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DETERMINANTS FACTORS ON PATIENTS' SATISFACTION TOWARDS HEALTH TOURISM IN MALAYSIA

By

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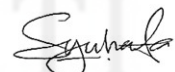
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LIST OF ABBREVIATIONS

Abbreviations

UMK	University Malaysia Kelantan
HIT	Health Information Technology
SPSS	Social Science Statistics Package
ICT	Information Communication Technology
SFA	Sales Force Automation



ABSTRACT

Health is considered one of the most valuable assets to humankind, and this has caused some people to travel in order to improve their health. Tourists has come up that medical tourism is an attractive idea for them to travel around the world border for medical services and becoming a new type of tourism that is popular all around the world. This has increased medical competition industry between countries. Lately, health tourism had become a popular type of tourism in Malaysia. For the sake of having more tourists to visit Malaysia with the purpose of getting medical services, the top priority is to identify the key factors that related to patient satisfaction. This study aims to identify four factors on health tourism that influences on the Malaysian patients' satisfaction. These factors are medical cost, medical services, health information technology, and destination image. The data is obtained from self-organizing questionnaires to local patients or patients that travel to Malaysia for health purposes tourism. A total number of 200 respondents have involved in this research. The data collected was analyzed using Social Science Statistics Package (SPSS) software and we had used Reliability analysis to test the research model. The research results show that all the factors which are cost, service quality, destination image and health information technology have positive relationship with the patients' satisfaction and medical services indicates the strongest influence. This study has provided implications for future governments, medical institutions, and researchers to acquire understand the factors that influence patient satisfaction to health tourism in Malaysia.

Keywords: Medical Cost, Medical Services, Health Information Technology, Destination Image, and Patients' Satisfaction.

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ABSTRAK

Kesihatan dianggap sebagai salah satu aset paling berharga bagi manusia, dan ini menyebabkan beberapa orang memilih untuk melancong untuk meningkatkan tahap kesihatan mereka. Pelancong telah menyatakan bahawa pelancongan perubatan adalah idea menarik bagi mereka untuk melawat ke negara lain untuk mendapatkan perkhidmatan perubatan dan ini telah menjadi jenis pelancongan baru yang popular di seluruh dunia. Ini telah meningkatkan industri persaingan perubatan antara negara. Kebelakangan ini, pelancongan kesihatan telah menjadi jenis pelancongan yang popular di Malaysia. Demi memiliki lebih ramai pelancong untuk berkunjung ke Malaysia dengan tujuan mendapatkan perkhidmatan perubatan adalah mengenal pasti faktor-faktor utama yang berkaitan dengan kepuasan pesakit. Kajian ini bertujuan untuk mengenal pasti empat faktor pelancongan kesihatan yang mempengaruhi kepuasan pesakit Malaysia. Faktor-faktor ini adalah kos perubatan, kualiti perkhidmatan perubatan, teknologi maklumat kesihatan, dan gambar tujuan. Data diperolehi dari soal selidik yang diedarkan kepada pesakit tempatan atau pesakit yang melawat ke Malaysia untuk tujuan kesihatan di hospital awam Malaysia. Sebanyak 200 responden telah terlibat dalam penyelidikan ini. Data yang dikumpulkan dianalisis menggunakan Social Science Statistics Package (SPSS) dan kami telah menggunakan analisis Reliability untuk menguji model kajian. Hasil penyelidikan menunjukkan bahawa semua faktor yang meliputi kos perubatan, kualiti perkhidmatan perubatan, teknologi maklumat kesihatan dan imej destinasi mempunyai hubungan positif dengan kepuasan pesakit dan kualiti perkhidmatan perubatan menunjukkan pengaruh yang paling kuat. Kajian ini memberikan implikasi kepada kerajaan masa depan, institusi perubatan, dan penyelidik untuk memahami faktor-faktor yang mempengaruhi kepuasan pesakit terhadap pelancongan kesihatan di Malaysia.

Kata Kunci: Kos Perubatan, Kualiti Perkhidmatan Perubatan, Teknologi Maklumat Kesihatan, Imej Destinasi dan Kepuasan Pesakit.

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CHAPTER 1

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Health is considered one of the most valuable assets to humankind, and this has caused some people to travel in order to improve their health (Haque, Yasmin, Anwar, 2018). Traveling for the purpose of health tourism had become a common phenomenon. According to the World Health Organization (WHO) report, health is a state of complete physical, mental, and social comfort, not just disease or weakness. Each individual wish for good health but still, different people have different immunity. Some of them are easy to get sick while some of them are immune enough. Traveling for health is one of the important economic returns generated by the tourism industry, tourist destinations, and the health sector (Genç, R. 2012). Substantially, health tourism is to travel from one place to another city or state in order to obtain medical services. Tourists, who are travel for health tourism will be treated in specialized institutions together with the travel planning industry (Aydin & Karamehmet, 2017). Health tourism is an emerging form of tourism, which is becoming more and more popular in worldwide.

In 1973, the concept of health tourism as using the country's natural resources, especially mineral water, and climate to provide sanitation facilities had been defined by the Federation of International Tourism Organizations (Chetthamrongchai, P. 2017). Presently, health tourism refers to those individuals that travel from their residence to

other places for the purpose of receiving medical treatment (Altın, Bektaş, Antep, and İrbán, 2012). After that, many attempts have been made to define health tourism and its characteristics.

Malaysia is a health tourism paradise based on statistics in 2017, and this sector had recorded a turnover about RM1.3 billion, with more than one million health tourist arrivals (Habibu, S. 2020). The growth of the revenue had contributed more than RM3 billion to the Gross Domestic Product. Based on table below (Table 1.1), the number of tourists who are travelled to seek medical treatment in Malaysia rapidly grew from the year 2011 to 2018. This sector contributed to Malaysia economic with the higher income in every year from RM 527,000 in 2011 to RM 1,311,000 in year 2018. The mainly foreign earn that come from other countries, which are Japan consists of 5% to 6%, Europe that consists of 6 %, India which is 3%, and mostly from Indonesia which are consists of 65% to 70% (Mosbah & Abd Al Khuja, 2014). The table below shows the Malaysia's health tourism market starting from 2011 until 2019, and Table 1.2 shows the number of patient admissions by state in public sector from 2015 to 2018.

Table 1.1: Malaysia's Health Tourism Market

Year	Travelers (in thousands)	Revenue (RM'000)
2011	643	527
2012	728	603
2013	881	726
2014	882	777
2015	859	914
2016	921	1,123
2017	1,050	1,300

2018

1200

1,311

Source: Medical Healthcare Travel Council, 2019

Table 1.2: Number of Patient Admissions by State, Public Sector, 2015 - 2018

States	2015	2016	2017	2018
Johor	330,679	324,370	281,413	345,930
Kedah	196,692	195,350	158,714	211,782
Kelantan	175,481	193,765	185,900	197,309
Melaka	91,063	95,053	91,611	91,731
Negeri Sembilan	115,070	121,815	113,628	128,232
Pahang	156,333	155,581	156,410	167,905
Perak	238,987	248,384	241,689	246,370
Perlis	36,004	37,136	38,748	36,614
Selangor	375,285	337,654	311,978	340,315
Terengganu	137,427	142,460	136,164	148,186
Sabah	239,484	259,231	201,476	242,264
Sarawak	199,818	206,745	205,058	213,785
W.P.Kuala Lumpur	233,315	234,872	225,700	231,437
W.P. Labuan	7,403	8,033	8,091	8,205
W.P. Putrajaya	15,203	38,035	38,783	40,459
Jumlah	2,677,037	2,731,579	2,527,555	2,791,939

Sources: Kementerian Kesihatan Malaysia (2018).

Most of the international people who are willing to fly to this country are seen to get a lot of treatment such as fertility, cardiology, dentistry, cosmetics, orthopedics, oncology, and more. According to Tourism Malaysia (2015), Malaysia is rapidly becoming a strong competitor in the global health and medical tourism field. In contemplation of strengthening Malaysia's status as the preferred destination for health

tourism, the government of Malaysia has taken a series of positive measures in view of the potential of health tourism to earn foreign exchange (Chang Beise-Zee, 2013). Health tourism in Malaysia includes two main categories, namely medical tourism, and health care plans. Tourists also could take a vacation to explore the various forms of health plans that Malaysia offers. Malaysia had become the most popular destination among tourists that travel for medical treatments are because of the affordable medical expenses and advanced medical facilities. Patients can receive medical services, treatment, and rehabilitation that cost lower than another country anywhere in Malaysia. For instance, a Traditional Coronary Artery Bypass Grafting (CABG) surgery in Malaysia only costs RM 20,000 to RM 30,000 (\$6000 to \$7000), but in United State, this surgery can cost up to RM 500,000 which is \$123,000.

Malaysia offers a variety of advanced medical centers that have an impressive array of advanced diagnostic, treatment, and hospitalization facilities (Ormond, 2011). These institutions are fully equipped and staffed to ensure that patients are provided with the highest level of professionalism, safety, and care. MS ISO 9002 or Malaysian Health Quality Association are authorization globally to majority medical centers to their quality standards (Heung et al., 2011). Comfortable accommodation, from private rooms to single suites or more have also provided by most of the private medical centers in Malaysia, and the prices of medical center's room rates that included meals are attractive.

Health tourism is one of market demands in the rapidly developing tourism industry (Chang, 2013). According to Chang, Tseng & Woodside (2013), low medical prices, modernistic health technology, professional staffs, and high-grade equipment are the factors that will influence health tourists to decide and seek treatment in a hospital. Hence, in many countries, especially in developing countries, health tourism and related

industries have been regarded as one of the most valuable hotel industries. In the last period of ten years, due to globalization, health tourism has become practicable and cost-effective. The factors related the cost, service quality, motivation, and technology, which are importance factors that influences patients' satisfaction to seek the medical care service in the country (Kessler & Mylod, 2011; Manaf & Phang, 2009; Padma, Rajendran, & Lokachari, 2010).

In general terms, the satisfaction can be referred to as an individual's post-consumer evaluation of a product or service. Satisfaction is usually related to the state of mind of tourists. People believe that tourists will be pleased when they make and visited their choice of destination (Alegre and Garau, 2010). Thus, it can be seen from the perception of tourist satisfaction that tourists will get a pleasant enjoyment after arriving at a certain destination. Consequently, comparing the outlook of the services to the original services can be the outcome of the satisfaction of the tourists (Chen and Tsai, 2007). When the services provided to them meet their expectations, tourists are said to be satisfied. Therefore, the purpose of this study is to examine the relationship between influencing factors, which are medical cost, medical services, health information technology (HIT), destination images, with patient satisfaction in government hospital Malaysia.

1.2 PROBLEM STATEMENT

Although Malaysia's health tourism is in good condition, it still faces challenges brought by fierce competition in the medical industry. According to Aniza, Aidalina,

Nirmalini, Inggit and Ajeng (2009), despite the growing demand and fierce competition on healthcare service, the status of health care industry in ASEAN countries and awareness of patients' satisfaction have become a significant topic among government agencies and researchers to study (Haque et al., 2018). As stated by Chang et al. (2013), the hospital management department must be able to manage the performance of the hospital and the quality of services provided to patients. In Malaysia, there is still room for improvement in Malaysia's medical system with the purpose of establish a competitive edge and eventually attract more medical tourists and increase the willingness of patients to revisit (Oon, 2006; Kessler & Mylod, 2011; Manaf & Phang, 2009).

The requirement to meet the patient's satisfaction is the service quality. Despite that, in developing countries, healthcare providers ignore patients' views on their services. One of the great challenges facing Malaysia's healthcare system is our neighboring country, which is Singapore. Singapore had provided high-quality medical and healthcare services at reasonable prices (Sarwar, 2013) compared to Malaysia's healthcare services. According to Sarwar (2013), low-grade services and high medical expenses encourage patients to go after cheaper and finest nursing services abroad. For example, Singapore hosting one of the most complex high-end medical systems and patient will consider affordable prices provide higher value hospitals (Sarwar, 2013). As a result, hospitals that provide better medical services will be selected.

Due to the tons of public healthcare organizations and the number of patients, some problems and challenges have been confronted in this sector (Chen and Tsai, 2007; Manaf & Phang, 2009; Padma et al., 2010). For instance, the inefficient service of public organizations had caused the patients to wait longer than usual only to receive medical treatment and consultation. This is because of professional negligence cases in

the public medical system happened due to the shortage of staff in public medical institutions (Padma et al., 2010). These conditions may affect patients' satisfaction with the services of public medical institutions.

Besides that, the important of information and communication technology application (ICT) will helps to overcome the problems faced by public medical institutions (Moghavvemi et al. 2016). Therefore, the Malaysian government pointed out the importance of implementing ICT in Malaysian medical institutions. In Malaysia, public healthcare organizations have implemented or adopted many electronic healthcare systems; for example, "Hospital Information System (HIS), Malaysia Health Information Exchange (MyHiX), Tele-Primary Care and Oral Health Clinical Information System (TPC-OHCIS), and Malaysian Health Data Warehouse (MyHDW)". These applications can help solve problems and overcome the challenges faced by public medical institutions, thereby increasing patient satisfaction. Service quality is regarded as an important indicator of patient satisfaction, so detailed research is needed.

The perception of thinking Singapore's healthcare services is more superior than Malaysia's is not new. Medical Healthcare Travel Council had stated that they had received a feedback that most tourist that travel for medical tourism will choose Singapore's over Malaysia's healthcare because of the perceived impression that it offers better healthcare services (Lim, 2017). Singapore is considered a high-end market, attract patients in areas that are not price sensitive but travel from long distances such as South Korea. On the other hand, Kuala Lumpur provides good infrastructure and security, but in terms of images and records to be compatible with Singapore, it is far more need to catch up.

Although Malaysian tourism industry was affected negativity including unfavourable media coverage of aviation tragedies in 2014, natural disasters, dengue,

and security issues in Sabah ('Malaysia's tourism industry taxis towards recovery', 2015), Malaysia still one of ASEAN country with higher number of tourism arrivals. In response to these incidents, the Malaysian government has sought to reduce its dependence on leisure tourism and broaden its tourist market to include other sector such as health tourism. Intentionally, research is needed to analyze the current status and future potential of Malaysia's health tourism industry as well as promoting Malaysia as a exclusive stopping-place for international medical services.

1.3 RESEARCH OBJECTIVES

Based on the problem statement, the objectives was determined for the research are:

1. To determine the relationship between medical cost among patients' satisfaction toward government hospitals in Malaysia.
2. To determine the relationship between medical services among patients' satisfaction toward government hospitals in Malaysia.
3. To determine the relationship between health information technology among patients' satisfaction toward government hospitals in Malaysia.
4. To determine the relationship between destination image among patients' satisfaction toward government hospitals in Malaysia.

1.4 RESEARCH QUESTIONS

The research attempts to answer the following questions:

1. Is there any relationship between medical cost and patients' satisfaction towards the health service of government hospitals in Malaysia?
2. Is there any relationship between medical services and patients' satisfaction towards the health service of government hospitals in Malaysia?
3. Is there any relationship between health technology information and patients' satisfaction towards the health service of government hospitals in Malaysia?
4. Is there any relationship between destination image and patients' satisfaction towards the health service of government hospitals in Malaysia?

1.5 RESEARCH HYPOTHESIS

Based on the research objective, there are five hypotheses will be measured as follows:

H1: There is a positive relationship between medical cost and satisfaction of patients in government hospitals Malaysia.

H2: There is a positive relationship between medical services and satisfaction of patients in government hospitals Malaysia.

H3: There is a positive relationship between health information technology and satisfaction of patients in government hospitals Malaysia.

H4: There is a positive relationship between destination image and satisfaction of patients in government hospitals Malaysia.

1.6 SIGNIFICANT OF STUDY

The category of society that will gain welfare from the results of this research is medical service providers, hospitals, and medical tourism management. Medical institutions in Malaysia especially government hospitals can obtain information and feedback on the satisfaction of patients who have received treatment in their medical institutions. This research can help them to focus on what will affect the satisfaction of the patients. To help to increase the customer revisit intention and maximize the revenue, healthcare providers can use these factors when establishing productive methods.

In addition, this research can help to boost the growth of the economy in Malaysia. The continuous development of the health tourism industry can ultimately contribute to Malaysia's economic growth and at the same time enhance the country's international reputation as a medical destination that provides quality medical services. In addition, the patients that receive good medical services in the government hospital in Malaysia, most of them will tend to revisit and spread positive comments by communication from mouth to mouth to their relatives or friends.

The main purpose of health tourism is to seek treatment, but in the period of seeking treatment, tourists can explore and visit new places. During the time when tourists are seeking the best quality of medical treatment, they can have the opportunity to relax and experience places they have never been before. In return, the tourists that

travel for health tourism will gain memories that they will never forget. This study also provides travel agencies with ideas for ways to attract new tourists and by using factors suitable for their business to retain existing tourists to revisit.

The ideas of putting forward in the research can be used as a reference for academic institutions or researchers to make other related discoveries. Through the information provided in this research, data can be updated by medical research based on the factors of patient satisfaction in the government hospital in Malaysia.

A country that becomes the main tourist destination of another country, and they continue to exchange benefits, the political connections between these countries will be positively affected. When the host country provides foreign tourists with facilities other than beneficial medical treatment, stronger ties will be established between these countries.

The health tourism industry has gained a new database and acknowledgment on a worldwide scale, and will always remain in memory, with the opportunity to benefit from future investments. For example, in medical tourism service providers, some medical tourists seek help from travel agencies or the international patient department of hospitals. None of the agencies can provide detailed medical tourism support services like a one-stop health tourism promoter, although these agencies can act as effective mediators.

1.7 DEFINITION OF TERMS

There are a few key terms used for this study.

- Health Tourism** According to Meštrović in 2018, the process of traveling outside the country of residence for the purpose of receiving medical care.
- Patients' Satisfaction** According to Heath in 2016, the extent to which patients are happy with their healthcare, both inside and outside of the doctor's office. A measure of care quality, patient satisfaction gives providers insights into various aspects of medicine, including the effectiveness of their care and their level of empathy.
- Revisit Intention** According to Um in 2006, revisit intention has been regarded as an extension of satisfaction rather than an initiator of revisit decision making process. Some other independent variables, related to perceived quality of performance during onsite and post-purchase periods as well as the destination's distinctive nature, may contribute to revisit likelihood.
- Destination Image** According to Lopes in 2011, the expression of all objective knowledge, prejudices, imagination and emotional thoughts of an individual or group about a particular location.
- Service Quality** According to UKEssay in 2018, an action or an activity which can be offered by a party to another party, which is basically intangible and cannot affect any ownership. Service

may be related to tangible product or intangible product.

Perceived Value According to Kopp in 2020, a customer's own perception of a product or service's merit or desirability to them, especially in comparison to a competitor's product.

Cost According to Debitoor in 2020, cost denotes the amount of money that a company spends on the creation or production of goods or services. It does not include the markup for profit.

1.8 SUMMARY

This chapter discussed the background and the problem statement of the study. Then, followed by the research question and research objective, scope of the study, the study's significance, the definition of terms of the proposal. The next chapter explains the literature review, the theory underpinning the research, hypothesis statement, and conceptual framework.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, revisits literature review on the factors that influence the patients' satisfaction. It is organized into six main sections. Section 2.2 describe about previous studies, section 2.3 discusses the theory which underpinning the research, while section 2.4 explains about the factors that influence patients' satisfaction and section 2.5 is about conceptual framework and hypothesis statement. Finally, section 2.6 concludes the chapter.

2.2 OVERVIEW OF HEALTH TOURISM

In a person's home country, access to medical products or services is mostly restricted or prohibited, which can lead to travel abroad for medical reasons and health tourism (Howze, 2007). Medical tourists usually avoid unnecessary expenses, mandatory surgery, or life-threatening situations in their own country (MacReady, 2007). The reasons to visit other states or countries for medical or health purposes has a long-time tradition. In prehistoric times, patients used to travel abroad to seek medical

services that were not available locally. According to Alleman, Luger, Reisinger, Martin, Horowitz & Cram (2010), health tourism managed to experience a significant breakthrough until the early 21st Century. After that, health tourism has become an area with a common interest as a well-established industry. Crooks, Kingsbury, Snyder, & Johnston (2010) explained that to meet the increasing demand for health tourism, these countries have invested heavily in their healthcare system in terms of facilities, infrastructures, and medical services offer. On the other side, rising health costs in developed countries caused an increase in health tourism in figures in developing countries (NaRanong & NaRanong, 2011).

Medical tourism and health tourism are often meant the same thing. However, there are still clear differences between these two terms, which outline their basic characteristics. In general, the definition of medical tourism relates to a situation when a consumer decides to transboundary traveling, intentionally receiving some form of medical treatment while health tourism stays within medical tourism, aiming at the same purposes of treatment trade (Snyder & Crooks, 2010; Hall, 2011). However, not all aspects of health tourism can be considered medical tourism (OECD, 2010).

According to Chua (2004), in 1998, Malaysia was introduced to the health tourism industry. The fast rising of the industry has produced up to RM 730 million of profit in 2014 and the number of tourists grows at a rapid pace to the number of 790,000 people. Presently, Malaysia has become one of the best countries in health tourism within the Asia Pacific region, Malaysia also can compete with other developed countries such as Singapore, United States, or Japan (Heung et al., 2011). There are many factors that affect the development of health tourism in Malaysia. For instance, doctors in Malaysia are all in international standards, advanced health information technology, and medical cost in Malaysia are affordable too. Besides, workers that work in Malaysia especially

in the medical field are all fluent in English, this can help foreign tourists to have a direct conversation with the workers. Malaysian hospitals also have obtained the best quality of MS ISO 9002, the Malaysian Health Quality Association (MSQH), and the International Joint Commission (JCI). Despite that, factors such as availability of hospital facilities, advanced sanitation technology, and doctors' expertise do not cause the progress of health tourism in Malaysia (Musa, Thirumoorthi, & Doshi, 2011). The other aspects such as the law in the medical field to ensure every doctor work with extra care, cautiously, and avoids errors in performing their duties, which is not directly have any connection with health care, but this is the important role for the medical field to follow.

2.3 DETERMINANTS FACTORS ON PATIENTS' SATISFACTION IN HEALTH TOURISM

In this research some aspects have been choose as the factors that will influence patients' satisfaction. Factors that influenced the patients' satisfaction toward health tourism in Malaysia are medical cost, medical services, health information technology and destination image.

2.3.1 MEDICAL COST

Cost is the amount or equivalent paid or charged for something no matter if it's product or services. Understanding whether customers think costs and cost fluctuations are acceptable or insufficient is of great significance for many types of industries, including the hotel and leisure industries (Ryu & Han, 2010). In the hotel or leisure industry, the cost is a very critical issue. Cost is one of the determinations factors on patient satisfaction in health tourism. Patients' satisfaction is a widely used in health care quality metric (Eissler and Casken, 2013). Some people do travel to another states or countries just because of the cost. Over half of the Americans decided to travel for medical treatment in 2007 and in 2003, most of the Britons from the age of 16 to 69 tend to have their dental treatment outside from United Kingdom because they think the cost is more affordable. According to Zeithaml et al. (1988), the term "price" can divide into two aspects, which are financial and non-financial aspects. The financial aspect is the actual cost of the product or service provided, while the non-financial aspect is the cost perceived by consumers (Jacoby, 1977). Chen et al. (1994) defined the non-financial aspects is about people's judgment on the reasonableness of the service and cost compared with the price charged by a competing company.

In health tourism context, cost has play an important role (Cortez, 2008). According to Lagace (2007), tourists that travel for medical purpose, most of them will considered the cost of the trip in the first place. Medical cost that being offered by the host country is the most crucial feature to encourage tourists to travel for health tourism (Hall (2012). Patients tend to concern the amount of medical fees in the first place is because of some of them cannot bear too expensive treatment in their home country. Hence, they prefer

to travel to another country to get treatment as the cost of the medical treatment is cheaper and more affordable. (Aydin & Karamahmet, 2017; Eissler and Casken, 2013; Turner, 2010).

2.3.2 MEDICAL SERVICES

In the existing literature, the concept definition of the perceived quality of products and services is almost the same, but a fundamental aspect of the concept is the process of evaluating the products and services provided by a particular company to rival those provided by competitors. (Han & Ryu, 2010). This quality usually includes the performances of the main product and the service product respectively (Bitner et al., 1990). The value of the main product and services are different because product value indicates the performance of the basic product relative to its value, while the value of the service puts forward the behavior generated by the relationship with the service personnel (Han & Ryu, 2010). In the current research, the observed health value refers to the performance of general health products from peoples' assessment, for instances, a doctor that done excellent performances in medical care or surgery, while perceived service quality shows the result of evaluating the service performance from health specialists and staff, for instances, the treatment from the medical staff to patients. The important role of a healthcare provider is to provide quality of service for patients.

In health tourism, most of the tourists will look for top-notch medical treatment and services because they had already taken the chance to travel far from their home country. Tourists will seek hospital that supply services that can satisfy them for their demand.

(Connor et al., 1994). Likewise, quality services must be provided to satisfy patients for them to visit the specific hospitals of their choice (Armstrong, Mok, Go, & Chan, 1997). According to Tam (2007), nine variables were measured that were like key parts of Malaysia's health tourism experience that influenced of patient satisfaction. They are the professional quality of the doctor, the interpersonal skills of the doctor, the nature of the medical staff, the nature of the support staff, the productivity of the arrangement framework, working hours, interview duration, physical environment, and admiration for patient safety. Tam (2007) studied also combines the general consumer's perception of Malaysian tourists, for further enhance or update the administrative assistance to guests, returning trips and proposals, comments and recommendations are required.

2.3.3 HEALTH INFORMATION TECHNOLOGY (HIT)

The term “technology” is broad and has many definitions. Howells (2005) had pointed out that technology can be defined as *“knowledge about how to organize people and tools to achieve a specific purpose”*. Schon (1967) cited by Howells (2005) stated that technology is *“some kind of tool or technology, some kind of product or process, some kind of physical device or method that expands the capabilities of a person,”*. Howells (2005) also referred technology as the processes, tools, methods, procedures, and equipment on supplying the product and services.

According to Jones & Baloglu (2006), communication between one person to another can be solved by technology, because of technology act as a communications tools that can be used to help improve interaction, such as email, voice mail, and cell

phones. For medical institutions, technology can assume the function of management tools, such as contacting software, word processing, or recording the patients' information in spreadsheets. Laptops or computers can assume the function of tools to administrative tasks. When using Sales Force Automation (SFA) tools, the internet needs to be always available, which in itself is a huge technological development. The internet has many features that make it unique and revolutionary. The world is now experiencing an information highway, and cyberspace has completely changed the way people communicate with each other and the way information spreads in organizations. The global network connects everyone so that every field can work and conduct business together like never. According to Forster's (2000) research, multi-user dungeons, Iridium phones, wireless data ports, collaborative robots, web TV, satellite phones, and remote solid-state sensors are approaching key user thresholds.

SFA technology helps to promote interaction with customers, build strong relationships, and allow quick and easy customization of information for individual customers. As a result of the role technology plays in improving the efficiency of the sales process, it is not surprising that salesman report successful implementation of new sales techniques. According to Jones and Baloglu (2006), new technologies have completely changed work practices. Over the years, especially in the sales industry, technology has become an indispensable part of the sales function in many organizations. The determination of patients' satisfaction is related to the function of technology because this is one of the easiest ways to improve patients' experiences in using technology when getting treatment.

2.3.4 DESTINATION IMAGE

In tourism, the concept of the word image did not have a specific meaning, but it can be defined as the basic element to promote the tourist destination. Destination image is defined as the total number of psychological perceptions or impressions of a particular destination held by travelers (Jalilvand & Samiei, 2012; Jamaludin, Johari, Aziz, Kayat, & Yusof, 2012). It is difficult to describe and define what essentially constitutes a destination in a few sentences. Hunt (1975) had pointed out that specific areas that tourists treat as potential destinations can be defined as destination images as well. Besides that, the image has become a crucial marketing concept in the tourism industry.

In recent years, the medical tourism industry has gained momentum and because of the rapid growth in this sector, Malaysia has strongly seized the opportunity to become the burgeoning medical tourism industry. Malaysia has succeeded in developing an advantage in this niche market compared to another competitor to emerge medical tourism destinations in Asia country (Ayob & Masroni, 2014). People have paid more attention to providing effective value to customers by emphasizing the important roles of destination image to ensure the competitive position in the service market. According to Jamaludin et al. (2012), it is important to study how Malaysia's unique destination image can attract more tourists to choose Malaysia as the regional hub for medical treatment so that Malaysia will stand a chance to compete in the fierce competition in this industry.

Next, destination image can be related to knowledge of a country too. Knowledge can be defined as *the subject of facts and principles accumulated by humans in a certain*

field (Delbridge & Bernard, 1988). Knowledge can be divided into two contexts, namely procedural knowledge, and declarative knowledge. Based on the studies from Chen, Lai, Petrik & Lin (2016), an information from tourists or their family's travel experiences and information from various forms of media, such as magazine articles, newspapers, advertisements, and TV shows can be defined as knowledge of a destination in the tourism context. By managing and obtaining relevant information can improve the knowledge level of stakeholders in tourism destinations and reduce information asymmetry. Information about tourists and destination resources that can promote the cultivation of markets and destinations is the knowledge related to tourism suppliers. This indicates that individuals will be able to construct their own psychological impression of the place based on the knowledge they have mastered, thereby generating their own personal perception image (Bramwell & Rawding, 1996). It has also been found that knowledge of a country has a significant positive impact on medical tourists' perception of destination image (Gan & Frederick, 2011).

In addition, safety and security are some of the aspects that tourists considered in the destination image. Tourists would consider safety and security issues rather than national image or travel cost in the first place when choosing a destination because traveling involves taking risk of own safety (Ayob & Masroni, 2014). To avoid encounters in criminal activity, the safety and security of tourists are very important such as pickpocketing, natural disaster, or physical violence. According to Chetthamrongchai (2017) and Saiprasert (2011), during the holiday period, when tourists have relatively no risk of crime, terrorism, food, traffic, and natural disasters are considered as in safety and security. Saiprasert's (2011) research report had stated that international tourists traveling for medical purposes also need safety and security and will also have a positive impact on their perception of the destination image.

2.4 PATIENTS' SATISFACTION IN HEALTH TOURISM

Satisfaction in healthcare can be defined as the degree to which patients are satisfied with medical care inside and outside the doctor's office (Heath, 2016). By measuring the quality of care and patient satisfaction, medical service providers can gain insight into all aspects of medicine, including its nursing effectiveness and sympathy. Although satisfaction has always been an important factor in providing any type of service, recently it has become notorious in the healthcare field. After the patient-centered medical reform, patients demand greater prestige in medical care and expect their providers to provide a certain level of service. In Vocera's (2016) from The Rise of the Chief Experience Officer reported that 64% of healthcare professionals stated that their organization values patient satisfaction as much as patient safety and improving clinical workflow.

Medical services provide a satisfactory level of patient satisfaction. On the other hand, overall satisfaction can be achieved by experiencing the products or services provided. Andaleeb (1998) believes that delivering great services to customers is essential for each patient nowadays due to people are more educated and having more awareness of quality service provided by medical organization. Therefore, patient satisfaction is important factors to measure the level of service and quality provided by medical system (Sajid & Baig, 2007).

Satisfaction is involving five determinants' factors, namely incidence, value, expectations, interpersonal comparisons, and entitlements (Hassan & Hemdi, 2017). The evaluation by the patient regarding healthcare experience can be determined as value and expectation indicate the patient's opinion that may emerge in the future.

While the interpersonal comparison shows that patients can evaluate their experience of medical institutions, and entitlements is about the patient's expectations from the service provided, whether meet or not (Saiprasert, 2011). Therefore, patients' satisfaction in this study can be defined as the patients feel satisfied when they receive medical services that match their preferences and expectations.

Health tourism can come from different aspects. One of the most important aspects in health tourism is about cost (Hall, 2012). Health information technology has also been found to share meaningful relationships with the satisfaction of patients toward healthcare in Malaysia. In addition, patients' satisfaction is said to be the result of the destination image (Hassan & Hemdi, 2016; Thayarnsin; 2016). On the other hand, others think it is difficult for medical organizations to provide high-quality services (Marković, 2014) and value. Therefore, the quality of services provided to patients and their perception of value are also very important issues for patient satisfaction.

2.5 CONCEPTUAL FRAMEWORK

The conceptual framework was developed based on previous research results. The purpose is to determine the factors that may affect the patients' satisfaction with health tourism in Malaysia. Figure 1 below describes the conceptual framework of this research.

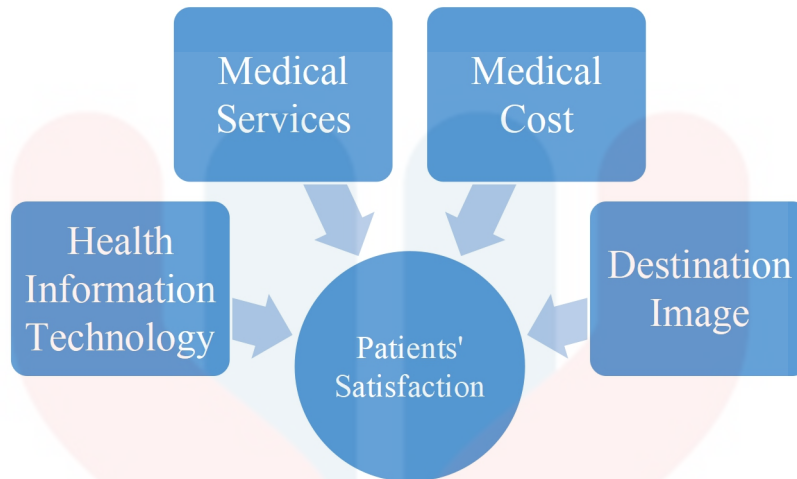


Figure 2.1: Conceptual Framework of the Study

Figure 2.1 that showed the relationship of each factors, which are medical cost, medical services, health information technology, and destination image that influencing patients' satisfaction in Health Tourism. There are three hypotheses were developed from this conceptual framework.

2.5.1 THE RELATIONSHIP OF MEDICAL COST AND PATIENTS' SATISFACTION

A conceptual framework that describes relationships of medical cost and patients' satisfaction. From a perspective, satisfaction can be defined as individuals' post-consumption assessment regarding a product or service (Gunderson et al. 1996). In tourism, tourists that experience a sense of contentment and pleasure when visiting the

places of their choices can be related to satisfaction (Alegre and Garau, 2010). Next, the constructs are cost is referred to the fee or equivalent amount paid or collected for something, whether it is a product or a service. Understanding whether customers think clients perceive costs and costs fluctuations to be acceptable or insufficient are important for many industries, especially in the hospitality and leisure industry (Ryu & Han, 2010). Reasonable prices also can influence patients' satisfaction. According to Aydin & Karamahmet (2017), one of the major reason of tourists would rather travel to another country to seek medical treatment rather than in their hometown, it is because they couldn't bear the medical expenses that offered in their hometown, so they seek for a more affordable price in other countries. Thus, this study suggests the following hypothesis for this study as below:

H1: There is a positive relationship between medical cost and satisfaction of patients in government hospitals Malaysia.

2.5.2 THE RELATIONSHIP OF MEDICAL SERVICES AND PATIENTS' SATISFACTION

A conceptual framework that describes relationships of medical services and patient satisfaction. Service quality is a concept that can be described as a process of evaluating the products and services provided by a specific company in order to compare with alternative products provided by competitors (Han & Ryu, 2006). There are two factors

in service quality that influence patients' satisfaction. It is believed that the factors of health value observed by Price et al. (1995) refer to people's evaluation of the performance of major health products, for example, doctors that do excellent in providing treatment or surgery and the perceived service quality indicates the importance of health professionals and employees which is the evaluation of service performance, for example, staff work efficiently. The service quality provided by a medical professional is the most significant factor that influences patients' satisfaction. Patient will look for the highest standard of quality as they take the initiative to travel to another country to seek medical treatment. Quality services will satisfy patients as they actively searching for the premium quality kind of service. (Connor et al., 1994). Likewise, Parasuraman et al (1988) stated that in order to satisfy foreign patients, high-quality services must be provided. Thus, this study suggests the following hypothesis as a basis of a research literature study below:

H2: There is a positive relationship between medical services and satisfaction of patients in government hospitals Malaysia.

2.5.3 THE RELATIONSHIP OF HEALTH INFORMATION TECHNOLOGY AND PATIENTS' SATISFACTION

A conceptual framework that describes relationships of health information technology and patient satisfaction. Howells (2005) had pointed out that technology can

be defined as “*knowledge about how to organize people and tools to achieve a specific purpose*”. The technology factor is interaction, which promotes customer sales interaction. Next, factor interaction argues by (Jones & Baloglu 2006) technology can be used as a communications tools which include the available technology to help improve interaction, such as email, voicemail, and mobile phones between one person and another. It can also be an administrative tool for contact software, a word processing program, and the development of electronic forms with patient information. In addition, interconnection capabilities and new network functions can enhance business relationships. According to Forster (2000) says multi-user dungeons, iridium phones, wireless data ports, collaborative bots, web TV, satellite phones, and remote solid-state sensors. Besides that, technology helps also promotes interaction with customers, helps to build strong relationships, and allows for quick and easy customization of information. Jones and Baloglu (2006) believe that technologies become an integral part of the sales function and have been developed by many organizations because of the role of technology in improving the efficiency of the sales process. Technology also is related to the determination of patients’ satisfaction because one of the most effective. A study showed that using technology to communicate with patients can increase patient satisfaction by about 10%. Thus, this study suggests the following hypothesis for this study below:

H3: There is a positive relationship between health information technology and satisfaction of patients in government hospitals Malaysia.

2.5.4 THE RELATIONSHIP OF DESTINATION IMAGE AND PATIENTS' SATISFACTION

A conceptual framework that describes relationships of destination image and patient satisfaction. From a perspective, satisfaction can be defined as individuals' post-consumption assessment regarding a product or service (Gunderson et al. 1996). Tourists will experience a sense of complete and pleasure which we called satisfaction when visiting a destination of their choice because satisfaction is usually related to the emotional state of the tourist (Alegre and Garau, 2010). Next, the constructs are destination images, which is defined as the entire collection of the psychological perception held by the traveler or the impression of the specific destination studied (Jalilvand & Samiei, 2012; Jamaluddin, Johari, Aziz, Kayat, & Yusof, 2012). The element that will influence patient satisfaction in medical tourism destination image is the knowledge of the country. In a tourism context, knowledge from one country can be known from tourists' or their family's travel experiences, and information from various forms of media, such as magazine articles, newspapers, advertisements, and TV shows can be defined. (Chen, Lai, Petrick, & Lin, 2016; Gursoy, 2003). Next, patient satisfaction in health tourism can be related to the accessibility of medical services. Accessibility is generally regarded as an important factor in attracting tourists to a destination (Marrocu & Paci, 2013; Massidda & Etzo, 2012). People find that convenient transportation and convenient transportation can enhance the country's competitiveness. Besides that, safety and security are very important because tourists may encounter criminal activities such as pickpockets, natural disasters, or physical violence. According to Chetthamrongchai (2017) and Saiprasert (2011), during the

holiday period, when tourists have relatively no risk of crime, terrorism, food, traffic, and natural disasters been considered as in safety and security. Thus, this study suggests the following hypotheses as to the basis of a research literature study below:

H4: There is a positive relationship between destination image and satisfaction of patients in government hospitals Malaysia.

2.6 SUMMARY

This chapter discussed the literature of overview of health tourism in Malaysia and factors that influence patients' satisfaction toward health tourism which are medical cost, medical services, health information technology, and destination image. The next chapter explains the methodology particularly the method that the present study uses in collecting the data.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

The previous chapter discusses on the literature on Health Tourism and factors that influenced patients' satisfaction to achieve the objectives of this study. Meanwhile, the current chapter will explain the research methodology used in examine the objectives. This chapter is divided into nine sections. Section 3.2 describes the research design, section 3.3 discusses the data collection method, section 3.4 explains the sample design, which consists of population of the research, sample size, sampling elements and sampling techniques. section 3.5 describes the research instrument, section 3.6 explains pilot study, section 3.7 discusses construct instrument, section 3.8 explains the data analysis, section 3.9 gives the summary over the chapter.

3.2 RESEARCH DESIGN

Research designs provide a structure for a research study. Some of the components include participants, data collection, procedures, and data analysis. Different types of research designs are used to answer specific types of questions.

Research design is essentially the plan for a study that describes the procedures to be followed by researchers to achieve the research goal or test the hypothesis proposed for their studies (Creswell, 2017). The value of research design is to ensure that data-generated evidence can react confidently and convincingly to the research question (Vaus, 2001). It can be divided generally into the qualitative and quantitative of analysis.

Quantitative designs include experimental designs and quasi-experimental designs. Results are reported numerically, and statistics are. Qualitative design answers research questions using non-numerical data such as text analysis. Some of these designs are phenomenological, grounded, ethnographic, and generic. In terms of data, quantitative data is obtained by measuring items. Data is analyzed by numerical comparisons and statistical inference. While qualitative data is characterized by the observation and interview of participants. In relation to this study, a quantitative study and analytical cross-sectional study design used in this study.

3.3 DATA COLLECTION METHOD

Data collection is the most significant process to answer the research question of the study (Lim & Ting, 2013). In the data collection, there are two categorized, which are primary and secondary data. Data collection methods are needed to improve the efficiency of research and analysis and will also help researchers to move towards successful and outstanding research projects. The primary data and secondary data used for data collection and finalize the hypothesis of this research analysis.

3.3.1 PRIMARY DATA

In this research, primary data was used with the questionnaire as the main research instrument. In order to execute this research, the researchers were acquired to collect information by circulating the questionnaires to target respondents in order to carry out this study as it is the main means of gathering primary data. The questionnaires had been distributed to the respondents that ranges from all age and staying whether in Malaysia or in a foreign country. The respondents within a different range of age were selected because all the treatment that they received was different depended on their illness, so they experienced different services as well. The respondents were chosen randomly based on age, gender, and religion. The researcher observed the respondents ensure that all respondents responded appropriately. After the survey completed, all information was collected and analyzed to make this research effective and reliable.

3.3.2 SECONDARY DATA

Secondary data also was used in this research. Secondary data collection, on the other hand, is referred to as the collection of user data by individuals who are not original users. This is the process of collecting existing data, such as published books, journals, or online portals. Researchers chose the method journal. Researchers chose this method because this method gave researchers more guide while completing this

research. Then, from the journal researchers improved knowledge and it was easier to find the information. The information gathered had been analyzed and modified to adapt to the current study. In terms of convenience, it was much cheaper and easier to assemble. The required secondary data had been provided in Chapter 2.

3.4 SAMPLING DESIGN

The sampling design involved research analysis includes the research population, sampling size, sampling method, and purposive sampling.

3.4.1 POPULATION

According to Burns (2003), the population has been defined as all the elements that meet the study criteria. The target population of the survey is the survey data collected to be used as an inference. Therefore, the target population defines those units to which the survey results should be promoted. In this study, the target population was Malaysians and non-Malaysians, who travel to Malaysia or Malaysian states for treatment. According to Nisha (2018), there are a total of 912,500 medical tourists in Malaysia has been recorded by MHTC. For this study, the target population was **2,791,939 tourists who travel to Malaysia or Malaysian states for medical treatment in 2018**, as shown in Table 1.2 in Chapter 1.

3.4.2 SAMPLE SIZE

According to Taherdoost (2018), sample size is an important feature of any empirical research, and its purpose is to infer the population from the sample. The appropriate sample size should be greater than 30 or less than 500 (Salkind 2009). If the sample is too small, the selected population will not be representative. In this study, the survey had chosen 385 respondents. According to the formula Krejcie and Morgan (1970), the most suitable sample size of this study was **385 respondents** as showed in Table 3.1 below.

Table 3.1: The determine of sample size from Krejcie & Morgan

Table for Determining Sample Size for a Given Population									
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: "N" is population size
"S" is sample size.
Source: Krejcie & Morgan, 1970

Source: Krejcie, R.V., & Morgan, D.W. (1970)

3.4.3 SAMPLING TECHNIQUES

According to Ogula (2005), sampling was a procedure to select the group from one population to participate as a respondent in the study. The sample selection in this study was random sampling. Stratified random sampling is a method of dividing the population into smaller sub-categories (stratification). In stratified random sampling, the sample was selected from the target population, which were the people who visited the government hospitals in Malaysia. Then, researchers chose 385 respondents, who are Malaysian or non-Malaysian who have traveled to Malaysia or other states in Malaysia for medical treatment in the Malaysian government hospital.

3.5 RESEARCH INSTRUMENT

In this research, the questionnaire served as a tool for collecting primary data collection. Questionnaires were used purposefully because the questions that been listed out were simple and straightforward for respondents to answer. Taherdoost (2016) defines a questionnaire as a research instrument used to gather data and obtain relevant information in a reliable and valid manner. Therefore, the respondents can directly, and easy-to-understand questions conducted the surveys. Data were collected relatively quickly because the researcher was not required to be present when completing the questionnaire and it was useful for large populations. The well-designed questionnaire allowed us to receive accurate information and helped achieve research goals.

The questions in the questionnaire were all fixed alternatives or closed-ended questions so that respondents can select their opinion to the questions. Closed-ended questionnaire often gets higher rates of response because respondents do not need to answer the questions too much. The questions in the questionnaire are standardized. The same questions had been asked the respondents in the same order. This means that the questionnaire can be easily copied to check reliability. Therefore, the researcher can use the questionnaires to check whether the results are consistent. Respondents not only can choose from pre-set answers that best suit their point of view, but it also provides convenience for researchers to calculate the results as tables and graphs illustrate.

The questionnaire consisted of three sections of questions. Section A was related to the respondents' demographic information, such as name, gender, age, occupation, etc. Section B was about the independent variable on medical cost, medical services, health technology information, and destination image, while Section C was about the dependent variable on respondents' satisfaction toward government hospitals in Malaysia. Section B and Section C contained 30 questions to answer the research question as shown in the table below:

Table 3.2: Number of questions for each section.

Section	Variables	Number of questions
Section A	Demographic	9
Section B	Medical Cost	5
	Medical Services	5
	Health Information Technology (HIT)	5
	Destination Image	5

Sources: Developed for this research.

All the questions were closed-ended questions. In this study, the questionnaires used the format of the Likert scale. Likert scale is a widely used scale that is very important for the respondent to choose whether to agree or disagree with the sequence of statements of each series. It consists of Five-Point Likert scales to be used for each part of the questionnaires as shown in the table 3.3.

Table 3.3: Five-Point Likert Scale.

Point of Scale	Level
1	Strongly Disagree
2	Disagree
3	Neutral
4	Agree
5	Strongly Agree

Source: Mcleod, S (2019). *Likert Scale Definition, Examples and Analysis*.

The 5-points Likert Scale is used to measure the responses from respondents which ranged from “strongly agree, agree, neutral, disagree, and strongly disagree”. Likert scales are popular because they are one of the most reliable methods of measuring opinions, perceptions, and behaviors. Researchers most recommend the use of a five-point Likert scale, ranging from "strongly agree" to "strongly disagree", which will reduce the frustration of patient respondents yet improve response rate and response

quality. The purpose of this section is to obtain relevant information about the relationship between each variable and degree of consistency of each statement from respondents' answer.

In addition, the questionnaire produced into two different languages or versions of the questionnaires, which were in English, and Malay. The purpose of translation was to overcome language barriers and to prevent the respondents from misunderstanding the questions.

The questionnaire had been distributed to the target respondent by using an online survey which was a Google form. During the distribution, the respondents answered all questions in the questionnaire by using their own electronic. Researchers gave the survey's link to the respondents so that they answered it by using their own phone. This questionnaire took around 5 minutes only. Therefore, this research used an online survey which was Google form in collecting the data.

The questions used in this study were adapted from previous literature shown in the following table.

Table 3.4: Sources of Item in the Questionnaires for Section B

Independent Variables	Questions	Sources
Medical Cost	1. The medical treatment in Malaysia's government hospital provides good service with a reasonable price.	Sweeney, Soutar (2002)
	2. The medical treatment in Malaysia's government hospital is worth the price that I paid.	Prebensen, Xie (2017)
	3. The medical treatment in Malaysia's government hospital provides good service with a reasonable price.	Sweeney, Soutar (2002)

	4. The medical treatment in Malaysia's government hospital is worth the price that I paid.	Prebensen, Xie (2017)
	5. Malaysia's government hospital provides greater value as compared to other medical institutions.	Petrick (2002)
	6. Malaysia's government hospital medical costs is more affordable compared to private hospital.	
	7. Government of Malaysia funded most of the medical costs, so I can enjoy low-costs medical treatment.	
Medical Services	1. The medical staff of Malaysia's government hospital have professional appearance.	Meesala, Paul (2016)
	2. Medical staff of Malaysia's government hospital are kind and very helpful.	Kitapci, Akdogan,
	3. The Malaysia's government hospital is providing services as promised to the patient.	Dortyol (2014)
	4. The medical staff of Malaysia's government hospital are able to provide precise medical services to the patient.	Aliman, Normila (2013)
	5. The medical staff of Malaysia's government hospital are qualified with professional skills.	
Health Information Technology	1. Health information technology allow the doctor to follow up my health condition outside the hospital.	Lee (2018) Abdelhamid
	2. Health information technology help to increase the healthcare accuracy in medical treatment.	(2018)
	3. Health information technology enable me to track my medical health record easily.	
	4. Health Information Technology enable to manage my health matters more efficiently.	
	5. Using Health information technology makes it easier to manage my health matters.	

Destination Image	<p>1. I will choose government hospital in Malaysia as the place I seek for medical treatment than other country.</p> <p>2. Government hospital in Malaysia is the first choice of the place that I choose.</p> <p>3. I can communicate well because most of the local people can speak English.</p> <p>4. Malaysia is safe for me to travel or visit.</p> <p>5. Malaysia is a good place to visit, especially for health tourism.</p>	<p>Wang, Hsu (2010)</p> <p>Moreno-González, León, & Fernández-Hernández (2020)</p>
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Sources from: Developed for this research.

Table 3.5: Sources of Item in the questionnaires for Section C

Dependent Variables	Questions	Sources
Patients' Satisfaction	1. I am satisfied with the medical treatment that I received from the government hospital in Malaysia.	Meesala, Paul (2016)
	2. The medical services I received in Malaysia's government hospital have fulfilled my requirements.	Aliman, Normila (2013)
	3. For me, getting treatment in Malaysia's government hospital is a decent experience.	Saiprasert (2011)
	4. For me, the medical services in Malaysia's government hospital is better than I expected.	
	5. I am satisfied with the overall medical treatments in Malaysia's government hospital.	
	6. I intend to revisit Malaysia for medical treatment in the near future.	
	7. I will continue to use this government hospital service in Malaysia for the future.	

8. If I need medical services again, I will consider government hospital in Malaysia as my first choice.

9. I will recommend the medical services of Malaysia's government hospital to my family and friends.

I will recommend the government hospitals in Malaysia to anyone who seeks my advice.

Sources from: Developed for this research.

3.6 PILOT STUDY

A pilot study can be defined as small research that is used to test research protocols, data collection tools, sample recruitment strategies, and other research techniques in preparation for larger research (Schattner, 2006). Researchers conducted a pilot study in order to collect more accurate data. For this pilot study, only ten questionnaires had been distributed for people to complete. Through this pilot study, researchers had improvised the questions in the questionnaires before distributing them to the real respondents. In addition, it was also used to measure whether the respondents understand the questions in the questionnaire. After the ten random questionnaires had complete, the researcher reviewed the selected answers. Researchers need to redo the questions if the results of the questionnaire are most on strongly disagree or disagree. It is best to conduct preliminary research because if the collected data are all valid and reliable, the researcher will not encounter any problems.

3.7 CONSTRUCT INSTRUMENT

In this research, researchers had used different scales of measurement to analyze the most accurate results. In order to provide an accurate description, the rule must be implied when assigning numbers to observations. Nominal scale, ordinal scale, interval scale, and ratio scale are all the scales of measurement but in this research, the questionnaire only consists of nominal scale, ordinal scale, and interval scale when designing the questionnaire.

Nominal scale can be defined as a scale that uses labels to classify cases into categories. Nominal scale is simple and convenient category labels, and there is no intrinsic value. An example of nominal scale can be found in the questionnaire is gender.

Please (✓) the appropriate answer or fill in the detail in the column provided.

1. Gender
() Female () Male

Figure 3.1: Nominal Scale's Example

The order of the values in the ordinal scale is important, but the difference between each value is not clear. It provides more information than a nominal scale, for instance, one of the questions in the questionnaire that using the ordinal scale is the age of the patients.

2. Age
- () 11-20 years old
 - () 21-30 years old
 - () 31-40 years old
 - () 41-50 years old
 - () 50 above

Figure 3.2: Ordinal Scale's Example

The interval scale is defined as a numerical scale, where the order of the variables and the difference between these variables are known. Likert scales are popular because they are one of the most reliable methods of measuring opinions, perceptions, and behaviors. In this research, a five-pointed Likert-scale had been used in the questionnaire. The following is the example from the questionnaire:

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.The medical treatment in this hospital provide good service with a reasonable price.	1	2	3	4	5

Figure 3.3: Interval Scale's Example

3.8 DATA ANALYSIS

After collected data through questionnaires, the researcher analyzed all the data into SPSS. SPSS stands for Statistical Package for the Social Sciences which is a software package used in statistical analysis data.

Data analysis is a process of evaluating and collecting data using logic or analytical analysis to analyze each component of the data provided. According to Sekaran as cited in (Raudenbush, 2002), the level of aggregation of the data collected refers to the unit of analysis for the next step of analysis of the data. Meanwhile, data analysis helps the researcher by reducing data to be more manageable, gathered, reviewed, and convenient size.

According to Copper, Schindler, and Sun (2006), data analysis is the process of editing and minimizing data which is important to interpret the result to answer the research question. In this study, Statistical Package of Social Science (SPSS) software was used to analyze the data collected from questionnaires that were distributed to respondents, followed by Reliability and Validity Analysis, and Inferential Analysis.

3.8.1 DESCRIPTIVE ANALYSIS

Descriptive analysis is a method used to analyze given data, whether the data represents the entire population or a sample that can describe and aggregate all data in a simple and meaningful way so that the data can be explained more simply. As stated in Zikmund-Fisher (2007), descriptive research analysis is a way to analyze, summarize

and describe respondent's characteristics within a contextual framework. The analysis showed the results of descriptive analysis and content analysis by showed general information patterns, personal, and descriptive data of 385 respondents.

In this research, pie charts were used to show demographic data collected from respondents. There are few methods that used in descriptive analysis to summarize all the data by frequency distribution, percentage distribution, and calculating average (Eiselen, 2007). The data had collected based on Section A of questionnaires that are analyzed by using descriptive analysis.

3.8.2 RELIABILITY TEST

Reliability refers to how the test reliably or consistently measures characteristics. For people who repeat the test, a test that yields a similar score is considered a reliable measure of the characteristic. The instrument to evaluate the validity, as well as internal reliability of Cronbach's Alpha, was used. Cronbach's alpha is one reliability technique that requires only a single test administration to provide a unique estimate of the reliability for a given test (Gliem, 2003). The function of Cronbach's Alpha is to provide a measurement of the internal consistency of test or scale and is expressed in numerical form between 0 and 1 (Tavakol & Dennick, 2011).

In the study, Cronbach's Alpha was selected as a tool to test the correlation of variables. Based on Bonett as cited in (Bonett, 2015), if the result shows a value of 0.6 or above, it means the internal consistency accuracy is acceptable. Generally, the value

of Cronbach's Alpha is closer to 1, there is higher internal consistency reliability, and it implies a strong association among variables as shown in the table below:

Table 3.6: Cronbach's Alpha Scale

Alpha Coefficient Range	Strength of Associations
<0.6	Poor
0.6 to <0.7	Moderate
0.7 to <0.8	Good
0.8 to <0.9	Very Good
0.9	Excellent

Source: Sekaran & Bougie (2016).

3.8.3 PEARSON CORRELATION COEFFICIENT

Correlation is a technique used to study the relationship between two quantitative continuous variables such as age and blood pressure. According to Biological Identification, (2014), correlation analysis is the process of using available statistical data to study the strength of this relationship. Correlation occurs when it cannot identify which is the dependent variable and the independent variable, but there is a certain relationship between the values of the two variables. The most used correlation measure in statistics is Pearson correlation. In this research, the relationship between the two variables was measured by using Pearson's correlation coefficient. It measured the direction, intensity, and meaning of the bivariate relationship between all variables.

In correlation analysis, r can be equal to -1 (negative), 0 (zero), and 1 (positive). The correlation coefficient can occur between -1 (negative) and 1 (positive), -1 indicates a strong negative correlation, 0 means that there is no association between the two variables, and 1 indicates a strong positive correlation (STHDA, 2020). The following criteria of Pearson's correlation coefficient have been proposed in table 3.7.

Table 3.7: The criteria to interpreting Pearson's correlation coefficient.

Strength of Association	Coefficient, r	
	Positive	Negative
Small	.1 to .3	-0.1 to -0.3
Medium	.3 to .5	-0.3 to -0.5
Large	.5 to 1.0	-0.5 to -1.0

Source: Laerd Statistics, 2020.

These criteria are important for the measurement of the relationship between the two variables based on this table and, if the value is 1 or -1, this means that all data points are included in the best fit line (Laerd Statistics, 2020).

3.9 SUMMARY

This chapter includes research design whereby the method was the quantitative method, and the primary data were collected from descriptive research from the patients that visit government hospitals in Malaysia. The sample size was 385 respondents. This

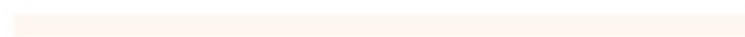
research used probability sampling as a sampling method. The data were collected by using questionnaires. The next chapter begins the analysis and discussion of the result that we collected from the questionnaire.



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CHAPTER 4

RESULTS AND DISCUSSION

4.1 INTRODUCTION

In this chapter, the researcher will analyse the result that was recorded by using statistical package for the social sciences (SPSS) software version 26, and it's used by various kinds of researchers for complex statistical data analysis. The result will be showed in table and figure. This chapter consists of five part which is pilot test, demographic characteristics of respondents, descriptive analysis used to measure respondents' and the additional questions, scale measurement used to measure the reliability of variables and included part of persons correlation analysis and the relationship between independent variables and dependent variables.

4.2 PILOT TEST

The researcher used the Google Form as the tool to collect data. A pre-test was performed by researchers to 10 respondents to ensure that there were no mistakes in the language, to assess if the respondents could comprehend the question and to determine whether the claim was well described. The following table showed the results of the

pilot test. Pearson's correlation used to measure the strength of the relationship between the independent variable and dependent variable by depending in its correlation size All variables from this study two independent variable showed very good in strength of association and dependent variable showed excellent in strength of association, so the questionnaire was accepted for this analysis.

Table 4.1: Reliability Statistic of the Pilot Test Analysis

Variables	Cronbach's Alpha
Patients' Satisfaction	0.990
Medical Cost	0.839
Medical Services	0.808
Health Information Technology	0.107
Destination Image	0.360

Source: SPSS

Based on table 4.1, dependent variable which is "Patients' Satisfaction" showed excellent result with 0.990 in Cronbach's Alpha, while the two independent variables showed very good result which are "Medical Cost" and "Medical Services" with the value of 0.839 and 0.808, respectively. "Health Information Technology" and "Destination Image" showed poor result which are 0.107 and 0.360, respectively.

4.3 RESPONDENTS' DEMOGRAPHIC

The questionnaire platform has plan to assign a total of 385 sets of questionnaires due to the inconvenience caused by the Covid-19 crisis, the study was conducted and covered only **200 respondents**.. This segment is about the respondent demographic profile and their background, gender, age, nationality, marital status, education qualification, occupation, purpose of visit and income range.

4.3.1 GENDER

Table 4.2 and Figure 4.1 below showed the statistics of respondents' gender.

Table 4.2 Respondents' Demographic Profile - Gender

Respondents' Profile	Frequency N= 200	Percentage (%)
Male	82	41.0
Female	118	59.0
Total	200	100

Sources: Fieldwork Study (2021)

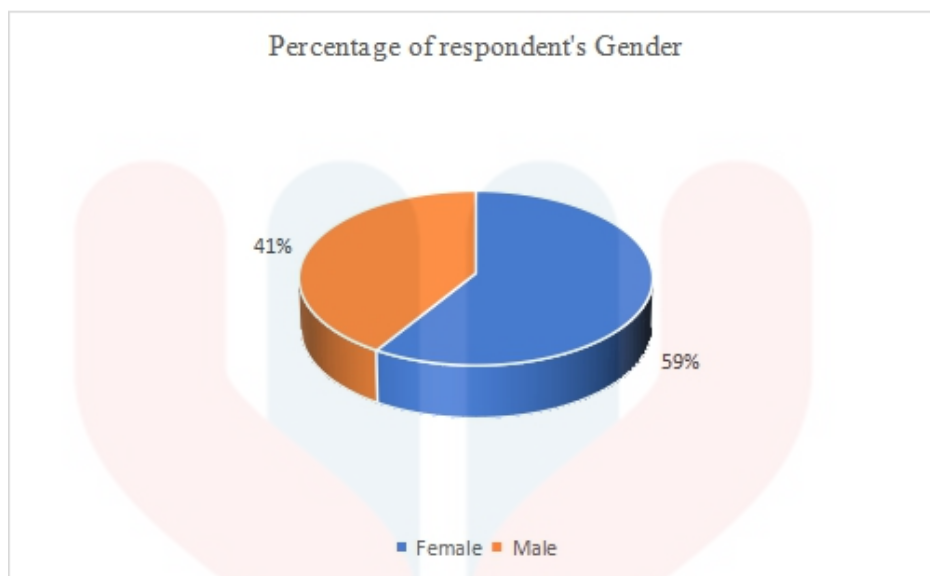


Figure 4.3: Percentage of Respondents' Gender

Table 4.2 and Figure 4.1 displays the respondents by gender. From this survey there were 200 respondents, who consists of gender from female are 118 respondents and male 82 respondents. Figure 4.1 showed the highest percentage of respondents from female (59%) and the lowest percentage from male 82 of the respondents (41%).

4.3.2 AGE

Table 4.3 and Figure 4.2 showed the age range of respondents in the research.

Table 4.3: Respondents' Demographic Profile – Age

Respondents' Age	Frequency	Percentage (%)
	N = 200	
Below 21 years old	17	8.5
21-30 years old	109	54.5
31-40 years old	24	12.0
41-50 years old	35	17.5
51 years old and above	15	7.5
Total	200	100

Sources Fieldwork Study (2021)

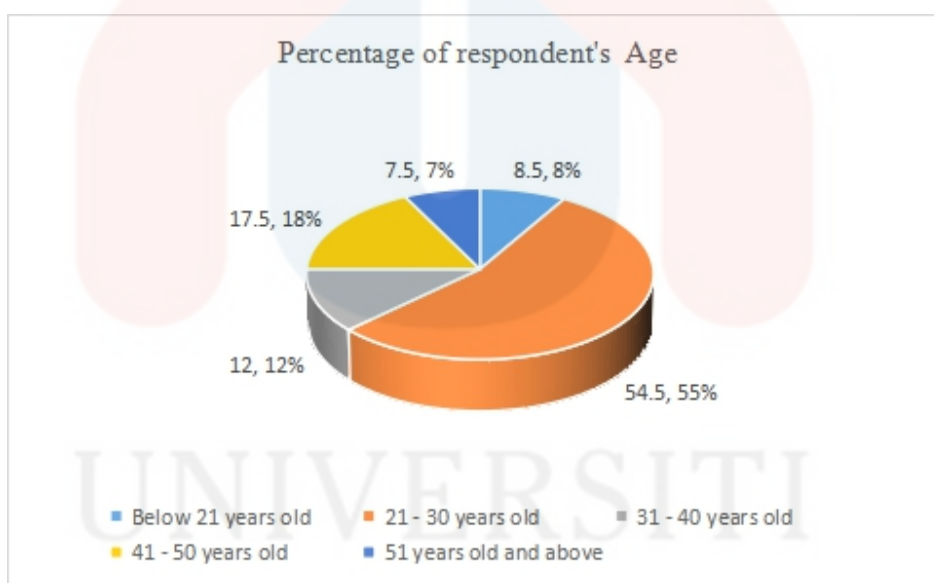


Figure 4.2: Percentage of Respondents' Age Group

Table 4.3 and Figure 4.2 showed the total respondents by age. There were 200 respondents from this survey, that indicated age from 21- 30 years old are 109 respondents. The respondents from 41-50 years old are 35 respondents, while respondents who are 31-40 years old are 24 respondents. After that, respondents from

age below 21 years old are 17 respondents and respondents who age 51 years old and above is 15 respondents. Figure 4.2 indicated the highest percentage of respondents who have range of age from 21- 30 was (54.5%) while the age range 41 – 50 (17.5%), followed by age 31 – 40 years old (12%), the age range below 21 years old (8.5%), and the lowest percentage respondents was 51 years old and above (7.5%).

4.3.3 NATIONALITY

The Table 4.4 and Figure 4.3 showed the nationality of respondents in this survey.

Table 4.4: Respondents' Demographic Profile - Country of Origin

Respondents' Nationality	Frequency N = 200	Percentage (%)
Malaysia	176	88.0
Indonesia	3	1.5
Thailand	2	1.0
Bangladesh	2	1.0
Singapore	17	8.5
Total	200	100

Sources: Fieldwork Study (2021)

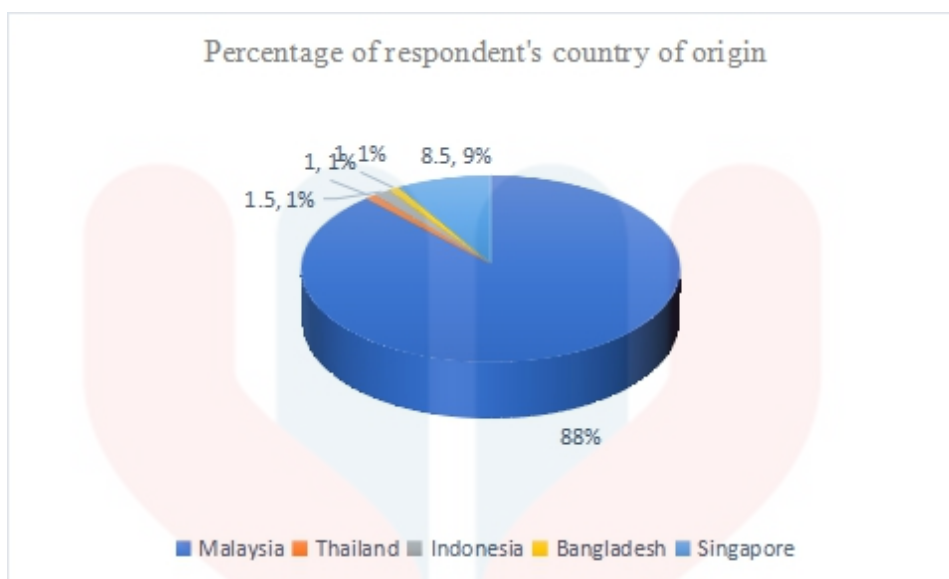


Figure 4.3: Percentage of Respondents' Country of Origin

Table 4.4 and Figure 4.3 showed the total respondents by nationality. There were 200 people who responded, who consists of nationality from Malaysia are 176 respondents. The respondents from Singapore are 17 respondents, while Indonesia has 3 respondents. In addition, the number of respondents same that indicated from Thailand and Bangladesh are 2 respondents. Figure 4.3 showed the highest percentage of respondents from Malaysia nationality was (88%), followed by nationality from Singapore are (8.5%), nationality from Indonesia (1.5%) while the lowest percentage of nationality recorded same respondents who are from Thailand and Bangladesh.

4.3.4 MARITAL STATUS

Table 4.5 and Figure 4.4 showed the marital status of the respondents.

Table 4.5: Respondents' Demographic Profile - Marital Status

Respondents' Marital Status	Frequency N = 200	Percentage (%)
Single	111	55.5
Married	73	36.5
Divorced	16	8.0
Total	200	100

Sources: Fieldwork Study (2021)

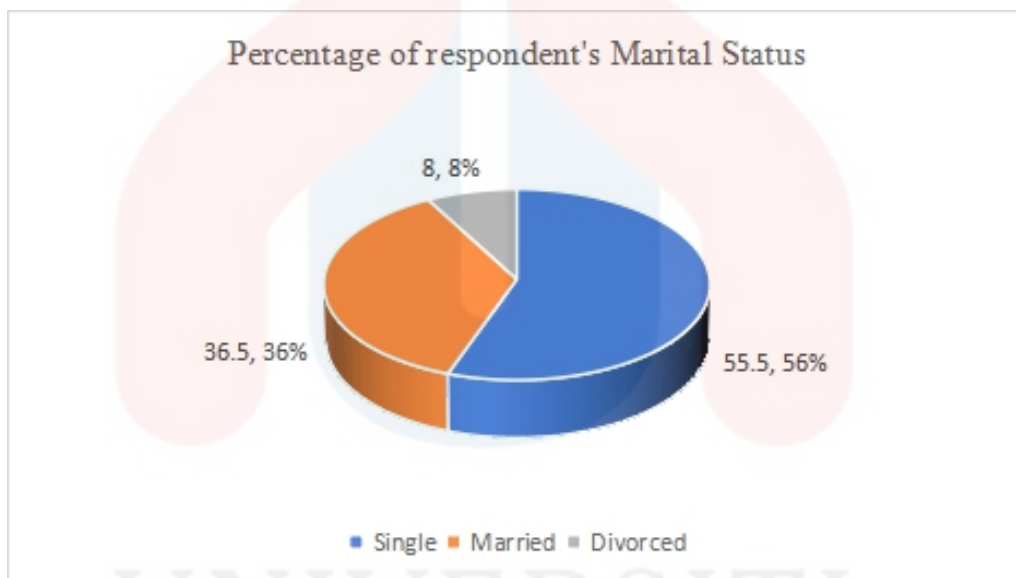


Figure 4.4: Percentage of Respondents' Marital Status

Table 4.5 and Figure 4.4 showed the total respondents by marital status. According to the results survey, there were 200 respondents take this survey. It shows that most respondents marital from single are 111 respondents. There were respondents marital from married are 73 respondents and lowest respondents marital from divorced are 16 respondents. Figure 4.4 indicated the highest percentage of respondents from single

(55.5%), followed by marital from married (36.5%) and the lowest percentage respondents from divorced (8%).

4.3.5 EDUCATION QUALIFICATION

The table and figure showed the education qualification of the respondents in this study.

Table 4.6: Respondents' Demographic Profile - Education Qualification

Respondents' Education Qualification	Frequency N= 200	Percentage (%)
No formal education	3	1.5
High school	63	31.5
Diploma	47	23.5
Degree	85	42.5
Other	2	1.0
Total	200	100

Sources: Fieldwork Study (2021)

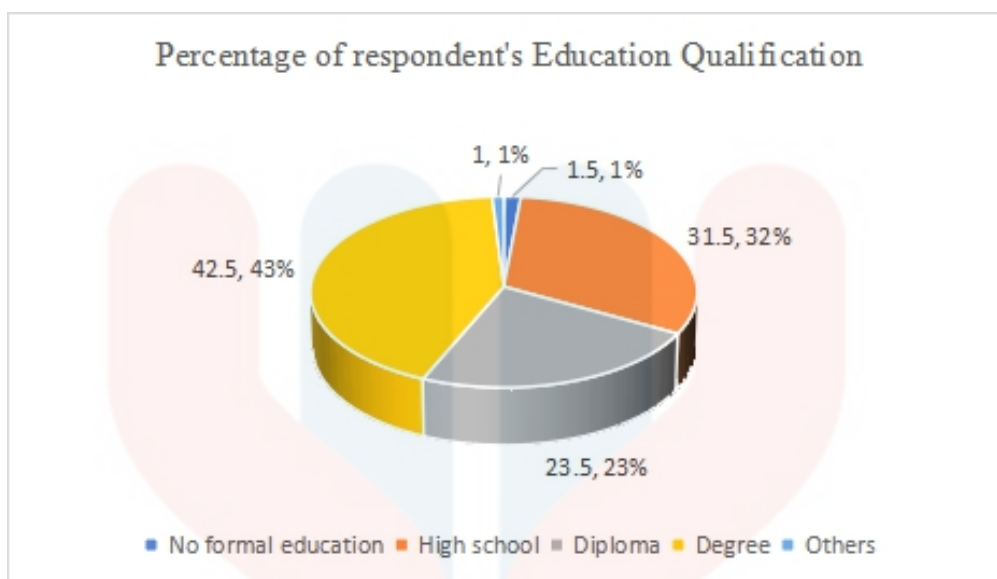


Figure 4.5: Percentage of Respondents' Education Qualification

Table 4.6 and Figure 4.5 indicated the total respondents by education qualification. Most of the respondents had degree education qualification 85 respondents. The respondents from high school education qualification are 63 respondents while respondents who are from diploma contributed 47 respondents. In addition, respondents had no formal education are 3 and the lowest respondents had other education qualification are 2 respondents. Figure 4.6 indicated the highest percentage of respondents who are degree education qualification (42.5%), followed by education qualification from high school was (31.5%), the respondents from Diploma qualification (23.5%). Besides that, respondents who had no formal education qualification was (1.5%) and the lowest percentage from other respondents (1%).

4.3.6 OCCUPATION

Table 4.7 and Figure 4.6 showed the occupation of the respondents.

Table 4.7: Respondents' Demographic Profile - Occupation

Respondents' Occupation	Frequency N= 200	Percentage (%)
Business/ Executive/ Managerial/Position/	57	28.5
Professional/ Technical position/ Profession	20	10.0
Government Official	31	15.5
Private employee	54	27.0
Other	38	19.0
Total	200	100

Sources: Fieldwork Study (2021)

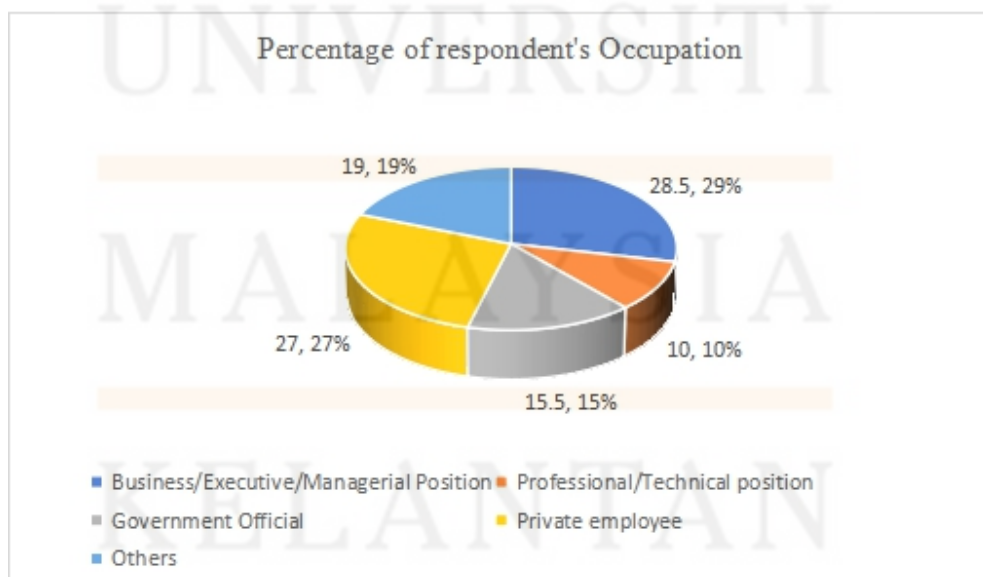


Figure 4.6: Percentage of Respondents' Occupation

The Table 4.7 and Figure 4.6 showed the total respondents by occupation. According to the result survey, that most of the 57 respondents from Business, Executive, or Managerial Position. This followed by 54 of the respondents from Private employee, the respondents from Other with 38 respondents, while 31 of the respondents from respondent occupation Government Official, and the lowest respondents from Professional, Technical position or Profession with the frequency of 20 respondents. Figure 4.6 showed the highest percentage of respondents who has occupation Business/Executive/Managerial/Position (28.5%), followed by Private employee which was (27%), Other occupations (19%), while Government Official was (15.5%) and the lowest percentage respondents from Professional, Technical position or Profession occupation (10%).

4.3.7 PURPOSE OF VISIT

Table 4.8 and Figure 4.7 present the purpose of respondents that visit the government hospital in Malaysia.

Table 4.8: Respondents' Demographic Profile - Purpose of Visit

Respondents' Purpose of Visit	Frequency	
	N=200	Percentage (%)
Medical treatment only	116	58.0
Medical treatment and business	20	10.0
Medical treatment and sightseeing	64	32.0

Sources: Fieldwork Study (2021)

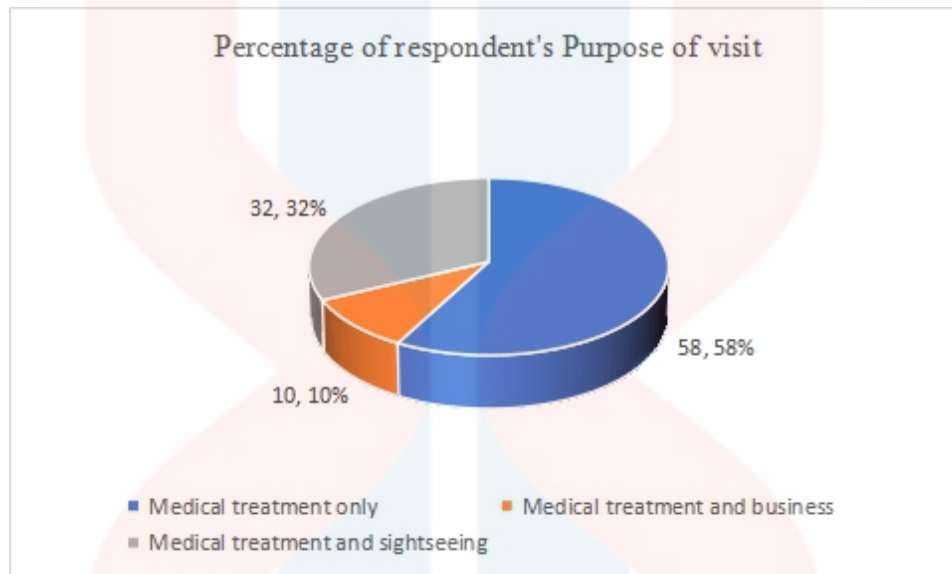


Figure 4.7: Percentage of Respondents' Purpose of visit

The table 4.8 and Figure 4.7 indicated the total respondents by purpose of visit. There were 200 people who responded this survey who consists of purpose of visit from Medical treatment only are 116 respondents. The respondents from Medical treatment and sightseeing contributed 64 respondents and respondents from medical treatment and business purpose of visit are 20 respondents. Figure 4.7 indicated the highest percentage of respondents who has purpose of visit Medical treatment only (58%), followed by Medical treatment and sightseeing purpose which was (32%) and the lowest percentage respondents from Medical treatment and business (10%).

4.3.8 TRAVELLING COMPANIONS

Table 4.9 and Figure 4.8 showed the travelling companion to the government in Malaysia.

Table 4.9: Respondents' Demographic Profile - Travelling Companies to Government Hospital.

Respondents' Traveling companion to the government hospital	Frequency N= 200	Percentage (%)
Single	69	34.5
Spouse	32	16.0
Family members	79	39.5
Relatives and friends	20	10.0
Total	200	100

Sources: Fieldwork Study (2021)

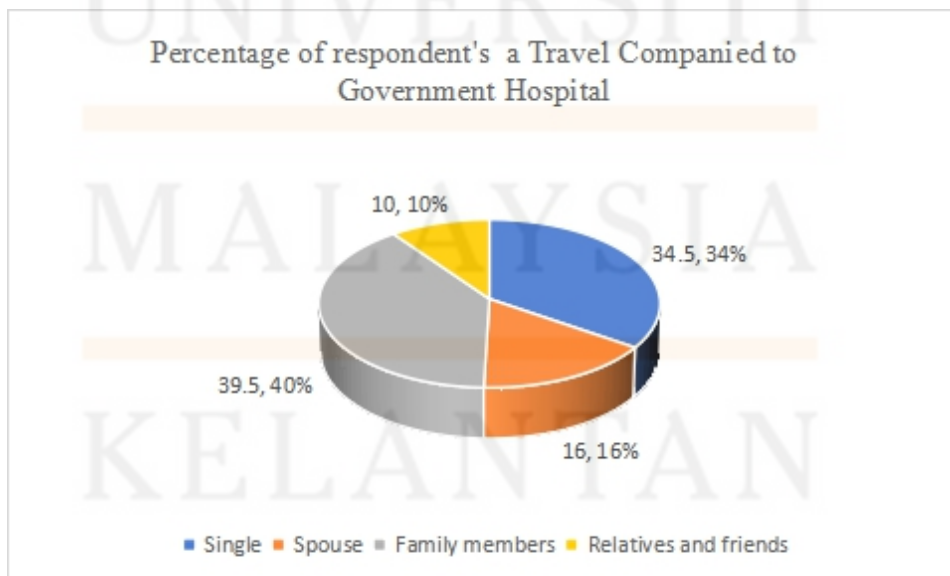


Figure 4.8: Percentage of Respondents' accompanied to government hospital.

Table 4.9 and Figure 4.8 indicated the total respondents by travelling companions. According to the results survey, it shows that most respondents prefer family members travel accompanied to government hospital with family members are 79 respondents. This followed by travel accompanied to government hospital by single are 69 respondents, 32 of the respondents has travel accompanied to government hospital by spouse and the lowest respondents accompanied to government hospital by relatives and friends are 20 respondents. Figure 4.8 indicated the highest percentage of respondents who travel companions to the government hospital (39.5%), followed by single (34.5%), spouse (16%) and the lowest percentage respondents traveling companion to the government hospital was with relatives and friends (10%).

4.3.9 INCOME RANGE

Table 4.10 and Figure 4.9 showed the income range of respondents.

Table 4.10: Respondents' Demographic Profile – Income range

Respondents' Income range	Frequency N= 200	Percentage (%)
Below RM1,000	24	12.0
RM1,001 – RM2,000	85	42.5
RM 2,001- RM3,000	48	24.0
RM3,001- RM4,000	25	12.5
RM4,000 and above	18	9.0

Sources: Fieldwork Study (2021)

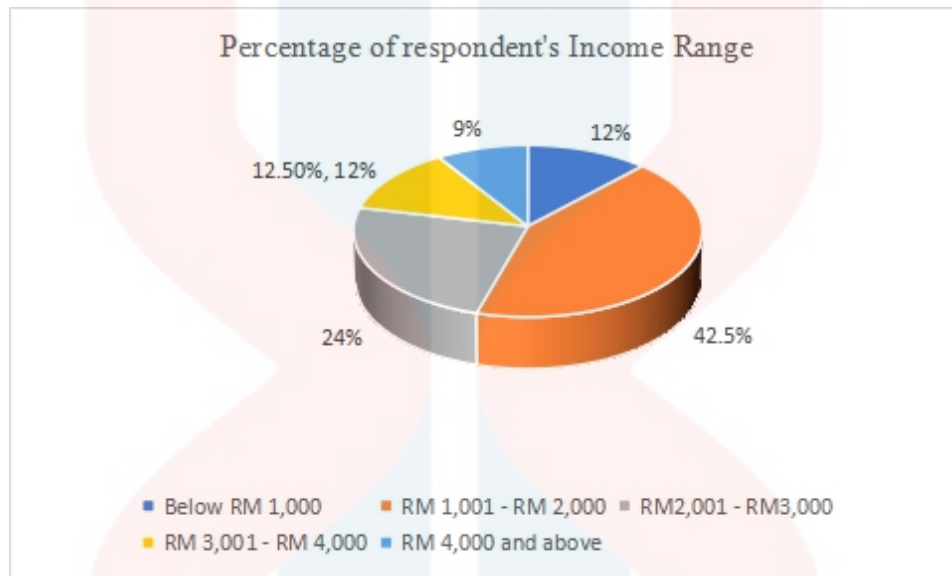


Figure 4.9: Percentage of Respondents' Income range

Based on table 4.10 and Figure 4.9 showed the total respondents by income range. According to the result survey, the highest income of respondents is RM1,001- RM2,000 are 85 respondents, RM 2,001- RM3,000 track this are 48 respondents followed by income RM 3,000 – RM 4,000 with 25 respondents, while income from below RM 1,000 with frequency 24 respondents and 18 of the respondents has income RM4,000 and above. Figure 4.9 showed the highest percentage of respondents who has range of income from RM1,001 – RM2,000 (42.5%), followed by RM2,001- RM3,000 which was (24%), RM3,001-RM4,000 (12.5%) however, below RM1,000 (12%) and the lowest percentage respondents has range of income RM4,000 and above (9%).

4.4 RESULT OF DESCRIPTIVE ANALYSIS

This research has analyzed the mean and standard deviation for section B and C of the questionnaires to find out factors of medical costs, medical services, health information technology, destination image and patients' satisfaction. Based on the analysis result, the researcher compared the mean between independent variable and dependent variable for every item in questionnaire. The responses by respondent are scaled by using the 5-Likert Scale which are 1 represent "Strongly Disagree", 2 as "Disagree", 3 as "Neutral", 4 as "Agree" and 5 as "Strongly Agree". The result of the analysis are shown in following table.

4.4.1 DEPENDENT VARIABLE AND INDEPENDENT VARIABLES

Table 4.11 showed the descriptive analysis of dependent variable and independent variables in this research.

Table 4.11: Descriptive Analysis of Dependent Variable and Independent Variables

No	Statements	N	Mean	Ranking (Mean)	Standard Deviation	Ranking (Standard Deviation)
1	Patients' Satisfaction	200	46.62	1	6.823	1
2	Medical Cost	200	23.49	2	2.843	5

3	Medical Services	200	23.46	3	3.054	4
4	Health Information Technology	200	21.89	4	4.070	3
5	Destination Image	200	21.28	5	4.166	2

Sources: Develop from SPSS

Indicated from Table 4.4.1, the statement “Patients’ Satisfaction” has the highest mean value (46.62) with the highest value standard deviation (6.823), follow by, the statement “Medical Cost” with the mean value of 23.49 with the lowest value standard deviation (2.843). The mean value of “Medical Services” is 23.46 and the value standard deviation is 3.054. Besides, the value mean of statement “Health Information Technology” is 21.89 with the value of standard deviation of 4.070. The lowest value of mean is 21.28 with the statement of “Destination Image” and the value standard deviation is 4.166.

4.4.2 PATIENTS’ SATISFACTION

Table 4.4.2 showed the descriptive statistic of dependent variable of this research which is patients’ satisfaction.

Table 4.12: Descriptive Statistic of Patients' Satisfaction

No	Statement	Mean	Ranking (Mean)	Standard Deviation	Ranking (Standard Deviation)
1	I am satisfied with the medical treatment that I received from the government hospital in Malaysia.	4.72	1	0.588	10
2	The medical services I received in Malaysia's government hospital have fulfilled my requirements.	4.69	3	0.645	9
3	For me, getting treatment in Malaysia's government hospital is a decent experience	4.68	4	0.677	6
4	For me, the medical services in Malaysia's government hospital is better than I expected.	4.68	4	0.663	8
5	I am satisfied with the overall medical treatments in Malaysia's government hospital.	4.70	2	0.673	7
6	I intend to revisit Malaysia for medical treatment in the near future.	4.64	6	0.789	3
7	I will continue to use this government hospital service in Malaysia for the future.	4.60	9	0.862	1
8	If I need medical services	4.61	8	0.849	2

	again, I will consider government hospital in Malaysia as my first choice.				
9	I will recommend the medical services of Malaysia's government hospital to my family and friends.	4.66	5	0.740	5
10	I will recommend the government hospitals in Malaysia to anyone who seeks my advice.	4.63	7	0.765	4

Sources: Developed from SPSS

Indicated from Table 4.4.2, the highest rank of mean (4.72) the statement “I am satisfied with the medical treatment that I received from the government hospital in Malaysia.”, the value of standard deviation is 0.588. Besides, the statement “For me, getting treatment in Malaysia’s government hospital is a decent experience” and “For me, the medical services in Malaysia’s government hospital is better than I expected.” have the same value of mean (4.68) and the standard deviation are 0.677 and 0.663 respectively. The statement “I will continue to use this government hospital service in Malaysia for the future.” has the lowest mean value (4.60) and with the highest standard deviation value (0.862).

4.4.3 MEDICAL COST

Table 4.4.3 showed the descriptive analysis of independent variables of this research which is medical cost.

Table 4.13: Descriptive Analysis of Medical Cost

No	Statement	Mean	Ranking (Mean)	Standard Deviation	Ranking (Standard Deviation)
1	The medical treatment in Malaysia's government hospital provides good service with a reasonable price.	4.73	1	0.546	5
2	The medical treatment in Malaysia's government hospital is worth the price that I paid.	4.72	2	0.586	4
3	Malaysia's government hospital provides greater value as compared to other medical institutions.	4.67	5	0.682	1
4	Malaysia's government hospital medical costs is more affordable compared to private hospital.	4.69	3	0.628	3
5	Government of Malaysia	4.68	4	0.654	2

funded most of the medical costs, so I can enjoy low-costs medical treatment.

Source: Development from SPSS

Indicated from Table 4.13, the highest value of mean is 4.73 which is the statement “The medical treatment in Malaysia's government hospital provide good service with a reasonable price.” and has the lowest value of standard deviation (0.546). Besides, the statement “The medical treatment in Malaysia's government hospital is worth the price that I paid.” has the lowest value of mean (4.67) with the highest value of standard deviation (0.682).

4.4.4 MEDICAL SERVICES

Table 4.14 showed the descriptive analysis of the independent variables of this research which is medical services.

Table 4.14: Descriptive Analysis of Medical Services

No	Statement	Mean	Ranking (Mean)	Standard Deviation	Ranking (Standard Deviation)
1	The medical staff of Malaysia's government hospital have	4.71	2	0.613	5

	professional appearance.				
2	Medical staff of Malaysia's government hospital are kind and very helpful.	4.71	2	0.660	3
3	The Malaysia's government hospital is providing services as promised to the patient.	4.65	4	0.707	1
4	The medical staff of Malaysia's government hospital are able to provide precise medical services to the patient.	4.66	3	0.690	2
5	The medical staff of Malaysia's government hospital are qualified with professional skills.	4.72	1	0.619	4

Source: Development from SPSS

Indicated from the Table 4.14, the highest mean with the value of 4.72 and the value of standard deviation is 0.619 which is the statement “The medical staff of Malaysia's government hospital are qualified with professional skills”. Two statement have the same value of mean (4.71) which are “The medical staff of Malaysia's government hospital have professional appearance.”, and “Medical staff of Malaysia's government hospital are kind and very helpful.”, with the standard deviation of 0.613 and 0.660 respectively. The statement of “The Malaysia's government hospital is providing services as promised to the patient.” has the lowest value of mean (4.65) with the highest value of standard deviation (0.707).

4.4.5 HEALTH INFORMATION TECHNOLOGY

Table 4.4.5 showed the descriptive analysis of independent variables of this research which is health information technology.

Table 4.15 Descriptive Analysis of Health Information Technology

No	Statement	Mean	Ranking (Mean)	Standard Deviation	Ranking (Standard Deviation)
1	Health information technology allow the doctor to follow up my health condition outside the hospital.	3.68	4	0.906	4
2	Health information technology help to increase the healthcare accuracy in medical treatment.	4.54	3	0.896	5
3	Health information technology enable me to track my medical health record easily.	4.57	1	0.922	3
4	Health Information Technology enable to manage my health matters more efficiently.	4.54	3	0.956	2
5	Using Health information technology makes it easier to manage my health matters.	4.56	2	0.986	1

Source: Development from SPSS

Indicated from Table 4.15, the highest value mean (4.57) is the statement “Health information technology enable me to track my medical health record easily.” with the standard deviation of 0.922. The statement “Health information technology help to increase the healthcare accuracy in medical treatment.” and “Health Information Technology enable to manage my health matters more efficiently.” have the same value of mean (4.54) with the standard deviation of 0.896 and 0.956 respectively. The lowest value of mean is 3.68 with the statement of “Health information technology allow the doctor to follow up my health condition outside the hospital.” and the value of standard deviation is 0.906.

4.4.6 DESTINATION IMAGE

Table 4.16 showed the descriptive analysis of independent variables of this research which is destination image.

Table 4.16 Descriptive Analysis of Destination Image

No	Statement	Mean	Ranking (Mean)	Standard Deviation	Ranking (Standard Deviation)
1	I will choose government hospital in Malaysia as the place I seek for medical treatment than other country.	4.51	1	0.940	4
2	Government hospital in	4.47	3	1.037	1

	Statement	Mean	SD	Rank
3	I can communicate well because most of the local people can speak English.	3.30	0.845	5
4	Malaysia is safe for me to travel or visit.	4.50	0.972	3
5	Malaysia is a good place to visit, especially for health tourism.	4.51	1.027	2

Source: Development from SPSS

Indicated from table 4.16, both of the statement have the highest value of mean (4.51) which are “I will choose government hospital in Malaysia as the place I seek for medical treatment than other country.” and “Malaysia is a good place to visit, especially for health tourism.” and the value of standard deviation are 0.940 and 1.027 respectively. The lowest value of mean is 3.30 which is the statement “ I can communicate well because most of the local people can speak English.” with the lowest value of standard deviation (0.845)

4.5 RELIABILITY TEST

According to Bhatnagar, Kim & Many, 2014; George & Mallery, (2002) the closer reliability coefficient gets to 1.0, the better it is, and those values over 0.80 are considered as good. Those values in 0.70 are considered as acceptable and those

reliability values less than 0.60 are poor (Bhatnagar, Kim & Many, 2014; George & Mallery), (2002). The Cronbach' Alpha value lies within the range 0 to 1 and the analysis that is the most widely used for researcher to measure the internal consistency on the scale of measurement. Basically, internal reliability value higher than 0.6 are read as acceptable with standards below 0.6 being undesirable, even though as with critical alpha level, there are much argument about the practical exclusive to these classic rules (Bhatnagar, Kim & Many, 2014; George & Mallery, 2002).

Table 4.17: Result of Reliability Coefficient Alpha for the Independent Variables and Dependent Variable

Variables	Number of Questions	Cronbach's Alpha Coefficient	Strength of Association
Medical Cost	5	0.952	Excellent
Medical Services	5	0.959	Excellent
Health Technology Information	5	0.921	Excellent
Destination Image	5	0.914	Excellent
Patients' Satisfaction	10	0.984	Excellent

Source: Development from SPSS

Based on Table 4.17, all the independents and dependents variables in this research are reliable. The highest Cronbach's Alpha value in this study is patients' satisfaction which is 0.984. The second highest value is medical services which is 0.959 followed by medical cost (0.952) and health information technology (0.921). The lowest value of Cronbach's Alpha in this study is destination image which is 0.914.

4.6 PEARSON'S CORRELATION COEFFICIENT

In this analysis, Pearson's correlation was used by the researcher. Pearson correlation (r) is used for calculating the frequency and orientation of the linear interaction between the two variables which is dependent variable (patients' satisfaction) and independent variable (the cost, service quality, health information technology and destination image). Pearson's correlation used to measure the strength of the relationship between the independent variable and dependent variable by depending in its correlation size (Piaw, 2006). The table shows guideline coefficient correlations and strength of relationship used by the researchers.

Table 4.17: Pearson's Correlation Table

Correlation Coefficient (r)	Strength of Relationship
.00	No correlation
.01 to .30 (-.01 to -.30)	Very weak
.31 to .50 (-.31 to -.50)	Weak
.51 to .70 (-.51 to -.70)	Moderate
.71 to .90 (-.71 to -.90)	Strong
.90 to 1.00 (-.90 to 1.00)	Very strong

Source: (Piaw 2006)

4.7 RELATIONSHIP BETWEEN TWO VARIABLES

The table below shows the correlation analysis between two variables which is cost, service quality, health information technology, destination image and patients' satisfaction.

4.7.1 THE RELATIONSHIP BETWEEN MEDICAL COST AND PATIENTS' SATISFACTION.

H1: The medical cost has a positive relationship with patients' satisfaction.

Table 4.18: Correlation Analysis for Hypothesis 1

		Medical Cost	Patients' Satisfaction
	Pearson Correlation	1	0.890**
Medical Cost	Sig. (2-tailed)		0.000
	N	200	200
Patients' Satisfaction	Pearson Correlation	0.890**	1
	Sig. (2-tailed)	0.000	
	N	200	200

**Correlation is significant at the 0.01 level (2-tailed).

Sources: SPSS

Table 4.18 shows the relationship between cost and patients' satisfaction. The result shows **positively strong with a correlation coefficient value is .890****. The p value of the cost with patients' satisfaction is .000 which is less than the very significant level at .001. Thus, there is a significant relationship between the impact on the cost with patients' satisfaction in Malaysian government hospital. Therefore, **the hypothesis is accepted**.

4.7.2 THE RELATIONSHIP BETWEEN MEDICAL SERVICES AND PATIENTS' SATISFACTION

H2: The medical services have a positive relationship with patients' satisfaction.

Table 4.19: Correlation Analysis for Hypothesis 2

		Medical Services	Patients' Satisfaction
Medical Services	Pearson Correlation	1	0.926**
	Sig. (2-tailed)		0.000
Patients' Satisfaction	N	200	200
	Pearson Correlation	0.926**	1
	Sig. (2-tailed)	0.000	
	N	200	200

**Correlation is significant at the 0.01 level (2-tailed).

Sources: SPSS

Table 4.19 shows the relationship between service quality and patients' satisfaction. The result shows **positively strong with a correlation coefficient value is .926****. The p value of the cost with patients' satisfaction is .000 which is less than the very significant level at .001. Thus, there is a significant relationship between the impacts of the service quality with patients' satisfaction in Malaysian government hospital. Therefore, **the hypothesis is accepted**.

4.7.3 THE RELATIONSHIP BETWEEN HEALTH INFORMATION TECHNOLOGY (HIT) AND PATIENTS' SATISFACTION

H3: The health information technology has a positive relationship with patients' satisfaction.

Table 4.20: Correlation Analysis for Hypothesis 3

		Health Information Technology	Patients' Satisfaction
Health Information Technology	Pearson Correlation	1	0.885**
	Sig. (2-tailed)		0.000
Patients' Satisfaction	N	200	200
	Pearson Correlation	0.885**	1
	Sig. (2-tailed)	0.000	
	N	200	200

**Correlation is significant at the 0.01 level (2-tailed).

Sources: Development from SPSS

Table 4.20 shows the relationship between health information technology (HIT) and patients' satisfaction. The result shows **positively strong with a correlation coefficient value is .885****. The p value of the cost with patients' satisfaction is .000 which is less than the very significant level at .001. Thus, there is a significant relationship between the impacts on the health information technology with patients' satisfaction in Malaysian government hospital. Therefore, **the hypothesis is accepted**.

4.7.4 THE RELATIONSHIP BETWEEN DESTINATION IMAGE AND PATIENTS' SATISFACTION

H4: The destination image has a positive relationship with patients' satisfaction.

Table 4.21: Correlation Analysis for Hypothesis 4

		Destination Image	Patients' Satisfaction
Destination Image	Pearson Correlation	1	0.921**
	Sig. (2-tailed)		0.000
Patients' Satisfaction	N	200	200
	Pearson Correlation	0.921**	1
	Sig. (2-tailed)	0.000	
	N	200	200

**Correlation is significant at the 0.01 level (2-tailed).

Sources: SPSS

Table 4.21 shows the relationship between destination image and patients' satisfaction. The result shows **positively strong with a correlation coefficient value is .921****. The p value of the cost with patients' satisfaction is .000 which is less than the very significant level at .001. Thus, there is a significant relationship between the impacts on the destination image with patients' satisfaction in Malaysian government hospital. Therefore, **the hypothesis is accepted**.

4.7 DISCUSSION

The purpose of the discussion is to interpret and describe the result of data analysis from the previous chapter and develop a better understanding toward research problems. Thus, the discussions are related with the research questions presented in Chapter 1. Besides, findings of this research will also be discussed briefly about the correlation test between four independent variables and dependent variables.

Based on the result of correlation analysis presented, a significant relationship exists between both variables. Medical cost is positively correlated with patients' satisfaction and they carry strong relationships with 0.890. Since the significant levels of both variables are 0.000 showed highly significant, H1 is proven and accepted, and the research objective is supported. This result is supported from previous study that found out that in health tourism context, cost has play an important role (Cortez, 2008).

Next, medical service quality are positively correlated with patients' satisfaction and they carry a very strong relationship with 0.926. Since the significant levels of both variables are 0.000 showed highly significant, H2 is proven and accepted, and the

research objective is supported. This result is supported from previous study that found out that in health tourism, most of the tourists will look for top-notch medical treatment and services because they had already taken the chance to travel far from their home country. Tourists will seek hospital that supply services that can satisfy them for their demand. (Connor, et al., 1994).

Other than that, Health Information Technology (HIT) are positively correlated with patients' satisfaction and they carry a strong relationship with 0.885. Since the significant levels of both variables are 0.000 showed highly significant, H3 is proven and accepted, and the research objective is supported. This result is supported from the previous study that found that communication between one person to another can be solved by technology, because of technology act as a communications tools that can be used to improve interaction (Jones & Baloglu., 2006)

Lastly, destination image is positively correlated with patients' satisfaction and they carry a very strong relationship with 0.921. Since the significant levels of both variables are 0.000 showed highly significant, H4 is proven and accepted, and the research objective is supported. This result is supported from the previous study that found that patient satisfaction in medical tourism can be related to the accessibility of medical services. Accessibility is generally regarded as an important factor in attracting tourists to a destination (Marrocu & Paci, 2013; Massidda & Etzo, 2012).

Table 4.22 appears the summary for hypothesis testing in this research and the result appeared that all hypotheses expressed were acknowledged at 0.01 significant level.

Table 4.22 Summary for Hypothesis Testing

Hypothesis	Pearson's Correlation result
H1- There is a positive relationship between medical cost with patients' satisfaction	$r = 0.890, p < 0.01$ (supported)
H2- There is a positive relationship between service quality with patients' satisfaction	$r = 0.926, p < 0.01$ (supported)
H3- There is a positive relationship between health information technology with patients' satisfaction	$r = 0.885, p < 0.01$ (supported)
H4- There is positive relationship between destination image with patients' satisfaction	$r = 0.921, p < 0.01$ (supported)

Sources: Developed from SPSS

4.8 SUMMARY

This chapter are important to decide whether the purpose of the researcher doing this study are archive by collecting data and analyze the pilot test. In this chapter also the researcher has been explain the result from respondent. The next chapter explain the conclusion of the study

CHAPTER 5

CONCLUSION

5.1 INTRODUCTION

In this chapter, based on the data in this study, the following topics for analyze data required to the research questions and to test the hypothesized. This chapter consists of recapitulation of the findings, followed by discussion on research question and implication. The chapter then continues with limitation, recommendation, and conclusion.

5.2 RECAPITULATION OF THE FINDINGS

According to Burns (2003), the population has been defined as all the elements that meet the study criteria. The target population of the survey is the survey data collected to be used as an inference. For this study, the target populations are the patient who is Malaysian and non-Malaysian that have or have not travel to Malaysia for medical treatment in the government hospital of Malaysia. According to Nisha (2018), there are a total of 912,500 medical tourists in Malaysia has been recorded by MHTC. For this study, the target population is **2,791,939 tourists who travel to Malaysia for**

seeking treatment in 2018. According to the formula Krejcie and Morgan (1970), the most suitable sample size of this study is **385 respondents**. Due to the inconvenience caused by the Covid-19 crisis, the study was conducted and covered only **200 respondents**. In this research, the questionnaire serves as a tool for collecting primary data collection. The researcher created a Google form and sent it through WhatsApp group of UMK students and others who might be related to the research. The research uses descriptive analysis to find the results of the research hypothesis.

Based on the result from data collection, the number of female respondents is greater than male respondents with the percentage of 59% and 41% respectively. Based on the result, the majority age group of the respondents is between 21 years old to 30 years old (109 respondents or 54.5%). Most of the respondents' nationality is from Malaysia (176 respondents or 88%). In terms of respondents' marital status, most of them are single (111 respondents or 55.5%). There are 42.5% graduated from degree and 57 respondents or 28.5% working in business, executive or managerial position. Besides, there are 116 respondents, or 58% visit government hospital is for medical treatment only and 79 respondents comes with family members. Lastly, 85 respondents earn RM 1,001 to RM 2,000 monthly income.

Reliability analysis was conducted to measure the reliability of the questionnaires and to test the internal consistency of the measurement instrument. The data was tested using Cronbach's Alpha analysis to ensure the reliability of the questions asked for respondents. According to Sekaran & Bougie (2010), the minimum acceptable reliability suggested was 0.70. As the result, the Cronbach's alpha for all the variables is as followed. Medical services has the highest Cronbach's Alpha value (0.959) among the other independent variables. Followed by, medical cost (0.952), Health Technology Information (0.921) and destination image (0.914). For dependent

variable, patients' satisfaction has the value of Cronbach's Alpha of 0.984 in the reliability test. Therefore, the result shown is reliable and it can be accepted in this study.

The Pearson's correlation analysis was one of the important analyses that measured the linear relationship between the two variables. The objective of this analysis was to determine whether there are correlations between independent variables and the dependent variable. The result of Pearson Correlation Coefficient indicated that patients' satisfaction is significantly related medical cost, medical service, health information technology, and destination image. The correlation between medical cost and patients' satisfaction has strong relationship, which value of r is .890. The health information technology and destination image towards patients' satisfaction have strong relationship and similar r value is .885, respectively. The higher of r value is .926 for medical services factors with health satisfaction. The result shown that all the independent variables were significant and positively related to patients' satisfaction, as the value of correlation is positive.

5.3 DISCUSSION ON RESEARCH OBJECTIVES

In this study, there are four research objectives, which are:

5.3.1 RESEARCH OBJECTIVES 1

The first objective is to identify the relationship between cost and patients' satisfaction in Malaysia government hospital. Based on the finding in data analysis indicated there is a small significant relationship between the cost and patients' satisfaction in Malaysia government hospitals ($p\text{-value}=0.890$ $r=-0.000$). Therefore, there is significant relationship, and it has slight correlation between the variables.

According to previous study, when it comes tourism, satisfaction is generally associated to tourists' emotional state, whereby tourists are believed to generate a sense of satisfaction when they visit the destination of their choice (Alegre and Garau, 2010). Next, the constructs are cost is defined cost is the amount or equivalent paid or charged for something no matter if it's product or services. For many types of industries, including those in hospitality and leisure industry, it is enormously significant to see whether clients perceive costs and costs fluctuations to be acceptable or insufficient (Ryu & Han, 2010). Next the factor of patient's satisfaction is reasonable price. Aydin & Karamehmet, 2017; Eissler and Casken, 2013; Tunrer, 2010 that argue one of the major reasons for patients to pay so much importance to cost is the fact that many times patients are unable to bear the treatment costs in their home country hence, they prefer to travel to different countries where health treatments can be done at a relatively cheaper cost. To conclude, cost can be said as one of the factors that affect patients' satisfaction because cost is one of the reasons for patients to travel to another states or country.

5.3.2 RESEARCH OBJECTIVES 2

The second objective is to identify the relationship between service quality and patients' satisfaction in Malaysia government hospital. Based on the finding in data analysis indicated there is a small significant relationship between the cost and patients' satisfaction in Malaysia government hospitals ($p\text{-value}=0.926$ $r=-0.000$). Therefore, there is significant relationship, and it has slight correlation between the variables.

According to previous study, service quality has two factors towards to patient's satisfaction. After that, the factor that observed health value refers to a person's assessment of main health product performance (e.g., excellence of medical care, surgical/medical skills); and perceived service quality shows the evaluation of the service performance of health specialists and staff (e.g., efficient/ comfortable communication, kindness). The quality of service provided by healthcare providers is an essential factor for patients. As patients undertake the initiative for travelling to a different country, they look for superior quality treatments along with services. This satisfies the patients, and they are in search of hospitals that deliver quality services. Likewise, the delivery of quality service is obligatory for the purpose of satisfying foreign patients in order to visit them. To conclude, service quality can be said as one of the factors that affect patients' satisfaction because a good or a poor service quality will affect the patients' decision to travel to another state or country in order to receive a medical and health treatment.

5.3.3 RESEARCH OBJECTIVES 3

The third objective is to identify the relationship between health information technology and patients' satisfaction of medical tourists in government hospital. Derived from the finding in data analysis indicated there is a significant relationship between health information technology and satisfaction of medical tourists in government hospital in Malaysia ($p\text{-value}=0.885$, $r=0.000$), Thus, there is a significant relationship between the variable.

Previous study shows that, Mehrdad Roham (2012), there has a significant enhancement of patient satisfaction through the result of fully implementation of Health Information Technology in hospital. Therefore, when the medical treatments that the patient received have integrated with advanced health information technology, the efficiency and effectiveness of the medical services will be improved. Trustworthy in technology toward patient be the indicator for treatment in hospital. The integrated advanced treatments will be critical in enhancing tourists' satisfaction, especially in the trend of technology.

5.3.4 RESEARCH OBJECTIVES 4

The last objective is to identify the relationship between destination image and patients' satisfaction of medical tourists in Malaysia. In accordance with the finding in data analysis indicated there is a small significant relationship between health

information technology and satisfaction of medical tourists in government hospital in Malaysia (p-value=0.921, r=0.000), Thus, there is a significant relationship between the variable.

The destination image is associated with a subjective interpretation of tourists' feelings and beliefs toward a specific destination (Baloglu & McCleary, 1999; Bigne, Sanchez, & Sanchez, 2001). The past studies reported that destination image is formed from a complex process in which tourists develop a mental block based on their perceptions, ideas, beliefs, impressions, identities or feelings for a destination. Destination image are important concept for health tourism in two reason. Firstly, the destination image itself are one of the most vital importance factors for tourist to making decision of visiting. Secondly, the destination image are indicator the patients' satisfaction according to their destination experience.

5.4 CONTRIBUTION

5.4.1 CONTRIBUTION TO KNOWLEDGE

The first implication of the study is that contribution to knowledge. Tourism health can increase knowledge about the world of health tourism in Malaysia. For example, knowledge of state medical center facilities, great expertise, and low medical fee rates. From the results obtained, significantly affect patient satisfaction to use health services in Malaysia. In addition, it can expand knowledge for the tourism sector as well

as to promote tourism in the country. Government hospitals operated by the Ministry of Health (MOH). In addition, we can increase knowledge of the same standards of health management. This is important because it affects the income and sustainability of hospitals in Malaysia by considering the quality of services on an ongoing basis to ensure that patients are satisfied and ready to seek treatment in government hospitals in Malaysia. This is because implementing and providing better services to patients will increase satisfaction to patients.

5.4.2 CONTRIBUTION TO COMMUNITY

The second implication of the study is that contribution to community. Health tourism has a positive implication for the community, which is to make the government hospital a center of unity that unites the various races in Malaysia. This is because government hospital services are open to all citizens in Malaysia regardless of race, creed, background and so on. In addition, patients can interact with each other by saying hello and exchanging information about their illness. Besides that, government hospitals also provide affordable treatment charges to reduce the burden borne by patients. In addition, government hospital contributions are located in strategic places where close to the local community. It makes it easier for the local community to get treatment at government hospitals.

5.4.3 CONTRIBUTION TO GOVERNMENT

The third implication of the study is the contribution to government. According to Turner et al. (2007), reported that governments from India Thailand, Singapore, Malaysia, and the Philippines see medical tourism as a progressive machinery to diversify the economy, even attract foreign investment, promote job creation, develop the health care industry. Therefore, in this study, government regulations will be examined from the perspective of medical tourists. The relationship between government regulation and medical tourist satisfaction will be measured started with the medical visa process, tourist visa extension visas, political stability, government referrals for medical treatment abroad, airport services and local attractions. Health tourism generates a source of income to the country in the medical and tourism sectors. In addition, it also creates employment opportunities such as employment as a consumer and nursing sector. Malaysia is able to promote alternative medicine to be a new attraction for time in other countries abroad. Health tourism can also enhance the image of Malaysia with a variety of tourism packages and tourism services provided to attract attention from abroad to seek medical treatment in Malaysia.

5.4.4 CONTRIBUTION THEORETICAL (KNOWLEDGE)

The fourth contribution of this study is theoretical (knowledge). The assumption that the crisis can be seen as a confirmed opportunity in health tourism now. Therefore,

in future work, researchers should consider looking at effective researcher outcomes and actions. Each time learning provides effectiveness and contribution. According to A. L. Ramanah (1992), effectiveness research can identify several variables that are relevant to research. Through research can formulate long-term plans and take steps in the best search management. This is important for the researcher to produce improvements for future studies. In addition, the most strategic and innovative changes are used as effective solutions. Through the production of the study can be used a guide for all parties, from users' reference for drafting or the study studied can also be a guide to plan a more detailed and best future not only to the researcher but also to those concerned.

5.5 LIMITATIONS

As with any research, the study presented had few limitations that should be considered in future research. One of limitation is unavailability of sampling frame. The data were focusing in hospitals located in government hospital in Malaysia, using google form as a platform to collect the data, which employing a convenience-sampling approach. Determinants factors on patient's satisfaction towards health tourism. There is a limitation of medium in gathering the data which is only by distributing questionnaires online through Google Form link. The reason is as mentioned before due to MCO that cause our limitation of movement. During MCO, citizens is prohibited to go out from their house unless they have a strong reason to do so. Due to that, it is hard for the

researchers to gather the data since not many respondents is taking interest in answering the questionnaires.

Hence, the results of the study may not reflect the whole population. Caution must be taken when generalizing the findings to different hospitals in other geographic locations. Future research may include a more thorough research design with a wider sampling range to attain a higher validity and minimize sampling limitations.

Another limitation of the study is the language barriers present between the researcher and respondent. Language barrier is one of an important aspect to researchers since the target respondent of this study are patients' medical tourists in general. Hence, there's difficulties to communicate the questionnaire to the respondent and this will potentially lead to misinterpretation and misunderstood on the survey question.

5.6 RECOMMENDATIONS

In order to overcome the limitations, numerous recommendations had proposed for the future research. Researchers made the study only focused on services from government hospitals in Malaysia in this research based on several factors that drive patient satisfaction using these services. Therefore, further research can be done to make comparisons with private hospitals in Malaysia such as Gleneagles Kuala Lumpur, Pantai Hospital Group, KPJ Specialist Hospital and Sunway Medical Center because the factor of patients' satisfaction towards health tourism in Malaysia studied in this research is based on several factors, namely cost, service quality, health technology and purpose image. So, for the proposal the researcher suggested to expand the scope for

example from the factors in terms of quality, comfort to the patient and even expand the scope of the study to wellness tourism and medical tourism and improve it.

Next, the researchers proposed a study based on demographics. This is because different geographical locations can lead to different levels of patient satisfaction. Researchers' recommendation made a study of hospitals in rural areas that may have less facilities that should be given attention than government hospitals in urban areas. The level of empathy may be higher than in hospitals in urban areas.

Further research can be done to inform patients about the details of treatment offered by health tourism in Malaysia. Researchers collected comparisons of patients' opinions preferring doctors to tell them about all available treatments and any side effects for each treatment. This is because patients do not understand the disease and medical terms. They may prefer to rely on a doctor to determine the best treatment for a patient.

5.7 SUMMARY

This chapter discussed about the conclusion of the study, which is recap of the findings, discussion on research questions which is research question 1, 2, 3 and 4, implication or contribution, limitation and recommendation for future study.

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KELANTAN

FHPK

APPENDIX I

QUESTIONNAIRE (ENGLISH VERSION)



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FACTOR DETERMINANT OF PATIENTS' SATISFACTION TOWARDS HEALTH TOURISM IN KELANTAN, MALAYSIA

Dear Sir / Madam,

We are final year students of Bachelor of Entrepreneurship (Tourism) from Faculty of Hospitality, Tourism and Wellness (FHPK), Universiti Malaysia Kelantan. We are currently conducting a final year project research study regarding medical tourists' satisfaction. Your participation to answer this questionnaire is much important to help us to complete this research. We appreciate for your time in completing these questions. All of the information provided will be treated as private and confidential. This survey is solely for academic research purposes. Thank you very much for your time and participation. If you have any question or inquiry, please do not hesitate to contact our team members through this email: chqi.h18a0088@siswa.umk.edu.my.

Yours sincerely,

AFRINA IZZATI BINTI MOHD DAUD	H18A0010
CHUA HUI QI	H18A0088
FATIN SYUHADA BINTI SHAMSUL	H18A0125
MUHAMAD NURHAFIZ BIN NORMAN	H18A0240

Guidelines for completing this survey

1. There are **THREE** sections in this questionnaire. Please answer **ALL** the questions in Section A, B and C.
2. Completion of this questionnaire will take you about 20 minutes.
3. The information gather will be treated as private and **CONFIDENTIAL**.

Section A: Demographic Profile

Please tick (✓) on the most appropriate answer.

1. Gender

- Male Female

2. Age group

- Below 21 years old 41-50 years old
 21-30 years old 51 years old and above
 31-40 years old

3. Country of origin

- Malaysia Thailand
 Indonesia Bangladesh
 Singapore Others

4. Marital Status

- Single Divorced
 Married

5. Education qualification

- No formal education Degree
 High school Others
 Diploma

6. Occupation

- Business/ Executive/ Managerial position Government official
 Professional/ Technical position Private employee
 Others

7. Purpose of visit

- Medical treatment only
 Medical treatment and business
 Medical treatment and sightseeing

8. Who accompanied you?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Family members |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Relatives and friends |

9. What is your monthly income range? (1 US\$ = RM4)

- | | |
|--|--|
| <input type="checkbox"/> Below RM 1,000 | <input type="checkbox"/> RM 3,001 - RM 4,000 |
| <input type="checkbox"/> RM 1,001 - RM 2,000 | <input type="checkbox"/> RM 4,000 and above |
| <input type="checkbox"/> RM 2,001 - RM 3,000 | |

Section B:

Please indicate your opinions on the following statements by circling the number from the rating scale given below.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Part 1: Medical Costs

Medical costs refers to the expenses that the patients' have to pay to receive medical treatment. Please indicate your degree of agreement on the following statements.

No	Medical Costs	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The medical treatment in Malaysia's government hospital provide good service with a reasonable price.	1	2	3	4	5
2.	The medical treatment in Malaysia's government hospital is worth the price that I paid.	1	2	3	4	5
3.	Malaysia's government hospital provide greater value as compared to other medical institutions.	1	2	3	4	5
4.	Malaysia's government hospital medical costs is more affordable compared to private hospital.	1	2	3	4	5
5.	Government of Malaysia funded most of the medical costs, so I can enjoy low-costs medical treatment.	1	2	3	4	5

Part 2: Medical Services

Medical service quality refers to the patients' evaluation for the quality of medical care provided. Please indicate your degree of agreement on the following statements.

No	Medical Services	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The medical staff of Malaysia's government hospital have professional appearance.	1	2	3	4	5
2.	Medical staff of Malaysia's government hospital are kind and very helpful.	1	2	3	4	5
3.	The Malaysia's government hospital is providing services as promised to the patient.	1	2	3	4	5
4.	The medical staff of Malaysia's government hospital are able to provide precise medical services to the patient.	1	2	3	4	5
5.	The medical staff of Malaysia's government hospital are qualified with professional skills.	1	2	3	4	5

Part 3: Health Information Technology (HIT)

Health information technology can be perceived as one of the useful technological tools for medical treatment to achieve better outcome for the patients. Please indicate your degree of agreement on the following statement.

No	Health Information Technology (HIT)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	Health information technology allow the doctor to follow up my health condition outside the hospital.	1	2	3	4	5
2.	Health information technology help to	1	2	3	4	5

	increase the healthcare accuracy in medical treatment.					
3.	Health information technology enable me to track my medical health record easily	1	2	3	4	5
4.	Health information technology enable to manage my health matters more efficiently.	1	2	3	4	5
5.	Using Health information technology makes it easier to manage my health matters.	1	2	3	4	5

Part 4: Destination Image

Destination image can influenced ones to visit a place, especially tourists that travel for health tourism. Please indicate your degree of agreement on the following statement.

No	Destination Image	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I will choose government hospital in Malaysia as the place I seek for medical treatment than other country.	1	2	3	4	5
2.	Government hospital in Malaysia is the first choice of the place that I choose	1	2	3	4	5
3.	I can communicate well because most of the local people can speak English.	1	2	3	4	5
4.	I can communicate well because most of the local people can speak English.	1	2	3	4	5
5.	Malaysia is safe for me to travel or visit. Malaysia is a good place to visit, especially for health tourism.	1	2	3	4	5

Section C:

Please indicate your opinions on the following statements by circling the number from the rating scale given below.

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Part 1: Patients' Satisfaction

Patients' satisfaction refers to patient that feel satisfy to the treatment that offered.

Please indicate your degree of agreement on the following statement.

No	Patients' Satisfaction	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I am satisfied with the medical treatment that I received from the government hospital in Malaysia.	1	2	3	4	5
2.	The medical services I received in Malaysia's government hospital have fulfilled my requirements.	1	2	3	4	5
3.	For me, getting treatment in Malaysia's government hospital is a decent experience.	1	2	3	4	5
4.	For me, the medical services in Malaysia's government hospital is better than I expected.	1	2	3	4	5
5.	I am satisfied with the overall medical treatments in Malaysia's government hospital.	1	2	3	4	5
6.	I intend to revisit Malaysia for medical treatment in the near future.	1	2	3	4	5

7.	I will continue to use this government hospital service in Malaysia for the future.	1	2	3	4	5
8.	If I need medical services again, I will consider government hospital in Malaysia as my first choice.	1	2	3	4	5
9.	I will recommend the medical services of Malaysia's government hospital to my family and friends.	1	2	3	4	5
10.	I will recommend the government hospitals in Malaysia to anyone who seeks my advice.	1	2	3	4	5

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END OF SURVEY
THANK YOU VERY MUCH FOR YOUR KIND COOPERATION

KELANTAN

APPENDIX II
QUESTIONNAIRE (MALAY VERSION)



**FAKTOR MEMPENGARUHI KEPUASAN PESAKIT TERHADAP
PELANCONGAN KESIHATAN DI KELANTAN, MALAYSIA**

Tuan/ Puan,

Kami adalah pelajar jurusan Bachelor of Entrepreneurship (Tourism) from Falkuti Hospitaliti, Pelancongan and Kesejahteraan (FHPK), Universiti Malaysia Kelantan. Kami sedang melaksanakan projek akhir tahun berhubung dengan kepuasan pesakit terhadap pelancongan perubatan. Penyertaan anda amat dihargai untuk menyelesaikan penyelidikan ini. Segala maklumat adalah sulit. Penyelidikan ini adalah bertujuan untuk penyelidikan akademik sahaja. Terima kasih kerana meluangkan masa untuk penyelidikan ini. Sebarang pertanyaan, boleh menghubungi melalui email ini: chqi.h18a0088@siswa.umk.edu.my.

Yang ikhlas,

AFRINA IZZATI BINTI MOHD DAUD	H18A0010
CHUA HUI QI	H18A0088
FATIN SYUHADA BINTI SHAMSUL	H18A0125
MUHAMAD NURHAFIZ BIN NORMAN	H18A0240

Berikut adalah garis panduan untuk melengkapkan kaji selidik ini:

1. Kaji selidik ini terdapat TIGA bahagian. Sila jawab SEMUA soalan di bahagian A, B dan C.
2. Masa untuk melengkapkan kaji selidik ini adalah sebanyak 20 minit.
3. Semua informasi berikut adalah peribadi dan sulit.

Bahagian A: Profil Demografi

Sila tandakan (✓) pada jawapan yang sesuai.

1. Jantina

- Lelaki Perempuan

2. Umur

- 21 tahun ke bawah 41-50 tahun
 21-30 tahun 51 tahun ke atas
 31-40 tahun

3. Sila nyatakan tempat asal anda.

- Malaysia Thailand
 Indonesia Bangladesh
 Singapore Others

4. Taraf perkahwinan

- Bujang Bercerai
 Berkhawin

5. Kelayakan pendidikan

- Tiada pendidikan rasmi Pengijazah
 Sekolah menengah Lain-lain
 Diploma

6. Pekerjaan

- Perniagaan sendiri Pekerja swasta
 Pekerja kerajaan Lain-lain
 Profesion

7. Tujuan kunjungan

- Rawatan perubatan sahaja
 Rawatan perubatan dan tujuan perniagaan
 Rawatan perubatan dan melancong

8. Siapakah yang menemani anda?

- Bujang
- Pasangan suami atau isteri
- Ahli keluarga
- Saudara-mara atau kawan

9. Berapakah pendapatan bulanan anda? (1 US\$ = RM4)

- Bawah RM 1,000
- RM 1,001 - RM 2,000
- RM 2,001 - RM 3,000
- RM 3,001 - RM 4,000
- RM 4,000 atau ke atas

Bahagian B

Sila nyatakan pendapat anda mengenai pernyataan berikut yang berkaitan dengan pengalaman perubatan yang diterima di Malaysia dengan memilih nombor skala yang diberikan.

1	2	3	4	5
Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju

Bahagian 1: Kos Perubatan

Kos perubatan merujuk kepada perbelanjaan yang harus dibayar oleh pesakit untuk mendapatkan rawatan perubatan. Sila nyatakan persetujuan anda pada pernyataan berikut.

No	Kos Perubatan	Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju
1.	Rawatan perubatan di hospital kerajaan Malaysia memberikan perkhidmatan yang baik dengan harga yang berpatutan.	1	2	3	4	5
2.	Rawatan perubatan di hospital kerajaan Malaysia sepadan dengan harga yang saya bayar.	1	2	3	4	5
3.	Hospital kerajaan Malaysia menawarkan harga yang berpatutan daripada institusi perubatan lain.	1	2	3	4	5
4.	Kos perubatan hospital kerajaan Malaysia lebih berpatutan berbanding hospital swasta.	1	2	3	4	5
5.	Kerajaan Malaysia membiayai sebahagian besar kos perubatan, jadi saya dapat menikmati rawatan perubatan kos rendah.	1	2	3	4	5

Bahagian 2: Kualiti Perkhidmatan Perubatan

Kualiti perkhidmatan boleh ditakrifkan sebagai penilaian pesakit terhadap hasil perkhidmatan yang disediakan oleh pihak hospital. Sila nyatakan persetujuan anda pada pernyataan berikut.

No	Kualiti Perkhidmatan Perubatan	Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju
1.	Kakitangan di hospital kerajaan Malaysia mempunyai penampilan yang profesional.	1	2	3	4	5
2.	Kakitangan di hospital kerajaan Malaysia baik dan sangat membantu.	1	2	3	4	5
3.	Hospital kerajaan Malaysia memberikan perkhidmatan seperti yang dijanjikan kepada pesakit.	1	2	3	4	5
4.	Kakitangan di hospital kerajaan Malaysia dapat memberikan perkhidmatan perubatan yang tepat kepada pesakit.	1	2	3	4	5
5.	Kakitangan di hospital kerajaan Malaysia berkelayakan dengan kemahiran profesional.	1	2	3	4	5

Bahagian 3: Teknologi Maklumat Kesihatan

Teknologi maklumat kesihatan dijadikan sebagai salah satu alat teknologi yang berguna untuk rawatan kesihatan dalam memberikan keputusan yang baik kepada pesakit. Sila nyatakan persetujuan anda pada pernyataan berikut.

No	Teknologi Maklumat Kesihatan	Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju
1.	Teknologi maklumat kesihatan membolehkan doktor mengikuti	1	2	3	4	5

	perkembangan keadaan kesihatan saya di luar hospital.					
2.	Teknologi maklumat kesihatan membantu meningkatkan ketepatan penjagaan kesihatan dalam rawatan perubatan.	1	2	3	4	5
3.	Teknologi maklumat kesihatan membolehkan saya mengesan rekod kesihatan perubatan saya dengan mudah.	1	2	3	4	5
4.	Teknologi maklumat kesihatan dapat menguruskan masalah kesihatan saya dengan lebih berkesan.	1	2	3	4	5
5.	Dengan menggunakan teknologi maklumat kesihatan memudahkan menguruskan hal kesihatan saya.	1	2	3	4	5

Bahagian 4: Imej Destinasi

Imej destinasi boleh mempengaruhi seseorang untuk mengunjungi suatu tempat, terutamanya pelancong yang melakukan pelancongan kesihatan. Sila nyatakan tahap persetujuan anda mengenai pernyataan berikut.

No	Imej Destinasi	Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju
1.	Saya akan memilih hospital kerajaan di Malaysia sebagai tempat saya mendapatkan rawatan perubatan daripada negara lain.	1	2	3	4	5
2.	Hospital kerajaan di Malaysia adalah pilihan pertama tempat yang saya pilih.	1	2	3	4	5
3.	Saya dapat berkomunikasi dengan baik kerana sebilangan besar penduduk tempatan dapat berbahasa Inggeris.	1	2	3	4	5

4.	Malaysia selamat untuk saya melancong atau berkunjung.	1	2	3	4	5
5.	Malaysia adalah tempat yang baik untuk dikunjungi, terutamanya untuk pelancongan kesihatan.	1	2	3	4	5

Bahagian C

Sila nyatakan pendapat anda mengenai pernyataan berikut yang berkaitan dengan pengalaman perubatan yang diterima di Malaysia dengan memilih nombor skala yang diberikan.

1	2	3	4	5
Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju

Bahagian 1: Kepuasan Pesakit

Kepuasan pesakit merujuk kepada pesakit yang merasa puas dengan rawatan yang ditawarkan. Sila nyatakan tahap persetujuan anda mengenai pernyataan berikut.

No	Kepuasan Pesakit	Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju
1.	Saya berpuas hati dengan rawatan perubatan yang saya terima dari hospital kerajaan di Malaysia.	1	2	3	4	5
2.	Perkhidmatan perubatan yang saya terima di hospital kerajaan Malaysia telah memenuhi keperluan saya.	1	2	3	4	5
3.	Bagi saya, mendapatkan rawatan di hospital kerajaan Malaysia adalah pengalaman yang baik.	1	2	3	4	5
4.	Bagi saya, perkhidmatan perubatan di hospital kerajaan di Malaysia lebih baik	1	2	3	4	5

	daripada yang saya jangkakan.					
5.	Saya berpuas hati dengan keseluruhan rawatan perubatan di hospital kerajaan Malaysia.	1	2	3	4	5
6.	Saya akan melawat semula Malaysia untuk mendapatkan rawatan perubatan dalam masa terdekat.	1	2	3	4	5
7.	Saya akan terus menggunakan perkhidmatan hospital kerajaan di Malaysia untuk masa depan.	1	2	3	4	5
8.	Sekiranya saya memerlukan perkhidmatan perubatan sekali lagi, saya akan menganggap hospital kerajaan di Malaysia sebagai pilihan pertama saya.	1	2	3	4	5
9.	Saya akan mengesyorkan perkhidmatan perubatan hospital kerajaan Malaysia kepada keluarga dan rakan saya.	1	2	3	4	5
10.	Saya akan mengesyorkan hospital kerajaan di Malaysia kepada sesiapa yang meminta nasihat saya.	1	2	3	4	5

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**APPENDIX III
RESULT OF TURN IT IN**

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