

Medical Tourism in Penang: An Analysis of Stakeholder Identity

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Abstract: Due to rapid changes in the health-care sector worldwide, hospitals and patients are becoming more globalized. These changes have given rise to a new phenomenon called medical tourism and it has increased significantly in recent years. However, it is not enough if only the national governments steer the medical tourism development but should involve various stakeholders for the growth of the industry. Therefore, the purpose of this study is to identify the main stakeholder and key factor contributing to the development of medical tourism in Penang. The study was focusing on tourism related department and agencies in Penang. The study employed quantitative method and data will be collected by distributing questionnaires to respondents. The data will be analysed by using Statistical Package for Social Science (SPSS) and Microsoft Excel. The results of this study are expected to provide valuable insights to stakeholders and policymakers in devising potential strategies to promote medical tourism in Malaysia.

Keywords: Medical tourism, Stakeholder, Factor.

1. Introduction

Medical tourism refers to the process of traveling to foreign country of residence for the purpose of receiving medical care. Medical tourism concept is that people often stay in the foreign country after the medical procedure. Travelers can thus take advantage of their visit by sightseeing, taking day trips or participating in any other traditional tourism activities (Dr. Tomislav Meštrović, MD, 2018).

According to Angell M. (2011), medical stakeholders as those entities that are integrally involved in the healthcare system and would be substantially affected by reforms to the system. The major stakeholders in the healthcare system are patients, physicians, employers, insurance companies, pharmaceutical firms and government. Insurance companies sell healthcare plans directly to patients or indirectly through employer or governmental intermediaries. Pharmaceutical firms develop, produce and market medications which are prescribed by doctors to treat patients. Typically, they receive

remuneration through insurance or governmental drug-benefit plans. Many employers offer health-care insurance with varying deductibles and co-pays for their employees. Physicians are the medical doctor who provide medical care; patients are the person who receive medical treatment. And Malaysia government subsidizes healthcare for citizens or permanent residents, and low-income people. All stakeholders have duties and responsibilities.

According to Tourism Malaysia (2007), Malaysia's success in establishing itself as a regional hub for excellent healthcare, capable of providing state-of-the-art medical facilities and services for health tourists, began following the setting up of the National Committee for the Promotion of Health Tourism in January 1998. Furthermore, Malaysia's medical tourism has been growing over the years, outperforming the global industry's average growth. Malaysia aims to become a fertility and cardiology hub in Asia and so far, Malaysia success rate has been very comparable with other countries (Sherene Azli, 2020).

1.1 Problem Statements

From a review of the literature, medical tourism has increased significantly in recent years, mostly as a result of the high cost, long waiting lists, unavailability of medical treatment in high-income countries and poor medical system in low-income countries (Enderwick & Nagar, 2011; Debata, Patnaik, Mahapatra, & Sree, 2015). Therefore, the search for new revenue streams and economic benefits encourage governments to become an important player in the industry.

However, with the growth of the medical tourism market, it is not enough if only the national governments steer the medical tourism development. There is a great need that other parties also need to be involved and steer the growth of this industry. Given the high rate of growth of the medical tourism industry yearly, the study of stakeholder's involvement is worthy of attention (Kamassi, Abd Manaf, & Omar, 2020).

In addition, researchers suggest future studies to identify different stakeholders of medical tourism industry in other locations and in the globe (Johnston *et al.*, 2015; Kaewkitipong, 2018).

Therefore, this research has added to the knowledge of the literature through identifying the key stakeholders and factors contribute to the development of medical tourism industry in Malaysia.

1.2 Research Questions

- (i) Who is the main stakeholder in the medical tourism industry in Malaysia?
- (ii) What is the key factor contributing to the development of medical tourism industry?

1.3 Research Objectives

- (i) To identify the main stakeholder in the medical tourism industry in Malaysia.
- (ii) To identify key factor contributing to the development of medical tourism industry.

1.4 Research Scope

The research will be focusing on tourism related department and agencies in Penang. The technique of Analytic Hierarchy Process and descriptive analysis will be used to achieve the research objectives.

1.5 Significance of Research

This study would be able to help Ministry of Health and Ministry of Tourism Malaysia in devising potential strategies to promote medical tourism in Malaysia. Besides, this study also establishes a foundation for future medical tourism research in the rapidly growing industry.

2. Literature Review

Literature review is one of the significant parts in a research. A literature review is a recapitulation of researcher's simple summary of previous studies related central area from journal, article, or case study (Arvi, Hafiz, & Aziz, 2019). Definition of the topics and terms will be included in this chapter. The purpose of this chapter is to present an overview summary of the literature with respect to role of stakeholders in medical tourism Malaysia. At the same time, this chapter organized into five sections: the first section illustrated the tourism industry in Malaysia. Second section illustrated the medical tourism in Malaysia. Besides, the following section outlined both the stakeholders and role of stakeholders. Apart from that, also will be discussed the importance of medical tourism to Malaysia's economy.

2.1 Tourism Industry

In fact, most people were indeed tourist, but defining tourism is difficult. Tourism can be defined as an individual traveling to their unusual places where, for residence, business or other purposes, not exceeding one year. Tourism industry covers a range of industries, including industry of hotel and transport. Take for granted that the tourism industry can be connected to pleasure and business or other purposes with distinct locations (Tourism Resources, 2020). All industries are advantageous to the country's economy in order to fabricate a stable development in long-term period. However, tourism play as a vital industry in development and creates income (UKDiss, 2018). Moreover, tourism industry is a significant part on country economy's development as the tourism industry beneficial result in income generation and employment opportunities. This as a significant welfare's source for many countries (Xhiliola Agaraj & Merita Murati, 1970).

2.2 Tourism Industry in Malaysia

The largest contribution GDP of Malaysia preceded only by manufacturing and commodities, the third largest contributor is tourism industry. Tourism industry dedicate to the Malaysia's GDP about 5.9 percent as of 2018. Besides, according to minister of Tourism, Arts and Culture, Datuk Mohamaddin Ketapi (2020) state that the income of RM66.14 billion from the tourist industry in 2019 is more than the previous year hitting RM61.85 billion in 2018, which is an increase of 6.9 percent. Throughout these few years, Malaysia is seeking to capitalize on the rapid development of the tourism industry in Southeast Asia and has initiated a campaign as "Visit Truly Asia Malaysia 2020". The main reason for initiating this campaign is to achieve the ambitious targets which is 30 million visitors and RM 100 billion in tourism income for 2020 (Hirschmann, 2020).

2.3 Medical Tourism in Malaysia

According to Medical Tourism Association (2017), medical tourism defined as a process of traveling and residence to seeking medical treatment outside the country. Although medical tourism was also defined as an individual traveling across the country to receive any types of medical treatment that could include varieties of medical service. (Lunt *et al*, 2011). Malaysia come into being a strong competitor speedy in the global health and medical tourism industry. Malaysia becoming a target destination for visitors to seeking medical treatment because of the significant qualification that is lower medical expenses and modern facilities in Malaysia's medical tourism (Tourism Malaysia, 2007).

CEO of Malaysia Healthcare Travel Council, Sherene Azli (2019) told the ASEAN Post, in virtue of Malaysia sustain by the famous National Heart Institute and the 33 centres, Malaysia attempt to elevated itself as 'Cardiology and Fertility Hub of Asia'. In addition, success rates of strong in-vitro fertilisation (IVF) Malaysia are exceed the global average. Sherene also indicated, to reach preciseness diagnostics and transfer international patients' medical record easier, the Fourth Industrial Revolution technologies used by Malaysian hospitals and clinics. And medical tourism industry in 2023, its competitive predicted to be achieve US\$180 billion globally, Malaysia need to maintain its outstanding

growth rate by broaden its extents. Furthermore, Malaysia's medical tourism industry has recorded a 16 to 17 percent of annual growth rate (CAGR) over the past five years. And be way ahead 10 to 12 percent of global average and 12-14 percent Asia-Pacific's. Between 2015 to 2017 and 2019, Malaysia named by US-based International Living as the 'Best Country in the World for Healthcare'. Malaysia also named by the UK-based International Medical Travel Journal as 'Destination of the Year' for healthcare travel from 2015 to 2017, the medical tourism arrivals exceeded the one million mark (1,050,000) for the first time in Malaysia (Thomas, 2019).

2.4 Stakeholder

Stakeholder identified as any group or person able to influence or influenced the accomplishment of the organization's goals. (Edward Freeman, 1984). Besides, the stakeholder defined as a individual, community or organization having interest or concern about an organization (BusinessDictionary.com, 2020). They can be internal or external, and can be senior or junior phases (stakeholdermap.com, 2020). Additionally, ISO 26000 also offered guidelines on the international norm of social responsibility, identified stakeholder as a person or community that has an interest in any organization's decision or operation. Stakeholders may include vendors, employees, members, shareholders, investors, and consumers, and local and regional communities. Others involved may include purchasers, clients, owners, and non-governmental organizations (NGOs). According to Leonard (2019), stakeholders divided into two groups which are internal stakeholders and external stakeholders. Internal stakeholders include cooperative partners, shareholders and investors while external stakeholders include neighboring businesses, strategic alliances or government entities.

2.5 Role of Stakeholder

The stakeholder roles depend on the company being formed or agreed upon and the specific project being created. According to Leonard (2019), internal stakeholders typically benefit financially from the organization, and profit from the achievement of the company. Thus, internal stakeholders are having greater influence rather than external stakeholders. On the other hand, external stakeholders are opposed to internal stakeholders, because they usually have not contributed any funds to the company and have not decided on the business decisions.

First, by Angell M. (2011), patients can be any individual seeking medical treatment. Patients seek medical services from health-care providers and have responsibilities to make cost-effective decisions with the providers. Besides, health-care providers implement medical treatment within the government's policy. They provide medical services to patients and preserve patients' health information at the same time. The providers cooperate with other healthcare member to ensure their patients receive sufficient treatment and control the treatment cost at the same time. Furthermore, government agencies responsible for setting the framework within which health care is to be provided to the country's residents. In addition, government agencies as ministry of health are responsible for the health of the population in the country.

2.6 Important of Medical Tourism to Malaysia Economy

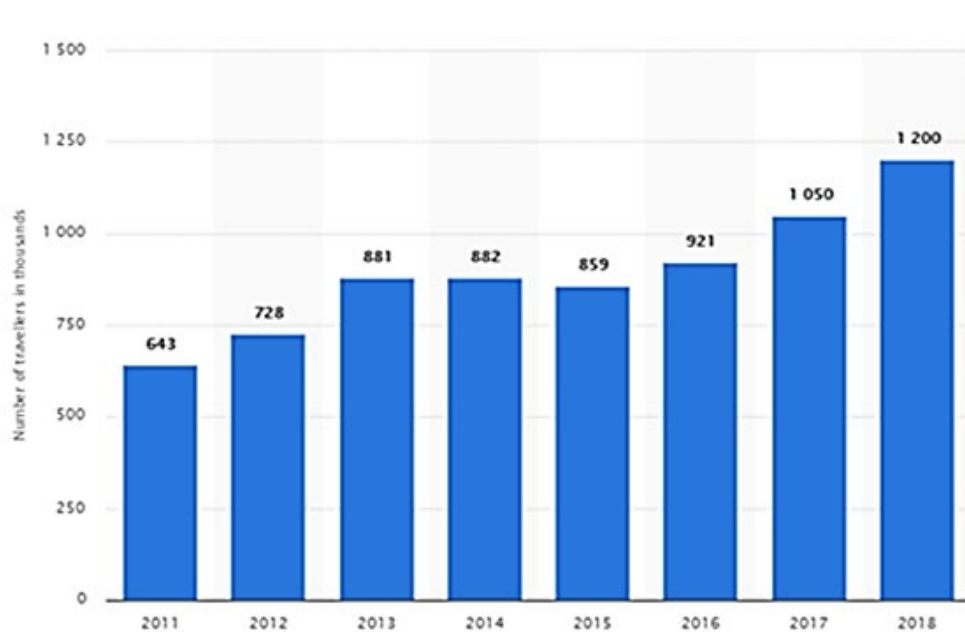


Figure 1: Number of medical tourists to Malaysia 2011-2018
(Source: Statistics Malaysia from Ministry of Health Malaysia, 2020)

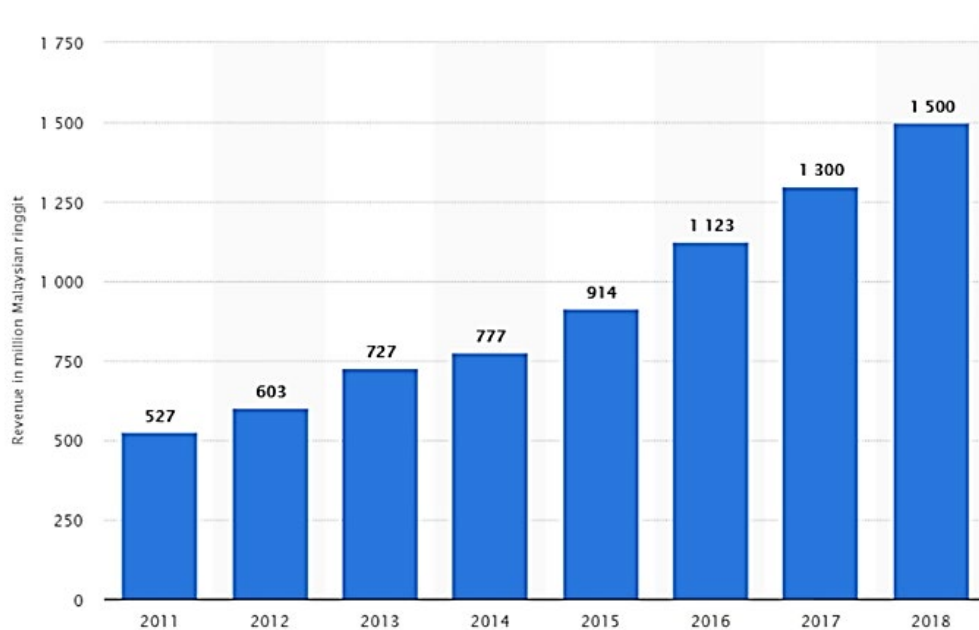


Figure 2: Revenue from medical tourism Malaysia 2011-2018
(Source: Statistics Malaysia from Ministry of Health Malaysia, 2020)

According to New Straits Times (2017), medical tourism as another source to advance Malaysia's GDP. The growth numbers of medical tourists from 2011 to 2015 represent that the medical tourists enhance the confidence in Malaysia's hospitals. Thus, this growth also boosts the GDP of Malaysia. According to statistics Malaysia from Ministry of Health Malaysia, in 2018, about 1.2 million people travelled to Malaysia for medical and healthcare purposes. Medical tourism has increased in Malaysia since 2011 by almost 0.5 million. At the same time, the revenue from medical tourism in Malaysia from

2011 to 2018, the revenue from medical tourism in 2018 was about RM1.5 billion. This revenue has increased by almost RM1 billion since 2011.

Chaynee (2003) stated that medical or healthcare tourism play a vital role in the tourism industry and bring a profitable return to the national economic development. According to Chandran, Mohamed, Zainuddin, Puteh, & Azmi (2017), tourism industry devoted to Malaysia's economic growth, draw investments, and providing job opportunities through it play a significant role as foreign exchange earner. Tun Dr Mahathir Mohamad (2018) also stated that medical tourism industry will advance Malaysia's economy. Tun Dr Mahathir Mohamad. believe that National Heart Institute (IJN) has won national praise so far and this proof that IJN has become competitive among the international contestants. Besides that, National Heart Institute (IJN) named by the International Specialist Patient Centre of the Year at the International Medical Travel Journal (IMTJ) Medical Travel Awards 2018, the Best Cardiology Provider for the third year running since 2016 by Global Healthcare Travel Council and the CSR Malaysia Award that honored IJN for its contribution in the socio-economic transformation of the country in 2016 and 2018.

3. Methodology

3.1 Research Design

Quantitative methods emphasize objective measurements and the statistical, mathematical, or numerical analysis of data collected through polls, questionnaires, and surveys, or by using computational techniques to manipulate pre-existing statistical data. Quantitative research focuses on gathering numerical data and generalizing it across groups of people or to explain a particular phenomenon. (Babbie, 2009). Therefore, this study was undertaken using of quantitative research approach to obtain the result through the distribution of questionnaires to respondents.

3.2 Research Population and Research Sample

The target population in this research will be tourism related department and agencies in Penang. The population is 343 agencies and department (Ministry of Tourism, Arts and Culture Malaysia, 2020). The size of the sample in this research will be determined by referring the Krejcie and Morgan table. According to Krejcie and Morgan, the sample size of this study is 181 people.

3.3 Research Instrument

Research instrument is the general term that researchers use for a measurement tools to gather crucial data or information in conducting a research study. In this quantitative research, data was collected with the aid of questionnaires to identify main stakeholders and factors contributing to medical tourism industry.

a) Questionnaire

Questionnaire consists of a formalized set of questions designed to collect information from the respondents. In other words, questionnaire is a technique of data collection in which respondents are asked to answer a sequence of questions on a particular subject. In this research, the questionnaire has separated into three sections which are Section A, Section B, and Section C. Section A is the demographic information of respondents which consists of background of respondents. The question would be in multiple choice option. In Section B will consists of eight sub-part of the main stakeholders of medical tourism while Section C will consist of five sub-part of the key factors that contributing to the development of medical tourism. In Section B and C, the questions given in the questionnaire used a Likert Scale with five scales.

3.4 Data Collection

Data collection is a process of gathering information from all relevant sources, finds answers to the research problem, test the hypothesis and tests the results. The methods of data collection can be divided into two categories, which are primary data and secondary data collection methods.

a) Primary Data

In this research, the researcher obtained primary data from this study using questionnaire. Questionnaire distribution was the most appropriate method to collect data as quantitative methodology was being used in this research. The questions in the questionnaire have been processed to achieve the objectives of the research which has been set.

b) Secondary Data

Secondary data is a type of data that published in books, newspapers, magazines, journals, online portals, etc. There is a variety of available data regarding researchers' study. The function of secondary data in research was to firm the primary data and achieving the research objective.

3.5 Data Analysis Method

The data gathered from the questionnaire to be rearrange systematically to make an easy understand form to ensure that it is clear. Data analyzed with using Statistical Package for Social Science (SPSS) program and Microsoft Excel. Then the data analysis will be conducted to identify the findings of research and to establish whether this research had been meeting the research objectives.

a) Descriptive Analysis

Data obtained from the primary sources which were questionnaires survey will be analyzed using descriptive analysis method. According to Bickel and Lehmann (1975), descriptive statistics methods can emphasize the potential relationship between information and variables that meet the research goals. The descriptive analysis provided sample of simple summaries and measures. Along with producing the results, the descriptive analysis summarizes and forms the basis for every quantitative data analysis. Besides, it also demonstrated the data gathered in the form of frequency, percentage, mean and standard deviation with using Statistical Package for Social Science (SPSS).

4. Results and Discussions

Data collected for this study through questionnaire distribution will be discussed in this chapter. Data collection of this study will be answering the research question and research objective. The analysis method, research reliability and results will be presented in this chapter as well. All data collection is interpreted by using Statistical Package for Social Science (SPSS) software.

4.1 Survey Return Rate

The population of tourism related department and agencies in Penang was 343 while the sample size of this study was 181. There is total 180 set of questionnaires have been distributed to targeted respondents. The target respondents were tourism related department and agencies in Penang. Total of 150 set of questionnaires have been return to researcher. Therefore, the questionnaires survey return rate achieved only 82.9%.

Table 1: Survey return rate

Population	Sample Size	Questionnaire Distribute	Questionnaire Returned	Percentage
343	181	180	150	82.9%

4.2 Reliability and Validity Analysis

Cronbach's Alpha (α) coefficients was used to measure the internal consistency or reliability of the scale items for the main constructs. The test was conducted for pilot study and actual study. The reliable and valid of the questionnaires were carried out by the pilot test. The validity of the questionnaire was well standardized established for used by others.

Table 2: Coefficient of reliability (George & Mallery, 2003)

Cronbach's Alpha (α)	Internal Consistency
$\alpha \geq 0.9$	Excellent Reliability
$0.9 \geq \alpha \geq 0.8$	Good Reliability
$0.8 \geq \alpha \geq 0.7$	Acceptable Reliability
$0.7 \geq \alpha \geq 0.6$	Be Disputed Reliability
$0.6 \geq \alpha \geq 0.5$	Bad Reliability
$0.5 \geq \alpha$	Unacceptable Reliability

Based on the George and Mallery (2003), the coefficient of Cronbach's Alpha (α) acquired more than 0.7 is mean the questionnaire design is good. Therefore, the research that get more than 0.7 can be conducted. However, the questionnaire acquired the coefficient of Cronbach's Alpha (α) is less than 0.7 might be redundant of certain items or unclear questions in the questionnaire.

4.3 Reliability and Validity of Pilot Study

A pilot study has been conducted to examine the credibility of the questions in the questionnaires in order to carry actual study. There were 30 respondents have been selected and 30 questions are used for the pilot study to ensure that design of questionnaire was good. The value of Cronbach's Alpha (α) for the pilot test for 30 respondents is 0.904. The pilot test results show the Cronbach's Alpha (α) is excellent and can be used.

Table 3: Reliability test for pilot test

Cronbach's Alpha (α)	N of Items	N of Respondents
0.904	55	30

4.4 Reliability and Validity of Actual Study

After pilot test has been carried out, a reliability test of questionnaire for actual study was continued. Total of 150 respondents those tourism related department and agencies in Penang have been selected for the actual study. The total questions are 55 and the Cronbach's Alpha (α) value for the actual study is 0.883. The acquired values of Cronbach's Alpha (α) are excellent and effective with a high level of reliability.

Table 4: Reliability Test for Actual Study

Cronbach's Alpha (α)	N of Items	N of Respondents
0.883	55	150

a) Demographic Analysis

As the result above, there are totally 150 respondents involved in this study. There are about 9 respondents out of 150 respondents are director, 14 respondents are CEO/CFO/COO, 36 respondents are manager, whereas the rest of 91 respondents are administrative. Majority of the respondents in this research are with working duration is between 1 to 5 years. In nature of the organization, the majority of respondents in this study are work in private limited company and public limited company. Most of the tourism related departments and agencies in Penang are between 5 to 29 employees. According to the result, tourism related departments and agencies in Penang annual revenue were between RM300,000 to less than RM 15 million.

b) Main Stakeholders of Medical Tourism

Table 5: Summary analysis main stakeholders of each average of mean

	N	Sum	Mean	Std. Deviation
Medical Tourist	150	672.60	4.4840	.29698
Health-care Providers	150	650.00	4.3333	.35192
Government Agencies	150	635.20	4.2347	.44856
Facilitators	150	654.60	4.3640	.35375
Accreditation and Credentialing Bodies	150	654.20	4.3613	.34423
Healthcare Marketers	150	658.20	4.3880	.34852
Insurance Providers	150	656.00	4.3733	.35571
Infrastructure and Facilities	150	676.80	4.5120	.34406
Valid N (listwise)	150			

The highest mean for the stakeholder that contributing to the development of medical tourism is infrastructure and facilities which is 4.5120. The second highest mean for the stakeholder that contributing to the development of medical tourism is medical tourist which is 4.4840. The third highest mean for the stakeholder that contributing to the development of medical tourism is healthcare marketers which is 4.3880. The fourth highest mean of stakeholder is insurance providers which is 4.3733. The fifth highest mean of stakeholder is facilitators which is 4.3640. The third lowest mean of stakeholder is accreditation and credentialing bodies which is 4.3613. The second lowest mean for the stakeholder that contributing to the development of medical tourism is health-care providers which is 4.3333. The lowest mean for the stakeholder that contributing to the development of medical tourism is government agencies which is 4.2347. As a result, this research can conclude that the main stakeholder contributing to the development of medical tourism is infrastructure and facilities.

c) Key Factors of Medical Tourism Development

Table 6: Summary analysis key factors of each average of mean

	N	Sum	Mean	Std. Deviation
Cost	150	692.33	4.6156	.35339
Services	150	673.00	4.4867	.42766
Infrastructure and Facilities	150	661.67	4.4111	.40025

Strategic Destination	150	649.67	4.3311	.44116
Malaysia's Reputation	150	647.67	4.3178	.41654
Valid N (listwise)	150			

Table 6 showed the mean according to each factor. The highest mean for the factor that contributing to the development of medical tourism is cost which is 4.6156. The second highest mean for the factor that contributing to the development of medical tourism is services which is 4.4867. The third highest mean for the factor that contributing to the development of medical tourism is infrastructure and facilities which is 4.4111. The second lowest mean for the factor that contributing to the development of medical tourism is strategic destination which is 4.3311. The lowest mean for the factor that contributing to the development of medical tourism is Malaysia's reputation which is 4.3178. As a result, this research can conclude that the factor contributing to the development of medical tourism is cost.

5. Conclusion

5.1 Summary of Stakeholders that contributing to the development of medical tourism

Based on this research, there are eight stakeholders contribute to medical tourism development Malaysia which are medical tourist, health-care providers, government agencies, facilitators, accreditation and credentialing bodies, health-care marketers, insurance providers, and infrastructure and facilities. Among these eight stakeholders, the main stakeholder contribute to medical tourism development Malaysia is infrastructure and facilities, due to it obtained the highest total average mean which is 4.5120. Mostly respondents are agreed that better facilities help medical tourist enjoy maximum satisfaction, quality of the infrastructure facilities attract medical tourists and boost the development of medical tourism. Most of the patients agreed that medical tourism industry can be marketing via quality of infrastructure facilities components. Furthermore, the quality infrastructure facilities transform Malaysia as an attractive and competitive medical tourism destination.

5.2 Summary of Factors that contributing to the development of medical tourist

Based on this research, there are five factors contribute to medical tourism development Malaysia which are costs, services, infrastructure and facilities, strategic destination, and Malaysia's reputation. Among these five factors, the dominant factor contribute to medical tourism development Malaysia is cost, due to it obtained the highest total average mean which is 4.6156. Mostly respondents are agreed that developed countries have higher personnel costs and fixed costs compared to Malaysia, Malaysia at a moderate level in terms of the cost of major surgeries in Asia region. Most of the patients travel abroad to Malaysia for affordable and available medical procedures.

5.3 Limitation of Research

In general, there are some limitations that presence in this study. One of the limitations is Covid-19 pandemic. Due to Covid-19 pandemic, this study only covers departments and agencies in a few places in Penang, Malaysia. However, this creates a limitation in scope and may have limited representativeness of the overall market. The second limitation of this research is the number of the respondent in this study was small and limited. Although the sample size should be 181, however, there were only 150 respondents. This may lead to sampling errors because this small group only represent a small part of the population.

5.4 Recommendations

a) *Recommendation for Ministry of Tourism*

Since infrastructure and facilities as the main stakeholder that contribute to this industry, the Ministry of Tourism Malaysia is suggested to maintain and continuously improve the quality and performance of medical infrastructure and facilities. Therefore, medical tourist can get the greatest satisfaction from quality medical infrastructure and facilities and continue to improve the development of the medical industry Malaysia.

b) *Recommendation for Stakeholders Medical Tourism Industry*

All stakeholders recommended partnership as an appropriate effort to enhance the growth of the industry. The stakeholders should work together as partners to simplify and improve the decision-making process for medical tourists. Good relationships between stakeholders are critical to the development of the medical tourism industry. It can build the structure for coordination and guidelines for working together to achieve success and overcome various challenges.

c) *Recommendation for Future Researchers*

Proposed extension to provide new idea or input to other researchers who want to study in the future. It is recommended a researcher qualitative research method can be used in this study such as interview. Researcher can interview medical tourism industry related departments and agencies to get their more accurate perception. Another recommendation for future research in this area is that the future researchers could conduct this kind of research at others state of Malaysia, as this research covers the area of departments and agencies in Penang, Malaysia only. The area suggested would be in Kuala Lumpur, Penang and Melaka's 35 private hospitals to promote medical tourism destination Malaysia that selected by Ministry of Health Malaysia (Health Tourism, 2011). This seems to be interesting due to the three major cities are actively involved in promoting medical tourism, out of which Melaka and Penang earn more than 70% of the medical tourism revenue (Shah,2008).

5.5 Conclusion

In conclusion, tourism is an important sector in economic growth in developing countries. This purpose of the study is to identify the main stakeholders and factors that contribute to the medical tourism industry development in Malaysia. This research has successfully achieved the research objective. Malaysia has successfully established itself as one of the major medical tourism destinations in the Southeast Asia region (Chandran *et al.*, 2018) where strong infrastructure and facilities of medical treatment and satisfaction perceived by medical tourists have successfully propelled the medical tourism industry in Malaysia to a greater height. Besides that, moderate medical costs as the main factor that contribute to the development of medical tourism Malaysia. As such, all related main stakeholders should track closely the development of the globalization trend in order to ensure that Malaysia's medical tourism industry continues to grow.

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