HOW DO FACTORS INFLUENCE THE CHOICE OF MEDICAL TOURISM DESTINATIONS IN HO CHI MINH CITY, VIETNAM?

Tram Nguyen Thi HUYEN

HCMC University of Technology and Education, Faculty of Economics, Ho Chi Minh City, Vietnam, e-mail: tramnth@hcmute.edu.vn

Phuong Mai Vo TRUC

HCMC University of Technology and Education, Faculty of Foreign Languages, Ho Chi Minh City, Vietnam, e-mail: mvtp@hcmute.edu.vn

Tuan Anh LE[*]

Duy Tan University, Institute of Research and Development, Da Nang City, Vietnam, e-mail: latuan0507@gmail.com

Nguyet Phan MINH

Van Lang University, Accounting and Auditing Faculty, Ho Chi Minh City, Vietnam, e-mail: nguyet.pm@vlu.edu.vn

Kien Cao PHUOC

Faculty of Finance and Accounting, Thu Duc College of Technology, Ho Chi Minh City, Vietnam, e-mail: kiencp@tdc.edu.vn

Thu Nguyen Lam KIM

Faculty of Economics, MBF, Nam Can Tho University, Can Tho City, Vietnam, e-mail: nlkthu@nctu.edu.vn

Abstract: This study aims to identify the factors and their level of influence on the choice of medical tourism destination at medical facilities in Ho Chi Minh City. Based on a survey of 202 tourists, including domestic and foreign tourists, who have experienced one of the medical tourism services in Ho Chi Minh City. Through regression model analysis, the results show that there are three factors influencing the choice of Ho Chi Minh City as a medical tourism destination in descending order: Quality of medical services; Advertising and communication; Cost of medical services. Based on the research results, the similarities and differences with the results of previous studies were analyzed, drawing out the characteristics of medical tourism in Ho Chi Minh City. The study also points out proposals to develop the quality of medical services; enhance the promotion of medical services and other supporting solutions to develop medical tourism services in Ho Chi Minh City quickly and sustainably.

Keywords: medical tourism, tourism, choice, destination, Ho Chi Minh City, Vietnam

* * * * * *

INTRODUCTION

In recent times, many countries have made efforts to develop medical tourism, from investing in technology to recognizing hospitals that are qualified in terms of technical expertise and infrastructure suitable for medical tourism. Asian countries are leading in attracting medical tourists such as Malaysia, Singapore, Thailand, India, South Korea. In addition, some countries in Europe and Latin America such as Romania and Costa Rica have also risen to the top of the medical tourism rankings. Both demand and supply factors in medical tourism stimulate its growth. Some countries such as Columbia, Pakistan, China, Bolivia and Brazil are promoting organ donation, while Southeast Asian countries are focusing on heart surgery and spas and health care. Vietnam has great potential in developing health tourism with traditional Eastern medicine, advances in Western medicine (IVF, organ transplants, dentistry, infertility), natural resources (hot springs, natural landscapes), and socio-cultural resources. In addition, the system of tourist accommodation facilities with standard health care facilities is also an existing strength of Vietnam tourism. Destinations such as Hoi An, Nha Trang, Phu Quoc, Ho Chi Minh City have attracted a significant number of tourists with the main purpose of health care and medical treatment in recent times. However, on the world's health tourism map, Vietnam is still quite obscure because we have highlighted and set standards for health care/medical treatment services exclusively for tourists. At the same time, the work of promoting and developing the market for this product line has not been carried out effectively and systematically. It can be seen that health tourism in Vietnam is still in its infancy or is mainly combined with other types of tourism such as beach resorts, mountain resorts, and urban tourism.

Vietnam has great potential in developing medical tourism in many fields such as: periodic health care, rehabilitation and convalescence, surgery and intensive treatment, dental care, infertility, methods of changing appearance. From 2024,

---

[*] Corresponding author

the health sector of Ho Chi Minh City is shaping to develop into a specialized medical center and a health care center in the ASEAN region. Tourism combined with health care (medical tourism) is also one of the major goals not only of the health sector of Ho Chi Minh City but also of the tourism industry and travel agencies. Traditional medicine is considered a strength in medical tourism in Ho Chi Minh City, because not only does it have its own unique characteristics, but Ho Chi Minh City also has a health system and human resources considered the strongest in the country. Recognizing the potential of medical tourism, since 2017, the Ho Chi Minh City Hospital of Traditional Medicine has accompanied the Department of Tourism,

After 5 years of implementing and coordinating the development of medical tourism products in Ho Chi Minh City, the city's medical tourism products have achieved encouraging results. 2023 is also a milestone marking the rise of medical tourism products with many activities implemented specifically and effectively, such as: Announcing 30 combo tour programs combining medical tourism and health care suitable for domestic and international tourist markets; Launching video clips introducing and promoting medical tourism products in the city; Updating, supplementing and adjusting the Medical Tourism Handbook in 6 languages with concise, clear and effective content. Determining factors affecting the choice of medical tourism destinations in Ho Chi Minh City is a study to help managers, travel companies as well as stakeholders understand customer preferences and thereby propose solutions to develop medical tourism in the city.

LITERATURE REVIEW AND RESEARCH HYPOTHESES

Medical tourism is an emerging form of tourism in developing countries (Nilashi et al., 2019). Syah et al. (2022) recognized that the development of medical tourism will cause inequality in many aspects in different localities in a country, which shows that the development of medical tourism will be concentrated in some localities with strengths in each country. If you want to develop medical tourism, the most important condition is the quality of medical treatment of medical facilities in that locality (Eze et al., 2020; Datta, 2020; Zarei and Maleki, 2019).

The issue of assessing the reputation and reliability of medical facilities in a locality in the present era is greatly affected by advertising and communication (Cham et al., 2021). The clear public disclosure of information and scheduled medical tourism services is a huge advantage for medical facilities as well as localities in competing to attract customers, especially those with experience in medical tourism services (Biswas and Rai, 2023). If local authorities coordinate better with each other in promoting local medical tourism services and have clear insurance policies, this is a huge advantage for the development of this type of tourism (Zarei and Maleki, 2019; Ushakov and Vasyuta, 2022). Destinations will only attract tourists if they have a safe and secure environment (Madani et al., 2020).

In addition to improving medical technical expertise, local medical facilities also need to find tourist destinations suitable for treatment as well as policies to support careful nursing care, which will help increase the effectiveness of customer satisfaction when these people are willing to spend a lot of money to receive the best care services (Kim et al., 2019; Datta, 2020). It is also agreed that the quality of care from doctors and nurses as well as the accompanying tourism environment will increase customer satisfaction when choosing medical tourism destinations (Sultana, 2021). Localities with additional natural resources that are good for supporting medical tourism such as hot springs, temperate climates, etc. are an additional strength to help strongly develop this service industry (Hojcska and Szabó, 2021).

The development of medical technology is also a point that localities and medical facilities need to pay attention to when wanting to develop the medical tourism sector (Nilashi et al., 2019). The cost of medical services is a factor mentioned in most studies affecting the development of medical tourism services (Biswas and Rai, 2023). Standard facilities will encourage tourists to choose the service and conversely, poor facilities can make tourists hesitate to receive the service (Zhang et al., 2018). Based on the results of the above prominent studies.

Kundury et al. (2024) pointed out some risks in medical tourism activities such as language differences, legal issues, and health insurance. This warns customers and stakeholders when carrying out medical tourism activities to consider the risks that may occur to them. Asa et al. (2024) compiled a number of research documents on medical tourism in Indonesia. In order to develop medical services in the country, the authorities need to pay attention to changing the quality of the health system in medical examination and treatment, and issue policies aimed at increasing people's trust and satisfaction with medical services. Li et al. (2024) commented that professionalism in treatment and medical examination is the factor that has the greatest influence on medical tourism services. Other factors such as the cost of medical treatment in different forms have a negligible impact on tourists' choice of medical tourism services.

Balouchi and Aziz (2024) found that the higher the self-efficacy of people, the higher their use of social media to plan their own medical tourism. This finding is a useful tool for medical tourism service providers to optimize online search channels for medical tourism information, orienting the market towards the effective use of social media to target medical tourism customers on a large scale. Toni et al. (2024) pointed out that there is a potential relationship between the quality of treatment, cost of medical treatment, and destination image affecting patient satisfaction in the field of medical tourism. Cha et al. (2024) studied the push-pull factors related to the medical tourism industry, and the results showed that there are three segments that strategists in this field need to pay attention to: those seeking high-quality medical tourism services, those seeking essential medical tourism services, and those seeking the rest.

Malhotra and Dave (2024) commented on the increasing demand for health care through medical tourism, emerging medical markets, especially those with advanced health care systems and especially near developed countries, are taking advantage of this industry. Majeed et al. (2024) applied the theory of cognitive dissonance to examine the behavior of medical tourists through which to assess the health status of tourists. The research results recommend that these strategists need to take measures to reduce cognitive dissonance before purchasing medical tourism services, and need to have social media methods to create positive impacts for tourists. Dhakate and Joshi (2024) stated that medical tourism

is growing strongly in developing countries, through a survey of medical tourists. The research results indicate that it is necessary to develop infrastructure of medical examination and treatment facilities, along with improving the quality of medical services as well as building medical parameters and standards according to global standards if they want to attract more medical tourists. To attract medical tourists to their locality, there should be accompanying tourism packages from related parties such as culinary activities, spiritual and cultural tourism if they want to attract more customers (Kundury et al., 2024). The author proposes the following hypotheses in the model:

H1: Quality of medical services positively (+) influences the choice of medical tourism destination.

H2: Cost of medical services positively (+) influences the choice of medical tourism destination.

H3: Communication and promotion positively (+) influences the choice of medical tourism destination.

H4: Accompanying tourism services positively (+) influences the choice of medical tourism destination.

H5: Medical staff positively (+) influences the choice of medical tourism destination.

METHODOLOGY

To achieve the research objectives set out, the approach is based on theoretical foundations and previous studies to identify factors affecting the choice of Ho Chi Minh City as a medical tourism destination (Figure 1). Along with theoretical foundation research, the study especially focuses on practical approaches through surveys, interviews with experts, leaders in the medical industry, tourism services and especially those directly responsible for medical tourism tours, to supplement and test theoretical issues, in the context of many changes in the economy. Theoretical process: Starting from the research question, from previous studies combined with background theories will help the author identify factors affecting the choice of medical service locations and theoretical models. The author will synthesize and refer to studies in the world as well as in Vietnam related to medical tourism, based on fundamental theories related to the issue of choosing a medical tourism destination. From determining the research objectives, synthesizing studies in the world and Vietnam as well as related theories, the author identifies influencing factors, a model to propose factors influencing the choice of Ho Chi Minh City as a medical tourism destination.

Actual process: The author has synthesized and adjusted the influencing factors to suit the characteristics of tourists to Ho Chi Minh City and proposed a research model. In order to complete the research model, the author conducts in-depth interviews, discussions, and asks for expert opinions. After the interviews, experts will supplement and adjust the influencing factors, research hypotheses and scales to propose a complete research model, as a basis for the research method in the next section. Then continue to conduct field surveys to re-verify the research model. The study uses descriptive statistical methods, testing the scale using Cronbach's Alpha coefficient, EFA, linear regression, determining influencing factors, and testing the research model.
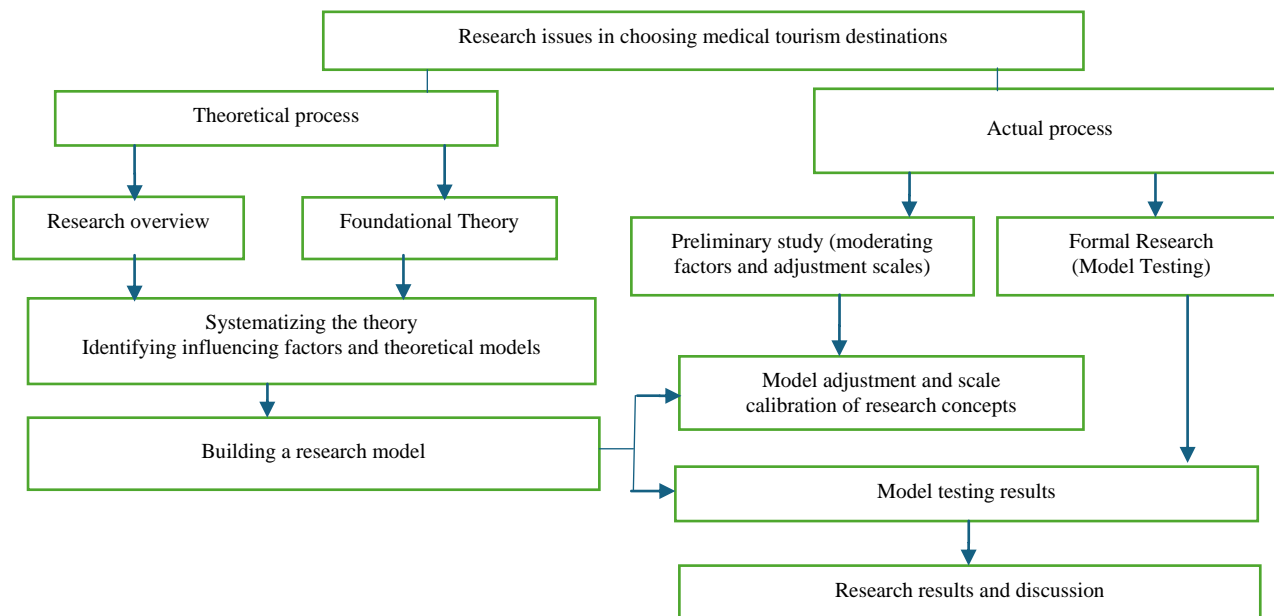
Figure 1. Research implementation process (Source: Compiled by the author)

RESULT AND DISCUSSION

Through the results of Table 1, most of them had come to Ho Chi Minh City for the 3rd time or more, which shows that they have researched quite thoroughly about tourism activities, especially medical tourism products in Ho Chi Minh City. Among the medical tourism activities that tourists choose in Ho Chi Minh City, dentistry has the highest number, followed by infertility treatment, cosmetic activities at both public and private medical facilities (Figure 2). Some foreign tourists choose to experience traditional medical services at facilities specializing in Oriental medicine. Some other tourists choose services that combine relaxation and tourism as well as disease screening. The age of customers choosing medical tourism activities in Ho Chi Minh City ranges from 35 to 45 years old, accounting for the largest

proportion of 44.55%. The survey results show that tourists spend from 50,000,000 to 100,000,000 VND on their medical tourism trips, which is a positive sign for the economic recovery of Vietnam in general and Ho Chi Minh City in particular.

Table 1. Descriptive statistics of the basic sample of visitors (Source: Compiled by the author)

		Frequency	Percent
Number of times traveling to Ho Chi Minh City	1-3 times	42	20.79
	3-5 times	98	48.51
	>5 times	62	30.7
	Total	202	100.0
		Frequency	Percent
Medical tourism activities	Dental surgery	45	22.28
	Infertility Treatment	36	17.82
	Cosmetic	32	15.84
	Traditional Medicine	29	14.36
	Health Care	27	13.37
	General Examination and Screening	19	9.41
	Other	14	6.92
	Total	202	100.0
		Frequency	Percent
Age	25-35 years old	64	31.69
	35-45 years old	90	44.55
	>45 years old	48	23.76
	Total	202	100.0
		Frequency	Percent
Average spending on medical tourism	<50.000.000 VND	87	43.07
	50.000.000-100.000.000 VND	74	36.63
	>100.000.000 VND	41	20.3
	Total	202	100.0
		Frequency	Percent
Classification of tourists by region	Domestic tourists	76	37.62
	Foreign tourist:	126	62.38
	+ Southeast Asian	47	23.27
	+ East Asia	18	8.91
	+ Western Europe	22	10.89
	+ Eastern Europe	11	5.45
	+ America	8	3.96
	+ Other	20	9.8
	Total	202	100.0

In Figure 3, the group conducted a survey of 202 different tourists including both domestic and international tourists, of which domestic tourists accounted for 37.62% and 62.38%.
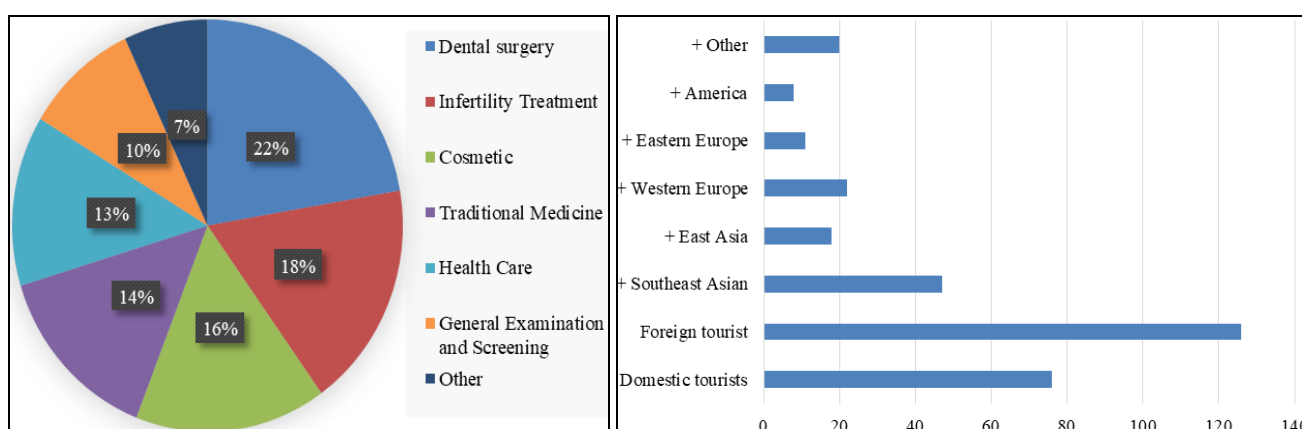

Figure 2. Classification of medical tourism activities (Source: Compiled by the author) Figure 3. Classification of medical tourism activities

Exploratory analysis of independent variables

The scale of independent variables is measured by 21 observed variables, after checking the reliability level by Cronbach's Alpha, 2 observed variables were removed, leaving 19 observed variables belonging to 5 independent factors existing in the model, all ensuring reliability (Table 2). Continue to conduct exploratory factor analysis EFA for independent factors. The results are as shown in Table 3, with KMO value of 0.733> 0.5 and Sig value of Bartlett's test of 0.000 < 0.05, showing that the variables are correlated with each other, so the model is suitable for exploratory factor analysis.

Table 2. Reliability according to Cronbach's Alpha coefficient (Source: Compiled by the author)

Factor	Factor abbreviation	Number of observations	Observation is eliminated	Cronbach's Alpha
Quality of medical services	QUAL	4		0.936
Medical service costs	COST	5	COST2	0.819
Communication and promotion	PROM	5	PROM5	0.898
Accompanying travel services	ACCO	4		0.902
Healthcare staff	STAF	3		0.788
Choosing a medical tourism destination	MEDI	3		0.845

Table 3. Exploratory factor analysis EFA of independent factors (Source: Compiled by the author)

KMO and Bartlett's Test			
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.			.733
Bartlett's Test of Sphericity	Approx. Chi-Square		2611.365
	df		171
	Sig.		.000

Total variance explained (Extraction method: Principal component analysis)

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.905	20.552	20.552	3.905	20.552	20.552	3.369	17.733	17.733
2	3.318	17.464	38.016	3.318	17.464	38.016	3.142	16.535	34.268
3	2.794	14.708	52.724	2.794	14.708	52.724	3.116	16.401	50.669
4	2.364	12.444	65.167	2.364	12.444	65.167	2.622	13.798	64.466
5	2.015	10.606	75.774	2.015	10.606	75.774	2.148	11.308	75.774
6	.728	3.831	79.604						
7	.609	3.207	82.812						
8	.529	2.786	85.598						
9	.458	2.411	88.009						
10	.421	2.215	90.223						
11	.371	1.952	92.175						
12	.343	1.804	93.980						
13	.226	1.190	95.170						
14	.215	1.133	96.303						
15	.212	1.115	97.418						
16	.172	.906	98.323						
17	.155	.818	99.141						
18	.120	.634	99.775						
19	.043	.225	100.000						

Rotated Component Matrix[a]

	Component				
	1	2	3	4	5
QUAL4	.944				
QUAL3	.926				
QUAL1	.884				
QUAL2	.883				
ACCO4		.901			
ACCO3		.881			
ACCO2		.881			
ACCO1		.837			
PROM1			.918		
PROM4			.871		
PROM2			.858		
PROM3			.835		
COST5				.895	
COST1				.797	
COST3				.765	
COST4				.747	
STAF3					.844
STAF1					.830
STAF2					.828
Extraction Method: Principal Component Analysis; Rotation Method: Varimax with Kaiser Normalization					
(a. Rotation converged in 5 iterations)					

The extracted factors all have Eigenvalues greater than 1 and the stopping point when extracting factors at the 5th factor has an Eigenvalue of 2.015 > 1. The total variance extracted from the 5 factors is 75.774% > 50%, which shows that the

ability to use these 7 component factors to explain 75.774% of the variation in observed variables. Based on the factor rotation matrix when running EFA, the remaining 19 variables are extracted into 5 factors.

Exploratory factor analysis of dependent variable

Results of exploratory factor analysis EFA with KMO equal to 0.727 > 0.5 and Bartlett's test with sig equal to 0.000 < 0.05, so it can be confirmed that the data is suitable for factor analysis. The analysis has extracted from 3 variables assessing the impact on night-time economic development into a main factor with Eigenvalue equal to 2.291 and total variance extracted is 76.359% >50% (Table 4).

Table 4. Exploratory factor analysis EFA of dependent variable

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.727
Bartlett's Test of Sphericity	Approx. Chi-Square	249.355
	df	3
	Sig.	.000

Communalities (Extraction Method: Principal Component Analysis)		
	Initial	Extraction
MEDI1	1.000	.753
MEDI2	1.000	.787
MEDI3	1.000	.751

Total variance explained (Extraction method: Principal component analysis)						
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.291	76.359	76.359	2.291	76.359	76.359
2	.385	12.839	89.198			
3	.324	10.802	100.000			

Regression model analysis results

After extracting the factors from the exploratory factor analysis, we conduct a regression analysis to determine the factors affecting the choice of Ho Chi Minh City as a medical tourism destination.

The regression analysis will be performed with 5 independent factors: QUAL; COST, PROM, ACCO and STAF; the dependent variable is MEDI. The multivariate linear regression equation of this study is as follows:

Overall regression function

$$MEDI = \beta 0 + \beta 1 QUAL + \beta 2 COST + \beta 3 PROM + \beta 4 ACCO + \beta 5 STAF + Ui$$

The regression model will find the independent factors that impact the dependent factor. At the same time, the model also describes the level of impact, thereby helping us predict the value of the dependent factor.

According to Table 5, the level of explanation of the model with the Adjusted R Square index = 0.393, so about 39.3% of the choice of Ho Chi Minh City as a medical tourism destination is influenced by the independent factors of the model, with a confidence level of over 99% (F test, sig < 0.05).

Table 5. Results of regression model analysis (Source: Compiled by the author)

Model Summary[b]										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.638[a]	.408	.393	.48514	.408	26.978	5	196	.000	1.865
a. Predictors: (Constant), STAF, COST, PROM, ACCO, QUAL										
b. Dependent Variable: MEDI										

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.754	.469		1.606	.110
	QUAL	.373	.050	.424	7.511	.000
	COST	.250	.055	.253	4.538	.000
	PROM	.245	.047	.288	5.188	.000
	ACCO	-.053	.050	-.059	-1.054	.293
	STAF	.091	.058	.087	1.559	.121
a. Dependent Variable: MEDI						

The regression results show that 3 independent factors affect the selection in the following order: QUAL; PROM, COST because they are all statistically significant, sig < 0.05 is satisfactory and will be retained in the research model.

According to the above results, two factors ACCO and STAF are eliminated because they are not statistically significant, sig > 0.05. Based on the results of the Table 6, ANOVA has a Sig value = 0.000 < 0.05, which can be concluded that the model exists. In other words, with a significance level of 5%, it can be concluded that tourists choosing Ho Chi Minh City as a medical tourism destination is influenced by at least 1 of the remaining 3 factors.

Table 6. ANOVA analysis results

ANOVAᵃ					
Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	31.748	5	6.350	26.978	.000ᵇ
Residual	46.131	196	.235		
Total	77.880	201			
a. Dependent Variable: MEDI					
b. Predictors: (Constant), STAF, COST, PROM, ACCO, QUAL					

The quality of medical services at medical examination and treatment facilities in Ho Chi Minh City, regardless of whether they are public or private, is the most important factor influencing tourists choosing this as a medical tourism destination (Eze et al., 2020; Datta, 2020; Zarei and Maleki, 2019), this finding is completely consistent with the results of previous studies. The Ho Chi Minh City health sector has established a medical examination and treatment quality council. This Council has advised the leaders of the Department of Health on many issues regarding the quality of hospitals that need to be prioritized for improvement or rectification in order to gradually improve the quality of medical examination and treatment according to the hospital quality criteria issued by the Ministry of Health.

The city's health sector continues to continuously improve the capacity of the health system, ensuring quality, safety, efficiency and fairness in providing health care services to the people; striving to become one of the high-quality service sectors of Ho Chi Minh City, aiming to build Ho Chi Minh City into a health center of the ASEAN region. The results of this study once again showed that advertising and communication factors greatly influence tourists' choice of medical tourism destinations (Cham et al., 2021; Biswas and Rai, 2023). The launch of the Medical Tourism Handbook is one of the encouraging results after 5 years of implementing Joint Plan No. 1313/KHLT-SDL-SYT dated (June 19, 2017) between the Department of Tourism and the Department of Health of Ho Chi Minh City on coordination in developing medical tourism products. The two sides have developed and implemented criteria for hospitals and medical facilities to register to participate in the medical tourism program, launched a specialized website on medical tourism, created video clips, organized survey programs, learned and studied experiences in developing medical tourism models in Thailand, Cambodia, etc. 2023 is a milestone marking the rise of Ho Chi Minh City's medical tourism products with many activities being implemented specifically and effectively, such as: Announcing 30 combo tour programs combining medical tourism and health care suitable for domestic and international tourist markets, launching video clips introducing and promoting medical tourism products in the city; updating, supplementing and adjusting the Medical Tourism Handbook in six languages with concise, clear and effective content. Medical costs are also a factor influencing tourists' decisions when coming to Ho Chi Minh City to experience medical services. When tourists want to experience this activity, they are willing to spend a lot of money, but in return, they want to experience the best care services (Kim et al., 2019; Datta, 2020). This is a factor that is mentioned a lot in studies on medical tourism destinations (Biswas and Rai, 2023).

CONCLUSION

This study has partly pointed out the factors that influence domestic and international tourists to choose Ho Chi Minh City as a medical tourism destination. Through the results of this study, the author boldly proposed a number of issues that need to be discussed and solutions to promote medical tourism activities in Ho Chi Minh City as follows:

Proposing a tourism emergency model to promptly handle medical situations that arise for tourists; Designing and perfecting medical tourism products on the topics of infertility treatment, dentistry, traditional medicine, general examination and screening; Building types of traditional medicine services and products according to the development project until 2030 of the Ministry of Health; Introducing medical tourism products through the media;

Regularly promoting medical tourism products in annual events. In addition, there should be a number of combined solutions to develop medical tourism such as: Researching and building typical medical tourism products, linking with provinces and cities to build tours; Organizing roadshows to introduce medical tourism in Ho Chi Minh City in key markets; surveying and learning models from advanced countries;

Training soft skills, especially language, for those working in medical facilities. If these solutions are implemented synchronously, it will be a strong step forward to bring medical tourism in Ho Chi Minh City to develop quickly and sustainably in the future. In addition to the above results, the research team found that there are still some limitations in their research. Firstly, due to time and economic constraints, the sample size is still small compared to the number of tourists. Secondly, some new factors from recent studies such as insurance policies and language barriers have not been included in this research. Thirdly, the research model does not have intermediate or latent variables to clarify the relationships in the research.

Author Contributions: : Conceptualization, Le, T.A. and Huyen, T.N.T.; methodology, Huyen, T.N.T. and Le, T.A.; software, Minh, N.P., Phuoc, K.C. and Le, T.A.; validation, Le, T.A. and Phuoc, K.C.; formal analysis, Le, T.A. and Kim, T.N.L.; investigation, Le, T.A. and Truc, P.M.V.; data curation, Le, T.A., Phuoc, K.C. and Huyen, T.N.T.; writing - original draft

REFERENCES

Asa, G. A., Fauk, N. K., McLean, C., & Ward, P. R. (2024). Medical tourism among Indonesians: a scoping review. *BMC Health Services Research*, *24*(1), 49. https://doi.org/10.1186/s12913-023-10528-1

Balouchi, M., & Aziz, Y. A. (2024). Examining the antecedents of medical tourists' use of social media from the standpoint of self-efficacy. *Journal of Hospitality and Tourism Insights*, *7*(2), 1238-1262. https://doi.org/10.1108/JHTI-06-2022-0247

Biswas, T., & Rai, A. (2023). Analysis of spatial patterns and driving factors of domestic medical tourism demand in North East India. *GeoJournal*, *88*(3), 3163-3181. https://doi.org/10.1007/s10708-022-10798-y

Cha, J., Jo, M., Lee, T. J., & Hyun, S. S. (2024). Characteristics of market segmentation for sustainable medical tourism. *International Journal of Tourism Research*, *26*(1), e2626. https://doi.org/10.1002/jtr.2626

Cham, T. H., Lim, Y. M., Sia, B. C., Cheah, J. H., & Ting, H. (2021). Medical tourism destination image and its relationship with the intention to revisit: A study of Chinese medical tourists in Malaysia. *Journal of China tourism research, 17(2)*, 163-191. https://doi.org/10.1080/19388160.2020.1734514

Datta, B. (2020). Factors affecting the satisfaction level of medical tourists: a case study of Delhi national capital region. *Geo Journal of Tourism and Geosites, 29(2),* 628-635. https://doi.org/10.30892/gtg.2299221199-449944

Dhakate, N., & Joshi, R. (2024). Medical Tourism: An Application of Quality Function Deployment Model. In *Flexibility, Resilience and Sustainability* (pp. 143-166). Singapore: Springer Nature Singapore. https://doi.org/10.1007/978-981-99-9550-9_9

Eze, F. J., Inyang, J. J., & Orji, N. V. (2020). Determinants of outbound medical tourism: Implications for service marketing and development. *Geo Journal of Tourism and Geosites, 33,* 1507-1512. https://doi.org/10.30892/gtg.333344ssppll0099-660000

Hojcska, Á. E., & Szabó, Z. (2021). Investigating natural treatment factors and inequalities of medicinal water institutions in the aspect of tourism in Hungary. *Geo Journal of Tourism and Geosites, 36,* 555-562. https://doi.org/ 10.30892/gtg.362spl01-683

Kim, S., Arcodia, C., & Kim, I. (2019). Critical success factors of medical tourism: The case of South Korea. *International Journal of Environmental Research and Public Health*, *16*(24), 4964. https://doi.org/10.3390/ijerph16244964

Kundury, K. K., Shylaja, K. C., Namitha, & Gowdappa, H. B. (2024). Medical Tourism: An Overview on the Cross-Border Care. *Medical Tourism in Developing Countries: A contemporary approach*, 1-27. https://doi.org/10.1007/978-981-99-8909-6_1

Kundury, K. K., Shylaja, K. C., & Namitha. (2024). Concerns and Considerations in Medical Tourism: An Overview. *Medical Tourism in Developing Countries: A contemporary approach*, 35-51. https://doi.org/10.1007/978-981-99-8909-6_3

Li, X., Hyun, S. S., & Kim, H. S. (2024). Perception of medical practitioners on the importance of medical tourism services. *International Journal of Tourism Research*, *26*(1), e2617. https://doi.org/10.1002/jtr.2617

Madani, A., Boutebal, S. E., Benhamida, H., & Bryant, C. R. (2020). The impact of Covid-19 outbreak on the tourism needs of the Algerian population. *Sustainability*, *12*(21), 8856. https://doi.org/10.3390/su12218856

Majeed, S., Kim, W. G., & Ryu, K. (2024). Medical tourism and cognitive dissonance: exploring tourist choice behavior, post-choice pre-outcome regret, and visit intention. *Journal of Quality Assurance in Hospitality & Tourism*, *25*(3), 514-544. https://doi.org/10.1080/1528008X.2022.2135058

Malhotra, N., & Dave, K. (2024). Dimensions and drivers of medical tourism industry: a systematic review of qualitative evidence. *International Journal of Business and Globalisation*, *36*(1), 60-82. https://doi.org/10.1504/IJBG.2024.135998

Nilashi, M., Samad, S., Manaf, A. A., Ahmadi, H., Rashid, T. A., Munshi, A., & Ahmed, O. H. (2019). Factors influencing medical tourism adoption in Malaysia: A DEMATEL-Fuzzy TOPSIS approach. *Computers & Industrial Engineering*, *137*, 106005. https://doi.org/10.1016/j.cie.2019.106005

Sultana, M. (2021). Factors affecting the satisfaction of Bangladeshi medical tourists. *Geo Journal of Tourism and Geosites*, *38*(4), 1125-1134. https://doi.org/10.30892/gtg.38418-752

Syah, A. M., Deemod, K., Li, L. Y., & Rosman, A. (2022). The growth of medical tourism and the impacts on local wellbeing equality: a case of Thailand. *Geo Journal of Tourism and Geosites*, *40*(1), 200-209. https://doi.org/10.30892/gtg.40124-820

Toni, M., Jithina, K. K., & Thomas, K. V. (2024). Antecedents of patient satisfaction in the medical tourism sector: a review. *Journal of Hospitality and Tourism Insights*, *7*(4), 2273-2286. https://doi.org/10.1108/JHTI-08-2022-0351

Ushakov, D., & Vasyuta, E. (2022). Factors of post-covid recovery of the international health & medical tourism (hmt): Territorial potential vs state support efficiency. *Geo Journal of Tourism and Geosites*, *41*(2), 614-620. https://doi.org/10.30892/gtg.41236-870

Zarei, A., & Maleki, F. (2019). Asian medical marketing, a review of factors affecting Asian medical tourism development. *Journal of quality assurance in hospitality & tourism*, *20*(1), 1-15. https://doi.org/10.1080/1528008X.2018.1438959

Zhang, T., Cheung, C., & Law, R. (2018). Functionality evaluation for destination marketing websites in smart tourism cities. *Journal of China Tourism Research*, *14*(3), 263-278. https://doi.org/10.1080/19388160.2018.1488641