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EXPLORING MEDICAL TOURISM COMPETITIVENESS IN MALAYSIA, THAILAND, AND SINGAPORE: THE INDONESIAN TOURISTS' PERSPECTIVES

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Abstract

Malaysia, Thailand, and Singapore are popular destinations for affordable and high-quality medical treatment in Southeast Asia. However, there is limited research on the competitive advantages of these countries as medical tourism destinations. This study compares the competitive advantages of Malaysia, Thailand, and Singapore as medical tourism destinations. The interviews were conducted among 49 Indonesian patients who patronised Malaysia, Thailand, and Singapore for medical tourism services. Based on the study's findings, Malaysia, Thailand, and Singapore have several competitive advantages as medical tourism destinations. Malaysia's main competitive advantage is its affordability. In contrast, Thailand's main competitive advantage is its reputation as a hub for medical tourism, with a well-established and extensive network of hospitals and medical facilities. Meanwhile, Singapore's main competitive advantage is its reputation for offering world-class medical services, with advanced medical technologies and highly trained medical professionals. At the same time, limited availability of halal foods is their limitation. Policymakers and healthcare providers could consider the study findings in developing and implementing strategies to enhance their competitiveness as medical tourism destinations. Notably, the identified contrasts between Malaysia, Singapore, and Thailand could be marketed to help prospective medical tourists make informed decisions when choosing a destination for medical treatment.

Keywords: Medical Tourism Destination, Tourism Competitiveness, Medical Services, Tourism Management

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INTRODUCTION

In the early age of medical tourism, patients from less developed countries with stable incomes searched for advanced medical services in developed countries. However, a reverse trend emerged in the early 1990s as more patients travelled to developing countries searching for low-cost and better-equipped medical facilities (Ab Dulhamid et al., 2022; Mohit, 2009). Since then, the level of competition within the global medical tourism industry has grown, with an increasing number of developing countries, particularly in the Southeast Asia region, taking advantage of this opportunity to earn a share of the industry's disposal revenue (Thomas, 2019). This could be seen from the total of medical tourists, approximately over 60 million in 2018 that visited Southeast countries, especially Thailand, Singapore, and Malaysia, as key players in earning income in the medical tourism area (Sarker et al., 2021)

Recently, Asia has been a significant driver of medical tourism (Deeparechigi et al., 2018) because of cheaper fees, modern medical facilities, availability of medical expertise, and destination proximity. Malaysia, Thailand and Singapore are popular medical destinations due to political and economic stability, high-quality medical facilities, affordable medical care, and favourable exchange rates. Based on past reports, Malaysia's cardiology, and orthopaedics alongside fertility and rehabilitation treatment are among the popular medical services (Yunus, 2019). Meanwhile, Thailand offers many niche medical services including dentistry and cosmetic surgery. Singapore, in contrast, has many internationally credentialed hospitals (Guru et al., 2022).

The success of the medical tourism industry in Thailand, Singapore and Malaysia has positioned them as pioneers in providing affordable and high-quality medical treatment in Southeast Asia. They are the top three most desirable medical tourism destinations, with the potential to control more than 80% of the Asian market in the long term. Notably, Indonesian demand in the medical tourism industry is significant, supported by the high number of Indonesian travelling for medical treatment abroad (Ganguli & Ebrahim, 2017). Hence, it is critical to understand how the competitors could navigate their competitiveness to drive medical tourism demand. Due to limited empirical studies on the competitive advantage of medical tourism destinations in influencing Indonesian medical tourists' choice in selecting their medical destination, this study aimed to identify Malaysia's competitive advantages as a medical tourism destination for Indonesian medical tourists compared to Thailand and Singapore.

GROUNDING THEORY

The Resource-Based View (RBV) theory suggests that a firm's competitive advantage is influenced by its unique resources and capabilities. This theory

asserts that competitive advantage is not solely dependent on the industry or market but also on resources and capabilities that are hard to imitate (Silva & Oliveira, 2020). By leveraging these unique attributes, a firm can gain sustained competitive advantage and create value for stakeholders. RBV theory aids in identifying a firm's strengths and weaknesses, facilitating the development of strategies that capitalize on strengths to enhance competitiveness (Barney & Hesterly, 2020). It finds application in various fields, including business, strategic management, and marketing. In tourism, RBV theory can uncover a destination or tourism enterprise's unique resources and capabilities, thus enabling the development of strategies to enhance value for tourists and stakeholders (Kruesi & Bazelmans, 2023). In tourism studies, RBV theory posits that a tourism enterprise or destination's resources and capabilities, such as attractions, skilled employees, technology, and management, contribute to competitiveness (Assaker & Hallak, 2019). These attributes differentiate them from competitors and create value for stakeholders. The widespread adoption of technology platforms, driven by their user-friendly nature and cost-effectiveness, has consequently intensified competition within the tourism sector (Mior Shariffuddin et al., 2023). RBV theory helps identify these resources and capabilities and develop strategies to enhance competitiveness (Ogotu et al., 2023). Thus, RBV theory is a valuable perspective in studying tourism competitiveness, emphasizing the importance of resources and capabilities in the tourism industry.

RESEARCH METHODOLOGY

The study utilized a qualitative case study approach, conducting interviews with Indonesian patients who had cardiac treatment at Kuala Lumpur's National Heart Institute (IJN). Participants were selected based on their willingness and availability. Initial interviews refined the questions, covering demographic profiles, treatment experiences in their home country, and reasons for choosing Malaysia. Interviews were conducted from October 2022 to February 2023 after obtaining authorization and official approval from IJN. Interview schedules were tailored to patients' convenience. Participants were informed of the voluntary nature of their involvement, confidentiality, and anonymity.

Snowball sampling was employed, with participants chosen with hospital administration and patient consent, ensuring reliability. The sample size was determined by data saturation. Two sets of carefully crafted semi-structured questions were used, one in English and the other translated into Malay. Recordings were made with consent, lasting 40 minutes to one hour. Thematic data analysis using the narrative method was employed with 49 interviews. Interview transcripts were coded using NVivo Version 12.0, and themes were categorized and summarized.

ANALYSIS AND DISCUSSION

All participants in the study were married, with the majority being middle-aged to senior aged males. The medical tourists' companions were typically their spouses and children. More than three-quarters of them came from the Capital Region, Sumatra, and Java regions. They primarily resided in major cities, with a majority having received a higher level of education, such as completing senior high school. Only a few had completed junior high school. The majority of the medical tourists identified as Muslim, while a small number followed other religions. Lastly, the duration of their stay ranged from a minimum of one day to over seven days.

Based on the interviews conducted, it was found that approximately half of the participants (27/49) who were medical tourists had previous experience receiving medical treatment in Malaysia. However, the remaining participants were visiting Malaysia for medical purposes for the first time. Prior to coming to Malaysia, some of the participants (22/ 49) had sought medical treatment in other countries. Among these, the majority had visited Singapore (12/ 22) or Thailand (6/22), while a small percentage had visited both countries (4/22) for medical reasons. Since more than half of the medical tourists had previous experience with medical treatment in Malaysia, they were asked about their perceptions of medical care in Singapore and Thailand. The participants mentioned various factors that influenced their perceptions of medical treatment in these two countries.

Competitiveness Medical Tourism Services

Some medical tourists (16/27) believed that receiving medical treatment in Singapore would be too expensive due to the currency difference between Indonesia and Singapore. For Thailand (4/27), the cost was not the main issue, and only one medical tourist claimed the cost of medical treatment in Thailand might be too expensive due to the country's popularity among international medical tourists. There was consistency in decision making and one participant expressed

I think medical costs in Singapore are too expensive and for Thailand, I think the cost of medical care is a bit lower than Singapore's. Still, I think Thailand's medical costs are higher than Malaysia's because the country receives a high number of international patients.

Some medical tourists, especially Muslims, stated it was hard to find Halal foods in both countries since Singapore (11/27) and Thailand (12/27) have a majority of non-Muslim populations. Participants also expressed concerns

about the quality of food that may be served if they needed to be admitted to the hospital:

Singapore and Thailand are not Islamic countries, and it's hard to find halal food. I prefer to receive my treatment in Malaysia as it is a majority Muslim country with easy access to halal food in and outside the hospital.

I must consider several things if I travel to Singapore or Thailand for medical tourism. For example, if I need to be admitted to the hospital, would they serve me Halal food.... what about my family accompanying me? Is it easy for them to find Halal food while caring for me?

In addition, most medical tourists believed that receiving medical treatment in Thailand (14/27) might involve more communication barriers than in Singapore (4/27). For them, understanding their health condition was the most important component of medical tourism. Thailand was assumed to involve more barriers than Singapore since people were more likely to communicate in English.

I think they speak a completely different language in Thailand, and I realised that some of them could speak English. However, when you travel primarily for medical purposes, you are mainly concerned about understanding your health condition.

I never considered going to Singapore or Thailand, but both countries offer good medical services. [.....] In Thailand, the language will be the issue compared to Singapore where at least the people are well versed in English but I prefer Malaysia as we speak the same language.

Medical tourists had similar views of geography. Travelling to Singapore (7/27) may be time-consuming, as limited direct flights are available in some parts of Sumatra and Java, Indonesia and Thailand (9/27), and is associated with long-distance travel even with a direct flight. Respondents discussed the perceptions of travelling distance below:

There are only a few direct flights from Medan to Singapore and to travel from Medan to Thailand is quite far, and it will take longer to arrive at the destination.

There are direct flights from Padang to Kuala Lumpur, but to Singapore usually connecting flights. However, I think I need to transit to Malaysia for a trip to Thailand.

Other medical tourists perceive Thailand (8/27) as a medical destination mainly catering to aesthetic treatments like plastic surgery. They felt Thailand might not offer other medical treatments for cardiac health issues. This raised the question of why they did not find information through the internet to confirm their perceptions, but older medical tourists perceived seeking information through the internet was complicated:

I think Thailand is famous if you want to have plastic surgery. I am unsure if that country offers any health-related medical treatment other than cosmetic surgery.

I know Thailand is well known for medical tourism destinations but, as far as I know, it's a medical destination if you want to change your gender or if you want to be beautiful.

The narratives highlight Singapore's reputation for high medical costs, along with communication barriers and Thailand's association with cosmetic surgery. Additionally, concerns about halal food quality and availability in non-Muslim countries and travel logistics from Indonesia were key issues for Muslim medical tourists. The study identifies competitive advantages in Malaysia, Thailand, and Singapore for medical tourism. Malaysia stands out for affordability, providing quality medical services at lower costs than Singapore and Thailand. It offers diverse medical services, including traditional and wellness options, catering to a wide range of tourists. Thailand's key strength is its renowned medical tourism hub with a vast network of hospitals and services, including cosmetic surgery, dental care, and reproductive medicine. Its affordability and halal food options attract Muslim medical tourists. Nevertheless, language barriers and concerns about healthcare quality might deter some. Singapore excels in world-class medical services, advanced technology, and well-regulated quality care, accompanied by comfort, excellent transportation, and diverse accommodation options. However, high living and medical costs may challenge affordability for some medical tourists. Overall, each country has its strengths and weaknesses as a medical tourism destination, and the choice of destination ultimately depends on the medical tourist's preferences, needs, and budget.

Service Experience of Medical Tourism in Malaysia, Singapore, and Thailand

Different perceptions by medical tourists toward medical treatment in Malaysia, Singapore, or Thailand, whether confirmed or not, thus influenced decision-making. Nearly (8/12) of those who had travelled to Singapore usually considered that the costs were too expensive for heart treatment and general health check-ups there. Similar medical treatment and services were less expensive in Malaysia. Once again, there was a considerable consensus on this:

Before I visited IJN (Malaysia), I used to do my health check-up in Singapore. However, I find Singapore's medical costs more expensive than at IJN. Although the cost of treatment in Singapore is expensive, the hospital procedure is simple, and the treatment is good. The same goes for IJN; the hospital gave me good medical services at a better price.

Previously my family and I used to visit hospitals in Singapore for our health check-ups. From time to time, medical costs in Singapore continue to increase and become more expensive than our previous visits. Since we were used to medical treatment in Singapore, we continued to visit the hospital until we knew about medical care in Malaysia. In Malaysia, the costs of treatment are lower than in Singapore.

Due to the exchange rate in Singapore, medical costs and travel expenses were almost triple those in Malaysia. These travel expenses, including accommodation, local transportation, and outside food, are discussed below:

Before Malaysia, I used to go to Singapore for medical treatment. As Singapore's currency is in the dollar, treatment costs are tripled compared to Malaysia. For example, I pay the same amount for a doctor consultation in Malaysia which is MYR200 and SGD200 in Singapore. But, the currency is triple when we convert it; thus, the medical costs in Singapore are three times higher than in Malaysia, with the same quality of medical treatment, services, and expertise.

Some medical tourists (6/12) had made Singapore their first option for treatment to seek a second opinion related to their heart treatment after being made aware of their condition in an Indonesian hospital. However, they received a medical recommendation similar to Indonesia, so they travelled to Malaysia for another opinion at IJN.

[.....] I went to two hospitals in Singapore to get Minimally Invasive Cardiac Surgery (MICS) before coming to Malaysia. However, doctors at both hospitals in Singapore recommended heart surgery, which my Indonesian doctor advised me, and the same advice I received at a hospital in Johor Bahru, Malaysia. But IJN managed to conduct MICS 2 years ago.....

My Indonesian doctor advised me to have heart surgery and I received similar medical advice in a Singapore hospital. But, when I visited IJN for the first time, the doctor mentioned I didn't have to undergo any surgery.

Malaysia is sensitive and responsive specifically to the needs of Islamic patients. This was a significant factor in continuing their treatment in Malaysia for many medical tourists. Around (8/12) of medical tourists received medical treatments in Singapore but preferred to receive ongoing treatment at IJN as the Islamic practices by the medical professionals calmed them while receiving their treatment.

[.....] most important thing is that doctors and nurses in the IJN practice Islam when treating patients. It made me feel more confident when I received my treatment. Doctors and nurses in IJN would read 'Bismillah' before treating me and it made me feel better, I had never seen this in a Singapore hospital before.

I prefer receiving my treatment in Malaysia as IJN has an Islamic element while providing a treatment I don't experience in Singapore. For example, the nurses in IJN will recite 'Bismillah' before taking my blood sample, which makes me feel at ease.

Despite receiving high-quality medical services in Singapore, some medical tourists encountered communication barriers (Singapore, 5/12; Thailand, 4/6; Singapore and Thailand 2/4) as the main issue. One of the medical tourists received eye surgery in Thailand, while his family members had general health check-ups in Thailand or Singapore hospitals. All his family members experienced difficulties in communicating, particularly in Thailand. Likewise, another medical tourist received knee surgery in Thailand and encountered communication barriers as he struggled with English.

I have visited Singapore and Thailand for medical purposes. I received eye surgery at Bumrungrad Hospital in Thailand. I'm satisfied with the treatment there. Besides me, other family members also travelled to Thailand or Singapore for general health examinations as the quality of medical services

is good but too expensive. I found it easy for me in Singapore to communicate as some of them spoke Bahasa, but in Thailand, we must communicate fully in English, which is a bit complicated.

I had no problem going to Thailand because the medical service was good, and I was happy with my knee surgery. It was difficult to communicate because I had to speak English which I was not good at. The hospital offers translation services, but I prefer to communicate with the doctor directly.

Other medical tourists experienced similar issues when travelling to Singapore and Thailand for fertility treatment. He preferred Malaysia as it was easy to understand the language.

When I had my fertility treatment in Singapore, the doctor communicated in English or Mandarin, which I struggled to understand. However, in Thailand, doctors communicated in English. This was my first time receiving treatment at IJN and it was very easy to communicate with my doctor in Bahasa. Since my previous fertility treatments were unsuccessful, I was planning to get another treatment in Malaysia as it might be easier to understand the treatment fully.

Some medical tourists confirmed the availability of halal foods to be limited in Thailand (4/6) and Singapore (7/12) when they visited the countries for medical care, stating it was hard to find halal food there and they were not confident to simply consume food without knowing its status. Other medical tourists shared their experience travelling to Singapore or Thailand, if not for medical purposes. Some medical tourists were travelling to Singapore for business and mentioned it was hard to find halal food in that country as most of their population is Chinese. Other medical tourists' companions mentioned similar constraints as her whole family had a vacation in Singapore after her husband's treatment in Malaysia a few years before.

There was halal food in Thailand, but the choice is limited, unlike Malaysia, where there are various choices of halal food and even other ethnic cuisines like Chinese and Indian that are also halal.

Besides, my husband has visited Singapore for his medical treatment. We travelled there for the New Year celebration. I was concerned about the halal food status and found it quite hard to find Muslim food sellers, especially street food.

This is added as some medical tourists preferred to travel to Malaysia (4/6) as it was closer to Indonesia; travelling to Thailand for medical purposes, especially with a health condition, was difficult and time-consuming.

I found too much effort was needed when I travelled to Thailand. The medical services are undoubtedly excellent, but it is too far from Jakarta, as it took me around 3 hours or more to arrive in Bangkok. Compared to travel in Kuala Lumpur which took me around 2 hours flight. With my health condition, I am concerned about travelling long distances.

Other medical tourists mentioned visiting Singapore and Thailand (3/4) for leisure and medical treatment. For them, travelling to Thailand was not particularly costly in terms of travel expenses, especially the costs of food and shopping, unlike Singapore, where travel costs are quite expensive, especially hotels and local transportation. They enjoyed their stay in both countries and found communication difficult as they needed to speak in English throughout their visit.

Thailand is an amazing place for vacation. The hotel, local transportation and the best part are the food was cheap. My family had a great time shopping in Bangkok. The country is clean in Singapore, but I found the travelling costs were expensive. Maybe because of the 'dollar' currency, everything seems expensive there if we convert.

A similar point was stated by other respondents who had travelled to Thailand for a holiday (1/6). He stayed in Bangkok and had a great time but struggled with English and faced communication barriers.

A few years ago, I visited Thailand for a short escape with my family. The country is beautiful and has a variety of cuisines. We had a great time there and were lucky to travel with my son. He became our spokesperson as I am not that good with English.

Overall, Indonesian medical tourists had similar perceptions and experiences in Singapore and Thailand. Both groups found Singapore expensive for medical treatment, while Malaysia offered cost-effective, high-quality care. However, medical tourists visiting Thailand did not mention high treatment costs. For vacationers, Thailand was cheaper for food, hotels, transportation, and shopping. Experienced medical tourists initially favored Singapore over Malaysia. However, as Singaporean doctors offered similar advice to what they received in Indonesia, many turned to Malaysia for actual treatment, especially

at IJN. Some even went to Malaysia for a second medical opinion after finding a similar option in Singapore. While experienced medical tourists appreciate the quality of care in Singapore and Thailand, it's not just about quality. Factors like cost, travel convenience, language, food preferences, and Islamic hospital practices also played a vital role.

This research provides valuable insights into medical tourism, focusing on Indonesian medical tourists' experiences in Malaysia, Singapore, and Thailand. These findings can benefit medical providers by improving services based on tourists' preferences. The study reveals both commonalities and differences among medical tourists in these countries. While all three countries offer high-quality medical services, medical and travel costs are relatively high in Singapore, and language barriers and limited availability of halal food are some of the common limitations faced by medical tourists in Singapore and Thailand. In Malaysia, however, medical tourists mainly seek medical treatment due to inadequate medical expertise in their home country.

According to, Md Zain et al. (2022) Indonesian medical tourists choose Malaysia primarily for quality medical services, while cultural and language differences are crucial in their choices which suggests this group of Indonesian medical tourists is culturally conservative. The study provides valuable insights for medical tourism providers to tailor their services to meet patients' preferences. The decision of medical tourism destination is influenced by cultural similarities, language, and proximity, favouring Malaysia over Singapore and Thailand (Afzal et al., 2019). Language barriers further emphasised the importance of effective communication. Costs, halal food, and cultural affinity, driven by IJN's reputation, also played key roles in patient decisions (Jones & Comfort, 2020). The study reveals that the choice to travel to Malaysia extended beyond medical treatment, with cultural factors and short distances playing a significant role.

Medical tourism decision-making is influenced by a complex interplay of various factors (Mackenzie & Gannon, 2019). Patients travel to Malaysia due to a multitude of reasons, extending beyond healthcare. Government responsibility for citizen welfare, socio-cultural, economic, and political factors, alongside familiarity with culture, language, proximity, and medical expertise, all play a significant role (Baum et al., 2020). These factors shape the consumption and preference for medical destinations, particularly the enduring relationship between Malaysia and Indonesia (Berenschot et al., 2018).

IMPLICATION

This study adds to the current knowledge on this topic from a medical tourism perspective. The findings of this study have significant implications for medical tourism providers in Malaysia, Singapore, and Thailand. First, the study highlights the importance of understanding the needs and preferences of medical

tourists to improve the quality of their services and meet the demands of their clients. Providers can leverage the information gathered in this study to tailor their services to the specific requirements of medical tourists from Indonesia. Medical tourism providers can benefit from the explicit contrasts made by medical tourists between the three countries. Third, the study identifies some similarities in the perceptions and experiences of medical tourism in Singapore or Thailand, such as the high medical and travel costs in Singapore. By addressing these issues, providers can improve the affordability and accessibility of their services, which could attract more medical tourists.

The study also highlights some common limitations medical tourists face, such as communication barriers, limited availability of halal foods, and a lack of appropriate knowledge. Medical tourism providers can address these issues by providing language support and translation services, offering halal food options, and educating medical tourists on the cultural norms and practices of the country they visit. Furthermore, the study suggests that medical tourism providers must consider the multiple rationales that drive medical tourists to travel based on factors that shape their decisions. For instance, Indonesian medical tourists are driven primarily by the need to seek quality medical services in Malaysia due to inadequate medical expertise in their home country. Providers can use this information to develop specialised services that cater to specific medical needs.

From a theoretical perspective, the Resource-Based View (RBV) offers a valuable framework for medical tourism enterprises and destinations to develop strategies that leverage their resources and capabilities to enhance their competitiveness. This study emphasises the importance of assessing medical tourism enterprises' and destinations' resources and capabilities to identify their strengths and weaknesses. By leveraging their unique resources and capabilities, medical tourism providers can develop new products or services, invest in training and development, and enhance the skills of their employees. The RBV provides a useful tool for identifying the resources and capabilities contributing to a destination's competitiveness in medical tourism. Medical expertise, state-of-the-art medical technology, quality healthcare facilities, and highly skilled healthcare professionals are resources and capabilities that can differentiate a destination from its competitors. For example, a destination may have highly qualified healthcare professionals, state-of-the-art medical facilities, or specialised medical services that differentiate it from its competitors.

The RBV can assist in identifying the uniqueness of a destination's medical resources and capabilities, the difficulty of replicating them, and the availability of substitutes. Based on this assessment, medical tourism enterprises and destinations can develop strategies that leverage their unique resources and capabilities to develop a competitive advantage. The policy contribution of this study is to encourage medical tourism enterprises and destinations to adopt the

RBV framework to evaluate their resources and capabilities to enhance their competitiveness. This will benefit the enterprises and destinations and contribute to the growth and development of the medical tourism industry. Policymakers can use the findings of this study to develop policies that promote the adoption of RBV in medical tourism enterprises and destinations. This can help to create a more competitive and sustainable medical tourism industry, which can contribute to the economic growth of the countries involved. As suggested by Azinuddin et al. (2022a), the significant rise of tourism as a global economic driver has triggered extensive research into its connection with sustainability, underscoring the difficulty of maintaining a balance between environmental conservation and sectoral growth. This is due to the destructive impacts of the industry on nature (Azinuddin et al., 2022b). Therefore, by leveraging their unique resources, and capabilities whilst promoting sustainability, medical tourism enterprises and destinations can enhance their competitiveness and attract more medical tourists, benefiting the entire industry. Overall, the study provides valuable insights that could enable medical tourism providers in Malaysia, Singapore, and Thailand to enhance their competitiveness and appeal to medical tourists from Indonesia. By responding effectively to the demands of medical tourists, providers could increase their market share and position themselves as preferred destinations for medical tourism.

CONCLUSION

Some medical tourists made explicit contrasts between Malaysia, Singapore and Thailand. There were some similarities in perceptions and experiences of medical tourism in Singapore or Thailand in terms of the high medical and travel costs in Singapore. Other limitations were communication barriers, limited availability of halal foods and lack of appropriate knowledge. Even though most believed that both countries provided high-quality medical services and treatment, high costs of medical services, language difficulties, and limited availability of Halal food were significant considerations in medical travel decisions. The limitation of this study is the view of Indonesian patients; therefore, our results may not represent the complete spectrum of medical tourists' experiences in Malaysia, Singapore, and Thailand. However, we are certain that the accounts were written by actual Indonesian medical tourists who had visited Malaysia and were knowledgeable about or had first-hand experience with medical tourism in Thailand and Singapore. Most subjects provided adequate information and detailed feedback, including personal information in narratives about their experiences. Future research could therefore examine the perspectives of medical tourists from other nationalities and contrast them with the results of this study.

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ETHICAL STATEMENT

The research reported in this paper is conducted in accordance with general ethical guidelines in psychology-related research and obtained approval from Research Ethics Committee (REC) Universiti Teknologi MARA (UiTM).

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