

UNDERSTANDING THE COUNTRY IMAGE-TRAVEL MOTIVATION NEXUS IN EMERGING TOURISM TYPOLOGIES FOR SOUTH AFRICA

TAFADZWA MATIZA, ELMARIE SLABBERT

North West University, Faculty of Economic & Business Sciences, Potchefstroom, South Africa

Mailing address: Tafadzwa Matiza, North West University, Faculty of Economic & Business Sciences, Private Bag X6001, Potchefstroom, South Africa, tel.: +27 79 8040687, e-mail: matizata@hotmail.com

Abstract

Introduction. This paper explores the influence of country image on the evaluation of a destination's attributes from the perspective of inbound tourists to South Africa - within the context of both business and medical tourism. **Material and methods.** Data were generated from a self-administered questionnaire distributed as part of a survey of inbound tourists visiting South Africa's Table Mountain. Factor analysis and multiple regression were employed to determine the factors and establish their relationship, respectively. **Results.** The results suggest that South Africa's image as a country influences tourist's perception of the country and its destination attributes. More intriguingly, the results show that South Africa's image is subject to both stereotypes and the country-of-origin effect. **Conclusion.** The paper concludes that country image is a significant heuristic cue in the appraisal of the destination attributes that motivate inbound tourist travel behaviour. More so, it is aspects such as the ability to manage its affairs, nationally branded exports and the availability of international business-related opportunities that may be most influential to South Africa's perceived image in tourist decision-making.

Key words: Country image, destination attributes, travel motives, South Africa

Introduction

South Africa is the African continent's largest tourism economy generating up to US\$32 billion in travel and tourism receipts [1], and until 2018 was considered to be the most competitive African travel and tourism destination in the world [2]. While the country is synonymous with leisure and nature-based tourism [3], emerging tourism segments such as business and medical tourism are gaining traction as lucrative tourism exports for South Africa. For instance, in 2017, business tourism accounted for 13% of the total 10.3 million inbound tourism to the country, contributing an estimated US\$7.4 billion to the country's economy [1, 4]. Between the years 2015 and 2017, medical tourism accounted for an average of 1.63% of the total (35.2) million tourist arrivals to South Africa [5]. The total value of the global medical tourism sector is widely debated due to the idiosyncratic and often private nature of medical tourism, with estimated annual receipts of up to USD\$70 billion being suggested [6].

Globalisation, buoyed by diminished travel costs, and in some cases higher disposable incomes, has opened up previously 'less explored' regions to the broader global tourism market [7, 8], particularly in emerging segments such as business and medical tourism. More so, globalisation has evolved the tourism marketing landscape as destination marketers strive to better understand the contemporary, more circumspect tourist in an environment flooded with information from competing interests. To this end, country images (CIs) are progressively being utilised by tourists to circumscribe vast amounts of information about places and tourism destinations to achieve the information symmetry necessary for them to make their tourism product consumption decisions [9].

Within an increasingly competitive global tourism market, positive country images (CIs) are consistently being harnessed as intangible strategic assets for both comparative and competitive advantage [10]. Country image (CI) is a summative construct of the generic associations with a country [11]. It may be characterised as, "[...] the total of all descriptive, inferential, and informational beliefs about a particular country" [12]. Within the tourism context, CI is viewed as an antecedent of destination image formation, with the CI having a superseding halo effect on tourism destinations [13, 14]. This is whereby, how a country is generally perceived either positively or negatively influences how tourists evaluate the country as a place to visit [14]. Some studies [1, 15] have found that while a country may be a desirable and attractive tourism destination, it may suffer from a significant overall image deficit due to the negative perceptions towards the country outside the tourism context - which may then be detrimental to inbound tourism.

While the utilisation of CIs as a marketing platform is well established within the international marketing discourse [14], what is relatively new within the tourism discourse is academic inquiry into the influence and relevance of CIs within the tourism context, more so the influence of CI on tourist behaviour [13, 16]. This is evidenced by the small but growing extent of studies related to CI in tourism-oriented studies. Generally, CI is a significant extrinsic cue and moderator in the consumers' decision-making process [14, 17, 18]. More so, significant correlations have been found [9] between CIs as distinct cognitive and affective constructs within the context of established tourism destinations such as Australia [19], Italy [20], Israel [9], as well as the United States and Japan [16].

Although the emerging contemporary literature [15, 21, 22] does generally acknowledge the potential influence that CI has on the beliefs and behaviour of tourists, little to no research has

been conducted on the influence of CI's on the travel motives (supply-side) of inbound tourists within the African tourism context. More-so, academic inquiry into the influence of CIs on distinct tourism typologies within one tourism destination is novel and represents a more idiosyncratic approach to tourism research. To this end, the study aimed to establish the reasonability of the notion that South Africa's CI influences the supply-side oriented travel motives of inbound tourists to the country, specifically within the context of business and medical tourism. The study makes four significant contributions to the contemporary tourism theory, first by expanding CI theory to African tourism, and second, by supplementing the growing body of literature with empirical evidence of the CI – travel motives nexus within the African context. Third, from a pedagogical perspective, the study complements the existing literature by developing and positing a valid and reliable measuring instrument for CI within the business and medical tourism supply-side contexts. Lastly, to the best of the authors' knowledge, in the absence of previous studies measuring South Africa's CI and its influence on business and medical tourists respectively, the study makes practical contributions to African tourism marketing practice enhancing destination marketers' comprehension of tourist behaviour towards South Africa in these segments. This is achieved through the interrogation of the influence and potential utility of South Africa's CI in the growth and development of emerging tourism typologies (business and medical tourism) in the country.

Material and methods

The study was quantitative in nature and generated data using a self-administered structured questionnaire. Data were collected between the 6th and the 9th of November 2018, from a convenient sample of tourists visiting at the Table Mountain Aerial Cableway in Cape Town, South Africa. A team of four fieldworkers distributed the survey questionnaire to international tourists visiting Table Mountain. Of the 400 self-administered surveys distributed and completed by tourists, $n = 301$ were suitable for analysis (after case-wise deletion) within the context of the present study.

The survey instrument (questionnaire) was developed from the literature. Section A of the questionnaire solicited for socio-demographic information from the respondents in terms of gender, age, level of education, employment status and country of residence. Section B surveyed the perceived influence of South Africa's CI on tourists on a five-point Likert scale of influence with responses ranging from (1) very negative influence to (5) very positive influence. The nine CI statements ranging from the influence of South Africa's image as a country to the influence of South Africa's rich natural resources were developed from the literature and survey instruments from previous CI studies within the tourism context [13, 21, 23, 22, 24]. While Section D of the survey measured 11 travel motive statements (supply-side factors) on the reasons why the tourists had visited, would visit or would consider revisiting South Africa. The statements were drawn from business tourism [8, 25, 26, 27, 28] and the medical tourism [29, 30, 31, 32, 33] literature, respectively. Responses for this section were recorded on a five-point Likert scale of agreement, ranging from (1) strongly disagree to (5) strongly agree. The data generated from the survey was captured in Microsoft Excel[®] cleaned and exported to Statistical Package for Social Sciences (version 25, 2019) for analysis.

The initial step in the data analyses process involved the application of the Kaiser-Meyer-Olkin (KMO) measure for sample adequacy at $KMO = \geq .50$ and Bartlette's test of Sphericity at a statistically significant p -value to determine its factorability [34]. An Exploratory Factor Analysis (EFA) and Principle Components Analysis (PCA) were then applied to the data at a recommended [35] minimum factor loading coefficient of $\geq .40$ for the practical significance of samples $n \geq 200$. The EFA determines the underlying structure of South Africa's CI, as well as the underlying structure of both the business tourism and medical tourism-oriented travel motives of tourists. Factors were retained if they also reported an Eigenvalue (EV) greater than 1.0. Subsequently, Cronbach's alpha tests with a lower limit of $\geq .70$ were employed to determine the reliability of the subscales [22]. Pearson product-moment correlations determined the strength and direction of the linear relationship between South Africa's CI and business and medical tourism, respectively [36]. Multiple Regression Analysis (MRA) was applied to the data to determine the influence of South Africa's CI on tourist travel motives at significance $p < .001$ (t -value > 3.09) and $p < .05$ (t -value > 1.96 and < 3.09), respectively [35, 37].

Results

Demographic profile

There was generally an almost even split between the genders with 55.1% of the respondents being male and 44.9% being female. The average age of the surveyed tourists (57%) was between 20 and 40 years of age. Generally, respondents were educated with a bachelor's (39.4%) or a post-graduate (22.6%) degree and were employed (79.4%) at the time of the survey. Most of the respondents originated from the United Kingdom (18.9%); Germany (15.0%); the United States of America (13.3%) and; the Netherlands (7.7%) – accounting for over 50% of the respondents, with the remainder of those surveyed being residents in various other European and Latin American countries. Most of the respondents also indicated being first-time visitors (75%) to South Africa. Importantly, the sample profile is consistent with [4] data on inbound tourist source markets.

Factor analyses results

The first factor analysis (Tab. 1) extracted the independent variable(s) of the study, and the data was deemed to be suitable for factor analysis with a $KMO = .832$ and Bartlette's test of Sphericity of (χ^2 (36) = 647.178, $p < .001$). At the same time, the second factor analysis (Tab. 2) extracted the dependent variables and reported a $KMO = .867$ and Bartlette's test of Sphericity of (χ^2 (210) = 3427.475, $p < .001$). These results confirmed the factorability of the data for the study. Table 1 summarises the results of the factor analysis on CI.

A two-factor solution was extracted from the EFA and PCA of country image (CI). Factor 1, which was labelled *Stereotypical Country Image (SCI)*, loaded six items with factor coefficients ranging between .532 and .796. *SCI* was deemed valid and reliable within the parameters of the present study (EV = 3.659, explaining 40.65% of the variance in the data, $\alpha = .788$). As it emerged, the most important latent variable for *SCI* was South Africa's rich cultural heritage ($\bar{x} = 4.29$). Relatedly, Factor 2, which was labelled *Reverse Country-of-Origin Image (r-COOI)*, loaded three items with factor coefficients between .663 and .831. The *r-COOI* factor was deemed valid and reliable within the parameters of the present study (EV = 1.282, explaining 14.24% of the variance in the data, $\alpha = .702$). The most important latent variable for *r-COOI* appeared to be the South African branded

products available in foreign markets ($\bar{x} = 3.77$). Table 2 summarises the results of the EFA and PCA of tourist motives within the South African context.

A two-factor solution emerged from the EFA and PCA of the travel motives of inbound tourists. Factor 1 was deemed to be a valid and reliable construct ($EV = 3.482$, explaining 16.58% of the variance in the data, $\alpha = .876$), and was labelled *Business Tourism (BTR)*. *BTR* loaded five items with factor coefficients ranging between .674 and .803. Table 2 shows that the most important latent variable for *BTR* appeared to be the South African access to academic activities/opportunities ($\bar{x} = 3.14$). Factor 2 was also deemed to be valid and reliable construct ($EV = 7.561$ explaining 36% of the variance in the data, $\alpha = .953$), and was labelled *Medical Tourism (MTR)*. *MTR* loaded six items with factor coefficients ranging between .846 and .896. As it emerged, the most important latent variable for *MTR* was accessibility to affordable medical treatment in South Africa ($\bar{x} = 3.31$).

Formulation of the hypotheses

After the PCA, EFA and the Cronbach’s Alpha the null hypotheses were formulated as follows:

- HO₁: South Africa’s stereotypical [HO_{1a}] and reverse country-of-origin [HO_{1b}] country image does not influence the business tourism-oriented travel motives of inbound tourists.
- HI₁: South Africa’s stereotypical [HI_{1a}] and reverse country-of-origin [HI_{1b}] country image influences the business tourism-oriented travel motives of inbound tourists.
- HO₂: South Africa’s stereotypical [HO_{2a}] and reverse country-of-origin [HO_{2b}] country image does not influence the medical tourism-oriented travel motives of inbound tourists.
- HI₂: South Africa’s stereotypical [HI_{2a}] and reverse country-of-origin [HI_{2b}] country image influences the medical tourism-oriented travel motives of inbound tourists.

Results of the means and correlations analyses

The means and standard deviations suggest that while both *SCI* and *r-COOI* had a positive influence on inbound tourists (tending towards 4 on the 5-point Likert scale), *SCI* ($\bar{x} = 4.04$, $\sigma = .554$) appeared to be more influential to tourists, reporting a higher mean score than *r-COOI* ($\bar{x} = 3.44$, $\sigma = .729$). *BTR* ($\bar{x} = 3.07$, $\sigma = .922$) and *MTR* ($\bar{x} = 3.20$, $\sigma = .870$) were neutral on the scale of agreement. After the Pearson-product moment correlations calculations (significant at the .01 level, 2-tailed), *SCI* and *r-COOI* reported a moderate positive correlation ($r = .455$, $p < .01$), suggesting that the two were cognate as measures of CI. Relatedly, there is evidence of a strong positive correlation ($r = .500$, $p < .01$) between *BTR* and *MTR*, suggesting that both were also cognate as measures of tourist motives. The moderate *r-COOI/BTR* ($r = .313$, $p < .01$) association was the most significant between the CI and tourist motives.

Results of the multiple regression analyses

The variables in Table 1 (*SCI* and *r-COOI*) were included in the regression analysis as independent variables potentially influencing inbound tourist motives (*BTR* and *MTR*) within the South African context. The *BTR - SCI/r-COOI* model reported multiple coefficients of determination of $R^2 = .102$, with a standard error estimate of .877. The regression model was statistically significant at $F(2,267) = 15.123$, $p = .000$. The *MTR - SCI/r-COOI* model reported multiple coefficients of determination of $R^2 = .083$, with a standard error estimate of .836. The regression model was statistically significant at $F(2,265) = 11.943$, $p = .000$. While the F-ratios indicated that the regression models were a good fit for the data, the R^2 statistics did appear to be small

Table 1. Results of the factor analysis on country image

Item	Mean (\bar{x})	*Factor 1	*Factor 2
Image as a country	3.96	.532	
General openness to international visitors	4.08	.748	
Rich cultural heritage	4.29	.796	
The people of South Africa	4.23	.694	
Physical amenities	3.95	.620	
Rich natural resources	4.28	.569	
Ability to manage its affairs	3.31		.776
Branded products available in foreign markets	3.77		.663
Various international business-related opportunities	3.42		.831
Eigenvalue (EV)		3.659	1.282
Variance (%)		40.65	14.24
Cronbach’s Alpha (α)		.788	.702

* - Oblimin with Kaiser Normalisation, factor coefficient $\geq .40$.

Table 2. Results of the factor analysis on inbound tourist motives

Item	Mean (\bar{x})	*Factor 1	*Factor 2
Allows access to academic activities/opportunities	3.14	.674	
Hosts major international congresses, conventions, exhibitions and trade fairs	3.12	.801	
Is a shopping paradise	3.13	.717	
Is attractive/offers me opportunities for short-term migration for employment purposes	2.92	.803	
Is a good destination for corporate business	3.05	.801	
Facilitates access to affordable medical treatment	3.31		.851
Has world-class health facilities	3.20		.875
Has relatively relaxed health laws	3.15		.860
Possesses technologically advanced health systems	3.17		.896
Allows access to high quality of medical services	3.15		.869
Has reputable medical doctors	3.24		.846
Eigenvalue (EV)		3.482	7.561
Variance (%)		16.58	36.00
Cronbach’s Alpha (α)		.876	.953

* - Oblimin with Kaiser Normalisation, factor coefficient $\geq .40$

in both models. The literature [35] advises that relatively small R^2 statistics are common and acceptable in exploratory studies, particularly within the social sciences. The models reported Durbin Watson statistics within the normal range of between 1.5 and 2.5, reporting 1.879 and 1.919, respectively indicating positive auto-correction in the dataset. The Multicollinearity test reported a Tolerance of .793 and VIF of 1.260, suggesting the absence of collinearity in the variables, thus supporting the accuracy of the regression results. Table 3 also summarises the results of hypotheses testing.

Table 3. The influence of country image on tourist travel motives

Ind. variable	Dep. variable	Hyp.	Unstandardised coefficients		β	t-value	Sig.
			Beta	Std Error			
SCI	BTR	H0 _{1a}	.067	.107	.110	1.023	.307
r-COOI	BTR	H0 _{1b}	.283	.079	.344	4.348	.000*
SCI	MTR	H0 _{2a}	.132	.103	.205	1.977	.047**
r-COOI	MTR	H0 _{2b}	.202	.076	.232	3.066	.002**

* - $p < .001$; ** - $p < .05$.

As is summarised in Table 3, among the four null hypotheses tested, the MRA identified three statistically significant relationships. Thus, it emerged that null hypothesis H0_{1a} cannot be rejected, as no statistically significant ($p < .05$) relationship could be established between the *SCI* and *BTR* travel motives within the South African context ($p = .307$, t -value = 1.023). This suggests that South Africa's *Stereotypical country image (SCI)* does not have a discernible influence on the business tourism-oriented travel motives of inbound tourists to the country. Conversely, null hypothesis H0_{1b} can be rejected. Therefore, the alternative hypothesis H1_{1b} is accepted, as there is a statistically significant ($p < .001$) relationship between South Africa's *r-COOI* and the *BTR* travel motives of inbound tourists ($p = .000$, t -value = 4.348). The significant moderate positive ($\beta = .344$, $p < .001$) relationship between South Africa's reverse country of origin image (*r-COOI*) and business tourism (*BTR*) is novel and suggests *induced* images of South Africa influence the business tourism-oriented motives of inbound tourists to South Africa.

With regards to *MTR*, null hypothesis H0_{2a} can be rejected. Therefore, the alternative hypothesis H1_{2a} is accepted, there is evidence of a statistically significant ($p < .05$) relationship between the *SCI* and *MTR* travel motives within the South African context ($p = .047$, t -value = 1.977). The significant weak positive ($\beta = .205$, $p < .05$) relationship between South Africa's stereotypical country image (*SCI*) and medical tourism (*MTR*) is also novel and suggests *organic* images of South Africa influence the medical tourism-oriented motives of inbound tourists to South Africa. Relatedly, null hypothesis H0_{2b} can also be rejected. As is evident in Table 5, there is a statistically significant ($p < .05$) relationship between South Africa's *r-COOI* and *MTR* travel motives within the South African context ($p = .002$, t -value = 3.066), thus alternative hypothesis H1_{2b} is accepted. The significant weak positive ($\beta = .232$, $p < .05$) relationship between South Africa's reverse country of origin image (*r-COOI*) and medical tourism (*MTR*) is also novel and suggests *induced* images of South Africa influence the medical tourism-oriented motives of inbound tourists to South Africa.

Discussion

The results of this study confirm that tourists may be susceptible to the influence of biases and subjective preferences [7, 38] based on the image of a country as a heuristic cue [39, 40]. More so, the results support the reasonability of the notion that South Africa's CI may influence the supply-side oriented travel motives of inbound tourists (business and medical) to the country. This is consistent with the findings of previous studies [13, 16, 20] that have established correlations between CIs and the behaviour of tourists in more established international tourism destinations. While the variability of the data that is explained by the models is relatively small, it is acceptable for an exploratory study, and within the general guidelines provided by the literature [35].

However, what is novel in the findings of the present study is the dichotomous nature of South Africa's CI, whereby it is constituted of both stereotypical and reverse country-of-origin paradigms. While this finding supports both the inferential and informational aspects of the characterisation of CI [15], this finding is inconsistent with a significant proportion of contemporary studies that have explored country image as a single construct which is a consequence of either stereotype [22, 41] or country-of-origin [11, 17] effects. The stereotypical image about a country may be organic in nature, with certain aspects of a country such as cultural heritage being adapted as inferential heuristic cues to inform tourist decision-making [22, 41]. While the *r-COOI* of a country may be induced, with specific deliberately projected aspects such as its products and services of a country being utilised as heuristic cues for information symmetry about the country [11, 17, 41].

The results suggest that South Africa's *SCI* is not influential to business tourism-oriented travel motives. This outcome was unexpected, as it contradicts the general notion within the literature. That is the belief that stereotypical biases based on culture, generally perceived image, and the pervasive opinions of the local citizens of a country [42] may be significant extrinsic heuristic cues that typically influence the business-tourism oriented behaviour of tourists. The results do, however, show evidence to the effect that South Africa's *r-COOI* influences business tourism travel motives. While novel, this finding is generally consistent with the literature which suggests that critical aspects such as the availability of internationalisation opportunities [3], quality branded export products [43] and both domestic and international public diplomacy [44] influence the image of a country and may, thus, be inferred to inform the business tourism decisions in general.

Both *SCI* and *r-COOI* were found to be influential to medical tourism-oriented travel motives. Some of the literature [45, 46, 47] generally supports the notion of CI influencing medical tourism. However, no study has investigated the supply-side nexus from a stereotypical and country-of-origin perspective. Notwithstanding the gap in the literature, some studies have found that stereotypical aspects such as general perceptions of the openness to international visitors [48], overall country image [45], culture [49], friendliness of the local people [50] and public resources in the form of physical amenities [51] have been found to influence the decision-making process of medical tourists. There is also evidence from the literature of the influence of the reverse country-of-origin effect aspects based on a country's governance, and the availability of internationalisation/trade opportunities [52] as well as the quality of its branded exports [6] on medical tourism-oriented decision-making in general.

Conclusion

The study aimed to explore the notion that South Africa's image may influence the evaluation of the country's attributes as travel motives (business and medical tourism) by inbound tourists to the country. The key findings of this study suggest that from a supply-side perspective, country image has a significant influence on tourist decision-making. Intriguingly, in the South African case, both stereotypes and the reverse effect of the country-of-origin phenomenon were found to influence how tourists contextualised the country's attributes as a business and medical tourism destination, respectively. Typically, the reverse effect of South Africa's country-of-origin is the most influential generic heuristic cue on the appraisal of the country's destination attributes. In light of the current COVID-19 pandemic, it would be interesting to explore the influence of country image on tourist risk perceptions, as well as destination choice based on location attributes. More pertinently, the results imply that destination marketers, national governments as well as quasi-governmental agencies related to tourism must institute multi-stakeholder approaches that sustainably manage the images of their countries to catalyse their recovery from the effects of the COVID-19 pandemic on the tourism industry.

Acknowledgements

This project was made possible through research funding from the North-West University's Tourism Research in Economics, Environment and Society (TREES) research unit. The authors would like to thank the management and staff of the Table Mountain Aerial Cableway, Cape Town, South Africa for facilitating access to tourists visiting Table Mountain at the time of the survey. The authors would also like to thank the research team, including Dr Oghenetjri Digun-Aweto, Dr Tawanda Makuyana, Ms Olivia Wilson, as well as the respondents who participated in this study.

References

- World Travel and Tourism Council. (2019). *Travel and tourism economic impact 2019: Global datasheet*. World Travel and Tourism Council: London.
- World Economic Forum. (2019). *The travel & tourism competitiveness report 2019: Travel and tourism at a tipping point*. Geneva: World Economic Forum.
- Signé L. (2018). *Africa's tourism potential. Trends, drivers, opportunities, and strategies*. Brookings Institution: New York.
- Statistics South Africa. (2018). *Tourism Satellite Account for South Africa, final 2015 and provisional 2016 and 2017*. Pretoria: Statistics South Africa.
- South African Tourism. (2018). *Tourism annual report – 2017*. Retrieved May 27, 2020, from www.southafrica.net/research.
- Balogun B. (2019). Preliminary look at the motivators and decision-making process of medical tourists from Nigeria to India. *Journal of Tourism Analysis: Revista de Análisis Turístico* 27(1). DOI: 10.1108/JTA-09-2018-0021.
- Kock F., Josiassen A., Assaf A.G., Karpen I., Farrelly F. (2019). Tourism ethnocentrism and its effects on tourist and resident behaviour. *Journal of Travel Research* 58(3), 427-439.
- Mohsin A., Lengler J., Chaiya P. (2017). Does travel interest mediate between motives and intention to travel? A case of young Asian travellers. *Journal of Hospitality and Tourism Management* 31, 36-44.
- Alvarez M.D., Campo S. (2014). The influence of political conflicts on country image and intention to visit: A study of Israel's image. *Tourism Management* 40, 70-78.
- Kim S.B., Kwon K.J. (2018). Examining the relationships of image and attitude on visit intention to Korea among Tanzanian college students: The moderating effect of familiarity. *Sustainability* 10, 360, DOI:10.3390/su10020360.
- Tasci A.D.A., Hahm J., Terry D.B. (2019). A longitudinal study of Olympic Games' impact on the image of a host country. *Journal of Travel & Tourism Marketing* 36(4), 443-457.
- Martin I.M., Eroglu S. (1993). Measuring a multi-dimensional construct: Country image. *Journal of Business Research* 28(3), 191-210.
- Palau-Saumell R., Forgas-Coll S., Amaya-Molinari C.M., Sánchez-García J. (2016). Examining how country image influences destination image in a behavioural intentions model: The cases of Lloret De Mar (Spain) and Cancun (Mexico). *Journal of Travel & Tourism Marketing* 33(7), 949-965.
- Woo H., Jin, B., Ramkumar B. (2017). Utilising country image and well-known products for less-known products: Perspectives from a country with less-competitive country image. *Asia Pacific Journal of Marketing and Logistics* 29(5), 933-946.
- Chaulagain S., Wiitala J., Fu X. (2019). The impact of country image and destination image on US tourists' travel intention. *Journal of Destination Marketing & Management* 12, 1-11.
- Elliot S., Papadopoulos N., Kim S.S. (2011). An integrative model of place image: Exploring relationships between destination, product, and country images. *Journal of Travel Research* 50(5), 520-534.
- Laroche M., Papadopoulos N., Heslop L.A., Mourali M. (2003). The influence of country image structure on consumer evaluations of foreign products. *International Marketing Review* 22(1), 96-115.
- Martínez S.C., Alvarez M.D. (2010). Country versus destination image in a developing country. *Journal of Travel & Tourism Marketing* 27(7), 748-764.
- Elliot S., Papadopoulos N., Szamosi, L. (2013). Studying place image: An interdisciplinary and holistic approach. *Anatolia* 24(1), 5-16.
- De Nisco A., Mainolfi G., Marino V., Napolitano M. R. (2015). Tourism satisfaction effect on general country image, destination image, and post-visit intentions. *Journal of Vacation Marketing* 21(4), 305-317.
- Nadeau J., Heslop L., O'Reilly N., Luk P. (2008). Destination in a country image context. *Annals of Tourism Research* 35, 84-106.
- Zhang J., Wu B., Morrison A.M., Tseng C., Chen Y. (2018). How country image affects tourists' destination evaluations: A moderated mediation approach. *Journal of Hospitality & Tourism Research* 42(6), 904-930.
- Dinnie K. (2008). *Nation branding: Concepts, issues, practice*. Oxford, UK: Butterworth.
- Zhang H., Xu F., Leung H.H., Cai L.A. (2016). The influence of destination-country image on prospective tourists' visit intention: Testing three competing models. *Asia Pacific Journal of Tourism Research* 21(7), 811-835.
- Chikanda A., Tawodzera G. (2017). *Informal entrepreneurship and cross-border trade between Zimbabwe and South Africa, Southern African Migration Programme Migration Policy Series No. 74*, Cape Town.

27. Marais M., du Plessis E., Saayman M. (2017). Critical success factors of a business tourism destination: Supply side analysis. *Acta Commercii* 17(1). DOI: 10.4102/ac.v17i1.423.
28. Rogerson C.M. (2018). Informal sector city tourism: Cross-border shoppers in Johannesburg. *GeoJournal of Tourism and Geosites* 22(2), 381-392.
29. Tichaawa T. (2017). Business tourism in Africa: The case of Cameroon. *Tourism Review International* 21(2), 181-192.
30. Hemana U.S. (2014). Health tourism in South Africa: Opportunities and possibilities. *African Journal of Hospitality, Tourism & Leisure* 3(1), 1-11.
31. Heung V.C.S., Kucukusta D., Song H. (2010). A conceptual model of medical tourism: Implications for future research. *Journal of Travel & Tourism Marketing* 27(3), 236-251.
32. Lajevardi M. (2016). A comprehensive perspective on medical tourism context and create a conceptual framework. *Journal of Tourism & Hospitality* 5(5). DOI: 10.4172/2167-0269.1200236.
33. Lee M., Ham H., Lockyer T. (2012). Medical tourism - Attracting Japanese tourists for medical tourism experience. *Journal of Travel & Tourism Marketing* 29(1), 69-86.
34. Musa G., Doshi D.R., Wong K.M., Thirumoorthy T. (2012). How satisfied are inbound medical tourists in Malaysia? A study on private hospitals in Kuala Lumpur. *Journal of Travel & Tourism Marketing* 29(7), 629-646.
35. Yong A. G., Pearce S. (2013). A beginner's guide to factor analysis: Focusing on exploratory factor analysis. *Tutorials in Quantitative Methods for Psychology* 9(2), 79-94.
36. Hair J.F., Black W.C., Babin J.B., Anderson R.E., Tatham R.L. (2014). *Multivariate data analysis*. 7th Edition. Upper Saddle River: Pearson Prentice Hall.
37. Cohen J. (1988). *Statistical power analysis for the behavioral sciences*. 2nd Edition. Hillside: Lawrence Erlbaum Associates.
38. Mugenda A.G., Mugenda O.M. (2003). *Research methods: Quantitative and qualitative approaches*. Nairobi: ACTS Press.
39. Lin D.H., Morais D.B., Kerstetter D.L., Hou J.S. (2007). Examining the role of cognitive and affective image in predicting choice across natural, developed, and theme-park destinations. *Journal of Travel Research* 46, 183-194.
40. Amujo O.C., Otubanjo O. (2012). Leveraging rebranding of 'unattractive' nation brands to stimulate post-disaster tourism. *Tourist Studies* 12(1), 87-105.
41. Han C.M. (1989). Country image: halo or summary construct? *Journal of Marketing Research* 26, 222-229.
42. Buhmann A., Ingenhoff D. (2015). Advancing the country image construct from a public relations perspective. *Journal of Communication Management* 19(1), 62-80.
43. Hankinson G. (2005). Destination brand images: A business tourism perspective. *Journal of Services Marketing* 19(1), 24-32.
44. Pratt M.A., Sparks B. (2014). Predicting Wine Tourism Intention: Destination Image and Self-congruity. *Journal of Travel & Tourism Marketing* 31(4), 443-460.
45. Campo S., Alvarez M.D. (2019). Animosity toward a country in the context of destinations as tourism products. *Journal of Hospitality & Tourism Research* 43(7), 1002-1024.
46. Fetscherin M., Stephano, R.M. (2016). The medical tourism index: Scale development and validation. *Tourism Management* 52, 539-556.
47. Kanittinsuttitong N. (2015). Motivation and Decision on Medical Tourism Service in Thailand. *Review of Integrative Business and Economics Research* 4(3), 173-182.
48. Lee R.J., Kim B.Y. (2014). The structural relationships among country image, service quality of medical tourism, and intention to revisit: A case of Chinese medical tourists to Korea. *Korean J Hotel Admin* 23(3), 83-104.
49. Cook P.S. (2010). Constructions and experiences of authenticity in medical tourism: The performances of places, spaces, practices, objects and bodies. *Tourist Studies* 10(2), 135-153.
50. Lunt N.T., Mannion R., Exworthy M. (2013). A framework for exploring the policy implications of UK medical tourism and international patient flows. *Social Policy and Administration* 47(1). DOI: 10.1111/j.1467-9515.2011.00833.x.
51. Das G., Mukherjee S. (2016). A measure of medical tourism destination brand equity. *International Journal of Pharmaceutical & Health Marketing* 10(1), 104-128.
52. Yu JY, Ko TG (2012). A cross-cultural study of perceptions of medical tourism among Chinese, Japanese and Korean tourists in Korea. *Tourism Management* 33(1), 80-88.
53. Smith R., Martínez-Alvarez M., Chanda R. (2011). Medical tourism: A review of the literature and analysis of a role for bi-lateral trade. *Health Policy* 103(2), 276-282.

Submitted: June 16, 2020

Accepted: August 25, 2020