

## A Model for Accelerating the Growth of Health Care Tourism in Malaysia

*Osaro Aigbogun, Sadoun Naser Yassin, Zeeshan Shoukat*  
(Binary University of Management and Entrepreneurship, Malaysia)

**Abstract:** This study focuses on the development of Health Care Tourism Industry in Malaysia in its present status and present model factors that shall propel the dimension of the industry to greater heights for the future. The study capitalized on the investigation of the factors that have impact in sustaining Health Care Tourism and its ability to develop this vital sector by increasing the therapeutic ratio of tourists. On examining the relationship between each independent factor and Health Care Tourism, a significant positive relationship was found for all the six independent factors and their association with Health Care Tourism in Malaysia. A further study was conducted through the multiple regression to check whether Health Care Tourism was dependent on the six independent factors. The findings revealed that Health Care Tourism was significantly dependent on the six factors (Ministry of Health Policies, Ministry of Tourism Roles, Borders and Consulates, Private Hospitals/Allied Health Care Services, Associations strategies and Agencies services).

**Key words:** health care; tourism; health care tourists; health care model

**JEL code:** I19

### 1. Theoretical Background

Health Care is a term used to describe services provided to a population in order to maintain health and prevent and cure diseases. Health Care has so many dimensions (Human, Technological, Economic, Political, etc). Health Care Tourism, which involves the consumption of health care in foreign land is a global phenomenon that encourages the global growth in the flow of patients and health care professionals as well as health care technology, capital funding and regulatory regimes across national borders thus giving rise to new patterns of consumption and production of health care services over recent decades.

Health Care Tourism is a broader notion which is in part related to Medical Tourism and has sometimes in some literature being used as a combined phenomenon, however, the usage of Health Care Tourism in this research encompasses medical tourism which is delimited to organized travel outside one's natural health care jurisdiction for the enhancement or restoration of the individuals health and well being in mind and in body.

Trends in Health Care Tourism have led to a global competition which is emerging in the health care industry.

---

Osaro Aigbogun, B.Pharm, Pharm.D, MBA, Binary University of Management and Entrepreneurship; research areas: globalization, health care tourism, pharmaceutical logistics and supply chain management, finance and investment models. E-mail: [osaro.aigbogun@gmail.com](mailto:osaro.aigbogun@gmail.com).

Sadoun Naser Yassin, Ph.D., Professor, Binary University of Management and Entrepreneurship; research areas: globalization, islamic investment models, Islamic banking and finance, economic systems, economics and management of small scale enterprises. E-mail: [sadounnasser@gmail.com](mailto:sadounnasser@gmail.com) and [sadounnasser@yahoo.com](mailto:sadounnasser@yahoo.com).

Zeeshan Shoukat, Doctorate in Business Administration (Candidate), Binary University of Management and Entrepreneurship; research areas: quality assurance and quality control, international collaboration and business development. E-mail: [shani\\_usa81@yahoo.com](mailto:shani_usa81@yahoo.com).

In the times past, wealthy patients from developing countries have long traveled to developed countries for high quality medical care. However, there is a reverse in trends in which growing number of less-affluent patients from developed countries are traveling to regions once characterized as “third world”. These patients are seeking high quality medical care at affordable prices. Many of these health tourists are not wealthy, and many are without health insurance but are seeking high quality medical care at affordable prices. To meet the demand, entrepreneurs are building technologically advanced facilities outside their countries, using foreign and domestic capital.

On the other hand, many of these health tourists simply embark on the venture to get away from their immediate environments to explore and have a minor procedure or check up and a holiday at the same time. Many of the health tourists are encouraged by the availability of cheap airline seats offered by no-frills carriers, and those who opt for more comfort and also reap treatment savings from surgery, treatments and other health care interventions particularly in the Asian region.

According to the August 2008 Deloitte Consulting Publication<sup>1</sup>, an estimated 750,000 Americans sought treatment abroad in 2007, and due to the prevailing economic instability, this number could increase 10 times in the next decade.

Health Care Tourism in Asia is increasingly becoming a top priority of the economic agenda of some Asian Countries like, Malaysia, Singapore, India, and Thailand. Approximately 50 countries are presently active in this industry worldwide while Asia now has one of the fastest growing Health Care Tourist populations in the world.

The cost of surgery in some Asian Health Care Tourism destinations like India and Thailand is approximately one-tenth of what is paid either in the United States<sup>2</sup> or in Western Europe (this includes round trip airfare and a vacation package built in) therefore due to this trend, Asia’s Health Care Tourism Industry is poised to surge to USD 4.4 billion by 2012<sup>3</sup>. Singapore was the fore- runner in this industry in Asia followed by Thailand and subsequently Malaysia since 1993 and India being the other contender fortifying its image with Apollo and Fortis Group of hospitals supported with extensive research back-up from its medical universities<sup>4</sup>.

In recent years, Malaysia’s economic reforms have given a big push to the tourism sector. Tourism today is projected as an engine of economic growth and an instrument for eliminating poverty, solving unemployment problems and opening up new fields of activities. New opportunities are being tapped to promote economic, adventure, rural, postage, wildlife, health and herbal therapy including Health Care Tourism.

The increase in the inflow of Health Care tourists to Malaysia can be deduced to the following facts:

(1) Just like with other countries in Asia, such as Singapore, Thailand, India, and China, Health Care Tourism Sector in Malaysia started with remarkable brand and growth rate.

(2) The growing demand for Health Care services in Malaysia is based on Malaysian hospitality, culture, historical experience and affordability when compared with some other destinations.

(3) The importance of the demand-Pull factor for the need of a model for accelerating growth of health care tourism in Malaysia in the next five year plan (2016-2020) of the present regime.

In the light of these, Malaysia is starting to make its mark as an affordable yet sophisticated healthcare hub in Asia. Joining the ranks of their counterparts in Singapore and Thailand, many local private hospitals in Malaysia

---

<sup>1</sup> Deloitte Consulting Publication (2008), Center for Health Solutions, “Medical tourism consumers in research of value”, p. 3.

<sup>2</sup> Ibid

<sup>3</sup> International Business Wikia, “Medical healthcare tourism”, available online at: <http://internationalbusiness.wikia.com/wiki>.

<sup>4</sup> Heng, Leng, C. (2007). “The emergence of a transnational healthcare service industry in Malaysia”, Asia Research Institute, National University of Singapore.

now have counters, staff, Health Care packages and special arrangements (such as accommodation and travel) to cater to foreign patients.

According to Aniza et al. (2009)<sup>5</sup>, Malaysia has a great potential of becoming a giant in the Health Care Tourism industry provided appropriate and timely actions are taken towards achieving it. In achieving this feat, the negative impact must not be ignored or overlooked; instead it must be thoroughly studied and rectified. Malaysia needs to attract more patients from surrounding Southeast Asian countries, Europe, the Middle East, United States of America and Canada.

In implementing the various strategies and achieving the goals set for the development of the Health care Tourism sector, the Malaysia Healthcare Travel Council (MHTC) was established by the Government of Malaysia to formulate strategic plans for the promotion of healthcare travel services and to spearhead the promotional activities for the Malaysian healthcare travel industry. Serving as a focal point on all matters relating to healthcare travel, MHTC works closely with the Association of Private Hospitals Malaysia (APHM) and all relevant government agencies and private bodies in ensuring quality care and facilitating smooth entry for healthcare travelers. MHTC uses the “Malaysia Healthcare” brand in its promotional activities and carries its website at [www.myhealthcare.gov.my](http://www.myhealthcare.gov.my) to assist visitors with all relevant information needed<sup>6</sup>.

## **2. Questions of the Study**

(1) What are the proper performances of both government roles and policies with private organizations services and strategies relation to Health Care Tourism in Malaysia?

(2) What is the relationship between the model variables and Health Care Tourism in Malaysia?

(3) What are the roles of Borders and Consulates in the promotion of Health Care Tourism in Malaysia?

## **3. Objectives of the Study**

The main objectives of this research will be to determinate the effective factors for attracting Health Care Tourists in Malaysia, which are summarized as follows:

(1) To identify the proper performance of both government roles and policies with private organizations services and strategies in relation to Health Care Tourism in Malaysia;

(2) To determine the relationship between the model variables and Health Care Tourism in Malaysia;

(3) To evaluate the roles of Borders and Consulates in promoting Health Care Tourism in Malaysia.

## **4. Study Outcome/Implications**

The purpose of this study is to identify the key factors influencing Health Care Tourism industry in Malaysia, identify specific actions required to improve and develop these factors as well as recommend policies to encourage Health Care Tourism and develop a new model for accelerating the development of this industry geared towards the achievement of a high income Malaysian economy by the year 2020. Also to consolidate the effort between government and private sector to give a good picture of the Health Care Tourism in Malaysia to the

---

<sup>5</sup> Aniza et al. (2009). “Healthcare tourism in Malaysia: The strength and weaknesses”, *Journal of Community Health*, Vol. 15, No. 1, pp. 11-17.

<sup>6</sup> Association of Private Hospitals (APHM), *International Healthcare Conference and Exhibition 2011*, Malaysia, available online at: <http://www.aphmconferences.org/aphm.asp>.

public and the international community.

## 5. Methodology

The methodology employed in this study focused on developing a model with the factors that affect the dimensions of the Health Care Tourism Industry in Malaysia with a view to propelling it to greater heights for the future.

The factors identified were coined from extensive and in-depth review of secondary sources thereby identifying factors being adopted and manipulated by other popular Health Care Tourism destinations. The products and services they provide and the strategy they adopt may be the significant factor to the success achievement in Malaysia.

## 6. Research Design and Approach

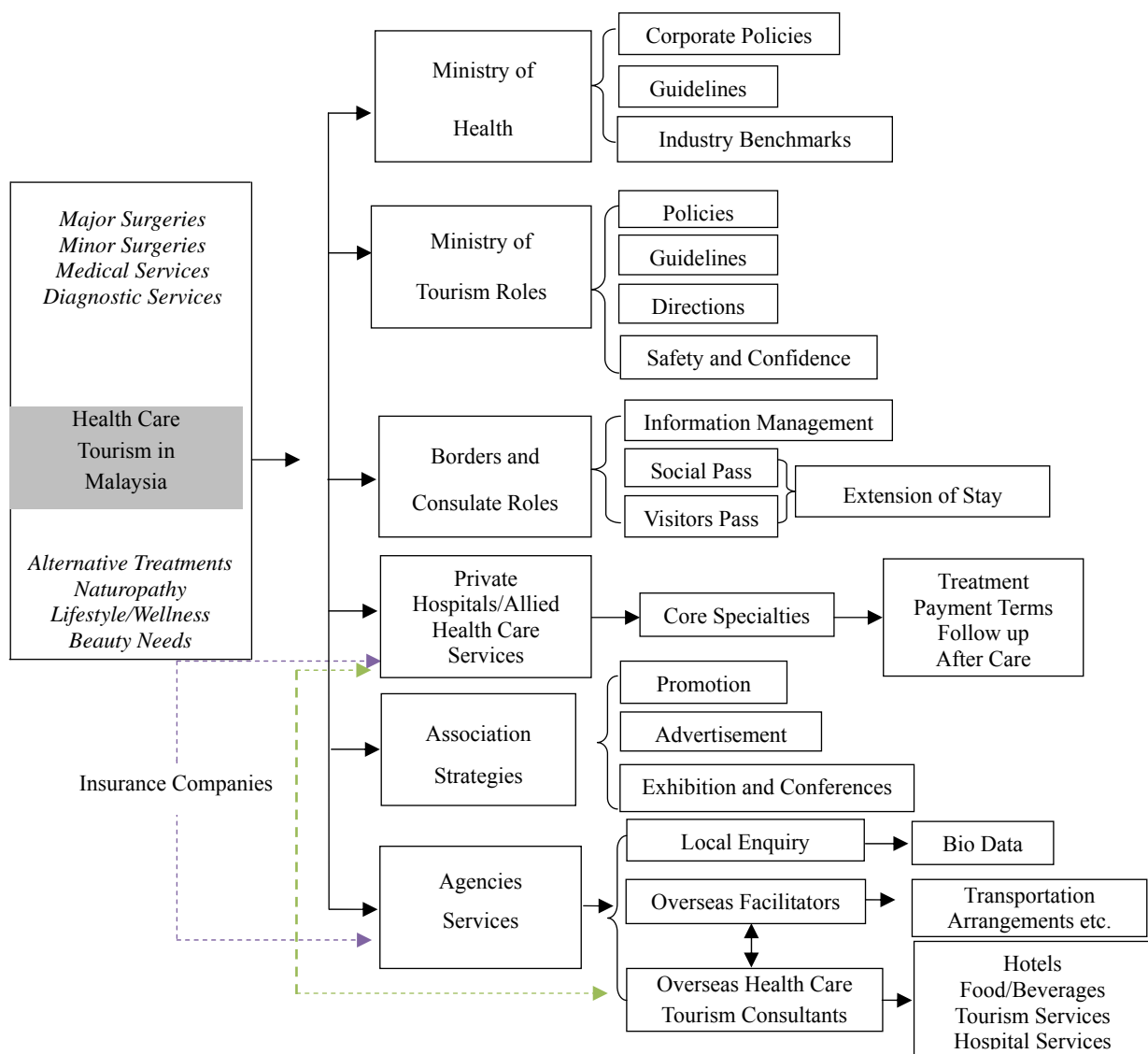


Figure 1 Research Model

The basis of the study involved the design of a model with component factors and the evaluation of these factors to accelerate the growth of health care tourism in Malaysia. In doing this, both primary and secondary research was conducted driven by the study research questions and the state of knowledge in the area being studied. Consequently, the research was designed to achieve the objectives set out for the research. The study is basically a descriptive and causal study. The descriptive method was undertaken due to its suitability for the given objectives of the study. Furthermore, the descriptive method employed in the research aided in the gathering of data as well as the exploration of the relationships between the different variables explored in this research.

In this research we used both qualitative and quantitative methodologies, then employed analytical techniques and processes to review the data gathered from the survey conducted.

## **7. Elaboration of Core Variables**

### **7.1 Ministry of Health Policies**

Health Care in general and as it is associated with tourism roles, can be influenced by policies from the Ministry. Roles played by the Ministry of Health in the health care tourism can include the following; Establishment of industry bench marks, corporate policies, set of guidelines, and the development of the overall health care system in collaboration with other organizations related to health care tourism. The investigation in the study was to find out the significant impact of the Ministry of health in Health Care Tourism.

### **7.2 Ministry of Tourism Roles**

Through the roles played by the Ministry of Tourism in the health care tourism which acts as an Industry watchdog to set guidelines, policies, directions, safety and confidence. The investigation in the study was to find out the significant impact of the Ministry of Tourism roles in Health Care Tourism

### **7.3 Borders and Consulate Roles**

The roles played by borders and consulates in the development of the Health Care Tourism industry in Malaysia in the areas of Information management and promotion was investigated in this study to find out the significant impact created by this variable.

### **7.4 Private Hospitals/Allied Health Care Services**

The variety and quality of services provided by private hospitals as well as other allied health care establishments can impact the Health Care Tourism Industry positively or negatively. Roles played by these Health Care establishments were investigated in this study to find out significant impact and association between their services and Health Care Tourism.

### **7.5 Association Strategies**

Health Care Tourism can be influenced by working with the various strategies employed by the Associations related to the Health Care Tourism industry and these strategies are such as; establishments of various brands of promotions, proper advertisements, organization and participation in various national and international conferences, expos and exhibitions as well as co-operation with other organizations and agencies to promote the industry.

### **7.6 Agencies Services**

The several roles that can be played by various agencies whose services are important to the Health Care Tourism Industry would help to create a link between the international Health Care Tourists and health care tourism via communication services, provision of consulting facilities to the tourist, transportation and other arrangements. The significant Impact of this variable on the Health Care Tourism industry was investigated.

## 8. Data Collection

The data gathered in this research were from two sources; Primary and Secondary data sources.

The secondary data used in this research relied on information and statistics that were readily available through internet web sites, online news, Malaysia healthcare travel expo and conference.

Other sources consulted included health care travel magazines and journals related to the subject matter.

On the other hand, primary data was collected by means of conducting interviews with relevant stakeholders in the Industry as well as a field survey through the use of self administered structured questionnaires.

The survey instrument used ensured that the questionnaire items included many sets of questions reflecting the opinions and attitudes of what the respondents think would drive the growth in the Medical Tourism Industry in Malaysia. These questions were comprehensively formed and prepared, in order to cover all areas related to the objectives of the study. The items also reflected the challenges present as well as the respondent's perceived thoughts on what and how they think the government and other stakeholders in the industry must do for improvement.

The targeted populations for the study were key stake holders and respondents from the following;

- Malaysian Ministry of Health
- Malaysian Ministry of Tourism
- 10 JCI Private Hospitals (Hospitals in Malaysia that provide direct medical services for foreign patients)
- Association for Private Hospitals in Malaysia (APHM) (Association related to Health Care Tourism)
- Malaysian Health Care Tourism Association
- Health Care Tourists

### 8.1 Questionnaire Construction and Measurement

The questionnaire used in the survey was divided into two sections (A and B). The section A contained items to provide the demographic information of the respondents taking part in the survey and this was needed to assess the suitability of the respondents taking part in the survey as regards the subject matter as well as to determine the authority of the respondents in the field under study.

The section B was divided into seven parts with each part constructed to examine the effects of the main variables being considered in this study.

The seven parts in the Section B were;

Part 1: General information related to Ministry of Tourism Roles in Health Care Tourism

Part 2: General information related to Ministry of Health Policies in Health Care Tourism

Part 3: Specific information and factors related to Private Hospitals as well as other allied health Care delivery services in Health Care Tourism

Part 4: Specific information and factors related to Associations' strategies in Health Care Tourism

Part 5: Specific information and factors related to Agencies services in Health Care Tourism

Part 6: Specific information and factors related to Borders and Consulates Roles in Health Care Tourism

Part 7: Specific information and factors related to Medical Health Care Tourism in Malaysia

The questionnaire used the attitude scale and they were formulated in order to allow the respondents to express their attitudes based on the study objectives. The questionnaire items were anchored on a five point likert scale. The ranking of the likert scale was:

Code	Scale of each answer
1	Very low

2	Low
3	Medium
4	High
5	Very high

## 8.2 Data Analysis

The analysis of the primary data collected via the questionnaire survey involved the statistical outputs of the respondents' profile. Descriptive statistics, correlation matrix as well as regression analysis were conducted on the research variables guiding the study. The reliability of the survey instrument was measured by calculating the Cronbach's alpha for each scale.

To test the hypothesis whether there are any relationships between the dependent and independent variables, Pearson's Correlation was conducted. The purpose of using this statistical method was to determine the nature of the bivariate relationship between the variables. Not only knowing the relationship but it also provides a measure of the strength of the relationship between the variables by means of the correlation coefficient.

## 8.3 Data Reliability Test

As shown in the table 1 below, the reliability test was conducted before conducting the inferential techniques because unreliable data can end in results which are not valid. For the reliability test results to be valid, the Chronbach's alpha value should be at least 0.6 otherwise data cannot be used for analysis.

In statistics, Cronbach's  $\alpha$  (alpha) is a coefficient of reliability. It is commonly used as a measure of the internal consistency or reliability of a psychometric test score for a sample of examinees. In order to measure the reliability of Cronbach's Alpha value, guidelines<sup>7</sup> from George and Mallery (2003) was used.

These were as follows:

Values Greater than 0.9 = Excellent

Values Greater than 0.8 = Good

Values Greater than 0.7 = Acceptable

Values Greater than 0.6 = Questionable

Values Greater than 0.5 = Poor

Values less than 0.5 = Unacceptable

**Table 1 Reliability Analysis**

Variable	Cronbach Alpha	No. of Items	Interpretation
Ministry of Health Policies	0.911	9	Excellent
Ministry of Tourism Roles	0.915	7	Excellent
Borders and Consulate	0.840	7	Good
Private Hospitals/Allied Health Care Services	0.924	12	Excellent
Association Strategies	0.793	7	Acceptable
Agencies Services	0.799	7	Acceptable
Health Care Tourism	0.812		Good

Table 1 is a visual display of the reliability measure of the variables tested in this research. The Cronbach Alpha for the variables were all above 0.6 meaning that all the variables used in this research study are considered

<sup>7</sup> George D. and Mallery P. (2003). *SPSS for Windows Step by Step: A Simple Guide and Reference 11.0 Update* (4th ed.), Boston, MA: Allyn and Bacon.

reliable and this suggests that the items concerned adequately measure a single construct for each tested variable

#### 8.4 Descriptive Statistics

The descriptive statistics was used to describe the basic features of the data in the study. The measures in the Table 2 below, shows the mean scores and the standard deviation of the research variables.

The purpose of the descriptive statistics was to measure the average impact of the independent variables on the dependent variable.

**Table 2 Descriptive Statistics of Variables**

Variable	Mean	Standard Deviation
Ministry of Health Policies	3.88	0.562
Ministry of Tourism Roles	3.36	0.746
Borders and Consulate	3.92	0.556
Private Hospitals/Allied Health Care Services	4.19	0.589
Association Strategies	4.07	0.497
Agencies Services	3.72	0.646
Health Care Tourism	4.03	0.458

As seen in the Table 2 above, it was noticed that the Private Hospitals/Allied Health Care Services had the highest mean score (4.19) which indicates that Private Hospitals/Allied Health Care Services have a high impact on health care tourism in Malaysia. Borders and Consulates as well as Associations strategies came close to Private Hospitals/Allied Health Care Services. Borders and Consulates roles had a high mean score (4.09) while Associations Strategies had a mean score of 4.07.

The results indicate a strong impact of the variables thus indicating that all the independent variables are important in health care tourism and that they have a big role to play in the growth of health care tourism in Malaysia.

#### 8.5 Correlation Analysis

The correlation between two variables reflects the degree to which the variables are related. The most common measure of correlation is the Pearson Product Moment Correlation (called Pearson's correlation for short). When measured in a population the Pearson Product Moment correlation is designated by the Greek letter rho ( $\rho$ ). When computed in a sample, it is designated by the letter "r" and is sometimes called "Pearson's r". Pearson's correlation reflects the degree of linear relationship between two variables. It ranges from +1 to -1. The Pearson's correlation is used to find a correlation between at least two continuous variables. The value for a Pearson's can fall between 0.00 (no correlation) and 1.00 (perfect correlation). Furthermore, a correlation coefficient is considered significant if the p-value is less than 0.01.

According to Lind, Marchal and Wathen<sup>8</sup> a correlation coefficient of above 0.5 is considered strong while a correlation coefficient of below 0.5 is considered weak.

Hence, for this study, the Pearson's correlation analysis was conducted in order to find out if there was a significant positive relationship between the dependent variable Medical Tourism and each of the independent variables (Ministry of Health Policies, Ministry of Tourism Roles, Borders and Consulates, Private Hospitals/Allied Health Care Services, Associations strategies and Agencies services).

<sup>8</sup> Lind D. A., Marchal W. G. and Wathen S. A. (2006). *Basic Statistics for Business and Economics* (5th ed.), McGraw Hill: New York.



After examining the correlation coefficients for all the constructs, it was seen that the p-values obtained for all investigated variables according to the correlation analysis, were 0.000 which is less than 0.01 the chosen level of significance. This indicates that a significant relationship exists between dependent variable and independent variables (i.e., a significant relationship exists between Medical Health Tourism in Malaysia and the six independent variables; Ministry of Health Polices, Ministry of Tourism Roles, Borders and Consultants, Private Hospitals/Allied Health Care Services, Associations Strategies and Agencies Services).

It also showed from the table that the correlation coefficient of the variables were; 0.485 (p-value 0.000) for Health Care Tourism in Malaysia and Ministry of Tourism Roles thus Indicating a strong positive relationship between both variables.

0.733 (p-value 0.000) for Health Tourism in Malaysia and Ministry of Health Polices which gave the highest correlation and also indicating a strong positive relationship both variables.

The correlation coefficients for others: Borders and Consulates roles, Private Hospitals/Allied Health Care Services, Associations strategies, Agencies Services, were (0.675 , 0.541 , 0.385, 0.614 ) respectively.

Since all the correlation coefficients were positive with p-values (0.000). It can thus be inferred that there is a significant positive relationship between all the six independent variables with the dependent variable Health care Tourism in Malaysia.

### 8.6 Multiple Regression

Multiple regression analysis is a powerful technique used for predicting the unknown value of a variable from the known value of two or more variables, also called the predictors.

Multiple regression analysis was conducted to test overall model. The model includes six independent variables and one dependent variable. it's also explains the relative contribution of each independent variable; Ministry of Health Polices, Ministry of Tourism Roles, Borders and Consulates roles, Private Hospitals/Allied Health Care Services, Associations strategies and Agencies Services towards Health Care Tourism and the dependent variable.

**Table 3 Model Summary**

Model	Multiple R	R Square	Adjusted R Square	Std. Error of the Estimate
	0.897 <sup>a</sup>	0.805	0.796	0.207

Note: a: Predictors: (Constant), Ministry of Health Polices, Ministry of Tourism Roles, Borders and Consulates roles, Private Hospitals/Allied Health Care Services, Associations strategies and Agencies Services.

The results from the Table 3 above shows that the multiple correlation coefficient of (R) is .897 between six independent variables and dependent variable which indicates a strong positive linear relationship between the independent variable and dependent variable.

The coefficient of determination (R- square) is .805 indicate that about 80% of the total variation in Health Care Tourism is explained by the six independent variables (Ministry of Health Polices, Ministry of Tourism Roles, Borders and Consulates roles, Private Hospitals/Allied Health Care Services, Associations strategies and Agencies Services).

As a result, it is evident that Health Care Tourism in Malaysia is significantly affected by all the six independent variables studied in this research.

Table 4 ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	21.932	6	3.655	85.518	0.000 <sup>b</sup>
Residual	5.300	124	0.043		
Total	27.232	130			

Note: a: Dependent Variable: Health Care Tourism; b: Predictors: (Constant), Ministry of Health Polices, Ministry of Tourism Roles, Borders and Consulates roles, Private Hospitals/Allied Health Care Services, Associations strategies and Agencies Services.

From the ANOVA table (Table 4) the F-value of the model used for this research is 85.518 (Sig = 0.000) indicating significance of the model at 0.05 the chosen level of significant, Thus, confirming the fitness of the model which indicates that there is a significant relationship between Heath Care Tourism in Malaysia and the six independent variables (Ministry of Health Polices, Ministry of Tourism Roles, Borders and Consulates roles, Private Hospitals/Allied Health Care Services, Associations strategies and Agencies Services)

## 9. Implications and Implementations

By virtue of the results gotten through the various statistical and inferential tests conducted on the research variables, the government through the Ministry of Tourism should engage and build Heath Care Tourism organization alliances. This is intended to promote an equitable, constructive, secure, and transparent set of processes for engagement of all interested parties, both private sector and associations in the Malaysian Health Care Tourism Industry.

As shown in the research findings, the Ministry of Health Policies has a high significant impact for accelerating the growth in Health Care Tourism in Malaysia. The Ministry summarily analyses the strengths and weaknesses of the Health Care Tourism sector to improve and develop the strengths while developing strategies to handle the weaknesses. In this regards, the Ministry can initiate adjustments and reforms to make it more effective. Policy makers must make sure that the policies which they formulate are all inclusive. Additional as the Ministry of Health is considered as the main policy maker in Health Care tourism, it needs to state over time the impact of its polices in contributing to the country's economy. The lack of good polices can produce unfavorable economic results.

The results and the findings indicate the big role which the Private Hospitals Services has to play in this sector. This give an evidence that competition between Private Hospitals Services to attract International patients is very high and this is due to the varied services provided by these hospitals by way of quality of service, cost and employment of modern medical treatment in the private hospitals. On the other hand, in order to survive among waves of competitors. The hospitals over the time must re-evaluate their existing strategies. For example, there are multiple linkages between customer behavior and determination of the quality of services provided by the private hospitals and also the linkages can be between customer's thoughts and the way the organization organizes their services provided.

Associations have a significant positive impact of the growth in Health Care Tourism. The association role is in line with working to promote Health Care Tourism. The issue of quality in advertising for proper promotion of Health Care Tourism is crucial. Individual and group medical tourism advertising industries are effective in raising awareness about medical features and facilities. Multiple strategies, methods and interventions are needed to bring about lasting changes in factors of Health Care Tourism advertising and promotion. It is important to evaluate and strengthen development of strategies by analyzing the economic growth from the results of medical tourism

promotion through statistics of spending and revenues which can be used as an indicator of the growth in medical tourism. Additional Associations are required to be specific and identify their market target as well as create a proper advertising focus in specific countries and niche markets. The promotion in these countries will be more impacting for attracting patients.

Borders and Consulates have a significant impact of acceleration growth in medical tourism. The role of borders and consultants is on promotion of Health Care Tourism by participating with other organizations internationally, especially in Conferences and Exhibitions and other international events.

These events usually have the distinction of addressing the consumer, market and the Industry. Exhibitions are where providers of Health Care Tourism provide specifications and features of how they are distinct from one another. The Exhibition activities aim to make aware of the fact and the value of Health Care Tourism tools in such country explaining the Health Care Tourism system, processes, procedures and regulations. Conferences and congresses are also places for the rapid expansion of Knowledge about good health policies and open sharing of useful and strategic information.

Nations with thriving Health Care infrastructure attract more people going into sciences and health care studies. For this purpose, it is necessary and therefore recommended for the incorporation of health care tourism and human resource course content in the curriculum of medical undergraduates and other undergraduates of allied health care sciences in Malaysian Institutions of Higher learning.

#### References:

- Aniza et al. (2009). "Healthcare tourism in Malaysia: The strength and weaknesses", *Journal of Community Health*, Vol. 15, No. 1, pp. 11-17.
- Association of Private Hospitals (APHM), *International Healthcare Conference and Exhibition 2011*, Malaysia, available online at: <http://www.aphmconferences.org/aphm.asp>.
- Deloitte Consulting Publication (2008). "Medical tourism consumers in research of value", Center for Health Solutions, p. 3.
- George D. and Mallery P. (2003). *SPSS For Windows Step by Step: A Simple Guide and Reference 11.0 Update* (4th ed.), Boston, MA: Allyn and Bacon.
- Heng Leng C. (2007). "The emergence of a transnational healthcare service industry in Malaysia", Asia Research Institute, National University of Singapore.
- International Business Wikia (2011). "Medical healthcare tourism", available online at: <http://internationalbusiness.wikia.com/wiki>.
- Lind D. A., Marchal W. G. and Wathen S. A. (2006). *Basic Statistics for Business and Economics* (5th ed.), McGraw Hill: New York.
- Medical Tourism (2008). "Survey report and research", available online at: <http://www.treatmentabroad.net/medical-tourism/medical-tourism-survey>.
- MOH (2008). "Malaysia: Health facts", Health Informatics Centre, Planning and Development Division, Ministry of Health Malaysia.