

Appendix1:

Authors and year	country	participants.	method	Sample size	determinant factors	Quality assessment score for qualitative studies	Quality assessment score for quantitative studies
<i>Aurathai Lertwannawit, at el (2011)</i>	<i>Bangkok Metropolitan Area</i>	<i>(international tourists) are European nationality</i>	<i>Survey questionnaire</i>	<i>N : 400</i>	<i>* Service quality * Nationality moderates *Value</i>	<i>%95</i>	<i>-</i>
<i>WANLANAI SAIPRASERT (July 2009 – March 2010)</i>	<i>Thailand</i>	<i>Medical tourism from North America Europe and Scandinavia Asia and Middle East Oceania</i>	<i>descriptive and causal research survey questionnaire</i>	<i>N:376</i>	<i>*Medical staff quality *Supporting service quality *Travel Companion *Demographic factors *Purpose of Visit *Frequent of Visit</i>	<i>%90</i>	<i>-</i>
<i>Ghazali Musa at el, (2012)</i>	<i>Malaysia Kuala Lumpur</i>	<i>Medical tourism from Southeast Asia Europe Australia New Zealand</i>	<i>self-administered survey</i>	<i>N: 137</i>	<i>* Demographic Profile * art medical facilities, * treatment room * waiting areas available in the hospitals * the atmosphere in the private hospitals *hygienic environment, *cleanliness *comfort. * Setting appearance * Room atmosphere * hospital facilities * doctors</i>	<i>%90</i>	<i>-</i>
<i>BikashRanjanDebata, at el, (March 2010-June 2010)</i>	<i>India</i>	<i>Medical tourism (The countries of origin were not mentioned)</i>	<i>Cross-sectional survey questionnaire</i>	<i>N: 332</i>	<i>*service quality items: *accessibility/convenience, *treatment satisfaction, courtesy, *physical environment features, *technical quality of care *competency *promptness</i>	<i>%80</i>	<i>-</i>

					<ul style="list-style-type: none"> *facility premises *alternative therapy, *finance factors for medical *services and pharmaceutical services. *Reliability 		
<i>Indu Grewal, at el (August 2008 to October 2008)</i>	<i>New Delhi, India</i>	<i>Medical tourism from SAARC countries</i> <i>African countries</i> <i>USA & Canada</i> <i>Gulf countries</i>	<i>Descriptive</i>	<i>n: 44</i>	<ul style="list-style-type: none"> * good hospitality * skilled medical care but at a lesser cost. * high quality of services * lesser cost * reception services with courteous staff * promptness to attend any query * admission procedure * waiting time * nursing staff promptness to attend calls 	<i>%77</i>	<i>-</i>
<i>Abdullah SARWAR (December 2012 and February 2013)</i>	<i>Malaysia</i>	<i>Medical tourism from Middle East</i> <i>Asia</i> <i>Africa</i>	<i>descriptive and causal research (Questionnaire)</i> <ul style="list-style-type: none"> * Structural Equation modeling 	<i>N:266</i>	<ul style="list-style-type: none"> *the staff perceives quality * service quality 	<i>70%</i>	<i>-</i>
<i>Michael Guiry, at el (2011)</i>	<i>US</i>	<i>Medical tourism from Mexico</i> <i>India</i> <i>Canada</i> <i>United kingdom</i>	<i>Online survey</i>	<i>N: 1588</i>	<ul style="list-style-type: none"> *adequate support from employer, * hospital has patients' best interests at heart, * services to be provided at time promised, * accuracy in billing * patients feel safe in their interactions with employees. * successfully managing * marketing service quality 	<i>80%</i>	<i>-</i>
<i>Ko, Chien-Pei, at el (2010)</i>	<i>Taiwan</i>	<i>experts</i>	<i>Explorative Research</i> <i>in-depth interview with experts</i>	<i>-----</i>	<ul style="list-style-type: none"> * language * provide different professional training for the diverse needs of patients 	<i>-</i>	<i>85%</i>

					<i>* consider organizational design and development to meet future Requirements</i> <i>*The management and plan of human resources for medical tourism</i> <i>* design different service packages based customers' needs</i>		
<i>Mohd Jamal Alsharif, at el (2014)</i>	<i>India, China, Jordan, United Arab Emirates</i>	<i>Medical tourism from</i> <i>Canada</i> <i>USA</i> <i>U E</i> <i>Uk</i> <i>Russia</i> <i>Qatar</i> <i>Oman</i> <i>UAE</i> <i>Yemen</i> <i>Other Middle East</i> <i>South America</i> <i>South Asia</i> <i>Africa</i> <i>Oceania</i> <i>Southeast Asia</i>	<i>survey</i>	<i>N: 770</i>	<i>*higher rates for alternative medicine</i> <i>*the quality of care</i> <i>*cost</i> <i>*wait times</i>	<i>90%</i>	<i>-</i>
<i>Mirfakhradini SH, At el. (2012)</i>	<i>IRAN Yazd</i>	<i>Medical tourism (The countries of origin were not mentioned)</i>	<i>descriptive research questionnaire</i>	<i>N: 114</i>	<i>* Appropriate equipment</i> <i>* Suitability of the quality of care</i>	<i>80%</i>	<i>-</i>
<i>BikashRanjanDebata, at el.</i>	<i>India</i>	<i>Medical tourism from United Arab Emirates</i>	<i>Survey(face to face interviews)</i>	<i>N :596</i>	<i>*Physical environment,</i> <i>*interaction/courtesy,</i> <i>*treatment cure,</i>	<i>95%</i>	<i>-</i>

(March2010- August2010)		European countries USA and Canada South Asian African countries Australia			* technical quality care competency, *accessibility, *promptness *finance factor (cost), *facility premises *Treatment satisfaction *healthcare quality *healthcare service quality *satisfaction with the treatment * satisfaction with the decision to use a particular provider *“ courtesy” *behavior of the service employees *waiting time *duration of the hospital stay		
Hung-Che Wu, At el. (5 July 2014- 5 September 2014)	Taichung of Taiwan	Medical tourism from Mainland Chinese	survey	N : 452	*experiential quality *Behavioral intentions, * perception of trust	95%	-
SuhaizaZailani, at el. 2016	Malaysia	Medical tourism from South East Asia European	survey	N:243	*doctors * nurses, hospitals' halal practices * *quality and variety of halal food * infrastructure *hospital atmosphere *facilitate night stay *personnel quality, *administrative process, *clinical care process, *social responsibility, * compassion to family and friends	95%	-
NedaKhademian 2015	IRAN Tehran and Mashhad	Medical tourism from Iraq Syria Lebanon Tajikistan Pakistan Bahrain	Survey Descriptive and partly exploratory	N : 35	*quality of healthcare services *Factors Concerning Doctors', *Factors Concerning Nurses', *Factors Concerning Service Staff', *Factors Concerning Space and Facilities *Attractions *Activities	80%	-

		<i>Saudi Arabia</i>			<ul style="list-style-type: none"> *Accessibility *Accommodation *Amenity 		
<i>Heesup Han, et al. (2013)</i>	<i>metropolitan cities in Korea</i>	<i>Medical tourism from</i> <ul style="list-style-type: none"> China Japan America Philippines Canada Taiwan Russia 	<i>survey questionnaire</i>	<i>N: 309</i>	<ul style="list-style-type: none"> *perceived medical quality *service quality *price reasonableness 	<i>90%</i>	<i>-</i>
<i>Eszter Kovacs, At el (2013-2012)</i>	<i>Romania</i>	<i>Medical tourism from</i> <ul style="list-style-type: none"> Libya Germany Serbia Ireland, Slovakia Slovenia Spain the UK the US. 	<i>Mix method (survey health professionals' interviews phone interviews analyzes of medical records)</i>	<i>N:115</i>	<ul style="list-style-type: none"> *Saving time *Saving money *Special treatment *Better quality *Improved quality *Higher accessibility *Availability of special or joint treatments *To provide completely information about disease *trust in their foreign provider *excellent Communication with health professionals *received a discharge summary upon being released from hospital *Incurring unforeseen expenses experienced unexpected *additional exhaustion *misunderstandings *facing sociocultural problems (such as nutrition or religion) 	<i>72%</i>	<i>85%</i>
<i>Noor HazilahAbdManafa, At el. (2015)</i>	<i>Malaysia</i>	<i>Medical tourism from</i> <ul style="list-style-type: none"> Libya Somalia South Korea China 	<i>Survey Self-administered questionnaire</i>	<i>N: 173</i>	<ul style="list-style-type: none"> *medical staff quality *supporting services quality *administrative services quality 	<i>80%</i>	<i>-</i>

		<p><i>Cambodia</i> <i>Djibouti</i> <i>Bangladesh</i> <i>Japan</i> <i>Pakistan</i> <i>Australia</i> <i>Yemen</i> <i>Thailand</i> <i>New Zealand,</i> <i>Romania</i> <i>Iraq</i> <i>USA, Singapore,</i> <i>Iran, Maldives</i> <i>and Mongolia</i></p>					
<p><i>Dimitra Panteli&etal</i> <i>(2012)</i></p>	<p><i>German</i></p>	<p><i>Medical tourism</i> <i>from Spain</i> <i>Austria</i> <i>Italy</i> <i>France</i> <i>Poland,</i> <i>Hungary</i> <i>Czech Republic</i> <i>Bulgaria.</i></p>	<p><i>Survey</i> <i>questionnaires</i></p>	<p>N: 17543</p>	<p><i>*Costs and reimbursement</i> <i>*Treatment quality</i> <i>*Waiting times</i> <i>*Cleanliness of facility</i> <i>*Technical equipment</i> <i>*Amount of out of pocket payment</i> <i>*Comprehensibility of information</i> <i>*Thoroughness and carefulness</i> <i>during treatment</i> <i>*Information about prevention</i> <i>*Information about side effects</i> <i>*Explanation of treatment options</i> <i>Medical competence</i></p>	<p>80%</p>	<p>-</p>
<p><i>Heesup Han &Jinsoo</i> <i>Hwang</i> <i>(2014)</i></p>	<p><i>South Korea</i></p>	<p><i>China Medical</i> <i>tourism from</i> <i>Japan</i> <i>America</i> <i>Philippines</i> <i>Canada</i> <i>Taiwan</i></p>	<p><i>survey</i> <i>questionnaire</i></p>	<p>N: 309</p>	<p><i>*Perceived medical product quality</i> <i>*Perceived effective communication</i></p>	<p>90%</p>	
<p><i>Navid Fatehi R ad,At</i> <i>el(2010)</i></p>	<p><i>Malaysia</i></p>	<p><i>Medical tourism</i> <i>(The countries of</i> <i>origin were not</i> <i>mentioned</i></p>	<p><i>Survey</i> <i>questionnaire</i> <i>Sample: randomly</i></p>	<p>N:200</p>	<p><i>*Tangibility</i> <i>*Reliability</i> <i>*Responsiveness</i> <i>*Assurance</i> <i>*Empathy</i></p>	<p>80%</p>	<p>-</p>

Appendix 2: frequency of IPO model

satisfaction	quality	input	<p>medical facilities (Appropriate equipment)</p> <p>hygienic environment</p> <p>design different service packages based customers' needs</p> <p>language</p> <p>Room atmosphere</p> <p>quality and variety of halal food for Muslim patients</p> <p>Travel Companion</p> <p>Demographic factors</p>	<p>Total frequency</p> <p>24%</p>
		Process	<p>skilled medical care</p> <p>courtesy and compassion of staff</p> <p>admission procedure</p> <p>patients feel safe and trust in their interactions</p> <p>services to be provided at time promise</p> <p>staff promptness</p> <p>accuracy in billing</p> <p>duration of the hospital stays</p> <p>provide completely information about disease/ treatment options</p> <p>satisfaction with the decision to use a particular provide</p> <p>excellent Communication with health professionals</p>	<p>46%</p>
		output	<p>waiting time</p> <p>lesser cost</p> <p>accessibility</p> <p>responsiveness and social responsibility</p> <p>Availability of special or joint treatments</p>	<p>29.2%</p>