# AN ANALYSIS OF ATTITUDINAL LOYALTY IN SINGAPORE MEDICAL TOURISM FROM THE PERSPECTIVE OF INDONESIAN MEDICAL TOURISTS

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**Abstract**: *The study examines the impact of destination familiarity, service quality, satisfaction, perceived value, trust, and destination image on the attitudinal loyalty of Mount Elizabeth Hospital (MEH) Singapore among Indonesian medical tourists. A quantitative study was conducted on 130 Indonesian medical tourists who live in Jakarta and have used medical services at Mount Elizabeth Hospital (MEH) Singapore within the last three months. To test the hypothesis, structural equation analysis is performed using PLS software. The findings suggest that there are positive associations between destination familiarity, destination image, and attitudinal loyalty to Mount Elizabeth Hospital (MEH) Singapore. Service quality has an indirect effect on attitudinal loyalty since satisfaction, perceived value, and trust operate as mediators. Finally, satisfaction, perceived value, and trust all have a favorable impact on Mount Elizabeth Hospital (MEH) Singapore's attitudinal loyalty.*

*Keywords: Destination Familiarity, Service Quality, Destination Image, Attitudinal Loyalty, Medical Tourism.*

## 1. INTRODUCTION

Indonesia is the fourth most populous nation in the world, with an estimated population of 275 million people in 2022 (Kementerian Kesehatan Republik Indonesia, 2022). There are a total of 3,168 hospitals in 2024 categorized into different classifications. A, B, C, D, and D Pratama. In recent years, big flows of Indonesian patients seeking for medical treatment abroad (Yanwardhana, 2023). The President of the Republic of Indonesia announced that approximately 1 million Indonesians seek medical treatment in Malaysia, 750 thousand in Singapore, and the remainder in Japan, the United States, and Germany. Vries (2016) reported that global sales from medical tourism totaled $994 million, with Indonesia accounting for $632 million. The funds might be more effectively utilized to enhance the healthcare system in Indonesia rather than being sent to other nations. According to the pre-survey, the majority of Indonesians favor Singapore for medical tourism over other destinations. In 2022, Singapore has 19 acute hospitals (general

hospital and specialty centers) excluding psychiatric hospitals and 9 community hospital (Department of Statistics Singapore, 2024). In 2023, international tourist visits to Singapore increased significantly to 13.6 million, more than double the 6.3 million recorded in 2022 (Jie, 2024). Indonesia ranked first in the number of tourists to Singapore with 2.3 million visitors, followed by China with 1.4 million and Malaysia with 1.1 million. Around 250,000 Indonesian tourists visit Singapore annually for medical treatment (Medical Tourism Singapore, 2023). Chief Operating Officer Jocelyn Ling of Mount Elizabeth Hospital in Singapore stated that 20% of the hospital's patients are from Indonesia, making Indonesian patients the second largest group after Singaporean patients (Handayani, 2014). The healthcare sector in Indonesia surpasses that of Singapore in terms of the total number of hospitals and health professionals available. However, Indonesia has struggled to establish itself as a top choice for medical treatment among Indonesian medical tourists and to foster community loyalty to medical tourism (Dhae, 2014; Handayani, 2014). According to Ganguli and Ebrahim (2016), Singapore is a top destination for medical tourism in Asia. Singapore might potentially earn approximately US$1.5 billion from medical tourism in 2016, as reported by Beladi et al. (2015). Indonesian medical tourists with an expanding middle upper class are requesting improved public medical services similar to those in other advanced emerging countries. If this demand is not fulfilled, Indonesian medical tourists will spend their money in nations that can offer the medical services they want (Vries, 2016). Singapore is considered a top medical tourism destination for Indonesian medical tourists, particularly those in the middle to upper class, who have shown loyalty towards Singapore's medical tourism industry (Dhae, 2014; Handayani, 2014; Mechinda et al., 2010; Lertwannawit & Gulid, 2011). Indonesian medical visitors' devotion towards medical tourism in Singapore may be affected by various reasons. The factors contributing to Indonesian medical tourists visiting and becoming loyal to Singapore include destination familiarity, service quality provided by Singapore's medical tourism sector, tourist satisfaction, perceived value, tourist trust, and destination image in Singapore (Ganguli & Ebrahim, 2016; Mechinda et al., 2010; Lertwannawit & Gulid, 2011). Tourists' attitudinal loyalty refers to their propensity to revisit, repurchase products or services, and promote them to others (Oppermann, 1999). Indonesian medical tourists' loyalty in Singapore can be confirmed by the fact that Indonesia made up 30% of all tourist arrivals in Singapore in 2014. Among them, 16% visited Singapore specifically for medical purposes, which was the highest percentage among all foreign nationalities visiting Singapore that year (Vries, 2016). Indonesian tourists travel to Singapore for medical treatment and to become repeat visitors. Indonesian tourists who are devoted medical tourists in Singapore may be influenced by their familiarity with the destination. Milman & Pizam (1995) as referenced by Mechinda et al. (2010) found that tourists' attitudinal loyalty was positively influenced by their familiarity with the place. Destination familiarity refers to a tourist's view of their knowledge about different options and the appeal of a certain place (Moorthy, et al., 1997). According to Lertwannawit & Gulid (2011), Indonesian medical tourists in Singapore showed a positive association between their loyalty and satisfaction. The study found that satisfaction directly influenced the tourists' loyalty. Perceived value plays a significant role in influencing visitor attitudinal loyalty towards medical tourism in Singapore, as highlighted by Zeithaml et al. (1985) and referenced by Lertwannawit & Gulid (2011). Zeithaml et al. emphasized the importance of perceived value in attitudinal loyalty. Trust is a significant component that impacts tourist attitudinal loyalty. Kim et al. (2008) found a favorable correlation between trust and loyalty among hospital consumers. Service quality in medical tourism influences satisfaction, perceived value, and trust (Lertwannawit & Gulid, 2011). High service quality in medical services in Singapore significantly influenced the decision of Indonesian patients to seek

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treatment there (Dhae, 2014). Medical tourism in Singapore is associated with various advantages such as high-quality healthcare services provided by professional doctors and nurses, safe medical practices, efficient healthcare system, trustworthiness, and numerous internationally accredited hospitals (Ganguli & Ebrahim, 2016). Destination image of a medical tourism site is the final aspect that may impact traveler attitudinal loyalty. Prior research found that a favorable perception of a destination impacted tourists' loyalty attitudes (Hernandez, et al., 2006). Based on the literature reviews, several indicators are believed to influence the loyalty of Indonesian medical tourists towards medical tourism in Singapore (Mechinda et al., 2010; Lertwannawit & Gulid, 2011).

## 2. LITERATURE REVIEW
### 2.1 Framework of Thinking

**Problem Definition**

Medical services in Indonesia need enhancement to cultivate loyalty among Indonesian medical tourists, particularly those in the middle to upper class.

**Objectives**

To enhance medical tourism in Indonesia by improving medical tourist loyalty through variables including destination familiarity, service quality, satisfaction, perceived value, trust, and destination image.

**Theoretical Perspective**

Medical tourism, destination familiarity, service quality, satisfaction, perceived value, trust, destination image, attitudinal loyalty.

**Hypotheses**

H1: Destination familiarity of medical tourism in Singapore has positive relationship on attitudinal loyalty.
H2: Service quality has a positive relationship on Indonesian medical tourists satisfaction.
H3: Service quality has a positive relationship on Indonesian medical tourists perceived value.
H4: Service quality has a positive relationship on Indonesian medical tourists trust.
H5: Indonesian medical tourists satisfaction has positive relationship on attitudinal loyalty.
H6: Indonesian medical tourists perceived value has positive relationship on attitudinal loyalty.
H7: Indonesian medical tourists trust has positive relationship on attitudinal loyalty.
H8: Destination image of medical tourism in Singapore has positive relationship on attitudinal loyalty.
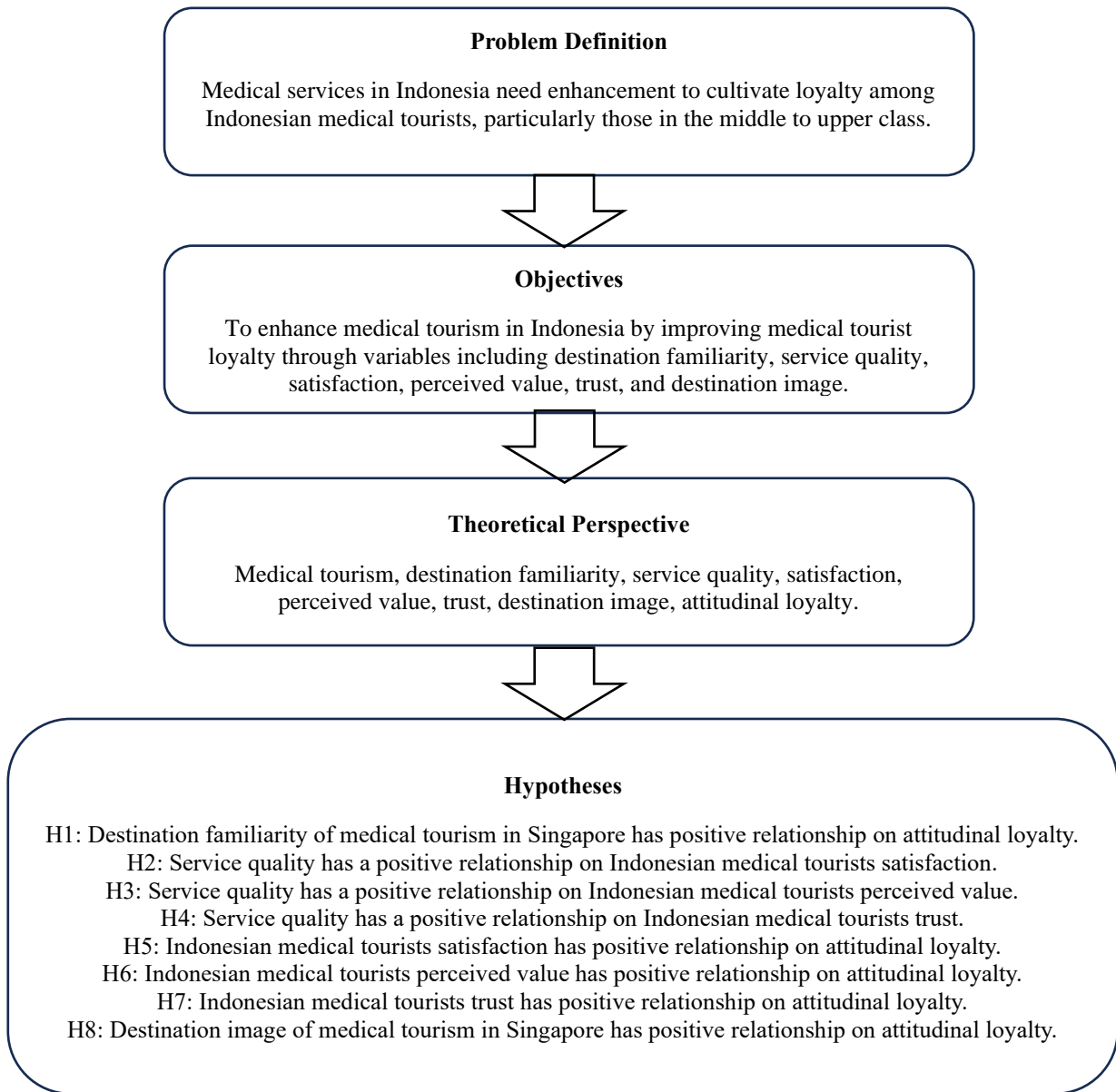
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Figure 1 Framework of Thinking

## 2.2 Tourism

The United Nations World Tourism Organization (UNWTO) defines tourism as the collective activities of individuals traveling to or residing in locations outside their typical environment for a period of less than one year, for purposes such as leisure, business, visiting friends or relatives, health or medical treatment, and other reasons. The word "usual environment" refers to travels taken inside the area where one typically resides, which are frequent, regular, or routine in nature (Goeldner & Ritchie, 2012). There are four characteristics of tourism:

1. International Tourism
   a. Inbound Tourism: Visits to a country by non-residents
   b. Outbound Tourism: Visits by residents of a country to another country
2. Internal Tourism: Visits by non-residents and residents of the country of reference
3. Domestic Tourism: Visits by residents of a country to their own country
4. National Tourism: Internal tourism plus outbound tourism (the resident tourism market for airlines, travel agents, and other suppliers).

Furthermore, tourism encompasses the general idea of a traveler, defined as an individual journeying between one or more countries or their country of habitual residency. All categories of tourists in the tourism industry are referred to as visitors. All visitors are subdivided into four further categories (Goeldner & Ritchie, 2012):

1. International Visitors: Any persons who traveler for a period not exceeding 12 months to a country other than their own country and do unusual activities.
2. Internal Visitors: Any persons who traveler for a period not exceeding 12 months to a destination within their own country which outside their usual environment.
3. Same-day Visitors: Visitors who do not spend the night in a private accommodation in the country visited.
4. Tourists: Visitors who spend the night in a private accommodation in the country visited, at least one night

## 2.3 Medical Tourism in Singapore

Medical tourism is the term used to describe the increasing trend of traveling beyond international borders to receive medical treatment (Rad, et al., 2010). Some (Hunter-Jones, 2005) define medical tourism as traveling for recuperation, while others (Balaban & Marano, 2010) regard it as international travel to seek medical treatment, with or without tourism services. Hall (2011) proposes that medical tourism is currently a component of the broader concept of health tourism. This study defines medical tourism as "traveling across international borders to seek healthcare while also taking a holiday in the foreign country." Medical tourism involves more than typical travel activities like relaxation, fitness, and spa visits that are part of a healing vacation. It also encompasses dentistry and medical surgical procedures (Wang, 2012). It is described as an expanding industry that elevates the idea of pursuing health enhancements during vacations (Conell, 2006). MacReady (2007) and Singh (2008) demonstrate the continuous growth of medical tourism and its potential to create new economic opportunities. Arellano (2007) predicted that

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investing in medical services will boost the gross domestic product and enhance the appeal of a tourism destination. Many countries have recognized and seized medical tourism economic potential, including Thailand, Malaysia, Singapore, Brunei, India, Cuba, Hong Kong, Hungary, Israel, Jordan, Lithuania, Philippines, Arabian Peninsula, China, Taiwan, and South Korea. These countries are considered top destinations for medical tourism according to Heung et al. (2010) and Woodhead (2013). However, other countries including Costa Rica, Brazil, Mexico, Turkey, and Colombia are known for their expertise in cosmetic surgery (Singh, 2008). According to Connel (2006), Asia is the primary market for medical tourism, with several medical business investors engaging in the industry. Singapore is a top destination for medical tourism in Asia, providing advanced medical services that were previously exclusively available in Europe and North America. The price difference between hospitals in North America or Europe and hospitals in Asia is a significant indicator for medical tourism. In the United Kingdom and Canada, patients often have extensive waiting hours for medical services, whereas in Asian hospitals, they encounter minimal waiting times for similar services. Singapore has seen a rise in the number of international medical tourists in recent years (Gan & Frederick, 2011). Approximately 30% of all tourist arrivals in Singapore in 2017 were Indonesian visitors, totaling 2,893,646. 16% or 462,983 medical tourists in Singapore come from Indonesia (Vries, 2016). According to Chief Operating Officer Jocelyn Ling at Mount Elizabeth Hospital in Singapore, 20% of the patients are from Indonesia, making them the second largest group after Singaporean patients.

## 2.4 Destination Familiarity

Destination familiarity refers to the consumer's assessment of their knowledge about the attributes of several options under consideration (Moorthy et al, 1997). Rao & Sieben (1992) stated that customers' familiarity with a product is the result of the consumer's subjective acquaintance. Consumers' knowledge of a product category prompts them to directly retrieve information stored in their memory (Coupey et al., 1988). If consumers have a satisfactory recall, they may not need to gather extra information and can make decisions based on their internal knowledge (Brucks, 1985). Researchers found that travelers who are very familiar with a destination rely on their internal memory and do not feel the need to search for additional information. They make decisions based on their familiarity with the destination, which impacts their information search performance (Gursoy & McCleary, 2004). According to Milman and Pizam (1995), travelers' familiarity with a destination has a major impact on their future trip intentions and repurchase decisions. Snepenger et al. (1990) found that visitors with low familiarity rely more on external sources to make vacation decisions than familiar travelers.

## 2.5 Service Quality

In Ya-Hui Wang's (2017) journal, Grönroos (1990) defines service as a series of intangible interactions between a service provider and a client to solve their problems. Lehtinen & Lehtinen (1982) define service quality as how customers perceive the process and results. According to Garvin (1983), service quality is consumer-oriented, as it is subjectively assessed rather than objectively. According to Grönroos (1990), the service quality gap occurs when client expectations and acknowledgement differ. Service quality can be measured using numerous approaches. According to Parasuraman et al. (1985), service quality can be measured by comparing the perceived level of service to the expected level. The gap is defined by the customer's impression

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of quality, either negatively or positively. When service quality falls short of expectations, customers may have bad perceptions. Customers have a positive opinion when the service exceeds their expectations. Parasuraman et al. (1988) established the SERVQUAL scale with five primary components based on empirical research:

1. Tangibles include the appearance of physical facilities, staff, equipment, and communication materials.
2. Reliability is the capacity to consistently and accurately deliver the promised service.
3. Responsiveness refers to the customer service representative's willingness to promptly serve the customer.
4. Assurance pertains to the expertise and politeness of personnel, as well as their capacity to provide trust and confidence.
5. Empathy involves offering compassionate and personalized assistance to customers.

The quality of medical treatments can be observed, but it is difficult to determine precisely (Donabedian, 1998). According to a study conducted by Rad et al. in 2010, service quality has gained significant recognition in the field of service quality assessment. The most commonly used tool for measuring service quality in the medical service business is SERVQUAL, as stated by Guiry and Vequist in 2011.

## 2.6 Satisfaction

Cardozo (1965) was the first to propose the concept of customer satisfaction. Satisfaction is described as the emotional response of a customer when the actual performance of a product or service exceeds their expectations at the time of purchase. Customer satisfaction can also be impacted by the customer's viewpoints, expectations regarding the product or service, and the level of effort exerted to acquire the goods. Customer satisfaction is maximized when the product aligns with the customer's expectations or when customers are willing to exert more effort to get the specific product or service. Conversely, customer satisfaction decreases when the product or service fails to match the customer's expectations and when the customer puts in minimal effort to obtain the product. Hampel (1977) highlighted that customer satisfaction is a subjective evaluation that arises from the comparison between the customer's expectations and the actual performance delivered by the service provider. According to Olivia and others (1992), satisfaction is regarded to have an impact on a customer's attitude and inclination to make a purchase. Rust and Oliver (1993) defined affect as the extent to which an encounter elicits a favorable emotion. Previous research conducted by Petrick in 2002 has shown that satisfaction is a highly accurate predictor of repurchase intentions. Customer satisfaction is a crucial measure of quality (Pakdil & Harwood, 2005) and a significant factor in the success of medical tourism enterprises (Pollack, 2008). Typically, literature reviews have equated customer happiness with patient satisfaction (Rad, et al., 2010). According to Chang, et al. (2013), patient satisfaction refers to the good or negative attitudes or feelings that patients have towards their experience after receiving medical services from a healthcare provider.

## 2.7 Perceived Value

Perceived value, as defined by Zeithaml et al. (1985), refers to the consumer's evaluation of a product's purpose based on their experience with the service provider's real performance. It encompasses what the customer receives and what they give in return, as perceived by the customer. It can be recognized using four ways: (1) value refers to a low price, (2) value refers to the specific qualities that a person desires in a product, (3) value is the level of quality that a customer receives in relation to the price they pay, (4) value is the quality that a customer obtains in exchange for the price they pay. Perceived value, as defined by Kotler & Keller (2006), refers to the discrepancy between a potential customer's assessment of the advantages and disadvantages of a product or service, compared to other available options. Petrick (2002) discovered meaningful connections between the perceived value of the service and the intention to revisit. Perceived value, historical behavior, and satisfaction were identified as reliable indicators for revisiting a site. According to Wang & Wang (2013) and Wang (2012), perceived value plays a significant impact and is a vital component in determining behavioral intentions in the field of medical tourism.

## 2.8   Trust

Trust is the customer's belief that the service provider is capable of being reliable and dependable in fulfilling their commitments (Sirdeshmukh, et al., 2002). Kramer (1999) argues that trust can reduce the transaction costs associated with seeking for information about prices and other accessible alternatives in the market. The increased level of client trust is driving service providers to make a stronger commitment to delivering exceptional service. Furthermore, trust can be defined as a sense of assurance or confidence, rooted in the customer's perception of the other party's genuine concern and the service provider's ability to fulfill commitments (Lewis & Soureli, 2006). The level of trust in the integrity and reliability of medical service providers is a crucial factor (Bejou & Palmer, 1998).

## 2.9   Destination Image

Crompton (1997) provided a definition for destination image as the cognitive perception of the collective beliefs, ideas, and perceptions that tourists have about a destination. The impression will assist tourists in determining whether the destination aligns with their mental image and meets their entertainment requirements (Ahmed, 1991). In a separate study conducted by Ecther and Ritchie (2003), it was found that the notion of destination image is formed by a combination of specific components and overall perceptions of the location. The destination image consists of the various qualities that contribute to the overall tourism experience of a traveler. A successful tourism destination is characterized by a positive perception of tourism and a high level of awareness among tourists (Milman & Pizam, 1995). Furthermore, the formation of a location's image has an impact on visitors' behavior, their level of happiness with their travel experience, and the process they go through when selecting a trip destination (Nguyen, 2016).

## 2.10  Attitudinal Loyalty

According to Oliver (1999), loyalty is the strong inclination to consistently choose and support a certain brand or product, even when faced with changes in the situation or marketing strategies that aim to make consumers move to other options. Furthermore, a devoted consumer exhibits

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persistent brand repurchasing behavior, demonstrates a propensity to make further purchases, and actively promotes the preferred brand to others (Hepworth & Mateus, 1994). The measurement of loyalty in the tourism industry is particularly challenging due to the sporadic nature of purchasing tourism products or services, which are not bought on a regular basis (Oppermann, 1999). Jones and Sasser (1995) asserted that the inclination to make repeat purchases is a very persuasive predictor of future actions. In addition to utilizing the tendency of revisiting, some researchers in the field of tourism have also utilized tourists' recommendations to others as a measure of attitudinal loyalty (Chen & Gursoy, 2001).
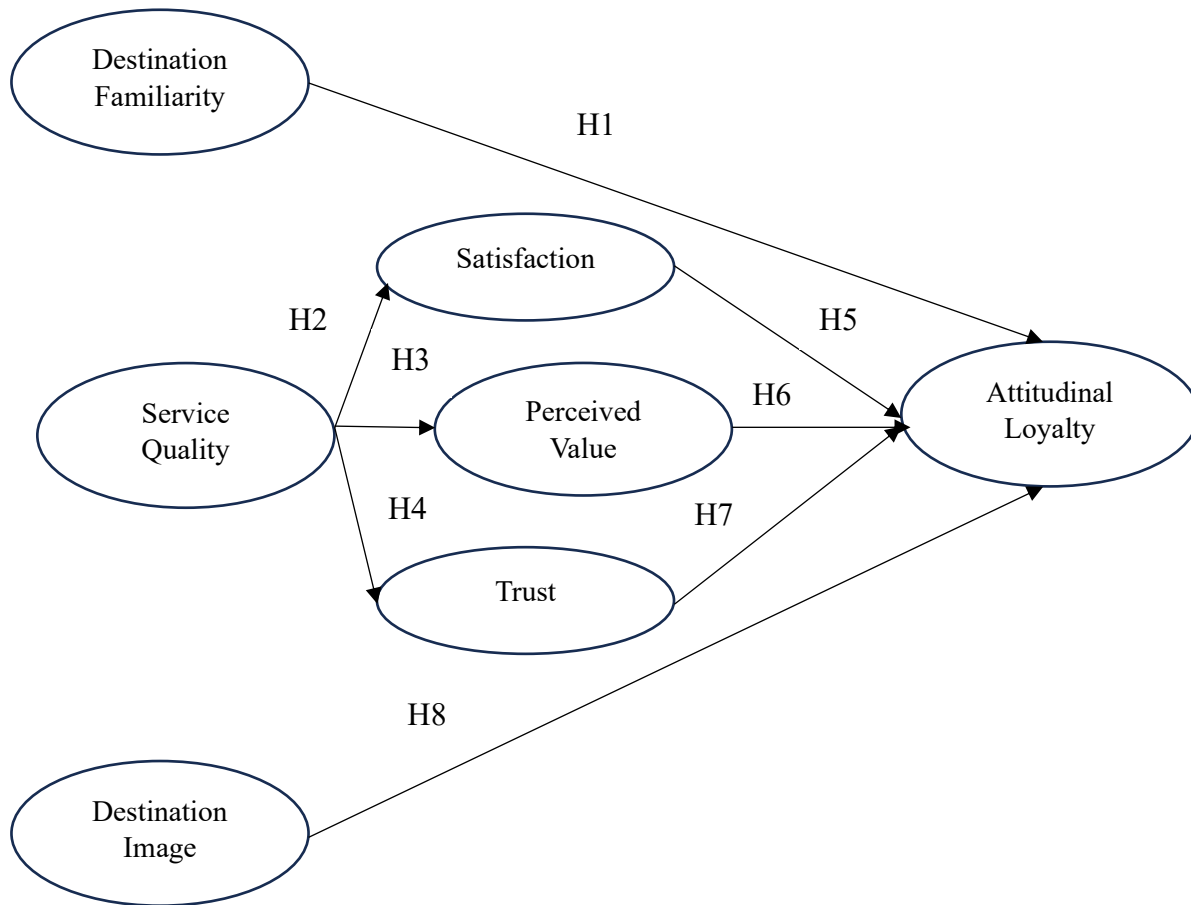
**2.11 Research Model**



Figure 2 Research Model
Source: modified model from Mechinda et al. (2010), Lertwannawit & Gulid (2011)

H1: Destination familiarity (DF) with medical tourism in Singapore has a positive relationship with attitudinal loyalty (AL).
H2: Service quality (SQ) has a positive relationship with Indonesian medical tourists's satisfaction (S).
H3: Service quality (SQ) has a positive relationship with Indonesian medical tourists's perceived value (PV).
H4: Service quality (SQ) has a positive relationship with Indonesian medical tourists's trust (TR).

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H5: Indonesian medical tourists's satisfaction (S) has a positive relationship with attitudinal loyalty (AL).

H6: Indonesian medical tourists's perceived value (PV) has a positive relationship with attitudinal loyalty (AL).

H7: Indonesian medical tourism trust (TR) has a positive relationship with attitudinal loyalty (AL).

H8: The destination image (DI) of medical tourism in Singapore has a positive relationship with attitudinal loyalty (AL).

## 3. RESEARCH METHODOLOGY

The study employed the quantitative descriptive analysis method. According to Sigmund (2003), descriptive analysis is a research method that transforms data into a more comprehensible and interpretable form. It involves rearranging, ordering, and manipulating data to generate detailed and complete descriptive information. In addition, the study conducted a quantitative descriptive analysis. This involves analyzing the relationship between variables and determining the influence or impact of these variables (Gallo, 2015). This study aimed to examine the attitudes of Indonesian medical tourists towards loyalty to medical tourism in Singapore. Specifically, it explored factors such as destination familiarity, service quality, satisfaction, perceived value, trust, destination image, and attitudinal loyalty. Partial Least Squares (PLS) software and Structural Equation Modeling (SEM) used to analyze the data. Quantitative data often has a significantly higher sample size compared to qualitative methods. This study involved 100 participants with nonprobability judgment sampling. The participants were given the questionnaires to complete in the Jakarta region. In order to determine the sample size, the researcher employed the Slovin Formula, which is a method used to reduce sampling error.

Slovin Formula: $n = \dfrac{N}{1 + Ne^2}$

where, n = the sample size, N = the total number of populations = 462,983 Indonesian medical tourists, and e = the margin of error (10% of Indonesian medical tourists that obtain medical treatment at Mount Elizabeth Hospital, Singapore). With the above formula, the sample size was 99,98, rounded up to 100 respondents. The questionnaires used in this research employed a Likert scale for measuring. The Likert scale that used in this research were: Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4), Strongly Agree (5).

## 4. FINDINGS AND DISCUSSION
### 4.1 Demographic Profiles and Several Testing Results

The data for this study was obtained from a sample of 100 Indonesian medical tourists and their acquaintances residing in Jakarta. These individuals had received medical treatment at Mount Elizabeth Hospital in Singapore. Below are the demographic profiles of the respondents.

Table 1 Demographic Profiles of the Respondents

| **Demographic Profiles of the Respondents** |
| --- |

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| | | |
|---|---|---|
| Gender | Male | 51% |
| | Female | 49% |
| Age | < 17 yo | 3% |
| | 17 – 30 yo | 27% |
| | 31 – 40 yo | 15% |
| | 41 – 50 | 8% |
| | > 50 yo | 47% |
| Level of Education | High School | 15% |
| | Diploma Degree | 5% |
| | Bachelor Degree | 67% |
| | Master Degree | 9% |
| | Doctoral Degree | 1% |
| | Others | 3% |
| Occupation | Housewife | 14% |
| | Student | 13% |
| | Private Employee | 10% |
| | Entrepreneur | 48% |
| | Retired | 6% |
| | Professional (Doctor, Lawyer, Lecturer, etc.) | 7% |
| | Others | 2% |
| Domicile | West Jakarta | 54% |
| | Central Jakarta | 8% |
| | North Jakarta | 17% |
| | South Jakarta | 16% |
| | East Jakarta | 5% |
| Monthly Income | Not productive | 3% |
| | < 5 million rupiah | 11% |
| | Rp 5.000.000 – Rp 15.000.000 | 14% |
| | Rp 15.000.001 – Rp 30.000.000 | 17% |
| | Rp 30.000.001 – Rp 40.000.000 | 6% |
| | > 40 million rupiah | 49% |
| Marital Status | Not Married | 28% |
| | Married | 72% |

SEM PLS was used to analyze data further. All the items have achieved the good validity and reliability results. The result demonstrates convergent validity because all of the factor loadings match the minimum criterion and have values greater than 0.70. The other test assesses variable validation by examining the value of the Average Variance Extracted (AVE), with the model considered satisfactory if the AVE of each variable exceeds 0.50.

Table 2 AVE Results

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|  | Cronbach's Alpha | Composite Reliability | Average Variance Extracted (AVE) |
|---|---|---|---|
| AL | 0,883 | 0,914 | 0,682 |
| DF | 0,872 | 0,922 | 0,797 |
| DI | 0,686 | 0,864 | 0,761 |
| PV | 0,806 | 0,885 | 0,720 |
| S | 0,830 | 0,887 | 0,663 |
| SQ | 0,849 | 0,892 | 0,623 |
| TR | 0,846 | 0,891 | 0,620 |

Aside from variable validation testing, variable reliability is also assessed by evaluating the composite reliability indicator for the variable. If the composite reliability value exceeds 0.60 or 0.70, the variable is considered dependable. The output composite reliability result for the entire variable is more than 0.70, indicating that the variable has good dependability.
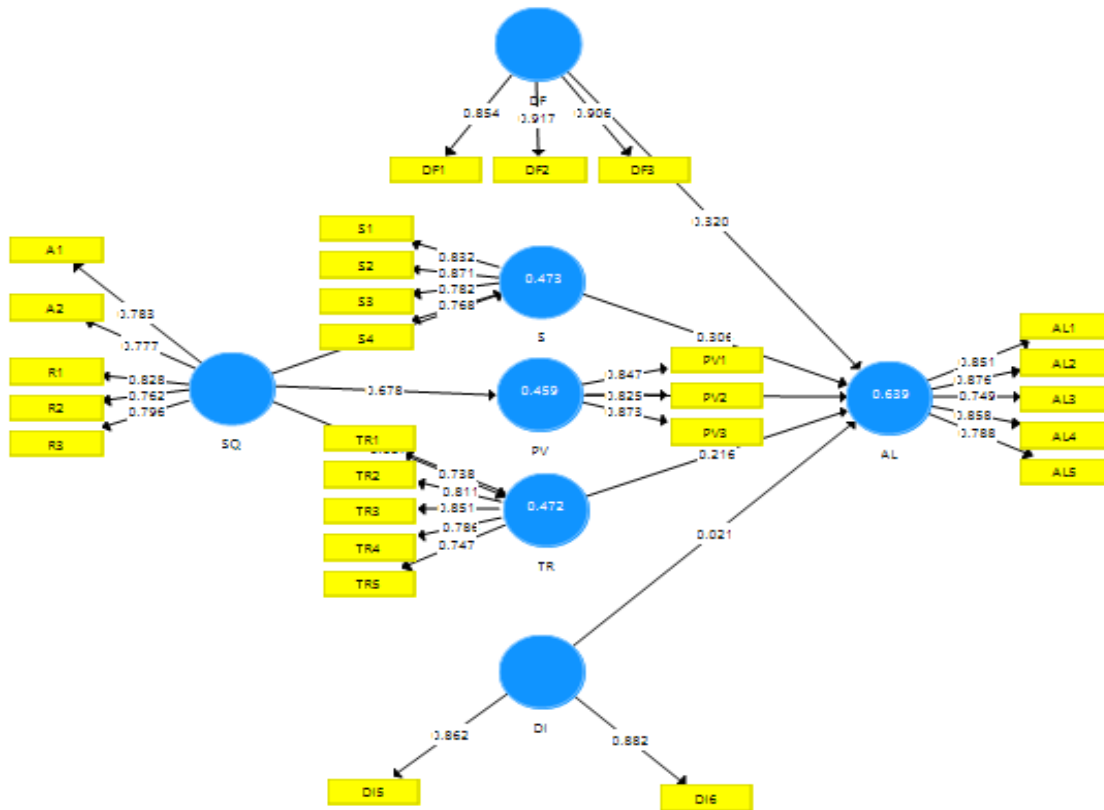


Figure 3 Path Diagram Model

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The structural model can be tested by looking at the Rsquare value, which is known as goodness-fit-model testing. The Rsquare value of each variable in relation to its affected variable is provided below.

Table 3 R-Square

|  | R Square | R Square Adjusted |
|---|---|---|
| **AL** | 0,639 | 0,620 |
| **PV** | 0,459 | 0,454 |
| **S** | 0,473 | 0,467 |
| **TR** | 0,472 | 0,466 |

Based on the table above, it is known that the variable DF, S, PV, TR, and DI show that the variable AL is as high as 63.9%. Moreover, variable SQ shows that the variable PV is as high as 45.9%. Variable SQ shows that the variable S is as high as 47.3 %. Last, variable SQ shows that the variable TR is as high as 47.2 %. And the rest can be determined by the other factors which are not included in this model. The second testing is looking into the effective significance by looking at the parameter coefficient value and the significant of t-statistic value.

Table 4 Path Coefficient

|  | Original Sample (O) | T Statistics (\|O/STDEV\|) | P Values |
|---|---|---|---|
| **DF -> AL** | 0,320 | 2,464 | 0,014 |
| **DI -> AL** | 0,021 | 0,223 | 0,823 |
| **PV -> AL** | 0,133 | 0,990 | 0,323 |
| **S -> AL** | 0,306 | 3,277 | 0,001 |
| **SQ -> PV** | 0,678 | 8,489 | 0,000 |
| **SQ -> S** | 0,687 | 8,487 | 0,000 |
| **SQ -> TR** | 0,687 | 11,044 | 0,000 |
| **TR -> AL** | 0,216 | 2,042 | 0,042 |

Abbreviations:
AL:        Attitudinal Loyalty
DF:        Destination Familiarity
DI:        Destination Image

PV:        Perceived Value
SQ:        Service Quality
S:          Satisfaction
TR:        Trust

## 4.2 Hypotheses Testing Results

H1: Destination familiarity with medical tourism in Singapore has a positive relationship with attitudinal loyalty.

Based on the first hypothesis, it is proven that destination familiarity has a moderate level of correlation (32.0%) and has significant influence (Pvalue 0.014 < Pmeasurement 0.05) towards Indonesian medical tourist attitudinal loyalty at Mount Elizabeth Hospital Singapore. Several earlier studies and theories support this result. According to Milman & Pizam et al. (1995), their research showed that there is a positive effect of destination familiarity on tourist attitudinal loyalty. Moreover, Mechinda et al. (2010) have proved that the destination familiarity dimension has a positive influence on medical tourist attitudinal loyalty.

H2: Service quality has a positive relationship with Indonesian medical tourists's satisfaction.

Based on the second hypothesis, it is proven that service quality has a high level of correlation (68.7%) and has a significant influence (Pvalue 0.000 < Pmeasurement 0.05) on Indonesian medical tourist satisfaction at Mount Elizabeth Hospital Singapore. Several earlier studies and theories support this result. According to Rad et al. (2010), their research showed that there is a positive effect on service quality and overall patient satisfaction in medical tourism. Moreover, Wang (2017) analyzed the relationship between service quality, satisfaction, and behavioral intentions in medical tourism, and the result of his research proved that service quality had a direct effect on medical tourist satisfaction. Furthermore, according to Cronin and Taylor (2005), there is a strong and positive relationship between service quality and satisfaction; thus, once again, this research supports the idea that service quality has a strong relationship with tourist satisfaction.

H3: Service quality has a positive relationship with Indonesian medical tourists's perceived value.

Based on the third hypothesis, it is proven that service quality has a high level of correlation (67.8%) and has a significant influence (Pvalue 0.000 < Pmeasurement 0.05) on the perceived value of Mount Elizabeth Hospital in Singapore. Several earlier studies and theories support this result. Bolton & Drew (1991), cited by Nguyen, Thao. T. (2016), pointed out that service quality has a significant direct effect on service value assessment. Wang (2012) defined medical service quality as an important component that significantly influenced the medical tourist's perceived value. Furthermore, Lertwannawit and Gulid (2011) found that there is a strong and positive relationship between service quality and medical tourists's perceived value; thus, once again, they supported this research that service quality has a strong relationship with medical tourists perceived value.

H4: Service quality has a positive relationship with Indonesian medical tourists's trust.

Based on the fourth hypothesis, it is proven that service quality has a high level of correlation

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(68.7%) and has a significant influence (Pvalue 0.000 < Pmeasurement 0.05) on Indonesian medical tourist trust in Mount Elizabeth Hospital Singapore. Several earlier studies and theories support this result. According to Harris and Goode (2004), service quality has a positive relationship with customer trust. In another study, Tang (2011) stated that there is a positive relationship between patients' trust and medical service delivery. Chang et al. (2013) found that service quality positively influenced medical tourist or patient trust. Moreover, Lertwannawit and Gulid (2011) reported that the function of trust is one of the important mediators between service quality and medical tourist attitudinal loyalty; thus, this result supports the research that service quality has a strong relationship with medical tourist trusts.

H5: Indonesian medical tourists's satisfaction has a positive relationship with attitudinal loyalty.

Based on the fifth hypothesis, it is proven that satisfaction has a moderate level of correlation (30.6%) and has a significant influence (Pvalue 0.001 < Pmeasurement 0.05) on Indonesian medical tourist attitudinal loyalty at Mount Elizabeth Hospital Singapore. Several earlier studies and theories support this result. Oliver and Swan (1989) reported that customer satisfaction has a direct effect on customer loyalty, which means the customer will purchase the same product or service in the future. A positive relationship between tourist satisfaction and medical tourist loyalty in a certain hospital was also founded by Grace and Kim (2008). In the research of Kuo, Chang, Cheng, and Lin (2015), tourist satisfaction affects attitudinal loyalty to one destination. Another researcher, Lertwannawit and Gulid (2011) also strengthened this result by finding that there was a direct effect of medical tourist satisfaction on medical tourist attitudinal loyalty in Bangkok hospitals.

H6: Indonesian medical tourists's perceived value has a positive relationship with attitudinal loyalty.

Based on the sixth hypothesis, it is proven that perceived value has a low level of correlation (13.3%) but has no significant influence (Pvalue 0.323 > Pmeasurement 0.05) towards Indonesian medical tourist attitudinal loyalty at Mount Elizabeth Hospital Singapore. Several earlier studies and theories support this result. Zeithaml et al. (1985), cited by Lertwannawit & Gulid (2011), proved that there is a positive relationship between perceived value and attitudinal loyalty. Another study in medical service contexts, founded by Lertwannawit and Gulid (2011), concluded that high perceptions of customer service value will increase customer attitudinal loyalty. Mechinda et al. (2010) indicated a positive relationship between tourist perceived value and tourist attitudinal loyalty. Moreover, in this research, the result found that there is a positive relationship between medical tourist perceived value and Indonesian medical tourist attitudinal loyalty towards Mount Elizabeth Hospital (MEH) in Singapore. However, the effect is smaller than other factors, which were slightly different from the previous studies and might have caused a different demographic characteristic and sample size.

H7: Indonesian medical tourism trust has a positive relationship with attitudinal loyalty.

Based on the seventh hypothesis, it is proven that trust has a moderate level of correlation (21.6%) and has significant influence (Pvalue 0.042 < Pmeasurement 0.05) towards Indonesian medical tourist attitudinal loyalty in Mount Elizabeth Hospital Singapore. This result is strengthened by

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several previous studies and theories. Kim, et al., (2008) found that there is a positive relationship between medical tourist trust and medical tourist loyalty in Seoul, South Korea private hospitals. In another research, Mechinda et al., (2010) the result proved that the factor of trust was the important factor for hospital tourist loyalty in Thailand medical tourism.

H8: The destination image of medical tourism in Singapore has a positive relationship with attitudinal loyalty.

Based on the eighth hypothesis, it is proven that perceived value has a low level of correlation (2.1%) but has no significant influence (Pvalue 0.823 > Pmeasurement 0.05) towards Indonesian medical tourist attitudinal loyalty in Mount Elizabeth Hospital (MEH) Singapore. Several earlier studies and theories support this result. Pearce (1982) reported that a factor of destination image had a positive influence on a tourist's attitude. Furthermore, several studies also found that a positive image of the destination influenced tourist attitudinal loyalty (Hernandez et al., 2006), and a positive image influenced tourist intention to revisit the destination (Gibson et al., 2008). The result of Mechinda et al.'s (2010) research showed that destination image from medical tourists's perspectives had a positive influence on their attitudinal loyalty toward medical tourism in Pattaya.

Moreover, in this research, the result found that there is a positive relationship between destination image and Indonesian medical tourist attitudinal loyalty towards Mount Elizabeth Hospital (MEH) in Singapore. However, the effect is smaller than other factors, which were slightly different from the previous studies and might have caused a different demographic characteristic and sample size.

Table 5 Hypotheses Testing Results

|  | Hypothesis | Original Sample | T-Statistics | P-values |
|---|---|---|---|---|
| H1 | DF ⟶ AL | 0,320 | 2,464 | 0,014 |
| H2 | SQ ⟶ S | 0,687 | 8,487 | 0,000 |
| H3 | SQ ⟶ PV | 0,678 | 8,489 | 0,000 |
| H4 | SQ ⟶ TR | 0,687 | 11,044 | 0,000 |
| H5 | S ⟶ AL | 0,306 | 3,277 | 0,001 |
| H6 | PV ⟶ AL | 0,133 | 0,990 | 0,323 |
| H7 | TR ⟶ AL | 0,216 | 2,042 | 0,042 |
| H8 | DI ⟶ AL | 0,021 | 0,223 | 0,823 |

## 5. CONCLUSION & RECOMMENDATION
### 5.1 Conclusion

After doing the research, which involved gathering and evaluating data and testing hypotheses, eight results have been drawn. The first hypothesis, H1, is confirmed based on the test results, which indicate a moderate correlation of 32.0% and a significant relationship (Pvalue 0.014 < Pmeasurement 0.05) between destination familiarity and attitudinal loyalty of Indonesian medical tourists. There is a direct relationship between how familiar someone is with a destination and their devotion towards Indonesian medical tourism at Mount Elizabeth Hospital (MEH) in Singapore. Based on the findings, the second hypothesis (H2) is supported, indicating a positive relationship between service quality and the satisfaction of Indonesian medical tourists at Mount Elizabeth

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Hospital (MEH) in Singapore. The correlation coefficient of 68.7% indicates a strong positive association between the two variables and has a statistically significant impact (P value 0.000 < P measurement 0.05).

The third hypothesis, H3, is confirmed based on the results of the testing. The findings indicate a strong correlation of 67.8% and a significant impact (Pvalue 0.000 < Pmeasurement 0.05) between service quality and the perceived value of Indonesian medical tourists. There is a direct relationship between the quality of service and the perceived value of Indonesian medical tourists at Mount Elizabeth Hospital (MEH) in Singapore. The finding indicates that the fourth hypothesis, H4, is supported, indicating a correlation between service quality and the trust of Indonesian medical tourists at Mount Elizabeth Hospital (MEH) in Singapore. The correlation coefficient of 68.7% indicates a strong positive association between the two variables and is statistically significant (P value 0.000 < P measurement 0.05). The fifth hypothesis, H5, is confirmed based on the test results, which indicate a moderate correlation of 30.6% and a significant relationship (Pvalue 0.001 < Pmeasurement 0.05) between the satisfaction of medical tourists and their attitudinal loyalty towards Indonesian medical tourism. There is a direct relationship between the happiness of medical tourists and their loyalty towards Indonesian medical tourism at Mount Elizabeth Hospital (MEH) in Singapore. Based on the result, the sixth hypothesis (H6) is confirmed, indicating a connection between the perceived value of medical tourists and the attitudinal loyalty of Indonesian medical tourists at Mount Elizabeth Hospital (MEH) in Singapore. The correlation coefficient of 13.3% indicates a weak association between the two variables and is not statistically significant (P value 0.323 > P measurement 0.05). The seventh hypothesis, H7, is confirmed. The test results indicate a moderate correlation of 21.6% and a significant relationship (Pvalue 0.042 < Pmeasurement 0.05) between the trust of medical tourists and their attitudinal allegiance towards Indonesian medical tourism. There is a direct relationship between the trust that medical tourists have and their allegiance towards Indonesian medical tourism at Mount Elizabeth Hospital (MEH) in Singapore. The results indicate that the eighth hypothesis, H8, is accepted, suggesting a correlation between the perception of Singapore as a destination and the attitudinal loyalty of Indonesian medical tourists at Mount Elizabeth Hospital (MEH) in Singapore. The correlation coefficient of 2.1% indicates a weak link between the two variables and is not statistically significant (P value 0.823 > significance level 0.05).

## 5.2 Recommendation

The recommendations are categorized into two distinct sections. The initial section elucidates many managerial recommendations pertaining to the expansion of medical tourism in Indonesia, as explored in this research. Meanwhile, the second section provides detailed explanations and suggestions for future study endeavors.

### 5.2.1  Managerial Implications

Based on the findings, there are numerous recommendations for managerial implications. To enhance tourism in Indonesia, it is advisable to boost destination familiarity by providing comprehensive information to tourists. This can be achieved by attractive promotional campaigns,

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informative websites, well-designed tourist programs, and appealing travel packages. Therefore, Indonesian tourists and foreign tourists are well-informed and knowledgeable about the various splendid tourist attractions in Indonesia. According to the statistical results reported earlier, the service quality of a certain hospital has the strongest correlation with medical tourist satisfaction, perceived value, and trust. Thus, it is important for the management or healthcare department of Indonesia to be concerned with factors of reliability, tangibleness, responsiveness, assurance, and empathy toward Indonesian medical tourism. The reliability factor that could be improved in medical tourism in Indonesia, such as medical tourism management, should provide good service for patients with accuracy and reliability. The tangible factor that could improve medical tourism in Indonesia, such as medical tourism management, should improve the physical facilities of medical tourism in Indonesia to be visually appealing and keep up with the type of service. The responsiveness factor that could be improved in medical tourism in Indonesia, such as medical tourism management, should improve the staff or health human resources that are face-to-face or linked with the patients, such as fast response, prompt service, and always being willing to help the patients and their colleagues. The assurance factor that could improve medical tourism in Indonesia, such as medical tourism management, should improve the staff or health human resources that are face-to-face or linked with the patients, such as all of the staff who must be adequate with their jobs, honest, and polite towards the patients or their colleagues. The empathy factor that could be improved in medical tourism in Indonesia, such as medical tourism management, should improve the staff or health human resources that are face-to-face or linked with the patients, such as all of the staff who must give kind attention to the patients or their colleagues, be well-known about the patients or their colleagues needs, and offer convenient operating hours for all the patients.

The statistical analysis conducted reveals a significant association between the satisfaction of patients or their relatives with a particular hospital and the attitudinal loyalty of medical tourists in the field of medical tourism. Therefore, it is crucial for the management or healthcare department of Indonesia to prioritize establishing a strong rapport with patients or colleagues, ensuring their satisfaction with the medical services provided by the country's medical tourism industry. Based on the reported statistical findings, there is a weak association between how patients or their relatives evaluate the value of a certain hospital and the attitudinal loyalty of medical tourists in the field of medical tourism. It is crucial for the management or healthcare department of Indonesia to prioritize the well-being of patients and their family and provide excellent service. This will result in a positive reputation and greater returns on the investment made in medical services. There is a moderate association between the trust that patients or their family have in a certain hospital and the attitudinal loyalty of medical tourists in the field of medical tourism. Hence, it is imperative for the administration of medical tourism in Indonesia to ensure that the staff exhibit integrity and demonstrate genuine concern for patients and their families, in order to establish trust in the medical tourism industry in Indonesia. Furthermore, by gaining the trust of patients and their relatives, Indonesian medical tourism might enhance their confidence in utilizing medical services within Indonesia. To enhance medical tourism in Indonesia, it is advisable to focus on improving the destination image. This can be achieved by ensuring easy accessibility through private or public transportation, developing robust infrastructure, establishing state-of-the-art hospitals or clinics, disseminating tourist information in key areas, and demonstrating a strong commitment to maintaining cleanliness throughout the country. Additionally, both local and foreign patients, as

well as their relatives, will experience satisfaction with their choice to choose for Indonesian medical tourism.

In order to promote medical tourism in Indonesia, it is recommended to improve the training of healthcare professionals, including specialists, to ensure they possess the essential skills and qualities, such as professionalism, responsibility, honesty, compassion, and competence, to effectively address the needs and medical concerns of patients. Consequently, both domestic and international medical tourists, together with their relatives, will find contentment in their decision to choose for medical tourism in Indonesia. Moreover, it is anticipated that they will become loyal supporters of Indonesian medical tourism. Furthermore, the growth of Indonesian medical tourism hinges on the effective planning and organization of the Indonesian health department. This can be achieved by establishing a dedicated destination for medical tourists or patients seeking medical solutions, in addition to implementing the previously mentioned recommendations. In addition, the growth of medical tourism in Indonesia could be facilitated by a substantial number of devoted medical tourists, both domestic and international, who choose to seek medical services in the country. Given the significance of having loyal patients, they are likely to exhibit a desire to repeatedly seek the same medical treatment and provide referrals to their family members or acquaintances. Consequently, the foreign exchange in Indonesia will significantly and consistently rise.

### 5.2.2 Recommendation for Further Research

This study focused exclusively on examining the correlation between destination familiarity, service quality, medical tourist satisfaction, perceived value, trust, and destination image with the attitudinal loyalty of Indonesian medical tourists or their relatives at Mount Elizabeth Hospital (MEH) in Singapore. Future researches can endeavor to examine the influence of digital marketing or improved technologies on the attitudinal loyalty of medical tourists. Furthermore, further researchers can further explore this subject by examining other medical tourism locations. The objective is to compare the findings and enhance the academic understanding of medical tourism research in this specific area, while also promoting the growth of medical tourism in Indonesia. One can also seek to combine different research methodologies, such as quantitative and qualitative approaches, together with individual interviewing and focus group discussions (FGD). Furthermore, there is no substantial impact of the perceived value of medical tourism on the loyalty of Indonesian medical tourists or their relatives towards Mount Elizabeth Hospital (MEH) in Singapore. Additionally, the destination image of Singapore does not significantly affect the attitudinal loyalty of Indonesian medical tourists towards Mount Elizabeth Hospital (MEH) in Singapore. Furthermore, it can be utilized for additional investigation into the factors that contribute to tourists' perception of value. Additionally, it has been determined that the destination image element does not have a substantial impact on tourist attitudinal loyalty. Moreover, due to the limited scope of this study, which focuses solely on Indonesian medical tourists residing in Jakarta, it would be a challenge to obtain a broader representation of respondents from other locations and increase the sample size.

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