



Determinants of Health Visit Appeal Based on Medical Tourism

Ari Prasetyo, Faculty of Economics and Business, Universitas Airlangga, Indonesia, ari.prasetyo@feb.unair.ac.id

Sedianingsih, Faculty of Economics and Business, Universitas Airlangga, Indonesia, sedianingsih@feb.unair.ac.id

***Ririn Tri Ratnasari**, Faculty of Economics and Business, Universitas Airlangga, Indonesia, ririnsari@feb.unair.ac.id

*Corresponding Author

Abstract. The purpose of this study to determine the factors that influence the attractiveness of the health visit to Surabaya as city-based medical tourism. The research design used in this study is exploratory quantitative approach. In this quantitative approach used method (analyzer) factor analysis and using a questionnaire as a tool to determine the respondent's perception, that there are two groups, the first group is the renderer of services (management of the institution Health Service, the management and employees of hospitals, health centers, and Health Clinic in Surabaya) and the second is the service user (consumer's Hospital and Health Center and Health Clinic).

This method is carried out in three stages, the first stage, to determine indicators of factors affecting the health of the appeal of a visit to Surabaya as city-based medical tourism obtained from the process of extracting data through in-depth interviews to both sides of informants in pre eliminary test. The second stage, performed a pre survey of 40 respondents to test the material questionnaire if it is understood, the third phase followed by a structure close-ended-question to 400 respondents consisting of 100 outpatients at the hospital in Surabaya, 100 consumers in Surabaya, and 200 consumers outside Surabaya. The sampling technique was conducted with a purposive non-random sampling.

The results of the research shows that there are six factors influencing the attractiveness of health visit to Surabaya as medical tourism based city. The six factors are Credibility factor of medical team, Quality of service to patient, Technology of medical equipment, Hospital management, Price comparison with benefit, and Communication to patient and family. The credibility of the medical team is the highest factor in influencing the appeal of health visits to Surabaya as a medical tourism-based city, but communication to patients and families is the lowest factor in influencing the appeal of health visits to Surabaya as a medical tourism-based city.

The implications, the medical team needs to make improvements in terms of developing a good communication relationship pattern with patients and their families, developing better ethical and empathy attitudes, and prioritizing patient safety so that people are satisfied. The government also needs to involve relevant industries, such as the health industry, the insurance industry, the pharmaceutical industry and the regulators that must be integrated with local / national tourism development programs.

Keywords: Factors, Attraction, Health Visiting, Medical Tourism.

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INTRODUCTION

The tourism industry has grown to become the largest service industry in the world and it is increasingly difficult for the government to manage. Most developed or developing countries, taking into account the tourism industry as one of their main economic priorities. According to Rosy Mary (2014) in Ganguli (2017) Asian countries, for example Thailand, Singapore and India are recognized as the three main objectives of this continent and are projected to account for more than 80% of the Asian market in the future. The tourism industry in Indonesia has contributed more than 13% of Indonesia's GDP since 2017 and tourism revenue has increased since 2017, from 182.0 billion Rupiah to 223.0 billion Rupiah in 2018 (Ratnasari et al., 2020). The tourism industry has the potential to become a major economic driver of a nation, especially for developing countries like Indonesia which are aiming to diversify their income streams (Ratnasari et al., 2020; Freire Seoane et al., 2019; Peng et al., 2019; Demirci et al., 2019). This study provides a framework to identify the factors that need to be assessed to determine if a place has the potential for medical tourism and how this potential can be realized. Clear that we need to take a holistic approach in assessing the suitability of a place and to help identify performance deficiencies of public and

private stakeholders that are relevant. With this approach combined with feedback from relevant stakeholders, the importance of tourism is not limited to creating career opportunities and generate revenue. Tourism and travel industry has undergone tremendous changes since the 1950s, a characteristic of the period as a revelation. These changes improve tourism services and in the near future we will benefit from a high quality tourism services. Currently, tourism is seen as a strong and professional activity in the world, and is considered one of the most important economic resources (Hallmannetal.2012: 13-21 in Constantin, 2015).

The medical tourism industry is currently one of the fastest-growing industries in the world to be faced with new problems, obstacles, disputes, and threats (Sedianingsih et al., 2019). Wang (2012) Medical Tourism is one of the fastest growing industrial sectors. Tourism refers to the activity of the people who are traveling places outside their usual environment for the purpose of recreation, relaxation and pleasure. However, in the new era of globalization, human lifestyles continue to change rapidly. With the development of the international aviation industry who once had a clear regional characteristics is now developing a service mode of participating with the traditions regarding medical tourism, various definitions have been proposed. Hunter-Jones (2005) defines medical tourism as the way to recovery, instead of traveling to direct treatment Additionally, Hall (2011) suggested that, until lately, medical tourism is included in the overall context of health tourism. Glinos and Baeten (2006) describe medical tourism as an activity of patients who go abroad to seek medical care for some relative weakness in the national health care system of their own activity traveling is not just roads, but all treatment. Therefore, philosophy by the concept of "medical tourism" is developed, even in Asian countries the concept are already widely developed. China becomes a destination for organ transplants, plastic surgery is popular in South Korea, and Thailand is popular as a place to repair the teeth and tighten facial skin. At this time, at least more than 600 thousand Indonesian patients seeking treatment abroad and cost at least 20 trillion rupiah annually. The number was simply fantastic in the middle of the current economic difficulties (Zuardin, 2015). According Nagar (2011) For example, many hospitals in Thailand and Malaysia have a specific prayer room and halal food for their Muslim patients. Therefore, it is necessary for the Surabaya city government to develop medical tourism.

There are several definitions of medical tourism. One definition considers medical tourism or medical travel as a trip abroad for a detox diet, dental care or surgery. This trip should involve at least a chance to stay in a location where treatment takes place (Sadrmomtaz & Agharahimi, 2010: 516-524). According Edelheit, president of the Florida Association of Medical Tourism, medical tourism refers to traveling people in other countries besides the home of a consumer to receive medical treatment.

Medical tourism is one of the most important indicators of the tourism industry to the economic and social benefits are significant, known as international trips where someone makes use to treat less compared to the same treatment in the home country (Edelheit 2008: 9-10 in Constantin , 2015). Medical tourism requires infrastructure support, one of which is the hospital. The hospital was built to provide health services to the community. American Hospital Association (1996; Tarin, 2009: 19) provides a definition of the hospital as an organization through a trained professional are organized and means medicine that permanently organizes medical services, nursing care continuous, diagnosis and treatment of diseases suffered by patients (Ratnasari and Masmira, 2016).

However, the role of the hospital not only as a management function implemented devoted to providing health services to the community (Ratnasari and Masmira, 2016). Currently, the hospital can play a supportive health-based tourism. The healthcare industry as one of the potential to be developed into a tourist health. In East Java, Surabaya in particular, the need for health services has increased rapidly (Sedianingsih et al., 2018). Surabaya is known by the trade and services, should optimize the service sector owned, especially health services. Hopefully, Surabaya will have the appeal of a visit in the health sector known as medical tourism by consumers in Surabaya (do not need medical treatment abroad), for consumers in eastern Indonesia, and even consumers from foreign countries. Thus, it is expected, Surabaya as the world faces a health referral center MEA the new effect of since December 2015.

Surabaya Mayor Tri Risma Harini (www.tempo.com, 2015) states that the actual quality of hospitals and doctors in Indonesia, especially Surabaya very nice compared to the hospitals in Singapore, Malaysia and Thailand. Furthermore, at least can take back citizens who choose to seek treatment Surabaya to Penang, Malaysia or Singapore. This becomes very important, because based on BPS (2015), the potential consumers who live in the Surabaya region amounted to 3.2 million people is the market that cannot be removed just like that. In addition, the need of health services in East Java experience a rapid increase. Based on the information Surabaya Central Statistics Agency (BPS), the health care facilities available in Surabaya amounted to 1,043, which is in the form of hospitals, health centers, pharmacies, and other health facilities (<http://surabayakota.bps.go.id>).

Health tourism or medical tourism can include the quality of health services as well as several other facilities such as better accommodation, shopping and arrangements for consumers to conduct recreational activities (Sultana et al., 2014). Therefore, it becomes very necessary for hospital management to pay attention to good health care, the need to implement quality of service. Quality of care is particularly important in customer satisfaction (Cronin and Taylor, 1992). Quality of service is recorded as a main prerequisite for establishing and maintaining satisfactory relationships with consumers (Lassar et al., 2000). Quality of service is the result of long-term cognitive evaluation generated by consumers with the services delivered by marketers (Lovell and Wright, 2007: 96). Superior service performance results when the service is on the level of service expected by the consumer, including here is health care. According to research Gratzler, Ljungbo (2014) in Smith (2016) stated that the consequences of increased competition global medical tourism sector is a necessity in order to increase specialization in hospitals, clinics and medical research institutes.

Therefore, Surabaya with a lot of potential that has a number of the largest hospitals in Indonesia, which has 62 hospitals type D, 60 health centers, five major laboratories and five health clinics (yield interview with the management of Health Office of East Java Province, December 2015) suggests that the decent make Surabaya region has appeal health visits or known medical tourism in addition to Surabaya known as business and entertainment tourism and tourism education. Smith (2016) the following factors cannot be separated from medical tourism other among the tourism sector, healthcare and medical means it is important to consider innovative services. Johnston (2015) directs the research results on the opinion of prospective medical tourists. Information was obtained that prospective medical tourists will participate in medical tourism, they will adjust the travel distance (Buzinde & Yarnal, 2012). But it is different in the public health and medical discourse. As medical tourists, people traveling across the border for medical treatment have high levels of strength and a relatively high freedom to choose medical treatment. It is expected that, in the future, the hospital in Surabaya to be able to offer a package of health services and bring superior service. Likewise, the number of citizens of Surabaya who prefer medical treatment abroad will return for treatment to a hospital in Surabaya again. Therefore, it becomes very important to do research with the heading "Factors Affecting Visiting Health Fascination in Surabaya City Based on Medical Tourism".

LITERATURE REVIEW

Tourism Destination Competitiveness

A desired destination of medical tourism should be the types of products that contain the central rewards such as commercial infrastructure and environmental factors. Comparative advantage capable of involving climate, environment, flora and fauna, while the competitive advantage associated with items produced such as health and medical care areas, historic sites, events, site transportation, government policies, the actual quality of management and skills of workers (Sultana et al., 2014).

One of the most important factors is the quality of service provided by the destination country in medical tourism industry. Medical tourists is very focused on this problem. Thus the country of destination must meet the expectations of the medical tourists through the quality of service and performance. In the organization of the service provider, service quality is proven as an important determinant of competitiveness (Sultana, et al., 2014).

According to the study Ryan (1995) in Chiu (2016) Satisfaction could be one of the most researched variables in tourism literature. Satisfaction can be regarded as post-purchase evaluation or visit. In tourism research Hunt (1983) in Chiu (2016) suggested that satisfaction is not just about pleasure travel experience but also an evaluation. So satisfaction will come when consumers compare their initial expectations with their perceptions. Once perceived greater experience of the expectations of consumers are satisfied (Yüksel and Yüksel, 2001)

Medical Tourism

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health services to the community. American Hospital Association (1996; Tarin, 2009: 19) provides a definition of the hospital as an organization through a trained professional are organized and means medicine that permanently organizes medical services, nursing care sustainable, diagnosis and treatment of diseases suffered by patients (Ratnasari and Masmira, 2016). Mukherjee (2016) in this case, medical tourism is composed of three forms, namely health tourism, travel and curative health care (Iordache et al., 2013). Health tourism related to health promotion such as ecotourism, nature-based travel etc. Health tourism consists of two aspects, Spa (spa, yoga, aromatherapy, herbal treatments, and Ayurveda treatment) and rehabilitation (such as hemodialysis treatment or therapy. In carrying out activities based health services medical tourism, according to Constantin (2015), to explain the main features in terms of medical tourism, namely:

- a. A large number of people who travel for treatment;
- b. Patients traveling to treatment not in developed countries, but in developing countries, due to high quality care at a low price, low cost and a variety of resources on the Internet;
- c. "Infrastructure" which was made on the web - in which the patient can calculate in advance the approximate price of health care services so that consumers will benefit from savings of travel costs.
- d. Industrial development: both private and public health sector of developed countries, but also to develop sustainable invest in promoting medical tourism, a source of potential increase external revenue. Care tourism industry dynamic is reinforced by a number of factors, including the economic climate, changes in domestic policy, political instability, travel restrictions, advertising practices, changes in the geo-political and other forms of innovative and pioneering treatment can help change consumption and production patterns health services, both domestically and abroad.

Quality Service

Quality is determined as an important issue for competitive success. Improving the quality and potentials in the travel and tourism very difficult to implement because it involves people from different countries with different cultural backgrounds and the demands. However, companies can improve service quality by lowering distribution costs and improve the services provided (Sultana et al., 2016). Quality is a word that should be given to both the provider of services to customers. Gietsch and Davis in Tjiptono (2001: 4) defines the quality of a dynamic condition associated with products, services, people, processes and environments that meet or exceed expectations. According to Kotler and Keller (2016: 310) is all the features and quality of a product or service that affects the ability to satisfy stated or implied. While the definition of quality in Lupiyoadi (2008: 175) is a blend of characteristics which determine the extent to which output can meet customer expectations. Based on the above notions, a successful manufacturer providing good quality when the product or service provided can meet or exceed customer expectations.

Quality of care is particularly important in customer satisfaction (Cronin and Taylor, 1992). Quality of service is recorded as a main prerequisite for establishing and maintaining satisfactory relationships with consumers (Lassar et al., 2000). Numerous recent studies showing that by improving the quality of services, the company is able to satisfy their customers and to retain their loyalty (Lee and Murphy: 2008). Quality of service in the form of long-term cognitive evaluation results generated by consumers with the services delivered oleh marketers (Lovelock and Wright, 2007: 96). Quality of service has become the biggest differentiator, the most powerful competitive weapon for service organizations. In this context, an understanding of the interaction between factors such as quality of health services, outcomes and patient satisfaction has been a very valuable input for designing, managing and benchmarking health system. Therefore, it is necessary for the concept of service quality in the health context. As a result, we expect that the results will be used to guide the development of a competitive health travel policy (Chang et al., 2013).

Excellent Service Quality

Ratnasari and Aksa (2011: 129-131) states that one of the excellent service quality approach are popular used as a reference in marketing research is a model SERVQUAL (Service Quality) developed by Parasuraman, Zeithaml, and Berry (1996). SERVQUAL built on their comparison of two main factors, namely the perception of the real customers for the services they receive (Perceived Service) with actual services expected/ desired (Expected Service). If the reality is more than expected, then the service can be said to be qualified, while if the reality is less than expected, then the service is said to be not qualified. And if the same fact in the hope that the service satisfactory. Thus the service quality can be defined as the extent to which the difference between reality and expectations of customers for services they receive / acquire.

Method

The research design used in this study is exploratory quantitative approach. In this quantitative approach used method (analyzer) factor analysis, this method aims to reduce the number of indicators of research still using information gained as much as possible. The measurement method of research will be more easily understood through quantitative methods using a questionnaire as a tool to determine the respondent's perception, that there are two groups, the first group is the renderer of services (management of the institution Health Service, the management and employees of hospitals, health centers, and Health Clinic in Surabaya, second biggest city in Indonesia) and the second is the service user (consumer's Hospital and Health Center and Health Clinic). This method is carried out in three stages, the first stage, to determine indicators of factors affecting the health of the appeal of a visit to Surabaya as city-based medical tourism obtained from the process of extracting data through in-depth interviews to both sides of informants in pre eliminary test. The second stage, performed a pre survey of 40 respondents to test the material questionnaire if it is understood, the third phase followed by a structure close-ended-question to 400 respondents.

RESULTS AND DISCUSSION

The result of factor rotation calculation in table 1, shows there are 6 factors formed. In rotation factor that can be interpreted is if have value loading factor more than 0,5.

1. The first factor that has a value of more than 0.5 on indicators X9, X10, X11, and X13.
2. The second factor that has a value of more than 0.5 on the indicator X3, and X4.
3. A third factor that has a value of more than 0.5 on indicators X1, X2 and X6.
4. The fourth factor that has a value of more than 0.5 on the indicator X12, X17, X8.
5. The fifth factor that has a value of more than 0.5 on the indicator X7 and X14.
6. The sixth factor that has a value of more than 0.5 on the indicators X15, X6, X5, and X16

Table 1: *Factor Rotation Results*

	Component					
	1	2	3	4	5	6
X ₁	0,128	0,208	0,708	-0,230	0,073	0,089
X ₂	0,164	-0,088	0,813	0,157	0,075	0,105
X ₃	0,423	0,654	0,000	0,156	-0,080	-0,366
X ₄	-0,028	0,732	0,062	0,141	0,027	0,082
X ₅	0,222	0,069	0,102	-0,024	0,210	0,682
X ₆	-0,149	0,276	0,581	0,314	-0,044	0,621
X ₇	0,027	0,231	0,220	0,453	0,651	0,112
X ₈	0,058	0,487	0,179	0,500	0,228	0,232
X ₉	0,670	0,127	-0,110	0,198	0,039	0,150
X ₁₀	0,535	0,053	0,208	0,399	-0,113	-0,221
X ₁₁	0,575	-0,042	0,189	0,352	0,173	-0,123
X ₁₂	0,223	0,138	-0,257	0,705	-0,240	0,105
X ₁₃	0,643	0,410	0,068	0,038	0,053	-0,061
X ₁₄	0,149	0,136	-0,023	-0,048	0,827	0,086
X ₁₅	-0,016	0,094	0,101	-0,006	0,117	0,879
X ₁₆	0,086	0,064	0,102	0,039	0,099	0,692
X ₁₇	0,466	0,405	0,021	0,677	-0,403	0,215

After the factor rotation step then the next step is to perform factor interpretation. The purpose of this step is to determine which indicators can fit in a factor and which are not included in a factor. The naming of each factor in this research using surrogate method, ie method named factor based on the value of loading the highest factor on each factor formed (Simamora, 2008 in Tetuko, 2010: 75).

The first factor that has a value of more than 0.5 on the following indicators: X9 performs the best health services, X10 provides after-hours service from the hospital, such as timed control, etc. X11 is very rare practice mall, and X13 hygiene and the comfort of the waiting room and the check room. Based on these indicators, the factor is called or named with factor of quality medical service to the patient.

The second factor that has a value of more than 0.5 on the following indicators: X3 medical equipment is sophisticated and X4 distribution of competent medical personnel at several hospitals in Surabaya is quite good. Based on these indicators then the factor is called or named with the factor of medical equipment technology.

The third factor that has a value of more than 0.5 on the following indicators: X1 expertise is not much different from doctors who are in high-grade hospitals abroad, X2 credibility of the doctor according to his specialist expertise, and X6 Many doctors in Surabaya have certain specializations recognized by physician associations abroad. Based on these indicators then the factor is called or named with the factor of credibility the medical team.

The fourth factor has a value of more than 0.5 on the following indicator: X12 promotes patient safety so that people are satisfied, X17 involves four industries such as healthcare industry, insurance finance industry, drug supply industry and government regulator, and more professional X8. Based on these indicators, the factor is called or named by the factor of the management of the hospital.

The fifth factor that has a value of more than 0.5 on the indicator as follows: X7 the price of services in the hospital is more expensive premium scale, but the package more complete, and X14 The cost of handling doctors and drugs tend to be more expensive. Based on these indicators then the factor is called or named by the factor comparison of prices with benefits.

The sixth factor has a value of more than 0.5 on the following indicators: X15 develops a good pattern of communication relationships with patients and their families, X6 develops a better ethical attitude to patients, X5 develops empathy for better patients, and X16 time consultation with the doctor is too short. Based on these indicators then the factor is called or named with the factor communications to patients and families.

Validity and Reliability Test

Based on the new dimension that formed after exploratory factor analysis, then tested the validity and reliability test confirmation of factor results. The calculation results show that the six factors that have been formed have fulfilled the valid and reliable requirements. The six factors are factor of Credibility medical team, Quality of service to patient, Technology of medical equipment, Hospital management, Price comparison with benefit, and Communication to patient and family.

Table 2: Results Confirmation Factor Analysis

Factor	Indicator	Corrected Item-Total Correlation	Alpha Cronbach	Note
1 (factor of Credibility medical team)	X ₉	0.568	0.765	Reliable
	X ₁₀	0.567		
	X ₁₁	0.529		
	X ₁₃	0.508		
2 (Quality of service to patient)	X ₃	0.518	0.675	Reliable
	X ₄	0.544		
3 (Technology of medical equipment)	X ₁	0.506	0.680	Reliable
	X ₂	0.571		
	X ₆	0.655		
4 (Hospital management)	X ₁₂	0.583	0.618	Reliable
	X ₁₇	0.491		
	X ₈	0.514		
5 (Price comparison with benefit)	X ₇	0.486	0.654	Reliable
	X ₁₄	0.486		
6 (Communication to patient and family)	X ₁₅	0.414	0.661	Reliable
	X ₆	0.514		
	X ₅	0.472		
	X ₁₆	0.532		

According Sugiono (2005), reliability is a series of measurements or a series of measuring tools that have consistency when measurements are made repeatedly. While Sudjana (2004) said that, the reliability of a test is the accuracy or consistency of the test in assessing what it is, meaning that whenever the test is done will give the same or relatively similar results. According to Suryabrata (2004: 28), reliability shows the extent to which the measurement results with the tool can be trusted. Measurement results must be reliable in terms of having to have consistency and stability.

DISCUSSION

The research results show that there are six factors influencing the attractiveness of the health visit to Surabaya as city-based medical tourism. The six factors are:

Credibility Factor of Medical Team

The research results show that credibility factor of medical team has influence on attractiveness of the health visit to Surabaya with alpha value $0.765 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity.

There are three indicators of credibility factor of medical team, they are expertise is not much different from doctors who are in high-grade hospitals abroad, credibility of the doctor according to his specialist expertise, and many doctors in Surabaya have certain specializations recognized by physician associations abroad.

It shows that the more credible medical team, the more attracted citizens to have medical treatment in Surabaya. Credibility of medical team has high influence on attractiveness of the health visit to Surabaya, so, the medical team should have been paying more attention to this matter to make sure that citizens will prefer medical treatment in Surabaya than anywhere else. Because, patients believe that the more credible the medical team, the more good result they will have in their medical treatment.

Quality of Service to Patient

The research results show that quality of service to patient has influence on attractiveness of the health visit to Surabaya with alpha value $0.675 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity.

There are four indicators of quality medical service to the patient, they are performs the best health services, provides after-hours service from the hospital, very rare practice mall, and hygiene and the comfort of the waiting room and the check room.

It indicates that quality of service to the patient in Surabaya as city-based medical tourism affect the citizen's attractiveness when they need medical treatment. So, the medical team need to make improvements in quality service so that the patient are more satisfied, and then, the patient who prefer medical treatment abroad will return for treatment to a hospital in Surabaya again

Technology of Medical Equipment

The research results show that technology of medical equipment has influence on attractiveness of the health visit to Surabaya with alpha value $0.680 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity. The use of technology tries to see the extent to which a business utilizes technology for management and the marketing purposes (Ratnasari et al., 2019).

There are two indicators that affect technology of medical equipment factor, they are medical equipment is sophisticated and distribution of competent medical personnel at several hospitals in Surabaya is quite good.

It shows that citizens prefer place that have high technology of medical equipment than place that haven't for medical treatment. To have modern technology of medical equipment, medical team need support from many side to help them actualize their development programs in technology. It needed because citizens will assume that the higher technology of medical equipment they use, the higher chance of patients will recover.

Hospital Management

The research results show that hospital management has influence on attractiveness of the health visit to Surabaya with alpha value $0.618 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity.

There are three indicators of hospital management, they are promotes patient safety so that people are satisfied, involves four industries such as healthcare industry, insurance finance industry, drug supply industry and government regulator, and more professional.

It indicates that the more good hospital management, the more attracted citizens to have medical treatment in Surabaya. Hospital management has high influence on attractiveness of the health visit to Surabaya, it also involving many industries to operating with. So, medical team must develop programs that will make it work and satisfying the patient with their service and hospitality.

Price Comparison with Benefit

The research results show that price comparison with benefit has influence on attractiveness of the health visit to Surabaya with alpha value $0.654 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity.

There are two factors of price comparison with benefit factor, they are price of services in the hospital is more expensive premium scale, but the package more complete, and the cost of handling doctors and drugs tend to be more expensive.

It can't be denied that netizens always compare medical treatment in many hospitals, so, they can choice the most better of one of them. They will prefer reachable price to get more complete package of medical treatment. So, the more good service of medical treatment they have, the more satisfied they get, and the price the payed as comparable as the benefits.

Communication to the Patient and Family

The research results show that communication to the patient and family has influence on attractiveness of the health visit to Surabaya with alpha value $0.661 > 0.6$. This shows that factor has a reliable internal consistency of constructs validity.

There are four indicators of communication to the patient and family factor, they are develops a good pattern of communication relationships with patients and their families, develops a better ethical attitude to patients, develops empathy for better patients, and time consultation with the doctor is too short.

It can be seen that the medical team needs to make improvements in terms of developing a good communication relationship pattern with patients and their families, developing better ethical and empathy attitudes, and prioritizing patient safety so that people are satisfied with their services. . As stated by Ratnasari et al. (2018) in patient intimacy context, customers are the controller of the performance produced by service provider. The more satisfied they get, the more attracted people to use medical treatment in Surabaya again than anywhere else.

CONCLUSION

The conclusion of the research shows that there are six factors influencing the attractiveness of health visit to Surabaya as medical tourism based city. The six factors are Credibility factor of medical team, Quality of service to patient, Technology of medical equipment, Hospital management, Price comparison with benefit, and Communication to patient and family. The credibility of the medical team is the highest factor in influencing the appeal of health visits to Surabaya as a medical tourism-based city, but communication to patients and families is the lowest factor in influencing the appeal of health visits to Surabaya as a medical tourism-based city.

The implications, the medical team needs to make improvements in terms of developing a good communication relationship pattern with patients and their families, developing better ethical and empathy attitudes, and prioritizing patient safety so that people are satisfied. The government also needs to involve relevant industries, such as the health industry, the insurance industry, the pharmaceutical industry and the regulators that must be integrated with local/ national tourism development programs

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