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Determining the Elements of Arabic Communication Framework in Healthcare Public Relations

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ABSTRACT

Arabic language communication plays major role in molding the future of public relations in healthcare industry especially in health or medical tourism. This is due to the increasing number of Arab patients coming to Malaysia seeking for treatment and most of them face difficulty in communication with Malaysian medical personnel as most of them are only able to speak in Arabic language and not in other languages. Language barriers affected whole healthcare prosesses including delay the admission, diagnosis, and consent procedures, and at worst these problems will also influence a hospital's credibility if there are misunderstandings. To address this issue, this research highlighted an important objective of this study which is to analyze the elements of Arabic communication in healthcare public relations in order to develop an extensive framework in healthcare setting. This mixed method research utilized content analysis approach for selecting the elements of the framework extracted from previous studies as well as a set of questionnaires using Fuzzy Delphi Method (FDM) to gain the expert consensus of the selected elements of the suggested framework. The findings revealed four major framework elements; Arabic language, communication, public relations, and health tourism with sixteen validated sub-elements, supported by expert consensus (d < 0.2; 93%) for enhancing communication and interactions with Arab patients at the hospitals. In conclusion, the validated elements of the framework confirm their reliability and relevance in guiding healthcare public relations to effectively serve Arab patients. The study recommends that healthcare institutions through their public relations staff should use these fundamental elements as practical guidelines to improve Arabic communication strategies, strengthen cultural competence, and enhance patient services for Arab medical tourists.

Keywords: Arabic communication, framework, healthcare, public relations.

INTRODUCTION

Malaysia's medical tourism sector has placed itself strategically as a leading hub in Asia, attracting thousands of international patients each year, particularly from the Middle East and North Africa or also known as MENA region. These patients are attracted to Malaysia due to its advanced healthcare facilities, affordable treatments, and because of Malaysia's reputation as a Muslim-friendly destination that emphasizes halal practices (Business Wire, 2024; Global Data Healthcare, 2024). However, one of the most critical challenges faced by healthcare centers and hospitals in serving this growing patient demographic is the issue of language barriers. A significant proportion of Arab patients are only proficient in Arabic, while most Malaysian healthcare officers including the administrative staff still lack of necessary Arabic communication skills. This linguistic gap disrupts the smooth flow of healthcare processes, delaying admissions, complicating diagnoses, and hindering consent procedures. In more serious cases, miscommunication may affect patient safety, reduce their satisfaction, and influence badly toward hospital's credibility in the competitive medical tourism market (Al-Yateem et al., 2023).

To address these challenges, hospitals require more than ad-hoc interpreting services; they need strategically competent Arabic-speaking public relations (PR) officers who are able to bridge cultural and linguistic barriers.



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In the healthcare context, PR is not limited to media relations or promotional activities only but extends to building trust, managing institutional reputation, ensuring patient-centered communication, and creating a culturally sensitive environment for international patients (Connell, 2023; Crooks et al., 2023). For Arab patients, who often value relational communication and cultural familiarity in healthcare encounters, the role of Arabic communication within hospital public relations becomes even more significant. Without a very good communication strategies tailored to this group, Malaysia risks undermining its good image as a reliable medical tourism destination (Samsudin, 2023). Therefore, this study highlights important objective which to examine and determine the key elements that constitute an effective Arabic communication framework in healthcare public relations to strengthen Malaysia's competitive edge in this promising sector.

LITERATURE REVIEW

Arabic language communication has become increasingly significant in molding healthcare interactions and communications, particularly in the field of medical tourism. With Malaysia that has now become the preferred destination for Arab patients, effective communication is now considered as a vital element of patient satisfaction and hospital credibility. Scholars have long emphasized that communication in healthcare is more than transfering of information; it is about building mutual trust, cultural understanding, and shared decision-making (McKee et al., 2017). In this sense, the Arabic language has a unique position because it carries not only linguistic meaning but also cultural and religious nuances that strongly affect the healthcare experience. However, the lack of good communication strategies continues to present barriers that affect both service delivery and the significance of healthcare providers (Ismail et al., 2024).

Previous studies have highlighted that communication breakdowns between healthcare officers and Arab patients often lead to delays in admission, diagnosis, and consent procedures. Al-Yateem et al. (2023) found that non-Arabic-speaking practitioners working in the Middle East experienced constant challenges in ensuring accurate medical explanations, which resulted in reducing patient engagement in treatment decisions. Similarly, research in Malaysia reported that hospitals catering to Arab medical tourists regularly rely on ad hoc solutions, such as interpreters or translated brochures, which are insufficient to address patients' emotional and cultural needs (Ismail et al., 2024). While these solutions provide temporary relief, they cannot fully replace the depth of interaction and communication required in complex healthcare situations. This gap underscores the importance of developing communication frameworks that go beyond surface-level translation to embed cultural competence within healthcare settings (Falatah, Al-Harbi, & Alhalal, 2022).

The literature also reveals growing interest in digital technologies as tools to overcome communication barriers. Scholars have argued that artificial intelligence and online platforms can support healthcare providers in reaching linguistically diverse patients more skillfully (Alotaibi et al., 2025). Nevertheless, debates remain over whether such tools can adequately cover the cultural sensitivity necessary for meaningful healthcare encounters. Also, technology is praised for increasing efficiency and accessibility; on the other hand, critics argue that it risks oversimplifying the deeply relational and contextual components of communication (Chen & Vargas-Bustamante, 2021). These tensions reflect broader contradictions in the literature, with some advocating for systemic investments in bilingual staff and others proposing integrated digital measures as the way forward. While cultural competence training has been widely recommended (Jongen et al., 2018), its actual implementation in medical tourism contexts remains inconsistent, leaving healthcare officers in the state of uncertainty without reliable guidance.

Despite these contributions, there is still an eminent lack of collective and holistic frameworks specifically designed for Arabic communication in healthcare public relations within Malaysia. Most of the existing scholarship examines cross-cultural communication in general or addresses bilingual service delivery in fragmented ways, without consolidating them into well-structured models that healthcare institutions can adapt and adopt in their setting. The narrow integration of linguistic, cultural, and technological dimensions into a single framework continues to pose a critical research gap. Against this backdrop, the present study contributes by validating four crucial elements—Arabic language, communication, public relations, and health tourism—through expert consensus. In doing so, it not only advances academic understanding but also gives practical guidelines for healthcare officers seeking to enhance their services for Arab medical tourists.



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Special Issue | Volume IX Issue XXIV October 2025



METHODOLOGY

In the first phase, this study employed content analysis to identify the preliminary elements of Arabic communication in healthcare public relations within the medical tourism sector. A total of 15 scholarly full articles were purposively selected out of 52 papers which employs PRISMA model (Page et al., 2021) for a systematic review framework, which emphasizes methodological transparency and relevance over volume or number of final selected articles. Eventhough the corpus size is limited, the final 15 full articles were rigorously screened and selected from a larger number of literature based on strict inclusion and exclusion criteria — ensuring that only the directly coordinated to the research objectives and the context of Arabic language needs in medical or health tourism were retained. This approach reinforce focus and depth, enabling a meaningful analysis of Arabic communication challenges within specific settings. based on their direct relevance to Arabic language use, healthcare communication, public relations, and health tourism. This number was considered sufficient because it provides a balanced scope of evidence while maintaining analytical depth. A purposive sampling within the range of 10 to 20 sources is sufficient to capture thematic saturation without overwhelming the analysis (Creswell & Creswell, 2018). Each document was carefully reviewed to extract meaningful data, and the information was systematically coded and categorized to identify recurring patterns and key themes of the major and sub elements of the model, which formed the foundation of the proposed framework. The use of content analysis ensured that the framework was grounded in existing knowledge and supported by evidence from previous research.

In the second phase, the study applied the Fuzzy Delphi Method (FDM) to validate and refine the framework elements identified in the content analysis. A set of questionnaire was designed, incorporating all the extracted elements and sub-elements, and was distributed to 15 experts in the fields of healthcare communication, Arabic linguistics, public relations, and medical tourism. The selection of 15 experts for this study aligns with the recommended range for the FDM, which typically involves 10 to 15 participants to ensure an effective and manageable consensus process. According to Jamil and Noh (2020), there is no necessity for a large number of experts, as an excessively large panel may complicate coordination and control, particularly when some participants tend to dominate the discussion. The experts were asked to evaluate the relevance and importance of each item using a linguistic scale that allowed for nuanced judgment. The responses were analyzed using fuzzy set calculations to measure consensus and reduce subjectivity in expert evaluations. This method provided a systematic, rigorous, and transparent validation process, ensuring that the final framework elements reflected expert agreement and were relevant for application in healthcare public relations practices addressing Arab patients in the medical tourism context.

RESULTS AND DISCUSSION

The analysis revealed four major elements of the Arabic communication framework in healthcare public relations: Public relations, communication, Arabic language, and medical tourism. Each dimension consists of four essential elements derived from the needs analysis and validated by previous studies.

Public Relations Element

The public relations element encompasses four elements: relationship building, internal management, crisis management, and ethical values. Relationship building between staff and patients emerged as a critical element, as emphasized in both the needs analysis and prior studies (Anani-Bossman & Mudzanani, 2020; Hardjati & Febrianita, 2019; Kurtz et al., 2003; Siddoo et al., 2024; Yusof & Rosnan, 2020). This element fosters patients' trust and self-confidence, which are vital for enhancing their healthcare experience. Internal management was identified as equally important, given its role in ensuring seamless patient support through services such as flight and hotel bookings, appointment scheduling, visa processing, and treatment follow-ups. The importance of this element is supported by earlier works (Medhekar, 2019; Rydback, 2022; Siddoo et al., 2024; Suarez et al., 2020). Crisis management was also found to be indispensable, ensuring patient safety and satisfaction while safeguarding the reputation of medical tourism institutions (Hardjati & Febrianita, 2019; Hasan et al., 2022; Rahman, 2019; Siddoo et al., 2024). Finally, ethical values were identified as a cornerstone



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of healthcare public relations, highlighting the importance of professional integrity and moral responsibility in patient care (Anani-Bossman & Mudzanani, 2020; Hasan et al., 2022; Siddoo et al., 2024).

Communication Element

The communication element encompasses accurate and clear information, verbal and non-verbal communication, professional training, and confidentiality. Providing accurate and clear information is crucial to dodge misinterpretation, misdiagnosis, or unsuitable treatment, as highlighted by prior studies (Anani-Bossman & Mudzanani, 2020; Bahrain et al., 2023; Kurtz et al., 2003; Samsudin et al., 2022). Verbal and non-verbal communication was also found to be necessary, extending beyond spoken words to include gestures, emotions, and cultural nuances that shape patient understanding (Bahrain et al., 2023; Kurtz et al., 2003; Rahman, 2019; Samsudin et al., 2022). In addition, professional training equips public relations staff with the competencies needed to communicate and interact effectively with patients from diverse cultural and linguistic backgrounds (Al-Yateem et al., 2023; Bahrain et al., 2023; Hardjati & Febrianita, 2019; Rosnan et al., 2019; Samsudin et al., 2022). Finally, confidentiality emerged as a important element, as Arab patients entrust sensitive health information to foreign medical staff. The literature underscores its importance in building trust and ensuring open communication between patients and healthcare providers (Al-Yateem et al., 2023; Samsudin et al., 2022; Siddoo et al., 2024).

Arabic Language Element

The Arabic language element covers translation services, understanding of medical terminology, cultural competence, and knowledge of Arabic dialects. Translation services were found to be crucial in bridging communication gaps and supporting Arab patients during their treatment process (Samsudin et al., 2022; Suarez et al., 2020; Yusof & Rosnan, 2020). Similarly, understanding medical terminology was highlighted as a key competency that enables staff to communicate complex medical concepts accurately (Al-Yateem et al., 2023; Hardjati & Febrianita, 2019; Hasan et al., 2022; Rosnan et al., 2019; Samsudin et al., 2022; Siddoo et al., 2024). Cultural competence was also identified as an essential element, ensuring that staff respect patients' cultural backgrounds and minimize possible miscommunication (Al-Yateem et al., 2023; Samsudin et al., 2022; Siddoo et al., 2024; Suarez et al., 2020). Finally, knowledge of Arabic dialects is important to improve mutual understanding and good rapport between staff and patients, as highlighted in both the needs analysis and prior research (Feghali, 1997; Samsudin et al., 2022; Siddoo et al., 2024).

Medical Tourism Element

The medical tourism element consists of knowledge of hospital services, intermediary roles, international collaboration, and promotional programs. Knowledge of hospital services was emphasized by public relations officers as essential in helping Arab patients navigate unfamiliar healthcare systems (Medhekar, 2019; Rydback, 2022; Yusof & Rosnan, 2020). PR officer as an intermediary between healthcare providers and patients also emerged as a critical role, facilitating smooth communication and ensuring patient needs and necessities are very well addressed (Medhekar, 2019; Rydback, 2022; Samsudin et al., 2022; Siddoo et al., 2024; Yusof & Rosnan, 2020). International collaboration was identified as an crucial element that enhances service quality, strengthens trust, as well as proding supports to the sustainability of the medical tourism sector (Rydback, 2022; Siddoo et al., 2024). Lastly, promotional programs targeting Arab patients were found to be very important in attracting medical tourists and reinforcing Malaysia's position as a preferred destination for healthcare services (Rydback, 2022; Samsudin et al., 2022; Siddoo et al., 2024; Yusof & Rosnan, 2020).

Based on the analysis, the researcher identified 16 key themes across four major domains: public relations, communication, Arabic language, and medical tourism. These themes were derived from both the needs analysis of Arab patients and hospital public relations staff, as well as evidence from previous studies. Collectively, they represent essential elements that hospitals must adapt and adopt in order to produce proficient public relations officers in healthcare Arabic communication and medical tourism.



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Special Issue | Volume IX Issue XXIV October 2025



The analysis of model elements using the Delphi method result are as follows:

Table 1 The result of model elements analysis using Fuzzy Delphi Method

Items	Defuzzification Process				Triangular Fuzzy Numbers		Expert
	m1	m2	m3	Fuzzy Score (A)	Threshold (d)	Agreement (%)	Approval
		ı	Public Re	lations Ele	ement		
Building relationships	0.78	0.94	1.000	0.907	0.073	100	Accepted
Internal management	0.807	0.947	0.993	0.916	0.093	93.33	Accepted
Crisis management	0.747	0.893	0.953	0.864	0.168	93.33	Accepted
Ethical values	0.847	0.973	1	0.94	0.06	100	Accepted
			Commun	ication Ele	ement		
Accurate and clear information	0.86	0.98	1	0.947	0.049	100	Accepted
Appropriate verbal and non-verbal communication	0.847	0.973	1	0.94	0.06	100	Accepted
Professional training	0.82	0.947	0.987	0.918	0.107	93.33	Accepted
Confidentiality	0.873	0.987	1	0.953	0.035	100	Accepted
			Arabic La	nguage Ele	ement		
Translation service	0.807	0.947	0.993	0.916	0.093	93.33	Accepted
Understanding medical terminology and expressions	0.86	0.98	1	0.947	0.049	100	Accepted
Knowledge of Arab culture	0.793	0.933	0.98	0.902	0.117	93.33	Accepted
Knowledge of dialects	0.74	0.893	0.967	0.867	0.15	93.33	Accepted
			Medical T	ourism Ele	ement		
Knowledge of hospital services	0.847	0.973	1	0.94	0.06	100	Accepted
Mediator between the health institution and patients	0.807	0.947	0.993	0.916	0.093	93.33	Accepted
International cooperation	0.807	0.947	0.993	0.916	0.093	93.33	Accepted
Promotional programs	0.82	0.96	1	0.927	0.073	100	Accepted



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Special Issue | Volume IX Issue XXIV October 2025

These 16 themes were further evaluated by experts through the Fuzzy Delphi Method (FDM) and they were from different fields including healthcare, Arabic communication, public relations, and medical tourism. The FDM was employed to systematically refine and validate the framework elements by measuring the degree of agreement among experts. The expert evaluations were analyzed using fuzzy set calculations, and the results showed threshold (d) values below 0.2 with a consensus level of 93%. This high level of consensus confirms that the framework elements are both highly reliable and acceptable for application in healthcare settings, particularly in guiding hospitals and public relations officers in addressing the needs of Arab patients within the medical tourism sector.

CONCLUSION

In conclusion, this study has determined and validated the important elements of the Arabic communication framework in healthcare public relations, consisting of four major elements and sixteen sub-elements. The validated elements serve as a foundation for improving Arabic communication with Arab patients in healthcare settings. The framework elements provide valuable insights for public relations officers, medical staff, and hospital in addressing the linguistic, cultural, and communicative needs of Arab patients. By applying and practicing these elements, healthcare institutions can enhance patient satisfaction, empower client trust, and strengthen Malaysia's role in the global medical tourism sector. Future research may focus on incorporating qualitative and quantitative approaches, such as interviews, questionnaires, and observational studies involving Arab patients and Malaysian healthcare officers to provide in-depth insights into the framework's effectiveness in real-world healthcare and tourism settings. In addition, with broader participation from diverse institutions and stakeholders, future research could enhance the representativeness of the data and strengthen the interdisciplinary understanding of Arabic communication in medical tourism.

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REFERENCES

- 1. Alotaibi, N., Brown Wilson, C., & Traynor, M. (2025). Enhancing digital readiness and capability in healthcare: A systematic review of interventions, barriers, and facilitators. BMC Health Services Research, 25, 500. https://doi.org/10.1186/s12913-025-12663-3
- 2. Al-Yateem, N., Hijazi, H., Saifan, A. R., Ahmad, A., Masa'Deh, R., Alrimawi, I., Rahman, S. A., Subu, M. A., & Refaat, F. (2023). Quality and safety issue: Language barriers in healthcare—A qualitative study of non-Arab healthcare practitioners caring for Arabic patients in the UAE. BMJ Open, 13(12), e076326. https://doi.org/10.1136/bmjopen-2023-076326
- 3. Anani-Bossman, A., & Mudzanani, T. E. (2020). Towards a framework for public relations practice in the financial services sector of Ghana. Corporate Communications: An International Journal, 25(3), 533-550.
- 4. Bahrain, N. N. K., Sakrani, S. N. R., & Maidin, A. (2023). Communication barriers in work environment: Understanding impact and challenges. International Journal of Academic Research in Business and Social Sciences, 1489-1503.
- 5. Business Wire. (2024, January 25). Malaysia medical tourism market report 2024-2030: Growth trends and forecast. https://www.businesswire.com
- 6. Chen, J., & Vargas-Bustamante, A. (2021). Challenges of linguistic services in healthcare: Policy, practice, and patient experiences. Health Policy, 125(3), 313–320. https://doi.org/10.1016/j.healthpol.2020.12.008
- 7. Connell, J. (2023). Medical tourism: Sea, sun, sand and surgery. Routledge.
- 8. Creswell, J. W., & Creswell, J. D. (2018). Research design: Qualitative, quantitative, and mixed methods approaches (5th ed.). SAGE Publications.
- 9. Crooks, V. A., Snyder, J., & Johnston, R. (2023). Medical tourism: What makes destination attractive? Journal of Tourism Studies and Hospitality Research, 12(2), 45–59.
- 10. Falatah, R., Al-Harbi, L., & Alhalal, E. (2022). The association between cultural competency, structural empowerment, and effective communication among nurses in Saudi Arabia: A cross-sectional correlational study. Nursing Reports, 12(2), 281-290.



ISSN: 2454-6186 | DOI: 10.47772/IJRISS



Special Issue | Volume IX Issue XXIV October 2025

- 11. Feghali, E. (1997). Arab cultural communication patterns. International Journal of Intercultural Relations, 21(3), 345–378. https://doi.org/10.1016/S0147-1767(97)00005-9
- 12. GlobalData Healthcare. (2024). Malaysia medical tourism market outlook 2024–2030. GlobalData Plc.
- 13. Hardjati, S., & Febrianita, R. (2019). The power of interpersonal communication skill in enhancing service provision. Journal of Social Science Research, 14, 3192-3199.
- 14. Hasan, N. N. A., Sofian, M. R. M., Kamarulbaid, A. M., & Ithnan, I. H. M. (2022). "Hello, Selamat Datang!" A preliminary proposed model of Tourism interpersonal communication from an Islamic perspective amongst frontliners. Al-i'lam-Journal of Contemporary Islamic Communication and Media, 2(1). 76.
- 15. Ismail, N., Nordin, F. N., & Yusof, M. A. M. (2024). Exploring the challenges and needs of Arab patients for Arabic communication in Malaysian healthcare public relations. Malaysian Journal of Social Sciences and Humanities, 9(9), e002962. https://doi.org/10.47405/mjssh.v9i9.2962
- 16. Jamil, M. R. M., & Noh, N. M. (2020). Kepelbagaian Metodologi dalam Penyelidikan Reka Bentuk dan Pembangunan (Izra Noh, Ed.). Qaisar Prestige Resources.
- 17. Jongen, C., McCalman, J., & Bainbridge, R. (2018). Health workforce cultural competency interventions: A systematic scoping review. BMC Health Services Research, 18, 232. https://doi.org/10.1186/s12913-018-3001-5
- 18. Kurtz, S. M., Silverman, J., & Draper, J. (2003). Teaching and learning communication skills in medicine. Radcliffe Publishing. https://doi.org/10.1201/9781315378398
- 19. McKee, M., Dalby, D., & Angus, C. (2017). Communication in healthcare: A skills-based approach. Springer.
- 20. Medhekar, A. (2019). Role, rules, and regulations for global medical tourism facilitators. In Handbook of Research on International Travel Agency and Tour Operation Management (pp. 81-100). IGI Global.
- 21. Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. bmj, 372.
- 22. Rahman, M. K. (2019). Medical tourism: tourists' perceived services and satisfaction lessons from Malaysian hospitals. Tourism Review, 74(3), 739-758.
- 23. Rosnan, H., Yusof, N., & Shamsuddin, S. (2019). Service culture of the workforce in the medical tourism industry: is Malaysia on par with Thailand? Environment-Behaviour Proceedings Journal, 4(11), 95-100.
- 24. Rydback, M. (2022). Role of facilitators in the medical tourism industry-a study of medical tourism facilitators in an emerging market. Services Marketing Quarterly, 43(2), 129-145.
- 25. Samsudin, A. J., Rahman, T. A. F. T. A., Ali, M. Z. M., Adam, Z., Isahak, A., Nawi, A., & Sahrir, M. S. (2022). Model of language interpreter for medical tourism in Malaysia: A Fuzzy Delphi approach. Resmilitaris, 12(2), 2272-2288.
- 26. Samsudin, A. J., Rahman, T. A. F. T. A., Ismail, H. (2021). Medical Interpreter challenges during in-person interpretation session: A systematic review, Journal of Legal, Ethical and Regulatory Issues, 24(
- 27. Siddoo, V., Janchai, W., & Thinnukool, O. (2024). Understanding the multidimensional role of medical travel facilitators: A study on competencies and a proposed model. Heliyon, 10(9).
- 28. Suarez, N. R. E., Urtecho, M., Jubran, S., Jubran, S., Yeow, M-Ean., Wilson, M. E., Boehmer, K. R., Barwise, A. K., (2020). The roles of medical interpreters in intensive care unit communication: A qualitative study, Patient Education and Counseling.
- 29. The Edge Malaysia. (2024, March 12). Malaysia targets RM2 billion in revenue from medical tourism by 2030. The Edge Media Group.
- 30. Yusof, N., & Rosnan, H. (2020). From the lens of healthcare facilitators: a multi-stakeholder involvement model for the medical tourism industry in Malaysia. Global Business and Management Research, 12(2), 64-79.