The Importance Of Patient's Companion Towards Sustainable Medical Tourism In Malaysia

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Malaysian government considers medical tourism as one of the leading contributors towards the country's revenue and economic growth. In sustaining and promoting the industry, it is imperative to provide continuous quality service. To do so, Malaysian private hospitals need to address the key players in this industry as well as their role in assessing the quality of medical care. While much is known generally about patient's perspectives towards service quality, the perspectives of their families or so called "companion" towards the services is neglected. Limited research is being done to investigate on the importance of medical tourist companion in medical tourism industry. In medical tourism, accompanied companion play important roles as facilitator to enhance quality of care for patients who are receiving treatment in another country. The insight forwarded by this paper could provide some basis for future studies in this domain, particularly, on the role played by medical tourist's companion. Doctors and nurses responsiveness, sociability, politeness, civility, capability, access, communication, accessibility of the medical doctor and the hospital staff are some constructs that can be used to measure companion's satisfaction as well as communication, responsiveness, courtesy, cleanliness, hospital facilities and environment. Hence, companion's satisfaction needs to be explored to improve understanding of the significant impact they have in relation to hospital service quality in Malaysian private hospitals. This study will contribute to the body of knowledge which drive the sustainability of the tourism industry in Malaysia.

Key words: healthcare, medical tourism, medical tourist's companion, patients, tourism

Introduction

In this 21st century, medical tourism may well be one of the fastest growing 'new' businesses in the world (Chaudhuri, 2008), facilitated by advancements in medical technology, more affordable travel, the availability of information to potential patients through the Internet and a rapidly growing medical tourism brokerage industry (Leahy, 2008). Goodrich and Goodrich (1987) defined healthcare tourism as "the

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attempt on the part of a tourist facility or destination to attract tourists by deliberately promoting its health-care services and facilities, in addition to its regular tourist amenities" (p. 217). According to Gupta (2004), medical tourism can be defined as the provision of cost-effective medical care to patients in collaboration with the tourism industry. Within tourism, the health sub-sector precisely is the most promising and lucrative area for the advancement of the industry in the country (Dewi, 2003; Ormond, 2011). Therefore, medical tourism can be generalised as a partial and an important component within the tourism industry.

In tourism industry context, tourists usually travel with families or friends for vacations. While in medical tourism context, patients often travel with companions to ensure their comfort, safety, and feeling of security. Nevertheless, there is a difference of opinion with regard on the family's relevancy to health and health care. Family involvement has been expressed as one of the six dimensions of patient-centred care (Gerteis, Edgman-Levitan, & Daley, 1993), and a central tenant of chronic care processes (Institute of Medicine, 2011). Various studies empirically reveal the importance of family to patients' engagement in medical decision-making (Clayman, Roter, Wissow, & Bandeen-Roche, 2005), satisfaction with physician care (J. Wolff & Roter, 2008), treatment adherence (DiMatteo, 2004), quality of health care processes (Glynn, Cohen, Dixon, & Niv, 2006; Vickrey et al., 2006), physical and mental health (Seeman, 2000), and mortality (Christakis & Allison, 2006). However, despite vast understanding that families matter, specific knowledge regarding which actions and manners undertaken by family members are most helpful, or effective in improving health, is limited (J. L. Wolff & Roter, 2011).

The complexity of family attributes and dynamics and capacity to both benefit and exacerbate health and health care (DiMatteo, 2004; Seeman, 2000), complicate measurement and interference efforts. Therefore, a better perspective of the pathways by which families and friends wield their influence within the medical tourism context could inform efforts to improve the services by private hospitals as well as other relevant stakeholders such as the hotels and facilitators related to this industry.

Medical Tourism In Malaysia

Today, medical tourism in developing countries (e.g. Malaysia, Thailand, and India) not only provides an alternative option for better access to health services to inbound tourists, in terms of cheaper costs and superior services, or both, but also helps these countries to sustain their growth domestic products, especially with the recent deterioration and fluctuation of the economy in many Asian countries (e.g. Asian Economic Crisis in late 1990s) (Musa, Thirumoorthi, & Doshi, 2011). In Malaysia, medical tourism has emerged as one of the integral contributors of the country's economic growth over the past years. A good majority of its visiting patients comes from Indonesia (69%) in 2011 contributing 68% revenue to the country's economic growth leaving a huge gap from other countries. The country's private hospitals participating in medical tourism have demonstrated an overall remarkable performance by the World Health Organisation (WHO) standards. Out of 41 private hospitals participating in medical tourism, 5 hospitals have JCI and MSQH accreditation, 20 with MSQH (Malaysian Society for Quality in Health) quality certification and 40 hospitals have ISO certifications.

In 1998, medical tourism attracted about 39,000 foreign patients and generated revenue of RM90 million and increased to about 100,000 patients with RM150 million revenue in 2001 (The Star, 2003). In 2005, the numbers increased to 232,161

with revenue of RM150.9 million, 296,687 foreign patients bringing in RM203.6 million in 2006 and 341,288 patients with revenue of RM253.84 million in 2007 (MHTC, 2012; The New Straits Times, 2008). In 2008, the industry received 374,063 foreign patients, generating RM299.1 million in revenue for the country (MHTC, 2012). The annual growth rate is 31.5% in 2010, leading to 392,956 foreign patients and RM378.9 million in revenue (MHTC, 2012). In addition, in 2011 foreign tourist visiting Malaysia for medical services has reached 583,296 generating RM511million in total revenue to the country (MHTC, 2012).

Merger, collaborations and expansions are part of sustainable planning and emerging trends in the business of medical tourism in Malaysia. The National Committee for the Promotion of Medical and Health Tourism was formed by the Ministry of Health in January 1998 to establish Malaysia as a regional hub for healthcare services (Chee, 2007). In 2009, this committee has been renamed as Malaysian Health Tourism Council (MHTC) and officially launched (21 December 2009) by the Malaysian Prime Minister. Its role is to streamline service providers and industry players in both private and government sectors, together with the packaging and standardisation of the prices for healthcare services and to market them internationally (Musa et al., 2011). In line to this, in January 2011, Malaysia's Parkway Holdings revealed its plan to build the largest private hospitals in the Malaysian State of Sabah. The new 200-bed Gleneagles Medical Centre located in Kota Kinabalu cost over RM200 million (US$65.4 million) and due to complete by early 2014 (Chieh, 2011).

The government of Malaysia has targeted medical tourism as one of the prime growth factors of the country leading to more strategic planning for global market. Under the 10th Malaysia Plan (2011-2015), healthcare is identified by the government as one of the 12 National Key Economic Areas (NKEA). Contributions and investments in this area are expected to help the country become a high income nation by the year 2020. This sector is hoping to generate RM35.5 billion incremental gross national income (GNI) contribution and reach RM506 billion by the target year. Tourism Malaysia (2007) has listed factors that contribute in making Malaysia a centre of medical excellence in the region. They are:

- Safe and politically stable country
- Wide choice of world class infrastructure facilities
- Competitive and affordable pricing and favourable exchange rate
- Highly qualified, experienced and skilled consultants with internationally recognised qualifications
- Tolerant multi-cultural and multiracial Malaysian society accommodates patients of different cultures and religions
- Communication is easy with English speaking medical staff
- State-of-the-art technology, such as Magnetic Resonance Imaging (MRI), 64-Slice Computed Tomography Scanners, and Positron Emission Tomography (PET) Scanners for early detection of cancers and other diseases
- Quality and safety systems in place, such as ISO and accreditation by the Malaysian Society for Quality in Health (MSQH)
- Attractive and affordable travel packages during the recuperation period

These factors are important indicators for medical tourist when they plan for their medical treatment. Indeed, these elements are in-line with the expectation by medical tourist globally thereby helping to assure patient's maximum satisfaction. It is an attraction that has significantly contributed to the growth of medical tourism in Malaysia.

To encourage the rising trend of medical travel, Malaysia has established the, "My Second Home programme", which allows foreigners to live in Malaysia with a social visit pass for as long as five years, making it an easy and convenient location for overseas medical treatment. The Health Ministry, Ministry of Tourism, the Association of Private Hospitals of Malaysia (APHM), Malaysian Health Tourism Council (MHTC) and other government agencies such as the Malaysian Association of Tours and Travel Agencies, Malaysia Airlines, and Malaysian External Trade Development Corporation (MATRADE) has also collaborated together to position Malaysia as a health tourism hub in Asia as well as globally.

With projections of growth in the industry, it is an appropriate time to undertake knowledge syntheses to assess services offered to accompany family members and what exactly is known about medical tourism so as to ultimately inform research, government, and industry agendas alike. In the remainder of this article we take on this task, presenting the scoping review that addresses the question: what is known about the companion's importance in medical tourism? This article is hope to serve as one of the knowledge contributor in drawing together on this issue, and thus is a valuable contribution to the burgeoning literature on medical tourism.

Role of Patient's Companion

Definition of Companion

Family as commonly and broadly defines include immediate family and distant relatives and friends who have been designated as 'family like' by the patients receiving care. According to Street and Gordon (2008), companion can be an important and productive part of the medical consultation. Companion can help patients provide physicians with essential medical history as well as reinforce, verify and expand patients' statements (Clayman et al., 2005). Companion also may facilitate patient participation in the encounter by helping patients identify and remember to ask questions, express concerns, and make requests (Ishikawa, Hashimoto, & Roter, 2005).

There is a broad definition of "family" as defined by each and different patient. This concept is recognized by the American Academy of Family Physicians, which defines "family" as "a group of individuals with a continuing legal, genetic and/or emotional relationship" (Leawood, 2009). Ideally, patients, their families, and other partners in care are respected as essential members of the health care team, helping to ensure quality and safety. Patients often get their family involvement in care, care planning, and decision-making. Family members, as identified by the patient, provide support, comfort, and important information during ambulatory care experiences, a hospital stay in critical care, medical/surgical, and specialty units, in an emergency room visit, and in the transition to home and community care.

Supporting Role of Companion

Research has demonstrated that the presence and participation of family members and friends as partners in care provides cost savings, enhances the patient and family experience of care, improves management of chronic and acute illnesses, enhances continuity of care, and prevents hospital readmissions (Boudreaux, Francis, & Loyacono, 2002; Brumbaugh & Sodomka, 2009; Chow, 1999; Davidson et al., 2007; Edgman-Levitan, 2003; Fumagalli et al., 2006; Garrouste-Orgeas et al., 2008;

Halm, 2005; Lewandowski, 1994; Sodomka, 2006; Titler, 1997). In addition, this broad concept of family is recognized by the American Academy of Family Physicians, which defines "family" as *"a group of individuals with a continuing legal, genetic and/or emotional relationship"* (Leawood, 2009). A patient's family is an integral part of the care of the patient and they are the supporting strength of the patient and become an instrumental part in the patient's recovery. For example, in a hospital emergency department setting, almost all cases needed prompt attention. Thereby, the emergency department experience will affect the patient and accompanied person's perceptions of the quality of care received and their satisfaction with the health service (Ekwall, Gerdtz, & Manias, 2008). While the role of the accompanied person will be determined by their relationship to the patient, most play an important role in providing emotional support and advocacy for the patient during this time of stress.

In medical tourism, accompanied companion do play an important role as facilitator for patients who are receiving treatment in another country as the culture and environment are different from their own. Numerous studies suggest that healthcare quality can be assessed by taking into account observer, such as friends and family perceptions. Moreover, these observer groups represent potential future clients and act as major influencers of patient healthcare choices (Strasser, Stephen, Sharon, Gerald, & Burge, 1995). Family members perceived that they "provided comfort and protection" to the patient who was vulnerable and helpless (Meyers et al., 2000). In the theme "being comforted", patients described how they felt safer and less afraid when family members were present. They also described how they felt loved, supported and less alone. The theme "receiving help" includes the patients' reports of family members acting as their advocates during their stay in the emergency department (ED). Eichhorn et al. (2001) stressed that the family members shared the burden of the need to understand and assumed responsibility for interpreting and explaining information to the patient.

Companion's Satisfaction

So far, research on satisfaction in health care has focused on patient perspective. Yet, individuals who accompany patients are potential consumers as well and their satisfaction with medical care may influence patients' healthcare outcomes as well as their own healthcare needs in the future. For example, Ekwall et al. (2008) emphasize on how accompanied persons experience in the emergency care visit may give valuable information for future quality improvements with emergency care. Nystrom, Dahlberg, and Carlsson (2003a) further emphasise where patients could not afford the risk of being looked upon as inappropriate clients in the emergency department, accompanied family played a major caring and supportive role for patients while patients waited for a medical examination. Harvey (2004) later described how the crisis of a critical illness affects both the patient and the family, identifying family satisfaction as a surrogate for patient satisfaction in critical care. However, only a few studies, have described family satisfaction with care of patients who are in a critical care setting (Harvey, 2004).

Most of the marketing research studies conducted on the quality of healthcare have considered patient perceptions, patient satisfaction, patient trust, and patient expectations. According to Ekwall et al. (2008), it has been suggested that patients' families should also be regarded as clients. In addition, family members' satisfaction with the service provided by a specific hospital affects preferences regarding

admission if hospitalization is needed as well as recommendations of that hospital to others (Vom Eigen, Edgman-Levitan, Cleary, & Delbanco, 1999). Therefore, family members or companion is also potential clients, and their satisfaction and experience with nursing care and hospital services may influence patients' healthcare outcomes as well as their own future healthcare needs. Satisfied family members give support to the care intervention of the patient and helped improve patient outcomes (Miracle, 2006). Despite these results, the ways in which companion experience the hospital service and their perceptions of quality have been less investigated. Considering the perspective of an accompanying family member is an important way in which patients' concerns can be addressed.

Measurement of Companion's Satisfaction

Satisfaction has generally been defined as the fulfillment of one's needs (Dawson, 1991; Wright, 1998). Molter (1979) reported companion's priority needs include hope, adequate and honest information and a feeling that hospital personnel are concerned about their loved ones. Hasin, Seeluangsawat, and Shareef (2001) found in their study that the communication, responsiveness, courtesy, cost and cleanliness are the major concerns for the satisfaction of service quality in Thai hospitals. Their investigation revealed that staffs norms and behaviour are also key factors for customer satisfaction. According to Haque, Sarwar, Yasmin, Anwar, and Nuruzzaman (2012), measurement of customer satisfaction and the service quality provided by the healthcare centres are vital with some construct such as the staffs including doctors and nurses responsiveness, sociability, politeness, civility, access, communication and the accessibility of the medical doctor and the hospital staff. Cooperative and helpful staffs are able to instill confidence among the customer of the healthcare service industry which often leads to satisfaction.

Companion's satisfaction with healthcare delivery can be conceptualised as a cognitive evaluation of a wide range of attributes of the care received, in addition to an overall emotional disposition, during a particular episode of healthcare service (Singh, 1991). According to Padma, Rajendran, and Sai (2009), companion satisfaction should reflect the need of healthcare quality requested by the companions due to its direct and indirect relationships between personnel support and companion satisfaction, attention to companions and hospital facilities as well as hospital facilities and companion satisfaction. Hospital facilities include the concrete features of a delivery of service for example amenities, physical structure and appearance of the hospital, signage, availability of resources, etc. In addition, the personnel support service is expected to be approachable, dependable, gracious, sincere and capable by the companions. Personnel support consists of all the interactions between service personnel and patients and family members including moments of certainty, serious incidents, service upturn, etc. (Padma et al., 2009).

The measurement of companions' satisfaction with healthcare delivery is itself a critically important issue. Satisfaction may be measured by the perception of companions who determine if the patient received high-quality care regardless of clinical outcomes. Heyland and Tranmer (2001) measured companion's satisfaction through care of family (ie, emotional support, spiritual support, concern and caring for family), care of the patient (pain management), professional care (physician and nursing communication, nursing skill and competence), intensive care unit (ICU) environment (atmosphere of the waiting room) and overall satisfaction. McDonagh, Elliot, and Engelberg (2004) studied companion's satisfaction on duration of time

companions communicate in clinical meetings. Communication has been depicted in many studies as a major determinant of companion's satisfaction. As Hashim (2007) reported, nurses communication was essential to the companions as they were able to provide accurate information on the patient's condition via their instrumental care for patients.

Customer service providers' approaches and the facilities serve with the organization are some observable key factors that consumers rely (Oswald et al. 1998). Duggirala, Rajendran, and Anantharaman (2008) also added that patients highlighted, as their companions perform important functions, facilities provided to them by the hospital have an impact on the perception, well being and assurance level of the patients. Therefore, the hospital environment is part of patient's companion assessment in assessing satisfaction with care (Roberti & Fitzpatrick, 2010). Cleanliness and appearance of the waiting room and peacefulness of the waiting room should be addressed as well. As Hashim (2007) highlighted, visiting hours and designated waiting rooms were important for companions who waited vigilantly for the sick relative.

In addition, Stricker et al. (2009); Stricker et al. (2007) looked upon satisfaction with care, information or decision making and overall companion's satisfaction in the intensive care unit. In their study, emotional support, coordination of care and communication associated with the intensive care unit leads to the need of improvement. Consequently, it appears useful to include an overall measure of satisfaction with a healthcare service experience in addition to attribute based evaluations. This allows a direct assessment of how the individual aspects contribute to overall companion's satisfaction.

The Importance of Companion

In Malaysia, there have been very few studies that particularly looked upon the importance of companion in hospitals setting as well as in medical tourism industry. Many studies in Western societies have acknowledged the importance of healthcare givers providing adequate support to family members and identifying their needs in times of crisis, in order to ease the effects of the crisis to family members (Azoulay, 2001; Leske, 2002; Rose, 1995). In a study on medical tourists in Thailand, Saiprasert (2011) found that respondents who travel with others (companion) have higher mean scores than respondents who travel individually due to their feeling of more security when having a companion with them.

Medical Tourism Association (2010) conducted the first patient survey of outbound American patients, as part of a larger research project to study the medical tourism industry. They found that 83% of the respondents travelled with a companion. 95% of the respondents, including their companions, participated in tourism experiences, such as sightseeing, shopping, eating, and enjoying the local culture. 70% of respondents rated the quality of medical services at the hospital as excellent. 51% of respondents used medical-tourism facilitators. In another study by Musa et al. (2011) of an inbound medical tourist in Kuala Lumpur, it further justifies that most respondents travel with a companion. They found that 47.1% of the respondents travelled to Malaysia in the company of their family and relatives while another 15.2% and 13.0% of the respondents travelled with their spouses and friends. This showed that a total of 87.6% respondents travelling with a companion while those who travelled alone only constituted 10.1%. The travelling companion varied from none to 13 in a group with an average number of two. The majority of the respondents

received healthcare services in the hospital for a period of 6-10 days (64.5%), however, 3.6% of the respondents stayed for more than 21 days due to their critical illnesses (Musa et al., 2011).

To date, studies in hospitals have focused on patients' rather than on the family members' assessment of healthcare quality (Vom Eigen et al., 1999), while studies on the role of family members in healthcare have tended to concentrate on care at home (Åstedt-Kurki, Paunonen, & Lehti, 1997). Most studies often concern families of patients hospitalised in specific departments (e.g. paediatric) or with specific medical conditions (e.g. intensive care) but studies regarding family member's importance in the area of medical tourism is scarce or has been neglected. This prompts further investigation on the importance of accompanying companion in medical tourism industry.

Conclusion

Past studies have only focused on the patient's perspective neglecting the presence important component of companion. Yet, individuals who accompany patients are potential consumers as well and their satisfaction with medical care may influence patients' healthcare outcomes as well as their own healthcare needs in the future. This paper further discussed and confirmed that medical tourists are always accompanied where research had shown that 80% of patients travel with a companion. Further confirmation study by Musa et al. (2011) claimed that each respondent was, on average, accompanied by two other people. It shows the importance of companion's presence easing the burgeoning feelings of patients being on their own. Companion's satisfaction with healthcare delivery can be conceptualised as a cognitive evaluation of a wide range of attributes of the care received, in addition to an overall emotional disposition, during a particular episode of healthcare service (Singh, 1991). Companion satisfaction should reflect the need of healthcare quality requested by the companions due to its direct and indirect relationships between personnel support and companion satisfaction, attention to companions and hospital facilities as well as hospital facilities and companion satisfaction. Thus, companion could be seen as an important contributor and an indicator used in assessing the quality of service in private hospitals. The presence of companion in this industry will also contribute towards the sustainability of tourism sector with the continuance usage of hotel, transportation and airline services. With the growth of medical tourism in Malaysia, indeed Malaysia's private healthcare industry is a hidden jewel that has a strong potential to compete successfully and to be an earner of foreign exchange, thus, gearing the economic growth of our country. Indeed, growth in the medical tourism industry will further contribute towards sustainability of the Malaysian tourism industry.

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