

# Patrons' Perception of Service Delivery of Medical Tourism Sites in Metropolitan Lagos

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## Abstract

This study examined the patrons' perception of service delivery of medical tourism sites in Lagos metropolis, Nigeria. Data were collected through questionnaire administration. Systematic sampling technique was employed to select 15 specialized private hospitals and 14 Public hospitals in the study area, resulting to a sample size of 29 hospitals. Ten (10) patrons were contacted in each of the selected hospitals; consequently, 290 patrons were sampled. Data collected were analyzed using descriptive (Patron Satisfaction Index (PSI)) and inferential statistic (Multiple Regression Analysis). Findings established that patrons are satisfied with Efficiency of Medical Treatment (PSI = 3.55), Satisfactory service (PSI = 3.87), and Standard level of medical staff (PSI = 3.46). While also expressed their dissatisfaction towards cost of treatment (PSI = 3.04), waiting time at the hospital (PSI = 2.92), and Good Laboratory (PSI= 3.31). Service delivery influences decision of patrons on choice of hospital to visit, this is as established by the result of multiple regression model  $R^2 = 0.898$  (89.8%),  $F(7 \text{ \& } 282) = 355.004$ ,  $p \leq 0.000$ . The study concluded that there exists a strong positive correlation between service delivery and destination choice.

**Keywords:** Tourism, Medical Tourism, Hospital, Healthcare Service Delivery, Patrons' Perception

## 1.0 Introduction

Tourism is described as any temporary movement of people, either individually or in groups, from one place to another for specific tourism purposes (Okpoko and Okpoko 2002). Ayodele (2002) defines tourism as an activity that voluntarily and temporarily takes a person away from his usual place of residence in order to satisfy a need of pleasure, excitement, experience and relaxation. Tourism is seen as the business of satisfying the most diverse aspirations, which invite man to move out of his routine environment, and may include purposes of intellectual, religious, cultural or business exploration with relaxation as its principal purpose (Obayi 2001).

World Tourism Organization (WTO) (2005) defines tourism as activities of persons travelling to and staying in places outside their usual environment for a period of not less than 24 hours and not exceeding one consecutive year for leisure, business and other purposes not related to the exercise of an activity remunerated from within the place visited. It includes activities indulged in at the destination as well as all facilities and services specially created to meet their needs. Consequently, this implies that tourism encompasses diverse human activities which may include cultural, business, education, religious activities and medical among others.

Medical tourism is a popular mass-culture where people travel for a long distances to overseas destination (such as India, Thailand, Malaysia, China, Germany among others) to obtain medical, dental and surgical care while simultaneously being holidaymakers, in a more conventional sense, (Connell, 2006). Domestic Medical Tourism is process where people who live in one country travel to another city, region or state to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own home city, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care (Medical Tourism Association, 2011). The present study focuses on patrons' perception of services delivery quality of healthcare services delivery and their satisfaction towards the services delivery indicators of medical tourism sites in metropolitan Lagos with emphasis on domestic medical tourism.

Quality healthcare is concerned with the degree to which the resources for healthcare or the services included in health care correspond to specific standards. Those standards if applied are generally expected to lead to desired health results. The paper examines the patron satisfaction of medical tourism services in the study area. Patient satisfaction is an element of health status and a measure of the outcome of care widely used in evaluating distinct dimensions of patients' health care (Torcson, 2005). This could be considered in the context of contentment with services, and expectations in healthcare. Most often, expectation come with efficiency of services received and this is important in their satisfaction (Ofili and Ofovwe, 2005). Such efficiency of services include waiting time before consultation, duration of consultation, amount of time spent with healthcare provider during consultation and treatment, communication with patients and quality of treatment given to patient (Ofili and Ofovwe, 2005; Asekun- Olarinmoye et al., 2009; Bhattacharya et al., 2006; and Omisore and Agbabiaka 2016). Time spent in a tertiary health system could influence patients satisfaction and decision on further visit (Asekun-Olarinmoye et al., 2009; and Omisore and Agbabiaka 2016).

## 2.0 Study Area

Lagos State is situated in the southwestern corner of the Nigeria as show in fig 1 and fig 2, Lagos State lies within Latitudes 6°2'N to 6°4'N of the Equator, and Longitudes 2°45'E to 4°20'E of the Greenwich Meridian. The State is flanked from the north and east by Ogun State, in the west by the Republic of Benin and the south by the Atlantic Ocean/Gulf of Guinea. The total landmass of the State is about 3,345 square kilometers, which is just about 0.4% of the total land area of Nigeria. Most of the land in Lagos State has an elevation of less than 15m above sea level. (See Fig. 1).

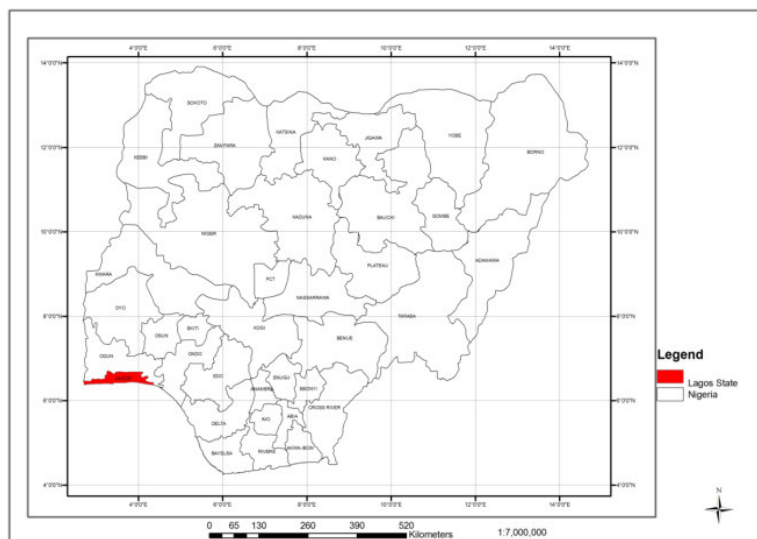


Figure 1: Map of Nigeria indicating Lagos State.

Source: National Airspace Research and Development Agency (NASRDA) (2015)

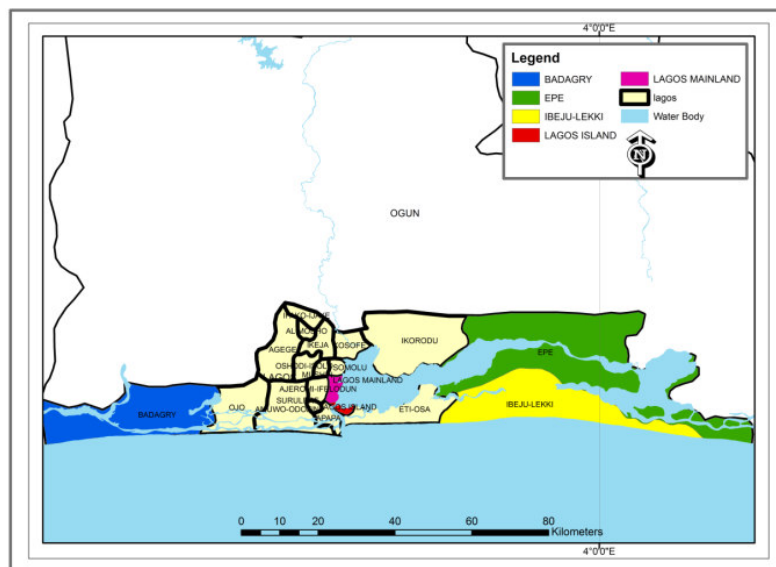


Figure 2: Map of Lagos state indicating Lagos Metropolis.

Source: National Airspace Research and Development Agency (NASRDA) (2015)

According to the record of Lagos State Health Facilities Monitoring and Accreditation Agency (HEFAMAA), there are 26 registered public hospitals, 256 registered Public health centers, 1022 registered private hospitals, 803 registered private clinics, 73 registered Ophthalmic centres, 57 registered dental clinics, 299 registered Nursing homes, 221 registered Maternity homes, 525 registered medical laboratory, and 4 registered radiology centres, in the study area. The scope of this study is limited to 14 Public Hospitals and 15 Specialized Registered Private Hospitals in metropolitan Lagos.

## 3.0 Literature Review

Medical tourism is the process of patients travelling abroad for medical care and procedures, usually because certain medical procedures are unavailable or unaffordable in their own country (Voigt et al. 2010). Rowley, (2008) described medical tourism as a process of attracting foreign patients to overseas countries which can offer

hospital or medical services at fees considerably less than the patient's home country and usually combining an element of post-operative tourism (recovery) for the patient. Deloitte, (2009) categorized medical tourism as outbound where patient travel abroad for medical care, inbound where foreign patients travel to the host country for care and intra-bound where patients travel domestically for medical care. Invariably, patrons travels outside their environment to seek medical care for numerous reason among which are to receive quality service at a less considerable price.

The concern for quality healthcare was majorly popularized in family planning and reproductive health programs. Kols and Sherman, (1998) Population Report was devoted to improving quality. However, quality healthcare is seen from public health perspective as offering the greatest health benefits with the least health risks, to the greatest number of people, given the available resources, while others see it as satisfying the client's needs. Roener and Montaya-Aguilar (1988) equally affirmed that the initial concern about quality healthcare has been from the clinical viewpoint.

Satisfaction surveys done in some developed countries showed greater satisfaction and quality of care from patients whose views were sought (Asekun-Olarinmoye et al., 2009 and Benjamin 1999). Studies in Lagos, Calabar, and Osun state Nigeria revealed that infrastructure, irregular electricity, poor and inadequate water supply, stock-out of essential drugs and long waiting hours between 3-4 hours contributed to patients dissatisfaction (Olatunji et al., 2008; Odebiyi et al., 2009 and Uzochukwu et al.,2004). These factors poses as barrier and have been drastically decreased the utilization of tertiary healthcare institutions in Nigeria. Long waiting time before consultation in health care institution which is the most important factor in patient satisfaction could worsen an illness or lead to death .A major problem can be seen when the ill health is serious and requires immediate attention but could result to frustration due to long waiting time.

The Population Report therefore has two perspectives, the provider's perspective which includes issues of cost, efficiency, while outcomes for population and the clients' perspective include issues of "choice of methods, information given to clients, technical competence, interpersonal relations, and mechanism to encourage continuity and appropriate constellation of services". The Report further identifies seven expectations or concerns of clients accessing health services. These concerns include; being treated with respect, personalized service with provider understanding of particular situation and needs, provider of service assuring complete and accurate information, assuring technical competence of providers, ready access to reliable, affordable services, providers to offer thorough explanation and examinations to everyone alike and fulfillment of clients purpose of visit, getting desired result.

Creel *et al.*,(2012) identifies two dimensions of client perspectives in health care; first before the time of service (outside of the clinic setting) and second during the time of the service (inside the clinic). Barriers to health seeking informing quality care outside of the clinic include socio-cultural barriers of women autonomy, norms, rumors and myths, gender and discrimination, also access, distance, and costs. The study also asserted that clients' perception is shaped by their cultural values, previous experiences, perceptions of the role of the health system, and interactions with providers. The study however suggest that, "Clients satisfaction may not necessarily mean that quality is good, it may indicate that expectations are low" or "they want to please the interviewer or fear of the consequence of complaining.

Courtier (2006) explains that patient's perception of healthcare delivery does not actually predict clinical protocol or effectiveness. Key elements of quality services within the clinic setting are identified as method choice and availability, respectful and friendly treatment, privacy and confidentiality, competent service providers, information and counseling, convenient schedules and waiting times, and affordable services. However, from the above review, scholars have identified the various indicators for measuring healthcare service delivery. The scholars argued that patrons satisfaction is shaped by their cultural values, previous experiences, perceptions of the role of the health system, and interactions with providers, therefore may not depict and predict healthcare service delivery.

#### 4.0 Research Methodology

This section discusses the methodology adopted in data collection, description of the sampling procedure, sample frame and sample size, and the methods of data analysis. Data for this study were collected from primary sources. Primary data were derived from fieldwork, through the administration of questionnaire. The instrument was structured using 5 point likert scale rating. Strongly Agree– 5, Agree – 4, Just Agree – 3, Disagree – 2 and Strongly Disagree – 1. From the rating of the scale, it should be noted that "**Just Agree**" is the midpoint of the respondents responses which could also be termed as "**Indifferent**". The questionnaire was administered on the patrons of the selected hospital. Information obtained through the use of questionnaire includes the demographic characteristics and the measures of service delivery.

Pilot survey reveals that there are 50 top rated specialized registered private hospitals (ratenigeriahospital.com) and 20 public hospitals in metropolitan Lagos, However, 30% of the rated specialized registered private hospitals were systematically selected for the study, in this case the first 3 hospitals was

selected at random and every subsequent 3<sup>rd</sup> hospital on the list were selected, while 14 Public Hospital were selected; these were the public hospitals that are rendering specialized medical services in the study area. Patrons were sampled through the use of purposive sampling technique in this case 10 patrons was contacted in each of the selected hospitals, making a total 290 patrons as presented in Figure 3 and 4.

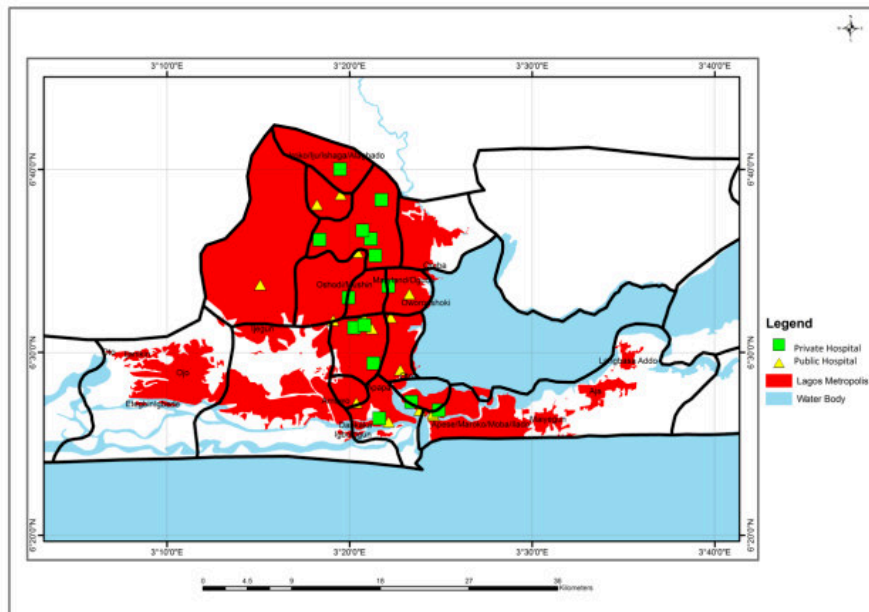


Figure 3: Map of Lagos Metropolis Showing Geographical Location of Selected Hospitals.  
 Source: Author’s field survey, 2015.

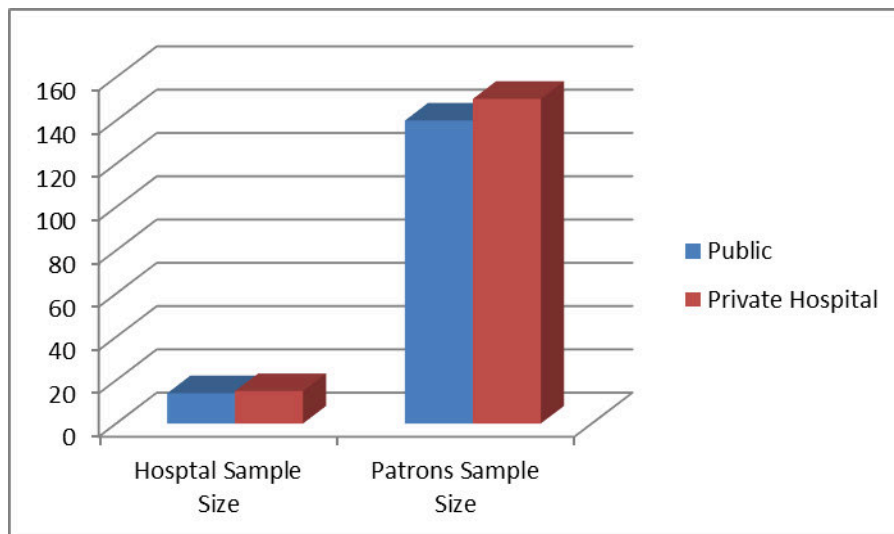


Figure 4: Sample Size

Source: Authors field survey, 2015.

The target respondents were the patrons in each of the selected Hospitals. Data collected were coded into Statistical package for social sciences (SPSS Version 20). Processing of data was through the use of quantitative methods of analyses. These include the computation of PSI and Multiple regression analysis to identify the satisfaction level of the service delivery as well as predicting the destination choice of patrons.

**Computation of PSI Values for Service Delivery across the Selected Hospitals in the Study Area**

The patrons satisfaction level of the service delivery across the selected hospitals in the study area were examined using a five point Likert’s scale rating to determine the Patrons Satisfaction Index (PSI) in identifying the level of satisfaction attached to the identified services delivery indicators. For this study, a total of 7 indicators were identified. To calculate the patrons Satisfaction Index (PSI), the respondents were instructed to rate each challenges using one of the five ratings: **Strongly Agree – 5, Agree – 4, Just Agree – 3, Disagree – 2** and **Strongly Disagree – 1**. The summations of the weight value (SWV) for each of the indicators were obtained through the addition of the product of the response for each rating of the variable and their respective weight

values. Mathematically, this is expressed thus:

$$SWV = \sum_{i=1}^5 X_i Y_i \dots \dots \dots \text{equ. (1)}$$

Where: SWV is the summation of weight value,  
 $X_i$  is the respondents rating of particular indicator  
 $Y_i$  is the weight value assigned to each indicator

The Patrons Satisfaction index (PSI) for each indicator is arrived at by dividing the summation of weight value by the addition of the number of respondents to each of the five ratings. This is expressed mathematically as:

$$R_{II} = \frac{SWV}{\sum_{i=1}^5 P_i} \dots \dots \dots \text{equ. (2)}$$

Where PSI is the patrons knowledge index, SWV and  $P_i$  are defined previously. The closer the PSI of a particular indicator to 5 the higher is assured of the level of importance attached to such challenge. The result is as presented in table 2.

**Column 1:** Services delivery indicators

**Column 2:** Number of individual respondents rating each of the indicators with 5 (Strongly Agree)

**Column 3:** Number of individual respondents rating each of the indicators with 4 (Agree)

**Column 4:** Number of individual respondents rating each of the indicators with 3 (Just Agree)

**Column 5:** Number of individual respondents rating each of the Indicators with 2 (Disagree)

**Column 6:** Number of individual respondents rating each of the Indicators with 1 (Strongly disagree)

**Column 7:** Addition of product of individual respondents rating a particular indicator and their respective weight values. For instance, SWV for “N” =  $(40 \times 1) + (41 \times 2) + (34 \times 3) + (70 \times 4) + (105 \times 5) = 1029$ .

**Column 8:** Patrons Satisfaction index equals summation of weight value (SWV) divided by additional of individual respondents rating each indicator. For instance, PSI for “A” =  $1029 / (40 + 41 + 34 + 70 + 105) = \frac{1029}{290} = 3.55$

**Column 9:** The deviation equals to mean of Patrons Satisfaction Index for all the 7 identified indicators subtracted from PSI value for each indicator e.g.  $\frac{23.99}{7} = 3.43$ , Deviation (PSI -  $\overline{PSI}$ ) =  $(3.55 - 3.43) = 0.12$

**Column 10:** Square of values in column 9 e.g.  $(PSI - \overline{PSI})^2$ ,  $(0.12)^2 = 0.014$

### 5.0 Finding and Result

This section examines the patrons’ knowledge index of the service delivery of their choice hospital across the selected hospitals. The services delivery was measured using seven indices, the degree of influence of this indices was examined using 5 point likert scale rating as follows, **strongly disagree -1, disagree -2, just agree -3, agree -4 and strongly agree -5** and are rated as perceived by the respondents. Findings on the effectiveness of the treatment received by the patrons across the selected hospital under study as presented in Table 1 revealed that 175(60.3%) and 212(73.10%) of the patrons across the selected hospitals consider the treatment received as efficient and are satisfy with the service delivery at the various hospital visited, even though the encounter some problems at the hospital visited they still consider it effective and satisfactory. While 81(27.9%) and 34(11.7%) of the patrons express their dissatisfaction to the inefficiency of treatment received and service delivery at the hospital visited. This could be attributed to the type, nature of ailment and the period of time spent at the hospital. Patrons’ perception on the level of medical staff and facilities/ equipment across the selected hospital as presented in Table 1. Findings revealed that substantial proportion of the patrons with shares of 185(63.8%) and 212(73.1%) of the patrons respectively express their satisfaction to standard of medical staff and quality of facilities and equipment at the hospital visited across the selected hospitals, while 92(31.7%) and 59(20.4%) of the patrons respectively express their dissatisfaction to the standard of medical staff and quality of facilities/ equipment at the hospital visited across the selected hospital under study. This could be attributed to difference in standard of staff and quality of facilities/ equipment across the selected hospitals and variations in patrons’ sense of perception.

Low cost of treatment was observed in most of the selected public hospital in the study area. Findings revealed that 140(48.3%) of the respondents representing the total number of patrons sampled across the selected public hospital attest to the assertion the cost of treatment in hospitals they patronized are relatively low, while the patrons sampled in private hospitals experienced relatively high cost of treatment. This can be attributed to the fact that government is saddled with the responsibility to provide health care for the citizen masses at affordable price, thereby financing the public hospital as such subsidies the cost of treatment for masses.



Shorter waiting time to receive medical attention is one of the indices employed by this study to assess service delivery across the elected hospital. Findings revealed that 140(48.3%) of the respondents express their experience of witnessing long waiting time to receive medical attention at the hospital patronized. Further analysis revealed that long waiting time is synonymous to the public hospital as stated by majority of the patrons across the selected public hospital. This could be as a result of the fact that the public hospitals attract more patrons because of their relatively low cost for treatment compared to that of the private hospitals.

Good laboratory is another index used in the study to measure service delivery. Findings revealed that 157(54.4%) patrons perceived that the hospitals they visit has a good laboratory and makes it easy for them to the test prescribed to them instead of moving outward the hospital to a laboratory center to run test. 102(35.2%) of the patrons state that the hospital visited does not have go laboratory, therefore they have to sort out to another hospitals with good laboratory of an independent laboratory center to run the prescribe test for them.

**Table 1: Patrons' Perception on Service Delivery across the selected Hospitals**

Factors	Level of Agreement					Total
	Strongly Disagree	Disagree	Just Agree	Agree	Strongly Agree	
N	40(13.8%)	41(14.1%)	34(11.4%)	70(24.1%)	105(36.2%)	290(100%)
O	13(4.5%)	21(7.2%)	44(15.2%)	124(42.8%)	88(30.3%)	290(100%)
P	40(13.8%)	52(17.9%)	13(4.5%)	106(36.6%)	79(27.2%)	290(100%)
Q	13(4.5%)	46(15.9%)	19(6.6%)	108(37.2%)	104(35.9%)	290(100%)
R	69(23.8%)	77(26.6%)	4(1.4%)	54(18.6%)	86(29.7%)	290(100%)
S	86(20.7%)	54(18.6%)	13(4.5%)	72(24.8%)	65(22.4%)	290(100%)
T	44(15.2%)	58(20.0%)	31(10.7%)	77(26.6%)	80(27.6%)	290(100%)
<b>Total</b>	<b>367(14.1%)</b>	<b>422(16.2%)</b>	<b>172(6.6%)</b>	<b>794(30.4%)</b>	<b>855(32.8%)</b>	<b>2610(100%)</b>

Source: Author's field survey, 2015

**Please Note**

- N = Efficiency of Medical Treatment
- O = Satisfactory service
- P = High standard level of medical staff
- Q = Top quality facilities and equipment
- R = Low cost of treatment
- S = Shorter waiting time
- T = Good Laboratory

**5.1 Patrons Satisfaction Index of Services Delivery across the Selected Hospitals**

Findings as presented in Table 2 established that the indicator that has the highest rating is Satisfactory service with RSI = 3.87 and a positive deviation about the mean = 0.44 while the least rated indicators was Shorter waiting time with RSI = 2.92 and a negative deviation about the mean = -0.51. This connotes that the respondents are satisfy with the services delivery of the hospital under study while also they witness long waiting time to see the doctor. The study revealed that out of the 7 indicators, 4 indicators had positive deviation about the mean while 3 indicators had negative deviation about the means. The indicators that had positive deviation about the mean include: Efficiency of Medical Treatment (RSI = 3.55, Mean Dev.=0.12), Satisfactory service (RSI = 3.87 and Mean Dev.= 0.44), High standard level of medical staff (RSI = 3.46 and Mean Dev.=0.03), and Top quality facilities and equipment (RSI = 3.84 and Mean Dev.= 0.41). On the other hand the indicators that had negative deviation about the mean are as follows: Low cost of treatment (RSI = 3.04 and Mean Dev.= -0.39), Shorter waiting time (RSI = 2.92 and Mean Dev.= -0.51) and Good Laboratory (RSI = 3.31 and Mean Dev.= -0.12)

The study also revealed that mean PSI for all the 7 identified service delivery indicators denoted by  $\overline{PSI}$  was 3.43, while the variance in Patrons Satisfaction Index of services delivery across the selected hospitals was 0.1149, with a standard deviation of 0.3390 and the coefficient of variation in the patrons satisfaction index was 9.88% which connotes a wide spread opinion about the mean. i.e. the opinion of the respondents on the service delivery of their choice hospitals was widely spread about the mean.

$$\text{Average (Mean)} = \overline{PSI} = \frac{\sum PSI}{N} = \frac{23.99}{7} = 3.43;$$

$$\text{Variance} = \frac{\sum (PSI - \overline{PSI})^2}{N} = \frac{0.804}{7} = 0.1149$$

$$\text{Standard deviation} = \sqrt{\frac{\sum(PSI - \overline{PSI})^2}{N}} = \sqrt{0.1149} = 0.3390$$

$$\text{Coefficient of variation} = \left(\frac{0.3390}{\overline{PSI}} \times 100\right)\% = \left(\frac{0.3390}{3.43} \times 100\right)\% = 9.88\%$$

**Table 2: Patrons’ Satisfaction Index on Services Delivery across the selected Hospitals**

Challenges	Rating and weight value					SWV	PSI	Mean Deviation		RANK
	SD(1)	D(2)	JA(3)	A(4)	SA(5)			(PSI- $\overline{PSI}$ )	(PKI- $\overline{PSI}$ ) <sup>2</sup>	
O	13	21	44	124	88	1123	3.87	0.44	0.194	1 <sup>st</sup>
Q	13	46	19	108	104	1114	3.84	0.41	0.168	2 <sup>nd</sup>
N	40	41	34	70	105	1029	3.55	0.12	0.014	3 <sup>rd</sup>
P	40	52	13	106	79	1002	3.46	0.03	0.001	4 <sup>th</sup>
T	44	58	31	77	80	961	3.31	-0.12	0.014	5 <sup>th</sup>
R	69	77	4	54	86	881	3.04	-0.39	0.152	6 <sup>th</sup>
S	86	54	13	72	65	846	2.92	-0.51	0.260	7 <sup>th</sup>
<b>TOTAL</b>	<b>305</b>	<b>349</b>	<b>158</b>	<b>611</b>	<b>607</b>		<b>23.99</b>	<b>0</b>	<b>0.804</b>	

Source: Author’s field survey, 2015

**Please Note**

- N = Efficiency of Medical Treatment (PSI = 3.55, Mean Dev.=0.12)
- O = Satisfactory service (PSI = 3.87 and Mean Dev.= 0.44)
- P = High standard level of medical staff (PSI = 3.46 and Mean Dev.=0.03)
- Q = Top quality facilities and equipment (PSI = 3.84 and Mean Dev.= 0.41)
- R = Low cost of treatment (PSI = 3.04 and Mean Dev.= -0.39)
- S = Shorter waiting time (PSI = 2.92 and Mean Dev.= -0.51)
- T = Good Laboratory (PSI = 3.31 and Mean Dev.= -0.12)

**5.3 Multiple Regression Analysis on Service Delivery and Destination Choice**

This section presents the multiple regression analysis to test for the relationship between service delivery and the choice of hospitals visited. Choice of hospital visited by patron were summed together and was isolated as dependent variables (Y) while all the elements considered as measures for service delivery across the selected hospitals (elements “N to T”) were summed together and as independents variables to predict choice of hospital visited. The regression and its coefficient multiple of determination is presented in Table 3.

**Table 3: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.948 <sup>a</sup>	.898	.896	.16177

Source: Author’s field survey, 2015

Findings as presented in the Tables 3, 4 and 5 revealed the multiple regression model with all seven predictors produced R<sup>2</sup> = 0.898, F<sub>(7 & 282)</sub> = 355.004, p ≤.000 indicates that the overall model is statistically significant. The regression (R = 0.948) indicated that there exist a strong positive correlation between service delivery in hospital visited and choice of hospital. The coefficient of multiple determinations is 0.948 meaning that 94.8% of the variation in destination choice (y) is explained by service delivery in hospital visited. Therefore it is conclusive that there exists enough evidence to conclude that at least one of the predictors is useful for predicting the destination choice of patrons. Hence this model is useful.

**Table 4: ANOVA<sup>b</sup>**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	65.034	7	9.291	355.004	.000 <sup>a</sup>
	Residual	7.380	282	.026		
	Total	72.414	289			

Source: Author’s field survey, 2015

**Table5: Coefficient of Multiple Regressions**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.101	.186		11.306	.000
	N	-.010	.027	-.030	-.388	.698
	O	.043	.034	.091	1.246	.214
	P	-.002	.026	-.006	-.080	.936
	Q	-.029	.027	-.070	-1.062	.289
	R	-.242	.030	-.779	-8.164	.000
	S	.053	.030	.168	1.768	.078
	T	-.004	.007	-.011	-.549	.584

Dependent Variable: Destination Choice

$$\text{Destination Choice (Y)} = (-0.010*N) + (0.043*O) + (-0.002*P) + (-0.029*Q) + (-0.242*R) + (0.053*S) + (-0.004*T) + 2.101$$

Source: Author's field survey, 2015

## 6.0 Conclusion and Recommendation

The study assesses the patrons' perception of service delivery of medical tourism sites in the study area. Findings established that patrons are satisfied with 4 out of 7 Services Delivery index as it influences their destination choice. The study revealed that patrons express their satisfaction on Efficiency of Medical Treatment (PSI = 3.55, Mean Dev.=0.12), Satisfactory service (PSI = 3.87 and Mean Dev.= 0.44), High standard level of medical staff (PSI = 3.46 and Mean Dev.=0.03), and Top quality facilities and equipment (PSI = 3.84 and Mean Dev.= 0.41). While also express their dissatisfaction towards cost of treatment (PSI = 3.04 and Mean Dev.= -0.39), waiting time (PSI = 2.92 and Mean Dev.= -0.51), Good Laboratory (PSI= 3.31 and Mean Dev.= -0.12). Findings revealed that service delivery influences choice of hospital, as established by the result of multiple regression model with all seven predictors produced  $R^2 = 0.898$ ,  $F_{(7 \& 282)} = 355.004$ ,  $p \leq .000$ . The regression ( $R = 0.948$ ) indicated that there exist a strong positive correlation between service delivery in hospital visited and choice of hospital. The coefficient of multiple determinations is 0.948 meaning that 94.8% of the variation in destination choice ( $y$ ) is explained by service delivery in hospital visited. Therefore, it is conclusive that there exists enough evidence to conclude service deliver index are good predictors for predicting the destination choice of patrons. The study therefore recommends as follows:

The study had revealed that patrons express their dissatisfaction towards cost of treatment, waiting time to see the doctor, and Good Laboratory. It is therefore recommended that the Lagos State ministry of health and Accreditation Agencies in charge health related issues in the study area should place more attention in checkmating the excesses of health workers and make every health-worker render their services diligently and also to ensure that every hospital meets up to the manpower requirements in terms of doctors, nurses, and other health workers. They should also embark on equipping both public and private hospitals with good laboratory and top quality surgical equipment. This can be done by formulate policy that will enhanced the upgrading of the existing hospital in the study area.

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