The Effectiveness of Word-of-mouth as a Marketing Tool in the Medical Tourism Industry in Malaysia: Challenges and the Way Forward

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ABSTRACT

The Malaysian medical tourism industry has been making numerous international achievements. Nevertheless, the industry is challenged by low utilisation of high-value treatments such as those in cardiology, orthopaedic and fertility departments. Despite the abundant literature on word-of-mouth (WOM) as a marketing tool, extant empirical findings fail to narrate the specific 'words' that concern the patients and the reasons behind trusting those 'words'. With the aim of bridging this gap, the present research conducted a qualitative case study through 11 in-depth interviews with private hospitals, healthcare facilitators and medical specialists to seek their insights on the ability of WOM as a marketing tool to promote Malaysia's high-end treatments. Results indicated that WOM and electronic WOM (eWOM) play an essential role in conveying patients' experiences. Patients tend to choose the country with their children either residing or have had treatments as they are able to provide information on accommodation, food and doctors' statuses. The hospitals are also challenged by the advertisement restrictions which are imposed by the local authority. This hampers the marketing activities thus causing Malaysia to lose to the neighbouring countries. Hence, suggested improvements are provided to alleviate this concern.

Keywords: Word-of-mouth; Medical Tourism; Testimonials; Marketing Tool

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INTRODUCTION

Medical tourism in Malaysia is a relatively new industry due to its conception in the late 1990s. Nevertheless, it is also seen as one of the world's fastest-growing industries (Yeoh, Othman, & Ahmad, 2013). Meanwhile, the Chief Executive Officer (CEO) of the Malaysia Healthcare Travel Council (MHTC) stated that global medical travel was worth USD 19.7 billion in 2016 and is expected to reach USD 46.6 billion in 2021 through a Compound Annual Growth Rate (CAGR) of 18.8% (Nisha, 2017). This industry is peculiar to the behaviour of foreign patients from developed nations such as Australia, the United Kingdom (UK) and the United States (US) travelling to less developed or developing economies such as Costa Rica, Mexico, Thailand and Malaysia (Yeoh et al., 2013) to undergo medical treatments.

Nevertheless, patients also travel to other developed countries such as South Korea due to the strength of Word-of-Mouth (WOM) that brings confidence to them (Choi, Kim, & Lee, 2018). This proves that WOM is an essential tool for the survival of their hospitals as it helps healthcare providers to create a better marketing strategy (Lee, Han, & Lockyer, 2012). Therefore, service providers and authorities in the medical tourism industry utilise the WOM and carve their strategies to attract more health travellers (Lee et al., 2012; Sundaram, 1998).

As Malaysia has been nurturing this industry for over two decades, statistics have shown an increasing number of inbound medical tourists (Malaysia Healthcare Travel Council, 2019b). Apart from that, Malaysia has also been receiving numerous global recognitions such as 'Best Country in the World for Healthcare'. Furthermore, Malaysia has also won various awards from the International Medical Travel Journal (IMTJ) Medical Travel Awards such as 'Health and Medical Tourism: Destination of the Year' between 2015 and 2018 consecutively (Malaysia Healthcare Travel Council, 2019c). Nevertheless, Malaysia still faces the issue of low industry development as 'Medication' only takes up 3.4% of the total foreign tourist expenditure in Malaysia in 2018 (Tourism Malaysia, 2019a). This figure does not change much since previous years of 3.7% (2017), 3.6% (2016) and 3.1% (2015) (Tourism Malaysia, 2016, 2017, 2018).

This issue occurs due to the low utilisation of high-value treatments among medical tourists who mainly visit Malaysia for health screenings and dental programmes (National Transformation Program, 2017). Although cardiology, orthopaedic, and fertility are among the top chosen treatments, their amount is not translated in the Total Foreign Tourists' Expenditure thus resulting in the mentioned figures. As a means to solve this issue, the present research aims to delineate the strengths of WOM as a tool for marketing activities. Apart from that, this article also aspires to delineate the real-world challenges that the industry's very own service providers are facing with regard to WOM thus crafting the suggested solutions for the attention of the relevant authority.

BACKGROUND OF STUDY

Having derived the problems, scope and aim of the study, this section discusses extant literature pertaining to Malaysia's medical tourism and an overview of WOM. Therefore, it is found that WOM has attracted the attention of various scholars in the study of medical tourism. Nevertheless, there is a major ambiguity in the narrative of WOM that the present research has noticed.

Overview of the Medical Tourism Industry in Malaysia

Malaysia began marrying the medical and tourism sectors during the 1997 Asian economic crisis where the private hospitals had to resort to foreign patients in order to utilise the existing capacities (Yeoh et al., 2013; Yusof, Rosnan, & Zamzuri, 2019). Due to the decreased purchasing power, local patients have shifted their treatment preferences to public healthcare, leaving private hospitals with low occupancy rates. In light of meeting their ends meet, a number of private hospitals began reaching for patients in Indonesia to have their treatments undergone in Malaysia (Yusof et al., 2019).

Accordingly, the Thai baht devaluated in July 1997 causing the escalation of political and social crisis in Malaysia and Indonesia (Sakura Institute of Research, 1999). During those critical times, Malaysia's annual Gross Domestic Product (GDP) growth dropped to -7.4% in 1998 from 7.3% in the year before and rose up to 6.13% in 1999 (The World Bank, 2019) indicating severely deteriorating business activities. Accordingly, Sakura Institute of Research (1999) explained that Malaysians became more conservative in their spending behaviour resulting in them cutting down their expenses which were also due to the 6.0 % unemployment rate in 1998.

Meanwhile, private consumption which has been rising consistently by over 5% annually since 1994, dropped to -6% in 1998, thus affecting various other industries. Specifically, Yeoh et al. (2013) described that the undesirable situation affected the healthcare sector as many of the local patients reverted to public hospitals leading the private hospitals to issue "code blue" signals from the poor utilisation rates in the clinics, wards and other facilities. Consequently, Malaysia's public healthcare saw an increase between 10% and 18% in the number of patients while private healthcare providers including hospitals and clinics showed a prominent decrease of between 10% and 30% (UNFPA, 1998; cited in Yeoh et al., 2013).

Nevertheless, medical tourism which was initially deemed as a solution to a daunting economic turmoil for private healthcare is now seen as one of the key income drivers to spur the growth of the Malaysian economy (The Star Online, 2018). This is seen by the steady growth of the medical tourists' inflow and the revenue that they brought in as shown in Table 1 below.

Year	Number of patients	Revenue received (RM)
2011	643,000	527 million
2012	728,000	603 million
2013	881,000	727 million
2014	882,000	777 million
2015	859,000	915 million
2016	921,000	1.123 billion
2017	1,050,000	1.3 billion
2018	1,200,000	1.5 billion

Table 1: Records of the number of health travellers and revenue earned between 2011 and 2018 (Malaysia Healthcare Travel Council, 2019a)

An Overview of Word-of-mouth (WOM)

Scholars have come a long way in defining and describing WOM through various frameworks and proved its effectiveness as a marketing tool. This is because consumers engage in WOM to share their consumption experience (Sundaram, 1998). Thus, it can be classified under personal and informal communication, as well as formal mediums such as advertisements (Bansal & Voyer, 2000). Apart from that, literature has also posited that WOM is categorised into positive and negative forms of communication (Brown & Reingen, 1987; Sundaram, 1998).

WOM happens following consumers' involvement in a specific product and/or use situation (Dichter, 1966; cited in Medjahdi & Saoudi, 2016) through four varying states of involvement namely (1) Product involvement, whereby the consumer wishes to talk about the purchase and the gratification resulting from it; (2) Self-involvement, in which the user seeks for attention, recognition or status by describing the purchase to other; (3) Other-involvement, where the user shares the knowledge and experiences earned in order to help others; and (4) Message-involvement; which refers to the talk that is largely deriving from the means of presentation of the product such as commercial, advertisements or public relations regardless of whether or not the speaker has experienced. Moreover, Xu (2007) proposed that facilitated business-to-business (B2B) type of WOM, which creates an avenue for information sharing among industrial practitioners (Yeoh et al., 2013), are also affected by the product and audience characteristics as well as manufacturer influences. Apart from that, scholars have also discussed the motivations to deliver and accept the WOM such as strong ties (Brown & Reingen, 1987) and the receivers' and sender's expertise and perceived risks (Bansal & Voyer, 2000).

Advancement in technology as a medium of communication has given birth to online or electronic WOM, also termed eWOM. Today, patients are highly accessible to the internet and its ease of communication on various platforms that specialises in long messages (Facebook, Blog), pictures (Instagram) and videos (Youtube). Hence, eWOM communication refers to the behaviour of posting on the internet about the positive and negative statements on the experiences that consumers received (Hennig-Thurau, Gwinner, Walsh, & Gremler, 2004).
Similar to traditional WOM, eWOM has also been found to be positively related to consumers' decision-making processes. Numerous studies have also been conducted to look into consumers' motivation to engage in eWOM and convey their positive and negative WOM (Fu, Ju, & Hsu, 2015), the characteristics of persuasive eWOM (Teng, 2014) which constitutes argument quality, source credibility, source attractiveness, source perception and source style. Apart from that, Hennig-Thurau et al. (2004) also pointed out that positive and negative reviews provided by consumers are delivered through the Internet in a timely manner.

Despite the strengths of WOM, the present article finds a prominent loophole that deserves attention. Hence, it is realised that extant empirical findings fail to delineate the specific 'words' that attract the patients to Malaysia as well as the reasons behind trusting those 'words'. Hence, this study builds on previous research to describe the narratives of WOM. In tandem with the aim of qualitative research is to attain an understanding of the experience and meanings of a certain phenomenon (Merriam & Tisdell, 2015), which in this case is the WOM effectiveness, the present research embarked on qualitative research and constructed a single case study with an embedded unit of analysis on the medical tourism industry in Malaysia. Therefore, the method of the research taken is described in the following section.

METHOD

The present research aspires to build new knowledge in understanding the narrative of WOM in Malaysian medical tourism. Hence, an exploratory, qualitative case study was conducted with the service providers. Through

a cross-sectional approach, data were collected from two phases which are direct observations and in-depth interviews. It is important to note that this article is part of a bigger study that the researchers conducted. Therefore, the interview protocol and data analysis were based on the initial research project. In relation to that, WOM is rather a new theme that arises from the initial data analysis.

Hence, an analysis of the literature brought the researchers to derive the prominent stakeholders in the medical tourism industry. They consist of i) private hospitals, ii) medical doctors, iii) healthcare facilitators and iv) government agencies. As this article is a subset of a bigger project, 'government agencies' are ruled out from the findings and discussions. Thus, a sample of the private hospitals was derived from the MHTC website.

In phase one, the researchers conducted direct observation of two different events namely:

(i) InsigHT2018 Market Intelligence Conference organised by MHTC in September 2018
(ii) Private Healthcare Productivity Nexus (PHPN) Implementation Strategy Workshop organised by a government agency in October 2018.

Field notes were made throughout the programme as the audio recording was not allowed. These notes were then written in Microsoft Word and uploaded on the Atlas.*ti* software to be analysed. This article does not intend to discuss the findings that were attained from phase one. However, these events provided rich information about the current challenges and future avenues in the medical tourism industry. Further, the researchers get to build rapport with private hospitals and healthcare facilitators who were then involved in phase two of the data collection. Hence, name cards were exchanged which then led to the next phase.

Phase two of data collection took place between December 2018 and April 2019. This was when the researchers conducted in-depth, semi-structured interviews with the stakeholders. The first stakeholder group is private hospitals that are listed under the elite and ordinary membership of MHTC (n=7). Meanwhile, the second stakeholder group is medical doctors who are a physician and consultant cardiologists respectively (n=2). Finally, the third stakeholder group is healthcare facilitators (n=2). The sample size was based on 'information saturation' which means that the researchers stop collecting new data as they arrived at similar findings from the participants. In this case, each participant group has delivered the same answers about their present challenges and the strength of WOM in developing the medical tourism industry.

Hence, 10 individual face-to-face interviews were conducted at their respective offices. However, one online interview was held with a healthcare facilitator due to geographical distance. Each session took approximately one hour and there were no repeat interviews conducted. Thus, the participants were reached out through phone calls and emails. For private hospitals such as Private Hospital 1, the researchers have previously reached out to the Chief Executive Officer (CEO) during the PHPN Implementation Strategy Workshop. Therefore, the next step was to call the hospital's general line and asked for the CEO Secretary's email address to request an interview with their Marketing Director. Similar steps were taken on several other hospitals such as Private Hospitals 3 and 5.

Moreover, the later hospitals that were interviewed were snowballed from the former participants. For instance, the CEO of Private Hospital 2 in Selangor introduced the researchers to the CEO of Private Hospital 6 in Penang. Consecutively the researchers were snowballed to Private Hospital 7 in Johor. Thus, the participants range from CEOs, Marketing Directors and Executives, as well as Marketing Clerk that handles the medical tourists at their International Patient Centre. Likewise, the healthcare facilitators were first met during the InsigHT2018 Market Intelligence Conference. Thus, they were reached out through *Whatsapp* text messages and emails to ask for their interest to participate in the interview. On the other hand, the medical doctors were reached through the researcher's acquaintances which took a more informal approach.

Before the interview commenced, participants were asked to provide their signature on the interview protocol stating their agreement to voluntarily participate in the research as well as to be audiotaped. Hence, the researchers' mobile phone was used to record the conversations. Two private hospitals, however, requested to not be recorded. Therefore, field notes were made in more detail with these two participants. After each interview session, the researchers wrote as many notes as possible on their notebooks and later type them on Microsoft Word before uploading them on the Atlas. *ti* software. The interview protocol also states the interview questions. It revolves around the determinants of industry stakeholders, challenges in developing medical tourism and collaboration between stakeholders. While the questions were provided ahead of time, it was only used as a

guideline. Instead, actual discussions were generally led by the participants as the researchers wanted to discover new knowledge from their perspectives.

To ensure trustworthiness, the participants were then emailed with a summary of the interview data. While many reverted, only some of them came up with minor amendments. This step was taken to ensure that the information conveyed to the researcher is of the best meaning that the participants meant to say. Furthermore, data triangulation was also conducted by comparing the findings between phases one and two of the data collection. Additionally, findings were presented in cross-tabulation data analysis which stands as the databases of the emerging themes, codes and participants. These measures are in line with the criteria of 'information quality' by Yin (2014).

Thus, data analysis was conducted alongside the data collection. Computer software was adopted to assist the researchers in organising the analysis due to the large massive amount of data in qualitative studies (Merriam & Tisdell, 2015). This study adopts the thematic analysis by Strauss and Corbin (1998). Through this technique, the researchers classified 'codes' in the interview transcripts and later grouped similar ones together. Specifically, the Atlas. *ti* version 8 was used to aid the 'coding', 'group coding' and finally building 'networks' between them. Further, comparisons between transcripts were carried out to get the major themes that interest the industry players. Findings and discussions on the data are presented in the next section.

FINDINGS

From the interview and analysis conducted, this research has managed to arrive at several major codes. This information is essential to understand the specific conditions of WOM and to see whether they are effective in the use of marketing activities for service providers. Hence, this section first describes the major theme of WOM as presented in Table 2 and Figure 1 below.

Codes	Example of Quotations	Freq.
Shout louder	*"The perception sometimes, I think we don't, we don't shout out enough to say our hospitals are so good comparable to the best in the world. We should be able to" (PH5)*	11
Advertisement restrictions	*"If the advertisements are not attractive, how are we going to attract people to come? Our allowable advertisements are not impactful. If you see China, they show their selling point." (PH2)*	7
WOM through family members and doctors, network with local leaders	*"In Country X maybe we have to focus on community leaders first. err. Because they follow the leaders." (PH6)*	3
Electronic media and testimonials	*"So the government has to bring it more in the newspaper, social medias, speak about this in the news so at least we get some publicity." (MCL)*	7
Ease advertisement restrictions	*Help us to allow information to be available online because some hospitals, you know like, missed their information about the hospital online probably because of regulation or because they are not used to it. (HF1)*	12

Table 2: Codes and quotations explaining the effectiveness of WOM in the Malaysian medical tourism industry

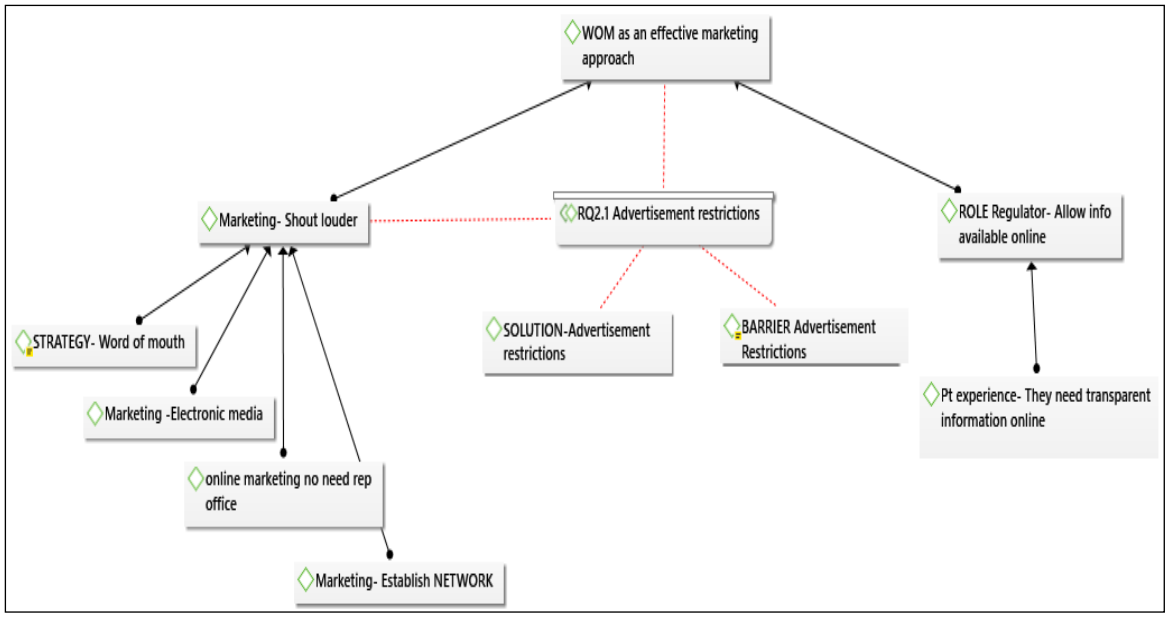

Figure 1: Coding Tree illustrating the emerging theme and its 'code groups' extracted from Atlas.ti

As shown in Figure 1, it is seen that the theme WOM emerged as participants mentioned the need to 'shout louder' about Malaysian medical services. This should be done through electronic media, the establishment of networks with local leaders and WOM of relatives and doctors. However, these efforts are barricaded by the restrictions imposed by the authority. Thus, the present article outlines several suggestions that could be taken into consideration. The following sections will discuss further participants' demographic information.

Participants' Demographic Information

The seven private hospitals that participated in the interview are derived from the elite and ordinary members of MHTC. These hospitals are labelled as PH1, PH2, PH3... PH7 and are scattered around Kuala Lumpur, Selangor, Melaka, Penang and Johor. Some of these hospitals, such as PH2, started medical tourism as early as 1997, during the Asian economic crisis. Accordingly, they had to resort to foreign patients to occupy their services on the premise. Meanwhile, some others such as PH4 and PH5 began this business activity in 2008 while the rest only started in around 2016. In terms of the percentage of patients, it is found that the majority of the hospitals have medical tourists taking up less than 10% of their total number of patients. Except for PH2, which has 30% of its patients coming as medical tourists.

As for the doctors, their names were suggested by the acquaintances of the researchers. Thus, an interview was set with each of them individually. These doctors are chosen as their hospitals fall within the sample. Further, they also serve medical tourists on top of the existing local patients. Doctor 1 (D1) is a physician specialist sub-specialising in cardiology, with a total of twelve years of experience. Meanwhile, Doctor 2 (D2) is a consultant in cardiology with a total of twenty years of practising medicine. Both of their hospitals are in Selangor. The research only took two medical doctors as information saturation has been achieved. These doctors were snowballed from private hospitals as they frequently mentioned the role of doctors in promoting medical tourism.

On the other hand, the two healthcare facilitators have their own demographic information. Healthcare Facilitator 1 (HF1) is an Indonesian-based company that offers information and connection with private hospitals in Malaysia. Due to the geographical distance, an online interview (*Whatsapp* Call) was held with HF1. Thus, HF1 brings in medical tourists from Indonesia to mainly Penang, Melaka and Kuala Lumpur. As of February 2019, HF1 has received over 1 million visitors on its website. Consecutively, they have made 600 confirmed appointments with Malaysian hospitals as of January 2019.

Meanwhile, another healthcare facilitator works in a department under MHTC referred to as the MHTC Concierge and Lounge (herewith referred to as MCL) in an international airport. Its exact location is retained to ensure confidentiality. As a lounge service, MCL is to assist medical tourists at the airport while waiting for their shuttle to arrive. Hence, the crew at MCL is to page for the patients, assist in their booking confirmation and liaise with

the International Patient Centre or Customer Service of the respective hospital. Should there be any issues, MCL will convey the message to both parties.

WOM of Relatives Residing or Have Had Treatments in Malaysia

During phase one of the data collection, it is learned that Malaysia is still less known among the outside world, let alone be called the destination country for medical tourism. The discussion in both events led to the need for more promotional activities to bring in more patients into Malaysia. Realising this concern, it is found that having relatives living or working in Malaysia is effective to attract medical tourists. In this, the WOM of their own relatives would appear as a strong marketing tool, especially for those who have had their treatments here.

This finding is supported by participants in phase two of the data collection. Specifically, MCL and HF1 unveiled that medical tourists are distinctively different from tourists given their poor medical condition. In most cases, patients can get grumpy and disorientated when they reach Malaysia given the long travel hours and differing time zones. Hence, MCL described;

> *"When you say tourism, it is definitely exciting but when it comes to the word medical, because I believe patients are the worst customers ever, when we compare with other sectors, because when they are patients, their mood, and their disease, their illness, their emotional mentality, behaviour would be slightly worse than the normal people"*

In view of that, these patients would prefer to go to the destinations where they are confident with the treatment provided. Specifically, they will be certain about the doctors' name and reputation and the hospitals' quality because those words came from their very own relatives. Thus, PH1 explained;

> *"Especially those that have expats as families living in Malaysia because they don't know this place, they are ill. It would be troublesome to travel from far, some more not knowing where to go around here. So, having their family member in here would be a strong reason for them to come here."*

Hence, receiving the WOM from their own relatives who live or have had treatments in Malaysia would be more convincing for these patients. This is because their relatives are familiar with the whereabouts of the specific hospital that they intend to go. The information builds the patients' assurance in terms of accommodation, food and the doctors' status. Apart from that, it is also worth noting that residing in Malaysia is derived as working or studying here. This is so because PH2 and D2 have been receiving patients from Somalia as their children are studying in Malaysia.

WOM by Prominent Figures

WOM is also found to be an effective marketing tool through foreign doctors who either had work experience with the famed specialists and consultants in Malaysia or that they have visited and known them in person. In this, D1 described in the interview that;

> *"Actually, the Doctor's work speaks for itself. For example, last time we used to have a doctor, his name is Doctor X. He's very famous cardiologist. And people come all the way from Indonesia, Pakistan, India to get treatment from him because he's known to be able to do complex procedures"*

D1 began to portray a case of a renowned Malaysian cardiologist who has had foreign attachment doctors working under him/her for quite some time. When going back to their home country, these attachment doctors would speak to their local patients about this particular renowned consultant in Malaysia. Hence, it potentially drives these patients to seek treatments here.

Similarly, PH4 and PH6 also mentioned that they have a strong connection with an outstanding consultant in a foreign country, which serves as a prominent WOM to channel those patients into Malaysia. In situations where the mentioned consultant is not able to run the procedure, or the healthcare services in their home country are not able to serve such treatments, he/she would suggest the patients consider Malaysia as their destination choice for health travel. Given Malaysia's excellent medical devices, well-regulated and governed clinical services, as well as reputable specialists and consultants, these add to the meanings of the WOM that is conveyed by the doctors to choose Malaysia as a destination country. Thus, PH4 described;

> *"For Country Y in particular, we concentrate more on paediatric (patients)… because paediatrics is core to our business. And we have a very strong partner in that country. We basically hold the chief of surgeon in that country. So, whatever (treatments) that he/she cannot do, he/she will refer the patient to us."*

The WOM of doctors and hospital representatives are deemed more reliable in choosing a destination for invasive medical treatments. Due to this, some doctors participated in their hospital's marketing activities specifically through health talks in specific targeted groups. In these events, patients' family members are the ones who are more interested to attend. They would leave behind the patients at home since they are ill. Hence, PH3 explained;

> *"Usually in my PowerPoint slides, I'll mention the attractive places, how far are they and how to get there. We have to explain that first because the ones coming to the talk are the family members. The patient stays at home! That's what we need to promote."*

Thus, the WOM of the hospital representatives and consultants are transferred through the family members who participated in the health talks. As a result, the patients are more confident in choosing the specific doctor, hospital, and country because they have met the doctors who would potentially treat them.

Another marketing activity that doctors participate in is the health exhibitions that are typically done at shopping malls. At events like this, there could be booths by hospitals from various countries and patients get to meet the doctors in person to seek for medical advice. However, this technique is deemed less impactful, as described by a number of the participants due to the highly competitive environment in the exhibition. Nevertheless, PH5 delineated that some patients would bring their medical reports to their booth and talk to the doctors in search of recommendation. Hence, PH5 described;

> *"I have seen patients sitting with the doctor and talking and saying; 'I got this problem, these are my x-rays.' And they look at it. 'Do you think you can operate?' So, our doctors will look at it and say, 'No this one we can't do much anymore.' or This one yes we can do and this is roughly how long you have to stay, this is roughly how much will it cost.' And when we come back after the mission, on the same flight, the patient is also coming with us. Because they are so convinced this is the place we want to go.."*

Apart from that, the WOM of a community leader also serves as a strong marketing tool for these private hospitals. Locals in certain countries in the South East Asia (SEA) region have attachments with their community leaders. This is seen when their decisions to choose a destination country are affected by the WOM of their political leaders. Hence, several participants in the interview explained that networking with the local leaders in certain parts of Indonesia and Thailand is essential as they are the prominent figures to convey the WOM on Malaysia's medical tourism. Hence, PH6 described;

> *"In Country X maybe we have to focus on community leaders first. err. Because they follow the leaders."*

Electronic WOM (eWOM) Through Online Testimonials

The primary data also unveils that eWOM is one of the most effective means of marketing Malaysia as a destination for medical tourism. eWOM describes the use of testimonials through online platforms. For instance, PH6 has a highly utilised website and Facebook page that plays videos of their patients' testimonials. Thus, patients give their reviews about various aspects of the hospital services such as the treatments, airport pickup services, ambiance and the friendliness of the staff. It is generally agreed upon that testimonials play a strong role in driving medical tourists in as patients would want to read the stories of others and make thorough thoughts from there.

PH1 provided an analogy of how consumers would like to read online reviews and feedback about a particular eatery before deciding to give it a try. Hence, the same concept applies to medical tourism. It is found that patients' behaviour in the initial state of the decision-making process is that they would prefer to ask around for the best specialists and consultants in the desired treatments, the best doctor-patient relationship, and a holistic approach to the entire medical tourism experience. Therefore, reading the online testimonials through the hospitals and MHTC's website falls under the same patient behaviour. Therefore, PH1 explained that;

> *"Before you want to go eat some special nasi lemak, you would want to search on the internet, right? You look at their Facebook account, your reviews, how many stars do this nasi lemak place get? How is their food taste like? How are their services? So, the same with medical tourists"*

Moreover, the majority of the participants also described that the importance of online marketing is second to none. Private hospitals would integrate their testimonials into the hospital's online advertisements to make them even more impactful. PH1 described this as 'digital marketing' and it is a crucial aspect of the hospital's marketing outreach activities. Further, it also stands as a sales channel for the hospital. Meaning to say, online platforms do bring in medical tourists to hospitals. Hence, a summary of the findings is illustrated in Figure 2 below.

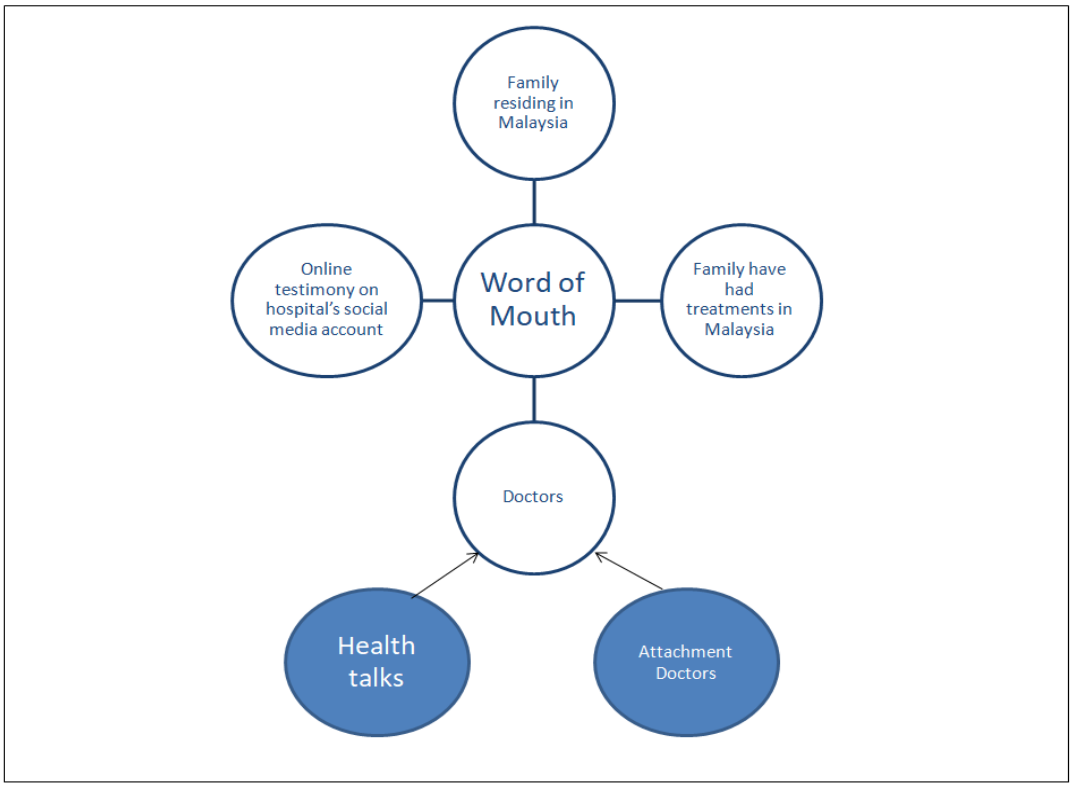

Figure 2: Narrative of WOM as an effective marketing tool for the medical tourism industry

Based on Figure 2 above, it is safe to say that WOM activities for the medical tourism industry in the 21st century do not only constitute verbal communication between relatives, friends and doctors as prominent figures. Instead, it also occurs through online testimonials that describe patients' experiences through the hospital's website and social media accounts. The more testimonials are available on the internet, it raises the chances of medical tourists choosing Malaysia as their destination country.

Challenges in WOM and How it Barricades Marketing Activities

As hospitals would release their patients' testimonials and advertisement through online platform, there is a prominent challenge that the researcher has arrived at. The Malaysian Medical Advertisements Board (MAB), under the Malaysian Pharmaceutical Services Division, requires that each of their posters, banners and advertisement billboard that is placed outside of the hospital premise to go through their approval prior to publishing. Majority of the private hospitals placed their concern over this restriction as the drafts of their billboards would have to undergo the inspection procedures and it takes up more of their time while they are chasing the publication deadline. Therefore, PH2 expressed;

> *"So now we rely much on mouth-to-mouth only, a classic strategy. If the advertisements are not attractive, how are we going to attract people to come? Our allowable advertisements are not impactful. If you see China, they show their selling point'*

Along with other hospitals, PH2 also described their uneasiness of such restrictions because it is claimed that our medical tourism advertisements are not as impactful as Singapore and Thailand. Consequently, our healthcare

providers' advertisements do not sound as attractive for the patients and it results in them choosing other countries instead. This raises their concern of winning to the regional competitors as private hospitals are hugely constrained from publishing their patients' testimonials. Thus, PH2 described;

> *"….Some more it takes one month to get their approval. It really doesn't help. You see Thailand, Singapore. They are champion in this. They allow for testimonials. But us, you see. How are we going to win if we have such restrictions?"*

Throughout the interviews, the researchers have learned that this is not much of an issue to some other private hospitals as they have already published the written and video testimony of their patients. It creates a little confusion on the extent that these advertisements and testimonials are supervised. Nevertheless, some other participants do not see this restriction as a barrier to their marketing activities as long as they do not publish superlative claims. Thus, PH3 claimed;

> *"Oh, we can, we can. So far, for the testimonial, we can't say that we're the best, the most- whatever, right? Just get statements from patients that 'they underwent treatment, they're fine, they're relieved, they're happy', we can do those. We can publish on our website"*

When suggested that the MAB could be doing this to protect the public welfare especially from the superlative claims and protecting the patients' identity, PH2 claimed that the hospitals could do the necessary procedures. This includes requesting the patients to sign the Personal Data Protection Act (PDPA) as an agreement to publish their words. Furthermore, the hospitals would be vigilant in ensuring that they manage the testimonials without having to make superlative claims. Thus, PH1 mentioned;

> *"Protect from what? For us, when the patient has signed the PDPA form, and that they allow us to do marketing and they signed the (testimonial) form, then why we still cannot advertise the testimony?"*

DISCUSSION

Findings from this study extend the understanding of 'trust' in WOM by illustrating the conditions under which trust would be needed. It is seen that WOM on its own may not be as strong as when it's combined with trust. In, it happens when the relatives are describing their experience of living in the desired country, undergoing the treatments, or even meeting the doctors in person. Trust and WOM have been established to be affecting medical tourists' destination choice and intention to travel as proven in numerous studies through various research frameworks and relationships (Abubakar & Ilkan, 2016; Choi et al., 2018). In fact, the findings were the results of integrating various moderating variables such as rising income (Abubakar & Ilkan, 2016), gender (Mohammed Abubakar, 2016), credibility, vividness, and tie strength (Zhang & Lee, 2016) into the relationship between WOM and destination choice.

Literature posits that WOM is among the strongest determinants for medical tourists' choice of destination (Al Farajat, Jung, Gu, & Seo, 2019). In fact, Zhang and Lee (2016) delineated that tie strength, credibility and vividness, also termed as the determinants of WOM effectiveness, do influence their choice of destination countries. The study was done on the public who are deemed potential medical tourists, in the major regions in China. Despite the large sample size of over 1,700 respondents, the authors fail to delineate the narrative of each determinant which gives ample room for the present study to be conducted.

Therefore, the present article is novel to the study of marketing as it delineates the narratives of WOM both through physical and virtual communication. This study has successfully explained that 'tie strength' as proposed by several scholars (Bansal and Voyer, 2000; Zhang & Lee, 2016) could come through families and relatives who are either expatriates or have undergone medical procedures in Malaysia. Meanwhile, 'credibility' (Zhang & Lee, 2016) can be described through meeting the doctors in person during health talks and exhibitions and as it escalates their trust in the service providers and the country. This is because the doctors are able to provide 'vivid' explanation of the patients' condition thus suggesting the necessary treatments.

Trust can also be developed by information exchange from online testimonials, especially in mass volume, which would create a prominent eWOM and thus positively affect the medical tourists' intention to visit a certain healthcare provider. While this research corresponds to Brown and Reingen (1987)'s call for further studies on

WOM that explore the information exchange behaviour among consumers, it is seen that, to a certain extent, strangers' eWOM are more impactful in influencing a patient's choice of destination.

In view of this, a quantitative study was conducted in South Korea which sought to understand the major determinants for Emirati patients to visit Korea (Choi et al., 2018). Accordingly, a total of 55 questionnaires were collected from medical tourists and health professionals (physicians and caregivers) at the International Health Services of Samsung Medical Centre (SMC). Therefore, from the patient's perspective, it is found that WOM took up the largest percentage (60.69%) as the determinant for Emirati patients to visit South Korea before government/agency support and advanced medical care and technology.

Specifically, in Malaysia, a study on the demographics of medical tourists in this country was conducted by Yeoh et al. (2013). From 534 sets of returned questionnaires, it is unveiled that foreign patients were channelled to Malaysia by their friends, family members and doctors. Therefore, the present article adds to the body of knowledge by adding that the WOM coming from patients and local leaders is also effective. In these clusters would offer the specific 'words' that medical tourists would want to hear including the hospital services, doctor's performance as well whereabouts of the eateries and other amenities.

As a way forward, this article calls for a sensible guideline to standardise the criteria of allowable advertisements and testimonials. This shall come in handy for the service providers to self-regulate their drafts prior to submitting them to the MAB. By providing doing so, it would facilitate the approval process thus reducing the time taken to process each advertisement drafts. As a result, marketing activities can be run efficiently.

Nevertheless, the most important step that should be taken is for the MAB to gather the various stakeholders in the medical tourism industry and have open dialogues regularly. This dialogue does not only clear the air about the confusions on the advertisement and testimonial restrictions but also provides a better avenue to enhance the communication thus meeting the expectations of one another.

CONCLUSION AND RECOMMENDATIONS

Conclusively, findings from this qualitative case study with three embedded units of analysis have shown that WOM is a strong and effective tool in the marketing of the Malaysian medical tourism industry. Furthermore, it is also unveiled that 'trust' is developed through prominent figures such as doctors, as well as family members who either reside or have had treatments in Malaysia. Apart from health talks and exhibitions, the online platform escalates the delivery of WOM at a faster rate which allows more potential medical tourists to choose Malaysia as their destination country.

Several limitations are sensed during this study. Firstly, the research did not manage to interview a representative from the MAB. Having done so would potentially enhance the discussion as the researchers would get a wider view of the collaboration between private hospitals and the Tourism Board. Similarly, the present research did not manage to reach for Tourism Board at the federal and state level whose responses and insights may offer a bigger picture of how WOM and eWOM are run.

Therefore, future research is suggested to be conducted quantitatively in order to gain representativeness of the research. Apart from that, qualitative studies are also encouraged in order to gain the perspectives of the medical tourists themselves. Hence, interviews could be done to explore their experience and meanings of WOM and how did that affect their very personal decisions. The findings would do wonders in complementing the present article thus allowing for the creation of a holistic framework that caters to both patients and service providers

DECLARATION STATEMENT

The lead author affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest in this study.

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