

## Recreational Facilities and Medical Tourism in South West Nigeria


### Abstract

**Chinonso Chiamaka IWUAGWU\*** 

Department of Tourism and Events  
Management, Afe Babalola University, Ado-  
Ekiti, Nigeria, Email,  
[chinonsosweet24@gmail.com](mailto:chinonsosweet24@gmail.com)

**Moradeke ABIODUN-BADRU**

Department of Sociology, Afe Babalola  
University, Ado-Ekiti, Nigeria, Email,  
[abi.badru@world-psi.or](mailto:abi.badru@world-psi.or)

**Tijani Nasiru OLAWALE** 

For Hospitality and Tourism Osogbo  
Email, [tijaninasiru89@gmail.com](mailto:tijaninasiru89@gmail.com)

**Adeyemi J. ADEMOWO** 


Department of Sociology, Afe Babalola  
University, Ado-Ekiti, Nigeria, Email,  
[yemi.ademowo@abuad.edu.ng](mailto:yemi.ademowo@abuad.edu.ng)

**Olasupo IJABADENIYI** 

Department of Social Justice, Afe Babalola  
University, Ado-Ekiti, Nigeria, Email,  
[ijabadeniyioa@abuad.edu.ng](mailto:ijabadeniyioa@abuad.edu.ng)

**Josephine GABRIEL-SULE** 

Department of Tourism and Events  
Management, Afe Babalola University, Ado-  
Ekiti, Nigeria, Email, [bosedegab@gmail.com](mailto:bosedegab@gmail.com)

**Dorathy Kassang MAKAMA** 

Department of Tourism and Events  
Management, Afe Babalola University, Ado-  
Ekiti, Nigeria, Email,  
[makama22808@gmail.com](mailto:makama22808@gmail.com)

**Ngozi EZENAGU** 

Department of Tourism and Events  
Management, Afe Babalola University, Ado-  
Ekiti, Nigeria, Email, [ngozenagu@gmail.com](mailto:ngozenagu@gmail.com)

Many countries are increasingly integrating both medical and non-medical services to provide comprehensive care beyond clinical treatment. Developing nations like Nigeria can capitalize on this trend by incorporating recreational facilities into their medical tourism offerings. However, research on the influence of such amenities on medical tourism in Southwest Nigeria is limited. This study used multi-stage cluster sampling to select six hospitals, with 362 questionnaires distributed using snowball sampling, and interviews conducted via purposive sampling. Data analysis revealed that recreational facilities significantly influence medical tourism development. These findings challenge the belief that medical tourism is solely driven by clinical expertise, highlighting the potential of non-medical amenities to enhance hospital appeal and medical tourist's satisfaction, attract medical tourists, and strengthen the region's medical tourism sector.

**Keywords:** medical tourism, medical tourists, recreational facilities, nonmedical services, healthcare infrastructure

**How to cite this article:** Iwuagwu, C.C., Abiodun-Badru, M., Olawale, T.N., Ademowo, A.J. & Ijabadeniyi, O., Gabriel-Sule, J., Makama, D.K. & Ezenagu, N. (2024). Recreational Facilities and Medical Tourism in South West Nigeria. *African Journal of Hospitality, Tourism and Leisure*, 13(4):797-807. DOI: <https://doi.org/10.46222/ajhtl.19770720.566>

### Introduction

Over the past ten years, countries have shown interest in the tourism industry, with one of its most promising segments being medical tourism (Sandberg, 2017). The worldwide medical tourism market is estimated to be worth USD13.98 billion in 2021, and by 2028, it is projected to produce USD53.51 billion (Research Report, 2022). Even though there are other countries worldwide, Asian countries such as Thailand, India, Malaysia, Singapore, and South Korea have aggressively pushed such services, and rivalry to lure more international medical tourists (Kim, et al., 2019). Malaysia has reached the number as high as 1 million visitors in 2017 with revenue of RM1.3 billion (Saragih & Jonathan, 2019). Thailand also continues to lead the market for medical tourism in Southeast Asia, receiving about half of all patients. The Asia-Pacific region's in medical tourism arrivals from 2001 to 2018 were approximately 495,056, 1,050,000, 147,000, and 321,574 patients in India, Malaysia, Taiwan, and South Korea. (Dang et al., 2020; the ASEAN Post Team, 2017). Medical tourism is based on the idea in which individuals travel to foreign nations to acquire healthcare services and facilities while also indulging in the foreign country's tourist attractions (Chandran et al., 2017). Medical tourism can also be seen as the travel of people in search of medical care that is either, unavailable, unaffordable or proscribed at home healthcare systems (Mogaka et al., 2017) Patients who travel to receive medical services frequently have many destination options, each of which offers a distinct combination of attractive features beyond health care (Omar et al., 2023). For medical tourism, facilities in the destination is critical in offering an overall picture and a flavour of the medical tourism destination. It has been noted that one of the elements influencing medical tourism is the availability of additional nonmedical services or attributes like: heritage/historic attractions, events, transportation facilities, government policy, actual management quality, worker skills climate, food, culture and recreational facilities (Yagar & Dokme, 2017; Fetscherin & Stephano, 2016).



Nonmedical services such as recreational facilities when provided for patients help them ease in before, during and after procedure. These facilities which can include the following; television, indoor board games, puzzle games, electronic games, gym facilities, gardening, table tennis, chess game, religious facilities, reading books, art painting or drawing, music (active or passive), play and many other can cater for various interest and different age groups of patients for the purpose of relaxation, physical fitness, mental and emotional stability. For instance, in India, which is currently regarded as one of the epicentre of medical tourism, medical tourists who have had surgery benefit from spa and wellness therapies that speed up their recuperation process. This procedure is incorporated into the medical tour as a quick vacation (Topuz, 2012). Yoga facilities are available for medical tourists and their partners at Bumrungrab Hospital, a prominent hospital in Thailand that caters to medical tourists (Mainil, et al., 2011) while tourism activities for companions and extra support for patients' convenience are identified as important success factors of Korean medical tourism (Kim, et al., 2019). China's tourism authorities have placed a premium on marketing and advertising campaigns that combine tourist attractions and medical services (Omar et al., 2023). On the other hand, Jahanbani et al. (2021) pointed out that the lack of appropriate recreational amenities makes Iran less appealing to medical tourists. This tendency has increased competition among providers which provided patients with additional alternatives and destinations. Asian nations, such as Thailand, India, Malaysia, Singapore, and South Korea, have actively pushed these services, and there is now fierce competition to draw in more foreign medical tourists (Kim et al., 2019; Seow et al., 2017). As a result, recreational facilities are now seen as a fundamental factor in the expansion of the tourism sector as a whole (Khadaroo & Seetanah 2008 in: Jafari & Xiao, 2016), because they primarily increase a destination's competitiveness and appeal, (Mandic, et al., 2018), boost patronage (Ononogbo et al., 2020), increase the country GDP (Omar et al., 2023), ensure return intent, and elevate tourist happiness (Ya-Hui et al., 2015). The hasty practice of moving to foreign countries for high tech medical services is hinged on a diverse range of motivators of which developing countries like Nigeria can take advantage of (Orji et al., 2020).

Despite the beneficial influence of these recreational facilities in attracting medical tourists, Nigeria in particular is one of the many developing nations that is yet to embrace the potential of recreational facilities in promoting medical tourism. Consequently, Nigeria has spent \$1 billion a year, or 60% of their total income, on medical tourism, according to Price Waterhouse Coopers (2016) analysis. The Federal Government noted that Nigerians spend N664 billion at a rate of 415/\$ (USD 1.2 to USD 1.6 billion) on medical tourism each year. The impact of the money the country loses on medical tourism is a huge loss to the local health care system and the country GDP. As Nigeria continues to lose millions of dollars to medical tourism, other nations are profiting from this sector. Nigeria has the potential to develop medical tourism considering its skilled medical professionals and facilities. Buttressing this assertion, former President Olusegun Obasanjo, made a remark that "Nigeria has standard medical facilities and no need for people to travel for medical check-ups outside the country" (Simon, 2018). Despite the presence of the resources mentioned above, medical tourism has not yet gained momentum in the country. There is a paucity of literature on the influence of recreational facilities in developing medical tourism in Southwest Nigeria in order to increase the country revenue and create other means of revenue apart from relying on oil. Also, little or nothing is known about the availability and possible contribution of recreational facilities to the growth of medical tourism in Southwest Nigeria, which boasts of diverse range of natural landscapes and cultural attractions, making it an alternative destination for medical tourists. As health care services continue to become more globalised, many countries, particularly developing ones, see an opportunity to gain revenue by promoting and delivering a variety of medical and leisure services to medical tourists. Hence, the knowledge gap on the availability of recreational facilities and their influence in hospitals in Southwest Nigeria for medical tourism development serve as the premise for this study.

## Literature review

Medical tourism is a specialised industry that is growing quickly all over the world. Given that 3-4% of the world's population is expected to travel abroad for medical care, this sector is expected to grow significantly over the next ten years (Medical Tourism Magazine, 2016). Therefore, it is not unexpected that several cities and nations, like Dubai, Singapore, and Malaysia, are actively engaging in medical tourism given the scale of the revenue from this industry (Dalen & Alpert, 2018). But the major obstacle faced by the industry is convincing international medical tourists that the services provided by destination countries are on par with those of other nations, as each country strives to showcase its distinctiveness to highlight what makes them special (Crooks et al., 2010). Healthcare providers are presently using diverse approaches to draw in patients by prioritizing their value and emphasizing technological advancements in medical treatment and patient comfort (Kamassi et al., 2020). The attractiveness aspects of medical tourism are the critical factors that make certain destinations different from other destinations (Omar et al., 2023) and recreational facilities is seen as an essential part of physical infrastructure which is essential to the economic and tourism industry's overall progress, as highlighted by Mandić et al. (2018). The primary purpose of participating in medical tourism is health improvement and thus the service providers need to offer extra activities which medical tourists can enjoy improving their health. Hence the availability and effective usage of these facilities strengthens the bond between hospitals and their patients (Sadhu, 2019). On the other hand, studies conducted globally have shown that these tangible aspects can either encourage or discourage certain behaviors and emotions in patients (Carpman & Grant 2016) and can play an important role in their healing process (Fottler et al., 2000). For example, Eseadi & Ngwu (2023) findings underscore the significant impact of music therapy interventions on patients grappling with breast cancer, lung cancer, prostate cancer, and colorectal cancer. Leisure interventions conducted during hospital stays can significantly enhance patient well-being (Adam-Castelló et al., 2023). These interventions encompass a variety of activities, including music, interactions with hospital clowns, engaging in art activities, using electronic tablets, and participating in workshops. Hospital recreational facilities can include the following mentioned in this study and many more as long as it does not cause any harm or stress to



the patients. While Wei, et al. (2020) findings suggest that integrating Mind–Body Exercises (MBEs), such as Tai Chi and Yoga, treatment regimens can indeed offer advantages for individuals with schizophrenia, serving as adjunctive therapy. In a similar vein Manil, et al. (2011) noted that spa and vacation services are well-established in Thailand and have been advertised both nationally and internationally in order to develop their medical tourism. Some hospitals in Thailand has also infuse yoga facilities which medical tourists can enjoy while recuperating (Wang, 2012). Medical tourism destinations need to establish healthcare services and programs that will provide memorable and relaxing holidays; Infrastructure which provides various ranges of health care programs such as spa, fitness center and meditation centers need to be provided.

Medical tourism index which is a novel method for assessing a country attractiveness as a medical tourism destination was explored by Fetscherin & Stephano (2016) and it emphasized the importance of factors such as; country environment, tourism destination, medical tourism cost, medical and nonmedical facility and service. Although the quality of medical treatment undoubtedly remains a pivotal consideration in medical tourism choices, yet Anshasi & Alsyouf's (2020) in exploring the factors that influence Arab patients choices discovered that the existence of recreational amenities and additional non-medical services, such as religious support for patients, accommodation options, tourism services, and access to one's native language, can serve as supplementary factors in attracting patients, thereby influencing their decision-making process. Bringing to the forefront that medical tourism is not just dependent on medical services alone but other factors contribute to the push. These amenities contribute to creating a holistic healthcare experience that goes beyond medical treatment alone, thereby fostering the development of medical tourism in a given destination. In a similar vein, Durgham et al., (2021) emphasized that factors beyond medical services, such as infrastructure, political stability, religious concerns, tourism attractions and cultural considerations, significantly impact destination choices. This also prove the multifaceted nature of decision-making among medical tourists. It is clear that for a destination to thrive it must address diverse needs and preferences and not focusing on medical services alone. Tourism related activities for companions and additional support services for patients' convenience have been highlighted by Kim et al. (2019) as critical success factors for Korean medical tourism. Indicating that medical tourism encompasses not only medical care but also involves catering to the holistic experience of patients and their companions to stay in a comfortable and enjoyable environment. A study conducted by Gjorgievski et al. (2013) found also that tourism-related assets, such as recreational facilities, serve as the main influencers in tourists' decision-making process. This notion finds resonance in the findings of Jovanović & Ivana (2016), they emphasized that an increase in recreational facilities significantly enhances the tourism competitiveness of countries in any given region. Similarly, Li et al. (2017) highlighted that tourists who actively engage in recreational activities tend to hold more favorable attitudes towards tourism, perceiving it as delivering greater economic and socio-cultural benefits. Hence, irrespective of the nature of tourism, the existence of particular recreational and tourist assets serves as either a fundamental factor or an added incentive for tourist mobility. Therefore, Nwobodo (2020) research emphasized that medical tourist destinations which offer recreational opportunities in addition to medical treatments, have a way of attracting overseas patients and their partners. In the context of medical tourism, destinations must be appealing enough to ensure they are considered by medical tourists during the evaluation process. Hence this hypothesis is proposed:

H0: Recreational facilities has a positive influence on medical tourism development in Southwest Nigeria.

## Method

The study area, situated in Southwest Nigeria, encompasses six states: Ekiti, Ondo, Osun, Oyo, and Lagos. Within this region, numerous hospitals operate, including federal, state, and privately-owned institutions offering tertiary and secondary healthcare services. The study adopted a mixed research design which combines quantitative and qualitative research methods. A mixed research method was well thought out for this study since quantitative methods cannot explore the personal views of the participants, explain their experiences, and give further meaning to the subject matter. This study required a key informant understanding of the descriptive accounts of the stakeholders in respect of medical tourism in Southwest Nigeria. Multi-stage cluster sampling with multiple stages was used. Using a stratified sample technique, the states were categorised into strata according to certain attributes, such as the presence of hospitals providing secondary and tertiary healthcare and serving or being associated with universities. This approach is employed because of the heterogeneous nature of the population and the researcher's desire to guarantee that each attribute is accurately reflected in the sample. While the second step involved the use of purposive sampling. It entails deliberately choosing states based on which hospitals are owned by the federal government, the state government, or the private sector and which are connected to universities. Because Nigerian healthcare institutions are made up of both the public and private sectors, this is done to maintain inclusivity. It needs to be connected to a university since that is where our nation's future doctors receive their training and where different departments with different specialists in different fields are housed. As a result, two states and six hospitals in Southwest Nigeria that satisfy the researcher's requirements are included they include: ABUAD Multi System Hospital Ado EKITI (AMSH, Private); Bowen University Teaching Hospital Ogbomoso (BUTH, Private); Ekiti State University Teaching Hospital (EKSUTH, State); LAUTECH teaching Hospital (LAUTECH, State) and Federal Teaching Hospital Ido Ekiti (FETHI, Federal) University College Hospital Ibadan (UCH, Federal).

As it relates to this study, the total population of this study is three thousand, nine hundred and fourteen (3,914) which comprises of all health care professionals (medical doctors, nurses, physiotherapists, radiographers, pharmacists and medical laboratory scientists) working in the selected hospitals in Southwest Nigeria. Incorporating diverse healthcare specialists is crucial to obtain a range of perspectives and opinions from professionals in the medical industry. Secondly medical



professionals are chosen for this study because they are regarded as medical suppliers and deal with those issues that medical tourists care most about. In doing so, they will be able to more effectively align their medical care offerings to medical tourist needs. The researcher determine the proportion of the sample unit that constitutes the sample (that is, the number of respondents that questionnaire was administered to). In the light of this study, the Taro Yamane formula for sample size which is given as follows was adopted: hence the sample size for the study is 362. The formula was employed because of the large number of the population and the financial cost to cover such number.

$$n = \frac{N}{1 + N(e)^2}$$

Purposive sampling method was employed in selecting key participants for key informant interview. This method was used because it will help in selecting appropriate participant that will provide adequate information to the study. In this case the position of a director and work experience are the criteria for the selection hence mostly three directors each from the Ministry of Health and Ministry of Tourism in Ekiti and Oyo states was selected because of their experience and expertise. At the end 12 participants was selected from the two Ministries. Two research instruments were used to obtain information from respondents and they are: a self-structured questionnaire and a key informant interview (KII). Ethical approval was obtained before the distribution of questionnaires. This is a requirement for any research being conducted in hospitals. Data for this study was collected primarily by the researcher with the assistance of seven (7) trained research assistants and this was done for a period of July 2023- December 2023. The research assistants helped to speed up the work because of time constraints and location. The research assistants were trained virtually on the necessary steps and important information that would be needed for the study. For the distribution of questionnaire in each hospital, proportionality formula was used to get the sample size in each of them.

Proportionate Formula:  $n_h = (N_h / N) * n$ . This help in determining how many questionnaires should be distributed in each of the hospitals. For the collection of data from each of the healthcare sector, the sample size of each hospitals was divided by six. As it applies to this study, the researcher opted for snowball sampling technique which is a non-probability sampling method in the collection of data in the hospitals. Snowball sampling is a non-probability method for acquiring a sample that uses participants to recruit additional participants. The researcher made use of this; because, the hospital is made up of variant population making it difficult to differentiate various medical practitioners, patients and visitors. Some of the questionnaires were filled and collected at the spot, while some were collected at a later day. However, of the three hundred and sixty-two questionnaires (362) distributed, only three hundred and fifty-two (352) copies were properly filled correctly and returned. This gives 90% completeness rate which is reasonably good for the analysis.

And for the key informant interview purposive sampling technique was use in the selection of key informant to be interviewed. This is because purposive sampling will help the researcher to select staff that will contribute meaningfully to the work base on experience. Letter was written to the permanent secretary of each of the Ministry stating the motive of the interview and criteria of the participants. The Ministry then appoint directors to be interviewed and all interview sessions were conducted in a face-to-face manner in the Ministries of health and Tourism at Ekiti and Oyo state. Interviews were tape-recorded and transcribed with the consent of the participant. The data collected was analyzed using descriptive and inferential statistics. Descriptive statistics of frequency count, percentage, mean, standard deviation, was used to analyse the demographic variables and research questions. The questionnaire which is designed in a five-point Likert scale and the classification interpretation of Likert scale interval was use in decision making. The computation of the data was carried out with Statistical Package for Social Science (SPSS) package. Linear regression was used to test the hypotheses, all hypotheses was tested at 0.05 level of significance which aids the decision rule. Linear regression is used because this is an ordinal variable, secondly this will help to predict the cause and effect between the independent variables (Availability of recreational facilities) and the dependent variables (Medical Tourism Development). To determine the acceptance or rejection of the null hypothesis, a null hypothesis (H0) that states no significant relationship was rejected when ( $P < 0.05$ ). Otherwise, the null hypothesis (H0) was accepted when ( $P > 0.05$ ) and alternative hypothesis (H1) rejected. The interviews were analysed using thematic analysis which is about organising the substantive content of the interview into themes.

Construct validity of this study ensured that the major constructs of this study are in the research instrument where necessary and applicable. To this end, each of the major constructs was represented in each section in the research instrument. This was then subjected to exploratory factor analysis using Kasier-Meyer-Olkin (KMO). The Recreational Facilities Availability subscale consisted of 16 items and the Influence of Recreational Facilities for Medical Tourism Development subscale consisted of 9 items. The test of sphericity was statistically significant as the p value stands at 0.000 which support the factorability of the correlation matrix. A KMO of 0.93 was obtained which is above the benchmark of 0.60 indicating that the items are adequate. For reliability tests, thirty five healthcare professionals were randomly selected form Obafemi Awolowo University Teaching Hospital Ife (OAUTCH). Hence with a Cronbah's Alpha  $\alpha = 0.877$  and considering the rule of thumb, it is observed that there is a good internal consistency of the research instrument.

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.927
Bartlett's Test of Sphericity	Approx. Chi-Square	18114.913
	df	300



	Sig.	.000
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**Table 2: Reliability test result**

Reliability Statistics	
Cronbach's Alpha	N of Items
.877	26

Ethical approvals was gotten from the six hospitals under study (BUTH/REC-818; LTH/OGB/EC/2023/396; UI/EC/23/0480; EKSUTH/A67/2023/07/003; ERC/2023/07/06/1006B and AMSH/REC/OCI/180) and research consent was gotten from the participants. There was no risk (s) involved

**Results**

Table 3 reveals the analysis of the respondents’ socio-demographic variables with 178(50.6%) females over 174(49.4%) as majority, 142(40.3%) are within 30 – 39 years, 110(31.3%) within 20 – 29 years, 81(23.0%) within 40 – 49 Years and minority 19(5.4%) within 50 – 59 Years of age. Majority 193(54.6%) respondents were married, 150(42.6%) were single, while only 9(2.6%) were divorced. Christians were in the majority, 289(82.1%), 53(15.1%) were Muslims and other religions constitute just 10(2.8%). Almost all 298(84.7%) had their first degree HND/ B.Sc./MBBS, 33(9.4%) with PGD/M.Sc. 19(5.4%) with ND, and minority 2(.06%) has a doctorate degree. Employment duration has majority 152(43.2%) has spent 1 – 5 years, 98(27.8%) 6 – 10 years, 77(21.9%) 11 – 15 years while minority 25(7.1%) has 16 – 20 years working experience.

**Table 3: Socio-demographic variable**

Variables	Frequency	Percentage	Mean ± SD
<b>Gender</b>			
Male	174	49.4	1.51 ± 0.501
Female	178	50.6	
<b>Age (Years)</b>			
20 – 29	110	31.3	2.03 ± 0.872
30 – 39	142	40.3	
40 – 49	81	23.0	
50 – 59	19	5.4	
<b>Marital Status</b>			
Single	150	42.6	1.60 ± 0.540
Married	193	54.8	
Divorced	9	2.6	
<b>Religion</b>			
Christianity	289	82.1	1.21 ± 0.471
Islam	53	15.1	
Others	10	2.8	
<b>Educational Qualification</b>			
ND	19	5.4	2.06 ± 0.439
HND/B.Sc./MBBS/PHARM	298	84.7	
PGD/M.Sc.	33	9.4	
Ph.D.	2	0.6	
<b>Employment Duration</b>			
1 – 5 Years	152	43.2	1.93 ± 0.966
6 – 10 Years	98	27.8	
11 – 15 Years	77	21.9	
16 – 20 Years	25	7.1	
<b>*Profession</b>			
Doctor	74	21.0	3.15 ± 1.690
Nurse	84	23.9	
Radiographer	42	11.9	
Pharmacist	61	17.3	
Medical Lab. Scientist	50	14.2	
Physiotherapy	41	11.6	
<b>*Hospital Name</b>			
AMSH	21	6.0	4.50 ± 1.600
BUTH	26	7.4	
EKSUTH	49	13.9	
FETHI	68	19.3	
LAUTECH	36	10.2	
UCH	152	43.2	

Source: Fieldwork 2023

**Table 4: Availability and types of recreational facilities in the hospitals**

Recreational Facilities	Frequency	Percentage	Mean ± SD	Ranking
<b>Crosswords/puzzle games</b>				
Yes	125	35.5	0.36 ± 0.479	Available
No	227	64.5		
<b>Card games</b>				
Yes	139	39.5	0.39 ± 0.490	Available
No	213	60.5		
<b>Reading Rooms</b>				
Yes	241	68.5	0.68 ± 0.465	Available
No	111	31.5		
<b>Music Session: Active/ Passive</b>				
Yes	126	35.8	0.36 ± 0.480	Available
No	226	64.2		
<b>Gym facilities</b>				
Yes	195	55.4	0.55 ± 0.498	Available
No	157	44.6		
<b>Arts/ crafts</b>				
Yes	81	23.0	0.23 ± 0.422	NA
No	271	77.0		
<b>Gardening</b>				
Yes	78	22.2	0.22 ± 0.416	NA
No	274	77.8		
<b>Table Tennis</b>				
Yes	148	42.0	0.42 ± 0.494	Available
No	204	58.0		



Bead making/ crocheting				
Yes	68	19.3	0.19 ± 0.395	NA
No	284	80.7		
Play for children				
Yes	145	41.2	0.41 ± 0.493	Available
No	207	58.8		
Television				
Yes	260	73.9	0.74 ± 0.440	Available
No	92	26.1		
Electronic games				
Yes	95	27.0	0.27 ± 0.445	NA
No	257	73.0		
Chess game				
Yes	106	30.1	0.30 ± 0.459	Available
No	246	69.9		
Ludo game				
Yes	119	33.8	0.34 ± 0.474	Available
No	233	66.2		
Scrabble				
Yes	118	33.5	0.34 ± 0.473	Available
No	234	66.5		
Religious facility				
Yes	228	64.8	0.65 ± 0.478	Available
No	124	35.2		
Criterion Mean: 3.0				
Grand Mean: 0.40				

The above Table 4 analysis is conducted in order to check the availability and non-availability of recreational facilities in hospitals under study that can be used to attract medical tourists looking for holistic treatment. The various recreational facilities/ activities were compiled by the researcher after extensive literature reviews. The result will provide ground for discussion on the provision, maintenance and accessibility of this facilities in hospitals for patient utilization. Using the grand mean of (0.40) in decision making, the table show that facilities like; television, reading room, religions facility, gym facilities, table tennis, play for children, card games, music session which can either be passive or active, crossword/ puzzle games, ludo games, scrabble, chess games are facilities available across the six hospitals use for this study. Meanwhile, electronic games, gardens, bead making/crocheting and arts/crafts recreational facilities are rarely available in the hospitals use for the study.

**Table 5: The influence of recreational facilities and medical tourism development**

ITEMS	SD (%)	D (%)	N (%)	A (%)	SA (%)	MEAN	SD
1 Hospitals with recreational facilities will attract medical tourists to the study area.	6 (1.7)	18 (5.1)	47 (13.4)	193 (54.8)	88 (25.0)	3.96	0.862
2 Recreational facilities will positively influence medical tourists' intention to revisit.	5 (1.4)	12 (3.4)	43 (12.2)	190 (54.0)	102 (29.0)	4.06	0.821
3 Recreational facilities contribute to a more enjoyable and memorable healthcare journey for medical tourists.	1 (0.3)	6 (1.7)	35 (9.9)	217 (61.6)	93 (26.4)	4.12	0.666
4 Recreational facilities in hospitals make the healthcare more family-friendly and accommodating for medical tourists.	1 (0.3)	4 (1.1)	27 (7.7)	226 (64.2)	94 (26.7)	4.16	0.625
5 The availability of recreational options will positively impact the perception of healthcare destinations for medical tourism.	2 (0.6)	6 (1.7)	28 (8.0)	233 (66.0)	83 (23.6)	4.11	0.652
6 Access to recreational amenities will improve patient satisfaction with hospital services.	2 (0.6)	8 (2.3)	25 (7.1)	230 (65.3)	87 (24.7)	4.00	
7 Medical tourists are likely to recommend hospitals with recreational facilities to others.	3 (0.9)	7 (2.0)	37 (10.5)	208 (59.1)	97 (27.6)	4.11	0.726
8 Medical tourists will choose destinations where recreational facilities are incorporated into hospital facilities.	0	13 (3.7)	47 (13.4)	203 (57.7)	89 (25.3)	4.05	0.730
9 Offering recreational facilities in hospitals is a strategic approach to boost the growth of medical tourism in southwest Nigeria.	1 (0.3)	7 (2.0)	35 (9.9)	206 (58.5)	103 (29.3)	4.14	0.691

Source: Fieldwork 2023.

Table 5 provides information related to influence of recreational facilities in developing medical tourism in South West Nigeria. Using the classification interpretation of Likert scale interval in decision making, utilizing mean (x) values as follows: 1.00 - 1.80=strongly disagree, 1.81-2.60=disagree, 2.61-3.40=neutral, 3.41-4.20=agree and 4.21-5.00=strongly agree. The data shows the following mean score of the 9 items: 1<sup>st</sup>=3.96, 2<sup>nd</sup>=4.06, 3<sup>rd</sup>=4.12, 4<sup>th</sup>=4.16, 5<sup>th</sup>=4.10, 6<sup>th</sup>=4.00, 7<sup>th</sup>=4.11, 8<sup>th</sup>=4.05 and 9=4.14 all fall within the agree interval which indicate that influence of recreational facilities have a high potential in developing medical tourism.

### Test of hypothesis

To determine the acceptance or rejection of the null hypothesis, a null hypothesis (H<sub>0</sub>) that states no significant relationship was rejected when (P < 0.05). Otherwise, the null hypothesis (H<sub>0</sub>) was accepted when (P > 0.05) and alternative hypothesis (H<sub>1</sub>) rejected. H<sub>0</sub>: Recreational facilities will not significantly influence medical tourism development in South-West Nigeria.

**Table 6: Model summary on influence of recreational facilities on medical tourism**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.247 <sup>a</sup>	.061	.058	.328	.061	22.777	1	350	.000

a. Predictors: (Constant), Availability of Recreational Facilities

The analysis on table 6 show a significant model summary fit of F; (1,350) = 22.777, Adj. R<sup>2</sup>=0.058 and R<sup>2</sup>=0.061 and a P value of <.001 which is less than 0.05. This supports the idea that the model is a good fit suggesting that there is substantial evidence



to conclude that availability and accessibility of different types of recreational facilities will have the potentials to attract medical tourists and influence medical tourism development.

**Table 7: ANOVA<sup>a</sup>**

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.453	1	2.453	22.777	.000 <sup>b</sup>
	Residual	37.691	350	.108		
	Total	40.144	351			

a. Dependent Variable: Influence of RF on Medical Tourism Dev  
 b. Predictors: (Constant), Availability of Recreational Facilities

Based on the ANOVA table 7, the low p-value ( $P < .0001$ ), and the F-statistic (22.777) indicates that the model is statistically significant, suggesting that the availability of recreational facilities does indeed have a significant impact on the potential for medical tourism development. Table 8 analysis, availability of recreational facilities have a standardized coefficient ( $\beta = 0.693$ ), ( $t = 4.772$ ), ( $P < 0.001$ ) indicating that for every one-unit increase in the availability of recreational facilities, there is an expected increase of 0.693 units in the potential for medical tourism development. Base on the decision rule, the null hypothesis is rejected because availability of recreational facilities have statistically significant positive effects on the outcome variable (Influence of recreational facilities for medical tourism development). This suggests that improving these factors could enhance the potential for medical tourism development in the area studied.

**Table 8: Coefficient on the influence of recreational facilities on medical tourism development**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	3.783	.064		58.833	.000	3.656	3.909
	Availability of Recreational Facilities	.693	.145	.247	4.772	.000	.408	.979

a. Dependent Variable: Influence of RF on Medical Tourism Dev.

The interview transcript shows the responses of the participants on influence of recreational facilities in attracting medical tourists, responses are shown below;

**Theme 1: Department-specific**

“..... recreational facilities should be provided base on department, facilities provided for mental wards can’t be given to surgery units” (Participant 1, Ministry of Health).

“ it depend on the area of needs and should be unit guided, for example Orthopaedic can have facilities to aid movement, mental health games for mental health, cardiovascular diseases facilities for exercise” (Participant 4 and 5, Ministry of Health).

“..... You should put recreational facilities base on the wards but most importantly it should not be strenuous” (Participant 2, Ministry of Health)

“..... This facilities are needed for over stay patients and the provision or availability should depend on the ward” (Participant 3, Ministry of Health)

**Theme 2: Appealing/attraction**

“..... Once these facilities are provided people who embark on medical tourism will use the one in the country, instead of travelling thereby limiting the medical tourism travelling, so yes” (Participant 4, Ministry of Health).

“.....The presence alone can attract patient’s cos it makes it appealing. You know some people are attracted to hospitals because of something. For example, when I was much younger, I remembered that people visited Alafia hospital because of the presence of Television” (Participant 7, Ministry of Tourism).

“..... People who embark on medical tourism do so for many reasons not necessarily for medical check-ups, some travel because of different facilities. So, providing these facilities will attract medical tourists” (Participant 8, Ministry of Tourism).

“Yes, provision of tourism hospitals or hospitals with facilities like this will definitely be appealing to people. For example, we are planning of building tourism clinic at Agodi Park where people can experience nature and also medical check-up” (Participant 6, Ministry of Health).

“..... It influences hospital appearance thereby attracting people, for example people travel to countries like Japan, China Canada because of facilities like this” (Participant 9, Ministry of Tourism).

**Theme 3: Satisfaction**

Based on the interview transcript, some participants opined that there is satisfaction, relaxation, friendliness and unity when these facilities are provided. Below are some of their responses:

“..... It will complement patient comfort and perhaps increase their satisfaction. Facilities like this gives comfort to the patient and make them more relaxed and feel welcoming” (Participant 3, Ministry of Health).



“..... It helps in making of friends, when people come together and involve in the same game, from there most times friendship is being formed hence fostering cooperation and unity” (Participant 2, Ministry of Health).

“..... Imagine when patients are able to read newspaper in hospitals, watch television, and play games and so on. It will make them comfortable and relaxed” (Participant 7, Ministry of Tourism).

“.....We are already in partnership with UCH with a proposal call Pacesetter tourism, where a package will be designed for patients comfort” (Participant 7 & 8 Ministry of Tourism).

#### **Theme 4: Revisit intention/ recommendation**

“.....Why do you think our politicians keep travelling to abroad? Is majorly because of this. They keep going there for checkup. So, I believe that this will not only attract patients but create the spirit of revisit”. (Participant 7, Ministry of Tourism).

“..... creating satisfaction automatically lead to revisit. They will want to come over and over again. Even carry the gospel and recommend to people. That is why hospital first impression matters a lot” (Participant 8, Ministry of Tourism).

“..... Why not?, take for instance Afe Hospital, I know some people who come from very far just to use this hospital now imagine these facilities are added too. Definitely people will want to come back and spread the gospel thereby increasing the number” (Participant 9, Ministry of Tourism)

#### **Discussion**

The analysis presents an extensive examination of the participants' perspectives regarding the influence of recreational facilities to contribute to the growth of medical tourism in Southwest Nigeria. Gaining insight into these is essential to evaluating how recreational facilities fit into the entire healthcare experience, draw in medical tourists and support the expansion of the medical tourism sector. Study participants interviewed stated in their opinion that “Once these facilities are provided people who embark on medical tourism will use the one in the country, instead of travelling thereby limiting the medical tourism travelling and retaining the finance within the country, so yes” (Participant 4, KII). “The presence alone can attract patient’s cos it makes it appealing. You know some people are attracted to hospitals because of something. For example, when I was much younger I remembered that people visited Alafia hospital because of the presence of Television” (Participant 7, KII). “People who embark on medical tourism do so for many reasons not necessarily for medical checkups, some travel because of different facilities. So, providing these facilities will attract medical tourists” (Participant 8, KII). Participant (6 KII) also noted that “yes provision of tourism hospitals or hospitals with facilities like this will definitely be appealing to people. For example, we are planning of building tourism clinic at Agodi Park where people can experience nature and also medical checkup”. Others stated that “it influences hospital appearance thereby attracting people, for example people travel to countries like Japan, China Canada because of facilities like this” (Participant 9, KII). It has been noted that medical tourists often seek destinations that offer a holistic experience, combining high-quality healthcare services with opportunities for leisure and wellness activities. This findings is in line with the holistic view of healthcare that is frequently connected to medical travel, according to which physical, mental, and emotional well-being are all important components of well-being (Wang et al., 2023). This also supports the idea that alternative approaches to improving well-being are included in medical tourism, in addition to conventional medical treatments (Dosoo et al., 2020). This favourable opinion implies that recreational facilities are regarded as both potential draws for medical tourists looking for holistic healthcare experiences and necessities for patients' well-being.

An important finding of the study is a recognition that the presence of recreational facilities impacts medical tourists' propensity to return to the healthcare destination that is revisit intention. This is consistent with Han & Hwang (2018) study that emphasized the significance of organizations in the medical tourism sector which focused on persuading first-time tourists to return to their facilities. Participants interviewed stated in their opinion “Why do you think our politicians keep travelling to abroad? Is majorly because of this. They keep going there for check-up. So, I believe that this will not only attract patients but create the spirit of revisit (Participant 7, KII). Another person state that “creating satisfaction automatically lead to revisit. They will want to come over and over again. Even carry the gospel and recommend to people. That is why hospital first impression matters a lot” (Participant 8, KII). While participant (9, KII) voiced “why not, take for instance Afe Hospital, I know some people who come from very far just to use this hospital now imagine these facilities are added too. Definitely people will want to come back and spread the gospel thereby increasing the number”. The ultimate objective of any tourism-centric organization or tourism-promoting country lies in satisfying the tourists and encouraging them to revisit (Li, 2020; Cakicietal, 2019; Atikahambaretal, 2018). The research findings of Ya-Hui et al. (2015), as well as Wang, et al. (2018), indicate that the presence of recreational facilities have a notably positive influence on intentions for revisiting which is in agreement with the study finding. These also apply to the promotion of medical tourism (Jeaheng et al., 2020). Repeat visits not only result in increased tourist spending but also in recommendations for others to visit (Correia et al., 2015). The research results further demonstrate the extensive impact of recreational facilities, with a majority consensus indicating that it helps enhances the healthcare experiences of medical tourists, making them more memorable and enjoyable. This finding is in consistent with research by Hammoudeh et al. (2018) that has demonstrated that tourists' impressions and recollections of a place are greatly influenced by good experiences, particularly leisure activities. The participants stated that medical tourists may perceive their overall experience more positively when they have access to recreational facilities that meet their needs and preferences. For instance, facilities like therapeutic pools or guided nature walks can enhance relaxation and recovery post-treatment, leading to higher levels of satisfaction with the destination and healthcare services. This underscores the significance of patient-centered methods that go beyond conventional medical treatments and is consistent with the increasing acknowledgement of non-pharmacological interventions in healthcare (Aydin & Karamehmet, 2017).



Access to recreational amenities increases patient satisfaction with hospital services was acknowledged by respondents. In the healthcare industry, ‘patient satisfaction’ is a regularly used phrase to evaluate service quality (Ahmed, et al., 2017). It measures healthcare professionals’ perceived service quality and acts as a performance metric (Shabbi et al., 2016). Based on the interview transcript, some participants opined that there is satisfaction, relaxation, friendliness and foster unity when these facilities are provided. Some noted that “it will complement patient comfort and perhaps increase their satisfaction. Facilities like this gives comfort to the patient and make them more relaxed and feel welcoming” (Participant 3, KII). “It helps in making of friends, when people come together and involve in the same game, from there most times friendship is being formed hence fostering cooperation and unity” (Participant 2, KII). “Imagine when patients are able to read newspaper in hospitals, watch television, and play games and so on. It will make them comfortable and relaxed” (Participant 7, KII). “Participant (7 & 8 KII) noted that “we are already in partnership with UCH with a proposal call Pacesetter tourism, where a package will be designed for patients’ comfort”. Healthcare service providers prioritize patient satisfaction, as it contributes to their reputation (Lim et al., 2018). The correlation between patient satisfaction and the provision of comprehensive facilities according to the study finding is highlighted in Barceló et al. (2022) stating that the availability and quality of recreational facilities can greatly influence the satisfaction levels of medical tourists during their stay at a destination and when patients are satisfied, the hospital integrity is enhanced. The result of this study is consistent with the findings of Tosyali et al. (2019) which show how good experiences affect patient loyalty and satisfaction. Satisfaction also has a significantly positive influence on revisit intention.

Moreover, satisfied medical tourists are likely to share their positive experiences with friends, family, or acquaintances, thereby promoting the destination through word-of-mouth recommendations. The notion that happy patients become brand ambassadors for healthcare destinations is consistent with the study participants' agreement, the participants interviewed also agree to this by stating as a fact word of mouth recommendation does wonders and that is the only good publicity needed by an organization (Participants, 1, 7, 8 & 9 KII). Medical tourists are inclined to promote hospitals with recreational amenities to others was stated by (Rabiee & Smith, 2014) which is in consistent with the findings of the study. Word-of-mouth referrals have a significant part in influencing the decisions made by prospective medical tourists, highlighting the importance of recreational amenities in enhancing the image of healthcare facilities. De cruppe & Geraedts (2017) also state that personal experience with a hospital, recommendations from relatives and providers of outpatient services, a hospital’s reputation can have an impact on patients’ future hospital choices by the treatment experience they provide to patients. Positive patient experiences—which are impacted by amenities like recreational centres—promote patient loyalty and good word-of-mouth, which in turn boosts the overall success of medical tourism destinations. Recreational facilities also add to the overall appeal of healthcare locations when it comes to medical tourism, as they are enjoyable and memorable. Notable is the participant who responded that recreational amenities improve the healthcare destination's family-friendliness and suitability for medical tourists. Medical tourism decisions frequently take family dynamics into account, patients and their families are likely to find more appeal in healthcare locations that address their holistic requirements. Muanya (2020) research emphasises the value of a holistic approach to healthcare that goes beyond just providing medical care which is consistent with the finding. Also, study participants responded that the provision of recreational opportunities has a favourable influence on the perception of healthcare destinations for medical tourism. This finding is consistent with Botezat & Ramos (2020) study that a destination's overall impression is positively influenced by the belief that it offers both recreational and high-quality medical treatment, which draws a wide variety of medical tourists.

On the other hand, the findings of hypothesis which looked at the influence of recreational facilities and medical tourism development in Southwest Nigeria show a strong relationship. The null hypothesis, which suggests that the presence of recreational facilities would not significantly influence medical tourism, is rejected in favour of the alternate hypothesis. The result of this hypothesis is also consistent with the research conducted by Masoud et al. (2014), which shows that the variable of medical and tourist facilities, amenities, and equipment influences the development of medical tourism, with a significance level of  $\text{sig}=0.0001$  and a Pearson coefficient level of  $r=0.61$ . This suggests that as these facilities and equipment improve, so does the level of medical tourism development. Thus, medical tourism—where patients travel to locations that offer cutting-edge medical care along with a cosy environment for recuperation and overall well-being—aligns with the idea that accessibility and availability of recreational facilities are critical for health promotion (Mangundu et al. 2020). The result of this study emphasise how crucial it is to make these facilities extremely available as a calculated move to improve medical tourists' overall experience of receiving treatment. Finally, a crucial finding is that providing recreational facilities in hospitals is a smart move to support the expansion of medical tourism in Southwest Nigeria. This implies that participants saw the inclusion of recreational facilities as strategically important for the expansion of the medical tourism sector in the area, as well as advantageous for specific healthcare facilities. As noted by the interviewed participants, this will help put Nigeria in the map, it will make people choose the country as their medical tourism destinations. It was well noted by all that providing recreational facilities is an added advantage to our health institution and need not to be ignore.

### **Implications and conclusion**

The study concluded that that medical tourism is not only driven by clinical competence by demonstrating the potential of these facilities to draw medical tourists and enhance the competitiveness of healthcare destinations. This change in viewpoint highlights the significance of a thorough and patient-centric approach that goes beyond typical medical services, making it essential for areas hoping to become centres of medical tourism. Implying that hospitals that prioritize nonmedical facilities, help in creating an environment that positively influences medical tourists, enhance economic growth by guaranteeing business



and employment opportunities for both the healthcare sector and related segments. Undeniably in no-industrial regions, it provides the local population with a possibility to earn a certain income. Funding represents a significant limitation to this study. Insufficient funds restricted the geographical coverage and sample size of the study. Ideally, a larger budget would have enabled more extensive data collection across a broader range of locations, providing a more comprehensive understanding of the availability and effect of recreational facilities on health promotion and medical tourism development. While small sample sizes can yield preliminary findings, but they frequently lack the robustness needed to make meaningful generalisations.

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