

The Relationship Between Push and Pull Factors and Intention To Visit Muslim-Friendly Hospitals For Medical Tourism Among Malaysian Muslim Consumers

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Abstract

Muslim-friendly medical tourism holds great potential in assisting with the post-covid efforts for the country. As of current literature, there is no prior research on what drives Malaysian Muslim consumers to visit Muslim-friendly hospitals. This study proposed the effects of push and pull factors on the intention to visit Muslim-friendly hospitals for medical tourism. A structured questionnaire was designed and distributed to 400 respondents who were sampled through multistage random sampling throughout the five zones in Malaysia; North Zone, East Zone, West Zone, South Zone, and Borneo Zone. Multiple regression analysis was used to analyse the data in order to examine the relationship between the push factors (religiosity and novelty-seeking), pull factors (Islamic attributes of hospitals) and the intention to visit Muslim-friendly hospitals for medical tourism. The result of the analysis indicated that religiosity and Islamic hospital attributes are the main push and pull factors that respectively predict the consumer's intention to visit Muslim-friendly hospitals for medical tourism. Novelty-seeking, however, was found to not be able to predict the intention. This study can serve as a framework to enhance Malaysia's Muslim-friendly hospitals to cater to medical tourists, both locally and internationally. The findings of this research can also contribute to the government and industry players in their post-COVID efforts to revive the local medical tourism industry and subsequently boost the Malaysian economy.

Keywords: muslim-friendly hospital, push and pull motivation factors, religiosity, islamic attributes, visit intention

1.0 Introduction

In the past few decades, medical tourism has shown significant development all over the world. According to a report by one of the industry's leading journals, Medical Tourism Index™ (MTI), it is

estimated that the market for universal medical tourism and travel could reach approximately 3 trillion USD by 2025, with growth projected at 25% annually. The medical tourism market has also been remarkably prominent in developing countries, especially in the Asia-Pacific region, where it has become popular to travel for healthcare reasons (Dewi & Ayuningtyas, 2019). Mentioned countries that participated in this drive includes those in South East Asia such as Thailand, Malaysia, and Singapore.

Ever since its initiation, medical tourism has always been a lucrative industry in Malaysia. This was proven by the fact that the country experienced the number of international medical tourists doubling from 643,000 to 1.2 million people between 2011 and 2018 from various countries across the world (Tatum, 2020). A profound market segment in this field that thrived is Muslim medical tourists, where the numbers are growing rapidly and are among the main market targets (Ryan, 2016), especially in Malaysia. This is due to Malaysia's being the core medical hub for medical tourists from various Muslim countries, mainly the Middle East and Indonesia, as it emphasises Islamic credentials by providing halal products and services for Islamic practices (Ormond, 2011; Henderson, 2014).

However, the world economy was devastatingly affected by the COVID-19 outbreak in late March 2020, which resulted in 6 million cases worldwide (World Health Organization, 2020). It impacted all the industries, especially the travel and tourism industries, as lockdowns and movement control orders were set to deter the spread of the pandemic. Travelling was banned and tourism, including all the other sectors, was temporarily halted, causing a negative impact on the global economy. Malaysia, among the countries greatly affected by the pandemic as well, recorded a loss of about RM3.37 billion in the first two months of 2020 (Dzulkifly, 2020), which includes the cancellation of tour packages, airlines, and hotel reservations (Aldaihani & Ali, 2018).

Following the downside of the pandemic, Malaysia too has been making efforts to revive medical tourism. It has already been recognised by Ahmad Shahizam Mohd Shariff, KPJ president and managing director, that efforts to revive domestic and international medical tourism are vital to revive Malaysia's economy (Chin, 2021). While discussions have been held on medical tourism generally, another notable field of medical tourism that could help in the efforts, considering Malaysia is a country with Islam as the majority of the

population, is the development of Muslim-friendly medical tourism. In Malaysia itself, there are more than 40 hospitals providing Muslim-friendly medical treatment and services for both local and international patients, focused on big cities such as Kuala Lumpur, Selangor, Johor Bahru, and Penang (Rahman, Zailani, and Musa, 2017). Despite the high demand for Islamic medical tourism, there is little focus on it and little research on how Muslim-friendly medical tourism can aid in post-COVID efforts.

This research notes to see if religiosity, novelty-seeking, and Islamic attributes contribute to the intention to visit Muslim-friendly hospitals among Muslim consumers for medical tourism in Malaysia using the push and pull motivation theory. The hypothesis in this study is as follows:

H_0 1: There is no significant relationship between religiosity, novelty-seeking, Islamic attributes, and the intention to visit Muslim-friendly hospitals among Muslim consumers for medical tourism.

2.0 Literature Review

According to Connell (2006), medical tourism is always associated with the international travel of medical patients; that is, medical tourism is when individuals travel long distances to a foreign country to receive medical, surgical, or dental care while on vacation. However, medical tourism is also defined as the international and domestic travel of patients seeking medical treatment in another state or country (Hudson & Li, 2012). In the context of this study, the respondents' intention to travel to another/neighbouring state for medical treatment is considered medical tourism, given that, according to research by Rahman, Zailani, and Musa (2017), hospitals offering Muslim-friendly services in Malaysia are primarily concentrated in the urban centers of Kuala Lumpur, Selangor, and Johor. In addition, the consumer's primary motivation in medical tourism is to obtain specialised medical care, with travel elements serving merely as a means of acquiring the aforementioned services (Singh, 2013). Although a great deal of research has been conducted on various aspects of medical tourism, very little has been conducted on Muslim-friendly medical tourism.

For this study, the intention to visit Muslim-friendly hospitals is studied by examining its motivation factors using the push and pull motivation theory by Crompton (1979). Crompton (1979) explained that

tourists travel because 1) they are pushed by their intrinsic drives and 2) they are pulled by the external drives of a certain destination. Concisely, the concept of push and pull factors is that tourists travel due to being pushed by their internal forces and pulled to a destination by their external forces (Mohammad & Som, 2010). The push factor is seen as the socio-psychological factor that serves as the antecedent to the pull factors of the destination, as desire precedes choice of destination (Crompton, 1979; Dann, 1981). In other words, first the tourists are pushed by their inner desire and need to travel, and then they are pulled to the destination of choice based on its attributes that satisfy their desire and needs (Whyte, 2017). Within tourism research, the push and pull motivation theory is frequently used to explain why tourists visit a certain destination (Crompton, 1979; Chan, Yuen, Duan & Marafa, 2018; Dean & Suhartanto, 2019), but not much focus has been given in the Islamic medical tourism field. To determine the Muslim consumer's intention to visit Muslim-friendly hospitals for medical tourism, the push factors chosen for this study are religiosity and novelty-seeking, while the pull factor is Islamic attribute.

Religiosity is one of the key cultural factors that influences the behaviour of an individual (Eid & El-Gohary, 2015). It indicates the attitude and value of an individual when carrying out activities in their lives based on the concept of their religion (Zamani-Farahani & Musa, 2012). For this study, the focus is on Islamic religiosity as it is related to Muslim-friendly medical tourism. Religiosity is divided into two dimensions, namely Islamic beliefs and Islamic practices (Eid & El-Gohary, 2015; El-Gohary, 2016). An individual's Islamic beliefs refer to one's beliefs regarding Islam and its values, such as an individual's belief in the importance of their religion. On the other hand, Islamic practice refers to how the Islamic rituals are practised in daily life, such as praying five times a day. Zamani-Farahani and Musa (2012) also stated that religiosity is one of the most significant cultural forces that influence behaviour. They affirm that Islamic belief refers to a Muslim's belief in Allah SWT, Prophet Muhammad SAW, and values based on the Quran and Hadiths. Islamic practice focuses on Muslims' conducting prayers on time and regularly reciting the Quran. Besides that, studies have also indicated that religion has long been one of the strong motivations for travel (Battour, 2018) and also a significant predictor of intention in the Islamic context (Jalasi & Ambad, 2020; Usman, Chairy, & Projo, 2021).

Novelty seeking is an important factor in triggering consumer motivation and desire for novelty and the stimulus from something they have yet to experience (Lee & Crompton, 1992; Chang & Hsieh, 2006). As Crompton and Lee (1992) outlined its four constructs: thrill, boredom alleviation, adventure, and surprise, it is essential to tourist motivation and influences their decision making. Some literature also links it to variety-seeking as it involves the tendency to switch between the usual products and experiences to something newer and more thrill-seeking (Sevilla, Lu & Kahn, 2019). In tourism, especially in Asia, tourists are more than willing to try and take risks in experiencing new products and services (Berlyne, 1966). Novelty-seeking is also considered a distinctive tourist behaviour, which explains their desire to explore or their preferences in experiencing new things, and this can be distinguished from their viable and steady personal characteristics. (Mak, 2015). Som, Mohammad, and Ibrahim (2010) stated that tourists want to experience new things outside of the usual norm. Many studies have been done showing that novelty-seeking influences intention in the tourism context (Pujjastuti, 2020; Zhang, Li, Liu, Shen, & Li, 2020; Drake, Crawford, Deale, & White, 2021). In terms of Muslim-friendly medical tourism, novelty-seeking refers to medical tourists' wanting to have a new experience in getting their medical treatment abroad or locally, out of their home or comfort-zone, in Muslim-friendly hospitals, in contrast to the usual conventional hospitals.

For the purposes of this study, the Islamic characteristics of the hospital include the availability of halal food, the separation of female and male staff during treatment, the agreement of non-Muslim donors with patients and families, the provision of advanced prayer facilities, and the availability of Shariah-compliant toilets at the medical facility. According to Battour and Ismail (2014), the Islamic attributes of a destination are determined by three factors: the availability of halal food, access to worship facilities, and the manifestation of Islamic morals and values. In general, Muslim medical tourists are influenced by their observance of Islamic teachings for their tourism activities (Battour, Ismail, & Battor, 2011). However, in this instance, their selection may be influenced by their desire for a Muslim-friendly environment. The research also confirmed that Islamic characteristics play a significant role in the travel decisions of Muslims. The availability of these characteristics may influence their decision to seek medical care in a hospital that welcomes Muslims. In addition, Razzaq, Hall, and Prayag (2016) found that religious characteristics such as the

availability of worship facilities, Islamic dress codes, halal-certified food, a Muslim-friendly environment, and the call to prayer significantly attract Muslim tourists. Studies have also demonstrated that Islamic characteristics have a significant impact on tourists' intentions to travel to Muslim countries and locales (Aji, Muslichah, & Seftyono, 2021; Reisinger, & Crofts, 2021).

Figure 1 shows the conceptual framework for this research, based on the push and pull theory by Crompton (1979) as the foundation for literature regarding the visit intention to Muslim-friendly hospitals. In this framework, three variables are tested, where two variables under the push factor, namely religiosity and novelty-seeking, and one variable under the pull factor are the Islamic attributes of the hospital, while intention to visit represents the dependent variable.

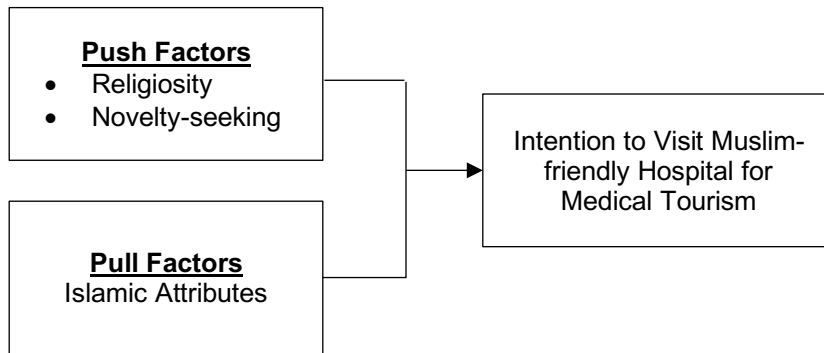


Figure 1 : Conceptual Framework on Research

3.0 Methodology

A total of 400 respondents were chosen to participate in this study, which is aligned with the statements made by Krejcie and Morgan (1970), that for a population that exceeds 1 million, the sample should be more than 384. To clarify the probability of a 50/50 fraction for a population of 10,177,028 people, a sample size of 384 people is necessary to achieve a 95% confidence that the sample estimates are in the range of $\pm 5\%$ of the actual population. Furthermore, in determining the number of respondents for each state, the method used is a probability technique corresponding to the population size. The calculation is shown in Table 1.

Table 1 : Respondents According to States

States	Population of Muslims	Respondents (%)	Total
Selangor	$3,161,994/10,177,028 = 0.3991$	0.3107×400	124
Kedah	$1,504,100/10,177,028 = 0.1478$	0.1478×400	59
Kelantan	$1,465,388/10,177,028 = 0.1440$	0.1440×400	58
Johor	$1,949,393/10,177,028 = 0.1915$	0.1915×400	77
Sabah	$2,096,153/10,177,028 = 0.2059$	0.2059×400	82

This research's respondents were selected using a multi-stage probability sampling method. First, the five states with the largest Muslim population were selected based on data from the Department of Statistics Malaysia (2010); second, a district was selected from the five states; third, the housing area; and finally, respondents were chosen. One state was selected from Malaysia's five zones. Kedah was selected to represent the North Zone in Peninsular Malaysia; Kelantan the East Zone; Selangor the West Zone; and Johor the South Zone. For East Malaysia, Sabah was selected. According to zones, these were the states with the highest Muslim population. For the second sampling phase, two districts were selected from each state. For the third stage of sampling, the names of residential areas were obtained from the District Council and Municipal Council of each state, and one residential area from each district was chosen to represent it.

The population of this study were Muslim consumers in Malaysia, consisting of those living in all the states mentioned above. The criteria set for respondents were consumers who are Muslims, aged 18 or older, working and have medical insurance. Respondents were chosen with these criteria to ascertain that they are able to make sound decisions regarding their intention to visit a Muslim-friendly hospital as most of them are private establishments. A systematic random sampling technique was utilised to obtain respondents in the mentioned residential area of the study. In systemic sampling, according to Acharya, Prakash, Saxena, and Nigam (2013), one in every n^{th} item is selected, and the n is determined by the division of the number of items within the sampling frame by the desired sample size. The initial point is randomly selected, then every n^{th} number on the list is chosen. For this research, it was determined that respondents would be selected from every 5th house. From each selected house, only one member of the household was selected to represent the individual.

This is a quantitative study where data was collected using a self-administered questionnaire collected during the COVID-19 pandemic from 15 June 2021 to 15 August 2021 and comprised of five sections. The first section consisted of the demographic background of the respondent, such as their gender, age, ethnicity, income, marital status, income, job, and ownership of medical insurance. The other sections compromised on the respondent's religiosity (Mahudin, Noor, Dzulkifli, & Janon, 2016), novelty-seeking (Kim & Kim, 2015), Islamic attributes (Zailani, Ali, Iranmanesh, Moghavvemi, & Musa, 2016), and intention (Das & Tiwari, 2020; Chaulagain, Pizam, & Wang, 2021). The instruments were developed based on their previous studies and for this research, they have shown high reliability with their Cronbach's alpha coefficients of more than 0.60 where religiosity ($\alpha = 0.97$), novelty-seeking ($\alpha = 0.98$), Islamic attributes ($\alpha = 0.96$) and intention ($\alpha = 0.98$). According to Nunnally and Berstein (1994), an Alpha Cronbach's value that is higher than 0.6 has an acceptable index and high reliability. Factor analysis was also run to determine validity for the variables of religiosity, novelty-seeking, Islamic attributes, and intention where their eigenvalues are 7.90, 5.34, 4.25, and 4.70 respectively.

4.0 Findings

Based on Table 2, a survey of 400 respondents aged 18 and older was conducted. The results indicated that the majority of respondents were female (64.3%), as opposed to males (35.8%). Their age group, on the other hand, indicates that the majority of respondents were over the age of 20, as only four of them were under the age of 20, as the study consisted of employed consumers. The majority of them are between the ages of 21 and 30, followed by those between the ages of 31 and 40. The majority of respondents were Malay (95.3%), followed by Dusun and Bajau (4.3%). The majority of respondents (58.8%) hold a bachelor's degree, followed by those with a STPM/Matriculation/Diploma (21.5%). The majority of respondents are employed in the private sector (43.5%), while 35.8% are employed in the government sectors. The majority of respondents (45.8%) earned between RM2000 and RM4000 per year, with those earning less than RM2000 following closely behind.

Table 2 : Demographic Background of Respondents

Variable	Respondent Information	Frequency n=400	Percentage (%)
Gender	Male	143	35.8
	Female	257	64.3
Age	<20 years	4	1
	21-30 years	168	42
	31-40 years	150	37.5
	41-50 years	56	14
	>51 years	22	5.5
Race	Malay	381	95.3
	Chinese	2	0.5
	Indian	0	0
	Others	17	4.3
Education	SRP/PMR/PT3	1	0.3
	SPM	26	6.5
	STPM/Matriculation/Dip.	86	21.5
	Bachelor's Degree	235	58.8
	Masters/PHD	52	13
Job	Self-employed	83	20.8
	Government Sector	143	35.8
	Private Sector	174	43.5
Income Level	<RM2000	81	20.3
	RM2001-RM4000	183	45.8
	RM4001-RM6500	78	19.5
	RM6501-RM8500	31	7.8
	>RM8501	27	6.8

Table 3 indicates the mean values of all the variables in this study, ranging from 4.15 to 5.45. Correspondingly, Islamic attributes yielded the highest mean score (5.45) with standard deviation of 1.576. This was followed by novelty-seeking (M = 5.23) with a standard deviation of 1.549. The third score is generated by the visit intention with a mean of 5.00 and a standard deviation of 1.830. Religiosity (M = 4.15), with a standard deviation of 0.798, has the lowest mean score. The findings show that Islamic attributes are moderately high.

Table 3 : Descriptive Analysis of the Variables

Variable	Mean Score	Standard Deviation
Religiosity	4.15	0.798
Novelty-seeking	5.23	1.549
Islamic Attribute	5.45	1.576
Visit Intention	5.00	1.830

Note: Scale range 1-7, except for religiosity (1-5)

Results from a multiple linear regression analysis are shown in Table 4, showing which variable is used to identify the most important predictor of visit intention. Table 3 shows the model of correlation between the push and pull factors and the intention to visit. A significant regression equation was found ($F_{3,396} = 145.569$, $p = .000$), with an adjusted R^2 of .524. According to Cohen (1988), only 52% of the model can explain visit intention, indicating that the relationship is moderate. The model is also found to be significant ($p < 0.01$), so H_{01} is rejected.

Among the three variables shown in Table 4, only religiosity ($\beta = 0.362$, $p = 0.000$), a push factor, and Islamic attributes ($\beta = 0.321$, $p = 0.000$), a pull factor, were found to be significant predictors of intention to visit. This means that an individual's religiosity acts as the intrinsic desire that pushes them to seek Muslim-friendly hospitals for their travel to obtain medical treatment. On the other hand, Islamic attributes available at the hospitals act as the attraction that pulls them to travel there for treatment.

Between the two variables, religiosity is found to be the most important predictor of visit intention, given its higher beta value. The result of this study is aligned with a previous study by Jalasi & Ambad (2020), which states that religiosity influences Muslim tourists' intention to visit a Muslim-friendly establishment for their travel. It also supports the outcome of a previous study by Sudigdo, Khalifa, and Abuelhassan (2019) that Islamic attributes influence the decision-making to visit a certain destination. The finding of this study also implies that religiosity and Islamic attributes positively influence the intention to visit Muslim-friendly hospitals.

Novelty-seeking ($\beta = 0.108$, $p = 0.069$), however, was found to not influence the intention to visit Muslim-friendly hospitals for medical tourism. The result is consistent with a study by Kewina, Adam, and Abdul Azez (2021) stating that novelty-seeking does not influence the intention to visit Egypt as a medical tourism destination. However, the result was inconsistent with studies by Pujiastuti (2020) and Zhang, Li,

Liu, Shen, and Li (2020) stating that novelty-seeking influences the intention to visit.

Table 4 : Visit Intention Factors

Variables	Unstandardized Coefficients (B)	Standardized Coefficients Beta	t	Sig.
(Constant)	-5.720		-3.392	0.001
Religiosity	0.415	0.362	6.792	0.000*
Novelty-seeking	0.106	0.108	1.826	0.069
Islamic Attributes	0.373	0.321	5.352	0.000*

R=0.724; R²=0.524; Adjusted R²= 0.521; F=145.568; Sig. F=.000; *p<0.01

5.0 Conclusion and Recommendations

To enhance the framework of the study, the research aims to find out how the push factors (religiosity and novelty-seeking) and pull factor (Islamic attribute) influence the intention to visit Muslim-friendly hospitals for medical tourism. The findings have indicated that the push factor (religiosity) and pull factor (Islamic attribute) positively influence the intention to visit Muslim-friendly hospitals among Malaysian Muslim consumers. There has been no study conducted specifying the intention to visit Muslim-friendly hospitals for medical tourism; however, the result is consistent with studies by Prajawati (2020) and Rahayu (2018).

The key findings have also shown that the biggest predictor of the intention to visit Muslim-friendly hospitals for medical tourism is religiosity. This result is aligned with the findings of previous studies using the same variable. In Islam, religiosity affects an individual's life goals as Muslims make choices and carry out daily lives according to the will of Allah, based on Al-Quran and Hadiths. Thus, for Muslim consumers, their intention is based on their commitments to fulfil their religious commands. Muslim consumers also tend to be more meticulous in deciding the use of goods and services because of the religious obligations that govern all their decisions (Hassan & Harun, 2016). Religiosity can guide Muslim tourists' intentions for their travels, which supports the study conducted by Jamal and Sharifuddin (2015), denoting a positive relationship between religiosity and intention. Therefore, religiosity is a factor that should be considered in studies relating to Muslim-friendly medical tourism.

Due to the ongoing COVID-19 pandemic, all countries globally are slowly making recovery and opening borders to medical tourists while coping with the after-effects. This research also holds significant implications for the government and private medical sectors on how Muslim-friendly medical tourism can attract Muslim medical tourists both domestically and internationally, as it is not only a lucrative market but can play an important role in encouraging post-covid destination revival efforts.

The findings of this study will aid in the development of a Muslim-friendly medical tourism framework, as well as guide marketers and policymakers in their efforts to facilitate the reopening of medical tourism, which will cater to both incoming international tourists and locals from other states seeking medical treatment. Muslim-friendly hospitals, for example, can expand opportunities by providing more medical services that can help patients fulfill their religious obligations while undergoing treatment. These services can include shariah-compliant work flows from registration to discharge; spiritual elements integrated into the work process (prayer before and after surgery or treatment), and the availability of religious officers to assist patients with their religious needs. This can help raise Malaysia's profile as one of the world's leading halal hubs while also promoting the country as a medical tourism destination.

Acknowledgements

This research was supported by the Ministry of Higher Education Malaysia, Fundamental Research Grant Scheme (FRGS) "Formulating a new consumer protection framework for the fourth industrial revolution towards realising society 5.0" FRGS/1/2019/SS06/UPM/02/5.

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