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DIMENSION OF THE COUNTRY OF ORIGIN EFFECT IN THE PERCEPTION OF MEDICAL SERVICES IN EU COUNTRIES– AN INTERNATIONAL COMPARISON

Abstract:

The influence of the country's images on consumer attitudes has been defined as the country of origin (COO) effect. So far, the research in that field in services has been relatively scarce, and the analysis of expert literature indicated that the question of the COO effect in medical services has been discussed only in one article.

The aim of the paper is to provide the answers to the following questions: 1) do the COO dimensions apply to the assessment of medical services?; 2) what is the significance of the particular dimensions in these services?; 3) does the significance of the particular dimensions depend on consumers' origin?

Four dimensions have been introduced: innovativeness, diversity, quality, prestige. Study has been carried out in three European countries (Germany, Lithuania and Poland) and the survey sample consists of 264 respondents. The data have been collected with the use of a questionnaire form developed by the authors. Their statistical processing has been provided with the use of a t test and the analysis of variance with repeated measurement.

The analysis confirms very high significance of the COO dimensions in medical services, and the fact that the significance is of differentiated nature. The research indicates that Quality and Innovativeness are the most important dimensions as regards medical services. Diversity and Prestige are significantly less important. The differentiation pertaining to the significance of dimensions indirectly indicates that medical services are affected by the COO effect.

The analysis indicates that the COO dimensions as well as consumers' origin affect the assessment of the importance pertaining to a particular dimension, however the pattern of dimension preference is similar in all three countries.

The results of the research may be applied in economic practice: in marketing operations of service providers and in operations of institutions which deal with shaping the image of their country and its positioning in the international environment.

Keywords:

country-of-origin (COO) effect, the dimensions of the COO effect, medical services, services marketing

JEL Classification: M31, L84, L83

Introduction

At the end of the 1990s a fast development of international trade of health services commenced. Media and scientists have often referred to that phenomenon as to medical tourism.

Similarly, to other services, the development of medical tourism comes as a result of liberalisation in international trade, based on multilateral agreements among the member countries of the General Agreement on Trade in Services (GATS) under the auspices of the WTO, and on technological advance which makes delocalization and outsourcing possible to the growing number of service providing enterprises. The second reason, which is characteristic for health services, is a change in the structure of international trade (Lautier, 2014). A more significant role is now being played by developing and emerging countries where, in terms of export, competitive prices are provided with attendant improving quality of health care and qualifications of medical staff. In terms of import, it generates growing wealth of citizens in those countries.

The increase in international service trade and attendant significant interest of scientific circles have been defined as "a boom in academic analysis" (Connell, 2013). However, scholars who carry out their research on medical tourism still face a number of challenges resulting from the lack of consensus referring to the very name of the phenomenon, the lack of its explicit definition and the lack of reliable data pertaining to its scale (Lunt, Carrera, 2010; Connell, 2013; Lautier, 2014).

A relatively small number of scientific papers refers to medical tourism in Europe. In a literature review provided by Lunt and Carrera (2010), there are 371 articles presented, most of which refer to America and only 23 to Europe. Moreover, world literature on internationalisation of medical services focuses mainly on the description of the market and entities which operate there (Al-Amin, Makarem, Pradhan, 2011).

The authors of the presented article have attempted to partially fill in that gap. They focus on consumers and their perception of the discussed services. The aim of the survey is to provide the answers to the following questions: 1) do the COO dimensions apply to the assessment of medical services?; 2) what is the significance of the particular dimensions in these services?; 3) does the significance of the particular dimensions depend on consumers' origin?

The results of the research come as a contribution to the field of knowledge referring to the COO effect in services. So far, the research in that field has been relatively scarce, and the analysis of expert literature indicated that the question of the COO effect in medical services has been discussed only in one article (Mechinda et al., 2010)[1].

Considering the dynamic development of medical tourism, it is advisable to intensify research in that field, including the COO effect as well. In the research presented in the article, the survey sample consists of 264 respondents from Poland, Germany and

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[1] The literature review is provided with the use of the database of full-text publications accessible in EBSCO, ProQuest, Emerald and ScienceDirect.

Lithuania. The data have been collected with the use of a questionnaire form developed by the authors. Their statistical processing has been provided with the use of a t test and the analysis of variance with repeated measurement.

The article starts with a presentation of medical tourism and its significance. The following part presents the issues referring to the COO effect and its dimensions. Next, the research methodology is presented with the results of the research and ensuing conclusions. The article is ended with recommendations as regards the directions of further research.

The results of the research may be applied in economic practice: in marketing operations of service providers and in operations of institutions which deal with shaping the image of their country and its positioning in the international environment.

Medical tourism – the term and its significance in international trade

Expert literature often defines international trade of medical services as „medical tourism". It is a complex phenomenon, and it is difficult even to provide an appropriate name for that. It contains issues of medical nature as well as those which refer to travelling. Expert literature offers such terms as: medical travel, medical care abroad, treatment abroad, health tourism, overseas medical health services), international trade in health services/health services exports. The authors use these terms interchangeably with medical tourism. For the requirements of the presented research, a definition provided by Cormany and Baloglu (2011) has been assumed: "the act of travelling abroad to obtain medical care[2]", because it is the medical aspect, rather than the one referring to tourism, that the authors have been interested in.

It is difficult to precisely define the scale of medical tourism, its market shares and revenue, considering the lack of systematic reports in particular countries and the lack of adequate research on that issue (Connell, 2013; Lautier, 2014).

In the years 1997-2010 Lautier (2014) attempted to evaluate trends and the scale of the phenomenon. He based his research on the only available source at an international level: the data collected by the International Monetary Fund. In accordance with the calculations provided by the author, the estimated worth of the global export of medical services in 2010 reached the level of $11.766 million. It means that since 2003 that amount had been doubled. Since 1997 the amount had been growing on average by 8.1% annually. Meanwhile, the structure of supply was changed. At first, the market was dominated by exporters from the North, who had two thirds of the market share. Then, in the subsequent years the South also grew in significance, and its export was growing on average by 12.3% annually (by 5% in the North). In 2010 the market shares of the

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[2] As cited in: Connell, J. (2013, p.2). Literature offers some complex definitions, the authors of which try to include the variety of aspects referring to the phenomenon, for example: „medical tourism means purposeful travelling to a foreign country to undergo intended medical treatment in order to save good health, to improve quality of life or a patient's appearance. It is caused by financial or qualitative reasons or because of inaccessibility of particular services in patients' country (it may result from the lack of medical staff, lack of required knowledge, equipment, procedures or long queues to obtain the required medical treatment, and also from legal restrictions). Medical tourism frequently involves sightseeing of the visited places." (Białk-Wolf, 2014).

South reached the level of 54%, whereas the market share of the North was 46%. The author also states that the number of foreign patients was then estimated for 5-6 million annually. In 2010 the average amount spent by a patient was between $1960 and $2360.

Expert literature presents some analysis referring to the motivation of medical travellers (Horowitz, Rosenweig, 2007, as cited in: Mechinda et al., 2010; Culley et al., 2011; Connell, 2011a; Laugesen & Vargas-Bustamante, 2010; Menvielle et al.,2014; Inhorn and Shrivastav, 2010, as cited in: Culley et al., 2011; Shenfield et al., 2010; Ehrbeck et al., 2008; Menvielle et al.,2014), postrzeganych zagrożeń (Menvielle et al., 2014) i wyboru destynacji (Pennings et al., 2009; Culley et al., 2011).

The COO effect and its dimensions in marketing

Expert literature on international marketing and consumers' behaviour defines the influence on opinions and purchase behaviour of consumers coming from particular country of origin as the effect of the country of origin. It has been profoundly analysed as regards material products (for relevant literature reviews, see eg: Bilkey and Nes, 1982, Al-Sulaiti and Baker, 1998; Peterson and Jolibert 1995; Javalgi, Cutler, and Winans 2001; Pharr 2005; Rezvani et al., 2012; Saran and Gupta, 2012), whereas the COO effect pertaining services has not undergone thorough research yet. (Ahmed, Johnson, Ling, Fang, & Hui, 2002; Chattalas, Kramer and Takada, 2008; d'Astous et al., 2008; Boguszewicz-Kreft, 2014).

So far, the research on the COO effect as regards material goods has referred to its influence on the assessment of quality and value of products, the perception of risk that is connected with their purchase, purchase intentions and decisions, tendencies to pay a particular price for services. The research has been carried out with the consideration of numerous features pertaining to various products, methods and variables (Peterson and Jolibert, 1995). The research has also included factors which affect the COO effect (for relevant literature reviews, see: Pharr, 2005; Ahmed et al., 2002).

The research indicates that the image of the origin country affects the process of evaluation and consumers' decisions. It comes as a significant factor which affects international marketing (Rezvani et al., 2012). The research also indicates that there are some differences in the perception of the COO by consumers from particular countries (Narayana, 1981; Nagashima, 1970; Sharma, 2011).

Considering services, the research has so far confirmed that fact that the COO is an important carrier of information for consumers (Ahmed et al., 2002) which affects their assessment of quality (Wong and Folkes, 2008), purchase risk (Michaelis et al., 2008) and purchase intentions (Harrison-Walker, 1995; Berentzen et al., 2008; Khare and Popovich, 2010; Bose and Ponnam, 2011; Morrish and Lee, 2011; Boguszewicz-Kreft, Magier-Łakomy, Sokołowska, 2015).

Expert literature on tourism defines an image of the origin country as a destination image. It is understood as an attitude formed with the sum of beliefs, images and impressions developed by consumers about destination (Crompton, 1997 as cited in: Mossberg, Kleppe, 2005, p. 497). Mossberg and Kleppe (2005, p. 500) state that the

COO and the destination image „refer to the same object and are based in the same theory (beliefs, attitudes)".

Referring to the current research which indicates the influence of the image on purchase behaviour of consumers, Mechinda et al. (2010) state that medical tourists who have developed a positive image of a particular destination are more likely to positively process information about medical services. The author and his team have carried out some research on the influence of a destination image pertaining to Pattaya, a city in Thailand on tourists' attitudinal loyalty towards medical tourism in that city. Other variables which have undergone the research are: satisfaction, perceived value, trust and knowledge of the destination. The research has proved the influence of all the analysed factors.

Initially, the COO effect was understood as a unidimensional phenomenon (e.g. Hong & Wyer, 1989), however, it earned the attention of a larger number of scholars who claimed that it had a more complex character. So far, none of those opinions has been explicitly confirmed. In 1992, Roth and Romeo presented a synthesis of the current propositions, and they developed a COO model consisting of four dimensions: 1) innovativeness, defined as the use of technical advance and new technologies; 2) design, understood as appearance, colours, style, variety; 3) prestige, defined as exclusiveness, brand reputation, status, and 4) workmanship, that is namely: durability, reliability, craft and quality of work.[3] After some minor modification, the model was used in later research on entertainment services carried out by Bose and Ponnam (2011).

The authors of the presented article provide further adaptation of the abovementioned models to the requirements of the research on the COO in broadly understood services. The authors generally try not to diverge from the original to preserve the possibility of making comparisons to the results of other research and their generalisation. Thus, the following dimensions have been assumed:

1. Innovativeness - the use of the latest knowledge and advanced technology,

2. Diversity- variety, wide range and attractiveness of an offer,

3. Prestige - exclusivity, status, brand name reputation,

4. Quality - reliability, durability, professionalism.

Research Methodology

Research method. The research has been conducted with the use of a questionnaire form developed by the authors and has been based on the research method provided by M.S. Roth and J.B. Romeo (1992). The following dimensions of the COO effect have been distinguished: Innovativeness, Diversity, Prestige, Quality. The survey participants have been asked to define the importance of the particular dimensions in medical, educational, banking, transport and catering services. The analysis presented below

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[3] A review of research methods applied in the research on the COE is to be found in : (Bose, S., & Ponnam, A. 2011).

shows the data referring only to the weight attributed to the dimensions in medical services.

The questions have been answered with the use of a six-grade scale. The low values (1,2) have referred to low assessment, 3 and 4 have referred to medium assessment and the high values (5, 6) have referred to high assessment.

Respondents. 264 respondents have participated in the research. The data have been collected from German, Lithuanian and Polish students of major study courses in economics. The questionnaire form also includes a question about the number of foreign trips (Table 1). The analysis of that variable indicates that the participants of the survey have some experience which refers to staying abroad. The participation in the research has been anonymous and voluntary.

All the statistical analyses have been carried out with the use of a statistical package, Statistica 10.

Table 1. Characteristics of respondents participating in the research

Respondents	N	number of visits abroad		age		Gender*	
		M	SD	M	SD	Women	Men
German	72	19,96	13,53	22,53	2,75	45	27
Lithuanian	65	7,74	6,87	23,02	6,60	33	31
Polish	127	11,66	12,29	23,43	6,51	72	53
Total	264	12,91	12,40	23,09	5,70	150	111

*the *sum of women and men does not include the general number of participants due to the lack of gender information in several questionnaires*

Source: the authors' own study.

Results

First of all, it has been checked if the COO dimensions are applied in medical services. It has been assumed that the differentiation of the importance referring to the COO dimensions indirectly proves that medical services are sensitive to the COO effect. Referring to the applied six-grade scale, three levels of importance have been identified: low (1-2, $M_{low\ importance}=1,5$), medium (3-4, $M_{medium\ importance}=3,5$), and high (5-6, $M_{high\ importance}=5.5$).

There have been two analyses provided with the use of a t test for one sample. The first test has assumed the medium level of importance ($M_{medium\ importance}=3,5$), as the reference value. The second test has assumed the high level of importance ($M_{high\ importance}=5.5$; see: Table 2) as the reference value.

Table 2. Importance of COO's dimensions.

Dimension	M	SD	SE	Test t[1]	Test t[2]
Innovativeness	5,23	1,19	0,07	23,50*	-3,65*
Diversity	4,35	1,39	0,09	9,88*	-13,37*
Quality	5,38	1,19	0,07	25,59*	-1,65
Prestige	3,97	1,56	0,10	4,89*	-15,94*

*$p<0,0001$, **$p<0.001$

[1] the importance of dimension compared to the medium level of importance (reference value M=3,5)

[2] the importance of dimension compared to the high level of importance (reference value M =5,5)

Source: the authors' own study

All the dimensions have reached significantly higher values than the value of the average importance (Table 2, Test t[1]). Moreover, it has been indicated that the quality has reached the highest level of importance out of all 4 dimensions. Other dimensions have reached a statistically significantly lower level of importance than the highest level (Table 2, Test t[2]).

It is possible to conclude that the quality has been considered to be the most important dimension in medical services. Other dimensions have reached a higher importance level than the average level. Therefore, it is possible to assume the COO dimensions are applied to medical services. The fact also indirectly indicates that medical services are affected by the COO effect.

In order to verify if the importance of the particular COO dimensions in medical services depends on consumers' origin country, an analysis of variance with the repeated measurement has been provided. An inter-group variable was the consumer's origin.

The analysis of variance has indicated significant influence of the analysed variables (that is the consumer's origin and the COO dimension) on the assessment of importance. The interaction between the analysed variables has turned out to be significant as well. The comparison between the particular variables has been provided based on the LSD test.

The main effect of *the consumer's origin* variable has been reported ($F(2, 260)=9,03$, $p<0,001$; $eta2=0,07$). However, statistically significant differences between the assessment provided by the Lithuanians ($M_{Lit}=5,06$, SD=1,03) and the Germans ($M_{Ger}=4,87$, SD=1,08, $p>0,05$) have not been reported. It means that their assessment was similar, and it oscillated around the value of 5 on the six-grade scale. The Polish respondents ($M_{Pol}=4,49$, SD=1,47) have provided assessment different from the assessment provided by the Lithuanians ($p<0,001$) and by the Germans ($p<0,01$). It suggests that the Polish respondents indicate a general tendency to assign lower importance to the dimensions in comparison to the respondents from Germany and Lithuania.

The main effect of the COO dimension has proved to be statistically significant $F(3, 780)=114, 82$, $p<0,001$, $eta2=0,31$. It means that the dimensions have been differentiated in terms of their importance (Figure 1). A comparison, which has been provided with the use of the LSD test, has indicated that there are no differences

between the importance of Innovativeness and Quality dimensions. Other comparisons have indicated differences at the significance level of p<0,001. The lowest significance has been assigned to the Prestige dimension, in comparison to other dimensions. The highest importance has been attributed to the dimension of Quality and Innovativeness.

The interaction of independent variables (the consumer's origin x the COO dimension) has also appeared statistically important (Figure 1.): F(6, 780)=7, 77, p<0,001, eta2=0,06

Figure 1. The importance of the COO dimensions in medical services
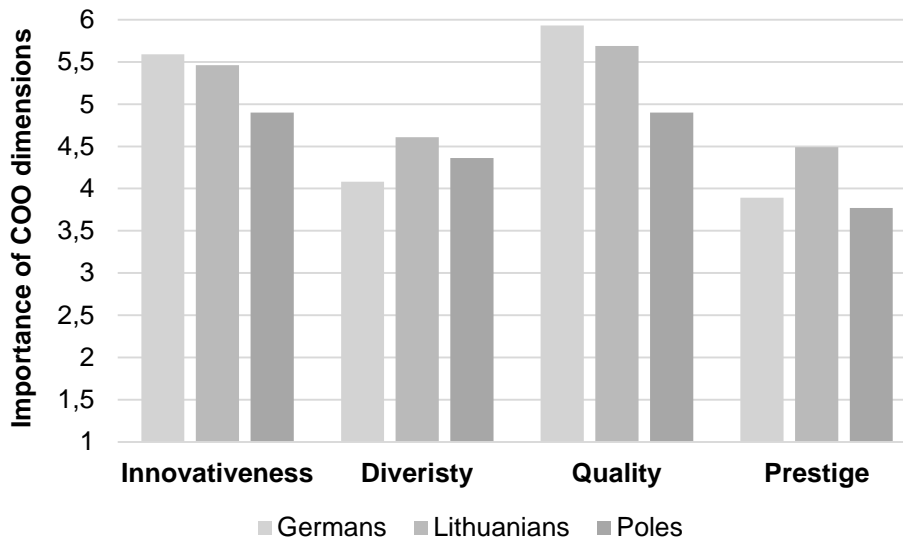
Source: the authors' own study.

The importance of Innovativeness in the opinion provided by the Lithuanians and the Germans is the same. The Poles have provided their assessment of Innovativeness which is different from the opinion of the Lithuanians (p<0,01) and of the Germans (p<0,001). The Lithuanians and the Germans have provided different opinions on the importance of Diversity (p<0,05). The Germans think that Diversity is less important more often than the Lithuanians. The Poles and the Lithuanians consider Diversity to be important to the same extent (p>0,05), similarly to the Poles and the Germans (p>0,05).

The Lithuanians and the Germans attribute the same importance to Quality in medical services (p>0,05), whereas the Poles assign less weight to Quality in comparison to the Lithuanians (p<0,001) and the Germans (p<0,001).

Considering Prestige in medical services, the Polish consumers do not differ from the German customers (p>0,05), and they attribute significantly less weight to that dimension than the Lithuanians (p<0,001). The assessment provided by the Lithuanians is also higher than the assessment provided by the Germans (p<0,01).

The presented results lead to the conclusion that certain dynamics can be observed in the assessment of the importance attributed to the particular COO dimensions. However, a part of that dynamics may be explained with the effect referring to

consumers' origin (see: the main effect of *the consumer's origin* variable), that is namely: with the fact that the Polish consumers prove to have tendency to provide statistically significantly lower assessment of the dimensions than the assessment provided by the consumers from other countries included in the survey. Hence, to provide further verification of the thesis concerning differentiated COO dimensions in medical services, a comparison of the importance of those dimensions has been provided for each country. The obtained results have been analysed from a different point of view to provide the answer to the question whether consumers coming from a particular country assess the dimensions in a different way.

Table 3. The importance of the COO dimensions depending on the consumer's country of origin.

Consumer's country	Dimension	M	SD
Germans	Innovativeness	5,59	0,80
	Diversity	4,08	1,41
	Quality	5,93	0,39
	Prestige	3,89	1,69
Lithuanians	Innovativeness	5,46	0,88
	Diversity	4,61	1,35
	Quality	5,69	0,77
	Prestige	4,49	1,15
Polish	Innovativeness	4,90	1,43
	Diversity	4,36	1,39
	Quality	4,90	1,46
	Prestige	3,77	1,60

Source: the authors' own study.

The Germans. According to the German consumers, Innovativeness of medical services is more important than their Diversity ($p<0,001$) and their Prestige ($p<0,001$). There are no differences in the assessment of the importance pertaining to Innovativeness and Quality ($p>0,05$). The importance attributed to Diversity does not differ from the importance of Prestige ($p>0,05$); they are the same in terms of importance. However, there is a difference between Diversity and Quality ($p<0,001$) and between Quality and Prestige ($p<0,001$). Hence, it is possible to state that in accordance to the German consumers, the most important dimensions are Quality and Innovativeness of medical service. Some less importance (however still reaching a high level) is attributed to their Diversity and Prestige.

The Lithuanians. The importance of Innovativeness and Quality do not differ in a statistically significant way ($p>0,05$). The Lithuanians assign statistically significantly higher weight to Innovativeness than to Diversity ($p<0,001$) and Prestige ($p<0,001$). Both Diversity and Prestige are statistically significantly less important than Quality ($p<0,001$). The weight of Diversity of medical services does not differ from the weight assigned to Prestige ($p>0,05$). Therefore, it is possible to state that the assessment of importance is similar to the assessment provided by the German respondents.

The Poles. The assessment of the importance attributed to Innovativeness and Quality is not differentiated (p>0,05). It means that – similarly to the German and Lithuanian respondents – the Poles assign similar, high weight to Innovativeness and Quality in medical services. The importance attributed to Innovativeness is significantly higher than the importance of Diversity (p<0,01) and Prestige (p<0,001). Diversity is different from Quality (p<0,01) which is assessed higher. A similar difference can be noticed in the comparison between Quality and Prestige (p<0,001).

Conclusions

The intended aim of research has been to verify whether the COO dimensions are applied in the assessment of medical services, to state what the importance of the particular COO dimensions is for medical services and to determine the extent to which the importance of these dimensions depends on consumers' origin.

The first level of analysis confirms very high significance of the COO dimensions in medical services, and the fact that the significance is of differentiated nature. The research indicates that Quality and Innovativeness are the most important dimensions as regards medical services. Diversity and Prestige are significantly less important. The differentiation pertaining to the significance of dimensions indirectly indicates that medical services are affected by the COO effect.

The next level of the analysis indicates that the COO dimensions as well as consumers' origin affect the assessment of the importance pertaining to a particular dimension, however the pattern of dimension preference is similar in all three countries. Hence, irrespective of the weight and of consumers' country of origin, it has been confirmed once again that Quality and Innovativeness in medical services are the most important dimensions. Lower weight is attributed to their Diversity and Prestige; however its level still remains higher than average.

Considering the purchase of medical services and attendant high risk which becomes even higher when the location of the service provider is outside the consumer's place of residence, it is important to acquire some information about the particular medical service to reduce such risk. Among other sources, such information can be also provided by the image of the country of origin.

The countries which operate in the global market of medical services try to attract foreign clients because – apart from the expense incurred to cover the purchase costs of medical service – they also generate additional income,paying for their stay at the hotels, food and transportation and often for tourist attractions (clients also travel with companions). Lautrier (2014) estimates that such expenses come as at least 90% of worth of medical services which are provided.

To attract medical tourists, it is important for individual entities which provide medical services to develop proper marketing strategies for foreign markets. It is also important to create the image of their country through institutional state agencies and other organisations. While planning such operations, it is advisable to consider the significance of the particular COO dimensions of medical services.

In the presented research, a catalogue of universal dimensions has been applied. The dimensions have been designed with the consideration of their usefulness for the analysis of various types of services. However, the specific character of medical services might require some further verification whether there are some other criteria that might be more adequate.

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