

Determinants of Patient Retention: A Pull-Factor Analysis of Lifetime Value in Healthcare Institutions of Lucknow, Uttar Pradesh

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ABSTRACT

Purpose: Medical tourism has become a significant component of the global health care sector. Many countries are working hard to position themselves as a destination for medical tourism. The study deploys the factors that attract medical tourists and how these factors contribute to patients' perceived long-term value associated with medical destinations.

Design Methodology Approach: To gather data, the survey method was adopted. PLS-SEM model was employed for the analysis of a survey of 300 respondents, where 250 responses were verified, excluding duplicity and bias.

Results: From the results obtained, it can be inferred that the quality of hospital treatment, services provided, and emotional and social connections all impacted medical tourists' decision-making. Moreover, medical costs and the service were the determining factors in attracting medical tourists.

Findings: The study also found that patients' satisfaction is intimately related to the quality of medical care given to the patients, and other ancillary, non-medical benefits they received during their stay in a hospital.

Keywords: Medical Tourism, Pull Factor, Medical Tourist Satisfaction, Hospitals, Lifetime Value

Introduction

Medical tourism refers to patients purposefully travelling to another country to receive healthcare treatments in a region different from their native one (Johnston et al., 2010). Medical tourism encompasses any actions or processes associated with travel and accommodates a tourist who visits a specified location for a minimum of one day for medical care (Ormond, Mun & Khoon, 2014). Travelling to different destinations for medical reasons is not new (Han & Hyun, 2015; Johnston et al., 2015; Fetscherin &

Stephano, 2016). The concept of medical tourism was started from the eighteenth century onwards when patients migrated from one country to another for better healthcare services (Rahman & Zailani, 2016; Rahman, M.K. 2019).

Hospitals are positioning themselves as attractions for tourists seeking medical support. According to research on destination marketing, various stakeholders collaborate to develop and deliver services and experiences for medical tourists and their companions. There has been a rise in medical tourism in developing countries like India, Malaysia, and Indonesia in recent

years. According to MacReady (2007) and Johnston et al. (2010) states that medical tourism destination is regarded as more than just visiting a hospital for medical treatment.

Additionally, it has emerged as one of the most recent developments in the travel and tourism sector, with a strong and profitable potential to keep growing tremendously every year. Medical service difficulties, such as high medical service expenses, lengthy wait times, and a lack of availability in their native systems, drive medical tourists to cross international boundaries to receive medical treatment (Sarker et al., 2021). Rising medical care meets the needs of international medical tourists and immediately affects the hospital's reputation, which improves market dominance and profitability (Lunt & Carrera, 2011; Sarker et al., 2021).

The study conducted by Padma, Rajendran, & Lokachari, 2010 states that customer satisfaction and service quality play a crucial role in seeking medical tourism in India, as it becomes an important part of the consumers (patients) and the staff attending them should have a cordial relationship with each other. This was also considered an important aspect as they cannot relate to the technical service quality provided in their healthcare facilities. They also emphasized that medical attendants are the important stakeholders of the hospital as they were considered surrogates towards their relatives and also the caretakers of the patients.

This study tries to achieve the goal of understanding patient's lifetime value with the use of different moderating factors such as (1) service quality, (2) Quality of Treatment Provided, (3) Expenses incurred, (4) Medical tourism destination image, (5) Culture of the destination, (6) communication by the medical service providers and mediating factors such as Tourist Trust and Host destination empathy towards tourists. Uttar Pradesh is an upcoming

tourist destination. This study focuses on the medical tourism destination of Lucknow city, apart from being a Nawabi city and famous for its kababs and their heritage, it is a growing theory existence in medical facility providers to attract medical tourists as well as their private and government hospitals. This study undertakes medical tourism from government hospitals, such as KGMU (King George Medical College); SGPGI (Sanjay Gandhi Post Graduate Institute of Medical Sciences); Balrampur hospital, and RamManohar Lohia (RML).

Major factors impacting Medical Tourism

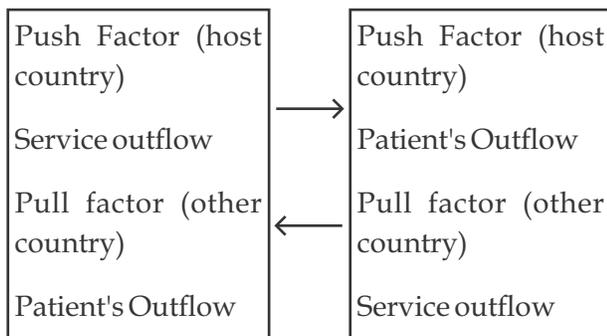
Push and Pull Factors in Medical Tourism

In the study conducted by Crompton 1992, medical tourism uses the concept of Push and Pull factor theory. In the push factor concept, the demand for medical tourism is the main objective, which is related to medical patients coming from abroad, and these factors involve socio-demographics, which include age, gender and income of the patients and health-related factors such as health status and insurance of the patients.

Pull factors that influence medical tourism in India is the destination for providing overall environment (country image, economic impacts), impact of healthcare and related tourism facilities (cost of the healthcare facility, popular places for tourist destinations) and quality of the medical services provided (in-care, out care, doctor's reputations, equipment's and accreditations and specialised services offered by the hospitals). The figure below illustrates the pull and push factors in health tourism. In the study, the pull factor was considered a main determinant, where the host country attracts medical tourists towards the medical facilities offered by the country. In this study, three government-based hospitals are selected for data collection, that are Civil

Hospital; KGMU (King George Medical College); SGPGI (Sanjay Gandhi Post Graduate Institute of Medical Sciences); Balrampur Hospital; RamManohar Lohia (RML) (National Informatic Centre Report, 2022) of medical tourism pull factor of the hospitals and the consumer satisfaction towards their hospital facilities in the Lucknow, city, Uttar Pradesh, India.

Fig 1: Push and Pull Factors in Medical Tourist



The study aims to formulate a conceptual model to hypothesize the link between pull factors of medical tourism and patients' lifetime value from the hospitals. Furthermore, the study also examines how hospital trust and patient empathy become the moderators of the medical tourist pull factor towards the host nation. Figure 1 shows the conceptual framework model.

Quality of Treatment

To enhance the attractiveness of medical tourism, different components affect the travel of tourists (patients), which can be further classified into the mentioned groups. Firstly, classification was done based on the country image, and further, the place image was considered as the overall environment of the host nation. Secondly, the treatment facility and quality provided by the hospitals, thirdly, the Service quality of the medical facilities, cultural values of the destination and host country and how easy the communication process is by the hospitals, cost-effectiveness of the hospital, and medical

expenses incurred in the host country (Ghosh & Mandal, 2019), as mentioned in figure 2.

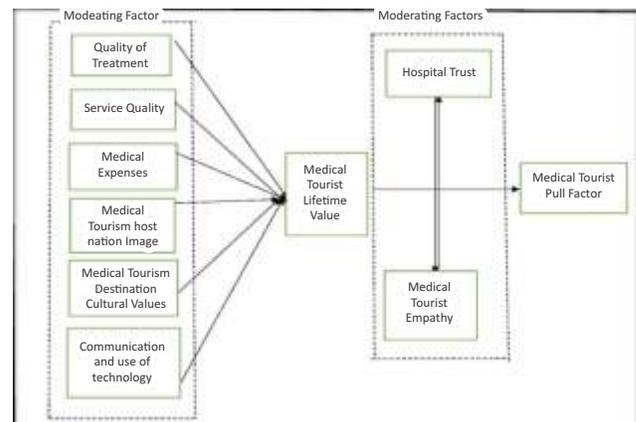


Figure 1 : Conceptual framework for medical tourism pull

Figure 2: Conceptual Framework

Certain factors develop similarities or create differences between the home country and the host country. The survey conducted by the Medical Tourism Association (2013) analysed that the culture and language of the host country play a vital role in medical tourism (De La Hoz-Correa & Muñoz-Leiva, 2019). The Affordability towards medical tourism and hospital fees, airfares for host countries and convenience in travelling, (Tosun, Demir & Saglik, 2020), medical tourists also seek better communication facilities in terms of hospitals referring to another host country, paper processing and in-time treatment (Olya & Nia, 2021).

As per the literature on medical tourism, many researchers emphasized the importance of the quality of the treatment provided by certain hospitals becoming the key predictor of patient lifetime value (Kim, Song, & Shim, 2020; Nikbin, et al., 2019; Li et al., 2020; Zarei & Maleki, 2019; Han & Hyun, 2015). Prajitmutita, Perényi & Prentice (2016), postulated that medical tourists' (Patients') perception towards the quality of treatment and services provided to them makes an impact on the overall lifetime value for the patients. Similarly, Zeithaml, Lemon & Rust (2001) defined that customer lifetime value is a

multimodal concept largely influenced by perceived treatment quality. Hudson, (2017) states that it has been stated that trust in medical tourism experience includes hospital or doctor qualifications, as accreditation and credibility in addressing certain ailments are the most important criteria in medical tourism. Han & Hyun (2015), argue that potential tourists' confidence and belief in the medical Centre are the most significant and significant aspects in their decision-making. Therefore, we hypothesize that:

H1: The quality of treatment and services provided by the host country has a significant impact on the Patient's lifetime value

Service Quality

Perception of quality is considered beyond how the management provides the quality of services to their customers in the whole organizational scenario (Buhalis & Law,2008). The examination of service quality was impacted by the services and infrastructure provided by the hospitals in their host country. To be a part of the competition, quality was considered an important aspect which includes the quality of the health facility and the services provided by the hospital and its staff (doctors, admin staff and others). The services provided by medical tourism can be classified into three categories: intangibility, perishability, and insuperability (Thwaites & Williams, 2006; Berry & Bendapudi, 2007). To classify intangibility, the doctor and staff's services towards the patients can be exhibited as intangible. Perishability is also about the consumption of medical facilities by the tourists (patients). In medical tourism, the healthcare facility is provided at a lower price than it can be exhibited as a perishable service (Thwaites & Williams, 2006; Berry & Bendapudi, ,2007). Therefore, we hypothesize this as:

H2: The quality of services provided by the

hospitals have significant impact on patient lifetime value

Medical Expenses

Purchase behaviour and tourist decision-making are vested towards expenses incurred during medical tourism (Ryu & Han, 2010). To evaluate their interactions with medical providers, medical tourists help optimize pricing evaluations (Varki & Colgate,2001). Tourists who are travelling to another country for medical purposes seek for the incurred cost of travelling, accommodation and medical services to be less as compared to their own country (Aydin & Karamehmet, 2017). According to Heydari, Sanayei, & Ansari, (2021) Expenses and prices in the host country, where there is no universal health insurance, so developing a patient's lifetime value, price and expenses incurred play a major role in defining a medical tourism destination. Accordingly, the study hypothesizes that:

H3: Expenses incurred, and price taken in the host country for medical tourism has a significant relationship with the patient's lifetime value.

Medical Tourism Host Nation Image

Tourists seeking treatment abroad frequently have a plethora of choices. Similarly, these places have unique attractions other than their health treatment (Asadzadeh, Vatankhah & Aryankhesal, 2021). According to Zolfagharian et al. (2018), it has been proposed that destination image is a "pull factor" in destination attractiveness. The method of destination image assessment of alternatives is based on the traits and characteristics that are commonly utilised in assessing affordable options. These components can be defined in different forms such as (1) safety concerns, (2) Trustworthiness, (3) Affordability, (4) Hospital brand name, (5) Country of origin, (6) Commitment and (7) performance. According to

Dibb & Simkin (2009), the affective dimension of medical tourism image conveys feelings about the location, with a focus on environmental elements. Creating and conveying an image of the destination is a critical component of destination branding and advertising. Image promotes awareness of the geographical area and ensures that it has a definite position in a group of prospective destinations from which the final decision will be taken. As a result, the medical tourism image will influence destination selection (Pike, 2002). Medical tourism healthcare facilities in nations promote themselves through websites, and prospective patients frequently consult these websites as suitable hospitals and clinics for treatments. Most of the hospital web pages are driven by images that emphasise expertise, technological advancements, hygiene, and productivity. This shows that medical tourists are not obligated to select a destination based just on the availability of healthcare services, but rather on the perceived appeal of the country. Therefore, the hypothesis proposed as:

H4: Medical tourism destination image is positively significant with Patient's lifetime Value

Medical Tourism Destination Cultural Values

Previous literature examined that a country's cultural eccentricity and the consumer's lifetime value (CLV) can be achieved by decreasing the language barrier and giving them cultural familiarity to promote health tourism (Woodhead, 2013). Therefore, medical tourists' preferences while seeking treatment abroad should be analysed via a cultural framework. It is frequently regulated by the people's tried-on-hand knowledge, religious values, regulations, and intellectual and creative objects (Ghosh & Mandal, 2019). The study by Rahman, Martin & Liu (2022) examines that consumers from various cultures acquire varied satisfaction levels for identical service, either due to distinct

requirements or the differential significance put on different service norms. India is rich in cultural heritage places that highlight the prior reigning lineage, conflict, and religion. It also encourages visitors who enjoy visiting sacred cities in India (Afthanorhan et al., 2018). Similarly, Yu et al (2022) proclaim that the perception of culture influences consumer service expectations and customer lifetime value (CLV). Furthermore, Guiry, Scott & Vequist (2013), states that Consumers from various cultures give varying weights to both satisfaction and quality factors. These observations suggest that medical tourists from various cultures have distinct catalysts and risk thresholds that influence their views and customer lifetime value (CLV) (Connell, J. 2013; Lee & Fernando 2015). According to these findings, it can be assessed that host country culture and medical tourist perception towards health tourism triggers the medical tourism towards tourist lifetime value. Therefore, we hypothesize as:

H5: Host country culture has a significant positive impact on tourist lifetime value

Communication and Use of Technology

Communication takes place in three phases in medical tourism: (1) remote consultations before the trip, (2) after transit, and (3) face-to-face engagement during hospitalization. To begin, before medical tourists transcend borders, it is critical to prognosis and, if feasible, identify their disease, as well as suggest alternative treatment approaches. The generated data assists medical tourists in making decisions and selecting services. It also lays the framework for healthcare practitioners to give appropriate and mainly tailored treatment. To supplement the efficacy of Information Technology, medical personnel's multilingualism improves communication with tourists across the treatment phases, which might be regarded as an experience component in medical tourism (Medhekar & Wong, 2020).

Medical tourism is inextricably linked to globalisation and information technology development, which has increased the dissemination of information to potential tourists visiting the host country (Bookman & Bookman, 2007; Horowitz, Rosensweig & Jones, 2007). Before travelling abroad, an increasing number of tourists explore the Web for information about medical tourism destinations, medical providers, and accessible medical interventions (Masoud et al., 2013). Websites, instructional websites, and social media platforms are among the most prominent sources of medical tourism and healthcare information. User-generated content can be created and shared on social networking sites (Karimov, Brengman & Van, 2011). Consumers can share their medical tourism experience through social media platforms; on the other hand, potential tourists can discover the required information that they believe to be genuine and reliable. Because of the advancement of innovative technology, the medical tourist industry has become more consumer-oriented, with health care organizations continually looking for new ways to improve client experience. (Ying, Jia & Du, 2018). Another technological advancement is e-health records, which provide doctors access to their medical tourists' medical record irrespective of where they are. Furthermore, information technologies

are employed to create a variety of applications, such as one for remotely tracking the health of visitors or another for medication reminders (Ayuningtyas & Ariwibowo, 2020). Internet of Things (IoT), machine learning, robots, VR technology, artificial intelligence, cloud computing, and big data analytics are examples of current technologies that enable healthcare professionals to expedite operations, synthesise information, and deliver real-time feedback (Wong & Hazley, 2020). Therefore, the hypothesis is

H6: Communication and technology are positively significant with Patient Lifetime Value.

Medical Tourist Lifetime Value and Medical Tourism Pull Factor

The pull factors attract the outbound medical tourist's lifetime value and return to a similar destination for medical, health and wellness purposes. Ghosh & Mandal (2019); Matiza & Slabbert (2020); Zarei & Maleki (2019) state in their research that prospective tourists coming for medical ailment or medical tourism are attracted towards the destination if the healthcare centres or hospitals deliver affordable and quality services towards their treatment. Additionally, the hospitals will have a slightly more pull factor, when they are confident enough with the accreditation of the hospital, doctor certification and trust towards the hospital in providing quality medical services (John & Larke, 2016). To gain the patient lifetime value, hospitals need to have technological advancement in their healthcare setup with the use of automation technologies, robotics and the use of artificial intelligence. Potential medical tourists are also attracted by the caregivers' capacity to provide a wide range of medical treatments, such as the opportunity to have an operation while simultaneously receiving recuperation services at the hospital (Matiza & Slabbert, 2022). Considering that most developed economies are subject to patients' lengthy long wait times before they may obtain certain medical treatments, the opportunity to be on a shortened waiting list or to receive treatment quicker is appealing to the tourist lifetime value (Al Adwan, 2020; Zolfagharian et al., 2018). This will also help medical tourism destinations towards pull factors for tourist attraction. Healthcare professionals who can offer possible treatment for medical tourists in their respective languages or who are fluent in the language(s) utilised by medical tourists have a better chance of attracting

tourism (Soltan et al., 2020).

H7: Medical Tourist Lifetime Value is significantly related to the Medical Tourism Pull Factor

The Moderating Factor of Trust and Empathy of Medical Tourists

Patient Trust in Medical Tourism

Tourism services are intangible. As per their intangible nature, there are certain chances that tourism could be unreliable and unpredictable which can influence the medical tourist and their intention towards the pull factor of medical destinations (Han & Hyun, 2015, Ngobeni, 2020). In the context of medical tourism tourist willingness to search for the desired medical destinations (Sousa & Alves, 2019). Trust in medical tourism plays a very significant role as selecting the quality of the services pertained by the hospitals, legal aid and exchange policies and language barriers in different countries and adopting and being in different cultures (Yilmaz, Yurcu & Aybar, 2022; Cham et al, 2020). Therefore, trust is a moderator between tourist lifetime value (TLV) and the pull factor of medical tourism in a country. As stated by Whitmore, Crooks & Snyder (2019), medical tourism hospitals, the communication provided to them, and the doctor certification play a major role in providing trust to the medical tourist. Communication and doctor certification also become a crucial part of the pull factor. Therefore, it can be hypothesised that:

H8: There is a significant positive relationship between the patient's lifetime value and the pull factor is increased with the increase in patient trust in the medical destination.

Patients Empathy

Empathy has been characterised as the ability to put oneself in the footsteps of someone else and a comprehension of individual variations in others'

emotional experiences, sentiments, or situations (Cham et al., 2020). Empathy can be described into two different types, that is cognitive empathy and affective empathy (Bove, 2019; He, Liu & Li, 2021). To further explain, cognitive empathy indicates the healthcare givers and the medical destination stakeholder's ability to consider situations from the viewpoint of tourists travelling for medical needs at their respective countries. Whereas affective empathy is the emotion that is consistent with the patient's needs sentiments with the hospital's infrastructure, doctor's responsiveness, and staff caregivers (Hunt, Denieffe & Gooney, 2019). Empathy, as an essential individual identity attribute, can influence health tourism professionals' behavioural choices by encouraging them to shift their perspectives based on a holistic thinking approach. This emphasizes that empathy helps the medical tourist's lifetime values and for the host medical country towards pull factors. Therefore, we hypothesize that:

H9: There is a significant positive relationship between the patient's lifetime value and the pull factor is increased with the increase in medical destination empathy towards medical tourists

Methodology

Measurement

The instrument developed for the study was organized into two parts i.e. A and B. Part A from the measurement indicator consists of latent variables whilst part B comprises of questionnaire filled out by the respondents. In Part A, medical tourist experiences were analysed using the medical tourism conceptual scale developed by Ghosh and Mandal (2018) using the five different components (independent variable) of quality of treatment (5 items), quality of service at medical destination (7 items), expenses incurred during the visit at

medical tourism destination (6 item), medical Destination Image (3 Item), Medical Destination Culture (3 item), Ease of Communication (4 Item). A Medical Tourist's Lifetime Value is assessed by these mediating variables. The conceptual framework to complete the understanding related to Patient Lifetime Value (PLV) the moderating variable of medical tourist trust and Empathy is used. The Trust parameter is given by Liu et al. (2019), out of its six indicators five indicators were adopted for the study. Medical Destination Pull factor indicators are adopted from Ngobeni, (2020). All the indicators are examined using the five-point Likert scale, where 1 stands for strongly disagree and 5 stands for strongly agree. Part B is the questionnaire filled out by the respondents where the demographic characteristics of the respondents were analysed such as gender, age of the respondent, education level, income status, and frequency of travel to Lucknow, Uttar Pradesh.

Data Collection and Analysis

The samples for the study were collected by medical tourists who are coming for their treatment in Lucknow city, Uttar Pradesh. A questionnaire was distributed among the respondents in English but as per need during the survey, the translation was also done by the researcher in Hindi. The survey was conducted in Lucknow city, capital of Uttar Pradesh, India from five different government hospitals selected from the National Informatics Survey Report, 2022.

The data collection process started from July 2022 to September 2022. The total data collected from the respondents is 300, of which 50 questionnaires were found to be duplicated or not filled in. Therefore, valid data was of 250 respondents. For the analysis, PLS-SEM

was implied, and the PLS-SEM, partial least square was used as it has been analysed that in most of the tourism research, PLS-SEM was used for the analysis (Hair, 2020).

According to the questionnaire filled by the respondents as per their demographic, shown in Table-1

It is found that the patients visited in 2022 among them are 65% male and 35% female. The age wise distribution 42% are 45 years and above, 40% are between the ages of 35 to 45 years and the other 18% are between the ages of 25-35 years. Educational qualification was found that almost 65% of the respondents had completed their graduation and the rest 35% were found to be undergraduate or postgraduate. Among all the respondents 47% were married whereas the remaining 53% respondents were unmarried. From the survey, it was also found that 85% of the respondents were especially from African and Asian regions. Among the revisit experiences of the tourists, almost 62% of the tourists have visited Lucknow, Uttar Pradesh, India either once or twice and 28% are those who visited more than twice but less than five times and 10% have visited more than five times.

Table 1: Demographic statistics of the respondents

Gender	Male	65%
	Female	35%
Age	25-35 years	18%
	36- 45	40%
	46 and above	42%

Education Status	Undergraduate	25%
	Graduate	65%
	Post-Graduate	10%
Marital Status	Single	47%
	Married	53%
Country	Africa	65%
	Europe	15%
	Asia	20%
Destination Revisit	1-2 times	62%
	2-4 times	28%
	More than 5 times	10%

Measurement Model

To examine the latent variables in the study, validity and reliability tests were conducted. The significance of the loading was considered > 0.7 .

To Test the validity and reliability was analyzed through composite reliability (CR) and Cronbach's Alpha. The average variance extracted (AVE) was used to test the CR (Table 2) while square roots of AVE define the latter (Table 3).

Table 2: Composite Reliability, Cronbach's Alpha, AVE and VIF Coefficients

Variables	Composite Reliability	Cronbach's Alpha	AVE	VIF
Quality of Treatment (QT)	0.867	0.823	0.631	3.229
Service Quality (SQ)	0.837	0.701	0.632	3.182
Medical Expense (ME)	0.873	0.798	0.616	3.435
Medical Tourism Host Nation Image (MTI)	0.877	0.789	0.713	2.608
Medical Tourism Destination Cultural Values (MTCV)	0.919	0.876	0.714	3.471
Communication and Use of Technology (CUT)	0.843	0.770	0.698	2.795
Patients Lifetime Value (PLV)	0.843	0.729	0.765	2.684
Medical Tourist Trust (MTT)	0.876	0.774	0.694	3.119
Medical Tourist Empathy (MTE)	0.877	0.818	0.673	3.224
Medical tourism Pull Factor (MTPF)	0.870	0.729	0.783	2.633

Table 3: Square Roots of AVE

	1	2	3	4	5	6	7	8	9	10
1. QT	-0.801									
2. SQ	0.707	-0.794								
3. ME	0.708	0.716	-0.783							
4. MTI	0.674	0.658	0.611	-0.838						
5. MTCV	0.689	0.75	0.708	0.668	-0.846					
6. CUT	0.691	0.62	0.665	0.672	0.585	-0.836				
7. PLV	0.692	0.636	0.667	0.657	0.694	0.554	-0.88			
8. MTT	0.638	0.7	0.713	0.622	0.681	0.619	0.639	-0.834		
9. MTE	0.713	0.656	0.726	0.651	0.661	0.708	0.664	0.617	0.814	
10. MTPF	0.599	0.646	0.636	0.691	0.6	0.59	0.699	0.518	-0.621	0.887

Hypothesis Testing and Result Analysis

The results from the latent variable and hypothesis testing from the six medical tourist dimensions, the quality of treatment, service quality, medical expenses and destination culture portrayed the significant influence among the medical tourism destination pull factors respectively. Therefore H1, H2, H3, H5 (QT=0.23, SQ=0.22, ME=0.45, MTCV=0.21) are accepted. Even though Destination Image and

Communication and Technology have comparatively lower impact on the medical tourism pull factor, therefore, H4 and H6 (MTI=0.19, CUT=0.18) are also accepted. This identifies that the Patient's Lifetime Value (PLV) (H7= 0.88) is increased from six dimensions. From the perspective of a Patient's Lifetime Value (PLV) effect Medical Destination Pull Factor with medical tourist Trust (MTT) (H8=0,19) and Medical Tourism Empathy (MTE) (H9=0.23) is directly proportionate to medical tourism Pull factor (MTPF) (H10=0.85).

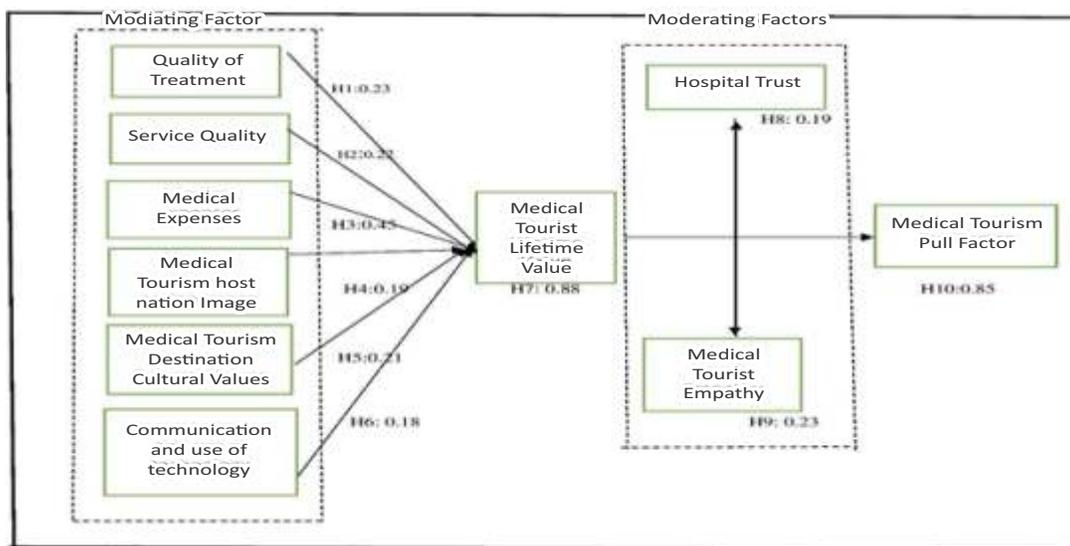


Figure 1: Conceptual framework for medical tourism pull

Conclusion and Discussion

The study developed a conceptual model to analyze the impact of six dimensions identified by the researcher for medical tourism, which are (1) Quality of Treatment, (2) Service Quality (3) Medical Expenses; (4) Medical Tourism Host Nation Image; (5) Medical Tourism Destination Cultural Value; (6) Communication and use of Technology to understand Patient's Lifetime Value will directly affect the Medical Tourism Pull Factor at Lucknow city, Uttar Pradesh, India. From the result analysis it can be examined that these dimensions have a significantly positive impact on Patient's Lifetime Value and Medical tourism Pull Factor. The findings also imply that Quality of treatment, Service Quality, Medical expenses and Medical Tourism destination cultural values have a significant impact on Patient's Lifetime Value (PLV). This can also be explained through the medical tourist Lifetime Value creation, which can be rendered through the quality of service and quality of treatment provided by the hospitals. Çapar & Aslan (2020) state that factors such as service quality, and quality of treatment are closely related to the Patient's Lifetime Value and determining the Pull factor for medical tourists. Habibi & Ariffin (2019) and Heydari Sanayei & Ansari (2021) suggest that trust in hospitals and doctors is a multifaceted view of medical tourists. As a result, the results of tourists' experiences influence their subsequent gratification.

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