to expect regarding the service outcome (Coulter & Coulter, 2002). With MT, however, customers know what they expect but not completely sure how the process of service delivery will work. MT can involve how information on the services is disseminated, how trust is built with the customers, and how a network with relevant actors is developed and maintained to facilitate delivery of the services. From a service marketing point of view, MT deals with two important issues: delivery of services and internationalization.

Internationalization offers both opportunities and complications for healthcare marketing, which is itself a complex matter to deal with. In fact, MT service is executed through “exporting health care by importing patients” (Turner, 2007). MT customers are therefore exposed to a different physical setting. Considering heterogeneity and intangibility, Fregidou-Malama and Hyder (2015) recognized difficulties related to cultural influences in the international context of health services marketing. Rajagopal et al. (2013) found that MT customers are exposed to challenges of acclimatization to a different country, culture and lifestyle, where the patients have to rely on their social sources to obtain inside knowledge, connections and local support. However, according to Nguyen, Klaus, and Simkin (2014), trust can mitigate the unfavorable perception. The Uppsala model of internationalization recognizes that firms are increasingly concerned with network phenomena to acquire legitimacy and to deal with foreign customers (Johanson & Vahlne, 1977, 2009).

**Emerging markets and institutional constraints**

EMs are characterized by low levels of infrastructure and resources but high rates of growth (Tanusondjaja, Greenacre, Banelis, Truong, & Andrews 2015). One area of such growth in EM is related to the number of young people that belong to the mass market yet have little spending power (Burgess and Steenkamp, 2006). According to Enderwick and Nagar
EMs usually possess an abundance of young professionals (i.e., doctors and nurses), which can be helpful for the development of an MT industry. Healthcare providers in EMs can thus offer reasonable or even low prices, which can attract foreign customers to buy medical services. Medical tourists have the possibility today to choose a country to undergo the treatment (Rajagopal et al., 2013).

The MT industry has created a new kind of supporting sector, namely, medical intermediaries. Enderwick and Nagar (2011) argued that an EM’s competitive advantage depends on healthcare providers’ capability to work with the related and supporting industries. Although the use of medical intermediaries is apparently advantageous, it can be problematic if the service provider does not succeed in developing a good relationship with them. Håkansson, Ford, Gadde, Snehota, and Waluszewski (2009) assert that a functioning network is essential where customers are culturally different, because involvement of these parties can make business easy or difficult.

Bookman and Bookman (2007) remarked that physical factors such as inadequate infrastructure, low level of safety and a deficient law-and-order situation can hinder MT marketing. Hyder and Fregidou-Malama (2009) observed that offering healthcare is rife with uncertainty, and therefore it becomes important for service providers to build trust in what being delivered. Zwier (2017) observed that Dutch patients tend to depend on the website marketing of private medical specialist service providers. Service researchers, however, have found that customers rely on information that is circulated by word-of-mouth (WOM) to reduce the risk and uncertainty involved in buying a service offering (Berry & Parasuraman, 1991; Chaniotakis & Lymperopoulos, 2009). To sum up, customers need reliable information and the right contacts to buy services that involve risk and uncertainty.

The previous discussion reflects how MT customers may be uncomfortable while undergoing treatment abroad due to credence attributes of healthcare services and challenges related to the EM context. The credence factor applies to the internal content of the service and how it is packaged and delivered to the customers. EM constitutes the external environment, which offers both challenges to and opportunities for making and providing services. The role of service providers not only relates to offering a high-quality service but also to reducing customer risk by developing proper communication through WOM, creating trust and developing necessary networks. EM characteristics and contextual cues must be properly understood and addressed to make the service delivery work in EM (Figure 1). The constructs of WOM, trust and networks need to be designed in such a way that there is a matching between internal and
external factors, and credence issues are properly dealt with in relation to the EM environment. The constructs are interrelated and therefore affect each other in facilitating the marketing process of medical tourism.

The role of trust in healthcare is recognized (Kemp, Jillapalli, & Becerra, 2014). Trust can be defined as the willingness to rely on an exchange partner one has confidence in (Bianchi & Saleh, 2010). Lien, Wu, Chen, and Wang (2014) remarked that trust has an impact on the patients’ perceived service quality and their willingness to recommend the providers to others. While studying relationships in professional services, Laing and Lian (2005) recognized the importance of trust in reducing the risk and uncertainty rooted in such services. Rajagopal et al. (2013) found that risk occurred due to strong dependence on the service provider, and service intangibility in healthcare has to be resolved by creating trust. Han and Hyun (2015) claimed that reasonableness of prices in MT has a significant impact on the customers’ perception of confidence and service satisfaction.

Network theory has been used in previous studies to examine the process of service marketing (Eisingerich & Bell, 2007; Fregidou-Malama & Hyder, 2015; Hyder & Fregidou-Malama, 2009), internationalization of firms (Ghauri, Tasavori, & Zaeefarian, 2014), and delivery of high-technology products and services (Borg, 2009). Although these studies show the importance of networks in service marketing, little is known about its relevance in the MT context. Enderwick and Nagar (2011) argued that growth
of MT is based on how effectively the network functions. Borg (2009) stated that through networks different stakeholders can learn and develop new services they can offer together. This collaboration, according to Borg, has been observed among healthcare providers, insurance companies, medical facilitators, and government agencies in developing health services available to medical tourists.

WOM has been defined by Arndt (1967) as “oral, person-to-person communication between a perceived noncommercial communicator and a receiver concerning a brand, a product, or a service offered for sale” (p. 190). When a marketer delivers high satisfaction to consumers, the expectation is that the consumers will spread positive WOM (Brown, Barry, Dacin, & Gunst, 2005). WOM is recognized as both a consequence of service quality/customer satisfaction and an antecedent to revenue and profit due to new customer acquisition (Wangenheim & Bayón, 2007). Both these roles of WOM are complex in healthcare, because customers usually have difficulty judging the service quality and potential customers need referrals from others to trust the service provider. Researchers therefore have highlighted the role of networks in spreading WOM (Brown et al., 2005) and trust (Fregidou-Malama & Hyder, 2015) to reduce the uncertainty, anxiety, and vulnerability involved in the dealings.

**Method**

**Research design**

Considering the complex and explorative nature of the research, a case study approach was found appropriate in conducting this study. Yin (1994) suggested that a case study could offer deep insight into a phenomenon within a real-life situation. This study deals with some complex issues, including EMs, dealing with foreign customers with varied cultures, and MT, which is an industry in transition. The intricacy and newness of the business require understanding and theory development. Eisenhardt (1989) observed that building theory from case study is suitable in the early stages of the research on a topic or to provide freshness in perspective to an already researched topic. Few cases in healthcare have been conducted in the Philippines to generate context-dependent knowledge, which is significant in theory construction (Esposito, 2017).

For case selection, we set three preconditions for each institution:
These preconditions were important to follow the aim of the study and to make the comparison among the cases possible. Three medical service providers in the MT sector were included in the investigation. Case Alpha represents a renowned eye clinic, which accepted the invitation for its inclusion in the study. Of the eleven hospitals in the Philippines that have international accreditation to cater foreign patients, seven were invited, but only two of them agreed to participate in the research, the big hospitals Beta and Gamma. All the service providers are located in central Manila. Information on the cases is presented in Table 1.

Data was collected from semistructured interviews, direct observations, and documents. Case studies typically combine data collection methods such as archives, interviews, questionnaires and observations (Eisenhardt, 1989). Face-to-face interviews and observations were conducted from March to April 2015 and in April 2016. Some supporting organizations were identified after the first batch of responses from the service providers. Through snowball sampling, four supporting organizations (three medical facilitators and a government agency) were identified and included in the investigation to cross-check the data. Altogether, 16 people were interviewed.

A pilot study was conducted from January to March 2015 to see if the chosen research instrument could provide data to fulfill the research aim. Then the interview questions were refined and used during the actual interviews. An electronic copy of the questions was sent to the respondents a few days before the meetings. Seven hours of direct observations were also recorded using an observation protocol. Secondary data sources were

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**Table 1. General view of the cases.**

<table>
<thead>
<tr>
<th>Case</th>
<th>Year of establishment</th>
<th>MT services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1: Clinic Alpha</td>
<td>2001</td>
<td>Specialization: Ophthalmology and optometry</td>
</tr>
<tr>
<td>Ownership: Private</td>
<td></td>
<td>Ancillary services: concierge, interpreter, etc.</td>
</tr>
<tr>
<td>Beds: N/A</td>
<td></td>
<td>Accredited: Yes</td>
</tr>
<tr>
<td>Type: Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case 2: Hospital Beta</td>
<td>1903/2005</td>
<td>Specialization: Orthopedic, ophthalmology, surgery, cardiology, and thoracic vascular surgery</td>
</tr>
<tr>
<td>Ownership: Private/nonprofit</td>
<td></td>
<td>Ancillary services: hotel services, concierge, interpreter, visa inquiry, etc.</td>
</tr>
<tr>
<td>Beds: 600–650</td>
<td></td>
<td>Accredited: Yes</td>
</tr>
<tr>
<td>Type: General, education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case 3: Hospital Gamma</td>
<td>1967</td>
<td>Specialization: Ophthalmology, surgery, cardiology and thoracic vascular surgery</td>
</tr>
<tr>
<td>Ownership: Private</td>
<td></td>
<td>Ancillary services: hotel services, concierge, interpreter, visa inquiry, etc.</td>
</tr>
<tr>
<td>Beds: 800</td>
<td></td>
<td>Accredited: Yes</td>
</tr>
<tr>
<td>Type: General, education</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*aRepresents two units of the hospital.*
annual reports, newsletters, and magazines from the service providers. Thus, triangulation of data was employed to ensure the reliability of the data (Yin, 1994). The data was transcribed, codified, organized, and then analyzed by following the theoretical framework.

**Empirical evidence**

**Case 1: Clinic Alpha**

The clinic is one of the leading ambulatory eye care centers in the Philippines that have international accreditation from the International Standard Organization (ISO) and Accreditation Canada (AC), comprising five clinics around Metro Manila. The company was established by a well-known Filipino business tycoon who handles the management, and a renowned Filipino-American ophthalmologist who manages the professional side of the enterprise. State-of-the-art facilities and equipment have been imported to provide U.S.-quality eye care, executed by the 10 Harvard-trained specialists. One of the doctors interviewed said that a lot of adaptation is needed considering the situation of each patient, and the patients have little knowledge of the complicacy of the disease and the treatment.

Alpha is an active participant in international clinical research that resulted in more than two hundred peer-reviewed publications and awards from different medical associations. Conducting clinical studies for international companies (e.g., Allergan, Pfizer) give it advantages in learning the latest technology even before the products are available in the market. This activity helps Alpha to develop trust among the customers for the quality of the services they offer. Furthermore, medical staff members are urged and required to participate regularly in conferences, keeping them updated on the latest developments in ophthalmology. Alpha is a member of the local and international association of eye hospitals and ophthalmologists. Despite Alpha’s perseverance in developing quality care, marketing has not been at the top of the company’s agenda. The Alpha manager explains:

> We have not aggressively pursued that path [of marketing the medical services], because we feel that the infrastructure for medical travel is not yet fully developed. … What we feel would be a better market (for now) would be the 10 million Filipinos abroad.

In spite of the lack of marketing, Alpha manages to cater to 10%–15% foreign patients (mostly diaspora) who primarily communicate with them through a website (e.g., booking appointments, asking questions of the doctors, inquiring about prices). The clinic has an International Customer Services (ICS) unit specifically dedicated to serving international patients. Manned by native-born speakers of Korean, Japanese, Chinese and Hindi,
ICS provides complimentary services (i.e., interpretation, concierge assistance, etc.). Korean and Japanese interpreters also publish articles in magazines written in their own language to attract foreign patients and generate referrals. Though English is widely used in the clinics, some of the doctors and optometrists are also fluent in the Chinese language, creating confidence among Chinese-speaking visitors to the clinic. Alpha has three facilities located in the shopping malls that offer accessibility. Two out of three intermediaries in this study highly recommended and acknowledged the flexibility of Alpha’s management. Alpha offers the same standard price to local and foreign patients. Although prices are reasonable for the international patients, they are still expensive for the local population. But the Alpha manager observes that high prices convey high-quality service.

To attract new customers, Alpha publishes patients’ stories and testimonies on their websites. The clinic management believes that testimonials have a positive impact on potential patients, particularly those from abroad who seek treatment worldwide through Internet searches. Two foreign patients describe the clinic: “People are outstanding professionals. They provide extraordinary levels of expert medical care, human concern and gentle encouragement”; “at Alpha I feel belonged. They always made me feel that I am in good hands.”

**Case 2: Hospital Beta**

Beta is a pioneer in healthcare and one of the most famous and award-winning hospitals in the country. It has two branches that are both accredited by Joint Commission International (JCI), Trust Effective Medicine Optimized Service (TEMOS) and ISO. The Case 2 branch was built in 2005 and is located in a financial district away from the congested part of the city. It is equipped with modern facilities concentrating on MT. To accommodate patients’ relatives, a hotel, restaurants, banks, cafés and shops are constructed inside the hospital complex. A department manned by trained staff to attend to the individual needs (i.e., cultural requirements, visa assistance) of foreign patients was developed. There is a lounge where patients and their families can meet representatives from foreign insurance companies including Korean, Chinese and Japanese. Beta earns recommendations from different embassies that give them advantages despite limited international presence.

To maintain state of the art, Beta continually invests in modern technology, new equipment, and training for their medical staff. Consequently, they have limited resources left to spend on advertising to a small number of international patients. It is more important that potential customers
learn about them through their friends and relatives who have had positive experiences of treatment at the hospital. Beta started using social media in 2013 and had already received 80,000 likes on Facebook by the middle of 2017. It regularly publishes newsletters with information on its service offerings and testimonials of satisfied patients to attract new customers. As one newsletter describes:

> Word-of-mouth testimonials have served as the most potent promotion instrument of the hospital, drawing people from all walks of life to seek medical care. It has not only received recognition from gratified patients but also from prestigious international organizations. These have all cemented our reputation as one of the most trusted medical centers in the country.

In 2004, the government developed the Philippines Medical Tourism Program, a public–private partnership initiative aiming to unify all stakeholders to benefit the MT industry. However, the outcome was not fully satisfactory. One of the marketing managers adds:

> A lot of the work is done by the hospitals themselves and not much help one can expect from the government [...] we are capable [of] caring medical tourists or foreign patients [...] But do they know that the Philippines is the place that they go for world-class care? [...] We have clinical outcomes to prove that.

Beta uses its website as the central portal for communicating with international patients. It applies modern technology (e.g., an app, social media, online payment and reservations, test results) to reach and serve patients and collaborate with their network of international hospitals for education and research. Beta is known to have strong ties with international medical institutions. Some U.S. influences (due to colonization), such as extensive use of the English language and the outline of the medical and educational system have become beneficial to the MT industry. The hospital has its own medical and nursing schools that provide it with a substantial number of professionals, despite the high brain drain to neighboring countries. As one of the managers in an intermediary organization noted:

> The Philippines has competitive medical prices compared to its Asian competitors. However, lack of price transparency, price discrepancy [between the local and international patients] and disparity of prices for the same medical procedure have been problematic for trust development in MT.

The government recently has attempted to solve the pricing problem together with the four JCI-accredited hospitals. Together they have made a list of popular medical offerings incorporating information on the pricing. However, the success of the effort is not yet known.
Case 3: Hospital Gamma

Gamma is a leading healthcare organization and one of the five JCI-accredited hospitals in the Philippines. According to the manager for international sales, “JCI accreditation is considered the gold standard in global health care.” Over the years, Gamma has combined medical services with business management practices. This unique approach to healthcare management and aggressive marketing has led to a network of 32 satellite clinics, mostly located in shopping malls, and five hospitals, of which three are located in other Philippine provinces while two are in Guam and Dubai. The main complex, which is built with restaurants, shops, pharmacy, and hostel, is located in a financial district to offer customer-oriented healthcare services. Due to a lack of sustainable support at the national level, Gamma adapts its own business concept to reach the foreign market. Gamma’s presence in the international arena gives it an advantage in creating a network together with different organizations. The assistant manager explained:

We also have our presence in Guam, Dubai, and will be soon in Papua New Guinea. These give us an opportunity to know the market and understand the needs of the customers. We also coordinate with different government-funded organizations like Medicaid, Palau in the health sector and take part in medical referral programs in nearby islands that need support in healthcare.

Insufficient infrastructure such as roads, financial institutions and telecommunication service are main obstacles to offering quality services, according to the interviewees. Most of the major hospitals are located in the populated cities, where traffic congestion is a common phenomenon. Through accessible satellite clinics located in shopping malls and near hotels, Gamma’s patients can avoid the long hours of car travel (specifically for checkups or follow-ups). The majority of their international patients come with insurance that is prearranged in their home country. It allows them to customize the service for each patient requirement even before arrival. The hospital has developed a “patient partnership program” to develop close relationships with patients and create an environment of trust. Informal relationships with the patients have resulted in a number of recommendations, according to Gamma’s managers. Proper coordination with the insurance companies serves a significant role in each transaction. The majority of the affiliated physicians and medical professionals are internationally trained. Their multidisciplinary surgical training center was developed in collaboration with various international experts. The customer-relations manager said: “Our personnel underwent extensive training in regards to handling international patients, a different category of customers. Before coming and meeting patients, they need to have gone through an intensive training program.”
Discussion

All three service providers have long experience and a decent reputation in the medical field locally but limited in the international arena. Although a few attempts were made in the past to promote the country, the result has not been that satisfactory. Promoting MT has been inhibited by inadequate support from the government and an underdeveloped infrastructure. This is in line with Turner (2010) and Bookman and Bookman (2007), who find that the role of government and efficient infrastructure are both significant for success in the MT industry.

International and local accreditation bodies have been supportive in communicating and confirming the quality healthcare that all three service providers have developed for trust building (Enderwick & Nagar, 2011). JCI, AC, and ISO accreditations give assurance to the patients on the service providers’ credibility. Further, accreditation contributes to the opportunity to develop international networks. According to Johanson and Vahlne (2009), networks are significant for acquiring legitimacy when going for internationalization. Affiliation with outstanding medical facilities and employing internationally trained physicians allowed access to global networks, which was found in all the cases. Having the longest experience, Beta had more established relationships with reputed international and local medical institutions. Conversely, Gamma rapidly expanded by establishing its own facilities internationally to promote their services and extend their network. Alpha did not rely on MT infrastructure, deciding instead to concentrate on marketing to Filipinos living abroad and utilizing the accreditation and affiliation for clinical research and skill development.

MT patients in the country mainly consist of the Filipino diaspora and corporate accounts (patients referred by insurance companies). Residents of other countries usually consult their relatives and friends in the countries of origin. Therefore, even though international affiliation was considered a plus, local association emerged as equally important. The capability of the service providers to sustain healthy relationships with ancillary industry suppliers (i.e., medical facilitators, embassy) was seen as vital for survival in MT (Håkansson et al., 2009). Gamma and Alpha were particularly recommended by the supporting organizations that were interviewed for their flexibility and open management, which simplified the process in developing customized services (Borg, 2009).

Unlike the others EMs with a large undereducated population, the Philippines enjoys an abundant and growing number of young foreign- and locally trained, English-proficient professionals, specifically in the medical field; Enderwick and Nagar (2011) find this to be an advantage. Alpha and Gamma are directly connected to the renowned medical school in the country; they serve as a training ground for physicians and nurses. Beta,
however, has its own faculty of medicine to generate enough professionals for the activities. In both cases, it helped to develop trust in the service providers. Employing Filipino physicians with international credentials was claimed not to be an issue in the cases. Through the Philippines Medical Tourism Program, the standard price for a medical procedure was imposed by the government in 2014. However, a reliable system to govern the implementation of the price standardization and transparency must still be further addressed (Enderwick & Nagar, 2011).

Han and Hyun (2015) concluded that reasonableness of rates can positively influence patients’ perception of trust and satisfaction and can spread to the public through WOM and building networks (Fregidou-Malama & Hyder, 2015). All the service providers attempted, although in different ways, to use patients’ testimonies and stories to earn confidence in line with Brown et al. (2005). Websites are used to spread positive information about the medical centers for getting new customers. The focus on patient categories (i.e., emigrant Filipinos, expats, and foreign patients), was not clear-cut, however, in any of the cases.

Conclusion and future research

The article examined how the marketing of MT takes place from the emerging markets’ perspective. This study enhances knowledge on MT offered by healthcare providers in EMs and how service providers face challenges related to institutional and credence quality factors.

Due to the insufficient infrastructure and insufficient support at the national level, private stakeholders, specifically hospitals and clinics, are left with the daunting task of promoting MT. Remarkably, these healthcare providers manage to get along as strong contenders despite the turbulent conditions. Trust and network building have legitimized quality healthcare in the country. The local knowledge, skills and dedication of private actors have given the edge to finding solutions to overcome constraints, by relying on WOM. Most of the efforts are being made by the private entities, yet not all stakeholders have the financial and managerial capability to orchestrate their promotion as in the investigated cases. Thus, reliable and efficient national intervention is needed, as Enderwick and Nagar (2011) observed in their study of Asian MT leading destinations.

Our study contributes to the limited research on MT in marketing science. This research advances the knowledge about healthcare providers’ role as marketers of medical services (a high credence service). The framework requires some revision due to our empirical findings. First, the credence attribute of healthcare remains a problem that needs to be resolved before customers can agree to undergo treatments. WOM can reduce the
uncertainty and insecurity of the incoming patients by creating trust in the service provider. Networks are also helpful to reduce the knowledge gap with the patients. Second, EM attributes are uncontrollable and therefore challenging in marketing healthcare. In this study, we found that service providers resolve these issues by developing networks with reputed organizations and acquiring accreditation from international bodies. Even here, the purpose is to create trust in the service providers who can solve the customers’ problems. Third, institutional constraints can further complicate understanding of credence attributes. Conversely, institutional support can ease the acceptance of the credence attributes of healthcare. The revised framework is presented in Figure 2.

This study offers several practical implications. First, managers must use WOM more systematically to generate trust, which is a precondition to get foreign customers. WOM should be seen from a longer perspective as WOM breeds WOM. In this research, only positive WOM has been published, which can create doubt about the authenticity of the exposure. We therefore suggest that even neutral experiences by the customers are circulated.

The current research focuses on just one country; more MT-conducting countries could be included to do a comparative study. It is also necessary to study how visiting medical tourists perceive the services offered by the service providers. The insight would be helpful for improving MT in EMs and to conduct promotional activities around the services. Furthermore, MT in EMs can be compared with that of developed countries to identify the impact of infrastructure and institutional factors on healthcare marketing.

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**Figure 2.** Revised framework for marketing of medical tourism in emerging markets.
References


