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A QUALITATIVE STUDY ON THE PERCEPTION OF FOREIGN MEDICAL TOURIST, ON MEDICAL TOURISM IN MALAYSIA

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Abstract

A medical tourist referred as an individual who travels out from his/her home country to a host country for medical care. In this study the researcher focused on Malaysia and examined whether Malaysia was perceived as preferred medical tourism destination. A qualitative study was carried out to gain an understanding of patients' experiences as medical tourists. An in-depth interview was conducted on five medical tourists at a private medical centre in Kuala Lumpur, Malaysia. The study used several descriptive codes such as cheaper, expensive, moderately priced, excellent service provided, satisfied quality of service, no complaints, near to home, short distance, good transport system, and safe to travel. The thematic codes were identified according to cost, service quality and logistics. The result was cost effectiveness, satisfactory service quality, and comfortable outbound logistic contributes to positive perception among the medical tourists.

Keywords: Medical tourism, qualitative study, home country, host country, service quality and logistics

Introduction

A medical tourist defined as those who travels outside of his or her own country for a medical or surgical treatment or elective treatment for his or her medical condition or conditions. There are numerous definitions and terminology on medical tourism to date, however the researcher applied

a narrow definition whereby patients who seek treatment or medical management from other country and do not include the dental tourists, cosmetic surgery tourists, spa and wellness travelers, "accidental" medical tourists (business travelers and holiday makers who became ill and admitted in a hospital of that respective country), and finally those expatriates who entitled healthcare in a foreign country.

A patient who traveled out of his or her place of origin to another country's for medical care was on their freewill and choice. Those medical tourists who were not in critical medical conditions will have the option of seeking medical treatment of their choice. They have certain criteria to fulfill in order to choose their country of choice and the medical centre as well. These criteria varies from person to person however in previous literatures there are three general and acceptable reasons such as affordability, a better service quality at a lower cost and comfortable outbound logistics.

According to Abdullah Sarwar (2013) who suggested that delivering quality services to their clients or customers is utmost priority in an organization, in order to attract more clients or customers which in which translate to a success of a business. The service quality are the services of being approachable, dependable, gracious, sincere and capable in aiding or helping a client or customer's satisfaction. Therefore the customers in that particular organization will have satisfaction and promote to others as well, which translate to more customers and demand.

Besides service quality, cost of the service also plays a main role in promoting services to the customers. The advances in social media, whereby the customers able to compare the prices of a service among the competitors. In this study, the success of medical tourism in Malaysia, was determined by the cost of the treatment, the service quality and outbound logistics among the factors identified, although there were many other factors involved as well, however it is beyond the researcher's scope.

According to Glinos et al, (2010), there several motivations among the medical tourists to select a country that is offering medical services at their respective Medical Centre. The selection criteria were availability of the treatment or service, affordability of the treatment, familiarity or well versed in their expertise and perception in service quality. These were the driving forces for each individual to select their Medical Centre of choice in the respective country.

Despite the affordability and a good service quality offered by a medical centre in any country, the outbound logistic also plays a significant role in boosting medical tourism. The outbound logistic is the travelling arrangement made by the agency or the medical centre itself which embarks the patient from home country and arrive at the doorstep of the preferred medical centre.

According to Radmanesh Azadeh et al (2016), the choice of selecting a destination for any services offered by an organization and the key strategic value would be cost, service quality and easy access or logistic which cannot be measured .

In Malaysia, the revenue generated from medical tourism first recorded in year 2000 at RM (Malaysian ringgit) 33 million and gradually the trend was up and down, until in 2009, the Malaysia Healthcare Travel Council (MHTC) was formed. This Council had played an active role in boosting the medical tourism industry to greater heights. According to the National

Transformation Program (NTP) Annual Report 2015, Malaysia generated RM588.6 million in healthcare travel revenue between January and September 2015, with the target for the full year set at RM854 million. The further increase in revenue due to the active role played by the MHTC and the increase of number of medical centers in Malaysia. However the revenue still an up and down trend due to competition from neighboring countries and numerous strategies employed by the these countries to capture the medical tourism market.

According to Sarah Makraiet. al (2014), four elements in decision making among the medical tourists were benefits, costs, risk and opportunities in medical care. These four elements have the highest priority to influence customers on their decision in choosing Malaysia as their destination for medical tourism.

The medical tourists in Malaysia needed to be evaluated of their perception in their preference for local medical centers. This will identify the strength and weakness of the medical tourism industry in Malaysia. The rationale of this study was done in qualitative method to assess in depth, the perception of each medical tourist in more personal means. In depth interview was the only method to capture the content of the mindset of each patient in a detailed manner. Therefore this study was carried out to identify the factors involved in choosing Malaysia as their destination for medical care.

Literature review

According to Vira.K (2016), the evolution of medical tourism started thousands of years ago. At that time the Greek pilgrimages travelled from Mediterranean region to Saronic Gulf called Epidauria. In this area there was a sanctuary for healing, this healing comes from god of Asklepios. This sanctuary of sanitariums becomes the early form of medical tourism. The medical tourism progresses from sanitariums to spa towns. In eighteenth century, spas were the places sought for healing various diseases through mineral waters. Eventually progresses to wealthy Europeans travelling for spas to other countries, such as Germany to Nile River. In 21st century with the advent of low cost planes, the medical tourism went to greater heights to an industry. The industry grew and countries around the globe are now competing to capture the market in medical tourism.

According to Caballeron and Mugomba (2007) most of the medical tourists are looking for the countries which offer cost effective treatment and with quality of care. However the European countries thrive in medical tourism industry despite high cost due to premium medical care at premium cost. Currently the new concept of cost effective pricing for the medical treatment has been a wave of change throughout the countries offering medical tourism. The application of simple economics such as demand and supply curve, which implies market for the new players with cost effective pricing will be successful in gaining number of medical tourists from all over the regions or countries. The current trend of medical tourism was the countries offering cost effective treatment with preserving the service quality will be the first choice of destination.

The cost effective pricing for medical treatment are not the only factor involved, however other factor such as service quality also important in attracting medical tourists. According to Eraqi et al

(2007), the perception of service quality depends on the expectation of the medical tourists. Service quality not necessarily the luxury, exclusive or expensive, however service quality defined as basic needs that must be available to every medical tourist who seeking treatment at host country, regardless of social standing.

According Michael et al (2013), the medical tourist expectation in service quality measured by the service they received and a desired outcome had established. The high-quality services mean high expectations of service received by medical tourists in evaluating health service quality. Therefore, it is important to routinely measure medical tourist satisfaction to understand the state of medical service quality rendered by an medical centre. The equation of medical tourism and customer satisfaction is influenced by the customer's perceived quality of medical service quality which attributed to the benefits, and moderated by customer expectations. Service quality and cost effective pricing are the fundamental issues in determining the success of medical tourism in Malaysia.

According to Sarwar. A(2013), the medical tourism sector is a consumer driven whereby low cost treatment, high quality service and comfortable access in logistic plays an important role to obtain international attention. In order to promote medical tourism around the world, heavy investment needed in healthcare system to enhance the quality of healthcare.

On the contrary, according to Lunt.N, Carrera (2010), the high cost of treatment, delay in constituting medical treatment, no particular treatment available at their home country were the drivers for medical tourism. The other causes were better quality of treatment abroad, provision of services by specialist, faster treatment and affordability of care which contributes seeking treatment outside of their home country.

According to Mahmoudifar.Y, Tabibi.S.J, Nasiripour.A.A, Riahi.L (2016), the attractive environmental condition, tourism locations, easy transportation and easy access with public transportation and medical centre with ample facilities considered the crucial and effective in positive development of the medical tourism.

In Yahia.S, Abu El Enain.E.E et al (2016), in the year 2010, the government of the United Arab Emirates (UAE) spent a quarter of its total healthcare budget to send their citizens abroad for medical treatment. These patients, who cross international borders for the purpose of obtaining healthcare, become the participants referred as medical tourists. The reason was unavailability of the particular treatment and cost saving in the treatment obtained in comparison to local treatment. These medical tourists prior to their departure, they choose the destination based on cost, service quality and a convenient logistics.

According to Kawaljit Kaur (2016), Ludhiana, Punjab, India has emerged as a fast growing destination of medical tourism for cheaper medical treatment as compared to the country they are coming from. According to their doctors, they provide treatment of various diseases to patients using the same technologies as have been used abroad, but eight times cheaper than the cost of treatment in countries like the US, the UK or Canada. Therefore, the medical tourism industry flourishes in a nation which has technology at par with the first world countries and at the same time with cheaper price.

According to Abdul Rani.N.S, Suradi.Z, Che Omar.C.M. (2016), most medical tourists were attracted for medical treatments in the Asia region due to cheaper cost of treatment, better service quality and the availability of cheap airlines. The air operators in Malaysia such as Air asia, Firefly or Malindo Air are consistently offering cheaper flight fares. Besides cheaper transportation, the infrastructures available in technology as well as basic amenities such as shops, café, Automated Teller Machine or money changers within the medical centre's premises. As result the pull factors for medical tourism comprises of cheaper cost of treatment, a good service quality and a better logistics and transportation facilities.

According to Agbabiaka.O.E.O, H. I.(2016), the effectiveness of services and the quality of service rendered by the medical centre depends on the standard in each medical centre. Therefore, a standard medical centre comprises of effective top quality facilities and equipment such as well equipped laboratory, top quality surgical equipment, experienced manpower, and good communication network.

According to Pathumporn.J, Suphan.K (2016), the Tourism authority of Thailand (TAT) is an government agency which promoting medical tourism in Thailand since 2004. This agency came up with a promotion was then to implemented as insurance scheme with collaboration of local bank of Thailand. The debit cards for the foreign medical tourist was introduced and this card known as the Miracle Thailand card which covers the medical and life insurance coverage for accidents and any untoward incidents happen while seeking treatment in Thailand. Therefore with facilities such as affordable treatment, a good service quality and better logistics have made Thailand to win prestigious hospital award among the Southeast Asia's hospitals. Thailand also won first recipient of the United States prestigious Joint Commission International (JCI) certification which was the gold standard for healthcare service providers for medical tourists around the world.

Methods

The qualitative case study design was used in this study. An in-depth individual face to face interview was carried out. The in-depth interview was conducted in a counseling room provided by the hospital administration. The interview lasted up to two (2) hours. In the interview, open ended questions were used and crucial information obtained. Prior to the interview, all informants were given an information sheet about this study and a consent form to be signed.

According to Travers et al (2008) in his book "Qualitative Research through Case Studies", there no hard and fast rule for how many people need to interview, since depends on the time available to transcribe and analyze the data. Therefore in this study, the researcher randomly selected a private medical center. The medical tourists were chosen randomly based on theoretical or purposeful sampling method. There were five(5) subjects interviewed, until the researcher felt to have reached the point of saturation. The interviews took place between July to August 2016. The interviews were fully transcribed and however no recordings in terms of visual or voice was

allowed in the medical centre premises. The researcher kept all the transcribed answers given by the respondents were kept in transcript form and full confidential manner.

According to Lincoln and Guba (1985), there are four (4) methods involved in establishing the trustworthiness and they are credibility, transferability, dependability and confirmability.

In this study, the techniques used in credibility was prolonged engagement, whereby the medical tourists whom were the patient in the ward, interviewed in prolonged and detailed manner in establishing rapport and trust in order to have a better understanding of the patient. Besides prolonged engagement, persistent observation which was in the credibility method whereby full and detailed observation as in characteristics and elements of expression of the medical tourists during the in-depth interview. According to Patton (1999), the triangulation is another method of credibility and consisted of four(4) types. The method of triangulation used in this study was perspective triangulation whereby multiple literatures were reviewed to ascertain theoretical perspective to examine and interpret the data obtained from medical tourists. Finally the credibility was assessed by member checking whereby the researcher obtained the scripts and counter checked with respective medical tourist on assumption of all information given were the truth. Furthermore the validity of this study strengthened with peer debriefing and member check done with the sister and senior matron of the private medical center, since an external debriefing to a third person about the confidential matter of a patient was prohibited against the code of medical ethics.

These patients (medical tourists) from different parts of the world, have been adjusting to the environment in the ward. They appeared hesitant at times because of difficulty in understanding the accent of Malaysian English language and furthermore their limited vocabulary. However they were happy with their spouses and relatives around. Sometimes I observe them in the morning as early as 8 o'clock and they were reluctant to have their breakfast. They even inquired the ward staff nurse if they can buy food from nearby restaurant for their breakfast.

The staff nurse always replied that she have to ask the doctor in charge for permission. At last they got what they wanted. Sometimes they were adamant and persistent for what they want and against doctor's advice. Staff nurse always utters the phrase "please try to walk" but common reply by the patients with husky and loud voice "I am not ready yet". These were among the thick descriptions of the medical tourists. Therefore transferability in term thick description was established. The validity of this study was further enhanced with the aid of the senior staff nurse (sister in the ward) who acted as external auditor and carried out audit trail on the in-depth interview carried out with the respective patients (medical tourists).

Data analysis

The interview was done on face to face manner for more than two hours. The answers were hand written and was later typed. While the interview was on the process several emerging themes were noticed and the content of the interview was analyzed thoroughly.

All the transcribed interview data was organized. Descriptive codes were identified from the transcripts of the interviews. The codes were labeled and categorized. The repetitions of the words

were identified as codes and these codes become themes as were compared with literature review. Therefore once the thematic codes were established, then these thematic codes were easily retrieved during the analysis. The thematic code was defined as conceptual understanding as progress in the level of abstraction. An inductive approach was used in reviewing these thematic codes. The salient thematic codes were identified until the researcher reached a saturation point whereby no more new themes found. No software was used in the analysis. All the themes identified were based on previous literature reviews.

Table 1: Coding categories and frequency by patients

Coding Categories		Frequency by individual patients				
		Patient A	Patient B	Patient C	Patient D	Patient E
A. Cost (monetary valuation or price for a service rendered).The monetary valuation which were low, moderate and high, which were the price paid for the service termed cheaper, moderate and expensive respectively.	Cheaper	13	1	12	12	11
	Moderate	0	0	1	1	0
	Expensive	0	11	0	1	2
B. Service quality(SQ) (comparison of <i>Expectations</i> (E) and a service <i>performance</i> (P) (SQ=P-E) The Service Quality (SQ) considered excellent if the service <i>performance</i> higher than the <i>expectations</i> . The SQ ,satisfied if service <i>performance</i> moderately more than <i>expected</i> and finally SQ poor termed service <i>performance</i> less than <i>expected</i> .	Excellent	1	2	3	0	0
	Satisfied(Good)	11	14	1	13	12
	Fair	1	1	15	1	1
	Poor	0	0	1	0	0
C. Logistics (Movement, evacuation, and hospitalization of personnel, with the provision of facilities and services)	Comfortable	1	2	2	1	2
	Satisfied(Safe)	12	15	11	2	13
	Difficult	0	1	1	15	1

The thematic codes in table 2 above, were further summarized as followings:

Cost: The cost of treatment in Malaysian medical centers differs in the nature of treatment, quality of care and location of the medical centers. The cost perceived by the medical tourists in descriptive codes was from expensive to cheaper in comparison to the service they obtained.

Service quality: The service quality perceived by the medical tourists varies according to each individual dependent on their experience in the medical center. The span of service quality from descriptive codes was excellent to poor.

Logistics: The outbound logistics perceived by the medical tourists were bound to travel from their country of origin to respective medical center. The comfort of travel perceived by each patient (medical tourist) in descriptive codes was from comfortable to difficult one.

The perception of the above descriptive codes were assessed and categorized in terms of their preference and further established as thematic codes.

Results

The table 2 below was the summary of descriptive coding. The value of the coding further coded according to verbatim descriptions. Each themes (variables) was sorted in the table 2 . The richness of the original data is gone, but the comparison was done systematically. The level of aggregation were made by pairwise comparison method used.

Table 2: Cost, Service Quality and Logistic Codes Derived From Verbatim Respondents Descriptions

ID/ Respondents	Sex	Verbatim description	Category
A	Female	“treatment was good and not much of pain ...” the whole treatment was good and cheaper price...”I have went many places and asked around for the cheaper price but I was happy with the cheaper price in Malaysia...”no problem in payment and advance percentage paid...”.....no regrets for cheaper price ...”paid cash for the treatment....because my credit card have problem...not detected here....maybe the staff worried I don’t pay..	Cheaper
B	Male	“costly before few years ago but now can afford still expensive...maybe ringgit cheaper now....”price not cheap but expensive ...” satisfied with treatment the but expensive price”.....”expensive the price and treatment are ok...”no more cheaper around here.....”...use of money for good purpose even though expensive...”no bargain allowed for lower price.....”	Expensive
C	Male	“price cheaper no problem, good treatment”.....” I feel ok with cheap price”.....”I am happy the pricecheap I guess”....”not expensive from other countries”.....10 years ago expensive but now cheaper.....” promotion price is cheaper....”.....promotion period only it is cheaper.....”	Cheaper
D	Male	“price good and cheaper “...cheaper than in my country.....”...”very important is good health which nobody can buy with money, if the health is costly nobody will be healthy....”not only cheaper but good treatment....” sometimes cheaper in some places but treatment not good, sometimes cheaper and good treatment...” many don’t know about this...” I am sad and I want to help other in my country...here cheaper treatment...”	Cheaper
E	Male	“...money no problem and most important good treatment”...today you have money but tomorrow if no money...what going happen if you are sick?I know cheaper place to get treatmentit is here....” I am happy and with this cheaper price now I have recovered”...”I am not in pain”...” people say you pay little and you get little...but I say now that not true....” even cheaper but good ...”	Cheaper

B. Service quality:

ID/ Respondents	Sex	Verbatim description	Categories
A	Female	“....I see people give good help.....yes good service ”....”I have rested well no disturbance and I am satisfied and happy and that is good service”,.....”pills on time very good and very bad I don’t like pills but now I am sick I have to take pills.....committed and good jobyes, yes....good service”.....”food on time very good service”.....”.....always beside me when call with this beeper...satisfied and what more..... “	Good
B	Male	“ service nice and good people very good”.....”they give medicine good and always say... to take them andvery much love them for they concern which I say they good in service”.....”each time I ring the buzzer they come and help me and they do not complainvery nice and good service”.....”understand well about me ...like a family and I like them even my wife say they give good service out of love....”.....”no problem so far and I am happy with the service.....” so far I do like the doctor also good.....”	Good
C	Male	“sometimes good, sometimes ok, not to say bad service but ok ”.....”no problem with the staff and they doing their job and sometime they don’t listen”.....”they talk very soft and I cannot hear since I am old man....” I say louder and louder which they say I am shouting and I cannot hear well”like now am I shouting of course no....” the staff are young and but sometimes they work slow “.....”sometimes have to wait longer and to clean my bed”.....” I know they do well but slow just ok I feel the service.....”but ok sometimes the staff busy but they don’t hear meit is ok for me since I am old...	Fair
D	Male	“very soft spoken girls or staff in this hospital.....very good girls”.....”they give good service where pills on time and clean bed and caring”.....”treat like father to me, very much concern and feel my sickness getting better.... ”.....”good girls and always I pray for they good health and of mine also.....”.....doctors are good and give good service and sometimes they give good advice.....” I hope to follow and I hope which is not see again all the staff....”	Good
E	Male	“good service and I like their service very much”.....”give tablet good and no pain and I swallow which they wait for me to swallow....this good service”.....”clean bed with new linen very day...what I say is good service and fast worker”.....”the staff I see have good training and that is why service is good.....they got good	Good

		teachers.....”.....been I my country and their service not good compared here.....”.....I feel good here with service and they always ask my condition.....I hope to get well soon.....” My prayers always to all in this hospital.....and for the goodness in their service.	
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C. Logistics:

ID/ Respondents	Sex	Verbatim description	Categories
A	Female	“travel was safe and fast though beginning was a hassle.....”smooth and very safe.....no problem”.....”contacted tour agency and helped in the travelling”.....”safe and easy to travel here because a lot of airport taxis”.....” fixed price and no cheating.....feel safe with driver very nice”.....” stopped at hotel nearby to medical center”.....” medical center also provide chauffeur service from hotel to medical center”.....not much of difficulties.....managed well and accommodating.....also along the way explained the places around the city”	Satisfied
B	Male	“ride was comfortable, good, and safe.....” since been here before travelling around city was easyable to find the hotel and the medical center”.....” arrived at medical center safe and sound.....” tiredness still there but ok.....”.....familiar with the city”I am comfortable travelling around city.....”sometimes travel alone in a taxi from the hotel to medical center which was safe and sound.....”	Satisfied
C	Male	The tour agency arranged the transport from airport to hotel and then admission to the medical center”.....”even though I am sick but I enjoyed travel which safe and comfortable”.....”the driver of chartered car was very helpful and also brought for sightseeing before admission at the medical center.....”medical centre arranged transport from the airport and very helpful” entire journey was well planned and comfortable.....” I have no complaint.....travelling was ok and good.....” Next time I ant to come again....”	Satisfied
D	Male	“lack of coordination between travel agency from my home country and here....”In the airport waited for at least one hour.....despite very tiring and exhausted” journey was difficult one.....” I have arranged my own transport at the lobby of the airport.....” my spouse brought me and distant from airport to city center was more than 2 hours.....frightening experience”.....I got exhausted and not well.....sometimes tired”.....”since I am sick and the travel made worst.....” long distant	Difficult

		difficult”.....”just miscommunication between the travel agency.....and I paid the price.....” I was angry with the travel agency for poor service which I had difficult and worst travel.....I not happy.....however I reach my destination...”	
E	Male	“I reached to medical center safe and in one peace.....”nothing to worry”.....”I am very happy to travel with my family ”.....”distant was far but I enjoyed myselftraveling and very comfortable”...”the medical centre arranged car from airport to the hotel and then to the medical center.....”.....stopped in between the journey for refreshing at rest area.....” a safe and good travel.....I say.....”even my family had a good trip and enjoyed their journey.....” they like it here.....”a peaceful travel...”	Satisfied

Table 3: Qualitative Exemplars of Ordinal Scales

Codes	Ordinal Rating	Exemplary Description
Cost	Cheaper	All 12 participants mentioned cost as the main factor affecting their final decision. On the question “What are the most important criteria when choosing a medical tourism destination?”, all participants indicates that the high cost of medical services within the U.S. is a primary factor affecting their decision. Participants indicate that since medical care is not affordable for them in the U.S., they looked for alternatives overseas. Even for those who can afford the treatments, relatively lower cost abroad is an important incentive.
	Moderate	
	Expensive	
Service Quality	Excellent	All 12 participants state that quality of care and services is an important motive for them to choose a destination. Additionally, interviewees describe the care that they received as “excellent” or “very good.
	Satisfied(Good)	
	Fair	
	Poor	
Logistic	Comfortable	Destination image including political stability, safety, and facilities are important in terms of their effect on tourists’ final decision. Our findings also suggest that the gender of medical tourists does not affect their motivational factors, perceived destination image, and their decision-making process.
	Satisfied(Safe)	
	Difficult	

Source: Azadeh Radmanesh et al(2016) : A Case Study of the Decision Model for American Outbound Medical Tourists.

Discussion

According to Peters et al (2011), medical tourism translate as a lucrative entrepreneurship within a nation, whereby revenue generates from local vendors who responsible for transportation and lodging, other activities such as sightseeing and shopping by the patients relatives or companions.

On the part of the medical center, which opens for employments, purchasing equipment and improving infrastructure of the medical center. Developing nation improve the immigration policy, longer stay, and other privileges such as multiple entries for follow ups. Government promotion strategies by giving incentives to medical center in lowering the taxes in turn cost affordability for the medical treatments. Joint venture other foreign companies to open up agencies to facilitate influx of medical tourist and at the same time government agencies promote medical care abroad.

The entrepreneurship in medical tourism will eventually leads to success nation. The competitive environment around the South East Asia, will drive this nation even more to succeed. In order to succeed, those who were directly involved, have to participate extensively to promote the industry to globally and which is an team effort.

According to Menvielle et al (2011) the economy of a nation is concerned must be in solid foundation and the currency at favorable exchange rate and at the same attractive price for the medical care. As far as the medical center is concerned, travel packages(transport, accommodation) is an attractive choice for the medical tourist. Physician's capability in conversing foreign language would be an advantage for those medical tourist of native language is not English, for example at Bumrundgrad International Hospital in Thailand, there are over 15 different languages spoken by 900 physicians.

These are the examples of cost effectiveness and better service quality which indeed promote medical tourism. However, health cannot be equate with cost all the time as, exception to the rule when one willing to spend a fortune for his or her health as in rare diseases which need ample investigations and treatment at exorbitant cost, in which the wealthy medical tourist able to pay. Those who are wealthy, the first and foremost priority is to obtain quality care regardless of the cost involved.

According Mujani et al (2012), the challenges in medical tourism industry, on the part of the medical tourist itself. There are some of medical tourists from the temperate climate unable to acclimatize in Malaysia. For example, a European or American patient may not have natural immunity towards tropical conditions in Malaysia. This may cause the patient to be weaker and face complications. The complications span from mild to severe and even can cost his or her life. In such cases the medical centres have to deal with litigation issues. In turn gives an negative feedback among the other medical tourist form the same country of origin. There also another form of complication whereby any damage or losses for mistakes, wrongs or any negative situations caused by surgery outside the patient's country might not cover by the medical insurance. These are the unforeseen challenges faced by the medical center in catering medical tourists.

The win win situation in this medical tourism industry will be true for most of the time, however there also consequences or risk involve in medical treatment. Therefore even though informed consent were taken prior to a procedure, which states that in case any complications to arise post procedure, the medical center will not be held responsible. However legal proceeding

will still take place to ascertain any negligence of the medical team in charge of the medical tourist.

Most medical tourists who perceived Malaysia as their destination for medical treatment mainly due to cheaper cost and affordable. The good service quality rendered by the medical staff and the supportive staff of the respective medical center and finally the outbound logistic offered by the agencies was most comfortable with medical tourists.

The medical tourists composed of various groups based on their socio demography and purchasing power. Their preferences also vary according to their affordability. The ultimate aim is to obtain an optimized treatment for their illness and successful recovery. Every patient's dream to lead a healthy life after the treatment. Therefore, this treatment is the most valuable service which was sold for a price. Though ethically inappropriate but the argument would be commercialization for the health industry. Health industry becomes a competitive industry among most countries around the globe. The premise of health equals to wealth had become the motto for every health care facility to promote health. Therefore, the wealth becomes the measure of how much health one can afford. The majority of the medical tourists agreed to the fact that health is important however healthcare do not belongs only to the wealthy.

The economic recession had an impact on the service sectors whereby the price of all goods increases due to increase cost of production. The companies lay off employees to sustain the operation cost. Therefore, the consumers such as the medical tourists had to pay up or to look for alternative and cheaper services from other countries.

According to the selected medical tourists who were interviewed, the slump in economy is a global phenomenon, even they themselves as medical tourists are not spared. Their income in their respective countries also affected. Their budget for seeking health services also reduced. They are now comparing the healthcare services with workable cost of treatment especially in developing countries.

The long-term effect on generalization of treatment regardless of the social standing has a significant impact in the future. Therefore, the medical tourist needs to be addressed by the medical center and the affiliated agency as well for a better and caring community not only local but abroad as well. The tapping of the affluent market of medical tourist is already saturated as there are intense competitions among players in this segment of medical tourists'. Therefore, the untapped market of medical tourist that still widely open is the middle-income group of medical tourist. However, the players are not keen to indulge with this group.

This medical tourist has the right to seek medical treatment at their preferred country if the price is right. Therefore, to cater for this group of medical tourists, it would be an uphill task and it may burden the medical centers in terms of allocating their resources. The market of medical tourist around the globe is kept on growing and the premise of economic curve of supply and demand needed to be answered in this phenomenon.

Conclusion

In any organization which provides services, the ultimate factors that determines the success of a business were cost effective, good service quality and for some circumstances the logistics as well. The same goes for the medical tourism industry which currently is a revenue generating industry for the developing nations. In any industry, generally there are prone to have competition and the survival of the best will prevail. Medical tourism as well were marketed by several countries especially in Southeast region. However, for Malaysia to be competitive in the global market, there strategies to be met, in term of perks such as promotion among foreign medical tourists, which were cost effective treatments, quality service delivery and comfortable outbound logistics.

Even though several countries have been using the same strategies to attract the medical tourist, however Malaysia also need to stand out and needed to evaluate current state from time to time. Therefore this study was conducted and analyzed the perception of medical tourists and factors that makes Malaysia as their destination.

Time to time assessment needed from the customers end in order to gauge the success of the industry. Many industries failed and closed down due to assumption made that the satisfaction of the consumer has met but on reality it is not. Based on the feedback from the medical tourists, many more other factors can be identified and implemented.

However there is a need for more studies and surveys to be conducted in a larger scale to covers the majority of the medical centers that caters the medical tourist around the globe. Moreover the agencies involved in the medical tourism industry need to be evaluated for effectiveness of their function. Therefore the factors of affordable treatment, a better service quality and a convenient logistic and transportation were the driver for a successful medical tourism industry.

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Appendix 1

- A. Patient Information Sheet and Consent form
- B. Interview Lay out

A. Patient Information Sheet and Consent form

InformationSheet and Consent form

Do not sign this informed consent of the study proposed to you unless you feel comfortable with the explanation given and be sure you have had a chance to ask questions and clarify your doubt and you received satisfactory answers.

Justification of the case study

Malaysia is not perceived as a destination among the foreign medical tourist to seek treatment , therefore a case study will be conducted to the determine the factors in term of cost, logistic and service quality as contributor to the above problem.

Characteristics of the case study

The interview will be conducted during or after your hospital stay . During my visit, face to face interview will be conducted and you will be asked about some routine medical and social questions.

Potential benefits

All the assessment and follow up will not incur any cost on you.

Voluntary Participation

You understand that participation of this study is voluntary and that if you decide not to participate, you will experience no penalty or loss of benefits to which you would otherwise be entitled outside of this study. If you decide to participate, you may change your mind about being in the study, and may stop at any time. You understand that such a decision on your part will not influence the availability of future medical care or other benefits to which you are otherwise entitled outside of this study. You will not receive any compensation for your participation in the study.

Confidentiality

All information that is given will be treated as confidential.

Persons whom you can contact for additional information

If you wish to make any inquiry about this study, you may contact the me at the following address:**DrTharmarajahNagalingam**

Institute for Medical Research, Ministry of Health Malaysia

Tel: 0192146991.

B. Interview Lay out

Questionnaire

1. What is your name?
2. What is your age and date of birth?
3. Where is your country of origin?
4. What is your is status married or single or others and please specify?
5. What is your level of education?
6. What is your occupation?
7. Is this your first time travelling to Malaysia?
8. What medical condition are you here to be treated?
9. What other countries did you think about going for medical care?
10. Who accompanied you to Malaysia?
11. What is the mode of payment to the hospital, such as cash, credit card or health insurance scheme?
12. What is the cost for your hospital treatment and stay?
13. Do you find it expensive?
14. Have you compared the hospital expenses in other countries?
15. Is the price for medical treatment affordable in Malaysia?
16. How was your travel from your country of origin to the Hospital in Malaysia?
17. Do you find hospitals here is convenient to travel for treatment?
18. What does Malaysia as logistic is concerned?
19. Who made all the arrangements for you to come to this hospital?
20. What was your motivation in seeking healthcare from other countries?
21. Are there any language barriers between you and the hospital’s staff?
22. How are the facilities, and overall technology used in the hospital?
23. How are the services provided by the nurses attended to you?
24. How are the services provided by the doctors attended to you?
25. What would you say about standard and quality of service of the hospital?
26. Did you come across with any problem on your stay in this hospital?
27. Do you have any regrets of seeking medical treatment here?
28. What is your level of satisfaction in completing treatment here?
29. Do you have any recommendation?

Appendix 2

A. Cost:

Respondent A:

“treatment was good and not much of pain” the whole treatment was good and cheaper price.....”I have went many places and asked around for the cheaper price but I was happy with the cheaper price in Malaysia.....”no problem in payment and advance percentage paid.....”.....no regrets for cheaper price”paid cash for the treatment...because my credit card have problem.....not detected here.....maybe the staff worried I don’t pay....”

Respondent B:

“costly before few years ago but now can affordstill expensive.....maybe ringgit cheaper now....”price not cheap but expensive ”.....” satisfied with treatment thebut expensive price”.....”expensive the price and treatment are ok.....”no more cheaper around here.....”.....use of money for good purpose even though expensive.....”no bargain allowed for lower price.....”

Respondent C:

“price cheaper no problem, good treatment”.....” I feel ok with cheap price”.....”I am happy the pricecheap I guess”.....”not expensive from other countries”.....10 years ago expensive but now cheaper.....” promotion price is cheaper....”.....promotion period only it is cheaper.....”

Respondent D:

“price good and cheaper “.....cheaper than in my country.....”.....”very important is good health which nobody can buy with money, if the health is costly nobody will be healthy.....”not only cheaper but good treatment.....” sometimes cheaper in some places but treatment not good, sometimes cheaper and good treatment.....” many don’t know about this.....” I am sad and I want to help other in my country.....here cheaper treatment...”

Respondent E

“...money no problem and most important good treatment”...today you have money but tomorrow if no money...what going happen if you are sick?I know cheaper place to get treatmentit is here....” I am happy and with this cheaper price now I have recovered”.....”I am not in pain”.....” people say you pay little and you get little.....but I say now that not true.....” even cheaper but good”

B. Service quality:**Respondent A:**

“...I see people give good help.....yes good service ”....”I have rested well no disturbance and I am satisfied and happy and that is good service”,.....”pills on time very good and very bad I don’t like pills but now I am sick I have to take pills.....committed and good jobyes, yes....good service”.....”food on time very good service”.....”.....always beside me when call with this beeper...satisfied and what more.....”

Respondent B:

“ service nice and good people very good”.....”they give medicine good and always say... to take them and ...very much love them for they concern which I say they good in service”.....”each time I ring the buzzer they come and help me and they do not complainvery nice and good service”.....”understand well about me ...like a family and I like them even my wife say they give good service out of love....”.....”no problem so far and I am happy with the service.....” so far I do like the doctor also good.....”

Respondent C:

“sometimes good, sometimes ok, not to say bad service but ok ”.....”no problem with the staff and they doing their job and sometime they don’t listen”.....”they talk very soft and I cannot hear since I am old man....” I say louder and louder which they say I am shouting and I cannot hear well”like now am I shouting of course no.....” the staff are young and but sometimes they work slow “.....”sometimes have to wait longer and to clean my bed”.....” I know they do well but slow just ok I feel the service.....”but ok sometimes the staff busy but they don’t hear meit is ok for me since I am old...”

Respondent D:

“very soft spoken girls or staff in this hospital.....very good girls”.....”they give good service where pills on time and clean bed and caring”.....”treat like father to me, very much concern and feel my sickness getting better..... ”.....”good girls and always I pray for they good health and of mine also.....”.....doctors are good and give good service and sometimes they give good advice.....” I hope to follow and I hope which is not see again all the staff.....”

Respondent E:

“good service and I like their service very much”.....”give tablet good and no pain and I swallow which they wait for me to swallow.....this good service”.....”clean bed with new linen very day....what I say is good service and fast worker”.....”the staff I see have good training and that is why service is good.....they got good teachers....”.....been I my country and their service not good compared here.....”.....I feel good here with service and they always ask my condition.....I hope to get well soon.....” My prayers always to all in this hospital.....and for the goodness in their service.

C. Logistics:**Respondent A:**

“travel was safe and fast though beginning was a hassle.....”smooth and very safe.....no problem”.....”contacted tour agency and helped in the travelling”.....”safe and easy to travel here because a lot of airport taxis”.....” fixed price and no cheating.....feel safe with driver very nice”.....” stopped at hotel nearby to medical center”.....” medical center also provide chauffeur service from hotel to medical center”.....not much of difficulties.....managed well and accommodating.....also along the way explained the places around the city”

Respondent B:

“ride was comfortable, good, and safe.....” since been here before travelling around city was easyable to find the hotel and the medical center”.....” arrived at medical center safe and sound.....” tiredness still there but ok.....”.....familiar with the city”I am comfortable travelling around city.....”sometimes travel alone in a taxi from the hotel to medical center which was safe and sound.....”

Respondent C:

The tour agency arranged the transport from airport to hotel and then admission to the medical center”.....”even though I am sick but I enjoyed travel which safe and comfortable”.....”the driver of chartered car was very helpful and also brought for sightseeing before admission at the medical center.....”medicalcentre arranged transport from the airport and very helpful” entire journey was well planned and comfortable.....” I have no complaint.....travelling was ok and good.....” Next time I ant to come again....”

Respondent D:

“lack of coordination between travel agency from my home country and here....”In the airport waited for at least one hour....despite very tiring and exhausted” journey was difficult one.....” I have arranged my own transport at the lobby of the airport.....” my spouse brought me and distant from airport to city center was more than 2 hours.....frightening experience”.....I got exhausted and not well.....sometimes tired”.....”since I am sick and the travel made worst.....” long distant difficult”.....”just miscommunication between the travel agency.....and I paid the price.....” I was angry with the travel agency for poor service which I had difficult and worst travel.....I not happy.....however I reach my destination...”

Respondent E:

“I reached to medical center safe and in one peace.....”nothing to worry”.....”I am very happy to travel with my family ”.....”distant was far but I enjoyed myselftraveling and very comfortable”...”the medical centre arranged car from airport to the hotel and then to the medical center.....”.....stopped in between the journey for refreshing at rest area....” a safe and good travel....I say.....”even my family had a good trip and enjoyed their journey.....” they like it here.....”a peaceful travel...”