Medical Tourism: Recruiting the Right Coordinator for Transnational Patients

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ABSTRACT

Acquisition of transnational patients in medical tourism is a comprehensive exercise that can span over months and require coordination from multiple stakeholders in a hospital. The quality of communication with these patients when the make inquiries and transparency in responses decides if the patient will take the flight to come to get the treatment done at a distant location. Such responses that are prepared and sent to the inquiring transnational patients and future management of medical care when they make the decision requireinvolvement from different stakeholders in a hospital. In order to provide the best handholding experience during the entire process it is imperative that the hospital selects a patient coordinator who can facilitate an ideal experience for the overseas patients. This manuscript provides a model for selecting such individuals.

Keywords: Patient Coordinators, Medical Tourism, Five- Factor Model, Hofstede's Theory, Social Capital.

INTRODUCTION

With increasing medical costs in developed countries, the medical tourism sector in India has seen an uptick in demand. It has been benefitted by reduced costs (Indian medical costs are around one tenth of medical costs in global countries), availability of latest medical technologies, trained medical professionals and compliance with international health care standards. With a growth rate nearing 30%, nearly 150,000 patients traveling to India, the industry is set to clock a revenue of around two billion dollars by 2015 (Health Tourism: Destination India 2010). The healthcare sector itself is growing at a rate of 12% and is set to become US$280 billion industry (Healthcare Industry Issue 1H 2010). The fact that twenty two hospitals in India are JCI accredited, reinforces India's position as a quality health care provider and an ideal nation for healthcare outsourcing.

The sector is well established and has the potential for tremendous growth. The most important factors that are considered as impediments in growth of the industry are lack of investment in infrastructure, legal and procedural barriers, lack of marketing in target countries and continuous raising of quality standards. Though these structural factors are important, very little attention has been paid to the human resource aspect of the service. One of the most important actors in the whole process of facilitating medical health care to individuals from abroad is the coordinator who is the single point of contact. He/she handholds the patient through the entire process and is an individual whom the patient is in the maximum contact with and in whom they poseall their trust. It can be said that the coordinator is one of the most important individual who sustains the image of the health care experience that is provided to the patient. Selecting such individuals is a critical exercise owing to their important role.

In this manuscript we propose a model that presents the right attributes that an individual should possess for selection as a coordinator/relationship manager. Employee selection in the

hospitality industry has always been an important activity as the nature of service provided is critical.Multiple studies have been undertaken to isolate the traits of leaders who are transformational and successful managers (Barker, 2001; Jones, 2001; Chreim, 2014; Wang, Freeman, & Zhu, 2013). Studies focussed on individual domain specific managers have also been prevalent such as sales etc. (Deeter-Schmelz, Kennedy, & Goebel, 2002; Macdonald, Wilson, Martinez, & Toossi 2011). Medical tourism being a new phenomenon not many studies have been attempted to understand so as to who can be a successful coordinator in order to facilitate conversion of inquiries in to patients and hand hold them during the treatment. We attempt to address this gap by focusing on such individuals who have to show, empathy, relationship building abilities and effectiveness in short duration and are critical to the success of the hospital.

In this study we first explain the cycle of a typical case in medical tourism right from patient acquisition to successful recovery and repatriation to home country. We proceed to develop the theoretical foundations of the framework for ascertaining the desirable features of a coordinator formedical tourists. Individual attributes are examined through definite personality models and through application of cultural dimension theories at the level of an individual. Finally a framework is created utilising the isolated necessary attributes of a successful coordinator of medical tourists.The result of this exercise is the formulation of attributes that are conducive for a successful patient coordinator in medical tourism. We also map the aggregate dimensions with the attributes that are derived from theoretical models present in the literature. Additional attributes are added and a comprehensive framework is created.

Our study has important managerial implications. In order to become the hospital of choice for medical tourists, it is important to develop high service level commitment right from the first interaction. Process steps in patient acquisition and subsequent travel and treatment in

medical tourism involves high amount of ambiguity and multiple risks. Identifying what attributes are essential for a coordinator of medical tourists is important for enabling right hiring decisions. As such coordinators are the single point of contact, they are the brand ambassador of the hospital and hence a lot depends on their attributes to develop trust with the medical tourists and genuinely take complete care of them till their healthy repatriation to their home country.

PROCESS OF ACQUISTION OF PATIENTS IN MEDICAL TOURISM

Medical Tourism has been defined "as a popular mass-culture where people travel often-long distances to overseas destinations (such as India, Thailand, Malaysia) to obtain medical, dental and surgical care while simultaneously being holidaymakers" (Connell (2006:2)). Goodrich & Goodrich (1987:217) defined medical tourism as "the attempt on the part of a tourist facility or destination to attract tourists by deliberately promoting its health-care services and facilities, in addition to its regular tourist amenities." Basically it can be therefore said that health tourism encompasses both wellness and medical tourism (Caballero and Mugomba, 2007).

The process starts with identifying a patient coordinator once an inquiry is made with a hospital. It is the responsibility of the coordinator to handhold the patient through all the steps and send him/her back healthy, fully recuperated and satisfied with the experience. The process steps are exhibited in the figure 1 below.

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The first thing a coordinator requests are the medical reports of the potential tourists. Once these reports are supplied, the PC presents them to the relevant specialist, who forms a preliminary opinion and advises on the potential treatment method and associated costs. A

teleconference or videoconference is also scheduled many time with the patient. Once all the details are sent to the patient, he/she confirms on availing the treatment. Post consent the role of the coordinator becomes crucial. The PC has to assist in supporting the patient with the paperwork for visa, confirm doctor bookings, and make stay arrangements for the patient and the family as per their preference. On arrival in to the country, the PC has to take over their generic care in terms of escorting them to the hospital and make them comfortable in a foreign environment.

THEORETICAL FOUNDATIONS

Medical tourism needscommitment from all employees that are involved in the exercise. Patient coordinators are individuals who have to get multiple individuals in a hospital, involved in providing patient care, as a synchronized group. In order to appreciate the theoretical foundations of successful medical tourism exercises we explore some essential theories of management. Human capital theories have gained traction in management research with theories such as RBV being utilised for clarifyingthe difference in the performance of organisations (Barney, 2001; Ray, Xue, & Barney, 2012). The resource based view of organisations proposes that a durable competitive advantage is achieved if the organisation has inimitable, heterogeneous, rare and non-substitutable resources.These theories though do not take in to cognisance the social networks formed by employees and the impact of the same on the organisations ability to compete and its performance. Brass (2001) suggested that to study effective performers one has to pay attention to theories of social capital apart from the attention that is usually given to theories of human capital. The relative position in social networks has been a topic of research when exploring successful performers.Social network has been defined as a network of relationship in an organisation or a group (Borgatti, Mehra, Labianca, & Brass, 2014).It has been additionally suggested as comprising of a collection of people and how they relate mutually (Koehly&Shivy, 1998).

Network ties indicatea person's social capital. As per Adler and Kwon (2002:23) social capital has been defined as "'the goodwill available to individuals or groups. Its source lies in the structure and content of the actor's social relations. Its effects flow from the information, influence, and solidarity it makes available to the actor". Especiallywith respect to execution of special assignments such as hosting foreign patients and providing them medical care, inadequate stakeholder commitment as anoutcome of insufficient social capital can lead to failure of such assignments.Studies specially point to the network centrality of an effective coordinator who also leads novel engagements. In fact an individual who is in the centre of a communication network has been found to be an effective leader and coordinator (Leavitt, 1951). The scholarship of social network is focussed on inter-individual relationship and not on characteristics and behaviour of an actor. A relationship has been discovered on the position in a social network and ability of an individual to flesh out opportunities (Burt, 1997). Increased amount of social capital and knowledge of firm-centric tacit knowledge has to be amplified with suitable competencies.

There are diverse definitions of the word competency(Spencer & Spencer, 1993), some of these delineations do not specify causal relationship among a person's characteristics and performance. Competencies are articulated behaviourally and mirror how a personeffectivelyperform in varied circumstances. The task of Competency models is to recogniseunambiguous dimensions that are relatedtopositive execution in varied roles and circumstances (Bartram, 2005). These models propose a chartthat indicates behaviour that is recognized and prised within organisations. Along with social capital, tacit knowledge that is specific to an organisation andrequired competencies, the right coordinator also need to possess the desired behavioural traits. One of the leading conceptual frameworks for is the five-factor model of personality (FFM). The five-factor frameworkpresents work competencies that pronounce behavioural purviewswith respect to task performance. The five

factors envisage performance in tasks across differentoccupations (Ones, Dilchert, Viswesvaran, & Judge, 2007), the five factors as taskabilities are:

1. Proactivity (swift action and making of choices);

2. Teamwork (collaboration, recognition of variedopinions and capability to toilcollectively);

 3. Innovation that is thinking out of the box;

4. Emotion management (does not show emotion in different situations, high EQ);

 5. Accomplishment (goal focussed and high extent of persistence).

Hofstede (1984, 2013) suggested six dimensions: (1) power distance, (2) uncertainty avoidance, (3) individualism versus collectivism, (4) masculinity versus femininity, (5) Pragmatic versus normative, (6) Indulgence versus restraint. Hofstede (1984) suggested that individualism–collectivism is aband in cultural context and not binary, further studies in this field has suggested that these can exists independently in a person in differing degrees. Same is also true for the other five dimensions proposed by Hofstede (Schwartz, 1994). Therefore we can include the constructs proposed by Hofstede for bringing out individual variance (Schwartz, 1994; Triandis, 1995).

With the above mentioned review in mind, we approach the framework creation for an ideal patient coordinator.

FRAMEWORK

Based on survey of previous studies and the process of medical tourism, wesuggest a model that assimilates individual unconnectedcharacteristics and individual's characteristics in an organisationalsetting in order to recognise a patient coordinator who has the highest probability of getting new patients from different countries and facilitate quality medical care. Based on the previous studies we undertake the below model creation.

Individual Standalone Attributes:

Individual factors that are important and critical for an successful patient coordinator are an individual's orientation towards self-monitoring, a personality that is proactive, and propensity to have low value of conformity, a mind-set that is collectivist, Masculine Values, low on power distance and low long term orientation. While coordinating with different teams there can be a situation where there is incongruence in priorities. A medical coordinator has to sense these and show appropriate behaviour so as to get the work facilitated for the patient. He has to broker with diverse teams and resolve conflict of interests in order to facilitate the resolution in favour of the patient. This self-monitoringcharacteristic is important for a successful patient coordinator.

This characteristic is also significant while charting the expense of the treatment as there is always difference of opinion within the hospital setup in regards to procedures required etc.A proactive patient coordinatoranticipateshurdles and plans out counter measures. In the same manner the patient coordinator should display masculine values so as to execute a difficult task of converting inquires in to patients with appropriate hand holding and proactive management. Patient coordinators who are low on power distance are willing to accept ideas that originate from any levels of the workforce irrespective of the experience or the designation of the person. Collectivism as a trait allows for keeping the hospitals end goal in mind. The exhibiting of low value of conformity is important to accept novel ideas. Since medical tourism is a short term engagement and has limited time frame focus, it is important to exhibit lower value of long term orientation.

Individual Attributes Based On OrganisationalPerspective

Medical coordinatorswho are mentored by domain experts and senior hospital administrators are able to get things doneswiftly in the hospital in order to provide the best of the care to the medical tourists. There is arub off effect of domain knowledge on the coordinators so they get to know with whom the patient should be connected in the set up. They have access to the mentor's network and hence have the ability to get the things done quickly.Tenure of a patient coordinator in a hospital is also a critical issue. Social capital gathered over extended timeassists a patient coordinator to fight the cholesterol that is present in system processes of the hospital. Taking swift action is critical and extended tenure allows this. Tenure also allows a patient coordinator the opportunity to handle diverse cases involving different visa issues and medical complications.A medical tourist can evaluate the offers from various hospitals based on the assistance being provided and package that is created for the patient. A tenured medical coordinator has the ability to have access to tacit knowledge of the previous incidents so as to learn from the experiences so as to assist in avoiding similar pitfalls. This becomes all the more important when the establishment does not have a proper knowledge management system where experiences in the form of patient treatment cycle and service experience are stored for reference. Intertwining together the individual characteristics and attributes present in a person in hospital level context, we suggest the model presented in figure 2 below.

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CONCLUSION

It has been an attempt to interlace individual and individual factors at an organisational level that are pointers of a successful patient coordinator for transnational patients. Prior studies have been done on dyads and not on exercises that involve multiple groups in an

organisation. Neither has such framework been attempted for a role such as patient coordinator as the context is new.The manuscript attempts to bridge this gap by incorporating standalone individual characteristics and individual characteristicsentrenched in organisational factors for a patient acquisition and service providing scenario. The model can be exploited to recognise the best individual for the role of a patient coordinator.

Limitation and Suggestions for Future Study

The research is conceptual in nature and borrows from prevailingmodels existing in literature. The framework can be exposed to verification by attemptingawide-rangingquantitative or an interpretive qualitative study to make it more useful. This can be taken up for future research. Future research can also be done to flesh out comparativecriticality of each of the characteristics. This will assist in the right hiring decisions and also in training and development of individuals who will work as patient coordinators for transnational patients.

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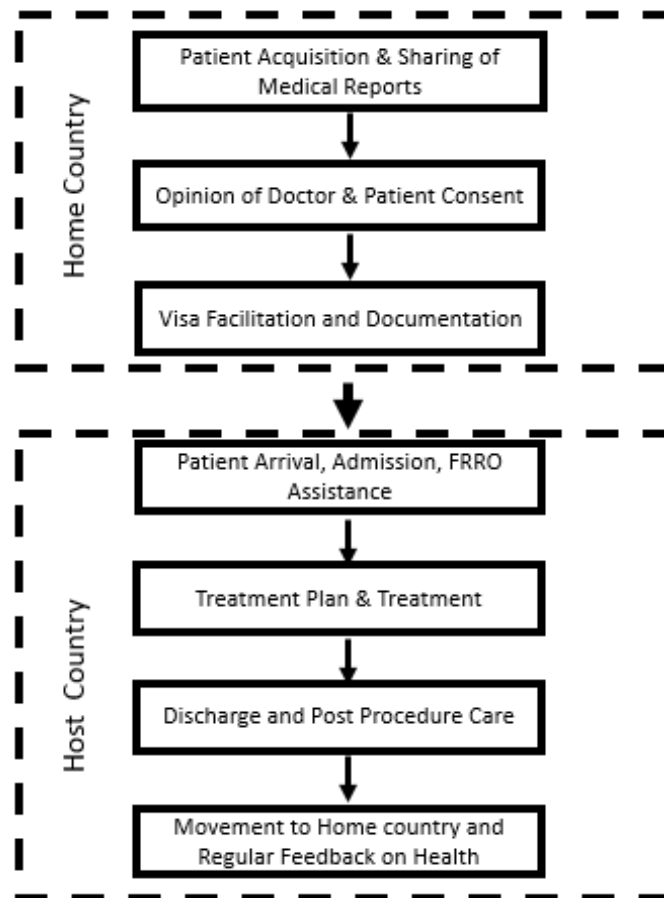
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Figure 1

Steps in Medical Tourism

Figure 2

Framework for Ideal Medical Coordinator for Transnational Patients

Individual Characteristics:
- Self Monitoring- *High*
- Proactive
- Conformity- *Low*
- High Domain Knowledge
- Collectivist
- Power Distance- *Low*
- Masculine
- Long Term Orientation- *Low*

Successful Coordinator for Transnational Patients

Individual Characteristics in Organisation Context:

- Hospital intensive tacit knowledge
- High amount of social capital in the hospital and relevant government administrative setups.
- Extensive social network