

Chinese Tourists' Intention to Visit Malaysia as a Destination of Choice for Medical Tourism

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Abstract

The demand for medical tourism in Malaysia is increasing rapidly due to more patients traveling beyond borders to seek medical treatment. Moreover, Chinese outbound medical tourism is growing sharp where patients travel beyond borders to seek medical treatment. A self-administered survey questionnaire is used in this study for data collection and a total of 320 respondents have filled out the survey. Research findings show that three underlying dimensions of travel motivations (pull factors) have been determined which are "value for money", "supporting services", and "cultural similarity", which have significantly influenced the intention of Chinese tourists visiting Malaysia as a destination of choice for medical tourism. In addition, the perceived quality of medical services, which comprises two dimensions namely the perceived medical service quality (core service) and perceived customer service quality (supplementary service) has also influenced the Chinese medical tourists' intention to visit Malaysia as a destination of choice for medical tourism. The main medical treatment pursued by respondents were wellness or preventive healthcare, treatment for diseases and beauty enhancement. The findings also offered an important managerial implication for the destination marketing organizations (DMOs) in obtaining deeper insight into the Chinese outbound medical tourism market.

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I. INTRODUCTION

In the traditional sense, tourism refers to temporary travel and living activities outside the usual environment, mainly for relaxation, recreation, and leisure (Han et al., 2018). Medical tourism is a good example, it is not only the usual sightseeing, sports, relaxation, and spa holidays, but also fertility treatment, dental, cancer treatment or surgery. Al-Hinai, Al-Busaidi & Al-Busaidi (2011) and Connell (2006) argued that medical tourism is an emerging industry that promotes better medical for visitors while on holiday. Connell (2006) clarified that humans are always looking for foreign medical treatment. Kelly (2013) and Boniface, et al. (2016) cleared that medical tourism refers to the acceptance of some form of health care across international borders. In general, medical tourism can be defined as going to a destination to receive health care services and facilities through health tourism and medical tourism (Junio, Kim & Lee, 2017). In a broad spectrum, there is no universally accepted definition for medical tourism because different countries and researchers define it in different ways (Heung & Kucukusta, 2013; Bryman, 2016). In addition, medical tourism involves the travel of individuals from their home to other places for the purpose of receiving treatment (Boniface, et al., 2016). Therefore, medical tourism has become an essential part of a niche market for the tourism industry.

In 2016, the vast majority of Chinese outbound patients went to Japan, South Korea, Thailand, India, and Malaysia. Meanwhile, the United States of America, Switzerland, Germany, and Singapore were also seen as popular destination countries for Chinese medical tourists. Age, time, wealth and lifestyle diseases are behind a boom in Chinese outbound medical tourists. Based on the statement from Liang, et al. (2019), Ghosh & Mandal (2018) and Heung & Kucukusta (2013), Chinese demand for medical tourism is growing rapidly where patients travel beyond borders to seek cost-effective medical treatment. The main purpose of Chinese tourists travel overseas is to seek medical examination, wellness programs, cure for diseases (e.g. neurological and cardiovascular diseases, and cancer), vaccine injections, anti-aging treatment, and giving birth. Global Growth Markets (GGM) indicated that there are over 0.5 million Chinese outbound medical travellers each year and spending more than USD10 billion on treatment and travel. Malaysia Healthcare Travel Council (2018) estimated the number of outbound medical tourists from China will ascend dramatically to 0.9 million by 2020.

Statistics produced by the Malaysia Healthcare Travel Council and Frost and Sullivan (2010) showed that the majority of medical tourists in Malaysia are mainly from Indonesia, Singapore, and Japan. In 2017, there were over 1 million medical tourists visited Malaysia for medical

treatment, of which 0.6 million were from Indonesia, with the total consumption expenditure made by tourists amount to USD314 million. In addition, Penang, Kuala Lumpur, Selangor, Malacca, and Sarawak are the popular destination states in Malaysia inbound medical tourism. Penang is the preferred destination of choice for medical tourism to foreign patients, approximately 60% of them visited the island for medical treatment. Moreover, Penang's healthcare industry generated USD121 million in revenue in 2017. Tang & Nathan (2018) argued the demand for inbound medical tourism is growing swiftly in Malaysia due to more patients traveling beyond borders to seek medical treatment. The Malaysian government has been working to attract Chinese medical tourists to seek medical treatment, including promoting the success of Malaysia as a fertility hub and introducing a new e-visa program for Chinese medical tourists. The Malaysian Ministry of Finance (IMTJ, 2018) estimated that the number of medical tourists will increase significantly to 2 million, following medical travel revenue is expected to USD676.9 million by 2020.

However, the existing study mainly focused on Westerners (the US & Europe) and few studies have been undertaken in Asia or even China (Medlik, 2016; Sandberg, 2017; Dryglas & Lubowiecki-Vikuk, 2019). Moreover, there are lots of research has been done on Malaysian inbound medical tourism targeting Indonesian and Singaporean tourists, however, Chinese tourists are left out from the previous studies. Besides that, prevailing studies have focused almost exclusively on the medical tourists (demand side) rather than the service providers (supply side) (Fetscherin & Stephano, 2016; Khan, Chelliah & Haron, 2016; Khan et al., 2017; Tiren-Verbeet et al., 2018).

The fact that as a traveller and adventure lover, explains that their behavioural intentions are increasingly affected by some factors. There are three factors of travel motivations ("value for money", "quality medical services", and "cultural similarity") may influence the intention of Chinese tourists to choose Malaysia as a destination of choice for medical tourism (Abubakar & Ilkan, 2016; Mee, Huei & Chuan, 2018). Additionally, the perceived quality medical services, which includes two dimensions namely the perceived medical service quality (core service) and perceived customer service quality (supplementary service) may also influence the Chinese tourist' intention to visit Malaysia as a destination of choice for medical tourism. Therefore, the main purpose of this study is to investigate the factors that influence the potential Chinese tourists' intention visit Malaysia as a destination of choice for medical tourism. This is achieved by the following research objectives:

- 1) To investigate the relationship between travel motivation (pull factors) and tourists' intention toward medical tourism.
- 2) To explore the relationship between the perceived quality of medical services and tourists' intention toward medical tourism.

II. LITERATURE REVIEW

Travel Motivation of Medical Tourism

Maslow's Theory of Hierarchy of Needs (Maslow, 1971)

provides a conceptual basis and is used to form the theoretical framework for this study. The theory is distinguished five different psychological needs, from physiological needs to self-realization. Maslow believed that all behaviours are out of psychological needs because behaviour helps to meet these needs. Brown & Cullen (2006) pointed out that the Maslow model is very beneficial in the field of psychology, and has been tested, criticized and modified to become a useful tool for studying human behaviour. According to Shah (2016), individual needs are divided into five categories, where meeting the basic needs of people is a prerequisite for meeting higher demand, and once the demand is met, it will serve as a source of motivation.

Maslow's theory provides a structure that classifies human needs and motivations and links them to actual behaviour (Wahba & Bridwell, 1976). There are many studies on human motivation, and Maslow's Theory of Hierarchy of Needs is most often cited (Lepper & Greene, 2015; Schaller et al., 2017). Although some theoretical themes emerged when combining the concepts of travel motivation, they are rooted in the basic realms of sociology and social psychology (Pearce, 2005). However, its application in medical tourism as a study of tourism activities, especially for Chinese tourists, has not yet been fully recognized.

Travel motivation plays an important role in destination selection for tourists. However, the market needs to provide destinations that provide positive, healthy and social facilities. The main factors that push medical tourists in less developed countries to seek treatment abroad are low cost, accessibility, higher healthcare standards and reputation, safety and security. Musa, Thirumoorthi & Doshi (2012) believed that there are three main pull-motivations for tourists to come to Malaysia for medical tourism, namely "value for money", "cultural similarity", and "support services".

Medical Service Quality

Given the importance of service quality, many experts spend a lot of time understanding and studying the fundamental dimensions of concepts (Parasuraman et al., 1985; Parasuraman et al., 1988). Therefore, in the 1980s, research on service quality continued to increase and led to different theoretical perspectives, as the quality of service was almost impossible to measure, and the challenge for researchers was to manage appearance and perception (Harvey, 1998; Denzin, 2017). To reveal the meaning of quality of service, many researchers have concluded that it is a two-dimensional variable (e.g. Gronroos, 1983; Berry, 2002; Chai, Malhotra, & Alpert, 2015). Medical services are important to all societies that surround patients. Medical services are inherently interesting because they are services that most people don't want but sometimes need (Drucker, 2018). In addition, medical services are needed to meet the physical, psychological and social needs of those seeking treatment.

Today, many medical institutions are beginning to realize that quality of life should be assessed. New incentive structures, declining repayment capacity, and increased competition have put pressure on healthcare organizations to provide effective and efficient medical services. On the other

hand, healthcare managers want to reduce operating costs, expand access, and improve service quality. In other words, if a medical institution is unable to provide a high-quality threshold level, patients will use it to treat mild disease or use it as a last resort, among other forms of treatment (Falzon, et al., 2017). As a result, the quality of medical services is at the forefront of professional and management issues as it is seen as a means of gaining competitive advantage and long-term profitability (Brown & Swartz, 1989) and achieving appropriate health outcomes for consumers (Czoli et al., 2016; Elshaug, et al., 2017).

Medical Tourist's Travel Intention

Connell (2006) and de Arellano (2007) defined that there are two drivers of medical tourism: the high cost of family care and the cost of treatment elsewhere. Turner (2007) asserted that the desire for privacy and the desire to link traditional tourist attractions, shopping, hotels, food and cultural visits to medical procedures are key factors driving people's growing interest in medical tourism. The main factors driving medical travelers' intentions include long-term waiting lists (Connell, 2006; Prasad et al., 2016), services (e.g. Heart surgery, Cancer treatment, Neurosurgery), not funded by the National Health Plan (Horowitz & Rosensweig, 2007; Mossialos et al., 2016) and confidentiality (Petrova, Dewing & Camilleri, 2016). These conceptual papers have greatly enhanced researchers' understanding of traveling abroad. However, the field of medical tourism is relatively lacking in academic empirical research. Few empirical studies have examined the perceived value of medical tourism services in potential Chinese medical tourists to visit Malaysia for medical treatment.

Push and Pull theory

Motivation is a complex phenomenon that is primarily studied in travel literature using the push-pull framework. Dann (1977) introduced the concept of the push-pull factor for explaining travel motivation. Dann (1981) believed that travel behaviour is influenced by push and pull factors. People travel because they are "pushed" through internal, psychological forces to make travel decisions and "pull" by external forces of destination attributes.

The push-factor is the internal or intangible factor that causes potential visitors to form a desire to travel. Anything that can alleviate and satisfy the desires of tourists can be the focus or goal. The push factors are human inner desires, including the desire to escape, seeking adventure, dream satisfaction, seeking novelty, rest and relaxation, prestige and socialization (Uysal & Jurowski, 1993). On the other hand, the pull-factor is the attraction or "attractiveness" of the destination perceived by the traveller, and they may help the traveller make the actual destination choice. The pull factors are specific factors that motivate people to meet the needs of travel experience, such as natural and historical attractions, food, people, recreational facilities and destination images (Uysal & Hagan, 1993). In this study, only the pull-factor used the research framework to validate the results of the data analysis.

SERVQUAL model

The SERVQUAL model was developed by Parasuraman et al. in 1988. Referring to Evans (2011), quality can be classified according to various perspectives, such as judgment, user, product, value or manufacturing perspective. The quality of the service organization measures whether the scope of service delivery meets customer expectations (Duggal & Verma, 2019). According to Parasuraman, Zeithaml and Berry (1985, 1988 and 1991), the five key aspects of service quality are reliability, responsiveness, empathy, assurance, and tangibility. SERVQUAL is one of the most common models for assessing customer expectations and service quality perception. Quality of service is considered important because it increases customer satisfaction, cost reduction, profitability, customer loyalty and retention (Chingang Nde & Lukong, 2010; Bricci, Fragata & Antunes, 2016; Khuong, & Dai 2016). In this study, researchers can use the model to assess the perceived quality of medical services provided by destination hospitals.

Theory of Planned Behaviour

The theory of planned behaviour (TPB) is a theoretical model designed by Ajzen and Fishbein (1975) and Fishbein and Coombs (1974) to clarify the relationship between consumer beliefs, attitudes, intentions, and behaviours. Ajzen (1985) introduced this theory for the first time to predict the possibility of intent. Martin, Ramamonjiarivelo, and Martin (2011) argued that Planned Behavioural Theory (TPB) is a powerful predictor of health-related intentions and behaviours. Various studies based on travel motivation, risk, constraints, and destination image exploration visits and revisited intents and consumer spending behaviours use the TPB hypothesis support their models. Although the applicability of the Theory of Planned Behaviour (TPB) has been fully demonstrated, it is still widely used in tourism research (Hsu & Huang, 2012; Suki, Putit & Khan, 2017). For example, the theory of planned behaviour proves to be applicable in the context of medical tourism that predicts intent and behaviour.

III. METHODOLOGY

Research Design and Conceptual Framework

In this study, it adopted quantitative as a research approach to determine the pull-motivation factors and perceived quality medical service influencing the decision-making of potential Chinese medical tourists to visit Malaysia as a destination of choice for medical tourism. The data collection methods, instrumentation, sampling technique, target population, sample size, data analysis methods were used in this study. Data collection methods include questionnaires and observations, and the questionnaire is the primary method of collecting data.

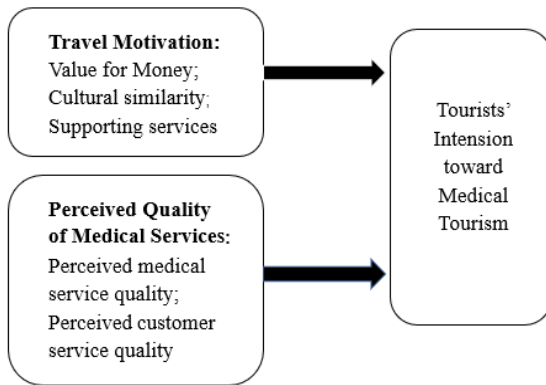


Figure 1: Research framework

Data Collection

Laycock et al. (2016) mentioned that data sources can be primary or secondary. The primary sources of the data are that the researchers obtain the first-hand information through these means (Zikmund et al., 2013). For the purposes of the study, the primary data collection was carried forward through the questionnaire. Thus, a self-administered survey form is used in this research. The researchers are designed, collected and analysed all of the primary data from the public by using the online questionnaire (Microsoft Form). Through past studies have shown that in the investigation of medical treatment, the use of an online questionnaire survey is more real and comprehensive than the face interview. This is because that investigate the most realistic experience of the expression through the network, there will not be the respondent to see their long phase, so that can protect personal privacy, especially for health. The secondary data used in this study are collected from books, websites, and other resources.

Instrumentation

Interviewing tourists through qualitative methods requires a lot of time and human resources to complete. Due to time constraints, this study used a self-administered questionnaire as a research tool to gather the necessary information. Since the target respondents were potential medical tourists from mainland China, the survey questions were prepared in English and Chinese. The questionnaire was originally written in Chinese and the researchers translated it into English for future analysis. In order to verify the accuracy of the translation, both the original and subsequent translations were modified by bilingual professional English and Chinese translation. The procedure aimed to ensure the equivalence of meanings and eliminate culturally sensitive concepts (Rubin & Babbie, 2016; Bonvillain, 2019).

The researchers set the prompt at the beginning of the questionnaire, which is that the respondents for this questionnaire are Chinese people over the age of 18, expressing an intention to engage in medical tourism in Malaysia within the next 5 years. Questionnaire Section A contains 13 questions designed to extract the demographic characteristics of respondents and aims to create personal data for respondents. Wherefore, Section B comprised of 11 statements related to the various aspects of travel motivation in terms of 'Value for money', 'Cultural similarity' and 'Supporting Services'. Section C comprised of 9 statements related to the various aspects of the perceived medical service quality (core service) and perceived customer service quality

(supplementary service). In addition, Section D comprised of 5 statements related to the various aspects of Chinese tourists' intension toward Malaysia's medical tourism. The statements were measured by the five-point Likert Scale.

Sampling Technique

Sampling is the basic operation of large-scale database auditing and statistical analysis (Oklen & Rotem, 1986). Sampling is a very important technique, including selecting a portion of the population to estimate the population at a low cost. Sampling is a key and unique phase of the entire research design process (Zikmund et al., 2013; Creswell & Poth, 2017). Therefore, during the sampling phase, the researchers first need to identify the target population and then determine if a census or just a sample of the target population is needed (Cooper & Schindler, 2014). Subsequent subsections detail the sampling techniques used in this study and the size of the population and target samples.

Sampling techniques can be divided into two broad categories of sampling, namely probability sampling and non-probability sampling, and each technique contains different sampling methods (Zikmund et al., 2013; Bryman & Bell, 2015). There are many other types of sampling methods, but in this study, the author follows "simple random sampling," which is a basic sampling type for building blocks of more complex sampling methods.

Target population

According to Pan & Moreira (2018), medical treatment can be divided into four types: seeking wellness or preventive healthcare (e.g. SPA, Massage, Yoga, Acupuncture, Aromatherapy, Human Papillomavirus 9-Valent Vaccine, Medical examinations); the beauty enhancement (Cosmetic surgery, Plastic surgery or anti-aging treatment, e.g. Breast augmentation, Rhinoplasty, Facelift, Liposuction, Cosmetic dental work, Burn repair surgery, Hyaluronic acids and Botulinum toxin); seeking treatment for diseases (Medical treatment or Surgical procedures, e.g. Joint replacement, Heart surgery, Cancer treatment, Neurosurgery, Transplant), and the maternity group (Birth tourism or fertility treatment, e.g. Go abroad for childbirth, Test-Tube Baby, Special tests on fetuses and embryos, Surrogacy).

The target respondents of this research are Chinese people over the age of 18, expressing an interest and plan to do medical tourism in Malaysia within the next 5 years. Among these respondents, some have experienced medical tourism in Malaysia or other countries, some are potential customers and want to experience medical tourism in Malaysia. Thus, the targeted respondents are from different areas of China. Most of the respondents may from the top 4 cities in China, which are Beijing, Shanghai, Guangzhou and Shenzhen.

Sample size

In 2018, the number of Chinese inbound tourists reached 2.9 million to Malaysia (Tourism of Malaysia, 2019). Yamane (1967) provided a simplified formula to calculate sample sizes: where n is sample size, N is the population size, e is the level of precision. A 95% confidence level, and $P = 0.5$ are assumed. Therefore, when this formula is applied to

the population size is 2.1 million of potential Chinese tourists, we get a target of 400 respondents. Finally, the research received a total of 320 respondents have filled out the questionnaires (a response rate of approximately 80%).

Data Analyses

The main objectives of data analysis are to test the hypotheses that have been developed, test the benefits of collecting data and understand the collected data (Sekaran & Bougie, 2016). In this study, statistical data included descriptive and inferential statistics. The researchers used Microsoft Excel and the Social Science Statistics Package (SPSS, 26th Edition) to interpret the data collected by respondents.

IV. FINDINGS & DISCUSSIONS

Frequency of Demographic Profile

The frequency statistics and chart were used to summaries the socio-demographic and characteristics of respondents. The variables of the socio-demographic refer to the gender, age, marital status, level of education and monthly income. The majority of 320 respondents participated in this research, among the gender proportion, 62.90% were female while 36.36% were male. On the age structure, more than half of the respondents (80.0%) had ages between 18 – 25 and followed by the aged among 26-35 years of 32 respondent's equivalent of 7.1%. On the level of education, most respondents had bachelor's degrees and diploma respectively is 44.1% and 33.5%. Most of the respondents are still single (84.7%) at the moment of filling in the survey and 57.6% of the income levels were less than RM 3,000.

Respondents' Characteristics and Estimated Tourism Expenditure

The variables of the respondents' characteristics refer to the number of medical treatments, source of information, kinds of treatment, ways of arrangement, travel companions, days of treatment, activities and the tourism expenditure behaviour. The respondents' tourism spending components in the study sample are also presented. In term of main source of information of the respondents about the medical treatment in Malaysia are the internet and friends/relatives visited Malaysia, separately constitute 35.5% and 17.6%. Referring to the respondents' frequently seeking medical treatment abroad, just over 10% have been went out of mainland China. The main medical treatment of respondents seeking is the wellness or preventive healthcare (e.g. SPA, Massage, Yoga, Medical examinations), after are the treatment for diseases (e.g. Heart surgery, Cancer treatment, Neurosurgery) (15.9%), the beauty enhancement (e.g. Breast augmentation, Rhinoplasty, Facelift) (6.44%). 32.4% of respondents planned to arrange their medical trip by directly with the hospital. Only 7.89% of respondents planned to do a medical treatment in Malaysia by themselves. In addition, most of the respondents wanted to have a period of 6-10 days (42%). Apart from the medical treatment, other activities respondents wish to participate respondents, including touring (33.2%) and shopping (27.1%).

Table 4.1 shows the estimated amount of money spent by potential Chinese tourists during their stay in Malaysia. Among all the spending components, the average amount of healthcare services recorded the highest at the average of RMB 18937.93 /per person. Moreover, the spending components of health insurance is the second highest spending component (RMB 10896.69), following by the organized tours spending (RMB 8109.32), shopping (RMB 7092.16) and entertainment (RMB 5404.72).

Table 4.1: Tourism spending components

	N	Minimum	Maximum	Sum	Mean
Health insurance	308	200.00	50000.00	1503744.00	10896.6957
Airfares	313	500.00	40000.00	728963.00	4764.4641
Food and beverages	319	200.00	50000.00	648798.00	4354.3490
Accommodation	312	200.00	30000.00	718234.00	4725.2237
Domestic transportation	313	80.00	20000.00	322140.00	2252.7273
Organized tours	310	30.00	65000.00	1216399.00	8109.3267
Shopping	313	236.00	60000.00	1085102.00	7092.1699
Entertainment	312	100.00	200030.00	821518.00	5404.7237
Healthcare services	317	269.00	500000.00	2783877.00	18937.9388
Miscellaneous	311	100.00	50000.00	570911.00	3780.8675

Descriptive Statistics

Table 4.2 above shows that the tourists' intension has the largest mean score of 3.66, after by the perceived medical services quality (3.46) and the travel motivation (3.41). In addition, the perceived medical services quality has a standard deviation of 0.63, after by the travel motivation (0.63) and the tourists' intension (0.55).

Table 4.2: Descriptive statistical for DV and IVs

	Mean	Std. Deviation	N
DV	3.6635	.55317	320
IV1	3.4053	.62689	320
IV2	3.4601	.62718	320

*DV= Tourists' Intension; IV1= Travel Motivation; IV2= Perceived Quality of Medical Services

Reliability Test

From the gathered responses from the respondents, the reliability test has been carried out with SPSS to determine the Cronbach Alpha which helps in finding the random errors to define the variables reliability based on the found analysis and the closer it is to 1, the more reliable the items of the variables as stated by Zikmund et al. (2013).

From the analysis with SPSS, Table 4.3 shows that the Cronbach's Alpha values of all variables exceed 0.60 which could be inferred that the data gathered was reliable in this research. The Cronbach Alpha in this study ranged from 0.611 - 0.918, the tourists' intension toward medical tourism scored the lowest value among the variables which is 0.611 whereby indicated as an acceptable reliability level, followed by travel motivation with Alpha value is 0.916, and the perceived medical services quality with Alpha value is 0.831. Therefore, the reliability of all the variables in this study was satisfactory and the instruments can be further carried away with the detailed analysis and investigation of the research. Hence, it indicated that the potential Chinese tourists' intension was highly concerning medical tourism in Malaysia.

Table 4.3 Reliability test (Cronbach's alpha for measures of variables)

Variable	No. of Items	Cronbach's Alpha	Reliability
DV	5	0.611	Fair reliability
IV1	11	0.916	Very good reliability
IV2	9	0.918	Very good reliability

*DV= Tourists' Intension; IV1= Travel Motivation; IV2= Perceived Quality of Medical Services

Correlations

Correlation analysis is a statistical evaluation method used to study the possible relationships between two continuous variables, where numerical measurements are made. The Pearson product moment correlation coefficient has been widely used to measure the degree of linear relationship between two variables, which are usually in the range of -1.0 to +1.0. If the result falls within the range of -1.0, the relationship can be expressed as a completely negative relationship, while +1.0 represents a positive relationship between variables, and 0 represents no relationship between variables.

Table 4.4 provided the correlation test results which are carried out on all of the variables that are independent and dependent. The independent variables are measured in terms of travel motivation and perceived medical services quality. The correlation results showed that travel motivation and perceived medical services quality have their correlation coefficient "r" score of 0.740 and 0.846 respectively. These values indicate that perceived medical services quality is the major element that can enhance the tourists' intention to visit Malaysia for medical treatment because it is recorded to be higher among all. These results confirm the findings that the majority of respondents have chosen perceived medical services quality as the most important influence for them, followed by travel motivation.

Table 4.4: Summary of Pearson's Correlation analysis

Independent variables	Pearson correlation (r)	Sig.(2-tailed)
Travel Motivation	0.740**	0.000
Perceived Quality of Medical Services	0.846**	0.000

**Correlation is significant at the 0.01 level (2-tailed)
Dependent variable: Tourists' Intension

V. CONCLUSION AND RECOMMENDATIONS

Conclusion

Results from the data analysis and discussion have confirmed the findings that most respondents have chosen the perceived quality of medical services quality as the most important influence for them, followed by travel motivation. According to the reliability test and Pearson product-moment correlation results, the three travel motivations factors have a positive influence on Chinese tourists' intention to visit Malaysia as a destination of choice for medical tourism, namely the "value for money", "cultural similarity", "supporting services". Moreover, based on the above research, the perceived medical service quality (core service)

and perceived customer service quality (supplementary service) have been successfully verified have a positive relationship with the potential Chinese tourists' intention toward Malaysia's medical tourism.

The results of the study also show that the value for money, cultural similarity, and supporting services are consistent with the push-pull theory. In addition, this study successfully practical the SERVQUAL model to determine the perceived service quality and perceived medical quality have a positive influence on Chinese tourists' intention to visit Malaysia as a destination of choice for medical tourism. Furthermore, the result of this study shows that the factors affecting potential Chinese medical tourists' intention to visit Malaysia medical treatment are consistent with the Theory of Planned Behaviour.

Nowadays, due to the stronger support from China's economy, more mainland Chinese tourists are not satisfied with the number of the products and service insight Chinese market. Especially, for those higher-level income people, who willing to take their time and money to maintain body health. For example, Chinese traveling to foreign countries for medical treatment to cure some chronic diseases, which need to be recuperated (such as uterine fibroids, heart disease, etc.). Meanwhile, with the increased competitions in the medical tourism industry, it forces the service providers or other stockholders to satisfy patients' needs and wants.

Limitation of the Study

This research has some limitations that should be addressed in future studies. First, the reliability of this study depends on the honesty and memory of respondents in providing the information they need. This is not an overwhelming problem because the results of this study contain only a small sample. Due to the researcher cannot get more Chinese patients who have experienced medical tourism out of mainland China, among the survey samples, most tourists who have not experienced medical tourism. In addition, the findings and their implications were obtained from only targeted a certain group of tourists in Mainland China. Therefore, the results obtained in this study should not be generalized and may be unique to this sample.

Second, this study used an online survey (Microsoft Form). However, the recovery rate of online questionnaires is generally not high. In addition, before designing the content of the questionnaire, it is necessary to investigate, search for documents, and observe that, due to the insufficient personal experience of the researcher, it will affect the design of the subject of the questionnaire and directly affect the value of the questionnaire. If there are too many questions in the questionnaire, the respondent will get bored. If the questionnaire is short, it cannot delve into a problem and its causes. Some respondents may pretend to participate in the survey, in order to obtain the rewards of participating in the survey (e.g. cashback).

Third, the cost and time constraints are part of the limitations of this study. Researchers may have only three weeks to collect data through questionnaires, and respondents may not be able to complete all and survey questions due to time and personal privacy reasons.

Recommendation for Future Research

First, this study targeted only potential medical tourists. Therefore, in future research, a validation using another large sample gathered elsewhere is required to further generalize the findings.

Second, the study is targeted only for potential Chinese medical tourists to visit Malaysia. Therefore, another large sample collected elsewhere needs to be validated to further summarize the findings (e.g. the potential Japanese medical tourists). Moreover, it is also possible to study Chinese tourists who have experienced medical tourism in Malaysia and study their behavioural intention and overall satisfaction.

Third, this research focused on the impact of the supply side (pull-factors of travel motivation and the hospital's medical service quality) on potential Chinese tourists. Other researchers may need to examine the drivers of a medical tourist. Since word-of-mouth as one of the important marketing tools, it is essential to improve current performance and medical treatment services to meet the satisfaction of customers. Future research can be laterally research on the factors affecting the demand side and intermedia of the potential medical tourists' intention (e.g. needs, insurance, and the intermediary agency).

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