

IJACT 19-3-29

Factors Influencing Overall Satisfaction of Middle Eastern Arab Patients in South Korea

Loai Al-Farajat, Seong-Hoon Jung, Gil-hwan Gu, Young-Joon Seo*

Department of Health Administration, Yonsei University, Republic of Korea
L.farajat@hotmail.com, lacorea@yonsei.ac.kr, gkh2@hanmail.net, yjseo@yonsei.ac.kr

Abstract

The number of patients from Middle Eastern Arabic countries is steadily increasing in respect to the South Korean government's medical tourism strategies. Word of mouth is one of the main determinants concerning the Middle Eastern Arab patients' medical tourism destination. Further, patients' satisfaction affects repurchase and revisit intention. This study aimed to measure the level of Middle Eastern Arab patients' satisfaction, and to measure the effect of different medical factors on satisfaction in such patients who are seeking medical attention in South Korea. A 110 Middle Eastern Arab patients who visited South Korea for medical purposes participated in our survey between November, 2016 and April, 2017. All factors had a high mean (≥ 4.24 ; $\geq 84.8/100$) except for one factor (hospital halal meals (3.82; 76.4)). To identify factors influencing participants' overall satisfaction we used multiple regression analysis. Physicians, interpreters, and halal meals were the main factors influencing overall Middle Eastern Arab patients' satisfaction. Physicians and interpreters in Korea are recommended to be oriented to basic Islamic beliefs and Middle Eastern Arab patients' behavior. Daily communication, such as speaking directly to the patient, limiting important issues to two or three at a time, and translating sentence by sentence, could help to improve Middle Eastern Arab patients' satisfaction. Enlisting Middle Eastern nutrition specialists in medical institutions in South Korea may substantially improve non-medical services satisfaction such as halal food and dietary restrictions.

Keywords: Patient Satisfaction, Medical Tourism, Arab Patients, Middle East Patients, Muslim-Friendly, South Korea

1. Introduction

Since the 1990's, medical tourism has dramatically gained attention from several Asian governments (e.g., India, Thailand, and Malaysia) looking for economic diversification. Since then, several factors have affected the growth of this phenomenon, such as the rise of the middle class's ability to afford medical tourism, the high cost of some procedures and surgeries, no national access to certain procedures, higher medical care quality, increased global aging, minimal health insurance, organ transplantation, and long waiting lists[1-5].

To date, no universal medical tourism definition is available. However, medical tourism mainly concerns combining quality medical care and a holiday outside one's own country[1, 3, 6]. Medical tourism could be considered the child of a marriage between tourism and healthcare. Nevertheless, this phenomenon might be defined as simply as a person choosing to seek disease prevention, treatment, or enhancement of physical and psychological well-being in a country other than their own[1, 3, 7]. In fact, medical tourism "extended beyond established local social relationships between healthcare providers, doctors, and patients, to places that might be culturally, climatically, and linguistically distinct and unfamiliar"[8].

Manuscript received: December 28, 2018 / revised: January 25, 2019 / Accepted: March 10, 2019

Corresponding Author: yjseo@yonsei.ac.kr

Author's affiliation

Department of Health Administration, Yonsei University, Republic of Korea

According to Connell, medical tourism is linked with a number of key destinations concentrated in Europe, America, and Asia[8]. More than a decade ago, the South Korean (Korean from now on) government decided to make health tourism one of the national tourism development strategies for economic diversification[3, 9, 10]. Meanwhile, some other Gulf countries in the Middle East are willing to send their patients abroad for medical care, supported by total healthcare budget expenses, known as the “national budget surplus”[5, 8, 9]. The Korean government has managed to attract one of the main Gulf countries that is willing to send their nationals abroad as medical tourists. This attraction is manifested in the “First national-level agreement on acceptance of patients concluded with Abu Dhabi Health Authority” in 2011[11]. Since then, the increased rate of Middle Eastern inbound medical tourists has shown one of the largest growth rates[12]. According to a recent Korean study, United Arab Emirates (UAE) patients are currently the second largest health tourism patients in Korea[13].

Shockingly, according to a recent study on outward medical tourism in UAE, advanced technology was the main factor for UAE nationals in choosing their medical tourism destination, ignoring cultural and language differences[5, 9]. Fortunately, Korean healthcare institutions provide advanced medical technologies[3, 9, 14]. According to Patients Beyond Borders, which is the world’s most trusted source of consumer information about international medical and health travel, Korea is currently among the top medical tourism destinations worldwide[15]. Furthermore, Korea is expected to be one of the key players in the medical tourism industry[3, 9].

Indeed, different cultures, different languages, or long travel times, have not stopped medical tourism patients from obtaining what they require, want, or need. Islamic teachings (beliefs) are not only related to prayer or certain behavior related to worship. They extend to the lifestyle of a Muslim patient and his/her companions, which affects everything, including their medical beliefs[16-20]. This makes our study more critical, especially considering that most Korean doctors, nurses, and administrative staff lack knowledge about Islamic teachings and foreign language proficiency, which makes communication more critical[9, 21]. Accordingly, the Korean government has responded to these issues by providing services such as halal food, medical interpreters, prayer rooms, etc.[10, 21].

Even though the internet was one of the main reasons behind this phenomenon, according to recent studies, word of mouth from a friend or family member mainly has the greatest impact among patients and their families. This mostly affects the decision concerning their medical tourism destination[8, 22, 23]. Service quality affects patients’ satisfaction; hence, to maintain their satisfaction, patients must perceive the healthcare provided as high quality care. Furthermore, patients’ satisfaction affects their repurchase and revisit intention[21, 24, 25]. This study aimed to measure the level of Middle Eastern Arab patients’ satisfaction, and to measure the effect of different medical factors on their satisfaction when seeking medical attention in Korea.

2. Method

2.1 Study Settings and Measurements

The target population of this study consisted of Middle Eastern Arab patients seeking medical attention in Korea. The participants were patients or their caregivers (family member/friend) who were familiar with the patient’s case and willing to complete the questionnaire. A validated governmental questionnaire specially designed for Middle Eastern Muslim Arab patients was adopted. A 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) was used. The adopted questionnaire had already been translated into Arabic by professional translators supervised by a specialized Korean government department. There were 30 questions to measure the patient’s satisfaction with different factors, namely, physicians (5), nurses (7),

interpreters (3), hospital administrators (3), hospital amenities (5), hospital halal meals (food) (4), and overall satisfaction (3).

2.2 Ethical Considerations

The first author visited the embassies of the UAE, Qatar, and Kuwait. To introduce the study, its purpose, and implications were explained, along with the nature of consent and participants' freedom to withdraw at any time. Middle Eastern embassies from other countries had no staff members in charge of medical tourists in Korea. The survey was anonymous, and completing the questionnaire would be considered as consent to participate in the study. The survey included an explanatory introduction about the study, process, and anonymity, and assured participants that their information would be used for research purposes only. The explanatory introduction included the name and contact information of the study's first author. The study had approval from the Yonsei University institutional review board (IRB- 1041849-201811-SB-105-01).

2.3 Sampling and Data Analysis

A convenience sampling method was used to identify Middle Eastern Arab patients who traveled to Korea as medical tourists. A self-report questionnaire was used and a sample size of 110 was deemed to be adequate for the time frame between November, 2016 and April, 2017. Furthermore, the collected data were encoded using the Statistical Program for Social Science (SPSS Version 25). Data analysis included Cronbach's alpha to assess reliability, Pearson's (r) correlation to measure the correlations between overall patient satisfaction and the reported independent factors such as socio-demographic characteristics (age, gender, length of stay, and previous experience), physicians, nurses, interpreters, hospital administration, hospital amenities, and hospital halal meals. Analysis of variance (ANOVA), and independent-sample t-tests were conducted to measure the differences in overall satisfaction related to the socio-demographic factors and multiple regression analysis was used to identify factors that influence overall satisfaction.

3. Results

3.1 General characteristics of Respondents

A total of 200 questionnaires were distributed, and 110 copies collected and analyzed (55% response rate). The general characteristics of participants were as follow: ages ranged between 7-65 years old (questionnaires were completed by mothers for patients who were less than 18 years old), 44.5% were aged between 30-40 years old, 56.4% were males, and 39.1% had visited Korea prior to this visit. Among those participants who revisited Korea, 81.4% had medical purposes for their first visit as well.

3.2 Reasons to Select Korea and Source of Information

For the multi-selection questions, Table 1 shows the results of "Why did you decide to receive medical services in Korea?" Recommendation from government, and high quality of medical technology were the leading reasons for our participants to choose Korea as a medical destination. Similarly, Table 2 shows the results of "How did you obtain information about the medical services in Korea?" The participants selected the main source of information regarding medical care in Korea as their government, followed by family and friends.

Table 1. Reasons to select Korea

Why Arab Patients Chose A Medical Institution in Korea	Frequency (%)
Recommended by the government	90 (82.6)
High quality of medical technology	57 (52.3)
Professionalism of medical staff	30 (27.5)
Excellent results	26 (23.9)
Safety of treatment (high level of hygiene, rare occurrence of side-effects)	21 (19.3)
Excellence of facilities and equipment	19 (17.4)
Customized service for international patients	7 (6.4)
Short treatment period	6 (5.5)
Other reason(s)	2 (1.8)

Table 2. Sources of Information

Sources of Arab Patients' Information About Medical Services in Korea	Frequency (%)
Government institutions	93 (86.1)
Family and friends	51 (47.2)
Medical institutions	27 (25.0)
Internet	17 (15.7)
Health and medicine fairs	7 (6.5)
Media (newspaper, magazine, TV news, etc.)	5 (4.6)
Other(s)	1 (0.9)

3.3 Differences in Overall Satisfaction by General Characteristics and Reliability Tests

ANOVA was conducted to identify the differences between age groups by overall satisfaction and independent-samples t-tests were conducted to identify the differences in overall satisfaction by gender, length of stay, and number of visits (1st visit, or 2nd visit and more). The results showed that there were no significant differences in overall satisfaction by age, gender, and length of stay. However, there was a statistically significant difference in overall satisfaction ($t = 4.018$, $P \leq 0.001$) between patients who had previously visited Korea and the 1st visit patients (Table 3). Reliability tests, means, and standard deviations are shown in Table 4. All factors had a high mean (≥ 4.24), except for hospital halal meals (3.82). Reliability tests showed that four out of seven factors had a very strong reliability ($\geq .80$). Nevertheless, to ensure an acceptable Cronbach's alpha ($\geq .6$), one of the amenities and one of the meals variables were removed.

Table 3. ANOVA and independent t-tests

Socio-demographic Characteristics	Group	Number of Cases	Mean	t/F	Mean Difference	SD
Age groups	<30	24	4.361			.471
	30-40	48	4.357	.000	.407	.561
	>40	27	4.358			.531
Gender	Male	61	4.322	.757		.568
	Female	42	4.402		.080	.449
Length of stay	≥3 Months	57	4.342			.538
	<3 Months	52	4.326	.143	.152	.569
Previous visit (experience) to Korea	Yes	43	4.581			.499
	No	66	4.174	4.018***	.407	.528

***P<0.001

Table 4. Reliability Tests

Factor	Number of Variables	Mean	SD	Cronbach's alpha
Physicians	5	4.44	0.51	.832
Nurses	7	4.47	0.47	.858
Interpreters	3	4.24	0.70	.872
Hospital administration	3	4.26	0.58	.723
Hospital amenities	4	4.28	0.59	.688
Hospital halal meals	3	3.82	0.71	.627
Overall satisfaction	3	4.33	0.55	.855

3.4 Factors that Influenced Overall Satisfaction

The results of correlation analysis showed that, of the socio-demographic characteristics, only previous visit experience was significantly correlated with overall satisfaction ($P<0.001$) (Table 5). On the other hand, a significant positive correlation ($P<0.001$) was found between overall satisfaction, and all the six service factors. Multiple regression analysis was conducted to identify the factors that influence overall satisfaction (Table 5). The analysis model included socio-demographic characteristics and service factors, and this model was found to have strong significant explanatory power for overall satisfaction ($F = 12.193$, $P<0.001$) of 58.9% ($R^2 = 0.589$). Among the factors included in the analysis model, physicians, interpreters, and meals had a significant influence on overall satisfaction.

Table 5. Determinants of Overall Satisfaction of Arab Patients in South Korea

Factors	Pearson Correlation (r)	Standardized Coefficients (β)
Socio-demographic Characteristics		
Age	-.101	-.053
Gender	.076	.079
Length of stay	.066	.110
Previous visit (experience) to Korea	.362***	.083
Service Factors		
Physician	.630***	.332**
Nurses	.592***	.104
Interpreter	.429***	.167*
Hospital administration	.545***	.049
Hospital amenities	.650***	.107
Meals (halal food)	.478***	.239**
R2		.589
F		12.193***

*P<0.05. **P<0.01. ***P<0.001

4. Discussion

In our study, government institutions were the main source of information for our participants who were using Korean medical services, followed by family and friends. These results are consistent with a study conducted at the Samsung Medical Center in Korea for UAE patients by Choi, Kim, and Lee[13]. The main determinant of Korea as a medical destination in our study was government recommendation, but Choi, Kim, and Lee's study found that word of mouth was the first determinant for UAE patients in selecting their medical destination country[13]. Presumably, this difference is due to the fact that our participants came from different countries. Advanced technology was the second leading cause for our participants to select Korea as a medical destination. Our results are consistent with a study by Guiry and Vequist on 1,537 US citizens[26]. These results might indicate the brand image of Korea is perceived as an advanced technology medical destination[3, 9, 14]. In our study, 39.1% of patients had visited Korea before the current visit. These results are consistent with Lee's study of UAE Government sponsored patients in Korea, in which 36.8% of patients had previous hospital experiences in Korea[21].

The total mean of our respondents' satisfaction was 4.26 (85.26%), similar to Lee's study[21]. On the other hand, this result is considered low compared to the average of foreign patients' satisfaction. Furthermore, compared to Middle Eastern patients' satisfaction in 2015 according to a Korean Health Industry Development Institute (KHIDI) report, which used a similar tool, our study result may also be considered low[27]. According to the KHIDI report, the average foreign patient's satisfaction was 89.64% (USA 91.3%, Japan 84.1%, China 86.3%, Russia 91%, Southeast Asia 91.6%, Middle East 94%). This difference is small and could be attributed to our tool designed specifically for Arab patients' satisfaction.

In our study, among socio-demographic characteristics, previous visit to Korea was significantly positively correlated with overall satisfaction. This means that patients who have visited Korea prior to this visit (regardless of the reason for their prior visit) tended to be more satisfied. This finding is consistent with Lee's study, which resulted in a similar correlation between medical service satisfaction and revisit intention[21]. All services factors were significantly positively correlated with overall satisfaction. These results are consistent with the literature that discussed the relationship between perceived quality and patients' satisfaction[16, 28-34]. The higher each of these factors was, the higher the patient's satisfaction. These

findings might indicate the holistic view that Arab patients have of the medical care they receive.

Meals (halal food) showed the lowest satisfaction score among all factors, with a score of 3.82 (76.30%). This result is consistent with Lee's study and the KHIDI Medical, Nonmedical Service Guide of Middle Eastern patients[12, 21]. This means that diet considerations and support for Arab Muslim patients are not sufficient. Furthermore, halal food service was one of the most influential factors on Arab patients' overall satisfaction. This result is consistent with the literature [16, 34-38]. Halal food is a substantial requirement for Muslims and is highly valued[16, 18, 19, 39]. Therefore, healthcare institutions in Korea are strongly advised to be oriented to basic Islamic beliefs that affect lifestyle and health care provided, such as halal food and dietary restrictions[16-20]. Hiring a Middle Eastern diet specialists to work at medical institutions could substantially improve Arab patients' satisfaction.

The physician satisfaction factor in our study was one of the factors influencing overall patient satisfaction. This result is consistent with the literature[16, 29, 34, 35, 40]. Likewise, Lee's study on UAE patients' intention to revisit Korea found that the physician factor influenced their revisit intention[21]. This reflects the importance Arab patients give to the physician factor. The physician factor in our study and in the literature was specified as being friendly with patients, providing details about one's medical condition, treatment process, and medication, creating a feeling of care, having excellent medical knowledge and skills, and providing a sufficient number of physicians. To improve Arab patient's satisfaction, these conditions should be fulfilled[29, 34, 35, 40].

Finally, we found that the third influencer on Arab patients' overall satisfaction was the medical interpreter factor. However, to the best of our knowledge, no previous study has discussed the relationship between medical tourists' satisfaction and medical interpreters. On the other hand, the relationship between medical interpreters and non-medical tourist patients has been well documented[41-45]. According to the literature, the use of qualified professional medical interpreters may elevate quality of care and satisfaction. Hence, we emphasize the use of qualified professional medical interpreters who are familiar with Islamic culture and Arab medical tourists' behavior. Healthcare institutions in Korea are strongly advised to avoid common errors when using medical interpreters, such as addressing the interpreter directly, discussing multiple complex issues, or allowing interpreters to answer for the patient and control the conversation. Such common errors could be avoided through speaking directly to the patient, limiting important issues to two or three at a time, and asking the interpreter to translate sentence by sentence[46]. Our study findings show that Arab patients' satisfaction was influenced by physicians, interpreters, and halal food, and our model explained 58.9% of overall patients' satisfaction. These findings are consistent with the literature[16, 29, 33, 34, 40, 47].

5. Conclusion

Physicians, interpreters, and halal food services were the main factors influencing Arab patients' overall satisfaction. To increase Middle Eastern Arab patients' satisfaction, healthcare institutions in Korea are strongly advised to be oriented to basic Islamic beliefs and Middle Eastern Arabic patients' behavior, which affect daily communication and the health care provided. Non-medical services, such as halal food and dietary restrictions, could be improved by enlisting Middle Eastern nutrition specialists in Korean medical institutions that receive Arab patients. The Korean government is strongly advised to provide healthcare institutions with training regarding Islamic culture, behavior of Arabic medical tourists, and communication skills with patients who are using interpreters. Finally, this study is the second in a series, and the role of other non-medical service factors will be included in future research.

Funding and Conflict of Interest

The authors declare that no financial support was received for this work and there are no conflicts of interest.

Acknowledgments

Special thanks to the UAE, Qatar, and Kuwait embassies for their help and cooperation. Special thanks also to Professor Jin Ki Nam of Yonsei University in Korea for his permission to use the questionnaire. We would also like to thank Ms Amy Moon (the manager of Vabien II hotel in Seoul) for her help in the survey distribution process.

References

- [1] Connell, J., "Medical tourism: Sea, sun, sand and... surgery". *Tourism management*. 27(6): p. 1093-1100. 2006.
- [2] Ormond, M. and D. Sulianti, "More than medical tourism: lessons from Indonesia and Malaysia on South-South intra-regional medical travel". *Current Issues in Tourism*. 20(1): p. 94-110. 2017.
- [3] Yu, J., T.J. Lee, and H. Noh, "Characteristics of a medical tourism industry: The case of South Korea". *Journal of Travel & Tourism Marketing*. 28(8): p. 856-872. 2011.
- [4] Connell, J., "From medical tourism to transnational health care? An epilogue for the future". *Social science & medicine (1982)*. 124: p. 398. 2015.
- [5] Ahmed, G., N. Al Amiri, and W. Khan, "Outward Medical Tourism: A Case of UAE". *Theoretical Economics Letters*. 8(07): p. 1368. 2018.
- [6] Connell, J., "Contemporary medical tourism: Conceptualisation, culture and commodification". *Tourism Management*. 34: p. 1-13. 2013.
- [7] Hong, H., K. Lim, and S. Kim, "Potential growth of Korean medical tourism industry". *Tourism Research*. 21(2): p. 53-70. 2007.
- [8] Connell, J., "Reducing the scale? From global images to border crossings in medical tourism". *Global Networks*. 16(4): p. 531-550. 2016.
- [9] Kim, S., J. Lee, and J. Jung, "Assessment of medical tourism development in Korea for the achievement of competitive advantages". *Asia Pacific Journal of Tourism Research*. 18(5): p. 421-445. 2013.
- [10] Sang-Bin, L., "The Socio-Legal and Training Landscape of Healthcare Interpreting in Korea: From the Viewpoint of Medical Tourism". *The Korean Association of Translation Studies*. 10(4): p. 139-178. 2009.
- [11] Welfare, K.M.o.H.a. Gateway prepared for attracting patients from Middle Eastern countries. [Press Release] 2011 [cited 2018 Nov 21st]; Gateway prepared for attracting patients from Middle Eastern countries]. Available from: https://www.mohw.go.kr/eng/sg/ssg0111vw.jsp?PAR_MENU_ID=1001&MENU_ID=100111&page=20&CO_NT_SEQ=260816.
- [12] Institute, K.H.I.D., Medical, Nonmedical Service Guide of Middle Eastern Patient. Korea Health Industry Development Institute (KHIDI): Cheongju. 2016.
- [13] Choi, W.A., H. Kim, and S.-C. Lee, "Word-of-mouth in medical tourism: the major determinant for Emirati patients to visit Korea". *The Korean journal of internal medicine*. 33(1): p. 221. 2018.
- [14] Guiry, M. and D.G. Vequist IV, "South Korea's medical tourism destination brand personality and the influence of personal values". *Asia Pacific Journal of Tourism Research*. 20(5): p. 563-584. 2015.
- [15] PatientsBeyondBorders. Medical Tourism Statistics & Facts. 2018 [cited 2018 Nov 22]; Available from: <https://patientsbeyondborders.com/medical-tourism-statistics-facts>.
- [16] Zailani, S., et al., "Predicting Muslim medical tourists' satisfaction with Malaysian Islamic friendly hospitals". *Tourism Management*. 57: p. 159-167. 2016.
- [17] Oktadiana, H., P.L. Pearce, and K. Chon, "Muslim travellers' needs: What don't we know?". *Tourism Management Perspectives*. 20: p. 124-130. 2016.
- [18] Attum, B. and Z. Shamoon, Cultural Competence in the Care of Muslim Patients and their Families, in *StatPearls [Internet]*. StatPearls Publishing. 2018.
- [19] Rahman, M.K., S. Zailani, and G. Musa, "Tapping into the emerging Muslim-friendly medical tourism market: evidence from Malaysia". *Journal of Islamic Marketing*. 8(4): p. 514-532. 2017.
- [20] Committee, I.E., "Islamic medical ethics: the IMANA perspective". *Journal of the Islamic Medical Association of North America*. 37(1). 2005.
- [21] Lee, S. and E.-K. Kim, "The Effects of Korean Medical Service Quality and Satisfaction on Revisit Intention of the United Arab Emirates Government Sponsored Patients". *Asian Nursing Research*. 11(2): p. 142-149. 2017.
- [22] Veerasoontorn, R., R. Beise-Zee, and A. Sivayathorn, "Service quality as a key driver of medical tourism: the case of Bumrungrad International Hospital in Thailand". *International Journal of Leisure and Tourism*

- Marketing*. 2(2): p. 140-158. 2011.
- [23] Yeoh, E., K. Othman, and H. Ahmad, "Understanding medical tourists: Word-of-mouth and viral marketing as potent marketing tools". *Tourism Management*. 34: p. 196-201. 2013.
- [24] Lei, P. and A. Jolibert, "A three-model comparison of the relationship between quality, satisfaction and loyalty: an empirical study of the Chinese healthcare system". *BMC Health Services Research*. 12(1): p. 436. 2012.
- [25] Naidu, A., "Factors affecting patient satisfaction and healthcare quality". *International journal of health care quality assurance*. 22(4): p. 366-381. 2009.
- [26] Guiry, M. and D. Vequist, "Identifying the Perceptions and Characteristics of Potential Medical Tour-ists for South Korea: A Preliminary Investigation". *Laurea Publications A• 72*: p. 308-310. 2010.
- [27] Institute, K.H.I.D., 2015 Satisfaction Survey Report of Foreign Patient. Korea Health Industry Development Institute: Chungjoo. p. 12. 2016.
- [28] Majeed Alhashem, A., H. Alquraini, and R.I. Chowdhury, "Factors influencing patient satisfaction in primary healthcare clinics in Kuwait". *International journal of health care quality assurance*. 24(3): p. 249-262. 2011.
- [29] Choi, K.-S., et al., "The service quality dimensions and patient satisfaction relationships in South Korea: comparisons across gender, age and types of service". *Journal of Services Marketing*. 19(3): p. 140-149. 2005.
- [30] Choi, K.-S., et al., "The relationships among quality, value, satisfaction and behavioral intention in health care provider choice: A South Korean study". *Journal of Business Research*. 57(8): p. 913-921. 2004.
- [31] Han, H. and S.S. Hyun, "Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness". *Tourism Management*. 46: p. 20-29. 2015.
- [32] Rad, N.F., A.P.M. Som, and Y. Zainuddin, "Service quality and patients' satisfaction in medical tourism". *World Applied Sciences Journal*. 10(1): p. 24-30. 2010.
- [33] Manaf, N.H.A., et al., "Medical tourism service quality: finally some empirical findings". *Total Quality Management & Business Excellence*. 26(9-10): p. 1017-1028. 2015.
- [34] Schoenfelder, T., J. Klewer, and J. Kugler, "Determinants of patient satisfaction: a study among 39 hospitals in an in-patient setting in Germany". *International journal for quality in health care*. 23(5): p. 503-509. 2011.
- [35] Batbaatar, E., et al., "Determinants of patient satisfaction: a systematic review". *Perspectives in public health*. 137(2): p. 89-101. 2017.
- [36] Hartwell, H.J., J.S. Edwards, and J. Beavis, "Plate versus bulk trolley food service in a hospital: comparison of patients' satisfaction". *Nutrition*. 23(3): p. 211-218. 2007.
- [37] O'HARA, P.A., et al., "Taste, temperature, and presentation predict satisfaction with foodservices in a Canadian continuing-care hospital". *Journal of the American Dietetic Association*. 97(4): p. 401-405. 1997.
- [38] Dall'Oglio, I., et al., "A systematic review of hospital foodservice patient satisfaction studies". *Journal of the Academy of Nutrition and Dietetics*. 115(4): p. 567-584. 2015.
- [39] Whittaker, A. and H.L. Chee, "Perceptions of an 'international hospital' in Thailand by medical travel patients: Cross-cultural tensions in a transnational space". *Social Science & Medicine*. 124: p. 208-310. 2015.
- [40] Musa, G., et al., "How satisfied are inbound medical tourists in Malaysia? A study on private hospitals in Kuala Lumpur". *Journal of Travel & Tourism Marketing*. 29(7): p. 629-646. 2012.
- [41] Karliner, L.S., et al., "Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature". *Health services research*. 42(2): p. 727-754. 2007.
- [42] Bagchi, A.D., et al., "Examining effectiveness of medical interpreters in emergency departments for Spanish-speaking patients with limited English proficiency: results of a randomized controlled trial". *Annals of emergency medicine*. 57(3): p. 248-256. e4. 2011.
- [43] Flores, G., "The impact of medical interpreter services on the quality of health care: a systematic review". *Medical care research and review*. 62(3): p. 255-299. 2005.
- [44] Jacobs, E.A., et al., "Impact of Interpreter Services on Delivery of Health Care to Limited-English-proficient Patients". *Journal of general internal medicine*. 16(7): p. 468-474. 2001.
- [45] Kuo, D. and M.J. Fagan, "Satisfaction with methods of Spanish interpretation in an ambulatory care clinic". *Journal of General Internal Medicine*. 14(9): p. 547-550. 1999.
- [46] Juckett, G. and K. Unger, "Appropriate use of medical interpreters". *Am Fam Physician*. 90(7): p. 476-80. 2014.
- [47] Bjertnaes, O.A., I.S. Sjetne, and H.H. Iversen, "Overall patient satisfaction with hospitals: effects of patient-reported experiences and fulfilment of expectations". *BMJ Qual Saf*. 21(1): p. 39-46. 2012.