

PREDICTORS OF SATISFACTION FOR AMERICAN AESTHETIC TOURISM AT THE MEXICAN BORDER

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ABSTRACT

The aim of this study was to find out the predictors for aesthetic tourism patients' satisfaction of the American travelers to Tijuana. The information was obtained by applying a survey to a sample of 385 visitors - patients from clinics in the city. Four dimensions were included in the multiple regression analysis. The results obtained show that the two key factors influence satisfaction level: Medical facilities, services and price dimension, and Geographical and cultural proximity dimensions. Theoretical value of this article is in its contribution to the few body of knowledge on factors that influence the aesthetic tourism satisfaction, as well as, the identification of its main characteristics that allow for the understanding of tourist's behavior in a binational environment. In the same sense, the results allow the owners and managers of clinics in this binational region to develop strategies to attract this market segment.

Article History

Received 9 October 2018
Revised 24 January 2019
Revised 10 February 2019
Accepted 12 February 2019

Keywords

aesthetic tourism
patients' satisfaction
binational region
health tourism
multiple linear regression model

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INTRODUCTION

International medical tourism can be defined as travel across international borders with the intention of receiving some form of medical treatment. These treatments may span the full range of medical services, but most commonly include dental care, cosmetic surgery, elective surgery, and fertility treatment. However, cosmetic surgery for aesthetic reasons would be considered as medical procedures outside the health boundary (OECD, 2010). All travelers visiting a foreign country for health reasons are considered international tourists (WTO, 1995).

It is necessary to explain that travelers can be classified into two categories: tourist and excursionist. The "tourist" is the person who is temporarily travelling from their place of residence and stays in the place visited for more than one day, with at least one night spend at the destination. However, if the tourist travels to the fringes or border areas of another country, and returns to the place of habitual residence without staying overnight, then the person is considered a "frontier excursionist" or an "international excursionist" (WTO, 1995).

Aesthetic medicine tourism is the latest niche in the health tourism segment, which also includes spa tourism, spa and wellness, and medical tourism (Panfiluk et al., 2017). Aesthetic medicine tourism is a product which was created through the combination of aesthetic medicine services and tourist services (Panfiluk, 2016). Aesthetic tourism consists of services associated with travel, accommodation, and sightseeing, often including entertainment and aesthetic procedures.

The most popular destinations for the low prices of aesthetic procedures are India and Mexico (Sayfullaah et al., 2013). American tourists prefer to visit Mexico, Costa Rica, or Panama for dental or cosmetic treatment. In addition to geographic proximity, Mexico offers 30% cheaper procedures than the other countries (Sayfullaah et al., 2013). The reasons for traveling to the Mexican border are the high prices of medical services, barriers to medical care for minorities, low income, and familiarity with the Mexican health system (Bustamante, 2014).

In the last decade, aesthetic medical services have become a new tourist product extending the health tourism segment (Panfiluk et al., 2017). Defining the scope of aesthetic tourism as a niche of health tourism requires the analysis of already existing approaches used in health tourism, and to determine the common characteristics of aesthetic

medicine with health tourism, as well, as distinguish the differences that recognize it as a new niche of the health tourism segment (Panfiluk, 2016).

The medical services market has expanded its offer to a new product, like any emerging market niche, aesthetic tourism should be further studied, and especially at the local level, in order to characterize the demand based on socioeconomic and sociodemographic, chosen aesthetic procedures, medical coverage plans, and travel requirements (Crooks et al., 2010). In this vein, this study aims at finding the predictors for aesthetic tourism satisfaction of the American patients going under aesthetic surgery in Tijuana, Mexico and contribute to the few body of knowledge about the factors influencing aesthetic tourism satisfaction in a border region.

LITERATURE REVIEW

Aesthetic medical tourism constitutes a new niche of health tourism due to the purpose of the journey: improvement of the aesthetic appearance of the tourist. The trigger of aesthetic medical tourism is leisure associated with the enhancement of the physical attractiveness of healthy people, as a result of the aesthetic medical procedures with a low degree of invasiveness (Panfiluk, 2016).

In this sense, the factors influencing the patient decision-making process to go under aesthetic medical procedures is the improvement of the physical appearance, health, and prestige (Newerli-Guz et al., 2014). It is recognized that the main determinants of undertaking a journey in health tourism include: lack of insurance to cover the cost of medical services in their own country and immediate medical treatment when necessary (Bolis, 2001; Gill & Singh, 2011; Panfiluk, 2016).

Regarding the factors that tourists take into account to choose a destination to perform an aesthetic procedure, most research on health tourism emphasize the procedures price, quality service and quality of facilities as determinant factors. In this sense, there are several reasons to explain the cost factor such as high cost of medical care in origin country (Bustamante, 2014), low cost treatment in the country of destination (Fetscherin & Stephano, 2016; Sayfullaah et al., 2013; Footman et al., 2014; Pollard, 2012; John & Larke, 2016), lack of insurance to cover the cost of medical services in their own country (Bolis, 2001; Gill & Singh, 2011; Panfiluk, 2016) and appropriate and fair foreign exchange rates

(Alsarayreh et al., 2017; Rao & Choudhury, 2017). Such situations entail a difference in the prices of medical services in favor of destination country (Bolis, 2001; Gill & Singh, 2011; Panfiluk, 2016).

Likewise, Park et al. (2017) argued that awareness of treatment price is a factor that significantly affects the level of satisfaction and the decision process of the medical tourist. This indicates that the customer's perception of the value of the cost affects the satisfaction level of medical tourism and its different niches (Rao & Choudhury, 2017), while Han and Hyun (2015) stated that patients with high perceptions of appropriate prices are more likely to be satisfied.

On the other hand, quality service is an important determinant in this process, which include quality of preoperative information (Lazar & Deneuve, 2013), quality of care (Fetscherin & Stephano, 2016), service swiftness (Alsarayreh et al., 2017; Footman et al., 2014, Han & Hyun, 2015; John & Larke, 2016; Rao & Choudhury, 2017); safety, guarantee and track records (Pollard, 2012).

In the same vein, doctor-patient relationship is a relevant aspect (Lazar & Deneuve, 2013), and covers aspects such as: surgeons' better understandings of patients' wishes (Footman et al., 2014), professionalism and performance of practitioners (Alsarayreh et al., 2017), medical professionalism exhibited by doctors, surgeons, medical technicians, and quality care competence (Rao & Choudhury, 2017). Additionally, the professional reputations of doctors and surgeons (Fetscherin & Stephano, 2016) and medical professional's reputation in the destination are also considered as important factors (John & Larke, 2016).

On the other hand, medical facilities factor refers to attributes such as quality of medical facilities and reputation of hospital (Fetscherin & Stephano, 2016), advanced medical facilities and technology (Pollard, 2012; Alsarayreh et al., 2017; Rao & Choudhury, 2017), accreditation of medical facilities and healthcare infrastructure (John & Larke, 2016). In the same sense, results observed by the family or friends (Lazar & Deneuve, 2013), and family/friend recommendation of doctor, hospital or facility (Fetscherin & Stephano, 2016) are important reasons for travelling abroad for cosmetics surgeries.

According to the literature, aesthetic tourism relates the quality of medical facilities and surgeons, the quality of service by the doctor and medical staff, the price and the results obtained by other patients, with the tourist's level of satisfaction. In this sense, John and Larke (2016)

concluded that the medical facilities, services (doctors and staff service qualities), and price are the factor most frequently included in the health tourism studies. Therefore, this study proposed the following hypothesis:

H1. There is a statistically significant relationship between aesthetic tourism patients' satisfaction and medical facilities, services and price.

Furthermore, destination image has been analyzed from the following aspects, country attractiveness and tourist destination popularity, country/city corruption level (Fetscherin & Stephano, 2016), the place/city myths (Pollard, 2012), and political and social stability (John & Larke, 2016).

Due to this situation, Guiry and Vequist (2014) and John and Larke (2016) affirmed that destination image is rarely considered in health tourism and attributes of the destination are factors that are poorly or not frequently analyzed. However, when someone decides to travel abroad to perform an aesthetic procedure, it will generate his/her perception of that destination, whether real or imagined.

In summary, considering that a traveler's satisfaction/dissatisfaction depends on a comparison of his expectation with destination experience, the following hypothesis was proposed:

H2. There is a statistically significant relationship between aesthetic tourism patients' satisfaction and destination image.

Destination infrastructure and environment are factors scarcely included in health tourism literature, although these factors have an important role in destination marketing in travel industry in general. These factors are potentially relevant for the health tourist satisfaction, as stated by Pollard (2012), Fetscherin and Stephano (2016) and John and Larke (2016), who maintained that tourism attractions, low cost and availability of restaurants and accommodation, destination internal travel services and support services, contribute to destination attractiveness for health tourism.

It is considered that, once they arrive at destination, the health tourists need to satisfy basic needs of food, lodging and transportation around the city in order to use some attractions allowing them to experience the environment of the destination. This experience can affect their level of satisfaction either positively or negatively. Due to its minimal inclusion in previous studies of aesthetic tourism, the following hypothesis was proposed:

H3. There is a statistically significant relationship between aesthetic tourism patients' satisfaction and destination infrastructure and environment.

Finally, it has been found that geographical and cultural proximity factor play a significant role in selecting a destination which leads to satisfaction, particularly the aspects that are related to travel time from place of residence (Bolis, 2001; Pollard, 2012; Bustamante, 2014; Lee & Kim, 2015; Livingston, 2015), ease of airport access and barriers to entry (Pollard, 2012). In this sense, Alsarayreh et al. (2017) and Rao and Choudhury (2017) found out that geographical proximity has a positive impact on aesthetic tourism patients' satisfaction, taking advantage of the regional integration that facilitates the movement of people from one country to another.

Surgeon and medical staff language proficiency to communicate with patients in their own language was a determining factor as a component of cultural proximity (Bolis, 2001; Pollard, 2012; Lee & Kim, 2015; Livingston, 2015; Fetscherin & Stefano, 2016; John and Larke, 2016). Alsarayreh et al. (2017) and Rao and Choudhury (2017) concluded that multiculturalism (including the language) has a positive impact on tourism patients' satisfaction. Therefore, the following hypothesis was raised:

H4. There is a statistically significant relationship between aesthetic tourism patients' satisfaction and geographical and cultural proximity.

In this sense, it is necessary to determine which motivators are the most/least important to medical tourists. The analysis need to identify the important factors for aesthetic tourism and then analyze the ability (and/or willingness) of medical suppliers to meet the needs and satisfy medical tourists (John & Larke, 2016).

RESEARCH METHODOLOGY

Based on literature review, there are factors that have been scarcely included in the research of health tourism satisfaction, therefore it was decided that the indicators of the Pollard's conceptual model would be used because the Destination Attractiveness Model (Pollard, 2012) incorporates both the most studied and the least analyzed factors (see Table 1).

Table 1. *Model of Destination Attractiveness*

Dimensions	Factors
Geographical proximity	Travel time, ease of airport access, barriers to entry
Cultural proximity	Language, food, religion, customs and practice
Destination image	Place myths
Destination infrastructure	Accommodation, internal travel, support services
Destination environment	Tourism attractions, facilities, climate
Risk and reward	Safety, guarantee, track records, outcome
Price	Cost of stay, cost of treatment, cost of travel, insurance

Source: Pollard (2012)

Based on Pollard's model and considering the border area of study, it was decided that the number of items should be reduced from 22 to 16, excluding those that do not apply in the geographical-cultural context and the regulatory framework. After reduction, the factors of the Pollard's model were regrouped (Table 2). The dimensions proposed in the study were: medical facilities, service and price, destination and infrastructure environment, destination image and geographical and cultural proximity (Table 3).

Table 2. *Aesthetic Tourism Satisfaction Factors*

	Dimensions	Factors
I	Geographical proximity	1. The location of the plastic surgery clinic in the city
II	Cultural proximity	2. The recommendation of a friend or relative 3. The care offered by the plastic surgery clinic 4. Agreement of restaurants for their patients 5. The staff speaking English
III	Destination image	6. The reputation of the local police 7. Perception of the urban image of the city 8. Urban signs, traffic volume, and street conditions
IV	Destination infrastructure	9. The hospital facilities of the plastics surgery clinic 10. Provide transportation to their patients
V	Destination environment	11. Agreement of hotels to host their patients 12. Provide tourist information to patients 13. Agreement of spa for patients
VI	Risk and reward	14. The confidence generated by the surgeon 15. The prestige of the plastic surgery clinic
VII	Price	16. The treatment price in the plastic surgery clinic
VIII	Satisfaction	17. Aesthetic tourism satisfaction

Source: Authors' own elaboration based on Pollard (2012)

Table 3. *Aesthetic Tourism Dimension Influencing Tourist Satisfaction*

Dimensions	Factors
I Medical facilities, service and price	<ol style="list-style-type: none"> 1. The recommendation of a friend or relative 2. The care offered by the plastic surgery clinic 3. The hospital facilities of the plastic surgery clinic 4. The confidence generated by the surgeon 5. The prestige of the plastic surgery clinic 6. The treatment price in the plastic surgery clinic
II Destination image	<ol style="list-style-type: none"> 1. Reputation of the local police 2. Perception of the urban image of the city 3. Urban signs, traffic volume, and street conditions
III Destination infrastructure and environment	<ol style="list-style-type: none"> 1. Agreement of hotels to host their patients 2. Provide tourist information to its patients 3. Agreement of a spa for patients 4. Agreement of restaurants for their patients 5. Provide transportation to their patients
IV Geographical and cultural proximity	<ol style="list-style-type: none"> 1. The location of the plastic surgery clinic in the city 2. The staff speak English
Satisfaction	<ol style="list-style-type: none"> 1. Aesthetic tourism satisfaction

Source: Authors' own elaboration based on Pollard (2012)

When analyzing the majority of aesthetic tourists to Tijuana, Mexico, it was found that they are Mexican and U.S.A. residents from Hispanic origin and living in the cities of Los Angeles, San Diego, Chula Vista, Mexicali and Ensenada (Arriaga et al., 2013; Secretariat of Tourism of Baja California, 2013). The farthest city is located at 135 miles away and 2h drive by car, as well, there are no flights between these cities and Tijuana. Furthermore, the Secretariat of Tourism of Baja California (2013) stated that 78% of tourists arrive by car and only 25% of them spend the night in the city. Due to these facts, the factors travel time, ease of airport access, food, the cost of travelling and the cost of staying were excluded.

In addition, the Secretariat of Foreign Affairs of Mexico (SRE, 2014), states that tourist are not required a visa to enter Mexico, this particularity allowed for the exclusion of the barriers to entry factor. The religion factor was also removed, taking into account that the Mexican Federal Law to Prevent and Eliminate Discrimination states that it will not be deny health care services for religious beliefs or any other conditions (Mexico Union Congress, 2003). Lastly, the insurance factor was omitted because most of

the aesthetic procedures are not covered by insurance companies (World Trade Organization, 2014).

Then, the quantitative method was used and the survey technique was applied to carry out a multiple regression analysis to assess the influence of the four dimensions in the aesthetic tourism satisfaction.

Data Collection

In order to evaluate their most recent experience, it was decided to survey patients at the exit of aesthetics clinics. Only tourists or excursionist who had a cosmetic surgery and accepted to respond to the survey were included. To determine the sample size, a confidence level of 95% and a margin of error of $\pm 5\%$ were established, which allowed for defining the sample of 385 aesthetic patients (Rea & Parker, 1991). The study took place in Tijuana, Mexico, a border city with California, USA.

With the purpose of designing the final version of the questionnaire, three pre-tests were carried out in the months of March and April of 2016. Each pre-test was piloted on a sample of 40 respondents leaving the clinics.

The final survey includes the socioeconomic and sociodemographic data and sixteen factors regarding their experience at the clinic to be evaluated with a five-point Likert scale: 1=Very Poor, 2=Below Average, 3=Average, 4=Above Average and 5=Excellent. Lastly, respondents were asked to evaluate the overall satisfaction as: 1=Totally Dissatisfied, 2=Dissatisfied, 3= Neither satisfied nor dissatisfied, 4=Satisfied and 5= Very satisfied.

Reliability and validity

In order to test the reliability of the instrument, Cronbach's Alpha analysis was performed; the results of the analysis confirmed that the instrument and items used were reliable with a coefficient Alpha value of 0.736, above the generally accepted score of Nunnally (1978) of 0.7; this result shows the reliability of the questionnaire. Then the Kaiser-Mayer-Olkin (KMO) analysis was calculated as 0.796 which is greater than 0.50 indicating that the data set of 385 is adequate for exploratory factor analysis (EFA) (Hair et al., 2006).

The EFA carried out explains the 60.33% of the total variance with four dimensions as presented in Table 4. Following EFA confirming that aesthetic tourism satisfaction has for constructs such as medical facilities, services and price, destination infrastructure and environment, destination image and geographical and cultural proximity.

Table 4. *EFA factor structure (n=385)*

	Medical Facilities, services and price	Destination infrastructure and environment	Destination image	Geographical and cultural proximity	Total
Recommendation of a friend or relative	0.944				
Confidence generated by the surgeon	0.897				
Care offered by the clinic	0.855				
Hospital facilities of the clinic	0.829				
Prestige of the clinic	0.602				
Treatment price	0.600				
Agreements with restaurants		0.812			
Agreements with hotels		0.795			
Tourist information		0.734			
Agreements with a Spa		0.724			
Transportation provided to their patients		0.677			
Local police reputation			0.766		
Urban image			0.748		
Urban signs, traffic volume and street conditions			0.585		
The staff speaks English				0.827	
The location of the clinic in the city				0.655	
Eigenvalue	4.219	2.953	1.439	1.042	
Variance %	26.37	18.45	8.99	6.51	60.334

Measurement scale constructed with EFA was confirmed with convergent and divergent validity. The convergent validity of each dimension is assured with average variance explained (AVE) above 0.50 and composite reliability higher than 0.6 (Fornell & Larcker, 1981) as presented in Table 5.

Table 5. *Measurement Properties for Aesthetic Tourism Satisfaction*

	λ	CR	AVE
Medical facilities, service and price		0.91175	0.63951
The treatment price in the plastic surgery clinic	0.600		
The prestige of the plastic surgery clinic	0.602		
The hospital facilities of the plastic surgery clinic	0.829		
The confidence generated by the surgeon	0.855		
The care offered by the plastic surgery clinic	0.897		
The recommendation of a friend or relative	0.944		
Destination infrastructure and environment		0.86512	0.56301
Provide transportation to their patients	0.677		
Agreement of a spa for patients	0.724		
Provide tourist information to its patients	0.734		
Agreement of restaurants for their patients	0.795		
Agreement of hotels to host their patients	0.812		
Destination image		0.74486	0.51638
Urban signs, traffic volume, and street conditions	0.585		
Perception of the urban image of the city	0.748		
Reputation of the local police	0.766		
Geographical and cultural proximity		0.71225	0.55643
The location of the plastic surgery clinic in the city	0.655		
The staff speaking English	0.827		

Discriminant validity of aesthetic tourism satisfaction measurement scale was examined by comparing AVE values vs. squared correlations between pairs of dimensions. The squared correlations were smaller than AVE (0.50) assuring sufficient discriminant validity of measurement scale. Correlation matrix in Table 6 confirms that each dimension is distinctly different from each other, as the squared correlations are smaller than AVE values presented in Table 5, which is evidence for discriminant validity.

Table 6. *Descriptive Statistics and Correlations (N=385)*

	M	SD	MFSP	DI	DIAE	GCP
Medical facilities, service and price (MFSP)	4.95	.248	1.000			
Destination image (DI)	2.85	.725	.056	1.000		
Destination infrastructure and environment (DIAE)	3.41	1.01	.072	.134	1.000	
Geographical and cultural proximity (GCP)	4.85	.373	.282	.218	.115	1.000

FINDINGS

The sociodemographic profile of the respondents (Table 7) shows that, aesthetic tourists are female (95.6%) and between the age of 20 and 40 years old (66.74%). They are excursionist (71.9%) and their ethnic profile is mainly Hispanic (89.20 %), also, they are residents of Southern California with a monthly income between \$ 2,401 and \$ 3,201, and above (49.6%). Lastly, the majority of respondents paid in cash for the aesthetic procedures (86.80%).

Table 7. *Sociodemographic Characteristics of Participants*

Variable	Characteristics	Frequency	%
Age	20–30	119	30.90
	31–40	138	35.84
	41–50	81	21.03
	51–60	38	9.87
	61 and above	9	2.33
Gender	Male	17	4.40
	Female	368	95.60
Type of visitor	Tourist	108	28.10
	Excursionist	277	71.90
Ethnic profile	Hispanic emigrated to the US	216	56.10
	Hispanic born in the US	127	33.10
	Asian	1	0.30
	Caucasian	38	9.90
	African American	3	0.80
Method of payment	Cash	334	86.80
	Credit or debit card	50	13.0
	Medical insurance	1	0.30
Occupation	Self-employed	31	8.10
	Employee	227	53.00
	Student	23	6.00
	Home	98	25.50
	Retired	6	0.50
Place of residence	California, US	365	94.80
	Other US states	20	5.20
Monthly income (US dollars)	\$ 800 dollars and below	19	4.93
	\$ 801 to \$ 1600	50	12.98
	\$ 1601 to \$ 2400	57	14.80
	\$ 2401 to \$ 3200	80	20.77
	\$ 3201 and above	111	28.83
	Did not declare income	68	17.66

Results of Descriptive Analysis

For the medical facilities, service and price, the means of six items were: The care offered by the clinic (Mean=4.98; SD=0.249), confidence generated

by the surgeon (Mean=4.96; SD=0.312), hospital facilities of the clinic (Mean=4.96; SD=0.276), recommendation of a friend or relative (Mean=4.95; SD=0.399), the treatment price (Mean=4.94; SD=0.291) and prestige of the clinic (Mean=4.94; SD=0.336) were evaluated as very important.

With respect to destination infrastructure and environment, four items were assessed as important: transportation provided to patients (Mean=3.87; SD=1.354), agreements with hotels (Mean=3.79; SD=1.281), agreements with a spa (Mean=3.27; SD=1.358), and tourist information (Mean=3.06; SD=0.809). The only item evaluated as less important is agreements with restaurants (Mean=2.52; SD=1.416).

In the destination image dimension, the two items assessed as important were: urban image (Mean=3.62; SD=1.360), and urban signs, traffic volume and street conditions (Mean=3.12; SD=0.857). The lowest rated item is local police reputation (Mean=2.39; SD=1.348) graded as less important (Table 8).

Table 8. Means and Std. Deviation by Dimensions

Items	Mean	Std. Deviation
Medical facilities, service and price	4.95	.248
Care offered by the clinic	4.98	.249
Recommendation of a friend or relative	4.95	.399
Treatment price	4.94	.291
Confidence generated by the surgeon	4.96	.312
Prestige of the clinic	4.94	.336
Hospital facilities of the clinic	4.96	.276
Destination image	2.85	.725
Urban image	3.62	1.360
Urban signs, traffic volume and street conditions	3.12	.857
Local police reputation	2.39	1.348
Destination infrastructure and environment	3.41	1.01
Agreements with restaurants	2.52	1.416
Transportation provided to their patients	3.87	1.354
Agreements with hotels	3.79	1.281
Agreements with a Spa	3.27	1.358
Tourist information	3.06	.809
Geographical and cultural proximity	4.85	.373
The location of the clinic in the city	4.89	.442
The staff speaking English	4.83	.497

Regarding the descriptive analysis of research variables, in the geographical and cultural proximity, the location of the clinic had a mean

of 4.89 (SD=0.442) and staff speaking English (Mean=4.83; SD=0.497) were evaluated as very important.

Regression Analysis

Multiple regression analysis was used to assess the relationship between the four dimensions, and the aesthetic tourism patients' satisfaction. The significance of each indicator from the multiple linear regression (Table 9), indicates that two out of the four dimensions have a statistically significant relationship with aesthetic tourism patients' satisfaction.

Table 9. *Results of Regression Analysis*

Input factors	R ²	Adjusted R ²	F	β	t	p
Medical facilities, service, and price	.253	.245	32.163	.380*	8.129	.000
Destination infrastructure and environment				.078*	1.661	.097
Destination image				.022	.487	.626
Geographical and cultural proximity				.196	4.019	.000

*p<0.001

Taking into account the R² (0.253) result, it is affirmed that 25.3% of the aesthetic tourism patients' satisfaction is explained by the dimensions used in this study. According to the beta and significance coefficients, the medical facilities, service and price dimension ($\beta=0.380$) ($p=0.000$), had a positive statistical relationship with the aesthetic tourism satisfaction, and it is the most important dimension influencing this variable. Similarly, the cultural and geographical proximity dimension ($\beta=0.196$) ($p=0.000$), is the second dimension that had a significant statistical relationship with satisfaction.

Moreover, the destination infrastructure and environment dimension ($p=0.097$) had no statistical relationship with aesthetic tourist satisfaction. Regarding destination image dimension (Sig. =0.626), it was corroborated that it had no statistically significant relationship with American aesthetic patients' satisfaction.

DISCUSSION AND CONCLUSION

With the results presented above, it was observed that only two out of the four dimensions had positive statistical relationship with American patients' satisfaction: 1) Medical facilities, service and price, and 2) Geographical and cultural proximity.

Therefore, the hypothesis H1 was approved because the medical facilities, service and price dimension was related to the aesthetic tourism satisfaction. On the other hand, H2 and H3 were rejected because destination infrastructure and environment, and destination image were not statistically related to the aesthetic tourist satisfaction. Lastly, the hypothesis H4 was approved due to the statistical relationship found between the geographical and cultural proximity and the tourist' satisfaction. The medical facilities, service and price dimension is the most important, because it has the greater effect in the American aesthetic tourism' satisfaction, while the geographical and cultural proximity dimension occupied the second place. It was established that the first and most important dimension is the medical facilities, service and price.

These findings are in accordance with the results of Lazar and Deneuve (2013) and Footman et al. (2014), who affirmed that the choice of a cosmetic surgeon is related to the doctor-patient relationship, hence the importance of the surgeon who understands their wishes and aesthetic goals. The findings also coincide with Fetscherin and Stephano (2016) who argued the importance of professional reputation of doctors, surgeons and clinics; in the same sense, the recommendation of a friend or relative correspond with the finding of Lazar and Deneuve (2013) and Fetscherin and Stephano (2016).

Furthermore, the results are consistent with the findings of Han and Hyun (2015) and Park et al. (2017) who reported that aesthetic patients are looking for appropriate prices and they are aware of the cost. For these reasons, they are willing to pay prices related to aesthetic procedure quality and results. Also, this conclusion is in accordance with Sayfullaah et al. (2013), Footman et al. (2014), Fetscherin and Stephano (2016) and John and Larke (2016) due to their statement that patients are looking for cheap or low prices.

However, the results do not support the arguments of Pollard (2012), Fetscherin and Stefano (2016) and John and Larke (2016), who affirmed that the destination infrastructure and environment, as well as

the destination image are factors that are related to the decision of going for surgery abroad and to the aesthetic tourism satisfaction.

Lee and Kim (2015), Alsarayreh et al. (2017) and Rao and Choudhury (2017) concluded that the geographical and cultural proximity, the location of the clinic in the city, combined with the aspect of the staff proficiency to speak their language became important aspects that are related to the satisfaction of the health tourism. Such evidence was found in the border region of Tijuana and San Diego, as the factor for the American aesthetic tourism' satisfaction. In these sense, tourists are willing to go under cosmetic surgery abroad but expecting to be assisted in their language by the surgeon, and medical staff.

The practical implications obtained as a result of this investigation, which could be taken into account by the owners or administrators of cosmetic surgery clinics of Southern California, refer to the possibility of evaluating the profitability of this segment that requires these aesthetic procedures. Meanwhile, in the case of Tijuana clinics, their owners, and administrator must strengthen and consolidate the actions and strategies that are currently being developed, and which are directly related to patients' satisfaction levels in this segment.

If Southern California clinics' owners and managers decide to attract and retain this segment, they should consider that the majority are women of Hispanic origin, either emigrated or born in the United States, low income, aged between 20 and 40 years, who generally pay their procedures in cash out of their pockets because aesthetic procedures are not covered by insurance companies. These findings are in accordance with Sayfullaah et al. (2013) and Bustamante (2014). There is a North American segment which is interested in the aesthetic tourism in Tijuana, however, it is not a wealthy segment and their triggers to destination choice and satisfaction are medical facilities quality, service quality and low prices.

The main actions that should be implemented by owners and administrators of US aesthetic clinics are emphasized in the reputation of hospital/clinic; the professionalism of doctors, surgeons, and medical staff; as well as, improved relationship with patients, in order to gain confidence, which implies that the surgeon, and his staff (receptionists, nurses, etc.) must communicate in the language that the patient requires (English or Spanish). Additionally, the price strategy should not be understood as a reduction in the price of aesthetic procedures, but to implement a deferred payment plan that covers the total cost before the

procedure is done, since it is the most used payment method in the clinics of Tijuana.

For their part, the owners and administrators of Tijuana aesthetic clinics, who wish to maintain and increase the volume of patients in this segment, should consolidate the actions and strategies that have been successful to inspire confidence among their patients. In addition to speaking English, they must provide information about their medical certifications, show previous surgeries results and provide truthful explanation of the pre, during and post-surgical process, as well as the time and conditions of recovery. Likewise, they must maintain the prices as one of their main competitive advantages, without reaching the price levels of the same surgical procedures of the Southern California clinics.

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