Effect of Migration Factors on Medical Tourism Decisions among Residents of Federal Capital Territory (FCT) Abuja, Nigeria

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Abstract

Problems: The heightened level of outbound medical tourism in Nigeria implies the presence of specific factors that have a significant impact on medical tourists' decision to travel. When deciding where to seek medical care, medical tourists from varied socioeconomic backgrounds are influenced by a variety of factors. In general, the key factors influencing this decision-making process can be classified into two types: push migration factors, which discourage patients from seeking care in their own country, and pull migration factors, which attract them to medical providers overseas. In Nigeria, these factors have had a significant impact on the economy, contributing to the continuous growth of outbound medical tourism among Nigerians. Nigerians' increasing reliance on foreign healthcare services has far-reaching consequences, including deterioration of medical facilities in Nigerian hospitals, a slowing of economic growth that stifles investment in the health sector, inadequate wages and incentives for healthcare workers, and an increase in the absence of skilled workers due to emigration of healthcare professionals. In Abuja, Nigeria's Federal Capital Territory (FCT), as in many other parts of the country, medical travelers have different reasons for selecting their preferred medical tourism destinations. While some people are affected by variables that favor migration, others are influenced by characteristics that draw them to a specific location. **Approach:** This study examined the effect of migration factors on medical tourism decisions among residents of the federal capital territory of Abuja, Nigeria. A cross-sectional survey research design was adopted for the study. A structured questionnaire was used as the research instrument. To establish the reliability of the instrument, a test-retest method was employed. The snowball sampling method was adopted in this study to acquire data from respondents in the Federal Capital Territory, Abuja, where medical tourists reside. Therefore, the sample size of the study was 384 medical tourists from the selected medical tourism agencies and hospitals. The statistical technique that was used includes descriptive statistics and multiple regression analysis. All analyses were done using the Statistical Package for Social Science (SPSS) software version 23. **Findings:** Findings showed that access to quality healthcare facilities, the privacy of health records, tourist attraction sites, the prevalence of unintended complications, and deterioration of medical infrastructure have a significant positive effect on medical tourism decisions, whereas the absence of skilled healthcare workers has no significant effect on medical tourism decisions. **Conclusion:** The study concluded that all migration factors, besides the absence of skilled healthcare workers, have a significant positive effect on medical tourism decisions among residents of FCT, Abuja. The study recommended amongst others that the Nigerian government should invest in the education and training of healthcare professionals, with a focus on increasing the number of skilled healthcare workers.

Keywords: Migration Factors, Medical Tourists, Medical Tourism Decisions, Push Migration Factors, Pull Migration Factors, Federal Capital Territory, Healthcare workers, Health Records, Medical facilities, Medical Complications.

Introduction

Tourism is the phenomenon of people traveling from one place to another, typically from one country to another, or an unknown destination, for leisure and pleasure. According to the World Travel and Tourism Council (2017), tourism is defined as "a social, cultural, and economic phenomenon that encompasses travel for leisure, business, and other objectives, lasting no longer than one year." While humans have been undertaking such journeys for centuries, modern tourism is thought to have begun during the industrial revolution in 17th-century Europe. It attracted young nobles from countries like France, Germany, Austria, Italy, and Greece to witness the marvels of the time in England, where machines were being used to replace human labor (Sengel, 2021). Individuals engage in tourist excursions for purposes such as religious pilgrimage, cultural celebrations, medical tourism, sporting events, personal visits, and more. More precisely, this study centers on the act of journeying from one nation to another in pursuit of medical treatments, recreational activities, and other purposes. This refers to the practice of travelling to another country for medical treatment.

Medical tourism refers to the international travel of individuals to another country to receive medical treatment while also incorporating elements of pleasure, relaxation, and tourism. There are two distinct categories of tourism, namely inbound and outbound tourism. Inbound medical tourism (IMT) pertains to the migration of individuals, mostly foreigners, to a country to receive specialized medical treatment. On the other hand, outbound medical tourism (OMT) refers to the migration of individuals from one country to another to obtain professional medical care.

Medical tourism is affected by either push or pull migration factors, and often both factors play a role in the decision-making process of health-seeking tourists. Push migration factors typically refer to challenges or negative conditions within the country's healthcare system, tourism industry, security, political stability, and other factors that directly or indirectly affect the decisions of potential tourists. Conversely, the factors that attract people to migrate are the positive aspects of medical destination countries, such as the presence of experienced and skilled healthcare professionals, high-quality healthcare services, modern infrastructure for health, social, and physical needs, and so on. These factors can greatly impact the decision of a potential tourist.

In Nigeria, the number of people travelling abroad for medical treatment is significantly higher than the number of people coming to Nigeria for medical tourism in a given year. Kareem (2023) reported that Nigerians spent more than 5.8 billion USD (equivalent to N3.65 trillion at an exchange rate of 631 Naira to the US Dollar) on outbound tourism in 2021. This expenditure represents around 1.33 percent of Nigeria's gross domestic product (GDP) for the same year. The data shows a significant decline of 64.4 percent in the overall expenditure on outbound travel by Nigerians in 2019, amounting to nearly $16.4 billion [equivalent to N5.74 trillion, based on an exchange rate of 350 naira to the dollar](Kareem, 2023).

The predicted expenditure of Nigerians on outbound tourism in 2022 ranged from $1.2 to $1.6 billion, equivalent to around 1.5 trillion Naira (The Guardian, 2022).From 2019 to 2022, the total estimated revenue generated from domestic tourism in Nigeria amounted to more than $1 billion in 2019 (World Bank, 2023; Macrotrends, 2023), $321 million in 2020 (a significant decrease due to the impact of COVID-19and $16 billion in 2021 (Statista, 2021; Ige, 2023). While the domestic tourism sector's contribution to the GDP in 2022 rose from 16 billion to $25.36 billion (Ige, 2023) [equivalent to over N10 trillion at an exchange rate of 500 Naira to the US Dollar], the corresponding increase in the volume of outbound medical tourism (OMT) among Nigerians indicates that a substantial decrease in this aspect would greatly enhance domestic tourism and the Nigerian economy. Thedomestic tourist industry experienced a notable rise in total income from 2019 to 2021. However, in 2022, there was a fall in income accompanied by a substantial growth in outbound tourism, indicating the effect of outbound tourism on domestic tourism in Nigeria.

Attempts to improve this economic sabotage over time appear to be ineffective in the country, as an increasing number of Nigerians are engaging in OMT, which negatively impacts the Nigerian healthcare system and tourism economy. This study diverges from previous research that primarily concentrated on the adverse factors that impact Nigerians' decision to engage in outbound medical tourism.

Purpose of the study

The major purpose of the study is to ascertain the effect of migration factors on medical tourism decisions among the residents of the Federal Capital Territory, Abuja, Nigeria.

Literature Review

General Overview

Medical tourism has been a longstanding industry in the field of medicine, despite recent developments in various aspects. The authors have not been able to agree on a precise and appropriate definition. However, a few definitions align with the description of what the study will encompass. According to the World Tourism Organization, medical treatment and healthcare are recognized as significant motivations for travel and tourism. Medical tourism is a component of health tourism.

Medical travel, often known as medical tourism, refers to the practice of visiting different nations for medical purposes (Ile & Tigu 2017). Medical tourism, in essence, is people crossing international borders to seek medical treatment or treatments. Medical tourism is the combination of tourism and seeking medical treatment. It allows patients to acquire healthcare services in foreign countries that may provide financial savings, shorter waiting periods, or access to specialized therapies that are not available in their own countries (Mestrovic& Lipovsek, 2023).

The notion of medical tourism has garnered attention in recent years as a result of various circumstances. According to Mestrovic& Lipovsek (2023), the increasing expense of healthcare is a significant problem in many developed countries. Individuals burdened by exorbitant healthcare prices in their respective countries may choose to pursue medical treatment elsewhere, where expenses are sometimes considerably more reasonable. For instance, a medical operation in a developing country may be far less expensive than in a rich nation. According to Rogers (2023), the accessibility and availability of medical treatments are important factors that contribute to the growth of medical tourism.

Numerous nations have exceptional medical facilities and highly proficient healthcare experts who specialize in diverse domains. Patients may go to these destinations to avail themselves of cutting-edge therapies, advanced technical infrastructure, or highly specialized medical skills that may not be easily accessible in their own country.

A further significant problem is the prolonged waiting periods for specific medical procedures in numerous healthcare systems. Patients can expedite their medical care by seeking treatment abroad, thus avoiding long waiting lists. This is particularly gratifying for those who have pressing medical requirements or who are interested in elective therapies that can improve their overall well-being (Rogers, 2023). Advancements in transportation and communication have facilitated the ease of access and convenience of medical tourism (Kim & Hyun, 2022). The convenience of transportation, accessibility of global air travel, and capacity to engage in telemedicine have all fostered the growth of this sector. Patients have the option to engage in research and coordinate their medical travel plans either with the help of medical tourism facilitators or by directly communicating with healthcare professionals.

Empirical Review

Access to Quality Healthcare Facilities

According to Turner (2007), the primary focus of medical tourism agents and hospitals in the field of medical tourism has been on ensuring high standards of care, which is indicative of quality. Destination countries that have received official support from their governments for their medical treatments provide a high-quality healthcare service, which in turn boosts patients' trust and encourages them to utilize these facilities (Lee, 2007). Rose and Venkatesh (2015) conducted an empirical investigation of the factors that impact the quality of healthcare and how it affects patient happiness in Tamil Nadu, India. The study utilized a questionnaire survey among patients, attendees, and administrators. All the hospitals selected for the study were corporate hospitals located in

the capital city of Tamil Nadu, India.

These hospitals offer a comprehensive array of healthcare and research services to a wide range of patient populations, facilitated by a variety of health experts and trainees. Data was obtained using a standardized questionnaire, encompassing both quantitative and qualitative measures. The questionnaire focuses on the patient's opinion of service quality, the factors that affect patient satisfaction, and the involvement of hospital administrators in delivering high-quality services. The study utilized a sample size of 272, which was determined through the application of a simple random sampling technique. Among the participants, 208 were patients, while the remaining 64 were hospital administrators.

The statistical study involved the use of the Friedman test and the chi-square test. The study identified the admission method, the hospital's physical environment, diagnostic services, staff conduct, overall cleanliness, and food quality as the fundamental variables that impact the quality of healthcare in India.

Privacy of Health Records

Medical privacy, health privacy, patient security, or health information confidentiality refer to the act of safeguarding and ensuring the secrecy and protection of patient records (Miller, 2009).It encompasses both the judiciousness of communication by healthcare professionals and the safeguarding of medical records. The terminology can also pertain to the physical seclusion of patients from other patients and providers within a medical facility (Miller, 2009). Rockwern, Johnson, and Sulmasy (2021) published a position paper on behalf of the American College of Physicians (APC) to analyze the privacy, protection, and utilization of health information in the growing digital health ecosystem to enhance the delivery of high-quality healthcare services.

The article was composed by the Medical Informatics Committee (MIC) and the Ethics, Professionalism, and Human Rights Committee (EPHRC) of ACP in the United States of America. The primary data for the study were collected through comprehensive interviews conducted in 11 tertiary health facilities in the United States of America. The study collected secondary data from many sources, including scholarly publications, news stories, policy papers, websites, and other relevant sources. The study revealed that privacy and protection of health information were crucial factors that affected patients' selection of healthcare services, as well as inbound tourism.

Zakaria, Islam, Begum, Poly, Cheng, and Xu (2023) did a study to investigate the elements that effect the decision-making process and satisfaction of patients from Bangladesh regarding medical tourism in India. The study employed a quantitative research methodology, using a cross-sectional survey. A total of 388 respondents, comprising patients, family, and personal care, were included in the data collection process. The data collection instrument that was used is a structured, pre-tested, and facilitator-administered questionnaire. This questionnaire primarily encompassed social demographic variables, health status, medical tourism information, and the medical tourism index.

A hierarchical regression analysis was conducted to investigate the characteristics that effect individuals' satisfaction levels with medical tourism in India. The study revealed that 75% of the participants cited the importance of maintaining the confidentiality of health information as a significant factor in their decision to select India.

Tourist Attraction Sites

Jalilvand and Samiei (2012) argue that destination image is a crucial idea in the literature on tourist marketing, which necessitates further development through marketing research. The notion of destination image replaces the terms sightseeing or destination attraction. According to Jamaludin, Johari, Aziz, Kayat, and Yusof (2012), destination image refers to the cognitive perception that tourists have or the overall set of impressions they form about a specific destination.

A descriptive study was conducted by Azimi, Mahmoudi, and Esmaeili (2017) to examine the impact of advertising on the attraction of medical tourism in Iran. A total of 136 respondents, selected through convenient sampling, took part in the study. They completed a standard questionnaire that included questions about demographic characteristics and advertising practices used by 13 hospitals in Mashhad. These hospitals specifically target Arabic tourists from seven different countries. The data collection period for the study was from March 2015 to August 2016. Data description was conducted with graphical representations such as charts and tabular formats.

The study predominantly utilized the Statistical Tool for Social Sciences (SPSS) software, namely version 21, for coding and analyzing the collected data. The findings indicated that 44.1% of medical tourists expressed satisfaction with advertising tactics, as they effectively exposed tourism destinations and attractions to prospective tourists.Sultana, Haque, Momen, and Yasmin (2014) did an empirical study to examine the factors that effect the appeal of medical tourism locations in India. The primary aim of the study was to assess the comparative significance of four criteria in determining the appeal of medical tourism destinations as perceived by consumers in India. International patients in India were provided with a self-administered questionnaire using a 5-point Likert scale to collect primary data.

A suitable sampling method was employed to pick 235 participants from Chennai and Bangalore in India. Factor analysis was employed as a suitable statistical technique to transform extensive data sets into more manageable and structured sets while retaining a minimal amount of information loss. Structural Equation Modelling (SEM) was employed to elucidate the significance of constructs and the general relationships between variables and constructs. The study's findings indicated that the competitiveness of the destination, cost of services, tourist appeal, and quality of services were the primary factors that affected the choice of medical tourism destinations among foreign travellers.

Prevalence of Unintended Complications

Hospital-acquired infections, also known as healthcare-associated infections, are illnesses that patients are susceptible to contracting while undergoing treatment in a healthcare institution. The microorganisms causing these diseases are typically transferred by healthcare professionals or through the hospital environment, acting as vectors. Priya (2013) defines unintended complications as instances where medical interventions lead to pain, illness, or death. It can also refer to situations where health policies inadvertently contribute to an organizational structure that promotes ill health in society. Weinberg, Wagstaff, Moonesinghe, and Vindropla-Padros (2022) performed a comprehensive analysis of scholarly articles by utilizing databases such as PubMed, Web of Science, ProQuest Central, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL).

Their focus was on papers related to the phenomenon of medical travel for surgical procedures. The data were obtained using a form created in Research Electronic Data Capture (REDCap), a browser-based software and workflow approach that is specifically designed for developing clinical and translational research databases. The MMAT (metamaterial) was employed to evaluate the caliber of the studies. A comprehensive analysis was conducted on a total of 58 articles. The analysis found that international travellers frequently overlook the potential for unforeseen problems during medical tourism.

Deteriorating of Medical Infrastructures

The public healthcare services in Nigeria are severely inadequate and chronically underfunded, and they have not received significant support from other sectors in the country (Orekoya & Oduyoye, 2018). Government funding for the health care system has been extremely inadequate over the years. Notwithstanding the endeavors of the private sector, the healthcare sector in Nigeria persistently grapples with the decline of its medical infrastructure. Cham, Lim, Aik, and Tay (2016) conducted a study on the factors that effect the perception of a hospital's brand image and its impact on the behavioural intentions of medical tourists in Malaysia.

The objective of this study was to analyze the effect of word-of-mouth and social media publicity on the brand image of hospitals and how this subsequently effects the decision of international medical tourists to choose

their destination. It also aims to analyze the connections between brand image, perceived service quality, patient satisfaction, and behavioural intention. Primary data was collected from 386 medical tourists using a self-structured questionnaire survey. The data obtained in this study were examined using both the Statistical Package for Social Sciences (SPSS) and the Structural Equation Modelling (SEM) approaches to ascertain the demographic characteristics of the participants and to interpret the results.

The results of the structural analysis revealed that both word-of-mouth and hospital-generated social media exert a substantial effect on brand image, which in turn has attracted numerous international medical tourists to select Malaysia as their preferred destination for medical tourism. Hospital brand image has a beneficial impact on the perception of service quality among medical tourists. Furthermore, perceived service quality has a substantial correlation with satisfaction, which ultimately determines their behavioral intention.

Absence of skilled healthcare workers

In the late 2000s, there were significant concerns regarding anticipated shortages of doctors due to the aging population and the aging medical staff (Snyder, Crooks, Johnston, Adams, & Whitmore, 2015). Snyder et al. (2015) noted that these worries led several European Union countries to proactively address the impending retirement of a significant number of doctors. One of the measures taken was to augment the number of medical students to fill the vacancies left by retiring doctors (Snyder et al., 2015). In addition, several nations implemented measures to delay the retirement of existing physicians and actively sought to attract more doctors from foreign countries (Snyder et al., 2015). Deshpande and De'Mello (2010)conducted an empirical study to examine the factors that effect the career satisfaction of primary care physicians in the United States of America.

The objective of this study was to investigate the determinants that impact the professional contentment of three categories of primary care physicians (PCPs): internal medicine (IM) physicians, family/general medicine (FGM) physicians, and pediatricians. The study used a secondary analysis of the Centre for Studying Health System Change's 2008 Health Tracking Physician Survey. Regression analysis was conducted to investigate the effect of environmental, practice quality, remuneration, and demographic factors on the career satisfaction of IM physicians (n = 504), FGM physicians (n = 693), and pediatricians (n = 363).

The study's findings indicated that 19% of primary care physicians (PCPs) have been practicing medicine for more than 30 years. Pediatricians exhibited the highest level of career satisfaction. The presence of malpractice lawsuits had a notable negative impact on the career satisfaction of IM physicians, FGM physicians, and pediatricians, with decreases in satisfaction levels of 0.177, 0.153, and 0.146, respectively. However, the interaction with patients had a positive effect on career happiness, with increases of 0.242, 0.321, and 0.346 for IM physicians, FGM physicians, and pediatricians, respectively. Additionally, the income also contributed to greater career satisfaction, with increases of 0.132, 0.151, and 0.170 for IM physicians, FGM physicians, and pediatricians, respectively. Ownership had a notable negative impact on the job satisfaction of internal medicine physicians and pediatricians, with respective decreases of 0.168 and 0.114. Pediatricians had a notable decrease in career satisfaction (0.102) due to substandard quality of care. The three regression models explained a mere 16% (for IM physicians), 17% (for FGM physicians), and 21% (for pediatricians) of the variability in professional satisfaction. To summarize, the study demonstrated that a dearth of job satisfaction played a crucial role in promoting the migration of qualified health workers.

Research Methodology

Study Area

This study focuses on Abuja, Nigeria's capital city, established in 1976. With a landmass of 1,769 km2, the geographical coordinates of the city of Abuja can be found at 9.0765° north of the equator, and 7.3986° east of the Greenwich Meridian (Abubakar, 2020). The city is surrounded by various states and became officially the capital in 1991. Abuja is home to numerous government symbols and landmarks, including the Aso Rock, National Assembly, Supreme Court Complex, National Stadium, Federal Secretariat, National Hospital, and headquarters of

organizations like ECOWAS and OPEC. As one of Africa's fastest-developing cities, Abuja is governed by the President through the Minister of the Federal Capital Territory, with area councils serving as administration units: Gwagwalada, Kuje, Bwari, Kwali, Abaji, and Abuja Municipal Area Council (AMAC).

Sampling Procedure

The researcher employed a snowball sampling technique in selecting 384 medical tourists, of which 298 medical tourists responded to the study. This sampling technique was best suitable for the study because it identifies and recruits difficult-to-reach populations like medical tourists.The researcher continues to repeat this approach until the desired sample size is obtained (Creswell, 2014).

Method of Data Collection

This study made use of primary data obtained from the respondents directly through the use of the questionnaire. The structured questionnaire was developed by the researcher and has two (2) major parts: Part 1: Biodata of respondents and Part 2 contains a five-point Likert scale that spans from "strongly agree" to "strongly disagree." For ease of administration of the instrument, the researcher used five (5) research assistants to complete the procedure. It took two months to complete this.Both face and content validity were employed to ascertain that the study instrument accurately measures its intended constructs.

Data Analysis

The data acquired for the study was analyzed using statistical methods, specifically descriptive statistics and inferential statistics such as multiple regression analysis. The statistical analyses were conducted using the SPSS program version 23. Regression analysis is commonly used to forecast the outcome of a variable using one or two other variables. Its use extends beyond merely determining the presence of a positive or negative connection; it also illuminates the extent or amplitude of that relationship. The general form of the equation to predict MTD is: $\beta o + \beta 1AQH + \beta 2PHR + \beta 3TA + \beta 4PUC + \beta 5DMI + \beta 6ASH + \varepsilon$

Results and Discussion

Data Presentation on the Demographic of the Respondents

A total of 384 copies of the questionnaire were distributed, and a total of 298 copies were duly completed and returned. This represented a 78% response rate.

Table 1: *Demographic characteristics of the respondents*

Demographics	Frequency	Percentage (%)
Gender		
Male	105	35.2
Female	193	64.8
Total	298	100.0
Age		
18-30	41	13.8
31-40	63	21.1
41-50	85	28.5
51-60	65	21.8
61-above	44	14.8
Total	298	100.0
Occupation		
Student	41	13.8

Trader	54	18.1
Civil Servant	65	21.8
Retired	44	14.8
Professional	94	31.5
Total	298	100.0
Medical Destination Country Visited		
India	80	26.8
Turkey	66	22.1
South Africa	43	14.4
United Kingdom	59	19.8
Others	50	16.8
Total	298	100.0
Educational Qualification		
NCE/OND	53	17.8
HND/B.Sc	87	29.2
Vocational Education	49	16.4
Masters' Degree/PhD	109	36.6
Total	298	100.0
Income		
₦10 million - ₦25 million	93	31.2
₦26 million - ₦50 million	139	46.6
₦51 million - ₦100 million	55	18.5
₦101 million or more	11	3.7
Total	298	100.0

Source: Field Survey, 2024

Table 1 displays the demographic characteristics of the participants. The data shown in the table indicated that females have a higher presence in medical tourism, accounting for 65% of the total number of medical tourists. In contrast, male respondents make up just 35% of the medical tourists surveyed. The age breakdown of the participants reveals that 14% are aged 18-30, 21% are aged 31-40, 29% are aged 41-50, 22% are aged 51-60, and 15% are aged 61 and above. The respondents' age profile reveals that individuals of all age groups, with diverse health issues and lifestyles, engage in medical tourism.

The respondents' occupation breakdown reveals that 14% are students, who, due to their age, may be inclined to engage in medical tourism for elective medical procedures or cosmetic surgery. Traders make up 19% of the respondents, while civil servants account for 22%. Retirees constitute 15% of the respondents, and professionals make up the largest group at 32%. The respondents' occupation profile reveals that individuals from various professions engage in medical tourism, with professionals comprising the majority (32%) compared to other respondents.

This is likely due to their frequent need for advanced medical procedures that are not easily accessible in their home country. The survey revealed that 18% of the respondents own NCE/OND qualifications, 29% hold HND/B.Sc degrees, 16% have vocational education certificates, and 37% have attained Masters/Ph.D degrees. This indicates that the participants' answers regarding education demonstrate that they possess a high level of education

and actively participate in medical tourism when it is required.

India emerged as the top destination for medical tourism, according to the findings. Among the 298 respondents surveyed, 27% visited India for medical tourism, 22% visited Turkey, 14% visited South Africa, 20% visited the United Kingdom, and 17% visited other countries not included in the survey. Furthermore, the income analysis of medical tourists revealed that a considerable majority of visitors are within the income bracket of ₦10 million - ₦50 million, which is considerably higher than the average income. This further implies that medical tourists typically belong to the wealthier class. Among the 298 respondents polled, 47% reported an income level between ₦26 million and ₦50 million. 31% reported an income level between ₦10 million and ₦25 million. 19% reported an income level between ₦51 million and ₦100 million. Only 4% reported an income level of ₦101 million or more. The income level of the respondents also indicates that medical tourists are unlikely to be limited by financial constraints.

Table 2: *Migrating Factors and Medical Tourism Decision*

Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std.Error	Beta		
1 (Constant)	-3.143	.292		-10.772	.000
Access to quality health	.714	.037	.587	19.118	.000
Privacy of health records	.164	.032	.141	.172	.000
Tourist attraction sites	.084	.020	.113	4.167	.000
Prevalence of unintended complication	.148	.039	.116	3.818	.000
Deteriorating medical infrastructure	.478	.035	.382	13.840	.000
Absence of skilled health workers	.053	.041	.038	1.297	.196

a. Dependent Variable: Medical Tourism Decision

Table 2 showed that access to quality health had a significant positive effect on medical tourism decisions (ß = 0.587, $p<0.05$). Privacy of health records had a significant positive effect on medical tourism decisions (ß = 0.141, $p<0.05$). Tourist attraction sites exhibited a significant positive effect on medical tourism decisions (ß = 0.113, $p<0.05$). The prevalence of unintended complications showed a significant positive effect on medical tourism decisions (ß = 0.116, $p<0.05$). Deteriorating medical infrastructure had a significant positive effect on medical tourism decisions (ß = 0.3826, $p<0.05$). The absence of skilled health workers indicated no significant effect on medical tourism decisions (ß = 0.038, $p > 0.05$). The general form of the equation to predict is:MTD =-3.143+(0.714×AQH)+(0.164×PHR)+(0.84×TAS) +(0.148×PUC) +(0.478×DMI) +(0.053×ASH)

Table3: Fitness of the Model

ANOVA[a]

Model	Sum of Squares	df	MeanSquare	F	Sig.
1Regression	15.538	6	2.590	198.450	.000[b]
Residual	3.797	291	.013		
Total	19.335	297			

a. Dependent Variable: Medical Tourism Decision

b. Predictors:(Constant),Access to quality healthcare facilities, Privacy of health records, Tourist attraction sites, Prevalence of unintended complications, Deteriorating of medical infrastructure, Absence of skilled health

workers

The F-ratio presented in Table 3 assessed the adequacy of the entire regression model in terms of its fit to the data. The results presented in the table indicated a significant association between migration factors and medical tourism decisions (F = 198.450, $p < 0.05$). This suggests that the regression model used is an appropriate fit for the data.

Table4: Model Summary

Model Summary

Model	R	RSquare	AdjustedR Square	Std.Errorofthe Estimate
1	.896ᵃ	.804	.800	.11423

a. Predictors:(Constant),Access to quality healthcare facilities, Privacy of health records, Tourist attraction sites, Prevalence of unintended complications, Deteriorating of medical infrastructure, Absence of skilled health workers

Table 4 presents the proportion of variability in medical tourism decisions that is attributed to the various features of migration factors. The study demonstrated that the characteristics of migration factors accounted for 80% (0.800) of the observed change in medical tourism decisions, as indicated by the adjusted R^2 value.

Conclusion

The research concluded that migration factors had a significant positive effect on medical tourism decisions. The study demonstrated that the variables of migration factors accounted for 80% of the observed change in medical tourism decisions. The effect of several factors related to migration factors, including access to quality healthcare facilities, the privacy of health records, tourist attraction sites, the prevalence of unintended complications, and deterioration of medical infrastructure, have been found to have a significant positive effect on medical tourism decisions, except for the absence of skilled health workers.

Recommendations
1. The Nigerian government should invest in the development and maintenance of healthcare infrastructure across the country, ensuring a balanced distribution of facilities. Develop and implement robust telemedicine services to enhance access, especially in remote areas.

2. The Nigerian government should invest in secure, centralized health information systems that prioritize patient privacy.

3. The public and private sectors should promote and invest in the development of Nigeria's cultural and natural tourist attractions.

4. Hospitals globally shouldestablish a reporting system for adverse events to identify trends and take corrective action.

5. The Nigerian government should allocate sufficient budgetary resources for the maintenance and upgrade of medical infrastructure.

6. The Nigerian government should invest in the education and training of healthcare professionals, with a focus on increasing the number of skilled workers.

Implications of the Study to medical practitioners, health care facility managers, academics, and policymakers

- The findings of this work will be beneficial to medical practitioners and healthcare facility managers in Nigeria, by showcasing areas of improvement in the healthcare delivery system that have been identified as push migration factors to medical tourists. This would contribute to positively enhancing the health care system in Nigeria; and thus, reduce the brain drain syndrome bedeviling the medical sector as well as a drastic reduction in the number of medical tourists patronizing health services outside the shores of Nigeria.
- The findings of this study will be useful to researchers and students by building existing literature on the shortcomings of health care service delivery in Nigeria as well as the preconditions for the enhancement of the tourism sector in Nigeria. The study would provide updated data for future research.
- Furthermore, this study will help policymakers by providing recommendations that will address the challenges facing healthcare delivery in Nigeria, emigration, migration of healthcare workers to medical destination countries, and as well as the development of the domestic medical tourism sector in Nigeria.

Suggestions for Further Studies

The following are topics suggested by the researcher for further research

1. Examine the effect of telemedicine services on medical tourist's choices to participate in outbound medical tourism
2. Examine the effects of migratory patterns affected by the availability and use of remote healthcare choices

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