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## Factors Influencing Visit Intention in Medical Tourism in Indonesia

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### ABSTRACT

Public health awareness has grown alongside technological progress, as broader access to information now enables individuals to easily obtain health knowledge from diverse sources. This study aims to examine how attitude, subjective norms, perceived behavioral control, destination image, electronic word of mouth, and perceived risk influence medical tourism visit intention. This research seeks to provide a more comprehensive understanding of the factors influencing individuals' intention to engage in medical tourism abroad. The study employed the PLS-SEM method. Data from 304 respondents were collected cross-sectionally using an online questionnaire. The results of this study confirm the hypotheses regarding the relationships between attitude, subjective norms, perceived behavioral control, electronic word of mouth, and destination image with visit intention. All five variables individually have a significant positive correlation with visit intention. The findings of this study support the improvement of attitude and subjective norms as priorities in developing Indonesia's medical tourism sector.

**KEYWORDS** Theory of Planned Behavior, visit intention, destination image, electronic word of mouth, medical tourism



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## INTRODUCTION

Public awareness of health has experienced increase in line with technological advancements. The increase in access to information today has provided opportunities for people to obtain health information from various sources. In modern era, people become more aware of the importance of personal health by maintaining a healthy lifestyle, consulting healthcare professionals for their health condition or for medical check-ups (Lee et al., 2021). The goal for people is to gain access to medication as early as possible with screenings, optimize their health status, and prevent advancement of health conditions that they may have.

The health assessment and treatment can be carried out by individuals at healthcare facilities. Each facility possesses different resources and facilities, giving people the opportunity to choose the right place for receiving health services according to their needs. The differences of services and facilities are not limited to local healthcare. In the modern era, people also see international services as an option to gain healthcare services. It leads to fierce competition between healthcare services locally and internationally.

Medical tourism is explained as the activity of individuals traveling outside their place of residence to obtain healthcare services is known as medical tourism. Medical tourism is not fundamentally a new concept. People have engaged in medical tourism for centuries. Historical data shows that this activity was carried out during ancient Greek times, where people traveled

from the Mediterranean Sea to Epidaurus to receive healthcare services. Additionally, people in ancient times traveled to India for yoga or to Europe to visit spa towns (Meng et al., 2023).

To date, many patients have sought healthcare services in other countries. In Southeast Asia, several countries, such as Singapore, Malaysia, and Thailand, have become destinations for medical tourism (Angela, Suryono and Wijaya, 2020). It is estimated that approximately 2 million Indonesians take part in medical tourism abroad (Agrawal and Pi, 2023). Medical tourism abroad is currently gaining more popularity in Indonesia. Economically, medical tourism is estimated to cost 8-10 billion U.S. dollars solely for medical treatments. Meanwhile, Indonesia's annual healthcare spending is approximately 35 billion U.S. dollars (Agrawal & Pi, 2023).

This research focuses on several aspects that are considered to influence Indonesians' intention to visit abroad for medical services. Some factors deemed related to the intention to seek medical care abroad originate from the Theory of Planned Behavior (attitude, subjective norm, and perceived behavioral control) (Saragih and Jonathan, 2019). In addition, various studies have been conducted to gain a better understanding of other factors that may have an influence to visit intention. Some additional factors considered influential are destination image, word of mouth, and perceived risk (Khan et al., 2020; Farrukh et al., 2022).

### **Hypothesis development**

Research on visit intention stems from the understanding that individuals' intention to obtain healthcare abroad does not occur spontaneously or coincidentally (Ajzen, 1985). Efforts to comprehend consumer or patient behavior intentions have been studied for a long time. Various theories have emerged to explain consumer behavior intentions. Several factors contribute to individuals' decision-making regarding the decision to have visit intention which aligned with the concept in the Theory of Planned Behavior. The Theory of Planned Behavior was introduced by Icek Ajzen in 1985. This explains that human actions are influenced by three types of beliefs: behavioral beliefs, normative beliefs, and control beliefs (Ajzen, 1991). These beliefs serve as the basis for three factors that influence consumer behavior intentions. Those factors are attitude, subjective norm, and perceived behavioral control (Ajzen, 1991). Behavioral beliefs are trusts held by individuals regarding the outcomes of their behavior. This belief forms people's attitude toward the behavior. Normative beliefs are beliefs that an individual owns about others' appraisal of their behavior. Normative beliefs serve as the basis of the formation of subjective norm. Moreover, perceived behavioral control comes from individuals' perceptions of their ability to control the behavior (control beliefs).

In the context of medical tourism, attitude reflects individuals' perspectives toward the idea of medical tourism. Views on the benefits that individuals can achieve by doing medical tourism is a part of attitude that is investigated in this research. Benefits such as reducing health threats from illnesses are expected from achieving medical services abroad (Chaulagain, Pizam and Wang, 2021). However, there are more benefits which influence individuals' attitude towards medical tourism.

The world economic condition has led to an increase in the cost of gaining medical services. Therefore, benefits such as the opportunity to save costs or gaining services with low price are considered as appealing (Saragih and Jonathan, 2019). Technological and scientific advancement also contribute to forming individuals' attitudes. The availability and reliability of services and facilities of medical services are expected by many individuals (Meng et al., 2023). The relation between attitude and visit intention consistently has been proven by various researches. One of which is a research done by Chaulagain et al. (2021). This research found that a positive attitude towards medical tourism is related to an increase of the intention to seek medical services abroad.

Subjective norm relates to the social pressures perceived by individuals to perform certain behaviors. Theory of Planned Behavior explains that social pressure is able to influence individuals' intention (Ajzen, 1991). Expectations from people who are considered important by individuals will influence the decision. Family, peers, and society plays a big role in subjective norm. It can be observed in individuals who live in a culture that upholds collectivism. Information such as positive experiences and the availability of medical services from trusted people will become a motivation for individuals to do medical tourism. For instance, the data has proven that around 60% of Indonesians did medical tourism to Malaysia due to recommendations given by trusted people around them (Asa et al., 2024).

Individuals' understanding about their ability in having control over their decisions is called Perceived Behavioral Control. The concept regarding Perceived Behavioral Control comes from Self-Efficacy theory which was published in 1977 (Ajzen, 2002). The control that individual has can be explained by several areas. Control over financial, time, resources, and other areas are believed to contribute in forming individuals' intention. Perceived Behavioral Control are strongly associated with resources that individuals believe they have. Those resources increase the confidence of individuals in facing obstacles that they may face (Ajzen, 2002). In relation with medical tourism, the ability to pay, confidence in having control over their health, and time management control are several aspects that can be observed in perceived behavioral control (Saragih and Jonathan, 2019). Therefore, perceived behavioral control is reasonable to look into in this research. Previous research has also supported this theory (Seow et al., 2021).

H1: Attitude has a positive effect on visit intention

H2: Subjective norm has a positive effect on visit intention

H3: Perceived behavioral control has a positive effect on visit intention

Destination image can influence individuals' decision to pursue medical tourism. Destination image is formed by individuals' thorough understanding about the destination. In theory, the destination image consists of 2 main factors (personal factor and stimulus factor) (Baloglu and McCleary, 1999). Personal factors are related with values which individuals hold and their social condition. Stimulus factor is information gained from external sources. It can be shaped from different sources such as advertisements, recommendations, social media, and news. Moreover, the destination image can be created by a social construct that is believed by the society. It can be concluded that the destination image comes from various things that give value for individuals (Vashu et al., 2021).

Medical tourism destination image consists of service quality, facility and technology, tourism resources, transportation and communication system, environment, and safety (Dash, 2020). Besides, it also consists of physical conditions such as tourism attraction (Kewina, Adam and Abdel Aziz, 2021). A review indicates that Indonesian people perceive local healthcare lacks in quantity and quality of facilities and competent professionals. (Angela, Suryono and Wijaya, 2020; Asa et al., 2024). This view grants people the opportunity to compare the service in Indonesia and services abroad. In addition, individuals can also see destination image as responsible for boosting social status (Nikbin et al., 2019; Chelliah, Khan and Atabakhshi Kashi, 2021).

H4: Destination image has a positive effect visit intention

The development of technology at present allows various individuals to provide reviews freely through online networks. Previously, recommendations usually occurred directly from one individual to another. The ease of information through the internet enables individuals to spread their reviews to the wider public (Abubakar, 2016). As such, many people can read or hear reviews simultaneously in various different places. Communication that occurs

through online networks regarding products or services that can influence people’s decisions is called electronic word of mouth (Farrukh et al., 2022).

The use of electronic media can shape public opinions regarding the quality of products, trust, and their intentions (Abubakar, 2016). Information provided through online networks are also useful to convince individuals regarding their decision. The public tends to accept and adopt information obtained from sources that are already trusted and familiar (Abubakar, 2016). Therefore, the credibility of the information source also plays a role in the impact produced. In the fields of tourism and healthcare, the opinions and experiences of others have an effect on the perceptions built by the public. (Farrukh et al., 2022; Viana and Pramono, 2023).

H5: Electronic word of mouth has a positive effect on visit intention

Perceived risk is the potential for negative outcomes associated with an individual's decision or intention (Khan et al., 2020). This variable is often studied in research related to consumer behavior. Perceived risk can be a determinant for individuals who are concerned about the negative effect of their behavior. When the risks that may occur exceed the tolerance threshold that can be accepted, the result is a change in the individual’s decision choices (Chelliah, Khan and Atabakhshi Kashi, 2021). This aligns with the Protection Motivation Theory, which states that when a threat is likely to occur and individuals are capable of addressing it, they tend to adopt protective decisions or actions (Rogers, 1975).

Risks that can be experienced by individuals during medical tourism are no different from the risks of general tourism. There are at least five types of risks that can occur in medical tourism: health, crime, criminality, accidents, and disasters (Russel and Prideaux, 2014). Risks that cannot be controlled have a greater impact compared to risks that can be controlled by individuals (Asa et al., 2024). The safety and confidentiality of medical records, as well as the environmental safety of the destination, also play an important role (Meng et al., 2023). Research by Farrukh, et al. (2022) found that perceived risk has a negative effect on visit intention.

H6: Perceived risk has a negative effect on visit intention

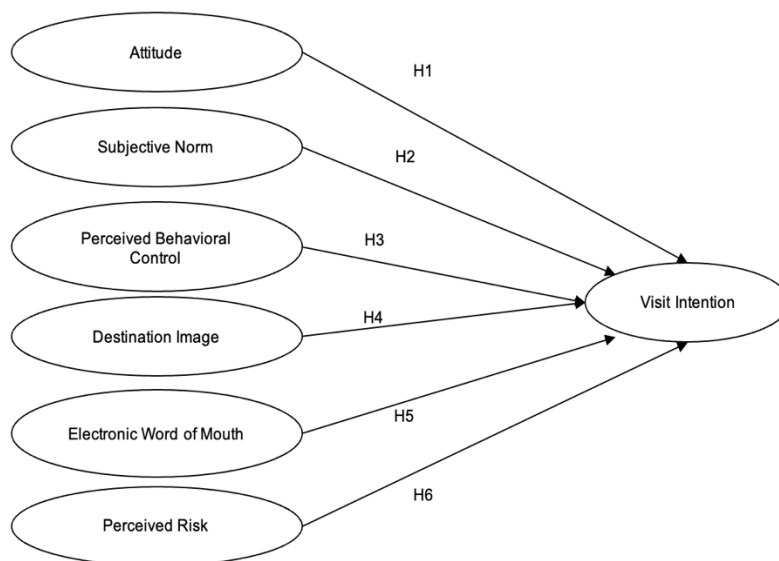


Figure 1. Research model

## METHOD

The research conducted is a quantitative cross-sectional study using surveys to collect data. In this study, the data obtained were numerical, measurable, and could be used statistically. The variables used in the study are construct variables or latent variables. Therefore, Likert scale was employed as indicators. In the study, the indicators were rated on a 5-point scale, where point 1 indicates strongly disagree and point 5 indicates strongly agree (Bougie and Sekaran, 2020). The indicators used in the study were adapted from previous studies (Saragih and Jonathan, 2019; Dash, 2020; Chaulagain, Pizam and Wang, 2021; Chelliah, Khan and Atabakhshi Kashi, 2021). Adjustments were made according to the needs of the study.

The determination of the minimum sample size was conducted using power analysis. The determination was based on the effect size and the desired level of statistical power. This study set a medium effect size with  $f^2$  0.15 and an alpha level of 0.05 with 95% power. In accordance with the number of paths, the number of predictors was set at 6. The determination of the sample size using power analysis with the G\*Power application resulted in a minimum sample size of 146 respondents. Respondents were required to meet the inclusion criteria in this study, namely being Indonesian citizens, residing in Indonesia, and aged 17 years or older.

The results of the study were analyzed using descriptive and inferential analysis. Inferential analysis in this research was conducted using the PLS-SEM method with SmartPLS 4. The use of PLS-SEM for research analysis was based on several factors. The first factor is the ability of PLS-SEM to be used in exploratory research (Hair et al., 2019). Calculations with the PLS-SEM method in SmartPLS produce outputs that can be divided into two parts: the inner model and the outer model. Both provide important information in analyzing the research model. In general, the outer model involves calculations related to variables and their indicators. Indicators are assessed based on their reliability and validity in representing the variables. Meanwhile, the inner model relates to the relationships between independent and dependent variables. In the inner model analysis, the quality of the model and the significance of the effects between variables are evaluated.

## RESULTS AND DISCUSSION

The research sample collection was conducted from October to November 2024. The sample collection was carried out by distributing a form created in Google Forms. The link was shared online to potential respondents. Eligible respondents who met the criteria could complete the answers to the questions listed in the questionnaire. From the distributed questionnaire, a total of 304 respondents were obtained.

The data collected shows that the largest proportion of respondents came from the age range of 26–35 years ( $n = 96$ ), followed by the age range of 56–65 years ( $n = 78$ ). The majority of respondents' occupations were employees (35.53%) and entrepreneurs (24.01%). These findings fairly represent the urban population. Most of the respondents are people who are in the productive age group.

**Table 1. Demographic profile**

| Description  | Categories     | Quantity   | Percentage     |
|--------------|----------------|------------|----------------|
| Age          | 17-25 years    | 43         | 14,14%         |
|              | 26-35 years    | 96         | 31,58%         |
|              | 36-45 years    | 52         | 17,10%         |
|              | 46-55 years    | 33         | 10,86%         |
|              | 56-65 years    | 78         | 25,66%         |
|              | Above 65 years | 2          | 0,66%          |
| <b>Total</b> |                | <b>304</b> | <b>100,00%</b> |

| Description        | Categories                | Quantity   | Percentage     |
|--------------------|---------------------------|------------|----------------|
| Sex                | Male                      | 118        | 38,82%         |
|                    | Female                    | 186        | 61,18%         |
| <b>Total</b>       |                           | <b>304</b> | <b>100,00%</b> |
| Place of residence | Jakarta                   | 99         | 32,57%         |
|                    | Bogor                     | 23         | 7,57%          |
|                    | Depok                     | 38         | 12,5%          |
|                    | Tangerang                 | 107        | 35,20%         |
|                    | Bekasi                    | 21         | 6,91%          |
|                    | Others                    | 16         | 5,26%          |
| <b>Total</b>       |                           | <b>304</b> | <b>100,00%</b> |
| Occupation         | Employees                 | 108        | 35,53%         |
|                    | Entrepreneurs             | 73         | 24,01%         |
|                    | Civil servant             | 12         | 3,95%          |
|                    | Students                  | 37         | 12,17%         |
|                    | Homemaker                 | 55         | 18,09%         |
|                    | Retiree                   | 11         | 3,62%          |
|                    | Others                    | 8          | 2,63%          |
| <b>Total</b>       |                           | <b>304</b> | <b>100,00%</b> |
| Monthly income     | Below 5 million rupiahs   | 48         | 15,79%         |
|                    | 5-15 million rupiahs      | 116        | 38,16%         |
|                    | 15-30 million rupiahs     | 51         | 16,78%         |
|                    | 30-50 million rupiahs     | 25         | 8,22%          |
|                    | 50-100 million rupiahs    | 9          | 2,96%          |
|                    | Above 100 million rupiahs | 5          | 1,64%          |
|                    | Prefer not to disclose    | 50         | 16,45%         |
| <b>Total</b>       |                           | <b>304</b> | <b>100,00%</b> |

From the respondents, there are 192 people (63.16%) who reported prior experience traveling abroad for medical treatment. This data provides an indication that the perception of medical services received by the respondents is linked to recommendations and personal experiences. From 304 respondents, a total of 202 respondents acknowledged having health conditions that require medical examination either for themselves or for family members. Individuals with medical or health needs tend to be more actively engaged in seeking healthcare services. These individuals are generally more proactive in searching for medical and health-related information compared to individuals without health problems.

Data analysis was performed using the PLS-SEM method and resulted in an outer model and inner model. The outer model is used to evaluate the reliability and validity of variables. Indicator reliability was assessed using outer loading values, with outer loading value greater than 0.708 in PLS-SEM considered reliable (Hair et al., 2019). The results show that Cronbach's alpha value for each variable exceeds 0.7, and the composite reliability value for each variable ranges from 0.7 to 0.95. Therefore, it can be concluded that the indicators for these variables meet the criteria to be considered reliable in measuring their constructs.

The average variance extracted (AVE) value for each variable studied shows results above 0.50, thus meeting the criteria. This value indicates that the indicators for the variables

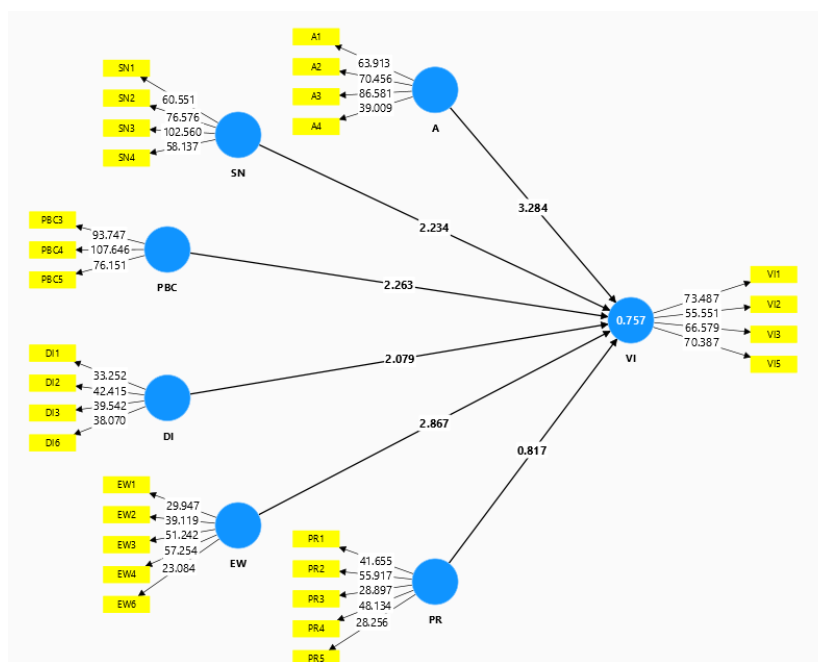
in the research model are valid indicators for measuring the construct. The results of heterotrait-monotrait (HT/MT) ratio testing for each variable is below 0.9. Therefore, it can be concluded that the indicators used for each variable have been well discriminated for measuring the construct.

**Table 2. Construct Reliability and Validity**

| Variable                     | Cronbach's Alpha | Composite Reliability | Average Variance Extracted (AVE) |
|------------------------------|------------------|-----------------------|----------------------------------|
| Attitude                     | 0.918            | 0.920                 | 0.802                            |
| Subjective Norm              | 0.927            | 0.928                 | 0.821                            |
| Perceived Behavioral Control | 0.923            | 0.924                 | 0.867                            |
| Destination Image            | 0.855            | 0.857                 | 0.698                            |
| Electronic Word of Mouth     | 0.887            | 0.892                 | 0.690                            |
| Perceived Risk               | 0.901            | 0.911                 | 0.715                            |
| Visit Intention              | 0.934            | 0.935                 | 0.835                            |

Inner model analysis is a calculation used to explain the relationships between latent variables in the research model. The explanatory power is determined using R-squared. The analysis result of the R-squared value for the visit intention is 0.757. It can be concluded that the dependent variable can be explained 75.7% through the independent variables in this research model. This result is considered strong.

The effect size is analyzed using f-squared. Perceived risk has an f-squared value below 0.02, which is considered insignificant in this study. The other five variables are considered significant but have weak effect size because their values are below 0.15. As of Q-squared, the value is 0.736 and can be considered to have high relevance.



**Figure 2. Inner Model**

This research is one-tailed research. The significance of each hypothesis is assessed based on the T-statistic value, which is compared with the T-table value of 1.645 (using a

significance level of alpha 0.05). It can be concluded that of the six hypotheses presented, five are supported, and one hypothesis is not supported. The five supported hypotheses have T-statistic values above 1.645. The highest coefficient value is found in H1. The unsupported hypothesis is H6, because it has a T-statistic value below 1.645 and the direction of the coefficient does not align with the original hypothesis.

**Table 3. Hypothesis Testing Results**

|    | Hypothesis  | Standardized Coefficient | T-Statistics | p-value | Result        |
|----|---|--------------------------|--------------|---------|---------------|
| H1 | <i>Attitude -&gt; Visit Intention</i>                     | 0.275                    | 3.284        | 0.001   | Supported     |
| H2 | <i>Subjective Norm -&gt; Visit Intention</i>              | 0.223                    | 2.234        | 0.013   | Supported     |
| H3 | <i>Perceived Behavioral Control -&gt; Visit Intention</i> | 0.153                    | 2.263        | 0.012   | Supported     |
| H4 | <i>Destination Image -&gt; Visit Intention</i>            | 0.154                    | 2.079        | 0.019   | Supported     |
| H5 | <i>Electronic Word of Mouth -&gt; Visit Intention</i>     | 0.170                    | 2.867        | 0.002   | Supported     |
| H6 | <i>Perceived Risk -&gt; Visit Intention</i>               | 0.029                    | 0.817        | 0.207   | Not supported |

Statistically, it is known that the T-statistic value of attitude is 3.284 (exceeds the value of 1.645) with a significance level of 0.05. The path from the attitude variable to visit intention has the largest standardized coefficient compared to the others. The coefficient value is 0.275. The positive relationship between attitude and visit intention aligns with previous studies (Saragih and Jonathan, 2019; Chaulagain, Pizam and Wang, 2021; Viana and Pramono, 2023). In addition to attitude, two other variables related to the Theory of Planned Behavior show significant positive relationships. Subjective norm to visit intention has a coefficient of 0.223, and perceived behavioral control to visit intention has a coefficient of 0.153. Electronic word of mouth and destination image are also found to have a positive relationship with visit intention. The results of this study are significant. It can be inferred that this finding can be generalized to the population level. The significance of electronic word of mouth and destination image, which are not part of the original TPB framework, suggests that medical tourism intentions are shaped not only by internal beliefs but also by external informational and branding factors.

This study has not been able to prove the relationship between perceived risk and visit intention. The results obtained do not align with the initial hypothesis and do not show statistically significant results. This finding may have occurred because most of the respondents had already traveled abroad before. The experience of engaging in medical tourism provides patients with an understanding of the potential risks they may encounter. Through such experiences, patients develop a greater awareness of possible risks and the means of addressing them. This capability leads patients to perceive the level of risk as lower. Therefore, they did not perceive travel risks abroad as a problem.

The division of variables in the IPMA (Importance-Performance Map Analysis) into 4 quadrants shows that the attitude and electronic word of mouth variables are the ones that have good performance and are important in determining visit intention. From a managerial perspective, domestic healthcare services need to pay attention to these two variables. These two variables become determinants for the public in shaping their intention to engage in medical tourism. Therefore, healthcare managers are deemed to need to allocate manpower and resources to address these variables. Another variable that also needs attention is subjective norm. This variable has potential but has not yet shown good performance in increasing medical tourism intention. This indicates that family and friends of potential tourists do not

have expectations or influence on individuals to engage in medical tourism. These findings suggest that the medical industry has not yet fully utilized the potential of this variable. The influence exerted by healthcare services remains primarily focused on individual aspects and has not sufficiently incorporated the role of family influence in attracting patients.



Figure 3. IPMA

## CONCLUSION

This study, employing the PLS-SEM method, concludes that attitude and subjective norm are the most influential determinants of visit intention in medical tourism, while perceived risk (H6) shows no significant effect with an inverse relationship. The structural model demonstrates strong predictive accuracy and relevance, confirming that attitude, subjective norm, perceived behavioral control, destination image, and electronic word of mouth significantly influence individuals' decisions to seek medical services. These findings answer the research objective by identifying key behavioral and perceptual factors driving medical tourism intention. Practically, Indonesian healthcare providers should enhance service quality, professional competence, and facility comprehensiveness to improve competitiveness with international providers. Future research should expand this model by integrating moderating variables such as cultural orientation, digital trust, and post-visit satisfaction to gain deeper insights into consumer behavior and strengthen Indonesia's strategic positioning in the global medical tourism market.

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