

Understanding Medical Destination Choice Behaviour: An Exploratory Approach

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Abstract

Over the past decade, medical tourism has been growing progressively in developing countries of Eastern Europe, South Asia, Southeast Asia, and Middle East. This paper aims to conceptually understand medical tourists' (or consumers) intentional behaviour to destined countries of their choice within the 'Halal' (Permissible) medical tourism sector. It specifically attempts to explore factors influencing their intention towards a preferred destination for sourcing shariah compliance based medical care services. Using an in-depth interview technique, a total of 15 qualitative data were collected from targeted respondents involved in medical-care tourism related activities via a digital voice tape recorder; transcribing and coding processes were carried out using ATLAS.TI software. Initial findings have shown several themes that were grounded in the designated semi-structured questions such as attitude, subjective norm, behavioural control, destination image, religiosity, and cost. The results revealed significant suggestions and opinions from the participants on the potential adoption of 'Halal' medical destination choice behaviour. Several managerial implications were further discussed.

Keywords: Intention, Destination Choice Behaviour, Religiosity, Theory of Planned Behaviour, Halal, Medical Tourism.

Introduction

The awareness of medical tourism sectors has been increasingly explored for its economic contribution by both researchers and industry experts for the last decade (Hadian, Jabbari, Mousavi, & Sheikh Bardsiri, 2021; Kamasi, Manaf & Omar, 2020). Medical tourism has a noteworthy economic potential that involves trade and services demonstrating a combination of both medicine and tourism (Kamasi et al, 2020; Chandran, Puteh, Zianuddin & Azmi, 2018). Hadian et al (2021) stated that there were many reasons for consumers searching out medical care in another country, which included cost, access, expertise, quality, and service. Additionally, there have been an increased demand for specific 'Halal' (or permissible) medical tourism services (Suki Putit & Khan, 2017). In addition, Shariff, Mohtar & Jamaluddin (2018) also highlighted on the increasing awareness amongst customers to consume 'Halal' products or served with shariah compliance services. Shariah refers to an Arabic word that reflects an allowable path to be followed by Muslims (Doi, 1984). As such, industry players

in this sector firmly believe that ‘Halal’ medical products and services would provide better and preferred choices for targeted medical tourists. To further understand ‘Halal’ medical care treatment needs, it is thus pertinent to explore the psychological factors that may influence the medical tourists’ decisions on the choice of destination for such provisions. Specifically, this study aims to understand intentional behaviour among medical tourists’ destination choice within the ‘Halal’ medical tourism context.

Literature Review

The seminal Theory of Planned Behaviour (TPB) as proposed by Ajzen (1991), has been extensively applied over the past years, and it has been evolving ever since towards elucidating the behavioural adoption concept. TPB suggests three influencing factors that determine individuals’ behavioural intention, and that include attitude, subjective norm, and perceived behavioural control.

In this study, these psychological influences can be used to predict the probability of a behavioural intention to adopt destination of choice in the halal medical tourism. Suki et al (2017) found that attitude and perceived behavioural control had significant relationships with destination intention. Meanwhile, the subjective norm was found to have an insignificant relationship with destination intention behaviour. The significant relationship between religiosity towards attitude and destination image towards subjective were further proven in recent research (Alzadjal et. al, 2022; Suki et al, 2017).

Nevertheless, TPB does not emphasize on religious attribute and destination image that perceived as the predictors in travel intention. The religious attribute factor was not accentuated enough, to which “Halalness” (or permissibility) for a variety of tourism products that conforms to Islamic needs and requirements, have been growing in demand (Zailani et al., 2016), and that limited research has been explored in this field. In addition, destination image that is also perceived as one of the predictors in travel intention, has been less explored by other researchers. Image *could* create a sense of awareness among medical tourists about a specific destination of interest, and subsequently having a positive effect on their decision-making for a destination choice, as suggested by Cham et. al (2020).

Hence, this study aims to explore the psychological factors that may influence the medical tourists’ decisions on the choice of destination in ‘Halal’ medical tourism sector. Several research questions are developed to address these issues: Firstly, what are the psychological factors that influence medical tourists’ intention towards adopting destination choice behaviour? Secondly, to what extent do destination image and religiosity affect destination intention-behaviour?

Methodology

In conducting this study, an exploratory research design was applied by using an in-depth interview technique. Malhotra (2017) stated that in-depth interviews can create a relaxed, emphatic relationship, reduces bias, thus allowing researchers to uncover the hidden or sensitive issues of interest. The interview session has been carried out in a major federal territory and four states throughout Peninsular Malaysia. These included Kuala Lumpur, Selangor, Melaka and Pulau Pinang respectively.

Participants

Boddy (2016) has suggested that a minimum sample size of 12 is required in qualitative studies to obtain data saturation (e.g., Boddy, 2016). Meanwhile, Lincoln and Guba (1985, p235) recommend between 12 and 20 participants in interview studies. Taking these references into considerations, this study has identified a total of fifteen (15) participants who were directly involved in the medical tourism related activities were interviewed individually. They were selected from three categories of participants comprising of medical tourists, service providers and government agencies (Cham, 2016; Saiprasert, 2011). These selected participants were knowledgeable individuals who have experienced and viewed the focal phenomenon from diverse perspectives. The selected participants for in-depth interview sessions are presented in Table 1 and Figure 1 respectively. They consisted of 11 foreign

medical tourists (M1-M11), 3 local service providers (S1- S3) representing Malaysian hospitals that were actively involved in medical tourism activities and 1 participant from the Malaysia Healthcare Tourism Travel Council (MHTC) (G1).

Table 1: Participants for Depth Interviews

Categories	Code Name	Positions
Medical tourists	M1	Indonesia
	M2	Indonesia
	M3	Indonesia
	M4	Libya
	M5	Arab
	M6	Indonesia
	M7	Indonesia
	M8	Indonesia
	M9	Indonesia
	M10	Indonesia
	M11	Indonesia
Service Providers	S1	Hospital
	S2	Hospital
	S3	Hospital
Government Agency	G1	MHTC

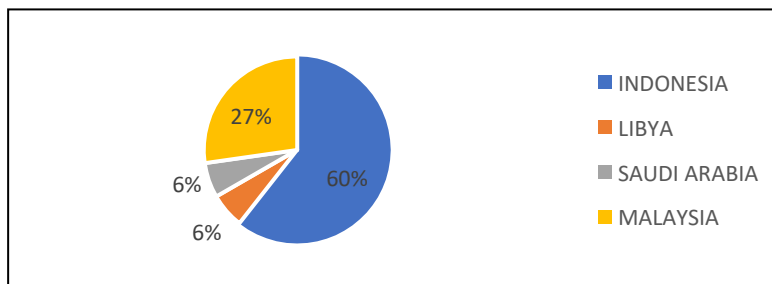


Figure 1: Depth Interview Participants (Percent)

Instrument

The semi-structured interview questions were used as bases of each in-depth interview session to the selected participants. With this format, interviews were encouraged to range freely in their responses. Subsidiary questions were posed when clarification of information was required. In essence, this interview consisted of six parts as follows.

- i. Demographic questions
 - Name, position
- ii. Attitude
 - In what way does attitude influence medical tourists’ intention to adopt the destination in Halal Medical Tourism?
- iii. Subjective Norm
 - How does family, friend, colleagues, doctor or etc influence medical tourists’ intention to adopt the destination in Halal Medical Tourism?
- iv. Perceived behaviour control

- How does ability, confidence or resources influence medical tourists’ intention to adopt the destination in Halal Medical Tourism?
- v. Destination image
- In your opinion, how does the image of a destination affect medical tourists’ intention to adopt the destination in Halal Medical Tourism?
- vi. Religiosity
- In your opinion, how does religiosity will influence medical tourists’ intention to adopt the destination in Halal Medical Tourism?

Procedures

A semi-structured interview with open-ended questions has been derived, allowing the participants to freely express their experiences, thoughts, and feelings regarding the medical travel experiences in Malaysia. The participants were interviewed based on a list of questions expanded from the research questions. The subsidiary question was also improvised during the interviews based on their respective feedbacks. Each interview was held between duration of 30 to 40 minutes, and was recorded by a digital voice tape recorder. Meanwhile, data then transcribed and coded using qualitative software called ATLAS.TI 7.

Data Analysis and Findings

Based on the interview results, several themes were identified based on the grounded semi- structured questions such as attitude, subjective norm, perceived behavioural control, destination image, religiosity, and cost. The main themes are illustrated in Table 2 and Figure 2 below.

Table 2: Main Themes

Theme	Number (Frequency)	Percentage (%)
Subjective Norm	8	25
Attitude	4	12
Image	6	19
Religiosity	6	19
Cost	3	9
Perceived Behaviour Control	5	16

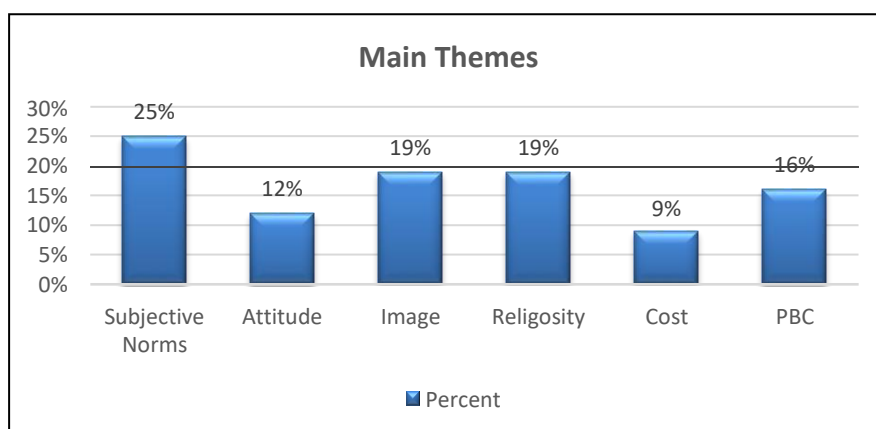


Figure 2: Main Themes (Percent)

Figure 2 illustrates the identified themes that were grounded from the in-depth interview. The most discussed topic by the participants was subjective norm (25%). They mentioned that family, friends, and colleagues' opinion are important upon making decisions to adopt the travel destination. Secondly, the most frequently discussed issues were images of destination and religiosity (19%). The respondents talked about how destination image influenced their interests towards the said location. The respondents mentioned that as Muslims, it is important for them to choose services that comply with the requirement of Islamic religion. Besides that, cost of medical travel (16%) also influenced the respondents' decision. The respondents further discussed on how attitude (12%) and control towards their behaviour (9%) were reflected on travel destination decision. Other discussions and justification of each theme are further discussed as follows:

- **Subjective norm**

The term subjective norm refers to people's intentions to carry out an appropriate action because of their perceptions of what others think will do (Fishbein & Ajzen, 1975; Ajzen, 1985, 1991). In other words, subjective norm is social pressure in that the consideration of whether ones should perform an act is based on the views of the person important to him/ her and on the perceived social pressure to behave in a particular way (Sia & Jose, 2019). Based on the Theory of Planned Behaviour, subjective norm contributes a positive impact on one's intention to act in a particular manner as supported by previous study (Judge et al., 2019) Social norms reflect adherence to opinions from family, friends, and peers; narrow sphere of influence (Taylor & Todd, 1995a). These show the importance of others' influence in driving a person's behaviour towards an adoption. The following comment from M3 presented these points:

"In my country, it has become the word of mouth that Malaysia has excellent medical services. Word of mouth is more powerful than advertising." (M3)

Meanwhile, SP2 has mentioned:

"They will trust the person that closed to them." (S2)

In medical travel, social norm plays a significant role towards establishing the behavioural intention of medical tourists. The medical tourists typically tend to travel along with family or friends in seeking medical treatment as mentioned by M7

"Before this, my relatives have gone to Malaysia for treatment. Most of my relatives recommend and support me to go for treatment in this country" (M7)

Therefore, social influence does affect the decision since their opinions are important as perceived by medical tourists themselves.

- **Destination image**

Perceived Destination Image refers to a total of the images of an individual element or attributes that make up the tourism experience (Milman & Pizam, 1995). If travellers are highly familiar with a destination, they may not need to collect any additional information from external sources (Carvalho, 2022). For example, S2 mentioned:

"In terms of the image, destination affects the decision. If the tourist familiar with the destination, they will profoundly visit the country for medical tourism due to its image." (S2)

Previous studies showed the relationship of destination image that positively affects tourists'

attitude (Hu & Shen, 2021). If the destination country of medical tourism has a positive image, it will lead to a positive attitude towards developing behavioural intention. As mentioned by M6:

“Malaysia as a Muslim country brings the positive image to the destination. Malaysia has gained more trust in term of halal as compared with my country.” (M6)

Thus, the image of the destination plays a crucial role for medical tourists to consider when selecting the destination in Halal medical tourism sector.

- **Religiosity**

Religion is an important cultural element to study because it is one of the most universal and influential social institutions. It holds significant influences on people’s attitudes, values, and behaviours at both individual and societal levels (Alzadjal et. al, 2022). Research on religiosity has proved that it does affect consumer behaviour and influence the decision process on Halal food consumption (Hanafiah & Hamdan, 2020). A highly religious person tends to obey the religious values, beliefs, and practices (Worthington et al., 2003, p. 85). Below are some quotations from the participants, which prove the claim:

“The most religious person will tend to go for sharia-compliance medical care services.” (S1)

“As Muslim, I do believe that I should choose services that comply with my religion. Plus, Malaysia has a strong image as a Muslim country, so I believe Malaysia as Muslim service provider.” (M5)

Consequently, religiosity does affect the decision, to which, a highly religious person tends to adopt such services that adhere to his or her beliefs as a Muslim thus, resulting in adopting Halal medical tourism destination of choice.

- **Cost**

The primary driving force of medical travel industry is the provision of affordable private medical care services combined with the attraction of visiting exotic sites in the destination countries (Hadian et al, 2021). The cost has appeared as a new theme that arose from the interview. For patients from highly industrialised nations, the primary reason to have medical services in less developed countries is attractively low cost. For example, M1 stated:

“The price of medical service in Malaysia considers as reasonable because it’s nearby Indonesia. The cost of treatment is also cheap. If I can recover from the illness, I will certainly spend money for the treatment.” (M1)

However, M3 mentioned the high travelling expenses and the currency exchange.

“Cost is quite expensive because of other travelling expenses. The cost of treatment more or less the same with my country. But medical travel, I need to spend more money on travelling plus the currency exchange is different.” (M3)

Hence, the cost has been highlighted as a major concern when choosing the destination for Halal medical tourism by the medical tourists.

- **Attitude**

Attitude is considered an important element in influencing consumers’ intention in purchasing Halal products because those with high positive attitudes appeared to have greater intention to buy Halal products (Ahmadova & Aliyev, 2020). This finding strengthens Ajzen (1988) stress that attitude portrays as an important element in predicting and explaining human behaviour. Several studies significantly demonstrate a positive relationship between attitude and behavioural

intention (Akter & Hasan, 2022; Lam & Hsu, 2004). As mentioned by M2 and M1.

“I do think that positive attitude will influence my decision” (M1)

“Attitude does influence on my decision because as a Muslim, I will likely adopt destination that could provide Halal medical tourism because I trust halal services.” (M2)

Meanwhile, M11 explained on choices as Muslim to adopt halal services if he/she was given option showing as a positive attitude.

“Halal is a must for Muslims. I certainly like the idea of sharia compliance medical services. We as a Muslim must give a choice for halal. As a Muslim, we must support Halal/Muslim product.” (M11)

Thus, attitude does influence medical tourists’ decision when adopting Halal medical tourism destination of choice.

- **Perceived behavior control**

It is expected that those with high perceived behavioural control are more likely to perform that behaviour. Perceived behavioural control (Ajzen, 1985, 1991; Ajzen & Madden, 1986) reflects the person’s belief about his or her own ability to perform the intended behaviour. Perceived behavioural control (Ajzen, 1985, 1991; Ajzen & Madden, 1986) reflects the person’s belief about his or her own ability to perform the intended behaviour. The more the control and individuals feel about choosing the destination in sharia-compliance medical care services, the more likely he or she will be to do so. Participants M2 and M4 stressed on behaviour control as below:

“Behaviour control does influence my decision. I have no problem in terms of financial resources because of my insurance coverage on my medical bills. Most important thing I have the ability and confidence in my decision in choosing the destination.” (M2)

“Factor that influence such a decision comes from me. I want the best for myself. Therefore, I have the motivation to try the service.” (M4)

Meanwhile, participant M12 mentioned her level of confidence in the destination chosen.

“I have self-confidence in getting the treatment abroad. I trust the doctors here. I’ve been seeking the treatment for 6 years in this hospital”. (M12)

Therefore, control does have a role in influencing medical tourists’ decisions upon adopting the destination for Halal medical tourism.

Results and discussion

From the above qualitative analyses and findings, notable themes such as attitude, subjective norm, perceived behavioural control, destination image, religiosity, and cost, were generally perceived to be potentially relevant determinants of medical consumers’ decisions to adopt a preferred destination choice for ‘halal’ medical care procedures. To date, the increasing trend of consumers’ health awareness has greatly impacted the medical tourism growth, with Malaysia successfully establishing itself as one of the major countries involved (Kamasi et al. 2020).

In this study, *subjective norm* has the highest-ranking percentage (26%). Medical service providers or organizations may consider this element when devising relevant promotional strategies since it plays a significant role on intentional behaviour (Seow, 2017). Further to that, *image* came second in rank (19%), to which it created a sense of awareness among medical

tourists about a specific destination of interest, and subsequently having a positive effect on their decision-making for a destination choice, as suggested by Cham et. al (2020). Malaysia's image for example, has been very impressive as a top medical tourism destination and Muslim friendly nation (Kamasi et al, 2020; Zailani, Rahman, & Musa, 2017). Similarly, medical tourism can attract tourists from other parts of the world to Malaysia in search of medical attention and care (Chandran et.al, 2018).

Further to that, *religiosity* (19%) was also significantly ranked in this study, hence, revealing religiosity as a relevant determinant in Muslim consumer behavioural studies (Hanafiah & Hamdan, 2020; Mokhlis 2009). Meanwhile, *perceived behaviour control (PBC)* was ranked at 16%, as a means towards understanding participants' decision to choose a preferred Halal medical destination of choice, as supported by Akter & Hasan (2022); Dash (2020) and Suki et al (2017). PBC is pertinent, because when individuals have more control on choosing the ideal country destination for sharia- compliance medical care services, there will a be a higher tendency for them to seek such behaviour.

Meanwhile, *attitude* was further ranked at 12% in the findings of this study. An attitude that is based on positive individual experiences could result in a significant and positive influence on intention among patients' visit intentions to travel abroad for medical treatment (Saragih & Jonathan, 2019). Suki et al (2017) found attitude to be a significant determinant of destination choice behaviour where it leads to performing a behaviour (Suki et al, 2017). Finally, findings on *cost* (9%) were further derived from the data analyses. Several participants mentioned cost as one of the key influences in choosing 'Halal' medical services abroad. Hadian et al (2021), Rahman (2019) and Sultana (2014) supported this claim by indicating that reasonable medical costs and medical staff's behaviour are crucial for medical tourism providers to attract more medical tourism form other countries.

Conclusion

In essence, this paper was aimed to explore the psychological factors affecting medical tourists' intention to adopt a destination choice behaviour regarding countries that could provide Halal medical tourism activities. Particularly, it attempted to identify issues that can be applied to substantiate the extent to which the proposed theoretical argument is valid. Hence, the exploratory qualitative findings in this study are found to be consistent with the literature discussed.

The findings revealed subjective norms as the most essential emerging theme explored upon assessing medical tourists' intention towards a preferred destination choice for Halal (permissible) or shariah compliance medical care services. These are followed by other themes such as destination image and religiosity. In addition, attitude, behavioural control and cost have also been further discussed by participants as possible considerations towards their propensity to adopt travel destination of choice for halal medical care services.

This qualitative study has also supported TPB model in seeking a deeper understanding of destination choice behaviour in Halal medical tourism. Several limitations were however, observed. This study was only carried out via a qualitative research approach. It would be recommended that quantitative research be applied in testing the proposed hypotheses identified following the results of the initial exploratory study undertaken. Also, a more representative population is needed to undertake a comparative study within two or more nations in assessing medical tourists' choice behaviour within the medical tourism context.

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