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# Online narratives about medical tourism in Malaysia and Thailand: a qualitative content analysis

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## ABSTRACT

This study explored the written online narratives about medical tourism in Malaysia and Thailand using qualitative content analysis. The Google search engine was used for narrative search. Multiple search terms including medical, health, wellness tourism; treatment abroad; medical or health travel; treatment, surgery, or plastic surgery; dental treatment or braces were used to obtain related blog posts, discussions, and forums via a purposeful sampling method. A total of 43 online narratives were included in this study. Themes were then created after an iterative analysis of the selected online comments or posts. The push factors that act as motivators were: cost (100%), attractions (81%), availability of facilitators (62%), physician's background and expertise (58%), bandwagon effect (42%). The majority of the subjects (88%) stated that they were satisfied with the outcomes of their medical treatments received in Malaysia and Thailand.

KEYWORDS: Health services management, health tourism, plastic surgery, patient preference, cost reduction

## Introduction

Medical tourism is the practice of traveling to another country to obtain healthcare services. Among the healthcare services sought by patients in another country are organ transplant, reproductive treatment, and dental treatment (Smith, Álvarez, & Chanda,  2011). Travelers who stayed away, traveled for more than 24 hours from their home country, and used any form of accommodation facility are considered tourists (Douglas & Derrett,  2001). Medical tourism is not a new practice, but the trend of the practice is new (Eissler & Casken,  2013). In the past, medical tourism involved elites from developing and third-world countries who traveled to developed countries in search of sophisticated and high-quality medical treatments. The trend changed in recent years in that the practice of medical tourism now involves ordinary groups of people from developed countries searching for affordable treatments in developing countries because of the expensive healthcare procedures required in their home countries (Phua,  2010).

Despite the raw definition of medical tourism, which is described as the movement of patients out of their home countries to seek better options of healthcare treatments, the usage of "tourism" terminology in medical tourism is continuously being reviewed (Crooks, Turner, Snyder, Johnston, & Kingsbury,  2011; Hall, Voigt, Brown, & Howat,  2011; Kumar, Breuing, & Chahal,  2012; Smith,  2012). Many academics doubt the use of the term "tourism" due to lack of neutrality and

In this article  he common notion of tourism. However, the integration of these two terms, namely "medical" and  highlighted various bioethical concerns in the industry (Smith,  2012). Push factors are forces or factors

that drive people away from a particular place, whereas pull factors are factors that drive people to a particular location. In other words, push factor develop from the unavailability of one's desired things in a particular place, which force people to seek those things in other places; by contrast, pull factors develop from the availability of particular things that meet one's desire and attract people to move into the place to fulfill that desire (Fetscherin & Stephano, 2016; Sridhar, Reddy, & Srinath, 2013). Han and Hyun (2015) reiterated that a client's satisfaction and perceived quality with a service are one of the main job indicator of medical tourism marketers. *Fetscherin and Stephano* (2016) proposed three major interdependent factors that could affect a health traveler's motivation and satisfaction: environments, impression; quality of healthcare and tourism industry; as well as the medical facility and services of the host country. A foreign health traveler might face issues such as language barriers and compromised medical care (Han & Hyun, 2015). To ensure excellent review and word-of-mouth, some dedicated hospitals constantly ensure that there are sufficient experienced staff and medical facilities, a wider availability of medicine and aesthetic products, a simplified hospitalization admission procedure, and service performance (Han & Hyun, 2015; Wongkit & McKercher, 2013).

In spite of the tremendous growth of the medical tourism industry, a limited number of studies have been conducted on this topic, especially on the analysis of the Internet narratives of tourists seeking medical treatment outside their home countries. The Internet is known as the most accessible medium in this era for sharing thoughts, experiences, and stories that might be useful to others. Based on the study conducted by Sussman and Sproull (1999), people are more honest, sincere, and straightforward when sharing news through computer-mediated communication compared with eye-to-eye communication. Nevertheless, negative facts arise from the use of computer-mediated communication to share perceptions and opinions, especially through social media sites where identities can be faked. We are keen to evaluate perceptions alone without the intervention of the author information, which could possibly influence our evaluation (Feldman, 2000). Moreover, computer-mediated communication access varies for the elderly and those physically disabled (Schultz, Utz, & Göritz, 2011). Online support communities, which often exhibit self-support group functions, also have high levels of empathy, understanding, and emotional support (Pfeil & Zaphiris, 2007).

The practice of medical tourism in Malaysia and Thailand started to escalate after the 1997 economic crisis. In 2006 and 2007, an estimated two million medical tourists engaged in medical tourism in Malaysia and Thailand, which enabled these countries to earn around US\$ 3 billion in revenue (Pocock & Phua, 2011). In order to bring in foreign currency, various medical centers started to provide cheaper healthcare procedures to patients from other countries (Leng, 2010; Tzic, 2015). Visas are available for medical tourists; furthermore, government agencies have mandated to increase the inflow of medical tourists (Fedorov et al., 2009). These countries also provide less expensive medical treatments compared with those in other parts of the world, especially in Europe (Sultana, Haque, Momen, & Yasmin, 2014). This tactic successfully attracted a considerable number of desperate yet less affluent patients into Malaysia and Thailand (Leng, 2010; Tzic, 2015). Both Malaysia and Thailand also have several attractions and places that can be visited by medical tourists while engaging in medical tourism (Guiry, Scott, & Vequist, 2013). In addition, a huge number of healthcare providers are available in Malaysia and Thailand, especially from the private sector, who provide medical treatment and services for medical tourists (Turner, 2007a).

Content and thematic analysis of the Internet narratives of medical tourists in Malaysia and Thailand were performed in this study. The narratives posted were uncensored and frank comments based on the health travelers' personal experience. Furthermore, the content and thematic analysis used in qualitative methodology could provide an extensive insight and review of health travelers. The findings from this study expand the understanding of the current needs and gap in terms of services given and perceived satisfaction levels of the actual health travelers. Our findings pave the way for further face-to-face qualitative and survey-based quantitative research on health travelers' experiences. This study could serve as a resource for the whole of medical tourism operators such as hospital management, insurance companies, as well as tourism agencies to improve their services to meet global demand.

## Methods

### Country selection

The United Nations Economic and Social Commission for Asia and the Pacific (Fedorov et al., 2009) reported that India, Korea, Singapore, Thailand, and Malaysia are the main regional hubs for the medical tourism industry. Based on the income level according to the World Bank standard, Thailand and Malaysia are classified as upper middle income countries. India is classified as lower middle income compared with Singapore and Korea, which are classified as high income countries (World Data Bank, 2016). For this current project, countries classified as being in the upper middle income level (Thailand and Malaysia) were selected.

## Search strategy

Publicly available online narratives regarding the practice of medical tourism in Malaysia and Thailand were included in this study. These narratives were obtained from blog posts and forums in the English language because we would like to focus on the feedback of health travelers from English-speaking countries. The subjects of this study included the caretaker of the patient (second person/chaperone) engaging in medical tourism in Malaysia and Thailand, such as spouses, children, or parents, as well as the patients themselves (first person). Given that the topic is related to medical tourism, only the first person or the second person involved in medical treatment in Malaysia and Thailand, who are neither residents nor migrants of these countries, were included. In other words, only people who purposely traveled to seek medical treatment in these countries were included in the study. Moreover, only blog posts and forums related to our topic and research questions were included. The chosen online narratives consist of description of the treatments involved, including those for cosmetic purposes, such as plastic surgery, breast implants, and braces.

This study excluded blog posts and forums in languages other than English because there are limitations to find competent translators who can translate the texts into English. Private blog posts, reviews, and forums related to the topic were also excluded from this study. Any promoter and facilitator websites and blogs regarding the practice of medical tourism in Malaysia and Thailand were eliminated from this study. To avoid potential bias, the accessed information from blog posts and forums were only related to personal actual experiences of the patients or their caretakers. Approval to conduct this study was obtained from the Medical Research and Ethics Committee, Faculty of Health Science, Universiti Teknologi MARA. Informed consent prior to analysis was not deemed necessary as the patient information was already anonymized upon data entry into the repository.

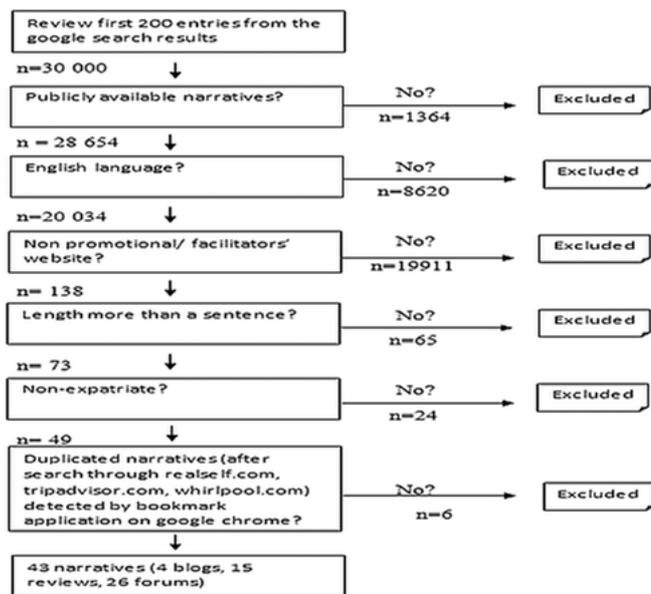
This study used a narrative analysis approach to assess online narratives related to the practice of medical tourism in Malaysia and Thailand. These narratives were accessed using Google Search. The search was performed between April 2015 and December 2015, and used multiple search terms related to the topics to gather as much publicly related blog posts and forums as possible. We included all posts available online prior to December 31, 2015. A search string that uses the keywords in the topics and their synonyms was created. These key terms were medical or health or wellness tourism, treatment abroad, medical or health travel, treatment or surgery or plastic surgery in Malaysia and Thailand, dental treatment or braces treatment in Malaysia and Thailand. Search techniques such as truncation, Boolean operators, and chaining were applied to the retrieved relevant resources. The online narratives included in this study were on the practice of medical tourism in Malaysia and Thailand.

## Search results

The online narrative search processes started with the use of relevant search terms through Google Search. Figure 1 presents the findings of the narrative search process.

Figure 1. Findings of the narrative search process.

Search using multiple terms for  
blogs, reviews and forums  
n= 420,342,010 ↓



Display full size

All of the related findings collected from any site, blog, or forum were signed and placed in a bookmarked folder in the Google Chrome browser to avoid site duplication. However, even after the use of Google's advanced search tool, several unrelated and out-of-topic narrative entries were provided by Google Search. After further mining, we realized that most of the results of the narrative findings, namely blog posts, discussions, and forums, came from *realife.com*, *whirlpool.com*, and *tripadvisor.com*. Thus, we directly searched entries through those sites. The total results of related entries from those sites are 7348 entries. We used the bookmarked folder in Google Chrome to mark the reviewed articles. No duplicated article was found. The findings were filtered by applying the exclusion criteria, such as studies that are in languages other than English, as well as narratives that met the definite requirements based on the research questions of this study. Those narratives that were shorter in length, yet met all the research purposes were preferred.

A total of 49 online narratives were found after an extensive search of all available sites. However, after a secondary review by the authors, six narratives were eliminated because they may have been narrated by migrants or expatriates to Malaysia and Thailand. Thus, 43 narratives from four blogs, 15 reviews, and 26 forums were included in this study.

### Process of finding key themes

Primary and secondary themes were created after an iterative analysis of online narratives using narrative analysis theory, where the sentence is considered a unit of reference (Creswell, 1994). All pages of the 43 posts were carefully analyzed to find common terms for creating the primary/key terms that met the focus of the objectives and research questions in this study. The content of the online narratives were then reviewed to find the secondary theme for this study. The authors reviewed each case individually and compared their theme findings to select the major theme of the primary theme and to ensure the accepted level of inter-coder reliability.

After identifying and creating the primary and secondary themes based on the 43 narratives, they were reorganized according to the percentage of theme similarity among the narratives. All major themes were selected, and the personal information of the authors was eliminated from the quotes (Neuman, 2006).

## Results

### Characteristics of medical tourists

The majority of medical tourists who were engaged in medical tourism in Malaysia and Thailand come from Australia with most of the treatment procedures involving dental work followed by cosmetic procedures. Although some of the medical

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tourists were accompanied by their families and friends, most of them did not clearly state whether they traveled alone or with a chaperone.

## Analysis of motivations that lead to medical tourism

### Push factors

Some of the subjects in this study stated the factors that motivated them to engage in medical tourism in Malaysia and Thailand. These factors include the high cost of treatment in their home countries and inadequate insurance coverage, as shown in Table 1. Most of the posters did not clearly state the factors that pushed them to leave their home countries and travel to Malaysia and Thailand instead. The posters focused on pull factors that encouraged them to engage in medical tourism in these countries

Table 1. Push factors of medical tourism.

CSV Display Table



### Pull factors

There are various factors that had pulled subjects to Malaysia and Thailand to have medical treatment as shown in Table 2. Cheap cost of traveling and treatment in Malaysia and Thailand was agreed on by all of the subjects in this study. The availability of facilitators and attractions in Malaysia and Thailand were stated by most of the subjects as the factor that had pulled them to Malaysia and Thailand. Furthermore, the bandwagon effect which affects patients' decision mainly based on other opinions and physician qualification were the stated factors.

Table 2. Pull factors of medical tourism.

CSV Display Table



## Satisfaction of medical tourists with the result of treatment

Based on the analysis, most of the subjects (38/43, 88%) stated that they are satisfied with the outcome of their medical treatments in Malaysia and Thailand.

One of the posters expressed her satisfaction with the outcome of plastic surgery on operation scars in Thailand by recommending a particular physician in her reviews:

It has been nearly four months since I had the surgery and even if I say so myself, I look awesome. I cannot recommend Dr. [doctor name] more highly – this man is a professional in every way. His staff are helpful and friendly.

Some of the posters (6/43, 14%) stated the impact of the procedure on their lives. One of the posters stated the confidence he gained after undergoing a veneer procedure in Malaysia:

Dr. [doctor name] was amazing. He did three veneers on my upper front teeth. When I went back for my permanent veneer four days later, they looked naturally translucent and the color blends in beautifully. I can now smile with confidence.

Some of the posters (3/43, 7%) who were satisfied with the outcome of dental work mentioned their intention to return for the same procedures. Two of the posters were about to return to Bangkok, Thailand, for more dental work because of the satisfying outcome of previous dental work:

We had ours done in two days because we were short of time, but had no problems, however, I think it would pay to have another couple of days available if needed. We are returning in August this year for more work.

All in all, very happy with the outcome. Will be paying another visit to Dr. [doctor name] to put in five more crowns!

Several posters (6/43, 14%) who were not satisfied with the outcome of their procedure in Malaysia and Thailand stated several reasons. One of the posters who was not satisfied with the outcome of the treatment wrote about how the cosmetic surgery she had in Thailand gave her infections:

After getting my stitches out, I thought that some kind of tape would be put on to stop the scar from opening, but no. The next day I noticed wound oozing coming out, I was concerned so I asked the doctor did I have an infection, he said no, it's normal, so I believed them. Well, luckily, I did a lot of research beforehand, and also emailed my consulted from [facilitator name]. Kate was very helpful, but to get back I arrived back in Australia on December 3, 2014, and I made an appointment with my local GP the next day. And guess what, I did have an infection, so for the next five months I have been going twice a week to have it cleaned and bandaged. Not to mention four courses of antibiotics!

Another poster stated that her rhinoplasty in Malaysia destroyed her nose. She also provides advice for having procedures done abroad:

I am now six months post-op and my nose has seriously been operated on by an amateur. There is still asymmetrical swelling (to be expected) but too much cartilage has been removed on the right side, leaving a slight concave look as well as my columella now looking more prominent than before. My profile is also strange. My overall result has been an epic failure. There is a consequence to every action and now I must pay so much more for the dreadful mistake made. If you choose to go overseas for cosmetic surgery, remember that the legal options that may be available to you at home may not be available to you in another country and that the standards of practice differ dramatically.

Some of the posters (8/43, 19%) who were satisfied and unsatisfied with the outcomes of the medical procedures in Malaysia and Thailand mentioned their willingness to make themselves available through personal messages to anyone who needed supplementary information on the result of the procedures.

## Perceptions of overall experiences

### Positive factors

The online narratives included feedback on healthcare providers, facilitators, and the facility and equipment in their online narratives. They also included the perceptions of subjects and the values they perceived from Malaysia and Thailand.

Most of the posters (42/43, 98%) mentioned their physician in their narratives, and most of the feedback (32/42, 76%) was positive. Many of the posters (30/43, 63%) mentioned their physician's name, and some of them (18/43, 42%) stated the qualification and expertise of the physician:

The dentist went to High school and trained in New Zealand ...

Happy with the consultation but most impressed with Dr. [doctor name]'s skill and speed in preparing the teeth and having temporary crowns put in.

We found him to be an excellent dentist and we were extremely pleased with his work. He does all facets of dental work, crowns, and implants. He has a postgraduate United Kingdom degree. He was not only competent but extremely thorough.

*"The dentist spoke excellent English, qualified in the UK and had excellent facilities"*

*"I can't remember the name of my dentist but I remember he graduated from UCLA school of Dentistry and spoke perfect English"*

Many of the posters (29/43, 67%) also included positive feedback for other healthcare providers or staff such as the nurses. The posters also mentioned the ability of the staff to speak excellent English. The staff members were friendly and provided good

care for them:

The dentist spoke excellent English (as did the staff) ...

Doctors and the rest of the staff are so kind and caring ...

During my stay I never waited more than a few minutes for the nurses to respond to a call bell and they were all very friendly and helpful.

I had such excellent service from [facility name] last year, both my wife and I have already made appointments for this year without hesitation. We know now we will get truly professional service from friendly staff in a modern surgery.

As for [facility name], I feel like a queen here. So lovely, the staff have been taking such good care of me! I don't want to leave and go to my hotel!!

Excellent service, I was treated as a customer, no arrogance. Almost no wait before appointments.

Many of the posters (25/43, 58%) mentioned the hygiene facilities and the latest equipment used in Malaysia and Thailand:

The clinic was sparkling clean, and the equipment was all up-to-date with digital X-rays, 3-D CAD/CAM for implants. Overall pretty pleased with my decision.

The practice equipment was right up-to-date, clean, and the staff most helpful.

[Facility name] was clean, modern and staffed with lovely and efficient nursing staff.

Two of the posters compared the facilities in Malaysia and Thailand with those in their home country or in other countries:

I have had surgery in [facility name], the hospital is cleaner than any Australian or English hospital I have been in.

I caught a taxi to a private hospital called [facility name] very early this morning. My God, I have never seen anything so swish. An avenue lined with trees, interspersed with giant yellow teddy bears, manicured gardens, and fountains led me to the main entrance – complete with a doorman! It made Perth hospitals look like they were built by a third-world country.

Some of the posters (15/43, 35%) who used the services of facilitators mentioned the efficiency and professionalism of the facilitators before, during, and after treatment in Malaysia and Thailand:

I went through [facilitator name] who recommended Dato' Dr. [doctor name]. The local Malaysian employee of [facilitator name] was lovely and arranged pick up/drop off from the airport, hotel, and hospital. A mobile phone was also given with a contact number so that if there was anything I needed, I was able to contact someone.

I went through [facility name] and my experience with them was nothing more than professional and very informative and caring.

Three of the posters stated that the facilitator and doctor who handled their procedure in Malaysia and Thailand were very helpful, trustworthy, and non-pushy:

They are not sales people. We were concerned they would be trying to sell us the most expensive procedures etc. etc. – you know – cashing in on those rich tourists yadayada. But it's totally the opposite. They have explained all the different procedures bit by bit and given the positives and negatives and actually talked me out of the very expensive procedure I had pre-chosen.

They don't try to sell you something that is not suitable. I wanted veneers – they *very strongly* advised against this due to my bite.

When I wasn't sure if I should have root canal treatment, the doc gave me the option to think about it and go back another day, no problems, they didn't try to push anything.

One of the posters mentioned his impression regarding the attractions and local foods in Thailand while undergoing a procedure:

Siam niramit cultural show and dinner were very excellent! Plenty of massage centers in Phuket areas that give excellent and cheap service while waiting to recover.

Most of the posters (34/43, 79%) stated that, regarding their decision to engage in medical tourism in Malaysia and Thailand, they were pleased with the excellent procedures of the treatment. They also noted that the cost of treatments and travel to these countries were worth their money.

I was extremely happy with the care, treatment, virtually pain-free procedures and costs in comparison with Australia. All the expense was really worth it as the result was great.

### Negative factors

Based on the analysis, six posters regretted their decision to engage in medical tourism in Malaysia and Thailand. Some of the posters (10/43, 23%) mentioned a few areas of disappointment during their time as medical tourists in Malaysia and Thailand. The negative factors included the services of facilitators and physicians, unprofessional staff, low level of cleanliness, bad facilities, and poor communication.

Some of the posters (3/43, 5%) noted the poor communication with the physicians and healthcare providers.

The experience has not been pleasant as a result of poor communication and consultation with my doctor.

Two of them mentioned the lack of ability of the staff to speak and understand English, which made communication harder:

The nurses and doctors speak very little English – this is a fact regardless of what you've been told. If there are complications they don't understand. I couldn't even order a cup of tea – they couldn't understand me – seriously!

I gave them written notification in English and discussed with the doctor my allergy to morphine, and regardless of this they gave it to me during my eye surgery, which I was meant to be awake for. I subsequently had such a bad reaction, I was hallucinating, had severe heart palpitations, could not breathe, and vomited. I made my distress known during this time, the doctor ignored me.

Some of the posters (3/43, 7%) also complained about the low level of cleanliness and bad facilities:

The room was poorly lit, small, and dirty with holes in the ceiling and dust blowing through. Hardly hygienic for surgery.

Had a terrible experience, hospital was still in process of being built and from 10am to 10 pm jack hammering in concrete, so I had to book myself out of hospital on the second night after op to go back to the hotel for rest ... *wrong*. Hotel had noisy people above and next door and every night from 8.30pm to 4am noise so in 14 days I had four days sleep.

I swear the operating bed felt like the coldest thing ever! I was shivering so badly the nurses had to cover me with two blankets!

Some of the posters (2/43, 6%) mentioned the bad services of facilitators who handled their treatment in Malaysia and Thailand:

The thing that got me while I was over in Thailand was the fact that before we left Australia [facilitator name] was very helpful and made all these promises about being there every step of the way. As you know you get free transfers and you can ask for anything from the facilitators and they promise to help in every way. Well, not in my experience. they were nowhere to be found when I had trouble or was confused or couldn't understand the doctor

or nurses.

I'm very unhappy with the service that [facilitator name] has given us. My transfers were always late so I missed my appointments and that is if they even showed up. And they didn't support me or my mother at all in my two weeks in Bangkok.

Two of the posters mentioned the bad services of the physician. One of them complained about the lack of aftercare information provided by the physician:

My appointment was at 0800 and they didn't finish until 1700 (5 pm). They actually had me lying on my back the entire time until I had to ask to go to the bathroom. I have never been so mad during a procedure in my life! I have to be honest, that was the worst!

The day I flew back to Australia I thought I was seeing the doctor before I left, but no. I left Thailand with no aftercare information, not one bit of information.

Some of the posters (5/43, 12%) noted the unprofessionalism of the physician and staff during the procedures:

The doc injected me with an anaesthetic and soon I fell asleep. Suddenly during the process, I woke up and I could feel the doc cutting my eyelids. It's damn gore. I can't feel the pain because of the numbing from the anesthesia but I can feel the cutting!!! In addition, the nurses and my doc were conversing super-loudly in Thai. I started to feel annoyed, and I suddenly let out a "shhhhhhhhhhhhhhhhhhhhh" to signal to them to talk more quietly. (I think they were all shocked because after that they started whispering to each other).

Had four hours' surgery, woke up with terrible pain in back of head. Had two very large lumps, 79 staples, and about 60 stitches. Nurses worried, doctor finally came 12 hours later to check, said lumps seemed like bone!!! What kind of doctor says that?

The narratives indicate that professionalism, academic qualification, and English language proficiency of the healthcare providers are the important determining factors that may pull medical tourists. In terms of the healthcare center or hospital hardware facilities, medical tourists are concerned about hygiene. Moreover, local delicacies also play a role in pulling medical tourists.

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## Discussion

This study makes a significant contribution to the academic knowledge regarding medical tourism. We analyzed the online narratives of 43 subjects who traveled to Malaysia and Thailand to seek healthcare treatments, referring to several existing studies on the analysis of online narratives (Eastham, 2011; Heilferty, 2011; Ozan-Rafferty, Johnson, Shah, & Kursun, 2014; Pitts, 2004; Wang, Walther, Pingree, & Hawkins, 2008; Ziebland & Wyke, 2012). Our study contributes information related to the practice of medical tourism in Malaysia and Thailand based on people's experiences. Providers of medical tourism may also benefit from this study. They can improve the quality of their services to meet patients' demand based on the experiences of medical tourists. A thorough understanding of health travelers' motivation and satisfaction are imperative because our findings demonstrate that the posters studied the past experiences of health travelers through the Internet to help them decide which hospital or country to visit. These subjects also emphasized the use of computer-mediated communication, such as blogs, reviews, and forums to share their detailed experiences of this practice. Most importantly, this study revealed that the bandwagon effect was among the important factors that pushed medical tourists to travel to Malaysia and Thailand. In the field of tourism management, the bandwagon effect is used to indicate a phenomenon in which a large group of tourists visits certain places because it is a trend even though there is no intrinsic need or preference (Fuglsang & Eide, 2013). All of the posters mentioned that they conducted extensive research on the Internet, and read news regarding this practice before they made the decision to travel. Most of them were influenced by the successful stories and good

experiences of previous medical travelers, including posters who were not satisfied with the outcome of their procedures (Carabello, 2008). However, we must understand that medical tourists are people who could afford treatment outside their

home countries. Thus, the cost factor will always be the main factor for their decision to travel (Maheshwari, Animasahun, & Njokanma, 2012).

Posters from various countries traveled to Malaysia and Thailand to obtain medical procedures that were unaffordable in their home countries. These findings agreed with the outcome of several studies conducted regarding the practice of medical tourism in Malaysia and Thailand. Although unavailable procedures and the long waiting time for available procedures in the home countries are noted as motivations that lead people to engage in medical tourism (Bies & Zacharia, 2007; Budiani-Saberi & Delmonico, 2008; Carrera & Bridges, 2006; Carrera & Lunt, 2010; De Arellano, 2007; Pennings, 2002; Turner, 2007b), none of the subjects stated whether these factors pushed them to seek treatments in Malaysia and Thailand. The subjects in this study had undergone procedures in Malaysia and Thailand, which were mainly plastic/cosmetic surgery procedures and dental work. Most of the procedures in this study are cosmetic procedures, which are non-urgent procedures and can be obtained almost anywhere in the world (Jones, 2008); thus, we believe this is the reason why none of the posters stated long waiting times and unavailable treatment in their home countries as their push factors (Connell, 2006; Dwyer, Forsyth, & Rao, 2000; Musa, Doshi, Wong, & Thirumoorthy, 2012; Teh & Chu, 2005; Turner, 2007a).

The most crucial factor that encouraged patients from high-income countries to engage in medical tourism in other countries, especially developing ones, is the affordable treatment cost available in other countries. High treatment costs that are available in their home country pushed them to seek treatments in other countries. Thus, price advantage is the force that made Malaysia and Thailand popular for receiving tourists all over the world to obtain medical services. Malaysia and Thailand offer world-class treatments in their huge number of hospitals, but the cost of medical procedures is cheaper than in other countries. The posters also mentioned the affordable cost of travel, accommodation, food, and living expenses relating to the procedures. Several studies are aligned with this finding (Connell, 2006; Dwyer et al., 2000; Musa et al., 2012; Teh & Chu, 2005; Turner, 2007a; Sultana et al., 2014). Medical tourist can save up to 40–60% of their money on medical procedures in Malaysia and Thailand due to the lower cost of labor in these countries (Medhekar, 2014). However, the huge interest of patients in engaging in medical tourism was due to cost-saving factors. Thus, cost-saving is recognized as the strongest factor for patients in the practice of medical tourism. However, a number of criticisms have emerged from this motivation, which indicates that the low cost of medical procedures in particular countries was attributed to the limitation of malpractice insurance paid by healthcare providers; thus, patients are likely to be at risk of treatment failure when receiving these low-cost medical procedures (Crooks, Kingsbury, Snyder, & Johnston, 2010).

Some of the posters mentioned that the lack of insurance coverage relating to expensive procedures in their home countries pushed them to seek treatment in Malaysia and Thailand. This finding is strengthened by the results of several studies which stated that the inadequate insurance coverage for unaffordable procedures in the patients' home countries motivated them to seek better options abroad.

Over 70% of the posters who underwent procedures in Malaysia and Thailand come from Australia. The most popular procedures are cosmetic surgery among women in their late teens or early twenties. Although Australia has advanced medical equipment and technology, the possibility of receiving treatments in Malaysia and Thailand at a lower cost than in Australia is the main reason for this overwhelming trend (World News Australia Radio, 2015). Almost all of the posters who engaged in medical tourism in Malaysia and Thailand obtained services from facilitators, whereas some of them who did not acquire services from facilitators had previously traveled to Malaysia and Thailand or had families, relatives, or friends in these countries. Facilitators of medical tourism play an important role in this practice, especially for patients who are new in this practice (Gan & Frederick, 2011). Plenty of facilitator websites are available on the Internet, which are equipped with information on travel, accommodation, treatment procedures, cost, and even experiences of previous health travelers that are easily accessible and available in the English language (Snyder, Crooks, Adams, Kingsbury, & Johnston, 2011).

The subjects of this study also stated that the expertise and qualifications of physicians in Malaysia and Thailand, especially in cosmetic procedures, pulled them into these countries. Based on one study (Snyder et al., 2011), most medical travelers were motivated by the qualifications and credibility of healthcare providers. Moreover, most of the posters mentioned that attractions in Malaysia and Thailand motivated them to engage in medical tourism in these countries, apart from the cost factor. Numerous medical tourism promotions are offered in Malaysia, including vacation and sightseeing packages (Wong, 2008).

Most of the posters provided detailed narratives, including their treatment procedures, information on facilitators and the facilities they used, and the physicians who treated them, who were often mentioned by name. They also stated the services and responsiveness of facilitators and physicians before, during, and after the procedures. Several posters also mentioned the behavior of day-to-day care staff and nurses in the respective facilities. This information may be useful for future medical tourists. Six posters (6/43, 14%) wrote negative narratives regarding their experiences during the procedure, and 10 of them (10/43, 23%) only mentioned some negative areas during their practice. Two posters (2/43, 5%) stated that they were extremely disappointed with the outcomes of procedures, and mentioned that the cost of treatment in Malaysia and Thailand was cheap for the wrong reasons, such as unprofessional staff, limited ability to speak English, amateur physicians, bad facilities, and low level of cleanliness. Some of the posters (4/43, 9%) also complained about the accommodation and safety in Malaysia and Thailand. One of them mentioned her worry to use Malaysian aviation services after what had happened to two Malaysian aircraft in 2014, namely MH 370 and MH 17. All of this information has resulted in opportunities for marketers and providers of medical tourism to improve their quality and services and to increase the inflow of medical tourists into their countries because the medical tourism industry brings an enormous contribution to the nation's income (Ahmad, [2011](#); Hazarika, [2010](#); Pocock & Phua, [2011](#); Vijaya, [2010](#)). Countries that experienced aircraft tragedies, such as Malaysia, can work on solutions to restore the confidence of tourists in their aviation services through the information on tourist perceptions provided in this study.

This study included first-person posters and second-person posters who traveled to Malaysia and Thailand to obtain health treatments. More than half of the posters are first persons, whereas the rest either act as the second person or both, that is, the posters and their families or friends both undergo procedures in Malaysia and Thailand. This factor was considered because the identity of posters in the Internet narratives will determine the reliability of the narratives (Savolainen, [2011](#)). A few of the posters (12/43, 28%) traveled with a chaperone, whereas the rest did not clearly state whether they traveled alone or with a company. One of the posters who traveled alone mentioned that he did not want to bother his friends and family in accompanying him for the treatment, and the other one noted that he wanted some privacy during the medical procedures. According to one study, the presence of a chaperone during the medical procedure helped patients obtain a fast recovery, physically and emotionally (Meyers et al., [2000](#)). However, some of the medical travelers preferred to travel alone to cut costs (Smith et al., [2011](#); Turner, [2007a](#)).

The limitation of this study is the view of patients who did not choose to create online narratives to be documented. Therefore, our results may not represent the complete spectrum of medical tourists' experiences in Malaysia and Thailand. However, after excluding promotional sites, we are convinced that the online narratives were written by actual medical tourists in Malaysia and Thailand. Most of the subjects provide adequate information and detailed feedback, including personal information in the narratives regarding their experiences.

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## Conclusion

To our knowledge, this analysis is the first study that analyzed online narratives on the practice of medical tourism in Malaysia and Thailand. This analysis provides an understanding of the practice of medical tourism based on the experiences of medical tourists of Malaysia and Thailand. Several push and pull factors that motivated medical tourists in Malaysia and Thailand were determined. Factors that led to the satisfaction of medical tourists with overall experiences in Malaysia and Thailand were also obtained from this analysis. The positive and negative attributes of Malaysia and Thailand that helped in their decision to engage in medical tourism and the overall perception of the practice were also determined. This study could provide information to international providers of medical tourism to improve the quality of their service according to the demands of current global patients. The medical tourism industry makes a large contribution to the nation's income. Governments from other countries may emphasize the practice of medical tourism in their country to increase their revenue every year.

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## Supplemental material

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