The Importance of Brand in Medical Tourism

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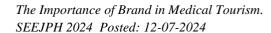
KEYWORDS	ABSTRACT
Medical Tourism, Brand Equity, Brand Image, Motivational Factors, Health Care	Medical tourism, which is becoming more popular every year, represents a significant segment of global tourism. This trend is driven not only by the growing number of patients seeking better, faster, or more affordable healthcare but also by increasing globalisation and the greater availability of information. In the context of the Czech Republic, where the number of international patients has significantly increased over the last decade, it is essential to understand the role that the brand image of healthcare facilities plays in the decision-making process of these patients. Based on the research conducted, it can be concluded that the key factors influencing the choice of a healthcare facility are the quality of services, safety, and modern equipment. Price and speed of service also play an important role, with patients particularly appreciating a good value-for-money ratio. The importance of communication and customer service is also evident, as effective and high-quality communication can significantly strengthen the brand image and patient trust. The research results suggest that although word-of-mouth and personal recommendations are important, their effect is not statistically significantly greater than that of the marketing communication of a given healthcare facility. This indicates that it is important for healthcare providers to address both forms of communication equally. In conclusion, it can be said that a strong brand image of a healthcare facility, built on quality, safety, and effective communication, plays a key role in attracting foreign patients as part of medical tourism. Healthcare providers should actively develop these factors to be able to compete in the ever-growing medical tourism market.

1. Introduction

Every year, millions of people cross borders to seek healthcare which is, for many reasons, unavailable or difficult to access in their own country. On the one hand, their goal may be a "mere" cosmetic procedure, for others it may be the last chance to prolong their life or to conceive a new one. The relationship between tourism and health has been existing since time immemorial. It can even be argued that tourism itself arose from a desire for mental well-being and better health (Fleuret, 2022). Medical tourism as such has existed since antiquity (Mathijsen, 2019). Hall (2011) defines medical tourism as "a commercial phenomenon of the industrial society, which includes a person travelling overnight, away from their usual home environment, in order to obtain specific benefits ... provided by facilities and destinations that offer such benefits". However, a number of authors provide various definitions and subcategories of medical tourism. According to Connell (2013), this is an umbrella term, where the main component is to undergo an invasive procedure (or medical examination) when visiting a foreign destination, rather than to enjoy only a passive procedure or wellness tourism. Some authors, on the other hand, attribute medical tourism to relaxation or treatment of the body using water treatments such as mineral or thermal pools, steam baths and saunas, where the emphasis is on rehabilitation and physical relaxation (Arjona, 2023). Benešová (2015) states that medical tourism represents a relatively new type of health-oriented tourism, where the aim is to provide fast, professional, affordable and overall, more pleasant medical treatment.

Medical tourism, like any other type of tourism, is undoubtedly an important part of the economy (Vovk et al., 2021). According to Mainil et al. (2017), the total number of health tourist trips in the EU was 61.1 million, which is further broken down into 56.0 million domestic trips and 5.1 million international trips (from all over the world). Total turnover reached almost €47 billion, representing 4.6% of all EU tourism income and accounting for around 0.3% of the EU economy. These trips include health, wellness and spa tourism, with more than 70% of these trips being wellness or health-improving stays and 30% medical procedures (Health-oriented and medical tourism: Germany leading globally,

2019). In the case of the Czech Republic, the number of clients arriving to access health services has more than tripled over the past decade to an estimated 100,000 per year (Hilšerová, 2022).

The main source markets are Germany, Russia, France and Italy. The interest in health-oriented tourism increases significantly with increasing customer income (Kostková & Starzyczná, 2018). In today's globalised world, medical tourism can be expected to be an increasingly growing industry in the years to come. However, with this demand, the associated risks will also increase, not to mention the objective approach to information, where it is very difficult for the client to understand an offer of this kind and to understand the consequences that the doctor will point out to them. Medical tourism generates various stories and in the future we will probably hear more and more about failed operations with fatal consequences, charlatans who feed on the hope of the sick, or dreams of prolonged life and youth. Legitimate concerns about the dangers of the care provided, which may be different from what is provided "at home", and the costs of follow-up care may already be fully bearing down on the domestic healthcare system. There are many reasons why patients choose to receive treatment in a country other than their home country and thus become part of medical tourism.

According to Volejníková (2022), one of the main causes is different legislation. For example, infertility treatment in a foreign country will be sought, in particular, by people for whom there is no appropriate legal framework in their home country. Single women without a partner who come from the Czech Republic and want to have a child can seek assisted reproduction in Spain, where the legislation allows it (Gomez & Rochebrochard, 2013). Barták (2016) sees the main reason why patients seek healthcare abroad as the availability of care in terms of time and further points out that patient mobility is determined not only by their motivation, but also by the method and level of payment for such care. The quality and safety of medical procedures is undoubtedly an important factor in the decision to seek treatment abroad (Volejníková & Kocourková, 2022). A less common, but equally important, reason for treatment abroad may also be the patients' desire to protect their privacy, or their sympathy and geographic or cultural affinity to the target country (Salama et al., 2018).

For these reasons, it is also important for medical tourism operators to work on a strong brand image that emphasises the quality of the services they provide, in order to gain the trust of clients and patients. Given the heterogeneous nature of healthcare services and the highly competitive environment, those entities that have a brand (represent a brand) that enjoys a high esteem, i.e. awareness and positive perception, are expected to have an advantage.

Hariharan (2018) argues that the higher the brand value, the higher the loyalty. It is clear, therefore, that brand and its positioning is one of the primary factors for any corporate organisation, including healthcare facilities, that determines the unique position of its products and services, resulting customer ratings, perceived value, price, work of qualified personnel, quality of customer care and overall quality of services provided. A strong brand is what creates a unique consumer experience. Through the corporate values, the consumer associates other characteristics with the brand's products and creates the necessary emotional relationship with the brand, resulting in higher affinity, customer engagement and resonance.

Customers and clients do not buy products or services, but rather the brands that represent them (Pina & Dias, 2020). In this respect, the brand helps the consumer find their way around the market and choose their favourite. This trend is already evident in private clinics, which, compared to state hospitals, are opting for a more marketing-based approach, building a brand, for example by offering a more comfortable and individual approach with a range of benefits. In this way, they are fighting to prevent their products and services from becoming a mere commodity.

Doctors and medical staff themselves play a significant role in the case of healthcare and brand experience. Every employee who comes into contact with a client has a critical role in building the brand and overall image (Quaratino & Mazzei, 2018).

The interconnection of the brand with human resources and processes is determined by the

characteristics of the healthcare services provided. In the Czech Republic as well as abroad, it is quite common that evaluation websites and comparators of doctors and medical facilities are set up to help clients orient themselves better. This is one of the ways in which a healthcare facility can demonstrate its quality and differentiate itself from the competition. If its employees have a unified understanding of the brand they represent and identify themselves with it, they can better represent its philosophy and standards. If this is subsequently reflected in client reviews, potential clients will gradually associate the reviews with the facility itself.

The aim of the paper is to investigate the role and function of brand image of healthcare providers in the field of medical tourism and its motivational impact in the choice of a given entity.

The first research question will focus on identifying the main components of the brand and their importance in the decision-making process when choosing a medical facility.

RQ1: What components of the brand influence the choice of a healthcare facility in the MT sector?

The second research question will focus on the factors that influence the brand image (WOM, price, quality, expertise, service and overall satisfaction) among foreign patients/tourists who have undergone treatment in the Czech Republic.

RQ2: How significant is the influence of individual factors on the brand image (BI) of a healthcare facility in the MT sector?

In the following section, a literature review is conducted to determine the hypotheses and the choice of research methodology.

Literature Review

In a study aimed at identifying the main factors for deciding to undergo procedures abroad, Hilšerová (2022) cites recommendations from friends and family, price (cost) and concerns (trust) as key factors. This research has indirectly confirmed that word of mouth is the best tool appealing to clients. In the case of the brand, the emphasis on high quality at a low price will play a major role. The factors of visiting a tourist destination (in this case Prague) and anonymity were not significant. In the satisfaction section of the survey, respondents highlighted the attitude and behaviour of the doctor "every time" as one of the most important factors supporting confidence in successful treatment. This study uses a qualitative research method in the form of interviews, where respondents are allowed to answer freely and express themselves openly based on their knowledge and experience. Volejníková & Kocourková (2022) confirm that the quality and safety of the medical procedures performed are undoubtedly an important factor in the decision to seek treatment abroad. A less frequent, but equally important, reason for treatment abroad may also be the patients' desire to protect their privacy.

A study by Kim et al. (2008) has identified five factors that influence brand value creation through successful customer relationships. The questionnaire was designed using five-level rating scales (Likert scales). The subsequent validation of the results was performed by confirmatory factor analysis. The research focused on the following factors: trust, customer satisfaction, commitment, brand loyalty and brand awareness. The results of the research suggest that trust, satisfaction and commitment have a positive effect on loyalty (WOM recommendations) and brand awareness. However, the brand awareness factor did not show a positive association with loyalty. Therefore, the authors recommend to focus on implementing training and educational programmes to better communicate with customers when building a brand.

Another key step is to create awareness of the brand value among all employees. Based on their research, Lubowiecki-Vikuk & Dryglas (2019) report that respondents from the UK and Germany are interested in health services, with the following specialisations in particular: dentistry, ophthalmology, IVF and plastic surgery. They are willing to consider facilities located in Central and Eastern Europe for the procedure. They cite the cost of medical procedures as one of the main reasons. At the same time, they point to barriers that depend on the socio-economic situation of the country, negative or

unknown image. Trust, loyalty and value are essential aspects for a successful brand (Botha et al., 2020), making these aspects a major source of distinction from other competitive offerings in the market (Beig & Nika, 2019). The healthcare provider should emphasise their values through brand positioning as a provider of valuable health services (Kemp et al., 2014).

Brand image (BI) is a guide for consumers in forming a subjective judgment, where favourability, strength and uniqueness of the associations with the brand are the main drivers. For a healthcare facility, positive BI can bring individuality and distinction that lead to high awareness, loyalty and reputation (Shanthi, 2006). A good image, according to Aaker (2013), promotes the impetus to the first use/purchase. Chahal & Bala, (2012) have confirmed in their study that the brand image has a direct impact on recognition.

The research was conducted using five-level Likert scales, where "5" means "strongly agree" and "1" means "strongly disagree". Subsequently, factor analysis and structural equation modelling were used to explain the relationships. Expert studies on brand and brand image in healthcare have predominantly focused on commercial providers, but it is possible to find inherent characteristics that are common to all branding in this sector. Brand image plays a significant role in the decision-making process of the clients' purchase activity, especially influencing product trust (Hsieh et al., 2018). High quality brand image strengthens the brand's market position, sustainable competitive advantage and improved market share or performance (Park et al., 1986; Sondoh Jr et al., 2007). According to Kemp et al. (2014), branding in healthcare has the universal property of connecting with patients' emotions, being a highly intimate and personalised service. In their study, the authors focused on developing and building the patients' emotional relationship with the brand and its image. The results were integrated into the conceptual model. Subsequently, a structural equation modelling tool was used to understand the patients' behaviour. The results suggest that patients can serve as brand "ambassadors" and actively promote healthcare facilities through word of mouth (Kemp et al., 2014). The study further demonstrates that trust and social responsibility are positively related to the patients' emotional commitment to the healthcare provider's brand. The brand that appeals to the consumers' attitudes towards an organisation by communicating competence and quality will be effective in building trust and therefore an emotional connection with the patient.

Based on a literature review, we have identified 5 factors in the brand image that shape the perception of a healthcare facility:

1. Quality, which is broken down into the areas of medical care, technological equipment, level of service, specialisation, etc.

2. Price, which plays an important role, determines the availability and affordability of care.

3. Brand communication that should not solely provide information but also demonstrate concern for patients/clients.

4. Personal recommendations, WOM, client-generated content.

5. The perception of the Czech Republic in terms of accessibility, safety and attractiveness, which are the conditions for its choice as the place of care.

2. Methodology

The aim will be to analyse the motivation of medical tourists to choose the Czech Republic as its destination. We decided to carry out qualitative research in the form of individual in-depth interviews, followed by quantitative methodology – a questionnaire survey, conducted in the nowadays not quite usual method of personally distributed standardised printed questionnaires (in several language versions).

The target group includes persons who meet the following criteria:

1. at least 18 years of age;

2. travelled to the Czech Republic to undergo a medical procedure, which they paid for (Hilšerová, 2022);

3. sample selected by probability/random sampling.

In the case of qualitative techniques, this will involve in-depth interviews with experts in the field of medical tourism, where data will be collected in the form of semi-structured interviews. The task at this stage is to verify and refine the draft questionnaire, especially to check whether there are other components of brand image that influence the choice of a healthcare facility for MT and to add them to the questionnaire for the second, qualitative part of the research. The interviews will be conducted according to a predetermined scenario by an experienced moderator with more than 20 years of experience in the industry, strictly in accordance with the SIMAR and ESOMAR guidelines as well as GDPR.

The quantitative data collection technique in this study will be a questionnaire survey on the impact of factors on the brand image and choice of health care facility. The collected data will be cleaned and analysed using the partial least squares structural equation modelling (PLS-SEM) method; composite reliability (CR) of factor loadings of the battery items and average variance extracted (AVE) according to the tables will be evaluated for validity (Hair et al., 2017), with CR values above 0.7, factor loadings above 0.7 and AVE values above 0.5. After cleaning, factor analysis will be applied to the components of the Likert-scale battery in order to find the underlying components of what constitutes the overall attitude towards the choice of the MT destination. This will provide us with an answer to RQ1, firstly which components shape which factors by what strength (using factor loading analysis), and secondly which factors explain the largest percentages of total variance (Hebák et al., 2005).

The Statistical Package for Social Science (SPSS) software, version 28.0, will be used for data processing and analysis. Structural equation modelling (SEM) is a statistical method for estimating and testing causal relationships between variables (Hair et al., 2017). The structural equation model consists of two sub-models: structural (internal) model containing links between latent variables derived from theoretical considerations and measurement (internal) model that must be defined for each latent variable (Hair et al., 2017). Thus, partial least squares structural equation modelling (PLS-SEM) aims to predict or identify key target and/or controlling constructs while allowing the emergence of formative constructs. It is suitable for complex models, does not require strong theoretical support and enables the integration of multiple theories (Olya, 2017). Furthermore, it is appropriate when only recursive relationships occur within the structural model and when data does not have a normal distribution (Hair et al., 2014).

The questionnaire will be constructed using five-level Likert scales where "5" means "strongly agree" and "1" means "strongly disagree" (Chahal & Bala, 2012). Only individuals who meet the following criteria will be included in the study: a) they are at least 18 years old; and b) they have travelled to the Czech Republic to undergo a medical procedure. The sample of respondents will be randomly selected from individuals in the accommodation facility used by foreign patients of the eye and IVF clinics in Prague. In addition, randomly selected persons from among those who have contacted the foreign stay coordinators will be approached again. The output of this section will be an evaluation of the following hypotheses and answers to the research questions.

H1 - Quality as a component of brand image has a significant positive impact on the choice of a healthcare facility (clinic)

H2 - Perception of the Czech Republic has a significant positive impact on the choice of a healthcare facility (clinic)

H3 - Recommendations have more impact on overall satisfaction than the brand communication

In answering hypotheses H1 and H2, we will observe the quality items in the questionnaire and their effect (regression) on the NPS variable (*recommended*), which is taken as an indicator of satisfaction with the choice of the healthcare facility. Net Promoter Score (NPS) (Reichheld, 2003) is an indicator

of customer satisfaction and loyalty.

Using the χ2 test of independence, we will test the hypothesis that the variables of interest (individual quality-related items in the questionnaire x NPS) are independent against the alternative hypothesis that these variables are dependent. The test criterion chosen is the square contingency, i.e., the relationship for calculating the χ2 square contingency. The hypothesis of independence is rejected at extremely large values of the test criterion. Provided that the hypothesis tested is valid and assuming that all hypothesised frequencies are greater than 5, the χ2 test criterion has approximately a χ2 distribution of $(r-1)(s-1)$ degrees of freedom, where r is the number of rows and s is the number of columns of the bivariate table. At the significance level, the independence hypothesis is rejected if χ2 > χ2 $1-\alpha[(r-1)(s-1)]$, i.e., if the value of the test criterion is greater than 100 $(1-\alpha)$ % quantiles of the χ2 distribution with $(r-1)(s-1)$ degrees of freedom (Hindls, Hronová, Novák, 2000).

Hypothesis H3 will be tested by matching regressions of WOM and Advertisements on NPS. The null hypothesis is that both variables have the same regression curve. Depending on whether the distribution of variables is normal or not, we will choose Spearman's (non-parametric) or Pearson's (parametric) test. If the values of the S or P statistics are higher than the critical values for the 95% significance level, it means that the differences are so large that they cannot be considered a random phenomenon (random variation), therefore, the null hypothesis will be rejected. In this case, it will be verified that the effect of both variables on PS is unequal.

If this were not the case and the differences were statistically insignificant (only small differences, such that they could be coincidental), it would mean that our original hypothesis is not valid.

Eventually, it will be verified whether the effect of WOM is indeed bigger than the effect of advertising – by comparing the regression values (we would already know that the difference is statistically significant). If this were not the case, our hypothesis would not be valid either.

Qualitative part

The qualitative part was conducted in the form of individual interviews using face-to-face and video interviews according to a previously prepared scenario. The respondents were interviewed by an experienced moderator in a pleasant, relaxed and open atmosphere. The aim was to find out as much as possible about opinions, attitudes, motives and the evaluation itself. Using the findings, we fine-tuned the research instrument that we had developed based on the literature review. A total of 7 in-depth interviews were conducted with both patients and care coordinators who have extensive experience of contact with patients. Based on these interviews, several items that affect clients were added and several redundant items were reduced or better combined. We also modified some of the wording to sound more natural in the language spoken by the clients.

Questionnaire and quantitative part

The final questionnaire contained a total of 38 items that influence the clients' considerations and choice of the MT facility, the importance of which they rated on a five-level Likert scale. In addition, one question measuring the so-called Net Promoter Score (NPS) and several identification questions were asked to describe the structure of the group (Reichheld 2003).

The questionnaire was structured in such a way as to enable the testing of the hypotheses proposed in the previous section; using factor analysis, we looked for general components that were crucial for the brand image in terms of impact on the choice of MT medical facility in the Czech Republic.

Sampling

The quality of the sampling procedure is essential for the quality of the data. As it was not possible to conduct a full survey (e.g., Čermák, 1999), because no list was available and we had neither the time nor the resources to do so, we had to resort to a sample survey. We opted for systematic random sampling. Its principle is that we rank the units in the population (or groups) independently of the subject of the survey. Alphabetical sorting is commonly used because it does not involve the greatest

risk of this selection method, namely that the ordering of the units has some hidden periodicity that will correspond to the selection step (see below). Afterwards, we randomly determine the step to select units at the same distance from each other. We also randomly select the initial unit which the systematic selection will start at. For capacity reasons, we chose the step of 3 and the first selected (initial) unit was the second one. This means that units 2, 5, 8, 11, 13, 16, 19, 22 and so on were part of the sampling.

Respondents were approached via an online questionnaire distributed by a cooperating agency focused on medical tourism. Further distribution of the questionnaires took place in accommodation facilities used by foreign patients of the eye and IVF clinics in Prague and through the coordinators of foreign stays in Prague, Brno and Ostrava. Between May and July 2024, 128 completed questionnaires were obtained in this way.

3. Result and Discussion

Output

As shown in the following table, the majority of the population were females, which is also due to the fact that two thirds of the population were clients of the IVF clinic. Slightly less than half of the clients were aged 30 and under, with the majority aged over 30. As expected, the highest proportion of patients – over 50% – came from the neighbouring countries and only slightly fewer from the UK.

Table 1 Structure of the quantitative research sample

Variable	Value	n	%
Country of origin	AUS	17	13.3
	GER	28	21.9
	ITA	3	2.3
	SK	21	16.4
	UK	54	42.2
	UAE	5	3.9
Gender	n/a	26	20.3
	F	59	46.1
	M	43	33.6
Age category	20-24	25	19.5
	25-29	12	9.4
	30-34	16	12.5
	35-39	24	18.8
	40-44	28	21.9
	45-50+	23	18
Diagnosis	eye clinic	44	34.4
	IVF clinic	84	65.6
Place	BRNO	36	28.1
	PRAGUE	92	71.9

Factor analysis

EFA was conducted to examine the relationship between factors influencing the intention to travel to the Czech Republic via TPB, using principal component extraction and varimax rotation with eigenvalues greater than 1.

Table 2 Identification of factors

Component	Initial Eigenvalues	

	Total	% of Variance	Cumulative %
1	9.967	26.23	26.23
2	3.524	9.274	35.504
3	2.988	7.862	43.366
4	2.676	7.043	50.409
5	2.506	6.596	57.005
6	2.225	5.856	62.86

The Kaiser-Meyer-Olkin (KMO) statistic was 0.811, which is above the acceptable confidence level of 0.70. The analysis of the factor structure has identified the following 6 main factors:

The first factor is the strongest, accounting for a quarter of all variation in the variables. Comprehensive services, safety and good communication are important to respondents. In the second factor, price and speed are crucial; we assume that this is more of an impulsive decision where the issue of quality is neglected. The following two factors clearly divide the audience, in the first case attracted by modern state-of-the-art equipment and top physicians, while the other group concerns rather traditional, conservative clients who prefer tried and tested methods at good prices. Surprisingly, the last but one factor is WOM, where we expected a more significant role. The last factor identified refers to helpful staff and customer service. The six main factors identified account for 62.86% of the total variance, which we consider a good result.

Table 3 MT factors

Factor	Factor labelling	Significant related items
1	COMPLETENESS, QUALITY AND SAFETY	complete service and safety of the clinic as well as the Czech Republic, overall good communication externally
2	PRICE AND SPEED	price and speed, references, not so quality and not much communication by the clinic
3	TOP-QUALITY AND STATE-OF-THE-ART	top-quality care and high quality doctors, modern equipment, covering of expenses and accessibility
4	REASONABLE QUALITY	quality of services and staff, not very modern, not necessarily top notch, not cheap and no insurance
5	WORD OF MOUTH AND ADVERTISING	WOM, where the care provided does not matter
6	STAFF – CUSTOMER SERVICE	high quality and helpful staff, language – I can communicate

Testing of the hypotheses

The chi-square (χ2) test was used to test the hypotheses (Browne & Cudeck, 1992).

H1: Quality as a component of brand image has a significant positive impact on the choice of a health care facility (clinic)

For the items in this group which respondents strongly agreed with, we calculated regression on NPS

and tested for significance.

Validity of hypothesis H1 was confirmed, the independence of quality variables on NPS was rejected.

Table 4 H1 Pearson Chi-Square Test

Item	Value	Asymptotic Significance (2-sided)
This clinic/facility has high quality doctors * NPS	5.296	0.05
This clinic/facility has a good reputation, credibility and positive image * NPS	4.41	0.075
This clinic/facility provides a safe environment * NPS	4.867	0.075

H2: Perception of the Czech Republic has a significant positive impact on the choice of a healthcare facility (clinic)

Validity of hypothesis H2 was confirmed, the independence of image of the Czech Republic variables on NPS was rejected.

Table 5 H2 Pearson Chi-Square Test

Item	Value	Asymptotic Significance (2-sided)
The Czech Republic is easily accessible for me in terms of visas, transport, etc. * tNPS[1]	10.524	0.025
The knowledge of languages is good in the Czech Republic, I can communicate * tNPS	12.878	0.01
The Czech Republic is well positioned in terms of safety * tNPS	5.937	0.05
I am satisfied that I have chosen the Czech Republic for my procedure * tNPS	4.754	0.065

H3: Recommendations have more impact on overall satisfaction than the brand communication

Both personal recommendations and communication of the facility were confirmed to have a statistically significant effect on overall satisfaction as measured by the NPS. However, the validity of hypothesis H3 was not confirmed; the chi-square values for both groups are basically the same, thus, the effect of WOM is not statistically significantly greater than that of advertising communication. For this reason, we reject the hypothesis.

Table 6 H3 Pearson Chi-Square Test

Item	Value	Asymptotic Significance (2-sided)
I like how this hospital/facility communicates * tNPS	6.895	0.05
In communication, this hospital/facility shows concern for the patients' needs * tNPS	8.698	0.05
The advertising of this hospital/facility provides me with useful information about their medical services * tNPS	5.158	0.05
Other patients'/clients' experiences with	8.391	0.05

the level of medical care on social media are positive * tNPS		
Other patients'/clients' experiences with helpfulness of staff on social media are positive	5.821	0.05
My family/friends have positively influenced my attitude towards this hospital/facility	5.372	0.05

Hypothesis testing in the previous section of this chapter was conducted to answer the formulated research questions. The first research question focused on the identification of components.

RQ1: What components of the brand influence the choice of a healthcare facility in the MT sector?

In the case of the choice of health facility in the MT sector, six factors were found to have an impact, accounting for 62.86% of variability. The strongest factor focuses on the completeness, quality and safety of the service provided. It is followed by the price and speed factor, where availability of the service is concerned. The following three factors, with similar amounts of variation, represent high-end equipment at a good price with reasonable quality. The last one of the important factors is customer service.

The second research question aimed to identify the effect of individual factors on the brand image.

RQ2: How significant is the influence of individual factors on the brand image (BI) of a healthcare facility in the MT sector?

The most significant impact on the brand image is linked to the offer of comprehensive services and safety of the clinic, which is complemented by quality marketing communication externally. The total variation of the factor is 23.26%. Combined with the second factor, which focuses on the price including costs, this creates demand from clients for great value for money. The total variation of the first two factors is 35% and these are the two most significant ones. Three factors follow with a similar variation of around 7%.

Discussion of the results

This study contains several key findings that are worth noting. First, quality of care and services, modern equipment and expertise have been found to play a major role in influencing the brand image perception of MT healthcare providers. For items in this group, agreement is clearly the highest and dominant. Specifically, five items have shown a percentage of total agreement on the Likert scale of 50% or more, which is not the case in any other group. The dominant items are the positive image of the workplace, quality of doctors and services. Price-related questions significantly influence the perception of medical tourists in relation to the brand image of hospitals. The focus is on total costs, not just healthcare itself. Partial coverage from health insurance and promotional or discount events have a significantly smaller impact. In the case of health facility communication, the percentages for "strongly agree" are slightly lower than for the items of quality of service and price. However, this is an important aspect that supports the results of the study by Cham et al. (2016), which has found that only the content created by the hospital has a significant impact on the hospital's brand image (including on social media). Consistent with that study, our research has placed significantly less weight on user-generated content on social media and its impact on the building of the brand image of healthcare facilities. A slightly stronger influence than in the case of communication was observed in the case of traditional WOM. However, this study does not emphasise the importance of referrals, as in a study by, for example, Hilšerová (2022), who has indirectly confirmed that word of mouth is the best tool for reaching foreign clients. The difference between WOM and marketing communication of the facility was not significantly important, thus, the third hypothesis was rejected. A practical consequence of this fact is the recommendation to pursue both forms of communication. The last of the important items is good transport accessibility and safety. We assume that this is mainly a practical aspect of medical tourism, which, of course, forms an important part of the brand image. As far as the contribution of this study is concerned, it has contributed to theory and practice in several ways. It significantly confirms the importance of brand image in healthcare, which has not been sufficiently explored yet. It identifies quality of care and services, modern equipment combined with price and costs as the key factors. In contrast to some earlier studies, this paper has not confirmed an effective difference between WOM and marketing communications. Previous research reported a critical role for eWOM (Tung & My, 2023), which this study has failed to demonstrate, reporting a significantly low effect of social media recommendations. In practical terms, healthcare providers should emphasise quality of service, price and communication with their customers (both corporate and by promoting WOM, patient experience, etc.). It has been identified that high quality services and effective communication shape a positive brand image of healthcare providers.

4. Conclusion and future scope

Medical tourism, which is becoming more popular every year, represents a significant segment of global tourism. This trend is driven not only by the growing number of patients seeking better, faster or cheaper healthcare, but also by increasing globalisation and the increasing availability of information. In the context of the Czech Republic, where the number of international patients has increased significantly over the last decade, it is essential to understand the role that the brand image of healthcare facilities plays in the decision-making process among these patients.

Based on the research conducted, it can be concluded that the key factors influencing the choice of a healthcare facility are the quality of services, safety and modern equipment. Price and speed of service also play an important role, with patients particularly appreciating good value for money ratio. The importance of communication and customer service is also evident, where effective and high quality communication can significantly strengthen the brand image and patient trust.

The research results suggest that although WOM and personal recommendations are important, their effect is not statistically significantly greater than that of the marketing communication of a given

healthcare facility. This shows that it is important for healthcare providers to address both forms of communication equally.

In conclusion, it can be said that a strong brand image of a healthcare facility, built on quality, safety and effective communication, plays a key role in attracting foreign patients as part of medical tourism. Healthcare providers should actively develop these factors to be able to compete in the ever-growing medical tourism market.

Reference

[1]   Arjona, M. F. (2023). *Health, tourism and hospitality: Spas, wellness and medical travel*.

[2]   Benešová, P., Kruisová,H. (2015) *Zdravotně orientovaný cestovní ruch.* Praha: Idea servis, 2015. ISBN 978-80-85970-85-2.

[3]   Beig, F. A., & Nika, F. A. (2019). Brand experience and brand equity. *Vision: The Journal of Business Perspective*, *23*(4), 410-417. https://doi.org/10.1177/0972262919860963

[4]   Botha, E., Creaven, G., & Mandy, J. (2020). Conveniently healthy: The impact of health endorsements on brand trust, brand loyalty and brand equity in fast moving consumer goods convenience versus shopping goods. *South African Journal of Business Management*, *51*(1). https://doi.org/10.4102/sajbm.v51i1.1535

[5]   Browne, M. W., & Cudeck, R. (1992). Alternative Ways of Assessing Model Fit, 21(2), 230-258. https://doi.org/10.1177/0049124192021002005

[6]   Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification. *TourismManagement*, *34*, 1-13. https://doi.org/10.1016/j.tourman.2012.05.009

[7]   Cham, T.H., Lim, Y.M., Aik, N.C. and Tay, A.G.M. (2016), *"Antecedents of hospital brand image and the relationships with medical tourists' behavioral intention", International Journal of Pharmaceutical and Healthcare Marketing, Vol. 10 No. 4,*

[8]   Chahal, H., & Bala, M. (2012). Significant components of service brand equity in healthcare sector. *International Journal of Health Care Quality Assurance*, 25(4), 343–362. https://doi.org/10.1108/09526861211221518

[9]   Lubowiecki-Vikuk, A., & Dryglas, D. (2019). *Medical tourism services and medical tourism destinations in Central and Eastern Europe - the opinion of Britons and Germans.* Economic Research-Ekonomska Istraživanja, 32(1), 1256–1274. https://doi.org/10.1080/1331677x.2019.1627892

[10] Fleuret, S. (2022). *A back and forth between tourism and health: From medical tourism to global health*. John Wiley & Sons.

[11] Hall, C. M. (2011). Health and medical tourism: A kill or cure for global public health? *Tourism Review*, *66*(1/2), 4-15. https://doi.org/10.1108/16605371111127198

[12] Hariharan, V. G., Desai, K. K., Talukdar, D., & Inman, J. J. (2018). Shopper marketing moderators of the brand equity – behavioral loyalty relationship. *Journal of Business Research*, *85*, 91-104. https://doi.org/10.1016/j.jbusres.2017.12.002

[13] Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2017). A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM) (2nd ed.). Los Angeles, CA: Sage Publications, Inc.

[14] *Health-oriented and medical tourism: Germany leading globally*. (2019, March 12). Hotelier International. https://hotelierinternational.com/health-oriented-and-medical-tourism-germany-leading-globally/

[15] Hilšerová, M. (2022). Medical tourists' satisfaction and decision-making factors with a focus on the Czech Republic. *Czech Journal of Tourism*, *11*(1-2), 60-83. https://doi.org/10.2478/cjot-2022-0005

[16] Kemp, E., Jillapalli, R., & Becerra, E. (2014). *Healthcare branding: developing emotionally based consumer brand relationships. Journal of Services Marketing,* 28(2), 126–137. https://doi.org/10.1108/jsm-08-2012-0157

[17] Kim, K. H., Kim, K. S., Kim, D. Y., Kim, J. H., & Kang, S. H. (2008*). Brand equity in hospital marketing.* Journal of Business Research, 61(1), 75–82. https://doi.org/10.1016/j.jbusres.2006.05.010

[18] Kostková, M., & Starzyczná, H. (2018). *Marketing cestovního ruchu: Distanční studijní text*.

[19] Mathijsen, A. (2019). Home, sweet home? Understanding diasporic medical tourism behaviour. Exploratory research of Polish immigrants in Belgium. *Tourism Management*, *72*, 373-385. https://doi.org/10.1016/j.tourman.2018.12.009

[20] Mainil, T. J. G. M. J., Eijgelaar, E., Klijs, J., Nawijn, J., & Peeters, P. M. (2017). Research for TRAN committee–health tourism in the EU: a general investigation. European Parliament, Directorate General for Internal Policies, Policy Department B: Structural and Cohesion Policies, Transport and Tourism.

[21] Pina, R., & Dias, Á. (2020). The influence of brand experiences on consumer-based brand equity. *Journal of Brand Management*, *28*(2), 99-115. https://doi.org/10.1057/s41262-020-00215-5

[22] Quaratino, L., & Mazzei, A. (2018). Managerial strategies to promote employee brand consistent behavior. *EuroMed Journal of Business*, *13*(2), 185-200. https://doi.org/10.1108/emjb-02-2017-0008

[23] *Rozée Gomez, V. – De La Rochebrochard, E. 2013. Cross-border reproductive care among French patients: Experiences in Greece, Spain and Belgium. Human Reproduction. 28(11), 3103–3110. ISSN 14602350.* https://doi.org/10.1093/humrep/det326

[24] Reichheld Frederick F. The One Number You Need to Grow. Harvard Business Review 2003.

[25] Salama, M., Isachenko, V., Isachenko, E., Rahimi, G., Mallmann, P., Westphal, L. M., Inhorn, M. C., & Patrizio, P. (2018). Cross border reproductive care (CBRC): A growing global phenomenon with multidimensional implications (a systematic and critical review). *Journal of Assisted Reproduction and Genetics*, *35*(7), 1277-1288. https://doi.org/10.1007/s10815-018-1181-x

[26] Shanthi, N.M. (2006), Branding Services Indian Perspective, 1st ed., The ICFAI University Press, Hyderabad.

[27] Swaminathan, V., Sorescu, A., Steenkamp, J. E., O'Guinn, T. C., & Schmitt, B. (2020). Branding in a Hyperconnected world: Refocusing theories and rethinking boundaries. *Journal of Marketing*, *84*(2), 24-46. https://doi.org/10.1177/0022242919899905

[28] Tourism market trends 2006 - World overview & Tourism topics. (2018). https://doi.org/10.18111/9789284412105

[29] Tung, L. T., & My, D. T. H. (2023). Electronic Word of Mouth, Attitude, Motivation, and Travel Intention in the Post-COVID-19 Pandemic. JOURNAL OF TOURISM AND SERVICES, 2023(volume 14), 15. https://doi.org/0000-0001-8487-2217

[30] Volejníková, A., & Kocourková, J. (2022). Asistovaná reprodukce v Česku z pohledu přeshraniční reprodukční péče. *Demografie*, *64*(2), 159-174. https://doi.org/10.54694/dem.0299

[31] Vovk, V., Beztelesna, L., & Pliashko, O. (2021). Identification of factors for the development of medical tourism in the world. *International Journal of Environmental Research and Public Health*, *18*(21), 11205. https://doi.org/10.3390/ijerph182111205

[32] www.MeDitorial.cz. (n.d.). *Největší informační zdroj pro lékaře*. Největší informační zdroj pro lékaře - proLékaře.cz | proLékaře.cz. https://www.prolekare.cz/casopisy/casopis-lekaru-ceskych/2016-5/preshranicni-zdravotni-pece-v-evropske-unii-a-cr-59032

[33] Hsieh, A.T. and Li, C.K. (2008), "The moderating effect of brand image on public relations perception

[34] and customer loyalty", Marketing Intelligence and Planning, Vol. 26 No. 1, pp. 26-42.

[35] Park, H., & Park, S. (2019). The effect of emotional image on customer attitude. Journal of Asian Finance, Economics and Business, 6(3), 259–268. https://doi.org/10.13106/jafeb.2019

[36] Sondoh Jr, S. L., Omar, M. W., Wahid, N. A., Ismail, I., & Harun, A. (2007). The effect of brand image on overall satisfaction and loyalty intention in the context of color cosmetic. Asian Academy of Management, 12(1), 83–107.