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The Challenges Of Medical Tourism In Kuala Lumpur , Malaysia

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ABSTRACT

The purpose of this study is to analyse the challenges of medical tourism industry in Malaysia. Medical tourism has been an emerging industry and a phenomenon especially among the Asian countries. The method of this research is a survey using questionnaires done in Kuala Lumpur, Malaysia. The research findings show that there are four main types of challenges faced by the medical tourism industry in Malaysia. Based on the results, it can be determined that these four factors play a big role in impacting the growth of medical tourism industry in Malaysia.

Keywords: **Medical tourism, medical tourists, health, tourism, emerging industry, Malaysia**

1. Introduction

Hardened steel and other hard materials are machined by grinding process in general, but grinding are time consuming and limited to the range of geometries to be produced (Poulachon et al., 2004; Singh & Rao 2010). The best alternative for grinding is by hard turning. Hard turning has emerged since modern cutting tools such as ceramics were available to reduce the time needed to finish hardened parts those with hardness ranging from 45 to 70 HRC. The secret to successful hard turning is by higher cutting speed because hard turning processes are usually associated with high temperatures. At these speeds, heat goes out with the chip and not into the tool or the work piece, so the wet cutting becomes useless (Sharma, 2001).

Medical Tourism (MT) can be defined as an act of travelling out of the country for treatment and has become a rising event in the healthcare industry. It has been predicted to rapidly expand over the next three to five years. MT has shown to be pioneered by the Asian countries such as Thailand, India, Singapore, Hong Kong and Malaysia. Medical tourists from all over the world seek treatment especially in the mentioned countries under the influences of many factors. The rapid growth in the market for these mentioned countries

influenced other countries such as Korea, Europe countries and the United Arab Emirates that have also started to offer MT services (Ji and Tae, 2011).

The development of MT in Malaysia particularly took off in the big way of 1997 Asian Financial Crisis (Chee, 2007). Within tourism, the health sub-sector is singled out as the most promising and profitable area for the development of the industry in the country (Musa, 2011). These hospitals were forced to search for option patients overseas, throughout government trade missions and other promotional activities. Despite the fact that Malaysia has started late compare to its regional competitors, Malaysia quickly moved to develop its industry and generated about USD 43 million in 2005. (Hadi, 2009) Malaysia is now continuing to grow and compete with other Asian countries to be the most preferred MT destination.

Malaysia shows a lot of progress and development of medical tourism particularly due to the expansion of private hospitals. The growth of high quality and services are the reason why medical tourists recognize Malaysia to be aligned with their needs and preference. However, the impacts of private hospital growth and MT in Malaysia, the low satisfaction level of local patients have increased towards public hospital. It is shown that the dissatisfaction level is very high in many areas involving the public hospital in Malaysia. Reason being is the focus of improving private hospital to generate better revenue for the country has been too high which caused public hospitals' quality and services being ignored (Manaf, 2010).

Malaysia, just like Singapore focuses on the MT industry for a long time because of the revenue contribution to the country. Lee, (2009) mentioned in his study that policy makers point out that the development of health industry produces positive effects on international tourism in the long-run by recognizing that health care and services is one of the key destination attributes on tourists' preference and tourism is one of the major growth factors of Singapore's economy.

In an article taken from Malaysia's local newspaper, The Star, (2013) it is highlighted that medical, education, sports, meetings and migrant tourism are emerging markets for Malaysia that will contribute greatly towards its tourism growth in the coming years. In making this call, Tourism and Culture Minister, Datuk Seri Mohamed Nazri Abdul Aziz said programmes such as Malaysia; My Second Home would attract long stay tourists and higher yield revenues as this group would purchase properties and commodities.

The main purpose of this study is to investigate the challenges of MT industry in Malaysia. While tourists' arrivals to the Asian countries are increasing, the question in this study is, what are the challenges faced by MT industry here in Malaysia. Competing against many other Asian countries, the most highly rivalry of Malaysia include the 'uniquely' superior quality Singapore; the 'amazing' Thailand and the emerging 'incredible' India (Musa, 2011).

Many factors showed that medical tourism is a highly potential industry that contributes greatly to a country. There are predictions whereby the consumer's demand will differ according to how medical treatment and tourism are combined, and how well they are integrated. Nationalities of each tourist relates to the different set of motivation in choosing their destination (Ji and Tae, 2011).

Medical tourism has also boost the sustainable of tourism in many countries. In a study in Cleveland, United States of America done by Carabello, (2013), it is mentioned that due to the growth of MT globally, the Cleveland Clinic attracting the lion's share of domestic

medical travel to date and the city is leveraging its world class healthcare to reap the benefits of sustainable tourism. It is further mentioned in the study that the HealthLine has precipitated an economic development strategy not just for the corridor, but also for the city. This study will determine the significant factors that affect the growth of MT's industry in Malaysia.

2. Literature Review

2.1 Growth of Medical Tourism

Countries in Asia seem to the lead the way in MT which includes Malaysia to be part of these phenomena. Shown in a study, Malaysia exports medical services to neighbour countries aggressively. Malaysia mostly exports the medical services to Indonesians and Singaporeans. These medical tourists are clearly influenced by three main sources; friends, family or relatives, and doctors (Yeoh, Othman and Ahmad, 2012). There is even evidence where websites for MT is highly promoting the services and the benefits of it. Asian countries show no specific service focus but rather hold the most balanced position to the greatest number of services (Cormany and Baloglu, 2010). One of many privilege of MT for example, India is good revenue generation for foreign exchange (Badwe, Giri, Latti, 2012).

There are four elements mostly discussed in a study. The importance of these four elements in decision making and which of the four has the highest priority shows that all elements has the same level of priority to influence customers on their decision. The four factors discussed in the study by Bies and Zacharia, (2007) highlights that the four elements include the benefits, costs, risk and opportunities in medical tourism. All four elements are found to have high priorities in medical tourist's decision making.

2.2 High Cost

The success and contribution of MT is well-known by the global as per today study. Most of the developing country focuses a lot on building up MT in order to promote their country. It is seen that the number of countries seeking to develop MT continues to grow quickly. The success of MT in Asia especially has encouraged growing global interest and competition, and optimism is apparently boundless (Conell, 2005).

There are many factors influencing medical tourists which usually depend on the background of their nationalities. In the journal written by Ju and Tae, (2011), which focused their studies on Japanese, Koreans and the China citizens, shows different types of factors for their destination selection. In other studies, some general factors which influence international medical tourists are price, distance, lack of expertise, and tourist attractions. In certain cases, there are even factors that influence infertile couples' destination choices for infertility treatment or require them to travel to an eligible country to obtain reproductive medical services (Moghimehfar and NasrEsfahani, 2011).

The types of treatment in MT are relatively different depending on the medical tourist's background. Since different countries impose different medical policies and regulations, different nationalities of medical tourists will select different destination based on their needs.

As mentioned by Ju and Tae, (2011) for Chinese tourists, the importance of stay and cost was just as high as Japanese, which results to Chinese tourists' cost sensitivity. Minor surgery was preferred by Chinese tourists, while more major surgery was preferred by Japanese tourists. In terms of aesthetic and healthcare services, Chinese tourists showed the most interest, while Japanese tourists placed emphasis on rehabilitation (lifestyle-related), which may reflect the Korean Wave's influence in certain Chinese market segments, leading to increased demand for cosmetic or plastic surgery.

The high price and the long queue also influenced medical tourists to travel abroad. Since the trend of MT has changed among developing countries, the globalization and increased acceptance of health service as a market commodity for patients who shop for health overseas use new information sources, new agents to connect to the health care providers and economical air travel to reach destination countries. MT's market-drive is viewed upon demand and supply factors. The lack of health insurance, uninsured patients where the patients have to pay out-of pocket fully or partially for medical treatments, unaffordable price of health care in US are part of the reason to travel abroad (Chelliah, Krishnan and Saravanan, 2012). High cost is the major obstacle to the development of MT apart from insufficient promotion of specialized treatments and capacity problems. Government support, regulations on advertising and the change of policies affects the development of MT as well (Heung, Kucukusta and Song, 2010).

Since many medical tourists' preference is the affordability and convenience, it shows that usually third world countries and developing countries are where they mainly focus to seek for treatment. There has recently been a grow in developing country provider accreditation aimed at aiding MT expansion, which some governments – including India, Thailand, Singapore and Malaysia – aggressively promote (Woodhead, 2012).

Some nationalities prefer Asia countries mainly due to affordability, convenience and high quality services. Apart from that, 'medical tourists' include patients trying to avoid treatment delays and obtain timely access to health care. Destination nations regard MT as a resource for economic development. However, attracting patients to countries such as India and Thailand could increase regional economic inequalities and undermine health equity. International medical travel might also have unintended, undesired outcomes for patients seeking affordable health care. With globalization, increasing numbers of patients are leaving their home communities in search of orthopaedic surgery, ophthalmologic care, dental surgery, cardiac surgery and other medical interventions. Reductions in health benefits offered by states and employers will likely increase the number of individuals looking for affordable medical care in a global market of privatized, commercial health care delivery (Turner, 2007).

Since MT occurs through the private sector, there are several negative aspects related to MT for host countries where there are concerns about the risk of a two-tiered health system where foreign patients benefit from sophisticated private hospitals with a high staff to-patient ratio and expensive, high-tech medical equipment, whereas the local population would only have access to basic, under-sourced health facilities (Smith, Alvarez and Chanda, 2011). Wendt, (2012) mentioned that MT has shown trends affecting the market and has challenged previous assumptions regarding the medical traveller as a consumer. The study also suggests that the potential for growth is substantial, and the barriers preventing consumers from

entering the market are being effectively reduced. One major implication of recent research is the fact that it underscores the global aspect of the market and expands the reach of the medical tourism market. Because MT is an international phenomenon and is attractive to a various of consumers, it represents substantial opportunity to expand business using existing property locations and existing clientele without major capital investment.

Diago, (2013) mentioned in his study that the most common knowledge within consumers is that it offers a cheaper option for receiving medical treatments. The popularity of obtaining medical treatment by travelling abroad is influenced by several factors such as certain medical services are not available in their countries, their health insurance does not cover the full cost of a procedure or simply because of wanting to have cosmetic surgery at a more affordable price.

2.3 Safeguard

In a study done by Chee, (2007), the healthcare system in Malaysia is a mixed public-private one. In terms of the number of doctors, the ratio is rather fair. In 2002, for example, 54 per cent of the doctors were in the public sector and 46 per cent private (MOH 2002a). Most of the private sector doctors, however, are general practitioners that provide much of the primary care in the urban areas. A market in healthcare has long existed in as much as private practitioners have been operating since colonial times up till now. The types of treatments vary depending on the country providing the services. As mentioned before, Thailand and Korea for example, provide high quality of cosmetic surgery and the growth of the industry in these two countries are rapidly growing. However, there are many others types of treatment that are providing a high priority services such as dentistry, heart surgery and eye surgery. Hence, factors influencing treatment selection include 'Quality of care of medical service provider and its staff', 'Qualification of physicians' and 'Quality of available medical treatments', 'Quality of doctors and medical facilities of hospitals/clinics', related to the selection of specific treatment (Wongkit and Mckercher, 2013).

As many are aware now, the most looked up treatment services in Asia is the cosmetic surgery due to the influence from the media. The Asian countries that have the best cosmetic surgery are Korea and Thailand. However, a study done by Miyagi, Auberson, Patel and Malata, (2011) shows that most of the destination preferred is the Europe followed by India, Southeast Asia and Middle East probably due to the type of cosmetic surgery most preferred by the customers are the breast surgery. While Korea and Thailand focuses more on facial cosmetic surgery. In another study done on the patients' perspectives, those that are seeking medical treatment for cellular therapies have the following rights that must be respected by healthcare providers and all associated with their care which are the right to seek treatment, the right to information and the right to informed consent (Gunter, Caplan, Mason, Salzman, Janssen, Nichols, Bouzas, Lanza, Levine, Rasko, Shimosaka and Horwitz, 2010).

The rapid growth of MT has got people spreading words of the country they have visited. It is very crucial to make that a visit a memorable one to the people that have experienced the services, culture and expectations in the future. The spread of word to other people are what motivates them to choose that particular country. Referring to the study by Guiry, Scott and Vequist, (2011) even healthcare staff is motivated to maintain or improve

medical tourists' service quality perceptions need to clearly recognize that only by meeting or exceeding tourist expectations can desired outcomes such as satisfaction, loyalty, positive word-of-mouth communication and improved financial performance be achieved.

There are five service-quality dimensions which are tangibles, reliability, responsiveness, assurance and empathy for the experienced medical tourists that have significantly lower expectations than potential medical tourists (Guirry, Scott and Vequist, 2011). Apart from the mentioned five dimensions before, there are also another five dominant for health and safety risks faced by medical tourists upon receiving medical treatment overseas for outbound medical tourists were identified by participants which are complications, specific concerns regarding organ transplantation, transmission of antibiotic-resistant organisms, (dis)continuity of medical documentation and (un)informed decision-making (Crooks, Turner, Cohen, Bristeir, Snyder, Casey and Whitmore, 2012).

Discussing on the matter of South East Asia being the most visited countries, another study by Runnels and Carrera, (2012), there are many factors shown that mostly affordability and quality of the technology and services affects most on the decision making. Therefore, evidently, medical tourism offers a potential future in globalization.

2.4 Accessibility

One of many reasons a medical tourist prefer medical attention outside their country is because the lack of quality, affordability and time that influence them to travel out. There are many different motivations that spurred their original consideration of MT. Despite this, all of the motivations discussed fall into the three broad categories of seeking procedures that are unavailable, wait-listed, or more costly (Johnstonet al., 2012).

The relation of all factors is studied as their ranking of importance. According to a study by Glinoset al., (2010) there are four types of motivations that initiate medical tourists to seek for a destination which are the availability, affordability, familiarity and perceived quality. As per previous study before on different type of factors, this study also shows the relation of 4 other factors have the same level of importance.

Consumer decision making in selecting medical destination is very crucial since it impacts on the country serving MT especially the Asian countries. Mentioned by Altin et al. (2012), seeking medical treatment in unfamiliar surroundings can increase anxiety and generate greater feelings of vulnerability than when surroundings are known and familiar. Hence personal dispositions like openness to experience and prior experience to the culture and language can be enabling factors in the decision to undertake medical travel abroad. Similarly it is believed that demographic variables like age, income and education can also impact the decision to travel to another country for medical and tourism services.

Due to the high demand of MT, third world countries in Asia focus on this industry for greater revenue generation. India, for example has one of the best medical services since many years ago. A study by George and Swamy, (2012) can be briefly described that the trend and prospects of MT in India is increasing. The key trends noted in the report include the growing governmental intervention, growing international private sectors, increasing supply of medical tourism products and many other trends.

2.5 Attraction

Consumer choice in destination selection depends on many factors. Some factors mentioned by Lunt and Carrera, (2010) is the desire for privacy and the wish to combine traditional tourist attractions, hotels, climate, food, cultural visits with medical procedures are thought to be key contributing factors. Since most of the growing destinations are located in the Asia region, things such as climate and food are one of few important keys.

South East Asia countries have been discussed many times to be the pioneer of medical tourism. Most probably due to the low cost and affordable services, makes it to be the most visited places. In a study done by Connell, (2012), Thailand has been ranked as the highest place to go for medical tourists mostly due to their cosmetic surgery and affordable cost.

The challenges faced by the domestic and the tourists when visiting the country for treatment. It highlights more on the cultural differences such as language barriers. Malaysia although has many people fluent in English, there are also people such as the taxi driver who may experience difficulty in language barrier as well as faced by the tourists itself. In a study in China by Wang, (2012), perceived value was a key predictor of customer intentions. As for benefits, perceived medical quality, service quality and enjoyment were critical components that significantly influenced the perception of value. Regarding sacrifice, the effects of perceived risk on perceived value were significant. Another study done in Switzerland has shown that the target group mainly focus on the patients instead of the healthy ones. This shows that services are not limited to only rehabilitation but to pre-care and post-care which benefits on the attraction perspective (Honnegger and Hubeli, 2012).

Medical tourists also depend on the types of treatment that is needed by them. The different types of medical treatment services offered and the priority chosen by consumers impacts the exporting countries in such that they might not have the expertise of the treatment service that consumers are looking for. There are interrelationships between different areas of health and MT, including other types of treatment outsourcing. The key in defining these areas are the relationships to concepts of wellness and illness and the extent to which regulation encourages individuals to engage in cross-border purchase of health services and products. Key themes that emerge in the literature include regulation, ethics, the potential individual and public health risks associated with medical tourism, and the relative lack of information on the extent of medical tourism (Hall, 2011).

Despite all the challenges mentioned above, Debata, Sree, Patnaik and Mahaptra, (2012), in their study mentioned that challenges can be overcome and there are strategies in becoming the most preferred destination in MT industry.

3. Methodology

3.1 Conceptual Framework and Hypothesis

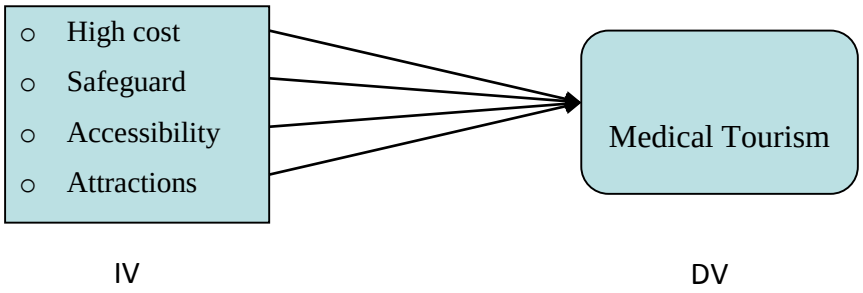

Figure 1: Conceptual Framework

The conceptual framework is shown as per figure 1 above. There are four independent variables and one dependant variable as shown. Following is the hypothesis devised from the framework achieved:

H_1: High cost is a challenge in the growth of medical tourism in Malaysia.
H_2: Safeguard is a challenge in the growth of medical tourism in Malaysia.
H_3: Accessibility is a challenge in the growth of medical tourism in Malaysia.
H_4: Attraction is a challenge in the growth of medical tourism in Malaysia.

3.2 Data-gathering methods and data-analysis techniques

384 medical tourists were surveyed where the questionnaires were distributed online, at various private and public hospitals around Kuala Lumpur as well as at the Kuala Lumpur International Airport (KLIA). From this group, the total number of usable samples was 201 after non-responsive and unsatisfactory answered surveys were removed. The set of question was adopted from a previous research by Ji and Tae, (2011).

The survey includes level of satisfaction on Malaysia's cost, safeguard, accessibility and attractions. Data was compiled and calculated with SPSS (Statistical Package for Social Sciences) Version 16.0 for Windows. The demographic factors such as genders, age, marital status, annual income and frequency of travelling are also included in the survey analysis in addition to analyse the purpose for visiting Malaysia and prior travel experience.

3.3 Data Screening

The normality test was conducted and the result of the two coefficients of skewness and kurtosis is shown as per below for each variables.

Table 3.3: Normality result

Variable	**Skewness**	**Kurtosis**
Medical Tourism	-0.867	-0.380
High Cost	-0.956	-0.229
Safeguard	-0.871	-0.201
Accessibility	-0.782	-0.432
Attractions	-0.335	-1.122

From the table shown above, the normality of the data distribution is between -1 to 1 for the skewness coefficient and -3 to 3 for kurtosis coefficient. Due to few unwanted normality results, few of the dependant variable, MT question had to be removed.

The reliability test is conducted for the study. The Cronbach's Alpha measures the internal consistency or homogeneity among the multi-item scales. The minimum Cronbach's Alpha of 0.70 considered to be acceptable (Sekaran, 2003). Furthermore, Cuieford (1965) also mention that Cronbach's alpha exceeding 0.7 indicates acceptable reliability. The result for reliability test in this study is shown in the table below.

Table 3.3.1: Table of reliability result

Variable	**Cronbach's Alpha**
Medical Tourism	0.781
High Cost	0.860
Safeguard	0.863
Accessibility	0.856
Attractions	0.859

4. Result and Discussion

4.1 Descriptive statistics

Table 4.1: Result for descriptive statistics

	Mean	Std. Deviation	N
High Cost	3.2425	1.06827	201
Safeguard	3.1592	1.04601	201
Accessibility	3.3159	1.16149	201
Attractions	2.9917	1.15779	201
Medical Tourism	3.2371	1.10284	201

Table 4.1 above shows the result of descriptive statistics for high cost, safeguard, accessibility, attractions and medical tourism. Result for high cost shows the standard deviation is 1.06827, while for safeguard, the standard deviation is 1.04601. The standard deviation for accessibility is 1.16149, 1.15779 for attractions and finally 1.10284 for medical tourism.

4.2 Correlation

The Bivariate Pearson Correlation test is conducted to determine the significant relationship between the 4 main factors which are the high cost, safeguard, accessibility and attractions towards MT industry in Malaysia and the results can be seen in table 4.2 below.

Table 4.2: Correlation between the four challenges towards MT

		HighCost	Safeguard	Accessibility	Attractions	Medical Tourism (MT)
HighCost	Pearson Correlation	1	.770**	.735**	.675**	.977**
	Sig. (2-tailed)		.000	.000	.000	.000
	N		201	201	201	201
Safeguard	Pearson Correlation		1	.693**	.595**	.748**
	Sig. (2-tailed)			.000	.000	.000
	N			201	201	201
Accessibility	Pearson Correlation			1	.574**	.691**
	Sig. (2-tailed)				.000	.000
	N				201	201
Attractions	Pearson Correlation				1	.671**
	Sig. (2-tailed)					.000
	N					201
Medical Tourism (MT)	Pearson Correlation					1
	Sig. (2-tailed)					
	N					

**. Correlation is significant at the 0.01 level (2-tailed).

From the table above, the alternate hypothesis for all four main challenges of MT's industry can be resulted as per below:

H_1: High cost is a challenge in the growth of MT in Malaysia.

Since the correlation result between high cost and MT is positive at 0.977** which is significant at 0.01 level (2-tailed), the relationship between these two variables is strong. Therefore, the first hypothesis, H1 is accepted.

H_2: Safeguard is a challenge in the growth of MT in Malaysia.

Since the correlation result between safeguard and MT is positive at 0.748** which is significant at 0.01 level (2-tailed), the relationship between these two variables is strong. Therefore, the second hypothesis, H2 is accepted.

H_3: Accessibility is a challenge in the growth of MT in Malaysia.
Since the correlation result between accessibility and MT is positive at 0.691** which is significant at 0.01 level (2-tailed), the relationship between these two variables is strong. Therefore, the third hypothesis, H3 is accepted.

H_4: Attraction is a challenge in the growth of MT in Malaysia.
Since the correlation result between accessibility and MT is positive at 0.671** which is significant at 0.01 level (2-tailed), the relationship between these two variables is strong. Therefore, the last hypothesis, H4 is accepted.

4.3 Linear regression result

Table 4.3.1: Regression Result for Hypothesis 1

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.977[a]	.954	.953	.23791

a. Predictors: (Constant), High Cost
b. Dependent Variable: Medical Tourism

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	231.988	1	231.988	4.099E3	.000[a]
	Residual	11.264	199	.057		
	Total	243.252	200			

a. Predictors: (Constant), High Cost

b. Dependent Variable: Medical Tourism

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.032	.054		-.594	.553
	HighCost	1.008	.016	.977	64.021	.000

a. Dependent Variable: Medical Tourism

Hypothesis 1: High cost is a challenge in the growth of MT in Malaysia.

With regards to the model summary, R square is equal to 0.954 which indicates that there is a very strong linear between high cost and MT. Approximately 97.7% of variance of high cost can significantly explained customer's experience of MT in Kuala Lumpur, Malaysia. The finding suggests that high cost is important in influencing medical tourists' destination selection.

An analysis of variance (ANOVA) is used to test whether there is a significant linear relationship between high cost and MT. Referring to table 4.3.1, ANOVA table, the p-value is 0.000 which shows that there is a significant relationship between high cost and MT.

Table 4.3.2: Regression Result for Hypothesis 2

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.748[a]	.559	.557	.73396

a. Predictors: (Constant), Safeguard
b. Dependent Variable: Medical Tourism

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	136.052	1	136.052	252.560	.000[a]
	Residual	107.200	199	.539		
	Total	243.252	200			

a. Predictors: (Constant), Safeguard

b. Dependent Variable: MedicalTourism

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.746	.165		4.520	.000
	Safeguard	.789	.050	.748	15.892	.000

a. Dependent Variable: MedicalTourism

H2: Safeguard is a challenge in the growth of MT in Malaysia.

With regards to the model summary, R square is equal to 0.748 which indicates that there is a very strong linear between safeguard and MT. Approximately 74.8% of variance of safeguard can significantly explained customer's experience of MT in Kuala Lumpur, Malaysia. The finding suggests that safeguard is a challenge towards MT industry in Kuala Lumpur, Malaysia.

An analysis of variance (ANOVA) is used to test whether there is a significant linear relationship between safeguard and MT. Referring to table 4.3.2, ANOVA table, the p-value is 0.000 which shows that there is a significant relationship between safeguard and MT.

Table 4.3.3: Regression Result of Hypothesis 3

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.691[a]	.478	.475	.79886

a. Predictors: (Constant), Accessibility
b. Dependent Variable: Medical Tourism

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	116.255	1	116.255	182.168	.000[a]
	Residual	126.997	199	.638		
	Total	243.252	200			

a. Predictors: (Constant), Accessibility

b. Dependent Variable: MedicalTourism

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.061	.171		6.208	.000
	Accessibility	.656	.049	.691	13.497	.000

a. Dependent Variable: Medical Tourism

H3: Accessibility is a challenge in the growth of MT in Malaysia.

With regards to the model summary, R square is equal to 0.691 which indicates that there is a very strong linear between accessibility and MT. Approximately 69.1% of variance of accessibility can significantly explained customer's experience of MT in Kuala Lumpur, Malaysia. The finding suggests accessibility is a challenge towards MT industry in Kuala Lumpur, Malaysia.

An analysis of variance (ANOVA) is used to test whether there is a significant linear relationship between accessibility and MT. Referring to table 4.3.3, ANOVA table, the p-value is 0.000 which shows that there is a significant relationship between accessibility and MT.

Table 4.3.4: Regression Result for Hypothesis 4

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.671[a]	.450	.448	.81960

a. Predictors: (Constant), Attractions
b. Dependent Variable: Medical Tourism

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	109.573	1	109.573	163.116	.000[a]
	Residual	133.678	199	.672		
	Total	243.252	200			

a. Predictors: (Constant), Attractions

b. Dependent Variable: MedicalTourism

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.325	.161		8.251	.000
	Attractions	.639	.050	.671	12.772	.000

a. Dependent Variable: Medical Tourism

H4: Attraction is a challenge in the growth of MT in Malaysia.

With regards to the model summary, R square is equal to 0.671 which indicates that there is a very strong linear between attraction and MT. Approximately 67.1% of variance of attraction can significantly explained customer's experience of MT in Kuala Lumpur, Malaysia. The finding suggests attraction is a challenge towards MT industry in Kuala Lumpur, Malaysia.

An analysis of variance (ANOVA) is used to test whether there is a significant linear relationship between attraction and MT. Referring to table 4.3.4, ANOVA table, the p-value is 0.000 which shows that there is a significant relationship between attraction and MT.

5. Conclusion

From the shown result, all of the four challenges show a strong relationship which affects the growth of MT industry in Malaysia. The high cost through the results show that probably due to developing MT industry in Malaysia reflects the cost of services as well as accommodation. Since safeguard or in other words, quality, is not entirely well developed or establish in developing countries such as Malaysia affects on the experience of medical tourists who has visited. Accessibility in Malaysia is caused by having restrictions of

technology not limited to hospital facilities but also towards Malaysia's transportation or even accommodations and finally, attraction which holds the lowest correlation value compared to the three challenges show that attraction does not mainly affect medical tourist's experience as compared to the first three challenges. The limitation of policy implications should also be overcome in order to reduce the inconvenience that the medical tourists has experienced and therefore attract future potential medical tourists.

5.1 Limitation of study

The limitation of this study is the number of quality respondents and time constraints.
The difficulty also involved in distinguishing foreigners that are residing here in Malaysia and those that are visiting.

5.2 Recommendation

The future study will focus on more challenges that affects the growth of MT industry as well as the strategies to overcome the challenges which then may improve the MT industry in Malaysia as well as the revenue contribution to the country.

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