

DETERMINANTS OF FOREIGN PATIENTS LOYALTY OF MEDICAL TOURISM IN MALAYSIA: TRUST AND PERCEIVED VALUE AS MODERATORS

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ABSTRACT: *Medical tourism is one of the fastest-growing tourism sectors in the world generally and in Malaysia specifically, which has significantly contributed to the economic development (Han & Hyun, 2015; Heung, Kucukusta, & Song, 2011). Recent studies have estimated that the worldwide medical-tourism industry generates nearly USD 60 billion per year, with a growth rate of about 20% annually (Heung, Kucukusta, & Song, 2011; Liu & Chen, 2013). The main aim of this study was to examine the moderators' effect role of perceived value and trust. Perceived value on the influence of service quality and satisfaction and trust on the influence of satisfaction and foreign patient's loyalty. In addition, satisfaction as mediation between service quality and foreign patient loyalty in Malaysia medical tourism. The study generated a quantitative research, questionnaire data collection purposes, 640 questionnaires were distributed to foreign patients in Malaysia. Out of this number 389 responses were finally found usable for analysis, which shows 60% response rate. Data was analysed using the partial least Squares –structural Equation Model PLS-SEM. Overall, the findings showed that service quality significantly related to foreign patient loyalty in Malaysia. A further result of moderators' role shows that perceived value and trust are success moderators the influence of service quality and satisfaction and trust as moderator between satisfaction and foreign patient loyalty. Also satisfaction showed a positive result between service quality and foreign patient's loyalty. Discussions on the findings is highlighted with the implication and limitation of the study equally provided. This study is unique in term of contributing to the knowledge by investigating perceived value as a moderator between service quality and satisfaction. It also contributes by examining the trust as a moderating variable between satisfaction and foreign patient's loyalty in Malaysian medical tourism. Furthermore, this study contributes to the theory by validating the attributes of Theory of "Self-Regulation of Attitudes, Intentions, and Behaviours" regarding customers 'intention to stay longer in order to create a solid relationship with Malaysia hospitals.*

Keywords: Service Quality, Perceived Value, Trust, Foreign patients' loyalty, Medical tourism

1. INTRODUCTION

Recent studies have estimated that the worldwide medical-tourism industry generates nearly USD 60 billion per year, with a growth rate of about 20% annually [1]. Medical tourists are increasing daily and it has been seen that the wages in the medical tourism sectors have dramatically increased. Therefore, skilled medical workers are highly in demand and hospitals are concerned about maintaining excellent service quality by retaining the best talented, skilled medical staff, otherwise these invaluable staff members would leave the country for better wage rates and added benefits [2]. Medical tourism has grown radically in recent years primarily due to the high costs of treatment in developed countries, long waiting lists at home country, the relative affordability of international air travel, favorable economic exchange rates, and the new technology and skills in destination countries [3]. These factors have changed the game of the medical tourism industry, and with the help of reduced transport costs and Internet marketing, medical tourists are travelling all over the globe without any hesitation and hurdles. Particularly, among the global players in medical tourism includes a few Asian countries such as Thailand, Singapore, India, and Malaysia, which are well known for medical tourism. For example, Thailand is known for the most popular destination for cosmetic surgeries, Singapore is best known for complex surgical procedures, India is best known for its specialization in cardiac surgeries, and Malaysia has been gaining popularity in modern healthcare infrastructure and the presence of highly skilled medical professionals.

Asia can be observed to remain as the top medical tourist destination and there is no doubt that countries like South Korea, Singapore, India, Taiwan, Thailand, Malaysia, Philippines, and Vietnam are competing to provide best service quality and satisfaction to their foreign patients. According to the [4], it was estimated that the market for medical tourism in Asia was valued at exceeding USD 6 billion with an approximation of more than four million medical tourists having visited Asia annually.

According to [5], many developing countries such as India, Thailand, and Malaysia, are promoting medical tourism as First World Treatment at Third World Prices [6]. Furthermore, these countries are recognized as Asian medical tourism destinations and have actively promoted their services to international patients since the 1990s. Seeing medical tourism as an effective way to bring in foreign funds since the Asian currency crisis of 1997, they have loosened regulations, and invested both money and human resources [7, 8]

2 LITERATURE REVIEW

A review of literature on foreign patient's loyalty. It's followed by the discussions related to foreign patient's loyalty and different factors such as service quality, satisfaction, perceived value and trust that are considered to be studied as determinants of foreign patient loyalty. This study critically reviews the factors in the light of previous literature. Therefore, in order to ensure patients are well satisfied, hospitals that are involved with medical tourism need to ensure that their services quality provided to foreign patients are efficient, suitable and beyond patients' demand

and expectations. However in the meanwhile, considering the significance of foreign patients 'perceived value and their trust factors with the medical tourism hospitals can dramatically bring change in foreign patient loyalty.

The medical tourists are mostly tourists from developed countries such as Great Britain, Middle East, USA, Japan, Canada, Western Europe and Australia. People of other countries too are seeking for places in which they can obtain better quality of treatment at reasonable price in addition to the holiday vacation that they can get alongside seeking for medical care.

Regionally Singapore is well developed in term of their medical infrastructure, procedures, practice and is competing against Thailand, Malaysia and India in the provision of medical tourism. In Singapore, many private hospitals are participating in the programs of medical tourism; JCI of USA had awarded international health accreditation to some of these hospitals [1].

There are various developing countries such as India which has a predominant position in the global medical tourism industry because of its rich history, culture, spirituality, mysticism and exotic locales [9].

Furthermore, Malaysia have benefited from the industry of medical tourism, the government of Malaysia has made many efforts to promote healthcare services. Malaysia is now well reputed and is mostly preferred for medical tourists because of the presence of highly advanced health care in addition to the wellness facilities and excellent and efficient medical staff [10].

2.1 Foreign patients Loyalty

Customer loyalty is defined as the customer's intention of long term commitment to make repurchase or intention to revisit in future, the same service provider is patronized [11]. A loyal customer recommends products and service to others through word of mouth [12]. They engage in behaviour that helps company to gain positive brand reputation among the competitors [12].

The success of the hospitals or any service providing organization is solely depend on maintaining patient's loyalty. This study is based on foreign patient loyalty which can be determined by various factors, such as service quality, perceived value, satisfaction, trust and etc. The medical tourism hospitals can only achieve their desired service performance only when they effectively increase their service quality, perceived value, satisfaction and trust to foreign patients [12, 13].

2.2 Service Quality

In services industry the definition of service quality varies. Specifically in medical tourism the definition of service quality is regarded as the evaluation of services related to quality [14]. In the service industry, service quality is considered the backbone of business related success [15]. Service quality is the expected analysis customer services and the services actually offered [16].

Better service quality promotes increased patronage and generated more profits. Like other services, medical tourism is a very sensitive, perishable and intangible industry. When the importance of service quality is considered by foreign tourist patient destination, the management of every

destination will then take into concerns the improvement of service quality. The loyal and satisfied customers can be created with the help of improved services [17].

Conceptualizations of the perceived quality of services differ in the extant literature, but an essential aspect of this concept is the process of evaluating the services offered by a particular company for excellence against alternatives provided by competitors [18].

[19] stated that different studies related to tourism has reversed the target and actor instead of focusing on the tourists as target in the reference that how the service providers are misbehaving through harassments [20]; crime [21] or deception [22]. Considering the study of [23], any industry that offers poor quality of services may be the reason hampering the potential of that business and it may as well results in a switch in customer preference. This also applies to the medical tourism in which foreign patient are likely to visit other destinations when they feel that the destination have failed to provide services quality [23]. One of the major factors that cause switching attitude in business and loss of valued customer is poor service quality from any particular service industry [23]. It is natural that if for instance any particular tourist destination fails to provide better service, then customers will switch to another destination [23].

2.3 Customer Satisfaction as Mediator between Service Quality and foreign patients Loyalty

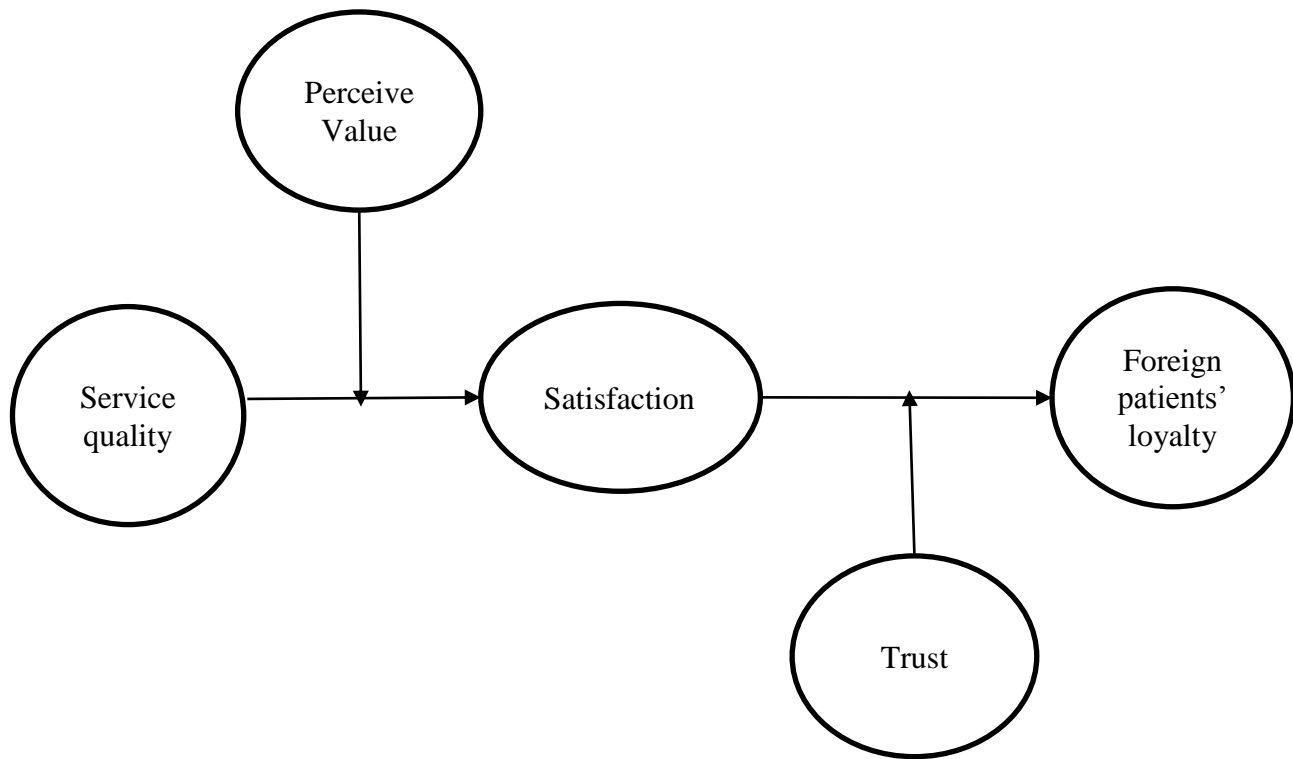
Although many studies [24, 25] have examined the relationship of customer satisfaction, perceived quality services and customer loyalty internationally, very few studies have investigated the mentioned relationship in the Malaysia medical tourism industry. Thus, this study aiming to examine the mediating effect of customer satisfaction towards the relationship between perception on service quality and customer loyalty in medical tourism.

[26] indicated that there is a strong link between service quality and customer satisfaction. It is also believed that customer service is a prerequisite for customer satisfaction [27]. Research in UAE revealed that perceived health care quality has a positive influence on customer satisfaction [28]. [29] who conducted a research among the international patients who received treatment in Penang private hospitals in Malaysia concluded that all service quality dimensions have a positive relationship with customer satisfaction except for tangible dimension . According to [30], overall perceived service quality has a positive relationship with patient satisfaction.

In health care settings, many evidences have also shown that the direct impact exists [31,32]. When customers' perception of service quality are high, the loyalty are favourable, which in turn strengthen their relationship with the organization. In the banking industry, the service quality dimensions are directly and positively related with customer loyalty and their willingness to pay [33]. In the healthcare industry, customer satisfaction is also found to positively affect patient's loyalty [33]. Satisfied Japanese outpatients are willing to return to the same service provider and to recommend services to families and friends [33]. Others [32], indicated that patients overall satisfaction is a notable mediating variable between service quality perceptions and

foreign patients loyalty. The results provide further support to other researches that were conducted by [33, 34, 35] .

mediator between service quality and foreign patient’s loyalty because customer satisfaction plays an active role in



2.4 Perceived Value as Moderator between Service Quality and Customer Satisfaction

Previous studies found that the influence of service quality on customer satisfaction was not only direct but also moderated by perceived value. However, the possible role of perceived value as a moderating variable appears to have received less attention [36]. Few studies have examined the moderating effect of perceived value on the relationship between service quality and customer satisfaction [37]. Others [37], proposed that there was a moderating influence of perceived value on the link between service quality and customer satisfaction. Similarly, [38] empirically examined the moderating effect perceived value on the relationship between service quality and customer satisfaction in the hospitality industry in New Zealand. The findings showed a significant moderating effect of perceived value .

3. METHODOLOGY/MATERIALS

3.1 Research design

A research design is considered to be a framework which helps in making coordination of the marketing research related projects that describe the important methods for getting the necessary information and also help in findings solution of problems related to marketing research [39].

Research approach is considered a planning used as guidelines in order to gather, interpret and analyse data. This is an explanatory study as it attempts to finding the relationship between determinants of foreign patients loyalty in medical tourism in service sector that influenced by antecedents of service quality and customer satisfaction. Additionally, this research uses the customer satisfaction as a

determining foreign patient loyalty. Furthermore, this research will use two moderators’ perceived value and trust. The first moderator is perceived value which moderates between service quality and customer satisfaction and the second moderator is the trust which moderates between customer satisfaction and customer loyalty. Basically, this study is a quantitative research and used questionnaire to gathering data from foreign tourist patients in three states (Kuala Lumpur, Penang, and Selangor) of Malaysia.

3.2 Theoretical underpinning

This study was conceptualize based on [40] self-regulation processes theory in which appraisals processes influencing emotional responses leading coping responses (behavior). Previous research [41] who extended the work of [42] and proposed new framework to evaluate customer loyalty. In addition, [43, 44] self-regulation processes theory to explain service quality, customer satisfaction, perceived value, trust, and customer loyalty.

This study underpinned by self-regulation process theory because of appraisal processes lead to emotional responses, which then lead to coping responses (behavior). Based on this framework and the previous research, regarding the first relationship, service quality and perceived value is proposed to have positive impact on customer satisfaction and trust based on the authors’ prediction. In the second relationship, customer satisfaction and trust is predicted to have positive impact on customer loyalty. In the context of affection, emotions play an important role in customer reaction and engage a vital position in customer behavior [45]. In a modern customer attitude model, emotional responses arbitrated the relationship between cognitive appraisals and

behavioral intentions to a pre-arranged stimulus that proposed by [45] .

Hypothesis development: based on the literature review and also in line with the conceptual framework, the study formulates the follow hypothesis:

H1: Service quality have significant impact on customer satisfaction.

H2: customer satisfaction have significant impact on foreign patient’s loyalty

H3: Customer Satisfaction as Mediator between Service Quality and foreign patients Loyalty

H4: Perceived Value as Moderator between Service Quality and Customer Satisfaction

H5: Trust as Moderator between Customer Satisfaction and foreign patients Loyalty

3.3 Research design

The study applied a cross-sectional research design techniques with quantitative research approach of survey questionnaire (hair et al., 2006) affirmed that both cross-sectional design and quantitative research approach of survey questionnaire are suitable in a social science study like this kind of research. It is faster and easier in terms of gathering information with a limited time

3.4 Population and the sample technique

The target population for this study consisted of the medical tourists coming to Malaysia with the primary intension of seeking medical treatments. Moreover, due to the huge costs and unavoidable time constraints that occurred from this study and the attendant difficulties to get the required respondents as they were scattered in many areas of the Medical tourist destination (Hospitals). This study only considered the medical tourists those who are receiving medical treatments in the hospitals of Kuala Lumpur, Selangor and Penang area .

Multi-stage sampling is a complex form of cluster sampling which contains two or more stages in sample selection. In simple terms, in multi-stage sampling large clusters of population are divided into smaller clusters in several stages in order to make primary data collection more manageable

3.5 Unit of analysis

The unit of analysis for this study is foreign patient’s loyalty (medical tourism Malaysia). It includes all foreign patients those who taken their treatments in Malaysia hospitals.

3.6 Research instrumentation and measurements

First and foremost, all the items were measured through the 5- point Linkert scale of 1= strongly disagree to 5= strongly agree. Secondly, the variables were measured according to what the reflect. For the service quality, it was measured using 55 items adapted from parasuruman 1985 reflected five dimensions of the service quality name as tangibility, reliability, responsiveness, assurance and empathy.

3.7 Data collection procedure

The data collection procedure for this study is self-administered. All the questionnaires for this study were distributed and retrieved through self-administered also called drop-off and pick procedure. Both the questionnaire distribution and its retrieving were done by the researcher. In all, a total of 640 questionnaire was distributed 389 was used.

3.8 The convergent validity: this was used to determine the degree to which the measured constructs correlate positively with a measure of the same construct [8]. It measured the correlation between the formative and reflective constructs. The convergent validity is also determined by examining the loading the composite reliability and the average variance extracted. In this case, items that are high loading factors of 0.7 and with the average Variance Extracted (AVE) of at least 0.5 and the composite reliability of 0.7 are all considered acceptable. Table 1 depicts the loadings, reliability (Cronbach’s alpha) and AVE for this study. It indicates that all items met the acceptable limits as suggested [8,11]. The result in table 1 shows that the measurements model has an appropriate convergent validity as suggested by [11] .

3.9 The discriminant validity analysis

This discriminant validity was to measure the degree to which the group of items were able to distinguish the constructs from other constructs in the model as suggested by [46]. In doing this, it was expected that the items of each construct

Table 1

variables	Items	Outer Loadings	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
Foreign Patient Loyalty	LOY01	0.703	0.825	0.878	0.513
	LOY02	0.777			
	LOY03	-0.044			
	LOY04	0.829			
	LOY05	0.817			
	LOY06	0.795			
	LOY07	0.747			
	LOY08	0.675			
Perceived Value	PV01	0.815	0.862	0.905	0.704
	PV02	0.839			

	PV03	0.852			
	PV04	0.849			
Customer Satisfaction	SAT01	0.703	0.891	0.912	0.534
	SAT02	0.71			
	SAT03	0.675			
	SAT04	0.718			
	SAT05	0.735			
	SAT06	0.751			
	SAT07	0.756			
	SAT08	0.767			
	SAT09	0.76			
	Service Quality	SQASS01			
SQASS02		0.591			
SQASS03		0.656			
SQASS04		0.751			
SQASS05		0.773			
SQEMP01		0.773			
SQEMP02		0.826			
SQEMP03		0.749			
SQEMP04		0.785			
SQREL01		0.583			
SQREL02		0.71			
SQREL03		0.689			
SQREL04		0.77			
SQREL06		0.707			
SQREL07		0.676			
SQRES01		0.656			
SQRES02		0.724			
SQRES03		0.626			
SQRES04		0.674			
SQRES05		0.661			
SQTAN02	0.629				
SQTAN03	0.766				
Trust	TRU01	0.778	0.903	0.921	0.568
	TRU02	0.784			
	TRU03	0.775			
	TRU04	0.71			
	TRU05	0.811			
	TRU06	0.748			
	TRU07	0.811			
	TRU08	0.805			
	TRU09	0.517			

**The structure model, inner model and hypothesis testing
3.10 Predictive relevance of the model**

In addition to assessing the quality of the structural model by considering the R² values and effect sizes, it can also be assessed by using a blindfolding procedure to generate the cross-validated communalities and cross-validated redundancies. Based on the recommendation of [8], cross-validated redundancy is assessed by the PLS-SEM estimates of both the structural model and the measurement models to predict data, which perfectly fit the PLS-SEM approach. If an endogenous construct's cross-validated redundancy measure value (i.e., Q²) for a certain endogenous latent variable is larger than zero, its explanatory latent constructs exhibit predictive relevance. Q² is a criterion to evaluate how well the model predicts the data of omitted cases which is referred to as predictive relevance. According to [48], Stone-Geisse's test is calculated by the following formula: $Q^2=1-SSE/SSO$.

To use blindfolding to obtain Q², [9] recommend that the number of cases in the data must not be a multiple integer number of the omission distance *d*, —otherwise the blindfolding procedure will yield erroneous results, and they suggest choosing a value of *d* between five and 10. Therefore, this study used seven as a value for *d* to obtain cross-validated redundancy measures for each dependent variable.

As suggested by [9], the model will have predictive quality if the cross-redundancy value is more than zero; otherwise the predictive relevance of the model cannot be concluded. Table 4.12 shows that the cross validated redundancy values obtained for customer loyalty and satisfaction at 0.259 and 0.29, respectively. These results support the claim that the model has adequate prediction quality.

Table 4. 1 Predictive Relevance of the Model

Total	SSO	SSE	Q ² (=1-SSE/SSO)
Customer Satisfaction	3,501.00	2,593.13	0.259
Customer loyalty	2,723.00	1,934.67	0.29

4. RESULT DISCUSSION

The purpose of this study is to achieve seven major objectives. The fifth objective is Does customer satisfaction mediates the relationship between service quality and customer loyalty? The sixth objective is Does trust moderate the relationship between customer satisfaction and customer loyalty? And the last research question is Does perceived value moderate the relationship between service quality and customer satisfaction?

This study gathered 389 questionnaires from foreign patient tourists among three stated (Penang, Selangor, and Kuala Lumpur) in Malaysia. To examine the research questions, this study soft modelling statistical software PLS-SEM to analyzed the data. The significant path relationships between factors involved in determining foreign patient’s loyalty among the foreign patients in Malaysia, care and support were distinguished by the structural model.

4.1 Implications and Limitations

Although the current research findings are based on good indicators of the antecedents of foreign patient loyalty, the understanding of foreign patient tourists’ revisit intentions and their behavior remains limited. This research is only limited and surrounds service quality, satisfaction and foreign patient loyalty aspects but the researcher believe that there might be other variables which could make the hospitals more competitive at customer individual level.

In this study there are some other limitation as there are no control variables (socio-demographics) were taken into consideration. For example the control variable such as (age, gender, ethnicity, education, marital status, income level and so on). According to [51], age and education are found to be noticeable segmentation variables.

4.2 Implication

To add to the academic contributions of this study, managerial implications are derived from the findings of this study. The findings of this study revealed several useful implications towards Malaysia medical tourism hospitals. This study will be benefitted to Malaysia medical tourism

hospitals management for improving their service quality as well as service delivery by making customize plan. By have an efficient service delivery plan to the foreign patients tourist the customers loyalty could be improved to the Malaysia hospitals.

On the other hand, Malaysia hospitals managers can use these research findings to develop and implement successful foreign patient’s loyalty strategies in order to achieve their hospitals revenue oriented goals. Valuable insights to hospitals service with respect to perceptions of foreign patients on service delivery are provided by this study. These include suggestions on how to improve those services. In addition, Malaysian hospitals on the regular basis need to improve service quality, as it is an essence for medical tourism in Malaysia, which make the foreign patient satisfied as well as contributing to their loyalty.

There is need for Malaysia hospitals managers to provide service strategies benefitting the foreign patient’s tourist. At the same time need to pay attention to the continuous development of foreign patient loyalty based programs and strategies and make provision of multiple integrated communication channels for them as foreign patients prefer more medical treatments in Asia.

These limitations provide suggestions for further research. This study is concerned with the factors and its impact on foreign patient loyalty on Malaysia medical tourism. There are few recommendation of this study. Firstly, by replicating and extending this study in other regions, states, and countries, would test the applicability of the present findings and would provide a basis for an external validation of the framework developed in this research to understand the cultural and geographical variations of customer behavior particularly on Malaysia medical tourism. Secondly, for future work, it is recommended to investigate the relationship between foreign patient relative attitude and behavioral loyalty by mapping the respondents’ pattern to the level of hospital resonance. Thirdly, is recommended to test all the dimensions of service quality (such as tangibility, reliability,

responsiveness, assurance and empathy) separately in relationship with customer satisfaction and further contributing to foreign patient loyalty. Finally, it is recommended to include bigger sample to generalize the results and have better understanding to the foreign patients' tourist satisfaction and loyalty.

Contributions of the Research

Generally, this study makes several contributions to theory and methodological practice. The following sub-sections discuss each contribution.

4.3 Theoretical Contribution

The theoretical contribution to the knowledge was performed by examining service quality, influence on customer satisfaction leading to foreign patient loyalty. In addition, this study contribute by investigating the mediating effect of customer satisfaction between service quality and foreign patient loyalty. This study is unique in term of contributing to the knowledge by investigating perceived value as a moderator between service quality and customer satisfaction. It also contributes by examining the trust as a moderating variable between satisfaction and foreign patient loyalty in Malaysian medical tourism.

The main contribution of this study to the existing literature is its investigation of the above relationship on foreign patients, within the context of medical tourism in Malaysia, particularly the medical tourism in a developing country, like Malaysia the contribution made by the findings of this study is on the empirical knowledge to improve foreign patient loyalty towards their hospitals service.

This study contributes to the theory by validating the attributes of Theory of "Self-Regulation of Attitudes, Intentions, and Behaviors" regarding customers 'intention to stay longer in order to create a solid relationship with Malaysia hospitals. To the best of the researcher's knowledge, few studies have applied the [12] Theory of Self-Regulation to examine the determinants of foreign patient loyalty in the medical tourism Malaysia. Based on the [18], people examine the kindness of an action; they reward kind action and punish unkind action [30]. In this study, the theory is applied based on customer evaluation of service quality, which will then reflect their satisfaction and ultimately lead to loyalty. It also uses perceived value as moderating variable between service quality and customer satisfaction. And trust as other moderating variable between customer satisfaction and loyalty. Based on the [19] Theory of Self-Regulation, this study contributes the relationships between service quality, perceived value, trust, customer satisfaction and loyalty. The findings from this study support the views that an improved foreign patient's evaluation of kindness and satisfaction, will increase patient loyalty in the long run.

This study contributes to the empirical knowledge towards improving foreign patient loyalty to their service providers. However, this study finds that trust has significant influence on the relationship between customer satisfaction and foreign patient loyalty. This finding does contributes the view of the theory which states that people punish unkind action by ending the relationship if they do trust them. In other words, customers' satisfaction will still churn even with high trust, or dissatisfied customers may not churn even if trust is low. With regards to the medical tourism Malaysia, customers perhaps do not care much about trust in making decision on whether to remain with the present service provider or change to another. This suggests that the influence of trust on the loyalty of customers is varied among different industries.

5. CONCLUSION

This research is extensively discussing the findings. It is critically discussing relationships between the variables which were hypothesized in combination of proposed research question and how the research objectives were achieved. In addition, this research also discussing contribution, limitation and highlight the recommendation for future research for medical tourism in Malaysia. The purpose of this study is to examine the factors influencing foreign patient loyalty among foreign patients in Malaysia. The finding of this study suggested that all the hypothesized relationship were significant towards foreign patient loyalty.

These finding is considered as an addition to the body of knowledge pertaining to the importance of higher levels of foreign patient loyalty in the Malaysia medical tourism. It also suggests that the managers of the Malaysia hospitals should employ more cogent strategies on foreign patient loyalty, since retaining existing patients is more cost effective than attracting new ones. These findings will be helpful for Malaysia medical tourism to emphasize on foreign patient loyalty by strategizing and ensuring foreign patient loyalty in the Malaysian hospitals. It is vital that Malaysia medical tourism should take serious note of initiatives to improve service quality and customer satisfaction. In specific Malaysian tourism industry required to focus on patient's perceived value factor to attain customer loyalty.

In sum this research is in line with the context of the previous studies and research. It shows that all the research objectives were achieved. The specific individual implications of the findings as well as the general study implications were discussed in order to describe their significance from the context of researchers and academicians. These research framework and settings can also be used in other industries as an explanatory model for other services sectors.

In conclusion, the current study provides important implications for both practitioners, academic researchers as well as industries from the perspective of medical tourism.

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