






## ANTECEDENT AND CONSEQUENCES OF RISK PERCEPTION ON TOURIST DECISION MAKING TOWARDS THE SUSTAINABLE MEDICAL TOURISM DEVELOPMENT IN BANGLADESH

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### ABSTRACT

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In order to learn more about the antecedents and consequences of tourist decision making in the medical tourism industry, this study reveals how risk perception influences the tourist decision making of medical tourism development. Then, we test the hypothesis by collecting survey data of 226 from respondents of different hospitals at Dhaka in Bangladesh who came for medical treatment there. Moreover, we hypothesize that tourist experience, tourist attitude, and media influence increases tourist decision making with the mediating effect of risk perception. The findings confirm a positive significant relationship between tourist experience and media influence on risk perception. A positive direct relationship between media influence and tourist decision making was also found. Then, we examine how risk perception mediates this relationship with tourist decision making which is found positive. However, this study didn't find any significant relationship between tourist attitude and risk perception, in contrast with the earlier findings. Our results extend previous research by not only highlighting the importance of medical tourism in shaping the host destination's strategic behavior but also indicating how each dimension of medical tourism influences on enhancing the tourist decision.

**Contribution/Originality:** This study is one of the very few studies which have investigated the relationship between tourist experience, tourist attitude and medical influence on risk perception towards tourist decision making for the sustainable development of medical tourism through empirical analysis and analyses whether tourist become satisfied through risk perception.

### 1. INTRODUCTION

Medical tourism is a term at first instituted to depict the quickly developing practice of traveling crosswise over worldwide borders to obtain healthcare (Rad *et al.*, 2010). Medical tourism and its related organizations have

been viewed as one of the most worthwhile hospitality divisions for some destination nations, especially developing ones (Heung *et al.*, 2011; Han, 2013). The market is quickly growing (Snyder *et al.*, 2011; Connell, 2013) and rivalry in the worldwide medical tourism commercial centre is getting to be extraordinary. In such an inexorably aggressive condition, the fundamental concern for experts is drawing in new medical travellers through advertising and inspiring them to endeavour repeat purchases through strategies (Han, 2013). As per on-going reports, continuing existing customers is around five times more productive than attracting new customers (Hsu *et al.*, 2014; Han and Hyun, 2015) as expanded customer retention is probably going to improve any business' profitability (Iranmanesh *et al.*, 2018).

Internationally, medical or health tourism has turned out to be one of the quickest developing tourism sectors with numerous nations deliberately planning for their economic extension. Medical tourism has appeared from a more extensive idea of health tourism (Lunt and Carrera, 2010). A few researchers have thought about health and medical tourism as a combined phenomenon. Carrera and Bridges (2006) distinguished health tourism as one's sorted out travel outside their neighbourhood condition for the maintenance, improvement or reclamation of an individual's prosperity as a primary concern and body. It covers medical tourism which is delimited to one's sorted out travel outside their natural health care control for the enhancement or rebuilding of the individual's health through medical mediation. Development in medical tourism has been encouraged by the ascent of the Internet, and the rise of social insurance middle people or medical tourism facilitators between global patients and medical clinic (Connell, 2006).

Some studies have been conducted before to find out the antecedent factors of Medical Tourism development (Lee and Spisto, 2007; Rad *et al.*, 2010; Mohamad *et al.*, 2012; Han and Hyun, 2015) which is not enough because of growing competition in the Medical Tourism business. Besides, some other researchers discussed some variables in their study such as tourist experience (Sonmez and Graefe, 1998) tourist Attitude (Sonmez and Graefe, 1998) Media Influence (Garg, 2015) Risk Perception (Garg, 2015) and Tourist Decision Making (Garg, 2015) which might influence on tourism development.

## 2. LITERATURE REVIEW AND HYPOTHESIS DEVELOPMENT

### 2.1. Tourist Decision Making

Tourists regularly pick different destinations on the off chance that they perceive travel to be less satisfying because of real or perceived risks (Artuğer, 2015; Garg, 2015). Travel statistics from around the globe obviously recommend that travel industry request diminishes as the perception of risks associated with a destination increases (Yang *et al.*, 2013; Garg, 2015). A typical finding in the tourism literature is that the presence of risk, regardless of assuming genuine or perceived, influences the travel decision-making process (Brown, 2015). Numerous authors broke down risk perception of tourists and found that wellbeing, political insecurity, fear based oppression, peculiar nourishment, and social hindrances, a country's political and religious creed, and crime were the fundamental distinguished risk factors. Different researchers have reasoned that catastrophic events, for example, the tidal wave in South East Asia and storms in the Caribbean are one of the principle risk factors components influencing destination decision (Comerio and Strozzi, 2019).

As per Gartner (2014) destination decision choice is a component of function of information from various sources. As a type of defensive conduct, travellers can change their destination decisions; adjust their travel behaviour; or in the event that they choose to proceed with their touring plans, they acquire information (Achilov, 2017). Travellers who love risk and need experience did not look for a great deal of information (Murphy *et al.*, 2007) and the individuals who dreaded risk assembled information from different sources, yet additionally viewed as vacations and lodging facilities (Achilov, 2017). As per (Maser and Weiermair, 1998) higher is the the perceived risk, the more information search happens, and the more level headed basic decision-making becomes. Potential tourists depend on others' experiences for their decision making with an end goal to diminish vulnerability and

increase the exchange utility (Kang and Schuett, 2013). Tourist choices to remain at home or pick more secure destinations are converted into significant losses for the tourism industry of the country suffering from terrorism (Wong and Yeh, 2009; Polas *et al.*, 2018). People arranging their occasions are less inclined to pick a destination with a higher risk of threat of terrorist attacks. Host nations giving the tourism services, which can be effectively substituted are accordingly, contrarily influenced by Frey *et al.* (2007). It is likely that tourists may postpone their visit until the situation appears to have calmed down. But, more likely, activity will be redirected to alternative destinations, which appear to be safer. Some destinations may be eliminated from the decision making process due to their potential costs or perceived risks attached to that destination, especially if associated with negative media images of terrorist threats (Sonmez and Graefe, 1998).

## 2.2. Tourist Experience

In the first hypothesis, we assume that there is a positive and significant relationship between tourist experience and risk perception towards tourist decision making. Why Tourists maintain specific destinations is as pertinent to the study of tourist decision making as why they travel to other people (Sonmez and Graefe, 1998; Park and Reisinger, 2010). Perceptions of risk and security and travel experience are probably going to impact travel decisions; endeavours to anticipate future travel behaviour for medical purpose can benefit from studies of tourist decision making, risk perceptions, and the impact of past travel experience. Most tourist decision-making studies have reverberated customer decision-making research, focusing around analysis of choice sets and choice displaying (Sancho Esper and Álvarez Rateike, 2010; Smallman and Moore, 2010; Frías *et al.*, 2012; Murdy and Pike, 2012). This methodology, while helpful for considering routine tourist choices, may be to some degree frail in circumstances including risk in light of the fact that the component of risk can possibly adjust the decision process.

Weber and Bottom (1989) characterize risky decisions as "decisions among choices that can be portrayed by possibility disseminations over potential results" (p. 114). They include a verifiable supposition that at any rate one of the potential results must be unwanted (or if nothing else less attractive than the others) for risk to exist. On account of the tourism experiences, unwanted may imply anything from a disappointing travel experience (psychological risk) to a genuine threat to the traveller's wellbeing or life (health, physical, or terrorism risk). Notwithstanding whether real or perceived, the presence of risk can possibly change the idea of travel decisions (Ing *et al.*, 2010; Andrades-Caldito *et al.*, 2013). At the point when risk perceptions or wellbeing concerns are brought into travel choices, they can possibly wind up abrogating factors—adjusting the setting of conventional decision making and travellers change travel plans. Hence, conventional models of decision making are not prone to clarify decision outcomes in such cases; this was shown most as of late by the significant decrease in international travel activity during the Persian Gulf War (Ing *et al.*, 2010; Lee and Tussyadiah, 2012; Anderson, 2013; Andrades-Caldito *et al.*, 2013; Carballo *et al.*, 2015).

The characteristically sensible connection between past travel experience and future travel behaviour has not been concentrated broadly, yet past travel experience has been found to influence future behavioural intentions for Lee and Tussyadiah (2012); Gartner (2014); Andrades-Caldito *et al.* (2013); Raza and Jawaid (2013) and García *et al.* (2015) for medical; tourism which directly influence on the people. If their intention increases, then the medical tourism becomes boasted. Mazursky (1989) expressed that future travel is impacted by the degree as well as the idea of past travel experience and even recommended that individual experience may apply more effect on travel choices than information obtained from outer sources. In this manner, it tends to be deduced that individual experience with travel when all is said in done or a destination can influence risk or safety perceptions (by affirming or dispensing with them), which thus can affect the future travel to, and the desire to avoid, that destination. That means if tourist face any severe circumstances earlier visit where terrorism attacks happen which ultimately decreases their intention to go there for medical treatment for them or their family members or friends or relatives. Thus, we hypothesis that,

*H1: There is a positive and significant relationship between tourist experience and risk perception towards tourist decision making for the development of medical tourism in Bangladesh.*

### 2.3. Tourist Attitude

In the second hypothesis, we assume that there is a positive and significant relationship between tourist attitude and risk perception towards tourist decision making. Notably, Tourist Attitude change towards a destination or gathering of individuals because of the tourism experience has been analysed by several previous studies (Pizam *et al.*, 1991; Litvin, 2003; Nyaupane and Andereck, 2008; Ward and Berno, 2011). In any case, there has been constrained literature tending to how attitudes towards a destination are framed. Comprehensively, attitudes and the formation of attitudes have been viewed as elements of experience in the social-psychology literature (Fernandes *et al.*, 2012) in any case, it has been barely investigated in the tourism setting with a couple of special cases. Phillips and Jang (2008) inspected how attitude is impacted by two segments (cognitive and affective) of destination image. Daruwalla and Darcy (2005) tended to a few theoretical and applied systems of frame of attitude development and change despite the fact that their study particularly focused on attitude toward disabilities.

The functionalist approach (Nyaupane *et al.*, 2011; Yang *et al.*, 2013) can be useful in understanding tourism attitude formation towards a destination. Function theory analyses attitudes from an inspiration point of view. The theory tends to why tourist attitudes are held by individuals, and what explicit circumstances help to show or keep up those frames of attitudes (Nyaupane *et al.*, 2011). For the most part, the elements of frames of attitudes have been separated into four classes: ego-defensive, value expressive, knowledge, and social adjustive (Hsu *et al.*, 2010; Nyaupane *et al.*, 2011; Yang *et al.*, 2013). The ego-defensive capacity results from internal conflicts. For instance, open threatening vibe towards an activity like swimming could be an ego-defensive capacity of an inside dread of water. Value expressive frames of attitudes capacity is an appearance of individual qualities and self-articulation or self-perception (Sharma and Sharma, 2012; Hyun and Kim, 2015). With regards to frame of attitude development of concentrate abroad students towards goals, the learning capacity and the social change work, be that as it may, are more important than the other two classes.

Adding most importantly, tourist attitudes enable individuals to process gained knowledge into desires, beliefs, and eventually behaviours. Tourist Attitudes that address the Attitudes capacity give an edge of reference to assessment of the world and occasions (Hsu *et al.*, 2010; Chen *et al.*, 2011). In explicit circumstances, particularly those in which an individual has no immediate experience, the learning capacity of attitude becomes more grounded. The media assume a noteworthy role in attitude development by depicting particular news about the destination (Ozturk *et al.*, 2008; Bizjak *et al.*, 2011). Previous travel experience to international destinations is additionally a significant wellspring of knowledge and in this manner frame of attitude development (Cooper, 2011).

Gnoth (1997) presented a theoretical model of the tourism inspiration those aides in breaking down frames of attitudes towards destinations. Inside this model, tourist's attitudes are dictated by their felt needs and worth frameworks through either inward coordinated or external coordinated intentions. Satisfying inward coordinated values and inspirations from previous visit are increasingly broad and heaps of objects to take a decision for further medical treatment over there, while external coordinated values are circumstance explicit. These inner-directed needs or values reflect feeling predominant mentalities towards an item, and are driver based (Fodness, 1994; Goossens, 2000; Yoon and Uysal, 2005). These inward coordinated needs or values depend more on a general procedure, for example, a need to travel, which can be substituted by another item. External coordinated values, in any case, target explicit objects, and therefore can be hard to supplant. Instances of external coordinated values incorporate status (Meng *et al.*, 2008; Park and Yoon, 2009). That means if tourist become satisfied with their previous visit over the coming destination, then their values, beliefs become increase which hit the tourist mind to think over time to go there for medical purpose. People of tourist mind always expect for calm and quite place for

travelling. They never demand for terrorism prone areas where they will again face the criminal attacks. Thus, we hypothesize that,

*H2: There is a positive and significant relationship between tourist attitude and risk perception towards tourist decision making for the development of medical tourism in Bangladesh.*

#### 2.4. Media Influence

The media has a significant association with tourism as it impacts the image of forthcoming tourist destinations thus influencing potential tourist's destination decision (Garg, 2015; Jensen and Svendsen, 2016; Zuromskaitė *et al.*, 2018). In the third hypothesis, we predict that there is a positive and significant relationship between media influence and risk perception towards tourist decision making. We also assume another hypothesis that there is a direct positive and significant relationship between media influence and tourist decision making. We know that today individuals live in the information age, media apparatuses, for example, web, paper, TV, radio, magazines and a lot more impact the method for living (Garg, 2015). Social media impacts a few parts of consumer behaviour, for example, awareness, information acquisition, opinions, attitudes, however additionally purchase behaviour and post-purchase communications what's more, assessment (Mangold and Faulds, 2009; Kaplan and Haenlein, 2010).

Importantly stating, broad communications assumes significant role in shaping and reflecting public opinion, associating the world to people and recreating the self-image of society (Pechlaner *et al.*, 2014). Persistent media inclusion of political resistance, military upsets, strikes, protestation or provincial wars can dissuade tourists from venturing out to travel or even whole areas (Tejada and Moreno, 2013). The overall population depends to a huge degree on media accounts for understanding of terrorists' intentions, the suggestion of forceful activities, and the essential details of any critical circumstance the destination might confront, which subsequently may influence tourists' attitudes towards holiday destinations (Musinguzi, 2016; Achilov, 2017).

It is demonstrated that the impact of media is capable for organizing individuals' day by day daily routine and considerations (Garg *et al.*, 2013). TV broadcasting has an enormous sum of command over the general public watches and the occasions in which it is seen. The internet makes a space for increasingly different political opinions, social and cultural perspectives and a more elevated amount of consumer cooperation. Common people in the city more often than not get up toward the beginning of the day, checks news on TV or then again paper, proceed with their everyday activities and make a few choice dependent on the information that they had either from colleagues, family, companions, news (media), budgetary reports, and so forth. The media affects society and furthermore in public attitude. It can shape popular assessment in various ways relying upon objective (Bradley *et al.*, 2007; Garg *et al.*, 2016).

For instance, after the assaults of 9/11, media gave a gigantic coverage of the event and uncovered Osama blameworthy for the attacks as they were told by the specialists. This formed the popular opinion to bolster the war on terrorism, the equivalent occurred with the war on Iraq. The issue is if media gets off inaccurate information, at that point the public opinion underpins a wrong cause (Delener, 1990; Garg, 2013; Shao *et al.*, 2016). Media affects the risk perception demonstrated when the negative effect of dramatic news (specific occasions) discharged by the media sources (Hueneke and Baker, 2009; Shani *et al.*, 2010; Hudson and Thal, 2013). In the event that the dramatic part is altered out, individuals' review of the news turns out to be more precise and most likely a higher dramatic news story could affect risk perceptions. The more grounded is the message of one specific destination's image security issues discharged by the media, the more grounded risk perception of the tourist produced and furthermore can be bring about the progressions of the attitude (Garg, 2013; Olsen, 2013; Parrey *et al.*, 2019). This means that if media influence increases, then the tourist decision making increase. A correlation remains between media influence and tourist decision making. Nowadays, people are more digitalized which make sure the influence of media influence over tourist making process. People's intention will increase or decrease as media circulate the fact

regarding the tourist destination which influence on medical tourism. People figure out the present situation of destination for medical purpose prior to going over there. Thus, we hypothesize that,

*H3: There is a positive and significant relationship between media influence and risk perception towards tourist decision making for the development of medical tourism in Bangladesh.*

*H4: There is a direct positive and significant relationship between media influence and tourist decision making for the development of medical tourism in Bangladesh.*

### *2.5. Risk Perception*

In the fourth hypothesis, we predict that there is a positive and significant relationship between risk perception and tourist decision making. The presentation of risk into touristic choices can possibly disrupt routine decision-making. It is naturally sensible for potential tourists to contrast destination options concurring with perceived benefits and costs. It is judicious to be sure of that the the danger of terrorism at a specific destination will make it be seen as more expensive than a more secure destination (George, 2010; Seabra *et al.*, 2013; Chew and Jahari, 2014). Another supposition that will be that if the destination decision is limited to two choices which guarantee comparable advantages, the less expensive one-one that is sheltered from threat is probably going to be picked (Adam, 2015; Artuđer, 2015; Garg, 2015).

Tourists might be defended in anticipating some level of insurance by governments and the business. Notwithstanding, people are responsible for their own decisions and actions (Reza and Samiei, 2012; Tavitiyaman and Qu, 2013). Risks have for the most part been treated as an issue of facilitators versus inhibitors or limitations. For instance time, budget, and physical distance have been recognized as significant imperatives potential tourists use to segregate between destination alternatives (George, 2010; Silva *et al.*, 2011; Garg, 2015). Reza and Samiei (2012) proposed that destination decision is made after imperatives (i.e., time, cash) are weighed against destination image. Quintal *et al.* (2010) included that decisions are made by weighing constraints against current financial circumstances. As per their reason, tourists may pick more affordable alternatives or decide against travel during financial trouble. It is likely for perceptions of crime, terrorism, or health risk to cause similar behavior.

Travel experiences in the past offer more senses of safety to tourists as well (Chiu and Lin, 2011; Reza and Samiei, 2012). Then again, negative experiences may make potential tourists anxious about future choices (Chen *et al.*, 2017). It is reasonable to acknowledge that the individuals who associate high risk with global travel will incline toward traveling at home-assuming that domestic destinations are seen as safe (Williams and Baláž, 2013). The degree of safe may likewise manage the measure of information search, which has been recognized as a risk decrease procedure attempted by the potential tourist (Yang and Nair, 2014).

Figner and Weber (2011) provide evidence that cultural differences may assume a job role in risk perception, which may, thus, impact destination decisions. It influences the manner in which they perceive the risk perception of a specific destination which endures. Yang and Nair (2014) examined that after the 2004 world natural disasters of tsunami, the Maldivian the tourism industry demonstrated the most astounding decrease on tourist arrivals from the Italians, Japanese and French, while on the opposite side, tourists from India, Russia and Britain demonstrated the lowest decline. Seabra *et al.* (2013) likewise included that the perception of risks or security concerns are of foremost significance in the decision making process of tourist since they can rational decision making it as consideration to travel modes and choice of destinations. Terrorist activity and political instability are identified factors that can be major concern and support the risk perception which can affect in the tourist decision making (Hall and James, 2011; Garg, 2013; Amorin *et al.*, 2014). Thus, we hypothesize that,

*H5: There is a positive and significant relationship between risk perception and tourist decision making for the development of medical tourism in Bangladesh.*

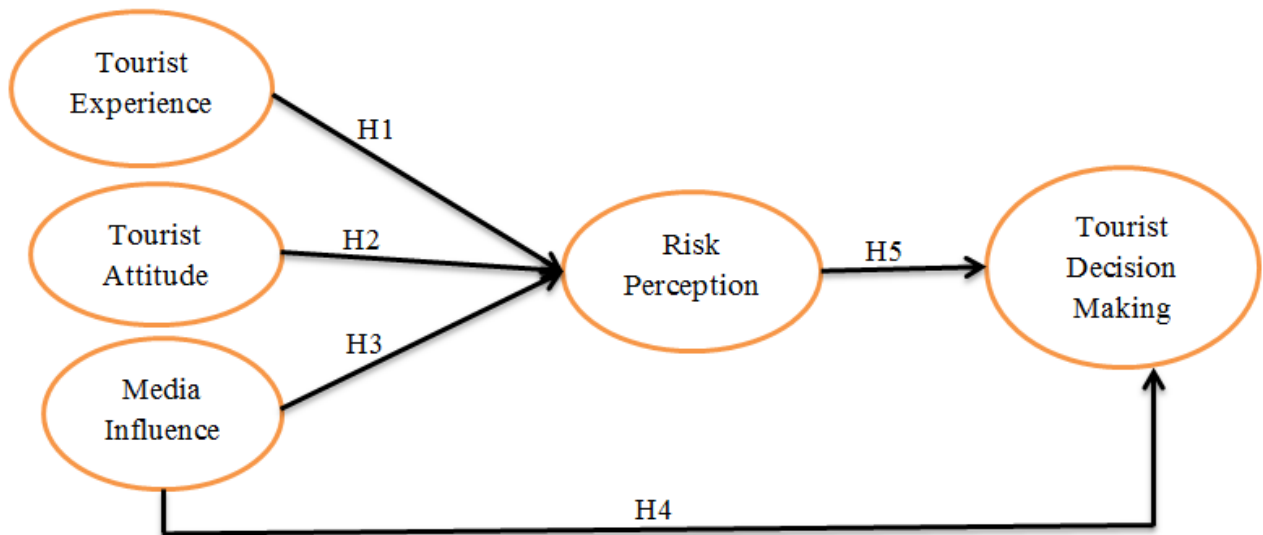


Figure-1. The Conceptual framework of the study.

Figure 1 demonstrates assumptions of the correlation between tourist experience, tourist attitude and media influence with tourist decision making through risk perception. Here, in the first phase, we predict that there is a positive and significant relationship between tourist experience, tourist attitude and media influence with risk perception and later we assume that there is a positive and significant relationship between risk perception and tourist decision making.

### 3. METHODOLOGY

Survey data was the main source of data collection in this study. A well-organized questionnaire was designed to conduct the survey for collecting primary data. The questionnaire was handed over to every respondent (students, employees, employers etc.) who came to different hospitals at Dhaka in Bangladesh for medical treatment. 550 useable questionnaires were distributed among respondents. According to the Sample size determining table, introduced by Krejcie and Morgan (1970) two hundred and twenty-six (226) should be minimum sample size for 550 populations. Therefore, 226 fully completed questionnaires were counted as sample for this study. The response rate was 41%.

The quantitative method was applied in this study to reach the research objectives. Initially, the collected data was slotted out on excel based database where questionnaire sequence were maintained to avoid double entry error. Organized primary data is transferred into new developed database on SPSS platform for further statistical analysis. Three different analyses have been done to figure out the result, which could make well sound to meet research goal. Reliability and validity tests have been done on SPSS by following method of Cronbach Alpha. Just after the reliability analysis, frequency analysis is done to state control variables of the study and its impact with logical arguments. Third statistical analysis is considered as mean and standard deviation analysis. Model analysis, Anova model analysis and regression coefficient analysis have been done under linear regression analysis. Logical elucidation stated based on the statistical results of primary data and then acceptance or rejection of hypothesis was done on the basis of statistical results found in the study. Finally, findings and recommendations were made based on above statistical results. Thus, desire results of the study have tried to unveil to make acceptable conclusion of the study logically.

Table-1. The Correlation Analysis.

SL. No.	Name of Variables	Mean	STD.	1	2	3	4	5	6	7	8	9	10	11	12
1	Gender	1.86	0.9	1											
2	Age	37.9	14.62	0.186	1										
3	Religion	1.49	0.6	-0.152	0.07	1									
4	Marital status	1.79	0.9	-0.179	0.05	0.06	1								
5	Profession	2.64	0.92	-0.069	-0.154	0.229	0.224	1							
6	Education	2.78	1.81	0.096	0.087	0.76	0.191	0.187	1						
7	Monthly Income	4.2	1.89	0.111	0.098	0.07	0.411**	0.175	0.167	1					
8	Experience	3.78	1.67	0.177	0.087	0.076	0.085	0.059	0.069	0.059	1				
9	Attitude	3.81	1.71	-0.017	-0.088	0.265	0.059	-0.353	-0.115	-0.193	0.168	1			
10	Media Influence	3.59	0.48	-0.168	-0.096	0.065	0.215	-0.484	.379*	0.234	0.554**	0.578**	1		
11	Risk Perception	3.49	1.53	-0.171	-0.191	0.149	0.249	-0.525	0.169	-0.185	0.344**	0.442**	0.348**	1	
12	Tourist Decision Making	3.91	0.94	-0.183	0.073*	0.088	0.076	0.567*	.264*	0.386	0.583**	0.552**	.592**	0.551***	1

Notes: \*\* Correlation is significant at the 0.01 level (2-tailed).

\*Correlation is significant at the 0.05 level (2-tailed).



### 3.1. Variable Measurement

In this study, three independent variables (IV's) and one mediator were used to measure the Tourist Decision Making. As a measurement range, Five-point Likert scale was applied where the response option for all items range from 1= highly disagreed to 5 = highly agreed (with 1 = highly disagreed, 2 = disagreed, 3 = neutral, 4 = agreed, 5 = highly agreed). Furthermore, the researchers used four items to measure the tourist experience adopted from [Sonmez and Graefe \(1998\)](#). The cronbach's alpha coefficient was 0.81. Then, four items were used to measure tourist attitude also adopted from [Sonmez and Graefe \(1998\)](#). Here, the cronbach's alpha coefficient was 0.80. After that, four items were used to measure media influence adopted from [Garg \(2015\)](#). Here, the cronbach's alpha coefficient was 0.84. Furthermore, four items were used to measure risk perception adopted from [Garg \(2015\)](#). The cronbach's alpha coefficient was 0.87. Four items were used to measure Tourist Decision Making adopted from [Garg \(2015\)](#). The cronbach's alpha coefficient was 0.88.

There are total seven variables used as control variables in the questionnaire. Control variables were gender (close-ended), age (Open ended), Religion (close ended), marital status (close ended), profession (open ended), education (close ended), monthly income (close ended).

### 3.2. Results of Study

Pearson-Correlation on SPSS has been applied for the correlation analysis in this study. Moreover, [Table 1](#) (descriptive statistics and correlation) indicates that a positive and significant relationship between independent variables and dependent variables. In the correlation analysis, total twelve variables have been used, namely seven control variables, three independent variables, one mediator and one dependent variable. It is originated from correlation analysis that there are three control variables significantly correlated with Tourist's Decision Making at Dhaka in Bangladesh (DV)-namely age, profession and education.

As indicated by [Table 1](#), experience has significant correlation with tourist decision making through risk perception which is significant at the 0.583\*\* level. After that, attitude has significant correlation with tourist decision making through risk perception, which is significant at the 0.552\*\* level. Then, media influence has significant correlation with tourist decision making through risk perception, which is significant at the 0.592\*\* level. At last, risk perception has significant correlation with tourist decision making, which is significant at the 0.551\*\*\* level.

**Table-2. The Direct Relationship between IV's and DV.**

SL. No.	Name of Variables	Risk Perception			Tourist Decision Making	
		Model 1	Model 2	Model 3	Model 4	Model 5
1	Gender	-0.255	-0.239	-0.236	-0.246	-0.266
2	Age	0.006	0.009	0.007	0.009	0.008
3	Religion	-0.037	-0.162	-0.039	-0.143	-0.122
4	Marital Status	-0.369	-0.388	-0.259	-0.389	-0.345
5	Profession	.366†	.561†	.456†	.552†	.464†
6	Education	-.234***	-.298**	-.274*	-.451***	-.223**
7	Monthly Income	-0.088	-0.069	-0.188	-0.081	-0.074
8	Experience	0.266**				
9	Attitude		-0.095*			
10	Media Influence			0.212*	0.358***	
11	Risk Perception					0.359***
	R <sup>2</sup>	0.246	0.288	0.385	0.588	0.369
	Adj. R <sup>2</sup>	0.179	0.487	0.256	0.395	0.265
	F	2.286**	3.533**	3.246**	7.357***	5.586***

Note: \*p<0.05, \*\*p<0.01, \*\*\*p<0.001; †p < .10.

**Hypothesis One:** It deals with direct & significant relationship between Tourist experience and risk perception. As can be inferred from [Table 2](#) model 1, the relationship between tourist experience and risk

perception is statistically significant ( $\beta = 0.266^{**}$ ,  $p < 0.01$ ). This means any increase or decrease in Tourist experience cause increase or decrease in risk perception for the development of medical tourism. Thus, hypothesis one is fully supported.

**Hypothesis Two:** It deals with direct & significant relationship between tourist attitude and Risk Perception. As can be inferred from Table 2 model 2, the relationship between tourism attitude and Risk Perception is not statistically significant ( $\beta = -0.095^*$ ,  $p > 0.05$ ). This means any decrease in Tourist experience cause decrease in risk perception for the development of medical tourism Thus, hypothesis two is rejected.

**Hypothesis Three:** It deals with direct & significant relationship between media influence and risk perception. As can be inferred from Table 2 model 3, the relationship between media influence and risk perception is statistically significant ( $\beta = 0.212^*$ ,  $p < 0.05$ ). This means any increase or decrease in media influence cause increase or decrease in risk perception for the development of medical tourism. Thus, hypothesis three is fully supported.

**Hypothesis Four:** It deals with direct & significant relationship between media influence and tourist decision making. As can be inferred from Table 2 model 4, the relationship between media influence and tourist decision making is significant ( $\beta = 0.358^{***}$ ,  $p < 0.001$ ). This means any increase or decrease in media influence cause increase or decrease in tourist decision making for the development of medical tourism. Thus, hypothesis four is accepted.

**Hypothesis Five:** It deals with direct & significant relationship between risk perception and tourist decision making. As can be inferred from Table 2 model 5, the relationship between risk perception and tourist decision making is statistically significant ( $\beta = 0.359^{***}$ ,  $p < 0.001$ ). This means any increase or decrease in risk perception cause increase or decrease in tourist decision making for the development of medical tourism. Thus, hypothesis five is accepted.

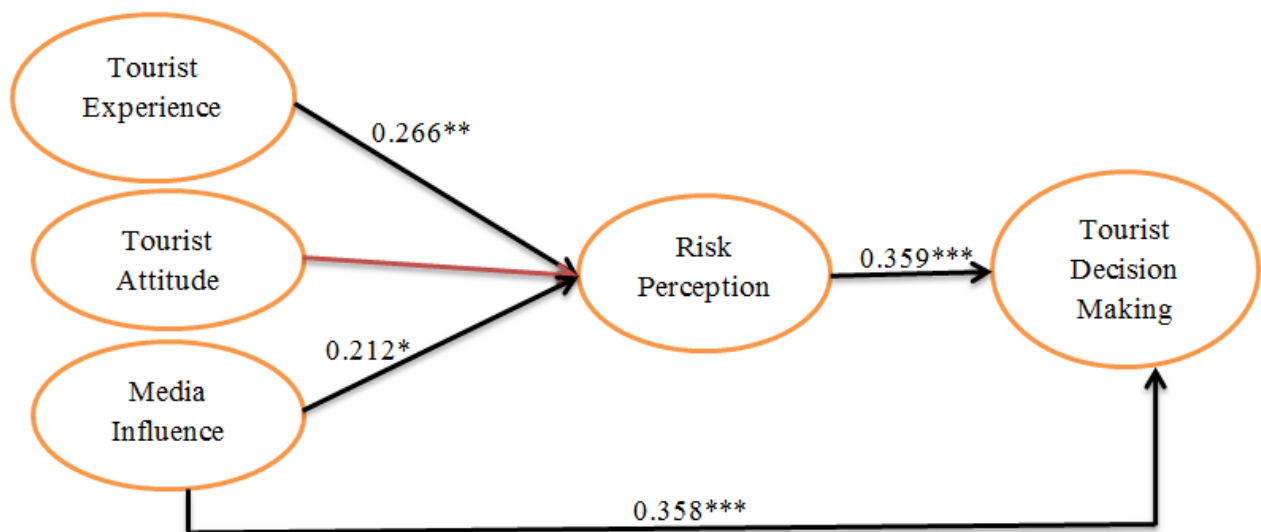


Figure-2. The Significant model of the study.

Figure 2 shows the significant level of correlations between the dependent variable and the independent variables. It shows that tourist decision making had a positive and significant correlation with all the independent variables except tourist attitude through risk perception. This means that there is a relationship between tourist experience and media influence with tourist decision making through risk perception. A direct relationship between media influence and tourist decision making is also found.

#### 4. CONCLUSION

Medical tourism plays a significant role in determining the future of medical care internationally, due to the growth of technology, economy, and other global relations. As Bangladesh is situating itself as the centre point of

medical tourism in South Asia, more endeavours are required to create and advance the business and issues affecting industry development, for example, risk perception and tourist decision making, will be tended to in a purposeful way. Notwithstanding this public-private sector joint effort to figure vital plans and facilitates promotional activities for Bangladeshi healthcare suppliers and related partners. While the business is private sector determined, the government must keep on accepting an active role to encourage its development. Development in the healthcare travel industry can add to the development of the nation and raise Bangladeshi's global profile as a nation that gives quality healthcare services.

By surveying 226 medical tourists at Dhaka in Bangladesh, this study found a significant relationship between tourist experience and media influence with risk perception towards tourist decision making of medical tourism which illustrates any increase in tourist experience and media influence improve the tourist decision making of medical tourism. A direct relationship is also found between media influence and tourist decision making. Moreover, the researchers didn't find any relationship between tourist attitude and risk perception towards tourist decision making of medical tourism which claims any increase in tourist attitude do not improve tourist decision making of medical tourism.

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