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# Service Culture of the Workforce in the Medical Tourism Industry: Is Malaysia on par with Thailand?

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## Abstract

Despite the progressive revenue trend, service providers in Malaysia's medical tourism have been receiving numerous complaints. Hence, this article sets to illustrate the behaviour of the service providers by describing whether they met the expectations of medical tourists. This study conducted twelve in-depth interviews with private hospitals, doctors and healthcare facilitators. Through Atlas.ti version 8, this study unveils that Malaysia lacks behind Thailand in providing patient-centric hospital services. Due to the 'doctor shopping' behaviour and word-of-mouth between patients, the present situation may hamper the growth of this industry as patients could easily opt for alternative options for their treatments.

**Keywords:** Medical Tourism; Private Healthcare; Service Culture; Service Providers' Behaviour

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## 1.0 Introduction

Service culture was not the initial motivation for the start of medical tourism in Malaysia in the late 1990s. The industry players opted for foreign patients due to the pressure from the Asian economic crisis thus needing the inflow of patients from neighbouring countries to cover the loss of local patients (Yeoh, Othman, & Ahmad, 2013). Today, the medical tourism industry is one of the key contributors to the economic growth in Malaysia due to the potential return that it brings. Apart from that, the country has also positioned itself as a quality healthcare provider at an affordable price (Nisha, 2017). Notwithstanding the growing trend of revenues and medical tourists, the service providers have been receiving complaints from the medical tourists on both the medical and non-medical departments.

Despite numerous studies that delineated the importance of service quality in medical tourism (Veerasoontorn, Beise-Zee, & Sivayathorn, 2011; Wang, 2017), the present article finds a gap on the narratives of service culture. Hence, this article is built on the grounds of the behaviour of Malaysia's service providers in running 'patient-centric' medical tourism services to health travellers. Therefore, the present article aims to delineate the narratives of the service culture in Malaysia's medical tourism industry in comparison with Thailand. Moreover, we also illustrate the proactive actions that have and could be taken to keep up with the demands. This exploratory study is only a small part of a more extensive research that we conducted. Hence, the comparison made is rather an emerging theme throughout the data collection process because the participants repeatedly mentioned about Thailand when asked about Malaysia's service culture. Therefore, empirical findings on Thailand are only based on the reviews and experiences of the participants while they were going through corporate visits to the country.

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## 2.0 Literature Review

Given the research problem and aim, the present section provides an overview of the existing literature about service culture and medical tourism in Malaysia. Hence, literature posits that service culture is a strong determinant to successful service quality in medical tourism. Nevertheless, past research fails to provide the narratives of service culture, which this article finds essential to bridge.

### 2.1 Overview of Literature on Service Culture

According to Gronroos (2007; cited in Hoang, Hill, & Lu, 2010), service culture is the presence of excellent service and delivers it to internal and external customers. Accordingly, Curtis and Upchurch (2008) have outlined that external customers are the recipients of the end service. Meanwhile, internal customers are the employees whose emotions, satisfaction and morale are equally important.

Research has proven the needs for a positive service culture, specifically in the hospitality and health industry, due to its encouraging effects on employee morale and productivity (Curtis & Upchurch, 2008). Consequently, it results in improved service quality, thus meeting customers' satisfaction (Ojo, Busayo, & Ifeoma, 2017). Furthermore, Ojo et al. (2017) have also unveiled that the service culture of the front-office staff plays a significant role in the success of the delivery of service quality in the hotel industry. Moreover, service marketing literature revealed that service culture results in, although non-exhaustive, service quality, patient expectation and satisfaction (Wang, 2017) and positive word-of-mouth (WOM) in the healthcare industry (Choi, Kim, & Lee, 2018). Hence, literature has proven the importance of service culture in the hospitality and health industries.

Service culture has a prominent role in delivering a successful service quality in a healthcare setting which will give effects on the patients' satisfaction, loyalty and positive WOM. Nevertheless, Hoang et al. (2010) are among the few scholars who explored the role of service culture by investigating the antecedents of service quality. Due to the lack of research that describes service culture in the medical tourism industry, this article aims to explore the narratives of service culture from the service providers' perspectives.

### 2.3 Overview of Medical Tourism in Malaysia and Thailand

Malaysia and Thailand began their medical tourism during the 1997 Asian financial crisis (Abd Mutalib et al., 2017; Lunt, Mannion, & Exworthy, 2013) as the local patients opted for public healthcare. This situation was due to their low purchasing power, which resulted in decreased utilisation of services in private healthcare (Yeoh et al., 2013). Consequently, private hospitals had to look for foreign patients to undergo medical treatments in Malaysia through a term called 'medical tourism'. Over the next two decades, the medical tourism industry has portrayed upward achievements especially in the number of international tourists and revenue earned from 643,000 medical tourists (RM527 million) in 2011 to 1.2 million (RM1.5 billion) in 2018 (Malaysia Healthcare Travel Council, 2019).

Thailand, along with Singapore and India, is the main competitors in the ASEAN region (Ebrahim & Ganguli, 2019). While Malaysia aims for high-value treatments and complicated procedures such as fertility and cardiology (Malek, 2018), Ebrahim and Ganguli (2019) conjectured that Thailand leads the market through minor elective procedures such as cosmetic surgery. Consequently, this strategy results in patients' relatively short recovery time and short hospital stay with low health complications.

Hence, numerous studies have been conducted to examine the performance of these countries. Among which includes a SWOT analysis (Wong, Velasamy, & Arshad, 2014), websites promotional activities (Moghavvemi et al., 2017) and even the extent that the local patients are reaping the benefits of medical tourism (Crooks, Ormond, & Jin, 2017). Having received numerous awards and international recognition, Malaysia is deemed a top destination country for potential health travellers. Nevertheless, the responses, feedbacks and reviews of medical tourists have attracted the attention of only a few scholars. For instance, Musa, Doshi, Wong, and Thirumoorthy (2012) have delineated that patients are expecting more from service providers. In descending order, this is specifically from the doctors, nurses, hospital services, hospital atmosphere and hospital facilities.

Following suit, Jaapar, Musa, Moghavvemi, and Saub (2017) unveiled that medical tourists for dental treatments in Malaysia are satisfied with the dental care quality, information access and support services. Moreover, Abd Mutalib et al. (2017) discussed the online narratives of medical tourists' satisfaction in Malaysia and Thailand that is available on the internet. The findings serve as the departure point for future studies on the descriptions of patients' satisfaction. Nevertheless, the research falls short in answering whether the two countries are on par in terms of their service culture in medical tourism, which involves the internal and external customers. Given the large gap, the present article seeks to bridge the knowledge through an exploratory qualitative case study, which is described further in the next section.

## 3.0 Methodology

This article concentrates on the behaviour of the service providers in Malaysia's medical tourism industry as a means to explore their culture in serving medical tourists. Due to the scarcity of research that describes the narrative of service culture within the medical tourism context, twelve in-depth interviews were conducted with the local service providers that participate in this industry. We derived the sample from MHTC website, which lists the private hospitals under the Elite and Ordinary membership. The preliminary contact with the participants was during the InsigHT2018 Conference organised by the Malaysia Healthcare Travel Council (MHTC) in September 2018 and the Private Healthcare Productivity Nexus (PHPN) Implementation Strategy Workshop held by a government agency in October 2018. It was during these two events that we built rapport with the private hospitals and later began contacting them in favour of running an interview session with the respective organisation. The earlier participants snowballed some of the later ones, and this brought us to Penang and Johor on top of Melaka, Selangor and Kuala Lumpur.

Accordingly, the interviews were carried out between December 2018 and April 2019 on private hospitals (n=7), healthcare facilitators (n=2) and doctors (n=3). Participants from the private hospitals range from the Chief Executive Officer (CEO), Marketing Directors to Marketing Clerk at the front desk of the International Patient Centre. Interviews were conducted at their office, which took approximately one hour, on average, for every organisation. The private hospitals are coded as Private Hospital 1 (PH1), PH2, PH3... PH7 while the healthcare facilitators are coded as Healthcare Facilitator (HF1) and the MHTC Concierge and Lounge (from herewith addressed as MCL Penang), which will be further elaborated in the next section. Participants were asked for their signature on two matters; namely i) consent to participate in the interview, and ii) consent to be audiotaped.

A summary of the interview findings was emailed to the participants at post-interview to gain their assurance on the content. Data was transcribed in verbatim and analysed with the assistance of Atlas.ti version 8 to help with the 'coding', 'group coding' and ultimately building the 'networks' between them. This study adheres to the Single Case Study with Embedded Unit of Analysis research design by Yin (2014). Hence, the following section delineates the findings from the primary data.

## 4.0 Findings

We determined the sample size of the private hospitals from MHTC website. Of 76 private healthcare providers, this research has managed to approach seven private hospitals. Despite the relatively low number of participants, the amount is sufficient as we have achieved information saturation. Hence, the findings showed that only PH2 began medical tourism activities during the 1997 Asian economic crisis as they had 'no choice' but to went abroad and market their services to the Indonesians. On the other hand, the majority of the participants involved in medical tourism since 2008 while some others only began in 2016, reflecting their inception stage.

Meanwhile, the healthcare facilitators consist of Healthcare Facilitator (H1), an Indonesian-based company that assist health travellers from Indonesia into Malaysia, specifically in Penang, Melaka and Kuala Lumpur. Finally, MCL Penang, a branch of MHTC that carries the role of healthcare facilitator which is to page for the patients at the Lounge. Both MCL Penang and HF1 are also responsible for helping with the hospital booking should the patients require assistance. The three doctors consist of an academician in a public university (D1), a physician cum fellow doctor in cardiology (D2) and a cardiologist that serve medical tourists on top of the local patients (D3). A summary of the prominent themes that the study has arrived at is summarised in Table 1 below.

Table 1. A summary of major themes that appeared during the discussions on service culture in Malaysia and Thailand

| No. | Major theme on service culture                       | Elaboration  | Frequency |
|-----|--|--|-----------|
| 1   | Patients are treated like 'King'                     | End-to-end services in Thailand which include 'touristy' medical facilities, medical and tour packages as well as the way the community there treat their tourists             | 7         |
| 2   | 'Doctor-shopping' behaviour and WOM                  | Patients have the liberty to choose the doctors, hospitals, regions and countries that they prefer, influenced by the WOM of their relatives, doctors and through social media | 13        |
| 3   | Maintaining excellent service culture is challenging | Building a service culture is easier than maintaining them since the Malaysian culture is diminishing. Let alone to meet the expectations of the patient                       | 14        |

## 5.0 Discussion

The present section describes in detail about the narratives of service culture, the consequences of losing the behaviour as well as the way forward.

### 5.1 Treating Patients like 'King'

Malaysia and Thailand are on par in terms of offering world-class medical services and procedures with highly specialised physicians as claimed by each country respectively (Nisha, 2017; Zhang & Lin, 2018). Nevertheless, it did not take us long to discover that the Malaysian service providers are comparing their service culture with Thailand, a prominent player in the ASEAN region. When asked about service culture in Malaysia, PH1 began saying that the Malaysians, in general, are lacking the service culture behaviour where the locals lack the etiquettes in serving tourists. The employees are performing their services mainly for work and making a living. Furthermore, PH1 and PH2 mentioned that Thailand serves their patients very well as their '*sawadi kap*' sounds very attractive and would draw patients to come again.

*'... But here in Malaysia, we did not grow up that way. We do not have that customer service culture. We are only doing this for work and money...'* The participant then continued by comparing the situation in Thailand, saying *'Like, in Thailand, the patients are treated like a king! From the moment you enter their hospital, they greet and entertain you.'*

However, in Thailand, Ebrahim and Ganguli (2019) conjectured that their advertisements and hospitals are very appealing, making their medical tourism appear as hotels and resorts than medical facilities. Apart from hospital services, the majority of the participants addressed their uneasiness towards the way patients are treated at the immigration counter. Realising on the increasing number of patients coming from Indonesia and Bangladesh, the participants have received complaints about the inadequate treatments that they received despite coming in through medical visa. This situation further hinders the potential for Malaysia to be on par with Thailand. Patients could develop negative perceptions towards Malaysia's service culture even during the initial touchpoints such as the immigration counter. Effective March 2017 Thailand as allowed for 90-day visa exemption for patients from China, Laos, Vietnam and

Myanmar to support medical tourism in the country (Royal Thai Embassy, 2017). This condition encourages the inflow of medical tourists from the mentioned countries, thus reflecting their easiness in handling patients.

Moreover, the participants are also concerned about Malaysia's tourism as they are deemed not as reliable as in Thailand. Unlike in Thailand, product bundling is found to be the strategy behind their success as medical tourists are offered with group services and products that suit their budget (Ebrahim & Ganguli, 2019). In which, their world-class hospitals offer luxurious facilities with well personalised complimentary services added with the diversified and reputable tourism offerings (Ebrahim & Ganguli, 2019) such as beaches, health villages and spas (Tourism Authority of Thailand, 2019). This provides medical tourists and their families a holistic health travel experience with ease of mind. Hence, this situation illustrates that Malaysia is still behind Thailand in terms of providing seamless end-to-end medical tourism services to the health travellers as Wong et al. (2014) described that tourism spots such as Thailand's exotic beaches stand as one of their strengths for attracting health travellers.

### 5.2 Patient Behaviour: WOM and Doctor-Shopping

The interviews have also discovered behaviour peculiar to the medical tourists, which is the 'doctor-shopping behaviour'. This would mean in several ways whereby the patients tend to 'shop around' for doctors through the WOM of families, relatives, trusted figures and even strangers on the internet. Apart from that, this could also mean that due to the low switching cost for choosing other countries to undergo their treatments, the medical tourists tend to opt for other countries as their destination.

*'Patients come the first time either because they know our name and location, or they come here because their relatives have come here and tell good stories about us... Patients have this 'Doctor shopping' behaviour where they will try this doctor at this hospital, if okay, they'll come again. If not, they won't. If they are happy with us, they'll tell five other people. But if they aren't, they'll tell ten people!'*

This is in-line with existing literature that drew the relations between WOM and patients' confidence, trust and intention to decide on a particular destination (Choi et al., 2018). Realising on this behaviour, the growth of Malaysia's medical tourism industry would be at detrimental should the patients find that they are unsatisfied with the services in Malaysia.

### 5.3 The Way Forward: Service Providers' Roles

Having derived the behaviour of the workforce in Malaysia's medical tourism industry, the participants were asked about the necessary proactive actions to curb this issue. Understanding the relevance of service culture for both internal and external customers, private hospitals have acknowledged their roles. As they have long been aware of this issue, it is prevalent to see these service providers running continuous training for the clinical and non-clinical staff as a means to improve their personal touch with patients. As an academicians, D2 agreed that emphasis on service culture needs to be elevated in the medical, pharmaceutical and nursing school syllabus. In which, students should be further trained about the ways of talking to the patients in layman terms and spending time to explain and answer their queries. In fact, making the environment as conducive as possible is essential to encourage patient comfort during the consultation, thus increasing their satisfaction (Ghazali & Abbas, 2012).

Nevertheless, some of the participants also addressed that what is taught in training sessions may be different from what happens in reality. Due to the relatively high turnover rate, the participants expressed their worries over the staffs' performance that they, as the higher management of the hospital have to come on the grounds to observe the way the staffs handle the patients. This happens because each time new staffs are hired, it goes back to training them from the beginning and watching their performance. Hence, this concern causes difficulties in maintaining excellent customer service behaviour in the workforce.

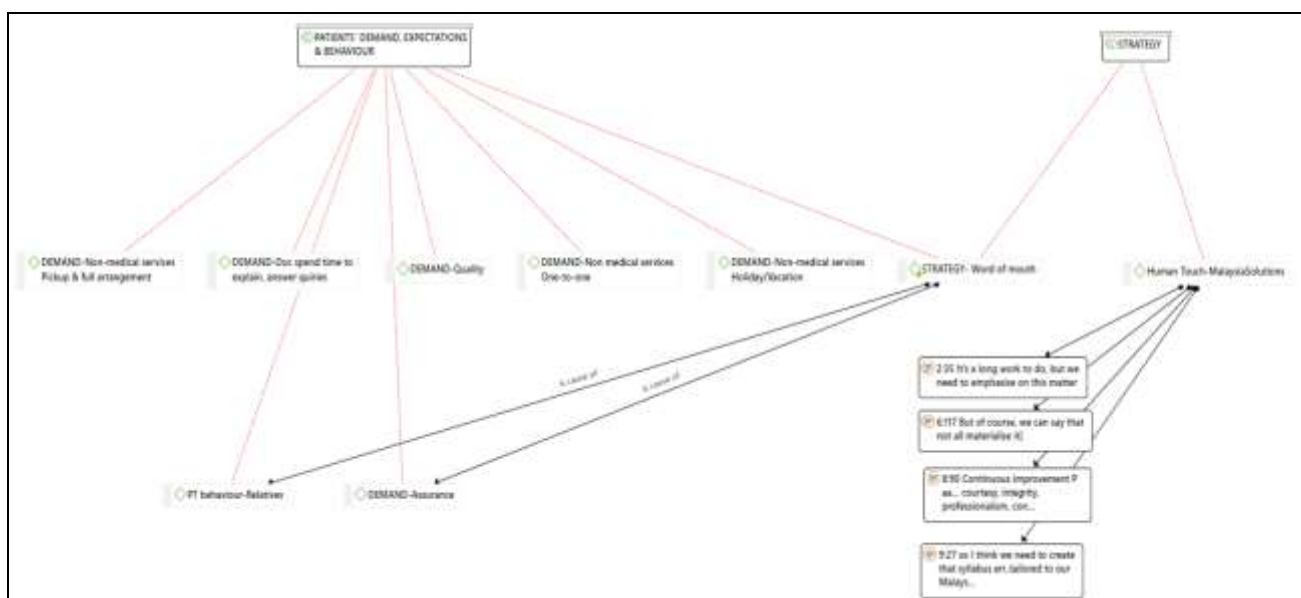


Fig. 1 : Summary of the findings on service culture in Malaysia versus Thailand extracted from Atlas.ti version 8

Abd Manaf, Hussin, Jahn Kassim, Alavi, and Dahari (2015) delineated that hospitals, as well as medical and non-medical staff are essential elements to the satisfaction of patients. Hence, this study is found to be in parallel to those. In fact, healing environment is vital to the workforce and patients at hospitals (Kamali & Abbas, 2012) to create a supportive work environment for the staff thus producing a positive service culture for the patients. Therefore a summary of the discussion is illustrated in Figure 1 below, which could serve as a reference for this section.

## 6.0 Conclusion & Recommendations

To the best of the authors' knowledge, this is the first study that explores the narratives of service culture from the perspectives of the service providers, thus making comparisons between Malaysia and Thailand. The findings adhered to past reviews mentioning Thailand as a strong player within ASEAN region due to their strength in service quality (Veerasoontorn et al., 2011) and high-profile hospitals with patient-centric behaviour (Wong et al., 2014). Hence, it is important to note that Malaysia is in need to improve its services to medical tourists. This shall come in many ways, including smooth immigration procedures, improved and attractive tourism spots and enhanced personal touch to the patients. Consequently, this does not only bring in more medical tourists but also assist Malaysia in generating more revenue, which could be reaped for the benefits of the local patients.

As this article is only a part of a more extensive study, service culture is a topic that emerged along the data collection process. The present study unveils several limitations, including the methodological approach that only caters for Malaysian perspectives. Hence, it poses a question on the robustness of the findings. Nevertheless, this research is believed to have open more doors of opportunities. Therefore, future studies could embark on in-depth interviews with the service providers in Thailand to get a clearer picture of how they work and serve the medical tourists. Apart from that, quantitative approaches are also essential in reaching representativeness of both countries which can be done through a comparative survey on the level of service culture from the patients and service providers' perspectives respectively, in both locations.

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