

Chapter 10

Internationalization in Health Services: Major Challenges

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ABSTRACT

The purpose of this chapter is to review the literature on health services internationalization and to identify the most addressed themes using the Scopus platform. Six articles were analyzed in detail and contributed to the results and discussion. The literature was found to highlight the internationalization of medical services mainly in developed countries. However, emerging countries have felt the need to adapt their services to international competitiveness. The potential of these initiatives has encouraged governments to restructure their hospital infrastructure. This growth, in the countries of origin, is a consequence of outdated, slower, and overloaded services and the difficulty of access to alternative treatments. This study summarizes the reasons, motives, and decision-making processes that lead patients to opt for services outside their home country.

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INTRODUCTION

Business internationalization is a phenomenon often related to entering international markets, which involves a process of growing international presence (Moreira, 2009; Ribau, Moreira, & Raposo, 2018a). Although most studies on internationalization analyze how firms exploit their competitive advantages abroad (Ribau et al., 2018a; 2018b), involving what is traditionally known as outward internationalization processes, inward internationalization processes, also known as reverse internationalization, has been largely overlooked (Alves, Rodrigues, Gonçalves, Conceição, & Moreira, 2021; Moreira, Ferreira, & Silva, 2018), as this involves importing raw materials, components and machinery, as well as the service activities provided in the country where the firm is located. Here, clients come from abroad, as occurs in the hotel industry, educational services or the health industry (Karlsen, Silseth, Benito, & Welch, 2003; Moreira, Brandão, Longa, Campolargo, & Lopes, 2019).

The growing socio-economic globalization process has led to a greater flow of international trade, where large companies are no longer the main international players, with small and medium-sized companies (SMEs) playing an increasingly prominent role (Dicken, 2015; Grünig, & Morschett, 2017). It is also important to emphasize that if traditional industrial firms were among the main international players, service firms have been increasing their participation in the international arena (Grünig, & Morschett, 2017; Ietto-Gillies, 2012).

Although internationalization has been a growing investment in various industrial and service sectors, the health area is seen as an asset with economic potential given the growth in the international provision of health treatments (Lagerström & Lindholm, 2020).

Health is an area of great importance in social terms and, therefore, there is a need to ensure that its services have quality, are efficient and effective. Internationalization in this sector has been growing, mainly due to investment by private companies (Holden, 2005) and in emerging countries, where healthcare is characterized as being more invasive and with high technology (Novo, 2014).

The internationalization of health services is linked to the concept of medical tourism, which has been gaining relevance in different countries, offering a wide range of treatments, for example, cosmetic surgery, transplants, sex changes, massages and dental treatment (Novo, 2014).

If internationalization is not a new topic, with several theories having been developed and applied to different internationalization processes (Ietto-Gillies, 2012, Ribau et al., 2015; 2018a; 2018b), the internationalization of healthcare companies is something relatively unexplored academically. Thus, this chapter aims to investigate the internationalization of health firms. To do so, the systematic literature review method will be used, resorting to the SCOPUS academic database, in order to assess the themes/topics dealt with most. It is hoped that this review will contribute to future studies: highlighting numerous reasons why patients choose services abroad; assessing communication strategies to enhance the service or for those who want to enter this type of market; clarifying the differences between markets with and without prior experience; and also making explicit the entire decision-making process that focuses on the patient when entering a foreign destination.

This chapter is divided into five sections. After this introduction, Section 2 gives a brief theoretical background addressing the need for internationalization of health services. Section 3 presents the methodology used in this chapter to select the articles to be analyzed. Section 4 presents the main results obtained. Section 5 presents the discussion underlying the topic of health services. Finally, Section 6 presents the conclusion, limitations and considerations for future research.

THEORETICAL BACKGROUND

During the last 20 years, the globalization of markets, the reduction of commercial barriers, the growth of information technologies and new means of communication have significantly contributed to the internationalization of services, so that they have become increasingly efficient and automated (Borg & Ljungbo, 2018; Kirca, 2005). Thus, the internationalization of business activities has become increasingly relevant, due to the number of patients who receive medical treatment in foreign countries (Jayachandran, Chandran, & O'Hara, 1992).

Internationalization involves a process of increasing involvement in international operations (Welch & Luostarinen, 1988, p. 36). The internationalization process may take place in several ways, particularly through: establishing branches abroad; international joint ventures; licensing agreements; export activities; among others (Johanson & Vahlne 1990).

Recognizing the economic potential of international patients, many governments in developing countries have attempted to reconfigure their activities and policies, to be able to accommodate international patients. In addition, the aging population requires greater quality and diversified health services from credible health service providers (Bouncken, Reuschi, Barwinski, & Viala, 2018).

In addition to the concern about the population's health system, the decision to invest abroad is generally to obtain and maximize profits for the country. This is the typical economic rationale for most multinational firms. Hospital chains are established in markets where there is a great demand for health services and, unfortunately, where the existing system does not provide the necessary proper conditions for the population (Jayachandran et al., 1992). Therefore, the potential growth in revenue and profits, combined with the risks associated with internationalization, makes it imperative to carry out a careful assessment of proposals for expansion abroad (Jayachandran et al., 1992). In order to provide their services properly, some leading hospitals have felt the need to build alliances to promote a consistent and cohesive image worldwide and, above all, to be able to attract patients from all over the world (Al-Amin, Makarem & Pradhan, 2011).

An increasing number of patients travel abroad in search of health services, even if health services are available in their country of origin. In some cases, the purchase of other goods and services complements the purchase of health services, normally known as outshopping (Veerasoontorn & Beize-Zee, 2010). This may be influenced by multiple factors, such as the hospital's operational efficiency, service quality, a strong emotional relationship between patient-physician, etc. Furthermore, "continuous innovation in service quality is at the heart of a hospital's competitiveness in the international market" (Veerasoontorn & Beize-Zee, 2010, p. 260), as the internationalization of services offers enormous potential for growth in the 21st century (Ahmet, 2005).

RESEARCH METHOD

This present literature review evaluates a set of data, in order to disseminate information on the theme "Internationalization and health services." This study was carried out considering the content of the articles related to this theme. The articles were selected using the Scopus database, which allows access to multiple documents with viable, credible information.

The articles were extracted through a combination of words, allowing relationships to be established among the articles of the various academic research segments, thus identifying a significant number of

contributions on the research theme. In this first phase, the keywords used for the search were “Internationalization” AND “Health”, producing a total of 547 articles. However, it was decided to narrow down the focus in order to achieve the study’s objective. To reduce the results obtained, the filters of “Article”, “Review” and “Business, Management and Accounting” were applied, resulting in a total of 45 articles. After reading the title, keywords and abstract, only eight documents were kept for detailed analysis. Next, and in order to reach a larger scientific area of study, a new search was made with the keywords of “Internationalization”AND “Healthcare” and also with the filters mentioned above, resulting in a total of 14 articles. Following the same procedure, only five articles were included for further analysis. Finally, the search for “Internationalization”AND “Health service” was also carried out together with the filters mentioned above, in order to perceive objectively which contributions already existed in the literature for the topic under analysis.

In this follow-up, a total of 13 articles were considered relevant to the study, selected from the reading of the abstract and keywords, which were carefully analyzed. After reading the 13 articles, and based on the knowledge acquired, only six of these documents were retained for further analysis. In order to synthesize and make the information more visible, Table 1 presents the result of the selection process.

Table 1. Description of the search on the Scopus platform

Search	Filter	Description	Results	
			Total	Extracted
“Internationalization” AND “Health”			547	0
“Internationalization” AND “Health”	“Article”, “Review” and “Business, Management and Accounting”	After reading titles, abstract and keywords	45	8
“Internationalization” AND “Healthcare”			14	5
“Internationalization” AND “Health service”			7	0
Results for further analysis			6	

RESULTS

This section presents the results of the six selected articles. Most of them mention the reasons that led to the growth of health treatments abroad, the strategies used for marketing this type of services and identification of characteristics, needs, obstacles and challenges that hospitals face when entering this type of market.

This literature review presents articles from 1992 to 2018. As shown in Table 2, most of the studies are relatively recent – published from 2010 onwards, which indicates that interest has been growing, following the increasing focus on internationalization of healthcare.

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Table 2. Year of publication

Year	Publication
1992	1
2010	1
2011	1
2014	1
2018	2

The articles used covered a wide geographical area. As shown in Table 3, there is a high concentration of articles focusing on Singapore, India and Thailand, although there are studies on Sweden, Saudi Arabia, United States of America (USA), Japan, Indonesia and Malaysia. Many of the articles compared hospitals in the various regions mentioned above in order to understand what factors influence foreign patients' choice, in this case whether destination/culture is taken into consideration by the individual.

Table 3. Geographical location of studies

Country	Publication
Saudi Arabia	1
United States of America	2
Sweden	1
Japan	1
Indonesia	2
Malaysia	1
Singapore	3
India	3
Thailand	4

Articles highlight the internationalization of medical services in developed countries as being most evident through the development of high-tech diagnostic equipment, where for example the US is the largest foreign hospital investor. However, many emerging countries such as India, Singapore and Thailand, due to steady economic growth, have redesigned their hospitals and infrastructure in order to position themselves as destinations for international patients (Al-Amin et al., 2011).

Reasons Behind the Growth of Health Services

Several articles highlight multiple reasons for the increasing investment in hospitals' export of health services. Health services have a high growth potential, due to an aging population and decreasing birth rate, leading to a greater need for medical care. This growth is also a consequence of increased patient interest, motivated by the existence of more advanced treatments overseas at lower prices, and the slowness of the services provided and long waiting lists in the health system in their home country (Borg &

Ljungbo, 2018). This is also due to regulatory authorities prohibiting access to certain procedures in the country of origin, and the belief in alternative systems of medicine (Al-Amin, Makarem & Pradhan, 2011). Finally, with globalization and the spread of information technologies, increasingly informed and independent societies mean people can go abroad to work. An increase in international travel gives greater awareness of international health service providers and increases the demand for health services (Borg & Ljungbo, 2018).

Role of Government

The literature acknowledges the role of government in the hospital industry, as many governments recognize the economic potential of foreign patients by developing policy and/or marketing initiatives that affect the performance and thus the competitiveness of hospital exports (Al-Amin et al., 2011). Governments have been more prominent in developing countries, investing in infrastructure to gain a greater market share in international patient care. Thus, performance takes into consideration some substantial aspects, particularly population size, income, education levels, and the availability of services and facilities (Jayachandran et al., 1992).

Types of Hospital Treatment

Health systems in foreign markets vary significantly in their ability to meet the demands of the markets in which they operate. This requires consideration of some obstacles and factors favorable to entry into foreign markets, being differentiated by study respondents according to their perception of inexperienced and experienced hospitals (Jayachandran et al., 1992).

Table 4. Hospitals with experience and without experience

Hospitals without Experience	Hospitals with Experience
Concern about government policies; Language and cultural barriers; Low standard of health care in the foreign market; Financial feasibility of investing in financial markets.	Increased demand for private health services; Availability of health insurance support; Favorable government policies; Degree of privatization of health care; Degree of competition present in the market.

Source: adapted from Jayachandran, Chandran and O'Hara (1992)

Table 4 shows the differences between hospitals with and without experience. Hospitals without experience are typically considered to be in developing countries, where one of the major concerns is language and cultural barriers, and most importantly, the financial viability of investing in foreign markets. Experienced hospitals are more concerned about government policies, competition, and restrictions on profit repatriation (Jayachandran et al., 1992). A common problem for both types of hospitals is the lack of infrastructure and qualified employees, which limits penetration into foreign markets. Therefore, when choosing an international market, it is essential that hospitals seeking to internationalize consider a broad set of indicators and make a careful assessment with regard to operating abroad (Jayachandran et al., 1992).

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The quality of service provided by hospitals is critical: to compete in international markets; to build alliances with other hospitals in their environment; and to convey a consistent, cohesive, and effective image worldwide (Al-Amin et al., 2011). The internet, for example, is a widely used and advantageous tool that helps the organization to convey its values, even if it is far from its international patients (Borg & Ljungbo, 2018).

Another aspect to be taken into account is the destination of the treatments, which becomes a selection and/or exclusion factor in patients' choice. The geographical location where the treatment will take place is an element of attraction to be considered. The destination must take care to highlight its concern about offering valuable treatment and hospital units capable of providing excellent health services, in order to attract more people (Borg & Ljungbo, 2018).

Foreign Patient Care

Flexibility in patient care was pointed out as an important factor for customer satisfaction. In health services, the key to the success of the service provided is the interaction between doctor and patient, since it is a differentiated and individualized action. An international health service is autonomously chosen by the patient. Therefore, organizations that want to assist this type of patient must consider their needs individually. Some barriers are associated with these types of services, resulting from differences in culture, language, religion, beliefs, politics, economics, etc. (Assarut & Srisuphaolarn, 2018, p. 7).

It should be noted that the needs of a patient going to international hospitals are distinct from those of a local patient, requiring more costs, specializations and differentiated contact (Borg & Ljungbo, 2018, p. 3). These different needs require different attitudes and responses from an organization in order to achieve patient satisfaction (Ngamvichaikit & Beize-Zee, 2014).

In this type of organization it is important to establish the principles of having a good relationship and communication between doctor and patient, showing trust, security and empathy, because this type of care will dictate the level of customer satisfaction with the service (Ngamvichaikit & Beize-Zee, 2014). This care is necessary because when it comes to searching for a health service abroad, the decision is completely personal, self-financed and with some added risk.

The Decision-Making Process

The decision process generically involves three phases, as shown in Table 5. An initial phase (1) in which patients feel the need to leave their service area because of negative and insufficient experiences in their home country. An intermediate phase (2) in which an individual seeks foreign medical services to ensure that health care is provided efficiently and with the necessary quality of medical treatment. Finally, a phase (3) in which the patient feels the desire to return again to the country where they were treated, even if that treatment is accessible in their home country (Veerasoontorn & Beize-Zee, 2010).

Table 5. Phases of the decision-making process

Phase 1	Dissatisfaction leads patients to seek alternatives abroad. Disillusioned with medical services at home. Specific treatments or medical specialists are not available.
Phase 2	Gathering information about foreign medical providers. Specific recommendations influence decision-making. The information provided and the hospital’s ability to respond is central.
Phase 3	Patients return to the foreign country where they had their treatment. Patients take on a more emotional, confident and relaxed spirit. Visits occur even if their country has improved in terms of availability and access to treatment.

Source: adapted from Jayachandran, Chandran and O’Hara (1992)

It was found from stage 3 onwards that the initial pressure inducing people to receive medical treatment abroad eventually became unimportant (Veerasoontorn & Beize-Zee, 2010). It is important to recognize that trust in professionals plays a pivotal role in the decision-making process regardless of where they are located, as patients are willing to pay additional travel costs to obtain quality medical service (Al-Amin et al., 2011; Veerasoontorn & Beize-Zee, 2010). Despite the possible positive aspects of this experience, patients are faced with unfamiliarity, an unknown context, and limited or no social support, creating a certain fear, anxiety, uncertainty, inhibition and discomfort (Ngamvichaikit & Beize-Zee, 2014), as shown in phase 1. In general, patients who undergo treatment abroad state that doctors in those countries show more concern than doctors in their home country. So much so that in Phase 3 (see Table 5), patients see the quality of care received as a positive emotional experience and assume a more emotional posture, and even the very bond between the patient and the doctor is comforting to the point of returning to that country for other treatments, as mentioned earlier.

Market-Oriented and Production-Oriented Services

Some authors highlight a distinction with regard to organizational and technical innovations as well as service quality. Hospitals that are concerned with meeting different needs have a strong impact on patient satisfaction and therefore achieve different results from others that are more specific. A market-driven service is concerned with creating a connection with the patient, responding to their needs, and consequently creating sustainable value for patients and the organization. Unlike a production-focused service, more geared towards meeting the needs of local patients, this type of service is aimed at maximizing patient utility, often resorting to routine processes with little specialization, thus undervaluing the service provided to the customer (Borg & Ljungbo, 2018). Finally, it can be assumed that the greater the commitment to innovation and quality in services, the greater the competitiveness of a hospital in the various markets.

DISCUSSION

This chapter aims to understand the contributions of the literature on the theme of health service internationalization. To achieve this goal, an SLR methodology was used, through the Scopus platform, taking into account a set of keywords and filters inherent to this review.

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There are several reasons given for the internationalization of health services: failures in the provision of health services in the home country (Veerasoontorn & Beise-Zee, 2010) and the creation of a global image (Al-Amin et al., 2011).

However, for a successful internationalization process, health firms need to take into consideration the following aspects: a strong commitment to internationalization (Al-Amin et al., 2011), information and knowledge about the destination health market (Al-Amin et al., 2011; Chang et al., 2016; Lagerström & Lindholm, 2020), strong networks of relationships (Al-Amin et al., 2011; Lagerström & Lindholm, 2020), legitimacy for the provision of the service (Lagerström & Lindholm, 2020), and a learning-based internationalization process (Fernández Pérez, 2017; Fernández Pérez et al., 2017; Zakery & Saremi, 2020). To obtain the necessary information about the destination country and the target segment of that country, authors debate about which is the best way: government networks (Al-Amin et al., 2011; Chang et al., 2016), hospital executives (Al-Amin et al., 2011), business alliances (Fernández Pérez, 2017) or through learning by observation (Fernández Pérez et al., 2017), vicarious learning or direct experiences (Zakery & Saremi, 2020).

In general, and after analyzing the results, there is perceived to be a concern about investment in infrastructure, and political and marketing initiatives by developing countries, such as the privatization of large public sector health facilities, the granting of subsidies and tax incentives, marketing of the country's health services abroad, and improvements in providing information, in order to become potential international destinations for foreign patients. This attention to adapting services stems from the growth of the health sector and the rising aging index, resulting in a greater demand for medical care. Finally, there are many reasons why patients choose to be treated in a foreign country, including: more advanced treatment at lower prices; slowness and long waiting lists in the health system of the home country; the interaction and good relationship between doctor and patient; the hospital's reputation; and a qualified, experienced labor force, among others. There is also the particularity that the patient returns again to the country where the treatment took place, thus creating an emotional and affective bond with a new destination, even if this treatment might be available in their country of origin.

In general, the literature is found not to focus on health service organizations in particular, taking mostly into consideration countries' performance, whether developed or developing ones, and patient mobility, neglecting companies' internationalization process and the entry modes adopted in this sector. In addition, there was no evidence of the reasons for companies not entering new foreign markets, thus giving the false impression that these reasons do not exist. However, for any area of operation it is known that there must be a well-defined expansion strategy, to understand, through prior assessment, the needs of the public in that market, to understand what resources are needed to enter new markets, and finally, to consider the different variables, in particular the existing opportunities, the size of the market, and the ease and compatibility of services. Another factor observed was the lack of governmental initiatives in the countries of origin to combat the mobility of their citizens in the face of the various negative reasons leading to the search for other destinations.

The globalization process favored the international provision of services. The volume of international patients has been growing recently, with developing countries taking a larger share of the market (Al-Amin et al., 2011). The globalization of the economy also led to the need for services to adapt to serve several kinds of clients. Moreover, Veerasoontorn and Beise-Zee (2010) claim that international clients of health services often do not choose to travel to receive medical care only but to get the best care or the most appropriate services. This is likely to happen because of gaps in the health care services closest to where these patients live. There are several factors that may have an influence on this process of

travelling and seeking foreign health services, such as lack of affordability, lack of local services, dissatisfaction with the previous health service provider or the low quality of service provided (Veerasoontorn & Beise-Zee, 2010). Al-Amin et al. (2011) conclude that hospitals located in developed countries with advanced facilities, should focus on a differentiation strategy to attract patients from all over the world and hospitals in developing countries while ensuring good quality, should take advantage of their low-cost advantage to market themselves globally.

Public economics is about the presence of governmental activity in the market economic behavior. As we observe from the results of the literature review, the influence of public economics is not addressed at all in the SLR covered.

It is possible to infer, however, that imperfect competition has created conditions for patients of host developed countries to seek overseas treatment due to strong regulatory conditions in the home health market and idle capacity in the destination market. The presence of “global” health services and the easy access to information technologies have created huge opportunities for patients to travel abroad and to take advantage of imperfect competition as health services could be available at cheaper places overseas. Imperfect competition is also the result of the differences in the intricacies of regulatory conditions as in developed countries more stringent health public policies are addressed by public health authorities when compared to those of developing countries. As such, it is expected that the demand for cheaper, less stringent bureaucratic health systems could be appealing for patients of developed countries that search for affordable health solutions.

If we take into account the role of government as a result of public economics in supporting efficient markets, one can claim that two different perspectives may result. Firstly, it is expected that in developed countries public policy address health issues following an institutional perspective in which public health regulatory aspects are firstly accounted for and the internationalization of health institutions seek to serve the local market/patients according to social/health benefits strongly regulated by governments. Secondly, although it is expected that in developing countries public policy address health issues from the public health policy perspective, the possibility of outshopping plays an important role as a complementary service for those from abroad that seek health services. Certain (liberal) governments in developing countries that seek to increase their hospital’s competitiveness in international markets would be expected to have on “business-like” perspective complementing the typical institutional perspective when compared to governments of developed countries. As such, it is expected health institutions from developing countries to be more market-oriented *vis-à-vis* health institutions from developed countries. As a result, the more stringent health policy from developed countries drives many private health firms to take advantage of the different entry barriers in international markets, which drives those private firms in developing countries to follow more aggressive market-oriented policies that generate competitive inward internationalization processes that capture international patients looking for affordable solutions.

There are two different perspectives regarding the internationalization of medical services: those from developed countries, normally associated with emitting (patient) markets, and those from developing countries that are normally associated with receiving patients. As referred to by Al-Amin et al. (2011), the economic growth of emerging markets underpinned the redesign of their hospitals and infrastructure with active market-oriented policies to behave as receptive hubs as destinations for international patients. As such, they have managed to position themselves as medical tourism destinations. Complementarily, the ageing population of developed countries, normally with high purchasing power and willingness to embrace medical treatments overseas at affordable costs, complement the supply side of the provision of health services of emerging markets. As such, public regulatory policies of developed countries

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are incapable of prohibiting the demand for health services abroad, which underpins the vivid active market-oriented health systems of certain emerging countries and generates the provision of not only health services but also health international firms. It is possible to conclude that lack of entry barriers in the provision of health services by emerging markets to serve the slowness of the services provided and the long waiting list of bureaucratic health systems is a clear example of a public failure that has fed the demand for affordable services of emerging markets.

CONCLUSION, LIMITATIONS AND FUTURE RESEARCH CONSIDERATIONS

Despite growing concern about company performance abroad, due to globalization and competitive markets, the internationalization of services, particularly of health services, refers to increasing company performance at the international level, not being solely focused on the domestic market, as happens in the traditional services market, more specifically in the provision of health services. Therefore, it is important for companies in the health industry that the disparity of supply and the different quality in the services provided are two fundamental opportunities in the provision of international health services. It is essential for hospital infrastructure to consider a variety of factors, including qualified and experienced labor, good interpersonal relationships with the patient, and state-of-the-art equipment and technology. It should be added that internationalization is a universal process that does not follow a specific, standard model, and that thoughtful planning is required before any decision is made to enter a new market.

In general, it was perceived that patients are motivated by several factors through their increasingly demanding expectations, in order to obtain a fairer level of service, adapted to the needs of their condition. As a consequence, home-country hospitals are perceived as limited and inefficient, strongly contributing to patient mobility towards other countries. In this connection, it is important to establish a structure with the right attributes, desirable resources and a reputation for excellence, in order to attract the region's population, and consequently, foreign citizens. Attracting international patients contributes significantly to the various sectors of the economy, not only perpetuating government systems and hospital infrastructure.

From the public economics perspective, it is clear that despite the motivation to improve the social welfare of most developed countries in the provision of their health services, imperfect competition in international markets, as well the more market-oriented perspectives of certain health service health providers in emerging markets affect the provision of health services and induce the internationalization of certain health firms. Moreover, patients' different economic power underpins health tourism and the provision of complementary services in order to take advantage of market opportunities not served by health service providers in developed markets.

The challenge for public policy needs a closer approach in which different regulatory perspectives, distinct quality levels of service proficiency and patient expectation may result in economic inefficiency or government failure. This aspect needs more research to address how government intervention may avoid market distortion.

In terms of limitations, the literature reveals that hospitals avoid disclosing information about any type of international program, reflected in poorly researched articles and secondary data.

The internationalization of health enterprises is at an embryonic stage and deserves further research. There is great scope to focus on several units of analysis: the perspective of the investing enterprise from the emitting market, from the receiving health market, from the health service provider, from the

foreign patient, from the health service staff, among other perspectives. Moreover, different contextual perspectives need to be taken into account, namely: what are the types of services provided: single specialized services or bundle services?; what is the business model of the health service provider?, how market-oriented are health service providers?; what is the international market penetration of specialized hospitals?; what are the key drivers for investing abroad and providing multinational – global or transnational – health services?; what are the main modes of entry to international health markets?; what are the main resources and capacities health providers need to master to serve the particularities of the markets they address?; what international health services are most in demand?; how can standardization/adaptation strategies be implemented internationally?; is there any public support for the internationalization of health enterprises? Clearly, many other questions are still unaddressed.

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KEY TERMS AND DEFINITIONS

Globalization: A worldwide movement toward economic, financial, trade and communications integration. It is normally envisaged as a lack of trade barriers between nations, which are removed through free trade agreements throughout the world and between nation states. It implies the opening of local and nationalistic perspectives to a broader outlook of an interconnected and interdependent world with free transfer of capital, goods, and services across national frontiers, in which investment opportunities soar.

Internationalization: The process of companies' increasing involvement in international markets. It involves a strategy carried out by firms that decide to compete in foreign markets. It involves cross-border transactions of goods, services, or resources between two or more firms or organizations in two different countries.

Internationalization Process: A company's trajectory in its transition from a national market to a particular foreign market. It normally involves several entry modes (exports, FDI, franchising, etc.) that have a critical influence on the subsequent trajectory, as well as on costs related to the internationalization process. The two most important theories explaining the internationalization process are the Uppsala model and the network-based approach.