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FACULTY OF BUSINESS ECONOMICS
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Master's thesis

Barriers to and CSF's for Exporting Health Services: The Case of Jordan

Promotor :
Prof. dr. Pieter PAUWELS

Rand Abdel Jawad

Thesis presented in fulfillment of the requirements for the degree of Master of Management

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Abstract

The export performance of firms has been widely studied, yet exporting services is obviously different than the export of goods. This difference result from the intangibility, perish ability, inseparability, and the variability of services. Moreover, medical services are special in the sector of services as the modes of exporting differ from cross-border service providing, the movement of providers, importing customers, and foreign investments abroad.

Importing foreign patients has been historically known as medical tourism, since patients look for destinations to travel to and get health treatments there. Jordan is increasingly becoming a more popular destination for the provision of outsourced medical services and thus actually exports health services. Many reasons play role in leading Jordan to achieve this success. This was the call for this research, that the phenomenon of foreign patients movement to Jordan is becoming more popular, yet the barriers and factors that lead to performance success in exporting health services has not been widely studied.

Four research questions were set for this research, yet only three were answered. The first question deals with the barriers that the health service suppliers face, when wanting to deliver their services to foreign patients. Jordanian hospitals can easily overcome several barriers by obtaining local and global accreditations by continuous development and matching global standards and criteria, signing agreements with insurance companies abroad in order to overcome insurance coverage barrier, moreover Jordan is considered to be politically stable country, compared to near countries Jordan is the most stable country in terms of politics. Thus, political barriers would rarely exist.

We distinguish between what interviewees thought was a CSF but are actually qualifiers, and actual CSF's. Seven CSF's have been identified: international accreditations, availability of pioneering technology, effective training of doctors and staff, presence of international and national associations, objective measurement of quality, effective marketing management, and supportive management attitudes. Moreover, CSF's were classified according to Bullen and Rockart (1981) structure and linked directly to the gradual stages of the 'consumption' process of the service.

In this research we have followed a triangulation approach to investigate the barriers and critical success factors (CSF's) involved in this process in Jordan and their effect on formulating the health service providers export strategies. This approach involved three sources of information in order to guarantee the reliability of results: official instances

(MOH, and directorate of medical tourism in Jordan), three private hospitals, and foreign patients.

Ultimately, we propose a four steps model for hospitals in Jordan in order to optimize the performance of exporting health services. These steps can be summarized in process infrastructure, diagnose performance, marketing abroad, and CRM and maintaining.

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Introduction

Historically migration has always been the main pathway of health-services trade. In the 1970s for example, around 6% of the world's physicians and 4% of the world's nurses were working outside their country of origin, with 86% working in Australia, Canada, Germany, UK, and the USA (Smith et.al. 2010). Nowadays patients increasingly travel to the country where they will be treated.

Jordan is increasingly becoming a more popular destination for the provision of outsourced medical services and thus actually exports health services. Many reasons play role in leading Jordan to achieve this success. According to the International Medical Travel Journal in the UK Jordan won the "best overall medical tourism destination of the year" award for what judges considered a remarkable success. Jordan ranks first in the Arab world and fifth in the world in the field of medical tourism.

Hospitals in Jordan are capable of conducting complicated and expensive surgeries at a low cost compared to more developed countries with similar success rates and customer satisfaction ratings.

For the export of health services, Smith et al. (2010) have also proposed a number of "international service delivery modes", based on definitions by the GATS (General Agreement on Trade in Services). They are:

1. Cross-border supply of services or the so-called e-health—"the application of information and communication technologies across the whole range of functions that affect the health sector" In this field there is communication and interaction between health providers and patients over distance. Mainly therapeutic and diagnostic services are affected as well as remote control surgery.
2. Movement of health providers and professionals on a temporary or even more permanent basis.
3. Foreign direct investment which most commonly involves a joint venture between domestic and foreign partners to establish a new hospital, clinic, or diagnostic facility, or purchase an existing institution.
4. Consumption of services abroad, which refers to health tourism, in which health services (elective, non-emergency) are availed by patients of one country in

another, although it also encompasses medical and nursing education for overseas students.

The importance of the role of individuals and the flow of knowledge in offering (Lindsay et al., 2003) a good service are extremely important in all of these modes of exportation.

Our field of interest is however mainly the fourth mode mentioned by Smith et al. (2010).

Our main focus is the barriers and success factors when exporting health services. To investigate this we would like to use a research approach in which the views of the different parties involved in this process would be probed. This would include a number of structured interviews with people involved, such as hospital directors, patients (customers), as well as with people involved in planning and structuring health services on a macro-economic level in different government ministries and offices. These different perspectives will lead to a picture that is both relevant and multi-faceted.

Chapter 1: Medical tourism in Jordan

In this chapter we define medical tourism and then present the situation of Jordan as a medical tourism destination. Several reasons have led to an increase of medical tourism globally, but also to a very ambiguous image of the practice. The drivers to successful medical tourism have been mentioned shortly in this chapter and based on this we will build our research questions in the next chapter.

1.1 Medical Tourism in general

Medical tourism can be generally defined as traveling across international borders to obtain health care. Specifically medical tourism or global healthcare involves patient travel to a foreign country for a particular medical procedure in search of alternatives to care in the home country because these procedures are often cheaper or not available at home or can be performed faster and by a more efficient health care delivery system than at home. Sometimes it involves rarely needed and urgent medical procedures. In many cases, treatment is optional, such as in the case of cosmetic surgery or dental surgery.

Medical tourism relies on the use of specialized hospitals or modern medical centers. In those hospitals and centers medical equipment and human resources characterized by high efficiency have to be present. Although these might be present in all the countries of the world, in only some the advantages are large enough to attract medical tourism patients.

Yet many sources indicate also that there are risks involved. Medical tourism in the United States for instance, which is characterized by very high quality standards, is seen as highly risky. Exposure to disease transmittal in the foreign country and the combination of tourism at an early moment after treatment might be some of them.

Mostly, medical tourism involves specialized treatment, such as for instance specialized medical tourism for cosmetic surgery or what is called “reproductive tourism” involving the traveling abroad for outsourcing in vitro fertilization (IVF).

A special case of health tourism is “recovery tourism”, which relies on the natural elements in the treatment of patients and their recovery, such as mineral water or sulfur treatment or the exposure to sunlight for the purpose of healing from some skin diseases and rheumatoid and bone diseases and others.

1.2 The History of Medical Tourism

Long time ago people traveled long distances for health care (Encyclopedia Britannica). Travelling for medical purposes is not new. It began thousands of years ago. People selected their travel destination for medical reasons. Resorts and clinics were considered a part of medical tourism. The Greeks traveled across the Mediterranean to a small area in the Salamis Gulf, which was their spiritual sanctuary of healing. The practice of traveling abroad for surgery is a relatively recent phenomenon. For example, Costa Rica experienced an influx of foreigners seeking cosmetic and dental surgery in the 1980s (Encyclopedia Britannica).

In the eighteenth century in England patients were visiting resorts to use the mineral water in the treatment of diseases such as gout, liver disorders and bronchitis.

The factors that lead to the expansion of international medical tourism

Although medical tourism does dates back several centuries and even to the history of ancient Greece, it has recently taken a large growth. It is also a matter of customer choice. Glinos et al. (2006) identified five drivers behind the upsurge of demand for medical health services overseas: familiarity, availability, cost, quality and bioethical legislation (abortion tourism, fertility tourism, and euthanasia). The desire for privacy and the wish to combine traditional tourist attractions, hotels, climate, food, cultural visits with medical procedures are also thought to be key contributing factors (Cornell, 2006). Dr. Meteb Wrekat the director of Medical Tourism Directorate in Jordan has given reasons for this expansion. They are:

- More people can afford to travel internationally;
- The rising cost of health care in domestic countries leads more people in more countries to look for cheaper alternatives abroad;

- The length in terms of waiting time for certain procedures in some countries is longer than some patients can afford. They are getting worried about the fact whether the treatment can and will still be performed;
- The level of health care provided in the country of destination is often very good as more countries are increasing their levels of health care. So more alternatives are available;
- This is supported by the technological improvements guaranteeing these higher standards of health care in many countries;
- Patients have increased expectations of service with respect to health care and are willing to shop for it;
- The growing world population itself leads to the phenomenon because there are more patients and they are actually capable of travelling for health reasons;
- The lack of health care options locally is known to people and thus they actively look for alternatives.

Costs comparisons are a major factor leading patients to start looking for alternatives though.

The major factor leading to health tourism is indeed the difference in costs between treatment in the country of origin of the patient and the country in which the procedure is actually performed. Some cost comparisons cannot but lead to increased medical tourism. We can cite for example differences between India, Thailand and South Africa with the United States.

The cost of a surgery in India, Thailand and South Africa is approximately one tenth of the cost in the United States or Western Europe. Thus, the cost of a heart valve replacement in the United States is around \$ 200,000. In contrast, it can be up to \$10,000 in India, including the air travel back and forth as well as other costs and privileges (1/20); other examples are that the value of a metal-free dental bridge in the U.S. is \$ 5,500, while in India it costs only \$ 500. The cost of replacing the knee with physiotherapy for 6 days in Thailand is about 1/5 of the cost in the United States and the cost of the Eye Lasik surgery in the United States is around \$ 3,700; while the cost in several other countries, is only \$ 730 (Interview with Dr.Meteb Wrekat).

Medical Tourism Risks and Patient Safety Issues

Several risks might arise from medical tourism which may not be present when the health care is provided locally. Dr.Meteb Wrekat cited for example:

- Exposure to diseases of epidemic infectious nature could pose a threat to patients who do not have natural immunity to the disease, especially if the natural immunity is already low and specifically with regard to intestinal infectious diseases such as hepatitis A, and amoebic dysentery, diseases transmitted by mosquitoes, influenza and tuberculosis.
- Unexpected diseases that afflict the patient in the country of destination may lead in some cases to misleading diagnoses.
- Patients often combine the treatment with tourism. But several recreational activities can affect the recovery of the patient or may cause medical complications.

Patient Safety in Medical Tourism is thus a major issue. The purpose is to prevent the risks cited and their consequences from materializing in as far as possible, by offering the highest standards possible of patient care before, during and after the treatment itself. In 2004, the World Health Organization (WHO) launched the “Global Alliance for the purpose of patients’ safety in medical tourism” in order to help the hospitals to assign patient’s safety policies that might be of significant importance to the patient.

Ethical Issues in Medical tourism

Medical tourism does not only pose advantages such as cost benefits and risks such as increased infection danger, but also a number of societal questions. We can call them the ethical questions medical tourism not only faces, but that people involved in it have to answer. We just cite some of them:

- Illegal purchasing of body parts and tissues for the purpose of organ transplants in several countries such as India and China may be the consequence of medical demand from abroad;
- Doctors are getting increasingly busy with foreign patients, which lead to the difficulty of access to medical care by local patients. Their treatment may be delayed or become less interesting to doctors as they might be paying less for the treatment.
- The use of advanced technology is a major challenge. Striking the right balance between necessary medical innovations on the one hand and pressure to exploit patients on the other hand is difficult. It may lead to unnecessary and even excessive investments in the wrong equipment.

1.3 Medical tourism in Jordan.

Jordan's health system consists of several highly fragmented private and public programs. Two major public programs that finance as well as deliver care are the Ministry of Health (MOH) and Royal Medical Services (RMS). Other smaller public programs include several university-base programs, such as Jordan University and Jordan University of Science and Technology. In addition to several non-governmental organizations (NGOs) such as the United Nations Relief Works Agency (UNRWA) which provides care mostly to Palestinian refugees.

The Ministry of Health is the largest healthcare services provider in Jordan. In 2010 and 2011, the MOH budget accounted for 7.9 and 6.3 percent respectively of the general budget. The MOH is also the largest in terms of the size of operation as compared to RMS, JUH, JUST and the private sector. Royal Medical Services contributes in providing healthcare services as the second largest public entity in Jordan in this field. RMS provides healthcare services for officers and soldiers of the Jordan military forces and the different security forces. Moreover the RMS is responsible for equipping and sending special medical teams to Arab, friendly, and war and disaster struck countries (Yemen, Iraq, Croatia, Sierra Leone, Afghanistan, Palestine, Liberia, Gaza, etc...).

Jordan is one of the increasingly important destinations for health care tourism. In this subparagraph we will shortly introduce the data in Jordan, its health care situation and system and on the health tourism part in this system.

Profile of Jordan: short socio-economic background

The Hashemite Kingdom of Jordan is a small nation of 6,482,081 populations; the total area of Jordan is 90,000 square kilometers. It is a lower middle-income country, with a population of 6.3 million in 2011. The gross domestic production (GDP) amounted to JD 18.8 billion and 20.5 billion in 2010 and 2011 respectively, while per capita GDP was JD 3069.2 and JD 3275.8 in 2010 and 2011 respectively. Jordan has a small economy with limited number of natural resources, arid land; mostly unsuitable for agriculture and chronic water shortage, it imports most of the energy it consumes.

Jordan: Health Profile of the Country

In 2010 and 2011, Jordan spent approximately JD 1,537 billion (US\$ 2,171 billion) and JD 1,581 billion (US\$ 2,233 billion) on health respectively. Per capita health care spending was JD 251.5 (US\$ 355.5) and 252.9 (US\$ 357.2) respectively. Total health expenditures amounted to 8.19 % of total GDP (MOH).

Table 1.1 illustrates the demographic and health indicators of Jordan.

Title	Year		
	1997	2007	2012
Population	4,600,000	5,723,000	6,388,000
Unemployment rate	13.3%	13.1%	12.2%
Health expenditure as % of GDP	7.5%	8.4%	8.6%
Ministry Of Health (MOH) budget of the General Budget	5.6%	5.6%	8.6%
Per Capita health expenditure (JD)	82	177.5	330

Table1. 1 (MOH Demographic and Health Survey (DHS) 2012)

The % of GDP spend on health care is the highest in the Middle East and stands at 2/3 of that in the United States. This can be seen in Figure 1.1.

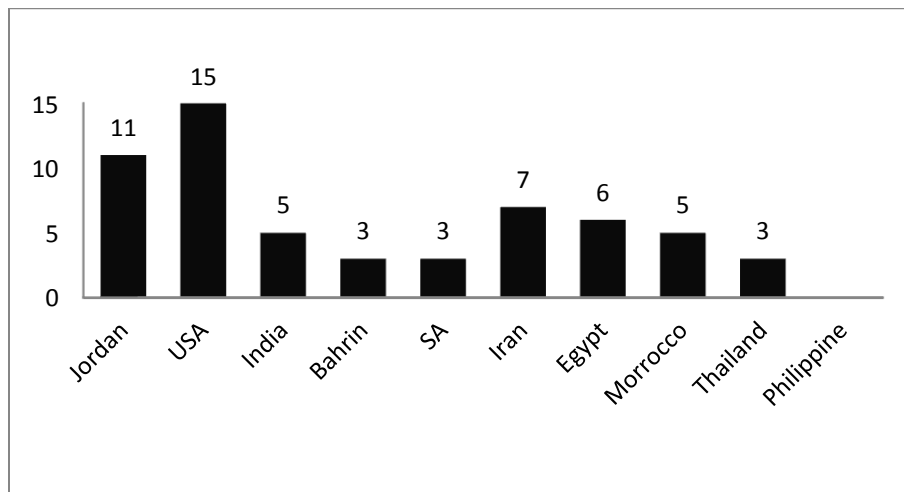


Figure 1. 1Expenditure on health care as a percentage of GDP in different countries of the Middle East, compared to the United States (MOH)

The basic data on the health care system in Jordan figure in Table 1.2.

Indicator	Absolute Number (2013)
Number of doctors	35,000
Number of nurses	38,000
Number of hospitals	103
Number of private hospitals	60
Number of hospitals of the Ministry of Health	30
Number of hospitals of Royal Medical Services	11
Number of university hospitals	2

Table1. 2Data on the Jordanian health care system (MOH)

The number of hospitals per sector is repeated in Figure 1.2 below.

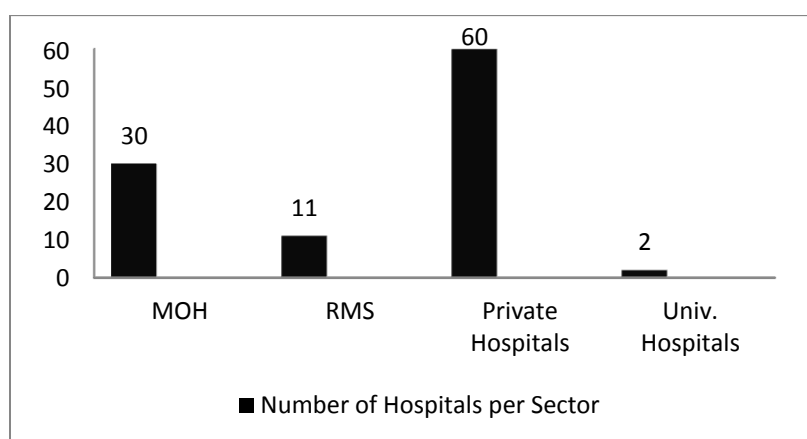


Figure 1. 2 Number of hospitals per sector (MOH)

The number of doctors can also be expressed per 10,000 inhabitants. Together with Egypt, Jordan ranks highest in the Middle East in this parameter (about 24/10,000 inhabitants) and stands nearly equal with the United States (26/10,000 inhabitants). This is expressed in Figure 1.3.

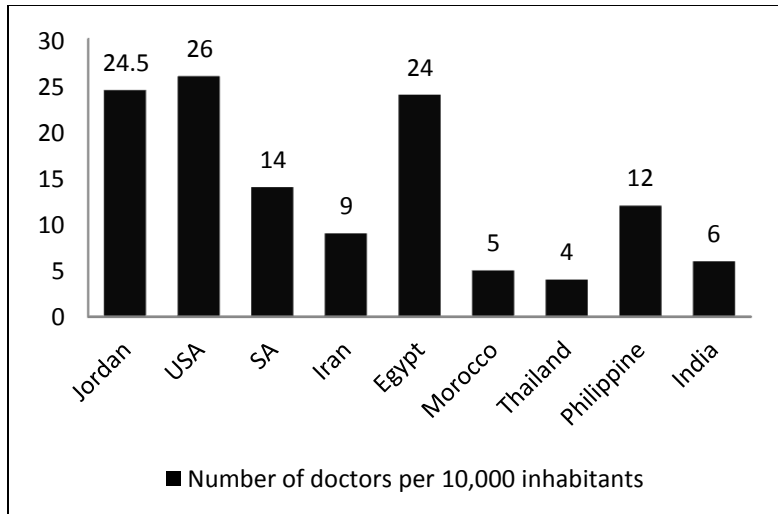


Figure 1. 3 Number of doctors per 10,000 inhabitants (MOH)

Investment in health care in Jordan is not only high; it also is situated in top level high quality equipment. Figure 1.4 indicates the number of units available in Jordan of some of the most expensive and up-to-date medical equipment.

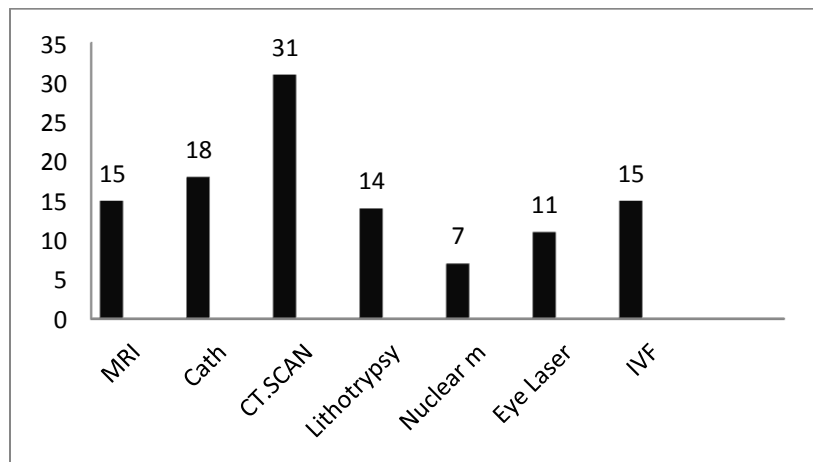


Figure 1. 4 Medical equipment types: number of units available in Jordan (MOH)

The investments and the presence of a relatively high number of medical staff make Jordan a nation that performs well in general on indicators of national health. In the Middle East, the Jordanian health care system is considered as quite performing. Its major achievements are that the country is malaria free since 1975, cholera free since

1981, diphtheria free since 1988, polio free since 1992, and neonatal tetanus free since 1995 and that measles are under control. TB is among the lowest in the region and stands at only 6 cases per 100,000 people and there are less than 300 HIV/AIDS cases registered only (MOH Reports).

The good indicators for the national health system in Jordan are a partial explanation for the rise of health tourism in the country. The country indeed presents a number of advantages.

As mentioned, Jordanian medical services have gained an excellent reputation, where Jordan has invested heavily in human resources; most of Jordanian physicians are trained in USA, UK and other European countries. Jordan also invested in building hospitals that are well equipped up to the highest international standards. In addition Jordan is known for its people's great hospitality and high level of security and political stability, compared to other nations in the region. The ease of access to the country, where many nationalities don't need a visa to enter, adds to this. Jordan is thus an attractive option to foreign patients. Jordan's good international relations made it easy for expertise travel and technology transfer. The available of high quality telecommunication facilitates make data transfer and linkage with well-known medical centers in USA and Europe possible, creating an even better environment for medical tourism.

Most of the Jordanian Hospitals are moreover applying international quality standards on health care services. Most hospitals in Jordan adopted quality assurance programs and 7 of them achieved the accreditation from Joint Commission International (JCI).

Finally, medical Services in Jordan have competitive prices compared to several other countries. A comparison of the prices for surgery costs with the United States and some other nations often mentioned as health tourism destinations is added in Table 1.3.

Operation	Jordan	USA	UK	Thailand	Singapore
Angioplasty	8000	50,000	21,000-27,000	10,000	10,000
Angiography	700	3000	2000	1100	800
Hip replacement	11,000	40,000	20,000	12,000	12,000
Knee replacement	9,000	40,000	18,000	9,000	11,000
Lasik	1000	3000	2250-2900	750	-

Table1. 3 compares surgeries costs in Jordan and other countries (US\$) (MOH).

Thus, Jordan has attracted more than 200,000 patients from abroad in 2007. An approximate yearly income from medical tourism is estimated to exceed one billion US\$. Jordan hospitals receive patients from Middle East and from all over the world. The following figure (Figure 1.5.) illustrates the relative volume of patients visiting Jordan from all over the world. In this figure, the red and orange – yellow marked countries are the most important countries of origin of the foreign patients in Jordan, the blue-purple and pink are the less important ones.

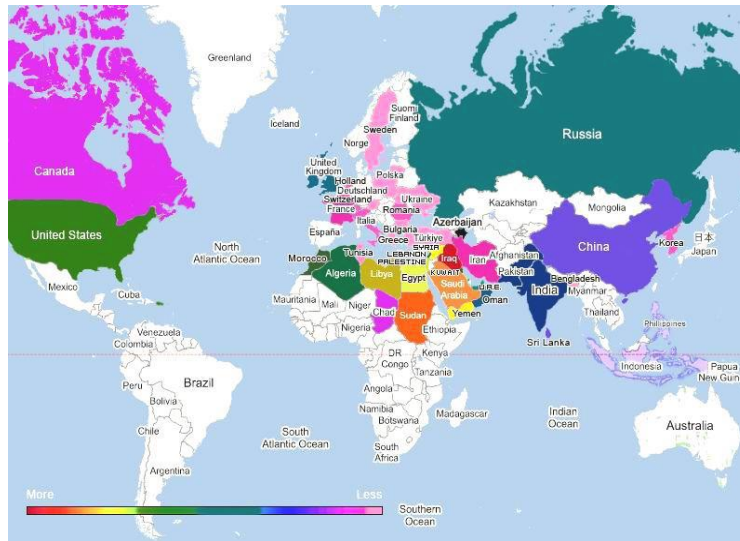


Figure 1. 5 Countries of origin of health care tourists in Jordan (MOH)

Foreign patients who visit Jordan for medical care have different needs and diseases. The percentage of patients' demands differs from a specialty to another. The following figure (Figure 1.6.) illustrates the specialties needed by visiting patients.

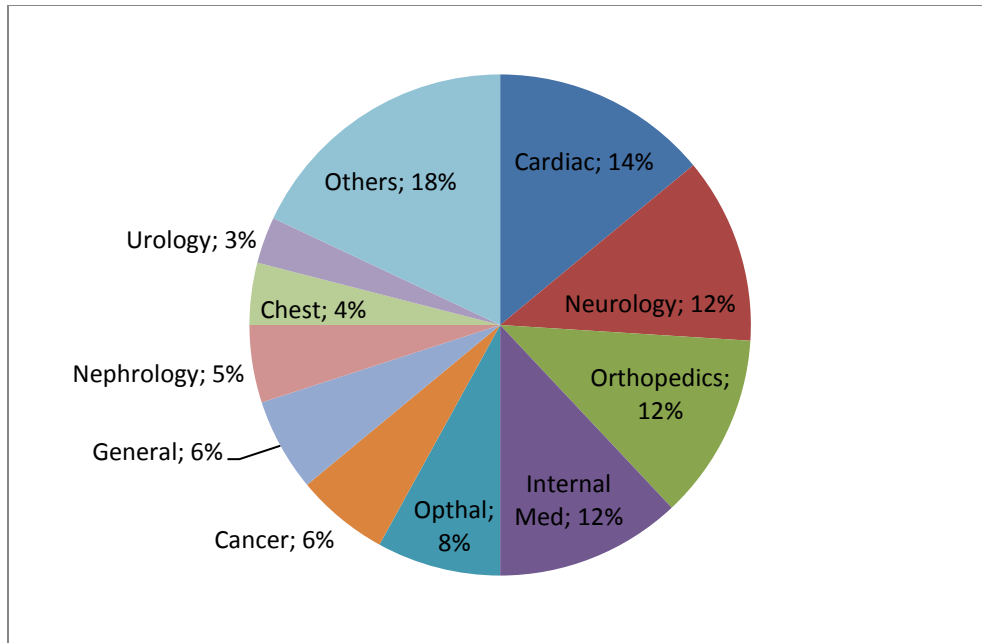


Figure 1. 6 Diseases and treatments of foreign patients in Jordan (MOH)

Chapter Two: Research Questions and Methodology

Compared to several countries, medical tourism has a considerable volume in Jordan. Jordan is indeed increasingly becoming a more popular destination for the provision of outsourced medical services and thus actually exports health services. The main reason for this trend is the high quality standard Jordanian health services actually reach. According to the Arab world competitiveness report (2013) Jordan has been a destination for medical tourism since the 1970s, becoming the top destination regionally, and the 5th globally as ranked by the World Bank in 2010. Yet the exact drivers for this relatively successful service exporting situation are still uncertain. This dissertation wants to research and investigate the main drivers to a successful exporting of health services, compare the potential risks and disadvantages, and identify the best way to handle them.

Exporting on the level of services is definitely different than exporting on the level of goods or tangible products: "How services fit in an international marketing context is far from clear. This gap in the knowledge is partly due to the wide range of services suitable for internationalization, ranging from professional services such as legal, architectural, engineering, consulting, and medical, to services impregnated with a physical product (e.g., software, compact disk, hotel accommodation)" (Patterson and Cicic, 1995, p.59). When exporting services, numerous obstacles are met by exporters, such as know-how and resource limitation, adjustment to both processes and service personnel attitudes to different cultural circumstances, cost and uncertainty issues in the global economy (Winsted and Patterson, 1998).

2.1 Research Question

For the "export of health services", Smith et al. (2010, p.594) have also proposed a number of "international service delivery modes", based on definitions by the GATS (General Agreement on Trade in Services).

They are:

1. Cross-border supply of services or the so-called e-health—"the application of information and communication technologies across the whole range of functions that affect the health sector" In this field there is communication and interaction between health providers and patients over distance. Mainly

therapeutic and diagnostic services are affected as well as remote control surgery.

2. Movement of health providers and professionals on a temporary or even more permanent basis.
3. Foreign direct investment which most commonly involves a joint venture between domestic and foreign partners to establish a new hospital, clinic, or diagnostic facility, or purchase an existing institution.
4. Consumption of services abroad, which refers to health tourism, in which health services (elective, non-emergency) are available to patients of one country in another.

Our field of interest is however mainly the fourth mode mentioned by Smith et al. (2010). More specifically this research investigates the Jordanian situation of exporting health services. Thus our main research question is:

1. What barriers do the health service suppliers face, when wanting to deliver their services to foreign patients?

Barriers to exporting services (hindrances) embrace attitudinal, structural, and operational constraints that hinder a firm's ability to initiate, develop or sustain its international operations. (Patterson 2004). Some authors suggest that the barriers of exporting services can be insufficient knowledge of opportunities abroad, difficulties in understanding foreign business practice, different product and customer standards, prohibitive or restrictive foreign government regulations, intensity of foreign competition, and lack of foreign connections. (Bilkey, 1978; Ekeledo and Sivakumar, 1998; Eshghi, 1992). Samiee (1999) identified three main barriers to exporting services. They are: mainly the lack of complete and reliable data for various services sectors on a global scale, in addition the natural tendency of governments is to protect domestic firms from foreign sources of competition and to buy only from domestic service suppliers. Finally the inseparable nature of services necessarily engages some governmental departments whose expertise and charge are not international.

More specifically exporting of health services might be more crucial than other service types. States in the Caribbean has found it more difficult to enter the medical tourism market since, in spite of its proximity to the United States, since its prices cannot compete with those in Latin America (Connell, 2006). The main constraint on trade is the scarcity of insurance portability. Many national insurance schemes restrict patients

seeking Foreign Service providers when that service is available domestically (Smith et al., 2010).

Medical tourism can be either price sensitive and/or quality sensitive. In the case of price sensitivity the main reason for seeking treatment abroad is to reduce the price of medical care received. In that case less affluent patients are involved. Patients may also seek medical care abroad for the quality of care received at foreign hospitals, which is the primary concern of medical tourism critics. Fears of poor quality result from stereotypes regarding doctors and facilities in developing countries (Krasner, 2012). Quality sensitive medical tourism involves more affluent patients who seek higher quality and more sophisticated health services. Both produce pressure on the country of destination in terms of adapting its health service to foreign patients' preferences.

Although the export barriers mentioned in this part can be investigated from different perspectives, such as the government of a country, the health services in general, hospitals as suppliers of the services and from a customer point of view, our research will take the perspective of the suppliers of the health services only. Consequently, this research aims to investigate the barriers that face the health service suppliers in Jordan.

We will do so by conducting in depth interviews with the managers of several suppliers in Jordan that are confronted with the phenomenon. It is highly probable that several rounds of interviewing will be necessary to deepen the answer even further.

The topics the interviews will cover are which difficulties hospitals face when attracting foreign customers, personnel and marketing level. Some of these barriers may be discovered by also asking for the way in which positively the foreign customers are attracted to Jordanian hospitals. The answers might give a supplementary indication of difficulties that can be overcome.

This research aims to investigate the barriers that face the health service suppliers in Jordan, and suggest some strategies to get over these difficulties.

2. Which are the critical success factors for the service delivery process of health services to foreign customers, specifically on the level of management and firm characteristics?

Favored destination countries for health tourism preferably possess some specific characteristics, such as being ranked high in terms of perceived medical care quality. Major languages such as English, Spanish, French... etc that are widely spoken are also a major characteristic in terms of attractiveness. Foreign visitors should also always feel welcome and safe in the destination countries which are expected to be politically stable with a relatively high standard of living, and finally the ease of reaching this country is significant for patients seeking medical care abroad.

Medical destinations abroad may become more attractive as price differentials become more pronounced due to supply and demand shifts within nations (Wendt, 2012).

Social, cultural, and linguistic factors generate a strong regional dimension, with substantial intraregional movement of patients, especially in bordering countries. For example, around 70% of patients going to Singapore and Malaysia are from within the Association of Southeast Asian Nations and those travelling to Cuba are mainly from the Caribbean area and from Central America. Medical tourists coming to Jordan are mostly from Yemen, Bahrain, Sudan, Syria, Libya, Palestine, and Saudi Arabia (Smith et al., 2010).

Smith et al. (2010) identified several success factors for delivering health services to foreign patients such as the low labor cost combined with high-quality medical professionals, aggressive marketing and targeted initiatives.

In the case of Jordan, several hospitals are receiving foreign patients from bordering countries and all over the world. The volume of foreign patients varies from one hospital to another. This research will investigate the main critical success factors of health tourism in Jordan in general and in some specific hospitals particularly in terms of quality, marketing, initiatives...etc.

In order to distinguish the Key Success Factors more accurately, a more challenging approach to the in depth interviews has to be taken than for the first research question. The perspective of suppliers (hospitals) only will generate one-sided data that should be checked by the views of other parties involved. Two of those will be included more specifically, customers and third party experts, such as the MOH (Ministry of Health).

Topics to be covered are the origin of the foreign patients in Jordan, the linguistic capabilities of the health service providers and the plans to do something about it, the marketing techniques used and the link to the tourist industry.

Whereas the in depth interviews with the suppliers can be held together with the interviews for the first research question, a separate interview with the Ministry of

Health is needed. An understanding of the importance of the cited factors and the satisfaction of the customers on them is the most useful approach.

3. How do these barriers and KSF influence the actual strategy followed by hospitals to manage these critical success factors in the exportation of health services?

More specifically, Holden (2009) put the question forward whether in dealing with these critical success factors, the necessary investments in health care quality can and have to be carried by the state or by hospitals separately or by public-private investment. Moreover, thinking about the transfer of knowledge is a critical strategy for success in some cases (Gabriele, 2010). Finally, keeping the standards of quality of the health service very high is a necessity. This can be done by active application of quality assurance programs (Chee, 2007, p. 13).

In this research, several interviews are conducted for an explorative purpose in order to understand the strategy followed by Jordanian hospitals in providing health care for foreign patients. Understanding the critical success factors of Jordan in general and of Jordanian hospitals individually helps much in linking the strategy followed with the success achieved.

We want to investigate which of these factors Jordanian hospitals have put in place or are going to put in place and how they are or can be supported by the authorities in the country. The purpose is to develop a list of best practices that can be used by looking at both literature suggestions and what people in the field are doing. Several types of information sources will be necessary, general managers of hospitals, experts such as the MOH and eventually consultants.

4. Which are the major ethical consequences of this mode of exportation for the health services of Jordan?

As several parties are involved in the medical tourism process, setting specific ethical policies is essential in order to protect the rights of each party. However, controlling the way each party behaves may be difficult, and it can clearly be crucial to forbid them from behaving opportunistically. For instance Lunt and Carrera (2010) asserted that in the case of carrying treatments in Third World countries a range of ethical and moral

dilemmas arise. These can be explained by the use of time by local health care professionals and nurses and the fact of becoming more devoted for the treatment of foreign patients, which may reduce an optimal provision for the local population, for instance by increasing waiting times.

In providing health care, many authors have pointed some significant ethical issues. Reddy and Qadeer (2010) identified a situation in which the experienced doctors in the public sector are allowed to work in private institutions that benefit from their experience and fame. As a result the government will have no innovative policy to retain competent professionals or to regulate salaries and employment conditions across the different sectors.

The medical tourism, some authors call this phenomenon the “co-modification of health services” (Chee, 2007) and point to ethical and macro-economic consequences of this phenomenon. We would like to look at this phenomenon from the perspective of international entry modes for services on a global scale.

In the case of Jordan, several major ethical consequences are concerned with the exporting of health services. This research aims for further understanding of the associated ethical consequences and exploring ethical control strategies.

Chapter Three: Barriers of Exporting Health Services

This chapter deals with the first research question of this dissertation. We will dig into the barriers of exporting health services through scientific literature and report on the conducted interviews with health service providers in Jordan and other parties involved in the process.

Service exporting is dynamically growing across the four modes explained in Chapter 1. Health care is different from other goods and services but this does not mean that it is not tradable. Consumers are intensively traveling abroad to obtain various treatments, such as cosmetic surgeries, rehabilitative care, alternative medicine, and in some cases, even eye and cardiac surgery. Although few studies have focused on the medical tourism, they have identified the most critical barriers to it. For instance Smith and Forgione (2007) considered factors as cost, quality, and accreditations to affect the country choice.

Many researchers stressed that insurance coverage might be a significant barrier to health services exports. Newfarmer et al. (2009) find that the high cost of health care in the United States relative to that in several other countries which may seem to lead to a strong health service trade in reality is not an indication of strength. This is clearly associated with the health insurance plans that do not cover treatment abroad, and when so, do not cover the travel costs. Consumers would be able to get treatment abroad easier if the terms of health insurance plans were designed neutral to the place of treatment and inclusive of the travel costs. In addition Newfarmer et al. (2009) also consider the powerful political barriers to affect the performance of health services exports. Overcoming these political barriers would lead to greater openness and higher opportunities.

Heung et al. (2011) also identified a list of barriers which included treatment costs, health insurance coverage, policies and regulations, raising patients' expectations (such as high-tech treatment), language and communications, and promotion.

Some of these barriers are relevant to the case of Jordan while others are not. A number of the relevant existing barriers were already overcome and transferred into a success factor by Jordanian hospitals as other countries/ hospitals couldn't overcome them yet.

Most of the Jordanian hospitals could easily obtain local and global accreditations by continuous development and matching global standards and criteria, compared to countries in the same region Jordan was the first country to obtain different

accreditations through its modern and high quality hospitals. By overcoming this barrier that might affect the decision of foreign patients, Jordan has developed a sustainable competitive advantage.

To overcome the health insurance coverage issues Jordanian hospitals have signed agreements with insurance companies abroad. This has also made Jordan a more attractive destination than those countries in which the insurance plans do not cover the health treatment and/or travel costs.

In the Middle East & North Africa (MENA) region Jordan is considered to be politically stable country, compared to near countries Jordan is the most stable country in terms of politics. Thus, political barriers would rarely exist which gives foreign patients a good reason to visit Jordan for medical tourism.

3.1 Data collection methodology

In this research the researchers wanted to investigate both the barriers to overcome and the keys to success when exporting health services in the case of Jordan. People who are experts in the field from different stakeholders like ministries and hospitals were interviewed.

The aim is not to investigate whether the above mentioned barriers and success factors that will be mentioned in the upcoming chapters have led to long term success, since the quantitative measures to do so are quite complicated and include certainly elements that are not marketing related, such as financial and logistic parameters and indices about the performance of the IT-systems as well. Moreover such an approach would also require a large database, something not realistic within the time frame of this master dissertation. Our research is thus qualitative in nature.

A structured interview technique was adopted as the way to collect the data.

Interviews were conducted with hospital representatives, the chief executives and directors of medical organizations, and representatives of relevant authorities in the healthcare sector. If this person considered someone else in his/her organization to be more knowledgeable about the topics involved, we had the interview with this person. These interviews were recorded so that they could be typed out in full before analysis.

In addition we also gathered the views of a number of patients on these issues. In total 50 patients were interviewed. We selected them mainly on the basis of variety in both

country they came from and treatment. In addition a short questionnaire was distributed among foreign patients. Details on the sample and questionnaire can be found in Appendix 3.

This approach was taken because we believe that the mental and physical conditions of the patients and the support of their families might constitute in itself either a barrier or a success factor for Jordanian health services to be selected by foreign patients. Thus our sample comes from different countries (Yemen, Sudan, Iraq, Libya, and Saudi Arabia) and came to Jordan for treatment of different illnesses, such as liver and kidney transplantation, delivery and Caesarean, tumors eradication, ENT illnesses and several other illnesses. We asked them about the barriers they experienced in seeking treatment in Jordan and the reasons why they selected Jordan as place for their treatment. This might help in identifying the CSF.

We have mentioned the data collection method here in full. This part is thus also relevant to the data collection of data with regard to the key success factors, but we will only briefly repeat it in that chapter.

3.2 Interview guide

A structured interview technique was used. This means that a list containing all the different questions we wanted to be answered was prepared. However we also wanted to keep some flexibility in the sense that sometimes questions become obsolete during an interview or new questions pop up.

This list of questions was followed as an interview guide. We report here only the parts of the interviews with respect to the barriers involved in exporting health services, the questions with regard to the key success factors will be mentioned in the relevant chapter. Interviews Information can be found in Appendix 1.

3.3 Results

In our interviews with the experts the elements of cost and accreditations, which were mentioned in the literature, were not specifically listed by our respondents, except for the travel costs. Quite on the contrary costs in general have been indicated in the previous chapter as being an incentive rather than a barrier to seek health care in Jordan as the treatments are relatively cheap.

Language as well as the health care system in the countries of origin and the insurance provided by it was however mentioned by several of the interviewees. With regard to this factor limiting the export of health services some respondents talked about “restricted nationalities”, mentioning that the access to medical services in Jordan for some nationalities is not possible due to political factors, the restricted nationalities in the case of Jordan can be found in Appendix 2. Lack of travel connections was also indicated to limit export of health services by one respondent. These last two factors were not mentioned in the literature.

We will first discuss the factors which correspond to the literature and then indicate what was found to be different, either by being not mentioned in the literature or by being even an incentive rather than a barrier.

Similar to the literature, some of our respondents indicated travel costs within the cost factor, language and health insurance to be barriers.

Mustafa Qasem (Director of International and Public Relations at the MOH of Jordan) stressed that the cost of travelling of some patients can be high which might prohibit them from getting the treatment in Jordan, even when they have a possibility to benefit from health insurance policies, about which we talk later.

Dr. Zaki Qulaghassi (The Consultant Surgeon MD.FRCS, Medical Director, and Director of Medical Purchasing department at the Specialty Hospital) considered language to be a barrier to some patients/ health service providers.

Dr. Zaki Qulaghassi also discussed that health insurance is indeed the main barrier to export in this industry. Dr. Zaki Qulaghassi stated:

“Foreign patients without health insurance might not be able to visit Jordan to get health treatment”.

The Specialty Hospital for instance is the only hospital that has an agreement with Aramco (Saudi Arabian Oil Company, produces, manufactures, markets and ships crude oil, natural gas and petroleum products to meet the global demand). According to Dr. Nader Al Khalili the Director of Istiklal Hospital, the Istiklal hospital has also signed several agreements with insurance companies abroad especially in Libya. In this way Istiklal hospital could overcome the insurance coverage issue.

They are not the only ones mentioning this. The Director of Public Relations at the MOH, Dr. Mustafa Qasem, also indicated that only by signing agreements with insurance companies abroad the issue of these costs in general might completely disappear. Dr.

Zaki Qulaghassi also considered language to be a barrier to some patients/ health service providers.

Some new barriers not mentioned in literature were also addressed by some of our respondents.

Dr. Nader Al Khalili Director of Istiklal Hospital pointed that some political issues have led to the restriction of some nationalities; these restricted nationalities indicated hereunder require an entry permit to be obtained prior arrival. Individuals holding a restricted nationality need to obtain entry visas from a Jordanian Consulate abroad. Figure 3.1 shows the diversity of the restricted nationalities over the world. Around 56 nationalities, mainly African ones, face difficulties when wanting to get health care in Jordan.

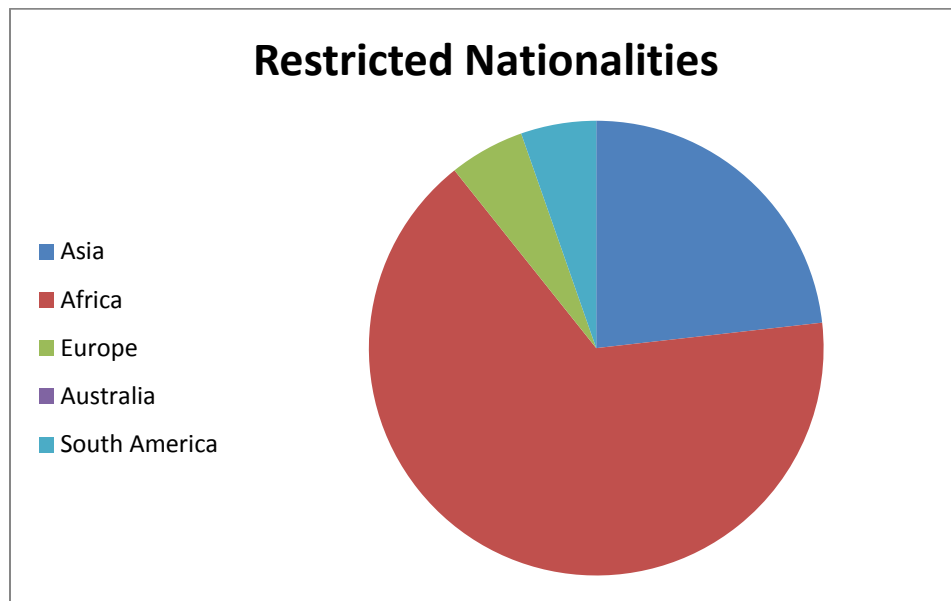


Figure 3.1 Restricted Nationalities over the world

Dr. Meteb Wrekat the (Director of Medical Tourism Directorate in Jordan) also mentioned the restricted nationalities as a barrier to medical tourism in Jordan. Dr. Meteb Wrekat added the lack of direct flights to Jordan from some countries and the currency exchange rates to the barriers affecting the performance of health service exports. Dr. Zaki Qulaghassi also considered language to be a barrier to some patients/ health service providers.

Finally some factors seem to be rather incentives to come for health treatment to Jordan instead of being barriers.

Contrary to some scientific researchers who consider the cost of medical treatments to be a barrier, it was shown in previous chapters the comparison between medical operations' costs in Jordan and other countries which has shown that cost can be a competitive advantage in Jordan. The quality of service provided and the accreditation were easily overcome by Jordanian Hospitals.

Foreign patients had more difficulties in expressing difficulties encountered when seeking treatment in Jordan. Overall they didn't complain about any specific barriers except for rare cases, for instance an Iraqi patient's family mentioned in our interview that the airport procedures as a result of the political situation in Iraq were strict and took long time. On the other hand other patients were fully satisfied with the visa and airport procedures. This thus seems to be an exception.

The other barriers mentioned by literature and our expert interviewees, such as costs, health insurance coverage, language and communication, were not mentioned by the interviewed patients. The interviewed patients come from Arab nations and all understand the language very well. Most of them only came after a referral by their Doctors in their home country and these are relatively well informed about the situation of health care and treatment in most Arab nations. Thus they were prepared, were informed about the benefits and the quality of treatment and did not experience many difficulties in getting the treatment. This is a supplementary indication that the view expressed by our experts that Jordan has overcome those potential barriers very well is thus confirmed by these patients.

As a conclusion with regard to barriers, we can say that Jordanian hospital representatives and the representatives of the medical organizations concluded that most of the barriers are easily and quickly overcome, and if there still some barriers it would be rare and just in little specific situations. The same is true for the patients interviewed. In this research we will consequently not dig more deeply in the health service exports barriers.

Chapter Four: Analysis of Critical Success Factors of Exporting Health Services: the Case of Jordan

The second research question of this dissertation refers to the critical success factors for the service delivery process of health services to foreign customers, specifically on the level of management and firm characteristics. We want to explore the answers related to this question by followed the research methodology previously mentioned in chapter three. To have a full understanding of the key success factors, previous research was also studied and investigated.

In this chapter we present the view of scientific literature on key success factors when exporting health services and show the relevance of this by comparing the research view with the data obtained through interviews conducted with experts of involved stakeholders and patients in Jordan.

4.1 Definition of Key Success Factors

Grunert and Ellegaerd (1993) stressed that the term key success factors can be used in four different ways: as a necessary ingredient in a management information system, as a unique characteristic of a company, as a heuristic tool for managers to sharpen their thinking, and as a description of the major skills and resources required to be successful in a given market. Critical success factors were also defined by Bullen and Rockart (1981) as the limited number of areas in which satisfactory results will ensure successful competitive performance for the individual, department or organization. CSFs are the few key areas where "things must go right" for the business to flourish and for the manager's goals to be attained.

Bullen and Rockart (1981) believe that there are five sources of critical success factors. The first source is the **industry**, e.g. demand characteristics, technology employed product characteristics etc. The second source is the **competitive strategy and industry position** of the business in question, which is determined by the history and competitive positioning in the industry. The third source are the **environmental factors** which are the macroeconomic influences that affect all competitors within an industry, and over which the competitors have little or no influence, e.g. demographics, economic and government legislative policies etc. The fourth source is the **temporal factors**, which are areas within a business causing a time-limited distress to the implementation of a

chosen strategy, e.g., lack of managerial expertise or skilled workers. And the final source is the **managerial position**, e.g. the various functional managerial positions in a business have each their generic set of associated critical success factors.

Boynton & Zmud (1984) suggested that critical success factors are those few things that must go well to ensure success for a manager or an organization, and therefore, they represent those managerial or enterprise areas that must be given special and continual attention to bring about high performance.

According to Grunert and Ellegaerd (1993) the actual key success factors on a market, and those key success factors perceived by decision-makers in companies operating on the market, will be different. In order to distinguish the actual key success factors the perception of a third party should be taken into consideration.

In the case of our research on medical tourism in Jordan the perception of three parties will be researched; the Ministry of Health, the Directorate of Medical Tourism and of foreign patients. These three perceptions will help to distinguish the actual CSF compared to those perceived by hospitals' representatives as being CSF. This will prevent misinterpretation due to the difference as mentioned by Grunert and Ellegaerd (1993) between the actual CSF's and those mentioned by the "experts" in hospitals.

4.2 KSFs in Exporting Services in general and Medical Services in particular from the perception of previous researches.

Several previous researchers agreed that international performance in exporting services is positively related to factors such as professional reputation, cultural similarity between markets, financial assets, positive attitude and commitment towards internationalization, international experience, entrepreneurial spirit, and high levels of technical and relational skills among staff. (Spar, 1997; White et al., 1998; Cicic, et al., 2002; Javalgi et al., 2003; Patterson, 2004; Gourlay, et al., 2005; Styles et al., 2005; Smith, 2006; Cort, et al., 2007).

Johnson and Tellis (2008) suggested a conceptual framework that shows two broad constructs driving a firm's performance when entering international markets. The **first** broad construct is the Firm Differentiation which consists of two key constructs, namely the firm's strategy and the firm's resources. The **second** broad construct is country differentiation. The key construct here is the 'Host-country characteristics'. According to

the Johnson and Tellis framework these two broad constructs increase the probability of success in entering emerging markets.

Cicic et al. (2002) believe that the performance of exporting services is strongly affected by the support and attitudes of management. The effect of positive attitudes of both management and people leads to better performance. Javalgi et al. (2003) also stated that managerial attitude is a strong predictor of the level of service internationalization.

Bjorkman and Kock (1997) classified exporting health services under the title '*inward internationalization*'. Inward internationalization activities are activities related to consumers coming to the firm's premises in the home market. In this case the service is both produced and consumed in the home market which addresses the mobility of customers rather than firms crossing borders (e.g., tourism, education, entertainment, transport, health). The objective of this study is to better understand the inward export process of consumer service firms.

Based on the classification of inward internationalization, Bianchi (2008) indicates that the activities undertaken by inward internationalizing firms to export their services differ from outward oriented export firms. They are mainly focused on attracting foreign consumers through agents, word of mouth, direct mailing, and the internet. Bianchi (2008) clearly stated the marketing strategies developed by firms who attract foreign consumers and provide their service in the domestic market are a driver of positive performance.

Researches and studies specifically related to critical success factors of exporting health services are relatively scarce.

Newfarmer et al. (2009) believe that in order to enhance the scope for trade in health services the providers in destination countries should be able to achieve improvements in their health services by obtaining accreditation from health regulators. These authors do not stand alone with this idea. Turner (2011) for instance argued that medical tourism companies should be subject to external evaluation and accreditation. Health service providers should have to undergo accreditation before receiving state or provincial licenses to market international health services packages to clients.

Reddy and Qadeer (2010) mentioned that the quality of the care offered and the relatively cheaper price of the services compared to Western providers of holistic medicine are the biggest attractions of medical tourism in India. According to Reddy and Qadeer Indian hi-tech hospitals attract patients from the Middle-East as well as from Western countries by offering them 'First World Quality at Third World Rates'. In India private hospitals advertise their services on the Internet. In addition the Ministry of

Tourism has created its own list of private and public hospitals as destinations for medical tourists in India. These hospitals are promoted as destinations for patients from neighboring countries and also from the Gulf countries as well as a few non-resident Indians (NRIs) from the US.

Lunt and Carrera (2010) and Kanchanichitra (2011) finally also listed several drivers of success in exporting health services and attracting foreign patients, such as better quality of treatment abroad amongst others due to better specialization and larger innovation activities than at home, provision of services by well-trained specialists, faster treatment and affordability of care.

Some of the CSFs of exporting health services mentioned by these researches were also mentioned in chapter three as barriers. Cost, quality and accreditations were for instance considered by Smith and Forgione (2007) as factors that might act as barriers in the process of exporting health services.

4.3. Methodology

This paragraph describes the results we obtained from interviews with experts in the field from the different stakeholders like ministries and hospitals and with foreign patients of medical services in Jordan. The methodology for the data collection was discussed in chapter three. The list of questions used in those interviews with respect to CSF's in medical tourism can be found in Appendix 1.

In total also 50 patients were interviewed shortly. The purpose of the interviews was to get to know which advantages these patients saw in coming for treatment to Jordan and how they got to know about it. In addition to the interviews conducted with patients, a short questionnaire was distributed in order to get additional information and approach more nationalities of foreign patients. The main questions of the interviews are shown in Appendix 3. It was distributed among 15 foreign patients in July 2014 in 2 private gynecological clinics by Dr. Omayyah Dar Odeh and Dr. Samih Abdel Jawad.

4.4. CSFs and qualifiers in Exporting Medical Services as seen from the perspective of the involved parties in Jordan.

We will not subdivide this paragraph according to the different types of people we interviewed, but according to the distinction between qualifiers and critical success factors. We will however always indicate from which source we collected the mentioned CSF's and qualifiers.

Key success factors or critical success factors are those functions, activities or business practices that are critical to the success of the relationship between the market and its customers. These factors are market and customer oriented and revolve around skills, processes and systems. Performing them well will add value to the business. Qualifiers on the other hand do not add value to the business, but they are functions, processes and systems that must be present to complete any business transaction. In that sense they constitute a kind of entrance ticket or admission price to be considered by customers as a viable supplier of services and products (Matthyssens and Vandenbempt, 1998).

We will first mention the qualifiers, then the key success factors, we encountered during our several interviews that might explain the success of health tourism in Jordan.

4.4.1. Qualifiers

Most of the qualifiers were mentioned mainly in our interviews with people from the official instances. They are the international recognition that Jordan is an outstanding place for medical tourism by international authorities, and the facilitating role the MOH plays on different levels of the process of medical tourism.

In March 2014, the UK-based International Medical Travel Journal staged its first Annual Award Ceremony recognizing 'the top facilities offering treatment to visitors'. Jordan won the 'best overall medical tourism destination of the year' award for what judges considered a remarkable success. The fact that Jordan through their Private Hospitals Association could successfully deal with the phenomenon of the 'Arab Spring' in treating patients from Arab countries affected by these revolutions was considered a major achievement. Jordan managed to attract 250,000 foreign patients accompanied by more than 500,000 companions in 2012, with total revenues exceeding 1 billion US\$.

The award in itself does not create automatically an inflow of medical tourists in Jordan, but is certainly a factor to which all stakeholders involved in the process can pinpoint when talking to potential customers and trying to convince them to come for treatment to Jordan. It is a kind of rubber stamp of the quality patients can expect. This can be supported by the fact that according to the International Medical Travel Journal in the UK factors like Advocacy, training, public relations, marketing online and offline, exhibitions and conferences, familiarization tours, sponsorships, financial support, recruitment of new members to the Private Hospitals Association, have all played part in Jordan's success and strategic development of medical tourism.

In fact Jordan ranks first in the Arab world and fifth in the world in the field of medical tourism. Jordan is especially known for its excellent medical treatment of foreign patients in the field of clinical medical tourism, which was mentioned by Dr. Ahmed Kotaitat, the Director of Hospitals Directorate in the MOH, is not a surprise. The MOH clearly plays an important role in facilitating medical tourism to Jordan. In our interviews with the people at the MOH several elements in this facilitating role were mentioned. They include: facilitating the marketing of medical tourism to Jordan, facilitating the entry process of patients and facilitating the feeling of reliability for patients by its "control function" and to a much lesser degree in facilitating investments in education of doctors and staff and some technology, although this last element is very limited indeed since hospitals mostly decide individually about investing in technology.

First, The MOH also facilitates the marketing process of Jordanian health tourism. The MOH is encouraging and promoting the available health services in Jordan by providing brochures to Jordanian embassies abroad, and also through the employment of health ancillaries in several countries with which Jordan has medical relationships, such as Yemen, Sudan, Libya, Kurdistan and Iraq.

We witnessed an example of this on June 2, 2014. The Jordanian embassy in Brussels arranged a reception for the occasion of the national day of the Hashemite Kingdom of Jordan in Brussels. People of a variety of nationalities were invited to this event. At the entrance leaflets about Jordan as a country in general and as a destination for medical tourism were distributed among guests.

With regard to the marketing efforts Dr. Meteb Wrekat provided also some information about opening two offices in Queen Alia International Airport by the MOH, which are responsible for receiving foreign patients and giving them the essential brochures and

information. In addition he confirmed that Jordan is being promoted as a destination for medical tourism through the embassies in each country.

Third, the MOH facilitates medical tourism by being very flexible in awarding visa for potential patients. Mustafa Qasem added during his interview that the role the MOH is also to encourage Jordanian Embassies to accept visas easily: “Compared to nearby countries, Jordan enjoys a politically stable situation which also encourages foreign patients to seek treatment in Jordan. By their role, the Jordanian embassies provide some facilities such as accepting visa applications in an hour for the foreign patients instead of 10 to 20 days”.

Fourth, another role the MOH plays might be called a ‘Control and Supervisory role’. This is done through thorough checking whether private hospitals who are offering health services to foreigners are not exploiting foreign patients and behaving opportunistically, for instance by the verification of the invoice value and by checking whether unnecessary procedures and medical tests are not sometimes being conducted. There are cases in which for example radiological images (X-rays), which normally cost about 150 Jordanian Dinars, are in the final invoice to the patient are charged at around 500 JD. The MOH makes sure that both domestic and foreign patients are getting an equal level of service and an equal level of invoicing. The MOH takes each complaint seriously and deals with it carefully, actions are immediately taken toward hospitals which misbehave such as initial warnings and sanctions if repeated. In that sense the MOH by this supervisory role facilitates the image of Jordan as a reliable place to come to when seeking medical advice and treatment abroad.

Last and least of all, the MOH stresses the importance of high technological equipment and top level medical personnel in Jordanian hospitals to deliver excellent services to customers at home and abroad. The Director of International and Public Relations at the Ministry of Health, Mustafa Qasem also mentioned the availability of up to date medical equipment and the excellent education and constant learning of new technologies of Jordanian Medical Doctors as an important factor of success, next to the reasonable costs and the high qualities of supporting services and local staff.

This requires the provision of funds for new investments and the support of an excellent educational system in the medical faculties of the universities and Jordan. Medical efficiency and excellence are indeed main factors contributing to the success of exporting health services in Jordan, as Dr. Mustafa Qasem pretends.

The whole government of the Hashemite Kingdom of Jordan facilitates this role, especially with regard to the education of doctors and staff. The Medical faculty in the University of Jordan in Amman ranks first in Jordan, 13th in the Arab world, and 167th in the world. Belgium by comparison has two higher ranked universities in medicine (the University of Leuven and the University of Ghent). In fact around 90% of the Jordanian physicians finish their education and medical specialization in the United States and European countries. Jordan has been ranked as having the highest number of researchers in medicine per million people among all the 57 countries members of the Organization of Islamic Cooperation (OIC) (www.jordaninvestment.com). Most of this research is also funded by the government. These facts prove the point made in the previous paragraph.

That is why Dr. Meteb Wrekat also pretended that local personnel in the staff of hospitals are an element supporting the success of Jordanian health tourism: “Health professionals and personnel in Jordan are a local, which is something the neighboring countries lack. They usually have foreign workers from Far East countries such as India and Pakistan. In addition, Jordanian physicians make sure to always be updated and able to cope with the medical improvements in the world. They are always eager to attend to the latest workshops and trainings around the world”.

No figures were available about the total investments in new technology in the private medical sector in Jordan. We were able to get information about the contribution of the MOH and the Royal Medical Services (RMS) expenditures on equipments. Table 4.1 below indicates the expenditures by the MOH and the RMS in major and minor equipment in 2010 and 2011.

Expenditures on Equipments		
MOH		
	2010	2011
Medical Equipments	7,119,379	6,524,692
Non-medical Equipments	568,525	801,716
RMS		
Medical Equipments	11,988,214	8,963,000
Non-Medical Equipments	4,450,000	3,000,000

Table 4. 1 Expenditures on equipments (MOH)

Compared to the total expenditures mentioned in Chapter 1 and 2, these figures are clearly very limited. Private hospitals anyway decide on these investments themselves.

4.4.2. Key or Critical Success Factors

The interviews with the private hospital managers and decision makers in three private hospitals, as well as with patients, provided us more detailed information about some of the critical success factors for health tourism in Jordan.¹

Dr.Nader Khalili of Istiklal Hospital, points out that the Jordanian private hospitals are almost all at the same level with regard to exporting health services. Seven out of the ten biggest private hospitals are considered to be successful in medical tourism. The reason behind this is that these hospitals can easily overcome the difficulties and barriers that were previously mentioned in chapter three and can successfully market their health services abroad and have tried to be pioneers in a number of factors.

Seven key success factors were in our findings mentioned repeatedly: the obtaining of international accreditations, the availability of pioneering technology in Jordanian hospitals, the continuous training of staff in collaboration with universities, the alliances with foreign partners, the attention paid to quality in hospitals and the attempt to continuously improve on the basis of customer information, continuous marketing efforts throughout the full cycle the patient goes through when having medical treatment in Jordan and management attitudes that support the previous elements.

4.4.2.1. International accreditations

Dr. Meteb Wrekat, the Director of the Directorate of Medical Tourism in Jordan which belongs to the MOH, also pointed at the high rank of Jordan in the exportation of health services in the Arab world. According to him, this is the result of several factors, such as the several international accreditations obtained by Jordanian private hospitals. These accreditations provide for a good reputation and a widespread availability of medical tourism in Jordan, both via public as well as via private hospitals. The strong reputation in general, the competitive prices offered, the quality of the health services, the existence of medical resorts (such as the Dead Sea and Ma'in hot springs) and the

¹ The importance of health tourism in those three hospitals is quite different. In 2013 the percentage of foreign patients to local patients in the Specialty Hospital was 35%. The Specialty Hospital management refused however to give us the exact numbers of patients received. The percentage of foreign patients to local patients in Jordan Hospital stands at 41.7%. In 2013 as they received 17,130 local patients and 12,260 foreign patients. In 2013, 17.9% of the patients received by Istiklal Hospital were foreigners. They received 11667 Local patients and 2561 foreign patients.

characteristics of the personnel are factors that make medical tourism of high quality possible in Jordan, according to Dr. Wrekat.

The importance of accreditations was also mentioned by our interviewees in the different hospitals.

Dr. Zaki Qulaghassi, (Consultant surgeon MD. FRCS, Medical Director, and Director Medical purchasing department at The Specialty Hospital), believes that the international quality certifications and also the Arabic and Jordanian quality accreditations that the Specialty Hospital holds, are what makes it special. The Specialty Hospital has also gained several awards, such as the King Abdulla II Award for Excellence. Ahmad Khattab, (Chief Manager of Jordan Hospital) also mentioned accreditation as a factor of success. The Jordan hospital has obtained the accreditation of the ISO (International Organization for Standardization), the JCI (Joint Commission International) which involve control of overall quality including the patient safety standard and the HCAC (Health Care Accreditation Council-Jordanian Standards). They were supported by Dr. Nader Khalili (Manager of Istiklal Hospital) in their views. Dr. Khalili also believes that accreditations are a significant way to succeed in exporting health services. He mentioned that Istiklal Hospital is accredited by HCAC and JCI.

We consider these accreditations to be a critical success factor since Turner (2011) contends that they have to be obtained before the reception of foreign patients can take a foothold.

4.4.2.2. Availability of pioneering technology

The availability of pioneering technology clearly is a CSF for medical tourism. The element was mentioned by all our interviewees in hospitals.

Dr. Zaki Qulaghassi, Consultant surgeon MD. FRCS, Medical Director, and Director Medical purchasing department at The Specialty Hospital indicates that the Specialty Hospital uses the most advanced equipment in the field. They use the most advanced radiology equipment (64 scan) and were also the first hospital in Jordan to install LED lights in the operative theaters. Similar to Dr. Zaki Qulaghassi, Ahmad Khattab, the Chief Manager of the Jordan Hospital, also believes that in order to be pioneers they should always cope with the never ending technology development. Jordan hospital has the

latest technology for all specialties, for instance up-to-date radiology and gynecology equipments.

The Jordan Hospital management was the most outspoken about the fact that in order to be pioneers in the field they should certainly cope with the technological development of medical services. Management actively cares for this. He gave an excellent example of this. According to Ahmad Khattab, one of the results of these management efforts of Jordan hospital in this field is that it is now the only private hospital in Jordan where a 'liver transplantation' operation can successfully be conducted. Jordan Hospital management has strived to improve its equipment and facilities for this recently.

Patients agree with this. Most of the patients we interviewed believed that the health services provided by hospitals in Jordan are of higher quality than the health services provided in their home countries. The reason behind this belief is that in the eyes of the foreign patients the qualifications of local doctors and health professionals in Jordan is of a much higher quality than at home. They perceived the accreditation from international and local health regulators and obtained by private hospitals as contributing considerably to the high quality of services in Jordan. Patients from Yemen specifically, but others as well, also pointed at the very sophisticated technological equipment available in the Jordanian hospitals to be a guarantee for better quality. The availability of these equipments attracted many of them because they thought that the enhanced equipment would certainly result in more accurate and successful results.

Some of the patients interviewed in the second round of observations in the private hospitals of Dr. Omayyah Dar Odeh and Dr. Samih Abdel Jawad confirm this as well. All patients who filled in this questionnaire have chosen word-of-mouth as the way by which they had heard about both health professionals' clinics. Some patients came for IVF operations since they suffered from infertility and they knew people who successfully had either IVF operations or XY sperm separation to choose the gender of the baby at these clinics.

4.4.2.3. Effective training of doctors and staff

The continuous training of doctors and staff is a second factor of success our respondents mention. In the previous paragraph this was already mentioned by the interviewed foreign patients as critical to their coming to Jordan.

Ahmad Khattab of Jordan Hospital focused also on the personal efficiency in the Jordan Hospital when answering the questions related to the success factors of attracting foreign patients. He mentioned that the human resource department makes sure that the employees of Jordan Hospital have a sufficient background and are highly certified. Internal training is also being conducted rotationally. Ahmad Khattab states that Jordan Hospital Management invests a lot of effort in training its personnel. The cooperation with George Washington University and Toledo University for Health professionals training is of special value here.

Dr. Zaki Qulaghassi of the Specialty Hospital says that management aims at being a pioneer through having the best trained staff and doctors and the most advanced technological equipment. It thus invests heavily in being present at conferences. The Management of the Specialty Hospital discusses the technological needs of each department in the hospital and tries to fulfill them at best. This is amongst others done by continually participating in international as well and Arabic conferences on the most developed technological equipments.

During the Arab Health Exhibition in Dubai in april 2013, which we will mention in more detail later in the chapter, the Specialty Hospital management also announced the launch of the affiliation with Royal Free Hospital in London, one of the UK's leading hospitals, established in 1828. Though this affiliation many cooperation opportunities will be available, such as telemedicine, training opportunities and a visiting doctors program to exchange experiences in addition to specialized workshops held at the Specialty Hospital by British consultants.

The training and expertise of doctors and staff is also mentioned by patients as being an important reason for coming to Jordan for treatment. Some patients for instance explicitly indicated that they came to Jordan for basic operations available in their home country, like child delivery and ENT illnesses treatment. They preferred to have treatment in a country where they could get high quality services and afterwards visit medical resorts for the same prices they would be paying at home.

The second round of patient interviews in the private hospitals of Dr. Omayyah Dar Odeh and Dr. Samih Abdel Jawad also confirmed this. Some patients came for a hysterectomy operation and for other surgical operations because they had also heard about the high professional skills and qualifications of the health professionals in these clinics. Patients who visited the private clinics were very enthusiastic about the qualifications of the doctor and the technological equipment available. Quality of the

treatment is in patients eyes clearly derived from the qualifications of the doctors and the up-to-date equipment used in Jordan.

4.4.2.4. Presence of national and international associations

In one of the previous paragraphs we already mentioned that the Jordan Hospital has a preferred partnership or association with George Washington University and Toledo University for Health professionals training. Internationals associations are a third critical success factor for health tourism in Jordan. “They support the awareness of our staff about the necessity to be always on the highest standard of technical development in the world and to be constantly aiming at becoming better, not only compared to other local health officials, but compared to international standards”.

Another good, but more nationally oriented association was given by Dr. Nader Khalil as an example. He informed us about a cooperation agreement between the Hashemite University and the Istiklal Hospital designed to train medical students in independent and various clinics, providing higher quality of medical, and to conduct shared medical researches and studies. The hospital also has specialized doctors and medical staff required for medical training programs which not only involve medical students but current doctors and employees for the purpose of continuous training and learning.

4.4.2.5. Objective measurement of quality

Medical quality would not be at a high standard if it would not be possible to measure it correctly. Objective measurements of the performance and of the satisfaction of customers are thus also an important key success factor.

We found the best example of this at the Specialty Hospital. Dr. Zaki Qulaghassi mentioned that he Specialty Hospital uses a systematical system of 140 performance indicators about its services. Unfortunately Dr. Qulaghassi was not willing to share information on these performance indicators with us for reasons of confidentiality. The Specialty Hospital has a high percentage of good/success results which contribute to its positive reputation.

4.4.2.6. Effective marketing management

Continuous marketing efforts at the different hospitals are also a KSF. The marketing efforts of the three hospitals however differ from one another.

The Specialty Hospital management is, according to Dr. Zaki Qulaghassi and as mentioned, always willing to participate in international health tourism conferences as well as a form of marketing for its services.

Dr. Zaki Qulaghassi stresses that the Specialty Hospital is otherwise following a very untraditional approach in marketing its hospital services and technological capabilities abroad. The participation in exhibitions is one of the examples here.

Dr. Zaki Qulaghassi gave a very typical example. The Specialty Hospital participated in the Arab Health Exhibition that was held in Dubai from January, 28 till January, 31, 2013 with a very large delegation. The representatives of The Specialty Hospital at the exhibition were: the General Manager, Dr. Fawzi Al-Hammouri; the Assistant General Manager, Dr. Riad Sharqawi; the Medical Director, Dr. Zaki Qulaghassi; the Quality Director, Dr. Sahar Al-Masri and some other directors and head of departments as well. It was the first time a hospital from Jordan had an exhibition stand on this regularly held health exhibition and the only one. The aim was to stay updated with the latest technology and to improve the quality of the services and the patients' safety at the hospital. The hospital's participation in this exhibition reflects their efforts to promote Jordan as the number one medical tourism destination in the Middle East as well. The Specialty Hospital also participated in the Arab Health Exhibition 2014 that was held in Dubai from January, 27 till January, 30, 2014.

Their website also plays an important role in their marketing efforts. The Specialty Hospital has a very sophisticated website where you can have a 3D tour around the hospital departments and get all the information you need. This website according to Dr. Zaki Qulaghassi is one of the main ways through which the foreign patients know about the hospital. In addition the Specialty Hospital has international agreements and contracts with health insurance companies abroad such as in Bahrain, Qatar, Oman, Libya, Saudi Arabia, Iraq, and Yemen. The Specialty Hospital also sends promotional SMS's.

The Specialty Hospital has a special department that cares for the foreign patients. A foreign patient can feel free to send any questions by email and the 'foreign patients department' will directly answer any inquiries. The Specialty Hospital has its own

representatives who pick up foreign patients from the airport. The Specialty Hospital also provides extensive care to foreign patients, it provides customized food in the hospital and it helps the patient to go for touristic trips in Jordan after being discharged.

According to Ahmad Khattab, the website of the Jordan Hospital can be a helpful means for any foreign patient who is looking for an appropriate doctor in the hospital. Foreign patients can easily communicate with the hospital through the website from their country of origin and the department specialized in foreign patient issues will directly respond to them by email. Foreign patients can also ask for a leaflet, which is available in 7 languages. Jordan Hospital makes sure to prepare foreign customers well before coming to Jordan. They are fully oriented, informed about the success percentage of the operation, and the potential complications and about specific care elements, such as customized food for a variety of nationalities.

Dr. Nader Khalili of Istiklal Hospital considers the word of mouth to be one of the most important way by which the foreign patients get to know about the hospital. The marketing activities are consequently less pronounced. Nevertheless Istiklal Hospital has a website where foreign patients can easily communicate with the hospital. A leaflet of general information is also available in Istiklal Hospital, but only in two languages (Arabic and English). And the hospital, as already mentioned, has an office in Sudan to inform patients and help them with visa and so on. In terms of caring for patients and their families, Istiklal Hospital has its own representatives who are responsible for picking up foreign patients from the airport and for dropping them upon departure at the airport. It also offers a touristic tour in Jordan to the medical resorts for the patients and their families.

The success of the marketing efforts is also based on the fact that all the different stages of the medical tourism process are covered by it.

First, a patient has to get informed about the possibilities of medical tourism in Jordan. Word-of-mouth by friends, family and local doctors is the prime source of information. The distribution of brochures and the information via websites will help in this respect.

Our interviews with patients confirm this. The major source of information convincing foreign patients to seek treatment in Jordan is indeed word of mouth. The experiences of friends and the advice of doctors at home telling them which services are performed in Jordan and in which hospitals and what the results are, help them a lot in taking the decision to come to Jordan for treatment. Most patients and more specifically Sudanese

patients were outspoken about this fact. Most of the Sudanese patients came to the Specialty Hospital to have 'Kidney transplantation' by a doctor who's well known in Sudan. Moreover, as mentioned in the previous paragraph, Specialty Hospital advertises its services in Sudanese daily newspapers. Moreover Sudanese patients knew people who had the same operation by the same doctor with high success rates: "He is very experienced", one of the Sudanese patients said when we asked him.

Foreign patients were also willing to inform their relatives in their home countries about the services they got in Jordan and recommend them positively. This fact inversely proves the importance of word-of-mouth in this stage of the marketing process.

The second step is the online appointment. Hospitals normally use an effective online appointment system, having two parts. The system of the Jordan Hospital can be used as example here. The first part asks for personal information, which includes name, age, address and other ways of communication (such as email, phone, and P.O box), gender, and the preferred language. In this part the system also allows the patient to upload a copy of their medical reports. The second part concerns the health care needs information, which includes the treatment that the patient would like from Jordan Hospital, and when would the patient like to have it. Moreover this part allows the patient to ask additional questions. Once the request is received by the hospital, they check whether it is from a local or a foreign patient. If from the latter, the request will be shifted to the department of foreign patients in order to give them the appropriate directions of communicating with the hospital. The request is then reviewed by the specialized doctors and a reply including all the important information is directly sent to the patient. The foreign patient will be informed about the possibility of getting the treatment in Jordan Hospital, the available services, the best time to get the treatment and the approximate recovery time, and the costs. In this way the patient will be very well informed about what he/she can expect.

A continuous communication will in a third stage be upheld with foreign patients until they safely reach Jordan. Jordan hospital representatives in the airport will pick up the foreign patients and drop them back when they are discharged from the hospital. The normal intake process will go through the most important facts again and have as main objective to make the patient acquainted with the treating Doctor and the staff. Family is allowed to know the details as well.

During treatment the specific training of the staff will be of great help in having an optimal communication with customers, but this is not different from the communication efforts with local patients.

The last step is of course the getting of information about the experiences and satisfaction of the customers. We did not find detailed information about this subject, but it is certainly, as previously mentioned, present in the Specialty Hospital for instance. The 140 performance parameters enquiry helps in getting this information as well.

4.4.2.7. Supporting management attitudes

Finally, our respondents in the three hospitals also talked about the management processes that support the previously mentioned factors contributing to their success in exporting health services. They are the last key success factor we could derive from our interviews. Among these attitudes we will talk about leadership qualities and the constant improvement of structures that improve the relationships with patients.

As mentioned in the beginning of this chapter, management attitudes contribute positively in the performance of exporting health services; Jordanian hospitals' managers supported this view in their interviews. The managements of the three hospitals are eager to continually develop their services and become more successful. The level of contribution might differ from one hospital's management to another, but they are all trying their best to cope with the latest technologies and participate in international and Arab conferences.

On general management level, Dr. Zaki Qulaghassi believes that the leadership commitment followed by the Specialty Hospital management is one of the main factors that lead to the success in exporting health services. The Specialty Hospital Management gives the patient sufficient time: they listen to patients through communicating with them and by providing aftercare. They are also always asking for feedback from the patients.

The better the management processes organize the health services in a hospital delivered to patients, the more advantages accrue to customers like less costs and faster treatment. These factors play an important role in health tourism to Jordan according to the interviews with the patients.

The major advantages of treatment in Jordan mentioned by the patients were, apart from the already largely covered higher quality of the services in Jordan than at home, indeed the availability of services not found at home, the shorter waiting times, insurance coverage and the possibility of getting back to force in medical resorts at very reasonable prices. Some patients mentioned that they came for some treatment to Jordan because these health services were not available at home. Libyan patients indicated that it was certainly an extra benefit that the private hospitals in Jordan have agreements with insurance companies in Libya according to which the costs of the treatment abroad are covered. Patients from the Kingdom of Saudi Arabia (KSA) focused on the limited waiting time for treatment compared to the waiting time in their home country, certainly when they wanted to book an appointment in any hospital. It was for them a major factor that made them choose Jordan. Most of them also mentioned that the costs in Jordan are almost the same as in KSA, but that the services provided in Jordan are considered to be of higher quality.

Only in the interview with Dr. Nader Khalili, we could collect less information about the management attitudes at Istiklal hospital, as it was obvious that the hospital is run according to the rules of a highly centralized system. We could easily meet the general manager who admitted that there is only one person who knows everything. This centralized structure does not prohibit Istiklal Hospital from assuring continuous development and improvement of the equipments used and services provided to patients.

Chapter Five: Classification of Critical Success Factors interrelated with Service Process

In previous chapters a triangulation technique was followed in our data collection processes, in order to validate data through cross verification from three different sources: the official instances (MOH and directorate of medical tourism), private hospitals' managers and decision makers, and foreign patients. By combining multiple observers we were aiming at overcoming the weakness or intrinsic biases that come from single method or source used. Moreover the view and findings of previous researches were also taken into consideration.

5.1. CSFs classified according to Bullen and Rockart (1981)

As previously mentioned in chapter four Bullen and Rockart (1981) believe that there are five sources of critical success factors: Industrial factors, competitive strategies, environmental factors, temporal factors, and managerial factors. Our findings of CSF's of exporting health services in Jordan will be classified based on this classification in the following paragraphs. These paragraphs also indicate which sources mentioned the factors and which specific examples were mentioned by our respondents. However, some of the CSFs in our findings can affect multiple areas.

We also tried to link the discovered CSF's and qualifiers to the different stages of the consumption process of the health tourist. This can be seen in Table 5.1. It is important to notice here that several of the CSF's play a role in different stages of this process and that the combination of all of them encompasses the whole process. Thus CSF's are no stand-alone factors in this case. They strengthen each other. Jordan can rely on a conglomerate of factors that have propelled to the actual position it is in in the MENA region in terms of health tourism.

5.1.1 Industrial Factors

Each industry has a set of critical success factors that are determined by the industry itself. Each company in the industry must pay attention to these factors. The effective training of doctors and staff clearly affects the success of the medical industry and is

important in customers' eyes. It was mentioned by the patients and the interviewees of the hospitals. Dr. Nader Khalili informed us about a cooperation agreement between the Hashemite University and the Istiklal Hospital designed to train medical students, current doctors, and employees, while at the Jordan Hospital, Dr. Ahmad Khattab also mentioned the cooperation with George Washington University and Toledo University for the training of health professionals.

Personnel should continuously be trained and stay updated on the medical enhancements, since the medical industry represents a dynamic environment. The industry is confronted with continuous developments and findings. It has to cope with newly discovered diseases, needs to increase the efficiency of medical processes and cut down costs.

The second industrial factor is the availability of pioneering technology, the availability of pioneering technology clearly is a CSF for medical tourism. This element was mentioned by all our interviewees. For example the Specialty Hospital uses the most advanced equipment in the field. They use the most advanced radiology equipment (64 scan) and were also the first hospital in Jordan to install LED lights in the operative theaters. Mustafa Qasem considers the availability of up to date medical equipment and the excellent education and constant learning of new technologies of Jordanian Medical Doctors as an important factor of success. Patients pointed at the very sophisticated technological equipment available in the Jordanian hospitals to be a guarantee for better quality.

Both factors mentioned above have as a major consequence that the quality of the services offered is excellent. In a certain sense this is a third industrial CSF, derived from the previous ones. The good quality of the services that is managed and improved by the objective measurement of quality, through performance indicators and continual improvements. The objective measurement of quality was mentioned by the hospitals' managers. For example the Specialty Hospital uses a systematical system of 140 performance indicators about its services

5.1.2 Competitive Strategies

Each company within an industry is determined by its history and current competitive strategy. Usually a leading firm dictates CSFs for the industry while others in the industry should work to understand the leader's strategies.

We did not obtain much information on the competitive strategies used by the players in the field of medical tourism in Jordan, also because the interviewees are no marketers and do not necessarily talk about competitive strategies. What complicates the matter is that the competitive situation in the medical industry in Jordan is not so clear. Dr. Nader Khalili pointed out that the Jordanian private hospitals are almost all at the same level with regard to exporting health services. One of the reasons is that the management always has to distribute its marketing efforts towards two separate goals, that is leading internationally (market Jordan as a destination) and leading locally (market the private hospital itself). In order to market Jordan internationally, hospitals and official instances try to base their marketing campaigns on the available medical resorts. Thus they utilize this qualifier by using it in their marketing programs.

The great quality of services offered, amongst others as a result of the use of pioneering technology and the effective training of management and staff, is compared to other nations in the region certainly a competitive advantage. Both hospital managers and patients mentioned this. Patients from KSA preferred to have treatment in a country where they get high quality services and afterwards visit medical resorts for the same prices they would be paying at home. Medical efficiency and excellence are indeed main factors contributing to the success of exporting health services in Jordan, as Dr. Mustafa Qasem stresses.

The presence of national and international associations, which neighboring countries/hospitals might not have, can be important to support the competitive strategy of Jordanian hospitals in health tourism and give them a competitive edge. These associations were mentioned by the hospitals' managers only. The cooperation of Jordan Hospital with George Washington University and Toledo University for Health professionals training are a typical example here.

5.1.3 Environmental Factors

The environmental factors are those areas over which the company has little or no control, but that may constitute a critical success factor. According to Bullen and Rockart (1981) two obvious environmental sources of CSFs are the fluctuations of the economy and national politics. The political stability of Jordan is definitely playing role in convincing foreign patients to come to Jordan rather than staying at home or going to other countries. None of the different types of interviewees mentioned this explicitly and in particular, but the UK-based International Medical Travel Journal judges indicate that Jordan through their Private Hospitals Association could successfully deal with the

phenomenon of the 'Arab Spring' in treating patients from Arab countries affected by these revolutions was considered a major achievement. This ensures that the stability of Jordan might have attracted foreign patients. That is the reason we add this factor to the list of CSF's although it wasn't as such mentioned in our analysis in Chapter 4.

5.1.4 Temporal Factors

These factors become critical to an organization but only for a particular period of time because something can always take place that eradicates the advantage. More specifically, in marketing terms the factor might be very easily imitated by competitors. International accreditations can be such a CSF for a temporary period of time in the case of health tourism to Jordan. Until competitors are capable to apply and follow all the terms and regulations required for obtaining accreditations, the accreditations are a CSF for Jordan. These accreditations were mentioned by our three sources of information respondents. Istiklak Hospital, Jordan Hospital and Specialty Hospital are accredited by the HCAC, JCI, ISO and several other accreditations. Patients who filled the questionnaire that is available in Appendix 3 have chosen international accreditations as a reason for choosing Jordan as a destination.

5.1.5 Managerial Factors

Each managerial position in an organization potentially has a set of CSFs associated with it. For example financial managers, concerned with the cash flows, might create a CSF out of it by efficient banking and fund management techniques.

The first managerial factor to mention here is the supporting management attitudes, mentioned by the hospital's managers. Management attitudes contribute positively in the performance of exporting health services. Jordan Hospital management rotationally checks the technological enhancement needs of each department and works hard to fulfill them. Another example is that the Specialty Hospital management gives the patient sufficient time: they continuously listen to patient's needs through communicating with them and by providing aftercare. They are also always asking for feedback from the patients. Patients are allowed to post their feedbacks on the websites of Jordan Hospital, and the Specialty Hospital.

Second, the effective marketing management and continuous marketing efforts at the different hospitals is also a CSF. These marketing efforts were noted by hospital's managers and by the patients. For example Specialty Hospital management is always willing to participate in international health tourism conferences. A typical example was previously illustrated in chapter 4. Sudanese patients knew about Istiklal hospital through their office in Sudan which is responsible for helping them. Finally, the facilitating role of the MOH in marketing Jordan as a destination was also mentioned by them, but in itself this does not constitute a CSF, it only supports all the marketing efforts of hospitals.

5.2 CSF's and qualifiers linked to the stages in the consumption process of the patient

Each of the previously mentioned CSFs would affect a specific stage during the consumption process more than others, while the qualifiers mentioned in Chapter 4 influence the whole process and no stage specifically. Table 5.1 illustrates the CSF's in the health tourism process in Jordan linked to the stages in the consumption process of the patient. These stages were previously explained in chapter four in 4.4.2.

Stage in the health consumption process of the foreign patient	CSF
Stage 1: Information gathering at home	<ul style="list-style-type: none"> • Effective Marketing Management. • International Accreditations. • National and international associations.
Stage 2: Arrival and intake	<ul style="list-style-type: none"> • Effective training of personnel. • Management attitudes.
Stage 3: Medical treatment and aftercare	<ul style="list-style-type: none"> • Pioneering Technology. • Good quality (Objective measurements) • Effective training of personnel. • National and international associations. • Management attitudes.
Stage 4: Post-treatment stage	<ul style="list-style-type: none"> • Management attitudes • Effective training of personnel. • Good quality (Objective measurements)

Table 5. 1 CSF's and qualifiers in the health tourism process in Jordan linked to the stages in the consumption process of the patient

The effect of all CSF's is certainly that in the end they lead to a better treatment of patients, more patients and better business results. But this chain of positive effects is in essence more complex than simply stated here. Intermediate variables are also affected. In the following paragraphs we try to indicate some of these more complex influences on the positive final business result.

The industrial factors will for instance mostly lead to a lowering of the costs and thus to better results. Effective training of doctors and patients will do so because better and more effective procedures will lead to less human mistakes and costly recovery procedures. Pioneering technology will improve and speed up diagnosis and procedures and thus lower costs amongst others by speeding up the treatment of patients and lowering the throughput time of a patient. This may lead to the possibility of treating more patients in the same period of time. A more objective measurement of quality will undoubtedly also lead to better monitoring of processes, faster improvement procedures and thus the lowering of costs.

These factors will also decrease the quality uncertainty of the patients and increase the value perception they have if they are felt or visible for these patients. In some cases they will lead to a willingness to pay prices equivalent or even higher than in the home

countries. This will be the case for most patients from the more affluent gulf region states for instance.

The competitive strategies mentioned will improve the positioning of the hospitals on the market as quality service providers. The credibility of this positioning is in turn supported and improved by the international associations through the creation of a better brand image for Jordanian health care system. A better positioning will in marketing terms, also combined with the management attitudes and marketing methods, mostly lead to a better targeting of potential customers and more customers. The temporal CSF mentioned, the international accreditations will, for the time frame in which they are active, act in the same way as the international associations in improving the image of Jordan as a health care provider.

The political stability as environmental factor probably strengthens the feeling of security and safety of the patients, increases their certainty level and gives them the impression to get better value for money. It will also directly attract more customers.

The managerial and marketing attitudes are finally an important factor in respectively creating a more effective and open working culture, better and less costly procedures and an attitude to follow them more rigorously and thus decrease costs. They will lead to higher awareness of the service offering among potential prescribers and patients. Some of the marketing methods used, such as the 3D tour will also decrease an uncertainty feeling with patients and lead to more confidence in the services offering.

As such these CSF's do not only affect multiple areas, but have both direct and indirect effects on them.

Chapter 6: Conclusion

Our aim in this dissertation was to build a clear understanding of CSF's of and barriers for exporting health services by Jordan and consequently to develop a framework for hospitals to optimize their services exporting. In doing so, we have combined insights from literature on health services export and from several involved parties.

Several conclusions emerge from this exercise. Official instances' efforts play a role in achieving success in exporting health services. These efforts are mainly considered as qualifiers, these qualifiers were mentioned in chapter four in 4.4.1. Hospitals strategies are critical in overcoming barriers and achieving success. In addition, the fact that foreign patients are becoming more aware of the competitive differences between alternatives for medical tourism puts more pressure on responsible instances.

In this chapter we will first propose a model of four steps that can help hospitals in Jordan to overcome barriers and utilize resources in order to be more successful in exporting health services. We will also indicate some limitations of this study and avenues for further research in this field.

6.1 Managerial implications for optimizing Health Services Export Performance

Based on the discovered CSF's we will try to develop a four step approach hospitals can use to optimize their health services for export. The model starts by proposing improvements in internal-related areas first and then gradually gears up to external-related steps. Existing hospitals don't have it so easy to export their health services, but these four steps can help them in overcoming barriers to change and unlock the value from exporting efforts.

In the text we will indicate the reasons of implementing these different steps, by referring to the CSF's that have led us to our conclusions in brackets or text.

Four Steps for optimizing your Health
Services Export Performance

1 Process
Infrastructure

- Management takes Initiatives and allows enhancements, spreads this culture among the different levels of the hospital. (Management attitudes)
- Hire most educated health professionals/Doctors and keep them updated through continuous training.
- Train employees in medical and non medical fields; employees should be able to effeciently communicate with foreign patients. (Effective training of personnel.)
- Assign a specialized department for foreign patients issues (responsible for arranging appointments).
- Invest in medical equipements, hospitals should cope with the technological developement in order to always be pioneers. (Pioneering Technology)

2 Diagnose
Performance

- Continuous performance assessment through setting internal performance standards and indicators. (Objective measurements)
- Obtaining accreditation from local and international health regulators.

3 Marketing
Abroad

- Assigning a committee for attending international health conferences, and representing the hospital.
- Signing agreements with health insurance companies abroad, preferably in the target countries.
- Establishing offices which are responsible for attracting foreign patients and facilitating communicating abroad.

4 CRM and
Maintaining

- Foreign patients aftercare.
- Taking foreign patients into touristic tours to the health resorts.
- Continuous communication with foreign patients after leaving the country.

1. Process Infrastructure.

Efforts taken in this step should mainly focus on establishing a reliable infrastructure for launching the exporting processes. Supporting management attitudes (CSF) are the most important element in this step. They should be the basis for taking Initiatives and allowing enhancements to spread this culture throughout all the different levels of the hospital. The hospital should also have the most qualified staff through targeted hiring of the most educated health professionals/Doctors and keep them updated through continuous training (CSF). Moreover training employees in medical and non-medical fields is part of this process. Employees should be able to efficiently communicate with foreign patients for instance. In addition, in order to establish a reliable infrastructure the hospital should also invest in the most up-to-date medical equipment (CSF). Hospitals should cope with the technological development in order to always be pioneers. Another important element of the infrastructure is a specialized department for foreign patients' issues. This department is supposed to be responsible for issues such as arranging appointments and patients' entrance.

Putting in place these infrastructural elements will not be cheap for most hospitals. However, since we indicated at the end of Chapter 5 that all CSF's have effectively an influence on the results by increasing the number of patients and thus income and/or by lowering costs, these investments will probably in the medium term be recuperated.

2. Diagnose Performance.

Performance in exporting should be monitored periodically. This will help people in charge to notice what is going wrong in order to correct it and what is going right in order to support it. In order to successfully monitor performance, internal performance standards and indicators should be set. Internal standards are not enough because the hospital is trying to attract customers from abroad who will have to be treated according to international standards. Obtaining accreditation (CSF) from local and international health regulators will help in this step because hospitals will get to know the standards of performance that can be measured and monitored. Moreover, getting feedback as mentioned in chapter five, leads to better diagnosing of customer satisfaction. This will help the hospital in setting up a smooth customer relationship management process (see step 4).

3. Marketing abroad.

Our findings in previous chapters clearly indicated that marketing efforts are a factor that helps hospitals in improving their brand image and thus the overall performance. Effective marketing efforts might take shape by assigning a committee for attending international health conferences, and representing the hospital at those events. Moreover signing agreements with health insurance companies abroad, preferably in the target countries and establishing offices which are responsible for attracting foreign patients and facilitating communicating abroad are helpful here.

4. Customer Relationship Management and Maintaining.

The final step in our model focuses mainly on managing and maintaining relationships with customers. In exporting health services it is important to pay attention to the patients' satisfaction because the WOM is the most common way through which foreign patients choose the destination of medical tourism.

6.2. Research limitations

Our research has met several limitations, which have had an impact on the quality our findings. As the researcher had to travel several times to Jordan during this dissertation to organize and collect the data through interviews with the targeted experts, time limitations did not allow adjusting the questions fully to all the research questions mentioned in Chapter 2 and effectively treating them. Our fourth research question: (Which are the major ethical consequences of this mode of exportation for the health services of Jordan?) thus remained unanswered as we would have had to interview more different groups involved in the health care business model, such as doctors, nurses and local patients.

Due to the time limitation it was not possible to have second or third interviews with our respondents to cover partially unanswered questions. We instead had to make phone calls or exchange mails, knowing very well that these calls and emails do not allow getting as much information as during face-to-face interviews.

Moreover the previous limitation also led to hindrance in digging deeper in the barriers of exporting health services in Jordan. Our interviewees logically wanted to give a positive idea about the situation in Jordan and in their hospitals and thus they might

have covered less welcome results and facts. This might explain the rather limited results on this level of research.

We are indeed aware of the fact that our interviewees were the best placed people in the official instances and hospitals we selected to answer our questions. But we could not confront their answers with the answers of other important people such as financial managers in the hospitals. It was also not possible (and sometimes not allowed by the interviewed parties) to confront our answers with other documented evidence available in the hospitals and the MOH.

For these reasons we still have to be very careful when interpreting these data and may certainly not generalize them at all for the whole health system in Jordan, although we have confidence in the results. The number of interviewed hospitals is too small and the verification of the data too limited to generalize the results. We can also not link the identified CSF's directly to financial and other results of the hospitals involved, nor compare them with hospitals not or less successful in exporting health services. Verification of more quantitative variables is also lacking on our research.

We also faced the problem that communication with foreign patients was sometimes difficult due to the different local accents they use.

6.3 Suggestions for Future Research

Further research should take the limitations stated above at heart when investigating this topic further. This signifies that the best way to go forward is:

- To use more real life interviews in more hospitals in Jordan, both hospitals which are successful and less successful in exporting health services to compare them and verify whether the identified CSF's are verified by the more negative cases.
- To execute a proper verification of the data obtained as such by looking into hospital documents and talking to several involved people, more particularly the financial people, nurses, doctors and local patients.
- To go further on the conclusions of these new interviews to look into the matter of potential ethical consequences of exporting health services.

Future research should also link the obtained results to the performance of the hospitals involved in the research, on general, marketing and financial levels. Our research did observe some keys to be successful in exporting health services, but cannot say whether the application of our model and the use of the CSF's will lead to effective success.

References

Articles

Bilkey, W.J., (1978). An attempted integration of the literature on the export behavior of firms. *Journal of International Business Studies*, 9 (Spring/Summer), 33-46.

Bianchi, C.(2008). Inward Internationalisation of Consumer Services: Lessons from Australian Educational Firms, Proceedings of the 37th EMAC Conference, Brighton, 9 pp.

Bjorkman, I; Kork, S. (1997). Inward International activities in service firms - illustrated by three cases from the tourism industry. *International Journal of Service Industry Management*, 8(5), 362

Boynton, A. C. and Zmud, R. W. (1984). "An assessment of critical success factors". *Sloan Management Review*, 25(3), 17-27.

Bullen, C. V. and Rockart, J. F. (1981). *A primer on critical success factors*. Cambridge, MA: Center for Information Systems Research, MIT.

Chee, H.L.,(2007). Medical Tourism in Malaysia: international movement of healthcare consumers and co-modification of healthcare. Asian Research Institute and National University of Singapore, Working Paper, 32 pp

Cicic, M.; Patterson, P. and Shoham, A. (2002). Antecedents of International Performance: service firm's perspective. *European Journal of Marketing*, 36(9/10), 1103-1118.

Connell J., (2006). "Medical tourism: sea, sun, sand, and . . . surgery." *Tourism Management*, 27(6), 1093–1100.

Cort, K.T.; Griffith, D. and White, S. (2007). An Attribution theory approach for understanding the internationalisation of professional service firms. *International Marketing Review*, 24(1), 9-25.

De Arellano R., (2007). "Patients without borders: the emergence of medical tourism". *International Journal of Health Services*, 37(1), 193–198.

Ekeledo, I., and Sivakumar, K., (1998). Foreign market entry mode choice of service firms: a contingency approach. *Journal of the Academy of Marketing Science* , 26 (4), 274-292.

Eshghi, A., (1992). Attitude-behavior inconsistency in exporting. *International Marketing Review* , 3 (9), 40-61.

Glinos I.A., Baeten R. and N. Boffin, (2006). "Cross-border contracted care in Belgium hospitals." In: Rossenmöller M, McKee M. and R.Baeten (eds.) *Patient mobility in the European Union: learning from experience*. Copenhagen, Denmark: European Observatory on Health Systems and Policies, 97–118.

Gourlay, A.; Seaton, J. and Suppakitjarak, J. (2005). The determinants of Export behavior in UK Service Firms. *The Services Industries Journal*, 25(7), 879-889.

Grunert, K. G. and Ellegaard, C. (1993). "The concept of key success factors: Theory and method". Perspectives on marketing management, vol. 3, pp., 245-274.

Heung C.S. et al (2011), Medical tourism development in Hong Kong: An assessment of the barriers. *Tourism Management* 32 , 995-1005

Javalgi, R.G.; Griffith, D. and White, S. (2003) "An empirical examination of factors influencing the internationalization of service firms", *The Journal of Services Marketing*; 17, 2/3, pg.185.

Javalgi, R. and Martin, C. (2007). "Internationalization of services: identifying the building blocks for future research", *Journal of Services Marketing*, 21(6), 391-397.

Johnson, J. and Tellis G.J. (2008). "Drivers of Success for Market Entry into China and India". *Journal of Marketing*, vol. 72, 1-13.

Kanchanichitra, C.; M. Lindelow; T. Johnston; P. Hanvoravongchai; F. Lorenzo and N. Huong, (2011). Human Resources for health in South-East Asia: distributional challenges and trade in health services. *The Lancet*, 377, 769-781.

Krasner, R., (2012). "Legal Barriers to Implementing International Providers into Medical Provider Networks for Workers' Compensation". *The Medical Tourism Association (MTA) & The Medical Tourism Magazine (MTM)*.

Lindsay, V.; D. Chadee; J. Mattson; R. Johnston and B. Millett, (2003). "Relationships, the role of individuals and knowledge flows in the internationalization of service firms", *International journal of service industry management*, 14 (1), 7-35.

Lunt, N.; Carrera, P., 2010. Medical tourism: Assessing the evidence on treatment abroad. *Maturitas* , 66, 27–32.

Matthyssens, P. and K. Bandenbempt, 1998. Creating competitive advantage in industrial services. *Journal of Business and industrial marketing*, 13 (4/5), 339-355.

Newfarmer, R. et al, (2009). *BREAKING INTO NEW MARKETS*. 1st ed. Washington, D.C.: The International Bank for Reconstruction and Development / The World Bank.

Patterson, P. and M. Cicic, (1995). "A typology of service firms in international markets an empirical investigation", *Journal of International Marketing*, 3(4), 57-83.

Patterson, P., (2004). "A Study of Perceptions Regarding Service Firms' Attitudes towards Exporting", *Australasian Marketing Journal*, 12 (2), 19-38.

Reddy, S.; Qadeer, I. (2010). Medical Tourism in India: Progress or Predicament?. *Economic & Political Weekly* , 20, 69-75.

Samiee, S., (1999)." The internationalization of services: trends, obstacles and issues", *Journal of services marketing*, 13 (4/5), 319-328.

Smith, R.D.; R. Chanda and V. Tangcharoensathien, 2010. "Trade in health-related services", *The Lancet*, 373, 593-601.

Smith, D. (2006). A Cross Cultural Classification of Service export Performance: Using Artificial Neural Networks: Japan, Germany, USA. *Journal of Global Marketing*, 20(1), 5-19.

Smith, P. C. ; Forgione, D. (2007). Global outsourcing of healthcare: a medical tourism model. *Journal of Information Technology Case and Application Research*, 9(3),19-30.

Spar, D.L. (1997). Lawyers abroad: The internationalization of legal Practice. *California Management Review*, 9(3), 8-28.

Styles, P.; Patterson, P.G., & La, V.Q. (2005). Exporting Services to Southeast Asia: lessons from Australian Knowledge Based service Exporters. *Journal of InternationalMarketing*, 13(4), 104-128.

Turner, L.G., (2011). "Quality in health care and globalization of health services: regulatory oversight of health tourism companies", *International Journal for Quality in Health Care*, 23(1), 1-7.

Winsted, K.F. and Patterson P.G. (1998). "Internationalization of services: the service exporting decision", *The Journal of Services Marketing*, 12(4), 294-311.

White, S.; Griffith, D. and Ryans, J.K. (1998). Measuring export performance in service industries. *International Marketing Review*, 15(3), 188.

Books

Newfarmer, R. et al, (2009). *BREAKING INTO NEW MARKETS*. 1st ed. Washington, D.C.: The International Bank for Reconstruction and Development / The World Bank. (book)

Dissertation / Thesis

Wendt, K. (2012). "Medical Tourism: Trends and Opportunities". University Libraries, University of Nevada, thesis, Las Vegas.

Governmental and Non-governmental Reports

Internal Documents, Ministry Of Health (MOH), Amman, Jordan

Websites

http://www.hashweh.com/Restricted_Nationalities_List.pdf (Restricted Nationalities List, Governed by the regulations of The Hashemite Kingdom of Jordan)

<http://specialty-hospital.com/en> The Specialty Hospital Website

<http://awards.imtj.com/results> International Medical Travel Journal, Medical Travel Awards 2014

Interviews

Interview with Dr. Meteb Wrekat (The Director of Medical Tourism Directorate (MOH) in Jordan)

Interview with Mustafa Qasem (Director of International and Public Relations at the Ministry of Health of Jordan)

Interview with Dr. Zaki Qulaghassi (Consultant surgeon MD. FRCS, Medical Director, and Director Medical purchasing department at The Specialty Hospital)

Interview with Ahmad Khattab (Chief Manager of Jordan Hospital)

Interview with Dr. Nader Khalili (Manager of Istiklal Hospital)

Appendences

Appendix 1

Interviewee	Interview Data	Questions
<p>Mustafa Qasem (Director of International and Public Relations at the Ministry of Health of Jordan)</p>	<p>Location: The Ministry of Health (MOH), Amman – Jordan Date: Feb.5th-2014 Interview type: Open questions, leading questions depending on answers.</p>	<ol style="list-style-type: none"> 1. Why do foreign patients choose Jordan as a destination for Medical Tourism? (Leading/open questions were also asked based on answers). 2. What is the role of the MOH in the Medical tourism? How do they do it? 3. What are the difficulties that some foreign patients may face, or stop them from paying a visit to Jordan to get the health treatment?
<p>Dr. Meteb Wrekat (Director of the Directorate of Medical Tourism in Jordan)</p>	<p>Location: The Directorate of Medical Tourism, Amman – Jordan Date: Feb.11th-2014 Interview type: Open questions, leading questions depending on answers.</p>	<ol style="list-style-type: none"> 1. What are the nationalities that come to Jordan for the purpose of medical tourism? 2. Why do they choose Jordan? 3. What are the efforts being taken by the Directorate of Medical Tourism to encourage the Medical Tourism in Jordan? 4. What are the difficulties/barriers faced by foreign patients when coming to Jordan to get health treatments?

Interviewee	Interview Data	Questions
<p>Dr. Zaki Qulaghassi (Consultant surgeon MD. FRCS, Medical Director, and Director Medical purchasing department at The Specialty Hospital)</p>	<p>Location: The Specialty Hospital, Amman – Jordan Date: Feb.5th-2014 Interview type: Open questions, leading questions depending on answers.</p>	<ol style="list-style-type: none"> 1. What is the percentage of foreign patients to local patients in the Specialty Hospital? 2. Why do they choose the Specialty Hospital? What is so special about the Specialty Hospital? 3. What is the role of management in the process of attracting and dealing with foreign patients? 4. How do foreign patients know about the Specialty Hospital? 5. How does the Specialty Hospital manage to maintain cost while having the most developed health equipments which is obviously costly? 6. What are the difficulties faced by foreign patients? 7. For foreign patients, who is the direct contact in the Specialty Hospital?

Interviewee	Interview Data	Questions
<p style="text-align: center;">Ahmad Khattab (Chief Manager of Jordan Hospital)</p>	<p>Location: Jordan Hospital, Amman – Jordan</p> <p>Date: Feb.4th-2014</p> <p>Interview type: Open questions, leading questions depending on answers.</p>	<ol style="list-style-type: none"> 1. What is the percentage of foreign patients to local patients in Jordan Hospital? 2. Why do they choose Jordan Hospital? What is so special about Jordan Hospital? 3. What is the role of management in the process of attracting and dealing with foreign patients? 4. How do foreign patients know about Jordan Hospital? 5. What are the difficulties faced by foreign patients? 6. For foreign patients, who is the direct contact in the Jordan Hospital?

Interviewee	Interview Data	Questions
Dr. Nader Khalili (Manager of Istiklal Hospital)	Location: Istiklal Hospital, Amman – Jordan Date: Feb.11 th -2014 Interview type: Open questions, leading questions depending on answers.	<ol style="list-style-type: none"> 1. What is the percentage of foreign patients to local patients in Istiklal Hospital? 2. Why do they choose Istiklal Hospital? What is so special about Istiklal Hospital? 3. What is the role of management in the process of attracting and dealing with foreign patients? 4. How do foreign patients know about Istiklal Hospital? 5. What are the difficulties faced by foreign patients?

Appendix 2
Restricted Nationalities
Governed by the regulations of
The Hashemite Kingdom of Jordan

- The nationalities indicated hereunder require an entry permit to be obtained prior arrival.
- Individuals need to obtain entry visas from a Jordanian Consulate abroad.
- Group need to provide full passport details to us in order to apply for a group entry visa 3 weeks prior intended entry to Jordan. 2 nights minimum stay is mandatory.

Asia <ul style="list-style-type: none"> - Afghanistan - Bangladesh - Cambodia - Iraq - Iran - Laos - Mongolia - Nepal - New Guinea - Uzbekistan - Pakistan - Philippines - Sri Lanka - Vietnam 	Africa <ul style="list-style-type: none"> - Angola - Benin - Botswana - Burkina Faso - Burundi - Cameroon - Central African Republic - Chad - Congo - Djibouti - Eritrea - Ethiopia - Gabon - Ghana - Ivory Coast - Kenya - Liberia - Madagascar - Mali - Mauritania - Mozambique - Morocco (Female 18-25) - Namibia - Nigeria - Perkina - Senegal - Seychelles - Sierra Leone - Somalia - Sudan - Tambia - Tanzania - Togo - Uganda - Zaire - Zambia 	Europe <ul style="list-style-type: none"> - Albania - Macedonia - Moldavia
South America <ul style="list-style-type: none"> - Belize - Colombia - Cuba 	Australia None	North America None

Appendix 3

Dear participants,

I am a student of the University of Hasselt (Belgium), and I am currently conducting a research regarding the export of medical services in Jordan. This questionnaire is an important part of the research process.

Please help me by filling in the questionnaire as good as you can. I assure you that all of your personal data will be treated confidentially and will not be passed on third parties.

Thank you in advance for your precious help!

Rand Abdel Jawad

Question 1:

What was the main reason that made you choose Jordan as a destination to get your treatment?
(Please choose all applicable answers)

- a. Medical Qualifications
- b. Technological equipment
- c. Cost Savings
- d. Limited waiting time
- e. Therapeutic resorts (Dead Sea, Ma'in and Afra Hot Springs)
- f. Accreditations
- g. Other (Please mention below) :

Question 2:

Regarding the previous question, how did you know about it?

- a. Word of Mouth
- b. Internet means (Website)
- c. Health professional recommendation
- d. Other (Please mention below):

Question 3: (Personal Information) Nationality:

Purpose of visit (illness):

Questionnaire Sample:

Sample number: 15 foreign patients

Country of Origin: Palestine, KSA, Libya, Canada, Oman, Yemen, Bahrain, USA.

Location: The questionnaire was distributed in a private gynecologist clinic in Amman-Jordan.

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Abdel Jawad, Rand

Datum: **20/08/2014**