

Through the Eyes of Medical Tourism: Service Culture in Malaysia and Thailand

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Abstract

Despite the progressive revenue trend, service providers in the Malaysian medical tourism have been receiving numerous complaints. Hence, this article sets to illustrate the behaviour of the service providers by describing whether they met the expectations of medical tourists. This study conducted twelve in-depth interviews with private hospitals, doctors and healthcare facilitators. Through Atlas.ti version 8, this study unveils that Malaysia lacks behind Thailand in providing patient-centric hospital services. Due to the 'doctor shopping' behaviour and word-of-mouth between patients, the present situation may hamper the growth of this industry as patients could easily opt for alternative options for their treatments.

Keywords: Medical Tourism; Patient-centric; Private Healthcare; Service Culture

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1.0 Introduction

Service culture was not the initial motivation for the start of medical tourism in Malaysia in the late 1990s. Instead, the industry players opted for foreign patients due to the pressure from the Asian economic crisis thus needing the inflow of patients from neighbouring countries to cover the loss of local patients (Yeoh, Othman, & Ahmad, 2013). Nevertheless, the medical tourism industry is, presently, one of the key contributors to the economic growth in Malaysia due to the potential return that it brings (Ministry of Finance Malaysia, 2018). Apart from that, the country has also positioned itself as a quality healthcare provider at an affordable price (Nisha, 2017). Notwithstanding the growing trend of revenues and medical tourists, the service providers have been receiving complaints from medical tourists on both the medical and non-medical departments.

Despite numerous studies that delineated the importance of service quality in medical tourism (Veerasoontorn, Beise-Zee, & Sivayathorn, 2011; Wang, 2017), the present article finds a gap on the narratives of service culture. Hence, this article is built on the grounds of the behaviour of Malaysian service providers in running 'patient-centric' medical tourism services to health travellers. Therefore, the present article aims to delineate the narratives of the service culture in Malaysia's medical tourism industry in comparison with Thailand.

Moreover, this article also illustrate the proactive actions that have and could be taken to keep up with the demands. This exploratory study is only a small part of the extensive research that the researchers conducted. Hence, the comparison made is rather an emerging theme throughout the data collection process because the participants repeatedly mentioned about Thailand when asked about the Malaysian service culture. Therefore, empirical findings on Thailand are only based on the reviews and experiences of the participants while they were going through corporate visits to the country.

2.0 Literature Review

Given the research problem and aim, the present section provides an overview of extant literature about service culture and medical tourism in Malaysia. Hence, literature posits that service culture is a strong determinant to successful service quality in medical tourism. Nevertheless, past research fails to provide the narratives of service culture, which this article finds essential to bridge.

2.1 Overview of Literature on Service Culture

According to Gronroos (2007; cited in Hoang, Hill, & Lu, 2010), service culture is the presence of excellent service and delivers it to internal and external customers. Accordingly, Curtis and Upchurch (2008) outlined that external customers are the recipients of the end service. Meanwhile, internal customers are the employees whose emotions, satisfaction and morale are equally important.

Research has proven the needs for a positive service culture, specifically in the hospitality and health industry, due to its encouraging effects on employee morale and productivity (Curtis & Upchurch, 2008). Consequently, it results in improved service quality, thus meeting customers' satisfaction (Ojo, Busayo, & Ifeoma, 2017). Furthermore, Ojo et

al. (2017) have also unveiled that the service culture of front-office staff plays a significant role in the delivery of service quality in the hotel industry. Moreover, service marketing literature revealed that service culture results in, although non-exhaustive, service quality, patient expectation and satisfaction (Wang, 2017) and positive word-of-mouth (WOM) in the healthcare industry (Choi, Kim, & Lee, 2018). Hence, literature has proven the importance of service culture in the hospitality and health industries.

Service culture has a prominent role in delivering a successful service quality in a healthcare setting which will give effects on the patients' satisfaction, loyalty and positive WOM. Nevertheless, Hoang et al. (2010) are among the few scholars who explored the role of service culture by investigating the antecedents of service quality. Due to the lack of research that describes service culture in the medical tourism industry, this article aims to explore the narratives of service culture from the service providers' perspectives.

2.3 Overview of Medical Tourism in Malaysia and Thailand

Adams, Snyder, Crooks, and Berry (2018) conjectured that medical tourism is a term to describe health travellers who traverse beyond their national borders in search of private healthcare services and treatments. This activity can come through invasive medical procedures or healing environments such as spa and mineral bath. A combination that marries travelling, tourism and health gave birth to an industry described as medical tourism.

Malaysia and Thailand began their medical tourism during the 1997 Asian financial crisis (Abd Mutalib et al., 2017; Lunt, Mannion, & Exworthy, 2013) as local patients opted for public healthcare. This situation was due to their low purchasing power, which resulted in decreased utilisation of services in private healthcare (Yeoh et al., 2013). Consequently, private hospitals had to look for foreign patients to undergo medical treatments in Malaysia through a term called 'medical tourism'. Over the next two decades, the medical tourism industry has portrayed upward achievements especially in the number of international tourists and revenue earned from 643,000 medical tourists (RM527 million) in 2011 to 1.2 million (RM1.5 billion) in 2018 (Malaysia Healthcare Travel Council, 2019a).

Internationally, numerous reports have ranked Malaysia top in various categories. For instance, the 2019 Global Retirement Index by International Living awarded Malaysia as the 'Best Country in the World for Healthcare' which was measured by the state-of-the-art medical facilities, 13 Joint Commission International (JCI) accredited hospitals, a global gold standard in the world, affordable treatment costs than the counterparts and ease of access to specialists (International Living, 2019).

Apart from that, Malaysia also won the Medical Travel Awards between 2015 and 2018 consecutively which carries various titles such as Health and Medical Tourism: Cluster of the Year and Destination of the Year (Malaysia Healthcare Travel Council, 2019b). At the hospital level, the country's prominent players such as the National Heart Institute (NHI) was awarded the 2018 International Specialist Patient Centre of the Year, while Gleneagles Kuala Lumpur received the 2018 International Hospital of the Year along with several other healthcare providers with their awards. Having received numerous awards and

international recognition, Malaysia is deemed a top destination country for potential health travellers.

Thailand, along with Singapore and India, is the main competitors in the ASEAN region (Ebrahim & Ganguli, 2019). While Malaysia aims for high-value treatments and complicated procedures such as fertility and cardiology (Malek, 2018), Ebrahim and Ganguli (2019) conjectured that Thailand leads the market through minor elective procedures such as cosmetic surgery. Consequently, this strategy results in patients' relatively short recovery time and short hospital stay with low health complications. Thailand won seven awards 2019 Global Health and Travel Awards in Kuala Lumpur aside from attaining the Joint Commission International (JCI) status. (Royal Thai Embassy DC, 2019).

Hence, numerous studies have been conducted to examine the performance of these countries. Among which includes a SWOT analysis (Wong, Velasamy, & Arshad, 2014), websites promotional activities (Moghavvemi et al., 2017) and the extent that the local patients are reaping the benefits of medical tourism (Crooks, Ormond, & Jin, 2017). Nevertheless, the responses, feedbacks and reviews of medical tourists have attracted the attention of only a few scholars. For instance, Musa, Doshi, Wong, and Thirumoorthy (2012) have delineated that patients are expecting more from service providers. In descending order, this is specifically from the doctors, nurses, hospital services, hospital atmosphere and hospital facilities.

Following suit, Jaapar, Musa, Moghavvemi, and Saub (2017) unveiled that medical tourists for dental treatments in Malaysia are satisfied with the dental care quality, information access and support services. Moreover, Abd Mutalib et al. (2017) discussed the online narratives of medical tourists' satisfaction in Malaysia and Thailand that is available on the internet. The findings serve as the departure point for future studies on the descriptions of patients' satisfaction. However, the research falls short in answering whether Malaysia and Thailand are on par in terms of their service culture in medical tourism, which involves the internal and external customers. Given the large gap, the present article seeks to bridge the knowledge through an exploratory qualitative case study, which is described further in the next section.

3.0 Methodology

This article concentrates on the behaviour of the service providers in the Malaysian medical tourism industry as a means to explore their culture in serving medical tourists. Due to the scarcity of research that describes the narrative of service culture within the medical tourism context, twelve in-depth interviews were conducted with the local service providers that participate in this industry. We derived the sample from MHTC website, which lists the private hospitals under the Elite and Ordinary membership.

The preliminary contact with the participants was during the InsigHT2018 Conference organised by the Malaysia Healthcare Travel Council (MHTC) in September 2018 and the Private Healthcare Productivity Nexus (PHPN) Implementation Strategy Workshop held by a government agency in October 2018. It was during these two events that the researchers built a rapport with the private hospitals and later began contacting them in favour of running

an interview session with the respective organisation. The earlier participants snowballed some of the later ones, and this brought the researchers to Penang and Johor on top of Melaka, Selangor and Kuala Lumpur.

Accordingly, the interviews were carried out between December 2018 and April 2019 on private hospitals (n=7), healthcare facilitators (n=2) and doctors (n=3). Participants from the private hospitals range from the Chief Executive Officer (CEO), Marketing Directors to Marketing Clerk at the front desk of the International Patient Centre. Interviews took place at their office, which took approximately one hour, on average, for every organisation. The private hospitals are coded as Private Hospital 1 (PH1), PH2, PH3...and PH7 while the healthcare facilitators are coded as Healthcare Facilitator (HF1) and the MHTC Concierge and Lounge (from herewith addressed as MCL), which will be further elaborated in the next section. Participants were asked for their signature on two matters; namely i) consent to participate in the interview, and ii) consent to be audiotaped.

A summary of the interview findings was emailed to the participants at post-interview to gain their assurance on the content. This step is essential to ensure the rigorosity of the study as participants could verify if their messages are delivered the right way. Data was transcribed in verbatim and analysed with the assistance of Atlas.ti version 8 to help with the 'coding', 'group coding' and ultimately building the 'networks' between them. This study adheres to the Single Case Study with Embedded Unit of Analysis research design by Yin (2014). Hence, the following section delineates the findings from the primary data.

4.0 Findings

Determination of the sample size of private hospitals were derived from MHTC website. Of 76 private healthcare providers, this research has managed to approach seven private hospitals. Despite the relatively low number of participants, the amount is sufficient as the study has achieved information saturation. Hence, findings showed that only PH2 began medical tourism activities during the 1997 Asian economic crisis as they had 'no choice' but to went abroad and market their services to the Indonesians. On the other hand, the majority of the participants involved in medical tourism since 2008 while some others only began in 2016, reflecting their inception stage.

Meanwhile, the healthcare facilitators consist of Healthcare Facilitator (H1), an Indonesian-based company that assist health travellers from Indonesia into Malaysia, specifically in Penang, Melaka and Kuala Lumpur. On the other hand, MCL, a branch of MHTC that carries the role of healthcare facilitator which is to page for the patients at the Lounge. Both MCL and HF1 are also responsible for helping with the hospital booking should the patients require assistance. Finally, the three medical doctors consist of an academician in a public university (D1), a physician cum fellow doctor in cardiology (D2) and a cardiologist that serve medical tourists on top of the local patients (D3). Thus, the study has arrived at several prominent inductive themes. A summary of the themes is summarised in Table 1 below.

Table 1: A summary of major themes that appeared during the discussions on service culture in Malaysia and Thailand

| No. | Inductive themes | Elaboration | Frequency |
|-----|--|--|-----------|
| 1 | Patients are treated like 'King' | End-to-end services in Thailand which include 'touristy' medical facilities, medical and tour packages as well as the way the community there treat their tourists | 7 |
| 2 | 'Doctor-shopping' behaviour and WOM | Patients have the liberty to choose the doctors, hospitals, regions and countries that they prefer, influenced by the WOM of their relatives, doctors and through social media | 13 |
| 3 | Maintaining excellent service culture is challenging | Building a service culture is easier than maintaining them since the Malaysian culture is diminishing. Let alone to meet the expectations of the patient | 14 |

Table 1 above depicts the frequency of the inductive themes that emerged from the interview transcripts. Through cross-transcript comparison, it is seen that the participants kept mentioning about the way health travellers are treated like a king throughout their stay in Thailand. Moreover, the study has also arrived at a novel behaviour of 'doctor-shopping' and WOM among health travellers and how the service providers are responding to it. Hence, it is also found that the Malaysian industry players are facing challenges in maintaining and enhancing their service culture to be in parallel with Thailand.

5.0 Discussion

Accordingly, the present section describes in detail about the narratives of service culture, the consequences of losing the behaviour as well as the way forward.

5.1 Treating Patients like 'King'

Malaysia and Thailand are on par in terms of offering world-class medical services and procedures with highly specialised physicians as claimed by each country respectively (Nisha, 2017; L. Zhang & Lin, 2018). Nevertheless, it did not take us long to discover that the Malaysian service providers are comparing their service culture with Thailand, a prominent player in the ASEAN region. When asked about service culture in Malaysia, PH1 began saying that the Malaysians, in general, are lacking the service culture behaviour where the locals lack the etiquettes in serving tourists. Meanwhile, the employees are performing their services mainly for work and making a living. Furthermore, PH1 and PH2 mentioned that Thailand serves their patients very well as their 'sawadi kap' sounds very attractive and would draw patients to come again.

'... But here in Malaysia, we did not grow up that way. We do not have that customer service culture. We are only doing this for work and money...' (PH1, Line 2:9, Atlas.ti). The participant then continued by comparing the situation in Thailand, saying *'Like, in Thailand, the patients are treated like a king! From the moment you enter their hospital, they greet and entertain you.'* (PH2, Line 1:28, Atlas.ti)

However, in Thailand, Ebrahim and Ganguli (2019) conjectured that their advertisements and hospitals are very appealing, making their medical tourism appear as hotels and resorts than medical facilities. Apart from hospital services, the majority of the

participants addressed their uneasiness towards the way patients are treated at the immigration counter.

Realising on the increasing number of patients coming from Indonesia and Bangladesh, the interview participants have received complaints about the inadequate treatments that they get despite coming in through medical visa. This situation further hinders the potential for Malaysia to be on par with Thailand. Patients could develop negative perceptions towards Malaysia's service culture even during the initial touchpoints such as the immigration counter. Effective March 2017 Thailand has allowed for 90-day visa exemption for patients from China, Laos, Vietnam and Myanmar to support medical tourism in the country (Royal Thai Embassy, 2017). This condition encourages the inflow of medical tourists from the mentioned countries, thus reflecting their easiness in handling patients.

Moreover, the interview participants are also concerned about Malaysia's tourism as they are deemed not as reliable as in Thailand. Unlike in Thailand, product bundling is found to be the strategy behind their success as medical tourists are offered with group services and products that suit their budget (Ebrahim & Ganguli, 2019).

"But our tourism isn't as strong as Thailand. Theirs ah, they have this pantai, next time come go to that pantai, then go to the temple, then go to here, then go there. But here in Malaysia? What do we have? KL yelah, tourism spot we have many activities here. Then Melaka? Our tourism is stagnant. Balik-balik historical place. Then what else? We don't have the Tourism factor to drive patients in. So what else you want to shout about tourism? This is the fundamental aspect to medical tourism, because otherwise you want to do tourism ¾, then you do medical tourism ¾, then how are we going to succeed? "

(PH1, Line 1:68, Atlas.ti)

In which, Thailand's world-class hospitals offer luxurious facilities with well personalised complimentary services added with the diversified and reputable tourism offerings (Ebrahim & Ganguli, 2019) such as beaches, health villages and spas (Tourism Authority of Thailand, 2019). This provides medical tourists and their families a holistic health travel experience with ease of mind. Hence, this situation illustrates that Malaysia is still behind Thailand in terms of providing seamless end-to-end medical tourism services to the health travellers as Wong et al. (2014) described that tourism spots such as Thailand's exotic beaches stand as one of their strengths for attracting health travellers.

5.2 Patient Behaviour: WOM and Doctor-Shopping

The interviews have also discovered a trait peculiar to the medical tourists, which is the 'doctor-shopping behaviour'. This would mean in several ways whereby the patients tend to 'shop around' for doctors through the WOM of families, relatives, trusted figures, health talks and even strangers on the internet. Apart from that, this could also mean that due to the low switching cost for choosing other countries to undergo their treatments, the medical tourists tend to opt for other countries as their destination. Hence, a summary of patients behaviour and WOM are illustrated in Figure 1 below.

'Patients come the first time either because they know our name and location, or they come here because their relatives have come here and tell good stories about us... Patients have this 'Doctor shopping' behaviour where they will try this doctor at this hospital, if okay, they'll come again. If not, they won't. If they are happy with us, they'll tell five other people. But if they aren't, they'll tell ten people!'

(PH2, Line 1:65, Atlas.ti)

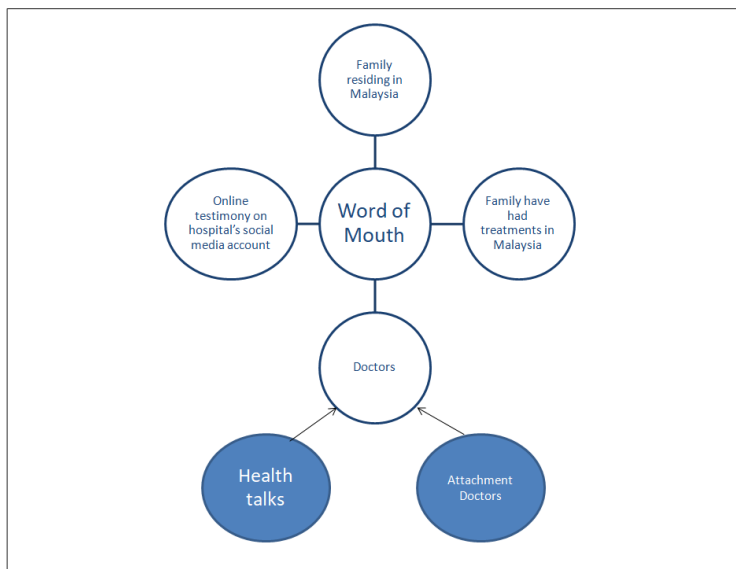


Fig. 1: Narratives of word-of-mouth and doctor-shopping as part of patient behaviour

Based on Figure 1 above, it is safe to say that the WOM activities for the medical tourism industry in the 21st century does not only comprise of verbal communication between relatives, friends and the doctors as prominent figures but also through strangers that describe their experiences through online platforms such as the hospital's website and social media account. The more testimonials that the potential medical tourists read before making decisions, the higher the chances of choosing a certain destination despite getting the WOM from a mere stranger.

This is in-line with existing literature that drew the relations between WOM and patients' confidence, trust and intention to decide on a particular destination (Choi et al., 2018). Scholars posited that WOM is among the strongest determinants that affect medical tourists' choice of destination of medical tourism (Al-Farajat, Jung, Gu, & Seo, 2019). Moreover, J. Zhang and Lee (2016) delineated that tie strength, credibility and vividness, are also termed as the determinants of WOM effectiveness, do influence the medical tourists' choice of destination countries. The study was done on the public who are deemed potential medical tourists, in the major regions in China.

On the other hand, a quantitative study was conducted in South Korea where the researchers were interested to understand the major determinant for Emirati patients to visit Korea (Choi et al., 2018). Accordingly, a total of 55 questionnaires were collected from the medical tourists and health professionals (physicians and caregivers) at the International Health Services of the Samsung Medical Centre (SMC), one of the largest

hospitals in South Korea. Therefore, from the patients' perspectives, it is found that the WOM took up the largest percentage (60.69%) as the determinant for Emirati patients to visit Korea before government/agency support and advanced medical care and technology.

Similarly, Mohammed Abubakar (2016) has unveiled, from regression analyses, that eWOM has a significant positive impact on destination trust while the latter is positively related to travel intention. Additionally, Mohammed Abubakar (2016) unravelled that both men and women are positively influenced by eWOM in developing trust in the specific medical tourism destination. Meanwhile, the destination trust has only managed to influence the women in their intention to travel to the specific trusted destination.

Specifically in Malaysia, a study on the demographics of medical tourists in this country was conducted by Yeoh et al. (2013). From 534 sets of returned questionnaires, it is unveiled that the foreign patients were channelled by friends, family members and doctors to Malaysia and that WOM may have better impacts in attracting certain groups of medical tourists. Realising on this behaviour, the growth of the Malaysian medical tourism industry would be at detrimental should the patients find that they are unsatisfied with the services in Malaysia.

5.3 The Way Forward: Role of the Service Providers

Having derived the behaviour of the workforce in the Malaysian medical tourism industry, interview participants were asked about the necessary proactive actions to curb this issue. Understanding the relevance of service culture for both internal and external customers, private hospitals have acknowledged their roles. As they have long been aware of this issue, it is prevalent to see these service providers running continuous training for the clinical and non-clinical staff as a means to improve their personal touch with patients.

As an academician, D2 agreed that emphasis on service culture needs to be elevated in the medical, pharmaceutical and nursing school syllabus. In which, students should be further trained about the ways of talking to the patients in layman terms and spending time to explain and answer their queries. Furthermore, making the environment as conducive as possible is essential to encourage patient comfort during the consultation, thus increasing their satisfaction (Ghazali & Abbas, 2012).

Nevertheless, some of the participants also addressed that what is taught in training sessions may be different from what happens in reality. Due to the relatively high turnover rate, the participants expressed their worries over the staffs' performance that they, as the higher management of the hospital have to come on the grounds to observe the way the staffs handle the patients. This happens because each time new staffs are hired, it goes back to training them from the beginning and watching their performance. Hence, this concern causes difficulties in maintaining excellent customer service behaviour in the workforce.

Moreover, MCL discussed the needs to further promote Malaysia's medical and tourism spots. Hence, this effort needs the hard work of both the Ministry of Health (MOH) and the Ministry of Tourism and Culture (MOTAC) to provide avenues for more promotional activities allowing the medical tourism to ride on the strong platform of Malaysia's tourism. This could come through having more dialogues together involving decision-makers at

various level, to ensure that everyone is on the same page.

"If we are bonded, we really have to be a bonded thing there. We have to have a meeting together, we have to have a gathering together... I'll say the Government has to put the initiative and to bring up together. I don't know how is their bonding with the higher management there. So, we are the lowest line so we couldn't help much."
(MCL, Line 16:70, Atlas.ti)

Abd Manaf, Hussin, Jahn Kassim, Alavi, and Dahari (2015) delineated that hospitals, as well as medical and non-medical staff, are essential elements to the satisfaction of patients. Hence, this study is found to be in parallel with those. In fact, healing environment is vital to the workforce and patients at hospitals (Kamali & Abbas, 2012) to create a supportive work environment for the staff thus producing a positive service culture for the patients. Therefore a summary of the discussion is illustrated in Figure 2 below, which could serve as a reference for this section.

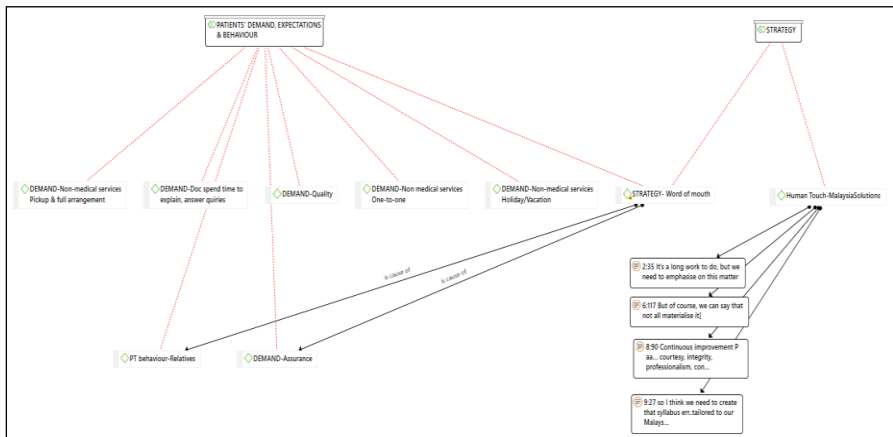


Fig. 2: Summary of the findings on service culture in Malaysia versus Thailand.

Extracted from Atlas.ti version 8

6.0 Conclusions

To the best of the authors' knowledge, this is the first study that explores the narratives of service culture from the perspectives of service providers in the Malaysian medical tourism. The findings adhered to past reviews mentioning Thailand as a strong player within ASEAN region due to their strength in service quality (Veerasoontorn et al., 2011) and high-profile hospitals with patient-centric behaviour (Wong et al., 2014).

Hence, it is important to note that Malaysia is in need to improve its services to medical tourists. This shall come in many ways, including smooth immigration procedures, improved and attractive tourism spots and enhanced personal touch to the patients. Consequently, this does not only bring in more medical tourists but also assist Malaysia in generating more revenue, which could be reaped for the benefits of the local patients.

As this article is only part of a more extensive study, service culture is a topic that emerged along the data collection process. The present study unveils several limitations, including the methodological approach that only caters for Malaysians perspectives, specifically the service providers. Hence, it poses a question on the robustness of the findings as medical tourists in Malaysia and Thailand were not approached. Nevertheless, this research is believed to have open more doors of opportunities.

Therefore, future studies could embark on in-depth interviews with the service providers in Thailand to get a clearer picture of how they work and serve the medical tourists. Apart from that, quantitative approaches are also essential in reaching representativeness of both countries which can be done through a comparative survey on the level of service culture from the patients and service providers' perspectives respectively, in both locations.

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