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Nigerian Tourists' Concerns Towards Medical Risks and Social Challenges

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Abstract

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. This paper explored the reasons behind Nigerian consumers' outbound medical tourism; identified the risk factors that give Nigerians concern over engaging in medical tourism; and determined the effect of cost of treatment on outbound medical tourism. Using a structured online questionnaire, data were obtained from a judgemental sample of 100 medical tourists. The data gathered were analysed using descriptive statistics and linear regression analysis. The findings showed that Nigerians undertake outbound medical tourism due to improper medical treatment in home country, infrastructural inadequacies, commensurate cost of treatment in destination countries and availability of qualified health service providers abroad. The three major risk factors include; lack of insurance coverage, cultural differences, and travel time/distance. Lastly, cost of treatment significantly and positively affects Nigerian patients' outbound medical tourism intention. The implication is that government and non-governmental agencies should aggressively develop medical facilities in the nation's tourism hub to meet up international standard and discourage medical outbound tourism.

Keywords: Medical tourism; tourism marketing; health service marketing

Introduction

The World Tourism Organization (WTO), and the World Travel Tourism Council (WTTC) annual reports reveal that the travel and tourism industry is one of the world's biggest

industries. This buttresses the fact that tourism is very important to every country and Nigeria is not an exception (Nwonu, Ojo & Odigbo, 2013). Nigeria's tourism industry has remarkably backed the nation's growth and expansion in ways such as employment opportunities, improved brand image, income generation, heightened Gross Domestic Products as well as nation's per capita income (Odigbo, Ogbu & Ufot, 2015). Tourism is holistic in nature and cannot be readily consumed wholly by consumers; it is thereby dissected to meet consumers' preference and utmost satisfaction. The type of tourism chosen explains why tourists prefer a tour package over another, the most common type of tourism consumers delve in are: recreational, eco-tourism, cultural, adventure, heritage/ethnic, medical (tourisms). The focus of this paper is medical tourism.

Humans as consumers in their daily endeavour seek for better ways to better their livelihood, especially in the area of health, proving the validity of the saying by the Roman poet Virgil, "the greatest wealth is health" (Hajar, 2015). Consumers thrive to stay alive to appreciate what life offers. They tend to abide by the rules governing healthy lifestyle, hence, the relevance of medical tourism arises when health situations become challenging and uneasy to manage. Goodrich and Goodrich (1987) assert that medical tourism is an effort by a country to fascinate tourists by intentionally emphasizing the services and facilities of its health-care industry, as well as its normal tourists' facilities and attractions. According to Laws (1996), medical tourism is leisure journey from a tourist's original home-country to a different destination for the purpose of enhancing the tourist's status of health. This encompasses seeking native and alternative medical services, as well as other varieties of tourism engaged in for health reasons. Additionally, Connell (2006) observes that medical tourism is a renowned mass culture in which tourists journey to foreign countries to experience healthcare services and facilities, such as medical, dental and surgical care, while also touring through the tourist attractions of those countries.

Medical tourism has positioned itself to be rightly sought for and the same time offers an epitome of prospects to the holistic industry – Tourism. It broadens the horizons of the variety of products and services provided by tourism (Sudheer, Sheena & Sunil, 2017; Connell, 2006). In recent times, individuals from developing countries have sought treatments abroad to gain relief from their ailments at designated advanced countries (Marady & Huaifu, 2017). This activity has encouraged sought after treatments in extreme cases predominantly in cancer, eye surgery, cardiac surgery, cosmetic surgery, organs transplants, and diabetes (Sudheer et al, 2017; Gupta & Das, 2012). Sadly, there are risks associated with these treatments when obtained through medical tourism. In the tourism sector, a number of experts have put forward key risk factors such as physical risk, psychological risk, financial risk, social risk, time risk, equipment risk and satisfaction risk (Brown & Stange, 2013; Sudheer et al, 2017; Webster, 2015). Also, a number of past studies have addressed a given detailed dimension such as terrorism, political instability, crime, pollution, health concerns and among others (Wang, Jao, Chan, & Chung, 2010).

Over the years, there have been frequent movement of people travelling to many foreign countries to attain medical care that are either unavailable or requires long waiting times in the tourists' home country (Badulescu & Badulescu, 2014). The reports received after the treatments or procedures paint excellent and appealing pictures, which often than not is backed up by their home country's medical caregivers (Pashley, 2012).

However, such rubicund pictures they paint are not always factual (Pashley, 2012). There are endless possibilities for the system to go askew, thereby, divulging and in the same vein dissipating the positivities accrued to medical tourism (Thambyappa, Al-haddad, Azmi & Shafie, 2009). It is therefore essential to understand consumers' perceptions on the risks and

social challenges they have observed and even experienced in medical tourism. Although few scholars have researched on medical tourism and risk perception of tourist (Na, Nee & Onn, 2017; Torabipour, Qolipour & Gholipour, 2016; Yang, Sharif & Khoo-Lattimore, 2016), available relevant empirical literature are not within the Nigerian context. This paper closes the gap by exploring the concerns or risk perception of Nigerian medical tourists towards outbound medical tourism.This study thus sought to: assess the reasons behind Nigerian consumers' outbound medical tourism; determine the risk factors that give Nigerians concern over outbound medical tourism; and ascertain the effect of cost on Nigerian patients' outbound medical tourism.

Literature review

The concept of outbound medical tourism

At the 9th National Health Conference that held in Rostock, Germany in 2013, medical tourism was viewed as a subset of health and tourism industry which contributes to preserving and regaining health (generally) and wellness (specifically), through the use of endorsed medical services (Vasile, 2017). It is more than travel to improve health; it can also be a business concern marked by service trade, representing a combination of at least two economic sectors, namely: tourism and medicine (Bookman & Bookman, 2007). Based on tourism segment classification depending on travel reasons prescribed by the World Tourism Organization, a major group is for "medical treatment/health". As an element of health tourism, medical tourism is also referred to as 'medical travel' due to the fact that it encompasses the action of journeying to diverse countries to seek medical attention (Ile & Țigu, 2017).

Generally, medical tourism is regarded as travel out of an individual's residence to seek medical care, examination or therapy with tourists using the destination's facilities, installations and attractions (Smith & Puczko, 2014). Medical tourism has garnered multiple definitions, but basically, it is a variety of health tourism as well as wellness tourism (Stephano & Fetscherin 2016). The distinction between both forms of tourism is that medical tourism entails the presence of medical tension requiring investigation, diagnosis and treatment through approved medical programmes, being considered a reactive variety of health tourism. Conversely, wellness tourism is considered a proactive form of health tourism focused on prevention or sustentation of good health through alternate methods devoid of special health facilities, medical practitioners, and intrusive methods (Stephano & Fetscherin 2016).

Outbound medical tourism in Nigeria

The global medical tourism industry is estimated to be worth more than $100 billion and expected to grow at an annual rate of 20 to 30 percent (Leggat, 2015). Nigerians with an estimated yearly expenditure on medical tourism of between one and $20 billion indisputably contribute significantly to this industry (Elebeke, 2014). Over the years, Nigerians have been spending heavily to seek medical care abroad. This poses severe consequences to the nation's health sector as well as its overall economy. More than ₦1billion is extracted per annum through medical trips to India, Germany, America, China and Dubai, thereby depleting the nation's foreign reserve (Ismail, 2017).

Many Nigerians travel to other countries for diverse medical procedures such as cardiac surgeries, orthopaedic surgeries, neurosurgeries, cosmetic surgeries, and renal transplant surgeries (Idowu & Adewole, 2015; Maheshwari, Animasahun, & Njokanma, 2012). For instance, the wife of a past Nigerian President in 2005 lost her life as a consequence of having cosmetic surgery in Spain (Omipidan, 2019). The incumbent Nigerian President has also visited the UK health system in June 2016 to address "a persistent ear infection". The incident

occurred notwithstanding the existence of more than 250 ear, nose, and throat specialists and a national ear hospital in Nigerian (BBC News, 2016). Several other prominent Nigerians have reportedly received health care services in various countries and for various ailments (Makinde, 2016).

The quest for better medical care has dramatically increased in recent times. This has consequently heightened the demand for medical tourism among most Nigerians. In 2012, 47% of Nigerians travelling to India in (18000 people) went to seek medical care, spent N41.6 billion ($260 million) on the trip (Abubakar, Basiru, Oluyemi, Abdulateef, Atolagbe, Adejoke & Kadiri, 2018). This trend signifies that there are potent reasons for embarking on medical tourism. According to Onyeji (2017), thousands of Nigerians travel abroad each year to seek medical treatment mainly because the nation's health care system remains poorly funded. He also attributed the cause of medical tourism to poverty and lack of universal health coverage.

Motivators for outbound medical tourism in Nigeria

Overtime, Nigeria's image has been dented with lots of epileptic, unsolved, and lingering economy issues which are staring at every one of her citizenries (BBC News, 2011; Nwonu, et al, 2013). Anuforo, Odigbo and Edeoga (2014) shortlisted these debilitating factors but not restricted to: ethnic, religious, communal, social and political unrest which have threatened and affected most if not all the sectors of which "health sector" is our prime denominator. The permeability of the nation's healthcare has become a recurring occurrence, of which its continuous decline has been noted. More to this, its underperformance cannot be overemphasized as compared with the health care system of other developing countries (Muriana, Tommy & Monye, 2012).

Furthermore, the nation's budgetary allocation and per capita government expenditure allocated on healthcare is at an all-time low, which is contrary to World Health Organization's (WHO) recommendation of allotting 11% of the nation's budget to the healthcare sector. If this is so at the nation's level, there's little or no indication on how the local or state can evenly breakdown funds allotted to them (Muriana et al, 2012). Inadequate allotment of funds variably results in few health care facilities as against a large number of persons in need of it.

Conversely, no matter the increased allocation of funds to the healthcare sector, it seemingly has not made its impact (Obansa & Orimisan, 2013). This is reflective in cases of low-income earners being deprived of simple medical treatment, thereby, dying from unserious ailments such as diarrhoea, death during child delivery, injuries from accidents, tetanus, malaria, typhoid and fever. The reason for this avoidable death toll is not far-fetched as there are infrastructural inadequacies in basic diagnostic machines and other vital medical equipment used for called up situations (Muriana, et al, 2012). The sparingly available ones are worn out beyond usage, but the rich Nigerians and officials at the top echelon jet out of the country to attain proper medical procedures.

Another factor is the lack of belief. By belief, it meant having absolute confidence that they (consumers) will receive precise, right, spot-on treatment for whatever ailments they present with, which will be administered by health care professionals (Abbas & Rehman, 2018). This has been on the contrary because stories abound where an improper diagnosis was administered upon a patient with little drugs to alleviate breakout symptoms of cancer, only to be taken to another health care facility which diagnosed the cancer to have majorly advanced to a stage where it will be difficult for the patient to be successfully and medically catered upon (Vrinten, McGregor, Heinrich, von Wagner, Waller, Wardle, & Black, 2016). These growing concerns of lack of belief have etched in consumer's mind, making them allay their lack of confidence by engaging in medical tourism. Na, Nee and Onn (2017) assessed the antecedents

of attitude influencing the behaviour intention of potential health travellers in Malaysia by studying two dimensions of perceived value: perceived benefits and perceived risks. Data were obtained from 400 random international tourists at Kuala Lumpur International Airports (KLIA) using questionnaires. The data were statistically tested using multiple regression analysis. Consequently, the study found that tourist behavioural intentions were mainly predicted by perceived value. The study specifically found that the perceived risk factors had an impact on attitude. Put in another way, the findings revealed that perceived risks resulted in reduced attitude towards participation intention.

Another pressing motivator for medical tourism is the incompetence of health care professionals (Abubakar et al, 2018; Orekoya & Oduyoye, 2018). It takes a whole fixture of researches to be proficient in the medical field. In earlier times, medical caregivers are made through hand-out materials; wider research, experiences, experiments, deductible failures that will be positively reused are harnessed to frame up professionals in the medical field (Dyarit, Lagrada, Picazo, Pons & Villavered, 2018). There have been incidences where consumer's life is toyed with as a result of incompetence from medical caregivers (Obafemi, 2017). This has scared consumers in not believing the competence of medical caregivers; therefore, they preferred travelling overseas where it's presumed they are in safe hands.

Cost-effectiveness of medical tourism overseas

From the study of Neil, Richard, Mark, Stephen, Daniel and Russell (2011), they opined that around the world, increasing movements of health tourists, medical practitioners, health technology, financial resources and regulatory regimes throughout nations, have resulted in the existence of new forms of consumption and production of healthcare services over the past several years. The expanding healthcare service trade has triggered the flow of health tourists across countries in pursuance of healthcare; an occurrence frequently referred to as 'medical tourism'. The past years have witnessed a shift towards patients from wealthier, more advanced or emerging countries moving to less wealthy or developed countries to seek medical treatment. This shift is significantly influenced by the availability of low-cost treatments in less developed countries and facilitated by less costly flights and online sources of information.

It is rather costly to receive healthcare in some of the countries where patients travel most for major medical treatment (see Table 1). The cost does not include cost of transportation and lodging. Therefore, the factors that motivate consumers to purchase international medical products and services is not the cost of the service except for relatively few consumers who associate product quality to the cost of purchasing such products or service and the ease of treatment and the recovery time (Babalola, 2017). For example, India is famed as the epicenter of test-tube babies and is renowned for surrogacy services (Qaders & John, 2009). This is seen as a fast way of childbirth rather than the long process of natural birth. A systematic review on 128 articles was conducted by Torabipour, Qolipour and Gholipour (2016) based on four electronic databases including PubMed, Science Direct, Scopus, and ISI articles published until June 2015. From the extensive reviews, it was discovered that medical tourists have concerns whenever they embark on any medical tourism trip. The study showed that cost of medical services, among other factors such as follow-up system, qualification and skills of doctors, personal safety, hospital infections, legal protection, was the main concern of medical tourists before travelling to their destinations.

Based on the above, the hypothesis is developed:

H1: Cost of treatment significantly affects Nigerian patients' outbound medical tourism

Table 1: Medical tourism prices (in selected countries)

Procedure	US	India	Thailand	Singapore	Malaysia	Mexico	Cuba	Poland	Hungary	UK
Heart bypass (CABG)	113,000	10 000	13,000	20,000	9,000	3,250	-	7,140	-	13,921
Heart Valve replacement	150,000	9 500	11,000	13,000	9,000	18,000	-	9,520	-	-
Angioplasty	47,000	11 000	10,000	13,000	11,000	15,000	-	7,300	-	8,000
Hip replacement	47,000	9,000	12,000	11,000	10,000	17,300	-	6,120	7,500	12,000
Knee replacement	48,000	8,500	10,000	13,000	8,000	14,650	-	6.375	-	10,162
Gastric bypass	35,000	11,000	15,000	20,000	13,000	8,000	-	11,069	-	-
Hip resurfacing	47, 000	8,250	10,000	12,000	12,500	12,500	-	7,905	-	-
Spinal fusion	43,000	5,500	7,000	9,000	-	15,000	-	-	-	-
Mastectomy	17,000	7,500	9,000	12,400	-	7,500	-	-	-	-
Rhinoplasty	4,500	2,000	2,500	4,375	2,083	3,200	1,535	1,700	2,858	3,500
Tummy Tuck	6400	2,900	3,500	6,250	3,903	3,000	1,831	3,500	3,136	4,810
Breast reduction	5200	2,500	3,750	8,000	3,343	3,000	1,668	3,146	3,490	5,075
Breast implants	6000	2,200	2,600	8,000	3,308	2,500	1,248	5,243	3,871	4,350
Crown	384	180	243	400	250	300	-	246	322	330
Tooth whitening	289	100	100	-	400	350	-	174	350	500
Dental implants	1188	1,100	1,429	1,500	2,536	950	-	953	650	1,600

* Costs of surgeries around the world. Costs are given in US$

* The price comparisons for surgery take into account hospital and doctor charges but do not include the costs of flights and hotel bills for the expected length of stay.

Source: Neil, et al. (2011)

Nigerian tourists' concerns on medical tourism risks

The non – stop travelling of Nigerians to other countries for medical procedures is hinged on the waning state of the nation's healthcare sector. The quality of health care desired has drastically dwindled due to nonchalant attitude of health caregivers, infrastructural inadequacies, improper medical procedures, etc. There are many reasons a consumer seeks medical treatments other than his country. Cues from these three illustrations could be examined: a Nigerian woman that goes to China for stem cell therapy to treat ailments including Parkinson's diseases or multiple sclerosis or even macular degeneration; an obese man from Nigeria that travels to Mexico for a gastro bypass; and a young Nigeria gentleman that went for a kidney transplant at India. Many treatments have gone awry after the course of receiving treatments which has necessitated arisen risks and challenges to current and prospective customers (Bookman & Bookman, 2007).

Nevertheless, in a statement made by the Minister of State for Health, Dr. Osagie Ehahire, during the commissioning of the newly constructed Amenity and Labour wards at Federal Medical Center, Jalingo, he said that at least over 1billion naira was spent annually on medical tourism (Punch, 2016). Concerns on risks and social challenges drawn by Anderson (2016) include: Dangers of medication: on the course of medical procedure abroad, one may be required to take medications before, during, and after treatment in the said country. Taking medication is an essential routine for patients to treat causative ailments and improve health. Although its benefits abound, there are associated risks encumbered as well which may include: less quality or incorrect drug constituents and sale of fake drugs which could be dangerous and repel the tourist's recovery abroad.

Insurance: Insurance is an important ingredient in seeking medical care in foreign countries, given the tumultuous risks prevalent during and/or after treatment. Patients sometimes are ignorant of or refuse to divulge that the true reason for the trip is to seek treatment (Hope Medical Tourism Foundation, 2015). Refusing to disclose an important detail as that can repeal the insurance coverage. Conventional travel insurance policies often times premeditated medical treatment after all as they only take account of emergency treatments. As such, medical tourists end up becoming uninsured or given an inappropriate policy with unbelievable repercussions.

Whittaker (2010) supported by establishing that latest insurance policies are available that offer legal and financial protections to patients, where medically-related malpractices or anomalies emerge as they undergo foreign-based medical procedures, and these insurance and financial services are rapidly starting to be widespread. Apparently, under such insurance policies, patients must rigorously review any possible exemptions inherent in the insurance policy. Additionally, it is incumbent upon medical tourism service brokers to get appropriate insurance policies for themselves, because they often may become privy to damages claims either through commercial or criminal routes.

Cultural differences: According to Taylor, Nicole and Maguire (2013), cultural differences could be another risk of seeking medical treatment in another country in that the medical tourist may not know whether or not the hospital, physician, and care givers selected are similar in standards and quality with that of his home country.

A patient may experience the best healthcare service, but it may be offered in a foreign language or culture which may impact the patient's psychology; and this continues to be a debatable concern in the administration of medical procedures (Eze, Odigbo, & Egede, 2016).

Travel time and distance**:** In long-distant journeys, complexities may arise from the time it takes to leave the home country to the destination country for surgery and back again. Similarly, in foreign countries, patients may face the risk of exposure to hazardous viruses and bacteria; hence furthering endangering their health. Another problem may arise in the provision of follow-up care since the physician and health clinic are foreign, so domestic doctors might be unwilling to offer post-surgery care to the patient. Additionally, the patient lacks the legal framework to seek redress for malpractice issues which may emanate from the surgical operation.

Research methodology

Cross-sectional survey technique was adopted in gathering primary data for this study. A 15-item questionnaire containing 5-point Likert scale statement was the instrument for data collection. The questionnaire was made up of target (demographic) questions that served as a pre-test to judge validity of responses. The investigative questions comprised 10 statements aimed at measuring motivation and risk concerns of Nigerian medical tourists. Due to the paucity of related empirical studies, these questions were self-developed by the researchers based on the issues raised in existing literature. The questionnaire was designed with Qualtrics and the link was shared with individuals who had engaged or planned to engage in outbound medical tourism. The email and contact list of medical tourists was obtained from a major medical tourism facilitating agency located in Calabar and Lagos, Nigeria. In the past 7 years, the internationally-accredited agency specializes in facilitating personalized medical-related travels for Nigerians in partnership with some of the world's prominent medical facilities in Israel, Germany, UAE, India and the United Kingdom. The name of the agency is withheld for anonymity reasons. This tourism firm was selected based on its location in these two cities reckoned as the tourism hubs of Nigeria.

A judgemental sample size of 100 medical tourists was selected for the study because medical tourists are not found in specific locations. More importantly, this sampling technique was chosen because the medical tourists had to be identified before being surveyed. Judgemental sampling technique enables the selection of cases that provides answers to the research questions and meet the study objectives (Saunders, Lewis & Thornhill, 2019). As maintained by Hair, Black Jr., Babin and Anderson (2014), a sample of 100 elements is appropriate for a research characterized by a fairly large population.

The tourists were easily accessed through referrals from the medical tourism agency. The contact/email list of medical tourists provided by the agency facilitated the questionnaire distribution. Snowball sampling technique was also employed in that the initial respondents were asked to recommend other potential participants that met the sample criteria. The data gathered were analyzed descriptively (using percentage and frequencies) as well as linear regression analysis to test the hypothesis. At the end of the survey, 97 questionnaire copies were retrieved. This shows success rate of 97%. The remaining 3% were considered invalid as they were not completed by the respondents.

Results

The respondents' demographic data show that 39.2% were males while 60.8 were females; 11.3% were in the age bracket of 15 to 18 years; 39.2% in the age range of 19 to 30 years, 42.3% were aged between 31 to 40 years, while the remaining 7.2% were either 41 years or above. For their educational qualifications, 8.2% had only O' Level; 38.1% were in the university, 37.1% had First Degrees, while the remaining 16.5% had either Masters Degrees or PhDs or were undergoing their post-graduate studies. Their residence status indicates that 29.9% were residing in Lagos, while the remaining 70.1% were residing in Calabar as at the time of this survey. For their duration in the hospital, 87.6% had been in the hospital for less than a year; 9.3% were there for one to two years, while the remaining 3.1% had either been there for 3 or four years.

Table 2: Demographics of medical tourists

Demographics	Category	Frequency	Percentages (%)
Gender	Male	38	39.2
	Female	59	60.8
Age	15-18yrs	38	39.2
	19-30yrs	41	42.32
	41yrs and above	7	7.2
Educational Qualification	O' Level	8	8.2
	First Degree	36	37.1
	Post Graduate	16	16.5
Place of Residence	Calabar	68	70.1
	Lagos	29	29.9
Years of Medical Tourism Experience	Less than 1 year	85	87.6
	1-2yrs	9	9.3
	3-4yrs	3	3.1
	More than 4yrs	0	0.0

Source: Field survey, 2020

Reasons for engaging in outbound medical tourism

Table 3 shows the responses to the reasons behind Nigerian consumers' participation in outbound medical tourism. The findings revealed that 40.2% strongly agree that improper medical treatment in the home country, Nigeria is the reason for their participation in outbound medical tourism. It is also revealed that majority of the respondents (47.7%) attributed infrastructural inadequacies as their reason for engaging in outbound medical tourism. More

than half of the respondents (59.8%) claimed that they engage in outbound medical tourism because the treatment cost is commensurate to the quality of treatment abroad. 52.6% of the respondents are of very strong opinion that they engage in medical tourism because there are qualified health service providers abroad. Lastly, the responses (41.2%) revealed that varieties of tourist attractions for recuperating patients was not a major reason for engaging in medical tourism.

Table 3: Reasons for engaging in outbound medical tourism

S/N	Item	SA	A	U	D	SD
1.	Improper medical treatment in home country	39 (40.2%)	16 (16.5%)	0 (0%)	42 (43.3%)	0 (0%)
2.	Infrastructural inadequacies in home country	0 (0%)	46 (47.4%)	23 (23.7%)	28 (28.9%)	0 (0%)
3.	The cost of treatment is commensurate to the quality of treatment abroad.	39 (40.2%)	58 (59.8%)	0 (0%)	0 (0%)	0 (0%)
4.	There are qualified health service providers abroad.	51 (52.6%)	23 (23.7%)	23 (23.7%)	0 (0%)	0 (0%)
5.	There are varieties of tourist attractions for recuperating patients abroad.	32 (33.0%)	9 (9.3%)	16 (16.5%)	40 (41.2%)	0 (0%)

Source: Field survey, 2020

Risk factors associated with outbound medical tourism

Medical tourists' perception of risk factors associated with outbound medical tourism were surveyed. It is evident from majority of the responses (33.0%) that lack of insurance coverage for a particular treatment abroad is a risk factor considered before engaging in outbound medical tourism. 33.0% of the respondents consider cultural differences to be a risk factor in outbound medical tourism. 63.9% respondents consider travel time and distance to be a risk factor in outbound medical tourism. Interestingly most of the respondents (45.4%) did not consider skewed medical treatment as a risk factor in outbound medical tourism. Lastly, more than half of the respondents were of the opinion that high insecurity at medical tourism destination was not a cause for concern.

Table 4: Risk factors associated with outbound medical tourism

S/N	Item	SA	A	U	D	SD
1.	Lack of insurance coverage	32 (33.0%)	16 (16.5%)	39 (40.2%)	10 (10.3%)	0 (0%)
2.	Cultural differences	32 (33.0%)	26 (26.8%)	30 (30.9%)	9 (9.3%)	0 (0%)
3.	Travel time and distance	0 (0%)	62 (63.9%)	16 (16.5%)	9 (9.3%)	10 (10.3%)
4.	Skewed medical treatment	0 (0%)	23 (23.7%)	0 (0%)	30 (30.9%)	44 (45.4%)
5.	High insecurity	9 (9.3%)	33 (34.0%)	0 (0%)	21 (21.6%)	34 (35.1%)

Source: Field Survey, 2020

Table 5 shows the effect of cost on outbound medical tourism. The relationship between both variables is 89.3% (as seen in the Beta column) when other variables are held constant. The probability value of 0.000 which is less than 0.05 ($p<0.05$) indicates that cost of treatment significantly and positively affects outbound medical tourism in Nigeria as it has p-value less than 0.05 significance level and a positive t-value ($t = 19.373$). Therefore, we reject the null hypothesis and conclude that cost of treatment significantly affects Nigerian patients' outbound medical tourism.

Table 5: Extracted regression result for the effect of cost on outbound medical tourism

Model	R-Values	Standardized β Coefficient	T-Statistics	Sig. (p-value)	Result
Cost of treatment ↓ Outbound Medical tourism	R= 0.893 R^2 = 0.798 Adjusted R Square =0 .796	0.893	F = 375.315 T = 19.373	0.000	Significant (Supported)

Source: Authors' computation

Discussion

In response to the first research question on the reasons behind Nigerian consumers' outbound medical tourism, the analysis of the data revealed that there are four major reasons for Nigerians participation in outbound medical tourism. They include; improper medical treatment in home country, infrastructural inadequacies, commensurate cost of treatment in destination countries and availability of qualified health service providers abroad. This aligns with the position by Muriana et al. (2012). On the other hand, the findings also showed that Nigerians do not engage in medical tourism simply to visit other tourist attraction abroad. This could be linked to the cost-consciousness of medical tourists. As acknowledged by Babaloba (2017), even though the decision to engage in medical tourism is not significantly influenced by the cost of treatment, medical tourists are rational spenders when it comes to other tourism activities not directly related to their intended treatment abroad. Hence, they are willing to pay any cost to get a desired treatment but rather unwilling to spend on other non-medical tourism activities abroad. In economic terms, the demand for medical treatment abroad is inelastic whereas, there is elasticity of demand when it comes to other outbound tourism services. The finding also supports the argument by Torabipour et al. (2016) that consumers are influenced by treatment cost when they have the opportunity to examine other factors such as follow-up system, qualification and skills of doctors, personal safety, hospital infections, legal protection, was the main concern of medical tourists before travelling to their destinations. Their perceived values of these indices influences their choice to engage in medical tourism at specific destinations. Tourists who are concerned about cost of treatment are more likely to engage in medical tourism in less developed countries. This is because is attributed to availability of low-cost treatments in less developed countries, less costly flights and online sources of information (Neil et al., 2011).

In identifying the risk factors that give Nigerians concern over engaging in medical tourism, the research results showed that there are three major risk factors which include; lack of insurance coverage, cultural differences, and travel time/distance. However, the findings also revealed that Nigerians do not consider skewed medical treatment and high insecurity to be major risk factors to be worried about. This goes to show that Nigerians place absolute trust in medical and security system of the destination countries. So they are not deterred by the idea that something may go wrong during the course of their treatment abroad. The finding on lack of insurance coverage corroborates with that of Hope Medical Tourism Foundation (2015) who noted that that insurance is an important pre-requisite in the pursuit of foreign-based medical treatment, given the risks that may arise during and after treatment. The finding on cultural differences is similar to that of Eze et al. (2016) which showed that patients may experience the best healthcare service, but it may be offered in a foreign language and culture; a situation capable of affecting the patient's psychological state of mind.

From the regression analysis, it is revealed that the cost of treatment significantly and positively affects Nigerian patients' outbound medical tourism. This indicates that a high cost of treatment does not prevent the tourist from undertaking medical tourism. This finding harmonizes with that of Neil et al. (2011) which revealed that the factors that motivate

consumers to purchase international medical products and services are not the cost of the service except for relatively few consumers who associate product quality to the cost of purchasing such products or service and the ease of treatment and the recovery time. As seen from Table 1, it is very costly to receive healthcare in many of the countries where patients travel most for major medical treatment; hence it is evidenced that medical tourists perceive high treatment cost as being of high quality. They are likely to visit developing countries (such as India, Thailand and Singapore) that charge higher for medical services performed.

Conclusion

This paper provides a foundation for tourism practitioners and policy-makers in Nigeria with which they can begin to work out effective strategies to develop domestic medical tourism while discouraging outbound tourism. The study is also useful to potential outbound medical tourists as it aids data acquisition as regards outbound medical tourism and tourists perceptions. When tourists understand the risks factors that influence outbound medical tourism, they will be in a better position to make good judgments and decisions regarding medical tourism.

Following the findings of this study, the researchers recommend that patients in Nigeria and their relatives should be encouraged to patronise Nigerian hospitals rather than participating in outbound medical tourism. Government and non-governmental agencies should embark on developing the medical facilities in selected tourism hubs of the country such as Lagos and Cross River State. These destinations should be developed to meet up international standard to discourage medical outbound tourism. Additionally, the essence of allaying consumers' risks and social challenges for consumers should be reviewed by lawmakers for relevant remedies. Health policy and her communication experts should be inculcated in the packaging, counselling and executing inbound medical tourism.

This study is not without limitations. First, it covers only two states in Nigeria. Future studies can accommodate more medical tourists in other states or geopolitical regions. Additionally, the use of cross-sectional survey limits the generalizability of the study findings. A longitudinal study would be more reliable for the purpose of generalization. Hence, subsequent studies should research on consumer risk factors for a longer period of time rather than a particular point in time.

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