Factors Influencing the Satisfaction and Revisit Intention of Jordanian Medical Tourists

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The study aimed to analyse the factors that impact the satisfaction and revisiting intention of medical tourists in Jordan. A theoretical model consisting of seven variables, namely service quality, risk perception, value for money, destination attraction, tourist-friendly environment, satisfaction and revisit intention was framed based on previous literatures. For testing of the model a methodological approach was followed. First, the survey was conducted among medical tourists visiting the top ten hospitals in Jordan, resulting in the collection of 395 responses. Then a structural equation model was employed to analyse the data. The study found that the independent variables, including service quality, value for money, and destination attraction had a significant impact on the satisfaction and revisit intention of medical tourists. The analysis also revealed that the tourist-friendly environment had a significant influence on satisfaction but did not significantly impact revisit intention. However, the study did not provide evidence of any significant impact of risk perception on satisfaction and revisit intention. Aligning with the findings, the government and private entities of Jordan can prioritize maintaining the quality of services, enhancing the attractiveness of the destination, and ensuring a tourist-friendly environment. They can also consider addressing and mitigating the risk perception of medical tourists, as it was not found to impact the tourist's satisfaction and revisit intention.

Keywords: medical tourism, Jordan tourism, medical tourists, revisit intention, tourist satisfaction, consumer behaviour

Introduction

The growth of medical tourism has experienced a significant increase in recent decades due to globalization (Mohd Isa et al., 2019). This expansion can be attributed to various pull and push factors in modern times, which have contributed to the rising demand for medical tourism and its robust growth (John & Larke, 2016). The pull factor stems from the pres-

ence of advanced and internationally accredited medical care facilities, skilled doctors, high service quality in healthcare units, shorter waiting times, and relatively lower costs of medical treatment in the host destination. On the other hand, the push factor arises from expensive medical treatments, long waiting lists for treatment in home countries, affordable international airfare, foreign economic exchange rates, the desire for privacy and confidentiality in treatment, recommendations from friends and family, and inadequate insurance coverage (John & Larke, 2016). In recent times, people are increasingly travelling to less expensive countries for medical procedures such as organ transplantation, bypass surgery, cosmetic surgery, and dental treatments (Mohd Isa et al., 2019). However, in the 1990s, there was a reverse trend, with people from less advanced nations travelling to more advanced countries due to a lack of facilities and skilled doctors in their home countries (Cham et al., 2021).

Medical tourism involves tourists travelling to and staying in the host country for various medical and non-medical activities, leading to increased tourism revenue, GDP, and foreign exchange reserves (Khan et al., 2020). Medical tourists often engage in leisure and business activities during their stay (Khan et al., 2020). According to published reports, medical tourism is projected to grow at an annual rate of 25%, reaching USD 3 trillion by 2025 (as cited in Cham et al., 2021, p. 2).

Among Middle Eastern countries, Jordan and Lebanon have become top-notch destinations for attracting medical tourists (Al Adwan, 2020). Jordan has also emerged as an attractive and safe medical tourism destination, particularly for Lebanese, Syrian, Yemeni, and Sudanese individuals in the Middle East and North Africa regions (Alsarayreh, Mahasneh et al., 2017; Alsarayreh, Nawaiseh et al., 2017).

Jordan's success in medical tourism can be attributed to factors such as internationally accredited hospitals, a highly competent and qualified medical workforce, advanced medical technology and equipment, a growing pharmaceutical industry, favourable climatic conditions, social security, and convenient transportation facilities (Al-Azzam, 2016). Despite these reasons for celebrating Jordan's success as a medical destina-

tion, its full potential in the field of medical tourism remains untapped (Al Adwan, 2020). Medical tourism in the Jordanian region has received less attention from researchers, and some studies have focused on exploring the motivating factors for medical tourists who choose Jordan as their preferred destination for subsequent visits. It is crucial to understand the motivating factors that influence medical tourists' intention to revisit (Al-Azzam, 2016).

The ultimate objective of any tourism-centric organization or tourism-promoting country lies in satisfying the tourists and encouraging them to revisit (Li, 2020; Cakici et al., 2019; Atikahambar et al., 2019). These also apply to the promotion of medical tourism (Jeaheng et al., 2020). Researchers explored the desire of medical tourists to return from many angles, exploring several elements that impact their intention. They have also explored various factors that impact travellers' intention to revisit. Jordan, being a top-notch destination for medical tourism among the Arabian nations, has attracted many researchers to conduct studies on medical tourism (Anshasi & Alsyouf, 2020). As per the report published by Amman Vision Investment and Development (an investment management company in Jordan), a significant percentage of Jordan's GDP, around 8%, comes from medical tourism. Jordan has also been recognized as the best medical tourism destination in 2014 (Alsarayreh, Nawaiseh et al., 2017). Jordan was also found to be the most popular medical tourism destination in the Middle East and North African countries (Alsarayreh, Mahasneh et al., 2017).

Various studies on the promotion of Jordan as a medical tourism destination have been undertaken throughout the years. Significant research has been conducted on destination promotion with digital marketing (Alghizzawi et al., 2020), marketing mix (Al-Azzam, 2016), the government's role in promoting Jordan as a medical tourist hub (Dalbooh, 2015), the contribution of medical tourism to destination promotion (Alsarayreh, Nawaiseh et al., 2017), and a framework for promoting sustainable medical tourism (Darwazeh et al., 2021). Some studies have also looked into the behaviour of medical tourists in Jordan after they have made their purchase.

Alsarayreh, Mahasneh et al. (2017) studied 95 tourists who visited Aqaba, Jordan, for medical reasons to assess customer satisfaction based on medical-related variables such as medical facilities, financial considerations, and service quality. This study's independent variables were all related to medical services. Al-Maaitah (2017) aimed to investigate the degree of satisfaction of medical tourists by utilizing the psychometric features of care instruments. Shriedeh et al. (2017) evaluated the impact of service quality on medical service providers' brand equity. Shriedeh (2019) did a similar study to assess the cause-and-effect connection between service quality and medical tourism service provider brand equity. Previous studies, however, have not considered the success factors of medical tourism in Jordan, nor have they examined the number and scope of research publications that investigate how medical and non-medical factors influence Jordanian medical tourists' satisfaction levels and intent to return.

This study aims to address this research gap and to check the impact of various medical and non-medical factors on the satisfaction and further revisit intention of Jordanian medical tourists. The goal is to investigate the post-purchase behaviour of medical tourists rather than identifying the driving factors for choosing Jordan as a medical tourism destination.

Literature Review and Hypothesis Development
Several researchers reviewed relevant literature to understand the interrelationship effects of various variables in the context of medical tourists' revisit intention, such as medical service quality, destination attraction, tourist-friendly environment, perceived risk, perceived cost, satisfaction, and revisit intention.

Medical Tourist's Revisit Intention
Researchers have paid close attention to the revisit intention of medical tourists, which indicates an individual's readiness to return to a location after their initial visit (Su et al., 2018). Marketers in the tourism business are continually looking for strategies to increase income by enticing customers to return to a place (Cohen et al., 2014). Repeat visits not only result in increased tourist spending but also in recommendations

for others to visit (Correia et al., 2015). Repeat visits are important for tourist locations for three reasons: lower marketing expenses involved with acquiring new consumers, an indication of customer satisfaction and the likelihood of referrals via word-of-mouth (as cited in Heydari Fard et al., 2021, p. 9).

In the case of medical tourism, revisiting intention is important (Arici & Güçer, 2018). Host nations and organizations in the medical tourism industry work hard to nurture loyal tourists and encourage return visits (Aljumah et al., 2020; Ahmed et al., 2017). This is why studies focus on return intention, which originates from patient satisfaction and loyalty (Ahmed et al., 2017). Ghosh and Mandal (2019) emphasized the necessity of providing a pleasant customer experience to please medical tourists and entice them to return. As per Um et al. (2006), revisit intention is the extension of tourist satisfaction. Han and Hwang (2018) emphasized the significance of organizations in the medical tourism sector focusing on persuading first-time tourists to return to their facilities.

H1 *The satisfaction of medical tourists positively impacts the tourist's revisit intention.*

Satisfaction
Satisfaction is the post-purchase behaviour of consumers, reflecting their likes and dislikes after experiencing a service (Wijaya, 2015). It is accomplished by the use of certain procedures that bridge the gap between customer expectations and the services offered (Al-Mhasnah et al., 2018). Healthcare service providers prioritize patient satisfaction, as it contributes to their reputation (Lim et al., 2018). Their ultimate objective is to please patients and keep them for future services by providing high-quality, efficient treatment at a fair cost (Suhail & Srinivasulu, 2021). In the healthcare industry, 'patient satisfaction' is a regularly used phrase to evaluate service quality (Ahmed et al., 2017). It measures healthcare professionals' perceived service quality and acts as a performance metric (Shabbir et al., 2016).

Service Quality
The term 'service quality' has been defined in a variety of ways by various scholars (Khan F. et al., 2017).

However, the core definition of service quality measurement is the 'assessment of a person's happiness by comparing their post-service perception with their initial expectations' (Grönroos, 1984; Parasuraman et al., 1988; Webster, 1989; Lee et al., 2006). To evaluate the effectiveness of service-centric organizations, service quality is used as a criterion (Suhail & Srinivasulu, 2021). The service quality evaluation tool should be verified to ensure that it accurately assesses the service quality of the specific service (Papadomichelaki & Mentzas, 2012).

Parasuraman et al. (1988) developed the SERVQUAL scale which is widely used for the evaluation of service quality. Researchers such as Lam (1997), Al-Mhasnah et al. (2018), Meesala and Paul (2018), Qolipour et al. (2018), Amankwah et al. (2019), S. Lee and Kim (2017), and Ahmed et al. (2017) have also used the SERVQUAL scale to evaluate healthcare services. However, the SERVQUAL instrument has come under fire since it exclusively focuses on the process of providing services while ignoring the results of such interactions (de Keyser & Lariviere, 2014). In his research, Abbas (2020) referenced several studies that strongly criticized the generalizability of the SERVQUAL scale for evaluating service quality. Cronin and Taylor (1992) developed the SERVPERF model by replacing the expectation component with the performance measurement component from the SERVQUAL model. Akdere et al. (2020) used the SERVPERF model to assess the service quality in the healthcare industry. In her review article, Endeshaw (2021) cited several studies that assessed the quality of healthcare services, including 'SERVQUAL,' 'SERVPERF,' 'HEALTHQUAL,' 'Pub-HosQual,' and 'HospitalQual' and highlighted that the previous studies were limited, as they primarily emphasized the functional aspect of healthcare services while giving minimal attention to the technical components and relying heavily on the experience of healthcare service providers. The studies performed by Brown et al. (1993) and Babakus and Mangold (1992), much before the study performed by Endeshaw (2021), also emphasised both the functional and technical aspects of service while evaluating service quality for the health care sector. Technical quality is concerned with the technical outputs of the services,

whereas functional quality is concerned with how the technical quality is communicated to the customer, resulting in the recipient's happiness with their service experience (Arora & Stoner, 1996). Technical quality is concerned with the technical outcomes of the services. According to Doyle et al. (2013), patients frequently place a higher priority on the technical and clinical components of the services than on practical factors like the accessibility of the doctors or the doctor-patient interactions. Caruana (2002) referred to the technical component as the 'what' aspect, which considers the outcome of the service process and focuses on output quality. Conversely, the functional component, referred to as the 'how' aspect, considers the process quality and pertains to the method by which the service is provided.

Numerous research has emphasized how crucial service quality is to medical visitors' happiness. According to Silvestri et al. (2017), continuous quality improvement in hospital services is essential for ensuring customer satisfaction. According to Padma et al. (2010), the quality of hospital personnel has a significant influence on patient satisfaction. The study also found that the patients are satisfied with the quality of clinical care, the hospital's reputation, and trustworthiness, while attendants of the patients are influenced by the administration and infrastructure of the hospitals. Similarly, Thawornwiriyatrakul and Meeprom (2020) revealed that the travel motives of health and wellness tourists are strongly influenced by perceived service quality and satisfaction. There is a close association between perceived service quality dimensions and patient satisfaction (Ali et al., 2021). The level of patient satisfaction is influenced by various factors, including the functional, auxiliary, and special administrative features that patients experience.

Lee and Kim (2017) investigated the factors impacting hospital revisit intention and discovered positive correlations between the quality of the medical service, travellers' satisfaction and their subsequent intention to revisit. Additionally, healthcare customers' perceptions of service quality have a major influence on their satisfaction, albeit to varying degrees depending on their socioeconomic attributes (Suhail & Srinivasulu, 2021). Similarly, Li (2020) focused on service

quality, corporate image, and self-service technology (sst) as indicators of customer satisfaction and revisit intention, recommending that marketers continuously enhance service quality to improve overall customer satisfaction.

H2 *The service quality dimensions of medical service providers have a positive impact on medical tourists' satisfaction.*

H3 *The service quality dimensions of medical service providers have a positive impact on medical tourists' revisit intention with the mediating effect of their satisfaction.*

Destination Attractiveness

The attractiveness of a destination encompasses various non-home elements which attract travellers, such as landscapes, activities, experiences, transportation, accommodation, and other services (Lew, 1987). This includes the natural attractions at the destination such as flora, fauna, waterfalls, beaches, and landscapes, as well as artificial attractions at the destination including heritage, structure, and other tourism services. In addition to medical services, people who travel abroad for medical reasons look for tourist-oriented amenities such as lodging, leisure activities, and shopping (Sultana et al., 2014). The frequency of travel to a certain location reflects the location's ability to attract visitors (Bianchi et al., 2014). Instead of only drawing visitors for their first visit, a location must be able to draw them again to be successful over the long term (Cohen et al., 2014). Positive perceptions of on-site experiences at tourist attractions contribute to tourist satisfaction (Navratil et al., 2012).

Um et al. (2006) performed research in Hong Kong on the factors that influence visitors' intentions to return and their levels of satisfaction while on vacation. They highlighted the significance of perceived destination attraction as a primary factor influencing the revisit intention of travellers, with satisfaction mediating this relationship. In a study by Seetanah et al. (2020), the quality of tourist attractions was identified as a significant attribute affecting destination satisfaction and influencing the revisit intention of travellers. Similarly, research conducted by Sukarno et al.

(2019) on Yogyakarta Heritage Tourism in Indonesia indicated that tourism attractions significantly and favourably affect visitors' pleasure and desire to return.

H4 *The medical tourist destination attraction positively impacts tourist satisfaction.*

H5 *The medical tourist destination attraction positively impacts tourists' revisit intention with the mediating effect of their satisfaction.*

Tourist-Friendly Environment

Jordan receives approximately 90% of its medical tourists from Middle Eastern countries, while only 10% come from European nations, America, and Asia together (Al Adwan, 2020). Due to religious considerations, travellers from Middle Eastern countries frequently choose to stay in a destination that offers a Muslim-friendly environment such as having halal-friendly restaurants and offering halal-friendly foods (Battour et al., 2011).

Making a destination warm and hospitable to tourists not only improves visitor satisfaction but also draws in more travellers (Nedelea, 2017). The satisfaction of travellers is also increased by having tourist-friendly amenities at the airport, such as duty-free shopping options. This in turn has a favourable effect on their intention to go back to the place (Chuchu, 2020). Furthermore, Kim et al. (2021) conducted a study that identified unethical business practices, regulations, customs, and visitor management as attributes of a destination that can contribute to a negative guest experience. Tourist dissatisfaction is eventually caused by these attributes. However, Lunt et al. (2011) discovered that having cross-border insurance coverage for travellers seeking medical care in another nation increases their satisfaction. Furthermore, according to Salehzadeh et al. (2016), medical tourists who are exposed to the host country's familiar culture, language, and religion report feeling more content and are more likely to return. According to Esiyok et al. (2017), patient satisfaction is significantly influenced by the cultural similarities between the host nation and the patients. A 'medical tourism experience' scale was also suggested by Ghosh and Mandal (2019) to assess the effect of this on visitor satisfaction. The treatment,

service quality, costs, medical infrastructure, attraction, culture, and ease of access to destinations are just a few of the seven factors covered by this measure.

H6 *The tourist-friendly environment of a destination has a positive impact on tourist satisfaction.*

H7 *The tourist-friendly environment of a destination has a positive impact on tourists' revisit intention with the mediating effect of their satisfaction.*

Perceived Risk

Bauer (1960) introduced the theory of perceived risk. The perceived risk refers to the customer's perception and anticipation of potential adversities and uncertainties related to their probable future (Pathak & Pathak, 2017). According to Zhu and Deng (2020, p. 3), the perception of tourism risk includes several elements, such as operational risk, crisis risk, and cultural conflict risk. Tourists are now seriously concerned about the possibility of lockdowns caused by the COVID-19 pandemic, especially in light of the virus's first spread and future waves (Gössling et al., 2020). Another dangerous element that discourages travellers is terrorism, particularly in places like the Middle East that are vulnerable to such attacks (Hunter-Jones et al., 2008; Seabra et al., 2020). Natural disasters also discourage tourists from visiting certain destinations (Albu, 2016). The political instability, along with the potential for terrorist attacks negatively affects tourists' intentions (Artuğer, 2015). Travellers are subject to a variety of dangers, such as robbery, bad weather, political upheaval, terrorism, disasters, infections, strikes, and food poisoning. These risks can arise from individual events such as illness, environmental conditions, weather, conflicts, and cultural differences (Cianconi et al., 2020).

Sohn et al. (2016) found that risk perceptions lead to negative satisfaction. The researchers also discovered a cause-and-effect relationship between perception and satisfaction which lead to future visit intention. Travellers with higher perceived risk are more likely to make changes to their trip arrangements (Kozak et al., 2007). According to Tasci and Boylu (2010), the perceived risk for foreign travellers in-

cludes safety concerns, cultural conflicts, sanitation issues, language barriers, and transportation challenges. These factors contribute to decreased satisfaction levels among tourists (Tasci & Boylu, 2010).

H8 *The perceived risk of medical tourists has a negative effect on tourist satisfaction.*

H9 *The perceived risk of medical tourists has a negative effect on tourists' revisit intention with the mediating effect of their satisfaction.*

Value for Money

The trade-off between the price consumers pay and the goods or service they receive may be viewed from the standpoint of the customer as 'Value for Money' (Nasution & Mavondo, 2008). It depicts the customer's evaluation of a product or service's general qualities in monetary terms (Lee et al., 2019). Travellers give careful consideration to financial aspects while making vacation plans (Chang & Wildt, 1994). Customers are more concerned with the advantages they gain than the costs they pay (Hanif et al., 2010).

The capacity of marketing managers to forecast the degree of consumer satisfaction depends heavily on value for money (Ahmed et al., 2021). According to several sources, including Rajaguru (2016), Kusumawardani and Aruan (2019), Williams and Soutar (2009), Gault (1986), Ahmed et al. (2021), and Nasution and Mavondo (2008), it is regarded as a crucial element of customer satisfaction in a variety of businesses. Customers evaluate the advantages gained against the disadvantages incurred (Zeithaml, 1988). A country can attract wellness tourists from other countries by offering competitive prices (Kiatkawsin & Han, 2017). Value for money has been investigated and shown to have a favourable impact on customer satisfaction by several researchers (Chen & Chen, 2010; Gallarza et al., 2013). Customer satisfaction, in turn, leads to intentions to revisit and recommend the products or services (Heydari Fard et al., 2021; Kim & Park, 2017). Additionally, tourists are more satisfied when a place is reasonably priced, which increases their intentions to return and recommend (Mai et al., 2019).

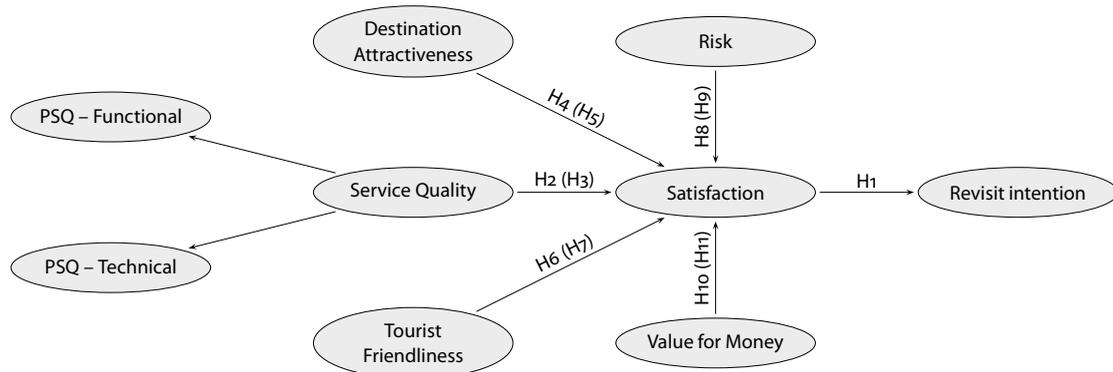H10 *The value for money of medical tourism destinations has a positive effect on tourist satisfaction.*

Figure 1   Tentative Model Based on Hypotheses

H11 *The value for money of medical tourism destinations has a positive effect on tourists' revisit intention with the mediating effect of their satisfaction.*

Based on the above theory-driven hypotheses, the following tentative model can be depicted for research (Figure 1).

Methodology
Study Site
Jordan, situated in the Eastern Mediterranean region, holds significance by being geographically close to three continents: Asia, Africa, and Europe (Al-Tammemi, 2020). This Middle Eastern country shares its border with Iraq, Israel, Palestine, Saudi Arabia, and Syria (Al-Tammemi, 2020). In 2014, Jordan gained recognition as an appealing destination for medical tourists when it was awarded the title 'medical tourism destination of the year' (Anshasi & Alsyouf, 2020). Since then, the country has attracted medical tourists from numerous countries and has become one of the most sought-after destinations for medical purposes (Anshasi & Alsyouf, 2020).

Research Instrument
The research instrument for this study was framed in the form of a questionnaire, which consisted of seven major factors used to measure the revisit intention of foreign tourists visiting Jordan for medical purposes. These factors included revisiting intention, medical tourist satisfaction, service quality, tourist-friendly environment, destination attraction, value for money, and perceived risk.

The revisit intention was measured with a four-item scale adopted by Mohd Isa et al. (2019), M. J. Khan et al. (2017) and Cham et al. (2021). Similarly, the satisfaction of the medical tourists was measured with a five-item (Before Content Validity) scale adopted by Cham et al. (2021) and Zailani et al. (2016).

For measuring service quality in terms of functional and technical dimensions, a scale with four items for 'functional service quality' and three items for 'technical service quality' was adopted from de Keyser and Lariviere (2014). The tourist-friendly environment was measured using four items (Before Content Validity) and was adopted from various studies, including Ghosh and Mandal (2019) and Zarei et al. (2018). The destination attraction scale included four items taken from Mahmud et al. (2021), and M. J. Khan et al. (2017). The value for money (VFM) scale consisted of four items taken from Kusumawardani and Aruan (2019) and the perceived risk scale included four items from M. J. Khan et al. (2017).

These adopted items were modified to suit the context of this study on medical tourism. A five-point Likert scale ranging from strongly disagree to strongly agree was used for data collection. The questionnaire was reviewed by five industry experts, four officers of the top cadre from the medical council of Jordan, and ten researchers to ensure its relevance, representativeness and precision. After the review, the questionnaire

Table 1 Scale

Category	No.	Item	Source	Action
Revisit Intention	RVST1	I will consider this hospital as my first choice in the future when I need healthcare services.	Mohd Isa et al. (2019)	Adopt
	RVST2	I will visit this hospital in the future if I need healthcare services.	Mohd Isa et al. (2019)	Adopt
	RVST3	If I need medical services in the future outside my country of residence, I would consider this hospital as my first choice.	Cham et al. (2021)	Adopt
	RVST4	I am likely to visit Jordan again for medical purposes.	Khan et al. (2017)	Adapt
Satisfaction	SAT1	I am satisfied with my decision to use the service at this hospital.	Cham et al. (2021)	Adopt
	SAT2	My choice to come to Jordan for a medical facility is a wise decision.	Cham et al. (2021)	Adapt
	SAT3	I am satisfied with the healthcare practices in this hospital.	Zailani et al. (2016)	Adapt
	SAT4	I am not disappointed to use this hospital's service.	Cham et al. (2021)	Adopt
Functional Service Quality	PSQfu1	The overall reliability of the hospital is satisfactory.	de Keyser and Lariviere (2014)	Adapt
	PSQfu2	The services offered by the hospital are optimally managed.	de Keyser and Lariviere (2014)	Adapt
	PSQfu3	I am satisfied with the speed of delivery at the hospital.	de Keyser and Lariviere (2014)	Adapt
	PSQfu4	The customer service of the hospital demonstrates good speed and friendliness.	de Keyser and Lariviere (2014)	Adapt
Technical Service Quality	PSQtch1	The overall quality of the medical service is good.	de Keyser and Lariviere (2014)	Adapt
	PSQtch2	The health information provided by the hospital is perceived to be of high quality.	de Keyser and Lariviere (2014)	Adapt
	PSQtch3	The hospital offers a range of medical services.	de Keyser and Lariviere (2014)	Adapt
Tourist-friendly Environment	TRFD1	The rules and regulations of Jordan are very friendly to me as a medical tourist.	Zarei (2018)	Adapt
	TRFD2	I am feeling secure in Jordan.	Zarei (2018)	Adapt
	TRFD3	The local people are open to welcoming people from other cultures.	Ghosh and Mandal (2019)	Adopt

Continued on the next page

was refined, resulting in elimination of two items (1 each from satisfaction and tourist-friendly environment).

Pilot Testing

Following that, a pilot test was conducted on fifty medical tourists from two prestigious hospitals in the Amman region to establish face validity. This region in Jordan boasts exceptional medical infrastructures and makes a significant contribution to the field of medical tourism. The statements were properly read and understood. The final version of the questionnaire for data collection consisted of thirty items, which can be found in Table 1.

The target population for this study comprises foreign tourists who have either visited or are currently visiting Jordan for medical purposes. In 2019, Jordan received approximately 220,000 medical tourists, a

Table 1   Continued from the previous page

Category	No.	Item	Source	Action
Destination Attraction	DATR1	The medical tourism destination has many exciting events and activities and an attractive landscape for spending quality time.	Mahmud et al. (2021)	Adopt
	DATR2	Jordan offers appealing local food.	Khan et al. (2017)	Adapt
	DATR3	Jordan has beautiful scenery and natural attractions.	Khan et al. (2017)	Adapt
	DATR4	Jordan has good standard of hygiene and cleanliness.	Khan et al. (2017)	Adapt
Value for Money	VFM1	The service of hospital is good for the price paid.	Kusumawardani and Aruan (2019)	Adapt
	VFM2	I see value for the money I paid.	Kusumawardani and Aruan (2019)	Adapt
	FVM3	The price I pay for various facilities and services in Jordan is very reasonable.	Kusumawardani and Aruan (2019)	Adapt
	VFM4	The facilities and services I got is worth what I paid.	Kusumawardani and Aruan (2019)	Adapt
Perceived Risk	RSK1	A medical tour to Jordan involves unexpected extra expenses (such as changes in exchange rates, extra costs in hotels).	Khan et al. (2017)	Adapt
	RSK2	A medical trip to Jordan is more expensive than other international trips.	Khan et al. (2017)	Adapt
	RSK3	There is a possibility of a strike on (airport, railway station, buses) in Jordan.	Khan et al. (2017)	Adapt
	RSK4	Travelling to Jordan involves too much risk.	Khan et al. (2017)	Adapt

figure close to the annual average, as reported by Al Nawas (2020) in *The Jordan Times.* Prior to 2016, the Kingdom consistently welcomed more than 250,000 patients annually, according to the Private Hospitals Association (PHA). Due to the difficulties encountered in gathering data from departing medical tourists in Jordan, the data collection process focused on tourists who were currently undergoing treatment.

Sample Selection

The sample size for the study was determined using the confidence interval method recommended by Burns and Bush (2010). According to this method, the minimum sample size required for an infinite population is 384. To achieve an effective sample, a judgemental sampling method was adopted.

Judgemental sampling was employed in the first stage. This approach was first chosen because the top hospitals in Amman, followed by Ibrid, receive the highest number of medical tourists from foreign coun-

tries. Therefore, the top ten reputable hospitals based on world rank were selected for data collection. The list of hospitals was obtained from the website (https://hospitals.webometrics.info/en/aw/jordan). Permission was sought from the management of these hospitals to conduct the study.

Data Collection

Six hospitals allowed collecting of data. The hospitals that permitted data collection are King Hussein Cancer Centre, Specialty Hospital Amman, Islamic Hospital, King Abdullah University Hospital, Alkhalidi Medical Centre, and Jordan Hospital. The medical tourists from each hospital that had permitted data collection were approached randomly. A total of 625 medical tourists from different countries were approached, out of which 395 were available and showed interest in filling in the questionnaire with a rate of 63%. Two researchers collected the data from December 2021 to April 2022.

Data Analysis

The researchers involved in the data collection ensured the avoidance of missing values, which subsequently helped in the data-cleaning process. In the subsequent step, data analysis was performed using spss 23.0 and smartpls 3.3.4. The demographic data were analysed using spss 23.0. The structural equation modelling (sem) was performed with smartpls software. The analysis of the structural equation model involves a two-step approach which includes the analysis of the measurement model and structural model. The measurement model assesses the relationship between the observed items and their latent constructs. This study analysed the measurement model using the confirmatory factor analysis (cfa) method. The application of cfa helped in assessing the fitness of the measurement model, its composite reliability (cr) and construct validity (test of both Convergent and Discriminate validity). Next, the structural model analysis was performed, which helped in testing the hypotheses. The mediating effects were checked using the bootstrapping method with sem-pls. pls enables a researcher to assess latent constructs using small and medium sample sizes and non-normality distributed data (Ali et al., 2018). sem-pls is a recommended technique to analyse serial mediation and path coefficients in structural models (Hair et al., 2017).

Theory-driven modelling without exploratory factor analysis (efa) can be justified based on several compelling arguments put forth by prominent researchers in the field of psychometrics and structural equation modelling. Henson and Roberts (2016) emphasize that efa is primarily used for theory generation, whereas confirmatory factor analysis (cfa) is employed for theory testing. This distinction underscores the notion that when a solid theoretical foundation already exists, there may be little need for efa. Green et al. (2016) support this by highlighting that efa is applied when there is limited prior knowledge regarding factor structure and the number of factors, whereas cfa is preferred when there is well-established theoretical knowledge and a desire to confirm the model's fit with the data. Hulland et al. (2018) argue that using both efa and cfa on the same dataset can be unnecessary and potentially misleading, further reinforcing the idea that theory-driven modelling can be conducted without efa.

Results

Common Method Bias

Harman's single-factor test was applied in this study to check the issue of common method bias (cmb). According to the rule of Harman's single-factor test, the issue of common method bias would occur if one factor accounts for more than 50% of the total variance. The common method bias is absent in this study as the total variance explained by one component was found to be less than the threshold limit of 50% at just 38.21%.

Demographic Profile of Respondents

The demographic data have been depicted in Table 2. The collected data showed that a total of 205 (52%) male and 190 (48%) female respondents filled in the questionnaire, indicating that the respondents were equally distributed by gender. The respondents in the age group of 26 to 35 were the highest with 220 (56%) respondents, followed by the age group 36 to 45 with 102 (26%) respondents, 46 to 55 with 43 (11%) respondents, above 55 with 20 (5%) respondents, and below 25 with 10 (3%) respondents. The majority of respondents were married, comprising 292 (74%) respondents, while fewer were unmarried, accounting for 103 (26%) respondents. Respondents with different levels of educational qualification were found with a higher number being those who had completed postgraduate level (pg) with 186 (47%) respondents followed by undergraduate level with 96 (24%) respondents, M.Phil./Ph.D. with 63 (16%) respondents, and others with 15 (4%) respondents. Out of the respondents, 190 (48%) were employed, 153 (39%) had their own business, 40 (10%) were self-employed, 5 (1%) were students, and 7 (2%) were unemployed.

Due to the differences in currency valuation of the countries the medical tourists belong to, their income level was measured in usd. It was found that respondents with an income group of 1500 to 2500 usd accounted for 145 (37%) respondents, followed by the income group of 2500 usd to 3500 usd with 130 (33%) respondents, more than 3500 usd with 64 (16%) respondents, and less than 1500 usd with 56 (14%) re-

Table 2   Demographic Profile

Category	Item	*f*	%
Gender	Male	205	52
	Female	190	48
	Total	395	100
Age	Below 25	10	3
	From 26 to 35	220	56
	From 36 to 45	102	26
	From 46 to 55	43	11
	Above 55	20	5
	Total	395	100
Marital Status	Married	292	74
	Unmarried	103	26
	Total	395	100
Educational Qualification	Up to 12th	35	9
	UG	96	24
	PG/Masters	186	47
	M.Phil./Ph.D.	63	16
	Other	15	4
	Total	395	100
Occupation	Student	5	1
	Employee	190	48
	Businessperson	153	39
	Self Employed	40	10
	Unemployed	7	2
	Total	395	100
Monthly Income	More than 3500 USD	64	16
	2500 to 3500 USD	130	33
	1500 to 2500 USD	145	37
	Less than 1500 USD	56	14
	Total	395	100
Native Country	ME other than Jordan	315	80
	North America	15	4
	Europe	30	8
	Asian other than ME	12	3
	Africa	23	6

Table 3   Measurement Model Summary

	Items	Loadings	AVE	CR	rho_A	α
(1)	DATR1	0.892	0.785	0.936	0.909	0.909
	DATR2	0.897				
	DATR3	0.895				
	DATR4	0.860				
(2)	PSQfu1	0.914	0.848	0.944	0.915	0.911
	PSQfu2	0.932				
	PSQfu3	0.916				
	PSQfu4	0.929				
(3)	PSQtch1	0.934	0.854	0.946	0.920	0.914
	PSQtch2	0.927				
	PSQtch3	0.911				
(4)	VFM1	0.871	0.783	0.947	0.933	0.930
	VFM2	0.882				
	VFM3	0.890				
	VFM4	0.880				
(5)	RSK1	0.879	0.656	0.788	0.720	0.716
	RSK2	0.840				
	RSK3	0.829				
	RSK4	0.783				
(6)	RVST1	0.772	0.619	0.862	0.799	0.797
	RVST2	0.849				
	RVST3	0.533				
	RVST4	0.936				
(7)	SAT1	0.917	0.854	0.959	0.950	0.943
	SAT2	0.917				
	SAT3	0.932				
	SAT4	0.929				
(8)	TRFD1	0.923	0.842	0.941	0.9155	0.906
	TRFD2	0.922				
	TRFD3	0.907				

Notes   Row headings are as follows: (1) Destination Attractiveness, (2) Perceived Service Quality – Functional Aspect, (3) Perceived Service Quality – Technical Aspect, (4) Revisit Intention, (5) Perceived Risk, (6) Satisfaction, (7) Tourist Friendliness, (8) Value for Money.

spondents. The majority of respondents, 315 (80%), were from Middle East countries, followed by 30 (8%) from Europe, 23 (6%) from Africa, 15 (4%) from North America, and 12 (3%) from Asian countries.

Table 4   Discriminant Validity (Fornell and Larker Criterion)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
(1)	0.886							
(2)	0.841	0.921						
(3)	0.797	0.846	0.924					
(4)	0.218	0.226	0.226	0.787				
(5)	0.107	0.131	0.141	0.042	0.506			
(6)	0.841	0.808	0.812	0.189	0.133	0.924		
(7)	0.882	0.818	0.793	0.183	0.126	0.825	0.917	
(8)	0.882	0.892	0.843	0.249	0.109	0.851	0.868	0.885

Notes   Column/row headings are as follows: (1) Destination Attractiveness, (2) Perceived Service Quality – Functional Aspect, (3) Perceived Service Quality – Technical Aspect, (4) Revisit Intention, (5) Perceived Risk, (6) Satisfaction, (7) Tourist Friendliness, (8) Value for Money. The diagonal is the square root of the AVE of the latent variables and indicates the highest in any column or row.

Measurement Model Analysis

Several criteria were employed to assess the measurement model in our study. Firstly, confirmatory factor analysis was conducted using a factor loading cut-off value of 0.50 (Hulland, 1999; Kline, 2015). This analysis helps establish the relationship between the observed variables and their underlying constructs, ensuring the validity of the measurement model. Secondly, the internal consistency was evaluated using Cronbach's alpha, rho_A and composite reliability (CR) with a cut-off value of 0.70. The Cronbach's alpha provides a lower bound estimate of internal consistency reliability, while composite reliability (CR) provides an upper bound estimate. Rho_A, on the other hand, typically falls between these bounds and can be a good representation of a construct's internal consistency reliability. All the measures of reliability (i.e. Cronbach's alpha, rho_A, and CR) values were found to be above the cut-off value, hence satisfactory (Table 3). Third, to evaluate construct validity, two measures were employed. The first measure was the average variance extracted (AVE), which should exceed 0.5 (Table 3). AVE indicates the proportion of variance captured by the construct and serves as evidence of convergent va-

Table 5   Collinearity Issues and Explanatory Power of the Model

Construct	VIF	R^2
Destination Attractiveness	1.157	0.922
Perceived Service Quality – Functional	1.215	0.924
Perceived Service Quality – Technical	1.222	0.836
Risk	1.842	0.783
Satisfaction	1.786	0.720
Tourist Friendliness	1.111	0.820
Value for Money	1.337	0.658

lidity. The second measure of construct validity was based on Fornell-Larcker criterion (Fornell & Larcker, 1981), which assesses discriminant validity (Table 4). According to this criterion, the square root of the AVE for each latent variable should be greater than the correlation among the latent variables. By satisfying this criterion, the variables in our study demonstrate distinctiveness and provide evidence of discriminant validity. Overall, the measurement model demonstrated satisfactory reliability, convergent validity, and discriminant validity. These results support the robustness of our research and validate the accuracy of the selected measurement items in capturing the intended constructs.

Structural Model Analysis and Hypotheses Testing

The findings of this study, obtained through the PLS-SEM method and the bootstrap technique in Smart PLS, included both direct effects and specific indirect effects. Following the satisfactory findings of the measurement model, the structural model was evaluated using PLS-SEM. The collinearity of constructs was evaluated before model evaluation. The VIF value of variables was found to be less than 2.0 (Table 5), indicating that there is no issue of multicollinearity by retaining the threshold of 5.0. (Ringle et al., 2015).

Following the test for multicollinearity, the path coefficients were assessed with a bootstrapping process of 2000 iterations. The investigation utilised the Normed Fit Index (NFI) and the Standardised Root-Mean-Square Residual (SRMR) to assess the fit of the model. The findings indicate that the SRMR value is

Table 6   Path Coefficients with Direct Effects

H	Relationships	β	T	P	Remarks
H1	Satisfaction → Revisit Intention	0.189	4.344	0.000	Accepted
H2	Service Quality → Satisfaction	0.273	3.156	0.002	Accepted
H4	Destination Attractiveness → Satisfaction	0.245	2.811	0.005	Accepted
H6	Tourist Friendliness → Satisfaction	0.171	2.155	0.031	Accepted
H8	Risk → Satisfaction	0.021	0.565	0.572	Not accepted
H10	Value for Money → Satisfaction	0.238	2.459	0.014	Accepted

Table 7   Specific Indirect Effects

H	Relationships	β	T	P	Remarks
H3	Service Quality → Satisfaction → Revisit Intention	0.052	2.433	0.015	Accepted
H5	Destination Attractiveness → Satisfaction → Revisit Intention	0.046	2.236	0.025	Accepted
H7	Tourist Friendliness → Satisfaction → Revisit Intention	0.032	1.846	0.065	Not Accepted
H9	Risk → Satisfaction → Revisit Intention	0.004	0.517	0.605	Not Accepted
H11	Value for Money → Satisfaction → Revisit Intention	0.045	1.977	0.048	Accepted

0.061 (SRMR < 0.08) and the NFI value is 0.918 (NFI > 0.9), indicating a good model fit (Hair et al. 2017). Furthermore, the model's explanatory ability was investigated using the coefficient of determination (R^2). All R^2 values exceeded the proposed cut-off value of 0.10 (Table 5) (Falk & Miller, 1992).

The path coefficients were then evaluated to test the stated hypotheses. Table 6 shows path coefficients with direct impacts of variables with all t-statistics values greater than 1.96 and statistically significant, suggesting the acceptance of hypotheses predicting the direct influence of independent variables on dependent variables. Based on Table 6, hypotheses H1, H2, H4, H6, and H10 were accepted since the p-values were below the significant level of 0.05. The t statistics for H1, H2, H4, H6, and H10 were found to be 4.34, 3.15, 2.81, 2.15, and 2.45, respectively. The satisfaction of medical tourist significantly influenced their revisit intention (H1: β = 0.189, t = 4.344, p < 0.005). Similarly, the service quality of medical facilities (H2: β = 0.273, t = 3.156, p < 0.005), tourist destination attractions (H4: β = 0.245, t = 2.811, p < 0.005) and tourist friendliness (H6: β = 0.171, t = 2.155, p < 0.005) significantly impacted medical tourists' satisfaction. Satisfaction was also influenced by value for money (H10: β = 0.238, t = 2.459, p < 0.005) significantly. The p-value for H8, which examined the effect of risk on satisfaction (H8: β = 0.021, t = 0.565, p > 0.005), exceeded 0.05, indicating insignificance. Hence, hypothesis H8 was not accepted (Figure 2). Service Quality (β = 0.273) was found to have the highest impact on satisfaction, followed by Destination Attraction (β = 0.245), Value for Money (β = 0.238), and Tourist Friendliness (β = 0.171).

Table 7 represents the specific indirect effects of the independent variables on the dependent variable revisit intention with the mediating effect of satisfaction. The mediating effect of Satisfaction in the relationship between Service Quality and Revisit Intention (H3) was found to be significant (H3: β = 0.052, t = 2.43, p < 0.05) with the highest beta coefficient among the other independent variables. Similarly, the mediating effect of Satisfaction in the relationship between Destination Attraction and Revisit Intention (H5) was significant (H5: β = 0.046, t = 2.23, p < 0.05). Additionally H11 was accepted, indicating the significant mediation of Satisfaction between Value for Money and Revisit Intention (H11: β = 0.045, t = 1.97, p < 0.05).
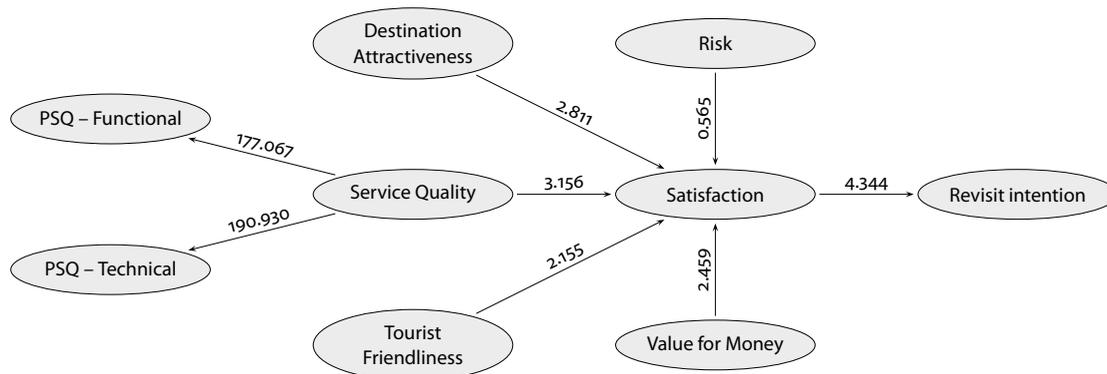
Figure 2   Path Analysis

Service Quality, Destination Attraction, and Value for Money were all found to have a positive impact on tourists' revisit intention, with a mediating effect on their satisfaction. However, these effects were of lower intensity, as indicated by their lower beta coefficient. Conversely, hypotheses H7 and H9 were rejected, indicating insignificant mediation effects of satisfaction between the relationship of Tourist Friendliness (H7: $\beta = 0.032$, $t = 1.84$, $p > 0.05$) and Risk (H9: $\beta = 0.004$, $t = 0.51$, $p > 0.05$) with Revisit Intention.

Discussion and Conclusion

While previous studies in the Jordanian region have focussed on analysing factors influencing the selection of Jordan as a tourist destination, this study examines the influential factors of tourist satisfaction that drive revisit intentions. The study underscores the experiential dimensions as well-established factors that serve as travel motivators. It aligns with a similar study conducted by Ghosh and Mandal (2019), which developed the MTEX construct to measure the service experience. The MTEX construct utilized in this study incorporates and emphasizes three major categories of measures that capture various dimensions of the tourism experience. These categories encompass medical-related, travel-related, and holiday-related aspects. Consideration of these dimensions is crucial for promoting or upgrading the standard of facilities and services, as well as regulating the rules and regulations for medical tourists. According to Nasab et al. (2011), price followed by medical services and the destination-related dimensions are the major factors that contribute to a country's competitiveness in attracting medical tourists.

The findings of the current study reveal the influence of satisfaction on medical tourists' intention to revisit. This is consistent with the findings of Ahmed et al. (2017), Kim et al. (2009), Ghosh and Mandal (2019), and Um et al. (2006), who found satisfaction to be a precursor to a traveller's repurchase intention. According to Ghosh and Mandal (2019), meeting all the essential dimensions outlined in the MTEX scale, including quality medical treatment, accommodation, and local travel experiences, not only leads to the satisfaction of medical tourists but also influences their intention to recommend the destination. Um et al. (2006) found that in the context of international travel, tourist satisfaction plays a crucial role in shaping their intention to revisit a destination, particularly when the destination offers novel experiences or entails lower opportunity costs for the tourists.

Service quality should consider both the functional and technical aspects of medical services provided by hospitals in Jordan (Caruana, 2002). The functional aspects encompass tangibility, reliability, responsiveness, assurance, and empathy, while the technical aspects are about how medical services are delivered. The study found that service quality has a positive influence on tourist satisfaction, which is supported by the findings of Lee and Kim (2017), Padma et al. (2010), Thawornwiriyatrakul and Meeprom (2020), and Ali et al. (2021). Ahmed et al. (2017) conducted a study on

patients from healthcare units in Bangladesh, which revealed that patients perceive the service quality of private hospitals to be higher than that of public hospitals, mainly due to their focus on technical and functional aspects. Satisfaction achieved from the quality of service also influences medical tourists' revisit intention, as supported by Lee and Kim (2017) and Thawornwiriyatrakul and Meeprom (2020). According to Padma et al. (2010), the patients and attendants prioritize the interpersonal aspect of care as they have a limited understanding of the technical part of medical services. Hence, to satisfy them, their service needs must be understood properly.

The value for money was found to significantly influence tourist satisfaction, indicating that the satisfaction of medical tourists in Jordan is positively influenced by the value they receive for their money. Furthermore, value for money was found to positively influence medical tourists' revisit intention post-satisfaction. This aligns with the findings of Mai et al. (2019), which reveals that affordable price of services at the destination contribute to visitor satisfaction and their revisit intention. The findings of this study are also supported by Um et al. (2006), which highlights the influence of value for money on satisfaction and revisit intention. The researchers aim to unravel the specific ways in which each of these factors contributes to the overall perception of value for money. For instance, service duration becomes a critical factor as it directly impacts the customer experience, influencing their level of satisfaction. Additionally, the convenience, cost of service, and search cost are explored to shed light on their individual roles in shaping customer perceptions. By explicating how each element intertwines with the concept of value for money, the researchers provide a comprehensive understanding of the factors influencing satisfaction in the context of the services under examination.

In this study, the tourist-friendly environment of Jordan was found to positively influence the satisfaction of the medical tourists with statistical significance. This finding is consistent with the study conducted by Darwazeh et al. (2021), which indicates that not-so-stringent government regulations, traveller friendly business practices and relaxed custom charges are influential factors for the success of Jordan as a medical tourist destination. Ghosh and Mandal (2019) also support the cultural acceptance of the local people as a precursor to medical tourists' satisfaction. However, the influence of a tourist-friendly environment on revisit intention, with the mediating effect of satisfaction, was not found to be significant in our study. This suggests that a revisit intention triggered solely by a tourist-friendly environment is not deemed sufficient based on our research findings.

The current study was not found to be aligned with the outcomes of the previous studies conducted by Tasci and Boylu (2010) and Sohn et al. (2016), which highlight the influence of negative risk perception on tourist satisfaction and revisit intention. However, it does not imply the perception of medical tourists regarding Jordan as a riskier destination. The significant effect of perceived risk on satisfaction and revisit intention cannot determine the perception of risk associated with Jordan as a medical tourism destination.

The findings reveal that tourist destination attraction significantly influences the satisfaction of Jordanian medical tourists. This finding is supported by Navratil et al. (2012), who found a significant and positive influence of tourist destination attraction in Jordan on medical tourist satisfaction. The tourist destination attraction of Jordan was also found to significantly influence medical tourists' revisit intentions, with satisfaction mediating the effect. This aligns with the studies conducted by Um et al. (2006), Seetanah et al. (2020), and Sukarno et al. (2019), which found that attractive destinations satisfy the tourists and influence their revisit intentions. Um et al. (2006) emphasize the importance of destination attraction over traveller satisfaction in stimulating revisit intention. Seetanah et al. (2020), and Sukarno et al. (2019) reveal the quality of the destination's attraction results in tourist satisfaction and revisit intention. In the current study, the medical tourists are found to be satisfied by the destination attraction of Jordan and consider a second visit.

The suggested model holds significant value for the global scientific community. First, it has the potential to inform and support researchers working in the area of medical tourists in suggesting important drivers of

medical tourists' satisfaction and revisit intention. Second, this research offers a foundation for the other researchers in this area in understanding the role of traveller's risk perception in influencing their satisfaction and revisit intention. Third, this study can help future researchers in conceptualizing various elements of service offerings that have the potential to influence their satisfaction and revisit intention.

This study also has managerial implications for hospitals and destination management companies. First, taking insights from the current study, hospitals can consider maintaining good quality medical services by focusing on both technical and clinical excellence and by ensuring a sound service delivery process which can address the functional aspects. Second, hospitals may consider prioritizing modern and advanced clinical standards and state-of-the-art facilities based on the current findings. Third, the government can consider implementing favourable policies for creating a tourist-friendly environment that may align with the findings of the current study. This study also suggests the destination management companies should consider working on the destination's attractiveness. Fourth, while managing and delivering services, attention can be paid to the monetary aspects for ensuring the services to be perceived as valuable and not overly costly. Fifth, work can be done to reduce the magnitude of risk perception of the tourists by empathizing with the medical tourists. Seventh, the stakeholders like hospitals and destination management companies can consider the findings of this study while making long- and short-term strategies.

This study has some limitations. First, this study was conducted in the top ten hospitals in Jordan, which may limit the generalizability of the findings. Future research could include medical tourists from other hospitals to provide a broader perspective. Secondly, the current study did not differentiate between medical tourists visiting government and private hospitals. Future research can consider conducting a cross-sectional study to examine differences in outcomes between tourists utilizing government and private medical facilities. Third, this study focuses on five external factors, namely tourist destination attraction, service quality, value for money, perceived risk, and tourist

friendliness of the destination. Future studies could explore additional factors that may influence the satisfaction and revisit intentions of medical tourists.

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