

Determinants of Health Visit Appeal Based on Medical Tourism

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The purpose of this study to determine the factors that influence the attractiveness of health visits to Surabaya for the purpose of city-based medical tourism. The research design used in this study is an exploratory quantitative approach. The research paper used an quantitative approach method and a (analyser) factor analysis. The paper will also use a questionnaire as a tool to determine the respondent's perception, these are split into two groups, the first group is the renderer of services (management of the institution: health service, the management and employees of hospitals, health centres, and the individual health clinics in Surabaya) and the second group is the service user (consumer's Hospital and Health Center and Health Clinic). This method is carried out in three stages, the first stage, is to determine indicators of factors affecting the health of the appeal of a visit to Surabaya as city-based medical tourism obtained from the process of extracting data through in-depth interviews to both sides of informants in preliminary testing. The second stage, performed a pre-survey of 40 respondents to test the material questionnaire on respondents if it is understood. The third phase followed a close-ended-question structure to 400 respondents consisting of 100 outpatients at the hospital in Surabaya, 100 consumers in Surabaya, and 200 consumers outside Surabaya. The sampling technique was conducted with purposive non-random sampling. The results of the research show that six factors are influence the attractiveness of health visit to Surabaya as medical tourism-based in the city. The six influencing factors are: firstly the credibility of the medical team, the quality of service to the patient, the technological level of the medical equipment, hospital management, price comparison with benefit, and the level of communication to patient and family. The credibility of the medical team is the highest factor in influencing the appeal of health visits to Surabaya as a medical tourism-based city. However, communication to patients and families is the lowest factor in influencing the appeal of health visits to Surabaya as a medical tourism-based city. The implications, the medical team needs to make improvements in terms of developing a good communication

relationship pattern with patients and their families, developing better ethical and empathy attitudes, and prioritising patient safety so that people are satisfied. The government also needs to involve relevant industries, such as the health industry, the insurance industry, the pharmaceutical industry and the regulators that must be integrated with local/national tourism development programs.

Key words: *Factors, Attraction, Health Visiting, Medical Tourism.*

Introduction

The tourism industry has grown to become the largest service industry in the world, and it is increasingly difficult for the government to manage this sector. Most developed or developing countries, taking into account the tourism industry as one of their main economic priorities. According to Rosy Mary (2014) in Ganguli (2017), Asian countries, for example, Thailand, Singapore and India are recognised as the three main players of this continent and are projected to account for more than 80% of the Asian market in the future. The tourism industry in Indonesia has contributed to more than 13% of Indonesia's GDP since 2017. Tourism revenue has increased since 2017, from 182.0 billion Rupiah to 223.0 billion Rupiah in 2018 (Ratnasari et al., 2020). The tourism industry has the potential to become a major economic driver of a nation, especially for developing countries like Indonesia, which are aiming to diversify their income streams (Ratnasari et al., 2020). This study provides a framework to identify the factors that need to be assessed to determine if a place has the potential for a thriving medical tourism industry and how this potential can be realised. There is a need to take a holistic approach in assessing the suitability of a place and to help identify performance deficiencies of both public and private stakeholders. With this approach combined with feedback from relevant stakeholders, the importance of tourism is not limited to creating career opportunities and generate revenue. Tourism and the travel industry has undergone tremendous changes since the 1950s. These changes improve tourism services, and in the near future it is likely that Indonesia will benefit from a high-quality tourism sector. Currently, tourism is seen as a professional and robust activity in the world, and is considered one of the most important economic resources available to a nation (Hallmannetal.2012: 13-21 in Constantin, 2015).

The medical tourism industry is currently one of the fastest-growing industries in the world to be faced with new problems, obstacles, disputes, and threats (Sedianingsih et al., 2019). Wang (2012) Medical Tourism is one of the fastest-growing industrial sectors. Tourism refers to the activity of the people who are travelling places outside their usual environment for recreation, relaxation and pleasure. However, in the new era of globalisation, human lifestyles continue to change rapidly. With the development of the international aviation

industry which once had clear regional characteristics is now developing a service mode of participating with the traditions regarding medical tourism. Various definitions have been proposed, Hunter-Jones (2005) defines medical tourism as the way to recovery, instead of travelling to direct treatment. Additionally, Hall (2011) suggested that, until lately, medical tourism is included in the overall context of health tourism. Glinos and Baeten (2006) describe medical tourism as an activity of patients who go abroad to seek medical care to cater for some relative weakness in the national health care system of their own activity. *traveling* is not just roads, but all treatment. Therefore, the concept of "*medical tourism*" has been developed in Asian countries, the concept has already been widely developed. China becomes a destination for organ transplants, plastic surgery is popular in South Korea, and Thailand is popular as a place to repair the teeth and tighten facial skin. At this time, at least more than 600 thousand Indonesian patients seeking treatment abroad and this costs at least 20 trillion Rupiahs annually. The number was simply fantastic in the middle of the current economic difficulties (Zuardin, 2015). According to Nagar (2011) for example, many hospitals in Thailand and Malaysia have a specific prayer room and halal food for their Muslim patients. Therefore, the Surabaya city government must develop *medical tourism*.

There are several definitions of medical tourism. One definition considers medical tourism or medical travel as a trip abroad for a detox, diet, dental care or surgery. This trip should involve at least a chance to stay in a foreign location where the treatment takes place (Sadromotaz & Agharahimi, 2010: 516-524). According to Edelheit, president of the Florida Association of Medical Tourism, medical tourism refers to tourists from other countries travelling to receive medical treatment.

Medical tourism is one of the most important indicators of the tourism industry and both the economic and social benefits are significant. Typically recognised as international trips where someone makes use of local medical infrastructure to treat a medical less compared to the same treatment in the home country (Edelheit 2008: 9-10 in Constantin, 2015). Medical tourism requires infrastructure support, one of which is the hospital. The hospital was built to provide health services to the community. The *American Hospital Association* (1996; Tarin, 2009: 19) provides a definition of the hospital as an organisation through which trained professionals are organised and means medicine is provided that permanently organises medical services, nursing care continuous, diagnosis and treatment of diseases suffered by patients (Ratnasari and Masmira, 2016).

However, the role of the hospital not only as a management function implemented devoted to providing health services to the community (Ratnasari and Masmira, 2016). Currently, the hospital can play a supportive role in health-based tourism. In East Java, Surabaya in particular, the need for health services has increased rapidly (Sedianingsih et al., 2018). Surabaya is known for trade and services, and the city should optimise the service sector,



especially health services. Hopefully, Surabaya will have the appeal of a visit in the health sector known as *medical tourism* by consumers in Surabaya (Citizens that do not need medical treatment abroad), for consumers in eastern Indonesia, and even consumers from foreign countries. Thus, , Surabaya's health tourism industry will grow as a health referral centre the MEA has a new effect since December 2015.

Surabaya Mayor Tri Risma Harini states that the actual quality of hospitals and doctors in Indonesia, especially Surabaya is compatible to the hospitals in Singapore, Malaysia and Thailand. Furthermore, at least the infrastructure is capable to taking back citizens who choose to seek treatment in Surabaya rather than Penang, Malaysia or Singapore. This becomes very important because based on BPS (2015), the potential consumers who live in the Surabaya region amounted to 3.2 million people this is the *market* that cannot be removed. In addition, the need of health services in East Java has experienced a rapid increase. Based on the information provided by the Surabaya Central Statistics Agency (BPS), the health care facilities available in Surabaya amounted to 1,043, which is in the form of hospitals, health centers, pharmacies, and other health facilities.

Health tourism or medical tourism can include the quality of health services as well as several other facilities such as better accommodation, shopping and arrangements for consumers to conduct recreational activities (Sultana *et al.*, 2014). Therefore, it becomes essential for hospital management to pay attention to good health care, the need to implement quality of service. Quality of care is particularly important in customer satisfaction (Cronin and Taylor, 1992). Quality of service is recorded as a main prerequisite for establishing and maintaining satisfactory relationships with consumers (Lassar *et al.*, 2000). Quality of service is the result of long-term cognitive evaluation generated by consumers with the services delivered by marketers (Lovelock and Wright, 2007: 96). Superior service performance results when the service is on the level expected by the consumer, including health care. According to research Gratzner, Ljungbo (2014) in Smith (2016) stated that the consequences of increased competition in the global medical tourism sector is a necessity in order to increase specialisation in hospitals, clinics and medical research institutes.

Therefore, Surabaya has a lot of potential due to the city containing several of the largest hospitals in Indonesia. Specifically, Surabaya has 62 hospitals classed as type D, 60 health centres, five major laboratories and five health clinics (yield interview with the management of Health Office of East Java Province, December 2015). This level of infrastructure suggests that Surabaya region has an appeal for *medical tourism* in addition to Surabaya being known for *business and entertainment tourism* and *tourism* education. Smith (2016) the following factors cannot be separated from *medical tourism* among the tourism sector, healthcare and medical means it is important to consider innovative services. Johnston (2015) directs the research results on the opinion of prospective medical tourists. Information was obtained that

prospective medical tourists will participate in medical tourism; they will adjust the travel distance (Buzinde & Yarnal, 2012). However, it is different in the public health and medical discourse. As medical tourists, people travelling across internationally for medical treatment have high levels of financial strength and relatively high freedom to choose medical treatment. It is expected that, in the future, the hospitals in Surabaya should be able to offer a package of health services and thus bring superior services. Likewise, the number of citizens of Surabaya who prefer medical treatment abroad will return for treatment to a hospital in Surabaya. Therefore, it becomes very important to do research with the heading "Factors Affecting Visiting Health Fascination in Surabaya City Based on *Medical Tourism*".

Literature Review

Tourism Destination Competitiveness

A desired destination of medical tourism should be able to provide commercial infrastructure and strong environmental factors. Comparative advantage capable of involving climate, environment, flora and fauna, while the competitive advantage associated with items produced such as health and medical care areas, historic sites, events, site transportation, government policies, the actual quality of management and skills of workers (Sultana *et al.*, 2014).

One of the most important factors is the quality of service provided by the destination country in the medical tourism industry. Medical tourists are very focused on this problem. Thus the country of destination must meet the expectations of the medical tourists through the quality of service and performance. In the organisation of the service provider, service quality is proven as an important determinant of competitiveness (Sultana, *et al.*, 2014).

According to the study Ryan (1995) in Chiu (2016) Satisfaction could be one of the most researched variables in tourism literature. Satisfaction can be regarded as a post-purchase evaluation or visit. In tourism research, Hunt (1983) in Chiu (2016) suggested that satisfaction is not just about pleasure travel experience but also evaluation. So satisfaction will come when consumers compare their initial expectations with their perceptions. Once perceived as a greater experience of the expectations of consumers are satisfied (Yüksel and Yüksel, 2001)

Medical Tourism

There are several definitions of medical tourism. One definition considers medical tourism or medical travel as a trip abroad for a detox, diet, dental care or surgery. This trip should involve at least a chance to stay in a location where treatment takes place

(Sadrmomtaz&Agharahimi, 2010: 516-524). According to Edelheit, president of the Florida Association of Medical Tourism, medical tourism refers to people travelling to other countries besides the home of a consumer to receive medical treatment.

Medical tourism is one of the most important indicators of the tourism industry to the economic and social benefits are significant, these are known as international trips where someone makes use of lesser treatment costs compared to the same treatment in the home country (Edelheit 2008: 9-10 in Constantin , 2015). Medical tourism requires infrastructure support, one of which is the hospital. The hospital was built to provide health services to the community. *American Hospital Association* (1996; Tarin, 2009: 19) provides a definition of the hospital as an organisation through a trained professional service which is organised and means medicine is permanently provided through medical services, sustainable nursing care, diagnosis and treatment of diseases suffered by patients (Ratnasari and Masmira, 2016). Mukherjee (2016) found in this case, medical tourism is composed of three forms, namely health tourism, travel and curative health care (Iordache et al., 2013). Health tourism related to health promotion such as ecotourism, nature-based travel etc. Health tourism consists of two aspects, Spa (spa, yoga, aromatherapy, herbal treatments, and Ayurveda treatment) and rehabilitation (such as hemodialysis treatment or therapy). In carrying out activities-based health services, *medical tourism*, according to Constantin (2015), explains the main features in terms of medical tourism, namely:

- a. A large number of people who travel for treatment;
- b. Patients travelling to treatment not in developed countries, but in developing countries, due to high-quality care at a low price, low cost and a variety of resources on the Internet;
- c. "Infrastructure" which was made on the web - in which the patient can calculate in advance the approximate price of health care services so that consumers will benefit from savings of travel costs.
- d. Industrial development: both in the private and public health sector of developed countries, but also developing sustainable investment in promoting medical tourism, a source of potential increasing external revenue. Care tourism industry dynamic is reinforced by a number of factors, including the economic climate, changes in domestic policy, political instability, travel restrictions, advertising practices, changes in the geopolitical circumstance and other forms of innovative and pioneering treatment that can help change consumption and production patterns health services, both domestically and abroad.

Quality Service

Quality is determined as an important issue for competitive success. Improving the quality and potentials in the travel and tourism can be challenging to implement because it involves people from different countries with different cultural backgrounds and differing demands. However, companies can improve service quality by lowering distribution costs and improve the services provided (Sultana *etal.*, 2016). Quality is a word that should be given to both the provider of services and to customers. Gietsch and davis in Tjiptono (2001: 4) defines the quality as a dynamic condition associated with products, services, people, processes and environments that meet or exceed expectations. According to Kotler and Keller (2016: 310) quality is all the features and quality of a product or service that affects the ability to satisfy stated or implied. While the definition of quality in Lupiyoadi (2008: 175) is a blend of characteristics which determine the extent to which *output* can meet customer expectations. Based on the above notions, a successful manufacturer providing good quality is when the product or service provided can meet or exceed customer expectations.

Quality of care is particularly important in customer satisfaction (Cronin and Taylor, 1992). Quality of service is recorded as the main prerequisite for establishing and maintaining satisfactory relationships with consumers (Lassar *etal.*, 2000). Numerous recent studies show that by improving the quality of services, the company is able to satisfy their customers and retain their loyalty (Lee and Murphy: 2008). Quality of service in the form of long-term cognitive evaluation results generated by consumers with the services delivered through marketers (Lovelock and Wright, 2007: 96). Quality of service has become the biggest differentiator, the most powerful competitive weapon for service organisations. In this context, an understanding of the interaction between factors such as quality of health services, outcomes and patient satisfaction has been a very valuable input for designing, managing and *benchmarking* localised health systems. Therefore, it is necessary for the concept of service quality to exist in the health context. As a result, we expect that the results will be used to guide the development of a competitive health travel policy (Chang *etal.*, 2013).

Excellent Service Quality

Ratnasari and Aksa (2011: 129-131) states that one of the excellent service quality approach are popular used as a reference in marketing research is a model SERVQUAL (*Service Quality*) developed by Parasuraman, Zeithaml, and Berry (1996). SERVQUAL built on their comparison of two main factors, namely the perception of the real customers for the services they receive (*Perceived Service*) with actual services expected/ desired (*Expected Service*). If the reality is more than expected, then the service can be said to be qualified, while if the reality is less than expected, then the service is said to be not qualified. Thus the *service*



quality can be defined as the extent to which the difference between reality and expectations of customers for services they receive/acquire.

Method

The research design used in this study is an exploratory quantitative approach. In this quantitative approach the research used method (analyzer) factor analysis, this method aims to reduce the number of indicators of research still using information gained as much as possible. The measurement method of research will be more easily understood through quantitative methods using a questionnaire as a tool to determine the respondent's perception. There are two groups, the first group is the renderer of services (management of the institution Health Service, the management and employees of hospitals, health centres, and Health Clinic in Surabaya, second biggest city in Indonesia). The second is the service user (consumer's Hospital and Health Center and Health Clinic). This method is carried out in three stages, the first stage, to determine indicators of factors affecting the health of the appeal of a visit to Surabaya as city-based *medical tourism* obtained from the process of extracting data through in-depth interviews to both sides of informants in *pre eliminatory test*. The second stage, performed a pre-survey of 40 respondents to test the material questionnaire if it is understood, the third phase followed by a structure *close-ended-question* to 400 respondents.

Results and Discussion

The result of factor rotation calculation in table 1, shows there are 6 factors formed. In rotation factor that can be interpreted as if they have value loading factors more than 0,5.

1. The first factor that has a value of more than 0.5 on indicators X9, X10, X11, and X13.
2. The second factor that has a value of more than 0.5 on the indicator X3, and X4.
3. A third factor that has a value of more than 0.5 on indicators X1, X2 and X6.
4. The fourth factor that has a value of more than 0.5 on the indicator X12, X17, X8.
5. The fifth factor that has a value of more than 0.5 on the indicator X7 and X14.
6. The sixth factor that has a value of more than 0.5 on the indicators X15, X6, X5, and X16

Table 1: Factor Rotation Results

	Component					
	1	2	3	4	5	6
X ₁	0,128	0,208	0,708	-0,230	0,073	0,089
X ₂	0,164	-0,088	0,813	0,157	0,075	0,105
X ₃	0,423	0,654	0,000	0,156	-0,080	-0,366
X ₄	-0,028	0,732	0,062	0,141	0,027	0,082
X ₅	0,222	0,069	0,102	-0,024	0,210	0,682
X ₆	-0,149	0,276	0,581	0,314	-0,044	0,621
X ₇	0,027	0,231	0,220	0,453	0,651	0,112
X ₈	0,058	0,487	0,179	0,500	0,228	0,232
X ₉	0,670	0,127	-0,110	0,198	0,039	0,150
X ₁₀	0,535	0,053	0,208	0,399	-0,113	-0,221
X ₁₁	0,575	-0,042	0,189	0,352	0,173	-0,123
X ₁₂	0,223	0,138	-0,257	0,705	-0,240	0,105
X ₁₃	0,643	0,410	0,068	0,038	0,053	-0,061
X ₁₄	0,149	0,136	-0,023	-0,048	0,827	0,086
X ₁₅	-0,016	0,094	0,101	-0,006	0,117	0,879
X ₁₆	0,086	0,064	0,102	0,039	0,099	0,692
X ₁₇	0,466	0,405	0,021	0,677	-0,403	0,215

After the factor rotation step then the next step is to perform factor interpretation. The purpose of this step is to determine which indicators can fit in a factor and which are not included in a factor. The naming of each factor in this research using the surrogate method, i.e. the factor is based on the value of loading the highest factor on each factor formed (Simamora, 2008 in Tetuko, 2010: 75).

The first factor that has a value of more than 0.5 on the following indicators: X9 performs the best health services, X10 provides after-hours service from the hospital, such as timed control, etc. X11 is very rare practice mall, and X13 hygiene and the comfort of the waiting room and the checkroom. Based on these indicators, the factor is called or named with the factor of quality medical service to the patient.

The second factor that has a value of more than 0.5 on the following indicators: X3 medical equipment is sophisticated, and X4 distribution of competent medical personnel at several hospitals in Surabaya is quite good. Based on these indicators, then the factor is called or named with the factor of medical equipment technology.

The third factor that has a value of more than 0.5 on the following indicators: X1 expertise is not much different from doctors who are in high-grade hospitals abroad, X2 credibility of the doctor according to his specialist expertise, and X6 Many doctors in Surabaya have certain

specialisations recognised by physician associations abroad. Based on these indicators, then the factor is called or named with the factor of credibility the medical team.

The fourth factor has a value of more than 0.5 on the following indicator: X12 promotes patient safety so that people are satisfied, X17 involves four industries such as healthcare industry, insurance finance industry, drug supply industry and government regulator, and more professional X8. Based on these indicators, the factor is called or named by the factor of the management of the hospital.

The fifth factor that has a value of more than 0.5 on the indicator as follows: X7 the price of services in the hospital is more expensive premium scale, but the package more complete, and X14 The cost of handling doctors and drugs tend to be more expensive. Based on these indicators, then the factor is called or named by the factor comparison of prices with benefits.

The sixth factor has a value of more than 0.5 on the following indicators: X15 develops a good pattern of communication relationships with patients and their families, X6 develops a better ethical attitude to patients, X5 develops empathy for better patients, and X16 time consultation with the doctor is too short. Based on these indicators, then the factor is called or named with the factor communications to patients and families.

Validity and Reliability Test

Based on the new dimension that formed after an exploratory factor analysis, a validity and reliability test confirmation must be done of factor results. The calculation results show that the six factors that have been formed have fulfilled the valid and reliable requirements. The six factors are factor of credibility medical team, quality of service to the patient, technological level of medical equipment, hospital management, price comparison with benefit, and communication to patient and family.

Table 2: Results Confirmation Factor Analysis

Factor	Indicator	<i>Corrected Item-Total Correlation</i>	<i>Alpha Cronbach</i>	Note
1 (factor of Credibility medical team)	X ₉	0.568	0.765	Reliable
	X ₁₀	0.567		
	X ₁₁	0.529		
	X ₁₃	0.508		
2 (Quality of service to patient)	X ₃	0.518	0.675	Reliable
	X ₄	0.544		
3 (Technology of medical	X ₁	0.506	0.680	Reliable

equipment)	X ₂	0.571		
	X ₆	0.655		
4 (Hospital management)	X ₁₂	0.583	0.618	Reliable
	X ₁₇	0.491		
	X ₈	0.514		
5 (Price comparison with benefit)	X ₇	0.486	0.654	Reliable
	X ₁₄	0.486		
6 (Communication to patient and family)	X ₁₅	0.414	0.661	Reliable
	X ₆	0.514		
	X ₅	0.472		
	X ₁₆	0.532		

According Sugiono (2005), reliability is a series of measurements or a series of measuring tools that have consistency when measurements are made repeatedly. While Sudjana (2004) said that, the reliability of a test is the accuracy or consistency of the test in assessing what it is, meaning that whenever the test is done will give the same or relatively similar results. According to Suryabrata (2004: 28), reliability shows the extent to which the measurement results with the tool can be trusted. Measurement results must be reliable in terms of having to have consistency and stability.

Discussion

The research results show that six factors are influencing the attractiveness of the health visit to Surabaya as city-based *medical tourism*. The six factors are:

Credibility Factor of Medical Team

The research results show that the credibility factor of the medical team has an influence on the attractiveness of the health visit to Surabaya with alpha value $0.765 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity.

There are three indicators of credibility factor of the medical team, firstly the expertise is not much different from doctors who are in high-grade hospitals abroad, the credibility of the doctor according to his specialist expertise, and many doctors in Surabaya have certain specialisations recognised by physician associations abroad.

It shows that the more credible medical team, the more attracted citizens to have medical treatment in Surabaya. The credibility of the medical team has high influence on the attractiveness of the health visit to Surabaya, so, the medical team should pay more attention to this matter to make sure that citizens will prefer medical treatment in Surabaya than

anywhere else. Because, patients believe that the more credible the medical team, the better results they will have in their medical treatment.

Quality of Service to Patient

The research results show that quality of service to the patient has an influence on the attractiveness of the health visit to Surabaya with alpha value $0.675 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity.

There are four indicators of quality medical service to the patient, that they are performing the best health services, provides after-hours service from the hospital, very rare practice mall, and hygiene and the comfort of the waiting room and the checkroom.

It indicates that the quality of service to the patient in Surabaya as city-based *medical tourism* affect the citizen's attractiveness when they need medical treatment. So, the medical team need to make improvements in quality service so that the patient are more satisfied, and then, the patient who prefers medical treatment abroad will return for treatment to a hospital in Surabaya again

Technology of Medical Equipment

The research results show that the technology of medical equipment has an influence on the attractiveness of the health visit to Surabaya with alpha value of $0.680 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity. The use of technology tries to see the extent to which a business utilises technology for management and marketing purposes (Ratnasari et al., 2019).

There are two indicators that affect technology of medical equipment factor, they are medical equipment is sophisticated, and distribution of competent medical personnel at several hospitals in Surabaya is quite good.

It shows that citizens prefer a place that has a high technological level of medical equipment than a place that does not for medical treatment. To have modern technology of medical equipment, the medical team need support from many sides to help them actualise their development programs in technology. It needed because citizens will assume that the higher technology of medical equipment they use, the higher chance of patients to recover.

Hospital Management

The research results show that hospital management has an influence on the attractiveness of the health visit to Surabaya with alpha value of $0.618 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity.

There are three indicators of hospital management, and they promote patient safety so that people are satisfied, involves four industries such as healthcare industry, insurance finance industry, drug supply industry and government regulator, and more professional.

It indicates that the more good hospital management, the more attracted citizens to have medical treatment in Surabaya. Hospital management has a high influence on the attractiveness of the health visit to Surabaya; it also involves many industries to operating with. So, the medical team must develop programs that will make it work and satisfying the patient with their service and hospitality.

Price Comparison with Benefit

The research results show that price comparison with benefit has an influence on the attractiveness of the health visit to Surabaya with alpha value $0.654 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity.

There are two factors of price comparison with a benefit factor, they are the price of services in the hospital is more expensive premium scale, but the package more complete, and the cost of handling doctors and drugs tend to be more expensive.

It cannot be denied that netizens always compare medical treatment in many hospitals, so, they can choose the best option. They will prefer a reachable price to get a more complete package of medical treatment. So, the betterservice of medical treatment they have, the more satisfied they get, and the price paid as comparable to the benefits will be overly more beneficial to the patient.

Communication to the Patient and Family

The research results show that communication to the patient and family has an influence on the attractiveness of the health visit to Surabaya with alpha value $0.661 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity.

There are four indicators of communication to the patient and family factor, they are developing a good pattern of communication relationships with patients and their families,



this develops a better ethical attitude to patients, develops empathy for patients, and timely consultation with the doctor is not too short.

It can be seen that the medical team needs to make improvements in terms of developing a good communication relationship pattern with patients and their families, developing better ethical and empathy attitudes, and prioritising patient safety so that people are satisfied with their services. As stated by Ratnasari et al. (2018) in an patient intimacy context, customers are the controller of the performance produced by the service provider. The more satisfied they get, the more attracted people to use medical treatment in Surabaya again than anywhere else.

Conclusion

The conclusion of the research shows that there are six factors influencing the attractiveness of health visit to Surabaya as medical tourism-based city. The six factors are credibility factor of the medical team, quality of service to patient, technological level of medical equipment, hospital management, price comparison with benefit, and communication between patients and family. The credibility of the medical team is the highest factor in influencing the appeal of health visits to Surabaya as a medical tourism-based city. However, communication to patients and families is the lowest factor in influencing the appeal of health visits to Surabaya as a medical tourism-based city.

The implications, the medical team needs to make improvements in terms of developing a good communication relationship pattern with patients and their families, developing better ethical and empathy attitudes, and prioritising patient safety so that people are satisfied. The government also needs to involve relevant industries, such as the health industry, the insurance industry, the pharmaceutical industry and the regulators that must be integrated with local/ national tourism development programs

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