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Dental tourism: Examining tourist profiles, motivation and satisfaction

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Highlights

- We purposely sampled 196 inbound dental tourists in Malaysia.
- Important motivations are dental care quality, information access, and cost-savings.
- Information access and dental care quality positively influenced satisfaction.
- Cost-savings and cultural similarity negatively influenced satisfaction.
- We propose some marketing and managerial recommendations.

Abstract

Despite the overwhelming interest in medical tourism research, knowledge in dental tourism, which is its subspecialty, remains limited. This study is the first to measure tourist profiles, travel motivation and satisfaction among inbound dental tourists in Malaysia. We purposely sampled twelve selected private dental clinics in Kuala Lumpur, Selangor, Melaka and Penang; and distributed the questionnaires to their inbound dental tourists. A total of 196 inbound tourists responded to the questionnaire, mainly from Southeast Asia, Australia, New Zealand and Europe. In order of importance, the main motivation factors were dental care quality, dental care information access, and cost-savings. Tourists were extremely satisfied with dental care services received in the country. While dental care quality, dental care information access and supporting services positively influenced tourist satisfaction; cost-savings and cultural similarities had negative influences. Based on the research findings, we propose some managerial and marketing recommendations.

Keywords

Medical tourism; Dental tourism; Motivation; Satisfaction; Malaysia

1. Introduction

Traditionally, wealthy people from less developed countries travel for medical care to developed nations (Alleman et al., 2010; Chanda, 2002; Wachter, 2006). The trend however has lately reversed with more people from developed nations travelling to developing countries for high quality medical care at a lower cost (Alleman et al., 2010; Chanda, 2002; Gill and Singh, 2011; Hall, 2011; Ormond, 2011; Vijaya, 2010; Wong and Musa, 2013). Tourists seek various medical services that could be classified as preventive medical services (e.g. medical checkups and health screening), surgery (e.g. hip replacement, knee replacement, gastric bypass, heart bypass, and eye surgery), dental care (e.g. crown, tooth whitening and dental implants), cosmetic surgery (e.g. rhinoplasty, tummy tuck, liposuction), organ, cell and tissue transplants (e.g. stem cell, organ transplantation) and cardiology (e.g. bypass, valve replacement surgery) (Gill and Singh, 2011; Heung et al., 2011; Lunt et al., 2011).

Medical tourism involves “activities related to travel and hosting a tourist who stays at least one night at the destination region, for the purpose of maintaining, improving or restoring health through medical intervention” (Musa, Thirumoorthi, & Doshi, 2011, p. 3). Cuba, Colombia, Costa Rica, Mexico, Hungary, Israel, Jordan, Lithuania, Malaysia, Brunei, Philippines, Singapore, Thailand, Hong Kong, India, and United Arab Emirates are countries that have been actively promoting medical tourism (Alleman et al., 2010; Singh, 2008). In Asia, the four main competing medical tourism destinations are Thailand, Singapore, Malaysia and India (Alleman et al., 2010; Connell, 2006; Crooks et al., 2010; Ernst, 2006; Healy, 2009; Heung et al., 2011; Lunt and Carrera, 2010; Ormond, 2011; Wong and Musa, 2013).

The Malaysia Healthcare Travel Council (MHTC, 2017) was formed and approved by the Malaysian Cabinet in 2009 to improve the performance of the medical tourism industry by promoting and positioning Malaysia as a unique destination for world-class healthcare services, facilitating the development of healthcare travel services by the industry players, both private and government sectors. According to Frost and Sullivan (2010), medical tourism in Malaysia has been recognized as an attractive destination for medical tourists and better than average compared to other countries in the ASEAN region due to the availability of well-trained medical personnel and high quality facilities, which include different ranges of treatments and cost spectrums (Borneo Post Online, 27 January 2015). Malaysia has received an influx of foreign patients especially from Indonesia, Singapore and Japan (Frost & Sullivan, 2010). The number of healthcare travelers has increased from 643,000 in 2011 to 882,000 in 2014, with estimated earnings of more than MYR730 million in 2014 (Malaysia Healthcare Travel Council, 2017; The Star Online, 2015, March 29).

Medical tourism in Malaysia mainly involves private medical establishments. All private medical facilities and services are regulated for safety and quality standards under the Private Healthcare Facilities and Services Act 1998 and Regulations 2006 (MHTC, 2014a). Under the act, Malaysia has 37 private hospitals accredited by the Malaysian Society for Quality in Health (MSQH) and 10 private hospitals accredited by the Joint Commission International (JCI) (MHTC, 2014b). At present, there are no healthcare accreditation standards existing for dental care services (MHTC, 2014b). However, the dental care service sector is one of the products and services which is gaining momentum and attracting many inbound medical tourists.

Malaysia is not only a fast growing medical tourism hub, offering well trained doctors at affordable prices, but also has diverse cultural experiences and languages, a wide range of leisure activities and a myriad of food choices (Malaysia Healthcare Travel Council, 2014c; Salleh et al., 2013). The following paragraph explains dental tourism in more detail.

1.1. Dental tourism

Dental tourism is defined by the American Dental Association (2009) as the act of travelling to another country for the purpose of obtaining dental treatment. Dental care is a subset of medical care where tourism has increasingly become prominent (Turner, 2008; Elliot-Smith, 2010). It has been one of the popular services sought by tourists, well known in professional circles and well covered in the media (Österle, Balazs, & Delgado, 2009). Countries reportedly known for offering dental tourism services are Hungary, Mexico, Poland, Romania, Bulgaria, Croatia, Argentina, Costa Rica, Peru, Thailand, Malaysia, Singapore, India, Philippines, Korea (Deasy et al., 2013; Kamath et al., 2015; Kovacs and Szocska, 2013; Lunt et al., 2011; Turner, 2009; Österle et al., 2009).

Chandu (2015: page 405) classified dental care tourists into two. Firstly, the classic dental tourists are among those who travel to a foreign country to access dental treatment, either for the sole purpose of dental treatment, or dental treatment as part of holiday package. Secondly, migrant tourists are among those who return to their native country for a holiday or to visit relatives and who then access dental treatment during their visit. Also there are two types of dental care; general and specialized dental care. General dental care includes scaling and polishing, simple fillings and tooth whitening. While specialized dental care is carried out by dental specialists such as complex restorative treatment and surgery e.g. implant surgery (Chandu, 2015). Dental care differs from other healthcare services by its nature and organization (Sintonen & Linoosmaa, 2000). According to Österle et al. (2009), the demand for dental care is considered to be non-emergency dominated, whereby non-immediately treated dental illnesses are often less likely to lead to catastrophic/dramatic health consequences

Dental tourism: Examining tourist profiles, motivation and satisfaction compared to demands for other health care. Similar dental care is required by most people throughout their lives (Österle et al., 2009) such as professional cleaning i.e. scaling and polishing, and preventive services on regular visits.

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