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The relationship between other people's recommendations, economic status, education level and service quality and the motivation of acehnese people to choose medical treatment in Malaysia

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Absract. Recently, the number of Indonesian people seeking medical treatment abroad is increasing. Data obtained from IMTJ (International Medical Travel Journal) in 2019 show that, there are about 1 million foreign patients, mostly from Indonesia, who seek treatment in Malaysia. This study aims to examine the relationship between the motivation of Acehnese to choose treatment in Malaysia and other people's recommendations, economic status, education level and quality of service. This research was conducted using a survey with a cross sectional design. The sampling technique was done using purposive random sampling with a total sample of 76 people. The results showed that as many as 55 respondents (72.4%) had received recommendations from others, as many as 48 respondents (63.2%) had a high level of education (S1/S2/S3). Furthermore, 42 respondents (55.3%) had a high economic status and 58 respondents (76.3%) had better service quality at overseas hospitals. Chi-Square testing showed that other people's recommendations, economic status, education level and quality of service provided a significant relationship to the motivation of Acehnese people to choose treatment in Malaysia with a P-value <0.05.
Conclusion: Other people's recommendations, economic status, education level and service quality motivated Acehnese people to choose treatment in Malaysia.

Keywords: Motivation, Going Abroad for Treatment, Hospital

Introduction

The tendency of Indonesian people to seek treatment abroad in recent years has continued to increase. It is known that the majority of Indonesian health tourists designate the states of Singapore and Malaysia for treatment. According to Suhaimi, Director and Market Development of Malaysia Health Travel Council (MHTC), the number of Indonesian patients seeking treatment in Malaysia increased by 15-18% per year and in 2018 there were around 670,000 Indonesians seeking treatment in Malaysia. 60% of all foreign patients seeking treatment in Malaysia are Indonesian. Based on data obtained from IMTJ (International Medical Travel Journal) in 2019, it is known that there are around 1 million foreign patients, mostly from Indonesia who seek treatment in Malaysia.

The explanation is in line with the increasing number of patients in several hospitals for Indonesian patients in Malaysia, such as, Lam Wah Ee Hospital which can reach 12,000 patients per year, and Malaysian Adventist Hospital reaching 14,000 patients per year (Nuryani, 2017). The data shows that there is an increase in the confidence of Indonesian patients to go overseas for treatment, especially in Malaysia. This also resulted in a decrease in the number of Indonesian patients undergoing treatment in their own country.

The above phenomena and data show that the high enthusiasm of the public to seek medical treatment abroad is caused by various things. There is a strong motivation for them to choose treatment to another country than their own. According to Aulia (2015), there are many factors that motivate Indonesian citizens to go to Malaysia. Among these factors are cost, human resources (doctors and nurses), and the use of technology.

In motivation theory, Maslow argues that there are five levels of basic human needs that are key to understanding motivation. The basic needs referred to are physiological needs, needs for security (Safety Needs), social needs (Affiliation or Acceptance Needs), needs for appreciation (Esteem Needs) and self-actualization needs. Maslow estimates that people are empowered to meet more basic needs (physiological) before heading towards the highest needs (self actualization).
Data collected from the Port Health Office of the Sultan Iskandar Muda International Airport in Aceh Besar, shows, that in 2018 there were 172 Acehnese people (14-15 people per month) who filled out airworthy documents for medical treatment purposes. This flightworthy letter is needed for sick people who use wheelchairs. If it is assumed that in one flight the plane can carry 150 people, then in 7 days the number of visitors to Malaysia can reach 1,000 people. If we assume that of that 20% of those people need treatment, it can be calculated that as many as 210

people go to Malaysia for treatment every week through the Iskandar Muda International Airport.

A preliminary survey conducted with 30 respondents who had used health service facilities in Aceh and sought second opinion abroad found that; 22 people (73.3%) used hospital facilities, 4 people (13.3%) used the practice of specialist doctors to determine the diagnosis of the disease, and as many as 4 people (13.3%) only for health checks. When asked for the reason they went to Malaysia, 16 people stated that their health problems were not yet clear, had been treated for a long time but were not yet healed, or their symptoms disappeared briefly and then reoccurred, seven people went because of proposals from family, friends and relatives who had been treated abroad. three people went because of the doctor's decision about surgery, and 4 people went to Malaysia for a health check-up.

Aceh Province is one of the provinces with almost universal coverage in the national health insurance program (JKN), with 99.61% of the total population covered. But the reality in Aceh is that there are many people who seek treatment abroad that will cost them money even though in- country health services have been guaranteed. In accordance with the background above, this study attempts to determine what the relationship is between the motivation of Acehnese people to go to Malaysia for treatment and their economic status, education level and quality of service in Malaysia and other people's recommendations.

Research method

A. *Type of Research*

This study was completed using a survey with a cross sectional design, where measurements or observations are made at the same time as the independent and dependent variable data.

B. *Location and Time Research*

The study was conducted at the International Departure Terminal at Sultan Iskandar Muda Airport. This research was conducted from December 2018 until December 2019.

C. *Conceptual Research*

The role of the medical committee in the implementation of clinical governance includes the following aspects: (1) credential management, (2) professional quality management, (3) ethical management and professional discipline.

D. *Population and Research Sample*

The population in this study were all patients who were going for treatment to Malaysia via Sultan Iskandar Muda International Airport in Aceh Besar, Indonesia. The sampling technique used was purposive random sampling of 76 respondents.

E. *Data Collection*

Data collection using interview and observation methods guided by the research instrument in the form of a research questionnaire that had been prepared in advance.

F. *Data Analysis*

Data analysis in this study was conducted on all research variables with univariate and bivariate data analysis stages using the chi-square test.

Results And Research Discussion

G. *Relationship between the recommendations of others and the motivation to choose treatment in Malaysia*

Based on the results of data collection through a research questionnaire it was found that 6 respondents had low recommendations, 33 respondents had medium recommendations and the remaining 37 respondents had high recommendations. Complete cross tabulation of other people's recommendation variables with motivation to go to Malaysia can be seen in the following table.

Table 1. Cross tabulation of other recommendations for treatment motivation to Malaysia

People's Recommendations * Motivation for Treatment Crosstabulation				
		Motivation for Treatment		Total
		Medium	High	
People's Recommendations	Low	5	1	6
	Medium	17	16	33
	High	12	25	37
Total		34	42	76

Chi-square test results show that the p-value was 0.039 <0.05. This means that there is a significant relationship between the recommendations of others and the motivation of Acehnese to choose treatment in Malaysia. This is proven by the table above which shows that 25 respondents (32.89%) were highly motivated to go to Malaysia and also had highly positive recommendations from others. On the other hand, there were only five respondents (6.57%) who had low recommendations and treatment motivation in the medium category.

Testimonies of satisfaction are obtained from the experiences of other patients who underwent treatment abroad. The many testimonials of service satisfaction caused other patients to be interested in getting similar health services. This is because in undergoing treatment, patients want to get the best treatment.

Testimonials on the satisfaction with hospital services in Indonesia alone are in fact still relatively small, so some patients are easily convinced to do treatment abroad based on the testimonials that already exist. To increase the testimony, hospitals in Indonesia must of course improve the health service system offered. By improving the existing service system, it will automatically add testimonials of satisfaction in the future. Thus, hospitals in Indonesia will regain the trust and confidence of their patients who will then want to carry out treatment in their own country.

H. *Relationship between economic status and the motivation to choose treatment in Malaysia*

Based on the results of data collection through a research questionnaire, it was found that 5 respondents had low economic status, 37 respondents had moderate economic status and the remaining 34 respondents had high economic status. Complete cross tabulation of economic status variables with motivation to seek treatment in Malaysia can be seen in the following table.

Table 2. Cross tabulation of economic status against motivation for medical treatment in Malaysia

Economic Status * Motivation for Treatment Crosstabulation				
		Motivation for Treatment		Total
		Medium	High	
Economic Status	Low	5	0	5
	Medium	18	19	37
	High	11	23	34
Total		34	42	76

Chi-square test results showed that the p-value was 0.014 <0.05. This means that there is a significant relationship between economic status and the motivation of Acehnese people to choose to seek treatment in Malaysia. This is proven based on the table above which shows that there are 23 respondents (30.26%) who have high motivation to go to Malaysia and also have high economic status. Conversely, there were only 5 respondents (6.575) with low economic status and medium motivation to seek treatment. Economic status refers to the state or position of a person towards the surrounding community.

The term economy generally refers to the financial condition of a household and is usually associated with rich or poor. The socioeconomic status of a family is usually formed by itself over time and in accordance with the income streams obtained by each family. This is in line with the statement of Soekanto (1990), quoting a statement from Arisoteles: "That basically there are three elements in each country, namely the people who come to the very rich, poor and people in the ordinary group". Thus, the economic status referred to in this study refers to a place or position of a person in society. This position is based on the level of income or the ownership of certain economic resources.

I. *Relationship between education level and the motivation to choose treatment in Malaysia*

Based on the results of data collection through a research questionnaire it was found that 11 respondents had low levels of education, 30 respondents had moderate levels of education and the remaining 35 respondents had higher levels of education. Complete cross tabulation of education level variables with motivation to go to Malaysia can be seen in the following table.

Table 3. Cross tabulation of educational level against motivation for medical treatment in Malaysia

Education * Motivation for Treatment Crosstabulation				
		Motivation for Treatment		Total
		Medium	High	
Education	Low	11	0	11
	Medium	12	18	30
	High	11	24	35
Total		34	42	76

Chi-square test results showed that the p-value of 0,000 <0.05. This means that there is a significant relationship between the level of education and the motivation of Acehnese people to choose to go to Malaysia for medical treatment. Based on the table above, there are 24 respondents (31.58%) who have high motivation to go to Malaysia with high level of education. On the other hand, there were only 11 respondents (14.47%) respondents with a low level of education and medium treatment motivation.

Education basically refers to a learning effort that is expected to influence someone related to actions in overcoming various problems. This is in line with the statement of Notoatmodjo (2005) which states that education is an effort of persuasion or learning that aims to influence others individually, in groups or in society so that actions can be taken to maintain, and improve their health. Changes or actions to maintain and improve health produced by health education are based on knowledge and awareness through the learning process.

The low level of education and knowledge has an influence on the level of health awareness, disease anticipation (women who have higher education usually pay more attention to health in their family) (Syafrudin and Mariam, 2010). Thus, someone who has a higher education tends to have a more positive attitude about an illness, so the decision to receive treatment abroad is considered one of the steps in dealing with the disease being suffered.

J. *Relationship between service quality and the motivation to choose treatment in Malaysia*

Based on the results of data collection through a research questionnaire, it was found that 4 respondents chose service quality in the low category, 30 respondents chose medium service quality and the remaining 42 respondents chose high service quality. This shows that the majority of respondents were satisfied with the health services provided by hospitals in Malaysia. Our concern is to improve the quality of services provided by regional hospitals so that the people of Aceh have a sense of trust again to take advantage of health services in their own country. Complete cross tabulation of service quality variables with motivation to seek treatment in Malaysia can be seen in the following table.

Table 4. Cross tabulation of service quality against motivation for medical treatment in Malaysia

Service Quality * Motivation for Treatment Crosstabulation				
		Motivation for Treatment		Total
		Medium	High	
Service Quality	Low	4	0	4
	Medium	21	9	30
	High	9	33	42
Total		34	42	76

Chi-square test results showed that the p-value of 0,000 <0.05. That is, there is a significant relationship between the quality of service with the motivation of Acehnese people to choose to seek treatment in Malaysia. The table above shows that there were 33 respondents (43.42%) who had high motivation to go to Malaysia with high quality services (they already receive high quality service). On the other hand, respondents who received low quality of service and motivation to seek treatment at 5.26%.

The quality of health services is the perfection and appropriateness of the level of health services based on the existing code of ethics and service standards, thus providing satisfaction to all patients (Ministry of Health in Muninjaya 2014). Quality service is needed because it is already the right of every customer, and can lead to the potential to win in the competitive customer market. Quality of service has a direct impact on customers.

According to Azwar (1996) quality health services are health services that provide satisfaction to all users of health services in accordance with the average level of satisfaction of the population and its implementation based on applicable ethical and professional standards. Mary R. Zimmerman said that the quality of health services means providing for the needs and expectations of patients based on continuous improvement. The quality of services provided by hospitals is also called services provided by hospitals to patients in providing the best health services. Parasuraman, Zeithaml, and Berry in Muninjaya (2014), analyzed that the quality dimension contained 5 components. The 5 aspects of quality components are known as Servqual (Service Quality).

The development of referral hospitals also plays a part in strengthening the improvement of health services. The aim is to fulfill the distribution of referral health service facilities in accordance with their competencies. Until 2019, the target is 14 national referral hospitals, 20 provincial referral hospitals and 110 regional referral hospitals. To get access to referrals closer, the Ministry of Health has built 22 Primary hospitals. At present 104 PSCs have been formed in 514 districts / cities, 29 of which have been integrated with the 119 National Command Center (NCC) (Ministry of Health of the Republic of Indonesia, 2017).

The research by Dewi (2016) found that service quality has a positive and significant effect on patient satisfaction. Thus, the higher the quality of services obtained, the higher the implementation of treatment abroad, especially in Malaysia.

This is in line with research conducted by Hasan (2018), which shows that the optimal quality of service in the country (Indonesia) causes many patients to take treatment abroad. The lack of health facilities, sub-optimal services, and health workers who are often wrong in diagnosing are the causes of many Indonesian patients taking treatment in different countries, one of which is Malaysia. The most influential factor in this study was the health facilities offered by the hospital. Research conducted by Nuryani (2017) found that people with a more established economic status consider regional hospitals to be less than optimal in providing health services. They have the opportunity to obtain higher quality services in terms of facilities and service providers because they have a higher socioeconomic status. They will choose hospitals outside the region and even abroad.

Conclusion

Based on the test results and the discussion above, it can be concluded that there is a significant relationship between other people's recommendations, economic status, level of education and quality of service and the motivation of Acehnese people to seek treatment in Malaysia. One points to note based on the results of this study is that regional hospital need to improve the quality of their health services. Improvements can be made through completeness of facilities, attitudes of medical personnel towards patients and their families, and the competencies of doctors or nurses.

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