Tourism discourse and medical tourists' motivations to travel

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Abstract

Purpose – *This paper aims to respond to a knowledge gap regarding the motivations of medical tourists, the term used to describe persons that travel across borders with the intention of accessing medical care. Commonly cited motivations for engaging in medical tourism are typically based on speculation and provide generalizations for what is a contextualized practice. This research paper aims to complicate the commonly discussed motivations of medical tourists to provide a richer understanding of these motivations and the various contexts in which medical tourists may choose to travel for medical care.*
Design/methodology/approach – *Drawing on semi-structured interviews with 32 former Canadian medical tourists, this study uses the Iso-Ahola's motivation theory to analyze tourists' motivations. Quotations from participants were used to highlight core themes relevant to critical theories of tourism.*
Findings – *Participants' discussions illuminated motivations to travel related to personal and interpersonal seeking as well as personal and interpersonal escaping. These motivations demonstrate the appropriateness of applying critical theories of tourism to the medical tourism industry.*

Research limitations/implications – *This research is limited in its ability to link various motivations with particular contexts such as medical procedure and personal demographics. However, this study demonstrates that the three commonly cited motivations of medical tourists might oversimplify this phenomenon.* **Originality/value** – *By providing new insight into medical tourists' motivations, this paper expands the conversation about medical tourists' decision-making and how this is informed by tourism discourse. This insight may contribute to improved guidance for medical tourism stakeholders for more ethical and safe practices.*

Keywords *Motivation theory, Consumer behaviour, Tourists, International medical travel, Medical tourism, Patient motivation*

Introduction

This paper addresses a knowledge gap identified in the medical tourism literature regarding patient motivations, particularly as these motivations inform medical tourists' decision-making and consideration of ethical issues in this practice (Crooks *et al.*, 2010).
Analyses of the information accessed by medical tourists during their decision-making indicate that certain predominant discourses may shape medical tourists' decision-making and consideration of ethical issues related to medical tourism (Cameron *et al.*, 2014). As a result, medical tourists' may be unaware of these potential ethical concerns when engaging in medical tourism and unable to make informed decisions (Snyder *et al.*, 2012b). To better understand medical tourists' decision-making, this paper examines the motivations of medical tourists that may be informed by travel and tourism discourses. This paper focuses on examining narratives related to the travel and tourism aspect of the medical tourism practice to provide a detailed and in-depth discussion of medical tourists' motivations as informed by narratives of travel and tourism.

Background

The term "medical tourism" refers to the movement of persons across international borders with the intention to access medical care, paid for out of pocket, and without any formal referral from their home health-care system (Johnston et al., 2012). As a rapidly growing industry that is primarily developed for its economic potential, medical tourism is increasingly promoted by national governments as an economic development strategy (Ormond, 2013; Connell, 2013). Researchers from various disciplinary backgrounds are increasingly exploring this phenomenon, with a particular emphasis on the potential impacts this growing industry may have upon various stakeholders, including the patients traveling abroad and, home and destination country populations (Hall, 2011; Connell, 2013). While medical tourism's impacts may be positive for some of these stakeholder groups, concerns focus on the limited surveillance and regulation of patients across borders, particularly given the influences of stakeholders with a vested interest in the profitability of the industry (Cohen, 2010; Johnston et al., 2010). This limited surveillance and regulation may result in negative impacts for individual safety, sustainability of health-care systems both in medical tourism destinations and medical tourists' home countries, and global health equity (Snyder et al., 2012a). However, consideration of critical views on this practice's potential impacts are commonly missing from conversations on medical tourism by prospective medical tourists, resulting in uninformed decision-making by medical tourists (Snyder et al., 2012b; Ormond and Sothern, 2012).

This paper intends to investigate the role of tourism and travel discourses in shaping the decision-making of medical tourists. In particular, this analysis examines the relationship between this discourse and medical tourists' considerations of ethical and safety concerns relating to this practice during their decision-making. While the term "medical tourism" has been highly debated by researchers who are critical of the use of the word "tourism" to describe a practice in which patients may not engage in any tourism activities and/or may be experiencing high levels of pain and discomfort due to their medical condition (Kangas, 2010), research demonstrates that medical tourism planning and discussion is being taken up largely in the tourism realm as an expansion or diversification of the tourism product, primarily in countries with a high economic reliance on tourism (Ormond, 2013; Connell, 2013). As a result, information that potential medical tourists are accessing regarding participating in medical tourism draws from discourses related to the existing narratives of travel and tourism (Buzinde and Yarnal, 2012). These discourses are informed by certain ethical voices; however, these voices are distinct from ethical voices in public health and medical discourse. As a medical *tourist*, the individual traveling across borders for medical care has a relatively high degree of power and freedom to choose the medical care he or she will consume. The individual's decision to participate in medical tourism is characterized by a shift in roles from a more submissive patient to a patient as user/decision-maker (Mainil et al., 2011). This shift results in what Mainil (2012) refers to as a "discursive battle" and a potential "rupture" between the information regarding safety and ethical concerns discussed in the literature and the information being discussed by medical tourists during their decision-making process (Mainil, 2012; Snyder et al., 2014).

Discourse analysis on tourism can be broken into analyses of various discourses embedded within the larger discourse on this topic. Two predominant discourses informing tourism discourse include market discourse and discourse on the other and the exotic (Thurlow and Jaworski, 2010). Tourism is commonly characterized as an economic development opportunity for destinations and an opportunity to escape to the new and exotic for the tourist (Cheong and Miller, 2000). These assumptions raise ethical concerns regarding development practices and ideologies, informing these practices as well as concerns for othering and exoticization, wherein destinations are increasingly dependent on the volatile tourism industry with increasing prioritization of tourism policies and planning at the expense of diverse industry development (Caton, 2012; Higgins-Desbiolles, 2006; Cheong and Miller, 2000). The process of othering occurs through interactions in tourist

spaces, including within promotional materials, which reinforce the exotic and different aspects of a place from more developed and industrialized places (Buzinde and Yarnal, 2012). These discourses naturalize the development of tourism industries and tourism practices in lower and middle income countries, including diverse forms of tourism such as medical tourism (Cheong and Miller, 2000). Narratives of travel to exotic and therapeutic medical tourism destinations and market discourses of consumer choice and enhanced patient autonomy in medical tourism are identified in the medical tourism literature, as discourses commonly taken up by medical tourism stakeholders (Ormond, 2013). However, there is limited research on how these particular discourses are taken up by medical tourists, if at all, and how medical tourists decision-making, particularly as related to ethical considerations, is informed by these discourses (Mainil et al., 2011).

As a relatively new area of research (Crooks et al., 2011), studies of medical tourism have paid little attention and provided limited detail and contextualization to the decision-making of medical tourists (Crooks et al., 2010). Knowledge about medical tourists' decision-making or motivations has typically been speculative in nature, with the majority of information stemming from media reviews (Johnston et al., 2012). Existing research into patients' attitudes toward, and motivations for, medical tourism focuses primarily on unmet health-care needs in home territories as a driving factor. As such, motivations that are commonly cited in the literature include avoiding perceived waiting times for care, reducing costs of elective health care that must be paid for out of pocket and accessing domestically unavailable procedures (Johnston et al., 2010). However, there has been limited discussion in the medical tourism literature on the motivations of medical tourists as related to existing models and theories of tourists' motivations and in relation to planning and development of the medical tourism industry (Ramirez de Arellano, 2007; Connell, 2011). While existing studies have employed frameworks for analyzing medical tourists' decision-making, these frameworks have been informed primarily by theories of health-care utilization, with an emphasis on economic considerations in the decision-making process (Runnels and Carrera, 2012; Gan and Frederick, 2013). However, by employing a framework as discussed below for analyzing medical tourists' motivations from the tourism literature, the analysis presented in this paper will serve to provide greater nuance to our understanding of medical tourists' decision-making and the role of tourism discourses in this decision-making.

Tourists' motivations are defined as a state of mind that disposes one to travel while adequately providing a valid explanation for this decision to travel (Dann, 1981). Motives are defined as perceived needs that direct decision processes (Yolal et al., 2012). Motives become motivations when interacting with an individual's value systems and the situational context. Tourists' motivations to travel are informed by their perceived needs, which are mediated by the individual's value system and situational influences, including promotional information and word-of-mouth discussion about a particular tourism activity or travel opportunity (Gnoth, 1997). Thus, tourists' motivations are both informed by certain narratives and discourses related to tourism activities and practices and inform the extension and uptake of these discourses (Hsu, 2008). To better understand tourists' motivations, researchers such as Snepenger (2006) and Hunter-Jones (2005) have employed the Iso-Ahola's (1990) motivation theory to the tourism context. Iso-Ahola's (1990) motivation theory asserts that the motivations for travel are highly influenced by the interplay of desires to both escape and seek personal and interpersonal opportunities (Snepenger, 2006). These psychological drivers of tourist motivations have been shown to be highly influential of tourists' decision-making (Iso-Ahola, 1990) and, thus, analysis of these desires amongst medical tourists can serve to complicate previous understandings of medical tourists' motivations and decision-making.

Iso-Ahola's motivation theory highlights the intrinsic rewards associated with travel such as feelings of mastery and competence, as well as a break from a routine environment (Iso-Ahola, 1990). According to this model, tourists' motivations can be categorized into

four different categories: personal escaping, interpersonal escaping, personal seeking and interpersonal seeking. While critics of this model highlight a lack of consideration for the situational parameters in which motivations emerge (McCabe, 2000), this model is useful to meet the objectives of this paper, as it provides a clear framework for examining medical tourists' motivations, as they relate to predominate tourism discourse. As presented in the Iso-Ahola model, motivations related to seeking are characterized by tourists' desires for feelings of mastery and opportunities to make decisions as a consumer of tourism activities (Iso-Ahola, 1990). These motivations align with market discourses that portray the consumer as provided with limitless options in the marketplace (Higgins-Desbiolles, 2006). Furthermore, motivations related to escaping are characterized by tourists' desire for a break from routine and everyday activities and a chance to experience new and different cultures (Iso-Ahola, 1990). These motivations align with discourses of the other and the exotic which are prevalent in tourism interactions (Cheong and Miller, 2000). By applying this model to descriptions of former medical tourists' decision-making and experiences before and throughout their trip, as provided in semi-structured interviews, this analysis identifies relevant discussions related to the concepts of escaping and seeking, linking medical tourists' decision-making to tourism discourse.

Methods

Data collection

Thirty-two semi-structured phone interviews with Canadian medical tourists were conducted by one of the authors (RJ) between September and December 2010. This time period was pre-determined and recruitment continued until the cut-off date with the aim of interviewing approximately 30 participants to form a diverse sample. This target sample size was selected, as it is a realistic number to achieve saturation from interviews (Patton, 2002). Semi-structured interviewing was utilized to allow for participants to go beyond the specific questions and identify other relevant issues at hand, which can further enrich data collected from the interview (Maxwell, 2005). Each interview typically lasted between 1 to 1.5 hours. The interviews performed with Canadian medical tourists sought to explore participants' experiences and their decision-making processes that informed their trip abroad.

Participant eligibility was restricted to Canadians who had gone abroad with the intent of undergoing surgery, were over the age of 18 and enrolled in a provincial or territorial public health plan. The participants were recruited through a variety of methods. These were:

- the identification of medical tourists through a review of published media accounts covering medical tourists' stories, from which their contact information was gleaned through public sources;
- having medical tourism facilitators distribute letters of information to former clients;
- posting of advertisements in newspapers and online forums; and
- snowball sampling within participants' social networks.

Interested participants were asked to call a toll free phone number or email to inquire about further information for the study. Participants that met the criteria and signed informed consent forms after learning about the study details were included in the interview sample.

Analysis

Interviews were digitally recorded and transcribed verbatim. The first step of analysis involved independent transcript review by four investigators to identify meta-themes emerging from the text. The transcripts were then coded using Nvivo software and organized according to the identified meta-themes. Inter-rater reliability was utilized to confirm categories and themes that emerged from the coding process by seeking agreement amongst all four investigators on the emerging themes (Maxwell, 2005). During

these conversations, discussions on decision-making and planning before the medical tourism were coded as travel planning. Sections of transcript that were placed under this theme were selected for further analysis using thematic content analysis. Thematic content analysis is considered an appropriate method to make inferences about the experiences of a person or social group, and as such, was selected by the research group as a beneficial technique for analyzing medical tourists' experiences (Smith, 1992).

Thematic content analysis utilizes the breakdown of text into themes to indicate what content exists according to predetermined thematic areas (Krippendorff, 2004). Drawing on Iso-Ahola's motivation theory, KA read through the selected segments of text and coded the text under the categories of personal escaping, interpersonal escaping, personal seeking and interpersonal seeking. The research group decided to apply Iso-Ahola's (1990) motivation theory to this data set because this model has been previously applied to empirical data (Snepenger, 2006) and has clear definitions for categorizing text that fits well with dominant tourism discourses (Mainil, 2012). Rigor was maintained by consistency and clarity in the authors' operationalization of the four themes guiding thematic analysis, and through positioning the researcher in the interpretative process (Fereday and Muir-Cochrane, 2006), as described throughout the discussion section of this paper.

Results

Participants

Thirty-two participants were interviewed between the ages of 18 to 77, with 14 of these participants self-identifying as males and the remaining identifying as females. Of these 32, 9 participants traveled for hip resurfacing, 4 traveled for multiple sclerosis liberation therapy, 4 traveled for knee surgery, 2 traveled for retinosis pigmentation and 3 traveled for bariatric, cosmetic, dental, gastrointestinal surgery. Common destinations of travel included India (n 15), the USA, South Africa, Thailand, Poland, China, Israel, Germany, Cuba and Costa Rica.

Motivations

When analyzing interview transcripts, KA identified participant descriptions of the medical tourism trip that are characterized by either personal seeking, personal escape, interpersonal seeking or interpersonal escape according to Iso-Ahola's (1990) definition. To facilitate this process, KA established detailed working definitions of the four categories of motivations and then used these definitions to identify segments of text that brought up motivations that fit within one of these four categories. By structuring the thematic analysis this way, this process allowed for the identification of motivations for engaging in medical tourism that might not be otherwise considered and are specifically related to the travel component of medical tourism. The remainder of this section describes each type of motivation in greater detail. Quotations are used throughout this section to further demonstrate the decision-making of interview participants and inform the discussion of medical tourists' motivations. The section on interpersonal escape was less closely related to the experiences of medical tourists and, as a result, there are limited findings related to this section of the model.

Personal seeking

Iso-Ahola (1990) and Snepenger (2006) define personal seeking behaviours as acting out of a desire to feel good about oneself in terms of feeling a sense of accomplishment or mastery, project a certain image of oneself and experience new things. Interview participants described aspects of their medical tourism experience that intersect with these descriptions of personal seeking behaviours, including proactively searching for treatments for various symptoms and ailments, anticipating attention and care provided by the staff and seeking out adventure. Knowledge and belief of one's health situation guided participants' decisions as medical tourists.

Participants used phrases such as "it's your body" and "when it comes to your pain" to describe their rationalization of traveling to improve their quality of life and to describe their desire to take control over their own health care. Participants often described feelings of desperation for a reduction or elimination of their ailment, or particular symptom, throughout their engagement with medical tourism. One participant remarked:

> I had run out of other options [. . .]. I had a drastic problem, I needed a drastic intervention, like everybody else, I had done everything else [. . .] it was a hard decision but I had to do something.

This quote is illustrative of the frustration commonly communicated by participants that felt they had limited options to reduce their pain and improve their quality of life and wanted to have more control over managing their symptoms or treating their ailment than afforded in the Canadian health-care system. Participants also conveyed a sense of hope for a change in their quality of life following the procedure, leading them to seek out health-care options beyond their domestic health-care system. One interviewee stated that "even if the pain does not go away, at least I tried to do something", suggesting that actively pursuing different treatment options may bring peace of mind and a sense of relief, regardless of the actual physiological benefits of the intervention.

When discussing the experience of receiving medical care in a foreign country, one participant described their extraordinary experiences researching and selecting where to access care privately, including receiving care immediately without spending time on a waitlist. One participant remarked, "you pay $75 for the recovery centre, you get three meals a day, you have a nurse, and you have somebody washing your hair if you need help". This participant described this scenario as being very different from past experiences recovering from a surgical procedure in Canada. Furthermore, participants were impressed by the ability to shop around for the ideal desired medical care using the private system and turned to the Internet to "check the infection rates at the various hospitals and see where the lowest infection rate is", and identify the "number of procedures a physician had performed", or hospital success rates. These interviews suggest participants spend a great deal of time researching different options on the Internet and selecting their final destination from various options.

Finally, some participants stated that they were insistent on finding activities that would fulfill their desire for "adventure", given that they are spending time in a new country. One participant recounted sending off his/her caregiver/companion to "scout out" activities that could be undertaken, given the patients' physical limitations following surgery. While many participants sought out new cultural activities that might not be possible at home, others sought out new experiences related to the medical procedure itself, such as the opportunity to recover within a health-care facility that caters to more individualized needs, given the privatized nature of the health-care delivery. These experiences were considered novel and an exciting change from the experiences of being a patient at home.

Interpersonal seeking

Iso-Ahola (1990) and Snepenger (2006) define interpersonal seeking as engaging in activities to meet new people, to bring together friends/family and to be with people that share similar interests. Participants described their desires for traveling to locations where they could also visit family and/or friends, spend time bonding with their caregiver and connect with members of the community in which they traveled. Many of the participants selected destinations to travel where they knew someone who could provide insight to the health-care system and use the trip as an opportunity to see people they would not normally see. One participant described the efforts he/she went through to ensure the trip still felt like "a holiday", including planning travel activities and visiting with family friends. Some participants emphasized the use of family members and/or friends in the destination to help select facilities and provide a source of caregiving during the medical tourism trip.

Participant discussions of the appeal of combining a holiday with surgery are summarized by the following quote:

> When it came time for my second surgery we did the reverse. We still went for 3 weeks but I had a holiday for the first week and went back and visited friends I had made during my first surgery, then I went in and had my surgery. As my sister said, "you went for a holiday and had some surgery along the way".

As this quote indicates, these interviews highlight the appeal of using the medical tourism trip as a chance to have a holiday with family members. Participants experienced an ease in their anxiety knowing that their caregiver/companion was able to assist with ensuring their safety and comfort during and after surgery (through activities such as seeking out familiar foods and potential post-surgical tourist activities). Similarly, many participants were relieved to have another person to ease their fears and to contribute to their decision-making. Some participants emphasized utilizing this time as a bonding opportunity, given that they might not usually have the opportunity to spend long periods of time together with the caregiver/companion. One participant stated, "being as husband and wife you know, we tried to make it as much of a holiday as we could".

Personal escaping

Motivations characterized as personal escape include desires to change environments and lifestyle, and to avoid stressful scenarios in one's home and/or work life. Desires to avoid economic stress, avoid the public health-care system and escape stressful/non therapeutic environments were mentioned throughout the interviews. Many participants considered the economic implications of traveling to various destinations where the care could be provided at a reduced rate. One participant stated "it [local surgery] would have been way, way more expensive than going to Chennai. So I chose to go to Chennai", indicating the participant was motivated to travel to avoid the stress of financial burdens caused by seeking treatment locally.

Participants traveling for domestically unavailable procedures expressed a high degree of frustration at lacking access to a desired medical procedure. For some, this difficulty in accessing a desired treatment led to a loss of faith in the Canadian health-care system, with participants indicating feelings of abandonment or neglect from their domestic system. Given this loss of faith, participants expressed a desire to leave the system that they felt had betrayed them in failing to provide what they considered to be needed health care. For participants seeking an available or elective procedure, desire to escape the health-care system was linked to escaping certain constraints such as wait times.

Finally, the appeal of new spaces of healing away from existing stressful environments of health-care delivery was illustrated in discussions on the desire to "heal away from it all". Some participants living with chronic illness indicated they had taken on the "patient role" for an extended period of time. Participant descriptions of this role included recounting stories of numerous hours spent in medical care settings, spaces which may feel "impersonal", "crowded" and "stressful". Some participants, primarily participants diagnosed with a progressive disease, expressed a loss of hope, given their existing diagnoses and limited optimism for improved health outcomes. These participants described a "need to do something, anything" as a means of escaping this hopelessness. Participants' pursuit of a certain outcome was framed as a way of escaping some undesirable health condition, as summarized in the following quote:

> It [traveling for medical care] was scary, it was, but at the time I was focusing on getting my back better.

Interpersonal escaping

Interpersonal escaping is defined as avoiding stressful social environments or routine social environments (Iso-Ahola, 1990). Participants described their desires to escape

normal situations of being a sick person amongst social networks to avoid burdening caregivers. Participants spoke about these interactions as stressful due to a sense of guilt for burdening family members. One participant described feeling anxious about his/her decision after friends expressed "horror" at undertaking an experimental procedure. This anxiety was met with frustration for this particular participant because their desire to undergo this procedure was largely informed by the participant's hopes to relieve the burden of caregivers.

Finally, participants also described their consideration of burdens on others when discussing their selection of a destination. One participant indicated that this choice would be informed by their understanding of the potential impacts of medical tourism on destinations, summarized in the following quote:

> I could not go and put myself in a country that's got so much stuff going on that's wrong and, and that needs help with and go and get myself fixed. I couldn't, my conscience wouldn't let me do it.

Other participants also considered the potential impacts of medical tourism on destination countries and justified their decision to travel as presenting an opportunity for a "win-win-win" for all stakeholders in the medical tourism industry in that particular context. Participants' described their knowledge of a place as justifying their trip and avoiding potentially stressful scenarios of "witnessing poverty" or confronting feelings of guilt as a medical tourist.

Discussion

The results from this analysis confirm and expand the typical patient motivations cited in the medical tourism literature by highlighting medical tourists' ideas about traveling to escape normal situations and seek out new opportunities (Johnston *et al.*, 2010). By turning to tourism literature, particularly literature focused on tourist motivations and tourism discourse, this analysis identified motivations that align with tourism discourse, as informed by Iso-Ahola (1990) Motivation theory according to the four types of motivations: personal seeking, interpersonal seeking, personal escaping and interpersonal escaping. The use of this framework to identify the motivations of study participants provides an insight into the role of tourism discourse in shaping medical tourists decisions by describing medical tourists' use of tourism discourse during their decision-making. By linking the decision-making of medical tourists to commonly understood motivations of tourists more broadly, this paper prompts further application of critical tourism theory in the field of medical tourism.

By examining tourists' discussions of their decision-making through the lens of the Iso-Ahola's (1990) motivation theory, this analysis demonstrates that the concept of hope may play an important mediating role in medical tourists' decision-making by shaping the way tourism discourses are taken up and put into practice (Mainil, 2012). Discussions from participants related to the concepts of escaping and seeking, as described above, indicate a common sense of hopelessness informing medical tourists' interactions with information related to medical tourism and decision-making. Interviewees indicated numerous times that the process of planning for a trip and organizing the details around this medical procedure meant that they were "doing something" to change their status quo, and, as a result, expressed a sense of inevitability in their participation in medical tourism when options for escape and change are limited otherwise.

The results from this paper align with previous research on the intersection between tourism and health that categorize the motivations of medical tourists as both escaping from the stresses of daily life and escaping to, or seeking, an improved quality of life (Buzinde and Yarnal, 2012). As shown in this analysis, many participants faced particularly stressful and/or frustrating situations in their everyday environment due to a chronic illness or particular ailment which led to both personal and interpersonal

escaping desires, including desires to escape economic stresses of privately accessing certain medical procedures not provided in the public health-care system, constraints of the Canadian health-care system due to rationing of health resources, stresses of undertaking the patient role and stresses of burdening caregivers. Furthermore, this analysis demonstrates that like other tourists, medical tourists may be seeking personal and interpersonal satisfaction, using this trip to also experience new adventures, catch up with friends and family members and enjoy a holiday, an experience that might have been limited due to the medical tourists' illness or ailment. While the commonly cited motivations of medical tourists are still relevant, the identified motivations related to escaping and seeking demonstrate the appeal of medical tourism as a tourism activity that can foster hope at a time when individuals may be particularly hopeless, given their experiences with a chronic illness or particular ailment. As a result, the findings of this study provide an insight into the concept of hope, as it applies to medical tourists' motivations and decision-making.

The role of hope in medical tourists' experiences has been discussed in previous research that correlates the experience of hope amongst patients anticipating some sort of desirable outcome with therapeutic benefits (Hunter-Jones, 2005). Even if the individual medical tourist is assured that the treatment will not cure an illness or permanently remove certain symptoms of the illness, medical tourists may hope for certain outcomes, as this enables them to set goals and look forward to working toward these goals (Snyder *et al.*, 2014). In the public health-care system, patient options, including who will treat them, what type of procedure will be done and when the procedure will take place, are more limited (Saltman, 1994). Alternatively, when participating in medical tourism, medical tourists shift from more submissive patients to patients with greater agency to select their own course of medical care and take a break from the medical culture and routines that reinforce their role as submissive patient (Mainil, 2012).

Iso-Ahola's (1990) motivation theory indicates that planning fosters goal development related to the anticipated positive rewards of this escaping and seeking. Given the nature of medical tourism promotions and marketing, medical tourists may be exposed to discourses presenting this practice as opportunities to take advantage of privatized medical care in a foreign environment. As demonstrated in the findings section, this discourse may motivate prospective medical tourists to research and plan their medical tourism trip with improved health and a renewed sense of agency and optimism in mind. This renewed sense of optimism may provide hope at a time when patients perceive themselves to be hopeless (Leung *et al.*, 2009). Overall, this insight suggests that medical tourists' decision-making may be highly informed by the appeal of travel and tourism more broadly, particularly as engaging in tourism discourse through promotional materials and marketing highlights a sense of agency in selecting one's destination and health care as well as a sense of optimism and excitement in planning for a holiday abroad (Mainil, 2012).

While the findings and implications of this research are limited in their ability to discuss differences in motivations according to different procedures or participant demographics such as gender, age or socioeconomic status, this study provides an insight into the concept of hope, as it relates to medical tourists' decision-making. The interviewer did not probe participants on the concept of hope, and few participants actually referred to the term "hope". However, participants' discussion of their desire "to do something" connects to previous findings in the medical tourism literature about the hopelessness of patients. Furthermore, research on the use of hope by medical tourism stakeholders to promote engagement with the industry indicates that narratives of hope may inform medical tourists' motivations for travel abroad for care (Petersen *et al.*, 2014). Thus, linking participant's discussions of their decision-making to the concept of hope provides additional insight into the existing conversation about the information provided to medical tourists and the need

for more balanced, neutral and informative sources of information informing potential medical tourists (Snyder et al., 2012b).

Conclusion

As this paper demonstrates, drawing on theories of tourists' motivations to better understand medical tourists' decision-making and experiences may contribute a more nuanced examination of these motivations, as they relate to the travel aspect of medical tourism. Findings from this study suggest further research may be needed on the role of hope in medical tourists' decision-making; particularly if this hope constrains the ability for medical tourists to be properly informed of the ethical considerations of medical tourism (Petersen et al., 2014). Future research can continue to complicate our understanding of medical tourists' motivations and explore increasingly the contexts in which these different motivations exist by examining this narrative of hope and the ways in which this hope may be used by industry stakeholders in ways that may exacerbate unethical practices in medical tourism.

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