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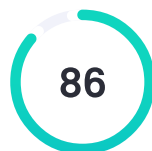
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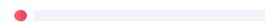**5** **Delivery**

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Profiling Indonesian Medical Tourists: A Motivation-Based Segmentation Study

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ABSTRACT

In the past few decades, the number of Indonesians who travel abroad for medical tourism continues to increase dramatically. The purpose of this study was to portray Indonesian medical tourist segments by identifying their travel motivation using the constructs of push and pull travel motivation. Exploratory factor analysis and cluster analysis techniques were applied to analyse[4] the data. The

results of this study revealed four push motivation factors and three pull motivation factors. Based on these push [5] and pull factors, three different medical tourist clusters were identified [6] as follows: enhancement seeker, assurance seeker, and opportunity seeker medical tourists.

ABSTRAK

Dalam beberapa dekade terakhir, jumlah masyarakat Indonesia yang berwisata medis ke luar negeri terus meningkat. Penelitian ini bertujuan untuk mengidentifikasi faktor motivasi pendorong dan penarik wisatawan medis Indonesia untuk berwisata medis ke luar negeri. Selain itu, penelitian ini memetakan para wisatawan menjadi segmen-segmen berdasarkan motivasi untuk berwisata medis. Analisa faktor dan analisa klaster digunakan sebagai teknik statistik yang mengolah data untuk mencapai tujuan penelitian. Hasil penelitian mengungkap empat faktor motivasi pendorong, dan tiga faktor motivasi penarik untuk

berwisata medis. Lebih lanjut penelitian ini menghasilkan tiga klaster wisatawan medis yaitu wisatawan medis pengikut tren, penuh pertimbangan, dan pencari kesempatan.

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1. INTRODUCTION

Travelling abroad for medical treatment or health service purpose is known as medical tourism. According to Cohen (2008), medical tourism is defined[7] as the activity of a person who travels to another town or country to receive health services while enjoying a vacation, or people who take the benefits while seeking medical treatment. Chairman of Indonesian Surgeon Congress, Dr.[8] Paul Tahelele stated that around six hundred thousands[9] middle to upper classes Indonesians have[10] travelled overseas to seek[11] medication (Dhae, 2014). Indonesia Services Dialog (ISD), an organization[4] that provides a discussion forum about services sector in Indonesia,

recorded that the number of Indonesia who seeks medication abroad experienced an increase of almost a hundred percent[12] in the last ten years (Sulaeman, 2018). Data from iGATE RESEARCH, a marketing research company[13] reveals five countries that are viewed[14] as the most prominent medical tourism destinations in Asia, namely Singapore, Thailand, South Korea, Malaysia, and India. Indonesian citizen is included[15] in the top arrivals and spending in Singapore, South Korea, Malaysia, and India. Data from the National Health Care Group International Business DevUnit (NHG-IBDU) of Singapore shows that fifty percent[16] of international patients who seek medication in Singapore are Indonesians (Sulaeman, 2018). A market analysis done by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) in 2007 illustrates that the majority of medical tourists in Malaysia also comes from Indonesia. Similarly, Frost and Sullivan show that in 2010, sixty nine[17] percent[18] of total medical tourists visiting Malaysia came from Indonesia. A study conducted by Yeoh, Othman and Ahmad (2012) found that seventy two point twenty one[19] percent[20] of international patients in

Malaysia coming from Indonesia, and the majority has been seeking medical treatment in Malaysia before. Review of the literature has indicated that research examining Indonesian's motivation to seek medical treatment and other medical services abroad is still rare. This research therefore tries to fill the research on this motivation by adopting the push and pull factors as its theoretical framework. According to Pesonen (2011), push factors are the intrinsic attributes that motivate tourists to travel, while pull factors are the destination attributes that decide the chosen travel destinations, based on how well-matched that destination attributes with the needs received from the push factors. Through push factors, we can identify what motivates the Indonesians to go and seek medical treatment abroad, while pull factors can give information on what attracts the Indonesian to seek various medical services in some destination countries. In addition to the identification of medical tourism motivation, profiling the tourists based on the motivation would be more comprehensive to understand Indonesian tourist behaviour. This segmentation aims to figure out the characteristics of

each segment in order to help giving information to service providers to understand what their aimed market segment wants.

2. THEORETICAL FRAMEWORK AND HYPOTHESES

Medical Tourism

According to Cohen (2008), medical tourism is an activity that is done when someone wants to go to the other city or country to receive medical treatments while enjoying a vacation or someone who takes the opportunity while being treated. Gupta (2004) defined medical tourism as a medical treatment provided for a patient that collaborates with the tourism industry. This process is usually facilitated by the private medical treatment sector, by involving the private and public sector of the tourism industry. Medical tourists will get surgery or medical treatment while also get to live in one of the most popular tourist destinations in the world. Goeldner (1989) in Hall (2011) said that medical tourism can be defined as (1) going to a place that is far from home, (2) health as an important motive, (3) done with a way of vacation.

Connel (2013) explained that medical tourism is a common term used in many cases, in which improving the health condition is the main[30] purpose of the trip. Medical tourism itself involves more invasive procedure and various medical checkups[31][32], than a passive procedure[33] with methods like relaxation therapy. Therefore, medical tourism is more directed to treatments such as beauty surgery, heart surgery, and hip or knee replacement. Cormany and Baloglu (2011) also explained that medical tourism is a term used to show someone's cross-border travel behaviour that needs big or small surgery, beauty care, and dental care. Preventive medical services like a medical checkup[31] and health screening procedure are also included[34] in medical tourism (Heung, Kucukusta & Song, 2011). This medical tourism concept is different from what is often referred[35] to as wellness tourism. Mueller and Kaufmann (2001) defined wellness tourism as tourism that often includes service package offered by the tourism service provider which consists of comfortable accommodation, physical fitness centre, beauty treatment, healthy diet, relaxation, meditation, and other mental activities. So, it can be concluded[36] that medical

tourism is related to the treatment of physical health, while wellness tourism is related to mental health. This research will be aiming more to medical tourism, in which the tourists are really looking for medical treatment such as a medical checkup, health screening procedure, beauty surgery, dental care, health surgery, certain viruses' treatment, hip or knee replacement, and any other medical treatment process.

Travel Motivation

One of the most commonly used concepts in tourism research is motivation concept (John & Larke, 2016). Crompton (1979) also acknowledged that the understanding of motivation factors that influence travels does really help in understanding the behaviour of a tourist, and tourists' motivations cover a wide area and are well-proven in showing a correct and certain fact in the field of tourism research. Motivation is a pushing force inside an individual that pushes him/her to act. This pushing force is created by pressures that come from unfulfilled needs (Schiffman & Kanuk, 2007). Motivation can be considered as a selective and preferential aspect

of certain behaviours, and motivation is responsible for the explanation of an individual's behaviours or actions (Lee, 2007).

Maslow's hierarchy of needs is the most commonly adopted motivation theory in the literature. According to Maslow (1970), motivation is defined as a 'reason' that underlies an act done by an individual. Maslow also states that an individual's motivation to do something can be divided into five levels based on their hierarchy of needs: physiological, safety, love and belonging, esteem, and self-actualization. While Maslow's theory contributes much to the motivation theory, in a tourism context, the push and pull factors motivation theory is the most commonly adopted theory to identify tourists' motivation. Push and pull motivation theory is the main concept in tourists' motivation literature (Pesonen, 2011). John and Larke (2016) contend that despite various theoretical perspective adopted to examine tourist motivation, the push and pull factors are still the core in tourism literature review.

Push and Pull Factors in Medical Tourism

To the authors' knowledge, there were three previous studies as references in analyzing[4] the push factors in medical tourism (Laesser, 2011; Jananto & Roebianto, 2015; Khan, Chelliah, Haron & Ahmed, 2017). In Laesser's (2011) research, he found that the push factors in medical tourism could vary greatly, such as: want to treat and increase their beauty; enjoying the comforts; taking a break and relax; challenging and pushing themselves; to end a life phase; sparing some time for their own[45] selves; actively moving; going out of their daily routine; seeing and experiencing something new; socializing[4] with new people; adding new experiences; spending time with family; experiencing something new; and having a prestigious trip.

Different from Laesser's (2011) that was aiming more to the pushing force of the tourists' needs and desires, the research conducted by Khan et al. (2017) focused on tourists' feelings towards about what is available in their origin country, such as dissatisfaction with the treatment price, in which the treatment price is considered too expensive or what they get is not as expected before; lack of trust to the medical services, in which the trust factor

for the available services is considered low so they want to search for other options; a past bad experience, giving a traumatic feeling and a feeling of refusal of getting the same experience again; and dissatisfaction with the type of available treatment, in which the available treatment's type is considered as not the most up to date and is incomplete. Further, Jananto and Roebianto (2015) explained that the push factors in medical tourism can come from two sources. The first is the social or external factor, in which the trend, prestige, public opinion, reference from relatives, and also the referral from the doctor and hospital in Indonesia affect a person's decision making to do medical tourism. The second one is from the internal factor that consists of medical treatment needs by the tourists, also the perception and expectation of the medical treatment of the destination country.

Moreover, many research has been completed in examining the pull factors that motivate travelers to take medical tourism (Musa et al., 2012; Jananto & Roebianto, 2015; Fetscherin & Stephano, 2015; John & Larke, 2016). Musa et al.'s (2012) study research found that pull factors

emerged were: 1) excellent medical service, including a good track record of the medical services, personal touch by the doctor, convenient clinic or hospital service hours, specialized customer service, leading medical services, various medical services are available, safety and security are guaranteed, popular destination for medical treatment, credit card payment facilities available; 2) value for money, including cutting-edge medical facilities, get the value for money from the medical treatment, modern medical treatment; 3) religious factor that is related to the availability of halal foods and the facilities offered for religious practice 4) cultural similarity that relates to the short distance from the origin country and similarity in food; and 5) supporting service, including good transportation services and the ease of immigration permit.

Similar to Musa et al. (2012), Jananto and Roebianto (2015) found that there were three pull factors in medical tourism namely: 1) medical attribute that refers to the sophisticated facilities and medical equipment, friendliness and professionalism of the doctors and paramedics, fast services process and medical

treatment, a variety of the medical treatments are available and medical specialization[4] in handling certain diseases; 2) practical consideration, including affordable accommodation, good[55] facilities and infrastructure, easy to communicate with the doctors, paramedics and local citizens, the similarity of language and culture, and have a short distance to the origin country; and 3) leisure and entertainment, whch[56] include the availability of shopping centre, cultural site, restaurant, café, bar and other entertainment places.[57]

Meanwhile, according to Fetscherin and Stephano (2015), pull factors of medical tourism revelaed in their study were: 1) country environment, in which the destination country has a low level of corruption, has a similar culture and language with the origin country, the economy is relatively stable, safe for travelling, has a positive image and has a stable[58] exchange rate; 2) tourism destination, in which the destination country is an interesting[59] tourist destination, popular tourist destination, has many cultural or natural attractions, is an exotic tourist destination, and has comfortable weather; 3) medical tourism costs, includes low travel costs, low

accommodation costs, low medical costs, affordable flight costs and low health care costs; and 4) facility and services, including quality medical care and materials, hospitals and medical facilities with high standards, experienced doctors, trained doctors, doctors with international reputation, staff and doctors with international certification, medical facilities and hospitals with good health care indicators, the presence of doctors who will be recommended to family or friends, hospitals and leading medical facilities, friendly staff and doctors, overall have a positive image of medical tourism, known to has sophisticated medical equipment, hospitals and medical facilities that are internationally accredited, the existence of educated doctors internationally, there are hospitals and medical facilities that are recommended and have high quality in health care.

3. RESEARCH METHOD

This study applied a quantitative approach. The data were collected through survey employing a purposive sampling technique with these following sample criteria: 1)

Indonesian citizen aged seventeen years old and over; 2) have undertaken medical tourism abroad in the last three years, and 3) a patient who involved in the decision making of the medical trip taken. In addition, snowball sampling was also applied, in which the researcher asked for recommendations from the selected samples. Data was analysed using multivariate analysis techniques of factor analysis and cluster analysis. The numbers of the sample in the multivariate analysis can be decided with a calculation of five to ten times of the variable numbers. In this research, there are twenty seven variables, which consist of eleven variables that represent the push factors in medical tourism and sixteen variables that represent the pull factors in medical tourism. Thus, the number of samples needed is around 135 to 270 participants.

The questionnaires were distributed both offline and online utilising Google form platform. The researcher also contacted the patient that has shared their experience of getting treatment abroad through Instagram and established a collaboration with tour and travel agency that offer medical tourism package and international

hospital representative in Indonesia. Prior to the survey, a pilot study to 36 respondents was conducted to test the validity and reliability of the instrument. There were 207 respondents participated in the survey. After data cleaning there were 192 responses that could be used for further analysis.

4. DATA ANALYSIS AND DISCUSSION

Results

Data from 192 respondents shows that respondents were dominated by female (61.5%) aged 21-40 years old (41.1%) and 41-60 years old (38.5%). The majority work as an entrepreneur (37.5%) and their average income per month is around IDR 20,000,000 (43.2%). The majority of respondents stated that the last time going abroad to do medical treatment is in 2018 (35.4%). However, the number is not too big compared to the respondents that did their medical treatment in 2019 (23.4%). Out of total respondens, 35.9% had travelled abroad more than three times to have medical treatment. Malaysia (45.8%) and Singapura (44.3%) were two major countries as the medical tourism destination. In terms of the medical

treatment received, most respondents did medical check-up (48.1%), followed by internal disease surgery (20.3%), and other types of medical treatment such as, cancer, tumours and bones. In travelling for medical tourism, the majority of respondents were accompanied by their family (87.5%). Most of the respondents spent three to five days (57.3%) in the destination country to receive medical treatments.

Insert Table 1 here

Factor Analysis

Exploratory factor analysis was employed to collect the information about the relationship between some of the push factors variables and the pull factors variables to do medical tourism abroad. There were 27 variables containing 11 push factors variables and 16 pull factors variables. The statistical analysis result shows that 27 variables were reduced and merged as 7 new factors, which are 4 pull factors and 3 push factors. The newly formed 4 push factors can explain 66% of the total

variants (Table 2), while the 3 pull factors can explain 61% of the total variants (Table 3).

Insert Table 2 here

The first motivation push factor is "Past Negative Experience", which shows people's doubt in receiving medical treatments in Indonesia because of their past negative experience(s). The second factor is "Health Reasons" because in this factor, the creator indicator comes from the desire to check their health condition and receiving medical treatments. "Social and Personal Self Fulfilment" represents the third push factor where someone tries to fulfil their own personal desires by considering the opinion as well as references and recommendation from their close ones. Meanwhile, the fourth push factor is named "Convinced by the Experts", because in this factor the medical tourists have placed their trust on someone else who is an expert in his/her field, or someone who can be used as a reference that the

medical tourist become convinced enough to do what he/she said.

Insert Table 3 here

In relation to pull motivation, the first factor emerged was named as "Excellent Medical Facilities and Services". In this factor, the quality of all medical facilities and services become the attributes that make someone to be interested in having medical tourism. The second factor reflects the closeness and intimacy, whether in the distance, language, or culture, and thus the second factor is named "Proximity and Similarity". The last pull factor, "Supporting Facilities", is emerged as participants considered that along with prevalent medical treatment and hospital, the quality of facilities that are available in destination country, such as transportation access, accommodation services, and shopping centre, are also viewed as supporting facilities that could assist

participants while their stay in the destination for the treatment. [104]

Cluster Analysis

In this research, cluster analysis was completed [105] after the calculation of exploratory factor analysis. There are four factors created from the push factor's indicators and three new factors from pull [106] factor. Those seven factors become the segmentation base of medical tourism in Indonesia. After going through the processing and trial and error using K-Means cluster analysis with 192 respondents' data, the researcher decided that the division of medical tourism in Indonesia into three clusters has the most optimum result.

Table 4 shows the data from the three emerging clusters, which will then be named [107] as "Trend Follower Medical Tourists" (n=83) with 44.2% of the total respondents, "Medical Tourists Full of Considerations" (n=60) with 31.3% of the total respondents, and "Opportunist Medical Tourists" (n=49) with 25.5% of the total respondents. Table 4 also explains the ANOVA result showing that the "Excellent Medical Facilities and

Services" factor becomes the one with the highest value (f = 130,895). Meanwhile, the "Proximity and Similarity" (f = 12,064) and "Health Reasons" (f = 12, 106) factors become the two factors with the lowest value.

Insert Table 4 here

Cluster 1: Enhancement Seeker Medical Tourist

With "Social and Self Fulfilment" as the most influencing factor, the respondents of this cluster did a medical tour in order to fulfil and satisfy their own desire, where the "Social and Self Fulfilment factor is shaped from the indicator of following the medical tour trend and want to make their appearance to be more attractive. Other than that, the members of this cluster also pay attention to how their closest ones see their status and appearance, supported by the indicator of recommendation and references from relatives, which in fact is something that influences the decision to take a medical tour abroad. The desire to enjoy their holiday while receiving medical

treatment services has also become one of the aim of the first cluster's members, which can be shown through the "Supporting Services" factor, such as shopping centre and tourist attraction as well as sufficient transportation and accommodation, which become the second biggest factor in this cluster. Dominated by women, 21-40 of age who work as entrepreneurs and students with an average monthly income of less than IDR 20.000.000.

Cluster 2: Assurance Seeker Medical Tourist
This cluster consists of respondents who have had previous bad experiences in Indonesia which causes them to choose to do a medical trip abroad in order to receive more trusted medical services. This can be seen from the "Past Negative Experience" factor that becomes the biggest contributor in this cluster. The "Excellent Medical Facilities and Services" becomes a factor with te second-highest value, in which a close bond can be seen between the two factors. The members of this cluster go abroad purely to receive medication and medical treatment after receiving bad experience in Indonesia, the guarantee of receiving excellent medical facilities and

services becomes very important. This cluster is dominated by 41-60 years old women. The majority of the members work as entrepreneurs with monthly income less than IDR 20.000.000. The members of this cluster tend to have their last trip in 2018 and 2019.

Cluster 3: Opportunity Seeker Medical Tourist

This cluster can be said to have varied respondents, from teenage to middle age, working as entrepreneurs, students, and even housewives. The majority of this cluster has only received medical treatment abroad once, thus it can be concluded that the members of this cluster are not required to be always receiving medical treatment abroad. The biggest factor in this cluster is "Proximity and Similarity", thus it can be said that the members of this cluster lack the desire and effort to adapt. The majority of destination country is Malaysia because it is not too far and have a lot of similarities with Indonesia. However, the value of the most dominant factor is smaller than the value of the most dominant ones in cluster one and two. The researcher suspects that there are other factors that are not included into seven factors that are

formed in this research, such as the time of making a decision to receive medical treatment and medical tourism promotion package. This cluster is dominated by women, 20-40 and 41-60 of age who work as entrepreneurs, students, and housewives with monthly income less than IDR 20.000.000.

Discussion

Medical tourism has been growing rapidly, including in Indonesia. The number of Indonesian people travelling abroad for medical tourism purpose is still increasing, to reach almost hundred percent in the last 10 years (Sulaeman, 2018). Push and pull motivational factors drive an individual in taking particular tourism activities. According to Pesonen (2011), push factor is an intrinsic attribute that motivates tourist to go travelling, while pull factors is a destination attribute that decides the chosen tourist destination, based on how compatible the destination attribute with the needs from the push factors. In this study, push factors indicate the internal reason why participants choose to go and do medical

treatment abroad whilst pull factors offer information about the destination attributes that are attractive in pulling the participants to select certain country instead of the others as the medical tourism destination. Findings from the exploratory factor analysis has revealed four push factors and three pull factors that motivate the participants to do medical tourism. Past Negative Experience explains the push that comes from the bad experience of the medical tourists' relatives or even themselves when they received the medical treatment in Indonesia, the dissatisfaction of the price of medical services in Indonesia, and also the lack of trust for the paramedic/hospital quality in Indonesia. This shows that there are still some negative points in the facility and medical treatment services in Indonesia that makes people choose to seek medical treatment abroad in order to get better and more reliable medical treatment services. This factor aligns with the research result from Khan et al. (2017), in which the past negative experience gives traumatic feeling and causes them to refuse to experience the same thing again. This factor also includes the feeling of dissatisfaction towards the

medical treatment price,[152] because the treatment price is considered too high or not in accordance with[153] the obtained results. Further,[154] Health Reason was emerged[155] from the desire to know about the health condition and to do the medical treatment. These two motivations have the highest mean score in the respondents' answers results in this research. So, the factor of Health Reason can be considered[156] to be strong enough to make Indonesian people choose to have a medical tour abroad. The creation of this factor is aligned[157] with Laesser's (2011) research result and Jananto and Roebianto (2015) which says that the desire to treat the health and the needs of medical treatment are the factors that push tourists to do medical tours. Next is the Social and Self Fulfilment factor that shows trend and prestige as the reason to do medical tourism. Corresponding with the theory of Crompton (1979), Ryan (1991), also McIntosh (1977) and Murphy (1985), prestige is considered as the push factors in medical tourism in which vacation has already become the part of the higher lifestyle and can improve the status or social degree. Hence, following the trend to do medical tourism abroad also affects the decision of medical

tourists in Indonesia. The desire is also made to make their self-appearance become more interesting in which it can make other people's opinion and viewpoints to them become better. Reference and recommendation become quite trusted and are two of the things that affect people to do medical tourism abroad. The research result of Laesser's (2011) and Jananto and Roebianto's (2015) studies also found the similar results as the push factors emerged in this study. That is, Laesser (2011) explained that there was a push to increase the self beauty and do a prestigious trip. Meanwhile, Jananto and Roebianto (2015), who also researched Indonesian people's motivation to do medical tourism, showed that there is a tendency that Indonesian people follow the trend to do medical tourism abroad. Relatives' reference is also considered as something that affects the decision to do medical tourism. The fourth push factor is Convinced by The Experts, which explains that there are some medical treatment services that are yet to be available in Indonesia, either because the facilities and the sophisticated equipment are not yet available or because the experts that can give certain treatment care

are not yet available. With the existing limitations, doctors and hospitals in Indonesia often give reference to the patients so they can get better medical treatment services. Therefore, doing medical treatment in the country that already has sophisticated and trusted facilities and medical personnel becomes the taken choice. Jananto and Roebianto (2015) and Khan et al. (2017) in their research explained that the reference from the doctors and hospitals the lack of medical services are summarized as the push factors in medical tourism. The results of push factors from this study is aligned with previous studies of Khan et al. (2017), Laesser (2011), and Jananto Roebianto (2015).

On the other hand, the pull factors of Indonesian people that attract medical tourism consist of "Excellent Medical Facilities and Service, "Proximity and Similarity", and "Supporting Services". These three pull factors that were created according to the previous researches from Musa et al. (2012), Jananto and Roebianto (2015), Fetscherin & Stephano (2015), John and Larke (2016) become the author's preference. Excellent Medical Facilities and Service are similar to the "Excellent

Medical Services" factor from Musa et al. (2012), "Medical Attributes" from Jananto & Roebianto (2015), also "Healthcare Provider Specific" from John dan Larke (2016). While in Fetscherin & Stephano's (2015) research, this factor is divided into "Medical Tourism Cost" and "Facility and Services". In Musa et al. (2012) research, the Proximity and Similarity factor is emphasized in the Cultural Similarity factor that includes the short distance from the origin country and the similarity of food, which is one of the cultural forms. Meanwhile, Practical Considerations from Jananto & Roebianto (2015) and Country Environment from Fetscherin & Stephano (2015), also Destination Specific from John & Larke (2016) explained a point that there is a similarity in culture and language. If in this research the affordable flight cost indicator is included in the Proximity and Similarity factors, in Fetscherin dan Stephano's (2015) research, this factor is included in the Medical Tourism Cost factor. It happens because Fetscherin & Stephano's (2015) research grouping is using quite a lot of cost indicators, so it can make its own factor that includes medical tourism cost. The pull motivation theory of Syrakaya et al.

(1996) also explained that the common language used is motivating tourist to visit some destination country. With a familiar language, tourists can communicate better and feel more secure when they are in the destination country. Next is the Supporting Services, which is aligned with the "Supporting Services" factor from Musa et al. (2012), "Leisure and Entertainment" from Jananto and Roebianto (2015), "Tourism Destination" from Fetscherin and Stephano (2015), and also "Destination Specific" from John and Larke (2016). Various facilities in the destination such as adequate transportations and accommodations, also the availability of many tourist spots and shopping centres have proven to be tourists' pull motivation in the previous researches. It also reflects the pull motivation theory in tourism from the research of Syrakaya et al. (1996), Kim (2008) and Tjondrowiguno and Astarini (2014) that become the author's reference in this research. Based on the pull factors in medical tourism, no significant differences from the previous research were found. It happens because a pull factor is something that attracts someone's interest to choose a certain destination. The most chosen destinations in this

research are Malaysia and Singapore. Musa et al.'s (2012) research analyzed the medical tourists in Indonesia, and Jananto and Roebianto's (2015) research analysed Indonesian people that do medical tourism to Singapore and Malaysia. Therefore, the pull factors in medical tourists are not much different. Even if the research of Fetscherin & Stephano (2015) dan John dan Larke (2016) have different objects, both Malaysia and Singapore are already known in the world as medical tourism destinations.

For the purpose of this study, the segmentation of Indonesian medical tourists were completed by applying cluster analysis based on both push and pull factors newly emerged from the factor analysis calculation. The result of the cluster analysis is dividing the Indonesian medical tourists into three clusters: "Enhancement Seekers", "Assurance Seekers", and "Opportunity Seekers".The first cluster is Enhancement Seekers. This segment is similar to Tourism Focus cluster in Kanittinsuttitong's (2015) research and Holidaying Medical Tourist cluster in Wongkit and Mckercher's (2013) research. The medical tourists in this cluster are doing

non-urgent medical treatment such as medical checkup[31] and treatment for aesthetic/beauty, so it follows the trend and recommendation from the relatives also the availability of accommodation and transportation, shopping centre and interesting tourism spot become the main consideration. The second cluster is Assurance Seekers. It is similar to Medical Focus cluster in Kanittinsuttitong's (2015) research and Dedicated Medical Tourist cluster in Wongkit and Mckercher's (2013) research. The medical tourists in this cluster make medical treatment or care as the main goal of their trip, thus, the assurance of getting highly qualified and trusted facilities and medical services becomes their main consideration. The third cluster is Opportunity Seekers. It is similar with Opportunistic Medical Tourist cluster in Wongkit dan Mckercher's (2013) research, in which the tourist has never had a plan before to do medical treatment, but when they have already in the destination country, they decide to get medical treatment. With the majority of cluster members have only done medical treatment abroad once, it can be concluded that this cluster's members do not have the

need to always go abroad to receive medical treatments. The medical treatment that they receive in another country is not their primary choice, but an opportunity that they took. It also explains why the score of the dominant factors tends to be smaller than the most dominant scorer in the first and second clusters, with a guess that there may be some other factors that are not included in the seven factors made in this research. This factor is also supported by Warner (2013) who said that cluster analysis conducted based on the factor analysis result may allow a cluster that did not have any correlation with the existing factors to be formed.

5. CONCLUSION, IMPLICATION, SUGGESTION, AND LIMITATIONS

This research revealed four new push factors and three new pull factors for medical tourism. The Indonesian's push factors for medical tourism are: "Previous Bad Experience", "Health Reasons", "Social and Personal Self Fulfilment", and "Convinced by the Experts". Meanwhile, the pull factors are "Excellent Medical Facilities and

Services", "Proximity and Similarity", and "Supporting Services".

Further, the seven new factors identified three clusters of Indonesian medical tourists: "Enhancement Seeker", is medical tourists who receive a non-urgent medical treatment such as medical check-up and aesthetic treatment, so they follow the trend and recommendation from their relatives as well as the availability of accommodation and transportation, shopping centre and interesting tourist attraction are becoming the main appeal. The "Assurance Seeker" segment consists of medical tourists who make medical treatment as the main goal of their trip, thus, the assurance of getting highly qualified and trusted facilities and medical services becomes their main consideration. Lastly, "Opportunity Seeker" are tourists who have no prior plan of receiving medical treatment, but when they have already in the destination country, they decide to get medical treatment. The members of this cluster are not required to always go abroad to receive medical treatment. The medical treatment that they receive in

another country is not their primary choice, but an opportunity that they took.

This research focuses on medical tourism that is directed[2] to physical health, and so, future research could be more focused on wellness tourism that is directed[219,220] to mental health such as spa, relaxation, meditation, healthy diet, and other mental[221] activities where the huge[222] potential of Indonesian wellness tourism can be developed.[223] Although the participants were from several regions in Indonesia, the majority of them were from Surabaya. Because of this, the researcher suggests that the next researchers widen their geographical grasp by taking respondents from various places in Indonesia. The Indonesian government is also hoped[224] to tighten the certification process for the doctor and paramedic profession so that all medical forces in Indonesia fully understand the treatment procedures. Aside from that, the government could also set regulation on the standard of facilities, equipment, and services to build a place of medical service[226] according to its classification.[225] The result of this research shows that previous negative experience and trusted facilities and medical services quality are the

main push and pull factors for the Indonesian to have a medical tour abroad. Hospital and health service provider are hoped to be able to improve the quality of their facilities and services with the availability of adequate equipment and supporting facilities as well as professional medical personnel with good quality standard so that they can avoid the occurrence of malpractice and unsatisfying services. The segmentations of Indonesian medical tourist that are formed in this research can be used to compile medical tourism support packages with the specific characteristics of each segment.

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Table 1

Demographic profiles and travel characteristics

Attributes

n

%

Gender

1. Male

74

38.5

2. Female

118

61.5

Age group

1. 17-20 years old

11

5.7

2. 21-40 years old

79

41.1

3. 41-60 years old

74

38.5

4. 61-80 years old

28

14.6

Occupation

1. Student

41

21.4

2. Private Employee

28

14.6

3. Entrepreneur

72

37.5

4. Government Employee

1

0.5

5. Professionals

6

3.1

6. Housewife

35

18.2

7. Others

9

4.7

Average Monthly Income

1. Less than IDR 20,000,000

83

43.2

2. IDR 20,000,000 – IDR 30,000,000

35

18.2

3. IDR 30,000.001 – IDR 40,000,000

20

10.4

4. IDR 40,000.001 – IDR 50,000,000

14

7.3

5. More than IDR 50.000.000

40

20.8

The last time going abroad to get medical treatment

1. 2019

45

23.4

2. 2018

68

35.4

3. 2017

38

19.8

4. 2016

41

21.4

How many times going abroad to get medical treatment

1. Once

64

33.3

2. 2 times

32

16.7

3. 3 times

27

14.1

4. More than 3 times

69

35.9

Destination country to do medical treatment

1. Singapore

85

44.3

2. Malaysia

88

45.8

3. Thailand

5

2.6

4. Korea

4

2.1

5. China

8

4.2

6. Others

2

1.1

Medical treatment conducted

1. Medical checkup[31]

111

48.1

2. Dental care

4

1.7

3. Treatment for aesthetic/beauty (remove wrinkles, eye bags, spots)

13

5.6

4. Internal disease surgery (heart bypass, kidney, liver, lung transplant)

47

20.3

5. Physiotherapy & other special therapies

15

6.5

6. Eye treatment & care (Lasik, cataracts, etc.)

11

4.8

7. Therapy & treatment for fertility (fertility checks, IVF)

9

3.9

8. Others

21

9.1

Who accompanied on the trip to conduct medical treatment

1. Alone

8

4.2

2. Family

168

87.5

3. Friend

16

8.3

4. Others

0

0.0

Days spent in the destinated country to receive the medical treatment

1. Less than 3 days

31

16.1

2. 3-5 days

110

57.3

3. 6-10 days

28

14.6

4. More than 10 days[245]

23

12.0

Note: n= 192

Table 2

Push factors influencing to medical tourism travel

Factors and Variables

Factor Loading

Eigenvalue

Variance (%)

F1:

Past Negative Experiences

2.402

21.836

PS9

Personal negative experience with medical treatment in Indonesia

0.802

PS10

Others' negative experience with medical treatment in Indonesia

0.764

PS7

Not satisfied with the medical service cost in Indonesia

0.750

PS8

Does not trust the quality of Indonesian hospitals or paramedics

0.700

F2:

Health Reason

1.968

17.894

PS1

Want to check personal health condition [246]

0.886

PS2

Want to receive medical treatment

0.831

F3:

Social and Personal Self Fulfilment

1.825

16.587

PS4

Following the trend of receiving medical treatment abroad

0.805

PS3

Want to make personal appearance more attractive

0.714

PS5

Receiving references and recommendations from relatives

0.640

F4:

Convinced by the Experts

1.040

9.455

PS11

The medical services needed are not yet available in Indonesia

0.875

PS6

Recommendation from doctor or hospital in Indonesia

0.638

Table 3

Pull factors influencing to medical tourism travel

Factors and Variables

Factor Loading

Eigenvalue

Variance (%)

F1:

Excellent Medical Facilities and Service

5.062

33.747

PL3

Excellent treatment services and medical facilities

0.842

PL2

Sophisticated & more modern medical equipment

0.809

PL4

Professional and trusted doctors and paramedics

0.801

PL9

The country is famous for its medical treatment[248]

0.719

PL1

Provision of various alternatives to medical treatment

0.661

PL8

Treatment costs match with the quality[249]

0.625

PL6

More guarantee on patients' survivability

0.577

PL7

Track records & testimonies from previous patients

0.556

F2:

Proximity and Similarity

2.596

17.305

PL11

Affordable flights

0.865

PL12

Language and cultural similarity

0.845

PL10

Not far from Indonesia

0.761

F3:

Supporting Facilities

1.558

10.386

PL15

Shopping centre available

0.880

PL16

Interesting tourism objects to be visited [250] [251]

0.879

PL13

Sufficient local transportation

0.620

PL14

Adequate accommodation

0.604

Table 4

Segmentation of Indonesian Medical Tourists

Cluster	n	Past Negative Experience	Health Reason	Social and Self Fulfilment	Convinced by The Experts	Excellent Medical Facilities and Service	Proximity and Similarity	Supporting Services
1	83	-0.30984	0.09286	0.51528	0.39731	0.38712	-0.34481	0.41996
2	60							

0.80655

0.32051

-0.08101

-0.48970

0.52186

0.44081

-0.52610

3

49

-0.46279

-0.54976

-0.77363

-0.07336

-1.29474

0.04431

-0.06715

ANOVA results

(f statistics)

40,696

12,106

35,126

16,067

130,895

12,064

18.639

1.	~~xxx~~ → xx	Confused Words	Correctness
2.	*xxxxx*	Unknown Words	Correctness
3.	~~Key words~~ → Keywords	Confused Words	Correctness
4.	*analyse; organization; self-actualization; analyzing; socializing; specialized; specialization; analysed; utilising; summarized; emphasized; analyzed; Conceptualization*	Text Inconsistencies	Correctness
5.	~~these push~~ → this push, these pushes	Determiner Use (a/an/the/this, etc.)	Correctness
6.	*were identified*	Passive Voice Misuse	Clarity
7.	*is defined*	Passive Voice Misuse	Clarity
8.	~~Dr.~~ → Dr	Comma Misuse within Clauses	Correctness
9.	~~thousands~~ → thousand	Numeral Use	Correctness
10.	~~have~~ → had	Faulty Tense Sequence	Correctness
11.	~~seek~~ → find	Word Choice	Engagement
12.	~~percent~~ → per cent	Mixed Dialects of English	Correctness
13.	company,	Comma Misuse within Clauses	Correctness
14.	*are viewed*	Passive Voice Misuse	Clarity
15.	*is included*	Passive Voice Misuse	Clarity
16.	~~percent~~ → per cent	Mixed Dialects of English	Correctness
17.	~~sixty nine~~ → sixty-nine	Misspelled Words	Correctness
18.	~~percent~~ → per cent	Mixed Dialects of English	Correctness
19.	~~twenty one~~ → twenty-one	Misspelled Words	Correctness

20.	~~percent~~ → per cent	Mixed Dialects of English	Correctness
21.	, therefore,	Comma Misuse within Clauses	Correctness
22.	~~, while~~ → . In contrast,	Hard-to-read text	Clarity
23.	~~in order to~~ → to	Wordy Sentences	Clarity
24.	~~aimed~~ → targeted, intended, proposed, designed	Word Choice	Engagement
25.	*is done*	Passive Voice Misuse	Clarity
26.	sector,	Punctuation in Compound/Complex Sentences	Correctness
27.	~~sector~~ → area	Word Choice	Engagement
28.	~~can~~ → could	Faulty Tense Sequence	Correctness
29.	~~important~~ → essential	Word Choice	Engagement
30.	~~main~~ → primary	Word Choice	Engagement
31.	*checkups; checkup; check-up*	Text Inconsistencies	Correctness
32.	checkups,	Punctuation in Compound/Complex Sentences	Correctness
33.	~~procedure~~ → system, process	Word Choice	Engagement
34.	*are also included*	Passive Voice Misuse	Clarity
35.	*is often referred*	Passive Voice Misuse	Clarity
36.	*be concluded*	Passive Voice Misuse	Clarity
37.	~~really~~	Wordy Sentences	Clarity

38.	~~really~~	Wordy Sentences	Clarity
39.	~~certain~~ → specific, absolute, particular, precise	Word Choice	Engagement
40.	*be considered*	Passive Voice Misuse	Clarity
41.	~~behaviours~~ → practices	Word Choice	Engagement
42.	*is defined*	Passive Voice Misuse	Clarity
43.	*be divided*	Passive Voice Misuse	Clarity
44.	the tourism, or a tourism	Determiner Use (a/an/the/this, etc.)	Correctness
45.	~~own~~	Wordy Sentences	Clarity
46.	~~type~~ → nature	Word Choice	Engagement
47.	*Different from Laesser's (2011) that was aiming more to the pushing force of the tourists' needs and desires, the research conducted by Khan et al. (2017) focused on tourists' feelings towards about what is available in their origin country, such as dissatisfaction with the treatment price, in whic...*	Hard-to-read text	Clarity
48.	~~can~~ → could	Faulty Tense Sequence	Correctness
49.	*been completed*	Passive Voice Misuse	Clarity
50.	~~travelers~~ → travellers	Mixed Dialects of English	Correctness
51.	a popular	Determiner Use (a/an/the/this, etc.)	Correctness
52.	~~available~~ → accessible, convenient, open, possible	Word Choice	Engagement
53.	~~religious~~ → spiritual	Word Choice	Engagement

54.	~~good~~ → excellent	Word Choice	Engagement
55.	~~good~~ → excellent	Word Choice	Engagement
56.	~~whch~~ → which	Misspelled Words	Correctness
57.		Intricate Text	Clarity
58.	~~stable~~ → steady	Word Choice	Engagement
59.	~~interesting~~ → exciting	Word Choice	Engagement
60.	~~low~~ → small, economical	Word Choice	Engagement
61.	~~good~~ → excellent	Word Choice	Engagement
62.	~~internationally~~ → abroad	Word Choice	Engagement
63.		Intricate Text	Clarity
64.	*were collected*	Passive Voice Misuse	Clarity
65.		Intricate Text	Clarity
66.	~~In addition~~ → Also, Besides	Wordy Sentences	Clarity
67.	*was also applied*	Passive Voice Misuse	Clarity
68.	~~was~~ → were	Faulty Subject-Verb Agreement	Correctness
69.	~~sample~~ → example	Word Choice	Engagement
70.	*be decided*	Passive Voice Misuse	Clarity
71.	~~numbers~~ → names, amounts	Word Choice	Engagement
72.	~~twenty seven~~ → twenty-seven	Misspelled Words	Correctness
73.	*were distributed*	Passive Voice Misuse	Clarity

74.	~~Prior to~~ → Before	Wordy Sentences	Clarity
75.	~~to~~ → of	Wrong or Missing Prepositions	Correctness
76.	*was conducted*	Passive Voice Misuse	Clarity
77.	cleaning,	Comma Misuse within Clauses	Correctness
78.	192 responses could	Wordy Sentences	Clarity
79.	*be used*	Passive Voice Misuse	Clarity
80.	a female, or the female	Determiner Use (a/an/the/this, etc.)	Correctness
81.	, and	Punctuation in Compound/Complex Sentences	Correctness
82.	~~respondens~~ → respondents	Misspelled Words	Correctness
83.	as,	Comma Misuse within Clauses	Correctness
84.	*were accompanied*	Passive Voice Misuse	Clarity
85.	~~the~~ information	Determiner Use (a/an/the/this, etc.)	Correctness
86.	27 variables were containing	Wordy Sentences	Clarity
87.	~~7~~ → seven	Improper Formatting	Correctness
88.	~~4~~ → four	Improper Formatting	Correctness
89.	~~3~~ → three	Improper Formatting	Correctness
90.	~~4~~ → four	Improper Formatting	Correctness
91.	~~3~~ → three	Improper Formatting	Correctness
92.	~~explain~~ → solve	Word Choice	Engagement

93.	~~total~~ → full	Word Choice	Engagement
94.	~~variants~~ → options	Word Choice	Engagement
95.	, in	Comma Misuse within Clauses	Correctness
96.	~~own personal~~	Wordy Sentences	Clarity
97.	*be used*	Passive Voice Misuse	Clarity
98.	~~become~~ → becomes	Faulty Subject-Verb Agreement	Correctness
99.	*Meanwhile, the fourth push factor is named "Convinced by the Experts", because in this factor the medical tourists have placed their trust on someone else who is an expert in his/her field, or someone who can be used as a reference that the medical tourist become convinced enough to do what he/she ...*	Hard-to-read text	Clarity
100.	~~In relation to~~ → About, To, With, Concerning	Wordy Sentences	Clarity
101.	the destination	Determiner Use (a/an/the/this, etc.)	Correctness
102.	~~country~~ → countries	Incorrect Noun Number	Correctness
103.	~~are~~ → is	Faulty Subject-Verb Agreement	Correctness
104.	*The last pull factor, "Supporting Facilities", is emerged as participants considered that along with prevalent medical treatment and hospital, the quality of facilities that are available in destination country, such as transportation access, accommodation services, and shopping centre, are also vi...*	Hard-to-read text	Clarity

105.	*was completed*	Passive Voice Misuse	Clarity
106.	the pull	Determiner Use (a/an/the/this, etc.)	Correctness
107.	*be named*	Passive Voice Misuse	Clarity
108.	Enhancement of	Wrong or Missing Prepositions	Correctness
109.	~~in order to~~ → to	Wordy Sentences	Clarity
110.	~~own~~	Wordy Sentences	Clarity
111.	*is shaped*	Passive Voice Misuse	Clarity
112.	~~in fact~~	Wordy Sentences	Clarity
113.	~~aim~~ → aims	Incorrect Noun Number	Correctness
114.	*be shown*	Passive Voice Misuse	Clarity
115.	~~sufficient~~ → adequate	Word Choice	Engagement
116.	~~biggest~~ → most significant	Word Choice	Engagement
117.	*The desire to enjoy their holiday while receiving medical treatment services has also become one of the aim of the first cluster's members, which can be shown through the "Supporting Services" factor, such as shopping centre and tourist attraction as well as sufficient transportation and accommodat...*	Hard-to-read text	Clarity
118.	~~. Dominated~~ → —dominated	Incomplete Sentences	Correctness
119.	, which	Punctuation in Compound/Complex Sentences	Correctness
120.	~~do~~ → make	Incorrect Phrasing	Correctness

121.	~~in order to~~ → to	Wordy Sentences	Clarity
122.	*This*	Intricate Text	Clarity
123.	*be seen*	Passive Voice Misuse	Clarity
124.	~~biggest~~ → most significant	Word Choice	Engagement
125.	~~to~~ → the	Confused Words	Correctness
126.	*be seen*	Passive Voice Misuse	Clarity
127.	~~factors~~ → elements	Word Choice	Engagement
128.	*is dominated*	Passive Voice Misuse	Clarity
129.	~~old women~~ → older women, older adults	Potentially Sensitive Language	Delivery
130.	~~housewives~~ → homemakers	Potentially Sensitive Language	Delivery
131.	~~, thus~~ → . Thus, ; thus	Punctuation in Compound/Complex Sentences	Correctness
132.	~~biggest~~ → most significant	Word Choice	Engagement
133.	~~, thus~~ → ; thus	Punctuation in Compound/Complex Sentences	Correctness
134.	other factors are	Wordy Sentences	Clarity
135.	*are not included*	Passive Voice Misuse	Clarity
136.	*are formed*	Passive Voice Misuse	Clarity
137.	~~making a decision~~ → deciding	Wordy Sentences	Clarity
138.	~~housewives~~ → homemakers	Potentially Sensitive Language	Delivery

139.	~~growing rapidly~~ → proliferating, overgrowing, multiplying, snowballing	Word Choice	Engagement
140.	a hundred	Determiner Use (a/an/the/this, etc.)	Correctness
141.	~~percent~~ → per cent	Mixed Dialects of English	Correctness
142.	~~10~~ → ten	Improper Formatting	Correctness
143.	~~whilst~~ → while	Outdated Language	Clarity
144.	~~pulling~~ → drawing, picking, removing	Word Choice	Engagement
145.	~~certain~~ → specific, particular	Word Choice	Engagement
146.	*In this study, push factors indicate the internal reason why participants choose to go and do medical treatment abroad whilst pull factors offer information about the destination attributes that are attractive in pulling the participants to select certain country instead of the others as the medica...*	Hard-to-read text	Clarity
147.	~~has~~ → have	Faulty Subject-Verb Agreement	Correctness
148.	~~bad~~ → unfortunate	Word Choice	Engagement
149.	*This*	Intricate Text	Clarity
150.	~~in order to~~ → to	Wordy Sentences	Clarity
151.	~~feeling~~ → sense, taste	Word Choice	Engagement
152.	price,	Punctuation in Compound/Complex Sentences	Correctness
153.	~~in accordance with~~ →	Wordy Sentences	Clarity

by, following, per, under

154.	~~Further~~ → ¶ Further	Intricate Text	Clarity
155.	~~was emerged~~ → emerged, has emerged	Incorrect Verb Forms	Correctness
156.	*be considered*	Passive Voice Misuse	Clarity
157.	*is aligned*	Passive Voice Misuse	Clarity
158.	~~The desire~~ → ¶ The desire	Intricate Text	Clarity
159.	*is also made*	Passive Voice Misuse	Clarity
160.	~~become~~	Wordy Sentences	Clarity
161.	more attractive	Word Choice	Engagement
162.	, and	Punctuation in Compound/Complex Sentences	Correctness
163.	~~quite~~ → entirely	Word Choice	Engagement
164.	~~the~~ similar	Determiner Use (a/an/the/this, etc.)	Correctness
165.	~~the~~ self	Determiner Use (a/an/the/this, etc.)	Correctness
166.	~~do~~ → make	Incorrect Phrasing	Correctness
167.	~~Meanwhile~~ → ¶ Meanwhile	Intricate Text	Clarity
168.	*is also considered*	Passive Voice Misuse	Clarity
169.	some medical treatment services are	Wordy Sentences	Clarity
170.	~~yet~~ → however	Word Choice	Engagement
171.	~~certain~~ → specific, absolute, particular, individual	Word Choice	Engagement

172.	yet → however	Word Choice	Engagement
173.	*are summarized*	Passive Voice Misuse	Clarity
174.	*is aligned*	Passive Voice Misuse	Clarity
175.	*were created*	Passive Voice Misuse	Clarity
176.	*is divided*	Passive Voice Misuse	Clarity
177.	*is emphasized*	Passive Voice Misuse	Clarity
178.	Meanwhile → ¶ Meanwhile	Intricate Text	Clarity
179.	research,	Punctuation in Compound/Complex Sentences	Correctness
180.	*is included*	Passive Voice Misuse	Clarity
181.	own	Wordy Sentences	Clarity
182.	language → style, word	Word Choice	Engagement
183.	*is aligned*	Passive Voice Misuse	Clarity
184.	also → even	Word Choice	Engagement
185.	research → study	Word Choice	Engagement
186.	*were found*	Passive Voice Misuse	Clarity
187.	certain → specific, particular, specified	Word Choice	Engagement
188.	chosen → preferred, wanted	Word Choice	Engagement
189.	destinations → goals	Word Choice	Engagement
190.	research → study	Word Choice	Engagement

191.	~~research~~ → study	Word Choice	Engagement
192.	~~analysed~~ → examined	Word Choice	Engagement
193.	*are already known*	Passive Voice Misuse	Clarity
194.	~~the purpose of~~	Wordy Sentences	Clarity
195.	~~were~~ → was	Faulty Subject-Verb Agreement	Correctness
196.	~~main~~ → primary	Word Choice	Engagement
197.	*The medical tourists in this cluster are doing non-urgent medical treatment such as medical checkup and treatment for aesthetic/beauty, so it follows the trend and recommendation from the relatives also the availability of accommodation and transportation, shopping centre and interesting tourism sp...*	Hard-to-read text	Clarity
198.	~~main~~ → primary	Word Choice	Engagement
199.	~~, thus~~ → . Thus, ; thus	Punctuation in Compound/Complex Sentences	Correctness
200.	~~main~~ → primary	Word Choice	Engagement
201.	~~, but when~~ → . Still, when	Hard-to-read text	Clarity
202.	*be concluded*	Passive Voice Misuse	Clarity
203.	~~have the need~~ → need	Wordy Sentences	Clarity
204.	always to go abroad	Inappropriate Colloquialisms	Delivery
205.	~~abroad~~ → elsewhere	Word Choice	Engagement
206.	*are not included*	Passive Voice Misuse	Clarity

207.	~~factors~~ → elements	Word Choice	Engagement
208.	~~who~~ → . He	Hard-to-read text	Clarity
209.	~~may~~ → might	Faulty Tense Sequence	Correctness
210.	*be formed*	Passive Voice Misuse	Clarity
211.	~~treatment~~ → surgery, medicine	Word Choice	Engagement
212.	~~interesting~~ → exciting	Word Choice	Engagement
213.	~~main~~ → primary	Word Choice	Engagement
214.	~~, thus~~ → . Thus, ; thus	Punctuation in Compound/Complex Sentences	Correctness
215.	~~main~~ → primary	Word Choice	Engagement
216.	always to go abroad	Inappropriate Colloquialisms	Delivery
217.	*is directed*	Passive Voice Misuse	Clarity
218.	~~, and so~~ → . So	Hard-to-read text	Clarity
219.	*is directed*	Passive Voice Misuse	Clarity
220.	~~directed~~ → led	Word Choice	Engagement
221.	~~mental~~ → spiritual	Word Choice	Engagement
222.	~~huge~~ → vast, massive, considerable, colossal	Word Choice	Engagement
223.	*be developed*	Passive Voice Misuse	Clarity
224.	*is also hoped*	Passive Voice Misuse	Clarity
225.	*Aside from that, the government could also set regulation on the standard of facilities, equipment, and services to*	Intricate Text	Clarity

build a place of medical service according to its classification.

226.	~~service~~ → assistance	Word Choice	Engagement
227.	~~main~~ → principal	Word Choice	Engagement
228.	*are hoped*	Passive Voice Misuse	Clarity
229.	the good, or a good	Determiner Use (a/an/the/this, etc.)	Correctness
230.	*Hospital and health service provider are hoped to be able to improve the quality of their facilities and services with the availability of adequate equipment and supporting facilities as well as professional medical personnel with good quality standard so that they can avoid the occurrence of malpr...*	Hard-to-read text	Clarity
231.	*are formed*	Passive Voice Misuse	Clarity
232.	*be used*	Passive Voice Misuse	Clarity
233.	~~Typhology~~ → Typology	Misspelled Words	Correctness
234.	~~Data driven~~ → Data-driven	Misspelled Words	Correctness
235.	~~driven~~ → drove	Incorrect Verb Forms	Correctness
236.	tourism approaches	Improper Formatting	Correctness
237.	~~insterest~~ → interest	Misspelled Words	Correctness
238.	Frost,	Punctuation in Compound/Complex Sentences	Correctness
239.	J. ,	Improper Formatting	Correctness
240.	~~a special~~ → a particular, an individual, an exceptional	Word Choice	Engagement

241.	2 → two	Improper Formatting	Correctness
242.	3 → three	Improper Formatting	Correctness
243.	3 → three	Improper Formatting	Correctness
244.	3 → three	Improper Formatting	Correctness
245.	10 → ten	Improper Formatting	Correctness
246.	the personal	Determiner Use (a/an/the/this, etc.)	Correctness
247.	the personal, or a personal	Determiner Use (a/an/the/this, etc.)	Correctness
248.	treatment.	Closing Punctuation	Correctness
249.	quality.	Closing Punctuation	Correctness
250.	Interesting → Attractive, Exciting	Word Choice	Engagement
251.	visited.	Closing Punctuation	Correctness