



The Barriers of Medical Tourism Hospital Development in Medan

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Abstract

Medan residents are known to prefer traveling to Malaysia and Singapore for medical treatment. This phenomenon leads to huge losses in regional and national revenues. In response to this phenomenon, by 2021, the Medan City government has implemented the Medan medical tourism program, with the participation of twelve hospitals located in Medan to be prepared as medical tourism destinations, but until 2024, none of the Medan or North Sumatra residents have made use of this program. The objective of this study is to explore the barriers on the development of medical tourism hospitals in Medan. Using a qualitative method with a phenomenological approach, this research was conducted through in-depth interviews, observation, and documentation from eight hospitals within the Medan medical tourism program. This study identified several key barriers: healthcare system issues, poor medical infrastructure, limited continuity of care, inadequate hospital promotion of Medan medical tourism program, lack of international accreditation, lack of ISO certification, unavailability of medical equipment, failure to meet national indicators of hospital quality, and unfriendliness of doctors and staff. The findings indicate that hospitals in Medan need significant improvements in various aspects to become competitive in the medical tourism market. Furthermore, to overcome these barriers, coordinated and sustained efforts from the hospitals, Medan City government, Medan medical tourism board and Medan tourism department are needed to transform hospitals into medical tourism destinations despite the gradual and lengthy process.

Keywords: *Barriers, Development, Hospitals, Medical Tourism*

INTRODUCTION

Medical tourism is not a recent phenomenon that happened worldwide. Since ancient times, people have traveled to seek medical treatment that is only available in certain locations. Medical tourism is defined as traveling outside the city or abroad to obtain medical examination, medical treatment, or other health services in a hospital (Keputusan Bersama Menteri Pariwisata dan Ekonomi Kreatif dan Menteri Kesehatan Republik Indonesia, 2022). In this globalization era, many countries are trying to develop into medical tourism destinations because such industry can be beneficial to the national economy. It is estimated that by 2025, global revenue derived from medical tourism will reach 131 billion USD along with the increasing interest of tourists in doing medical tourism (Kim et al., 2019).

While Canada, Singapore, Japan, India, Spain, and the UK are the most desirable countries as the best medical tourism destinations in the world (Medical Tourism Index, 2021), Indonesia, on the other hand, experienced the opposite, with nearly one million Indonesian citizens traveling to other countries such as Malaysia and Singapore for medical treatment in

2021. Komari & Djafar (2021) in their study stated that Indonesians could spend as much as 100 trillion on overseas medical treatment in a year. To prevent this disadvantageous situation from continuing, the President of Indonesia has suggested all regions in Indonesia to develop medical tourism programs. In fact, the Indonesian government has been developing a health tourism program since 2012, but in 2021 it only restarted to focus on developing a medical tourism program.

In 2021 to 2022, the Indonesian citizens who sought medical treatment abroad the most were reportedly from Medan, North Sumatra. The reason is because geographically, Medan is located near Malaysia and Singapore. In addition, other factors such as high-quality health services, communicative and professional medical personnel and staff, competent skills, good hospital reputation, shorter waiting times, affordable prices, availability of good information, and safety of health care are also expected to influence the decision making of Medan City residents to receive medical treatment in these two countries (Intama & Sulistiadi, 2022). In other words, residents believe that they cannot obtain satisfactory health services in Medan, and therefore travel abroad to seek medical treatment. Quoting the statement of the Governor of North Sumatra, by 2022, residents in North Sumatra have spent around 75 trillion rupiah for overseas medical treatment (Simanjuntak, 2022).

Due to this phenomenon, Medan City is currently focusing on developing a medical tourism program known as “Medan Medical Tourism”. This program was initiated by the Mayor of Medan since 2021 and then to support the acceleration of this program, the Mayor of Medan officially established the Medan medical tourism board in 2022. The program is designed to prepare hospitals and tourism industries in Medan to be medical tourism destinations. Until this research was conducted, the Medan medical tourism board, together with all hospitals and travel agencies involved, has conducted a series of roadshows to several regions in North Sumatra. This roadshow is expected to encourage North Sumatra residents to seek medical treatment in Medan instead of abroad. However, until 2024, none of the residents of Medan or other regions in North Sumatra made use of this program. Instead, the data shows that even more Medan residents, and North Sumatra residents as a whole, are seeking medical treatment overseas.

Therefore, we are interested in identifying the challenges faced within the development of Medan medical tourism program. Previous studies reported that the development of medical tourism is influenced by various factors, such as infrastructure, legal and government factors, factors related to the health system, and tourism destination enhancement (Raoofi et al., 2022; Elyanta et al., 2023). In this study, the objective focuses on the medical industry to analyze and

explain the barriers in the development of medical tourism hospitals in Medan, thereby providing information that can be used to support the implementation of the Medan medical tourism program.

METHODS

This research is a qualitative study with a phenomenological approach conducted from September 2023 to February 2024. Sampling method used purposive sampling technique, that is, the selection of subjects who are considered representative to provide information related to the research objectives based on the researcher's judgment (Sugiyono, 2023). Samples in qualitative research referred to as informants, in this study, consisted of hospital representatives who understood the process of preparing hospitals to become medical tourism destinations, as well as representatives of the Medan medical tourism board and representatives of the Medan tourism department who understood the Medan medical tourism program development. Of the 12 hospitals in Medan that are part of the Medan medical tourism program, only eight hospitals were willing to participate in this study. Thus, the total number of informants is 10 people, including representatives from eight hospitals involved in the Medan medical tourism program as the main informants and two other persons, each representing the Medan medical tourism board and the Medan tourism department as key informants.

Data collection techniques used method triangulation, which involves multiple methods of collecting data on the same phenomenon, including in-depth interviews, observation, and documentation, to strengthen data validity and build a comprehensive understanding of the phenomenon from different perspectives. In-depth interviews were guided by a semi-structured questionnaire prepared by the researcher. The interview questions were open-ended and focused on the development of hospitals to be medical tourism destinations, such as the medical industry and the quality of facilities and services (Table 1). Each informant interview lasted about 90-120 minutes. Observation and documentation were conducted to check the readiness of the hospital's infrastructure and facilities, along with the documents of administrative requirements that must be fulfilled to implement the Medan medical tourism program according to the Regulation of the Minister of Health of the Republic of Indonesia No. 76 Year 2015 on Medical Tourism Services, using a prepared checklist form. All protocols in this study were approved by the Health Research Ethics Committee of the Universitas Sumatera Utara based on the approval letter of health research No: 916/KEPK/USU/2023.

Data analysis in this study used the Miles et al. model (2014) which consists of three stages, including data condensation, data presentation, and conclusion drawing. Data

condensation is the process of summarizing raw data, categorizing with codes or symbols, focusing and taking the main and important data, then looking for themes and patterns. After the data is reduced, the next step is to present the data in narrative text or charts to organize and arrange them in a pattern of relationships to make it easier to understand. Lastly, conclusions were drawn to identify explanations of the themes or information obtained.

Table 1. Interview Questions

Questions	
1.	How would you explain the healthcare system in this hospital?
2.	How would you explain the medical infrastructure in this hospital?
3.	How would you explain the continuity of care system in this hospital?
4.	How does the hospital promote the Medan medical tourism program?
5.	Is the hospital internationally accredited?
6.	Is the hospital got ISO certification?
7.	How is the availability of medical equipment in this hospital?
8.	Does the hospital meet the national hospital quality indicators according to the provisions?
9.	What do you think about the friendliness of the doctors and staff at this hospital?

RESULTS

The characteristics of the informants in this study are described in Table 2 below.

Table 2. Informant Characteristics

Sector	Position	Education	Age	Gender	Code
Bunda Thamrin Hospital (Type C, private hospital)	Head of marketing and public relations	Bachelor	35	Female	1
Adam Malik Hospital (Type A, public hospital)	Medical and health services manager	Master	48	Female	2
Mitra Medika Premiere Hospital (Type C, private hospital)	Deputy director of health services	Master	35	Male	3
SMEC Medan Eye Centre (Type C, private hospital)	Head of marketing and public relations	Bachelor	32	Male	4
Universitas Sumatera Utara Hospital (Type C, public hospital)	Director of research and collaboration	Master	41	Female	5

Sector			Position	Education	Age	Gender	Code
dr.	Pirngadi	Hospital	Head of the hospital's medical tourism program	Master	57	Male	6
	Putri Hijau	Hospital (Type B, public hospital)	Head of marketing and public relations	Master	53	Female	7
	Murni Teguh	Memorial Hospital (Type A, private hospital)	Head of marketing and public relations	Doctor	53	Male	8
	Medan	Tourism Department	Head of the tourism development scope work team	Bachelor	42	Male	9
	Medan Medical Board	Tourism Board	Head of Medan medical tourism board	Doctorate	49	Male	10

Following data collection, the data from the transcripts of interviews, observations and documentation were abstracted, manually coded, categorized and using inductive analysis, themes and patterns of relationships relating to barriers of medical tourism hospital development were sought, such as “healthcare system issues” and “lack of hospital promotion for medical tourism programs”. Details of the final themes and relationship patterns obtained are listed in the chart in Figure 1. The following results show the barriers of hospital development in Medan to become a medical tourism destination.

Healthcare system

As a medical tourism destination, hospitals must have a high-quality healthcare system to increase consumer trust and to be able of competing to attract medical tourists. According to WHO (2010), there are six core components that contribute to health care system strengthening in different yet synergized ways, including service delivery, health workers, health information systems, access to essential medicines, financing and leadership or governance. Of these components, some public hospitals in Medan still faced difficulties in the provision of medicines. Some of the patients in these hospitals are participants of the national health insurance program who receive generic medicines included in the hospital formulary, hence the hospitals are still focusing on this matter. This is also causing the procurement of patent medicines in public hospitals to remain limited, even though medical tourists are generally willing to pay for more effective health services. Based on the informants'

perspectives, this hinders the potential of public hospitals to become medical tourism providers compared to private hospitals, according to the following interview results:

"Access to medicines for the general public is currently constrained, because usually, procurement in this hospital is based on e-catalog, then which one is considered cheaper, there are procedures that I don't really understand. But if we want to compete, the drugs that must be included are the desired drugs, which are patent drugs, it becomes an obstacle for hospitals to provide general services that are considered by the community to be unlike private hospitals. Because this is a government hospital, there are regulations on drug procurement that currently have to be controlled by the rector." (Informant 5, public hospital)

Contrary to some of the public hospitals above, overall, private hospitals that are part of the Medan medical tourism program do not have significant obstacles in terms of procuring essential medicines. Some of these hospitals have their own drug factories or pharmaceutical warehouses, and work directly with drug distributors, other hospitals, or outside pharmacies if drug stocks are empty. This information is known based on the following statement:

"We have a hospital formulary, just like any other hospital, there must be one. We have a pharmaceutical warehouse, then there are pharmaceutical distributors, there are drug distributors that have been guaranteed, not bought randomly." (Informant 1, private hospital)

"Oh we have a network too, but this hospital has its own drug factory, so it can supply drugs. But overall, almost 90% of the drugs can be covered by the company itself." (Informant 4, private hospital)

From the informant's perspective in one of the public hospitals, the difficulty in procuring medicines or health services is due to barriers from one of the main characteristics of the service delivery component, coordination, which is related to another component, that is, leadership or governance, because the organizational structure or ownership of the hospital is a university. Consequently, in some cases, the hospital director cannot simply decide because coordination with the hospital owner, the rector, is required. This is known from the following interview excerpt:

"This hospital has many differences with other work units, it needs guidance and rules set by the rector. Procurement systems, payments, and processes, such as medicine and others are regulated by our owner, the rector, so it often cannot be directly executed by the hospital because it must follow existing rules. So if the hospital wants to launch a new service or there is something that needs to be done quickly, it is limited here, because it is a work unit of the university. The hospital sends information, if it is reviewed and it turns out that there are problems or need to make new rules, the rector will make a decree, and then the activity can be carried out. If there is a payment or procurement, there must be cooperation and coordination with the university." (Informant 5, public hospital)

This barrier in the coordination and governance component is one aspect that differentiates public and private hospitals in the development of the medical tourism program. Based on informants' perspectives from the following statement, private hospitals are mostly easier to adjust policies and build cooperation, while in public hospitals, there are regulations and rules that limit direct decision-making:

"Yes, because their flexibility, adaptability and ability to seek excellence are indeed higher. Meanwhile, government hospitals are more bound by rules and regulations." (Informant 10, Medan medical tourism board).

Medical infrastructure

The observation results show that in general, the hospitals involved in the Medan medical tourism program already have a relatively good medical infrastructure following the hospital class requirements and the guidelines for medical tourism services from the Ministry of Health, however, one of the hospitals has a problem with dark access roads and potholes, which is believed by the informant to reduce the interest of revisits, not only by medical tourists, but also regular patients, so support from the government is needed to solve this problem. This is highlighted in the following informant's statement:

"Please repair the road access to this hospital, the one in front of the Integrated Heart Center there. We are trying to improve it ourselves, but if it is not supported by the local government, the access road is jammed, the road is dark and damaged, people will not be interested in coming here. So actually there must be support starting from the access and the road to make it better." (Informant 2, public hospital)

Continuity of care

By maintaining continuity of care through coordination and collaboration with various health workers in domestic and overseas hospitals, local or international medical tourists can receive holistic health care services and can even continue integrated follow-up care in their country of origin. Regarding this, the results show that all hospitals involved in the Medan medical tourism program have collaborated with hospitals in Medan or North Sumatra, but not with hospitals abroad. Some of these collaborations are bound through a Memorandum of Understanding (MoU), but some are not official, only coordination through the WhatsApp application or telephone for continuity of care, as described in the following interview results:

"When referring to tourists, it means they are considered from abroad, we don't have one yet, but nationally there is certainly cooperation between hospitals." (Informant 6, public hospital)

"As for the MoU, there is none. But for regional hospitals, we have a person in charge group. I am included in it, so we confirm the patient before being referred to another hospital, the doctor there is also confirmed whether he can handle it or not." (Informant 8, private hospital)

"Yes, we collaborate with hospitals both in and outside the city, such as Gunung Tua, and several others. There are no overseas hospitals. There is already a group of government hospitals in North Sumatra, especially in Medan." (Informant 7, public hospital)

Promotion of medical tourism program

Promotion is one of the strategies in attracting local or international tourists to use the medical tourism services in Medan. All hospitals that are part of the Medan medical tourism program have collaborated with travel agents to promote their service packages, however, until this research was conducted, no promotional forms of these service packages were found on social media or other media. The informant from the hospital believed that the promotional efforts should be done by the tourism office and travel agents only. Meanwhile, other informants argued that the health service package is still being developed, so it has not been promoted by travel agents. These statements are quoted as follows:

"The hospital does not focus on the tourism, because that is the responsibility of the travel agent that collaborates with us. So the one who makes the packaging is the travel agent, we focus more on the medical services." (Informant 1, private hospital)

"For the progress of the Medan medical tourism program, currently the hospital has arranged packages of its superior health services with several travel agencies in Medan, and in North Sumatra, which will later be sold through travel agents." (Informant 9, Medan tourism department)

International accreditation

Accreditation is a form of external evaluation of health care facilities or organizations used to assess and ensure the application of relevant standards in health care settings (WHO, 2022). Internationally accredited hospitals reflect good governance and management of health services and high-quality healthcare that meet international standards, which can increase the trust of potential medical tourists, especially from abroad, to make the hospital a medical tourism destination. Unfortunately, the observation shows that all hospitals involved in the Medan medical tourism program have not been internationally accredited. One of the hospitals had received international accreditation from the Joint Commission International (JCI) but when the research was conducted, the validity period had expired.

ISO certification

The International Organization for Standardization (ISO) is an international organization that has the authority to create provisions or standards that are enforced in the world's industrial and commercial sectors, including hospital quality management system standards. The implementation of ISO standards in hospitals has been widely associated with improved patient satisfaction and safety, as well as increased profitability in healthcare settings. This is one of the advantages that can be used to promote hospitals as medical tourism providers, but unfortunately the results of the study show that all hospitals within the Medan

medical tourism program have not been ISO certified and thus may hinder the development of this program.

Medical equipment

The study results show that some hospitals still use an operational cooperation system with third parties or with other hospitals, such as for the provision of laboratory or radiology medical equipment; thus if they need these examinations, patients must be referred. Some medical equipment was also found to be unusable due to damage, expiration, or not having passed licensing, according to the informant, as stated below:

"The laboratory is ready, but for some immune and hormone tests, we still have to refer to laboratories that have an MoU with us. For radiology, especially MRI, we are still working with partner hospitals." (Informant 3, private hospital)

"There are some issues with the Nuclear Energy Regulatory Agency license, which is not an easy and fast process, some may also be damaged or maintenance." (Informant 2, public hospital)

"The CT-Scan has reached the end of its life, because it has been a long time. It means the spare parts are broken, no one is producing them anymore. If, for example, in radiology the patient needs an MRI but the MRI is broken, the MRI examination is at another hospital but the treatment is still here." (Informant 5, public hospital)

National hospital quality indicators

The national indicators of hospital quality consist of 13 indicators as benchmarks to assess the level of achievement of service quality targets that describe the quality of service in the hospital (Regulation of the Minister of Health of the Republic of Indonesia No. 30 Year 2022 on National Indicators of Health Service Quality). Of the eight hospitals in this study, only six hospitals were able to provide data, but none met the standards of the national indicators of hospital quality. The indicators that did not meet the target were compliance with the use of personal protective equipment, patient identification compliance, outpatient waiting time, compliance with doctor's visit time, reporting of critical laboratory results, compliance with clinical pathways, and compliance with efforts to prevent patient falls. We are unable to present the real numbers of national hospital quality indicators in this paper due to hospital confidentiality.

Friendliness of doctor and staff

The friendliness of health workers and staff is one of the actualization of the people-centred element of quality health care (WHO, 2018b). This aspect can affect medical tourists' satisfaction and their loyalty. The results showed that in some hospitals that are part of the Medan medical tourism program, friendliness in delivering health services still does not meet

the expectations of patients, even though all health workers and staff have been given an excellence service training. From the informant's perspective, this is due to the culture among Medan residents who like to raise their tone of voice when speaking unconsciously, even though they are not angry. Meanwhile, from another informant's perspective, the unfriendly service may be influenced by tiredness at work. This information is known from the following statement:

“Friendly, but for security, I see in the patient reviews that many are not happy. It seems like they still need a lot of training for hospitality. Because perhaps they are still carried away by the Medan culture which has a high tone of voice. If the nurses are in a normal situation, I think they are okay, but if it's hectic like in the emergency room, they might smile less, but it depends on the area of the emergency room.” (Informant 5, public hospital)

“There are doctors or nurses who are good communicators, but there are those who are probably used to it, their way of speaking is also culturally appropriate, they don't get angry but they do have a big voice. Like me, I speak fast, with a distinctive Medan accent and intonation.” (Informant 2, public hospital)

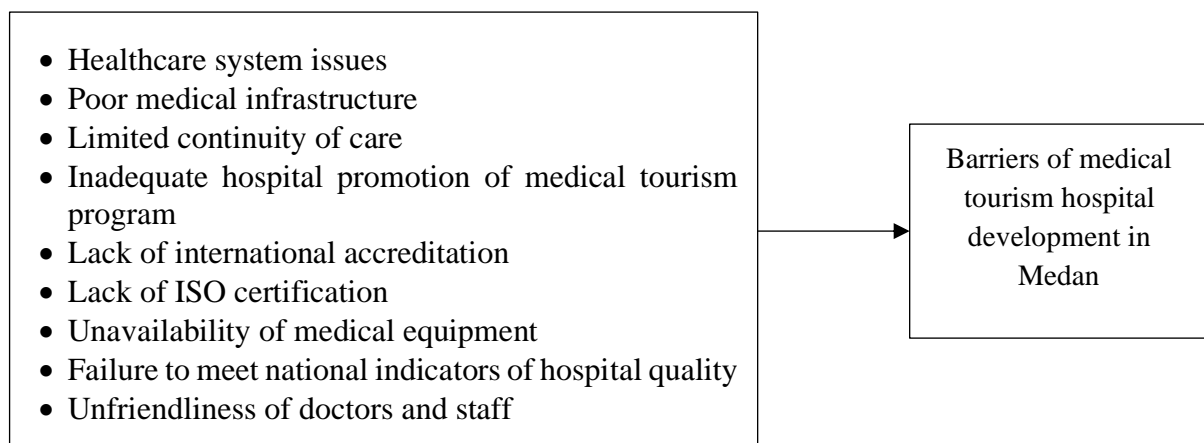


Figure 1. Results of data analysis: barriers of medical tourism hospital development in Medan

DISCUSSION

Previous study suggested that the barriers in developing medical tourism include infrastructural, inter-sectoral, and intra-sectoral factors. Infrastructure factors include basic infrastructure, marketing, competitiveness, and information systems. Inter-sectoral factors are related to legal and government factors consisting of political issues and international relations, managerial, economic and security issues, policy-making and planning, while intra-sectoral factors are health system-related factors such as medical services tariffs and health insurance, international accreditation, service quality, and human resources (Raoofi et al., 2022). Another study mentioned that barriers in the development of medical tourism include infrastructure, barriers in human resources and communication, high cost of health services, problems with health services and hospital infrastructure including hospitals that do not have international

certification, ineffective promotion and marketing systems, poor cooperation and coordination between medical and tourism service providers, legal and government issues, and insecurity issues in medical tourism destination countries (Jalali et al., 2025). In this study, the barriers faced by hospitals involved in the Medan medical tourism program in preparing to become a medical tourism destination come from various aspects, including: healthcare system, medical infrastructure and equipment, international accreditation and certification, continuity of care, promotion, and quality of health services.

As medical tourism providers, hospitals must build a high-quality healthcare system to gain consumer trust and be able to compete to attract medical tourists. Barriers in the healthcare system in this study were mostly caused by the leadership and governance. These components are essential for the overall planning, coordination and integration of healthcare services. However, leadership and governance are strongly related to the organisational structure and ownership status of hospitals, where public hospitals are usually more difficult to manage as they are constrained by various government regulations and rules, compared to private hospitals that are more flexible (Arisanti, 2019). These limitations can eventually affect and lead to problems in other components of the healthcare system, such as service delivery, health workers, health information systems, financing and access to essential medicines (WHO, 2010). Therefore, strengthening the healthcare system means that hospitals should focus on addressing key constraints in each of these components.

The improvement of health infrastructure and the availability of medical equipment are other aspects that affect patients' decisions in travelling to and choosing medical tourism destinations. A medical infrastructure issue that must be addressed to support the implementation of Medan medical tourism program is the poor access to hospitals. Accessibility of hospitals combined with high quality of service will be able to influence not only the decision of medical tourists to use medical tourism services, but also encourage revisits for health services (Rahman, 2019; Surendran et al., 2024). Besides medical infrastructure, a number of medical equipment is also unusable, potentially becoming an obstacle in providing health services. Asa et al. (2024) in their study identified the unavailability of medical equipment as one of the factors that strongly influences the preference of Indonesian citizens to seek medical treatment abroad. Therefore, to develop an attractive medical tourism program, hospitals need to combine excellent services, modern medical technology and equipment, knowledge and skills of healthcare providers, and reasonable prices (Khosravizadeh et al., 2021).

Continuity of care emphasizes the ongoing coordination and collaboration of comprehensive and integrated care from various healthcare providers across healthcare settings in providing healthcare according to the patient's health needs and preferences. By maintaining continuity of care through collaboration with various healthcare professionals in domestic and overseas hospitals, it can facilitate holistic healthcare for local or international medical tourists and even facilitate them to receive integrated follow-up care at their country of origin. A good protocol in continuity of care can result in better outcomes for patients, improve quality of care and patient satisfaction, and avoid inefficiencies (e.g., time, cost) (WHO, 2018a). Kim et al. (2019) in their study also showed that the availability of follow-up services offered by hospitals in South Korea through online follow-up or with hospitals that have collaborated in the country of origin of medical tourists is one of the factors that support the success of medical tourism programs. Unfortunately, the provision of continuity of care in hospitals in Medan is still limited to cities and provinces, and there is no collaboration with hospitals abroad. Hospitals need to consider this to attract tourists and make Medan hospitals a destination for medical tourism.

Inadequate promotion is one of the barriers to the development of Medan Medical Tourism program, whereas effective and intensive promotion is needed to raise awareness of Medan City's potential as a medical tourism destination and attract international market attention (Hendriyanto et al., 2024). Attractive and targeted marketing strategies, both online and offline, as well as collaboration with travel agents, airlines, airports, health and tourism industries are needed to achieve a successful medical tourism program in a destination (Bulatovic & Iankova, 2021; Abriani & Sulistiadi, 2024). Therefore, hospitals in collaboration with travel agents and tourism departments should intensify the promotion of the Medan Medical Tourism program and market the medical tourism service package options at their hospitals more actively, for example through hospital social media or other promotional media.

Another barrier that must be addressed to support the development of the Medan medical tourism program is the absence of hospitals that are internationally accredited or have ISO certification. International accreditation and certification of hospitals are advantages that can be promoted to attract the interest and attention of potential medical tourists (Hussein et al., 2021). Hospitals that have accreditation or certification are considered capable of providing quality assurance of services and patient safety, good management and governance, efficiency and more effective treatment outcomes (Al Shawan, 2021). The high quality of health service has a positive correlation with patient satisfaction so that, indirectly, international accreditation

and certification can increase trust and strengthen the decision of potential medical tourists in choosing a hospital as a medical tourism destination (Veranita & Hatimatunnisani, 2023).

In addition, the hospitals that are part of the Medan medical tourism program have also not met the standard value of the national hospital quality indicators consisting of 13 indicators, including hand hygiene compliance, compliance with the use of personal protective equipment, patient identification compliance, response time for emergency cesarean section surgery, outpatient waiting time, delays in elective surgery, compliance with doctor visit time, reporting critical laboratory results, compliance with the use of the national formulary, compliance with clinical flow, compliance with efforts to prevent the risk of falling patients, speed of complaint response time, and patient satisfaction (Regulation of the Minister of Health of the Republic of Indonesia No. 30 Year 2022 on National Indicators of Health Service Quality). Failure to meet the standardized values of these indicators indicates that the hospital needs to improve its health service quality. It is important for hospitals to focus on providing a high-quality medical tourism service in order to meet patient expectations, have competitiveness, and support the development of medical tourism hospitals in Medan (Elyanta et al., 2023).

The friendliness in providing health services that still does not meet patient expectations is also one of the barriers in the development of medical tourism hospitals in Medan. As stated by Ratnasari et al. (2022) in their study, one of the reasons Indonesians prefer to travel abroad for medical treatment is because they do not get a pleasant experience while undergoing health care in hospitals in Indonesia. The experience includes unprofessionalism and unfriendliness. The friendliness of doctors and staff not only shows concern for patients but also reflects their perception, knowledge, skills, quality of service, and communication skills (Sutanto et al., 2022). Applying friendliness in the delivery of health services will be able to attract more medical tourists to revisit the hospital when they need medical care, so hospitals need to make efforts to improve this, such as conducting regular service excellence evaluations and training for doctors and staff to meet patient expectations (Ferreira et al., 2023). In the end, the success of the Medan Medical Tourism program requires not only improvements in quality, facilities and health services but also the development of potential tourism destinations and support from the government; thus the parties involved, such as hospitals, the Medan medical tourism board, travel agents, tourism department and the government must work together to overcome these barriers.

This study has several limitations. First, some documentation data could not be obtained completely due to hospital confidentiality. Secondly, not all hospitals that are part of the Medan medical tourism program were willing to participate in this study; thus not providing a broader

perspective on the barriers in the development of medical tourism hospitals in Medan. Thirdly, this study only analyzed the perspective from the hospital side, so further research is needed from medical tourists to find out their perspective on health services in Medan hospitals in order to obtain a more in-depth analysis. Fourth, it is possible that there are limitations in the ability of informants to understand and answer the questions asked.

CONCLUSIONS

The results of this study showed that the barriers in the development of medical tourism hospitals in Medan are health care system issues (including limited access to essential medicines, limited leadership and governance, and difficult coordination), poor hospital accessibility, unavailability of medical equipment, limited continuity of care, lack of promotion of medical tourism programs, lack of international accreditation and ISO certification, failure to meet national indicators of hospital quality, and unfriendliness of doctors and staff.

These findings suggest that hospitals in Medan need significant improvements in various aspects to compete in the medical tourism market. In the short term, hospitals are expected to focus on improving and enhancing the quality of health services by meeting the standard hospital quality indicators and preparing to pursue international accreditation or certification, conducting evaluations and organising regular excellent service training for doctors and staff, along with promoting the Medan medical tourism program. The government, Medan medical tourism board, and the tourism department are urged to continuously coordinate with the hospital to gradually and sustainably transform it into a medical tourism destination by improving road access, procuring and maintaining medical equipment, as well as expanding collaboration and cooperation with healthcare providers at overseas hospital, and especially providing support for public hospitals to strengthen their healthcare system.

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