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## Travel Intentions among Foreign Tourists for Medical Treatment in Malaysia: An Empirical Study

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### Abstract

This study essentially attempts to discover the underlying factors that might affect the foreign tourists' intention to obtain medical treatment in Malaysia. The applicability of Theory of Planned Behaviour model provides the possibility to investigate the foreign tourists' intention and to measure tourists' general antecedent attitudes and feelings towards travelling abroad to seek medical treatment. The quantitative research approach has been used to conduct this study. A survey was carried out at four locations nationwide (Northern Region, Central Region, Southern Region and Eastern Region). The first generation technique was used to test and estimate the complex relationship among the variables. The proposed research model is expected to contribute to an understanding for scholars, marketers, policy makers, and practitioners on how these medical tourists formulate their intention to travel to Malaysia as a medical travel destination in order to increase the inbound market in medical tourism. This adds another contribution to the literature in the medical tourism field, reshaping the definition of medical tourism and having a more inclusive view in medical treatment highlighting the conceptual value of this study. Based on the analysis result, it can be confirmed that only attitude and subjective norm significantly influence the intention to visit for medical treatment in Malaysia, but is not significant for perceived control behaviour. The study concluded with several recommendations and insights that are useful to relevant parties such as Ministry of Tourism and Culture, Ministry of Health, Policy Maker, Public and Private Hospital Management teams as well as Travel Agencies or Companies.

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*Keywords:* attitude; subjective norm; perceived behavioural control; travel intention; medical tourism

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## 1. Introduction

Based on the study of Hunter (2007), medical tourism is known as a combination of characteristics of the medical industry and the tourism industry at a travel destination. This is further strengthened by the studies of Lee & Lockyer (2012) and Weil (2009), where numerous reports indicated that travelling for medical treatment to Asia is important as Asia has been considered as globally well – known medical tourism hub. Additionally, travelling for medical treatment is a growing trend, and has highlighted as one of the vital key drivers of Malaysian economic development. Malaysia too has its eyes set on medical tourism. The government has identified tourism as one of the significant capital contributors under the National Key Economic Areas (Chong, Boey & Vathsala, 2005). People travel for medical treatment due to essential, affordable, quality and premium healthcare (Yap, 2007). The idea is that healthcare will become more specialised and will attract more foreigners seeking high quality and affordable medical treatments. As Malaysia is developing its medical tourism industry, the Malaysian Government is targeting visitors from neighbouring countries, which has represented an essential and dominant market segment in Malaysia's tourism industry for a decade (Ormond, 2011). The focus on the development of medical tourism industry should specifically target on main medical tourist market, such as Indonesian, Singaporean, Japanese and West Asian/Middle East (United Nations Economic and Social Commission for Asia and the Pacific Publications, 2007). In the 10<sup>th</sup> Malaysia Plan 2011-2015, the government had announced plans to allocate a total budget of RM899 million in year 2010 to implement several programs in boosting the medical tourism in Malaysia (Dahlui & Aziz, 2012).

Although several research projects have focused on the factors that impact on medical tourism, review of the literature indicates that studies on medical tourism research which concentrates on decision making process are not well discussed. There are scarce empirical studies on the resisting variables towards the decision making of tourist on medical tourist intention. By conducting this research, we are studying the predictors that affect the foreign tourists' intention to visit Malaysia for medical treatment purpose. In order to draw a solid theoretical basis for examining, this paper adopts the theory of planned behaviour as the most appropriate tools for understanding prediction. The purposes of this study are to investigate whether the variables which include attitudes, subjective norm, and perceived behavioural control significantly impact on foreign tourist's behavioural intention to visit Malaysia for medical treatment purposes and to clarify which factors are more influential in affecting the decision on foreign tourist's behavioural intention to visit Malaysia for medical treatment purposes.

## 2. Theoretical background and theory of planned behaviour

There are several existing theoretical frameworks for tourism industry and few academic researchers have been carried out on medical tourism. Smith and Forgione (2007) developed a two-stage model, mainly destinations and health-care facility that indicates the factors that influence a patient's decisions to seek health-care services abroad. Caballero-Danell and Mugomba (2007) developed a diagram to document information collected from social media, written and academic materials to focus on the stakeholders involved for analysis and description of medical tourism industry. Ye, Yuen, Qiu and Zhang (2011) examined the motivations and barriers to medical tourism on potential tourists in Hong Kong. Several behavioural models have been carried out throughout the past research. Bandura (1998) constructed a study on Social Cognitive Theory on health promotion. The theory does not focus on emotion or motivation, other than through reference to past experience. There is minimal attention on these factors. Health Belief Model by Janz and Becker (1984) has also been applied to health-related behavioural research to study the elements of this theory in predicting and explaining a behaviour. However, it does not account for a person's attitudes, beliefs, or other individual determinants that dictate a person's acceptance of particular health behaviour.

The Theory of Planned Behaviour (TPB) has been proven successful in predicting and explaining human behaviour in decision making (Ajzen, 1991). Based on three constructs (attitude, subjective norm and perceived behavioural control), TPB was initially introduced by Fishbein and Ajzen (1975) as the extended model of Theory of Reasoned Action (TRA) by taking the issues of volitional and subsequent related control elements into account in predicting human behavioural intention and actual behaviour. This theory refers to aspects where individual cognitions/thoughts are viewed as processed intervening between observable stimuli and responses in real world situations. A person's actual behaviour in performing certain actions is directly influenced by his or her behaviour

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