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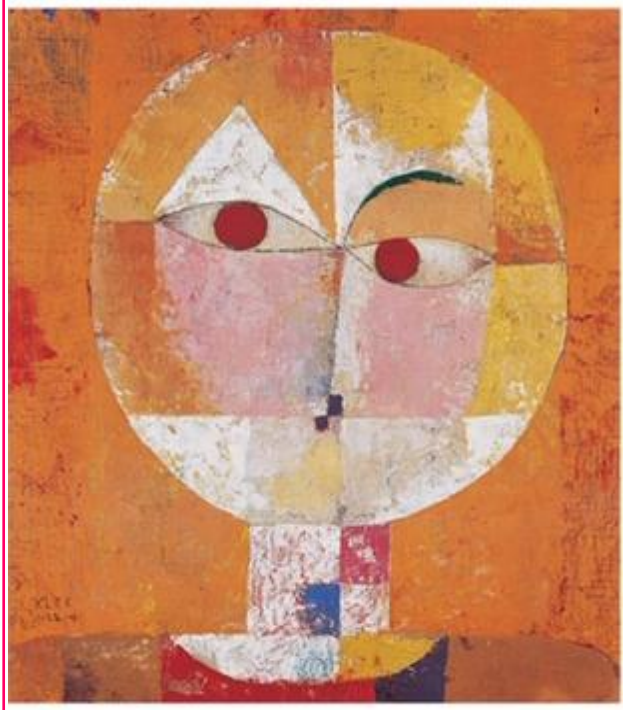

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Antecedents of recommendation and repurchase intention on medical tourism

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Abstract

The aim of the study is to investigate the antecedents of recommendation and repurchase intention on medical tourism. The research method that was used is represented in quantitative surveys and in-depth results using in-depth interviews. As a result, health care and the intention to reuse health services are the quality of medical services for patients, medical equipment technology, hospital management, price and benefit comparisons, and communication. In conclusion, health services and communication does not affect the intention to recommend health services.

Keyword: Recommendation, Intention, Repurchase, Intentio n, Health.

Antecedentes de recomendación e intención de recompra en turismo médico

Resumen

El objetivo del estudio es investigar los antecedentes de recomendación y la intención de recompra en el turismo médico. El método de investigación que fue utilizado está representado en las encuestas cuantitativas y los resultados en profundidad mediante entrevistas en profundidad. Como resultado, la atención médica y la intención de reutilizar los servicios de salud son la calidad de los servicios médicos para pacientes, tecnología de equipos médicos, administración de hospitales, comparaciones de precios y beneficios, y comunicación. En conclusión, los servicios de salud y

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la comunicación no afectan la intención de recomendar servicios de salud.

Palabra clave: Recomendación, Intención, Recompra, Intención, Salud.

1. INTRODUCTION

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. Movement of patients includes trips to other countries to get medical treatment. Traditionally, people from underdeveloped and developing countries will be developed in countries to carry out medical treatment and surgical procedures because of the unavailability of treatment in their host countries (WINDA, 2015). But now the trend has changed. The recent trend of moving people from developed countries is to develop medical treatment because of the cost factors offered by various developing countries at affordable prices, although traditional patterns still continue, another reason for illegal procedures in the country. This involves visitors traveling to a particular destination for patient opportunities for the best class of health services offered with professionals and experienced, at the most advanced medical facilities in the field of technology, and at affordable costs (MAHENDRO, 2017).

Hospitals as one of the health facilities that provide health services to the community have a very strategic role in accelerating the improvement of public health status. Therefore, hospitals are required to provide quality services and can reach all levels of society. According to SHAHIDUL (2018), quality health services are health services that can satisfy every service user in accordance with standards and professional codes of ethics that have been set. The old paradigm has shifted into a new paradigm of competition and work dynamics, including the health sector (SADEGH ET AL., 2017).

Patient satisfaction is a measure of the quality of health services. In addition, patient satisfaction is an important element in evaluating service quality by measuring the extent of patient response after receiving services. Improving the quality of health care services can be started by evaluating each of the elements that play a role in shaping patient satisfaction. Health care systems can be improved through clinical channels, services, including patient perspectives such as how well the health services they need. Conceptually, satisfaction is a reaction from consumers experienced and experienced services. In addition, satisfaction also considers what the patient feels. Consumers will provide an assessment of service features provided, by providing

something from the lowest level to the top (JANA ET AL., 2018).

Bendall-Lyon evaluates the structure and components of patient satisfaction with hospital services. They define the service structure as the physical environment and facilities where the service is given. Satisfaction is shown by the patient's attitude after receiving medical services from the hospital. If the patient feels that the service is provided, it will usually not be obtained from other people he knows. Patient Satisfaction Is Explained As A Word To Mouth (Word Of Mouth). In addition, satisfaction is also related to patient behavior (DWI ET AL., 2017: AIHIE & OHANAKA, 2019).

Surabaya has been claimed to be the City of Services and Trade. More than that, the city of Surabaya is a city of business with various take place activities. (http://surabaya.go.id/berita/8177-sosial-ekonomi) Business is carried out in the field of tourism services is very promising. Tourism services are not only about natural beauty, culinary and shopping, but also health. One of the Government's programs in the field of health and health services with complete infrastructure throughout the city of Surabaya, including hospitals (AHMAD & MARINA, 2018: LOKE ET AL, 2018: HONG & NHUNG, 2018).

The function of the Hospital is as a place for managing medical services, medical support, administration and management can also be used as a place of education / training and development. At present, hospitals in Surabaya continue to improve various modern medical facilities and experts who have received various international medical world awards. The facilities are more modern and comfortable. Ranging from complete specialist services, inpatient facilities to medical support services using the latest technology (SUHANA ET AL., 2017: AIHIE & OHANAKA, 2019).

2. METHODOLOGY

The research method used in quantitative surveys and in-depth results using in-depth interviews. The sampling technique is non-probability sampling, with a purposive sampling technique. The number of samples in the pre-survey and playing survey research totaled 440 people. The second stage, conducted a pre-survey, namely the distribution of questionnaires to 40 respondents. Then, the third stage was carried out with a closed-ended structure for 400 respondents consisting of 100 outpatients in hospitals in Surabaya, 100 consumers in Surabaya, and 200

consumers outside Surabaya Indonesia (VINEET & PUNEETA, 2018).

3. RESULTS

3.1. Hypothesis Testing with Partial Least Square (PLS)

The PLS test is an analytical method that is not based on many assumptions. Data does not have to be normally distributed, with nominal, ordinal, interval to ratio categories. PLS can be used to confirm the theory and explain whether or not there is a relationship between latent variables. In processing Partial Least Square (PLS) using smartPLS 3, it is carried out in two stages.

1. The first step is to test the outer model. In this stage it is testing:

a. Convergent validity

The indicator is said to be valid if it has a loading factor value greater than or equal to 0.5 or has a value of t> 1.96

b. Extract Validity

The value of construct validity is measured using the value of Average variance extracted (AVE). The AVE value is said to be good if it has a value greater than 0.5.

c. Discriminant validity

The indicator is said to be valid if it has a factor loading value in one variable greater than other variables. Value standard factor loading l M ore than or equal to 0.5.

d. Reliability

Reliability in research is measured using composite reliability. The reliability value that is said to be good is more than 0.6.

2. The second step is to test the inner model. In this stage, it aims to find out whether there is influence between variables. Tests are carried out using the t-test (HAFEEZ ET AL., 2017).

3.2. Outer Model Testing Stage

The following is a picture of PLS testing at the outer model stage in the variable. Tests are performed on all of each variable. The indicator criteria of the variable are said to be valid and reliable concretely if they have a loading factor value greater than or equal to 0.5 and the t-test value is> 1.96. The following is the testing of the outer model in each research variable:

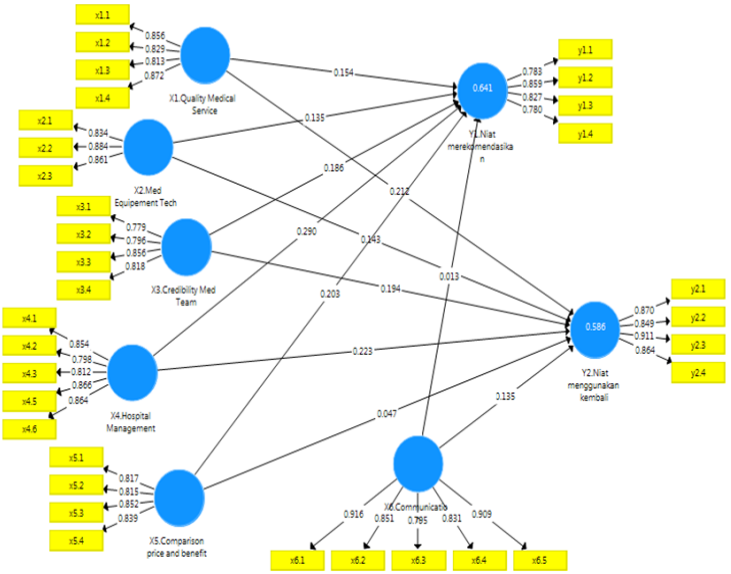

Figure 1: The result of the outer model with the value of outer loading

3.2.1. Extract Validity

The next measurement model is the value of Average Variance Extracted (AVE) , ie the value indicates the magnitude of the indicator variant contained by the latent

variable. Convergent AVE values greater than 0.5 also indicate the adequacy of good validity for latent variables. The reflective indicator variable can be seen from the value of Average variance extracted (AVE) for each construct (variable). A good model is required if the AVE value of each construct is greater than 0.5.

Table 1: Test Results for Extract Validity in All Variables

	Average Variance Extracted (AVE)	Information
X1.Quality Medical Service	0.710	Valid
X2.Med Equipement Tech	0.739	Valid
X3.Credibility Med Team	0.660	Valid
X4.Hospital Management	0.704	Valid
X5. Price and benefit comparison	0.691	Valid
X6.Communication	0.742	Valid
Y1.Want to recommend	0.661	Valid
Y2.Want to use again	0.763	Valid

The calculation results show that all constructs of the research variables show that all variables have AVE values of

more than 0.5. With this result, all latent variables have sufficient validity.

3.2.2. Administrative Validity

Discriminant validity can be measured using cross-loading values. The high cross-loading value (0.5) on the dimensions of certain variables compared to the dimension values of other variables, the construct validity of the latent variable is good. The following is the complete cross-loading value:

Table 2: Testing of Validity Test Results with Cross Loading in All Variables

	X1.Quality Medical Service	X2.Med Equipement Tech	X3.Credibility Med Team	X4.Hospital Management	X5. Price & benefit comparison	X6. Comm	Y1. Intention recommendation	Y2.Please use back
x1.1	0.856	0.483	0.493	0.531	0.368	0.321	0.535	0.538
x1.2	0.829	0.487	0.446	0.499	0.337	0.310	0.478	0.481
x1.3	0.813	0.407	0.466	0.486	0.301	0.268	0.459	0.446
x1.4	0.872	0.472	0.495	0.497	0.321	0.366	0.517	0.558
x2.1	0.495	0.834	0.510	0.558	0.416	0.380	0.597	0.497
x2.2	0.493	0.884	0.551	0.522	0.465	0.325	0.527	0.526
x2.3	0.427	0.861	0.513	0.584	0.475	0.405	0.506	0.538

x3.1	0.520	0.629	0.779	0.528	0.460	0.367	0.528	0.519
x3.2	0.332	0.445	0.796	0.493	0.388	0.526	0.530	0.506
x3.3	0.466	0.458	0.856	0.566	0.388	0.522	0.556	0.560
x3.4	0.515	0.456	0.818	0.591	0.349	0.521	0.521	0.541
x4.1	0.532	0.556	0.667	0.854	0.501	0.669	0.671	0.612
x4.2	0.517	0.481	0.509	0.798	0.460	0.393	0.561	0.532
x4.3	0.520	0.588	0.527	0.812	0.516	0.389	0.581	0.575
x4.5	0.484	0.550	0.541	0.866	0.577	0.437	0.632	0.559
x4.6	0.453	0.530	0.558	0.864	0.568	0.398	0.605	0.555
x5.1	0.339	0.427	0.412	0.554	0.817	0.241	0.512	0.397
x5.2	0.303	0.360	0.410	0.479	0.815	0.193	0.501	0.342
x5.3	0.273	0.420	0.405	0.500	0.852	0.194	0.474	0.416
x5.4	0.390	0.531	0.393	0.541	0.839	0.207	0.540	0.418
x6.1	0.325	0.387	0.510	0.514	0.248	0.916	0.395	0.445
x6.2	0.262	0.399	0.524	0.442	0.232	0.851	0.442	0.479
x6.3	0.320	0.342	0.506	0.457	0.198	0.795	0.368	0.445
x6.4	0.420	0.354	0.517	0.474	0.189	0.831	0.364	0.475
x6.5	0.299	0.365	0.504	0.483	0.212	0.909	0.364	0.417
y1.1	0.496	0.547	0.502	0.594	0.460	0.359	0.783	0.461
y1.2	0.456	0.534	0.590	0.601	0.521	0.412	0.859	0.510
y1.3	0.510	0.515	0.571	0.587	0.474	0.367	0.827	0.596
y1.4	0.464	0.462	0.468	0.587	0.529	0.328	0.780	0.585
y2.1	0.527	0.532	0.534	0.572	0.392	0.439	0.556	0.870
y2.2	0.502	0.539	0.563	0.585	0.393	0.414	0.589	0.849
y2.3	0.528	0.523	0.620	0.606	0.424	0.505	0.595	0.911
y2.4	0.551	0.522	0.567	0.599	0.447	0.480	0.571	0.864

The table above shows that cross loading factors for all items have a greater value than columns in other variables. Thus,

the con s Trak latent predict indicators on the block they are better than the indicator in the other blocks.

3.2.3. Reliability

Construct reliability measured by composite reliability value, the construct is reliable if the composite reliability value is above 0.70, the indicator is called consistent in measuring its latent variables. The following are the full results:

Table 3: Extract Reliability Test Results

	Cronbach's Alpha	Composite Reliability	Information
X1.Quality Medical Service	0.864	0.907	Valid
X2.Med Equipement Tech	0.824	0.895	Valid
X3.Credibility Med Team	0.828	0.886	Valid
X4.Hospital Management	0.895	0.922	Valid
X5. Price and benefit comparison	0.851	0.899	Valid
X6.Communication	0.912	0.935	Valid
Y1.Want to	0.828	0.886	Valid

recommend			
Y2.Want to use again	0.896	0.928	Valid

The test results show that the construct (variable) of all variables has a composite reliability value greater than 0.7. So it is reliable.

3.3. Stage Structural Model

The structural phase of this model aims to determine whether there is influence between variables. Tests are carried out using the t-test. Variables are said to have an influence if the p-value is smaller than 0.05. Likewise, if the relationship between negative variables, the decision is if - t count is smaller than - t table. Calculation results can be seen in the following picture:

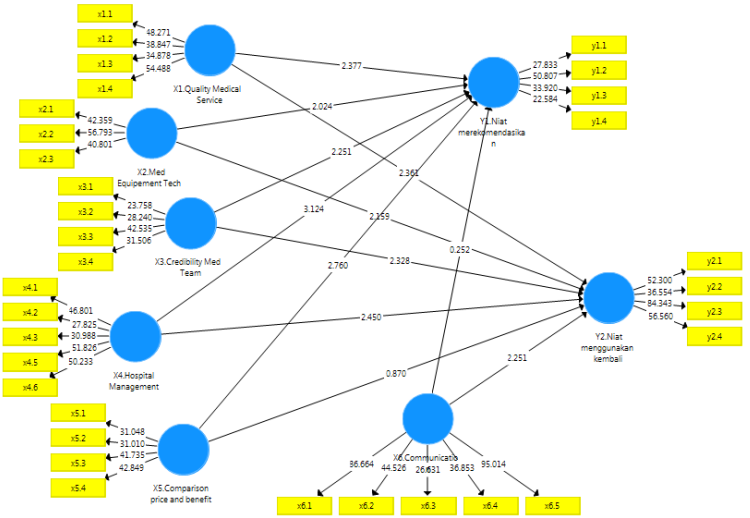

Figure 2: Test the Structural Model

3.3.1. Hypothesis testing

The following is the estimate value of each relationship between the research variables:

Table 4: Inter Variable Coefficient Estimate Value

	Original Sample (O)	T Statistics (| O / STDEV |)	P Values	Information
X1.Quality Medical	0.154	2,377	0.018	Siq

Service -> Y1.Want to recommend				
X2.Med Equipement Tech -> Y1.Want to recommend	0.135	2,024	0.044	Siq
X3.Credibility Med Team -> Y1.Want to recommend	0.186	2,251	0.025	Siq
X4.Hospital Management -> Y1.Want to recommend	0.290	3.124	0.002	Siq
X5. Comparison of price and benefits -> Y1.Want to recommend	0.203	2,760	0.006	Siq
X6.Communication -> Y1.Want to recommend	0.013	0.252	0.801	No, Siq
X1.Quality Medical Service -> Y2.Want to use again	0.212	2.361	0.019	Siq
X2.Med Equipement Tech -> Y2.Want to use again	0.143	2.159	0.031	Siq
X3. Credibility Med Team -> Y2. The intention is to reuse	0.194	2,328	0.020	Siq
X4.Hospital Management -> Y2.Want to use again	0.223	2,450	0.015	Siq
X5. Price and benefit comparison -> Y2. Intend to reuse	0.047	0.870	0.385	No, Siq

X6.Communication -> Y2.To use again	0.135	2,251	0.025	Siq

Based on the Table above, it can be interpreted as follows:

a. The magnitude of the estimated quality medical service coefficient on the recommended intention is 0.154. The coefficient is positive which if the quality of medical services is increased, the higher the intention to recommend it. And conversely the lower the quality medical service, the lower the intention to recommend. Based on the value of t count obtained a significance value of 0.018 ($p < 0.05$) so that there is a significant effect of quality medical service on the intention to recommend.

b. The magnitude of the coefficient of estimate med equipment tech on the intention to recommend is 0.135 The coefficient is positive which if the Med Medipement Tech increases, the higher the intention to recommend it. And conversely the lower the med equipment tech, the lower the intention to recommend. Based on the value of the calculated t obtained a significance value of 0.044 (p

<0.05) so that there is a significant influence med equipment technology on the intention to recommend.

c. The magnitude of the med team's estimate credibility coefficient on the intention to recommend is 0.186. The coefficient is positive which if the med team's credibility increases, the higher the intention to recommend it. And conversely, the lower the med team's credibility, the lower the intention to recommend. Based on the value of t count obtained a significance value of 0.025 (p <0.05) so that there is a significant effect of credibility med team on the intention to recommend.

d. The magnitude of the estimated hospital management coefficient for the intention to recommend is 0.290. The coefficient is positive which if the hospital management increases, the higher the intention to recommend it. And conversely the lower the hospital management, the lower the intention to recommend. Based on the value of t count obtained a significance value of 0.002 (p <0.05) so that there is a significant effect of hospital management on the intention to recommend.

3.3.2. Testing of Goodness of Fit

While the analysis of the inner model / structural analysis of the model is carried out to ensure that the structural models are robust and accurate. Evaluating the inner model can be seen from several indicators which include:

1. The coefficient of determination (R^2)

Testing of the structural model is done by looking at the R-Square value which is a goodness-fit model test. Testing the inner model can be seen from the R-square value in the equation between latent variables. The value of R^2 explains how much the exogenous variable (independent / free) in the model is able to explain the endogenous variable (dependent / bound).

Table 5: R square value

	R Square	R Square Adjusted
Y1.Want to recommend	0.641	0.635
Y2.Want to use again	0.586	0.580

The value of R square shows the magnitude of the influence of variable Quality Medical Service (X_1), Med Equipment Tech (X_2), Credibility Med Team (X_3), Hospital Management (X_4), price and benefit comparison (X_5), Communication (X_6) against the intention of recommending is 0, 635 or 63 , 5 %. Then the magnitude of

the influence of variables Quality Medical Service (X_1), Med Equipment Tech (X_2), Credibility Med Team (X_3), Hospital Management (X_4), Price and benefit Comparison (X_5), Communication (X_6) to reuse intention is 0. 580 or 58 %.

2. Predictive Relevance (Q^2)

In addition to the R-square model, it was also evaluated by looking at the Q-square value. The value of Q-square can be calculated using the following calculation:

$Q^2 = 1 - (1 - 0, 635) (1 - 0. 5 80) = 0. 8467$

Based on the results of the Q-square calculation it can be seen that the Q-square value amounting to 0. 8467. Because of the value of Q2> 0, it can be concluded that the research model is relevant.

3. Goodness of Fit Index (GoF)

The last is to find the value of Goodness of Fit (GoF). Unlike CBSEM, GoF values on PLS-SEM must be searched manually. The formula is:

$$GoF = \sqrt{\overline{AVE}\ x\ \overline{R^2}}$$ .....Tenenhaus (2004)

The calculation of AVE average value is 0.7088, while the average R^2 is 0.6075, so the GOF value is 0. 6562 According to Tenenhau (2004), the value of GoF is small = 0.1, GoF medium = 0.25 and large GoF = 0.38.

4. DISCUSSION

Based on Table 4 the magnitude of the coefficient of estimating quality medical services on the intention to recommend is 0.154 and the significance value is 0.018 ($p < 0.05$), which means that the quality of medical services will affect the patient's intention to recommend health services. Service quality affects customer satisfaction, and patient satisfaction is considered the main tool when making important decisions about health services. If the patient feels that the service provided is in accordance with his expectations, then the patient will usually notify the system of services obtained to other people he knows.

Based on research conducted by Hills, which investigates user perceptions about the quality of physiotherapy services in the UK, the results show that satisfied users are willing to collaborate in their care and actively participate in the process. Therefore, ex-patients' ideas about service experience are recorded as significant signs of health service preferences. Parasuraman also proves empirically that there is a significant positive relationship between customer perceptions of service quality and their willingness to recommend services.

5. CONCLUSION

This study shows the importance of quality service and equipment technologies to motivate patients to visit the hospital in Surabaya. Now Surabaya should be aware of and increase the best services for facing medical tourism. The studies indicate that the quality of medical services to have an effect on the intention to recommend health services and the intention to re-purchase of health services, and patients and medical equipment technology did not have an influence on the intention to recommend health services. But patients and medical equipment technology did not influence the intention to re-purchase of health services, the quality of medical services to patients,

medical equipment technology, hospital management, price and benefit comparisons, and communication affect the intention to recommend health services and the intention to use health services. Health services and communication does not affect the intention to recommend health services.

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