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# The lived experience of Chinese medical tourists receiving cancer care: A qualitative study

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## Abstract

**Aim:** The purpose of this study was to describe and explore the lived experience of Chinese medical tourists receiving cancer care in clinical settings in the United States.

**Design:** A qualitative phenomenological design.

**Methods:** In this study, Hermeneutic phenomenology was used to interview 11 participants on WeChat, a popular social media platform of China. Hermeneutic phenomenology methods and hermeneutic circles were used to analyse data.

**Results:** Five themes identified were: the application process involves various challenges; overcoming transportation and language barriers; feeling content with healthcare received in the United States; nearly perfect experience, except for long waiting times; and high cost of being a medical tourist.

**Conclusion:** Despite the cost and complexity of cancer treatment, Chinese medical tourists valued their experience in US clinical settings. Although, they experienced real challenges, they overcame obstacles with self-determination and varied resources. Therefore, culturally appropriate healthcare is highly recommended.

**Relevance to clinical practice:** The findings of this study are relevant for clinical practice, particularly cancer care to medical tourists in the United States. To better support the Chinese medical tourists with cancer, various strategies and techniques, as reported in this study, could be helpful. It is highly recommended to provide healthcare providers to enable them to understand and respect the diversity norms of other cultures.

KEYWORDS
cancer, lived experience, medical tourists, transcultural nursing

## 1 | INTRODUCTION

The rapid growth of inbound medical tourists in the United States (U.S.) highlights the need for providing culturally appropriate healthcare. This is particularly important for medical tourists come from diverse background. The Institute of Medicine report in 2003 (Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, 2003) emphasized the importance of healthcare providers being aware of and responsive to patients' cultural and social backgrounds, thus improving healthcare delivery. The Allied Market Research report indicates that the number of medical tourists worldwide was 23 million

in 2019 and is anticipated to reach 70 million by 2027, with an annual growth rate of 15% (Sanjivan Gill, 2020). Among this market, nearly 20% of medical tourists sought cancer treatment, which is the largest share in 2019. Therefore, the cutting-edge pharmaceuticals and more aggressive treatment options available in the United States have attracted an increasing number of patients with cancer from all over the world. The number of medical tourists coming to the United States has doubled in the past decade, with a continuous Compound Annual Growth Rate (CAGR) of 7.9%. This trend is expected to continue in the coming years (Chambers, 2015). Among the inbound medical tourists, nearly half of them were from the Caribbean (44%), Europe (24%), Central America (10%), and South American and Asian (7% each) (Young et al., 2019). Some US health facilities like MD Anderson and Mayo Clinic, actively markets their global healthcare services. Cancer is the leading cause of death in China (Feng et al., 2019). Unlike Western countries, which have witnessed the declining trend in cancer incidence and mortality after decades of numerous efforts in cancer prevention and control, the incidence and mortality of cancer in China remain at a high level due to the country's large population and the challenges in promoting effective cancer control strategies. In China, there are regional variations in cancer regimens due to disparities in health resources and local economic levels, leading to persistent diagnostic disparities and a lack of consensus on treatment options for certain types of cancer (Zeng et al., 2021). As a result, seeking a second opinion abroad is becoming an increasing popular phenomenon. According to a report, the number of Chinese medical tourists seeking healthcare in the United States increased by 400% between 2004 and 2014 (Hong, 2016). Over 70% of these patients seek cancer treatment or drug trials in United States due to the availability of cutting-edge pharmaceuticals and more aggressive treatment options than what is available in their home country. These medical tourists typically spend over $100,000 on their medical trips and pay for treatment with cash upfront (Hong, 2016).

Despite the existing advanced pharmaceuticals and medical technology, medical tourists with cancer are challenged by cross-cultural adaptation in a new health care environment after a long and physically difficult journey from their homes. Cultural and social background differences may generate unique healthcare needs and significantly influence the patient's perception of the healthcare service received (Izumi et al., 2010). Language barriers and pronunciation differences create hardships for medical tourists in both the clinical setting and in their temporary homes. Because nurses spend more time with patients than other healthcare providers, the provision of nursing care has a major impact on the patient experience (Cho et al., 2017). In addition to some basic healthcare needs, patients with an advanced illness may also have specific needs related to the progressive nature of their cancer. Nurses play a big role in fulfilling these specific needs. For example, in the early stages, patients desire nurses who are available, respect their privacy and give sufficient information about their health status and treatments. However, patients in the final stages of cancer appreciate nurses who provide caring and emotional support (Bayram et al., 2014).

Medical tourists with cancer who seek advanced treatment in the U.S. may have unique needs that differ from non-international patients, given their cultural background and language barriers (Izumi et al., 2010). Furthermore, the length of stay for medical tourists in the United States can vary significantly based upon their specific diagnosis and the nature of their treatment. While the duration of non-cancer treatment is usually shorter, any type of cancer treatment, including surgery, chemotherapy, radiation, bone marrow transplant, immunotherapy, hormone therapy and targeted drug therapy, generally requires a longer period of time, ranging from months to years. As a result, an extended stay may present more these patients more challenges both in healthcare and daily life.

The existing studies on medical tourists' experience have focused on the description of the entire healthcare journey, including motivators, decision-making process, and the perception of healthcare quality (Drinkert & Singh, 2017; Footman et al., 2015; Han & Hyun, 2015; Hudson et al., 2016; Karuppan & Karuppan, 2011; Manaf et al., 2015). Few studies have focused on the experience of medical tourists with cancer about their extended stay in the destination country and the impact of cultural and social background on their experiences of healthcare. The purpose of this study was to describe and explore the lived experience of Chinese medical tourists who received cancer care in clinical settings in the United States. A better understanding of healthcare experiences of medical tourists with cancer can give valuable insights into cross-cultural healthcare. This understanding can lead to improved satisfaction among medical tourists and healthcare providers (Nobahar, 2017).

## 2 | METHOD

This study is informed by the philosophical underpinnings of social constructionism, post-positivism and phenomenology. According to social constructionism, reality is constructed within social and cultural contexts via the interaction between individuals and the external world (Berger & Luckmann, 1966). Post-positivism recognizes that human thoughts or consciousness always have intentionality and subjectivity (Dummett, 2002). Phenomenology, on the other hand, contends that the essence of a phenomenon can be adequately described and understood through a study of structure of essential meanings (Van Manen, 2016). All the above philosophical underpinnings support the hermeneutic phenomenology developed by Heidegger (Laverty, 2003). For research questions that aim to give an understanding of the essence of participants' experiences in the world, the hermeneutic phenomenology is an appropriate research methodology (Van der Zalm & Bergum, 2000).

### 2.1 | Setting

Participants were recruited from communities in Houston, Texas, where Chinese medical tourists had temporary housing, and from WeChat groups, between April 2020 and September 2021. With

permission from the pastors and administrators of the church, paper posters and recruitment flyers containing the researchers' contact information were distributed. WeChat is a popular app among Chinese people that includes instant messaging, social media, financial services and both video and voice calls. WeChat groups are made up of individuals who share similar interests or belong to the same circle of friends. Potential participants in WeChat groups were able to contact the researchers by scanning the QR code on a digital recruitment flyer shared in the groups.

## 2.2 | Sample

Purposive and snowball sampling were combined to recruit participants who met the inclusion criteria (Polit & Beck, 2017). Medical tourists who met the following criteria were invited to participate in the study: (a) diagnosis of cancer of any type; (b) travelled from China to the United States for cancer treatment in the past 12 months; (c) received treatment including surgery, chemotherapy, radiation, bone marrow transplants, immunotherapy, hormone therapy and targeted drug therapy; (d) received at least 1 month of cancer treatment in US clinical settings; (e) proficient in Mandarin or English; and (f) free from neurological impairment or complications that would impact their ability to participate in the interview. The exclusion criteria for the study were individuals under 18 years of age and those receiving palliative treatment. The sample was further supplemented through snowball sampling, where participants were asked to refer other potential participants who met the inclusion criteria (Valerio et al., 2016). The sample size for this study was determined based on the guidelines provided by Gentles et al. (2015) and Walters and De Gagne (2010) who indicated that a sample size of <10 to a maximum of 12 is adequate for a hermeneutic phenomenology study if the interviews are conducted intensively and the data is saturated. Therefore, the sample size of this study was determined to be sufficient when data saturation was achieved, rather than following a strict number. The actual sample size of this study was 11 medical tourists with cancer.

## 2.3 | Data collection and analysis

Data were collected through one-on-one audio-recorded online interviews via voice or video call on WeChat, lasting 45–60 min. Demographic information such as age, gender, etc. was also gathered (see Table 1). The interview guide consisted of open-ended questions and was used to facilitate a conversation between the principal investigator and the participants, exploring their perceptions of healthcare. The Principal Investigator, XU, Tz, was a PhD candidate in Nursing at the time of study. The other researchers (LIU, F; CESARIO, S; MOORE, B) were faculty members at a college of nursing and held PhD degrees in Nursing, with extensive experience in qualitative research. All authors were females. After obtaining participants' consent, a Sony ICD-PX470 Stereo Digital Voice Recorder was placed next to the phone. The phone recording served as a backup in case of recorder malfunctions. The researcher also took field notes which included the participants' ID, the method of recruitment, the date and time of the interview, and any nonverbal and paralinguistic cues, such as laughter, pauses, and pauses while thinking. The data were initially coded in the original language by a professional service and verified by the researcher. This approach was followed because, as indicated by Temple and Young (2004), early translation of data into written English may eliminate the

**TABLE 1** Characteristics of the participants ($N = 11$).

| Participants | Gender | Age | Occupation | Education | Household income | Type of cancer | Treatment received | Months in United States |
|---|---|---|---|---|---|---|---|---|
| P1 | F | 50 | Business owner | College | >$100,000 | Appendix | C | 26 |
| P2 | M | 41 | Unemployed | College | $70,001–100,000 | RMS | R | 12 |
| P3 | M | 34 | Unemployed | University | >$100,000 | Synovial Sarcoma | C | 7 |
| P4 | M | 69 | Retired | Primary | $30,000–50,000 | Lung | D | 32 |
| P5 | M | 59 | Business owner | College | $70,001–100,000 | Colon | S+C+R | 20 |
| P6 | F | 52 | English Teacher | University | $50,001–$70,000 | Breast | S+H | 16 |
| P7 | F | 48 | Journalist | University | $70,001–100,000 | Vagina | C+T | 26 |
| P8 | F | 63 | Unemployed | Primary | $70,001–100,000 | Bile duct | D+P | 35 |
| P9 | F | 52 | Healthcare worker | University | $10,001–30,000 | Lymph | C+R | 27 |
| P10 | F | 52 | Business owner | College | $70,001–100,000 | Melanoma | D | 2.5[a] |
| P11 | M | 33 | Unemployed | College | $70,001–100,000 | Lung | C+R+D+T | 53 |

Abbreviations: C, chemotherapy; D, drug trial; H, hormone therapy; P, proton therapy; R, radiation; RMS, Rhabdomyosarcoma; S, surgery; T, target therapy.

[a]A total of 2 and half month (One participant sought treatment for 2 weeks every year from 2016 to 2020, virtual check-ups every 3 months in 2020–2021 since the onset of the pandemic).

language barriers of non-English speakers but cut the links between language and culture. The methods of Hermeneutic phenomenology as described by Van Manen (1997) were used to analyse the data. Multiple hermeneutic circles were employed during the interpretation of the text to gain comprehensive understanding of it, moving from the analysis of each of part to the whole. For instance, the analysis of each transcript was revisited and reread, deepening the understanding and meaning of the whole and incorporating it into the findings text. The research data were managed and analysed using NVivio software (Welsh, 2002). Descriptive statistics were used to analyse the demographic data.

### 2.4 | Scientific rigour

Lincoln and Guba's (1986) evaluation criteria were applied to guarantee the credibility, transferability, and dependability of this study. Thick description techniques were employed to give in-depth information about the times, settings, interviews and participants involved. As all of the original data was collected in Mandarin, a bilingual co-author (Dr. Liu) was invited to oversee the data collection process and confirm the accuracy of the English translations. The transcription was verified against the audio recordings, and the codes and categories were validated by the research team. Additionally, themes in Chinese were sent to two participants for member checking (Armour et al., 2009).

## 3 | RESULTS

A total of 13 participants were recruited ($N = 13$). One participant ($n = 1$) refused the interview after reviewing the consent form. Another participant completed the interview ($n = 1$), but the son-in-law answered most of the questions instead of the participant. The research team decided to exclude this interview from the final analysis, as this study is about lived experiences of patients with cancer. Therefore, 11 interviews ($N = 11$) were completed, as data saturation was reached. Two participants were interviewed via video call, while the other nine were interviewed via voice call according to their preferences. All participants were from mainland China and spoke Mandarin. There were six females ($n = 6$) and five males ($n = 5$), with ages ranging from 33 to 69 years old. Nine participants had a college or university education ($n = 9$), while two had a primary school level education, while two had a primary school education ($n = 2$). The distribution of annual household income was as follows: \$10,001–30,000 ($n = 1$), \$30,000–50,000 ($n = 1$), \$50,001–70,000 ($n = 1$), \$70,001-100,000 ($n = 6$), more than \$100,000 ($n = 2$). According to Statista (2023), the average annual per capita disposable household income in China in 2022 was 36,883 yuan, which is approximately equivalent to \$5338 (Statista, 2023). The characteristics of the study participants are presented in Table 1.

A total of 151 codes emerged from the data analysis. One researcher (LIU) and PI interpreted the codes independently and sent the categories to the Researchers CESARIO and MOORE for review. Ultimately, five major themes were finally identified during the data analysis. Two participants were invited to review the identified themes that reflected their experience and agreed upon them. These themes included the following: (a) the application process involves various challenges; (b) overcoming transportation and language barriers; (c) feeling content with healthcare received in the United States; (d) nearly perfect experience, except for long waiting times; and (e) high cost of being a medical tourist (see Table 2). Each theme had two to four subthemes.

### 3.1 | The application process involves various challenges

Participants faced challenges when applying for medical care, starting with the search for information about potential destinations and doctors. Some obtained information about destination hospitals from relatives and friends who have lived or studied in the United States, while others relied on the Internet. Those who were younger and more educated tended to use a wider variety of information sources. However, regardless of the source of information, some participants found the application process too complicated and ended up using medical agencies to assist them. While participants paid for assistance with their applications, they still encountered difficulties. One major problem was the translation of medical records from Chinese to English, which most participants had to pay for. However, translation was not the only fee-for-service activity they encountered. Participants also had to pay for visa application processing was time-consuming.

### 3.2 | Overcoming transportation and language barriers

During the cancer treatment period, most participants experienced inconveniences due to the lack of a private car in their new environment. Commuting to and from the treatment sites was physically tiring, as many accommodation options were located some distance from the clinical sites. To save time and energy, some participants opted to use Uber services. While renting an apartment near the clinical site could resolve the transportation problem, not everyone was able to do that. Additionally, grocery shopping was also an issue without a private car. Some participants paid others to take them grocery shopping or to do it for them. The Chinese community was another resource that helped medical tourists overcome transportation challenges. Although participants found transportation difficult, they also stated that these inconveniences were minor compared to the cancer treatment they received.

Another challenge that participants experienced was the language barrier, which resulted in anxiety and feeling overwhelmed, especially when interacting with the healthcare system. Despite three participants having a basic level of English proficiency, they

TABLE 2 Final themes and categories of participants.

| Themes | Categories |
|---|---|
| Application is a process with varied challenges | • Varied information source for potential hospitals and doctors<br>• Application process was complicate and time consuming<br>• Application process was not complicate and went smoothly<br>• Had experience of travelling abroad |
| Overcoming transportation and language barriers | • Difficulty commuting without a car<br>• Feeling anxious in a new environment<br>• Language barriers impact daily life and interaction with health care providers<br>• Explore information related to daily life and treatment<br>• Adapting to the new routes<br>• Minor impact of the covid-19 pandemic on treatment |
| Feeling content with healthcare received in the United States | • Perceived differences between Chinese and America health care systems<br>• Being equally respected<br>• Healthcare workers are professional<br>• Highly satisfied with the healthcare received in the United States<br>• Trust relationship between patients and provider |
| Close to perfection only if the waiting time could be shortened | • Long waiting time for diagnostic exams and treatment<br>• Minor dissatisfied with the health care received |
| Being a medical tourist is costly | • High cost of health care<br>• High cost of daily life |

still struggled to understand professional medical terminology and occasionally missed important information. To cope with the language barriers, participants tried different strategies, such as writing down questions before leaving their apartment, bringing family members who could speak better English as interpreters, and hiring bilingual caregivers throughout their stay as medical tourists. Despite their efforts, some participants still felt that they were not fully informed or able to convey their concerns to the providers at times. While most participants appreciated the hospitals providing in-person interpreter for each medical tourist prior to the COVID-19 pandemic, the pandemic brought restricted visitation policies that prohibited family members and in-person interpreters were from accompanying patients during visits. Although hospitals began using virtual interpreters, participants were hesitant to request one unless it was urgent. Overall, language barriers had a significant impact on medical tourists' everyday lives and communication with healthcare providers, often leading to misconceptions and increased anxiety. Fortunately, all the participants were able to overcome these challenges with assistance from either hospitals or caregivers.

### 3.3 | Feeling content with the health care service received in the United States

All the participants described the healthcare environment in the United States as comfortable and enjoyable, with comments such as "very quiet," "it protects your privacy very well," "I never felt stressed." The healthcare team also left a great impression on the medical tourists, as interdisciplinary team provided great healthcare service with the patient at the centres of care. The team discussed the care plan with the patient, allowing them to make informed decisions. While in China, patients need to speak with each disciplinary member to discuss the treatment, which is different from the approach taken in the United States. More than half of the participants spoke about how impressed they were impressed with the sense of being equally respected by the healthcare providers in the United States. Doctors were patient and willing to spend time communicating with patients, giving them a great sense that healthcare providers truly cared for them. All the participants trusted providers with their cancer regimen.

> We trust our doctors and listen to them about what we need to do…I think doctors have seen tremendous cases. They know our health conditions the most, so they can provide advice fairly and objectively. It must work for us. Let us just listen to them. This is our principle anyway.
>
> (P9)

Most of the participants expressed that they were really satisfied with the health care received in the United States. The words they used frequently to describe the healthcare service were "sweet," "comfortable," and "humanistic care." "I will give at least 10 if the full score is 10" (p5).

Healthcare providers willing to spend time with patients were identified as important perspectives of the experience of healthcare received. The participants identified the attitudes and caring behaviour of the nurses as important aspects of their healthcare experience, emphasizing the importance of their timely help and quick responses, which they described as were *"humanistic care."*

### 3.4 | Theme 4: Nearly perfect experience, except for long waiting time

More than half of the participants reported feeling a long waiting time for services, which resulted in anxiety and uncertainty. In

comparison to most Chinese hospitals that provide walking-in service, the US clinical settings usually adopt an appointment system. Five participants reported waiting for 1–2 months for their doctors, which raised concerns about their health condition and whether they could wait for that long. The waiting time for treatments, such as chemotherapy, was also a concern for some participants. After checking in, they often had to wait for 1–2 h before receiving treatment. Some participants reported that they were not able to see the doctor at the scheduled time, which became a routine experience for them even if they arrived at the scheduled time. This long waiting time caused discomfort and anxiety for the participants, and they felt uncertain about whether their health condition could allow them to wait for a long time.

Several participants reported minor dissatisfactions with the healthcare they received. They felt that workplace efficiency could be improved. They also felt that their questions not related to cancer care could not be clearly answered. They were confused about whom they could reach when they had problems that were not directly related to cancer.

### 3.5 | Theme 5: High cost of being a medical tourist

Cost is a real concern for medical tourists. Eight participants expressed that they felt huge pressure from the cost of healthcare in the United States. Although they were not from the lower socioeconomic class, five resigned because they sought treatment and no longer had income. One borrowed money from family to support the treatment. The remaining two individuals were small business owners who also felt pressure due to decreased profits caused by the Covid pandemic. No one purchased healthcare insurance in the US before arriving; they had to self-pay the bill. Even when they found some medical insurance that was eligible for international patients afterward, the co-pay rate was still very high. "I did a CT and blood test. Anyway, it cost me about $ 10,000," one participant said. Another participant mentioned that the target treatment medicine cost about $23,000 every time. Most participants did not mention how they paid their medical bill. Only two participants mentioned that they sold their house in China, which allowed them to pay their medical bills. The daily cost of living was also identified as a barrier for most medical tourists who wanted to stay in the United States to ensure continuity of care. Cooking at home became a coping strategy for dealing with the high cost of living. To cut down on expenses, participants mentioned their preference for staying at home and avoiding unnecessary shopping.

## 4 | DISCUSSION

Although cutting-edge pharmaceuticals and more aggressive treatment options available in the United States have attracted an increasing number of medical tourists, it might not be appropriate for all Chinese medical tourists with cancer. For patients with cancer, timing is an important factor in making treatment decisions due to the life-limiting nature and severity of the disease. A delay in starting treatment may adversely affect patients' health outcomes and increase mortality (Hanna et al., 2020). The medical tourists in this study reported that the application process was time-consuming, particularly, because they found the translation of medical records was challenging. Those with greater resources and the ability to pay for professional translation of documents had fewer problems with delays in timing. However, the length of the application process still took about 3–4 weeks. This finding is similar to a study on medical tourists from UAE and Saudi Arabia, who reported that it took 4–6 weeks for embassy to obtain a medical appointment abroad (Al-Shamsi et al., 2018). While there is no accurate data about the length of time needed for completing an application for treatment in the United States, the researcher would suggest that future medical tourists discuss with their doctors in China the decision to seek treatment abroad. Studies have shown a 4-week delay in starting treatment for common types of oncology, such as bladder, lung, breast, rectum, and colon cancers, can increase mortality rates from 6% to 13% (Hanna et al., 2020). Therefore, careful consideration of the benefits and risks is essential before deciding to seek medical treatment abroad.

Transportation and language barriers were both explored in this study. The United States is well known as a car-dependent nation, with private cars being the most common mode of transportation, and public transportation systems being infrequent and inconvenient. This is different from Asian countries where cities are densely built, and public transportation systems are fast and convenient. Therefore, it was not surprising that medical tourists in this study experienced difficulties without a car. This finding was supported by Singh's study (2013), which investigated the influence of local transportation services on medical travel motivation. In that study, 94% of US medical tourists reported that local transportation services were important. In this study, most participants acted in a positive way to overcome transportation challenges by renting an apartment close to hospitals and paying others to do grocery shopping. Patients with cancer who were undergoing treatment were more focused on fighting their illness, and thus they were willing to endure any other hardships to the necessary treatment.

This study also reported language barriers. This finding is consistent with previous research on communication barriers experienced by medical tourists from different cultures. Two systematic reviews conducted by Heydari et al. (2019) and Xu et al. (2020) have also found that language and cultural differences can impede effective communication between medical tourists and healthcare providers. In particular, Chinese cultural values such as "silence as virtue" may lead to a more passive communication style when interacting with healthcare providers, which can lead to misunderstandings and miscommunication (Wang et al., 2021). This passivity was also reflected in the decision-making process, with participants more likely to defer to the doctors' advice without questioning or advocating for themselves. Ohbuchi and Takahashi (1994) have also reported similar findings that the

Chinese tend to use passive strategies in communication and indirectly express their expectations when interacting with others.

This study found high satisfaction with the healthcare received in the United States, with a great clinical environment frequently mentioned, followed by patients feeling equally respected and trusting their providers with the cancer regimen. When asked, healthcare service was frequently praised. This finding is supported by a patient satisfaction model (Rosenbusch et al., 2018), which indicates that environmental quality, interaction quality with doctors and nurses, and outcome quality are the most important constructs that explain medical tourists' satisfaction with healthcare they received.

In addition, the friendliness and trustworthiness of doctors and nurses have been show to play a crucial role in medical tourists' evaluation of healthcare services. Patient trust is particularly associated with satisfaction (Wu et al., 2014). In this study, medical tourists viewed their doctors as reliable, reflecting the important role of interpersonal relationships in Asian culture value (Yum, 1988). Unlike Americans who value autonomy and may choose to leave or not participate, Asian people tend to rely on their doctors and prioritize building harmonious relationships. Healthcare providers should recognize this cultural difference and give sufficient information about the diagnosis, treatment process and results while actively inviting patients to participate in the conversation. Part of the findings in this study was inconsistent with a critical review (Oberoi & Kansra, 2019). The provider-related factors that most stimulate Indian's medical tourists were the accessibility of doctors or physicians and communication in their preferred language. In particular, doctors with special expertise in a field of medicine were found to be the most critical factor in determining whether they choose medical tourism or not.

The medical tourists in this study expressed minor dissatisfaction with waiting times for diagnostic exams and treatment. This is consistent with several studies (Bagga & Vishnoi, 2020; Heydari et al., 2019), as waiting time is one of the important factors directly associated with patient satisfaction. The findings in this study are supported by two American studies (Kreitz et al., 2016; McMullen & Netland, 2013) which showed that patients spent between 27.3 and 43 min in the waiting room for an outpatient clinic, and the average monthly wait time was up to 77.38 min. In contrast, most Chinese hospitals allow patients to walk in and see doctors in a few minutes for common problem. However, for more complex diagnostics such as MRI, the wait time may stretch to a couple of weeks in a major hospital due to a high number of patients (Analytica, 2015). Such comparisons may influence patients' expectations and result in dissatisfaction. Additionally, patients with cancer are concerned about the speed and efficiency of their care (Mathews et al., 2015). However, the finding of this study showed that patients' negative experiences with waiting times could be mitigated by doctors' interpersonal skills and quiet environment in clinical settings, which is consistent with another study (Mathews et al., 2015).

High cost has emerged as one of the major concerns identified in this study. This finding is supported by another study that found Maldivian medical travellers consumed 48% and 26% of the total cost on travel and direct medical treatment, representing a huge economic burden (Suzana et al., 2015). However, different findings from several other studies reported that low cost was the primary motivation for seeking treatment abroad (Connell, 2006; Drinkert & Singh, 2017; Karuppan & Karuppan, 2011). The reason is that motivations vary for different types of medical tourism. For instance, medical tourists who seek care abroad for dental treatment, cosmetic surgery and other wellness visits may find the cost-effectiveness of long-distance medical travel to be worthwhile. Conversely, for patients with cancer, a "life-threatening illness" might be the greatest motivation for accessing care abroad, particularly when they have exhausted the possibility of being cured in their home country. The findings also demonstrate that medical tourists are not necessarily wealthy people; some of the participants sold their houses in China to finance the limited chances of survival. Limited insurance is available in the United States for medical tourists, as identified in this study. This finding is similar to Pan and Moreira (2018); which found that the high cost of cancer care is a deterrent for medical tourism.

### 4.1 | Implications

This study has identified implications for clinical settings, healthcare providers and government policymakers. Medical tourists who seek cancer care in the United States require timely access to healthcare services. Interventions are needed to assist them with the translation of medical records and give guidance on a standardized method of translation. Additionally, visa processing time should be minimized for patients seeking cancer care and treatment to enable them to access healthcare services faster and avoid treatment delays.

Healthcare providers could better care for patients with an Asian cultural and social background by investing in cultural competency training to acquire cross-cultural knowledge and skills. In Chinese culture, "silence as virtue" plays an important role (Wang et al., 2021), and patients are more likely to follow healthcare providers' advice and rarely question their doctors or nurses. Allowing more time for these patients and encouraging them to ask questions would be helpful in increasing interaction with the patients and improving health outcomes.

Clinical centres in the United States that accept Chinese medical tourists with cancer could better care for them by providing a handbook or printed brochure in Chinese covering challenges and solutions for transportation, grocery shopping, accommodations and translation services. Since cancer treatment usually lasts a long time, medical tourists will stay in the medical centre for several months once they initiate treatment. It is important to help them to adapt to the new environment and routine, especially, when they face language barriers and find it challenging to obtain information on their own.

### 4.2 | Implications for future research

Future research should investigate the healthcare-seeking behaviour of patients with cancer who travel abroad for medical treatment. This includes studying the experiences of medical tourists with an Asian cultural and social background, and developing theoretical models to understand their behaviour. Intervention studies focusing on efficient out-patient nursing can help improve continuity of care for medical tourists and lead to better patient outcomes.

### 4.3 | Study limitations

This study has several limitations. First, the sample was recruited from a limited geographical region, so it may not be representative of healthcare experiences in other US states. Second, the interview transcripts were not translated into English because research suggests that early translation may disconnect culture and language. Third, the study was conducted during the COVID-19, which may have affected some of the findings, such as waiting time and language barriers. However, most of the participants started their medical tourism before the pandemic and shared their experiences both prior to and during the pandemic.

## 5 | CONCLUSION

This study examined the experiences of Chinese medical tourists seeking cancer care in clinical settings in the United States. The findings will contribute to improving cancer care experience and support for medical tourists in the United States. Despite the high cost and complexity of cancer treatment in the United States, Chinese medical tourists valued their experiences in clinical settings. They faced challenges such as a lengthy application process, difficulty with transportation (especially without a car) and language barriers. However, they overcame these obstacles through self-determination and access to various resources and ultimately reported feeling content with healthcare they received in the United States. Culturally appropriate healthcare is highly recommended to better support the unique needs of medical tourists.

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#### CONFLICT OF INTEREST STATEMENT

The authors whose names are listed immediately above certify that they have NO affiliations with or involvement in any organization or entity with any financial interest, or non-financial interest in the subject matter or materials discussed in this manuscript.

#### ETHICAL STATEMENT

This study was reviewed and approved by the Institutions Review Board (IRB) Texas Woman's University (Exempt-IRB-FY2020-386). All participants volunteered to participate in the study and Written consent forms were obtained prior to the interview.

#### DATA AVAILABILITY STATEMENT

Data available on request from the authors.

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