



## Exploring Medical Tourist Experiences at the Private Hospital in Malaysia: What Could Be Improved?

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### Abstract

In recent years medical tourism has significantly gained popularity. Malaysia along with other Asian countries has been expanding the increasingly popular industry as they strive to be promising medical tourism destinations. Thus, it is important to identify how medical tourists' experiences can be improved. The purposes of the current study were to understand medical tourists' experiences, identifying what went wrong and what could be enhanced during their visit. The findings show that, although there was overall satisfaction with their experience, there were a few challenges which could be addressed by the industry to improve medical tourism experiences. Improving quality, communication and interaction, and long-term medical tourism planning, may prevent future medical tourists from present challenges. The results could be of paramount importance for managers and leaders in the industry for enhancing the quality of medical tourist's experiences.

**Keywords:** medical tourism, medical tourist experiences, Malaysian medical tourism industry, satisfaction, private hospitals.

### Introduction

In the past decade, medical tourism has been increasingly viewed as an auspicious niche market for attracting tourists from all around the world. Seeking reliable healthcare in locations far from one's place of residence is referred to as medical tourism (Horowitz, Rosensweig, and Jones 2007). The concepts of globalization and migration impacted medical tourism in such a way that the flow of different cultures across the globe demanded international medical support (Herrick, 2007). The push and pull factor theory implies that certain local factors push patients to other countries to seek medical treatment while certain pull factors in medical tourism destinations attract international patients to receive their treatment abroad (Gan & Frederick, 2011). The push factors include high cost of treatment, low-quality or lack of available local treatments, and long waiting periods. Patients then look for other possible solutions beyond their local options. Pull factors such as low-cost, low-waiting periods, and high quality of available treatments inspire patients to plan for medical tourism, as explained by Abd Mutalib et al. (2016).

Many Asian countries have picked up the new trend and built impressive packages combining medical services and leisure. Medical tourists that were once merely looking for alternative options to receive treatment elsewhere are now offered leisure elements along with medical services. This calls for a plethora of new opportunities for the medical tourism market all over Asia (Caballero-Danell and Mugomba, 2007); and as a result, competition has been rising among all participating medical tourism destinations.

Developing countries have also realized the potential of the industry for economic development; and thus, many Asian countries such as India have included medical tourism as a means to develop their national economies (Shetty, 2010; Lunt & Carrera, 2010). Malaysia is one of the Asian countries that have immensely focused on the niche market. The country's statistics show a sharp rise in the number of medical tourist arrivals from 2007 to 2013, from 341,288 to 770,134

(Malaysia Healthcare Travel Council, 2014). The medical tourism industry has received promising governmental support for maintaining and improving this promising statistics (Heung and Kucukusta, 2011).

However, in order to maintain such auspicious quantity of medical tourists and enhance the competitive edge of the industry in any country, it is crucial to understand medical tourists' experiences from their own point of view (Sultana et al., 2014; Nazem and Mohamed, 2015). In particular, challenges or issues faced by medical tourists may shed light in areas overlooked by previous research in the industry. Thus, improving the quality of medical tourist experiences may be further facilitated by understanding challenges faced by medical tourists and how they could be avoided or prevented.

It is important to note that there are a number of risks and challenges associated with medical tourism globally (Abd Mutalib et al. 2016; Hall, 2011). To understand the challenges posed by medical tourism, one must understand the several processes that must take place. According to Turner (2010), each potential medical tourist must be thoroughly informed about the risks; for example, availability of alternative treatments and consequences, continuation of care, and being fit for travel. Post treatment measures must be taken to ensure the patient is able to receive adequate after-care locally or internationally. In addition, credibility and standards of service providers must be checked since they are not always up to par with international standards (Hopkins et al., 2010).

In addition, the associated assumptions and stereotypes about potential medical tourists may pose a challenge to overcome cultural differences and understanding. Medical tourists may be categorised based on their race, nationality, skin colour, social class, or affluence. They are mostly 'expected' to be white, Western, affluent, and looking for specific holiday options (Connell, 2013). Stereotypes may cause bias more often than not and may result in confusion and rejection.

Apart from that, ensuring high 'quality' of medical services in another country may prove to be more difficult than expected. Information on foreign service providers' accreditation and standards is not always readily found or complete. There are doubts as to whether hospitals and physicians have recognised credentials and/or training as well as experience to provide quality services. In addition, international laws pertaining to medical tourism standards and physician trainings are not as strict and detailed as in first-world countries such as the US. Furthermore, compensations required in the case of malpractice are not clearly known or generous (National Center for Policy Analysis, 2007). It must also be noted that well-known players in the industry have dealt with this issue in a number of ways. For example, obtaining international accreditations such as JCI, getting affiliated with accredited universities and hospitals in first world countries, and providing their staff with internationally accepted credentials. And certain reports show that there is not much evidence pointing to a wide-spread of malpractice in the global medical tourism industry (National Center for Policy Analysis, 2007).

This paper aims to shed light on minor challenges faced by medical tourists who received treatments at a private hospital in Penang Island, Malaysia. Secondly, it aims to highlight what can be enhanced to improve overall medical tourism experiences. The findings of this study helps all the stakeholders involved in the industry specially the government and the participating hospitals in understanding how they can improve their services and the industry as a whole.

## **Method**

The nature of this research was explorative, and thus the aim of the researchers was not to obtain a generalised theory or conclusion; but a focused, in-depth understanding from a small sample of medical tourists. A well-known, internationally accredited hospital in Penang Island, which attracts a number of medical tourists from around the world, was approached. The marketing and medical tourism team at the hospital collaborated with the research team to gain knowledge that would in turn help the hospital management. Thus, an in-depth semi-structured interview was designed by the researchers and the hospital team. The questions were specially designed to give medical tourists an opportunity to share their experience and to give feedback on the challenges they faced.

The sample was selected by the hospital based on three factors of availability of medical tourists in August-July 2013. To assist the interview process, patients were given the option to be accompanied by their families, friends, or anyone present with them at the hospital. Interview session durations ranged from 10 minutes to 40 minutes. The interviews were recorded by the researchers. The recorded sessions were transcribed and thematic analysis was used.

The major theme of the interview was:

- A. Challenges faced during and after their experience as medical tourists
- B. How medical tourist experiences can be enhanced in the future

Responses were grouped and conclusions were drawn based on the findings. Thematic analysis proved ideal for this research as it provides a basis on creating an overall concept map based on common characteristics, attributes or vocabulary often used by respondents during the interview (Attride-Stirling, 2001).

## Results and Discussion

The respondents of this study came from a few countries and received a number of treatments as shown in Table 1.

**Table 1. Respondents' Profile**

Nationality	Gender	Age	Type of Treatment
American	Female	60	Wellness Package; cancer treatment
Australian	Male	58	Ankle Surgery
Belgian	Male	67	Dental Procedure
British	Male	79	Lung Complications
Indonesian	Female	56	Heart Bypass Surgery
Indonesian	Female	37	Hip Surgery
Indonesian	Male	64	Angiography
Indonesian	Male	65	Heart Bypass Surgery
Indonesian	Female	46	Heart Complications
Japanese	Female	66	Dental Procedure
Japanese	Female	71	Wellness Package

All of the respondents of this study were above 35 years of age and up to 79 years. 50% of the respondents underwent surgery, 20% bought the wellness package of the hospital especially for medical tourists, and 20% underwent dental procedures. It is notable that one of the respondents who had initially bought the wellness package was later diagnosed with lung cancer and decided to receive cancer treatment at the same hospital.

It is important to note that all of the respondents had overall positive experiences as medical tourists in Malaysia and would make the same choice if needed in the future.

A few categories were formed based on the interview results which are explained accordingly and summarized in Table 2.

**Table 2. Challenges faced by medical tourists**

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Challenges	Quality
	Communication and interaction
	Long-term Medical Tourism

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### *Quality*

A number of challenges were discussed which were categorised under quality including staff attitude and professionalism, service, perception of quality, environmentally-friendly practices, and hospital food. Respondents discussed how their perceptions of quality were formed before coming to Malaysia. Prior perceptions of the destination's medical quality caused the medical tourists to believe that the quality of care in the country may not be comparable to their home country:

“There would be a perception that the higher level of total quality procedures is not equal to that of a Western hospital.”

Other researchers have also discussed that the biggest issue the industry faces is the perception of potential medical tourists about quality of care and how it compares to medical tourists' own country (Ko, 2011).

Adhering to standard procedures was discussed and pointed out by Belgian, Australian, and American respondents. Less frequent cleaning processes in hospital toilets as well as not-very-professional patient room cleaning procedures were mentioned, for example,

“A man, cleaner, came to clean the air conditioning [in my room]. He got up there on a ladder with a kind of a vacuum cleaner and blew the dust and everything into the air. I just don't think I would see that.”

Apart from service quality, the physical quality of the hospital was discussed. The hospital was not as modern and convenient as expected. Toilets not flushing easily and lights not working properly at times in patient rooms, and small space inside toilets were mentioned for example:

“Simple little things like getting that [the walking tool] through the [toilet] door. The door, when your going in a chair, is narrow,” and,

“...all of a sudden in the middle of the night, the television would go on without anybody touching it and it had volume.”

In addition, there was disappointment in lack of green practices. Environmentally friendly procedures were expected as a part of a modern international hospital; which were not up to satisfactory level. It was noted by the majority of the respondents that the temperature in the hospital was very cold; and air-conditioning systems were overused.

In addition, food quality in the hospital was mentioned. Japanese and Indonesian medical tourists had a difficult time adapting to hospital food, pointing out that the food was not satisfactory and mostly local cuisine was offered which was new to them.

### *Communication and Interaction*

There were a number of points discussed related to interaction between staff and medical tourists. In some instances, medical tourists expected just a little more from the staff such as doctors speaking slower or giving more explanation:

“They only have a short time with patients. Dr. X has many patients so he cannot spend a lot on each.”

Interactions between staff and patients was affected by cultural background and language usage, which ultimately created confusion and communication problems:

“...there are cultural differences in the way people use language and what you expect people would be talking about. And also during procedures...there are certain questions and things we didn't understand and the staff didn't understand what we expected...”

A survey by Korea Tourism Organization (2008) found ‘convenience of communication’ as the forth important factor by medical tourists. Thus communication is among the top five concerns for medical tourists. Specifically, medical tourists are concerned when some of the staff show reluctance to attend to them, emphasized by a medical tourist who had cancer and assumed the response was because of her condition:

“Some of the staff was a little hesitant to deal with me perhaps they thought they couldn't understand me or be able to help me or whatever and I thought people were staying away from me.”

Apart from verbal communication, other sources of interaction with medical tourists were mentioned such as guidebooks, written instructions, and informative materials for medical tourism process. Lack of information available to medical tourists in destination premises such as the hospital, airport, and other areas caused confusion. A few medical tourists pointed the differing rules and procedures in their home country compared to Malaysia; however since the differences were not communicated to the medical tourists, and they were deemed as obvious and understood among local patients and staff, the medical tourists became somewhat confused. For example, medical tourists were not specially briefed or given instruction about the ticketing system in the hospital, visiting hours, and check-in and check-out procedures; and had to follow the crowd [locals or other international patients who could help them], which didn't work all the time.

In addition to hospital processes, medical tourists were disappointed that there was a lack of ‘tourism’ element in their experience. With medical tourists, it is important to consider them not just as patients traveling to receive medical tourists but also as tourists who are expecting a certain amount of tourism (leisure) experience alongside their treatment (Heung, Kucukusta, and Song, 2010). One of the goals of the industry is putting together medical treatment with leisure elements and readily offering both in the same package (George and Henthorne, 2009). That is why the term medical tourist implies both a patient and a tourist. Medical tourists expressed their disappointment on lack of touristic elements in the hospital such as printed brochures, information centres, or kiosks in the hospital or any other premises specially catered for medical tourists. For example, packages from and to hospital for sightseeing, information on nearby places of interest, transportation, and other tourist activities were not provided to medical tourists neither at the airport nor at the hospital. Medical tourists expressed their desire for a ‘medical tourist’ guidebook which included all the necessary information.

### *Long-term medical tourism*

Medical tourists staying for longer period of time as a result of required treatments, faced specific challenges. The reason could be that of the majority of medical tourists staying for shorter periods of time. According to a study by Yeoh, Othman, and Ahmad (2012), the majority of medical tourists in Malaysia stayed for seven days. Thus the medical tourism host country may not have sufficient plans for those who need to stay longer.

Three-month tourist visa was not long enough for visiting cancer patients who had to travel outside the country to extend their visa. Thus, patients were left with no options but to make a trip after receiving major treatments which needed long-term rest in the hospital. In these instances, special considerations could not be given; and no solution was found.

In addition, the visa restricted medical tourists from opening local bank accounts. Some of the respondents faced issues with their overseas bank accounts transferring internationally and were left with little to no cash in Malaysia for a few days. This caused stress and lack of comfort for the

medical tourists amidst receiving their treatments. The challenges faced by long-term medical tourists may contravene the objectives of medical tourism industry to provide satisfactory 'medical' services.

It has been noted by researchers that medical tourists have "distinct qualities" and may be categorised based on their treatment needs (Ko, 11). The results show the differing needs of medical tourists who have to stay for longer periods of time. It is, therefore, crucial for medical tourism destinations to plan for such medical tourists in order to avoid such challenges.

## Conclusion

The purpose of this paper was to discover how to further enhance medical tourists' experiences by understanding issues faced by medical tourists. The findings show that medical tourists questioned the quality of services, physical nature of hospital, and basic procedures. In addition, there were challenges in communicating with staff, unavailability of information about hospital procedures and tourism activities. For medical tourists staying for longer periods of time, specific challenges were faced with no solution.

Thus, improving service quality among personnel, upgrading hospital features to modern standards, following standard procedures, training staff in communicating with medical tourists, providing detailed written information specially for medical tourists about 'medical' processes as well as 'tourism' elements, and establishing specific plans for long-term medical tourism by medical tourism stakeholders are found to be important factors to enhance future medical tourist experiences. The government as well as hospitals and agencies involved in medical tourism may use the results of this study to focus on eliminating the issues faced and thus maintaining and increasing medical tourist arrivals.

## References

- Abd Mutalib N, Long C, Siew M, Poh L & Yee C (2016). Medical Tourism: Ethics, Risks and Benefits. *Indian Journal of Pharmaceutical Education and Research*, 50(2), 261-270. doi:10.5530/ijper.50.2.6
- Attride-Stirling J (2001). Thematic Networks: An Analytic Tool For Qualitative Research. *Qualitative Research*, 1(3), 385-405.
- Caballero-Danell S & Mugomba C (2007). Medical Tourism and its Entrepreneurial Opportunities (Unpublished master's thesis). School of Business, Economics, and Law (Goteborg University). Retrieved November 7, 2016, from [http://195.130.87.21:8080/dspace/bitstream/123456789/705/1/Medical Tourism and its Entrepreneurial Opportunities - a co.pdf](http://195.130.87.21:8080/dspace/bitstream/123456789/705/1/Medical%20Tourism%20and%20its%20Entrepreneurial%20Opportunities%20-%20a%20co.pdf)
- Connell J (2013) Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism Management*, 34, 1-13. doi:10.1016/j.tourman.2012.05.009
- Gan LL & Frederick JR (2011) Medical tourism facilitators: Patterns of service differentiation. *Journal of Vacation Marketing*, 17(3), 165-183.
- George BP & Henthorne TL (2009) The Incorporation of Telemedicine With Medical Tourism: A Study of Consequences. *Journal of Hospitality Marketing & Management*, 18(5), 512-522. doi:10.1080/19368620902950097
- Hall CM (2011) Health and medical tourism: a kill or cure for global public health?. *Tourism review*, 66(1/2), 4-15.
- Herrick DM (2007) Medical tourism: Global competition in health care. *National Center for Policy Analysis (NCPA), Policy Report*, 304, 19-20.
- Heung VC, Kucukusta D & Song H (2010) A Conceptual Model of Medical Tourism: Implications for Future Research. *Journal of Travel & Tourism Marketing*, 27(3), 236-251. doi:10.1080/10548401003744677
- Heung VC, Kucukusta D & Song H (2011) Medical tourism development in Hong Kong: An assessment of the barriers. *Tourism Management*, 32(5), 995-1005.
- Hopkins L, Labonté R, Runnels V & Packer C (2010) Medical tourism today: what is the state of existing knowledge?. *Journal of public health policy*, 31(2), 185-198.

- Horowitz MD, Rosensweig JA & Jones CA (2007) Medical Tourism: Globalization of the Healthcare Marketplace - NCBI. MedGenMed, 9(4), 33rd ser. Retrieved November 7, 2016, from [https://www.researchgate.net/profile/Michael\\_Horowitz2/publication/5541752\\_Medical\\_Tourism\\_Globalization\\_of\\_the\\_Healthcare\\_Marketplace/links/0912f50171f4caa9a4000000.pdf](https://www.researchgate.net/profile/Michael_Horowitz2/publication/5541752_Medical_Tourism_Globalization_of_the_Healthcare_Marketplace/links/0912f50171f4caa9a4000000.pdf).
- Ko T G (2011) Medical Tourism System Model. *International Journal of Tourism Sciences*, 11(1), 17-51.
- Korea Tourism Organization (2008) Marketing survey for medical tourism in Korea. Seoul: KTO.
- Lunt N & Carrera P (2010) Medical tourism: assessing the evidence on treatment abroad. *Maturitas*, 66(1), 27-32.
- Malaysia Healthcare Travel Council (2014) *Overall healthcare travellers 2007-2013*. Retrieved January 26, 2015 from <http://mhctc.org.my/en/statistics.aspx>
- National Center for Policy Analysis (US) (2007) Medical Tourism: Global Competition in Health Care (NCPA Policy Report No. 304). Texas: National Center for Policy Analysis.
- Nazem G & Mohamed B (2015) Understanding Medical Tourists' Perception of Private Hospital Service Quality in Penang Island. *Asian Culture and History*, 8(1), 100.
- Shetty P (2010) Medical tourism booms in India, but at what cost? *The Lancet*, 376(9742), 671-672.
- Sultana S, Haque A, Momen, A & Yasmin F (2014) Factors Affecting the Attractiveness of Medical Tourism Destination: An Empirical Study on India- Review Article. *Iranian Journal of Public Health*, 43(7), 867-876.
- Turner LG (2010) Quality in health care and globalization of health services: Accreditation and regulatory oversight of medical tourism companies. *International Journal for Quality in Health Care*, 23(1), 1-7. doi:10.1093/intqhc/mzq078
- Yeoh E, Othman K & Ahmad H (2012) Understanding medical tourists: Word-of-mouth and viral marketing as potent marketing tools. *Tourism Management*, 34,196-201. doi:10.1016/j.tourman.2012.04.010