

International Medical Tourists' Behavioral Intention: An Empirical Study in Malaysia

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Abstract

A few studies have examined the effect of hospital service quality, hospital accreditation, destination image on patient satisfaction and patient loyalty in a tourism context. The purpose of this study is to evaluate the effect of medical patients' behavioural intention in Malaysia. A total of 360 questionnaire were distributed and quantitative techniques were used to test the hypotheses within the structural equation modelling (SEM) using SmartPLS software. Our statistical results support the positive effect of hospital service quality, destination image and patient satisfaction on patient loyalty. Hospital accreditation didn't have positive impact on patient loyalty. The research contribution, implication, and limitation are discussed.

Keywords: hospital service quality, destination image, hospital accreditation, patient satisfaction, patients' loyalty.

1. Introduction

Globalization has created many new experiences in people's lives. One of these experiences is medical tourism. The advancement in medical tourism created the opportunities for people to travel across the world. Scholars defined medical tourism as the practice of patients traveling abroad for immediate and affordable medical treatment (Birch et al., 2010, Musa et al., 2012; An, 2013). Therefore, patients travel to have access to particular proficiency, specialization and advanced technologies (An, 2013).

Patients seek medical treatments in different countries due to various reasons such as long waiting lists, inaccessibility to advanced technology, expensive medical care in home countries, lower medical fees, better expertise and advanced technology in destination countries (Horowitz and Rosensweig, 2017; Mechinda et al., 2010). Based on statistics, medical tourism has had a rapid growth internationally, for example in 2003, almost

350,000 medical patients have travelled from advanced countries to developing countries (Mechinda et al., 2010). Even though globalisation has highlighted the role of medical tourism, it has been around for many years but formerly only rich people could travel from developing countries to developed ones. However, the perspective towards developing countries has changed. One of the main reason can be the increasing in aging population and medical care costs in developed countries (Gan and Frederick, 2011). Recently, Asian countries have become the most favoured destination for medical travellers. For example, in 2010, most of the Asian countries been a medical destination for approximate 4.3million medical tourists and generated over \$ 6.7 billion revenue (Mohamad et al., 2012). Among all these successful, developing Asian countries, Singapore, Thailand, India, Philippines, and Malaysia are considered as the most likely places for seeking medical treatment.

For example, medical tourism in India is growing at rate of 30% per year. Singapore, as another example of key player in Asia, aims to receive one million foreign patients every year; which brings over US\$1.6 billion annually. Similarly, Malaysia estimated to earn up to US\$590 million from 2009-2013 (Aniza et al., 2009). Despite the pattern of growth, experts believe Malaysia still lagged neighbouring countries; for example, private hospitals in Thailand contributing 30% to their total revenue while private hospitals in Singapore managed to achieve 50% revenue, but healthcare services for medical tourists in Malaysia represent only 3%; scholars believe the winning factors in Thailand, India and Singapore are advanced service quality and international accreditation (Frost and Sullivan, 2010; Wong et al., 2014), therefore this paper evaluate the effect of service quality, international accreditation along with destination image and patient satisfaction on patient loyalty in Malaysia.

2. Literature Review and Hypothesis Development

Patients travel abroad to have access to specific expertise, specialization and advanced technologies (An, 2013; Musa et al., 2012; Birch et al., 2010). Traditionally patients select countries solely based on economic aspects (Liow, 2010; Frost and Sullivan, 2010), while globalization and competitive market has changed the customers' demands and highlights more critical elements such as service quality, internationally certified hospitals, destination image (Pocock et al., 2011; Yeo et al., 2012; Aliman et al., 2013). Despite the criticality of product/service quality, satisfaction and international accredited hospitals, lack of study of medical tourism research has yet examined their associations with behavioral intentions in medical tourism context. Moreover, most of the research in South East Asia focused more on Thailand, Singapore and India (Leng, 2010). Thus, given the importance of medical tourism in Malaysia and critical role of loyalty, this research attempts to investigate the antecedents of tourists' loyalty towards medical tourism in Malaysia.

2.1 Destination Image

Scholars defined destination image as a travellers' mental perception of a particular destination (Jalilvand and Samiei, 2012; Jamaludinet al., 2012). Originally, destination image theory was used for comparison of destination marketing and perceptions of visitors (Hunter, 2013). In the tourism industry, destination image has been used in the development of the attitudinal construct which create with the medical tourists' perception of their knowledge and feeling in choosing a particular destination. Sometimes, a strong destination image decreases the travellers' search costs and enhance the value of their consumption, positive experience (Biswas, 1992; Erdem, 1998; Hosany et al., 2007).

According to Jalilvand and Samiei (2012), destination image affects the travellers' choosing a destination and the intention of revisiting the same place in the future. Therefore, selecting the particular country as destination can impact hugely on destination image. There are different leading reasons to selecting particular destination. Here we identified the two most relevant ones, the true concept of tourism sector and the nature of tourism products (intangible). Thus, medical tourists base their decision on the subjective feel of a destination (Li et al., 2010). Destination image greatly impact on the process of selecting, visiting and revisiting the particular place (Jalilvand and Samiei, 2012; Veasna et al., 2012). This decision can be affected before or after travel by word of mouth, satisfaction level, media (Mechinda et al., 2010). Therefore, this study evaluates the effect of destination image on medical tourists' satisfaction and loyalty.

There are number of studies that evaluated the retaliation between destination image and satisfaction. For example, Prayag in (2009) found a positive relationship between destination image and travellers' satisfaction in Mauritius. Similarly, Lee (2009) studied the same relationship, in which the positive impact of destination image on satisfaction approved. Also, in the study in Malaysia, the relevant impact of destination image on travellers'

behavioural intention studied. The results showed the positive impact of destination image on satisfaction, motivation, destination loyalty (Jamaludin et al., 2012). Scholars believe the more favourable the image of a destination, the higher the travellers' satisfaction (Bigne et al., 2001).

On the other hand, some scholars evaluated the effect of destination image on revisit intention (Assaker et al., 2011; Bigne et al., 2001; Chen and Funk, 2010; Kaplainidou and Vogt, 2007 Kaplanidou & Gibson, 2010). Although, the impact of destination image on visiting the particular country for the first time is higher, such relationship with revisiting intention is inevitable. Scholars believe destination image also have a great impact on recommendation (Alcañiz et al., 2007; Bigné et al., 2009). For example, in the study in Spain, the strong positive relationship between destination image and revisit intention found (Bigne et al., 2001). Although, few studies evaluated the positive relationship between destination image and revisit intention, some scholars reject such relationship (Chen and Funk, 2010). Therefore, we hypothesize:

H1: destination image has a positive impact on patient satisfaction.

H2: Destination image has a positive impact on patient loyalty.

2.2 Service Quality

Recently, due to the change in living standards, the demand for better medical service has been increased. Hospital's service quality has become primary concern for patient, therefore service quality has become a vital factor for hospitals in respect of satisfying patients (Arasil et al., 2008; Alhashem et al., 2011; Amin et al., 2013). Understanding the patient intake of service quality can boost existing performance and service quality, which consequently increase patient satisfaction (Meehan et al., 2002; Arsali et al., 2008). Also, satisfaction can lead to more loyal patients (Kessler and Mylod, 2011). If hospitals fail to understand the importance of delivering better service quality and patient satisfaction, they may lose their patients (Padma et al., 2010). Therefore, customer satisfaction has been identified as a critical determinant in retaining long-term relationship (Zeithaml et al., 1996; Lai et al., 2016; Orel, 2014).

For many years, scholars have been studied the effect of service quality on customer satisfaction in various industries (Amin and Isa, 2008; Caruana, 2002). Despite the rich literature, the relationship between service quality and customer satisfaction remains controversial (Parasuraman et al., 1991; Lai et al., 2016). Service quality and customer satisfaction are close in meaning but they are different. Service quality defined as a form of attitude and service/product evaluator while satisfaction defined as a transaction-specific evaluation (Parasuraman et al., 1988). Some scholars support service quality as the main predictor of customer satisfaction (Kim et al., 2010, Ting, 2004) while others believe customer satisfaction is also influenced by other factors like price, personal and situational factors, which leads to an emotional evaluation (Lee et al., 2000; Gan et al., 2006; Agyapong, 2012).

In the medical industry, results of some previous studies have revealed that service quality has a relationship with customer satisfaction (Nadiu, 2009; Chahal and Kumari, 2010; Kessler and Mylod, 2011). They believe, a patient is satisfied when hospital service quality matches with patients' expectations. However, there is limited number of studies in medical industry and specifically medical tourism industry, as most of studies focused more on technical and functional quality rather than patient satisfaction (Gill and Ehite, 2009). Due to lack of research on the relationship between service quality and patient satisfaction in medical tourism.

According to the Deloitte report (2008), medical tourism in Asia is growing by 20 per cent annually. The strongest provider in Asia, are Thailand, India, Singapore, Philippines and Malaysia. Regarding its position in Asia, Malaysia has the lowest number of patients in the recent years (IMTJ, 2015). Considering the critical role of service quality and hospital accreditation in acquiring loyal customers in Thailand, India and Singapore; and the constant increase in the consumers' expectations and demand for superior quality, service quality and hospital accreditation become critical components of competitiveness for medical tourism industry (Bala et al., 2011; Collett Miles, 2013).

Scholars believe the success of service provider depends on the relationship between quality and customers which leads to customer satisfaction and loyalty (Jones, 2002; Lymperopouloset al., 2006; Kheng et al., 2010). Providing superior service quality is a solution to reach consumer loyalty in any service organisation (Ehigie and Osayawe, 2006; Siddiqi, 2011). While, satisfying customers' demands, keeping them happy and loyal are still meaningful for organization's survival, yet satisfying all consumers with diverse preferences is challenging (Garland and Ron 2002; Trubik and Smith, 2000).

The relationship between service quality and customer loyalty and customer satisfaction have been studied in various industries such as accommodation, banking, cultural heritage, education, gaming, sports, telecommunication and transportation (Portla and Thanassoulis, 2005; Duncan and Elliot, 2002; Ehigie, 2006; Cohen and Wang, 2013; Wu, 2014b). Despite the large studies in different industries there is little empirical research focusing the effect of hospital service quality and patient loyalty in medical tourism industry (Lertwannawit and Guild, 2011; Platonova et al., 2008; Cheng et al., 2013; Wu and Li, 2014).

Considering the success of neighbouring countries in medical tourism in the Asian market, and their success factors (service quality and hospital accreditation) the medical tourism industry in Malaysia needs to optimize its performance to retain their existing and potential customers. With regards to lack of research in relationship between service quality and customer loyalty and customer satisfaction, the hypothesis developed:

H3: Hospital Service Quality has a significant effect on Patient Satisfaction.

H4: Hospital Service Quality has a significant effect on Patient loyalty.

2.3 Accreditation

Accreditation is a formal process through which an authorized body assess an organization's compliance with a fixed and published set of standards (El-Jardali et al., 2008; Pomey et al., 2010; Salmon et al., 2003). Such standards are great to nurture a culture of consistent quality improvement. Accreditation is considered as a tool to enhance the service provider's service quality (Menachemi, Chukmaitov, Brown, Saunders & Brooks, 2008; Nicklin & Dickson, 2009; Robblee & Heidemann, 2004).

Accreditation started from the United State and spread all over the world in the 1990s. Developing countries applied accreditation as an assessment instrument to certify quality of service and efficient use of resources (Greenfield and Braithwaite, 2008). Being accredited in many countries is considered as an important element in quality improvement activities (Braithwaite et al., 2006; Greenfield and Braithwaite, 2008; Nicklin & Dickson, 2009; Pomey et al., 2004; Salmon et al., 2003). Similarly, in medical industry, accreditation identified as an evaluation process used to gauge and enhance quality, efficiency and effectiveness of healthcare providers. Also, it considers as a public recognition for a service provider (Pomet et al., 2005). In hospitals, the accreditation includes standards dedicated to enhancing quality and patient safety (Chen, Rathore, Radford, & Krumholz, 2003; Lutfiya, Sikka, Mehta, & Lipsky, 2009; Schmaltz et al., 2011).

Scholars believe hospital accreditation and patient satisfaction are two of the most quality indicators of healthcare services (Heuer, 2004). Despite the importance of these two constructs, there is conflicted results on the effect of hospital accreditation on patient satisfaction (Al Ghahtani et al., 2012). Some scholars believe patient satisfaction is the results of accreditation process, as in satisfaction surveys, researcher evaluates patients' perception of quality with regards to service providers' structure, process and performance. Therefore, some researchers believe there is a positive relationship between hospital accreditation and patient satisfaction (Alkhenizan and Shaw, 2011; Haj-Ali et al., 2014).

On the other hand, many studies concluded that hospital accreditation has no effect on patients' satisfaction (Hayati et al., 2010; Sack et al., 2010; Heuer, 2004; Greenfield and Braithwaite, 2008; Sack et al., 2011). Particularly, Hayati et al. (2010) highlighted that there is no difference in patients' satisfaction in accredited and non-accredited hospitals in Malaysia. With regards, to the importance of accreditation in selecting hospitals and also the significant need to identify whether or not the hospital accreditation affects patient satisfaction, the hypothesis developed:

H5: Hospital accreditation has a significant effect on Patient Satisfaction.

H6: Hospital accreditation has a significant effect on Patient Loyalty.

2.4 Patient Satisfaction

In management marketing literature, customer satisfaction has very specific meaning. It defined as the customer feedback on the fulfilment of their needs. This means, the provided service creates a level of comfort associated with the fulfilment of requirements. Such action can be below expectation or meeting customer expectation (Oliver, 1997). Another view, defined satisfaction as after-purchase evaluation of selected alternative (Engel et

al., 1995).

2.5 Patient Loyalty

For many years scholars and managers have been interested in the relationship between customer satisfaction and purchase intention (Keiningham et al., 2007; Kessler et al., 2011). Such relationship has been evaluated in various industries such as airline, banking, retail etc. industries. Some studies prove that satisfaction affect loyalty (Jones and Sasser, 1995; Dagger and O'Brien, 2010; Sheng & Liu, 2010; Norizan & Asiah, 2010).

Similarly, the importance of satisfaction has been highlighted in the healthcare industry (Naidu, 2009). One of the pioneer studies in healthcare industry, argued that patient satisfaction is a critical predictor of patient loyalty (O'Connor et al., 1992).

Although, many studies proved the effect of satisfaction on loyalty, there has been a debate in explaining the effect of satisfaction on loyalty (Komunda and Osarenkhoe, 2012; Abu-Elsamen et al., 2011). The inconsistency in the results made this research to hypothesis:

H7: Patient satisfaction significantly influence patient loyalty

3. Research Methodology

The current study devoted to the relationship between service quality, destination image, accreditation, patient satisfaction, as well as patient loyalty in the area of medical tourism. A quantitative survey in the form of a questionnaire was put to use in this study. Thus, from this population a sample selected randomly between populations. Moreover, this population involved patients who came in in Malaysia. The number of 360 questionnaires was distributed and 245 were subsequently collected; however, 217 were usable.

The conceptual model included five reflective constructs. The reflective constructs included service quality, destination image, accreditation, patient satisfaction, as well as patient loyalty.

To measure these constructs, this study adopted the items developed by (Kalantari_2015; Hussain_2015; Hu_2010) for service quality and destination image. In addition, measures assessing accreditation and patient satisfaction were adopted from (Kalantari_2015 and Kim_2001; Lee_2005; Yoon_2003). Finally, the measurement items for patient loyalty as an endogenous construct were adapted from (Lin_2013; Wang_2011; Gardiner_2013). The constructs are described as "reflective" because the measurement items for every construct are highly correlated with one another. The crucial criteria to conduct such an evaluation are composite reliability (CR), indicator reliability and average variance extracted (AVE), and construct reliability (Chin, 2010). The loading of each indicator on its related latent variable was then checked to establish indicator reliability. A loading higher than 0.7 indicates acceptable indicator reliability (Hair et al., 2011).

4. Data Analysis and Result

The seven hypotheses between the five constructs were analysed employing Partial Least Squares Structural Equation Modelling (PLS-SEM), by SmartPLS 2.0.M3 (Ringle et al., 2005). PLS-SEM contributes to theory building in studies that effort to discover causal relationships between latent variables (Bagozzi and Yi, 1998).

Assessing a model using PLS entails a two-step process involving the assessment of both the measurement and structural models (Hair et al., 2011). The measurement model assessment contains an analysis of the validity and reliability of the relationships between the LVs and related manifest variables. In addition to, the assessment of the structural model is concerned with the relationships between the constructs (Hair et al., 2011).

Tests of indicator reliability and construct reliability were conducted in order to establish the reliability of the reflective measurement model in structural equation modelling (SEM). In assessing indicator reliability, the loading of every item specify its association with the latent construct. This loading should be greater than 0.7 for indicator reliability to be considered acceptable (Ringle et al., 2005). Table 1 indicates that the loading of each indicator on its corresponding LV was higher than 0.8 and AVE are greater their thresholds. Thus, the Table 1 display there is no issue in composite reliability (CR). These coefficients are usually considered to estimate CR, as well as Cronbach's alpha coefficient (Hair et al., 2011). However, CR is a better estimation for PLS-SEM (Hair et al., 2011). Table 1 indicates that both the CR and Cronbach's alpha for all LVs in the measurement model are in their acceptable thresholds. However, these results represent that the measurement model is both

internally consistent and reliable.

The reflective measurement model validity comprised two steps; convergent and discriminant validity (Ringle et al., 2005). The AVE of the LVs should be higher than 0.5 for convergent validity to be considered acceptable (Hair et al., 2011). AVE is used to measure the amount of variance in an LV as a product of its indicators (Chin, 2010). Table 1 depicts that the AVE of each constructs exceeded 0.5. Thus, measurement model's convergent validity was highly acceptable.

Table 1. Results of Measurement Model Assessment

Constructs	Items	Loadings	AVE	CR	Cronbachs Alpha
Accreditation	AC1	0.880	0.794	0.939	0.914
	AC2	0.898			
	AC3	0.876			
	AC4	0.908			
Destination Image	DI1	0.810	0.700	0.921	0.892
	DI2	0.853			
	DI3	0.891			
	DI4	0.893			
	DI5	0.726			
Patient Loyalty	PL1	0.760	0.597	0.912	0.888
	PL2	0.799			
	PL3	0.771			
	PL4	0.778			
	PL5	0.748			
	PL6	0.824			
Patient Satisfaction	PS1	0.829	0.565	0.884	0.844
	PS2	0.640			
	PS3	0.796			
	PS4	0.584			
	PS5	0.808			
	PS6	0.815			
Service Quality	SQ1	0.653	0.549	0.894	0.865
	SQ2	0.773			
	SQ3	0.759			
	SQ4	0.632			
	SQ5	0.776			
	SQ6	0.785			
	SQ7	0.794			

Note: CR is Composite Reliability; AVE is Average Variance Extracted

Discriminant validity refers to the extent to which measures of different constructs are truly distinct from other constructs in the model (Hair et al., 2011). To test discriminant validity, the square root of AVE should be higher than the construct correlation (Ringle et al., 2005). A comparison of the squared root of AVE for each construct with its correlation to all other constructs indicates that the discriminant validity of the measurement model in this study was acceptable. Table 2 illustrates the discriminant validity of the model.

Table 2. Discriminant Validity

	Ac	DI	PL	PS	SQ
Accreditation	0.891				
Destination Image	0.138	0.837			
Patient Loyalty	0.266	0.347	0.773		
Patient Satisfaction	0.282	0.235	0.428	0.751	
Service Quality	0.243	0.574	0.420	0.270	0.741

Structural model assessment comprises two steps. In order to complete a preliminary assessment of the structural model and conceptual framework; we need to assess the R-square (R^2) measure of the endogenous constructs and the path coefficients (Hair et al., 2011). The path coefficients must be significant; however, the R^2 can be variable depends on the research area. Chin 2010 suggested values of 0.67, 0.33, and 0.19 as measures for R^2 to be considered substantial, moderate, and weak respectively. The R^2 value of Patient Value and Patient Satisfaction as the endogenous constructs of this study is 0.302 and 0.132 respectively. Thus, this value was considered moderate, and weak.

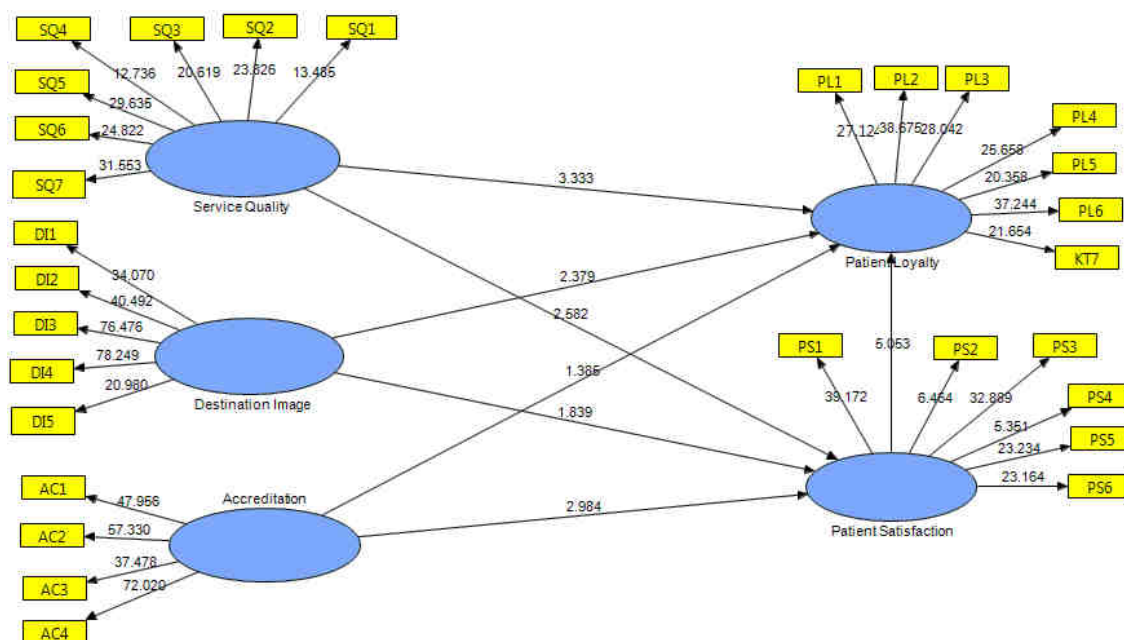


Figure 1. Theoretical framework

The path coefficients were similarly highly significant, as shown in Table 3 and Figure. 1. Table 3 shows the empirical t-value based on direct effects.

Table 3. The results of assessment of structural model

Hypothesis	Relationships	Syd Beta	SE	t-value	Decision
H1	Destination Image → Patient Satisfaction	0.120**	0.065	1.839	<i>Supported</i>
H2	Destination Image → Patient Loyalty	0.122***	0.051	2.379	<i>Supported</i>
H3	Service Quality → Patient Satisfaction	0.145***	0.056	2.582	<i>Supported</i>
H4	Service Quality → Patient Loyalty	0.242***	0.073	3.333	<i>Supported</i>
H5	Accreditation → Patient Satisfaction	0.230***	0.077	2.984	<i>Supported</i>
H6	Accreditation → Patient Loyalty	0.105	0.076	1.385	<i>NS</i>
H7	Patient Satisfaction → Patient Loyalty	0.305***	0.060	5.053	<i>Supported</i>

Note: *** $P < 0.01$, ** $P < 0.05$; SE: Standard Error; NS: Not Supported

5. Conclusion

Malaysia has been identified as one of the popular medical travel destinations globally and in the region (Rad et al., 2010). Strong promotional strategies and activities can ensure Malaysia as not only a tourist destination but also a world class medical hub for tourists (Aniza, et al., 2009). The number of tourists who visited Malaysia for medical treatment had increased by 22% from 42,500 in 2009 to 519,000 in 2010 (Musa, Doshi, Wong, & Thirumoorthy, 2012). Many private hospitals in Malaysia have reached internationally recognized for their standard and quality (Mujani, et al., 2012).

Based on the response shown by foreigners who seek quality healthcare service, medical tourism has been identified as a potential revenue generator in Malaysia (Bernama, 2012). Many patients also seek health care in Malaysia due to lower prices on surgeries, treatments and hospital stays (Ganesan, 2012). However, most hospitals that offer services to foreigners are private which follow international recognized standards. More than 30 hospitals cater to foreigners and also have joint accreditation from both the Malaysian Ministry of Healthy and the Malaysian Medical Society for Quality of Health. The majority of these hospitals are also recognized by the Joint Commissions International and the International Organization for Standardization, ensuring that patients receive the highest quality of medical care (Malaysia-Medical-Tourism, 2013). Since 2008, some of the states in Malaysia have been active in medical healthcare in Malaysia. Notable states are mainly Kuala Lumpur, Penang and Melaka while in the last couple of years; other states have been extra active in this business including Selangor, which has the most medical facilities in the country.

The findings show that service quality is a significant predictor for patient satisfaction and patient loyalty. Similarly, destination image, show a positive and significant impact on satisfaction and loyalty. The impact of hospital accreditation is positive but not significant. Highly satisfied patients spreading positive word of mouth and also can revisit the particular hospital in the future. Medical tourists would be more satisfied when they receive a higher service quality (Jamaludin et al., 2012). Indeed, satisfaction in this study has played a significant role in developing loyal customers.

6. Managerial Implications

From a managerial point of view, this study can assistance the healthcare decision makers to address the challenges that they encounter and provide empirical evidence to inform policies and practices. From the findings of this current research, it is clear that the strength of foreign patient demand is increased thus, the studied variables mentioned attempt to understand and evaluate the quality of hospitals services on patients' loyalty in medical tourism industry.

However, this current thesis concentrates on the significant role of hospital service quality, hospital accreditation and satisfying patients for achieving patient loyalty, particularly in the medical tourism industry. Understanding the direct effect of the key factors in this current research, service quality attribute along with hospital accreditation and patient satisfaction on affecting consumer loyalty in the medical tourism industry in Malaysia, will put the practitioner in a better position to design appropriate strategic plans to deal with marketing practices.

In implementing marketing strategy, top management plays a significant role; highlighting the crucial attributes

that affect patient loyalty such as the enhancement of the service quality features, hospital international accreditation and maximizing the level of patient satisfaction significantly affect the marketing and management process. Before implementing any strategy, managers must ensure that it has extra resources that can fulfill the patients' demands and needs. Moreover, the service quality attributes offered by hospital can be used to explain patient loyalty towards a particular hospital. Once a patient has received an increasing level in hospital's service quality, patient's loyalty and retaining will be enhanced toward the hospital.

The results of the current research showed that hospital service quality has not only a direct effect on patient loyalty but also a strong indirect effect on patient loyalty through the inclusion of patient satisfaction as a mediated variable. While, exogenous construct (hospital service quality) has a direct effect on patient loyalty, besides an indirect positive impact towards the patient loyalty mediated by patient's satisfaction. The results of this current thesis indicated also that hospital accreditation can play a role positively affecting patient satisfaction and indirectly affecting patient loyalty.

The findings of this study conceptualize that providing promise services might enhance the quality of services output. This is followed by hospital accreditation, which includes the international and local reputation in a way that influences patients to tell their friends and family members about the service provided. In the medical tourism context, consumers who do not have those feeling will not be loyal to the hospital and in a bigger picture in the country. Thus, it seems apparent that satisfaction is likely to result in stronger loyalty when patients perceived the hospital services in a higher degree of reliability acquired from using the hospital's services. For example, when patients perceive that the hospital can perform the promised service accurately, they worry less to continue or book a surgery with that particular hospital.

When patient worry less, they will feel happier, and they will be loyal to the hospital and destination country. Jones and Sasser (1995) argued that there is a great difference between the loyalties of only satisfied and moderately satisfied consumers. Completely satisfied consumers are much more loyal than satisfied consumers. Totally satisfying the patients should be a top priority.

Furthermore, satisfaction includes reliance, prior positive experience and current experience. Another point relevant to the use of patient satisfaction involves the findings that hospital accreditation may not be of great importance for medical tourism consumers. When patients perceived the value from the hospitals, they become attached and it becomes harder for them to change their hospital. According to Dick and Basu (1994) consumer value lead to feelings capable of unsettling ongoing behaviour. These findings have not yet been studied in the medical tourism industry in Malaysian perspective research; thereby this research broadening the latitude of patient behavioural intention and its applicability in the medical tourism industry.

7. Research Recommendation

The outcomes of this current research might be able to provide guidance towards the healthcare providers. The attributes presented earlier including the service quality along with hospital accreditation and patient satisfaction on patient loyalty are the most reliable indicators of patient loyalty found in the literature. The medical tourists constantly comparing countries in order to choose the best medical centres, therefore marketing managers should focus on their marketing campaign to highlights all aspects of a medical centres which have influence on patients' decision. Also, hospital managers should have control over service delivery, acquiring international accreditation.

The attributes presented in this research can be considered reliable indicators. Therefore, managers should focus more on improving all the service quality features to be at the highest level. They should also provide distinctly healthcare services. Since, consumer satisfaction is vital for survival of service providers, any activities that enhance the level of satisfaction should be in management agenda. As hospital accreditation plays critical role in patients' decision making, management should acquire international accreditation. Based on results, practitioners might require spending additional attention to patient satisfaction to sustain their competitive advantage. This could occur when managers understand how patients think and feel about the services they received from the hospital. Therefore, it can help managers to draft better strategy in acquiring and retaining patients' loyalty.

Again, this study exhibits directions for hospitals which practice medical tourism for the improvement of understanding the patients' loyalty in a greater context in the Malaysian medical tourism industry.

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