

PREDICTORS OF HOSPITAL BRAND TRUST AND MEDICAL TOURISTS' SATISFACTION: A CASE OF SARAWAK MALAYSIA

Abstract

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Purpose –As medical tourism has become increasingly popular in recent years, competition has become more intense. Branding hospitals through brand trust is a marketing strategy to remain competitive. The purpose of this study is to examine the influence of advertisement, safety and security, and word-of-mouth on hospital brand trust. Furthermore, the influence of the hospital's brand trust, perceived service quality, and the satisfaction of medical tourists should be analysed. **Methodology/Design/Approach** – This quantitative study adopted purposive and quota sampling by distributing a self-administered survey questionnaire to medical tourists in three private hospitals in Sarawak. The collected data were analysed using partial least square structural equation modelling. **Findings** – The findings revealed that advertisement, safety and security, and word-of-mouth have a significant positive relationship with hospital brand trust. In addition, the interrelationship between hospital brand trust, perceived service quality, and patient satisfaction is significantly positive. **Originality of the research** – The novelty of this research is that it examines how hospital brand trust can influence the quality of services provided by healthcare providers. **Keywords** Advertisement, Safety and Security, Word-of-Mouth, Hospital Brand Trust, Perceived Service Quality, Patient Satisfaction

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INTRODUCTION

Medical tourism is considered one of the fastest-growing global industries in the world, as many patients around the world gain access to medical and healthcare services that were previously unavailable to them in their home country (Cham et al., 2020). Medical tourists usually migrate from developing countries to developed countries to receive medical care or services (Rahman, 2019; Cham et al., 2021b). However, since the late 20th century until today, it has been observed that an increasing number of medical tourists from developed countries are visiting developing countries. This has been possible because these countries can offer patients affordable, high-quality, short waiting lists and available procedures (Xu et al., 2020).

In this study, the definition of “medical tourism” proposed by Jagyasi (2008) was adopted: “activities whereby an individual who often travels either across another country or great distances, to obtain services in medical either directly or indirectly by engaging in business, recreation or other intentions”.

Since its beginnings, medical tourism has developed enormously over the years. According to mordointelligence.com (2024), the estimated value of the medical tourism market was valued at USD 93.72 billion in 2025 and is projected to be USD 218.16 billion in 2030. This lucrative business has attracted the attention of many countries, with the most promising developing countries currently being Costa Rica, India, Malaysia, Mexico, Singapore, Thailand, Taiwan, and Turkey (Cham et al., 2021b). The expansion of the medical tourism industry in Malaysia has improved significantly in the earlier years. However, it declined in the later years due to the COVID-19 pandemic. In 2018, 1,200,000 medical tourists came to Malaysia and generated RM1.5 billion in revenue. In 2022, 850,000 medical tourists generated RM1.3 billion in income (MHTC, 2024). This could have been the driving force for Malaysia to improve its competitiveness in medical tourism in this region as it faces strong competitors such as Singapore and Thailand in this region (Cham et al., 2021b) and needs to rebuild its business after the COVID-19 pandemic.

Although medical tourism in Malaysia is developing well overall, there are major differences in the development of medical tourism in the individual states of Malaysia. Sarawak, located in East Malaysia, was one of the states that recorded a low percentage of 4.08 in the number of incoming medical tourists in 2018 compared to other Malaysian states (MHTC, 2024; Online News Editor, 2019). Studies have indicated that the issue is caused by medical tourists' poor perception of service quality and satisfaction (Rahman, 2019). The primary issue that motivates this study is the lack of adequate research on hospital branding in the context of medical tourism (Cham et al., 2022b; Cham et al., 2021a). Research consistently reports that the branding of hospitals influences various factors, including the decision to travel, the perception of service quality, satisfaction, trust, and more. Given the above, the present study aims to examine the impact of hospital branding (brand trust) to improve the medical tourists' perception of service quality and patient satisfaction, which is anticipated to increase the number of medical tourists in Sarawak. Marketing techniques such as hospital branding (brand trust) can be used to build trust in the brand so that medical tourists can feel and experience the satisfaction expected from the hospital brand.

Studies have investigated the impact of brand trust on brand/customer loyalty in the context of product marketing (Bozbay & Baslar, 2020; Tuti & Sulistia, 2022). Similarly, studies have proven that brand trust is associated with customer satisfaction and behavioral intentions (Cham et al., 2023; Chin et al., 2024; Diputra & Yasa, 2021). In addition, studies have also been conducted to test the effect of brand trust on customer satisfaction in the context of healthcare services (Wulur et al., 2020). To attract medical tourists to Malaysia, Rahman (2019) suggested that healthcare service providers should improve their service quality and satisfy their customers. The literature reveals a limited and deficient impact of hospital brand trust on perceived service quality within the healthcare services context. This study was conducted for this specific purpose. Apart from this, researchers have conducted studies to investigate the influence of antecedents such as word-of-mouth on the brand image (Cham, 2016), safety and security, and word-of-mouth on the image of a medical tourism destination (Cham et al., 2021b). However, predictors such as word-of-mouth, safety and security, and advertisement influence hospital brand trust in the context of medical tourism and have hardly been researched. This discrepancy justified the need for the present study.

This study aims to understand how predictors such as advertising, safety and security, and word-of-mouth influence hospital brand trust. Also, this study aims to understand how perceived service quality can be influenced by hospital brand trust and, finally, how patient satisfaction can be influenced by perceived service quality. The following sections will review the literature, develop the hypotheses, develop the research model, analyse the data and results, discuss the implications, conclude, identify limitations, and outline future research directions. Furthermore, PLS predict will be used to evaluate the predictive ability of the developed model.

Based on the aim of this study, the following research objectives were as follows:

1. To investigate how advertisements affect hospital brand trust
2. To investigate how safety and security affect hospital brand trust
3. To investigate how word-of-mouth affects hospital brand trust
4. To investigate how hospital brand trust affects perceived service quality
5. To investigate how perceived service quality affects patient satisfaction

The following sections will review the literature, development of the hypotheses, research model, data analysis and the results, discussion and implications, conclusion, limitations, and future research directions.

The theories were applied to this study by examining the predictors of hospital branding, how hospital brand trust affects service quality, and the subsequent relationship with medical tourists' satisfaction, using the theoretical framework as a guide. Relationship marketing theory promotes patient-centric branding in healthcare facilities by emphasising the importance of the patient, directing all marketing efforts towards building strong and favourable brand trust, and influencing patient-perceived service quality and patient satisfaction.

1. HYPOTHESES DEVELOPMENT

Most researchers have not extensively researched medical tourism. They found it difficult to obtain data from respondents and healthcare providers because they wanted to disclose confidential information to the public. However, thanks to their persistence and assurances not to disclose personal information, the researchers were able to conduct this study, albeit on a limited scale. This study would cover predictors such as advertisement, safety and security, and word-of-mouth, which should influence the hospital brand trust. Subsequently, the researchers are keen to explore the influence of trust in the hospital brand, perceived service quality, and patients' satisfaction.

1.1. Hospital Brand Trust

Brand trust can be described as "a relational chemistry upon which the customer is emotionally and rationally attached to a specific brand name" (Hawass, 2013). Similarly, according to Chaudhuri and Holbrook (2001), brand trust is defined as "the willingness of the average consumer to rely on the brand's ability to fulfill the stated function", which is used as a definition in this study as it is about lower risk in medical patients.

Predictors Influencing Hospital Brand Trust

The predictors that influence hospital brand trust, which are included in this study, are as follows:

1.1.1. Advertisement

Advertisement is “the nonpersonal communication of information mostly paid for and usually persuasive in nature about ideas, products or services by identified sponsors through various media” (Bovee, 1992). Similarly, the advertisement can be described as “any paid form of nonpersonal presentation of ideas, goods, and services by an identified sponsor” (American Marketing Association). However, the following definition of advertisement is used in this study can be defined as “a paid, impersonal advertisement for a company and its goods or services that are sent to a target market via mass media channels such the internet, radio, TV, newspapers, magazines, direct mail, billboards, and public transportation” (Lee & Johnson, 2005). Advertising is used as a promotional strategy aimed at raising awareness of the product and influencing the purchasing decisions of potential customers (Ali, 2021). Building trust with medical tourists is crucial in the healthcare sector. To bridge this gap, it is recommended to use persuasive and moving commercials such as advertisements that can evoke empathy and optimism in patients (Fook et al., 2024).

Previous studies have shown that advertisement has a significant positive influence on consumer purchasing behaviour (Ahmed et al., 2017; Chine et al., 2019). Advertising is also associated with customers’ purchase intention (Ali, 2021). A study also found that advertising in Korean and American restaurants is associated with brand trust (Kwon et al., 2021). Similarly, the study by Fook et al. (2024) suggests that advertisements increase patients trust in a hospital’s branding. Therefore, it was hypothesised that:

H1: *Advertisement has a positive relationship with hospital brand trust*

1.1.2. Safety and Security

Previous studies have not considered safety and security, which can influence behavioural intentions when visiting a destination, as they are of fundamental importance. However, after the incident of 11 September 2001, this concern was heightened (Ayob & Masroni, 2014). In addition, the frequency and severity of security crises have increased over the last decade, affecting tourists’ perceptions and feelings when making travel decisions (Radović & Arabska, 2016).

Safety and security can be defined as the “protection of assets from hazards/ threats, thus creating a safe/ secure condition” (Radović & Arabska, 2016). In addition, safety and security can also be defined as “a situation that is relatively free from risks such as crime, terrorism, food, transportation, and natural disasters” (Cham et al., 2021a). This definition is adopted in the present study as it is more concerned with the risk to which medical tourists are exposed.

Tourists tend to stay away from a place where safety and security are an issue. If tourists have a positive perception of safety and security, this, in turn, affects their satisfaction with consumption, and they tend to recommend it to others (Abdullah et al., 2024; George & Booyens, 2014). The study conducted by Cham et al. (2021b) concluded that the major determinants of Chinese tourists’ travel decision to visit a place are associated with safety and service level risk. In the study by Fook et al. (2024), safety and security influences hospital brand trust. Therefore, the following hypothesis was developed:

H2: *Safety and Security have a positive relationship with hospital brand trust*

1.1.3. Word-of-Mouth

Word of mouth can be defined as “informal advice that is interactive, swift, and lacking in commercial bias, which can be conveyed between consumers (East et al., 2008). Similarly, word of mouth can be defined as “informal communications between private parties concerning evaluations of goods and services (Anderson, 1998). In addition, word of mouth can be described as “informal, person-to-person communication between a non-commercial communicator and a receiver regarding a brand, a product, an organisation or a service” (Harrison-Walker, 2001), which is used as a definition in this study. This definition is more suitable in this context as personal contact with family members, relatives, and friends is more appropriate.

Word of mouth can be seen as an important factor motivating medical tourists to seek medical treatment abroad (Choi et al., 2018). Word-of-mouth can be an effective method of communicating the brand message to consumers, which then leads to a better overall understanding and impression (Cham et al., 2016; Cham et al., 2021b). In addition, word-of-mouth can increase patients’ intention to visit hospitals (Cham et al., 2021a). Meanwhile, word-of-mouth has a positive relationship with the brand image of hospitals (Cham et al., 2016; Cham et al., 2021b) and brand trust in tourism (Wu, 2017). The following hypothesis was therefore developed.

H3: *Word-of-mouth has a positive relationship with hospital brand trust*

1.2. The Relationships between hospital brand trust, perceived service quality, and patient satisfaction

Since the quality of a firm’s services cannot be measured objectively, the only way to measure it is to measure consumers’ perceptions of quality (Parasuraman et al., 1985). According to Aliman and Mohamad (2016), service quality is an important determinant of an organisation’s success and survival in the competitive business world. Perceived service quality can be described as “the difference between predicted or expected service (customer expectations) and perceived service (customer

perceptions)” (Parasuraman et al., 1985). Furthermore, perceived service quality is best explained as “an evaluation process, where the consumer compares his/her expectations with his/her service perceptions.” (Grönroos, 1984). This study would adopt the definition of Parasuraman et al. (1985).

In the context of products, brand trust has a positive relationship with brand loyalty (Atulkar, 2020). Similarly, brand trust has a positive effect on the behavioural intentions of customers who visit restaurants (Alan & Kabadayi, 2014). Moreover, an earlier study concluded that brand trust has a positive effect on purchase intention (Ellitan et al., 2022). Similarly, hospital brand trust influences service quality in healthcare (Fook et al., 2024; Cham et al., 2022a). The following hypothesis was therefore developed.

H4: *Hospital brand trust has a positive relationship with perceived service quality.*

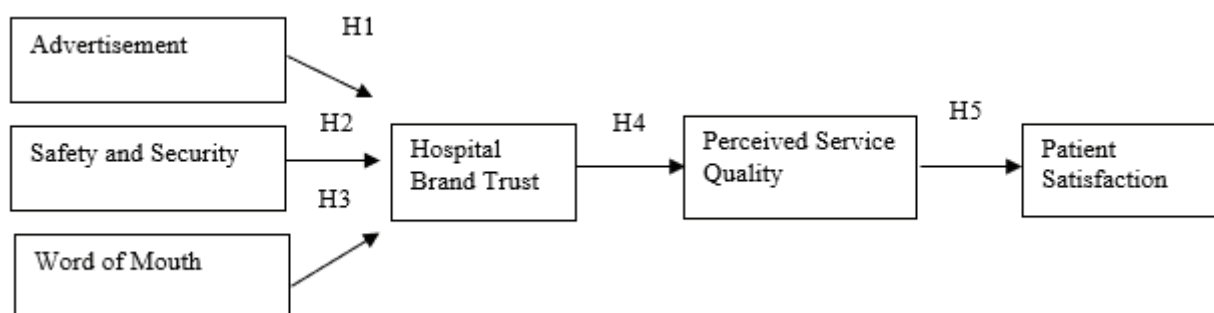
Customer satisfaction can be defined as “the consumer’s response to the evaluation of discrepancy between prior expectations and the actual performance of the product as perceived after its consumption” (Tse & Wilton, 1988). In addition, customer satisfaction can be described as “a person’s feeling of pleasure or disappointment resulting from comparing a product’s perceived performance (or outcome) to his or her expectations” (Kotler, 1997). It has been suggested that patient satisfaction is “the psychological state of patients that encompasses their positive or negative feelings or attitudes towards their experience and some specific aspects in the service encounter” (Chang et al., 2013). As this definition is more oriented towards medical tourism, it was chosen for the present study.

Researchers have concluded that perceived service quality is positively associated with customer satisfaction (Ali & Raza, 2017; Dam & Dam, 2021). Furthermore, researchers indicated that service quality is positively related to patients’ satisfaction with healthcare (Fook et al., 2024; Cham et al., 2022a). The following hypothesis was therefore formulated.

H5: *Perceived Service Quality has a positive relationship with patient satisfaction*

Based on the discussion above, a research model was developed. (Figure 1)

Figure 1: **Research Model with Hypotheses**



2. RESEARCH METHODOLOGY

2.1. Sample Design and Data Collection

In this study, the researchers focussed on Indonesian medical tourists in three private hospitals in Kuching, Sarawak. This is because most International medical tourists who visit Kuching come from Indonesia. The questionnaire was distributed in three months, from July 16, 2022, to October 16, 2022. A total of five hundred questionnaires were distributed to Indonesian medical tourists in three private hospitals based on purposive and quota sampling. However, only three hundred and forty-four questionnaires were collected, with a response rate of 68.8%. Before distributing the questionnaire, two screening criteria were applied to fulfill the definitions of medical tourists established by Jagyasi (2008). The two screening conditions were:

1. Respondents coming to Malaysia for medical services or treatment
2. By engaging in leisure, business, or other purposes either directly or indirectly

To statistically verify the correct sample size in this study, G*Power version 3.1.9.2 was used to run the programme with the parameters of using three covariates and a significance level of 5%. With a statistical power of 80, a sample size of 77 was calculated. As this study is a structural equation modelling study, a sample size between 150 and 400 should be sufficient, according to Hair et al. (2010).

The pre-test on the questionnaire was evaluated by experts from Academia and the Ministry of Tourism, Arts, and Culture to assess the content validity.

2.2. Common Method Bias

According to Podsakoff and Organ (1986), common method bias can be viewed as a methodological issue that happens when the estimation of the relationships between two or more constructs is biased because the measurement was done with the same method. The issues of common method bias lie more in the bias in the reliability and validity of measurements and the bias in the parameter estimation of the relationships between the two constructs. To minimise the issue of common method bias, the use of procedural strategies and statistical strategies has been emphasised (MacKenzie & Podsakoff, 2012).

In this study, the data were analysed using PLS-SEM. Therefore, the PLS-SEM statistical approach was the best approach to minimise the problem of bias from common methods. Kock and Lynn (2012) and Kock (2015) recommended the use of a full collinearity test to avoid common method bias. This involved creating a block of latent variables of the model that act as predictors and are directed against the only criterion, a dummy variable (Kock & Lynn, 2012), and using the VIF as the basis of measurement with a threshold of 3.3 (Kock & Lynn, 2012).

2.3. Measurement Scales

Advertisement was measured using six items adopted from Inoni (2017). These items reflect the attractiveness, focus, importance, usefulness, stimulation of repeated advertisement, and influence of advertisement. Meanwhile, safety and security were measured using five items adopted from Lim et al. (2018). These items measured the safe travelling, political stability, safe environment, terrorist target, and safe transport system of Malaysia. As for word-of-mouth, five items measuring word-of-mouth was adopted by Cham et al. (2016). These measures focused on how family/friends can influence medical tourists' attitudes, recalling some things medical tourists forgot, evaluating, and making decisions about a certain brand of hospital (Cham et al., 2016). Apart from that, hospital brand trust was measured using four items adapted from Chaudhuri and Holbrook (2001). These measures reflect on the trust, treatments/services offered, honesty, and safety of receiving treatments/services associated with the brand. Similarly, Cham et al. (2021a) suggested using five items that are based on dimensions of service quality, such as empathy, reliability, responsiveness, assurance, and tangibility, to measure perceived service quality. Finally, patient satisfaction was measured using four items adapted from Panjakajornsak (2008) focusing on making the right decision, choosing wisely, experience, and not being disappointed when using the hospital's services. The summary of the measurement items in this study can be found in Appendix AI.

3. DATA ANALYSIS AND RESULTS

3.1. Descriptive Analysis

Before analysing the data, the data was checked for missing values and the normality test was carried out using SPSS. No missing values were detected as the researchers engaged with the respondents face-to-face to ensure that all the questionnaires were completed. 344 responses were collected and 24 were found to be outliers and deleted, resulting in 320 responses were found to be useful. The Statistical Package for Social Sciences (SPSS) version 27 software programme was then used to carry out a descriptive analysis of the data collected. The demographic profiles and characteristics of the respondents were determined.

3.1.1. Sample Profile

The demographic profiles and characteristics in this study are shown in Table I. The gender distribution consists of males (42.8%) and females (57.2%). It is reported that most of the respondents fall in the age group of 56-65 (22.2%) and 46-55 (21.9%). In addition, most of the respondents were married (80.3%). The top three types of treatment sought by respondents were Comprehensive Medical Check-ups (68.4%), Orthopaedics (10.3%), and Sight/Lasik Treatment (9.4%).

Table 1: Medical Tourists' Demographic Profile and Characteristics

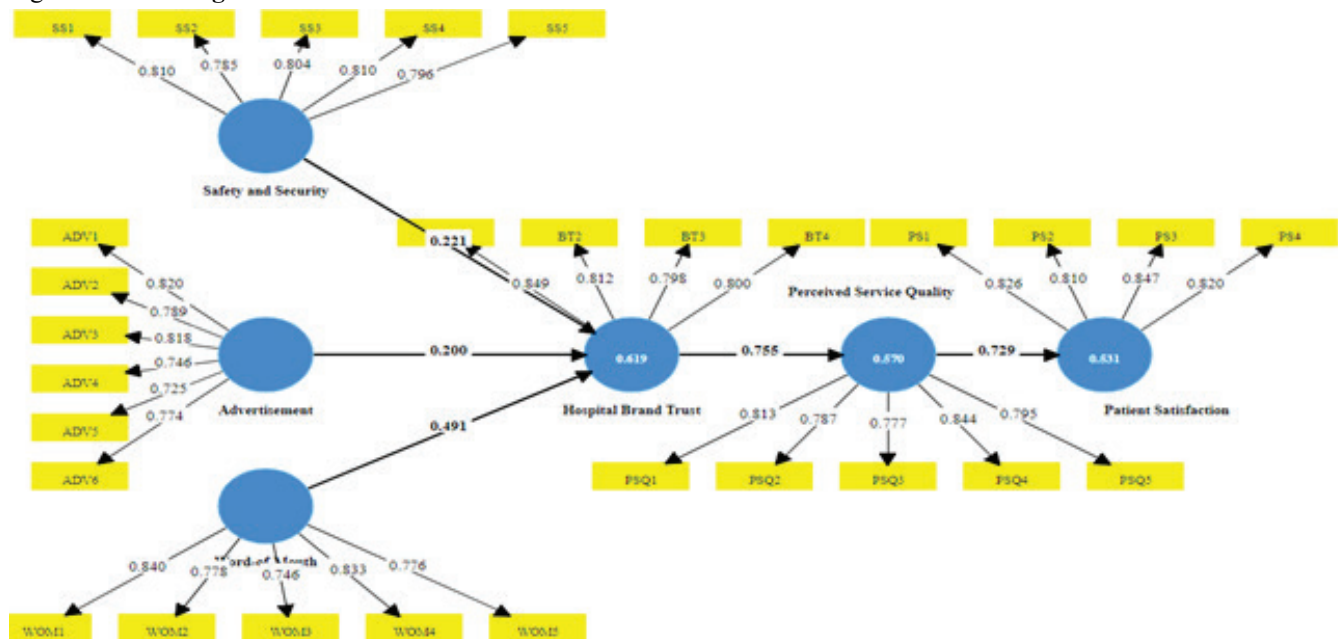
| Variables | Classification | Frequency | Percentage (%) |
|----------------|--------------------|-----------|----------------|
| Gender | Male | 137 | 42.8 |
| | Female | 183 | 57.2 |
| Marital Status | Single | 63 | 19.7 |
| | Married | 257 | 80.3 |
| Age Group | 25 years and below | 55 | 17.2 |
| | 26-35 years old | 25 | 7.8 |
| | 36-45 years old | 47 | 14.7 |
| | 46-55 years old | 70 | 21.9 |

| Variables | Classification | Frequency | Percentage (%) |
|-----------------------------------|---------------------------------|-----------|----------------|
| Types of medical treatment Sought | 56-65 years old | 71 | 22.2 |
| | 65 years old and above | 52 | 16.3 |
| | Comprehensive medical check up | 219 | 68.4 |
| | Cardiovascular surgery and care | 21 | 6.6 |
| | Fertility care | 2 | 0.6 |
| | Oncology | 12 | 3.8 |
| | Orthopaedics | 33 | 10.3 |
| | Sight treatment/Lasik | 30 | 9.4 |
| | Others | 3 | 0.9 |
| | | 320 | 100 |

3.2. Inferential Analysis

In this study, Partial Least Square Equation Modelling (PLS-SEM) is used to analyse the data by examining the measurement and structural model. The path diagram is shown in Figure II.

Figure 2: Path Diagram



Since the data were collected from a single source, a full collinearity test was first performed to test for common method bias, as suggested by Kock and Lynn (2012) and Kock (2015). All variables are regressed against a common variable, and there would be no bias from the single source if the VIF is ≤ 3.3 . The results of the construct's VIF range from 1.532 to 2.286, which indicates that they are less than 3.3. Therefore, it can be concluded that the single-source bias is not a serious issue with the data.

3.2.1. The Assessment of Measurement Model

The researcher used the 2-step approach to test the developed model (Anderson & Gerbing, 1988) as all the variables are measured reflectively. First, the validity and reliability of the instruments were tested on the measurement model (Hair et al., 2019; Ramayah et al., 2018). Second, the researcher tested the hypotheses that had been developed for the structural model. For the measurement model, in step one, the researchers assessed the outer loadings, average variance explained (AVE), and composite reliability (CR). The threshold values for outer loadings should be ≥ 0.708 (Hair et al., 2014), the AVE should be ≥ 0.5 (Hair et al., 2017), and the CR should be ≥ 0.70 (Hair et al., 2019). Table II shows that all the constructs had CR values above 0.70, AVE values more than 0.5, and outer loadings greater than 0.708. This confirms that the measurements were valid and reliable.

Table 2: Results of the Measurement Model

| Constructs | Items | Outer Loadings | AVE | CR |
|---------------------------|-------|----------------|-------|-------|
| Advertisement | ADV1 | 0.820 | 0.607 | 0.903 |
| | ADV2 | 0.789 | | |
| | ADV3 | 0.818 | | |
| | ADV4 | 0.746 | | |
| | ADV5 | 0.725 | | |
| | ADV6 | 0.774 | | |
| Safety and Security | SS1 | 0.810 | 0.641 | 0.899 |
| | SS2 | 0.785 | | |
| | SS3 | 0.804 | | |
| | SS4 | 0.810 | | |
| | SS5 | 0.796 | | |
| Word-of-Mouth | WOM1 | 0.840 | 0.633 | 0.896 |
| | WOM2 | 0.778 | | |
| | WOM3 | 0.746 | | |
| | WOM4 | 0.833 | | |
| | WOM5 | 0.776 | | |
| Hospital Brand Trust | BT1 | 0.849 | 0.664 | 0.888 |
| | BT2 | 0.812 | | |
| | BT3 | 0.798 | | |
| | BT4 | 0.800 | | |
| Perceived Service Quality | PSQ1 | 0.813 | 0.646 | 0.901 |
| | PSQ2 | 0.787 | | |
| | PSQ3 | 0.777 | | |
| | PSQ4 | 0.844 | | |
| | PSQ5 | 0.795 | | |
| Patient Satisfaction | PS1 | 0.826 | 0.682 | 0.896 |
| | PS2 | 0.810 | | |
| | PS3 | 0.847 | | |
| | PS4 | 0.820 | | |

In step 2, Henseler et al. (2015) suggested using the Heterotrait-Monotrait Ratio (HTMT) criterion to measure the discriminant validity. The threshold values for HTMT should be ≤ 0.90 , which was a conservative criterion (Gold et al., 2001). The HTMT values ranged from 0.602 to 0.886, below the threshold of ≤ 0.90 , indicating that discriminant validity was established and confirming the distinctiveness of the constructs. It can, therefore, be concluded that the measured values were valid and reliable.

3.2.2. The Assessment of Structural Model

When evaluating the structural model, it is important to clarify the issue of lateral collinearity. 1. The variance inflator factor (VIF) of the variables were hospital brand trust (1), advertisements (1.632), safety and security (1.659), word-of-mouth (1.821), and perceived service quality (1). All the results are lower than 3.3, which suggests that collinearity is not an issue (Kock & Lynn, 2012).

Next, this study reported the path coefficients, t-values, p-values, confidence intervals, hypothesis decisions, predictive accuracy (R^2), and effect sizes (f^2). Hahn and Ang (2017) recognised that p-values alone are not a good criterion to test the significance of hypotheses and suggested including a range of criteria such as p-values, confidence intervals, and effect sizes. In this study, the researchers used a two-tailed test to determine their t-values and p-values.

The results were tabulated in Table III using the criteria established to test the hypotheses developed. The advertisement ($\beta=0.200$, p-value= 0.000, CI (LB= 0.131, UB= 0.275), Safety and Security ($\beta= 0.221$, p-value= 0.000, CI (LB=0.155, UB= 0.295), and Word-of-Mouth ($\beta= 0.491$, p-value= 0.000, CI (LB= 0.401, UB= 0.582) were all positively related to hospital brand trust. Therefore, H1, H2, and H3 were supported. Similarly, Hospital Brand Trust ($\beta= 0.755$, p-value= 0.000, CI (LB= 0.1657, UB= 0.824) was positively related to perceived service quality. Thus, H4 was supported.

Lastly, Perceived Service Quality ($\beta = 0.729$, $p\text{-value} = 0.000$, CI (LB = 0.617, UB = 0.806)) was positively related to patient satisfaction.

The coefficient of determination (R^2) was used to measure the predictive accuracy of the model. The combined effects of advertisement, safety and security, and word-of-mouth on hospital brand trust resulted in a score of R^2 of 0.619, which clearly explained a variance of 61.9% in hospital brand trust. Therefore, giving a moderate level of predictive accuracy as suggested by Hair et al. (2017). As for hospital brand trust, this construct explained a variance of 57% in perceived service quality, which gave a moderate level of predictive accuracy. Finally, perceived service quality explained a variance of 53.1% in the patient's satisfaction, which resulted in a moderate level of predictive accuracy in the model.

As suggested by Cohen (1988) Cohen's f^2 can be used as a measure for assessing the effect size of a predictor construct. The advertisement (0.065) and safety and security (0.078) had a small effect in producing the R^2 for hospital brand trust, whereas the word-of-mouth (0.347) had a medium effect in producing the R^2 for hospital brand trust. Apart from that, hospital brand trust (1.327) had a substantial effect in producing R^2 for perceived service quality. Lastly, perceived service quality (1.131) had a substantial effect in producing R^2 for patient satisfaction.

Table 3: **Hypotheses Testing**

| Hypotheses | Relationships | Std Beta | t-values | p-values | 95% Confidence Level | | Decision | R^2 | f^2 |
|------------|----------------------|----------|----------|----------|-------------------------|-------|-----------|-------|-------|
| | | | | | LB | UB | | | |
| H1 | ADV \rightarrow BT | 0.200 | 4.581 | 0.000 | 0.131 | 0.275 | Supported | 0.619 | 0.065 |
| H2 | SS \rightarrow BT | 0.221 | 5.251 | 0.000 | 0.155 | 0.295 | Supported | | 0.078 |
| H3 | WOM \rightarrow BT | 0.491 | 8.832 | 0.000 | 0.401 | 0.582 | Supported | | 0.347 |
| H4 | BT \rightarrow PSQ | 0.755 | 15.088 | 0.000 | 0.657 | 0.824 | Supported | 0.570 | 1.327 |
| H5 | PSQ \rightarrow PS | 0.729 | 12.885 | 0.000 | 0.617 | 0.806 | Supported | 0.531 | 1.131 |

3.2.2.1. PLS-predict

Shmueli et al. (2019) suggested the use of PLS predict to test the predictive ability of a model. This method of PLS predict uses a holdout sample-based procedure that generates case-level predictions at the item or construct level using the PLS predict with a 10-fold procedure to check for predictive relevance. Shmueli et al. (2019) had suggested the following guidelines such as:

1. A strong predictive power will occur if all the item differences (PLS RMSE-LM RMSE) are lower than the LM model.
2. A moderate predictive power will occur if the majority of the item differences (PLS RMSE-LM RMSE) are lower than the LM model.
3. A low predictive power will occur if a minority of the item differences (PLS RMSE-LM RMSE) are lower than the LM model.

The results show that the majority of the errors of the PLS model are lower than those of the LM model. From this, it can be concluded that the researchers' model has a medium predictive power.

4. DISCUSSION AND IMPLICATIONS OF THE STUDY

Several points can be derived from this study that are worth considering.

To begin with, advertisement can be seen as a marketing tool to raise consumer awareness and perception and thus influence their buying behaviour (Fatima & Lodhi, 2015) and purchasing decisions (Ali, 2021). Promotion of Malaysia's healthcare services, which includes high-quality treatment, would strengthen trust in the brand and thus promote medical tourism in other countries. The finding of this study is in line with previous literature (Kwon et al., 2020; Fook et al., 2024), which indicates that advertising has a positive relationship with brand trust.

In addition, the study concluded that safety and security have a positive relationship with hospital brand trust. This indicates that the safety and security measures taken by the government and the hospital in question were effective and thus strengthened confidence in the brand. The finding from this study is consistent with studies by other researchers that indicate that safety and security have a positive relationship with destination image (Cham et al., 2021a), hospital image (Lim et al., 2018), and hospital brand trust (Fook et al., 2024).

Furthermore, the findings indicated that there is a positive relationship between word-of-mouth and hospital brand trust. This emphasises the importance of word-of-mouth for medical tourists' trust in the brand. As suggested by Cham et al. (2021a), positive and favourable feedback from family and friends through word-of-mouth would lead to higher brand favourability of the hospital

in question. The findings of this study are consistent with those of previous researchers who have found that word-of-mouth has a significant positive relationship with hospital brand image (Cham et al., 2016) and brand trust in tourism (Wu, 2017).

The findings also show that hospital brand trust is positively related to perceived service quality. This suggests that medical tourists trust the brand as they believe that the quality of the services offered will not be compromised and uncertainty will be reduced. The findings from this study are in line with the study of other researchers who concluded that brand trust has a positive effect on customer satisfaction (Wulur et al., 2020), consumer purchase decisions (Amron, 2018), and perceived service quality (Cham et al., 2022a; Fook et al., 2024). Thus, hospital brand trust was found to be related to perceived service quality in Malaysia's healthcare sector.

Last but not least, the study also revealed that perceived service quality has a positive effect on patient satisfaction in the context of medical tourism. This means that medical tourists are satisfied if they are satisfied with the services offered, which leads to a positive behavioural intention. Healthcare providers should focus on service-oriented strategies such as reliability, assurance, responsiveness, empathy, and tangibility to deliver superior quality of service. This finding is consistent with studies that indicate that perceived service quality has a positive effect on customer/patient satisfaction in the context of healthcare and hospitality services (Cham et al., 2022a; Zaid et al., 2020; Fook et al., 2024). This suggests that the perceived service quality can influence patient satisfaction in Malaysia's healthcare system.

4.1. Theoretical Implications

As for the theoretical contribution, the predictors such as advertisement, safety and security, and word-of-mouth played a critical role in influencing patients' trust in the brand, regardless of whether they had previous experience with the services or vice-versa. This finding implied that advertisement and word-of-mouth are important for medical tourists because they depend on these channels to obtain information. In addition, hospital brand trust, which was underexplored in previous literature, has a significant impact on perceived service quality. As a result, this empirical study has emphasized the importance of hospital brand trust, along with hospital brand image, as one of the determinants that help patients in their decision-making and evaluation of services. Additionally, this study has enhanced our understanding of how medical tourists perceive trust in the brand in relation to the quality of hospital services. Moreover, it is fascinating to note that service quality plays an important role in predicting patient satisfaction. Furthermore, the inclusion of predictors such as advertisement, safety, and security, and word-of-mouth in the hospital brand trust within the integrated model of the present study represents another significant theoretical contribution. To summarize, this study has contributed to the understanding of strategic, relationship marketing theory, and branding theory in the context of medical tourism.

4.2. Managerial Implications

Healthcare providers could take care to manage hospital branding well. This would increase trust in the hospital's brand, and patients would be satisfied with it. Hospitals should set up a brand management team to take care of brand maintenance. This could include setting up websites to promote their brand. Another practical contribution lies in the predictors such as advertisement, safety and security, and word-of-mouth, where insightful information can be obtained from medical tourists about their perception of hospital brand trust. Consequently, medical tourists will benefit from healthcare providers implementing their customized branding and promotional strategies once they have identified their choices. In addition, healthcare providers are encouraged to increase their efforts to improve the quality of services, build trust, improve web availability, and attract them. Hospitals must provide exceptional healthcare services to promote patient satisfaction. To provide good and well-managed service quality, hospitals should adopt service-oriented strategies that consider numerous factors such as responsiveness, assurance, reliability, tangibility, and empathy. Hospitals should also be equipped with modern, state-of-the-art technology and facilities to meet the needs of patients. Hospitals should regularly evaluate the degree of satisfaction of their patients. To assess patients' satisfaction, methods such as customer surveys, suggestion boxes, and other feedback systems could assist the hospital to improve. Healthcare providers and Malaysia's government can take note of medical tourists' feedback to improve and consider it when implementing medical tourism policies. Stakeholders, such as the government, could also improve air connectivity between Sarawak and Indonesia by offering more flights. With these measures, medical tourists will have a better experience and be more satisfied, which would benefit the medical tourism industry.

CONCLUSION

Due to the high profitability of medical tourism, many countries especially, in developing countries have entered this business. This has led to competition between players in the industry. Many organisations tend to be proactive by using hospital branding as a marketing tool to gain a competitive advantage over others. The outcome is an increase in patient satisfaction, thus influencing the behavioural intentions of medical tourists, be it in the form of revisit, loyalty, or word-of-mouth. This could increase Malaysia's GDP growth and strengthen the country's reputation as one of the best in the region.

Limitation and Future Research

This study has some limitations. To begin with, the respondents in this study were mainly from Indonesia. In order to gain a more meaningful insight into medical tourism, it is advisable to include all nationalities to allow for better generalisation and comparison in future studies. Next, this study was conducted as a cross-sectional study and cannot be generalised. Therefore, it is advisable to conduct a longitudinal study when time is not a factor in which the cause-effect relationships can be established, and this information is more meaningful. Last but not least, the researchers used the quantitative method to collect information from the respondents, and the feedback was limited. Therefore, it is recommended that a mixed method be used to corroborate the research findings within this study through triangulation.

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APPENDIX A1

| Variables | Measurement Items |
|---------------------------|--|
| Advertisement | 1) This hospital's advertisement is appealing to me. 2) I pay attention to this hospital's advertisement. 3) This hospital's advertisement is important for me as a medical tourist. 4) This hospital's advertisement provides me with useful information regarding its medical services. 5) My preference for this hospital's brand is influenced by their repeated advertisement. 6) This hospital's advertisement influences me. |
| Safety and Security | 1) It is safe to travel in Malaysia alone. 2) Malaysia is a politically stable country. 3) Malaysia has a safe environment. 4) Malaysia is not the target for attack by terrorists. 4) Malaysia has a safe transportation system. |
| Word-of-Mouth | 1) My family/friends influenced my attitude towards this hospital's brand. 2) My family/friends mentioned some things I had not considered about this hospital's brand. 3) My family/friends provided some different ideas about this hospital's brand. 4) My family/friends influenced my evaluation of this hospital's brand. 5) My family/friends helped me decide on selecting this hospital's brand. |
| Hospital Brand Trust | 1) I trust the brand of this hospital. 2) I rely on the treatment/services provided by the brand of this hospital. 3) I feel that this hospital provides an honest brand. 4) I feel safe receiving treatment/services from the hospital(s) associated with this brand |
| Perceived Service Quality | 1) The staff of this hospital understand my individual needs. 2) The staff of this hospital performs the medical service right the first time. 3) The staff of this hospital provides services promptly. 4) The staff of this hospital are trustworthy. 5) The hospital provides an environment, that is, free from danger. |
| Patient Satisfaction | 1) I am satisfied with my decision to use the service at this hospital. 2) My choice to come to this hospital is a wise decision. 3) My experience at this hospital is satisfactory. 4) I am not disappointed to use this hospital's service. |