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Factors Determinant of Patients' Satisfaction towards Health Tourism in Malaysia

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ABSTRACT

Health tourism is a new form of tourism which is increasingly getting popularity around the world. Recently, Malaysia has become a favourite destination for health tourism. In order for Malaysia to attract more health tourists, it is imperative to determine the crucial factors concerning patients' satisfaction. This research has been designed to analyze the factors that may affect patients' satisfaction with health tourism, particularly in the context of Malaysia. Specifically, the study tries to examine the relationship between patients' satisfaction and cost, service quality, motivation, destination image and perceived value. With the aim of achieving these objectives, this study has developed a framework on the basis of prior studies. In addition, data has been collected via self-structured questionnaire from patients visiting Malaysia, specifically Kuala Lumpur for the purpose of health tourism. The collected data from the respective respondents were analyzed through Statistical Package for Social Sciences (SPSS). SPSS has been used in order to assess the demographic profile of the respondents, run exploratory factor analysis and multiple regression analysis. The findings of the study demonstrated that cost, service quality and motivation are significantly related to satisfaction toward health tourism, whereas destination image and perceived value are not.

Keywords: Patients' Satisfaction, Health Tourism, Malaysia

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INTRODUCTION

Travelling for the purpose of improving one's health has become a common occurrence as health is certainly considered to be one of the most valued assets of humans (Yang et al., 2015). Health encompasses more than the physical attributes. From a holistic perspective, health denotes a complete state of physical, mental as well as social well-being of individuals which is not merely limited to the absence of diseases or illnesses (Aydin & Karamehmet, 2017). On the other hand, World Tourism Organization (WTO) has described tourism as the activities undertaken by individuals travelling to as well as residing in a place that is far from their usual environment for leisure, business or other purposes for less than one consecutive year. In line with this description, it can be asserted that the aspect of tourism is not restricted to recreational travels rather also constitutes travels undertaken for other reasons such as business and medical purposes. Travels pertaining to health-care services may either be curative (medical), specifically for obtaining a particular treatment needed, or on the other hand, it can also be preventive or wellness oriented (Aydin & Karamehmet, 2017). Under such circumstances, health tourism can be described as the act of travelling from an individual's place of residence to another in order to obtain health-related services (Aydin & Karamehmet, 2017). Moreover, besides the health-related services, health tourists may also acquire other benefits as a result of the various touristic opportunities encountered during their visits. Yet, such aspects are considered to be secondary as the primary concern of health tourists is the enhancement of the quality of life through the attainment of health-care services (Genc, 2012). Even though health tourism has been explicated differently by different researchers, according to Helmy (2011) the concept of health tourism denotes a wide spectrum of aspects comprising of healthcare, health assessment, surgery, followed by beauty, health spa, cure, rehabilitation along with convalescence with leisure as well as recreational activities at a particular destination. Moreover, the author has further divided health tourism into three respective subsets which are first of all medical tourism secondly, medical wellness tourism and thirdly, wellness tourism. On the other hand, others are of the opinion that health tourism includes medical and wellness tourism (Smith & Puczko, 2009 as cited in Lee & Kim, 2015). In an agreement with such views, Lee and Kim (2015) noted that a comprehensive definition of health tourism comprises of both medical and wellness tourism.

Health tourism is an alternate niche market in the tourism business which has grown rapidly (Chang & Beise-Zee, 2013). Factors that motivate health tourists to look for cures outside their own country are low-cost remedial measures, more progressive hi-tech services and tools, worldwide qualified skilled medics and nurses, and outstanding healthcare facilities. Therefore, health tourism and related industries have been considered as one of the most rewarding hospitality sectors for many tourism nations, especially the developing ones (Han, 2013; Heung et al., 2011). Moreover, over the past few decades, health tourism has been made possible as well as more affordable due to globalization. Such phenomenon lends support to the fact that globalization is no longer restricted to manufacturing since the provision of health services has also begun to transcend national boundaries. Globalization is held responsible for providing many developing nations with the opportunity of becoming the primary destinations for health tourism (Aniza et al., 2009).

A review of the literature reveals that developing countries are attracting a substantial number of health tourists. According to Aniza et al. (2009), the primary reason for patients seeking healthcare in developing countries is cost. They further added that developing countries offer exceptional health cures at a less expensive rate in comparison

to many developed countries such as the United States and the United Kingdom. Recently, Asia has emerged as one of the most visited destinations for health tourism (Lee & Kim, 2015). In the Asian region, Malaysia occupies an integral position when it comes to health tourism (Aniza et al., 2009). In the year 2015, the country generated RM 588.6 million in healthcare travel revenue and received a total of 859,000 healthcare tourists (Malaysia Health Travel Council, 2016). The promotion of health tourism for future economic sustainability has become one of the primary agendas as the government aspires to make Malaysia the regional hub for healthcare tourism (Eleventh Malaysia Plan; 2015). Although Malaysia is globally regarded as one of the most visited destinations for tourism (Salleh et al, 2007), its acceptability as the leading health tourism destination in the region is yet to be achieved. Substantial efforts are being directed by the government in order to promote the health tourism industry of the country. Under such circumstances, identification of the underlying factors that may impact patients' satisfaction with health tourism has emerged as a vital issue specifically for the healthcare industry of Malaysia. However, a comprehensive study toward investigating its competence as a health tourism destination has not been done yet. Very limited effort has been directed toward inspecting the factors that may affect patient's satisfaction with health tourism, particularly in the setting of Malaysia.

When it comes to health tourism, cost, service quality, motivation, destination image and perceived value are of utmost importance. In order to gain a comprehensive understanding about patients' satisfaction with health tourism it is essential to consider these respective aspects. However, a review of literature has shown that there is a dearth of research that has taken into account the simultaneous impact of these aspects on patients' satisfaction with health tourism. Therefore, the present study has been developed with the objective of examining the relationship between patients' satisfaction and cost, service quality, motivation destination image and perceived value particularly, focusing on Malaysia.

LITERATURE REVIEW

Patients' Satisfaction with Health Tourism

From a general perspective, satisfaction can be defined as individuals' post-consumption assessment regarding a product or service (Gunderson et al. 1996). When it comes to tourism, satisfaction is generally associated to tourists' emotional state, whereby tourists are believed to generate a sense of satisfaction when they visit the destination of their choice (Alegre and Garau, 2010). Hence, from the perception of tourists satisfaction resembles the pleasure that is received by tourists post visiting a certain destination. Under such circumstances, satisfaction is an outcome of the comparison between tourists' expectations towards the service and the actual services that are provided to them (Chen and Tsai, 2007). Tourists are said to be satisfied in the event when the service that is provided to them is congruent to their expectation. On the basis of such grounds, patients' satisfaction can be described, perhaps, as the relationship between patients' expectations of the services of healthcare providers and the actual service that is provided by healthcare organizations. Whereby, patients are considered to be satisfied when the actual healthcare service matches their expectations.

On the basis of a review of the prior literature, it can be asserted that satisfaction with health tourism can result from different aspects. Cost is considered to be one of the most important aspects of health tourism (Hall, 2012). It has been further suggested by Aydin & Karamehmet (2017) and Eissler and Casken (2013) when planning for health-

related tourism, the cost is an essential consideration. In an agreement with this notion, Crooks et al. (2011) asserted that cost is one of the primary factors that drive satisfaction toward health tourism. Motivation has also been found to share a meaningful relationship with tourists' satisfaction (Mohamad et al., 2017; Utama et al., 2014). Furthermore, patients satisfaction is said to be a result of the image of the destination (Hassan and Hemdi, 2016; Thayarnsin; 2016). On the other hand, others are of the opinion that it becomes difficult for healthcare organizations to satisfy tourists without providing high-quality service (Lee and Kim, 2015; Marković, 2014) and value (Ozer et al., 2017; Sir, 2017). Thus, service quality offered to patients and their perception regarding value is also very important concerns for patients' satisfaction.

Cost and Patients' Satisfaction with Health Tourism

Cost is a very crucial issue in the hospitality/leisure industry. For many types of industries, including those in hospitality and leisure industry, it is enormously significant to see whether clients perceive costs and costs fluctuations to be acceptable or insufficient (Ryu & Han, 2010). Client's worries about cost objectivity affect their product or service-choice behaviour (Ryu & Han, 2010). Clients frequently use the fairness of fee as a sign once evaluating their product and service experiences and making their attitudes toward the provider (Varki & Colgate, 2001). Customer's decisions about whether a company's fee is realistic or not often result in negative decisions regarding that company (e.g., deciding to spread negative word of mouth) and often increase price sensitivity (Oliver, 1997).

According to Zeithaml et al. (1988), the word 'price' has both financial and non-financial facets. The financial aspect is the neutral cost (i.e., actual price) of a product or service, while the non-financial aspect is the cost as perceived by consumers (i.e., encoded price) (Jacoby, 1977). Chen et al. (1994) defined the encoded price as a person's judgment of the reasonableness of the cost of a product or service compared to prices charged by competing companies. Many academics have mentioned that due to the density of the pricing environment in the hospitality/travel sector, it is essential to use the genuine price of a product or service when observing its role in clients' decision-making processes (Chen et al., 1994). According to Zeithaml (1988), clients have a tendency to recall the encoded/perceived price rather than the real price after personally measuring price rationality compared to reference prices provided by competitors.

The aspect of cost also plays an important role in terms of health tourism (Cortez, 2008). It has been further added by Lagace (2007) that when patients plan for travelling for health purposes cost is highly taken into consideration by them. Hall (2012) noted that cost is one of the most vital aspects that motivate patients in the event of travelling for health care to a host country. One of the major reasons for patients to pay so much importance to cost is the fact that many times patients are unable to bear the treatment costs in their home country hence, they prefer to travel to different countries where health treatments can be done at a relatively cheaper cost (Aydin & Karamehmet, 2017; Eissler and Casken, 2013; Tunrer, 2010). Thus, based on such notion it is hypothesized that:

H1: There is a positive relationship between cost and patients' satisfaction with health tourism.

Service Quality and Patients' Satisfaction with Health Tourism

Conceptualizations of perceived quality of products and services differ little in the extant literature, but an essential aspect of this concept is the process of evaluating the products and services offered by a particular company for excellence against alternatives provided

by competitors (Han & Ryu, 2006). This kind of quality usually contains two key aspects: main-product and service-product performances (Bitner et al., 1990). The worth of main product indicates the performance of the basic product relative to its value (Clemmer, 1990) while service-product value proposes the acts resulting from relations with service staffs (Price et al., 1995). In the current research, observed health value refers to a person's assessment of main health product performance (e.g., excellence of medical care, surgical/medical skills); and perceived service quality shows the evaluation of the service performance of health specialists and staff (e.g., efficient/ comfortable communication, kindness).

The quality of service provided by healthcare providers is an essential factor for patients. As patients undertake the initiative for travelling to a different country, they look for superior quality treatments along with services. This satisfies the patients and they are in search of hospitals that deliver quality services (Connor et al., 1994). Likewise, the delivery of quality service is obligatory for the purpose of satisfying foreign patients in order to visit them (Parasuraman et al., 1988). Tam (2007) had measured nine variables similar to the key parts of the health tourism experience in Malaysia and impacts on patients' satisfaction. They are doctors' specialized quality, doctors' interpersonal consideration abilities, nature of medical caretakers, nature of bolster staff, the productivity of the arrangement framework, holding up time, the term of the interview, physical environment and admiration for patients' security. Tam (2007) additionally incorporated the general consumer perception of tourists in Malaysia with the travel and proposition to return to, and remarks and recommendation which might be utilized to additionally enhance or update the administrative assistance to the guests.

There is a constructive effect of value change on customer perception and expectation to return to SERVQUAL scale for evaluating customer's view of administration value in the doctor's facility surroundings. They had altered the SERVQUAL scale as per their research. The research had dignified the customer's discernment and desire with five measurements (unmistakable quality, dependability, responsiveness, certification and compassion), aims and general rating. Mostafa (2005) utilized SEM to quantify the current desire and recognition held by patients and recognized the significant administration quality measurement utilized by patients to assess administration quality in Malaysia. Cho et al. (2004) had assessed 30 items which were produced in view of three centre gathering meetings and the SERVQUAL scale and perception (3 items) was measured utilizing an already accepted scale. Yildiz and Erdogmus (2004) utilized 40 items and recognized 35 items which were named as nutritious consideration, doctor consideration, room air, a methodology of approaching patients, room cleanliness and other services as identified by the patient. Researchers are of the opinion that superior service quality is mandatory for satisfying patients (Lee and Kim, 2015). The importance of service quality in terms of patients' satisfaction has also been highlighted by other researchers as well (Marković, 2014; Quintela et al., 2011). Hence, it is hypothesized that:

H2: There is a positive relationship between service quality and patients' satisfaction with health tourism.

Motivation and Patients' Satisfaction with Health Tourism

Motivation plays a significant role when it comes to travelling. In terms of travelling motivation denotes a set of interest that influence tourists to travel (Mohamad et al., 2017). In a line of researchers it has been found that tourists are motivated to travel on the basis of

push and pull motivational aspects (Utama et al., 2014). As indicated by Garcia-Altes (2005), the concise time for operation is a key part that improves the utmost of private offices to attract outside patients to Malaysia. Reasons and necessities cause to arise and continue to identify the overall behaviour of individuals; in other words, motivation is the need that push people to behave in a certain way in order to attain the desired satisfaction (Newstorm and Davis, 2004). Necessities push conduct and to comprehend inspiration, it is basic to find what those needs are and how they can be satisfied. For health tourism, other than the expense related, particular variables, for the case, the nature of the human organizations, association, supplier, essential travel methodology, draw in destinations, and the security and soundness of the country does impact voyagers' satisfaction. In a number of prior studies, motivation was found to have a significant association with tourists' satisfaction. For instance, Yoon and Uysal (2005) uncovered that motivation plays an important role in terms of tourists' satisfaction. Similar results were also derived by Valle et al (2006). Utama et al. (2014) also stated that motivation is a direct predictor of tourists' satisfaction. Hence, it is hypothesized that:

H3: There is a positive relationship between motivation and patients' satisfaction with health tourism.

Destination Image and Patients' Satisfaction with Health Tourism

There is no decided specific definition for destination. Hereafter, to define and clarify what essentially comprises a destination is quite difficult to describe in a few words. International Association of Scientific Experts in Tourism (AIEST) suggests that "a destination is a travel goal which the customer wants to visit due to some specific attractions that the destination offers. According to AIEST, these attractions can be natural or artificial, which might exist before tourism or made for the traveller". Seaton and Bennett supported a different perspective of the concept. Seaton and Bennett (1996) they defined it as "the catalyst link that precipitates all other industries in the tourism sector".

From the past it has been an issue at hand, looking at the customer satisfaction based on the services provided or that is to be rendered to them as it is intensively discussed the topic in the areas of customer and marketing examination. Lately, consumer fulfilment has attracted new attention within the background of the paradigm move from transactional marketing to relationship marketing (Gronroos, 2001). This has to do with the destination and the facilities that the destination has to provide. Smith and Swinehart (2001) revealed a strong relationship between the value of a product or facility and the fulfilment of consumers. Health tourism is the fastest developing amenity in both industrialized and emerging nations (Dey et al., 2006).

Healthcare industry together with tourism has led for many countries of being one of the biggest service industries, where health tourism is providing substantial financial benefits for many destination nations. Indeed, health tourism is seen as one of the fastest developing tourism segments in the world (Bookman & Bookman, 2007; Han & Hwang, 2013; Heung et al., 2011). In order to gain a greater market share in an increasingly competitive medical tourism industry, many medical clinics and hospitals in destination nations have been upgrading their services and facilities. (Hume & DeMicco, 2007; Sheehan-Smith, 2006). In Malaysia case, in order to reduce these problems and inconveniences, most of the clinics have made improvements to the superiority of health care by including more capable medical professionals, lowering the nurse-patient ration and adding more modern medical facilities. They have improved the service performances such as: well hotel-style service training to provide genuine courtesies and improve

provider competence, increased numbers of well-trained service employees, more efficient communication via same-language staff with excellent medical knowledge in order to attract a greater number of international travellers.

From destination comes destination image. From the perspective of tourism, the aspect of destination image reflects a particular place is perceived by tourists prior to visiting that place (Webster and Ivanov, 2007). Hence, it is important to undertake sufficient promotional activities in order to attract tourists toward a specific destination. In the past studies have acknowledged that the image held by a destination plays a major role in augmenting tourists' satisfaction toward a destination (Mohamad et al., 2011; Chen and Tsai, 2007). This is for the reason that when tourists have positive perception toward the image of a given destination they can be easily satisfied as it provides a sense of mental satisfaction toward that destination (Kozak and Rimmington, 2000). From a similar perspective, such a relationship has also been verified by Chi and Qu (2008) whereby, it has been pointed out that there are various factors that affect tourists' satisfaction; however the most prominent is destination image. In the context of healthcare tourism, it has also been asserted by Thayarnsin (2016) that the image of the destination plays an integral role when it comes to patients' satisfaction. Similar results were also derived by Hassan and Hemdi (2016). Hence, it is hypothesized that:

H4: There is a positive relationship between destination image and patients' satisfaction with health tourism.

Perceived value and patients' satisfaction with health tourism

Perceived value is considered to be a vital aspect in the area of tourism as it is regarded as a crucial element of relationship based marketing (Oh, 2003). It is also an important factor when it comes to the decision making the process of individuals (Sweeney & Soutar, 2001). The element of perceived value basically makes a comparison between the benefits or in other words the output attained from a product or services with its price (Zeithmal, 1988; Teas and Agarwal, 2000). Hence it shares a close relationship with satisfaction and satisfaction is said to occur when individuals are of the opinion that they have attained a positive value. Generally, perceived value comprises of two respective factors which are first and foremost, the benefits that are attained which can be in the form of social, economic as well as economic and secondly, sacrifices which comprises of the price they must be paid for a given product or service along with the time that is spent on acquiring the product or service (Oh, 2003).

In the past, a line of studies has uncovered that perceived value is a strong predictor of satisfaction. It has been asserted by Petrick and Backman (2002) that perceived value is an influential aspect of satisfaction. Such an interrelationship has also been identified by Sureshchandar et al. (2002). Moreover, the influence of perceived value has also been extended to the area of tourist satisfaction. The findings of a number of studies in tourism have demonstrated similar outcomes whereby, the perceived value was found to share a significant correlation with tourist satisfaction (Chen and Chen, 2005, Huang and Su, 2010). Moreover, the perceived value was also found to be a significant predictor of patients' satisfaction (Ozer et al., 2017; Sir, 2017). Hence it is hypothesized that:

H5: There is a positive relationship between perceived value and patients' satisfaction with health tourism.

Conceptual Framework of the Study

The conceptual framework has been developed based on the findings of prior studies for the purpose determining the factors that may affect patients' satisfaction with health tourism in Malaysia. Figure 2 given below depicts the conceptual framework of the study.

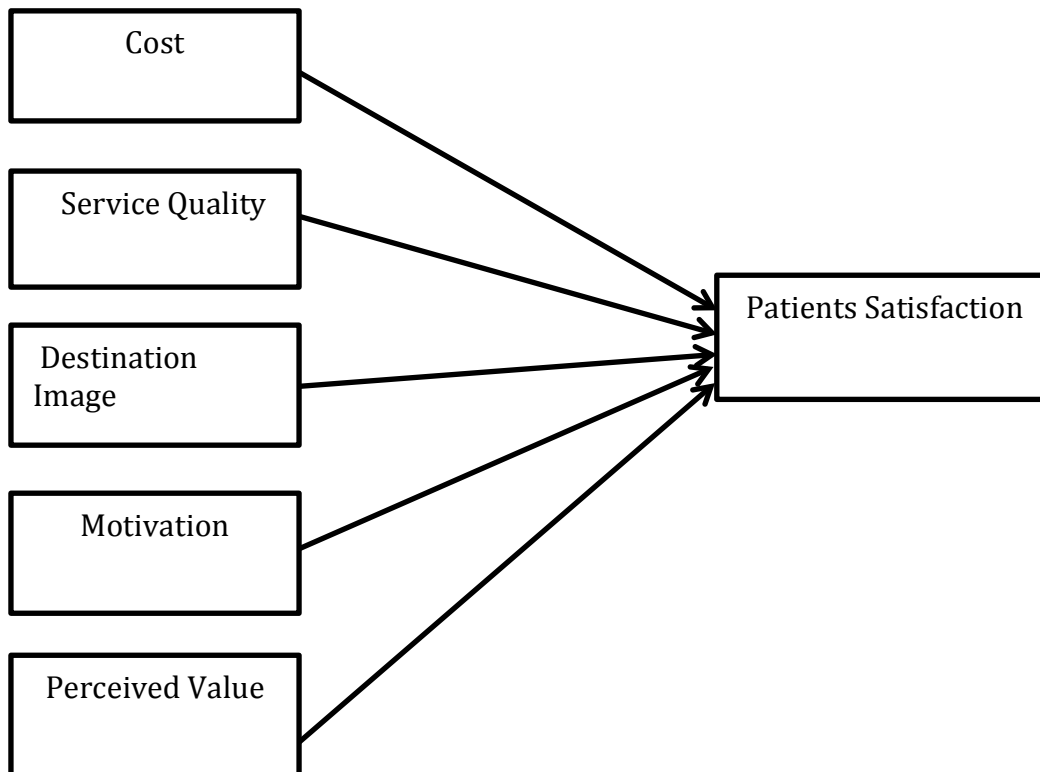


Figure 2: Conceptual Framework of the Study

METHODOLOGY

The current study has been built on the basis of a deductive approach and attempts to determine the effects of various factors on patients' satisfaction with health tourism in Malaysia through the employment of a quantitative research method. Quantitative method is appropriate for the present study as it seeks to identify and test relationships between variables (Hair et al., 2009). Moreover, as the majority of the studies undertaken on health tourism is qualitative in nature and focuses on issues pertaining to its conceptualization and description (Lee and Kim 2015; Aydin & Karamahmet, 2017), there is a lack of quantitative studies on this particular issue. As a result, it has become important to perceive this issue from a quantitative perspective. Therefore, the present study focuses on examining the aspects that may affect patients' satisfaction with health tourism through collecting the required data from foreign patients in Malaysia. As the study focuses on patients' satisfaction with health tourism, it is rational to conduct the study through gathering data from patients visiting Malaysia for obtaining health-related services. Hence, the target population of the present study consists of patients visiting in Malaysia for healthcare purposes particularly, Kuala Lumpur as this region has the highest number of tourists and hospitals accommodating foreign patients in the nation. The participants were chosen on the basis of random sampling which is categorized under the probability sampling method.

The main reason for the employment of a probability sampling method is that it is able to provide an appropriate representation of the population (Hair et al., 2009). Thus, through the employment of such a sampling method, it is believed that the required data will be collected in an efficient manner by ensuring randomness (Hair et al., 2009). For the purpose of this research, data were collected from a total of 225 respondents through the distribution of self-administered questionnaires to patients in various hospitals in Kuala Lumpur. The questionnaire included a total of 7 sections whereby the first 6 sections comprised of questions on the variables of the study and the last section focused on the respondents' demographic characteristics. After the data collection process was completed, they were statistically analysed through (SPSS). SPSS has been employed as it provides researchers with a meaningful way to analyse the demographic characteristics of the respondents, shrink a substantial amount of data into smaller data sets through exploratory factor analysis as well as analyse the relationship between the independent and dependent constructs through multiple regression analysis (Hair et al., 2009; Pallant, 2010).

Demographic Information

Descriptive statistics specifically frequencies, measures of central tendencies as well as dispersion were done in order to understand the demographic characteristics of the respondents in terms of gender, age, marital status, employment and monthly income. Table 1 provided below illustrates the descriptive statistics in accordance to the demographic characteristics.

Table 1: Demographic Information

Variable	Frequency	Percentage (%)
Gender		
Male	145	64.4
Female	80	35.6
Age		
20 years old or younger	18	8.0
21 to 30 years old	33	14.7
31 to 45 years old	74	32.9
46 to 60 years old	63	28.0
Above 60 years old	37	16.4
Marital Status		
Married	25	11.1
Unmarried	189	84.0
Divorced	7	3.1
Widowed	4	1.8
Employment		
Government	35	15.6
Private	93	41.3
Self-Employed	26	11.6
Student	21	9.3
Housewife	42	18.6
Others	8	3.6

Monthly Income		
RM1,000 - RM2,000	33	14.7
RM2,001 - RM3,000	56	24.9
RM3,001 – RM5,000	52	23.1
RM 5,001 – RM 7,500	36	16.0
RM 7,501- RM10,000	23	10.2
Above RM10,000	25	11.1

Exploratory Factor Analysis (EFA)

Factor analysis is one of the highly used techniques for determining the dimensions in multivariate data analysis. Factor analysis basically eliminates the redundant as well as variables that have high correlation with each other.

Table 2: KMO and Barlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.876
Bartlett's Test of Sphericity	Approx. Chi-Square	2542.898
	df	190
	Sig.	.000

Kaiser- Meyer- Olkin (KMO) is used for the purpose of measuring the proportion of variance present in the variables. It verifies if the partial correlations among the variables are small or not. In addition to this study, a KMO value of 0.877 has been attained. As this value is greater than 0.8 it is regarded to be excellent. From a similar point of view, the result of Bartlett's test is 0.000 which in other words is less than 0.005. Such statistical outcome demonstrates the absence of high correlation or coefficient among the items hence, suggesting that EFA can be conducted.

Reliability Analysis

It is very important to find the scales that we have used in the questionnaire are reliable. One of the main reasons to do the reliability test is to check the consistency of the data. That refers to the degree to which the items that make up the scale are consistent with each other which means all the measuring express the same underlying construct. The reliability of the items in the questionnaire is investigated with Cronbach's Alpha. Ideally, the Cronbach's Alpha coefficient of a scale should be .7 and above (Pallant, 2010).

Table 3: Reliability Test

Component	Cronbach's Alpha	N of items
Cost	.922	6
Service Quality	.921	5
Motivation	.862	6
Destination Image	.811	8
Perceived Value	.804	7
Patients Satisfaction	.872	4

Rotated Component Matrix

For the purpose of this study Varimax rotation has been used in order to minimize the number of variables that have high loading on each factor. This method has been used as it is an orthogonal rotation method that minimizes the number of variables that have high loading on each factor. This method simplifies the interpretation of the factors. Now, it is important to see the content of the questions loading of the same and also try to examine common themes among them. The table provided below shows the result of the rotated component matrix.

Table 4: Rotated Component Matrix

Code	Cost	Component				
		Service Quality	Motivation	Destination Image	Perceived Value	Patients' Satisfaction
CT14	.856					
CT12	.831					
CT15	.784					
CT13	.775					
CT16	.773					
CT11	.762					
SQ4		.816				
SQ2		.809				
SQ3		.784				
SQ5		.767				
SQ1		.761				
MT4			.837			
MT5			.831			
MT3			.824			
MT6			.821			
MT2			.658			
MT1			.595			
DI8				.687		
D17				.691		
D15				.665		
DI4				.663		
D16				.602		
D13				.590		
D12				.558		
DI1				.542		
PV4					.727	
PV5					.673	
PV3					.625	
PV6					.602	
PV7					.581	
PV2					.531	
PV1					.512	
ST2						.858
ST3						.842
ST1						.774
ST4						.721
Extraction Method: Principal Component Analysis.						
Rotation Method: Varimax with Kaiser Normalization.						
a. Rotation converged in 6 iterations.						

Hypotheses Testing

For the purpose of testing the hypotheses that have been derived for the study, regression analysis was conducted. Sekaran & Bougie (2009) noted that the major reason for the utilisation of regression lies in the fact that it facilitates researchers in determining the strength all the independent variables in a study toward predicting the dependent variable, Furthermore, it also demonstrates the which factor is the most influential in terms of influencing the dependent variable (Pallant, 2010). The results for patients' satisfaction are depicted in the table 5, 6, 7. The outcomes of the study demonstrated that the five IVs of the study (cost, service quality, motivation, destination image and perceived value) combined together represents approximately 60% of the DV. Henceforth, the respective model can be considered to be fit for the purpose of testing the hypotheses through the utilisation of t-value and p-value.

Table 5: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.624(a)	.595	.574	.48641378

a Predictors: (Constant), cost, service quality, motivation, destination image, perceived value

Table 6: ANOVA (b)

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	104.253	4	26.063	56.535	.000(a)
Residual	85.747	186	0.461		
Total	190.00	190			

a Predictors: (Constant), cost, service quality, motivation, destination image, perceived value

b Dependent Variable: patients' satisfaction

The hypotheses of the present study focus on the individual effect of five variables on patients' satisfaction with health tourism. The objectives of the study can be attained through testing the respective hypotheses. The strength of each of the independent variables on the dependent variable (patients' satisfaction with health tourism) has been addressed and depicted in table 7.

Table 7: Coefficients (a)

Hypothesis	Relationships	Standardized Coefficient (β)	T	Sig.	Results
H1	Cost → Patients Satisfaction	0.173	2.425	0.016	Accepted
H2	Service Quality → Patients Satisfaction	0.348	7.494	0.000	Accepted
H3	Motivation → Patients Satisfaction	0.182	2.475	0.014	Accepted
H4	Destination Image → Patients Satisfaction	0.090	1.568	0.118	Not Accepted
H5	Perceived Value → Patients Satisfaction	0.063	1.177	0.240	Not Accepted

a Dependent Variable: Patients Satisfaction

DISCUSSION

Based on the outputs of multiple regression analysis, a number of meaningful conclusions can be derived. The findings of the study demonstrated that cost shares a positive relationship with patients' satisfaction. Therefore, in accordance with such finding, it can be asserted that cost is an important aspect when it comes to patients' satisfaction with health tourism hence, accepting H1. This particular finding agrees with the findings of a number of past researchers whereby, it was stated by them that cost plays an integral role when it comes to the evaluation of health care services (Aydin & Karamehmet, 2017; Eissler and Casken, 2013; Hall, 2012; Tunrer, 2010; Lagace, 2007). The outcomes of the regression analysis have also provided support for the association between service quality and patients' satisfaction. A meaningful association was found between service quality and patients' satisfaction. Therefore, H2 is also accepted. Similarly, in the past, Lee and Kim (2015) stated that service quality plays a crucial role in terms of health tourism. The importance of service quality for generating satisfaction has also been acknowledged by a number of other researchers (Marković, 2014; Quintela et al., 2011; Tam, 2007). Then comes H3, which looked into the link between motivation and patients' satisfaction. The results of the hypotheses testing lend strong support for the presence of a positive relationship between these two constructs in the context of patients' satisfaction as well, which led to the acceptance of H3. Thus, it can be noted that among other factors patients' satisfaction is also driven by their motivation. Similar findings were also derived in the past whereby, motivation was found to be significantly associated to satisfaction (Hassan and Hemdi; 2016; Utama et al., 2014; Valle et al 2006; Yoon and Uysal, 2005). On the other hand, the next two factors namely, destination image and perceived value were not significantly related to patients' satisfaction hence, H4 and H5 are not supported. Such findings, in turn, denote that patients' satisfaction is not a consequence of the image held by the destination as well as the value provided to them. Even though such findings contradict with a line of prior studies (Ozer et al., 2017; Sir, 2017; Hassan and Hemdi, 2016; Thayarnsin, 2016; Chen and Chen, 2005), an insignificant impact of image and perceived value on satisfaction is supported by the results of the studies undertaken by Wu and Zheng, (2014) and Wantara (2016).

IMPLICATIONS AND CONCLUSION

On the basis of the outcomes of the current study, a number of recommendations as well as suggestions can be made to healthcare organisations in Malaysia in order to enhance their patients' satisfaction. First and foremost, as the cost has been found to play an important role in terms of influencing patients' satisfaction, it is necessary for healthcare institutions to highly take into consideration this factor and charge a price that the patients are willing and afford to pay. Next, the positive and significant association between service quality and patients' satisfaction indicated the importance of providing superior quality of service to the patients. Hence, in order to keep their patients' content, healthcare institutions should strive toward continuously augmenting the quality of their service. Motivation has also been found to be significantly associated with patients' satisfaction. Therefore, the management of healthcare institutions should provide superior facilities that would motivate the patients' and in turn increase the satisfaction level. On the other hand, there seems to be no significant relationship between destination image, perceived value and patients' satisfaction. Hence, effort must be directed by the healthcare institutions to improve their image and value in the minds of the customers through various marketing strategies as well as providing patients with more benefits.

RECOMMENDATIONS FOR FUTURE RESEARCH

This study aspires to make several recommendations and open the door of investigation for future researchers. First and foremost, in future the current study can be further developed through collecting data from a larger sample size. This, in turn, would surely enhance the generalizability of the findings. Next, the model of the study can also be developed by adding new variables as well as testing mediating and moderating effects. Last but not least, it would also be interesting if the study is extended by conducting a comparative study perhaps by collecting data from two different countries and comparing the results.

REFERENCES

- Aniza, I., Aidalina, M., Nirmalini, R., Inggit, M., & Ajeng, T. (2009). Health tourism in Malaysia: the strength and weaknesses. *Journal of Community Health, 15*(1), 7-15.
- Alegre, J., & Garau, J. (2010). Tourist satisfaction and dissatisfaction. *Annals of tourism research, 37*(1), 52-73.
- Aydin, G., & Karamehmet, B. (2017). Factors affecting health tourism and international health-care facility choice. *International Journal of Pharmaceutical and Healthcare Marketing, 11*(1), 16-36.
- Bitner, M. J., Booms, B. H., & Tetreault, M. S. (1990). The service encounter: diagnosing favorable and unfavorable incidents. *Journal of Marketing, 54*, 71-84.
- Bookman, M.Z. & Bookman, K.R. (2007). *Medical Tourism in Developing Countries*. New York: Palgrave Macmillan.
- Chang, L., & Beise-Zee, R. (2013). Consumer perception of healthfulness and appraisal of health-promoting tourist destinations. *Tourism Review, 68*(1), 34-47.
- Chen, C. F., & Chen, W. Y. (2005). A study on the relationship between image, perceived value, satisfaction and post-purchase behavioral intention of study tour for university students. *J. Outdoor Recreation Study, 18*(1), 23-46.

- Chen, C. F., & Tsai, D. (2007). How destination image and evaluative factors affect behavioral intentions?. *Tourism management*, 28(4), 1115-1122.
- Chen, I. J., Gupta, A., & Rom, W. (1994). A study of price and quality in service operations. *International Journal of Service Industry Management*, 5(2), 23-33.
- Chi, C. G. Q., & Qu, H. (2008). Examining the structural relationships of destination image, tourist satisfaction and destination loyalty: An integrated approach. *Tourism management*, 29(4), 624-636.
- Cho, Y.T., Frisbie, W.P., Rogers, R.G. (2004) Nativity, duration of residence, and the health of Hispanic adults in the United States. *International Migration Review*, 38(1), 184-211.
- Clemmer, J. (1990). The three rings of perceived value. *Canadian Manager*, 15(2), 12-15.
- Connor, S. J., Shewchuk, R. M., & Carney, L. W. (1994). The great gap. *Marketing Health Services*, 14(2), 32-39.
- Cortez, N. (2008). Patient without borders: the emerging global market for patients and the evolution of modern health care. *Forthcoming Indiana Law Journal*. 83, 71.
- Crooks, V. A., Turner, L., Snyder, J., Johnston, R., & Kingsbury, P. (2011). Promoting medical tourism to India: Messages, images, and the marketing of international patient travel. *Social Science & Medicine*, 72(5), 726-732.
- Dey, P. K., Hariharan, S., Brookes, N. (2006). Managing healthcare quality using logical framework analysis, *Managing Service Quality: An International Journal*, 16(2), 203 – 222.
- Eissler, L. A., & Casken, J. (2013). Seeking health care through international medical tourism. *Journal of Nursing Scholarship*, 45(2), 177-184.
- Eleventh Malaysia Plan. (2015). Anchoring Growth on People. Retrieved from https://www.talentcorp.com.my/clients/TalentCorp_2016.../RMKe-11%20Book.pdf
- Garcia-Altes, A. (2005). The Development of Health Tourism Services. *Spain Annals of Tourism Research*, 32(1), 262–266.
- Genc, R. (2012), Physical, psychological, and social aspects of QOL medical tourism, in Uysal, M., Perdue, R.R. and Sirgy, M.J. (Eds), *Handbook of Tourism and Quality-of-Life Research: Enhancing the Lives of Tourists and Residents of Host Communities*, Springer Science_Business Media B.V., 193-207.
- Gronroos, C. (2001). The perceived service quality concept – a mistake? *Managing Service Quality: An International Journal*, 11(3), 150 – 152.
- Gunderson, M. G., Heide, M., & Olsson, U. H. (1996). Hotel guest satisfaction among business travelers. *Cornell Hotel and Restaurant Administration Quarterly*, 37(2), 72-81.
- Hair, J. F., Bush, R. P., & Ortinau, D. J. (2009). *Marketing research: in a digital information environment*. New York: McGraw-Hill/Irwin.
- Hall, C. M. (2012). *Medical Tourism: The Ethics, Regulation, and Marketing of Health Mobility*. Oxon: Routledge.
- Han, H. (2013). The healthcare hotel: Distinctive attributes for international medical travelers. *Tourism Management*, 36, 257-268.
- Han, H., & Hwang, J. (2013). Multi-dimensions of the perceived benefits in a medical hotel and their roles in international travelers' decision-making process. *International Journal of Hospitality Management*, 35, 100-108.
- Han, H., & Ryu, K. (2007). Moderating role of personal characteristics in forming restaurant customers' behavioral intentions: An upscale restaurant setting. *Journal of Hospitality & Leisure Marketing*, 15(4), 25-54.

- Hassan, N. A., & Hemdi, M. A. (2016). The Influence of Destination Image on Medical Tourist's Intention for Future Destination Choice. *Environment-Behaviour Proceedings Journal*, 1(1), 178-185.
- Helmy, E. M. (2011). Benchmarking the Egyptian medical tourism sector against international best practices: an exploratory study. *Tourismos*, 6(2), 293-311.
- 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.
- Huang, F., & Su, L. (2010). A study on the relationships of service fairness, quality, value, satisfaction, and loyalty among rural tourists. Paper presented at 7th International Conference of *Service Systems and Service Management*, Tokyo.
- Hume, L. F., & DeMicco, F. J. (2007). Bringing hotels to healthcare: a Rx for success. *Journal of Quality Assurance in Hospitality and Tourism*, 8(1), 75-84.
- Jacoby, J. (1977). Consumer response to price: an attitudinal, information processing perspective. *Moving ahead with attitude research*. Wind, Y. and Greenberg, M. (eds.), Chicago, American Marketing Association.
- Kozak, M., & Rimmington, M. (2000). Tourist satisfaction with Mallorca, Spain, as an off-season holiday destination. *Journal of travel research*, 38(3), 260-269.
- Lagace, M., & Khanna, T. (2007). The rise of medical tourism. *Harvard Business School Working Knowledge*. Retrieved from <https://hbswk.hbs.edu/item/the-rise-of-medical-tourism>.
- Lee, J., & Kim, H. B. (2015). Success factors of health tourism: cases of Asian tourism cities. *International Journal of Tourism Cities*, 1(3), 216-233.
- Malaysia Health Travel Council (MHTC). (2016). Malaysia Medical Tourism Figures 2015. Retrieved from <https://www.mhtc.org.my/>
- Marković, S., Lončarić, D., & Lončarić, D. (2014). Service quality and customer satisfaction in the health care industry-towards health tourism market. *Tourism and hospitality management*, 20(2), 155-170.
- Mohamad, M., Ali, A. M., & Ab Ghani, N. I. (2011). A structural model of destination image, tourists' satisfaction and destination loyalty. *International journal of business and management studies*, 3(2), 167-177.
- Mohamad, N., Babba, A. U., Ghani, N. I. A., Halim, M. S. A., Loganathan, N., Awang, Zainudin. (2017). The effects of motivation on international tourists' destination loyalty satisfaction as a mediator. *The Social Sciences*, 12(10), 1759-1769.
- Mostafa, M. M. (2005). An empirical study of patients' expectations and satisfactions in Egyptian hospitals. *International Journal of Health Care Quality Assurance*. 18(7), 516-532.
- Newstrom, J. K. & Davis, 2004. *Organization Behavior*. McGraw-Hill.
- Oh, H. (2003). Price fairness and its asymmetric effects on overall price, quality, and value judgments: the case of an upscale hotel. *Tourism Management*, 24(4), 387-399.
- Oliver, R. L. (1997). *Satisfaction: A Behavioral Perspective on the Consumer*. New York: McGraw-Hill.
- Ozer, L., Başgöze, P., & Karahan, A. (2017). The association between perceived value and patient loyalty in public university hospitals in Turkey. *Total Quality Management & Business Excellence*, 28(7-8), 782-800.
- Pallant, J. (2010). *SPSS survival manual: A step by step guide to data analysis using SPSS*. Berkshire: Open University Press.
- Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (1988). Servqual: A multiple-item scale for measuring consumer perc. *Journal of retailing*, 64(1), 12-40.

- Petrick, J. F., & Backman, S. J. (2002). An examination of the construct of perceived value for the prediction of golf travelers' intentions to revisit. *Journal of Travel Research*, 41(1), 38-45.
- Price, L., Arnould, E., & Deibler, S. (1995). Consumers' emotional responses to service encounters. *International Journal of Service Industry Management*, 6(3), 34-63.
- Quintela, J. A., Correia, A. G., & Antunes, J. G. (2011). Service quality in health and wellness tourism—trends in Portugal. *International Journal of Business, Management and Social Sciences*, 2(3), 1-8.
- Ryu, K., & Han, H. (2010). Influence of the quality of food, service, and physical environment on customer satisfaction and behavioral intention in quick-casual restaurants: Moderating role of perceived price. *Journal of Hospitality & Tourism Research*, 34(3), 310-329.
- Salleh, N. H. M., Othman, R., & Ramachandran, S. (2007). Malaysia's tourism demand from selected countries: The ARDL approach to cointegration. *International journal of economics and management*, 1(3), 345-363.
- Seaton T, Bennett M (1996). *Marketing Tourism Products: Concepts, Issues and Cases*. International Thomson Business Press: Oxford.
- Sekaran U, Bougie R (2009) *Research methods for business: A skill building approach*. John Wiley and Sons, West Sussex.
- Sheehan-Smith, L. (2006). Key facilitators and best practices of hotel-style room service in hospitals. *The American Dietetic Association*, 106(4), 581-586.
- Sir, L., L. (2017) An Empirical Study On The Impact Of Patient Perceived Value On Patient Satisfaction In Private Hospitals In Klang Valley, Malaysia. *South East Asia Journal of Contemporary Business, Economics and Law*, 13(2), 71-77.
- Smith, M. and Puczko, L. (2009), *Health and Wellness Tourism*, Elsevier, Oxford. In Lee, J., & Kim, H. B. (2015). Success factors of health tourism: cases of Asian tourism cities. *International Journal of Tourism Cities*, 1(3), 216-233.
- Smith, A., Swinehart (2001), K. Integrated systems design for customer focused health care performance measurement: A strategic service unit approach. *International Journal of Health Care Quality Assurance*. 14(1), 21-28.
- Sureshchandar, G. S., Rajendran, C., & Anantharaman, R. N. (2002). The relationship between service quality and customer satisfaction—a factor specific approach. *Journal of services marketing*, 16(4), 363-379.
- Sweeney, J. C., & Soutar, G. N. (2001). Consumer perceived value: The development of a multiple item scale. *Journal of retailing*, 77(2), 203-220.
- Tam, J.L.M. (2007). Linking quality improvement with patient satisfaction: A study of a health service center. *Marketing Intelligence and Planning*. 25(7), 732-745.
- Teas, R. K., & Agarwal, S. (2000). The effects of extrinsic product cues on consumers' perceptions of quality, sacrifice, and value. *Journal of the Academy of marketing Science*, 28(2), 278-290.
- Thayarnsin, S., L. (2016). The Role of Risk, Image and Satisfaction on Destination Loyalty: Perspectives from International Medical Tourists toward Thailand as a Medical Tourism Destination. *Tourism Travel and Research Association: Advancing Tourism Research Globally*, http://scholarworks.umass.edu/ttra/2016/Grad_Student_Workshop/1
- Turner, L. (2010). "Medical tourism" and the global marketplace in health services: US patients, international hospitals, and the search for affordable health care. *International Journal of Health Services*, 40(3), 443-467.

- Utama, I. G. B. R., Putra, D., Nyoman, I., & Suradnya, I. (2014). Confirmation on the Motivation and Satisfaction Model of Foreign Senior Tourists. *International Journal of Scientific & Engineering Research*, 5(8), 1206-1215.
- Valle, P. O. D., Silva, J. A., Mendes, J., & Guerreiro, M. (2006). Tourist satisfaction and destination loyalty intention: a structural and categorical analysis. *International Journal of Business Science and Applied Management*, 1(1), 25-44.
- Varki, S., & Colgate, M. (2001). The role of price perceptions in an integrated model of behavioral intentions. *Journal of Service Research*, 3(3), 232-240.
- Wantara, P. (2016). Effect of Service Quality and Perceived Value Satisfaction and Loyalty Religious Tourists Visit Island Madura, Indonesia. *International Journal of Social Science and Economics Invention*, 2(4), 1-8.
- Webster, C., & Ivanov, S. (2007). National tourism organizations: Measuring the results of promotion abroad. *Turizam: znanstveno-stručni časopis*, 55(1), 65-80.
- Wu, S. I., & Zheng, Y. H. (2014). The influence of tourism image and activities appeal on tourist loyalty—A study of Tainan City in Taiwan. *Journal of Management and Strategy*, 5(4), 121.
- Yang, J. Y., Paek, S., Kim, T., & Lee, T. H. (2015). Health tourism: Needs for healing experience and intentions for transformation in wellness resorts in Korea. *International Journal of Contemporary Hospitality Management*, 27(8), 1881-1904.
- Yildiz, Z. Erdogmus, S.. (2004). Measuring Patient Satisfaction of the Quality of Health Care: A Study of Hospitals in Turkey. *Journal of Medical Systems*. 28 (6), 581-589.
- Yoon, Y., & Uysal, M. (2005). An examination of the effects of motivation and satisfaction on destination loyalty: a structural model. *Tourism management*, 26(1), 45-56.
- Zeithaml, V. A., Berry, L. L., & Parasuraman, A. (1988). Communication and control processes in the delivery of service quality. *The Journal of Marketing*, 35-48.