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ASSESSMENT OF FINANCIAL COST, CLIENT SATISFACTION, AND OUTCOME OF OUTBOUND MEDICAL TOURISM AMONG PATIENTS WHO HAVE RETURNED FROM MEDICAL TOURISM IN ABUJA, NIGERIA

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ABSTRACT

Background: Medical tourism is a growing global phenomenon in which patients travel across international borders to access healthcare services that may not be available, affordable, or of satisfactory quality in their home countries. Nigeria is among the leading contributors to outbound medical tourism in Africa. This study seeks to assess the financial cost, client satisfaction, and outcome of outbound Medical Tourism among patients who have returned from Medical Tourism in Abuja, Nigeria. **Methodology:** This was a descriptive cross-sectional study carried out among 220 patients who had returned from medical tourism in other countries. Respondents' driven sampling technique was used in this study, and data were collected using an Interviewer-administered structured questionnaire. Data analysis was done using the Statistical Package for the Social Sciences (SPSS), version 22.0. **Findings**: Most patients were referred by their doctor, 130 (81.3%). Most respondents, 90 (56.3%) stayed for between 15 - 21 days of treatment. Over two-thirds, 106 (66.3%), had no disparity in the diagnosis made in Nigeria and that made abroad. Financial implication of outbound medical tourism for patients showed that 64 (40.0%) were self-sponsored, 43 (26.9%) were sponsored by family, 32 (20.0%) were government-sponsored, 12 (7.5% were workplace sponsored, 5 (3.15) were sponsored by donations, 1 (0.63% was by health insurance, 3 (1.9%0 was sponsored by NGOs. Regarding the cost of medical tourism, 18 (11.3%) spent less than 5000 USD, 32 (20.0%) spent between 5000 and less than 10,000 USD, 88 (55.5%) spent between 10,000 to less than 30,000 USD, while 22 (13.8%) spent over 30,000 USD. The mean cost = 22,008 ± 3500 USD. On returning from treatment abroad, a third of respondents, 57 (35.6%), improved, 48 (30.0%) had a total cure. Clients' satisfaction with treatment revealed that 32 (20.0%) were not satisfied with the treatment they had abroad, 79 (49.4%) were satisfied, 26 (16.3%) were not sure, and 34 (21.3%) were very satisfied. Similarly, 25 (15.6%) stated that the treatment abroad did not work, 65 (40.6%) stated that it helped, and 53 (33.1%) said it helped well. On the perception of the effects of medical tourism (outbound) on healthcare in Nigeria, 122 (76.3%) stated that it is not good for the Nigerian health sector. **Conclusion:** Surgical procedures and medical checkups were the primary reasons for medical tourism, with doctors being the most influential source of information. Most medical tourists traveled with a companion, typically a spouse or relative, and sought treatment for complex health conditions such as infertility, cancer, and liver disease. The findings highlight the importance of specialized medical care, doctor-patient relationships, and companion-friendly services in the medical tourism industry.

KEYWORDS: Cost of Medical Tourism, Client satisfaction, Outcome, Returning patients, Patient voices.

INTRODUCTION

Medical tourism is a growing global phenomenon in which patients travel across international borders to access healthcare services that may not be available, affordable, or of satisfactory quality in their home countries. Nigeria is among the leading contributors to outbound medical tourism in Africa, with thousands of patients traveling abroad yearly for specialized treatments such as oncology, cardiology, orthopedic surgery, and fertility treatments.[1,2] Abuja, being the capital city and an economic hub, is a major center for medical travel, with many patients seeking treatment in countries like India, the United Kingdom, the United States, and the United Arab Emirates.[2, 3]

The financial burden of outbound medical tourism on patients and the Nigerian economy is substantial. Studies indicate that Nigerians spend an estimated $1.2 billion annually on medical care abroad, a figure that underscores the inadequacies of the local healthcare system.[2, 3] The high cost often leads to financial strain, especially if patients are self-funding their treatment. Others rely on family support, donations, and health insurance coverage.[3,4] Despite the high costs, patient satisfaction remains mixed. While some patients report despite having good experiences, a sizable percentage return unhappy with the care they received elsewhere. According to statistics, favourable outcomes are not always guaranteed by medical tourism, and some patients experience difficulties after treatment that need additional medical measures. These problems are made worse in Nigeria by the absence of coordinated post-treatment care, highlighting the necessity of better local healthcare facilities.[2, 3]

The increasing trend of outbound medical tourism has significant implications for Nigeria's healthcare sector. Outbound medical tourism negatively affects the country's health system, primarily due to capital flight, the erosion of trust in local healthcare facilities, and the continuous loss of skilled medical professionals seeking better opportunities abroad.[2,3,4] Addressing these issues requires substantial investment in medical infrastructure, the development of specialized healthcare services, and policies that encourage local treatment.

According to the literature currently available,[1,3,4] medical tourism can have both positive and negative effects on both importing and exporting nations. While importing nations can gain from lower costs and shorter waiting lists, there are also worries about the quality of services, lost foreign revenue, government neglect of local health infrastructures, brain drain, the spread of diseases to unknowable locations, poor customer experiences, and litigation processes. However, exporting countries run the risk of establishing a two-tiered system in which foreign patients receive better care than domestic patients and divert resources (material and human) that are available for the citizens of these host countries. On the one hand, exporting countries can generate foreign exchange and may stop health professionals from leaving their country to work in institutions abroad.[5, 6, 7, 8, 9]

Many Nigerians opt to seek medical care overseas if they feel that the services they need are not available inside the borders of this country, and they want higher quality, expertise, competence, and other attractions. This practice is known as medical tourism.[10,11] Even though there are tertiary hospitals and specialists in Nigeria, some medical treatments are not provided, and when they are, patients appear to have lost faith in the medical community. Nigeria loses over 359.2 billion naira ($1.20 billion) a year due to medical tourism, which highlights the necessity of updating current regulations to control it. This is almost a third of Nigeria's federal health budget in 2023, which was ₦1,7 trillion ($2.911billion), which was 5.46% of the proposed total budget.[10, 11, 12, 13] The lack of a regulatory framework for medical tourism may be the result of a lack of knowledge and awareness of medical tourism in Nigeria despite the growing trend. Over 5,000 Nigerians travel overseas for medical care each month, costing the country N78 billion annually in capital flight losses. This has exposed Nigerians to the worst of the problems associated with the emerging industry.[12,13] Each medical tourist is said to spend between $20,000 and $40,000 on average on each trip.[12,14] xccording to a study, India receives about $260 million (N40.94 billion) from Nigeria alone each year, which is more than half of the total revenue Nigeria loses to medical tourism. This is on top of the projected amount spent on medical care overseas. India was expected to get up to $3 billion in 2020 from the $20 billion annual global medical tourism sector.[5,12, 15, 16] Investigation shows that no fewer than 5,000 Nigerians obtained visas from India's embassy in Nigeria in 2020 alone.[12, 14, 16] This study seeks to assess the financial cost, client satisfaction, and outcome of outbound Medical Tourism among patients who have returned from Medical Tourism in Abuja, Nigeria.

Methods

The study was conducted in Abuja, Federal Capital Territory. Nigeria's capital, Abuja, is located in the Federal Capital Territory (FCT) in the country's center. In 2024, patients referred from government-owned tertiary hospitals in Abuja City who had returned from medical tourism participated in a descriptive cross-sectional survey. The FCT has a total population of 2,702,443.[17, 18] The FCT is bordered on all sides by four states: Niger, Nasarawa, Kogi, and Kaduna.[19, 20, 21]

Abuja was chosen for this study as it is now one of Nigeria's ten most populous cities and one of the world's fastest-growing cities, with an increasing population representing all tribes living in Nigeria. It has 3 major government-owned teaching hospitals. University of Abuja Teaching Hospital, Gwagwalada; National Hospital, Abuja; and Federal Medical Center, Jabi, Abuja, which have easy access to experts who can

recommend treatment outside the country. There are six Area Councils in the Federal Capital Territory: Abaji. AMAC, Bwari. Gwagwalada. Kuje and Kwali. Each of the area councils is subdivided into wards headed by Local councils[20] There is a comparatively high level of literacy in the state, with enormous communication facilities available too. The state is also well served by a good network of roads, and the capital, Federal Capital Territory (FCT), has an airport.[17,18] Medical tourism will most likely occur in tertiary hospitals since it is the highest level of care in Nigeria before referral out of the country.[22] Most patients seeking special care will have contact with tertiary hospitals where specialists are trained, and medical research is done before seeking health care overseas. The study was carried out over six months. Data collection was carried out over four months, while analysis and write-up of the study were done over eight weeks.

The minimum sample size for patients will be calculated using Cochran's formula for minimum sample size determination in a cross-sectional study.[23]

$$n = \frac{Z^2 pq}{d^2}$$

n= the desired sample size when the population is less than 10,000
z= standard normal deviate set at 1.96, corresponding to the 95% confidence level.
In a previous study conducted where 85.0% of patients were treated in Oman before they traveled as medical tourists.[24]
p= 0.85
q= 1-p = 1- 0.85 = 0.15
d= degree of precision desired, which is set at 5 % (0.05).
Minimum sample size= $(1.96)^2 \times (0.85 \text{ X } 0.15) / (0.05)^2$ = 195.9 = 196
Allowing for a non-response rate of 10%, i.e. (196 x 0.10), the minimum sample size will be approximately 196 + 19.6 = 215.6 = 216 ≈ 220
A minimum of 220 questionnaires were used for data collection among the patients.

Respondent-driven sampling (RDS) was used to recruit patients who had returned from medical tourism. This approach was chosen because the target population represents a hidden group without a formal sampling frame, making probability-based sampling impractical.

Recruitment began with five initial participants ("seeds") selected to reflect diversity in age, gender, and medical tourism destinations. Each seed was provided with three recruitment tags (and numbers) to invite peers who met the study eligibility criteria. Recruited participants, in turn, received the same number of tags to continue the recruitment process. This chain-referral method was sustained across multiple waves until the desired sample size of 200 was achieved. Initial contact with the patient was obtained from the medical doctors, who treated and referred to the patient, while the patients will be tracked and contacted for a face-to-face interview. Participants were consecutively recruited until a sample size of 220 was achieved. Initial contact with the patient was obtained from the medical doctors who treated and referred the patient, while patients will be tracked and contacted for face-to-face interviews.

Data was collected using a structured interviewer-administered questionnaire adapted from medical tourism publications in Canada, the United States, Malaysia, and India.[5, 25, 26, 27, 28, 29]

It contained questions on the perception of on-patients towards medical tourism. It includes questions on patients' source of referral and duration of treatment, financial cost, client satisfaction, and outcome of outbound Medical Tourism among patients.

Six research assistants who were medical interns participated in a one-week training program. The usage of study topic surveys, ethical issues, and quality control were all covered in the training. The need to conduct oneself appropriately during interviews and discussions was emphasized, along with how to identify how interviews progressed according to themes.

The study instruments were pretested among patients in Federal Medical Center Keffi, Nasarawa State, located about 120km away from the study area. All ambiguous questions were reviewed to reduce the possibility of information bias. Questions were rewritten or deleted to reflect specific aspects of medical tourism related to the study objectives.

Questionnaires were screened for completeness, coded, and entered by the researcher into the Statistical Package for the Social Sciences (SPSS) version 22.0 software for analysis. Discrete data were presented as proportions (percentages) while continuous variables such as age were expressed as means ± standard deviation. Where continuous data are skewed, median values were stated as well.

Before the study's start, ethical approval was requested and granted by the Bingham University Teaching Hospital Research Ethics Committee. Permission to conduct this study was sought from all the Health facilities that were used in this study. After being fully informed about (i) the identity of the researcher and the university, (ii) the purpose of the research, (iii) the nature of the questions, (iv) the estimated time required to complete the survey, and (v) how to file a complaint with the university, if desired, the interviewers obtained written informed consent from each respondent prior to conducting interviews. Throughout the interview, privacy and confidentiality were upheld. Respect and decency were shown to the participants. To ensure secrecy, each respondent was identified by their serial number rather than their name. Respondents were

informed that there would be no consequences or loss of benefits if they chose not to take part in the study or if they decided to withdraw. There will be no danger of harm or injury to participants during or after the study is conducted. The fact that there is very limited quantitative research on medical tourism was advantageous to the study's participants. Patients, medical professionals, and relevant politicians may find the study's findings useful in making better decisions on medical tourism. All data will be kept confidential and available only to the researcher. The findings of the study will be disseminated to the general public in order to further scientific knowledge.

Findings

A) Patients' source of referral and duration of treatment (Table 1)

Table 1 shows that most patients were referred by their doctor 130 (81.3%), Self-referral 18 (11.3%), and Nurse 9 (5.6%).

Most respondents, 90 (56.3%) stayed for between 15 - 21 days of treatment, 42 (26.3%) stayed for over 21 days, and 15 (9.4%) stayed for 11 – 15 days.

Over two-thirds, 106 (66.3%), had no disparity in the diagnosis made in Nigeria and that made abroad, while 54 (33.85) had disparity in diagnosis.

B) Financial implications of outbound medical tourism for patients (Table 2)

Financial implications of outbound medical tourism for patients showed that 64 (40.0%) were self-sponsored, 43 (26.9%) were sponsored by family, 32 (20.0%) were government-sponsored, 12 (7.5% were workplace sponsored, 5 (3.15) were sponsored by donations, 1 (0.63%) was sponsored by health insurance, 3 (1.9%0 was sponsored by NGOs.

Regarding the cost of medical tourism, 18 (11.3%) spent less than 5000 USD, 32 (20.0%) spent between 5000 and less than 10,000 USD, 88 (55.5%) spent between 10,000 to less than 30,000, while 22 (13.8%) spent over 30,000 USD. The mean cost = 22,0080 ± 3500 USD.

C) Clients' report of outcome of treatment abroad (Table 3)

On returning from treatment abroad, a third of respondents, 57 (35.6%), improved, 48 (30.0%) had a total cure, 37 (23.13%) had no change in the situation, and 18 (11.3%) had a worsened case.

D) Clients' satisfaction with treatment and perception of outbound medical tourism (Table 4)

Clients' satisfaction with treatment revealed that 32 (20.0%) were not satisfied with the treatment they had abroad, 79 (49.4%) were satisfied, 26 (16.3%) were not sure, and 34 (21.3%) were very satisfied.

Similarly, 25 (15.6%) stated that the treatment abroad did not work, 65 (40.6%) stated that it helped, and 53 (33.1%) said it helped well.

On the perception of the effects of medical tourism (outbound) on healthcare in Nigeria, 122 (76.3%) stated that it is not good for the Nigerian health sector, while 38 (23.8%) stated that it was good for the Nigerian healthcare system.

Table 1: Patients' source of referral and duration of treatment.

Variable	Frequency (n =160)	Percent
Source of referral*		
Doctor	130	81.25
Nurse	9	5.63
Self	18	11.25
Pharmacist	3	1.88
Duration of treatment (days) (n = 160)		
1 – 5	2	1.25
6 – 10	11	6.88
11 – 15	15	9.38
15 – 20	90	56.25
≥ 21	42	26.25
Disparity in diagnosis (n = 160)		
Presence of disparity	54	33.75
No disparity	106	66.25

Multiple responses

Table 2: Financial implications of outbound medical tourism for patients

Variable	Frequency (n = 160)	Percent
Sponsorship*		
Self	64	40.00
Family	43	26.88
Government	32	20.00
Workplace	12	7.50

Donations	5	3.13
Non-governmental organizations	3	1.88
Health Insurance	1	0.63
Total cost (USD)		
< 5,000	18	11.25
5,000 – < 10,000	32	20.00
10,000 - <30,000	88	55.00
≥ 30,000	22	13.75
Mean cost = 22,0080 ± 3500 USD		****Multiple responses***

Table 3: Clients' report of outcome of treatment abroad		
The outcome of treatment abroad	**Frequency (160)**	**%**
Worsened	18	11.25
No effect	37	23.13
Improved	57	35.63
Total Cure	48	30.00
Total	160	100.00

Table 4: Clients' satisfaction with treatment and perception of outbound medical tourism.

Variable	**Frequency (n = 160)**	**Percent**
Level of satisfaction		
Not satisfied	32	20.00
Not sure	26	16.25
Satisfied	79	49.38
Very satisfied	34	21.25
Amount of help		
Not helped at all	25	15.63
Not sure	17	10.63
Helped	65	40.63
Helped a great deal	53	33.13
Perception of outbound medical tourism		
Good for healthcare in Nigeria*	38	23.75
Not good for healthcare in Nigeria**	122	76.25

*Reasons given included "promotes better exchange of ideas", "reduces death rate" and "stimulates improved healthcare practices"

**Reasons given included "Costly healthcare", "Causes underdevelopment of healthcare system" and "Leads to no confidence in the local healthcare system"

DISCUSSION

Financial implications of outbound medical tourism for patients

Medical tourism comes at a cost to the patients, and there is capital flight to the receiving country. Regarding the costs incurred, our findings show that 11.3% of patients spent less than $5,000, 20.0% between $5,000 and less than $10,000, 55.5% between $10,000 and less than $30,000, and 13.8% over $30,000, with a mean expenditure of approximately $22,080 ± $3,500. These figures reflect significant financial commitments by individuals seeking medical care abroad. Reports have shown that Nigerian patients who travel abroad for medical care are precisely the ones that can pay for services at market prices, indicating a substantial outflow of funds from the local healthcare system.[2,3,30,31] Furthermore, the Central Bank of Nigeria[30] reported that Nigerians spent about $2.39 million on foreign healthcare-related services from January to September 2024, highlighting the ongoing financial impact of medical tourism on the country's economy. It is also interesting to note that the financial implication of outbound medical tourism for patients showed that the majority were self-sponsored (40%), family sponsored (27%), government sponsored (20.0%), workplace sponsored (7.5%), and donor sponsored (3%). The substantial personal and familial financial burden observed in your findings is consistent with broader trends in Nigerian medical tourism. The limited contribution from health insurance and NGOs suggests systemic gaps in funding mechanisms for international medical care; this gap in health insurance is more troubling in funding local health services. The significant expenditures reported per patient contribute to the estimated $1 billion annual cost of medical tourism to Nigeria, as noted by various sources.[2,3,30,31] This outflow not only affects individual finances but also has broader

economic implications, including the loss of potential investments in domestic healthcare infrastructure.[31]

Nigeria spent $1.04m on foreign healthcare-related services in the first quarter of 2023, according to reports.[32] The Federal Government reported that Nigerians spend between USD1.2 and USD1.6 billion on medical tourism annually. Between January and December 2023, Nigerians spent about $3.82m on foreign healthcare-related services. This is compared to $9.06m spent on medical tourism in 2022. In 2018, the Academic Staff Union of Research Institutions (ASURI) reported that Nigeria has around 9,000 outbound medical tourists a month, over 100,000 a year, with India being the largest source.[31,32]

Patient Referral Patterns

The findings in this study indicate that the majority of patients (81.3%) were referred for medical tourism by their doctors, with self-referrals accounting for 11.3%, and nurse referrals at 5.6%. This suggests a significant reliance on physician recommendations in the decision to seek medical care abroad. Studies[1,2,31,32] have emphasized the need for restructuring Nigeria's healthcare system to reduce outbound medical tourism, which may be influenced by such referral patterns.

Length of Stay for Medical Tourism

Regarding the duration of treatment abroad, findings show that 56.3% of respondents stayed between 15 and 21 days, 26.3% for over 21 days, and 9.4% for 11–15 days. While specific data on treatment durations for Nigerian medical tourists is limited, these extended stays may reflect the complexity of procedures sought and the need for postoperative care. The International Journal of Innovative Science and Research Technology highlights that Nigerians often travel for specialties like orthopedics, nephrology, cardiology, and oncology, which may require longer treatment periods.[33]

These extended stays likely reflect the complexity of medical procedures sought and the requisite postoperative care. A study by Puozaa[34] (2017) emphasizes that hospital length of stay is influenced by the severity of illness and the type of medical intervention required, which can lead to prolonged hospitalization periods.

Diagnostic Concordance

We observed that 66.3% of patients had consistent diagnoses between Nigerian and foreign medical evaluations, while 33.7% experienced disparities, highlighting challenges in diagnostic accuracy. A study published in PLOS Medicine.[35] found major diagnostic errors in nearly half of maternal deaths in sub-Saharan Africa, underscoring the impact of diagnostic discrepancies on patient outcomes. Additionally, research in the South African Medical Journal[36] reports persistent high rates of discrepancies between clinical diagnoses and autopsy findings, despite advancements in medical technology. However, the good news was that over two-thirds made diagnoses that were consistent with the findings made abroad. This demonstrates the globalization of health care services and is a typical sign that the physicians in Nigeria are top quality and meet global standards. This can be leveraged to attract foreign patients to Nigeria and increase the traffic for inbound medical tourism.

The disparity also highlights the challenges in diagnostic accuracy within the local healthcare system. A study by Agbabiaka et al.[38] (2017) discusses various challenges faced by patrons of medical tourism in Lagos, Nigeria, which may include issues related to diagnostic accuracy and the quality of healthcare services. These diagnostic discrepancies can stem from limited access to advanced diagnostic tools, variations in clinical expertise, and differences in diagnostic criteria. Addressing these disparities requires investment in diagnostic infrastructure, continuous medical education, and the establishment of standardized diagnostic protocols to enhance the accuracy and reliability of medical evaluations within Nigeria.

Sponsorship Sources for Medical Tourism

Findings indicate that 40.0% of patients were self-sponsored, 26.9% received family sponsorship, 20.0% were government-sponsored, 7.5% had workplace sponsorship, 3.1% were funded through donations, 1.9% by NGOs, and only 0.63% utilized health insurance. This distribution underscores a heavy reliance on personal and familial resources for financing medical travel. The minimal role of health insurance suggests limited coverage for international medical treatments within Nigerian insurance schemes. While specific studies detailing sponsorship breakdowns are scarce, the general trend aligns with observations that many Nigerian medical tourists depend on out-of-pocket expenditures due to inadequate insurance coverage for overseas medical care.[38, 39, 42]

Patient Outcomes Post Medical Tourism

While comprehensive data on the overall success rates of medical tourism among Nigerian patients is limited, specific studies offer some perspectives. For instance, a study focusing on Nigerian patients who underwent kidney transplants abroad reported varying outcomes, including instances of postoperative complications and graft failures upon return to Nigeria. This suggests that while some patients benefit from treatments abroad, others may face challenges, potentially due to factors like postoperative care quality and continuity.[39,40]

Several factors can influence the outcomes of medical treatments obtained through medical tourism. This may include; Quality of Care Abroad: Different destination nations have different standards for medical care. Although some institutions provide excellent services, others might not be properly accredited, which could affect the effectiveness of treatment.[39] Postoperative

Care: Recovery depends on efficient postoperative care and follow-up. Results may suffer if treatment continuity is interrupted when returning to Nigeria.[39] Patient Selection: A factor is whether a patient is suitable for a given procedure. Poor pre-travel evaluations could produce less than ideal outcomes.[39,41] These findings align with the notion that medical tourism does not guarantee uniformly positive outcomes. The reported 11.3% of patients experiencing worsened conditions underscores the risks involved. Existing literature emphasizes the need for comprehensive pre-travel evaluations, selection of accredited foreign medical facilities, and structured postoperative care plans to enhance the success rates of treatments obtained abroad.

Findings from this study of outbound medical tourism among Nigerian patients provide valuable insights into patient satisfaction, treatment efficacy, and perceptions of its impact on Nigeria's healthcare system. These findings suggest that while a significant proportion of patients report positive experiences, a notable minority remain dissatisfied. This aligns with studies indicating that patient satisfaction in medical tourism can vary based on factors such as treatment outcomes, communication barriers, and expectations. For instance, a study by Hanefeld et al.[1,2] highlights that while many patients seek medical care abroad for perceived higher quality, the actual satisfaction levels can be influenced by the overall experience, including post-treatment care and cultural differences.

The perception of treatment effectiveness is crucial in evaluating the success of medical tourism. Your findings indicate that while a majority experienced some level of improvement, a significant portion did not perceive the treatment as effective. This resonates with concerns raised in the literature about the variability of outcomes in medical tourism. Literature shows.[3, 4, 41, 42] that while some patients report positive health outcomes, others face complications or unmet expectations, highlighting the need for thorough pre-travel consultations and realistic expectation setting.

Perception of Medical Tourism's Impact on Nigeria's Healthcare System

A majority (76.3%) believe that outbound medical tourism is detrimental to Nigeria's health sector, while 24% think it benefits the Nigerian healthcare system. The majority perception that medical tourism negatively affects Nigeria's healthcare system is supported by existing research. Various authors[2,40,42] argue that the trend contributes to the underdevelopment of local healthcare facilities, as resources are diverted abroad. Additionally, the loss of revenue and the potential brain drain of medical professionals seeking better opportunities elsewhere can further weaken the domestic health infrastructure.[2,3] Though many patients seek care abroad for perceived better quality, the results and satisfaction levels vary, and the trend poses challenges to the development and sustainability of Nigeria's healthcare system. These findings are consistent with existing literature on medical tourism, highlighting a mix of patient satisfaction and concerns about its broader implications.

CONCLUSION

Medical tourism offers potential benefits for Nigerian patients, but the outcomes are mixed. Concerning the financial implications of outbound medical tourism, the mean cost of travelling for medical tourism is 22,0080 (± 3500 USD). The sources of payment were self-sponsored (40.0%), family (26.9%), government-sponsored (20.0%), workplace (7.5%), and donations (3.2%). Most patients (55.5%) spent between 10,000 to less than 30,000, while 13.8% spent over 30,000 USD.

On returning from treatment abroad, a third of the patients (35.6%), improved, 30.0% had a total cure, 23% had no change in the situation, and 11.3% had a worsened case. Clients' satisfaction with treatment revealed that 20.0% were not satisfied with the treatment they had abroad, 49.5% were satisfied, and 21.3% were very satisfied. On the perception of the effects of medical tourism (outbound) on healthcare in Nigeria, 76.3% stated that it is not good for the Nigerian health sector.

In summary, these findings contribute to understanding the dynamics of outbound medical tourism among Nigerian patients. They underscore the influence of physician referrals, the necessity for extended treatment durations for complex procedures, and ongoing challenges in diagnostic accuracy within the Nigerian healthcare system. Addressing these issues requires systemic improvements in healthcare infrastructure, diagnostic capabilities, and patient management to reduce the need for seeking medical care abroad.

RECOMMENDATIONS

In summary, the results show that Nigerian patients who seek medical care overseas bear a significant financial burden, which is mostly covered by personal and family resources. This emphasizes the significance of policy changes to increase health insurance coverage and fund regional medical facilities in an effort to lessen the need for medical travel abroad and keep healthcare spending in the country.

To keep patients in the country, Nigeria should improve public-private partnerships, invest in specialised medical services, and fortify its healthcare infrastructure.[1,2,40] Additionally, Reliance on overseas hospitals can be decreased via the implementation of laws controlling outbound medical travel, enhancing the standard of healthcare locally, and enhancing post-treatment follow-up.[4, 41, 42] There is a need to develop affordable local alternatives since the high mean cost of outbound medical tourism (≈22,000 USD) and reliance on self/family sponsorship (66.9%) highlight the urgent

need to strengthen specialized services locally to reduce financial burdens on households.[1, 43]

Access to high-quality treatment in Nigeria will also be improved by increasing insurance coverage and providing subsidies for expensive procedures in Nigeria.[3, 43, 44] The government may establish a "local treatment first" policy that states that public funds can only be used to pay for treatment abroad if the technique is not available locally.[3] This belief in the fact that outbound medical tourism is not helping our health system can spur the stakeholders to make the necessary investments that will make our hospitals attractive to the foreign market. This can be achieved with the right political will.[3, 4]

With only 30% achieving total cure abroad and 11.3% reporting worsened outcomes, investment in local tertiary hospitals and centers of excellence is essential to provide comparable quality care domestically.[43,45] Thus, an improved quality of Care in Nigeria is essential. Enhanced patient satisfaction locally is necessary as satisfaction abroad was mixed (20% dissatisfied, 49.5% satisfied, 21.3% very satisfied). Improving patient-centered care, communication, and follow-up in Nigerian hospitals could increase trust and reduce outbound travel.[43,46]

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