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Bridging Tourism and Healthcare: The Impact of Service Quality, Waiting Time, and Patient Expectations On Traveller Satisfaction in Bali

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ABSTRACT

This study examines the influence of service quality, facilities, waiting time, and patient expectations on healthcare traveller satisfaction in Bali, a leading global tourism destination where casual medical needs frequently arise. As international travel increases, so does the demand for accessible, efficient, and high-quality healthcare services for tourists experiencing common illnesses or requiring administrative medical support. Using a modified 19-item SERVQUAL-based questionnaire, data were collected from 138 international travellers who received care at a private clinic in Pecatu, Bali. Reliability and validity testing demonstrated strong psychometric properties (Cronbach's Alpha = 0.899; all items above r-table 0.361). Moderated Regression Analysis (MRA) was applied to evaluate both direct and interaction effects. Results show that the model explains 59% of the variance in satisfaction ($R^2 = 0.590$). Service quality exhibited the strongest positive direct effect on satisfaction ($p < 0.001$), while facilities showed an unexpected negative direct effect, and waiting time had no significant direct impact. Patient expectations demonstrated a significant negative effect and played a crucial moderating role. High expectations weakened the positive effect of service quality while strengthening the influence of facilities and waiting time on satisfaction. These findings underscore that traveller satisfaction is shaped not only by operational performance but also by the psychological standards tourists bring to their healthcare encounters. The study contributes to expectancy-disconfirmation theory in medical tourism and emphasizes the need for transparent communication, standardized service delivery, modern facility enhancements, and strategic expectation management. Strengthening these areas will support Bali's competitiveness as a trusted and efficient healthcare destination for international travellers.

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1. INTRODUCTION

In 2030, the number of international travellers is projected to reach 1.8 billion, a trend that is expected to intensify the incidence of travel-related illnesses alongside increased global mobility. Prior evidence indicates that approximately 43–87% of travellers with a history of frequent visits to developing countries experience health problems during or after travel [1]. Bali stands out as a globally recognized destination attracting millions of international visitors for leisure, cultural experiences, and relaxation. Despite this scale of tourism activity, much of the existing tourism literature remains concentrated on conventional hospitality indicators, while support services for unplanned contingencies, particularly the casual healthcare needs of tourists, receive comparatively limited scholarly attention [2], [3]. In contrast to medical tourists who deliberately travel for elective procedures, casual tourists often seek non-emergency healthcare services, including treatment for common travel-related conditions (e.g., gastrointestinal illness, minor injuries, or heat-related disorders), professional medical consultation, and administrative services such as medical certificates for insurance claims or drug testing [4]. The accessibility and efficiency of such healthcare services not only affect immediate health outcomes but also shape the continuity of the travel experience and, ultimately, overall destination satisfaction.

To conceptually frame these dynamics, this study is guided by expectancy–disconfirmation theory, which posits that satisfaction emerges from the comparison between prior expectations and perceived performance. Within this perspective, travellers arrive at healthcare facilities with pre-formed expectations shaped by destination image, prior experiences, and Bali's premium reputation as an international tourism hub. Satisfaction is therefore not determined solely by objective service performance, but by the degree to which healthcare encounters confirm or disconfirm these expectations. Introducing this theoretical lens at the outset allows the study to systematically examine patient expectations not only as an independent influence on satisfaction, but also as a moderating mechanism that conditions how service quality, facilities, and waiting time translate into traveller satisfaction in a tourism-driven healthcare context.

The growing demand for accessible, reliable healthcare for international visitors underscores the pressure on Bali’s healthcare providers to meet the high standards and expectations of foreign visitors. When a traveller unexpectedly falls ill, the experience of leisure shifts to a critical interaction with the local infrastructure. The service provider's perceptionecomes a powerful determinant of satisfaction [5]. Service quality, encompassing the professionalism of English-speaking staff and the comfort and cleanliness of facilities, has been shown to driveositive patient outcomes [6].

Other operating factors, such as waiting time and patient expectations, are particularly important [7]. Excessive waiting times for general consultations, administrative procedures, or laboratory results are known to be a significant source of patient dissatisfaction [8], [9]. Travellers often have fixed itineraries; therefore, delays in obtaining healthcare can consume valuable holiday time, leading to frustration and a negative destination perception. Therefore, this study aims to fill a crucial research gap by

investigating the combined influence of service quality, waiting time, and patient expectation on travellers' satisfaction in a private health clinic in Bali.

2. METHOD

Participants and Procedure

The study involved 140 travellers who used a private medical service in Pecatu, Bali. We employed a non-probability sampling method. The measurement instrument used in this study was adapted from the SERVQUAL framework, which assesses perceived service quality based on the dimensions of tangibility, reliability, responsiveness, assurance, and empathy. The original SERVQUAL items were modified to fit the traveller context in Bali, resulting in a 19-item questionnaire covering all research variables. All items used a 5-point Likert scale (1 = Strongly Disagree; 5 = Strongly Agree).

Measures

Prior to the main data collection, a pilot study involving 30 respondents was conducted to evaluate the instrument's psychometric properties. The questionnaire demonstrated high internal consistency, with a Cronbach's Alpha of 0.899, exceeding the commonly accepted threshold of 0.70. Item-level validity was assessed using corrected item–total correlations; with N = 30 and a significance level of 5% (two-tailed), the r-table value was 0.361. All items exceeded this threshold, indicating that each item was valid and contributed meaningfully to the construct measurement.

To ensure robust analysis, the variables were quantified as follows:

- Service Quality (X1): Ten items measuring staff professionalism, empathy, and responsiveness.
- Facility (X2): Two items assessing the physical environment and equipment standards.
- Waiting Time (X3): Two items capturing the perceived speed of service and queue duration.
- Patient Expectation (M): Two items measuring pre-visit hopes and anticipated standards.
- Patient Satisfaction (Y): Three items measuring overall contentment and willingness to recommend.

Analysis Strategy

We used IBM SPSS for data analysis. Classical assumption testing was performed prior to model estimation. Residual distribution met normality criteria (Kolmogorov-Smirnov $p > 0.05$), multicollinearity was within tolerance levels (VIF < 10), and scatterplots indicated homoscedasticity. All predictor variables were centered, and interaction terms were constructed to assess moderating effects.

Moderated Regression Analysis (MRA) was employed to evaluate the joint and interactive effects of the predictors on satisfaction.

3. RESULTS AND DISCUSSION

A total of 140 healthcare travellers participated in the study, of whom 138 completed questionnaires were deemed suitable for analysis. Participants varied widely in geographic

origin, representing 17 countries, with the majority originating from Germany (13.77%), China (12.32%), Australia (9.42%), France (9.42%), India (9.42%), and the United Kingdom (9.42%). The sample comprised 46 males (33.33%) and 92 females (66.67%), with a mean age of 36.1 years. This demographic distribution reflects the diversity typical of Bali's tourism population.

Table 1. Demographic

Characteristic	Total (n=138)	Percentage (%)
Sex		
Male	46	33.33
Female	92	66.67
Age (Mean)	36.1	

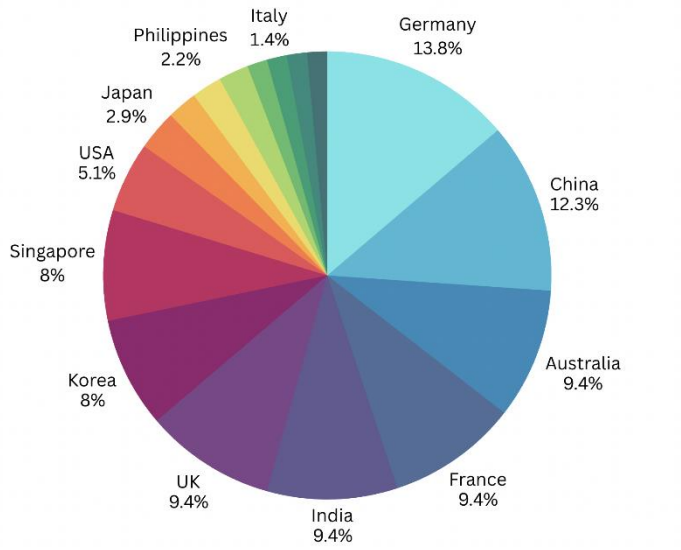

Figure 1. Country of Origin Distribution

Table 2. Descriptive Results

Variable	Mean	Std. Deviation (SD)
Independent Variables (Xi)		
Service Quality (X1)	4.778	0.323
Facilities (X2)	4.619	0.649
Waiting Time (X3)	4.753	0.520
Moderating Variable (M)		
Patient Expectations (M)	4.760	0.586
Sample Size (N)	138	

Descriptive results show high perceived performance across all variables: service quality (M = 4.778, SD = 0.323), facility (M = 4.619, SD = 0.649), waiting time (M = 4.753, SD = 0.520), and expectation (M = 4.760, SD = 0.586).

Table 3. Model Summary

Model	R	R2	Adjusted R2	F	Sig. (p)
MRA	0.768	0.59	0.568	26.775	0.000

The regression model demonstrated strong explanatory power (R = 0.768), accounting for 59% of the variance in satisfaction ($R^2 = 0.590$; Adjusted $R^2 = 0.568$). The overall model was statistically significant, F = 26.775, p < 0.001, indicating that the coefficients can be interpreted.

Service quality exerted a substantial positive effect on patient satisfaction (B = 1.39, t = 8.257, p < 0.001), affirming its central role in shaping traveller evaluations. Unexpectedly, the facility demonstrated a significant negative direct coefficient (B = –0.306, t = –6.162, p < 0.001), suggesting that travellers may perceive facility adequacy as a baseline requirement rather than a differentiating aspect of service performance. Waiting time had no significant direct effect (B = –0.014, p = 0.817), indicating that delays alone do not determine satisfaction unless contextualized by expectations.

Patient expectation itself showed a negative direct effect (B = –0.244, t = –2.972, p = 0.004), consistent with theories asserting that unmet expectations reduce overall satisfaction.

Table 4. Regression Coefficient and Moderation Test (t-Test)

Variable	B Coefficient (Unstandardized)	t-value	Sig. (p)	Tolerance	VIF
(Constant)	4.895323	194.996248	0.000	–	–
Direct Effects:					
X1 (Service Quality)	1.390	8.257	0.000	0.105	9.539
X2 (Facilities)	-0.306	-6.162	0.000	0.300	3.331
X3 (Waiting Time)	-0.014	-0.231	0.817	0.331	3.024
M (Patient Expectations)	-0.244	-2.972	0.004	0.134	7.448
Interaction Effects (Moderation):					
X1 × M (Service Quality Interaction)	-0.976	-4.125	0.000	0.052	19.253
X2 × M (Facilities Interaction)	0.347	3.340	0.001	0.091	10.974
X3 × M (Waiting Time Interaction)	0.385	3.422	0.001	0.267	3.739

The inclusion of interaction terms revealed several significant moderating dynamics:

- Service Quality × Expectation: A strong negative interaction (B = –0.976, t = –4.125, p < 0.001) indicates that the positive influence of service quality diminishes when expectations are high. This implies that travellers with elevated expectations require exceptionally high-quality experiences to achieve the same level of satisfaction.
- Facility × Expectation: A positive moderating effect (B = 0.347, t = 3.340, p = 0.001) suggests that facilities contribute more strongly to satisfaction when expectations are also high. In this context, facility quality becomes a differentiating factor rather than a baseline.
- Waiting Time × Expectation: A positive and significant interaction (B = 0.385, t = 3.422, p = 0.001) indicates that waiting time becomes more impactful under high-expectation

conditions. This supports the interpretation that delays disproportionately affect those anticipating premium service efficiency.

Collectively, these results illustrate that expectations do not merely shift satisfaction levels; they alter the functional relationship between service attributes and satisfaction outcomes.

Discussion

The findings of this study confirm that healthcare traveler satisfaction is a multidimensional construct influenced by service quality, facilities, waiting time, and patient expectations, and that this moderating variable significantly alters the strength of the relationships among the variables. This interaction pattern suggests that healthcare experiences in the context of medical tourism are shaped not only by actual service performance but also by the psychological and cognitive standards patients bring before receiving the service.

Service quality proved to be the strongest predictor of traveler satisfaction. This finding is consistent with numerous international studies that place service quality at the heart of the success of healthcare facilities serving tourists. Lontaan et al. [10] asserted that in the context of medical tourism, the dimensions of reliability, responsiveness, and assurance are the primary determinants of perceived service quality, which ultimately influence patient satisfaction and return intention. These findings align with those of Kurniasari et al. [11], who stated that service quality has a significant direct influence on medical tourists' satisfaction and loyalty in developing countries.

However, this study extends previous understanding by demonstrating that the positive influence of service quality can be significantly weakened when patient expectations are very high. The negative interaction found suggests that even when high-quality services are provided, satisfaction does not automatically increase if patient expectations exceed actual performance. This phenomenon illustrates what Han et al. [12] call the expectation–performance disconfirmation dynamics, in which a discrepancy between expectations and reality leads to a negative evaluation even when the service is objectively good. Therefore, these results reinforce the expectancy-disconfirmation theory and validate that expectations shape how services are perceived.

The facilities in this study demonstrated a direct negative effect on satisfaction. This pattern likely occurs when patients perceive facilities as not meeting the premium standards typically associated with medical tourism, leading to disappointment even when other aspects, such as service, are good. This finding differs somewhat from the study by Fook et al. [13], which found that high-tech healthcare facilities were one of the primary reasons Bangladeshi tourists chose healthcare in India. This difference suggests variations in environmental context and cultural perceptions of medical facilities.

Nevertheless, the moderating effect reveals an interesting dynamic: facilities become significantly more influential when patients' expectations of them are also high. This means that patients with high facility standards will provide significantly better ratings if the facilities they receive truly meet or exceed those expectations. This finding is highly consistent with a study by Ferreira et al. [14], which explains that the physical and

technological elements of healthcare services can be strong points of differentiation when visitors arrive with high expectations for safety, modernity, and facility quality. Thus, facilities are not merely supporting attributes but also indicators of a healthcare institution's reputation and professionalism in the international medical tourism market.

Directly, waiting time did not show a significant effect on satisfaction. This suggests that patients may tolerate a certain wait time as long as the service provided is high-quality and informative. However, when patient expectations were incorporated into an interaction model, waiting time demonstrated a significant, positive effect: it became a crucial issue when patients arrived with high expectations for service efficiency.

These results align closely with research by Darzi [15], which highlighted that adjusting expectations regarding waiting time is a crucial strategy for improving satisfaction. They explained that patients with high expectations were significantly more sensitive to delays, whereas those who received realistic information about waiting times showed a higher tolerance for delays. In the context of medical tourism, waiting time is even more crucial, as travelers often have tight schedules tied to their travel plans. These findings confirm that waiting time is not simply an operational variable but a crucial indicator of institutional efficiency for travelers, especially when they associate healthcare services at tourist destinations with convenience, comfort, and professionalism.

In this study, patient expectations were found to have a direct negative effect on satisfaction, indicating that higher expectations were associated with greater disappointment. This pattern aligns with the findings of Askari et al. [16], who argued that in the context of public health and tourism, high expectations without clarity about service delivery can create vulnerability to dissatisfaction. Angelo [17] even empirically verified that during the COVID-19 pandemic, expectations for hygiene and safety became so high that even small discrepancies could drastically reduce satisfaction levels.

However, the role of expectations as a moderator in this study is paradoxical: expectations can weaken or strengthen the relationship between service attributes and satisfaction, depending on the attribute type. For service quality, expectations weaken; for amenities and waiting time, they strengthen. This suggests that expectations are not merely linear predictors but complex psychological factors that influence evaluations multidimensionally.

Comparing the results of this study with international studies shows that the findings are not isolated but are aligned, broadening our understanding of the dynamics of medical tourism across various country contexts. A key congruence is the strong influence of service quality as a core determinant of healthcare traveler satisfaction, as confirmed by Nilashi [6]and Rahman [18], who found that service quality is the most important factor for medical tourists in assessing their service experience. This study also aligns with the findings of Alsharif et al. [19], who identified facilities as a significant factor in the decision to choose a medical tourism destination, reaffirming that the physical and comfort aspects of the service environment remain integral to overall quality perceptions. Furthermore, the role of waiting time as a critical component in measuring patient satisfaction is also consistent with Liu et al. [20], who explained that perceptions of wait time can influence satisfaction, especially when linked to expectations of service efficiency. The results of this study also

confirm the importance of expectations as a psychological factor shaping service evaluations, as emphasized by Vilkman et al. [4] and Kusumawardhani [21] showed that expectations can significantly alter patient perceptions, particularly in the context of healthcare services provided in tourist settings.

However, there are several significant differences between the results of this study and previous international studies. One striking finding is a negative direct effect of facilities on satisfaction, a pattern unusual in the literature, which generally indicates a positive or at least neutral effect. This may indicate that the standard of facilities in premium healthcare tourism destinations like Bali has fostered higher expectations, so that even the slightest discrepancy between imagined and received facilities can lead to more critical assessments. Furthermore, the moderation pattern of patient expectations on the relationships between facility–satisfaction and waiting time–satisfaction indicates a highly contextual dynamic. When patient expectations are high, facilities become more influential on satisfaction, and waiting time becomes increasingly sensitive in the service evaluation process. This phenomenon reflects the characteristics of healthcare tourism destinations in Bali, which have a premium image, leading tourists to bring a specific mental orientation regarding the standard of service they believe they will receive. Thus, this study not only provides new empirical evidence but also offers a more complex contextual understanding of the role of expectations than previous studies.

Theoretically, this study makes an important contribution to the development of a conceptual framework for medical tourist satisfaction. First, it confirms that the expectation–service interaction is a crucial mechanism that has not been fully explored in medical tourism models [22]. Expectations not only directly influence satisfaction but also alter the strength of the relationship between service variables, such as service quality, facilities, and waiting time, and satisfaction. Therefore, service quality cannot be treated as an absolute predictor that always produces a positive effect, as its effectiveness depends on the subjective standards patients bring to the service. This strengthens the expectancy-disconfirmation theory and suggests that satisfaction models in medical tourism must account for the simultaneous integration of psychological (expectations) and operational (service attributes) elements. These findings enrich the literature by offering the perspective that, in the context of medical tourism, patient expectations often act as perceptual filters that can strengthen or weaken the effects of service variables on satisfaction, necessitating a more adaptive and multidimensional theoretical model of satisfaction [23].

The practical implications of this study are particularly salient for healthcare providers operating in tourism-intensive destinations such as Bali, where clinical encounters are closely intertwined with travellers' overall destination experiences [24]. A central managerial priority is the systematic management of patient expectations through transparent, timely, and accessible communication. Beyond general information provision, hospitals and clinics should operationalize this strategy by publishing typical waiting-time ranges on official websites and booking platforms, enabling travellers to form realistic time-related expectations before arrival. This can be complemented by multilingual triage flows, both digital and on-site, that clearly explain service pathways, prioritization criteria, and estimated processing time, thereby reducing uncertainty among international patients [25].

The adoption of appointment scheduling and real-time queue-tracking systems further enhances perceived efficiency and control, allowing travellers to align healthcare visits with tight travel itineraries. In parallel, service quality standardization remains critical; consistent training for medical and non-medical staff is required to ensure uniform service delivery, as inconsistencies can quickly undermine satisfaction among high-expectation travellers. Facility investments should also be strategically focused on cues that matter most to tourists, including visibly high cleanliness standards, intuitive bilingual signage, acceptance of international payment methods, and streamlined insurance and documentation processes. Together, these actionable measures directly translate expectation management into concrete operational practices, strengthening alignment between healthcare delivery and the premium tourism image associated with Bali. At an industry level, closer integration between tourism and healthcare actors through joint service packages, coordination with accommodation providers and travel agents, and the adoption of hospitality-oriented care models can further enhance Bali's positioning within the global medical tourism market.

Several limitations of this study should be acknowledged. First, the analysis is based on data from a single private clinic, which limits the generalizability of the findings to other healthcare providers and institutional contexts. Second, the cross-sectional research design limits causal inference and fails to capture temporal changes in traveller expectations or satisfaction. Third, exclusive reliance on self-reported measures introduces potential response bias, while consistently high mean scores across variables suggest possible ceiling effects. Fourth, the use of non-probability sampling reduces representativeness, and the relatively limited number of items used to measure some constructs may not fully reflect their conceptual complexity. Future research should therefore adopt multi-site designs involving multiple clinics and hospitals, compare public and private healthcare settings, and employ longitudinal approaches to examine how satisfaction evolves across the travel and care journey. Further extensions could segment samples by nationality, cultural background, or first-time versus repeat visitors to provide a more granular understanding of the dynamics of expectation-driven satisfaction in medical tourism destinations.

Overall, the narrative findings of this study illustrate that healthcare traveler satisfaction is a complex construct that lies at the intersection of service performance and patient expectations. Healthcare providers who understand and manage these dynamics will be better positioned to increase competitiveness and maintain their reputation as a leading medical tourism destination.

4. CONCLUSION

Overall, this study demonstrates that traveller satisfaction with Bali's healthcare services is shaped by a complex interplay among service quality, facilities, waiting time, and patient expectations, with expectations emerging as a powerful moderating factor that can either strengthen or weaken these relationships. While service quality remains the strongest direct predictor of satisfaction, high expectations can diminish its positive impact, whereas facilities and waiting time become more influential among travellers with elevated standards. These findings highlight the importance of managing expectations through clear communication, ensuring consistent service delivery, and maintaining high-quality facilities

to uphold the premium image of Bali as an international tourism destination. By understanding both the operational and psychological factors that define traveller perceptions, healthcare providers can improve patient experiences and strengthen Bali's position in the global medical tourism landscape. Future research should extend this model across multiple healthcare settings and destinations to test the stability of expectation-based moderation and incorporate longitudinal designs to capture changes in traveller perceptions over time. From a policy and industry perspective, these results support stronger integration between tourism and healthcare governance, encouraging coordinated standards, information sharing, and joint service planning to align healthcare delivery with the expectations embedded in Bali's tourism brand.

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REFERENCES

[1] W. Piyaphanee *Et Al.*, "Healthcare Seeking During Travel: An Analysis By The Geosentinel Surveillance Network Of Travel Medicine Providers," *J Travel Med*, Vol. 30, No. 3, May 2023, Doi: 10.1093/Jtm/Taad002.

[2] H. Zhang, W.-M. Ma, J.-J. Zhu, L. Wang, Z.-J. Guo, And X.-T. Chen, "How To Adjust The Expected Waiting Time To Improve Patient's Satisfaction?," *Bmc Health Serv Res*, Vol. 23, No. 1, P. 455, May 2023, Doi: 10.1186/S12913-023-09385-9.

[3] M. Zakaria *Et Al.*, "Determinants Of Bangladeshi Patients' Decision-Making Process And Satisfaction Toward Medical Tourism In India," *Front Public Health*, Vol. 11, May 2023, Doi: 10.3389/Fpubh.2023.1137929.

[4] K. Vilkman, S. H. Pakkanen, T. Lääveri, H. Siikamäki, And A. Kantele, "Travelers' Health Problems And Behavior: Prospective Study With Post-Travel Follow-Up," *Bmc Infect Dis*, Vol. 16, No. 1, P. 328, Dec. 2016, Doi: 10.1186/S12879-016-1682-0.

[5] M. Soliman, S. Gulvady, A. M. Elbaz, M. Mosbah, And M. S. Wahba, "Robot-Delivered Tourism And Hospitality Services: How To Evaluate The Impact Of Health And Safety Considerations On Visitors' Satisfaction And Loyalty?," *Tourism And Hospitality Research*, Vol. 24, No. 3, Pp. 393–409, Jul. 2024, Doi: 10.1177/14673584231153367.

[6] M. Nilashi *Et Al.*, "Revealing Travellers' Satisfaction During Covid-19 Outbreak: Moderating Role Of Service Quality," *Journal Of Retailing And Consumer Services*, Vol. 64, P. 102783, Jan. 2022, Doi: 10.1016/J.Jretconser.2021.102783.

[7] N. X. Nguyen, K. Tran, And T. A. Nguyen, "Impact Of Service Quality On In-Patients' Satisfaction, Perceived Value, And Customer Loyalty: A Mixed-Methods Study From A Developing Country," *Patient Prefer Adherence*, Vol. Volume 15, Pp. 2523–2538, Nov. 2021, Doi: 10.2147/Ppa.S333586.

[8] C. K. Meng, S. K. Piaralal, M. A. Islam, M. F. Bin Yusof, And R. S. Chowdhury, "International Medical Tourists' Expectations And Behavioral Intention Towards Health Resorts In Malaysia," *Heliyon*, Vol. 9, No. 9, P. E19721, Sep. 2023, Doi: 10.1016/J.Heliyon.2023.E19721.

[9] Md. S. Mahmud, R. P. Lima, Md. M. Rahman, And S. Rahman, "Does Healthcare Service Quality Affect Outbound Medical Tourists' Satisfaction And Loyalty? Experience From A Developing Country," *Int J Pharm Healthc Mark*, Vol. 15, No. 3, Pp. 429–450, Aug. 2021, Doi: 10.1108/Ijphm-04-2020-0028.

[10] P. Angelina Lontaan, F. G.Langi, And J. S. Kekenusa, "Analysis Of Factors Related To Waiting Time For Services In The Outpatient Department Of Manado Regional Hospital," *International Journal Of Health And Pharmaceutical (Ijhp)*, Vol. 5, No. 3, Pp. 406–411, Aug. 2025, Doi: 10.51601/Ijhp.V5i3.428.

[11] N. M. D. Kurniasari, D. Nym. Widyanthini, I. K. H. Mulyawan, And I. Md. A. Wirawan, "Travel Health Knowledge And Perception Of Foreign Backpackers Traveling In Bali," *Jurnal Ilmu Kesehatan Masyarakat*, Vol. 12, No. 2, Pp. 128–142, Jun. 2021, Doi: 10.26553/Jikm.2021.12.2.128-142.

[12] J. Han, Y. Zuo, R. Law, S. Chen, And M. Zhang, "Service Quality In Tourism Public Health: Trust, Satisfaction, And Loyalty," *Front Psychol*, Vol. 12, Aug. 2021, Doi: 10.3389/Fpsyg.2021.731279.

[13] T. N. Fook, L. M. Peng, And Y. W. Mun, "Hospital Brand Image And Trust Leading Towards Patient Satisfaction: Medical Tourists' Behavioural Intention In Malaysia," *Healthc Low Resour Settings*, Feb. 2024, Doi: 10.4081/Hls.2024.12276.

[14] D. C. Ferreira, I. Vieira, M. I. Pedro, P. Caldas, And M. Varela, "Patient Satisfaction With Healthcare Services And The Techniques Used For Its Assessment: A Systematic Literature Review And A Bibliometric Analysis," *Healthcare*, Vol. 11, No. 5, P. 639, Feb. 2023, Doi: 10.3390/Healthcare11050639.

[15] M. A. Darzi, S. B. Islam, S. O. Khursheed, And S. A. Bhat, "Service Quality In The Healthcare Sector: A Systematic Review And Meta-Analysis," *Lbs Journal Of Management & Research*, Vol. 21, No. 1, Pp. 13–29, Sep. 2023, Doi: 10.1108/Lbsjmr-06-2022-0025.

[16] A. Askari *Et Al.*, "Explanation Of Challenges To Health Tourism Development From The Perspective Of Managers: A Qualitative Study," *J Educ Health Promot*, Vol. 14, No. 1, Jul. 2025, Doi: 10.4103/Jehp.Jehp_26_24.

[17] K. M. Angelo, P. E. Kozarsky, E. T. Ryan, L. H. Chen, And M. J. Sotir, "What Proportion Of International Travellers Acquire A Travel-Related Illness? A Review Of The Literature," *J Travel Med*, Vol. 24, No. 5, Sep. 2017, Doi: 10.1093/Jtm/Tax046.

[18] M. K. Rahman, "Medical Tourism: Tourists' Perceived Services And Satisfaction Lessons From Malaysian Hospitals," *Tourism Review*, Vol. 74, No. 3, Pp. 739–758, Jun. 2019, Doi: 10.1108/Tr-01-2018-0006.

[19] A. Alsharif, S. M. Isa, And M. N. Alqudah, "Smart Tourism, Hospitality, And Destination: A Systematic Review And Future Directions," 2024, *Center For International Scientific Research Of Vso And Vspp*. Doi: 10.29036/Jots.V15i29.746.

[20] J. Liu, C. M. Hall, C. Zhu, And V. Ting Pong Cheng, "Redefining The Concept Of Smart Tourism In Tourism And Hospitality," *Anatolia*, Vol. 35, No. 3, Pp. 566–578, 2024, Doi: 10.1080/13032917.2023.2282712.

[21] Y. Kusumawardhani, "Strategy For Increasing Millennial Tourist Visits In The Mulyaharja Thematic Village," *Jurnal Hospitality Dan Pariwisata*, Vol. 9, No. 1, Feb. 2023, Doi: 10.30813/Jhp.V9i1.4208.

[22] P. Zhang, J. Wang, And R. Li, "Tourism-Type Ontology Framework For Tourism-Type Classification, Naming, And Knowledge Organization," *Heliyon*, Vol. 9, No. 4, Apr. 2023, Doi: 10.1016/J.Heliyon.2023.E15192.

[23] U. Gretzel, M. Sigala, Z. Xiang, And C. Koo, "Smart Tourism: Foundations And Developments," *Electronic Markets*, Vol. 25, No. 3, Pp. 179–188, Sep. 2015, Doi: 10.1007/S12525-015-0196-8.

[24] A. Nur, Y. Wilopo, And M. Kholid Mawardi, "Pengelolaan Kawasan Wisata Sebagai Upaya Peningkatan Ekonomi Masyarakat Berbasis Cbt (Community Based Tourism) (Studi Pada Kawasan Wisata Pantai Clungup Kabupaten Malang)," 2016.

[25] S. Budilaksono, E. P. Dewi, F. Nurzaman, A. Rosadi, And F. Febrianty, "Empowering Msmes In Supporting The Tourism Industry By Facilitating Msmes Features In Smart Tourism Applications," *Darmabakti Cendekia: Journal Of Community Service And Engagements*, Vol. 4, No. 1, Pp. 1–7, May 2022, Doi: 10.20473/Dc.V4.I1.2022.1-7.