

Cronbach's alpha values of the constructs in the study ranged from .74-.91, exceeding the minimum threshold of .70 (Hair et al., 1988). Thus, it indicated internal consistency in measurement items. Additionally, construct reliability (CR) and average variance extracted (AVE) were calculated in order to investigate the convergent validity. The square root of the AVE values was greater than the correlation coefficients among the research constructs. Thus, the discriminant validity was evident in this study, as suggested by Fornell and Larcker (1981).

Finally, the multicollinearity was checked and a variance inflation factor (VIF) determines how the independent variables are related to one another. The present study presented the VIF values ranging from 1.46 to 1.73. Therefore, the regression model is acceptable to determine the effect of independent variables on the dependent variables, as suggested by the cutoff threshold of VIF values at 10 (maximum) as the acceptability of multicollinearity (Hair et al., 2006) **Table 3.#**

Hypothesis testing

The structural model was tested through a structural equation modelling (SEM) using AMOS. The overall model fit statistics show that the model was satisfied to represent the hypothesized constructs ($X^2 = 285$, $p < 0.001$, CFI=0.951, GFI=0.910, RMSEA=0.039). The structural results of the proposed model are depicted in **Figure 2**.

Table 3: Validity and reliability for constructs.

Perceived risk	Factor loading	AVE	CR
Terrorism risk	.76		
Medical tourists have a high probability of being targeted by terrorists in Thailand	.71	.54	.61
I will not be intimidated by terrorism when having medical treatments as well as travelling in Thailand	.77		
Physical and Health Risk			
There is a possibility of contracting infectious diseases in Thailand	.82		
There is a possibility that I will not be able to obtain appropriate advice from regular doctors	.75		
There is a difficulty in transferring patient information from clinic/ hospital in Thailand to his/ her home country	.84		
There is a possibility of physical danger, injury or sickness while on medical tourism in Thailand	.81		
There is a possibility that the desired medical treatment will not turn out as expected	.79		
	.90		

Thayarnsin

Communication Risk			
I have concerns about having possible communication problems during my medical treatment(s) as well as travelling in Thailand	.92		
It is important that people whom I meet speak English during my medical tourism in Thailand	.97		
I will not have problems in communication with others whom I meet during my medical Tourism in Thailand	.89		
	.91		
Cognitive image		.50	.81
Well-developed general infrastructure (e.g. road highway etc.)	.61		
Hospitality of local people	.79		
A variety of tourist attractions	.70		
Safe and secure environment	.59		
Good quality of life	.77		
Affective image		.60	.67
Arousing/ Sleepy	.81		
Exciting/ Gloomy	.80		
Pleasant/ Unpleasant	.63		
Relaxing/ Distressing	.66		
Destination loyalty		.52	.77
I am willing to revisit Thailand for further treatment (s)	.71		
I am willing to revisit Thailand for leisure vacation (s)	.65		
I will recommend Thailand to others for leisure vacation(s)	.80		
I will recommend Thailand to others for medical treatment(s)	.62		
I will tell others positive things about medical tourism provided by Thailand	.74		

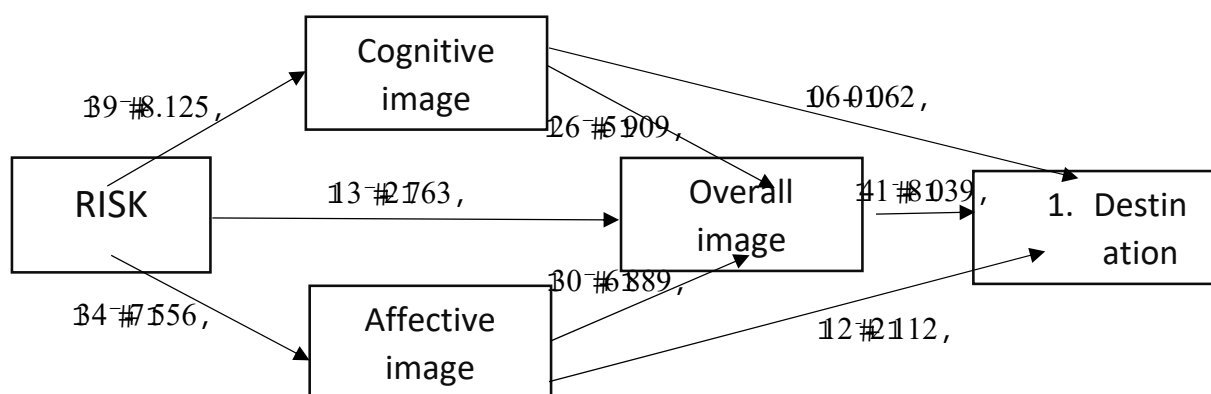


Figure 2: Structural model.

Then, the hypothesized relationships were tested and were presented the empirical findings from the SEM. Almost the paths proposed in the structural model

were statistically significant and of the expected positive direction. Therefore, seven hypotheses were supported. More specifically, Hypothesis 1 and 2 were tested and the finding indicated that risk perceived by medical tourists significantly and positively affected their perceived destination image including cognitive ($B=.39$, $p<0.01$), affective ($B=.34$, $p<0.01$) and overall ($B=.13$, $p<0.01$) dimensions. The results therefore supported Hypothesis 1, 2 and 3. Perceived risk accounted for 53.4%, 56.0% and 48.0% of the total variance in cognitive, affective and overall dimensions of image. Subsequently, Hypothesis 4 and 5 were tested and the results revealed that both cognitive ($B=.26$, $p<0.01$) and affective ($B=.30$, $p<0.01$) dimensions of destination image perceived by medical tourists significantly and positively affected overall image perceived by medical tourists. Thus, this finding supported Hypothesis 4 and 5. Cognitive and affective dimensions of image explained about 52.7% and 54.3% of the variance in overall image. Consequently, Hypothesis 6, 7 and 8 were tested. The finding presented that two dimensions of destination image including affective ($B=.12$, $p<0.05$) and overall ($B=.41$, $p<0.05$) image exerted a significant influence on medical tourist loyalty and thus Hypothesis 6 and 8 were supported. Affective and overall dimensions of image accounted for 51.5% and 50.7% of the total variance in destination loyalty including intention to revisit and intention to recommend to others. However, the result showed that cognitive image was not significantly and positively affect medical tourist loyalty. Thus, Hypothesis 7 was not supported. The summary of the results is presented in **Table 4**.

The author examined the indirect impact of study variables. Findings revealed that risk significantly and indirectly affected overall image through cognitive (β risk \rightarrow cognitive image \rightarrow overall image = $.31$, $p < .05$) and affective (β risk \rightarrow affective image \rightarrow overall image = $.21$, $p < .01$) dimensions of image. Additionally, results from the SEM presented that risk has a significant and positive indirect impact on destination loyalty (β risk \rightarrow affective image \rightarrow destination loyalty = $.58$, $p < .01$; β risk \rightarrow overall image \rightarrow destination loyalty = $.54$, $p < .01$) through affective and overall dimensions of destination image but not through cognitive image. Thus, affective and overall dimensions of destination image played a significant mediating role in the conceptual model.

Table 4: Summary of hypotheses testing results.

Hypotheses	Estimates	T-value	Hypothesis result
H1: Risk \rightarrow Cognitive image	0.39	8.125**	Supported
H2: Risk \rightarrow Affective image	0.34	7.556**	Supported
H3: Risk \rightarrow Overall image	0.13	2.673**	Supported
H4: Cognitive image \rightarrow Overall image	0.26	5.909**	Supported
H5: Affective image \rightarrow Overall image	0.30	6.889**	Supported
H6: Overall image \rightarrow Loyalty	0.41	8.039*	Supported
H7: Cognitive image \rightarrow Loyalty	0.06	0.262	Not supported
H8: Affective image \rightarrow Loyalty	0.12	2.112*	Supported

Note: ** $p < 0.01$; * $p < 0.05$

CONCLUSION AND IMPLICATIONS

Despite the rapid growth in medical tourism, limited studies mentioned about the role of risk and destination image in explaining international medical tourists' loyalty. The purpose of this study was to develop and evaluate a theoretical structural model for establishing medical tourists' loyalty by integrating two main factors, namely risk and destination image affecting medical tourists' intention to revisit the destination as well as intention to recommend the destination to others. The findings of this study went on to successfully incorporate risk and destination image into the model explicating medical tourists' loyalty in terms of intention to repurchase and intention to recommend to others.

To begin with, this study contributes to the very limited literature on the relationship between risk and destination image in the context of medical tourism. The findings supported the hypotheses that risk perceived by international medical tourists was negatively related to destination image including affective, cognitive and overall dimensions that perceived by them. This was consistent with several previous studies. The literature indicated that the lower the perceived risk by tourists the more the destination will be perceived as familiar and attractive to tourists (San Martin & Del Bosque, 2008). Some scholars also asserted that insecurity and perceived risk directly affect destination image (Georges, 2010; Qi, Gibson & Zhang, 2009; Sonmez & Graefe, 1998). Other studies attempted to investigate the relationship between each of perceived risk (e.g. disaster risk, socio- psychological risk, health risk, financial risk) and destination image in both cognitive and affective dimensions. For example, several (Hsu & Lin, 2006). physical risk perceived by tourists as a serious consequence during their traveling can significantly influence tourists' subjective perception of the destination leading to confer higher overall perceived travel risk. Subsequently, the perceived risk would create a negative image of the destination. Moreover, (Lehto et al. 2008). pointed out that events of natural disaster, or perceived disaster risk, have a significant influence on tourists' affective (feeling) responses and in turn develop negative destination image. A more recent study by (Chew & Jahari, 2014). has confirmed the relationship between perceived travel risk and destination image. Therefore, it can be indicated that perceived risk has a negative correlation on all dimensions of destination image including affective, cognitive and overall dimensions in the context of medical tourism.

The following findings confirmed the existing body of knowledge in the context of tourism. The subsequent hypotheses were supported on a direct positive relationship between the cognitive image as well as affective image, and overall image of a destination perceived by international medical tourists. These results are consistent with previous studies stating that destination image consists of a holistic image component (overall image), and an attribute component (cognitive and affective image) dominantly draws upon attributes through the formation of cognitive and affective images, while the combination of these images form the overall image, as noted by (Tasci & Gartner, 2007). Moreover, it has for a long time been supported that cognitive and affective image are strongly associated in forming the overall image of the destination (Baloglu & McCleary, 1999; Beerli & Martin, 2004; Hosany & Uysal, 2006). Therefore, the researcher stated that both cognitive

and affective image have a positive correlation on an overall image in the field of the medical tourism industry.

Finally, the findings between destination image in terms of affective, cognitive and overall dimensions were analyzed. Determining visitors' intentions to revisit and to recommend the destination has been regarded as the important relationship in the literature (Bigné et al., 2001; Cai et al., 2004; Yoon & Uysal, 2005). Several studies have asserted for the significant role of destination image in forming customers' loyalty (Ramseook-Munhurrana & Naidooa 2015; Chen & Tsai 2007; Prayag & Ryan 2012). The results supported the hypothesis in the fact that image perceived by international medical tourists positively related to their loyalty. This is in line with several previous studies confirming the effect of destination image on consumer loyalty. The image seems to be a crucial factor deciding whether consumers will revisit a destination. Additionally, (Bosque & Martin, 2008). have noted that the influence of image on customer loyalty must be noticed because a positive image of the destination is the main cause of tourists' revisiting or recommending the destination to others. Numerous studies have indicated that the destination image with more attractive results in consumers' revisits in the same destination. For example, (Li, 2013). revealed that if the image is more positive, tourists are more likely to visit or revisit the 28 destination. The positive relationship between image and loyalty has been highlighted in the study of (Bosque & Martin, 2008). (Yoon & Uysal, 2005). The research by (Mohamed, et al. 2011), (Yosamorn & Phokha, 2012). (Bigne et al. (2001) have also demonstrated the positive destination image perceived by consumers positively influence the willingness of travelers to revisit or recommend the destination. Moreover, the empirical studies presenting the positive relationship between destination image and consumer loyalty have suggested by many researchers (Hunt, 1975; Pearce, 1982; Tasci & Gartner, 2007; Um et al., 2006; Prayag & Ryan, 2012; Yosamorn & Phokha, 2012). For these reasons, the researcher has confirmed that there was a direct positive relationship between overall image and loyalty in the context of medical tourism.

An understanding of how medical tourism destination loyalty can be sustained and enhanced in successful destination planning and management in an increasingly saturated market. The findings of this study may contribute to integrating as well as creating value-added medical tourism destinations to achieve greater destination competitiveness. This section provided several useful implications drawn from the results of the study in both theoretical and practical implications for medical tourism industry.

From a theoretical standpoint, loyalty is of considerable interest to both practitioners and academics in the field of hospitality management. The findings of this study has contributed to the body of knowledge on perceived risk, image and destination loyalty in several ways. Although a number of studies have acknowledged the model of medical tourism destination loyalty, no studies has been done to integrate perceived risk as a main construct. The present study confirmed a proposed model which integrated three mentioned constructs based on a review of previous studies. Therefore, the result of this study is expected to be extending the understanding of perceived risk, image and destination loyalty in the context of

medical tourism industry. Additionally, the results of relationships between variables in the study add new knowledge to the body of literature on medical tourism industry. The relationship between each of perceived risk and destination image has been found in the literature of tourism industry, however studies less investigated in existing literature on medical tourism. The current study thus proposed and confirmed the significant impact of perceived risk on image in terms of cognitive, affective and overall dimensions. Finally, the results of this study provided evidence that two dimensions of image including affective and overall image have a positive impact on destination loyalty. In other words, while medical tourists hold the higher evaluation of the affective and overall image, their level of loyalty in both intentions to revisit and intention to recommend to others will be high.

From a practical standpoint, the stakeholders in any destination need a better understand of factors influencing international medical tourists in building their loyalty in terms of intention to revisit and intention to recommend destination to others. The findings of this study provide useful information for medical tourism destination marketers to develop more effective strategies related to reduce consumer' perceived risk as well as to develop destination image, and loyalty. More specifically, a destination with a positive perceived risk has a great chance of being positive perceived image by medical tourists which in turn leads to return to the destination as well as to recommend the destination to others. Additionally, the finding of this presented that affective image and overall image positively affected medical tourists' destination loyalty. Destination marketers should reinforce the feeling and emotional experiences of medical tourists or affective image rather than cognitive dimension or the attributes of the destination in their promotion efforts. Finally, destinations can develop a highly effective advertising campaign in order to reduce risk perceived by medical tourists. As the findings of this study, risk had a significant impact on destination image. Likewise, medical tourists' perception of risk significantly affected their perceived destination image.

LIMITATIONS AND FUTURE RESEARCH RECOMMENDATIONS

This study integrated the concepts of risk and image in the model of medical tourist loyalty.

There are several limitations in this study in order to consider in future research. The sample of this study was international medical tourists from multiple countries around the world. To get better understand of medical tourists' loyalty in each country, future research should focus on medical tourists from a specific country or continent. Moreover, generalizations cannot be made from the findings of the present study to other geographic areas or locations because the data were collected in clinics that located in Phuket in Thailand. For future research, a more research design according to a wider sampling should be included so as to minimize sampling limitations. Furthermore, the proposed model in this study was not designed to include other important variables in influencing international medical tourists' loyalty. Future research should integrate other important variables into the conceptual model in order to provide more information in the context of medical tourism.

REFERENCES

- Archer, B., Cooper, C., & Ruhanen, L. (2005). The positive and negative impacts of tourism. *In Theobald WF Global Tourism* 79-102.
- Awadzi, W. & Panda, D. (2005). Medical Tourism Globalization and Marketing of Medical Services. *The Consortium Journal of Hospitality and Tourism* 11(1), 75-80.
- Bagozzi, R. and Yi, Y. (1988). On the Evaluation of Structural Equation Models. *Journal of the Academy of Marketing Sciences* 16, 74-94.
- Baloglu, S. & McCleary, K.W. (1999). A model of destination image formation. *Annals of Tourism Research* 26, 868-897.
- Baloglu, S., & Mangaloglu, M. (2001). Tourism destination images of Turkey. Egypt Greece and Italy as perceived by USbased tour operators and travel agents. *Tourism Management* 22, 1-9.
- Beerli, A., & Martin, J.D. (2004). Tourists' characteristics and the perceived image of tourist destinations: A quantitative analysis A case study of Lanzarote Spain. *Tourism Management* 25, 623-636.
- Bigne, J.E., Sanchez, M. I., & Sanchez, J. (2001). Tourism image evaluation variables and after purchase behavior Interrelationship. *Tourism Management* 22, 607-616.
- Bookman, M.Z., & Bookman, K.R. (2007). *Medical Tourism in Developing Countries* New York Palgrave Macmillan.
- Caballero Danell, S., & Mugomba, C. (2006). *Medical Tourism and its Entrepreneurial Opportunities A conceptual framework for entry into the industry.* Goteborg University.
- Calderon, J. & Gonzales, E.C. (1993). *Methods of Research and Thesis Writing.* Manila National Bookstore Inc.
- Carr, N. (2001). An exploratory study of gendered differences in young tourists' perception of danger within London. *Tourism Management* 22, 565-570.
- Carrera, P., & Lunt, N. (2010). A European perspective on medical tourism the need for a knowledge base. *International Journal of Health Services* 40(3), 469-484.
- Carrera, P.M. & Bridges, J.F.P. (2006). Globalization and healthcare Understanding health and medical tourism. *Expert Review of Pharmacoeconomics & Outcomes Research* 6(4), 447- 454.
- Chen, J.S., Prebensen, N., & Huan, T.C. (2008). Determining the motivation of wellness Travelers. *Anatolia An International Journal of Tourism and Hospitality Research* 19(1), 103-115.
- Chen, C.F., & Tsai, D.C. (2007). How destination image and evaluative factors affect behavioral intentions. *Tourism management* 28(4), 1115-1122.
- Chew, E.Y.T., & Aqilah, J.S. (2014). Destination image as a mediator between perceived risks and revisit intention A case of postdisaster Japan. *Tourism Management* 40, 382-393.
- Chi, C.G., & Qu, H. (2008). Examining the structural relationships of destination image tourist satisfaction and destination loyalty An integrated approach. *Tourism Management* 29, 624-636.
- Chon, K.S. (1990). The role of destination image in tourism A review and discussion. *TourismManagement* 45(2), 2-9.
- Chon, K.S. (1989). The understanding recreational traveler's motivation, attitude and satisfaction. *Tourism Review* 44(1), 3-7.
- Churchill, G.A., & Brown, T.J. (2004). *Basic Marketing Research.* Mason OH Thompson SouthWestern.
- Connell, J. (2006). Medical tourism Sea sun sand and surgery. *Tourism Management* 27, 1093-1100.

Thayarnsin

- Coshall, J.T. (2003). The threat of terrorism as an intervention of international travel flows. *Journal of Travel Research* 42(1), 4-12.
- Connell, J. (2006). Medical tourism Sea sun sand and surgery. *Tourism Management* 27(6), 1093-1100.
- Creswell, J.W. (2014). Research design international student edition Los Angeles Sage.
- Crooks, V.A., Turner, L., Snyder, J., Johnston, R., & Kingsbury, P. (2011). Promoting medical tourism to India messages images and the marketing of international patient travel. Research Support NonUSGovt. *Social Science Media* 72(5), 726-732,
- Crooks V., Kingsbury P., Snyder J. and Jonston R., (2010). What is known about the patients experience of medical tourism A scoping review. *Journal of health services research* 10, 266.
- del Bosque, I.R. & Martin, H.S. (2008). Tourist Satisfaction a CognitiveAffective Model. *Annals of Tourism Research* 35, 551-573.
- Dimitriades, Z.S. (2006). Customer satisfaction, loyalty and commitment in service organizations Some evidence from Greece. *Management Research News* 29(12), 782 - 800.
- Dowling, G.R. & Staelin, R. (1994). A model of perceived risk and intended riskhandling activity. *Journal of consumer research* 21, 119-134.
- Echtner, C.M., & Ritchie, J.R.B. (1993). The measurement of destination image an empirical assessment. *Journal of Travel Research* 31, 21-64.
- El Taguri, A. (2007). Medical tourism and the Libyan national health services. *Libyan Journal of Medicine* 2, 1-4.
- Ettinger, W. H. (1998). Consumer perceived value the key to a successful business startegy in the healthcare market place. *Journal of American Geriatrics Society* 46(1), 111-113.
- Fakeye, P.C., & Crompton, J.L. (1991). Image differences between prospective, first- time, and repeat visitors to the lower Rio Grande Valley. *Journal of Travel Research* 30, 10-16
- Forgione, D. A., & Smith, P. C. (2007). Medical tourism and its impact on the US health care system. *Journal of Health Care Finance* 34(1), 27-35.
- Fornell, C., & Larcker, D.F. (1981). Evaluating structural equation models with unobservable variables and measurement error. *Journal of Marketing Research* 18(1), 39-50.
- Gahlinger, P.M. (2008). The Medical Tourism Travel Guide Your Complete Reference to Top-Quality Low-Cost Dental Cosmetic Medical Care & Surgery Overseas. Sunrise River Press.
- Gallarza, M. G., & Saura, I. G. (2006) Value dimensions, perceived value, satisfaction and loyalty an investigation of university students travel Behavior. *Tourism Management* 28, 437-452.
- GarciaAltes, A. (2005). The development of health tourism services. *Annals of Tourism Research* 32(1), 262-266.
- Gupta, A., & Chen, I. (1995). Service quality Implications for management development. *International Journal of Quality & Reliability Management* 12(7), 28-35.
- Gupta, H.D. (2004). Medical tourism and public health. *People s Democracy*. 27(19). Available online at: http://pd.cpim.org/2004/05092004_snd.htm.
- Gunn, C.A., & Var, T. (2002). *Tourism Planning* London Routledge.
- Hall, C.M. (2005). *Tourism Rethinking the social science of mobility*. Harlow Pearson.
- Hall M. & James M., (2011). Medical tourism Emerging biosecurity and nosocomial issues *Tourism review* 66(12), 118-126.
- Hansen, F. (2008). A revolution in healthcare medicine meets the marketplace. *Public Affairs Review* 59(4), 43-45.

- Hair, J., Black, W., Babin, B., Anderson, R., & Tatham, R. (2006). *Multivariate data analysis* Upper saddle River NJ Pearson Prentice Hall.
- Hair, J.F., Anderson, R.E., Tatham, R.L., & Black, W.C. (1988). *Multivariate data analysis* Upper Saddle River Prentice Hall.
- Henderson, J.C. (2004). Paradigm shifts National tourism organizations and education and healthcare tourism: The case of Singapore. *Tourism and Hospitality Research* 5(2), 170-180.
- Hu, Y., & Ritchie, J.R.B. (1993). Measuring destination attractiveness, A contextual approach. *Journal of Travel Research*, 32, 25 - 32.
- Huff-Rousselle, M.C., Shepherd, R., Cushman, Imrie, J., & Lalta, S. (1995). Prospects for Health Tourism Exports for the English Speaking Caribbean Washington DC World Bank.
- Heung, V.C.S., Kucukusta, D., & Song, H. (2010). A Conceptual Model of Medical Tourism Implications for Future Research. *Journal of Travel & Tourism Marketing* 27(3), 236-251.
- Hosany, S, Ekinci, Y & Uysal, M. (2007). Destination image and destination personality International Journal of Culture. *Tourism and Hospitality Research* 1(1), 62-81.
- Hosany, S., & Prayag, G. (2013). Patterns of tourist's emotional responses satisfaction and intention to recommend. *Journal of Business Research* 66(6), 730-737.
- Hsu, T.H., & Lin, L.Z. (2006). Using fuzzy set theoretic techniques to analyze travel risk an empirical study. *Tourism Management* 27(5), 968-981.
- Hurley, J.A. (1988). The hotels of Rome Meeting the marketing challenge of terrorism. *The Cornell Quarterly* 29, 71-79.
- Hutchinson, M., Vickers, M., Jackson, D., & Wilkes, L. (2005). Like wolves in a pack Stories of predatory alliances of bullies in nursing. *Health Care Management Review* 30, 331-336.
- Keckley, P. H. & Underwood, H. R. (2008), Medical Tourism Consumers in Search of Value Washington Deloitte Center for Health Solutions.
- Lee, J.W., & Brahmaasrene, T. (2013). Investigating the influence of tourism on economic growth and carbon emissions Evidence from panel analysis of the European Union. *Tourism Management* 38, 69-76.
- Lee, J., Graefe, A.R., & Burns, R. C. (2004). Service quality, satisfaction and behavioral Intention among forest visitors. *Journal of Travel & Tourism Marketing* 17(1), 73 -82.
- Lepp, A., & Gibson, H. (2003). Tourist roles perceived risk and international tourism. *Annals of Tourism Research* 30,606-624.
- Lunt, N., & Carrera, P. (2010). Medical tourism Assessing the evidence on treatment abroad. *Maturitas* 66(1), 27-32.
- Mitchell, V.W. (1999). Consumer perceived risk conceptualizations and models. *European Journal of Marketing* 33(1)163-196.
- Newman, B. Y. (2006). Medical tourism. *Journal of the American Optometric Association* 77(12), 581.
- O'Brien, L. & Jones, C. (1995). Do rewards really create loyalty? *Harvard Business Review*, May/June, 5-82.
- Oliver, R. L., & DeSarbo, W.S. (1988). Response determinants in satisfaction judgments. *Journal of Consumer Research* 14, 495-508.
- Oliver, R.L. (1997). *Satisfaction: A Behavioral Perspective on the Consumer*. Boston McGrawHill.
- Olsen, S.O. (2002). Comparative evaluation and the relationship between quality satisfaction, and repurchase loyalty. *Journal of the Academy of Marketing Science* 30(3), 240-249.

Thayarnsin

- Parasuraman, A. Zeithaml, V.A. & Berry, L.L. (1985). A conceptual model of service quality for future research. *Journal of Marketing* 49(4), 41-50.
- Parasuraman, A. Zeithaml, V.A. & Berry, L.L. (1988). SERVQUAL A multi-item scale for measuring consumer perception of service quality. *Journal of Retailing* 64, 12-40.
- Phillips, W. & Jang, S. (2008). Destination image and tourist attitude. *Tourism Analysis* 13, 401-11.
- Prayag, G., & Ryan, C. (2010). The relationship between the push and pull factors of a tourist destination the role of nationality an analytical qualitative research approach. *Current Issues in Tourism*, 14(2), 121-143.
- Reichheld, F.F. & Sasser, E. (1990) Zero Defections Quality Comes to Services. *Harvard Business Review* 68, 105-111.
- Roehl, W., & Fesenmaier, D. (1992). Risk perceptions and pleasure travel an exploratory analysis. *Journal of Travel Research* 2, 17-26.
- Ramirez de Arellano, A. (2007). Patients without borders the emergence of medical tourism. *International Journal of Health Services Planning Administration Evaluation* 37(1),193-198.
- Singh, P.K. (2008). Medical tourism. New Delhi India Kanishka Publishers.
- Roselius, T. (1971). Consumer rankings of risk reduction methods. *Journal of Marketing* 35, 56-61.
- So ñmez, S. (1998). Tourism, terrorism and political instability. *Annals of Tourism Research* 25, 416-456.
- Tam, J. L. M. (2000). The effect of service quality, perceived value and customer satisfaction on behavioral intentions. *Journal of Hospitality & Leisure Marketing* 6(4), 31-43.
- Tasci, A. D. A. (2006). Visit impact on destination image. *Tourism Analysis* 11, 297-309.
- Tasci, A. D. A. & Gartner, W. C. (2007). Destination Image and Its Functional Relationship. *Journal of Travel Research* 45, 413-425.
- Tasci, A. D. A. & Kozak, M. (2006) Destination brands vs destination image Do you know what we mean. *Journal of Vacation Marketing* 12, 299-317.
- Tremblay, P. (1989). Pooling international tourism in Western Europe. *Annals of Tourism Research* 16, 477-491.
- Turner, L. (2007). First World Health Care at Third World Prices Globalization. *Bioethics & Medical Tourism BioSocieties* 2(3), 303-325.
- Turner, L. (2008). Crossborder dental care Dental tourism and patient mobility. *British Dental Journal* 204(10), 553-554.
- Teh, I., & Chu, C. (2005). Supplementing growth with medical tourism. *Asia Pacific Biotech News* 9 (8), 306-311.
- Qi, C. X., Gibson, H. J., & Zhang, J. J. (2009). Perceptions of risk and travel intentions the case of China and the Beijing Olympic Games. *Journal of Sport & Tourism* 14(1)43-67.
- UNWTO. (2016). UNWTO tourism highlights World Tourism Organization. Available online at: http://fac.ksu.edu.sa/sites/default/files/tourism_highlights_2016-_unwto.pdf
- Um, S., Chon, K., & Ro, Y. H. (2006). Antecedents of revisit intention. *Annals of tourism research* 33(4), 1141-1158.
- Weaver, C. (2008) Boom times for Asia plastic surgery trips. The Sunday Mail Gold Coast Australia.
- White, C. (2005). Destination Image To see or not to see Part II. *International Journal of Contemporary Hospitality Management* 17, 191-196.

WTTC. (2015). Global talent trends and issues for the travel & tourism sector. London United Kingdom World Travel & Tourism Council. Available online at: <https://www.wttc.org/-/media/382bb1e90c374262bc951226a6618201.ashx>

Wu, C.W. (2016). Destination loyalty modeling of the global tourism. *Journal of Business Research* 69(6), 2213-2219.

Yoon, Y. & Uysal, M. (2005). An Examination of the Effects of Motivation and Satisfaction on Destination Loyalty A Structural Model. *Tourism Management* 26, 45-56.

York, D. (2008). Medical tourism the trend toward outsourcing medical procedures to foreign countries. *The Journal of Continuing Education in the Health Professions* 28, 99-102.

Youngman, I. (2007). Medical Tourism. The Worldwide Business Guide. Available online at: http://www.researchandmarkets.com/reports/569409/medical_tourism