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Drivers in determining medical tourism destination choice among international tourists using partial least squares method

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ABSTRACT
Medical tourism is a relatively new segment that has spurred the attention of major health care leaders across the globe over the decade. The global medical tourism market has shown extensive growth whereby global medical tourism generated USD11.56 billion in 2020 which increased to USD13. 98 billion in 2021. The amount is projected to grow to USD53.51 billion in 2028. In Asia region, few countries are playing their roles as medical destinations such as Thailand and Singapore. However, Malaysia continues to lag far behind the neighbouring countries in terms of number of international visitors. Thus, the study aims to determine the drivers of medical tourism destination choice among international tourists. Purposive sampling technique was applied for the study. A total of 115 responses from 21 different countries were collected through Medical Tourism Agency Website and their overseas branch. Data were analysed using partial least squares method. It can be concluded that lower cost and tourist attraction have paramount importance as drivers in choosing Malaysia as medical tourism destination. The outcome of the study will contribute to the field of medical tourism particularly in the context of improvising the marketing strategies and strategic partnership.

Contribution/Originality: This paper contributes new insights to the field by identifying the determinants of medical tourism destination selection among international visitors. By conducting a thorough data analysis, the study uncovered previously unexplored relationships that cast light on the potential impact on the field of medical tourism destination, thereby distinguishing it from prior research.

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1. INTRODUCTION
According to the Medical Tourism Association (MTA), medical tourism is a relatively new market segment that has gained the attention of major health care leaders in a variety of countries over the previous decade (Sandberg, 2017). Medical tourism is based on the idea in which individuals travel to foreign nations to acquire healthcare services and facilities while also indulging in the foreign country's tourist attractions (Chandran, Mohamed, Zainuddin, Puteh, & Azmi, 2017). Moreover, as portrayed in Figure 1, the global medical tourism market is valued at approximately USD13.98 billion in 2021 compared to the year 2020 (USD11.58 billion) and it is expected to generate USD53.51 billion by 2028 (Research Report, 2022). It is self-evident that medical tourism revenue is regarded as a sort of export revenue that has the potential to improve a country's balance of payments. By enhancing medical tourism, job prospects in the health care sector and associated businesses are increased. Medical tourism also supports the improvement of domestic health care access and quality in less developed nations (Beladi, Chao, Ee, & Hollas, 2019). The Gulf countries,

the United States of America, Canada, and Western Europe are among the most prominent outbound countries for this sort of travel, while the most popular destinations are Korea, India, Thailand, Malaysia, and Singapore (Liang, Choi, Joppe, & Lee, 2019).

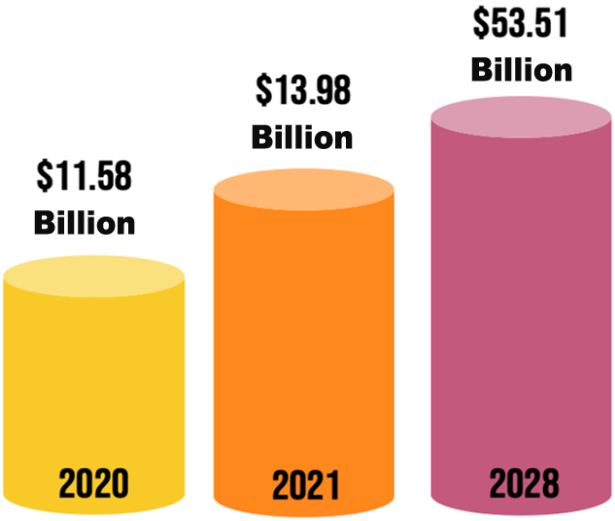

Figure 1. Medical tourism market.
Source: Research report, 2022.

Even though there are other countries worldwide, Asia is indeed a major medical tourism destination. As mentioned by Zahir et al. (2021), medical tourism has become a well-known industry in Asian countries. Asian countries such as Thailand, India, Malaysia, Singapore, and South Korea have aggressively pushed such services, and rivalry to lure more international medical tourists has intensified (Kim, Arcodia, & Kim, 2019). Malaysia has reached the number as high as 882,000 visitors with revenue of RM777 million, 850,000 visitors in 2015 with revenue of RM900 million, 860,000 visitors in 2016 with revenue of RM1 billion, and finally, 1 million visitors in 2017 with revenue of RM1.3 billion (Saragih & Jonathan, 2019). Medical tourism generated RM1.7 billion in revenue in 2019, resulting in an RM5.7 billion economic impact. However, COVID-19 pandemic has pushed a reduction in the expected income in 2020 from RM2 billion, with a total contribution to the economy of RM10 billion, to merely RM500 million, with a contribution to the economy of RM1.7 billion. It is expected that medical tourism in Malaysia would expand at a compound annual growth rate of 30.1% per year from 2016 to 2024 and that revenue would jump to RM14 billion by 2024 (Narayanan & Lai, 2021). In the context of gross domestic product (GDP), medical tourism has contributed 3.9% to Malaysian GDP which explains that the medical tourism in Malaysia is one of the income contributors to the nation (Cheah & Abdul-Rahim, 2018). Despite the fact that medical tourists are flocking to Malaysia in greater numbers than ever before, Malaysia still lags behind its neighbors (such as Thailand and Singapore) in terms of popularity for medical tourism (Lee & Fernando, 2015). According to the website for Tourism Malaysia, Malaysia welcomed 26.1 million visitors and earned RM86.1 billion from tourism in 2019. However due to corona virus outbreak, the tourism receipts has falling to RM12.7 billion in 2020 (Mohamad, Fatah, Samdin, & Hasan-basri, 2022). Thailand is the most popular destination, according to data from Patients Beyond Borders, having treated almost 2.4 million patients. Thailand continues to lead the market for medical tourism in Southeast Asia, receiving about half of all patients. In contrast, there were approximately 495,056, 1,050,000, 147,000, and 321,574 patients in India, Malaysia, Taiwan, and South Korea in 2017. The Asia-Pacific region's trajectory in medical tourism arrivals from 2001 to 2018 is depicted in Figure 2 (Dang, Nguyen, Wang, Day, & Dang, 2020; The ASEAN Post Team, 2017).

For medical tourism, the destination image is critical in offering an overall picture and a flavour of the medical tourism destination. A desired medical tourism destination should be a type of product with primary benefits such as commercial infrastructure and environmental elements. The destination's comparative advantage could include climate, surroundings, flora, and fauna, whereas the destination's competitive advantage may include attributes such as health and medical care places, heritage/historic attractions, events, transportation facilities, government policy, actual management quality, and worker skills. However, in the context of Malaysia, Malaysia could not even position itself in 2020-2021 Medical Tourism Index (MTI) ranking. MTI is a new category of country-based performance metric used to appraise a country's appeal as a medical tourist destination (Fetscherin & Stephano, 2016). In 2020–2021 MTI Ranking, Singapore positioned itself at number 2 (76.43 points), Thailand at number 17 (66.83 points), with Canada topping the ranking with 76.47 points (Medical Tourism Association, 2020). In continuing to build on its infrastructure, Malaysia may differentiate itself from growing markets such as Korea and Taiwan, as well as established strongholds such as Singapore.

It is therefore crucial to investigate the determining factors for Malaysia in becoming the most preferred medical tourism destination choice. It is vital for destination marketers and in this case, Malaysia must create a good match between their destination characteristics and the motives of their target markets through a comprehensive marketing and promotional programme. Analysing the determining factors shall help policy makers, government bodies or private sectors in formulating various strategies to boost Malaysia's medical tourism.

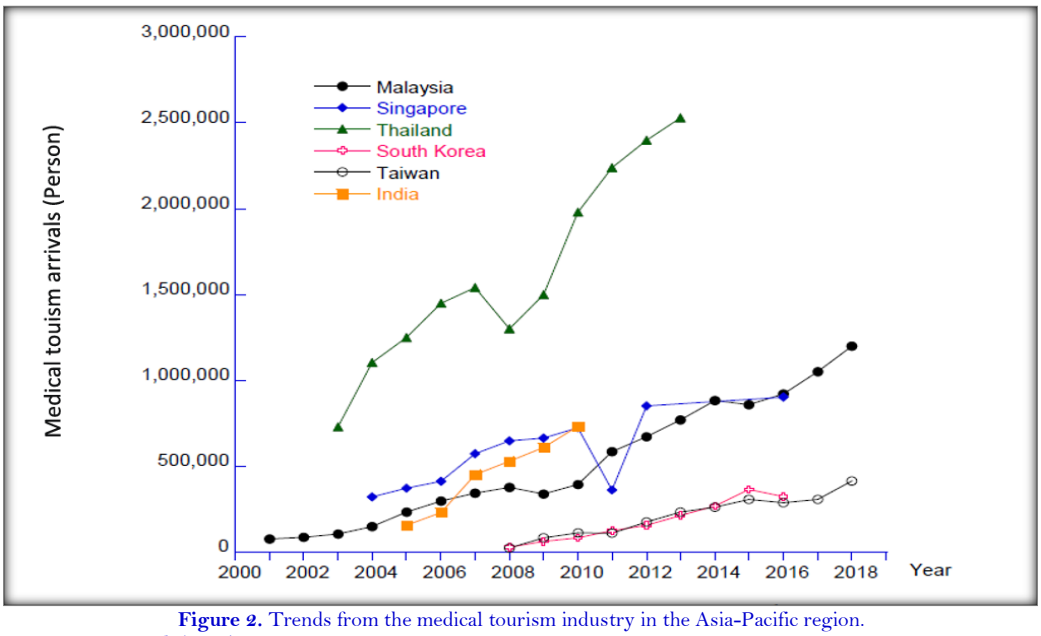

Figure 2. Trends from the medical tourism industry in the Asia-Pacific region.
Source: Dang et al. (2020).

This study has been structured into five sections. Introduction is highlighted in the first section. Section 2 deals with reviewing the related literature on medical tourism as destination choice. The following section presents the methodology used in this study. Next, Section 4 explains the results of the survey and discusses the findings to clarify the objectives of this research. The final section concludes the study and future research agendas are suggested.

2. LITERATURE REVIEW

2.1. Medical Tourism as Destination Choice

Medical tourism is a service outside a patient's home country that combines non-emergency medical services and tourism activities. Medical tourism is a global sector that has grown in popularity over the last two decades because of the expansion of international economic activities and increased demand for specialised treatment internationally (Dang et al., 2020). Medical tourism boosts the local health industry, retail trade, hotels, transportation, and infrastructure, and increases employment and healthcare access and quality (Beladi et al., 2019). Malaysia Healthcare Travel Council (MHTC) has increased healthcare tourism and revenue in Malaysia (MHTC, 2020; Ormond, Mun, & Khoon, 2014). Medical tourism is when a person frequently travels long distances or across borders to receive medical care, such as elective surgery, dental treatment, reproductive treatment, organ transplant, or medical check-ups, for leisure, business, or other reasons (Cham, Lim, Sia, Cheah, & Ting, 2021; Connell, 2006; Khan & Alam, 2014). Medical tourism integrates medical care with tourism (Dang et al., 2020; Ghosh & Mandal, 2019). Medical tourism, also known as health tourism or medical travel, is generally driven by low-cost, no-wait-time destinations for non-emergency medical care or domestically unavailable services (Alsharif, Labonté, & Lu, 2010; Chuang, Liu, Lu, & Lee, 2014). According to Chaulagain, Pizam, and Wang (2021), medical tourism involves both "willingness to travel" and "willingness to be treated" in the emerging global market for health travel, which impacts both the health sector and the economy. Previous research has explored medical tourism in many different contexts such as destination image (Chaulagain et al., 2021); travel experience (Shang, Li, & Ma, 2022); sense of safety (Zou & Yu, 2022); tourism crisis (Pachucki, Grohs, & Scholl-Grissemann, 2022) and word-of-mouth (Abubakar & Ilkan, 2016; Taheri, Chalmers, Wilson, & Arshed, 2021). In the context of medical tourism, the destinations need to be attractive enough for the medical tourists to make sure the destinations are considered in the evaluation process. The attractiveness aspects are the critical factors that make certain destinations competitive enough for being different from other destinations.

2.2. Lower Cost

Price is a critical factor in customers' purchasing decisions. In the tourism sector, a region/country can attract visitors by offering significantly low-cost services. This includes certain types of expenses such as lodging, transportation, food and other entertainment. Costs of medical treatments, lodging, food, and transportation all contribute significantly to the country's ability to attract medical tourists (Nasab, Agheli, Andrade, Sadeghi, & Faraji Dizaji, 2018). The rising cost of medical and healthcare services in developed countries has resulted in the rise of medical tourism in developed countries. This has resulted in foreign patients travelling beyond their country of origin in search of more affordable medical treatment which especially happens for those who lack sufficient insurance to cover their home-related expenses. The costs of healthcare services include those associated with medical technology, medications, hospitalisation, facility use, surgery, and procedure, as well as insurance coverage. The findings in various studies (John & Larke, 2016; Musa, Doshi, Wong, & Thirumoorthy, 2012; Mutalib et al., 2017; Nasab et al., 2018; Thoo et al., 2020) concluded that lower cost has been the most important factor for medical tourists when they choose medical

tourism destination. Furthermore, it is also the reason they would revisit the destination for medical tourism in the future. Thus, it can be hypothesized as:

H1: Lower cost has a positive relationship with medical tourism destination choice.

2.3. Hospital Facilities

Hospital facilities encompass a broad range of facilities and operations that are critical to providing superior treatment to patients. Hospital facility management is critical to the functioning of medical facilities as it ensures that service requests are met efficiently and rapidly to maintain uninterrupted operations. Effective hospitals and healthcare facilities are critical to meeting people's needs. Proper hospitals and medical facilities contribute to hospital loss reduction by saving time, effort, and workforce. Effective facility usage strengthens the bond between hospitals and their patients (Sadhu, 2019). According to Nikbin, Batouei, Iranmanesh, Kim, and Hyun (2019), the four most significant factors for patients regarding hospital facilities are cleanliness, high-tech and modern equipment, physical condition of the facilities, and the comfort of the rooms and environment. Additionally, elements such as food quality, safety, room privacy, convenience of parking, visitor facilities, and the quality of emergency department conditions are considered too. Hence, hospital facilities factor is considered one of the most important factors for medical tourist to decide on the destination (Musa et al., 2012; Nikbin et al., 2019; Thoo et al., 2020). Hence, it is proposed that:

H2: Hospital facilities have a positive relationship with medical tourism destination choice.

2.4. Quality of Service

While the majority of medical tourism organizations concentrate on making facilities more accessible, enhancing the setting's appeal, and enhancing customer satisfaction, in most cases they do not sacrifice the standard of medical care offered. Indeed, the excellent caliber of care provided is one of the selling points. The term "service" refers to the result of the exchange between the client and the service provider, which includes the personnel who will be in contact with the client, the surroundings and infrastructure for the service, as well as the equipment. Experts in fields including dental, aesthetic, and cardiac care, as well as weight-loss surgery, are frequently included in medical tourism services, which typically cover both conventional and sophisticated procedures. Service Quality (SQ) is the degree and direction of disagreement between individual perceptions and expectations. It is also characterized as a global judgement or attitude on the perfection of service. According to Shahijan, Rezaei, Preece, and Ismail (2015), SQ is a source of a variety of service offerings and a way to get a competitive advantage in the tourism industry. Technical and artistic care are both important components of high-quality healthcare services. Technical care concerns the effectiveness of diagnostic and therapeutic procedures, whereas artistic care refers to the service provider's mannerisms and style when delivering care and interacting with patients. Patient perception of service quality plays a crucial part in determining patient satisfaction, making it a key factor in determining a hospital's performance and reputation (John & Larke, 2016).

H3: Quality of service has a positive relationship with medical tourism destination choice.

2.5. Accessibility of Information

When it is more difficult and troublesome for the consumer to obtain the information rather than not to obtain it, an information source or system is unlikely to be used. While the same information may be available from a variety of sources, an individual's perception of the perceived accessibility or expected degree of effort necessary to use a particular source will impact his or her choice from a range of alternative sources. Thus, the user's decision to use a particular source of information is influenced by the user's views or attitudes toward the source, as well as the user's prior experience with various sources of information. The dilemma for providers of information services is to create systems that not only meet consumers' information needs, but are also seen as accessible (Culnan, 1985). Accessible information is defined as information that is supplied in a format that enables any user and learner to access content 'on an equal basis with others' (United Nations Convention on the Rights of Persons with Disabilities, UNCRPD). Accessible information is how it enables all users and learners to readily navigate within the content; and that can be effectively experienced and understood through a variety of perception channels, such as the eyes, ears, and/or fingers (ICT for Information Accessibility in Learning). Travel motivation is impacted by the information sources that assist consumers in selecting a tourist destination. Every marketer wants his campaigns to supply customers with appropriate information, as information sources (such as promotional materials and media, friends and family, and word of mouth) all play a significant influence in consumer destination selection. The primary marketing platforms for showcasing and promoting destinations' medical facilities, as well as their varied staff expertise, services, treatments, and equipment, to both local and foreign patient-consumers are private hospital websites that promote medical tourism. As a result, according to Moghavvemi et al. (2017), the website of medical tourism providers should emphasize the information content, ease of communication and marketing effectiveness, aesthetic design elements and appeal, customer service, technical website service quality, and website interactivity. The Internet is frequently recognized as the most accessible medium in our century for exchanging ideas, insights, and experiences that might be instructive for others. People are more open, sincere, and direct when sharing news via computer-mediated communication than when doing so face-to-face (Mutalib et al., 2017). Thanks to improvements in technology, consumers may now quickly find and get services from all over the world, as well as share their experiences with others. Growing internet usage by consumers has made it easier for people to plan trips and accommodations, find providers in different locations, and conduct research (Pagan & Horsfall, 2020). The way in which travelers get information and make judgments as a result has been profoundly or fundamentally altered by social media. Furthermore, destination marketing is increasingly using social media sites like Facebook, Weibo, Twitter, Instagram, and YouTube to influence people's choice of destinations via online communities.

While it has been shown that social media is increasingly used to make onsite, micro-level destination decisions, such as which hotel to stay at or which restaurant to eat at, scholars are starting to cast doubt on the widely held belief that social media is highly influential in destination choice (Tham, Mair, & Croy, 2020). Thus, we propose:

H4: Accessibility of information has a positive relationship with medical tourism destination choice.

2.6. Tourists Attraction

Patients who travel beyond their native nations to receive medical services frequently have many destination options, each of which offers a distinct combination of attractive features beyond health care. Certain individuals frequently discover certain destination countries by chance or may select beautiful holiday places only for the sake of vacationing, but then discover that they may also undergo certain medical procedures at a far lesser cost in that country. Others may feel compelled to choose one of the few viable destinations only for medical reasons. This shows how a destination for medical tourism might be perceived as desirable due to its strong tourist attraction (Zolfagharian, Rajamma, Naderi, & Torkzadeh, 2018). Thoo et al. (2020) and Soesilo, Gunadi, and Vandriani (2020) described medical tourism as patients who combine a pleasant holiday experience or other tourism products with an international travel to seek health and well-being services including healthcare, health assessment and various types of surgery such as beauty, healing or recovery. As health care services continue to become more globalised, many countries, particularly developing ones, see an opportunity to gain revenue by promoting and delivering a variety of medical and leisure services to medical tourists. The other aspect that contributes to medical tourism travel outside of the country is the desire for privacy, traditional popular sites, lodging, climate, food, and culture tours. This tendency has increased competition among providers which provided patients with additional alternatives and destinations. For example, to boost the tourism industry's contribution to GDP, China's tourism authorities have prioritised medical tourism, placing a premium on marketing and advertising campaigns that combine tourist attractions and medical services. Apart from its world-class medical facilities, Thailand is known for its sun-kissed beaches and gold-spired temples. Tourist attractions frequently influence patients' choice of destination. Certainly, the availability of reasonable medical services in other nations provides an excuse to take a long-desired vacation guilt-free, especially when insurance companies offer coverage in destination countries. The tourist attractions observed by these patients in each country also contribute to the destination consideration set. The more tourist attractions in a country, the more desirable that country as a destination (Nwobodo, 2020; Thoo et al., 2020; Zolfagharian et al., 2018). Therefore, medical tourist destinations offer recreational opportunities in addition to medical treatments, which is another way to attract overseas patients and their partners (Nwobodo, 2020). Hence, this hypothesis is proposed:

H5: Tourist attraction has a positive relationship with medical tourism destination choice.

Based on the literature, Figure 3 depicts the proposed conceptual framework, in which the drivers of medical tourism destination choice among foreign travelers are lower cost, hospital facilities, quality of service, accessibility in information and tourist attraction.

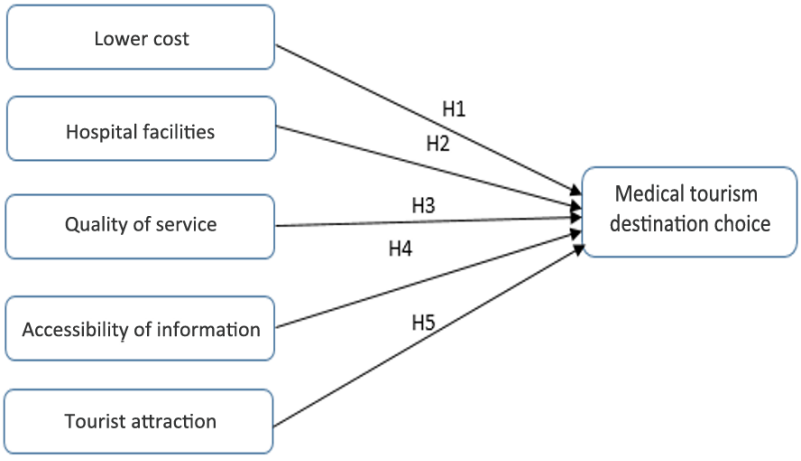

Figure 3. Proposed conceptual framework.

3. METHODOLOGY

3.1. Data Collection Procedure

Due to time constraints and COVID-19 pandemic situation, the researchers could only pursue the data collection using online survey. The respondents for the study are Malaysia's potential international medical tourists. To reach them in no time and seamlessly, the researchers decided to blast the questionnaire through Google Form, one of the online survey tools that are available for data collection. Google Form is a popular product in online survey research due to its unlimited surveys feature and 100% free (Evans & Mathur, 2005; Raju & Harinarayana, 2016). Based on calculation from G-Power, it is suggested that the minimum sample size for the study is 89 respondents. However, this study distributed the questionnaire to 200 respondents to minimize the probability of incomplete questionnaire or missing data. The questionnaire was distributed online using purposive sampling through Tourism Department, Travel Agencies and selected potential travelling patients from travel agencies websites. Within a few weeks, the

researchers managed to obtain 115 completed questionnaires from the respondents. The measurement items for this study were adopted and rationalized from prior relevant studies which have been reviewed and validated. The dimension for each construct was adapted from several past studies (Capar & Aslan, 2020; Cham et al., 2021; Ghosh & Mandal, 2019; Jaapar, Musa, Moghavvemi, & Saub, 2017; Liang, Hui, & Sea, 2017; Manaf, Hussin, Kassim, Alavi, & Dahari, 2015; Saragih & Jonathan, 2019) and all the items were measured using five-point Likert scale.

4. RESULTS AND DISCUSSION

4.1. Demographic Profile

It has been found that most of the respondents were female (64%) and 53% were bachelor's degree holders, followed by master's degree holders (23%) and only 2% are professionals. Majority of the respondents were from the United Kingdom (17.4%), followed by Singapore (15.7%). The third-highest percentage of 14.8% were from Indonesia and the United States respectively, followed by Australia with 12.2%. The highest group of the respondents (30.4%) aged between 51 to 60 years old. About 84% of the respondents had visited Malaysia previously and the remaining balance of 16% have not been to Malaysia yet. In addition, 57% of them knew that Malaysia is a medical tourism destination.

4.2. Hypotheses Testing and Structural Model

Structural equation modelling partial least square (SEM-PLS) was selected in analysing the data for the current study. The use of SEM-PLS has accelerated across diverse disciplines including SMEs (Antonio, Scandurra, & Carfora, 2022), social media (María, Martín-Rojas, & García-Morales, 2022; Zoonen, Treem, & Sivunen, 2022) and heritage site management (Lee, Joo, Lee, Parkt, & Kwon, 2022). SEM-PLS, a variance-based approach, brings more advantages when estimating a prediction-oriented model with the aims to predict the phenomenon of interest (Hair, Risher, Sarstedt, & Ringle, 2019). Also, it is a more suitable method for establishing the cause-and-effect relationship as well as estimating a model comprising formative specification construct (Ramayah, Cheah, Chuah, Ting, & Memon, 2018).

4.3. Assessment of Measurement Model

The data analysis started with the assessment of measurement model (Figure 4). Firstly, the convergent validity of the items was tested using outer loading as well as average variance extracted (AVE). Based on the data analysis (Table 1), all items met the recommended outer loading criteria of 0.70 (Ramayah et al., 2018). Subsequently, the AVE score for all constructs surpassed the suggested value of 0.50 minimum (Fornell & Larcker, 1981; Ramayah et al., 2018). Next, the composite validity (CR) was accessed to evaluate the internal consistency and based on the finding, all constructs met the minimum threshold of 0.60 (Bagozzi & Yi, 1988; Ramayah et al., 2018).

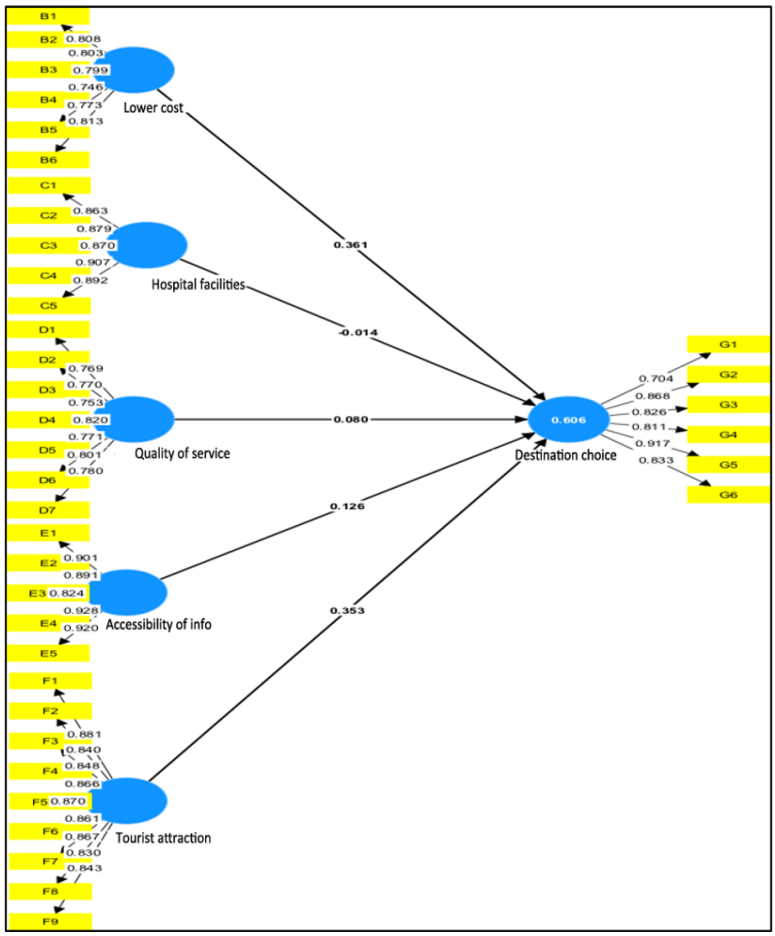

Figure 4. Measurement model.

Next, heterotrait-monotrait (HTMT) ratio of correlation was used in this study to examine discriminant validity. As presented in Table 2, the value of HTMT for all constructs was below the conservative value of 0.85 (Kline, 2011) which validated the discriminant validity of all constructs.

Table 1. Assessment of reliability and convergent validity.

Construct	Item	Loading	AVE	CR
Lower cost	B1	0.808	0.909	0.626
	B2	0.803		
	B3	0.799		
	B4	0.746		
	B5	0.773		
	B6	0.813		
Hospital facilities	C1	0.863	0.946	0.778
	C2	0.879		
	C3	0.870		
	C4	0.907		
	C5	0.892		
Quality of service	D1	0.769	0.916	0.610
	D2	0.770		
	D3	0.753		
	D4	0.820		
	D5	0.771		
	D6	0.801		
	D7	0.780		
Accessibility of info	E1	0.901	0.952	0.798
	E2	0.891		
	E3	0.824		
	E3	0.928		
	E5	0.920		
Tourist attraction	F1	0.881	0.961	0.733
	F2	0.840		
	F3	0.848		
	F4	0.866		
	F5	0.870		
	F6	0.861		
	F7	0.867		
	F8	0.829		
	F9	0.843		
Destination choice	G1	0.704	0.929	0.687
	G2	0.868		
	G3	0.826		
	G4	0.811		
	G5	0.917		
	G6	0.833		

Table 2. Assessment of discriminant validity using the HTMT.

	Accessibility of info	Destination choice	Hospital facilities	Lower cost	Quality of service
Destination choice	0.646				
Hospital facilities	0.841	0.589			
Lower cost	0.697	0.751	0.695		
Quality of service	0.814	0.662	0.844	0.726	
Tourist attraction	0.624	0.719	0.537	0.618	0.656

4.4. Assessment of Structural Model

In order to test the relationship between the variables, the study conducted assessment of structural model. For the initial stage, the study examined inner VAF to find out any multicollinearity issue. Table 3 shows that all the Variance Inflation Factor (VIF) values met the requirement of below 5.0 (Hair, Ringle, & Sarstedt, 2011) which indicates that there is no multicollinearity issue for this model.

The study also conducted bootstrapping technique to test the hypotheses for each path. Based on the finding Table 3, two suggested hypotheses are statistically significant which is lower cost (H1: p-value = 0.001; t-value 3.208) and tourist attraction (H5: p-value = 0.000; t-value = 4.051) whereas another three suggested hypotheses are not supported as portrayed in Table 3.

Table 3. Assessment of structural model.

Relationship	Std. beta	Std. error	T-value	P-value	VIF	f^2	Hypotheses
Lower cost > Destination choice	0.361	0.112	3.208	0.001	2.069	0.159	Supported
Hospital facilities > Destination choice	-0.014	0.157	0.091	0.464	3.389	0.000	Not supported
Quality of service > Destination choice	0.080	0.119	0.667	0.252	3.254	0.005	Not supported
Accessibility of info > Destination choice	0.126	0.152	0.834	0.202	3.258	0.012	Not supported
Tourist attraction > Destination choice	0.353	0.087	4.051	0.000	1.848	0.171	Supported

5. CONCLUSION, LIMITATIONS AND FUTURE RESEARCH AGENDA

This study investigates the factors that influence foreign tourists to choose Malaysia as a destination for medical tourism. However, only two factors are found to be significant: Lower Cost and Tourist Attraction. These factors should be taken into consideration by any relevant parties such as government agency and even healthcare providers in improvising their strategies. Based on the findings, some recommendations are suggested to healthcare providers as well as the government or policymaker.

Firstly, the relevant parties can enhance the healthcare marketing strategies since Malaysia is known as a tourist attraction for medical tourism. One of the marketing strategies that can be put forward is by focusing more on the use of social media platform in their marketing activities. The purpose of social media is to create a community and provide individuals with a means to get involved with the company. Patients can post and interact with photographs, videos, links, and utilising a variety of tools and approaches to create a successful social media campaign. The images of the health care facilities, physicians, and services offer can be shared with potential patients either locally or globally. The healthcare providers can also build up their site's content which serves two key purposes: ranking pages higher in search results pages to attract natural traffic to your site and providing information to patients.

Another strategy that can be applied to attract more medical tourists and create a visible healthcare travel brand is through the effort of Malaysian government, specifically Ministry of Health, to initiate strategic collaboration with Tourism Travel Agency. This collaboration can give advantages to many parties not only to healthcare providers but also the insurance companies. The synergy of Ministry of Health and Tourism Travel Agency expertise will produce a better package and services which will make Malaysia a destination of excellence in medical tourism and becomes a major contributor to the socio-economic development of the nation in medical tourism industry. The participation of Malaysia Tourism Travel Agency is mostly indeed in emphasizing medical tourism as part of the tourism promotional package and enhancing the task of information distribution. The collaboration again can be a potential solution in providing a wonderful package for healthcare travel package.

Lower cost was found to be a significant finding of this study. Apparently, the costs of medical tourist include the treatment cost, lodging, food, and transportation which all contributes significantly to medical tourism cost. It is suggested that healthcare providers introduce a cost-saving medical package to the potential traveller patients. At the same time, healthcare providers can make a collaboration with travel agencies and provide package association with local home stay or cottage owner to create a Malaysian personality vacation package. The traveller patients will utilise the trip to experience spirit of Malaysia heritage. Malaysia can be a unique health care destination if the strategies applied are on point.

The vacation package should be associated with the treatment package by offering memorable values to traveller patients such as a pleasant souvenir, a sweet memory in the farm, eating durian and rambutan during the fruit season, and other Malaysian traditional activities. By providing a memorable value package to traveller patients, healthcare travel activities can become a source of economic growth.

There are a few constraints during the research period. However, the most imperative cause is Covid-19 pandemic, since no traveller patients are allowed to go abroad for treatment. It is difficult to approach tourism patients anywhere. The analysis of the implication of COVID-19 to the tourism and hospitality industry in Malaysia has shown a bigger impact (Razak, 2020).

Thus, the respondents of the research were collected abroad. It is also difficult to get any institution to be an investigation entity of this study. The research was conducted in a broad spectrum without selecting any organization. For future researchers, it is recommended that medical tourism research is conducted during post pandemic era for specific targeted respondents, such as by specific age group. Specific research will benefit to provide an advantage in government's future planning.

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