


MEASUREMENT OF VISITORS' SATISFACTION TOWARDS HEALTH TOURISM: STRUCTURAL EQUATION MODELING ANALYSIS

Afzal Hossain  <https://orcid.org/0000-0003-0747-7656>

Lecturer, Department of Business Administration, Trust University, Barishal, Bangladesh

Corresponding author: hafzal.mktcou@gmail.com

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Abstract: *Health tourism is an emerging concept in the tourism industry. It is the act of traveling to obtain medical care. Health tourism is also a unique thought in the travel and tourism industry. A large number of people travel for treatment every year. Health tourism helps to develop the economy and living standards of human civilization. It is a market combination of the healthcare and tourism sectors. Health tourism is growing day by day internationally as well as nationally. When people travel to a foreign region to get medical treatment, many issues and challenges arise. Health tourism facilitators play a vital role in the travel and tourism sector. It also plays a significant role in making the medical travel easy and comfortable. In the country of destination, health tourism encourages economic development and raises the quality of healthcare provided. In many of these developing countries, health tourism represents a lucrative and growing source of economic revenue. Therefore, the purpose of this research was to use partial least square structural equation modeling (PLS-SEM) to measure the visitors' satisfaction towards health tourism in the perspectives of Bangladesh. This research used both quantitative and descriptive analysis methods. A standardized questionnaire was used to collect data from a sample of 205 local visitors using a purposive sampling technique. A partial least square structural equation modeling (PLS-SEM) approach was used to measure the data and test the hypotheses. The results of the PLS-SEM analysis method revealed that product, place and process had a significant and positive impact on visitors' satisfaction in the contexts of health tourism in Bangladesh. The results of the investigation can offer value insights for academicians to do future authorizations. It can be also helped for practitioners to design suitable marketing strategies for visitors' satisfaction towards health tourism as a destination in Bangladesh.*

Keywords: Structural equation modeling, PLS-SEM, visitors' satisfaction, health tourism, Bangladesh.

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Introduction. Traveling for health and wellness is one of the most significant visitor outlines of economic returns generated by the tourism industry, visitor destinations and the health sector. Medical tourism is also called health tourism, surgical tourism, or medical travel, international travel for the aim of receiving medical care. Development of medical tourism progresses access to healthcare in countries where the indispensable medical techniques are not available to its citizens. In the country of destination, health tourism motivates economic development and raises the quality of healthcare provided (Dictionary, 2022). The travel and tourism industry in Bangladesh was an increasing one including 4.4% of the total GDP in 2018 and was measured to be a possible driver for the country's economy (The World Bank, 2022). Bangladesh is an attractive and promising visitor destination. There are notable visitor attractions in the country despite a variety of limitations, making it an attractive destination for visitors from throughout the world (Islam & Islam, 2006). It is no secret that the travel and tourism industry is one of the world's largest employers. As a result of Bangladesh's tourism sector, it is the fourth-largest and fastest-growing tourism industry in the world. Nearly all of Bangladesh's GDP is generated by domestic travel and tourism (Davenport and Davenport, 2006; Hemmati and Koehler, 2000). The global tourism expenditure in Bangladesh was worth USD 1208 million, a comparatively moderate amount among the South Asian countries. At the side of this, national tourism was measured to be given strong emphasis as it had started growing popular with increasing expendable income. However, now the prospect of tourism in Bangladesh has to be looked over another way. The research exposed



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that economic, environmental and social factors are affected tourism industry development (Khan et al., 2018). Visitors' satisfaction is crucial for effective destination marketing because it effects the choice of destination, the consumption of products & services, and the decision to return. Satisfaction is necessarily the assessment of the visitor expectation before and after consumption. Visitors' satisfaction is the difference between visitor's expectations and the actual perceived value (Kozak and Rimmington, 2000). Tourism is one of the biggest rising industries around the world and it has a great role to the GDP in Bangladesh. Tourism is a dynamic and competitive industry that needs the ability to adapt persistently to visitor altering needs and desires, as the visitor satisfaction, safety and enjoyment are mostly the focus of tourism industries. Therefore, the goal of this research was to use partial least square structural equation modeling (PLS-SEM) to measure the visitors' satisfaction towards health tourism in the perspectives of Bangladesh. Achieving the objective, this paper is allocated into the following segments. Initially, the literature review is provided based on past literature. Secondly, methodologies are explained which are applied on the study. Next part of the study is presented with the findings and discussions. After that, the conclusion and implications are described for the interested parties like BPC, BTB, Hospital service providers and researchers etc. Finally, the limitations and further research scope are represented.

Review of Literature. The degree to which visitors are pleased with a company's goods, services, and capabilities is measured in terms of their satisfaction with them. Companies may learn a lot about how to improve their products and services by looking at customer feedback, such as surveys and ratings. Responding to client satisfaction has a significant advantage. High-quality products developed quickly. There is nothing wrong with the timetable as it stands. The operational features of adaptability to suit client needs. Visitors' management information is vital for visitors to be ready to take care of things, knowledge and understanding, and attention to the worth of cultural property. Development of direction and open flow of knowledge is built on the legacy of civilization for the local community (Hwang et al., 2005; Kozak and Rimmington, 2000). At any given time, the level of visitor satisfaction might fluctuate and fluctuate widely. Visitor contentment is the state of mind a visitor has after having an experience (Khadka and Maharjan, 2017). The pleasure of visitors, according to Oliver (1997), is a reflection of visitors' feelings about their overall impressions of a particular visitor attraction. Product and service longevity and expansion depends on visitor pleasure, which is a major factor (Gursoy et al., 2002; Mawa, 2018). Visitors' satisfaction is an indispensable aspect of healthcare delivery. Relatively little is known about the experience and satisfaction of medical visitors. According to Ehrbeck et al. (2008), patients are typically pleased with the quality of care obtained overseas, although it is unclear whether this can be applied beyond the United States and to a variety of therapies. Patient clinical outcomes and patient happiness are not necessarily correlated, and patient satisfaction is not usually the most important indicator for certain procedures, such as dental work. Similarly, there is evidence that a tiny number of cosmetic surgery patients may have psychological body-related disorders that make such judgments problematic (Grossbart and Sarwer, 2003). Health tourism is a developing global sector with a variety of significant commercial stakeholders, including brokers, health care providers, insurance companies, website hosts, and media services. The health tourism industry is dynamic and volatile, and a variety of factors, including the economic climate, domestic policy changes, political instability, travel restrictions, advertising practices, geo-political shifts, and innovative and pioneering forms of treatment, may all contribute to shifts in consumption and production patterns of domestic and international health services. In recent decades, travel with the purpose of bettering one's health has been widespread. To examine this occurrence more accurately, it is important to define the pertinent words. Health, which is without a doubt the most prized possession of a person, is not restricted to a physical dimension alone, but embraces more. Health, as defined by the World Health Organization in 1946, is a state of complete physical, mental, and social well-being and not only the absence of illness or infirmity. Consequently, health-related services that provide treatment and rehabilitation may be medically or wellness oriented, focusing on enhancing physical, mental, and social well-being and preventing prospective problems. According to Cohen (2012), bad health considerably diminishes life quality and is a topic of concern for every person. Today, health tourism refers to individuals traveling from their homes to different locations in order to receive medical care (Altin et al., 2012). Ivanisevic (2005) defines health tourism as the borderland between medicine and tourism in which businesses in the tourism industry and health-care institutions organize the stay of visitors in therapeutic-climate and health resorts, primarily for the purpose of disease prevention, rehabilitation, and therapy using natural factors. Health tourism is predicated on the utilization of natural medicinal factors, which may include marine factors (sea water, algae, promenades, vegetation, sand, salt peloid, sea peloid, air quality and climate), spa or balneological factors (thermal-mineral waters, medicinal mud, naphthalene, climate, vegetation, air quality, promenades and solar radiation), and climate factors (climate change, air quality, and solar radiation) (Geic, 2011). Potential health-

care visitors can obtain and compare information about numerous health-care facilities in a variety of countries because of the proliferation of the internet and health-care tourism-focused tourism firms. This amount of information, the multiple factors to consider, and the significance of the decision all pose a significant obstacle for medical visitors. According to earlier studies by Cohen (2012), Connell (2006), Deloitte (2009), Eissler and Casken (2013), Laing and Weiler (2008), and Pafford (2009), the growth of health-care tourism is driven by a number of factors, including the relatively high costs of medical procedures in developed countries, the increase in reasonably priced international travel options, the rise in quality standards in developing countries, the rise in demand for cosmetic and dental procedures, and the rise in the sophistication of medical practitioners. This section considers these influential factors to shed light on the pertinent trends in the selection of international healthcare facilities.

According to Armstrong and Kotler (2006), a product as something supplied to a market for attention, acquisition, use or consumption with the area of satisfying people's wants or requirements. The product includes the attractions of locations and their surroundings, as well as their services and amenities, accessibility, and the perception of their imagery (Fyall and Garrod, 2005). In a study by Ashworth and Voogt (1990), it was shown that like a bundle of products, tourism likewise mixes services and experiences. A hospital design, room amenities, food and beverages, service, and overall ambiance all contribute to the overall quality of a hotel's visitor offering. Potential buyers purchase the product before they acquire it, because the tourism product consists of both material and intangible elements. How visitors decide to spend their money on goods and services that they have heard good things about health tourism destination (Vassiliadis, 2008). Visitors and residents alike can be benefited from coordinated efforts to improve both the physical and social surroundings, even though the weather cannot be controlled of tourism destination in the context of medical treatments (Pomeroy et al., 2011). Marshall and Williams (2006) address how visitors evaluate health information and advocate a greater public knowledge of critical appraisal tools, the development of health information literacy, and health information access points. Therefore, it is expected that,

Hypothesis 1 (H₁): Product has a significant impact on visitors' satisfaction of health tourism.

A service's price is a measure of its worth, which service providers charge and users pay to compensate. Competition between locations is determined by the price, which includes transportation costs to and from the destination as well as charges for lodging and food at attractions and for the use of tour guides (UNWTO, 2007). Fyall and Garrod (2005) defined that price is charged for owning and extracting utility from products and services in the contexts of health tourism destination. Markgraf (2015) concurs with the point of view and comments on the price-feature match. One area of study looked at the diversity of prices for health tourism products (Reid and Bojanic, 2010). Visitors' willingness to pay, competition's prices, and reseller commissions are all factors that can be used to decide a visitor business's price point. The price of a product is the most essential factor in marketing strategy since it creates money, whereas the rest of the marketing mix is a cost. Marketers can react just as rapidly as possible to changes in the marketing mix. In the absence of cost advantages, aggressive pricing alone is not a safe strategy (Lynch, 2000). It is extensively accepted that price is the best indicator of a visitor's willingness to return (Oh, 2000; Parasuraman and Grewal, 2000). Therefore, it is anticipated that,

Hypothesis 2 (H₂): Price has a significant impact on visitors' satisfaction of health tourism.

Wherever a visitor product or service may be accessed in order to make reservations, confirm a booking, or pay for a service is where the distribution of health tourism products and services is more likely to take place (Rodriguez, 2013; Middleton, 2001). According to Godfrey and Clarke (2000), tour operators and travel agencies play an important role in the health tourism business when it comes to disseminating information about a place. Different marketing channel efficiencies for promotional activities are recognized and advised in order to set up an ideal marketing distribution mix for various channel partners. Huang et al. (2009), on the other hand, examined the various marketing channel efficiencies for marketing operations and created an appropriate marketing distribution mix for different wholesaler travel agencies. Travel agency websites are the second most important channel for Taiwanese wholesalers to choose from when it comes to channel selection. Chowdhury (2010) observed that the distribution system of a tourism product differs from that of a tangible product, in accordance with this research. In order for visitors' items to be consumed, travelers must first travel to the places. Bangladesh's most popular channels for promoting tourism services include tour operators (airlines), travel agencies (travel clubs), and tour guides (tour operators). The delivery method is the consolidation associations between the health providers and visitors. Therefore, it is anticipated that,

Hypothesis 3 (H₃): Place has a significant impact on visitors' satisfaction of health tourism.

Communication between the seller and buyer is accomplished through the use of promotion as a marketing tool using this tactic, the salesperson aims to influence and persuade visitors to acquire their health tourism products or services. It helps to spread the word about the health product, service, or company. Visitors are guided and encouraged to use a product or profit from it through the use of promotional materials. Salespeople, TV, radio, or other media such as the internet, magazine, and press can deliver promotional messages to the target population (Al Muala and Qurneh, 2012). Communication plan or program is indispensable for an effective promotional activity since it plays a number of vital responsibilities, such as delivering the necessary information or advice, persuading target visitors about the virtues of items, and tempting them to take action (Lovelock and Wright, 2002). Health tourism product promotion is the act of informing the public about a product's existence. According to Kotler (2007), the corporation prefers to fulfill its marketing and advertising objectives through a specific combination of advertising, personal selling, direct marketing, public relations, and sales promotion methods. A study by Reid and Bojanic (2010) found a correlation between the company's communication mix and its client base. According to Reid and Bojanic (2010), communication includes providing information via a website, trade show, resellers, mails and a visitor attraction. Similarly, a study found that brochures are a powerful tool for promoting physical features that attract international travelers. Health tourism websites serve a variety of purposes and requirements. The primary purpose of such websites is to introduce and advertise services to visitors. As a portal to medical and surgical information, connecting to relevant health services, assessment and/or promotion of services, commercialization and communication opportunities are the five primary purposes of the website (Lunt et al., 2010). It appears that there are relatively few sources that are non-commercial and provide independent information, as opposed to those that provide information for commercial and marketing purposes. While there is some evidence that the presence of advertising on a website reduces its trustworthiness (Walther et al., 2004), no such evidence exists for the medical tourism area. Datta et al. (2008) examine the quality of websites promoting home diagnostic testing and conclude that the vast majority of websites deliver poor-quality material. According to Illes et al. (2004), Direct-to-Consumer advertising in print and information brochures, concluding that such materials fail to give visitors with the comprehensive and balanced information required for informed decision-making. Therefore, it is anticipated that,

Hypothesis 4 (H₄): Promotion has a significant impact on visitors' satisfaction of health tourism.

Human behavior, quality assurance, and personal selling are the three main focuses for those working in the hospital industry. People are frequently unable to detach themselves from the whole service (Kotler, 2007). Individuals who actively participate in the purchase and sale of health tourism products are the most important stakeholders, including visitors, another visitor, and employees of the firm (Zeithaml et al., 2006). According to another study by Hossain and Nazmin (2006). Having a lack of qualified physicians is a major problem for this industry's growth. As noted by Ackerman (2010), health tourism encompasses a variety of participating providers, including cottage industries and multinational corporations. Providers are drawn mostly from the commercial sector, with limited public sector participation. The NHS has the capacity to treat both international patients who pay for care and those who do not. Countries wishing to encourage medical tourism have the choice of expanding their own health services or forming alliances with huge global corporations. Individual hospitals may establish partnerships with travel agents or larger brokerage firms (Whittaker, 2008). Historically, health policies and health care delivery have been bounded by the nation state or by federal levels of government. Therefore, it is anticipated that,

Hypothesis 5 (H₅): People has a significant impact on visitors' satisfaction of health tourism.

According to the term process the adoption of an activity or function that has the potential to enhance a product's quality and value for less money is often considered to be a process. This is more critical in the service sector than in the goods sector. The term process refers to the real mechanisms, the flow of activities, and the procedures of service delivery and systems of operations (Zeithaml et al., 2006). For tourism enterprises, processes simplify operations, while for visitors, services are more easily available (Rodriguez, 2013). Consumer interaction in the visitor and hospitality industries is facilitated by the widespread usage of existing technology such as social media. Fewer staff members are needed thanks to wise use of ICT (Khan and Hossain, 2018). Visitors' happiness with a product or service is directly related to how quickly it is delivered and how quickly the service providers themselves move. As a result of process management, products and services can be confident that quality will always be available. Supply and demand must be balanced in the face of constant consumption and production, making it a difficult task (Magrath, 1986). The design and implementation of products are essential to the creation and delivery of items (Al Muala and Qurneh, 2012). Therefore, it is anticipated that,

Hypothesis 6 (H₆): Process has a significant impact on visitors' satisfaction of health tourism.

It is easy for visitors to link physical evidence to a health product. Physical evidence is the component of the service mix that enables the consumer to once again make judgments about the company. Physical evidence in the tourism sector is actually dependent on the trip experience, the stay record (hotel register), and the comfort. In Tourism, physical evidence is dependent on the trip experience, the length of the stay, and the degree of comfort (Kannan and Srinivasan, 2009). Giving visitors and employees alike convenience while also assuring effective service provision and consumption. Visitor-firm interactions are considered a setting in which service can be guaranteed (Zeithaml et al., 2006). In today's world, visitors are increasingly gravitating toward destinations that prioritize environmental responsibility as a significant part of their overall brand image (Bastakis et al., 2004). A few physical evidence, including an elegant parjatan hotel, restaurant, bar, transportation, a children's park, currency exchange service, a rent-a-car service and health care facilities, sightseeing, package tours, and river trips (Chowdhury, 2010). Therefore, it is anticipated that,

Hypothesis 7 (H₇): Physical evidence has a significant impact on visitors' satisfaction of health tourism.

Research Methodology. For collecting primary data, a standardized questionnaire was used to collect 205 data points from Bangladeshi visitors using a purposive sampling method. From the secondary sources, the literature review has been developed. The research used both quantitative and descriptive analysis approaches. A partial least square structural equation modeling (PLS-SEM) approach was used to measure the data and test the hypotheses through smartPLS software version 3.

Results and Discussions. Multicollinearity test is used to see whether the independent variables are highly correlated among themselves. The collinearity among the predictor constructs affects the estimated path coefficients (Hair et al., 2019). Variance inflation aspect above 5 and tolerance below 0.10 indicates a presence of inter predictor constructs collinearity (Hair et al., 2019). As illustrated in Table 1, the results of collinearity statistics showed that all VIF and tolerance values are within an acceptable range. It indicated that multicollinearity would not interfere with independent variables' ability to interpret the outcome variable.

Table 1. Structural model estimates

Path	Coefficients (β)	t-values	p-value	Tolerance	VIF	Effect
H ₁ : Product element → Satisfaction	0.184	2.402	0.017*	0.619	1.616	Accepted
H ₂ : Price element → Satisfaction	0.159	1.299	0.195	0.401	2.491	Rejected
H ₃ : Place element → Satisfaction	0.170	2.078	0.038*	0.661	1.513	Accepted
H ₄ : Promotion element → Satisfaction	0.022	0.299	0.765	0.549	1.822	Rejected
H ₅ : People element → Satisfaction	0.099	1.244	0.214	0.494	2.023	Rejected
H ₆ : Process element → Satisfaction	0.215	2.305	0.022*	0.265	3.771	Accepted
H ₇ : Physical evidence element → Satisfaction	0.076	0.736	0.462	0.306	3.263	Rejected

Note: *p<0.05, based on two-tailed test; t=1.96.

Sources: developed by the author.

The structural model analysis includes the paths, path coefficients, t values, p values, and path coefficient results. A two-tailed t-test with a level of significance of 5% was used to test the hypotheses that had been developed. The coefficients are statistically significant if the measured t-value is greater than the critical value of 1.96. According to the findings in Table 1 and Figure 1, the path coefficients of three latent constructs out of seven service marketing mix were significantly related to visitors' satisfaction towards health tourism. In contrast, the rest of the four elements had no significant relationship with visitors' satisfaction towards health tourism. Product ($\beta_1 = 0.184$; $t = 2.402$), place ($\beta_3 = 0.170$; $t = 2.078$) and process ($\beta_6 = 0.215$; $t = 2.305$) were significant at $p < 0.05$. Therefore, the hypotheses H₁, H₃, and H₆ were accepted. On the other hand, H₂, H₄, H₅, and H₇ were rejected as price, promotion, people, and physical evidence had no significant relationship with visitors' satisfaction towards health tourism in the contexts of Bangladesh.

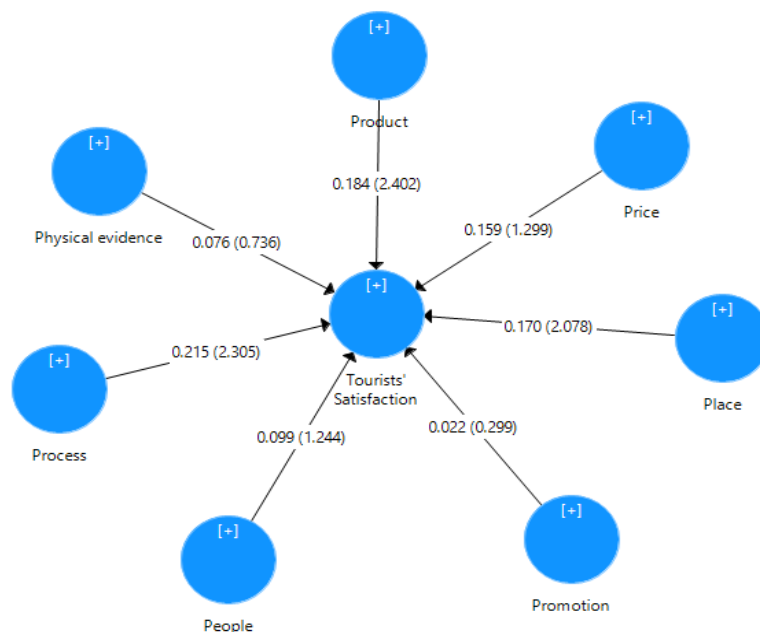


Figure 1. The structural model

Sources: developed by the author.

Conclusion and Implications. Health tourism has now become a fastest growing area in the country. Health tourism is truly a blend of medical tourism and wellness tourism. Medical tourism denotes to the people travelling across the nation other than their own country for medical treatment whereas wellness tourism is travel for the purpose of promoting health and wellbeing through physical, psychological or spiritual activities. So health tourism is a broader concept. Even though all these terms are used interchangeably as all are dependent (Paul, 2019). Tourism is an evolving industry around the world. Tourism industry is crucial as it plays a vital role in the economy of developing and developed countries. One of the most important industries in the world for creating jobs, the tourism industry contributes roughly 10% of all jobs created worldwide. It also provides around 10% of global GDP, making it a key element in global and national economic growth. The aim of this research was to use partial least square structural equation modeling (PLS-SEM) to measure the visitors' satisfaction towards health tourism in the perspectives of Bangladesh. The results of the PLS-SEM analysis method demonstrated that product, place and process had a significant and positive impact on visitors' satisfaction towards health tourism in the contexts of Bangladesh. The outcomes of the research can offer value insights for academicians to do future authorizations. It can be also helped for practitioners to design suitable marketing policies for visitors' satisfaction in Bangladesh. The paper was restricted in health tourism sector and sample size was 205 respondents only. Further research is instructed to develop the generalizability of the sampling by extending the sample size and area.

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References

- Ackerman, S. L. (2010). Plastic Paradise: Transforming Bodies and Selves in Costa Rica's Cosmetic Surgery Tourism Industry. *Medical Anthropology: Cross-Cultural Studies in Health and Illness*, 29, 403 - 423. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Al Muala, A., & Al Qurneh, M. (2012). Assessing the relationship between marketing mix and loyalty through tourists' satisfaction in Jordan curative tourism. *American academic & scholarly research journal*, 4(2), 1. [\[Google Scholar\]](#)
- Altın, U., Bektaş, G., Antep, Z., & İrbán, A. (2012). The International Patient's Portfolio and Marketing of Turkish Health Tourism. *Procedia - Social and Behavioral Sciences*, 58, 1004–1007. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Armstrong, G., & Kotler, P. (2006). *Marketing: An introduction (8th ed.)*. New York: Prentice Hall. [\[Google Scholar\]](#)

- Ashworth, G. J. & Voogt, H. (1990). *Selling the City*. Belhaven, London. [\[Google Scholar\]](#)
- Bastakis, C., Buhalis, D. & Butler, R. (2004). The perception of small and medium-sized tourism accommodation providers on the impacts of the tour operators' power in the Eastern Mediterranean. *Tourism Management*, 151-170. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Cohen, E. (2012). Medical travel and the quality-of-life, in Uysal, M., Perdue, R.R. and Sirgy, M.J. (Eds), *Handbook of Tourism and Quality-of-Life Research: Enhancing the Lives of Tourists and Residents of Host Communities*, Springer Science Business Media B.V., pp. 169-191. [\[Google Scholar\]](#)
- Connell, J. (2006). Medical tourism: sea, sun, sand and surgery. *Tourism Management*, 27 (6), 1093-1100. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Datta, A. K., Selman, T. J., Kwok, T., Tang, T. & Khan, K. S. (2008), Quality of information accompanying on-line marketing of home diagnostic tests. *J R Soc Med*, 101, 34-8. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Davenport, J. & Davenport, J. L. (2006). The impact of tourism and personal leisure transport on coastal environments: A review. *Estuarine, Coastal & Shelf Science*, 67, 280-292. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Deloitte. (2009). *Medical Tourism Update and Implications*. Deloitte, New York, NY.
- Dictionary (2022). Health Tourism. Retrieved from [\[Link\]](#).
- Ehrbeck, T., Guevara, C. & Mango, P. D. (2008). Mapping the Market for Medical Travel. *The McKinsey Quarterly*. Retrieved from [\[Link\]](#)
- Eissler, L. A., & Casken, J. (2013). Seeking health care through international medical tourism. *Journal of Nursing Scholarship*, 45 (2), 177-184. [\[Google Scholar\]](#)
- Fyall, A. & Garrod, B. (2005). *Tourism Marketing: A collaborative approach*. Cromwell Press: Great Britain. [\[Google Scholar\]](#)
- Geić, S. (2011). Menadžment selektivnih oblika turizma, Sveučilišni studijski centar za stručne studije, Sveučilište u Splitu, Split.
- Godfrey, K. & Clarke, J. (2000). *The Tourism Development Handbook: A Practical approach to planning and marketing*. Continuum International Publishing Group, London. [\[Google Scholar\]](#)
- Grewal, R., Cote, J. A. & Baumgartner, H. (2004). Multicollinearity and measurement error in structural equation models: Implications for theory testing. *Marketing Science*, 23(4), 519-529. [\[CrossRef\]](#).
- Grossbart, T. A. & Sarwer, D. B. (2003). Psychosocial issues and their relevance to the cosmetic surgery patient. *Seminars in Cutaneous Medicine and Surgery*, 22, 136-147. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Gursoy, D., Jurowski, C. & Uysal, M. (2002). Resident Attitudes: A Structural Modelling Approach. *Annals of Tourism Research*, 29, 79-105. [\[CrossRef\]](#)
- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2019). *Multivariate data analysis: A global perspective*. Cengage Learning EMEA- United Kingdom. [\[CrossRef\]](#).
- Hemmati, M., & Koehler, N. (2000). Financial Leakages in Tourism. *Sustainable Travel and Tourism*, 9-25. [\[Google Scholar\]](#)
- Hirankitti, P., Mechinda, P. & Manjing, S. (2009). Marketing strategies of Thai spa operators in Bangkok metropolitan. International Conference on Applied Business Research ICABR Valletta (St. Julians), Malta. [\[Google Scholar\]](#)
- Hossain, M. A., & Nazmin, S. (2006). Development of Tourism Industry in Bangladesh-an empirical study on its problems and prospects. *Centre for Tourism and Hotel management Research, Ga-1, Rashedul Hasan Bhaban, University of Dhaka, Bangladesh*.
- Huang, L., Chen, K. H., & Wu, Y. W. (2009). What kind of marketing distribution mix can maximize revenues: The wholesaler travel agencies' perspective?. *Tourism Management*, 30(5), 733-739. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Hwang, S.N., Lee, C. & Chen, H.J. (2005). The Relationship Among Tourists' Involvement, Place Attach and Interpretation Satisfaction in Taiwan's National Parks, *Tourism Management*, 26, 143-156. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Illes, J., Kann, D., Karetsky, K., Letourneau, P., Raffin, T. A., Schraedley-Desmond, P., Koenig, B. A. & Atlas, S. W. (2004), Advertising, patient decision making, and self-referral for computed tomographic and magnetic resonance imaging. *Arch Intern Med*, 164, 2415-9. [\[Google Scholar\]](#)
- Ivanišević, G. (2005). Zdravstveni i lječilišni turizam-metode i programi. *Akademija Medicinskih Znanosti Hrvatske, Zagreb*.
- Kannan, S. (2009). *Tourism Marketing: A Service Marketing perspective*. University Library of Munich, Germany. [\[Google Scholar\]](#)
- Khadka, K., & Maharjan, S. (2017). Customer satisfaction and customer loyalty: Case trivsel städtjänster (trivsel siivouspalvelut). [\[Google Scholar\]](#)

- Khan, M. Y. H., Hakeem, S. M. A., & Afzal, H. (2018). The impact of tourism development on Greenwich community in the Post-Olympic Games era. *Ottoman: Journal of Tourism and Management Research*, 3(3), 348-360. [\[Google Scholar\]](#)
- Khan, Y. H., & Hossain, A. (2018). The effect of ICT application on the tourism and hospitality industries in London. *SocioEconomic Challenges*, 2(4), 60-68. [\[Google Scholar\]](#)
- Kotler, P. (2007). *Marketing management (13th ed)*. New Jersey: Prentice Hall.
- Kotler, P., Armstrong, G., Wong, V. & Saunders, J. (2008). *Principles of marketing*, 5th ed. Financial Times/Prentice Hall. [\[Google Scholar\]](#)
- Kozak, M., & Rimmington, M. (2000). Tourist satisfaction with Mallorca, Spain, as an off-season holiday destination. *Journal of travel research*, 38(3), 260-269. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Laing, J., & Weiler, B. (2007). Mind, body and spirit: Health and wellness tourism in Asia. In *Asian tourism: Growth and change* (pp. 379-389). Routledge. [\[Google Scholar\]](#)
- Lovelock, C., & Wright, L. (2002). *Principles of service marketing and management*. USA: Prentice Hall. [\[Google Scholar\]](#)
- Lunt, N., Hardey, M. & Mannion, R. (2010), Nip, tuck and click: medical tourism and the emergence of web-based health information. *The Open Medical Informatics Journal*, 4, 1-11. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Lynch, R. (2000). *Corporate Strategy* 2nd ed. London: Prentice Hall.
- Markgraf, B. (2015). *Eight P's in Marketing Tourism*. Texas: Hearst Newspapers, LLC. Retrieved from [\[Link\]](#)
- Marshall, L. A. & Williams, D. (2006). Health information: does quality count for the consumer? *Journal of Librarianship and Information Science*, 38, 141-156. [\[Google Scholar\]](#)
- Mawa, M. J. (2018). Impact of Indigenous Culture on Tourists Satisfaction and Loyalty: Studying Bandarban Sadar as Potential Destination. *International Journal of Business and Technopreneurship*, 8(2), 177-192. [\[Google Scholar\]](#)
- Middleton, V. (2001). *Marketing in Travel and Tourism*. Oxford: Butterworth-Heinemann. [\[Google Scholar\]](#)
- Oh, H. (2000). Diners' perceptions of quality, value, and satisfaction. *Cornell Hotel and Restaurant Administration Quarterly*, 41(3), 58-66. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Oliver, R. L. (1997). *Satisfaction: A Behavioral Perspective on the Consumer*, McGraw-Hill, New York.
- Pafford, B. (2009). The third wave—medical tourism in the 21st century. *Southern Medical Journal*, 102(8), 810-813. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Parasuraman, A., & Grewal, D. (2000). The impact of technology on the quality- value loyalty chain: A research agenda. *Journal of the Academy of Marketing Science*, 28(1), 168-174. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Paul, B. (2019). Health Tourism: Customer Satisfaction with Reference to Amala Ayurvedic Hospital and Research Centre, Thrissur, Kerala. *Asian Review of Social Sciences*, 8 (S1), 84-87.
- Pomeroy, A., Noble, G. & Johnson, L.W. (2011). Conceptualizing a contemporary marketing mix for sustainable tourism. *Journal of Sustainable Tourism*, 19 (8), 953-969. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- Reid, R., & Bojanic, D. (2010). *Hospitality Marketing Management* (5th ed.). John Wiley and Sons Inc. Hoboken, New Jersey. [\[Google Scholar\]](#)
- Rodriguez, A. (2013). *Tourism and the Marketing Mix*. Retrieved from [\[Link\]](#)
- The World Bank. (2022). International tourism, number of arrivals – East Asia & Pacific.
- UNWTO. (2007). *A Practical Guide to Destination Management*.
- Vassiliadis, C. A. (2008) Destination product characteristics as useful predictors for repeat visiting and recommendation segmentation variables in tourism: A CHAID exhaustive analysis. *International Journal of Tourism Research*, 10, 439-452. [\[CrossRef\]](#).
- Walther, J. B., Wang, Z., & Loh, T. (2004). The effect of top-level domains and advertisements on health web site credibility. *Journal of Medical Internet Research*, 6(3), e79. [\[Google Scholar\]](#)
- Whittaker, A. (2008). Pleasure and pain: medical travel in Asia. *Global Public Health*, 3(3), 271-290. [\[Google Scholar\]](#) [\[CrossRef\]](#)
- WHO. (1946). Preamble to the Constitution of the WHO International Health Conference. World Health Organization, New York, NY.
- Zeithaml, V., Bitner, M. J. & Gremler, D. D. (2006). *Services Marketing, Integrating Customer Focus Across the Firm*. McGraw-Hill, New York. [\[Google Scholar\]](#)

Афзал Хоссейн, Департамент бізнес-адміністрування, Трастовий університет, Барішал, Бангладеш
Аналіз задоволеності відвідувачів за допомогою моделювання структурними рівняннями: перспективи оздоровчого туризму

Оздоровчий туризм є новою концепцією в індустрії туризму. У рамках оздоровчого туризму людина здійснює подорож з метою отримання медичної допомоги. Оздоровчий туризм також є унікальною ідеєю в індустрії подорожей і туризму. Він відіграє життєво важливу роль у туристичному секторі. Щороку значна кількість людей їде на лікування. Оздоровчий туризм сприяє розвитку економіки та підвищує рівень життя в суспільстві. Він поєднує в собі сфери охорони здоров'я та туризму. Оздоровчий туризм зростає з кожним днем як на міжнародному, так і на національному рівнях. Коли люди їдуть до іншого регіону, щоб отримати медичне лікування, виникає багато проблем і труднощів. Фасилітатори оздоровчого туризму відіграють вирішальну роль у секторі оздоровчого туризму. Вони також відіграють значну роль у тому, щоб зробити медичні подорожі легкими та комфортними. У країні призначення оздоровчий туризм сприяє економічному розвитку та підвищує якість надання медичних послуг. У багатьох із цих країн, що розвиваються, медичний туризм є прибутковим і зростаючим джерелом економічного доходу. Метою дослідження було використання часткового моделювання структурних рівнянь найменших квадратів (PLS-SEM) для аналізу задоволеності відвідувачів оздоровчим туризмом у Бангладеші. Автор використав як кількісний, так і описовий методи аналізу. Стандартизований опитувальник використовувався для збору 205 анкет з відповідями від туристів у Бангладеші за допомогою методу цілеспрямованої вибірки. Для вимірювання даних і перевірки гіпотез використовувався підхід часткового моделювання структурних рівнянь найменших квадратів (PLS-SEM). Результати методу PLS-SEM показали, що продукт, місце та процес мали значний позитивний вплив на задоволеність відвідувачів оздоровчим туризмом у Бангладеші. Результати дослідження можуть бути корисними для науковців у їх подальших дослідженнях в сфері оздоровчого туризму та в туристичній індустрії загалом. Для операторів ринку результати дослідження можуть допомогти при розробленні маркетингової стратегії в сфері оздоровчого туризму.

Ключові слова: моделювання структурними рівняннями, PLS-SEM, задоволеність відвідувачів, оздоровчий туризм, Бангладеш.