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# **FACTORS AFFECTING THE ACCEPTANCE OF MEDICAL TOURISM DESTINATION IN KUALA LUMPUR**

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## ABSTRACT

Medical treatment is one of humanity's most basic needs, and it necessitates high-quality, intensive care. Aside from the developed world, a few developing countries are becoming important medical tourism destinations. Malaysia is one of the world's top four medical tourism centers that provide numerous medical services, such as cardiac surgery, organ transplantation, cosmetic surgery, dental care, and health screening. However, little attention is paid to medical tourism compared to its contribution. The purpose of the research is to find the factors affecting the acceptance of medical tourism destination in Kuala Lumpur. The quantitative method being used which is questionnaire through Google Form and 283 respondents completed the questionnaire. The final result shown there were significant relationship between technology, management, and environment with the acceptance of medical tourism destination. The most influential factor was from management. Among the three of independent variables, environment recorded the highest correlation coefficient with the acceptance of medical tourism destination. To ensure a successful medical tourism industry, agencies involved must meet or exceed the standards and requirements of medical tourists. Hopefully, the information provided throughout this research might help the related parties to further research on this area of interest.

Keywords: Destination Acceptance, Medical Tourism, Technology, Management, Environment

## **ABSTRAK**

*Rawatan perubatan adalah salah satu keperluan asas manusia, dan memerlukan rawatan intensif berkualiti tinggi. Selain dari negara maju, beberapa negara membangun menjadi destinasi pelancongan perubatan yang penting. Malaysia adalah salah satu daripada empat pusat pelancongan perubatan teratas di dunia yang menyediakan banyak perkhidmatan perubatan, seperti pembedahan jantung, pemindahan organ, pembedahan kosmetik, perawatan gigi, dan pemeriksaan kesihatan. Walau bagaimanapun, sedikit perhatian diberikan kepada pelancongan perubatan berbanding dengan sumbangannya. Tujuan penyelidikan adalah untuk mencari faktor-faktor yang mempengaruhi penerimaan destinasi pelancongan perubatan di Kuala Lumpur. Kaedah kuantitatif yang digunakan iaitu soal selidik melalui Google Form dan 283 responden melengkapkan soal selidik. Hasil akhir menunjukkan terdapat hubungan yang signifikan antara teknologi, pengurusan, dan lingkungan dengan penerimaan destinasi pelancongan perubatan. Faktor yang paling berpengaruh adalah dari pengurusan. Di antara ketiga pemboleh ubah bebas, persekitaran mencatatkan korelasi tertinggi dengan penerimaan destinasi pelancongan perubatan. Untuk memastikan industri pelancongan perubatan yang berjaya, agensi yang terlibat mesti memenuhi atau melebihi standard dan keperluan pelancong perubatan. Mudah-mudahan, maklumat yang diberikan sepanjang penyelidikan ini dapat membantu pihak-pihak yang berkaitan untuk membuat kajian lebih lanjut mengenai bidang yang menarik ini.*

*Kata kunci: Penerimaan Destinasi, Pelancongan Perubatan, Teknologi, Pengurusan, Persekitaran*

# CHAPTER 1

## INTRODUCTION

### 1.1 INTRODUCTION

This research is about Medical Tourism destination acceptance in Kuala Lumpur, considered among the factors of acceptance are technology, management, and environment.

The background of the study, problem statement, research objectives, research questions, the significance of the study, definition of terms, and summary will be discussed in this chapter

Figure 1.1 shows the steps that the researcher will follow to complete the investigation process.

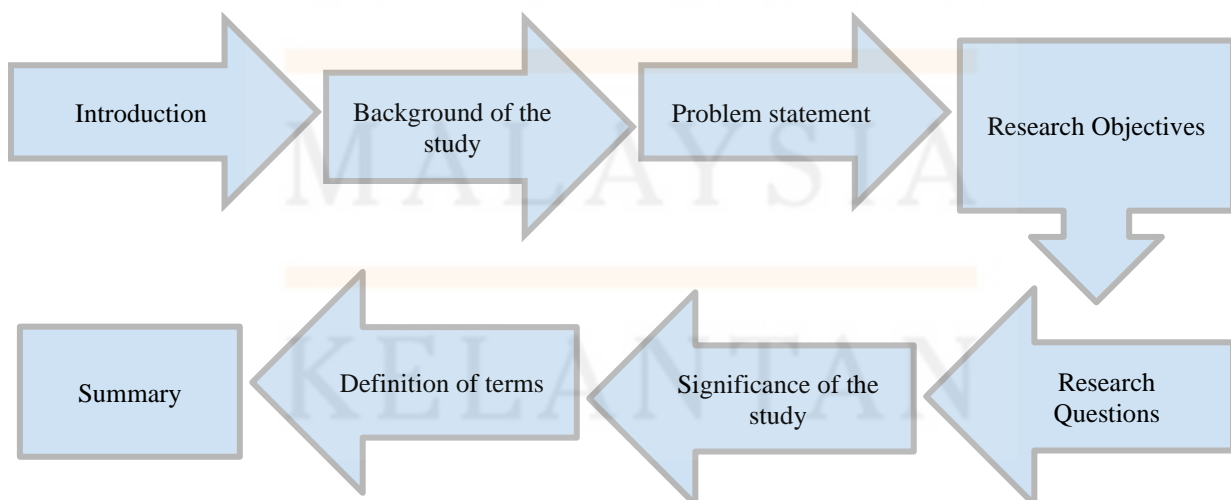


Figure 1.1: Organization of the research

## 1.2 BACKGROUND OF THE STUDY

Tourism is among the world's fastest-growing businesses (Nilashi, et al., 2019; Nilashi, et al., 2019). Medical tourism has arisen as an especially profitable industry, a future tourist market, and a global health care phenomenon. According to the data, almost two and a half million medical tourists visited various industrialized nations in 2005, including Thailand, Malaysia, and India (Heung, et al., 2011). Singapore, Thailand, Malaysia, India, the Philippines, South Korea, and Taiwan have emerged as important destinations for international medical tourists in Asia.

Aside from the typical tourist attractions, medical tourism is an effort by a tourism facility or destination to draw visitors by actively exploiting its health care services and facilities (Goodrich & Goodrich, 1987; Singh, 2008). Over the past decade, medical tourism has seen phenomenal development, primarily to provide health care and prevention for patients with holiday components relative to traditional tourism activities (Voigt et al., 2010). During their time of medical appointments and healthcare services, medical tourists will enjoy a recreational atmosphere.

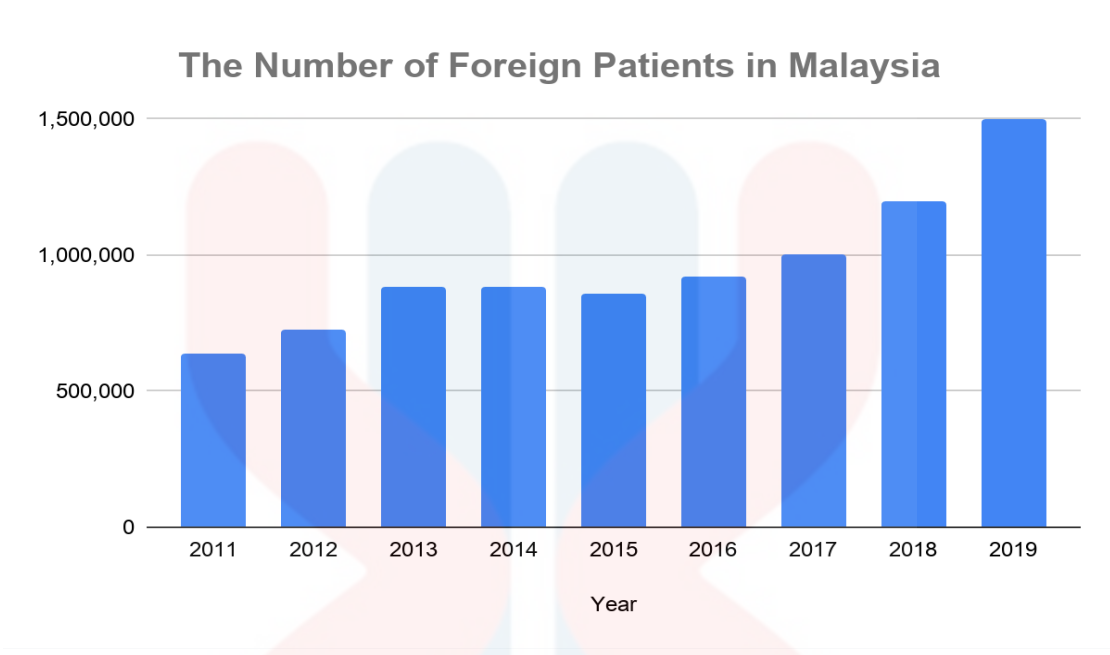
As neighboring countries, which is in the medical tourism sector, Malaysia is expanding.

The Ministry of Health (MOH) established the National Committee for the Promotion of Medical and Health Tourism during January 1998 (Chee, 2010). Had until 2013, the nation had 72 licensed hospitals and clinics (MHTC, 2013). The Malaysian Government has been increasing this market potential by continuing to assist the Malaysia Society for Quality and Health with RM 1.65 million to improve the quality of services, as the medical tourism industry has so far not reached the stage of those established countries (Ormond, 2015).

Currently, Malaysia is one of the world's top four medical tourism centers that provide numerous medical services, such as cardiac surgery, organ transplantation, cosmetic surgery, dental care, and health screening (Abdul Rahman, et al., 2016). The revenue for 2020 to RM500 million by the end of the year, which is 70 to 75 per cent less than 2019 (Sherene Azli, 2020)

Malaysia is regarded as a top international destination for medical tourism worldwide, surpassing the United States, said Sherene Azli, chief executive officer of the Malaysian Health Council (MHTC). According to the Malaysian Health Council (MHTC) chief executive officer, Sherene Azli, the United Kingdom-based Journal of International Medical Travel (IMTJ) ranked Malaysia as the top destination last year (2019), drawing 1.3 million medical tourists, although only 550,000 patients were registered in the US. She also said that in terms of the number of medical tourists entering for three consecutive years, IMTJ also placed Malaysia as the top destination. Malaysia has also been recognized by US Living-based Foreign Living magazine as the World's Best Healthcare Region. Graph 1.1 shows the number of foreign patients in Malaysia from 2011 to 2019.





Graph 1.1: The Number of Foreign Patients in Malaysia is on The Rise  
(Source: The Star Online, 2020)

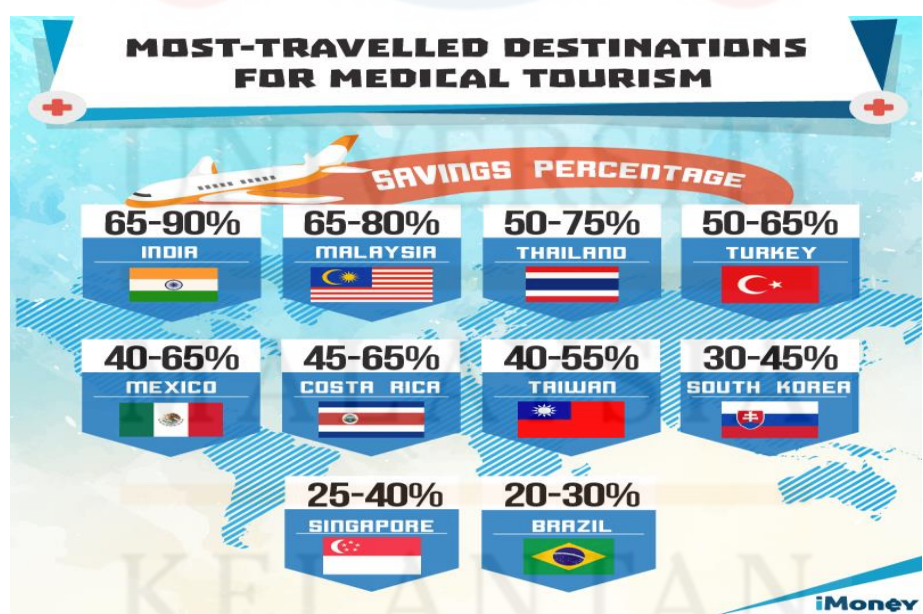


Figure 1.2: The Most-Travelled Destination for Medical Tourism  
(Source: imoney Learning Center)

A category of commodity containing core benefits such as commercial facilities and environmental factors should be the preferred destination of medical tourism. The comparative advantage can include geography, landscape, flora and fauna, whilst the competitive advantage can apply to goods such as health and medical areas, heritage or historical places, activities, travel sites, government policy, the real standard of management and workers' skills (Al-Amin M, et al., 2011).

Crouch GI, Ritchie JR (2005) defined the most offensive venue, which is basically one that is responsible for getting the best achievement; that arranges an area that for a certain schedule is the most acceptable place for the inhabitants. As a result, aside from being obviously affordable, a medical tourism destination's competitiveness must last. It must, however, be sustainable and sound in terms of economics, culture, politics, and the environment. As a result, it is frequently advised that the most ideal location be one that provides a comfortable environment for medical tourists.

### **1.3 PROBLEM STATEMENT**

Medical tourism is one of the branches in Malaysia that can be developed. However, little attention is paid to medical tourism compared to its contribution. Medical tourism is a distinct market with its own set of unique characteristics. It can vary from basic health-care services to

other forms of infrastructure to more extreme aspects such as entertainment, amusement, and shopping (Seyama Sultana, et al., 2014). The negative effects of medical tourism, which include disparities in quality and price of medical treatments between locals and international medical tourists, are highlighted in this study.

Furthermore, allocating medical resources for foreign patients may raise treatment prices for local patients owing to increasing demand, or medical tourism may stimulate the transfer of health workers from the public to the private sector. In the meanwhile, the medical tourism sector will grow more organized, focused on the quality and safety of medical services and suppliers, while also becoming a social, cultural, and economic phenomena with environmental consequences (Ile,F. & Tıgu,G. 2017).

The acceptability of a tourism destination is frequently linked to tourists' perceptions of the location's capacity to meet their requirements. The more a location can fulfil the demands of visitors, the more appealing it is regarded to be, and the more likely it is to be picked over a rival location (George Ariya, et al., 2017). The pulling impact that acceptance has on tourists is the most valuable aspect of destination acceptance. The perceived ability of a location is improved by particular qualities that make up the destination, such as attractions, infrastructure, and services, as well as the people who provide these services.

## 1.4 RESEARCH OBJECTIVES

1. To examine the relationship between technology and the acceptance of medical tourism destinations.
2. To examine the relationship between management and the acceptance of medical tourism destinations.
3. To examine the relationship between the environment and the acceptance of medical tourism destinations.

## 1.5 RESEARCH QUESTIONS

Based on the factors that influenced medical tourism acceptance among Malaysians at hospitals in Kuala Lumpur, the researchers have developed a few research questions:

1. What is the relationship between technology and the acceptance of medical tourism destinations?

2. What is the relationship between management and the acceptance of medical tourism destinations?
3. What is the relationship between the environment and the acceptance of medical tourism destinations?

## **1.6 SIGNIFICANCE OF THE STUDY**

At the end of this research, this study has contributed to the medical tourism industry in Malaysia. The study of the factors influencing the acceptance of medical tourism destinations can provide an advantage to hospital management. They can use this study to find out the main factors influencing the acceptance of patients to undergo medical treatment in their hospital. In addition, this study can also help the government to improve management in the medical tourism industry in Malaysia. This can make Malaysia the best medical tourism destination. However, this study has also benefit future researchers to conduct more studies on the factors influencing the acceptance of medical tourism destinations in the future.

## **1.7 DEFINITIONS OF TERMS**

### **1.7.1 ACCEPTANCE**

It is defined as a process that influences the desire of tourists in seeking medical tourism (Seow et al., 2017). Factors listed are established to evaluate the levels of 'satisfaction' of medical tourists in Malaysia (Yi, 1990). Patient satisfaction promotes hospital brand value and image, satisfied patients have a positive response, which is very helpful on a long-term basis for healthcare providers (Zeithaml & Bitner, 2000).

### **1.7.2 TECHNOLOGY**

It is defined as the incremental modification that introduces new features or new versions of existing technologies (J. Baker, 2012). For a patient thinking about abroad medical care, there are three principal contemplations initially, nature of clinical experts furthermore, medical care framework, and thirdly, the capacity to get to ideal, precise, and applicable data. Technology arrangements encourage the third factor helping clinical experts and patients to get to important and convenient data to guarantee the best results (Awadzi, Winston; Panda, Dandeson, 2006).

### 1.7.3 MANAGEMENT

It is defined as a network of relationships among individual staff as well as departments or entities inside the organization. The management are related to the relative efficiency of the services provided (Androutsou et al, 2019). It is about keeping a high level of quality and service coverage at a reasonable price (Lega et al, 2013).

### 1.7.4 ENVIRONMENT

Environment refers to the physical conditions of natural and constructed components (Lickorish et al, 2007). Natural resources are made use of through medical tourism. Their indiscriminate use would lead to its degradation without good practice (Ángela Tatiana Castro Lotero, 2020).

## 1.8 SUMMARY

Chapter 1 begins by introducing both the context in which this study is carried out and as well as the history. The problem statement which has been identified follows this. The next step is identifying research objectives and questions. The significance of the study is then clarified. The definition of terms is briefly being outlined. In doing so, the chapter briefly notes how this research proposal would contribute to the wider acceptance of medical tourism destinations in Kuala Lumpur.





## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

This chapter will discuss the acceptance of medical tourism as a dependent variable while for technology, management and environment are the independent variables. This chapter also discusses the relationship between dependent variables with all independent variables. This chapter also discusses the study setting, conceptual framework of the research and also will explain about the summary at the end of the chapter.

#### **2.2 LITERATURE REVIEW**

##### **2.2.1 ACCEPTANCE OF MEDICAL TOURISM DESTINATION**

In the global healthcare sector, there is an emerging, highly differentiated, market of

consumers travelling for healthcare and medical services. In these markets, it is referred to as “medical tourism”. Medical tourism depends upon consumer (patient) choice, and upon destination attractiveness. Medical tourism refers to a form of activity that involves traveling to a broad variety of therapeutic facilities across international borders (Cooper and Cooper, 2009).

The acceptance is a process that influences the desire of tourists in seeking medical tourism (Seow et al., 2017). Factors listed are established to evaluate the levels of 'satisfaction' of medical tourists in Malaysia. Satisfaction is the method or a consequence, according to (Yi, 1990). The same thing has been repeated (Fornell, 1992) that fulfillment is a process of evaluation or response to the process of evaluation. Patient satisfaction improves hospital brand value and image, satisfied patients have a positive response, which is very helpful on a long-term basis for healthcare providers (Zeithaml & Bitner, 2000). Factors such as treatment, kindness, efficiency and responsiveness have a significant effect on the satisfaction of patients (Tucker & Adams, 2001). According to a study by Andaleeb (1998), the cost of medical treatments with high-quality facilities and services is critical for patient satisfaction if the physical facilities in the hospital, such as clean environments, modern equipment, and friendly staff, provide a positive experience and increase patient satisfaction.

Medical tourism, according to the Medical Tourism Association, occurs when people from one country travel to another to receive medical, dental, and surgical treatment while receiving equivalent or better care than they would receive in their own country at the same time, and they travel for medical care because of cost, improved access to care, or a higher standard of care.

Patients traveling abroad regarding non-emergency medical treatments such as organ transplants, stem cell treatments, fertility facilities, plastic surgery, and dental care are medical visitors and etc. High expenses, a lack of insurance, underinsurance, long wait times, and therapies that are not available in the United States are just a few of the reasons why people travel abroad for medical care (Borman, 2004). Locally illegible or illegal therapies are also available, some of which are known to be experimental treatments that can be discovered from offshore sources. Globalization, increased competition, and advancements in transportation, connection, and information technology have all been fueled by the extraordinary rise of cross-border health care services.

According to Ramirez de Arellano (2007), as a radical economic policy, medical tourism will contribute significantly to the economy of medical tourism destinations. Investment in the medical sector is thus a way of growing gross domestic product (GDP), improving facilities, producing foreign exchange and building a more favorable trade balance, and boosting tourism.

Medical tourism and allied companies have long been regarded as one of the greatest lucrative hospitality sectors in many destination countries, mainly in developing nations (Han, 2013; Heung, Kucukusta, & Song, 2011).

Medical tourism (med-tour) is the act of finding medical services abroad: It is a mechanism by which these medical tourists travel to destinations for the aim of healing and relaxation (Hunter, 2007). Med-tour is not a recent phenomenon: humanity has traveled for several years to foreign lands to access healthcare (Richard, et al., 2011).

In addition to its usual tourist facilities, medical tourism is an effort by a tourism facility or destination to draw visitors by actively promoting its health care services and facilities. (Goodrich & Goodrich, 1987; Singh, 2008). Bennett, et al., (2004) have proposed that medical tourism consists of an orientation of enjoyment that can help tourists alleviate their anxiety and stress on their health issues.

Medical tourism is the phenomenon of traveling to another nation in order to pursue health services, including elective surgery, dental care, fertility treatment, organ transplantation and medical check-ups. It is not the same as health tourism, which includes visiting spas and seeking homeopathic care and traditional treatments.

In the tourism industry, medical tourism has become a major form of niche market that has grown dramatically over the years. The term "medical tourism" refers to tourists who travel abroad to obtain health-care services such as medical, dental, and surgical treatments. They may or may not incorporate counseling with visiting that country's tourist attractions as well (Connell, 2006).

A critical marketing segment in the service sector is medical tourism. Human beings require a high-quality, intensive medical care service (De Silva, et al., 2015). Nowadays, in order to draw medical tourists, many developed countries encourage medical tourism. Among them, Malaysia is one of the leading countries and an internationally focused, competitive medical tourism center. Medical tourism can represent a variety of services such as treatment, lodging, and recreational activities in addition to medical treatment.

The combination of medical and tourism products or services is medical tourism (med-

tour) because tourists would like to merge a holiday with health care (Lee, et al., 2012). In previous literature, the term "medical tourism" was debated and named as "health tourism" or "health tourism services" (Garcia-Altes, 2005). Garcia-Altes (2005) stresses that medical tourism is a very broad concept, as it encompasses various health care fields, including wellness. Therefore, these two broad types should be separated - wellness tourism and critical medical tourism. While a thin border separates the two concepts, a strong distinction must be made in a marketing and strategic approach.

Wellness tourism is characterized as scheduled and elective medical care dedicated to the conservation and preservation of health and well-being by Mueller and Lanz Kauffmann (2001), Garcia-Altes (2005) or even Kušen (2002) (aesthetic surgery, spa and thalassotherapy). Mueller and Lanz Kauffmann's (2001) research on wellness tourism forms the foundation of our reflection on elective medical tourism. The behavior of travelling to a different nation is known as medical tourism. combining it with tourist activities, in order to access health care (Cortez, 2008; Hopkins, et al., 2010).

### **2.2.2 TECHNOLOGY**

Technology is slowly taking an important role in people's daily lives and being without them would be unimaginable for some of us. According to Helkkula et al. (2018), recent

technological innovations have had an influence on service providers, customer engagement techniques and their expectations. Technological development in communication and transport had improved patient mobility. Patients can obtain information on health medical by using internet sources. Technology can assist in the medical treatment of more sick individuals, thereby saving more lives and combating dangerous viruses and bacteria. According to Hutchinson (2005), the level of technology meets medical requirements, and the level of hygiene is quite stringent. In India, open-heart surgery seems to have a patient death rate of less than 0.8 percent, which is nearly half of the US fatality rate.

According to Kumar et al. (1999), there are two main components: 1) a physical component that contains products, machinery, equipment, blueprints, techniques, and processes; and 2) a knowledge component that contains know-how in management, marketing, manufacturing, quality control, durability, skilled labor, and functional areas. Medical tourism has benefited from advances in technology. The managers of the hotels disclose their questions about medical technology and successful information systems. Effective information systems and medical technology are required by medical hotel service providers, such as other healthcare service providers, as the exchange of medical tourist information between organizations is carried out electronically. Furthermore, for collaboration between the healthcare and tourist sectors, proper information management technologies such as electronic medical records processing systems and telemedicine for communication (exchange of emails between specialists and patients), e-consultation, and e-diagnosis are necessary.

Hutchinson (2005) estimates that medical requirements are met by the level of technology and that the level of hygiene is very strict. In India, for instance, the patient mortality rate for open-

heart surgery is less than 0.8 percent; in the United States, almost half of the death rate. However, the figures must be marked with an exclamation. Hospitals that allow medical tourists select patients with low chances of fatality or complications, and patients are examined before surgery. Obese people, as well as those with a history of diabetes or high blood pressure, are usually ruled out of the treatment.

Following a slightly later improvement in their healthcare sector, Thailand's healthcare providers have gained the advantage of easily embed and identifying patients' needs and expectations. Service providers have constructed and built outstanding hospitals with the latest sophisticated technology, a good environment with spacious and comfortable areas, and exceptional facilities. This offers a strategic advantage for marketing and gaining the interest of patients in the preference of hospitals over other medical providers. Major healthcare providers have been shown to have greatly improved both infrastructure and facilities, several more service providers' facilities and infrastructure must be improved as well.

### **2.2.3 MANAGEMENT**

Management and leadership training programs also function as possible catalysts that influence the attitudes, philosophies, and management strategy of individuals. However, a review of the literature on management learning and leadership development over the last several decades

reveals that even when trust recognition may be a desired outcome of several management or leadership development initiatives, it is not explicitly listed as a training or development phase goal (Alexander et. al 1987). Management college courses are often based on the four management functions that evolved from the writings on management theory and management practice by Fayol (1916, trans. by Storr, as cited in Wren & Bedeian, 2009). The core substance of these functions is meant to serve as a prescriptive explanation of managerial roles and to set the stage about what students can achieve in management practice (as future managers). Fayol (1916, trans. by Storr, as cited in Wren & Bedeian, 2009) suggested five fundamental roles (planning, arranging, directing, coordinating and controlling) with the subsequent fusion of commanding and coordinating into the leadership role. He also suggested fourteen management concepts as well (1916, trans. by Storr, as cited in Wren & Bedeian, 2009). McGregor (1967) claimed that people have the ability to grow and evolve throughout their lives, citing Maslow's drive for self-actualization, so the management practices can either stifle or support this growth. According to McGregor, the self-actualized entity emerges in an organization based on the Theory Y belief. This emergence is contingent on management's behavior.

The four classic management roles are planning, organizing, leading, and controlling (McDonald, 2010). These four functions, according to Leung and Kleiner (2004), are vital but not sufficient for effective leadership, with a significant emphasis on the adoption of methods that focus on employees within collective bargaining organizations, open communications, mutual confidence, and mutual support (McGregor, 1967). According to Radnor and McGuire (2004), there has been a shift in performance management and analytics during the last 20 years. Performance management systems are not modern, and during the third century A.D., scholars found a connection to performance management. Which has been verified by Furnham in China



(2004). He also points out that in the eighteenth and nineteenth centuries, there was evidence of early kinds of performance management in both America and Britain, but most Western militaries had performance management in the previous century. According to the literature, performance management throughout the industrial revolution was rapid and rough. Johnson and Kaplan (1987) clarified that a modern management approach to managing the success of companies is important because conventional ways have lost their meaning and relevance. The influence of performance management on organizational success, according to the Hewitt Associates (1994) report, reveals that the method of performance management can have a significant impact on an organization's financial performance and productivity.

#### **2.2.4 ENVIRONMENT**

With the continuous development of tourism, the impact on the environment is constantly emerging in the industry (Islam, M. S. 2015). According to Lickorish et. al (2007), in the broadest sense, refers to physical environments consisting of natural and constructed components. In nature, the natural environment is what exists-climate and weather, water characteristics, topography and soils, flora and fauna, etc. and the built environment is the physical characteristics created by man, primarily all kinds of buildings and other structures. The physical environment is a major contributor of consumer psychology and behavior once a service is generally consumed when clients spend modest to extended periods of time immersed in a specific place (Ryu and Jang,

2007; Wakefield and Blodgett, 1994).

The hotel managers become more interested about government policies and investment. This suggests that substantial investments are required to reinforce, modernize, and develop Malaysia's medical hotel services. Furthermore, additional qualified professionals are required for medical hotel services, which necessitates hotel-hospital investor partnerships. In addition, in developing medical hotels in Malaysia, policies enacted by the government carry a crucial role. Lack of participation by governments can be a major obstacle to the growth of this form of tourism, suggesting that the role of government in setting up medical hotels should be echoed by new policies to increase the budget for medical tourism. Furthermore, supporters of the Malaysian Ministry of Health will enable private healthcare providers to invest with greater motivation in medical hotels. In addition, the establishment of medical hotels by hotel managers includes policies to minimize the cost of equipment and services and to attract and encourage overseas investment in medical tourism in order to facilitate medical travel.

Muslim friendly medical tourism, which has begun to grow as one of the tourism items, could be described as Muslim tourists visiting the location or places where the prevailing belief in seeking medical treatment is Muslim value and Islamic Shari'ah principal, while at it, explore the country's most visited attractions. Today, Muslims are spreading their Islamic hospitality around the globe (Wilson and Grant, 2013). Religion creates an arrangement of halal dietary laws to be submitted to the Islamic devotees (Wilson et al., 2013) including Muslim patients. The definition of halal itself is Muslim friendly medical tourism.

Table 2.1: The Articles Related with the Research Title

| Title  | Authors  | Year | Findings   |
|--|--|------|--|
| Medical Tourism In Portugal  | Fernanda A. Ferreira 1 and Conceição Castro 2                                  | 2020 | Due to the infrastructure and the human resources, it has, Portugal offers the requisite conditions to be a destination for MT, but currently few people know this country for the practice of medical care. While MT already has mechanisms to satisfy demand in the introductory phase of the market, it is still important to position itself in the international market. An image of Portugal linked to tourism related to health care will need to be developed, creating branding and slogans to encourage medical tourism. |
| A Systematic Review of Challenges in Medical Tourism Destination Management                  | Sarinya L. Thayarnsin, Alecia C. Douglas                                       | 2016 | This study attempts to better understand not only the problems facing important medical tourism destination management problems, but also the scant literature and empirical evidence on the issue. Stakeholders, as well as medical tourism's consequences.   |
| The Main Paths of Medical Tourism: From Transplantation to Beautification                    | Thomas C. Chuang a, John S. Liu b, *, Louis Y.Y. Lu c, Yachi Lee c             | 2014 | There have been two distinct growth paths: one stresses organ transplantation and related concerns, while the other focuses on the evolution of medical tourism, motivating factors, marketing strategies, and economic evaluations.   |
| Factors influencing medical tourism adoption in Malaysia: A DEMATELFuzzy TOPSIS approach     | Mehrbakhsh Nilashi,b, et. al.  | 2019 | The most important variables for the adoption of medical tourism in Malaysia are human and technical variables.  |
| Factor Analysis of Effective Factors on Improvement of Medical Tourism in Shiraz Megalopolis | Majid Goodarzi (Corresponding Author), Dr. Masoud Taghvaei, Dr. Ali Zangiabadi | 2014 | "In explaining variables, the factor "the price of medical and tourist facilities with a special sum of 12,731 has the most proportion. The factors "the quality of medical and tourist services" (a special amount of 6.683), "the medical and tourist, facilities and equipment" (a special amount of  |

4.899), "ICT" (a special amount of 3.397), and "culture" (a special amount of 2.623) are all present.

|  |  |      |   |
|--|--|------|---|
| An evaluation of measurement model for medical tourism research: the confirmatory factor analysis approach           | Zainudin Awang*, Asyraf Afthanorhan and Mahadzirah Mohamad     | 2015 | The measurement model for one-dimensionality has been confirmed using confirmatory factor analysis (CFA), validity and efficiency of human resources, physical infrastructure, and patient satisfaction.  |
| Characteristic of A Medical Tourism Industry: The Case of South Korea  | Jiyun Yu Timothy Jeonglyeol Lee Hojeong Noh                    | 2011 | In South Korea, a researcher is establishing a medical tourism sector.  |
| Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness | Heesup Han a, 1, Sunghyup Sean Hyun b, *                       | 2015 | A strong fit for the suggested model; perceived efficiency, contentment, and trust in the staff and clinic have significant effects on the intention to return to clinics and the country of destination; and satisfaction and confidence have acted as essential mediators.  |
| Decisive factors in medical tourism destination choice: A case study of Isfahan, Iran and fertility treatments       | Farhad Moghimehfar and Mohammad Hossein Nasr-Esfahani          | 2011 | Other major factors, in addition to some general factors that inspire all groups of international medical tourists, affect infertile couples' destination selections for infertility treatment or compel them to travel to a suitable country to receive reproductive medical treatments (price, distance, lack of expertise, tourist attractions). |
| Does eWOM influence destination trust and travel intention: a medical tourism perspective                            | Abubakar Mohammed Abubakar                                     | 2016 | The findings of the regression analysis show that eWOM is linked to travel intention, eWOM is linked to destination trust, and travel intention is linked to destination trust.   |
| Factors Affecting the Attractiveness of Medical Tourism Destination: An Empirical Study on India-                    | Seyama Sultana, Ahasanul Haque, Abdul Momen and Farzana Yasmin | 2014 | In the Indian sense, medical tourists consider the standard of service and the cost of selecting any medical destination. Moreover, they also offer importance to the competitiveness of the destination, but compared to other variables affecting   |

Review Article

their destination choice, tourist attitude is less important.

|   |  |      |   |
|---|--|------|---|
| Medical Tourism - Attracting Japanese Tourists for Medical Tourism Experience         | Misung Lee, Heesup Han and Tim Lockyer                                   | 2012 | The results suggest that practitioners in the industry should make an effort to draw Japanese medical tourists.   |
| Factors influencing selection of medical tourism destinations: A special niche market | Azim Zarei, Davood Feiz, Morteza Maleki Minbashrazgah and Fatemeh Maleki | 2018 | According to the research, there are seven categories of characteristics that influence people's choice on medical tourism locations.   |
| An evaluation of the factors for Medical Tourism Destination Selection                | Jeetesh Kumar, M. Shahi, Kashif Hussain                                  | 2012 | The current research was found to be accurate, and the measurement scale was more reliable than the aggregate level required.   |
| Factors Affecting Medical Tourism Destination Selection: A Malaysian Perspective      | Jeetash Kumar, Kashif Hussain  | 2016 | Current research allows the Ministry of Health, the Ministry of Tourism and practitioners to boost the quality of service and draw large numbers of medical tourists to Malaysia.   |
| Factors Influencing Patronage of Medical Tourism in Metropolitan Lagos, Nigeria       | Omisore, E.O., Agbabiaka, H. I   | 2016 | It concludes that service-related facilities and economic facilities affect the patronage of medical tourism.   |
| Kingdom of Saudi Arabia: A potential destination for medical tourism                  | Shahzad Khan and Md. Shariful Alam                                       | 2014 | Medical tourism has developed to be a significant component of the world's market, with over 37 million health-related travels taking place each year, raising more than £ 33 billion. In both developing and developed countries, traveling abroad to pursue medical treatment is growing steadily: those from developing nations seek innovative technology and knowledge in advanced countries, whereas people from wealthy developed countries seek medical care somewhere else due to exorbitant |

expenses and long waiting lists in their home country.

|   |   |             |   |
|---|---|-------------|---|
| <p>Impact of online WOM on destination trust and intention to travel: A medical tourism perspective</p>                         | <p>Abubakar<br/>Mohammed<br/>Abubakar and<br/>Mustafa Ilkan</p>                         | <p>2015</p> | <p>According to the findings, online WOM influences destination confidence and travel intention positively; destination trust influences travel intention positively; revenue growth reinforces the link among both online WOM and travel intention, but revenue growth diminishes the link among destination trust and travel intention.</p> |
| <p>Marketing Strategies for Promoting Medical Tourism in Thailand</p>   | <p>Jutamas<br/>Rerkrujipimol and<br/>Ilian Assenov</p>                                  | <p>2011</p> | <p>The results of interviews with healthcare providers and observations of stakeholders' websites on the present marketing strategies employed by Thailand's health care providers are discussed using the 7 Ps of Marketing Tactics for Promoting Medical Tourism in Thailand.</p>   |
| <p>Tapping into the emerging Muslim friendly medical tourism market: evidence from Malaysia</p>                                 | <p>Suhaiza Zailani,<br/>Muhammad<br/>Khalilur Rahman,<br/>Ghazali Musa,</p>             | <p>2017</p> | <p>The findings suggest that Muslim tourists' perspectives are important in deciding whether or not to visit to Malaysia for Muslim-friendly medicine. Malaysia wants to support such growth in medical tourism by providing adequate practice and facilities in order to attract in more outside patients.</p>                               |
| <p>Intention to visit Malaysia for medical tourism using the antecedents of Theory of Planned Behaviour: A predictive model</p> | <p>Ai Na Seow, Yuen<br/>Onn Choong,<br/>Krishna Moorthy,<br/>and Ling Meng<br/>Chan</p> | <p>2017</p> | <p>The findings of this study will serve as a template for future investigations in the relevant subject, with necessary adjustments to the model design, in order to develop and strengthen the theoretical extension model of Planned Behavior Theory.</p>  |

## **2.3 HYPOTHESIS DEVELOPMENT**

### **2.3.1 THE RELATIONSHIP BETWEEN TECHNOLOGY AND THE ACCEPTANCE OF MEDICAL TOURISM DESTINATION**

The acceptance model for medical tourism is the most preferred and prominent framework for consumers to understand social media technology acceptance (Venkatesh, V., et al 2000). For previous research, experimental and extensive support was obtained for (Tarhini, et al., 2016). The stage in which, according to the TAM model, a person feels that the use of any technology scheme does not require hard work (EOU). Through this application, it gains utility and improves the findings' efficacy. The (PU) impacts user behavior when utilizing technology since it is described as "the extent to which the person thinks that adopting a certain system will improve his or her performance" (Davis, et al., 1989). Social networks are now one in five consumers who see online ads.

Since they can understand most important websites for social media. Broad scope and at minimal cost against target audiences (Al Ghazzawi, M., et al.2018). Technologies for Social Media Sites. We could need them to get new buyers, stay in touch with them and attract them through new goods, creating great social relations between the tourist and the advertiser in an efficient and reciprocal manner (Al-sameeM, A. 2012). Enjoyment, information technology, interactivity, authenticity and fear of secrecy also have direct Jordanian clients' attitudes regarding Facebook tourist promotion have improved. Users' opinions toward social media technologies are

influenced by their perceived usefulness (PU) and perceived ease of use and usability (PEOU) (Al Ghazzawi, et al., 2018). Demographic, socioeconomic, cultural and organizational factors that have previously been widely used via the TAM technology acceptance have an effect on the use of social media (Facebook) in marketing and, more specifically, in advertising tourist acceptance through the TAM acceptance model (Venkatesh, V., et al. 2000). The following theory is being established based on the above discussion.

### **2.3.2 THE RELATIONSHIP BETWEEN MANAGEMENT AND THE ACCEPTANCE OF MEDICAL TOURISM DESTINATION**

Medical research is an aspect of the tourism industry (Bookman and Bookman, 2007; Connell, 2006; Smith and Puczko, 2009). Indeed, the main aspect of the inward internationalization of services is medical travel and tourism (Welch and Luostarinen, 1993), in which foreign customers must be enticed to purchase services from a service provider in their native nation (Bjorkman and Kock, 1997). However, a combination of recreation and medical care treatments, such as plastic surgery, dentistry and any other non-essential surgery, should be considered (Connell, 2006; Palvia, 2008). However, medical travel is gradually having an effect on the care of serious health conditions. Invasive surgery, including cancer treatment, cardiac surgery, organ transplantation, neurosurgery, and hip and joint replacement, is no longer uncommon (Ehrbeck et al., 2008; Ramirez de Arellano, 2007; Reese, 2007).



Customer relationship management (Ghani, 2012; Hanaysha & Hilman, 2015) and creativity (Brunello, 2014; Liao & Cheng, 2014) are considered among the key factors that promote brand equity in order to increase the destination brand option. The customer relationship is critical to MT's ability to retain current or new customers while also enhancing the relationship through the use of information technology to provide a good customer experience (Akroush, Dahiyat, Gharaibeh, & Abu-Lail, 2011; Lin, Chen, & Chiu, 2010). According to Alsaffar, Sun, and Kabeil (2009), majority emerging Arab countries deliver their finest services, but at a low quality level, therefore this issue has created doubts about the impact of customer relationship management in the MT sector on the growth of innovation and branding. In contrast to those who are unable to use it, it has been discovered that MT providers who apply innovation within their business processes have higher added values (Bloom, Draca, & Van Reenen, 2009). The effect on organizational efficiency, organizational structure, and productivity has been the subject of previous research on CRM and innovation. However, there has been no adequate investigation of the effect of customer relationship management on creativity and brand equity. It is therefore important to note that there is a lack of empirical research pool in Jordanian MT that investigates the effect of customer relationship management and innovation on brand equity, which is the reason for carrying out this very analysis. In this context, the goal of this study is to see how innovation affects the relationship between customer relationship management and MT's brand equity in Jordan.

Our medical tourism theoretical approach is based on an analysis of conceptual differences between recreational and medical tourism. Novelty, excitement and adventure are the key drivers of a recreational tourism destination's acceptance (Kozak, 2002; Sangpikul, 2008; Uysal and Hagan, 1993; Yoon and Uysal, 2005). Patients, unlike normal visitors, are emotionally strained

and prefer familiarity and social integration. The uncertainty and anxiety that a health practitioner tries to alleviate is caused by illness. For greater comfort and, therefore, resemblance to the home country it provides, patients should respect a healthcare destination (Ehrbeck et al., 2008). In addition, medical tourism will have to be initiated out of desperation or agitation, not enthusiasm, considering the inconvenience of sick people traveling.

The use of narrative is also designed to portray the expected shifts in personal attitudes as the process of abroad travel progresses (Sandelowski, 1991). Thailand has been selected to be the locus of our analysis. Thailand has been recognized as a leading healthcare destination for international patients since the late 1990s, with medical tourism as an important part of the Thai economy. In 2006 and 2007, the Ministry of Commerce indicated approximately 1.4-1.6 million international patients travelled to Thailand for medical treatment, bringing in roughly US\$ 1 billion to the Thai economy. It is estimated that foreign patients will rise to almost 2 million in 2010 (Mukhopadhyay, 2008). Patients from Japan, the Middle East, the USA, the United Kingdom and Australia are the fastest growing community of medical tourists to Thailand (Cohen, 2007). Patients from Japan, the Middle East, the USA, the United Kingdom and Australia are the fastest growing community of medical tourists to Thailand (Cohen, 2007). Since cosmetic and gender reassignment surgery earned Thailand a reputation for medical tourism, its reputation has risen to cover life-threatening medical illnesses such as cardiac surgery, orthopedics, organ transplants, and cancer therapies (Cohen, 2007). The following hypotheses are proposed which is based on the above-mentioned topic.

### **2.3.3 THE RELATIONSHIP BETWEEN ENVIRONMENT AND THE ACCEPTANCE OF MEDICAL TOURISM DESTINATION**

For many destination countries, medical tourism and its related companies have been considered to be one of the most lucrative hospitality sectors, particularly developing ones (Han, 2013; Heung, Kucukusta, & Song, 2011). The industry is increasingly expanding (Connell, 2013; Snyder, et al., 2011), and competition is becoming intense in the international market for medical tourism. The key challenge for practitioners in such an increasingly competitive world is to attract new medical travelers through marketing and to enable them to make repeat purchases through service efforts or strategies (Han, 2013).

Many Caribbean countries have started to strongly deplore the possibility of foreign allies supplying medical services. The phenomenon of patients who actively travel internationally for medical treatment is generally connected to well-known, developed destinations in Southeast Asia, such as India, Thailand, and Singapore (Connell J. Medical tourism, 2006). Within the Caribbean and Central America, Cuba has a long-standing reputation as a prosperous health services exporter; in the last decade, Costa Rica, Mexico and the Dominican Republic have emerged as medical tourism destinations (Charatan F. 1198). National governments across the Caribbean region, and especially in the English-speaking Caribbean, are increasingly promoting the potential economic benefits of developing the medical tourism sector, publicly demonstrating this interest in press releases, speeches and attendance at international trade fairs for medical tourism (Coward S. Barbados, 2012). While there is little evidence readily available of the advantages and

disadvantages of medical tourism in the Caribbean, there are many hospital ventures underway in the region seeking to compete in the global market for international tourism. In the English-speaking Caribbean, for example, two multi-specialty medical tourism hospitals are expected to open within the next two years. The 140-bed Narayana Cayman University Medical Centre in Grand Cayman plans to open on a greenfield site at the relatively undeveloped east end of the island in late 2013 (Connolly N. 2012). The facility will concentrate on delivering high volumes of cardiac, orthopedic and cosmetic surgery and will rely on the recruitment of health professionals from around the world to meet staffing needs. The following theories are recommended based on the discussion.

## **2.4 THEORETICAL FRAMEWORK**

According to Creswell (2003), the presentation of a theoretical concept in quantitative methods is essential to the analysis that will be designed to test the theory. In simple terms, the introduction of a particular theory, such as system theory or self-efficacy, empirical and philosophical work on that theory, requires a theoretical context. Merriam (2001) stated that the theoretical framework is defined as "the structure, the scaffolding and the framework of your study" (p. 45). The framework comes from the disciplinary orientation of the author and the literature relevant to the investigated subject and theory.

## 2.5 CONCEPTUAL FRAMEWORK

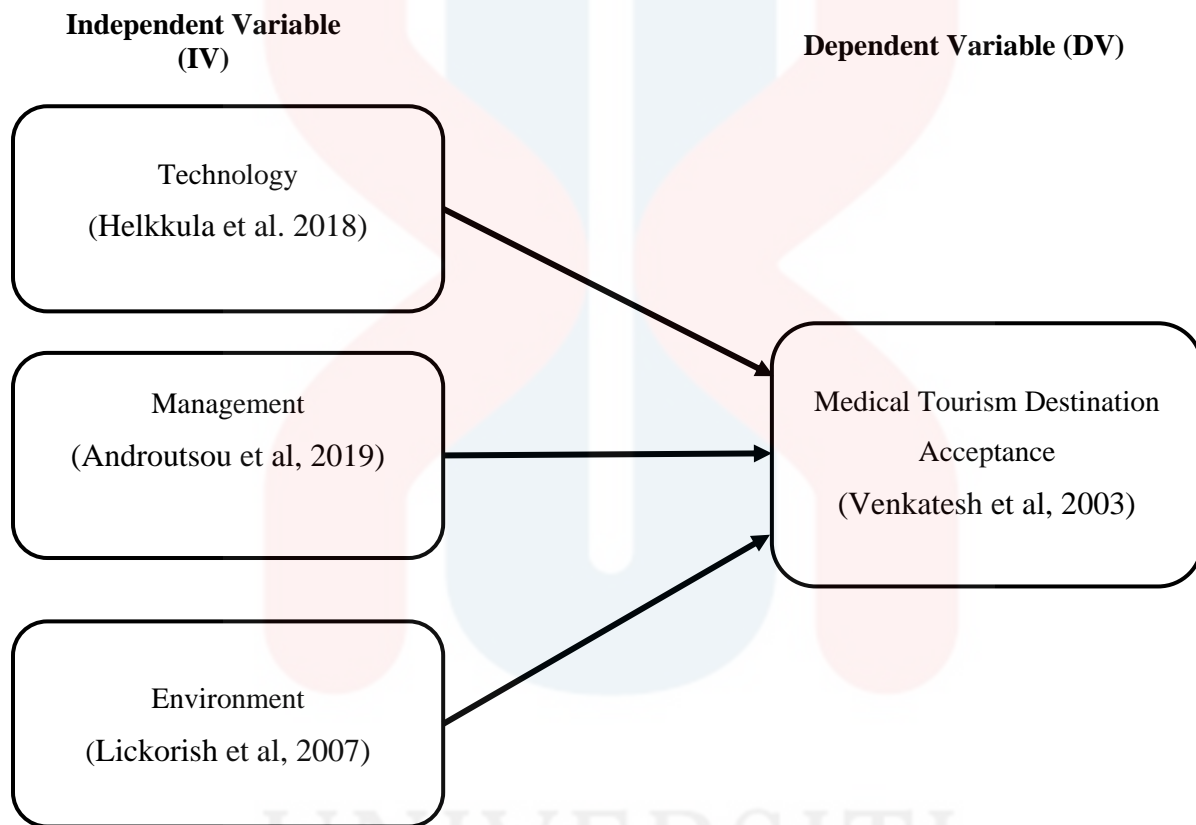


Figure 2.1: Conceptual Framework

The independent variable (IV) and dependent variable (DV) that will be used in this study are seen in Figure 2.3. Independent variables are the parameters that influence the popularity of destinations for medical tourism. The dependent variable (DV) is an accepted medical tourism destination in Kuala Lumpur. In this analysis, there were three independent variables (IV) that

were determined: technology, management, and environment. This figure demonstrates the relationship between technology, management, and environmental influence in Kuala Lumpur with the acceptance of the medical tourism destination.

The hypothesis of the study is focused on factors such as technology, management and environmental factors that influence the acceptance of the Kuala Lumpur Medical Tourism destination. The theory was built on the basis of the sample and should be tested:

1. H1 - There is a relationship between the technology and the acceptance of Medical Tourism destinations in Kuala Lumpur.
2. H2 - There is a relationship between the management and the acceptance of Medical Tourism destinations in Kuala Lumpur.
3. H3 - There is a relationship between the environment and the acceptance of Medical Tourism destinations in Kuala Lumpur.

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## 2.6 SUMMARY

A variable is an attribute or trait in a short statement that is specified in a particular way or in an implemented way. Variables are objects in an inquiry or study that can be calculated, monitored, or exploited. The independent variable (IV) and dependent variable (DV), the relationship between each of the variables, and also the conceptual structure was discussed in this section. The core fields of analysis are the variables for this review. The researchers find that the analysis gives positive impacts to the acceptance of the destination in Kuala Lumpur by setting the variables. For this analysis, the variables on Medical Tourism are correlated with some subject of destination acceptance.

## CHAPTER 3

### METHODOLOGY

#### 3.1 INTRODUCTION

This chapter will describe the research design implemented to conduct this study, the target population, sample size, sampling method, data collection, research instrument, data analysis, and the chapter's summary. Considering research is an intellectual activity, it must be applied in an industrial context (Kothari, 2004). In a brief, this part describes the methodology used in this study.

This chapter will lead through the full process of conducting this study session.

#### 3.2 RESEARCH DESIGN

In order to provide a solution, study can be defined as a systematic and concerted attempt



to analyze a specific problem (Sekaran; 2000; Burn, 1994). Analysis may be split into three major categories: quantitative, qualitative and mixed methods of research (Creswell, 2008; Cohen et al., 2007; Gliner et al., 2009; Kothari, 2010). The traditional, positivist, experimental, or empirical method of evaluating an existing problem is used in quantitative analysis, according to Smith et al. (1979). A realistic implication of this pragmatic approach to research design is that two phases will often consist of research into realism. The first phase will be reasonably exploratory, while the literature is step-by-step 'folded' around sequential interview findings, such as the empirical induction process or convergent interview methodology, such as (Carson et al., 2001; Hyde, 2000). In this realism analysis, prior to the first interview, the researcher should start reading and continue reading the literature on the phenomenon while the interviews are going on, enfolding the literature around the findings as they emerge from the interviews.

Based on our research, our research design uses a quantitative method. It is because the aim is to investigate the factors that influenced the acceptance of medical tourism destinations from the international and the local tourists at hospitals in Kuala Lumpur. It meant that the researcher used a questionnaire as a method to collect the data from the medical tourists who get treatment at hospitals in Kuala Lumpur. This quantitative method is suitable for our research because it is easy for researchers to collect the data about the acceptance of medical tourism destinations from the tourists at hospitals in Kuala Lumpur. From this questionnaire, researchers can identify the problem that respondents faced when they get the treatment at hospitals. Researchers also can get the systematic result from the questionnaire that can give the advantages to researchers.

Table 3.1: The Research Method that Used in Previous Research

| Title  | Authors   | Year | Method                          |
|--|---|------|---------------------------------|
| Medical Tourism in Portugal  | Fernanda A. Ferreira 1 and<br>Conceição Castro 2  | 2020 | Qualitative                     |
| A Systematic Review of Challenges in<br>Medical Tourism Destination Management   | Sarinya L. Thayarnsin,<br>Alecia C. Douglas   | 2016 | Qualitative                     |
| The Main Paths of Medical Tourism: From<br>Transplantation to Beautification   | Thomas C. Chuang a, John S.<br>Liu b, *, Louis Y.Y. Lu c,<br>Yachi Lee c                | 2014 | Qualitative                     |
| Factor Analysis of Effective Factors on<br>Improvement of Medical Tourism in Shiraz<br>Megalopolis                         | Majid Goodarzi<br>(Corresponding Author), Dr.<br>Masoud Taghvaei, Dr. Ali<br>Zangiabadi | 2014 | Qualitative and<br>Quantitative |
| An evaluation of measurement model for<br>medical tourism research: the confirmatory<br>factor analysis approach           | Zainudin Awang*, Asyraf<br>Afthanorhan and Mahadzirah<br>Mohamad                        | 2015 | Qualitative and<br>Quantitative |
| Characteristic of A Medical Tourism<br>Industry: The Case of South Korea   | Jiyun Yu Timothy Jeonglyeol<br>Lee Hojeong Noh  | 2011 | Qualitative and<br>Quantitative |
| Customer retention in the medical tourism<br>industry: Impact of quality, satisfaction,<br>trust, and price reasonableness | Heesup Han a, 1, Sunghyup<br>Sean Hyun b, *   | 2015 | Quantitative                    |
| Factors Affecting the Attractiveness of<br>Medical Tourism Destination: An Empirical<br>Study on India- Review Article     | Seyama Sultana, Ahasanul<br>Haque, Abdul Momen and<br>Farzana Yasmin                    | 2014 | Quantitative                    |

|  |   |      |                              |
|--|---|------|------------------------------|
| Medical Tourism - Attracting Japanese Tourists for Medical Tourism Experience                    | Misung Lee, Heesup Han and Tim Lockyer                                      | 2012 | Qualitative and Quantitative |
| Factors influencing selection of medical tourism destinations: A special niche market            | Azim Zarei, Davood Feiz, Morteza Maleki<br>Minbashrazgah and Fatemeh Maleki | 2018 | Qualitative                  |
| An evaluation of the factors for Medical Tourism Destination Selection                           | Jeetesh Kumar, M. Shahi, Kashif Hussain                                     | 2012 | Quantitative                 |
| Factors Influencing Patronage of Medical Tourism in Metropolitan Lagos, Nigeria                  | Omisore, E.O., Agbabiaka, H. I  | 2016 | Quantitative                 |
| Kingdom of Saudi Arabia: A potential destination for medical tourism                             | Shahzad Khan and Md. Shariful Alam  | 2014 | Qualitative                  |
| Impact of online WOM on destination trust and intention to travel: A medical tourism perspective | Abubakar Mohammed<br>Abubakar and Mustafa Ilkan                             | 2015 | Quantitative                 |
| Marketing Strategies for Promoting Medical Tourism in Thailand                                   | Jutamas Rerkrujipimol and Ilian Assenov                                     | 2011 | Qualitative                  |
| Tapping into the emerging Muslim friendly medical tourism market: evidence from Malaysia         | Suhaiza Zailani, Muhammad Khalilur Rahman, Ghazali Musa,                    | 2017 | Quantitative                 |

### 3.3 POPULATION

For several years, such a flipping of the polarity of the variables tested, that is, from "negative" risk factors to more "positive" strengths, has been expected for studying the well being of individuals and populations. An article outlining the theoretical basis for "positive psycho-social epidemiology" proposed incorporating the principles and techniques of positive psychology into epidemiological research (Levin 2007, 212). Systematic research investigating the health effects of religious speech has included analyses of different values, behaviors, and activities linked to the religious life of individuals in both general populations and hospitalized settings since its beginnings in the 1980s. There are several thousand published studies to date, and these have been reviewed, criticized, and written on in several places (see Koenig, King, and Carson 2012; Levin 2018).

The population that the researchers use to collect the data is international and local tourists visiting Kuala Lumpur for medical treatments. The tourists who get the treatment at the hospital in Kuala Lumpur will get the questionnaire that researchers give to them. Based on this research, the population of the patients visiting hospitals in Kuala Lumpur is 1,220,000 million in 2019 (Home - Malaysia Healthcare Travel Council (MHTC), 2021). Based on (Krejci and Morgan, 1970) 385 respondents had been chosen to answer the questionnaire that the researcher provided. This allows the researcher to obtain the respondents' data and knowledge. Researchers choose hospitals in Kuala Lumpur because Kuala Lumpur is the main acceptance for medical tourism among the community and the tourists who come to Kuala Lumpur, Malaysia. The researcher also

found that Kuala Lumpur has up-to-date facilities and technology in the field of hospitality that facilitates hospital staff and patients who come to the hospital for treatment.

### 3.4 SAMPLE SIZE

Sample size can be defined as an observation being made or as direct count of the number of samples measured (Zamboni, 2018). For this research, the samples of the study consisted of medical tourists undergoing medical treatments at hospitals around Kuala Lumpur. Kuala Lumpur is the Federal City and one of the main acceptance destinations for medical treatment in Malaysia. Referred to the sample size table by Krejci & Morgan (1970), 385 respondents will be taken from the selected hospitals to provide a suitable level of confidence to this study.

**TABLE FOR DETERMINING SAMPLE SIZE FROM 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 | 18 | 120 | 92  | 300 | 168 | 900  | 268 | 3500   | 346 |
| 25 | 24 | 130 | 97  | 320 | 175 | 950  | 274 | 4000   | 351 |
| 30 | 28 | 140 | 103 | 340 | 181 | 1000 | 279 | 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 | 315 | 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

Figure 3.1: Table for Determining Sample Size from A Given Population  
(Source: Krejci and Morgan, 1970)

Table 3.2: The Number of Respondents in Previous Research

| Title  | Authors  | Year | Respondent   |
|--|--|------|--|
| The Main Paths of Medical Tourism: From Transplantation to Beautification  | Thomas C. Chuang a, John S. Liu b, *, Louis Y.Y. Lu c, Yachi Lee c             | 2014 | The compilation and review of 392 scholarly papers related to medical tourism.                               |
| Factor Analysis of Effective Factors on Improvement of Medical Tourism in Shiraz Megalopolis                         | Majid Goodarzi (Corresponding Author), Dr. Masoud Taghvaei, Dr. Ali Zangiabadi | 2014 | The Cochran method was used to pick 400 samples for overseas visitors and 400 samples for domestic visitors. |
| Characteristic of A Medical Tourism Industry: The Case of South Korea  | Jiyun Yu Timothy Jeonglyeol Lee Hojeong Noh                                    | 2011 | 252 articles on medical tourism  |
| Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness | Heesup Han a, 1, Sunghyup Sean Hyun b, *                                       | 2015 | 20 medical clinics frequented by international travelers   |
| Decisive factors in medical tourism destination choice: A case study of Isfahan, Iran and fertility treatments       | Farhad Moghimehfar and Mohammad Hossein Nasr-Esfahani                          | 2011 | 67 infertile Muslim couple   |
| Does eWOM influence destination trust and travel intention: a medical tourism perspective                            | Abubakar Mohammed Abubakar   | 2016 | 216 tourists in Cyprus   |

|  |  |      |   |
|--|--|------|---|
| Factors Affecting the Attractiveness of Medical Tourism Destination: An Empirical Study on India- Review Article | Seyama Sultana, Ahasanul Haque, Abdul Momen and Farzana Yasmin           | 2014 | 235 international patients in India   |
| Medical Tourism - Attracting Japanese Tourists for Medical Tourism Experience                                    | Misung Lee, Heesup Han and Tim Lockyer                                   | 2012 | 30 persons who are familiar with Korean medical and tourist systems   |
| Factors influencing selection of medical tourism destinations: A special niche market                            | Azim Zarei, Davood Feiz, Morteza Maleki Minbashrazgah and Fatemeh Maleki | 2018 | 5 surgeons and doctors and 2 marketing specialists  |
| An evaluation of the factors for Medical Tourism Destination Selection   | Jeetesh Kumar, M. Shahi, Kashif Hussain                                  | 2012 | 100 medical tourists (patience) and 11 Public and Private Hospitals   |
| Factors Affecting Medical Tourism Destination Selection: A Malaysian Perspective                                 | Jeetash Kumar, Kashif Hussain  | 2016 | In Kuala Lumpur, there are 11 governmental and private hospitals.   |
| Factors Influencing Patronage of Medical Tourism in Metropolitan Lagos, Nigeria                                  | Omisore, E.O., Agbabiaka, H. I   | 2016 | There comprised 15 specialized private hospitals and 14 public hospitals in the study region, totaling 29 institutions. |
| Kingdom of Saudi Arabia: A potential destination for medical tourism   | Shahzad Khan and Md. Shariful Alam                                       | 2014 | The Saudi Ministry of Health's statistical data is examined.  |
| Impact of online WOM on destination trust and intention to travel: A medical tourism perspective                 | Abubakar Mohammed Abubakar and Mustafa Ilkan                             | 2015 | 216 respondents   |

|  |  |      |  |
|--|--|------|--|
| Marketing Strategies for Promoting Medical Tourism in Thailand   | Jutamas Rerkrujipimol and Ilian Assenov                          | 2011 | Purposive sampling was used to choose respondents based on secondary data and the researchers' prior expertise in the field. |
| Tapping into the emerging Muslim friendly medical tourism market: evidence from Malaysia                                 | Suhaiza Zailani, Muhammad Khalilur Rahman, Ghazali Musa,         | 2017 | 231 respondents  |
| Intention to visit Malaysia for medical tourism using the antecedents of Theory of Planned Behaviour: A predictive model | Ai Na Seow, Yuen Onn Choong, Krishna Moorthy, and Ling Meng Chan | 2017 | A total of 380 completed questionnaires are collected.   |

### 3.5 SAMPLING METHOD

Sampling is the process of picking a sufficient number of population elements to allow us to generalize these qualities or characteristics to the entire population by evaluating the sample and comprehending its properties or characteristics (Mukesh Kumar et al 2013). Several different sampling techniques are available and can be subdivided into two classes, which are sampling of



probability and sampling of non-probability. In this study, the researcher chose a non-probability purposive sampling technique for sampling (Amick & Walberg, 1975).

Non-probability sampling techniques where the samples are gathered in a process so that each element of the population does not have a known chance of being selected. In other words, the amount of tendency in the sample collection is not identified. In order to adequately and cost-effectively cover the large number of surveys, the researchers used this purpose sampling to carry out this analysis. The purposive sampling method also known as judgment sampling; the attributes held by the informant are the result of the informant's deliberate decision. It's a method that isn't based on a certain range of informants or underlying hypotheses. Simply said, the researcher decides what needs to be understood and then seeks out persons who can and will provide the information based on their expertise or experience (Bernard 2002, Lewis & Sheppard 2006). The samples are selected because they are available to researchers, meaning that it requires gathering any available collection of respondents suitable for the researcher. The questionnaire was designed by using Google Form and distributed to medical tourists after permission was received from the hospital administration.

### **3.6 DATA COLLECTION PROCEDURE**

Data collection is the effective method of assembling and calculating the data information

from a variety of sources in order to obtain detailed and reliable information. The collection of data helps a person or organization to answer similar questions, analyze outcomes and establish conjectures about potential probabilities and trends. Survey form, questionnaires, Google Form and interview data collection can be used to collect data. The collection of data could come from primary or secondary data. Primary data analysis includes gathering data from real sources, such as customers, users/non-users or other organizations interested in the research, specifically for the study. Any information from written sources that has been explicitly obtained for the current research issue requires secondary data research.

The primary data for this research is gathered from questionnaires. 385 questionnaires will be distributed to the patients from selected hospitals in Kuala Lumpur. The researchers use Google Form as it is easier to reach the respondents. Due to the Covid 19, the researchers could not give the physical form by hand to the respondent to fill it. The researchers using Google Forms are because the cost of using paper can be minimized, it can also make it simpler for individuals to answer the questions given, such as respondents can answer this question by phone or iPad, and it also makes it easier for individuals in the hospital to answer the question.

### **3.7 RESEARCH INSTRUMENT**

Questionnaires, measurements, and scales are examples of research instruments. They are

designed to assist researchers in collecting data from research subjects on a specific topic. Details on the population studied, the instrument's purpose, and the variables measured are all provided by research instruments. Depending on the nature of the research, researchers might employ a variety of measurement methods for their study, such as surveys, case studies, or questionnaires (Umoh, 2019). Since there are probability of various types of respondents that will answer the questionnaire, this questionnaire will be supplied in two languages: English and Malay in order to make things easier for the respondent.

Section A, Section B, and Section C represent the three sections of the questionnaire. Section A discusses the demographic segmentation. A demographic profile is a market segmentation based on a respondent's age, gender, religion, race, and level of education (Gigli, 2018). Section B relied on all the researchers' independent variables, such as technology, management, and the environment. Otherwise, Section C explained about the dependent variable which is the acceptance of medical tourism destinations.

The demographic profile of the respondents was presented in Section A, which divided the respondents into two categories: local tourists and international tourists. This study has both male and female participants. There's also the subject of age. The age range begins around 18 years old and reaches up to 50 years old and beyond. The occupations that have been listed in the questionnaire are student, private sector, government sector and others. 'Others' in the occupation were self-employed, businessmen, and part-time workers. The respondents' marital status is discussed next. Marital status refers to whether a person is married or single. The last aspect in Section A is income level. The income level starts from below RM1200 until RM4200 and above.

Technology, management, and the environment are the independent variables in Section

B. Five questions linked to each variable are given to each variable. For technology, the questions have to do about how technology influences patients to have medical tourism. Other than that, there is also the question which technology used in medicine is on par with medicine abroad. There is also a question regarding whether technology used is appropriate to the type of disease encountered.

The second independent variable is management. The questions refer to how management of a medical center influences patients to perform treatment at the center, whether efficient management is very important in attracting customers and is there a competence in performing important treatment processes in medicine. Together with good management attracts patients for treatment on the spot and gives an impressive perception.

The last independent variable is environment. The questions designed for the last variable is related to the environment which may be linked to the study. The questions asked in the second variable are whether the environment in the medical centers is suitable for all community members, if medical centers offer customer service that meets the needs of patients and wherever staff involved provides very satisfactory service and need to be rewarded. Next question is on how patients choose a medical center based on a conducive and safe environment and choose from the gender of the medical staff as well as the facilities provided.

Section C consists of the acceptance of medical tourism destinations. For Section C, the questions are regarding the level of the acceptance of medical tourism destinations among medical tourists in Kuala Lumpur. In this section, the researchers also mention what factors led to the medical tourism.

### 3.8 DATA ANALYSIS

For quantitative data collection techniques, researchers use the Statistical Package for Social Sciences (SPSS) at the conclusion of study to analyze the data obtained. SPSS is a series of statistical software programs used for the study of social science-related scientific evidence. This program is designed for interactive, or batched, statistical analysis and one of the most popular statistical frameworks that even the basic procedure could provide incredibly complicated data manipulation and testing. The researcher only uses two ways for the SPSS method, which is descriptive analysis and inferential analysis.

To define demographic characteristics such as mean, median, mode, ratio, and even frequency in a descriptive analysis. The spectrum of the mean table is used to measure how often in the questionnaires provided the respondents will accept or disagree with the argument. The relationship between mean and degree of agreement and discrepancy is seen in Table 3.3.

Table 3.3: Relationship between Mean and the Level of Agree and Disagree

| RANGE OF MEAN | LEVEL OF AGREE AND DISAGREE |
|---------------|-----------------------------|
| 4.51 - 5.00   | Strongly Agree              |
| 3.51 - 4.50   | Agree                       |
| 2.51 - 3.50   | Neutral                     |

1.51 - 2.50

Disagree

1.00 - 1.50

Strongly Disagree

---

Whereas, for inferential analysis, the relationship between independent variable and dependent variable was tested. The researcher would use the Pearson Correlation in inferential analysis to determine the strength of the relationship between the independent variable that is technology, organization and environment with the dependent variable that is acceptance to medical tourism destinations, based on its correlation coefficient scale. (Piaw, 2006). Table 3.4 indicates the association of the coefficient and the frequency of the interaction used by the researchers.

Table 3.4: Coefficient Correlation and the Strength of Relationship

---

| <b>CORRELATION COEFFICIENT (r)</b> | <b>THE STRENGTH OF RELATIONSHIP</b>       |
|------------------------------------|---|
| (.90 to 1.00) or (-.90 to 1.00)    | Very high positive (negative) correlation |
| (.70 to .90) or (-.70 to -.90)     | High positive (negative) correlation      |
| (.50 to .70) or (-.50 to -.70)     | Moderate positive (negative) correlation  |
| (.03 to .50) or (-.03 to -.50)     | Low positive (negative) correlation       |

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Source: Statistics Corner: A guide to appropriate use of Correlation coefficient in medical research (Malawi Medical Journal; 24(3): 69-71 September 2012)

### **3.9 SUMMARY**

In this segment, as they determine the research design, population, sample size, sampling process, data collection analysis, research instrument, and data analysis, the researchers are more specific about the report. The researchers will also learn how to apply the research architecture in their thesis and work, as well as other components such as population, sample size, sampling technique, data collecting, research methodologies, and data analysis, from this study. In this segment, during the COVID-19 pandemic, the researcher also explained how the questionnaire is being performed and how the questionnaire can be used in this study. The researchers further describe the content of each issue pertaining to the independent variable and dependent variable and the use of each issue. By completing this chapter, the researcher also began to prepare for the sample survey by completing this chapter.

## **CHAPTER 4**

### **RESULTS AND DISCUSSION**

#### **4.1 INTRODUCTION**

This chapter will cover the findings and outcomes of the analysis that was done on the data collected from the questionnaires that were issued to 283 respondents in Malaysia medical tourism. Descriptive and inferential analysis are used to examine the data gathered from the surveys. The Statistical Package for the Social Sciences (SPSS) software was used to evaluate the data from the questionnaire.

#### **4.2 DESCRIPTIVE ANALYSIS**

The purpose of descriptive analysis is to describe the outcome of the demographic analysis



provided in section A of the questionnaire. The mean and average mean of dependent and independent variables, as mentioned in sections B and C of the questionnaire, are also described using descriptive analysis. The term "descriptive analysis" refers to a simple quantitative description of a collection of data that has been gathered. It helps the researchers in comprehending the experiment or data sent in depth and provides all necessary information to bring the data into context.

#### 4.2.1 DEMOGRAPHIC RESPONDENT

Table 4.1: Category of Respondents

| Category      | Frequency | Per cent (%) | Cumulative Per cent (%) |
|---------------|-----------|--------------|-------------------------|
| Local         | 266       | 94.0         | 94.0                    |
| International | 17        | 6.0          | 100.0                   |
| Total         | 283       | 100.0        |                         |

Category of Tourist

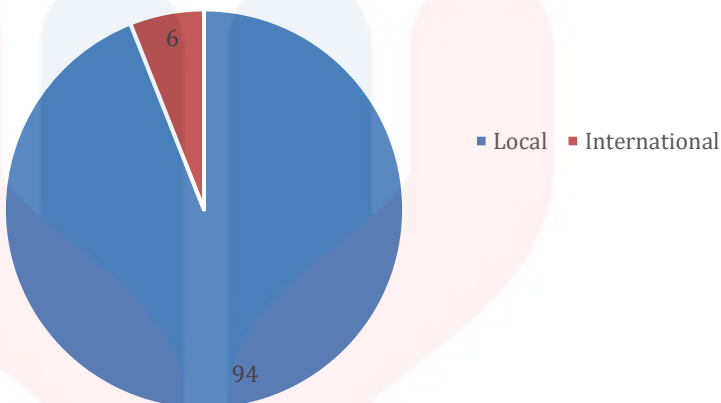


Figure 4.1: Percentage Category of Respondent

Table 4.1 and Figure 4.1 showed the percentage category of tourist by respondents. Out of 283 respondents, 266 respondents (94 per cent) are local tourist while 17 respondents (6 per cent) are international tourist who involved in this survey.

Table 4.2: Gender of Respondents

| Gender | Frequency | Per cent (%) | Cumulative Per cent (%) |
|--------|-----------|--------------|-------------------------|
| Male   | 117       | 41.3         | 41.3                    |
| Female | 166       | 58.7         | 100.0                   |
| Total  | 283       | 100.0        |                         |

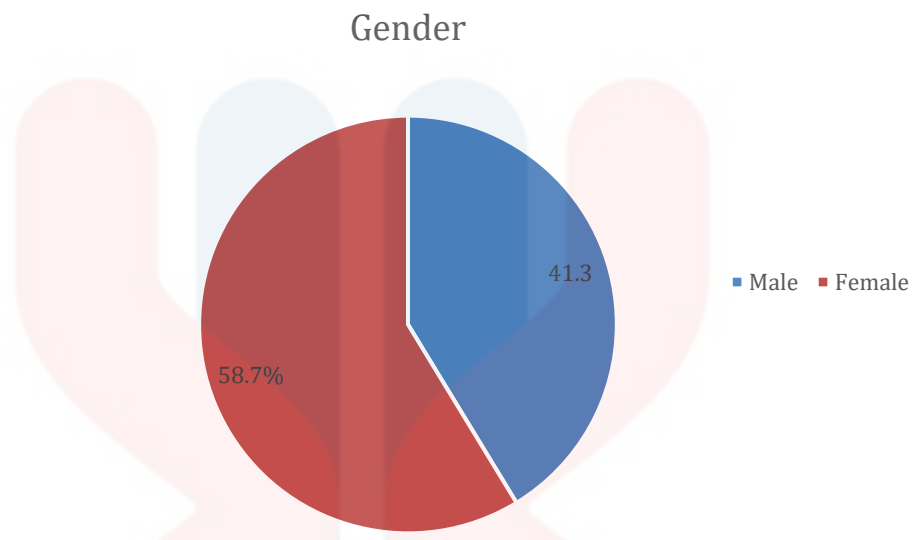


Figure 4.2: Percentage of gender

Table 4.2 and Figure 4.2 showed the respondents by gender. Out of 283 respondents, 117 respondents (41.3 per cent) are male while 166 respondents (58.7 per cent) are female who involved in this survey.

Table 4.3: Age of Respondents

| Age                    | Frequency | Per cent (%) | Cumulative Per cent (%) |
|------------------------|-----------|--------------|-------------------------|
| 18-28 years old        | 133       | 47.0         | 47.0                    |
| 29-39 years old        | 54        | 19.1         | 66.1                    |
| 40-50 years old        | 54        | 19.1         | 85.2                    |
| 51 years old and above | 42        | 14.8         | 100.0                   |
| Total                  | 283       | 100.0        |                         |

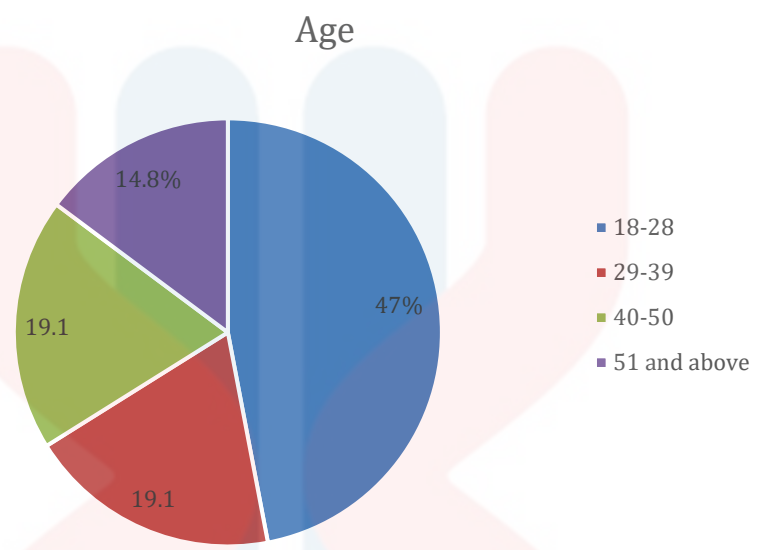


Figure 4.3: Percentage of Age

Table 4.3 and Figure 4.3 showed the percentage by age of the respondents. Out of 283 respondents, 133 respondents (47 per cent) are 18 to 28 years old, while 29-39 years old and 40-50 years old has a same number of respondents which is 54 respondent (19,1 per cent) and 42 respondents (14.8 per cent) are 51 and above had to responded to the questionnaire.

Table 4.4: Occupation of Respondents

| Occupation        | Frequency | Per cent (%) | Cumulative Per cent (%) |
|-------------------|-----------|--------------|-------------------------|
| Students          | 93        | 32.9         | 32.9                    |
| Government sector | 75        | 26.5         | 59.4                    |
| Private sector    | 56        | 19.8         | 79.2                    |
| others            | 59        | 20.8         | 100.0                   |
| Total             | 283       | 100.0        |                         |

### Occupation

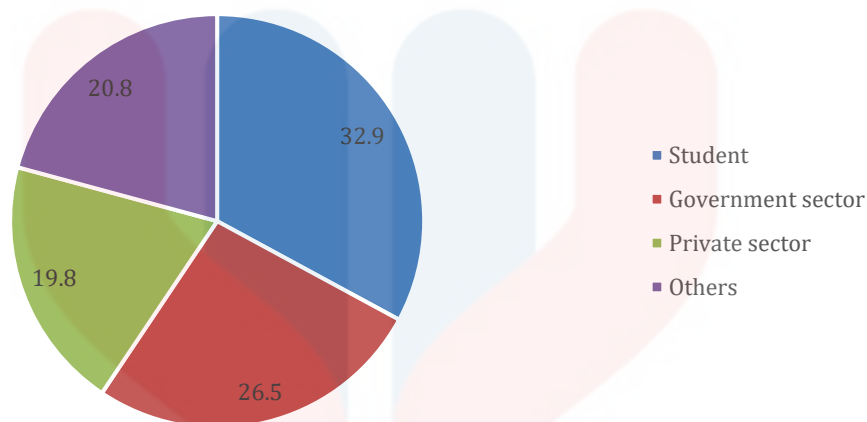


Figure 4.4: Percentage of Occupation

Table 4.4 and Figure 4.4 showed the number of respondents by occupation. The total number respondents for student are 93 respondents (32.9 per cent), for the government sector are 75 respondents (26.5 per cent), private sector is 56 respondent (19.8 per cent) and others are 59 respondents (20.8 per cent).

Table 4.5: Marital Status of Respondents

| Status  | Frequency | Per cent (%) | Cumulative Per cent (%) |
|---------|-----------|--------------|-------------------------|
| Single  | 139       | 49.1         | 49.1                    |
| Married | 130       | 45.9         | 95.1                    |
| Others  | 14        | 4.9          | 100.0                   |
| Total   | 283       | 100.0        |                         |

Marital Status

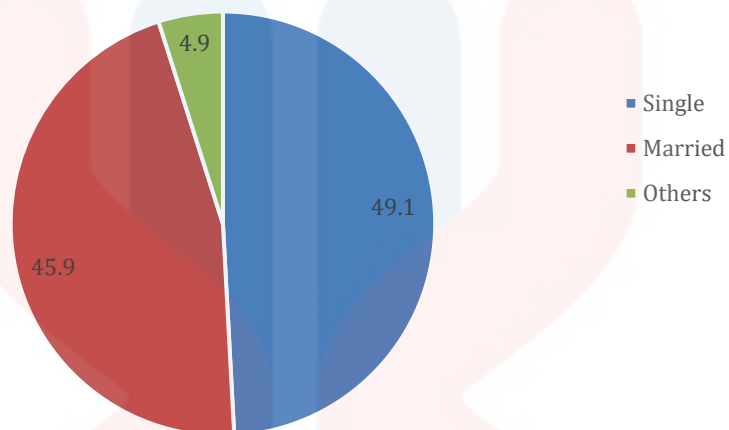


Figure 4.5: Percentage of Marital Status

Table 4.5 and Figure 4.5 showed the total of respondents by marital status. 139 respondents (49.1 per cent) who consist of single, 130 respondents (45.9 per cent) are married, and 14 respondents (4.9 per cent) are others.

Table 4.6: Income Level of Respondents

| Income level (RM) | Frequency | Per cent (%) | Cumulative Per cent (%) |
|-------------------|-----------|--------------|-------------------------|
| Below than 1,200  | 110       | 38.9         | 38.9                    |
| 1,200-2,200       | 32        | 11.3         | 50.2                    |
| 2,200-3,200       | 54        | 19.1         | 69.3                    |
| 3,200-4,200       | 48        | 17.0         | 86.2                    |
| 4,200 and above   | 39        | 13.8         | 100.0                   |
| Total             | 283       | 100.0        |                         |

### Income Level

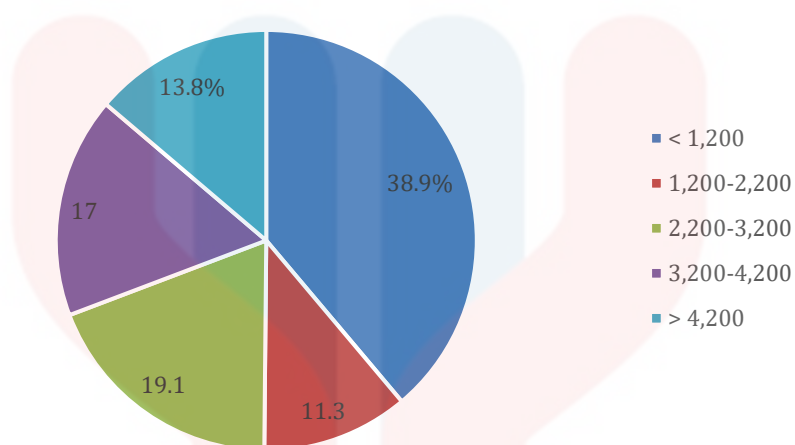


Figure 4.6: Percentage of Income Level

Table 4.6 and Figure 4.6 showed the total of respondents by income level. Out of 283 respondents, 110 respondents (38.9 per cent) are below than RM1,200, 32 respondents (11.3 per cent) are RM1,200 to RM2,200, 54 respondents (19.1 per cent) are RM2,200 to RM3,200, 48 respondents (17.0 per cent) are RM3,200 to RM4,200 and 39 respondents (13.8 per cent) have income level RM4,200 and above.

#### 4.2.2 INDEPENDENT VARIABLES AND DEPENDENT VARIABLE

Table 4.7: Descriptive Statistics

| <b>Variables</b>   | <b>N</b> | <b>Mean</b> | <b>Standard<br/>Deviation</b> |
|--|----------|-------------|-------------------------------|
| Technology   | 283      | 4.0389      | .64690                        |
| Management   | 283      | 4.0594      | .77176                        |
| Environment  | 283      | 3.8989      | .78774                        |
| Acceptance of Medical Tourism Destination<br>in Kuala Lumpur | 283      | 3.4834      | .89465                        |

Table 4.7 showed the number of respondents and mean for both independent variables (IV) and dependent variable (DV). For independent variables (IV), management had the highest mean score which is 4.0594 and followed by technology (4.0389) and lastly is environment (3.8989). The mean score of dependent variables (DV), the acceptance of medical tourism destination in Kuala Lumpur, is 3.4834.

Meanwhile for the independent variables (IV), the highest standard deviation is the environment, which is 0.78774, followed by management (0.77176) and technology (0.64690). The standard deviation for dependent variable (DV), the acceptance of medical tourism destination in Kuala Lumpur, is 0.89465.



### 4.2.3 TECHNOLOGY

Table 4.8: Technology

| Variables   | N   | Mean | Standard Deviation |
|---|-----|------|--------------------|
| 1. The technology that is used in medical influences patients to get treatment. | 283 | 4.26 | .805               |
| 2. The technology used in medical is on par with medical abroad.                | 283 | 3.79 | .878               |
| 3. The technology used is appropriate to the type of disease encountered.       | 283 | 4.01 | .765               |
| 4. Doctors are skilled in the use of technology while treating patients.        | 283 | 4.14 | .782               |
| 5. The technology used is commensurate with the fees charged.                   | 283 | 3.99 | .825               |

The number of respondents, mean, and standard deviation of the first independent variable (IV), technology, are shown in Table 4.8. The highest mean score for this independent variable (IV) is ‘the technology that is used in medical influences patients to get treatment’ which is 4.26. It is then followed by ‘doctors are skilled in the use of technology while treating patients’ which

is 4.14, ‘the technology used is appropriate to the type of disease encountered’ is 4.01, ‘the technology used is commensurate with the fees charged’ is 3.99 and the respondents believe that ‘the technology used in medical is on par with medical abroad’ is the lowest one which is 3.79.

#### 4.2.4 MANAGEMENT

Table 4.9: Management

| Variables   | N   | Mean | Standard Deviation |
|---|-----|------|--------------------|
| 1. The management of a medical center influences patients to undergo treatment at the center. | 283 | 3.91 | .965               |
| 2. Management competence in problem solving is very important in attracting patients.         | 283 | 3.99 | .926               |
| 3. Competence in performance is important during treatment processes in medical.              | 283 | 4.07 | .862               |

|   |     |      |      |
|---|-----|------|------|
| 4. Good management encourages patients to receive treatment right away. | 283 | 4.08 | .961 |
| 5. Good management gives an impressive perception.                      | 283 | 4.25 | .889 |

Table 4.9 showed that the number of respondents, mean and standard deviation of the management, which is the second independent variable (IV). The respondents agreed that ‘good management gives an impressive perception’ as it has the highest mean score which is 4.25. The second highest mean score is ‘good management encourages patients to receive treatment right away’ which is 4.08, followed by ‘competence in performance is important during treatment processes in medical’ at 4.07. Then ‘management competence in problem solving is very important in attracting patients’ is at 3.99. Finally, the lowest mean score is 3.91 which is ‘the management of a medical center influences patients to undergo treatment at the center’.

**4.2.5 ENVIRONMENT**

Table 4.10: Environment

| Variables | N | Mean | Standard Deviation |
|-----------|---|------|--------------------|
|-----------|---|------|--------------------|

|  |     |      |       |
|--|-----|------|-------|
| 1. The environment in the medical center is suitable for all community members.  | 283 | 3.73 | 1.010 |
| 2. Most medical centers offer customer service that meets the needs of patients. | 283 | 3.60 | 1.081 |
| 3. The staff involved provide very satisfactory service and need to be rewarded. | 283 | 4.02 | .875  |
| 4. Patients choose a medical center based on a conducive and safe environment.   | 283 | 4.03 | .980  |
| 5. Patients choose a medical center depending on the facilities provided.        | 283 | 4.11 | .939  |

Table 4.10 showed the number of respondents, mean and standard deviation of the last independent variable (IV) which is environment. In this study, there are 384 respondents. The highest mean score is 4.11 which showed that majority of the respondents agreed that ‘patients choose a medical center depending on the facilities provided’. ‘Patients choose a medical center based on a conducive and safe environment’ has the second highest mean score at 4.03. The third highest mean score is 4.02 for ‘the staff involved provide very satisfactory service and need to be rewarded’ and followed by ‘the environment in the medical center is suitable for all community

members' at 3.73. Meanwhile, the lowest mean is 3.60 which mean the respondent believe that 'most medical centers offer customer service that meets the needs of patients.

#### 4.2.6 ACCEPTANCE OF MEDICAL TOURISM DESTINATION IN KUALA LUMPUR

Table 4.11: Acceptance of Medical Tourism Destination in Kuala Lumpur

| Variables  | N   | Mean | Standard Deviation |
|--|-----|------|--------------------|
| 1. I am a knowledgeable person about medical tourism.                                  | 283 | 3.48 | 1.159              |
| 2. I prefer to do medical tourism.   | 283 | 3.33 | 1.108              |
| 3. I have done medical tourism before this.  | 283 | 3.21 | 1.352              |
| 4. I am interested in medical tourism because of the facilities and services provided. | 283 | 3.75 | .999               |

|   |     |      |       |
|---|-----|------|-------|
| 5. I like to share about the advantages of medical tourism. | 283 | 3.66 | 1.160 |
|---|-----|------|-------|

---

Table 4.11 showed the number of respondents, mean and standard deviation of the dependent variable (DV) which is the acceptance of medical tourism destination in Kuala Lumpur. The highest mean score is 3.75 which is ‘I am interested in medical tourism because of the facilities and services provided’ and followed by ‘I like to share about the advantages of medical tourism’ which is 3.66. The third mean score is ‘I am a knowledgeable person about medical tourism which is 3.48. Next, ‘I prefer to do medical tourism’ which is 3.33. Lastly, the respondents believe that ‘I have done medical tourism before this’ was the lowest of the mean score which is 3.21.

### 4.3 RELIABILITY TEST

Reliability analysis provides a non-biased assessment of the measure's stability and consistency, which contributes to determining the measure's "goodness" (Sekaran, 2003). Cronbach's alpha coefficient value is being used to evaluate the reliability analysis. It is a measure for a study's internal consistency that is expressed as a number between 0 and 1. Therefore, when

the value of alpha is increase, it means the terms in a survey is more reliable to each other (Tavakol & Dennick, 2011). From the value result, researchers are able to define and determine whether the questionnaire was valid, reliable and understand by the respondents.

Table 4.12: Cronbach’s Alpha Coefficient Values

| Cronbach’s Alpha        | Internal Consistency |
|-------------------------|----------------------|
| $\alpha \geq 0.9$       | Excellent            |
| $0.9 > \alpha \geq 0.8$ | Good                 |
| $0.8 > \alpha \geq 0.7$ | Acceptable           |
| $0.7 > \alpha \geq 0.6$ | Questionable         |
| $0.6 > \alpha \geq 0.5$ | Poor                 |
| $0.5 > \alpha$          | Unacceptable         |

Table 4.12 demonstrates that when Cronbach's Alpha is closer to 1, internal consistency is regarded excellent, implying that the items in a survey are more reliable. Internal consistency will be considered unacceptable if Cronbach's Alpha is less than 0.5. When Cronbach's Alpha reached 0.7 or higher, it was a good and acceptable reliability coefficient.

Table 4.13: Results of Cronbach's Alpha Coefficient for the Independent Variables (IV) and Dependent Variable (DV)

| <b>Variables</b>  | <b>Number of Item</b> | <b>Cronbach's Alpha Coefficient</b> | <b>Strength of Association</b> |
|---|-----------------------|-------------------------------------|--------------------------------|
| Technology  | 5                     | 0.861                               | Good                           |
| Management  | 5                     | 0.894                               | Good                           |
| Environment   | 5                     | 0.861                               | Good                           |
| Acceptance of Medical Tourism Destination in Kuala Lumpur | 5                     | 0.829                               | Good                           |

In this study, the value of Cronbach's Alpha Coefficient for independent variables and dependent variable is shown in Table 4.13. According to table 4.14, all of the variables had a value greater than 0.8. As a result, the questionnaire was approved.

The technology variable that affects the acceptance of medical tourism destinations in Kuala Lumpur was measured using five questions. Cronbach's Alpha for this section's question was 0.861, which is considered good. As a result, the coefficients obtained for the technology questions were reliable.

Then, to measure the environment variable that affects the acceptance medical tourism destination in Kuala Lumpur. The Cronbach's Alpha due to this particular section's question was



0.894, which is considered good. As a result, the coefficients obtained for the management questions were reliable.

Next is to measure the environment variable that affects the acceptance of medical tourism destination in Kuala Lumpur. The Cronbach's Alpha for this section's question was 0.861, which is considered good. As a result, the coefficients obtained for the environment questions were reliable.

Lastly, 5 questions were designed to measure the acceptance of medical tourism destination in Kuala Lumpur, and the Cronbach's Alpha result for this section's question was 0.829, which was good. As a result, the coefficient derived for this question in measuring the acceptance of medical tourism destination in Kuala Lumpur was also reliable.

#### **4.4 INFERENCE ANALYSIS**

##### **4.4.1 RESULTS OF PEARSON CORRELATION**

One of the most essential analyses is the Pearson Correlation Coefficient analysis, which measures the strength of the linear relationship between the independent variables (IV) and the dependent variable (DV). This analysis is to determine if there are any correlations between the independent variables (technology, management and environment) and dependent variable (the acceptance of medical tourism destination in Kuala Lumpur). If the researchers discover a

correlation, they must determine the strength and direction of the relationship between the variables.

**Hypothesis 1: Technology**

H1 - There is a relationship between technology and the acceptance of medical tourism destination in Kuala Lumpur.

Table 4.14: Pearson Correlation of Technology and The Acceptance of Medical Tourism Destination in Kuala Lumpur

| <b>Correlations</b> |                     |                        |                |
|---------------------|---------------------|------------------------|----------------|
|                     |                     | <b>Technology mean</b> | <b>DV mean</b> |
| Technology mean     | Pearson Correlation | 1                      | .237**         |
|                     | Sig. (2-tailed)     |                        | .000           |
|                     | N                   | 283                    | 283            |
| DV mean             | Pearson Correlation | .237**                 | 1              |
|                     | Sig. (2-tailed)     | .000                   |                |
|                     | N                   | 283                    | 283            |

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

The Pearson Correlation Coefficient, significant value, and number of cases (283) are shown in Table 4.14. The p-value is 0.000, which is less than the 0.01 threshold for significance level. It indicates the relationship between technology and the acceptance of medical tourism destination in Kuala Lumpur is negligible correlation with correlation coefficient

of .237. This correlation is negligible correlation due to several reasons which are, the lack of respondents in this study, as well as the questionnaire of this study is not widely disseminated and there are also a few of people who do not know what medical tourism is. Therefore, there is a significant relationship between technology and the acceptance of medical tourism destination in Kuala Lumpur.

**Hypothesis 2: Management**

H2- There is a relationship between management and the acceptance of medical tourism destination in Kuala Lumpur.

Table 4.15: Pearson Correlation of Management and the Acceptance of Medical Tourism Destination in Kuala Lumpur.

| <b>Correlations</b> |                        |                |
|---------------------|------------------------|----------------|
|                     | <b>Management mean</b> | <b>DV mean</b> |
| Management mean     | Pearson Correlation    | 1              |
|                     | Sig. (2-tailed)        | .183**         |
|                     | N                      | 283            |
| DV mean             | Pearson Correlation    | .183**         |
|                     | Sig. (2-tailed)        | .002           |
|                     | N                      | 283            |

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

Table 4.15 shows the relationship between management and the acceptance of medical tourism destination in Kuala Lumpur is negligible correlation with correlation coefficient of .183. This implies that relationship between management and the acceptance of medical tourism destination in Kuala Lumpur is negligible correlation. The p value of management is .002 which is less than the highly significant level .001. This correlation is negligible correlation because lack of respondents in this study. Our target respondent is 300 and above but this research only gets 283 respondents. Therefore, there is a significant relationship between management and the acceptance of medical tourism destination in Kuala Lumpur.

**Hypothesis 3: Environment**

H3 - There is a relationship between environment and the acceptance of medical tourism destination in Kuala Lumpur.

Table 4.16: Pearson Correlation of Environment and The Acceptance of Medical Tourism

| Destination in Kuala Lumpur |                     |                     |         |
|-----------------------------|---------------------|---------------------|---------|
| Correlation                 |                     |                     |         |
|                             |                     | Environment<br>mean | DV mean |
|                             | Pearson Correlation | 1                   | .277**  |
| Environment mean            | Sig. (2-tailed)     |                     | .000    |
|                             | N                   | 283                 | 283     |

|         |                     |        |     |
|---------|---------------------|--------|-----|
|         | Pearson Correlation | .277** | 1   |
| DV mean | Sig. (2-tailed)     | .000   |     |
|         | N                   | 283    | 283 |

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

Based on the findings, table 4.16 indicates the relationship between environment and the acceptance of medical tourism destination in Kuala Lumpur is negligible correlation with the correlation coefficient of .277. This implies that the relationship between environment and the acceptance of medical tourism destination in Kuala Lumpur is negligible correlation. This correlation is negligible correlation because of there is a few people who do not know what is medical tourism and they never do medical tourism. This reason affects the correlation coefficient. The p value of environment is .000 which is less than the highly significant level .001. Therefore, there is a significant relationship between environment and the acceptance of medical tourism destination in Kuala Lumpur.

#### 4.5 DISCUSSION

Table 4.17: Overall of Factors Affecting the Acceptance of Medical Tourism Destination in Kuala Lumpur

|                 |                        | <b>Correlations</b>        |                            |                             |                    |
|-----------------|------------------------|----------------------------|----------------------------|-----------------------------|--------------------|
|                 |                        | <b>Technology<br/>mean</b> | <b>Management<br/>mean</b> | <b>Environment<br/>mean</b> | <b>DV<br/>mean</b> |
| Technology mean | Pearson<br>Correlation | 1                          | .620**                     | .632**                      | .237**             |

|                  |                     |        |        |        |        |
|------------------|---------------------|--------|--------|--------|--------|
|                  | Sig. (2-tailed)     |        | .000   | .000   | .000   |
|                  | N                   | 283    | 283    | 283    | 283    |
| Management mean  | Pearson Correlation | .620** | 1      | .735** | .183** |
|                  | Sig. (2-tailed)     | .000   |        | .000   | .002   |
|                  | N                   | 283    | 283    | 283    | 283    |
| Environment mean | Pearson Correlation | .632** | .735** | 1      | .277** |
|                  | Sig. (2-tailed)     | .000   | .000   |        | .000   |
|                  | N                   | 283    | 283    | 283    | 283    |
| DV mean          | Pearson Correlation | .237** | .183** | .277** | 1      |
|                  | Sig. (2-tailed)     | .000   | .002   | .000   |        |
|                  | N                   | 283    | 283    | 283    | 283    |

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

Table 4.17 shows the relationship between dependent variable that is the acceptance of medical tourism destination in Kuala Lumpur and independent variable which the factors are technology, management and environment. It shows technology factor is negligible correlation relate to the acceptance of medical tourism destination in Kuala Lumpur with correlation coefficient of .237. While management and environment factors are also negligible correlation relate to the acceptance of medical tourism destination in Kuala Lumpur with correlation coefficient of .183 and .277. The p- value of the technology, management and environment factors is less than .000 which is less than the highly significant level .0001. Therefore, there is a significant relationship between technology factors, management factors and environment factors (independent variable) and the acceptance of medical tourism destination in Kuala Lumpur (dependent variable).

#### 4.6 SUMMARY

The data gathered throughout this research pertains to the factors affecting the acceptance of medical tourism destination in Kuala Lumpur. There are 283 respondents that are involved in this study. This chapter has discussed on results from the analysis conducted on the data collected from the questionnaires which are reliability test, descriptive analysis and inferential analysis.



## **CHAPTER 5**

### **CONCLUSION**

#### **5.1 INTRODUCTION**

This chapter will discuss about recapitulation of the findings and limitation on this study. Other than that, this chapter also will discuss about the recommendations that can be used about this study in the future and at the end of this chapter the researchers will conclude for whole research.

#### **5.2 RECAPITULATION OF THE FINDINGS**

This is a recapitulation of the findings from the previous chapter (Chapter 4), which were based on the study's research purpose, research question, and hypothesis.



### 5.2.1 Relationship between Technology and The Acceptance of Medical Tourism Destination

The relationship between technology and the acceptance of medical tourism destinations was the study's first research topic. This is also in order to respond to the first objective and hypothesis. The research objectives, research questions, and hypothesis are all included in Table 5.1.

Table 5.1: Research Objective 1 & Research Objective 1

| No.  | Research Objective (RO)  | Research Question (RQ)  |
|--|--|---|
| 1  | To examine the relationship between technology and the acceptance of medical tourism destinations. | What is the relationship between technology and the acceptance of medical tourism destinations? |
| <p>H1: There is a significant relationship between technology and the acceptance of medical tourism destination.</p> |  |   |

To answer RQ1, the outcomes of hypothesis H1 in Chapter 4 were evaluated. According to H1, there is a positive correlation between technology and the acceptance of medical tourism destinations. With a correlation coefficient of 0.237 and a p value of .000, which is less than the highly significant level of .001, the data indicates that there is little positive connection. As a result, H1 was approved.

## 5.2.2 Relationship between Management and The Acceptance of Medical Tourism Destination

The relationship between management and medical tourism destination acceptability was the study's second research question. In order to answer to the second objective and hypothesis, this is also necessary. Table 5.2 contains the study objectives, research questions, and hypothesis.

Table 5.2: Research Objective 2 & Research Objective 2

| No. | Research Objective (RO)  | Research Question (RQ)  |
|-----|--|---|
| 2   | To examine the relationship between management and the acceptance of medical tourism destinations. | What is the relationship between management and the acceptance of medical tourism destinations? |

H2: There is a significant relationship between management and the acceptance of medical tourism destination.

To answer RQ2, the data of hypothesis H2 were evaluated. According to H2, there is a significant relationship between management and medical tourism destination acceptability. According to the data, there is a minimal positive with a correlation coefficient of 0.183 and a p value of .002, which is higher than the very significant level of.001. As a result, H2 is approved.

### 5.2.3 Relationship between Environment and The Acceptance of Medical Tourism Destination

The relationship between the reception and purpose of medical tourism was the third research topic of the study. This is also required in order to respond to the third goal and hypothesis. The study goals, research questions, and hypotheses are listed in Table 5.3.

Table 5.3: Research Objective 3 & Research Objective 3

| No. | Research Objective (RO)   | Research Question (RQ)   |
|-----|---|--|
| 3   | To examine the relationship between environment and the acceptance of medical tourism destinations. | What is the relationship between environment and the acceptance of medical tourism destinations? |

H3: There is a significant relationship between environment and the acceptance of medical tourism destination.

To answer RQ3, the results of hypothesis H3 were evaluated. According to H3, there is a relationship between the environment and the acceptance of medical tourism destinations. According to the data, there is a negligible positive with a correlation coefficient of 0.277 and a p value of .000, which is lower than the very significant value of .000. As a result, H3 was approved.

### 5.3 LIMITATION

A worthwhile and significant process to complete a study has been experienced during the entire research. Nonetheless, there are a number of constraints that must be overcome in order for the study process to proceed smoothly.

The first limitation is that researchers find it difficult to get respondents. Due to the Covid-19 epidemic that hit in our country, researchers have limitations to go out giving questionnaires to respondents. Therefore, to get a large number of respondents is very difficult.

Other than that, a number of respondents did not choose to answer the questionnaire that was given. This is because, they do not want to share their opinions or personal data. They feel apprehensive if the researcher provides information to others. This is because, too many scams can endanger their safety.

Last but not least, a number of respondents have no knowledge of medical tourism. Therefore, the researcher should re-explain each question that has been given to the respondent. This makes it difficult for the researcher to obtain accurate information from the respondents.

### 5.4 RECOMMENDATION

The first recommendation in this study is that researchers need to do more research about medical tourism because it can be one of the attractions to international and local tourists.

Therefore, the medical tourism agencies should provide information and promote to the tourists who visit Malaysia. Malaysia is also a well-known country that has risen to become one of the top four medical tourism destinations in the world.

The second recommendation is the researchers can apply the survey response letter from the Malaysia Healthcare Travel Council (MHTC) when carried out the survey in order to get a valid information. This also can avoid misunderstanding from both parties. Furthermore, it can build the trustworthy towards research and the survey session will go smoothly.

The last recommendation is enlarging the target population in Kuala Lumpur to another state in Malaysia This will make researchers easier to collect data and increase the number of sample data. It is also important that respondents give information or feedback related to specific occasion accurately.

## **5.5 SUMMARY**

As the conclusion, this research has been carried out to explore about the factors affecting the acceptance of medical tourism destination in Kuala Lumpur. Besides, this study helps other researchers to do the research about medical tourism and can be used as one of their references. The results that have been obtained in chapter 4 through Statistical Package for the Social Sciences (SPSS) was discussed further and at the same time conclusions were made based on the results. As a result, it may be proven that there is significant relationship between technology, management and environment towards the acceptance of medical tourism destination in Kuala Lumpur. Thus,

it is anticipated that all of the information supplied throughout this research will help related parties to generate income and profit which in turn will boost Malaysia's economy.



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## REFERENCES

- Amick, D. J., & Walberg, H. J. (1975). *Introductory multivariate analysis*. Richmond, CA: McCutchan Publishing Corporation.
- Andaleeb, S. (1988). Determinants of customer satisfaction with hospitals: A managerial model. *International Journal of Health Care Quality Assurance*, 11(6), 181-187.
- Androutsou, L., & Metaxas, T. (2019). Measuring the efficiency of the medical tourism industry in EU member states. *Journal of Tourism Analysis: Revista de Análisis Turístico*.
- Awadzi, W., & Panda, D. (2006). Medical Tourism: Globalization and the marketing of medical services. *Consortium Journal of Hospitality & Tourism*, 11(1).
- Backman, S., Uysal, M., & Backman, K. (1991). Regional Analysis of Tourism Resources. *Annals of Tourism Research*, 8(1), 323-7.
- Baker, J. (2012). The technology–organization–environment framework. *In Information systems theory* (pp. 231-245). Springer, New York, NY.
- Bennett, M., King, B., & Milner, L. (2004). The Health Resort Sector in Australia: A Positioning Study. *Journal of Vacation Marketing*, 10(2), 122–137.
- Bernard, H.R. 2002. *Research Methods in Anthropology: Qualitative and quantitative methods*. 3rd edition. AltaMira Press, Walnut Creek, California.
- Borman, E. (2004). Health tourism - where healthcare, ethics, and the state collide. *British Medical Journal*, 328, 60-61.
- Cannon Hunter, W. (2007). Medical tourism: A new global niche. *International Journal of Tourism Sciences*, 7(1), 129-140.

- Connell, I. (2006). Medical tourism: Sea, sun, sand and surgery. *Tourism Management*, 27, 1093-1100.
- Cortez, N. (2008). Patients without borders: The emerging global market for patients and the evolution of modern health care. *Indiana Law Journal*, 83, 1.
- De Silva, A. P., Stephens, T., Welch, J., Sigera, C., De Alwis, S., Athapattu, P., & Siriwardana, S. (2015). Nursing intensive care skills training: A nurse led, short, structured, and practical training program, developed and tested in a resource-limited setting. *Journal of critical care*, 30(2), 438-e7.
- Debata, B. R., Patnaik, B., Mahapatra, S. S., & Sree, K. (2015). Interrelations of service quality and service loyalty dimensions in medical tourism. *Benchmarking: An International Journal*.
- Ferrario, F. F. (1979). The evaluation of tourist resources: An applied methodology. *Journal of Travel Research*, 17(3), 18–22.
- Fornell, C. (1992). A national customer satisfaction barometer: The Swedish experience. *Journal of Marketing*, 56(5), 6-21.
- García-Altés, A. (2005). The Development of Health Tourism Services. *Annals of Tourism Research*, 32(1), 262–266.
- Glinos, I. A., Baeten, R., Helble, M., & Maarse, H. (2010). A typology of cross-border patient mobility. *Health & place*, 16(6), 1145-1155.
- Helkkula, A., Kowalkowski, C. and Tronvill, B. (2018). Archetypes of service innovation: Implications for value co creation”, *Journal of Service Research*, Vol. 21 No. 3, pp. 284-301.
- Heung, V. C., Kucukusta, D., & Song, H. (2010). A conceptual model of medical



- tourism: Implications for future research. *Journal of Travel & Tourism Marketing*, 27(3), 236-251.
- Heung, V. C., Kucukusta, D., & Song, H. (2011). Medical tourism development in Hong Kong: An assessment of the barriers. *Tourism Management*, 32(5), 995-1005.
- Hopkins, L., Labonté, R., Runnels, V., & Packer, C. (2010). Medical tourism today: What is the state of existing knowledge? *Journal of Public Health Policy*, 31(2), 185–198.
- Hutchinson, B. (2005). Medical Tourism Growing Worldwide. *Messenger - University of Delaware Review*, 13(4).
- Islam, M. S. (2015). Study on factors influencing tourism: way forward for sustainable tourism in Bangladesh. *Journal of Tourism, Hospitality and Sports*, 6, 1-13.
- Gigli, M. (2018). What is demographic segmentation in marketing? Retrieved on November 20, 2020, from <https://study.com/academy/lesson/what-is-demographic-segmentation-in-marketing-definition>
- Kazemi, Z. (2008). Study of the effective factors for attracting medical tourism in Iran Retrieved from <http://www.divaportal.org/smash/record.jsf?pid=diva2%3A1022494&dswid=8507>. [14 December 2020].
- Khan, S., & Alam, M. S. (2014). *Kingdom of Saudi Arabia: A potential destination for medical tourism. Journal of Taibah University Medical Sciences*, 9(4), 257–262.
- Krejcie, R.V., & Morgan, D.W., (1970). Determining Sample Size for Research Activities. *Educational and Psychological Measurement*.
- Kumar, J., & Hussian, K. (2016). Factors affecting medical tourism destination selection:

- A Malaysian perspective. *International Interdisciplinary Business-Economics Advancement Journal*, 1(1), 1-10.
- Kumar, M., Talib, S. A., & Ramayah, T. (2013). *Business research methods*. Oxford Fajar/Oxford University Press.
- Kumar, V., Kumar, U., & Persaud, A. (1999). Building technological capability through importing technology: The case of Indonesian manufacturing industry. *Journal of Technology Transfer*, 24(1), 81–96.
- Lee, M., Heesup, H., & Tim, L. (2012). Medical tourism - attracting Japanese tourists for medical tourism experience. *Journal of Travel & Tourism Marketing*, 29, 69–86.
- Leiper, N. (1990). Tourist attraction systems. *Annals of Tourism Research*, 17, 367-384.
- Lewis, J.L. & S.R.J. Sheppard. 2006. Culture and communication: can landscape visualization improve forest management consultation with indigenous communities? *Landscape and Urban Planning* 77:291–313.
- Lickorish, L. J., & Jenkins, C. L. (2007). *Introduction to tourism*. Routledge.
- Mayo, E., & Jarvis, L. (1981). *Psychology of leisure travel*. Boston: CABI Publishing
- Medical Tourism- Definition, History, Types, Importance, Issues, and Challenges*. (2018, September 27). Tourism Notes. <https://tourismnotes.com/medical-tourism/> [5 November 2020].
- Mueller, H. & Lanz Kaufmann, E. (2001). Wellness Tourism: Market Analysis of a Special Health Tourism Segment and Implications for the Hotel Industry. *Journal of Vacation Marketing*, 7(1), 5-17.
- Nilashi, M., Samad, S., Manaf, A. A., Ahmadi, H., Rashid, T. A., Munshi, A., & Ahmed, O. H. (2019). Factors influencing medical tourism adoption in Malaysia: A

- DEMATEL-Fuzzy TOPSIS approach. *Computers & Industrial Engineering*, 137, 106005.
- Ramírez, A. (2007). "Patients without borders: the emergence of medical tourism." *Int J Health Serv*, 37, 193-8.
- Ryu, K., & Jang, S. S. (2007). The effect of environmental perceptions on behavioral intentions through emotions: The case of upscale restaurants. *Journal of Hospitality & Tourism Research*, 31(1), 56-72.
- Seow, A. N., Choong, Y. O., Moorthy, K., & Chan, L. M. (2017). Intention to visit Malaysia for medical tourism using the antecedents of Theory of Planned Behaviour: A predictive model. *International Journal of Tourism Research*, 19(3), 383–393.
- Umoh, U. (2019). Types of Research Instruments. Retrieved on November 20, 2020, from <https://www.quora.com/what-are-some-types-of-research-instruments>
- Vengesayi, S., Mavondo, F. T., & Reisinger, Y. (2009). Tourism destination attractiveness: attractions, facilities, and people as predictors. *Tourism Analysis*, 14, 621-636.
- Venkatesh, V., Morris, M., Davis, G., and Davis, F. (2003). User Acceptance of Information Technology: Toward a Unified View. *MIS Quarterly*, 27(3), 425-478.
- Wakefield, K. L., & Blodgett, J. G. (1994). The importance of servicescapes in leisure service settings. *Journal of services marketing*.
- What Is the Meaning of Sample Size?* (2018). Sciencing. <https://sciencing.com/meaning-sample-size-5988804.html> [10 December 2020].
- Wilson, J. A., & Grant, J. (2013). Islamic marketing—a challenger to the classical

marketing canon? *Journal of Islamic Marketing*.

- Wilson, J. A., & Hollensen, S. (2013). Assessing the implications on performance when aligning customer lifetime value calculations with religious faith groups and after lifetime values—a Socratic elenchus approach. *International Journal of Business Performance Management*, 14(1), 67-94.
- Yi, Y. (1990). A critical review of customer satisfaction. In V. A. Zeithaml. (Ed). Review of marketing (68-123). Chicago, IL: American Marketing Association.
- Zarei, A., Feiz, D., Maleki Minbashrazgah, M., & Maleki, F. (2018). *Factors influencing selection of medical tourism destinations: A special niche market. International Journal of Healthcare Management*, 1–7.
- Zeithaml, V. A., & Bitner, M. J. (2000). *Services marketing: Integrating customer focus across the firms*. New York, NY: McGraw- Hill.

## APPENDIX A

### QUESTIONNAIRE



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Dear respondent,

*Responden yang dihormati,*

We are doing an academic research entitled:

*Kami sedang membuat satu penyelidikan akademik yang bertajuk:*

**Factors Affecting The Acceptance Of Medical Tourism Destination In Kuala Lumpur**

**Faktor-Faktor Yang Mempengaruhi Penerimaan Destinasi Pelancongan Perubatan Di**

**Kuala Lumpur**

We are students of Bachelor of Entrepreneurship (Tourism) with Honors in University Malaysia Kelantan. We are currently conducting a survey about The Factors Affecting the Acceptance of Medical Tourism Destination in Kuala Lumpur.

*Kami adalah pelajar Sarjana Muda Keusahawanan (Pelancongan) dengan Kepujian dari Universiti Malaysia Kelantan. Kami sedang menjalankan satu tinjauan yang berkaitan dengan Faktor-faktor yang Mempengaruhi Penerimaan Destinasi Pelancongan Perubatan Di Kuala Lumpur.*

Financially, it will not cost you anything and you will not be paid anything. You are cordially invited to complete the questionnaire, which is expected to take around 10 to 15 minutes only. Your personal details will not be exposed to the public as it is strictly used for the research and academic purpose only.

*Dari segi kewangan, tinjauan ini tidak akan menyebabkan sebarang perbelanjaan daripada anda dan anda tidak akan dibayar dengan sebarang ganjaran. Anda dijemput untuk melengkapkan soal selidik, yang dijangka akan mengambil masa 10 hingga 15 minit sahaja. Maklumat peribadi anda tidak akan didedahkan secara awam dan ia hanya digunakan untuk penyelidikan ini sahaja.*

Thank you for your assistance in completing this questionnaire.

*Terima kasih atas bantuan anda dalam mengisi soalan penyelidikan ini.*

Prepared by,

*Disediakan oleh,*

Siti Hajar Binti Mohd Azmi      H18A0573

Norshahira Binti Jasni      H19B0435

Nor Hasimah Binti Maliki      H18A0323

Nur Syuhaida Binti Safiee      H18A0431

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## **SECTION A: RESPONDENT'S DEMOGRAPHIC INFORMATION**

### ***BAHAGIAN A: MAKLUMAT DEMOGRAFI RESPONDEN***

Section A consists of 6 questions. In this section, researchers will ask about simple respondent's demographic information. Please tick (✓) in your answer.

*Bahagian A mengandungi 6 soalan. Dalam bahagian ini, penyelidik akan bertanya mengenai maklumat demografi responden mudah. Sila tandakan (✓) dalam jawapan anda.*

1. Category of tourist / *Kategori pelancong*

Local / *Tempatan*

International / *Luar negara*

2. Gender / *Jantina:*

Male / *Lelaki*

Female / *Perempuan*



## 3. Age / Umur:

- 18-28 years old / 18- 28 tahun
- 29-39 years old / 29-39 tahun
- 40-50 years old / 40-50 tahun
- 51 years and above / 51 tahun dan ke atas

## 4. Occupation / Pekerjaan:

- Student / Pelajar
- Government Sector / Sektor Awam
- Private Sector / Sektor Swasta
- Others / Lain-lain

## 5. Marital Status / Status Perkahwinan:

- Single / Bujang
- Married / Berkahwin
- Others / Lain - lain



6. Income Level / *Tahap Pendapatan*:

- Below than RM 1,200 / *Bawah RM 1,200*
- RM 1,200 – RM 2,200 / *RM 1,200 – RM 2,200*
- RM 2,200 – RM 3,200 / *RM 2,200 – RM 3,200*
- RM 3,200 – RM 4,200 / *RM 3,200 – RM 4,200*
- RM 4,200 and above / *RM 4,200 dan ke atas*

**SECTION B: FACTORS AFFECTING THE ACCEPTANCE OF MEDICAL TOURISM DESTINATION IN KUALA LUMPUR**

***BAHAGIAN B: FAKTOR-FAKTOR YANG MEMPENGARUHI PENERIMAAN DESTINASI PELANCONGAN PERUBATAN DI KUALA LUMPUR***

Based on your opinion, please indicate the most appropriate response with the scale given below. You can tick (✓) your sincere response anyway between 1 and 5.

*Berdasarkan pendapat anda, sila nyatakan sambutan yang paling sesuai dengan skala yang diberikan di bawah. Anda boleh menandakan (✓) maklum balas ikhlas anda antara 1 dan 5.*

| 1   | 2                               | 3                         | 4                      | 5                                      |
|---|---------------------------------|---------------------------|------------------------|--|
| Strongly Disagree<br><i>Sangat Tidak Setuju</i> | Disagree<br><i>Tidak Setuju</i> | Neutral<br><i>Neutral</i> | Agree<br><i>Setuju</i> | Strongly Agree<br><i>Sangat Setuju</i> |

**Technology/ Teknologi**

| No. | Statement/ Kenyataan  | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 1.  | The technology that is used in medical influences patients to get treatment.<br><i>Teknologi yang digunakan dalam perubatan mempengaruhi pesakit untuk mendapatkan rawatan.</i> |   |   |   |   |   |
| 2.  | The technology used in medical is on par with medical   |   |   |   |   |   |

|    |   |  |  |  |  |  |
|----|---|--|--|--|--|--|
|    | abroad.<br><i>Teknologi yang digunakan dalam perubatan setaraf dengan perubatan di luar negara.</i>   |  |  |  |  |  |
| 3. | The technology used is appropriate to the type of disease encountered.<br><i>Teknologi yang digunakan sesuai dengan jenis penyakit yang dihadapi.</i> |  |  |  |  |  |
| 4. | Doctors are skilled in the use of technology while treating patients.<br><i>Doktor mahir dalam penggunaan teknologi semasa merawat pesakit.</i>       |  |  |  |  |  |
| 5. | The technology used is commensurate with the fees charged.<br><i>Teknologi yang digunakan sepadan dengan bayaran yang dikenakan.</i>                  |  |  |  |  |  |

**Management/ Pengurusan**

| No. | Statement/ Kenyataan  | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 1.  | The management of a medical center influences patients to undergo treatment at the center.<br><i>Pengurusan pusat perubatan mempengaruhi pesakit untuk menjalani rawatan di pusat tersebut.</i> |   |   |   |   |   |
| 2.  | Management competence in problem solving is very important in attracting patients.<br><i>Kompetensi pengurusan dalam menyelesaikan masalah sangat penting untuk menarik pesakit.</i>            |   |   |   |   |   |
| 3.  | Competence in performance is important during treatment processes in medical.<br><i>Kompetensi dalam pelaksanaan adalah penting semasa proses rawatan dalam perubatan.</i>                      |   |   |   |   |   |

|    |  |  |  |  |  |  |
|----|--|--|--|--|--|--|
| 4. | Good management encourages patients to receive treatment right away.<br><i>Pengurusan yang baik mendorong pesakit untuk mendapatkan rawatan dengan segera.</i> |  |  |  |  |  |
| 5. | Good management gives an impressive perception.<br><i>Pengurusan yang baik memberikan persepsi yang mengagumkan.</i>   |  |  |  |  |  |

**Environment/ Persekitaran**

| No. | Statement/ Kenyataan  | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 1.  | The environment in the medical center is suitable for all community members.<br><i>Persekitaran di pusat perubatan sesuai untuk semua anggota masyarakat.</i>                               |   |   |   |   |   |
| 2.  | Most medical centers offer customer service that meets the needs of patients.<br><i>Sebilangan besar pusat perubatan menawarkan perkhidmatan pelanggan yang memenuhi keperluan pesakit.</i> |   |   |   |   |   |
| 3.  | The staff involved provide very satisfactory service and need to be rewarded.<br><i>Kakitangan yang terlibat memberikan perkhidmatan yang sangat memuaskan dan perlu dihargai.</i>          |   |   |   |   |   |
| 4.  | Patients choose a medical center based on a conducive and safe environment.<br><i>Pesakit memilih pusat perubatan berdasarkan persekitaran yang kondusif dan selamat.</i>                   |   |   |   |   |   |

|    |   |  |  |  |  |  |
|----|---|--|--|--|--|--|
| 5. | Patients choose a medical center depending on the facilities provided.<br><i>Pesakit memilih pusat perubatan bergantung kepada kemudahan yang disediakan.</i> |  |  |  |  |  |
|----|---|--|--|--|--|--|

**SECTION C: ACCEPTANCE OF MEDICAL TOURISM DESTINATION IN KUALA LUMPUR**

**BAHAGIAN C: PENERIMAAN DESTINASI PELANCONGAN PERUBATAN DI KUALA LUMPUR**

Based on your opinion, please indicate the most appropriate response with the scale given below.

You can tick (✓) your sincere response anyway between 1 and 5.

*Berdasarkan pendapat anda, sila nyatakan sambutan yang paling sesuai dengan skala yang diberikan di bawah. Anda boleh menandakan (✓) maklum balas ikhlas anda antara 1 dan 5.*

| 1   | 2                               | 3                         | 4                      | 5                                      |
|---|---------------------------------|---------------------------|------------------------|--|
| Strongly Disagree<br><i>Sangat Tidak Setuju</i> | Disagree<br><i>Tidak Setuju</i> | Neutral<br><i>Neutral</i> | Agree<br><i>Setuju</i> | Strongly Agree<br><i>Sangat Setuju</i> |

| No. | Statement/ Kenyataan  | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 1.  | I am a knowledgeable person about medical tourism.<br><i>Saya seorang yang berpengetahuan mengenai pelancongan perubatan.</i> |   |   |   |   |   |
| 2.  | I prefer to do medical tourism.<br><i>Saya lebih suka melakukan pelancongan perubatan.</i>                                    |   |   |   |   |   |

|    |   |  |  |  |  |  |
|----|---|--|--|--|--|--|
| 3. | <p>I have done medical tourism before this.<br/> <i>Saya pernah melakukan pelancongan perubatan sebelum ini.</i></p>  |  |  |  |  |  |
| 4. | <p>I am interested in medical tourism because of the facilities and services provided.<br/> <i>Saya berminat dengan pelancongan perubatan kerana kemudahan dan perkhidmatan yang diberikan.</i></p> |  |  |  |  |  |
| 5. | <p>I like to share about the advantages of medical tourism.<br/> <i>Saya ingin berkongsi mengenai kelebihan pelancongan perubatan.</i></p>  |  |  |  |  |  |



## APPENDIX B

| GROUP40            |  |              |                |
|--------------------|--|--------------|----------------|
| ORIGINALITY REPORT |  |              |                |
| <b>9%</b>          | <b>4%</b>  | <b>7%</b>    | <b>0%</b>      |
| SIMILARITY INDEX   | INTERNET SOURCES   | PUBLICATIONS | STUDENT PAPERS |
| PRIMARY SOURCES    |  |              |                |
| <b>1</b>           | <p style="color: red;">Ruamsak Veerasoontorn. "Service quality as a key driver of medical tourism: the case of Bumrungrad International Hospital in Thailand", International Journal of Leisure and Tourism Marketing, 2011</p> <p style="font-size: small;">Publication</p>   | <b>2%</b>    |                |
| <b>2</b>           | <p style="color: purple;">Ai Na Seow, Yuen Onn Choong, Krishna Moorthy, Ling Meng Chan. "Intention to visit Malaysia for medical tourism using the antecedents of Theory of Planned Behaviour: A predictive model", International Journal of Tourism Research, 2017</p> <p style="font-size: small;">Publication</p> | <b>1%</b>    |                |
| <b>3</b>           | <p style="color: purple;">Mehrbakhsh Nilashi, Sarminah Samad, Azizah Abdul Manaf, Hossein Ahmadi et al. "Factors influencing medical tourism adoption in Malaysia: A DEMATEL-Fuzzy TOPSIS approach", Computers &amp; Industrial Engineering, 2019</p> <p style="font-size: small;">Publication</p>                   | <b>1%</b>    |                |
| <b>4</b>           | <p style="color: teal;"><a href="http://www.emeraldinsight.com">www.emeraldinsight.com</a></p> <p style="font-size: small;">Internet Source</p>  | <b>1%</b>    |                |