

Understanding Medical Tourists' Perception of Private Hospital Service Quality in Penang Island

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Abstract

Medical tourism is one of the most successful types of tourism in Penang Island. Traveling beyond borders to obtain medical treatments is referred to as medical tourism. The purpose of this paper is to identify medical tourists' perception of service quality based on the three elements of core product, physical environment, and interaction. Qualitative analysis is used; and twelve respondents are interviewed from a selected private hospital in Penang Island. The study found that there is an overall positive perception of medical tourism in Penang Island and X hospital with a 100% of the respondents willing to make the same choice of destination and hospital in the future for the purpose of medical tourism. Factors such as communication, staff, hospital facilities, and service influenced the positive perception. The results show that there are a few negative factors affecting medical tourists' perception such as: lack of following established procedures among hospital staff, hospital building problems, and lack of information for international patients.

Keywords: medical tourism, tourist perception, service quality

1. Introduction

1.1 Medical Tourism

A "dominant force" globally, tourism refers to traveling beyond borders to international destinations, gaining unique experiences (Franklin, 2003; Leuterio, 2007). According to Heyns, Boekstein, & Spencer (2000) the five major elements facilitating the industry are: tourism organizations, tourism product, transportation, accommodations, and tourists. One of the popular kinds of tourism is medical or health tourism, which refers to traveling to receive medical services or procedures; in this increasingly popular market, 37 million health-related trips are made every year (Lunt et al., 2013). Medical tourism has been through a remarkable increase in popularity (Sarwar, Manaf, & Omar, 2012), making it one of the focused areas for academic research (Hall, 2012). Medical tourists come from many nations to countries such as Malaysia, Thailand, Singapore, and India (Anvekar, 2012). In this multibillion industry, consumer choice is highly affected by affordability and quality (Crooks, Kingsbury, Snyder, & Johnston, 2010; Herrick, 2007; The & Chu, 2005). Like many other blooming industries, this niche market faces major issues such as limited number of established standards regarding competency and quality of service providers (Turner, 2011).

Local healthcare issues and difficulty in receiving preferred procedures are the most common reasons for the growth of medical tourism with patients from under-developed or developing countries often facing the problem of dissatisfactory medical procedures or unavailability of certain procedures (Moufakkir & Burns, 2011). In other studies, Hall (2012) mentions that, high cost of treatments draws patients to look for cheaper alternatives to receive the same medical services elsewhere. In addition, long waiting periods may encourage patients to search for faster options internationally (Luigi, Michael, & Valerie, 2013; Suzuki, 2013).

The medical tourist perception of service quality is a part of the overall tourism product and it is subjective to each individual (Kandampully, Mok, & Sparks 2001). Perceptions are often assessed from different dimensions such as quality of service (Sarwar et al., 2012). According to Anvekar (2012), destination image is another dimension in medical tourists' perceptions; that is the image created of the destination as experienced by the tourists. However, there is need for more comprehensive research to understand the medical tourist experience and perception (Crooks et al., 2010).

Medical tourism may cause physiological and psychosocial effects which are not compensable (Ormond, 2015); however, a few advocates suggest there are numerous benefits to the convention (Turner, 2007). On average, medical tourists acquire more convenient services and better accommodations as they are likely to stay longer than a regular tourist. They tend to have “higher spending power” (Ormond, 2013). As successful medical tourism destinations have high quality and standards comparable with advanced nations, establishing a reliable image is pivotal (Anvekar, 2012). Thus, having low levels of poverty, violence, and terrorism as well as prominent country branding are essential for a thriving medical tourist destination (Connell, 2011; Nargundkar, 2010).

1.2 The Growth of Medical Tourism in Malaysia

Malaysia is a top medical tourism destination (Pocock & Phua, 2011). During the South East Asian financial crisis of late 1990s, private healthcare providers encountered a sharp decline in demand. As a result, the concept of marketing and selling services to foreign clientele came on as an alternative strategy. The Malaysian government as well as private-institutions have been actively supporting the industry, supporting the niche market by encouraging the growth of the healthcare industry in general taking local medical tourism to the international market (Chee, 2007). According to Connell (2008) there were 374,000 medical tourists in Malaysia in 2005. Between 2001 and 2005, 44 Malaysian hospitals were nominated for medical tourism, and 35 of them were globally promoted. In addition, there were 341,288 medical tourists in 2007, reaching 770,134 in 2013 (Malaysia Healthcare Travel Council, 2014). The country’s famous specialties are on “cardiology, orthopaedics, cancer treatment, infertility treatment, and reconstructive surgery”. “Holistic therapies” such as “Ayurveda” and “Unani” are also among favorite tourist demands in the country. According to a study done by Abd Manaf, Hussin, Kassim, Alavi, & Dahari (2015), the level of service offered for medical tourists in Malaysia is considered high. The same study states that the main push factor for medical tourists choosing Malaysia is not the fact that it’s cost-saving but rather the medical tourists looking for a better quality of care.

As the number of medical tourists in Malaysia is increasingly booming, there are often success statements by authorities conveying their perceptions on the industry. However, there is a lack of coherent research and analysis on perceptions of medical tourists on the components of medical tourism as per their actual experience in Malaysia. In medical tourism, tourists are the critical source to evaluate the status of the industry (Azadi, Maleki, Tabibi, & Azmal, 2012). Therefore the aim of the current study is to identify medical tourists’ perception of service quality as experienced in a private hospital in Penang Island, by following the dimensions proposed by Zeithaml, Berry, and Parasuraman (1988), Siameti and Kakouris (2009), and Rust and Kannan (2002). It highlights the importance of several factors that affect the overall perception of medical tourists as well as recommendations on enhancing medical tourist experience. Measures of interaction, physical environment, and core product are utilized to obtain an understanding of medical tourist overall perception.

A few states in the country have been actively participating in the industry. Melaka, Kuala Lumpur, Perak, and Penang are highly involved (Chee, 2007; *The Respected Voice of Tourism*, 2014). Medical tourism in Malaysia is supported and promoted immensely by the government, aiming 10% revenue growth in 2014-2015 from 15.8% in 2003. As the only country in the region with governmental support, Malaysia has a strong hold of the niche market (*International Medical Travel Journal*, 2014; Nadaraj, 2014).

The state of Penang contributes more than 50% of the entire market in the country with a revenue of RM 370 million in 2013 (Chee, 2007; *International Medical Travel Journal*, 2014; Nadaraj, 2014). The majority of medical tourists in the state are from Indonesia and Japan (Chee, 2007; Looi, 2014). Penang State Government has plans to increase the number of private hospitals in the state to accommodate the demands of the ever-growing industry (Mok, 2013).

Seven hospitals are actively involved in medical tourism on the island of Penang: Gleneagles Medical Center, Hospital Lam Wah Ee, Island Hospital, Loh Guan Lye Specialist Center, Mount Miriam Cancer Hospital, Pantai Hospital, and Penang Adventist Hospital. 50% of all medical tourists in Malaysia choose Penang Island (Hilmy, 2014). As many as 80% of foreign patients in Penang come from Indonesia (Chee, 2007). Penang has also secured patients from USA, Japan, and Singapore (George Town, 2013).

1.3 Perception of Service Quality and Satisfaction

Perception may be defined as “the active process of creating meaning by selecting, organizing, and interpreting people, objects, events, situations, and other phenomena” (Wood, 2009). In other words, perception is not just a happening; rather, it is a continuous process. Furthermore, perception may initiate learning, affect beliefs, and form feelings. Tourist perception, in specific, may be understood as “the process of translating tourist information from the external world into the internal, mental world that each of us experiences”. There are three cognitive processes which shape the tourist perception: “sensation, attention, and memory” (Decrop, 2000).

When referring to medical tourists, it is crucial to recognize that these tourists are both travelers and patients; thus “patient satisfaction” ought to be focused on (Saiprasert, 2011). There are five determinants of satisfaction: occurrences, value, expectations, interpersonal comparisons, and entitlement. Occurrences refers to an overall perception of what happened in reality. Value refers to an evaluation by the tourists regarding the healthcare experience. Expectations refers to a perception about what may occur in a future event. Interpersonal comparisons refers to tourists’ rating of a healthcare institution with their previous experience; and entitlement refers to tourists’ belief that they may claim a specific outcome (Saiprasert, 2011).

An element highly affecting tourist perception is ‘customer value’. “It is the market perceived quality adjusted for the relative price of the product. It is your customer’s opinion of your products (or services) as compared to that of your competitors” (Raza, Siddiquei, Awan, & Bukhari, 2012). Customer value shapes the perception of “trade-offs” of the prices paid and the quality that is perceived (Glynn & Woodside, 2009).

There are two major perspectives of customer value: a company’s point of view and a customer’s point of view. As the customer’s point of view, they are interested in value that is “generated” by a product. There are two kinds of customer value: “perceived customer value and desired customer value” (Graf & Maas, 2008). “Perceived value” is divided to two parts: “functional and symbolic” (Chen, 2007). Customer satisfaction may be defined as how customers react emotionally for a product or service (Raza et al., 2012). Also, the gap between what was supposed to happen and what actually happened is the explanation of how satisfied customers become (Sohail, Roy, Saeed, & Ahmed, 2007). Customers can be labeled as satisfied when they make the decision to revisit and repurchase the same place, product, or service (Parasuraman, Grewal, & Krishnan, 2006). A study done by Raza et al. (2012), shows that important relationship between “service consistency” and “service convenience” exists in terms of perceived value.

Service cannot easily be measured because it has a nature that is not tangible; thus, the life time of the product and the damages brought to it cannot be measured (Crosby, 1991). The service industry has a high level of variability and variance because of the indefinite nature of service (Nightingale, 1985).

There are two types of quality: functional quality and technical quality. The overall concept of both determines the overall perception of service quality. Functional quality refers to the way service is actually delivered. Technical quality refers to the service itself which is delivered. It should be noted that when an organization establishes excellent quality of service, it develops a status of reputation. Reputation is only enhanced on timely basis and it is unique to each organization (Yasin & Yavas, 2001).

When service quality is considered, one has to also consider the essence of a particular service. The nature of service depends on several factors of its context. “Accessibility”, “timing”, “flexibility”, and “availability”, are the elements that shape the nature of a particular type of service (Nightingale, 1985).

2. Method

2.1 Research Design and Instrument

Qualitative method has been used for the exploratory nature of this research on gaining a through understanding of patients’ experiences as medical tourists. A set of interview questions were conducted for then-medical tourists at a selected private hospital in Penang, who were receiving a variety of different medical services.

The patients’ environment, condition, personal details, and medical services received were observed and noted during the process of the interview.

A set of semi-structured open-ended questions were asked from each patient. The questions were set to find out perception based on dimensions of interaction such as reliability and interactive quality, dimensions of physical environment such as service environment and physical quality, and a dimension of core product which is service product.

The direction of the interview and analysis was determined by adopting elements from previously established theories and models in the services field. The SERVQUAL Model as proposed by Zeithaml et al. (1988), has a few dimensions: reliability, assurance, tangibles, empathy, and responsiveness. For this research, reliability of this model is adopted to measure interaction factor in perception of service quality for medical tourists after experiencing Penang and x hospital. Reliability is defined as “the ability to perform a promised service dependably and accurately...also implies accuracy” (Hope & Cody, 2000). Thus, perception is judged base on whether the pre-perceptions of patients beforehand matched their experience.

Siameti and Kakouris (2009) stated a three-dimensional approach regarding service quality with the dimensions of: physical quality, the interactive quality, and enterprises’ quality. The first two dimensions are used for the

purposes of this study to measure perception of service quality based on physical environment and interaction. Physical quality is “involving physical aspects associated with the service such as equipment or building”. Interactive quality is defined as “involving interactions between service personnel and customers, as well as among customers” (Parasuraman & Zeithaml, 2002). Thus the perception of service quality is measured by how medical tourists are satisfied with all equipment and buildings that were used during their procedures and stay. Also, how medical tourists view interactions occurred between staff and patients and vice versa and interaction among patients, is measured for interactive quality.

Rust and Kannan (2002) proposed a four-dimensional service quality measure which included: service delivery, physical product, service product, and service environment. The last two are used for the purposes of this study. Service product refers to “the consumer’s cumulative perception of the service and any and all elements that are associated with the service” and service environment refers to “external and internal environments...organizational culture and business philosophy...physical ambience and the setting” (Sweeney, 2008). Therefore, this study measures customers’ overall perception of the service and also external and internal environments they experienced during their visit.

All the five dimensions taken from three different models combine to produce an overall perception that is formed in the minds of each patient. The study found out the overall perception and it discussed how these elements combine to produce the overall perception. The first section of the interview consisted of demographic questions to understand the background of the tourists. The questions included age group, gender, highest level of education, nationality, and marital status. The second section inquired about the level of knowledge the tourists had before choosing x hospital, and the factors affecting their choice. This section was based on their pre-perception before their intended travel. The third section focused on their perception during their intended travel, such as their perception of Penang as a medical tourism destination, and whether their expectations were met; this was to assess reliability and service environment. The fourth section focused on their personal satisfaction and experience such as their views on the service rendered by doctors and nurses, facilities of the hospital, and the quality of service; this section measured service product, interactive quality, service environment, and physical quality. The last section focused on the problems and issues faced and any recommendations the tourists have for further enhancing the medical tourist experience at x hospital. The patients were also asked if they would make the same choice in the future, given the same circumstances. Figure 1 shows the framework of the study, where perception of service quality is explored by three elements of physical environments, core product, and human interaction.

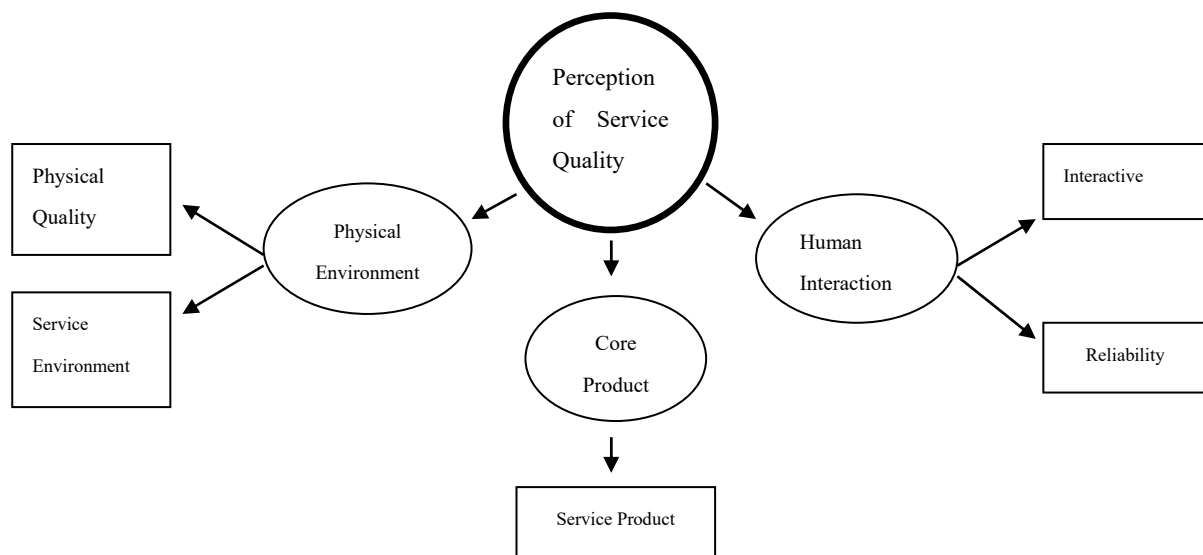


Figure 1. Research framework: three adopted dimensions affecting perception of service quality

The following questions were part of the interview.

Table 1. Interview questions

| Interview Questions | |
|---|--|
| How many times have you visited x hospital? | How is staff communication? Are there any language barriers between you and the staff? |
| How did you learn about x hospital? | How are the nurses who attended you? |
| Why did you choose x hospital? | How are the doctors who attended you? |
| What procedure have you had? | How are the reception and administration personnel? |
| How is Penang as a medical tourism destination? | How are the facilities, equipments and overall technology used in the hospital? |
| How is x hospital as a medical tourism center? | What would you say about standard and quality of service of the hospital? |
| Were your expectations met? | Did you come across any issues or problems? |
| Would you come back to X hospital if you have to make a choice in the future? | Do you have any recommendations? |

2.2 Sampling

Judgemental sampling was used to select medical tourists who were in stable condition for interview purpose and were willing to participate. The researcher was assisted by hospitals' marketing team to meet patients in the hospital. The hospital staff assisted in finding medical tourists in the hospital at the time of research and provided the information to the researcher. The marketing representative, who accompanied the researcher, introduced the aim of the research and sought permission to conduct interview with the patients, ensuring their willingness to share their experiences as medical tourists.

In Penang Island, a total of seven hospitals participate in medical tourism. Four hospitals were approached, and one granted permission and offered assistance for this research, with the condition of remaining unnamed.

The sample consisted of medical tourists receiving services during the months of August to July 2013. The majority of the interviewed patients were Indonesians; the number of Indonesians visiting Malaysia as medical tourists is higher than all other nationalities (Abd Manaf et al., 2015).

Table 2. Interviewee Profile

| Respondent | Nationality | Sex | Age | Procedure | Frequency of Visit |
|------------|-------------|--------|-----|---------------------------|--------------------|
| 1 | Japanese | Female | 71 | Medical screening | Many times |
| 2 | Indonesian | Female | 37 | Hip surgery | First time |
| 3 | Indonesian | Male | 64 | Coronary Angiography | First time |
| 4 | Indonesian | Male | 65 | Heart bypass | First time |
| 5 | Indonesian | Female | 46 | Heart-related procedure | Second time |
| 6 | Indonesian | Female | 56 | Heart bypass surgery | 10 or more times |
| 7 | Australian | Male | 58 | Ankle surgery | First time |
| 8 | British | Male | 79 | Infection | First time |
| 9 | Indonesian | Female | 51 | Valve replacement | More than 2 times |
| 10 | American | Female | 60 | Lung infection and cancer | 2 times admitted |
| 11 | Belgium | Male | 67 | Dental procedures | 3 times |
| 12 | Japanese | Female | 66 | Dental procedures | 2 times |

2.3 Analysis

Grounded Theory, which was developed by Barney Glaser and Anselm Strauss (Idrees, Vasconcelos, & Cox 2011), was used to interpret and conceptualize collected interview data. This type of analysis is mostly appropriate for service-related learning, which enables people to understand the real scenario in daily situations (Tracy, 2012). The application of Grounded Theory enables the researcher to understand the patterns and concepts in qualitative data by three levels of coding: open, axial, and selective. Each level focuses on finding patterns and implied

concepts within data. The first level of grounded theory requires extensive scanning and pattern and concept hunting of data. During axial coding, concepts are grouped based on similarities in pattern; which then are conceptualized to major themes. At the last level, one final theme is recognized and a theory/framework is driven.

3. Results and Discussion

3.1 Interaction

The results show the following elements in terms of interactive quality and reliability.

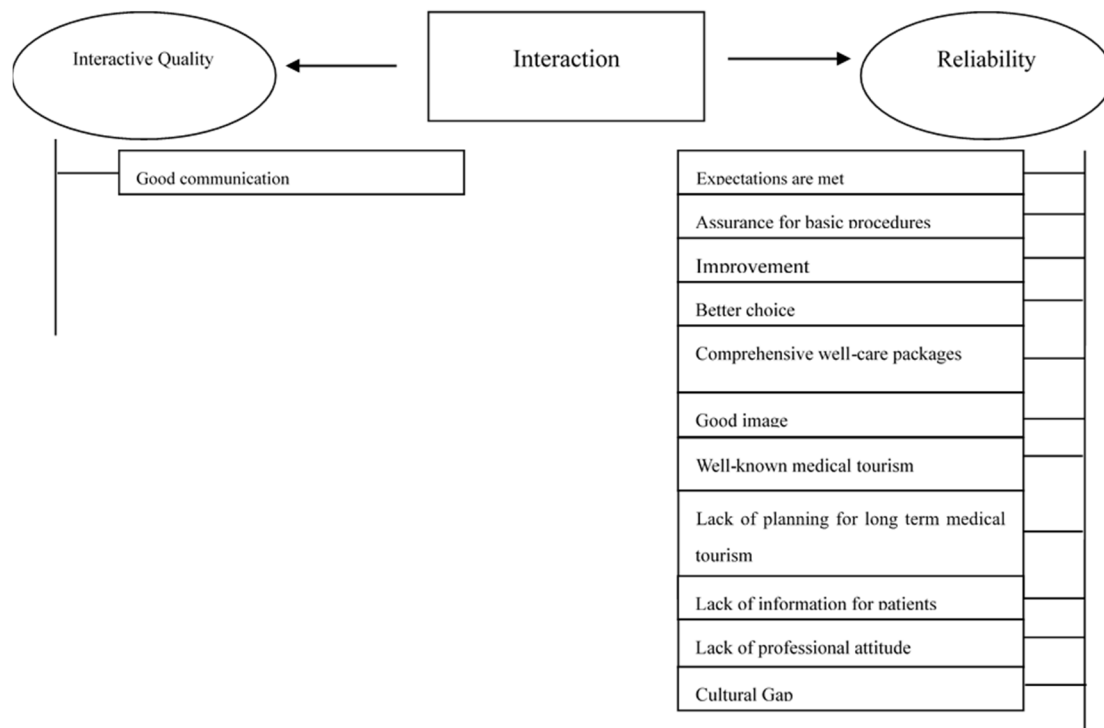


Figure 2. Perception of medical tourists based on interaction elements

3.1.1 Interactive Quality

There was a good communication process between the staff and the respondents during their stay, as pointed out by all the medical tourists. American respondents were particularly commenting on the staff's excellent English skills, which was one of the reasons they chose Malaysia again over Thailand for medical purposes. Japanese respondents were specially happy and satisfied with their Japanese language translators, who followed them all around the hospital taking care of their needs.

The respondents recommended a more one-on-one time with their doctors. They noted that the doctors are very busy and talk fast at times; as a result, they don't have enough time to talk to them about their procedures. If doctors had more time to sit with and communicate more with patients, it could be better.

3.1.2 Reliability

All the study's subjects pointed out that their expectations are met. Expectations are formed before engaging in the actual medical tourism, which are positively confirmed in this case. The information available and the promises made by the medical tourism providers, in this case Malaysia, Penang, and the hospital, are deemed reliable. An Australian respondent noted that for basic procedures, there is confidence in Penang hospitals, and they can be compared with Australian hospitals.

Comparing the hospital's previous conditions, one Indonesian respondent expressed that improvements have been done, which affect the quality of service. When compared to other cities and hospitals, Penang and the x hospital were noted as a better choice by the majority of the respondents. And they considered medical tourism in Penang as well-known with a good international image. An American respondent explained how her family compared and

contrasted well-care packages at different hospitals in different Asian countries; they finally chose Penang and x hospital because of they offered comprehensive well-care packages.

However, there were some issues for long-term medical tourists; those which required long-term treatment periods such as cancer patients. There is lack of planning for long-term medical tourists. The American respondents noted that their three month tourist visa had to be renewed by exiting and re-entering the country everytime; and once it happened on a day she was receiving chemotherapy and was not in a physical condition to travel out of Malaysia. Doctors, other hospital staff, and immigration officers were approached by her family, but no one was able to help as there are no other options given for medical tourists to extend a tourist visa. In addition, long-term medical tourists are given the same tourist visa as other tourists. With the given visa, they are not able to open bank accounts in Malaysia, and have to wholly rely on their accounts outside of Malaysia; this has caused issues as frequent transfers are to be made. The respondent noted that their bank in USA was upgrading their system for a week, thus unable to hold any transfers. They were left with little money, confused with what to do.

Lack of information available at the hospital was mentioned by Belgian, Australian, and Indonesian respondents. They expected a guided illustration, map, or general information handbook about Penang and the hospital; but there was none. A Belgian respondent noted that there was confusion about the ticketing system to the doctors in the hospital. After a few mistakes, they were able to understand the system. Also, the Australian respondent noted there were no clear instructions for checking-in and checking-out; he had asked a few staff and their answers were clashing. An Indonesian respondent wished there were general information about Penang available to medical tourists such as interesting places to visit, transportation routes available, and food and beverage areas.

It was noted that administration personnel, ambulance driver, and pharmacy staff didn't accurately follow standard procedures. The administration personnel showed lack of patience and professional attitude when the respondents had a problem. The ambulance driver chose a shortcut road to reach the hospital faster; however, the bumps on the road caused the patient, who wasn't properly fastened, to frequently move in the car and feel extreme pain. The pharmacy staff charged patients for 130 miligrams of a drug, but gave her 120 miligrams as prescribed by her doctor, throwing away 10 miligrams each time. The respondents noted that the drug comes in specific sizes; and that pharmacy staff added 100 miligrams plus 30 miligrams of the drug instead of giving four 30 miligrams which would be exactly 120 miligrams. The reason was convenience and faster operation for the pharmacy staff. However, the respondents added, that cancer drugs aren't cheap and they were paying extra for 10 miligrams which was thrown away and wasted.

Although English communication was not a problem, cultural differences were. At some points, there were some lack of understanding among nurses and respondents because of cultural gaps. The respondent mentioned as a minor dissatisfaction, this could be enhanced for better quality of service. Understanding the culture of medical tourists based on their background and country of citizenship is important.

3.2 Physical Environment

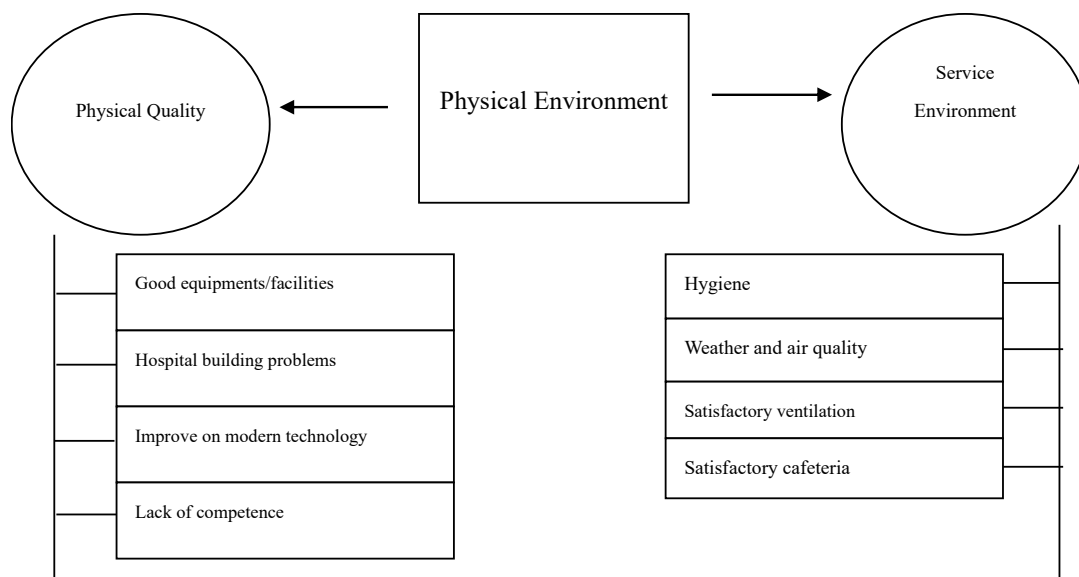


Figure 1. Perception of medical tourists based on elements of physical environment

3.2.1 Physical Quality

In terms of physical quality of service, there are overall positive perceptions regarding equipments and facilities; however, there were issues with the hospital building. The bathroom entrances were small and not suitable for those who use walking-aids. The lighting system in older parts of the hospital are not planned well; patients confuse the light switches and turn on other patients' lights at night. It was noted the hospital should be more modern and comparable with western hospitals. Some respondents expressed doubt in terms of hospital competence in terms of modern equipments compared with western hospitals.

3.2.2 Service Environment

There are conflicting perceptions about the level of hygiene at the hospital, with Indonesian respondents having a more positive perception compared with a Belgian respondent having a more negative one, comparing x hospital with European hospitals. She explained in hospitals in her country, one would see cleaners constantly checking and cleaning different areas. In addition, some respondents liked the weather in Penang. However, Penang is seen as having a less clean air compared to Bali, which was noted by Belgian respondent, who was a resident of Bali.

Hospital's ventilation and cafeteria were noted as satisfactory. A few of the respondents noted the often freezing temperature of the hospital is inconvenient. The airconditioning system of the hospital was noted as not-environmentally friendly as a lot of electricity is wasted making the hospital redundantly cold. Japanese respondents specially wished there were more variety in the food offered, suggesting international cuisines such as Japanese.

Almost all respondents expressed that Penang has a desirable environment for medical tourists and x hospital is a good choice; however, they recommended a couple of minor issues. Small waiting areas that held many patients caused the issue of overcrowdedness, which could be improved by better management. In addition, Australian respondent specially noted that the hospital's visiting hours are supposed to be until ten at night; however, many patients didn't follow the rules and visited their patients late at night. Disturbance and noise was caused by this; which isn't appropriate in a hospital environment. Thus, the hospital must ensure visiting hours are taken seriously to provide a quiet and suitable environment for patients to rest.

3.3 Core Product

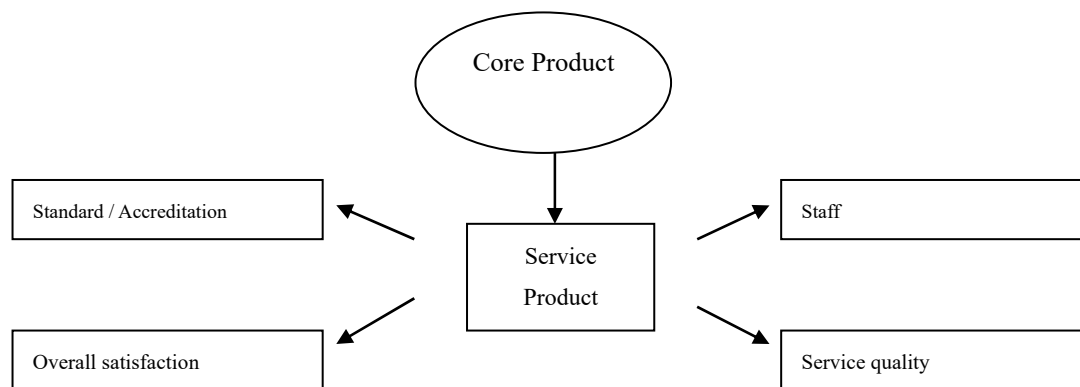


Figure 2. Perceptions of medical tourists based on element of core product

3.3.1 Service Product

Accreditation is a crucial influencing factor in choosing the hospital. Accreditation of x hospital by JCI (Joint Commission International) influenced the respondents by giving them a positive pre-perception of the hospital standards. JCI offers standards which enable improvement of healthcare provision internationally (Farzianpour et al., 2011). It is an internationally well-known accreditation awarded to the selected hospital, as the only hospital in Penang at the time of the research. This influenced the management of the hospital and the overall services.

The respondents were quite satisfied with the staff and their hospitality. It was noted there is high nurse to patient ratio compared to Australia, resulting in a faster service which was a pleasant experience. The majority of respondents were satisfied with nursing staff, while all respondents had a positive perception of the doctors who attended them during their visit; and 58% noted a positive view of the reception and administration staff at the hospital. One respondent, in particular, noted the limited number of dentists at the hospital.

Although there were a few negative perceptions regarding lack of following Standard Operating Procedures (SOP), they were noted as minor. Almost all respondents expressed their satisfaction with service quality, with a British respondent specifically expressing his gratitude,

“I’ll give you top marks!”

Half of the respondents noted there were no problems or issues faced by them during their stay; however, 100% expressed their overall satisfaction.

4. Conclusion

While medical tourism industry is a broad topic which requires multiple extensive research to explore common trends and patterns, this research is one of its own kind to understand medical tourists perception of service quality. It confirms there are many elements that affect and influence the experience of medical tourists. Although medical tourists at the chosen hospital in Penang were satisfied with the overall service, there were many valuable recommendations and points of improvement for enhancing the medical tourist experience. All the respondents of the study expressed they would make the same choice if they needed in the future. The findings of this study confirms the findings of a similar study by Abd Manaf et al., (2015), stating there is a strong relationship between overall satisfaction and future intention.

Medical tourism in Malaysia is a popular and increasingly growing industry. Therefore, it is crucial to continuously focus on this industry and increase research done in all areas in order to develop the industry and increase its scope and understanding to further attract, maintain, and satisfy all visiting tourists. At larger scale, the study benefits Malaysia as a whole, specifically Penang Island. Hospitals on the island, especially the selected private hospital in Penang may use the results of this study for their advantage.

Furthermore, private sector hospitals, tour agents, airlines, event companies, hotels and accommodation facilitators, food and beverage outlets and other tourist-depending facilities are all affected by medical tourism in Penang Island; thus the study benefits all the mentioned sectors.

The government may use the result of this study to recognize medical tourist perceptions of service quality. Consequently, they may enhance their strategies in order to continue growth in the medical tourism sector. Private sector hospitals may benefit from this study as they focus on tourist perceptions, level of satisfaction, and obstacles faced by the tourists.

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