Group 17

FACTORS THAT INFLUENCE THE INTENTION OF BECOMING A MEDICAL FACILITATOR IN MALAYSIA

BY

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DECLARATION

We hereby declare that:

(1) This undergraduate research project is the end result of our own work and that due acknowledgement has been given in the references to ALL sources of information be they printed, electronic, or personal.

(2) No portion of this research project has been submitted in support of any application for any other degree or qualification of this or any other university, or other institutes of learning.

(3) Equal contribution has been made by each group member in completing the research project.

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LIST OF ABBREVIATIONS

ACHS	Australian Council on Healthcare Standards
CBSP	Capacity Building for Service Providers
HAPA	Health Action Process Approach
HITAM	Health Information Technology Acceptance Model
IBM	Integrated Behavioural Model
JCI	Joint Commission International
MAS	Malaysia Airlines
MATTA	Malaysian Association of Tour and Travel Agents
MF	Medical Facilitator
MGB	Model of Goal-oriented Behaviour
MHTC	Malaysia Healthcare Travel Council
MOH	Ministry of Health
MOTAC	Ministry of Tourism and Culture
MSQH	Malaysian Society for Quality in Health
SAS	Statistical Analysis System
SEE	Shapero's Model of Entrepreneurial Event
TAM	Technology Acceptance Model
TIB	Theory of Interpersonal Behaviour
TRA	Theory of Reasoned Action
TPB	Theory of Planned Behaviour
TT	The Theory of Trying
UNWTO	World Tourism Organization
UTAR	Universiti Tunku Abdul Rahman
UTAUT	Unified Theory of Acceptance and Use of Technology

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PREFACE

It is compulsory to carry out a research project in order to accomplish our study – Bachelor of Business Administration (Hons). The topic of this research project is "Factors that Influence the Intention of Becoming a Medical Facilitator in Malaysia". It is conducted because medical tourism has become one of the rapidly growing tourism sectors where many nations are strategically planning and investing for their economic growth.

In year 2016, medical tourist receipts achieved RM1 billion and more than 860,000 medical tourists are attracted to Malaysia ("Medical tourism expected to hit RM1.3bil", 2017). There is increasing evidence that the emergence of medical facilitators advances the global growth and development of medical tourism. Medical facilitator (MF) acts as a moderating role in building bridge between the prospective patient in one country and medical provider in other country around the world. There is increasing evidence that medical travelers hire medical facilitators to avoid troublesome travel arrangements and critical preparations in seeking reliable providers. Hence, the intention of becoming a medical facilitator in Malaysia needs to be explored because of the increasing number of medical tourists. This research project looks in-depth into the influencing factors against the intention.

In this research project, we have outlined the five important variables that may influence the intention of becoming a medical facilitator in Malaysia. The variables are Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support and Social Network.

ABSTRACT

Malaysia competes internationally with its high-end quality health and medical systems and infrastructure in recent years. However, there is a rising trend in the engagement of medical tourists to medical facilitation services. It is crucial to promote this new key driver in the growth of Malaysia's economy and medical tourism industry.

The main objective of this research project is to investigate whether the five factors which are Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support and Social Network will influence the Intention of becoming a medical facilitator in Malaysia. The research hypotheses formulation is developed and supported with the review and findings of past studies and theories. Survey questionnaire is designed and distributed to the target respondents. A total of 108 responses are collected and analyzed by using SAS Enterprise Guide version 7.1. Pearson Correlation Coefficient and Multiple Linear Regression were adopted to examine the relationship between the factors and Intention. The result shows that all the independent variables are correlated to dependent variable; however, only Perceived Feasibility and Perceived Support were found to be significantly influence the Intention.

This research project hopefully could enhance the intention of becoming a medical facilitator among the Malaysians, drive the development in medical tourism industry and shape the role of medical facilitator as well. Several recommendations on potential improvements are highlighted for future research.

Keywords: Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support, Social Network, Intention, Medical Facilitator, Medical Tourism

CHAPTER 1: INTRODUCTION

1.0 Introduction

Medical tourism refers to people who are travelling abroad to seek and receive treatment to improve their health condition. Though the concept of medical tourism is no longer hot off the press, it has been gaining attention from medical and health professionals compared to the past decades. A new business sector – medical facilitator – was introduced in this worldwide billion dollar industry. Increasing demand of medical tourism from all over the world is raising the opportunity for medical facilitator to intervene into international patient market. However, little is known with respect to the roles, importance and contributions of medical facilitators, whereas the roles of some healthcare/medical professionals have been clearly explored and specifically defined in medical tourism industry. The limited number of medical facilitators in Malaysia gives us a direction to investigate the factors that influence the intention of becoming a medical facilitator among the Malaysians.

This chapter mainly discusses on the research background, problem statement, research questions, research objectives, hypotheses and significance of the study, chapter layout and conclusion. Research background provides brief information about the fundamentals facts and knowledge that can be helpful to conduct this study. The purpose of problem statement is to indicate the importance of the topic being researched. Research questions and objectives provide an idea of what would be the determinant of the study. Hypotheses of the study imply the selection of involved facts regarding the problematic situation. Significance of the study indicates the importance of the study and how to study would be beneficial for the society and lastly chapter layout and conclusion.

1.1 Research Background

Medical tourism acts as a platform in shaping the future of medical care industry globally due to the rapid growth of technological innovation and economic and there are more developing nation's people prefer to seek medical treatment abroad (Medical Tourism Association, n.d.). Medical tourism is not only a practical, but also an economical approach for the travelers to enjoy their vacation and obtain medical cure at the same time (Sarwar, 2013). Few researchers reasoned that health and medical tourism as a combination of different element with varying importance. Meanwhile, Carrera and Bridges (2006) defined health tourism as a well-organized locomotion away from their home country for the improvement, melioration or betterment of an individual's well-being in mental and physical.

The world population is aging and the population of affluent consumer is increasing which it had surpassed the availability of quality healthcare resources. Moreover, the extremely heavy medical fees are getting harder to bear. These drivers are forcing patients to pursue overboard healthcare option in order to save costs and avoid long waiting for treatment. The top healthcare services that foreign medical travelers opted for are cosmetic surgery, orthopedics, weight loss, dentistry, cardiovascular scans, health screenings, cancer, and reproductive ("Medical Tourism Statistics & Facts", n.d.).

Sarwar (2013) further reported that among the medical tourism providers, Asian countries such as Thailand, Singapore, Hong Kong, Philippines, India and Malaysia are viewed as the most desired places for medical tourism because of the country's natural resources and excellent quality service with lower and affordable prices as compared to Western countries. Customers are able to save up 40% to 60% of medical expenses comparing with Western countries. Table 1.1 shows the average percentage of medical fees a person can save in different countries.

Table 1.1: Average Percentage of Medical Fees That Can Be Saved

No	Country	Percentage that can be saved
1	Brazil	20% - 30%
2	India	65% - 90%
3	Malaysia	65% - 80%
4	Singapore	25% - 40%
5	South Korea	30% - 45%
6	Taiwan	40% - 55%
7	Thailand	50% - 75%

Sources: Medical Tourism Statistics & Facts. (2016, August 6). Retrieved from http://www.patientsbeyondborders.com/medical-tourism-statistics-facts

According to the statistics, Malaysia has achieved a figure of 19,488 retirees from over 120 countries to obtain healthcare services. Furthermore, 10% of the overall population will reach the age of 60 in year 2020 and hence making Malaysia an aging nation. Frost & Sullivan (2015) predicted that this is an opportunity that the market worth will increases up to USD 1.4 billion. Malaysia possesses above average quality and the availability of medical equipment and personnel that are able to provide superior treatment in comparison with other nations in Asia. It is also said that Malaysia has reasonable medical cost and therefore making our country a more desirable destination for medical tourists. Table 1.2 states the comparisons of average medical cost for different types of treatment in several popular medical tourism countries.

Table 1.2: Average Medical Cost Comparisons (in USD)

Treatment	United States	Malaysia	Thailand	Singapore	India
Heart Bypass	136,000	14,000	13,000	23,000	7,000
Angioplasty	57,000	8,750	3,800	27,750	3,300
Knee Replacement	45,000	10,900	11,400	16.700	6,800
Gastric Bypass	33,000	8,600	16,700	20,000	5,500

Source: Wong, K. M., Velasamy, P., & Arshad, T. N. T. (2014). Medical tourism destination SWOT analysis: A case study of Malaysia, Thailand, Singapore and India. *SHS Web of Conferences*, *12,* 1-8. doi:10.1051/shsconf/20141201037

The evolution of choices for health travelers to various countries had emerged the service sector as a significant role of medical facilitator in medical tourism industry (Mohamad, Omar, & Haron 2012). Medical tourists seek assistance from medical facilitator to avoid troublesome preparation of finding suitable and reliable providers to arrange their medical journey. Medical facilitator plays a role of one stop solution offering services such as integrated knowledge of medical services, tourism, travel facilitations and concierge services forming a support system to medical travelers.

The global growth of medical treatment and medical facilitators has provided various preferences for patients and their families. Adding to this, medical facilitators such as Malaysia MediTravel & Co. portrays as moderators who are connecting the patients with potential healthcare provider. Malaysia Healthcare Travel Council (MHTC) is also one of the authorized medical facilitators who provides and promotes medical tourism services in Malaysia.

However, a medical facilitator does not represent as an advisor of treatment plan or a provider of medical and legal advice. Medical facilitator's main function is to help the patient understand their health plan coverage, define their healthcare issues, direct

and plan the healthcare system, and discuss health issues with the medical group or medical professional panel.

1.2 Problem Statement

Medical facilitator plays a role to provide combinations of arrangement for the patient treatment and accommodation. When patients seek for healthcare from other foreign countries, they hire various agents including insurance companies and healthcare provider (Wagle, 2016). However, as compared with other Western countries such as United State and United Kingdom, those countries have more established medical facilitators than Malaysia. Table 1.3 shows the top 20 countries with the number of medical facilitators in different countries.

Table 1.3: Number of Medical Facilitators in Different Countries

Ranking	Country	Number of facilitators
1	U.S.	41
2	U.K.	36
3	India	18
4	Canada	12
5	Poland	10
6	Turkey	9
7	Czech Republic	7
8	Malaysia	7
9	Thailand	6
10	Costa Rica	4
11	Lithuania	4
12	Hungary	4
13	Argentina	3
14	Tunisia	3

15	Romania	3
16	Germany	3
17	Spain	3
18	Greece	2
19	Netherlands	2
20	Cyprus	2

Source: Wagle, S. (2012). Web-based medical facilitators in medical tourism: the third party in decision-making. *Indian journal of medical ethics*, *10*(1), 28-33.

As illustrated in Table 1.3, Malaysia was ranked at the place of 8th with a total of 7 facilitators which are Beautiful Holidays, George Medical Getaway, Global Helathcare Partners, Life Care Diagnostic, Makeover Vacations, Malaysia Healthcare, Medlink healthcare Services (International Medical Travel Journal, 2015). Based on the 11th Malaysia Plan, Malaysia intends to boost income of approximately 10% from healthcare travelers. Malaysia Healthcare Travel Council (MHTC) was established in year 2009 by the Malaysia Government and it is one of the main agencies that helps and develops health tourism in Malaysia (Ruslizan Osman, 2014). As published in Irsyad (2016), Malaysia Prime Minister aim to serve at least 24.6 million tourists as medical tourism patients in each year to transform Malaysia as a referring country for modern treatment in Asia region. In order to achieve the goal, medical services need to acquire more comprehensive medical services packages. The limited amount of medical facilitators in our country had made it necessary to provide certified licenses and trainings for the qualified medical professionals and increased their accreditation standards.

Nevertheless, there are two groups of intermediaries playing the role of connecting the patient and the healthcare center which are broker and agent. According to European Hospital and Healthcare Federation (2015), anyone can set up a medical travel brokerage or agency since there is no restriction on rule and regulation. They

basically do not own sufficient knowledge about medical procedures and not a professional in healthcare industry (Medical Tourism Poland, 2013). Their main intention is to earn profit and vehemently advertise their service, pick up a patient, send them to the medical provider and receive commission; hence, their ultimate goal is achieved (Pocock & Phua, 2011).

Basically, brokers offer services that are approximately similar to medical facilitators, connecting the patients with healthcare center and offering arrangement for patient on the available services and choices of medical healthcare center. According to Pocock and Phua (2011), there is a distinction between broker and medical facilitator which agent and broker have no code of conduct and explicit governing standards when establishing their networks. According to Gan and Federick's (2011) study, a medical facilitator can also be an organization that stands alone or a form of partnership between facilitator and industry key players such as hotel groups, travel agencies, medical travel planners and provider groups. In addition, medical facilitator required a binding agreement with internationally accredited hospitals they deal with in order to provide medical services for patients that are certified and equivalent to the international standards (Medical Tourism Poland, 2013). As compared to broker, most patients prefer to get services from medical facilitator in term of trustworthiness. Moreover, these patients assumed that the medical facilitator is a licensed travel agent and believed that the cost they paid to medical facilitator is more secure (Munro, 2013).

According to Todd (2013), there are few reasons that medical facilitators are deemed to be unsuccessful as medical tourism business is not as easy as it seems to be. People might have the intention of becoming a medical facilitator; however, this career might not be desirable as they are not convincing by the career opportunity and future direction of a medical facilitator. As published in the journal, medical facilitator services can be another profit endeavor alternatives, yet success do not comes cheap. A medical facilitator by all means must be able to search trustable providers, realize the complex arrangement and medical procedures, which need to make a critical

preparation before entering into this services industry (Stephano, 2014). Hence, this complex process may be the initial factor that medical facilitator is not favourable among the Malaysians.

Moreover, Stephano (2014) also emphasized that there is also a need for a proper medical facilitator to be responsible from head to toe of the services that they provided even in the negative conditions. The difficulties even increase when there is no one to monitor their behavior based the criteria that have been established. A facilitator must not be bias towards the services they offer and to avoid fraudulent and misleading services. These situations are believed to be able to affect the feasibility of pursuing into medical facilitator business. Besides, a medical tourism facilitator needs to be able to bear the trouble out of travel plans, such as the ability to eliminate the language barrier, simplify the cultural differences and most importantly provide secure information to the patients.

In addition, some ethical and legal issues were arisen in the medical facilitation. According to Snyder, Crooks, Wright, and Johnston (2012), training insufficiency is one of the ethical concerns pertaining to facilitators' roles and responsibilities. Many facilitators come from tourism background and have experience in providing tourist services such as booking flight tickets, hotel accommodation, transportation and so forth. However, they are lacking of relevant medical information to facilitate medical tourists' needs. Some ethical issues might be exposed to facilitators' roles. For example, facilitators may render services which are opposed to the medical advice of clients's (patients) home physicians, are illegal or unapproved in their home country. Snyder et al. (2012) also stated that they need training and accreditation like Malaysian Society for Quality in Health (MSQH), Joint Commission International (JCI), and the Australian Council on Healthcare Standards (ACHS). Without proper training or having certain certification, medical facilitators might not provide a clear standard of recommendations to patients. Thus, without achieving certain accreditations, it will hinder a person's decision of becoming medical facilitator.

According to Chan (2014), MHTC had put in effort to improve the skills and knowledge for the groups of people that are interested to become a medical facilitator such as conducting training workshops. However, the results seem not to be desirable and failed to attract the participants. Chan (2004) agrees that this phenomenon occurs because of the unfamiliarity of medical terms and procedure by the local travel agents. Moreover, they did not see the huge potential is involving in medical facilitator as this business is still in infancy stage. Adding to this, various promotional campaigns, official medical tourism website was launched by the government authorities such as Malaysian Association of Tour and Travel Agents (MATTA), Ministry of Tourism and Culture (MOTAC) and Malaysia Airlines (MAS) to boost the popularity of medical tourism. It is believed that the support from government is too least as the government is increasing its effort in promoting medical tourism rather than medical facilitator. Support from government is vital for the success of medical facilitator because it will definitely help to increase the confidence level of entering into this service area.

In Stephano's (2014) research, she also mentioned that by having a beginning communication with the facilitator, all of them are still afraid of the idea of medical facilitator as half of them are lacking of social network benefits. Most of them might not have partnerships or networking on this area even harder to convince them to dive into medical facilitator business opportunity. In other words, the facilitator is afraid to be alone when they intended to start a new business.

To date, there is no published research study on the specific question of what factors influence individuals to become medical facilitator in the context of medical tourism. In summary, this study provides more comprehensive and general information that are influencing the intention to become a medical facilitator. The findings in this research are essential and anticipated to help the policy makers and relevant authorities in Malaysia such as MHTC to come out with numerous strategies so as to attract the potential candidates by understanding the influential predictors of their intentions.

1.3 Research Questions

Aligning with the problem stated in this study, few questions were derived that lead us to form our research objective to resolve the problem of the limited medical facilitator in Malaysia. The research questions are as follows:

1.3.1 General Question

What are the factors that influence the Intention of becoming a medical facilitator in Malaysia?

1.3.2 Specific Questions

1. Does Perceived Desirability significantly influence the Intention of becoming a medical facilitator in Malaysia?
2. Does Perceived Feasibility significantly influence the Intention of becoming a medical facilitator in Malaysia?
3. Does Propensity to Act significantly influence the Intention of becoming a medical facilitator in Malaysia?
4. Does Perceived Support significantly influence the Intention of becoming a medical facilitator in Malaysia?
5. Does Social Network significantly influence the Intention of becoming a medical facilitator in Malaysia?

1.4 Research Objective

1.4.1 General Objective

To investigate the factors that significantly influence the Intention of becoming a medical facilitator in Malaysia

1.4.2 Specific Objectives

1. To study whether Perceived Desirability has a significant influence on the Intention of becoming a medical facilitator in Malaysia
2. To study whether Perceived Feasibility has a significant influence on the Intention of becoming a medical facilitator in Malaysia
3. To study whether Propensity to Act has a significant influence on the Intention of becoming a medical facilitator in Malaysia
4. To study whether Perceived Support has a significant influence on the Intention of becoming a medical facilitator in Malaysia
5. To study whether Social Network has a significant influence on the Intention of becoming a medical facilitator in Malaysia

1.5 Hypotheses of the Study

1.5.1 General Hypothesis

All the factors are significant in explaining the variance in the Intention of becoming a medical facilitator in Malaysia.

1.5.2 Specific Hypotheses

1. **$H1_1$:** There is a significant relationship between Perceived Desirability and the Intention of becoming a medical facilitator in Malaysia.
2. **$H2_1$:** There is a significant relationship between Perceived Feasibility and the Intention of becoming a medical facilitator in Malaysia.
3. **$H3_1$:** There is a significant relationship between Propensity to Act and the Intention of becoming a medical facilitator in Malaysia.
4. **$H4_1$:** There is a significant relationship between Perceived Supports and the Intention of becoming a medical facilitator in Malaysia.
5. **$H5_1$:** There is a significant relationship between Social Network and the Intention of becoming a medical facilitator in Malaysia.

1.6 Significance of Study

This study presents the important role of medical facilitators in constructing the bridge of linking healthcare and revisit intention, hence, generating income for the nation. It is important to note the distinctions between medical facilitator and broker/agent who perform the similar functions. Medical facilitators that engage in global business arena look attractive yet challenging for professionals. Academic literatures and news article reports offer evidences about the challenges that new players (medical facilitators) may encounter; thus, there are limited number of them in Malaysia. This study is conducted aiming to shed light on the factors that influence the intention of becoming a medical facilitator. In light of this, the individual perceptions and its environments are examined.

Besides, this study contributes to economic growth in Malaysia by strengthening its position in medical tourism industry. According to Tourism Highlights 2016 by World Tourism Organization (UNWTO), Malaysia is ranked the second place after

Thailand in the South-East Asia region with a 9.2% and 4.2% share in worldwide tourism arrivals and receipts respectively (Refer to Appendix 1.2). Therefore, this study would like to provide initiatives and insights to relevant authorities for achieving greater international market share in terms of international tourist arrivals and receipts.

In addition, this study also contributes to theoretical knowledge and practical implications by offering fresh insights both to the medical/healthcare related academic literatures and Malaysia Healthcare Travel Council (MHTC). It also emphasizes how advancement in globalization can enhance the need of medical facilitators in order to develop the medical tourism. Moreover, this study advances the idea of the key influencers of becoming a medical facilitator in Malaysia. This niche subsector undeniably has benefited international patients with a wider spectrum and also medical tourism industry by capturing and serving a segment of global demand. Furthermore, this study signaled that medical facilitator is a new career opportunity by opening a world option as it acts as a substantial and evolving role in shaping the future of medical tourism and may be entering a period of expansion and professionalization. Medical and tourism practitioners have the greater chance to participate in because they possess either medical or tourism professional knowledge.

Apart from that, this study contributes to medical tourism supply chain management in view of medical facilitators need to routinely get in touch with numerous partners in different aspects such as the government, business relations, professional practitioners and policy makers. Medical tourism industry is full of potential which requires strategic planning and coordination among key players such as medical providers (hospitals and clinics), travel agencies, hotels, transportation companies and medical tourists. It can be further discussed and studied how the management and collaboration work among the parties in medical tourism by future researchers. Medical facilitator serves as three-dimensional support system (medical services, tourism and travel facilitation, and concierge services); hence, the development of medical facilitation in a sustainable fashion must be compatible with the increasingly

growth of supply and demand of medical tourism industry, which typically means create more career opportunities and encourage economic growth. As provided through this study, a fundamental investigation of the intention of becoming a medical facilitator is an essential step in that direction.

1.7 Chapter Layout

Chapter 1 is the introduction part of the research which provides the research background, problem statement, research objectives, research questions, hypotheses, significance of the study and chapter layout.

Chapter 2 contains the discussion and evaluation of past researches that relates to the variables in this study. Moreover, it also includes the review of the literature and relevant theories, proposed conceptual framework together with hypotheses development.

Chapter 3 is the research methodology that explains the procedure and methods used in completing the research. This chapter covers research design, data collection methods, sampling design, research instrument, constructs measurement, data processing, data analysis.

Chapter 4 discusses about the patterns and analyses of the results which are relevant to the research questions and hypotheses. It comprises of the descriptive analysis used, scale measurement and inferential analysis. This chapter covers the analysis of respondent demographic profile, reliability analysis and the generations of conclusion regarding the characteristics of the population based on the data collected.

Chapter 5 grants the overall summary of statistical analysis, discussion on major findings, implication and limitations of the study and recommendation for future research.

1.8 Conclusion

In conclusion, this chapter provides an overview of the research that we conducted and it is able to be served as a foundation for the investigation, discussion, and the hypotheses test in the following chapters. In order to understand the relationships between independent variables (Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support and Social Network) and dependent variable (Intention of becoming a medical facilitator), there will be a further discussion on the review of literatures in the next chapter.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

In this chapter, we will discuss about the literature reviews, relevant theoretical models, proposed conceptual frameworks and hypothesis development. The information is secondary and derived from related journals, articles, newspapers, internet and past researches and studies. Moreover, we acknowledged a few factors that might influence one's intention to be a medical facilitator in medical tourism industry during information gathering and literature review. However, we will exclusively focus on the key determinants that are considered to be significant by previous researchers. Besides, a conceptual outline for this study had been formed with the reference to the relevant theoretical models.

2.1 Review of Intention approaches

Past researchers such as McClelland (1961), Brockhaus (1980) and Robinson, Stimpson, Huefner, and Hunt (1991) are empirically focusing on individuals' psychological characteristics to measure their intentions to take the courses of action. Bygrave (1989) stated that personal traits are suitable to influence intention and therefore he merged psychological characteristics such as ambiguity tolerance, risk tolerance, internal control, and strive for achievement into determinants of intention. Rodrigues, Dinis, Paço, Ferreira, & Raposo (2012) also found that the traits that generally related to intentions in academic literature are innovativeness, locus of control, need for achievement, propensity to take risk, self-confidence, and tolerance to ambiguity. Nonetheless, Gartner (1988) criticized that this psychological approach was not enough to explain an individual's intention because it is too abstract and might lead to dilemma of differentiating. Besides, the absence of convergent validity

due to the weak correlation among methods to determine personal characteristics and isolation from environmental context caused this approach to be less interactive and non-significant expository in term of intentions (Robinson et al., 1991).

The focus of studies was then shifted to demographic variables, for instance, gender, age, marital status, family background, nationality, educational level, and socioeconomic status. Boyd and Vozikis (1994) proposed that demographic determinants impacted on intentions as much as personal traits. However, Robinson et al. (1991) added that demographic variables were inadequate and too simplified to predict an individual's intention because it is very static which new behavioural development was not considered in past demographic factors. Hence, the result would be not significant. Liñán (2004) summarized that psychological and demographic approaches would provide valuable contributions in later researches after proper review and acknowledgement despite of methodological, conceptual, and capability limitations.

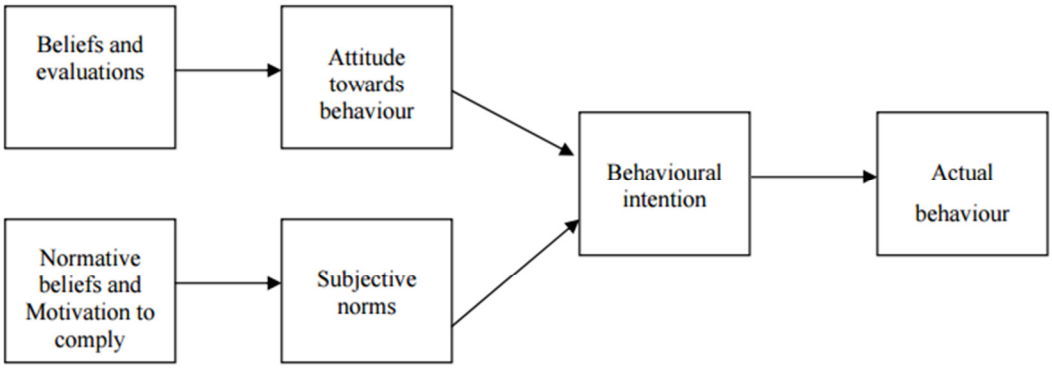
As a result, researchers oriented their focus on behavioural approach and developed more comprehensive theoretical models (Shapero & Sokol, 1982; Bird, 1988; Ajzen, 1991). A planned behaviour was established and considered as intentional action. From the moment when a person recognizes a decision to take a course of action as desirable and voluntary, it is logical to examine the forces acting upon a potential behaviour based on behavioral approach (Krueger, Reilly, & Carsrud, 2000). Academic literature by several authors had acknowledged this definition (Katz & Gartner 1988; Bird, 1988; Bagozzi, Baumgartner, & Yi, 1989; Madden, Ellen, & Ajzen, 1992; Krueger & Carsrud, 1993; Lent, Brown, & Hackett, 1994; Tkachev & Kolvereid, 1999; Krueger et al., 2000). Thus, Bagozzi et al. (1989) and Kolvereid (1996) used intention as the best immediate antecedent to predict and understand planned business behaviours.

2.2 Various Theories to Study Behavioural Intention

Intention-based models had shown their ability in terms of personal and environmental aspects to influence behavioural intention directly or indirectly.

The Theory of Reasoned Action (TRA) was developed by Fishbein (1967) to examine the relationships between attitudes, intentions, and behaviors. Fishbein and Ajzen (2005) differentiated between attitude toward an object and attitude toward a behavior with respect to an object and then concluded that attitude toward the behaviour is a much better determinant of behaviour than attitude toward the object.

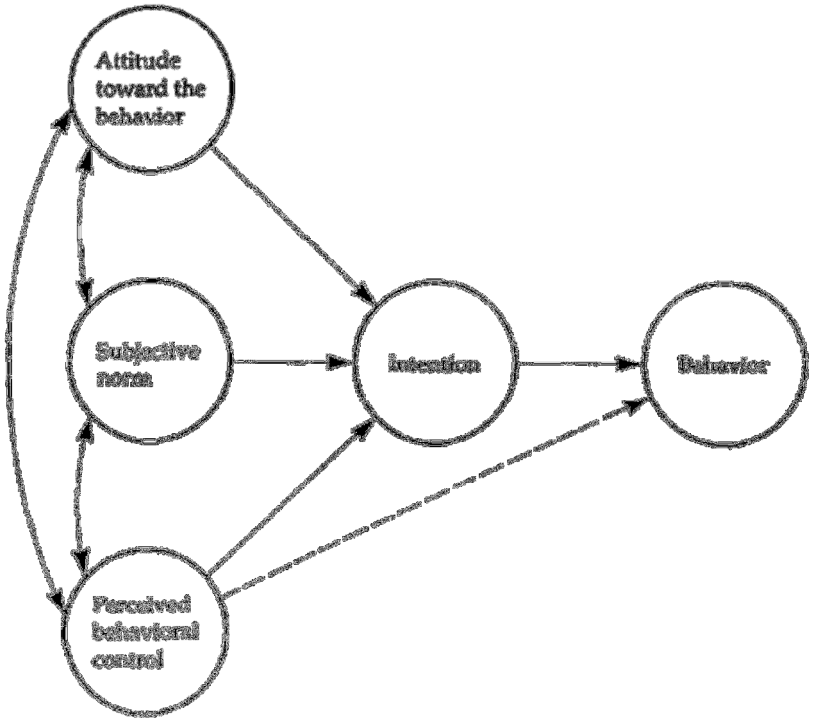
Figure 2.1: The Theory of Reasoned Action (TRA)



Source: Fishbein, M., & Ajzen, I. (1975). *Belief, Attitude, Intention and Behavior: An Introduction to Theory and Research Reading, MA: Addison-Wesley*, *6*.

The Theory of Planned Behaviour (TPB) is an extension of TRA which consists of an additional concept named perceived behavioural control. The authors (Fishbein & Ajzen, 1975, 2005; Azjen, 1991) took into account limitations in dealing with behaviours over which individual's control is incomplete and therefore revised the original model. Three conceptually independent influencers of intention, which are attitude toward the behavior, subjective norms, and perceived behavioural control, are hypothesized in this theory that in turn to anticipate the bahaviour.

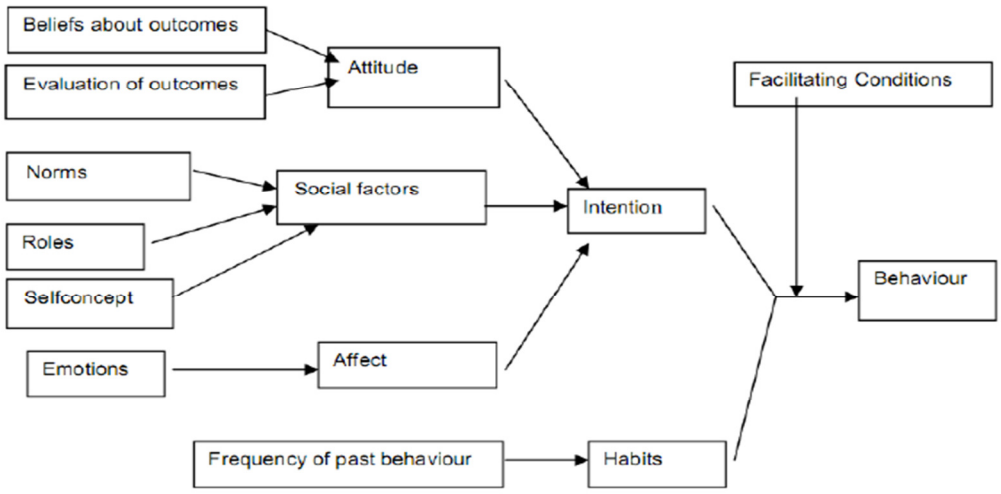
Figure 2.2: The Theory of Planned Behaviour (TPB)



Source: Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, *50*(2), 179-211.

The Theory of Interpersonal Behaviour (TIB) was established by Triandis (1977) who goes beyond these theorists with his tri-level model by including attitude and social factors in the TRA/TPB and adding affect, habits and facilitating conditions that either realize or prohibit the performance of a specific behaviour. TIB is recognized as a theoretical alternative to the TRA and the TPB whereby the author contended that the two theories encounter several weaknesses that could be overcome by this model. First, Triandis considered habits and facilitating conditions as mediators of the relationship between intention and behaviour, whereas Fishbein proposed that intention is the immediate antecedent of behaviour. Second, Triandis take into account roles, self-image, and interpersonal agreements, which are excluded in the Fishbein and Azjen's model. Thirdly, Triandis postulates affect towards behaviour as a separate influencer by arguing that individuals always make decisions based on both cognitive and emotional aspects of a situation, while Fishbein assumes that affect is the a part of attitude (Robinson, 2010).

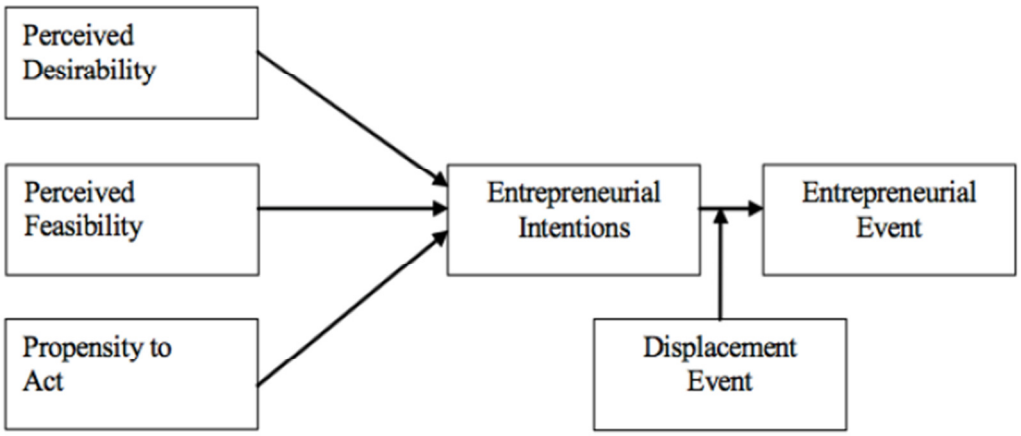
Figure 2.3: The Theory of Interpersonal Behaviour (TIB)



Source: Prager, K. (2012). Understanding Behaviour Change: How to apply theories of behaviour change to SEWeb and related public engagement activities. Retrieved from http://www.environment.scotland.gov.uk//media/16539/Understanding-Behaviour-Change.pdf

Shapero's Model of Entrepreneurial Event (SEE) is absolutely an intentional model developed by Shapero and Sokol (1982) which specific to the domain of entrepreneurship. Perceptions of desirability and feasibility and a propensity to act upon opportunities are connected to intentions to commence a business. The assumption of this model is that an individual's behaviour was guided by inertia until positive or negative displacement is occurred to trigger a change in behaviour where the best opportunity was sought among a set of available alternatives (Katz, 1992).

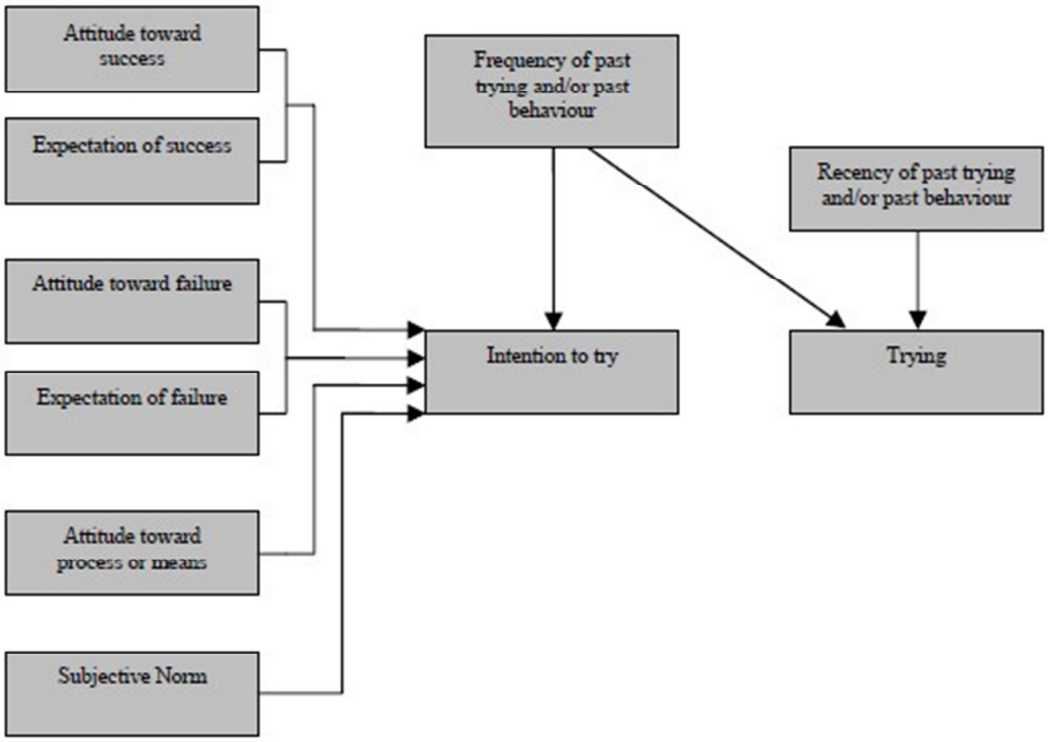
Figure 2.4: Shapero's Model of Entrepreneurial Event (SEE)



Source: Gutauskaitė, G. (2015). *The role of entrepreneurial learning on entrepreneurial intensions in Lithuanian creative industries.* (Master's thesis). Retrieved from http://archive.ism.lt/handle/1/614

The Theory of Trying (TT) is an extension developed by modifying the TRA with the TPB and the theory of goal pursuit (TGP) to address and emphasize the pursuit of goal. Bagozzi and Warshaw (1990) proposed the key antecedent variables to trying that are subjective norms, attitude toward the process or means of trying, attitudes and expectations of success, and attitudes and expectations of failure, which in turn to be the key precursor of trying. Recency and frequency of past trying are independent variables that tend to have an impact on trying behaviour.

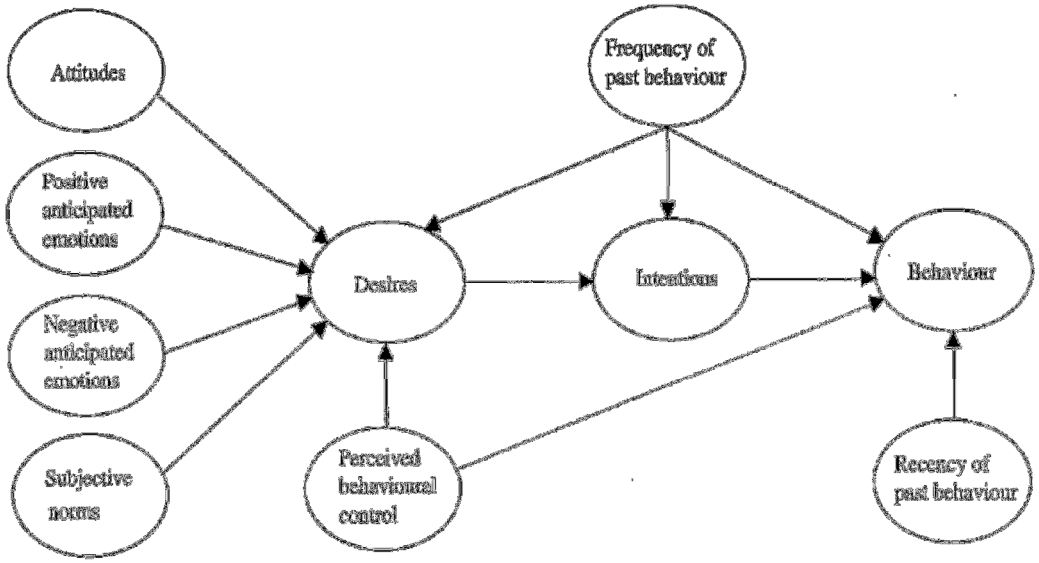
Figure 2.5: The Theory of Trying (TT)



Source: Bagozzi, R. P., & Warshaw, P. R. (1990). Trying to consume. *Journal of consumer research*, *17*(2), 127-140.

Model of Goal-oriented Behaviour (MGB) suggested by Perugini and Bagozzi (2001) is showing that the desires provide the direct driving force towards intentions and transfer the motivational content embedded in antecedents to behaviour. There are four key antecedents which are attitudes towards the behavior, anticipated emotions, subjective norms and perceived behavioural control. Frequency of past behaviour is further assumed to be a determinant of desires, intentions and behaviour, while recency of past behaviour is used to anticipate behaviour only.

Figure 2.6: Model of Goal-oriented Behaviour (MGB)



Source: Perugini, M., & Bagozzi, R. P. (2001). The role of desires and anticipated emotions in goal-directed behaviours: Broadening and deepening the theory of planned behaviour. *British Journal of Social Psychology*, *40*(1), 79-98.

Other than that, the versatility and robustness of intention models provide the broader and deeper use of comprehensive, theory-driven, testable models such as Technology Acceptance Model (TAM) (Davis, Bagozzi, & Warshaw, 1989), Integrated Behavioural Model (IBM) (Fishbein, 2000), Health Action Process Approach (HAPA) (Schwarzer, Lippke, & Luszczynska, 2011), Unified Theory of Acceptance and Use of Technology (UTAUT) (Venkatesh, Morris, Davis, & Davis, 2003), Health

Information Technology Acceptance Model (HITAM) (Kim & Park, 2012), and so forth. Furthermore, several authors modified the variables in the existing models to examine a more significant result based on their research fields (Mair & Noboa, 2003; Franke & Luthje, 2003; Segal, Borgia, & Schoenfeld, 2005; Kolvereid & Isaksen, 2006; Krueger, 2009).

2.2.1 Choice of Intention Model

As TT and MGB models involved past behaviours which are not compatible with our topic and the TRA model is limited to its measures' capacity, thus we decided to phase out from our choices. Both TPB and SEE are similar to one another. The main distinction between these two models is that subjective norm took the place of propensity to act. In other words, the TPB model emphasizes the role of prevailing social norms while SEE focuses more on the individual's characteristics and prior experience. In Miralles, Riverola, and Giones's (2012) study, they obtained a result tested with the TPB and SEE model and it showed that subjective norms had no impact on intentions.

Furthermore, Shapero and Sokol (1982) argues that intentions was hinged on individual's perceptions and therefore a volitional control to intentions which is the propensity to act was included in order to capture the potential for a credible opportunity. This element is believed to have more variances in the variable of intentions. We decided to use SEE model as our fundamental theoretical framework because Shapero claimed that it is difficult to predict and identify potential entrepreneurs based on demographics, personality, or other static criteria in a performing environment. The theorist further stated that perceptions are very important because the norms and attitudes of potential entrepreneurs are driven by perceptions more than objective facts. Individuals' perceptions of the new circumstances had changed instead of the

individual himself or herself. The key variables are perception-based; therefore, they are learnable and necessarily vary across both individuals and circumstances (Krueger & Brazeal, 1994). This statement provides a reason to use this model in our study aiming to identify potential medical facilitator in Malaysia.

This is not enough when the measurements are relying on individuals. Thus, we need to provide what Shapero defined a "nutrient-rich" environment for potential entrepreneurs. This environment should provide credible information, tangible resources, tacit knowledge, and social support. Such environment will affords them a ground rule when and where they perceive a personally viable opportunity (Krueger & Brazeal, 1994). Carsrud and Johnson (1989) also acknowledged the necessity of taking account the dynamic interaction between the focal individual and the environment. As with the TPB, external influences do not directly impact on intentions or behaviours but affect them through individuals' perceptions. Hence, we intend to include the constructs of perceived support and social network in the existing model to magnify the individuals' intentions to become a medical facilitator in Malaysia.

2.3 Review of the Literature

2.3.1 Dependent Variable - Intention

Bird (1988) explained intention is a mental state controlling an individual's attention, which in turn to address experience and action toward a specific object or target. Intention was defined as a psychological state of individuals which lead them to take a course of action i.e. form a new business or create a new value driver within an existing establishment (Wu & Wu, 2008).

Intention refers to an individual's willingness to engage in a particular activity (Akanbi & Ofoegbu, 2011). Zahariah, Amalina, and Erlane (2010) further claimed that intention is often associated with individual's inner guts, ambition and the feeling to stand on their own feet.

Apart from that, some authors discussed intention in a broader psychological context which is Bird's (1988) description of rational versus intuitive intention and Quan's (2012) dimensions of deliberate versus impulsive intention. Firstly, rationality and deliberate intentions have the similar definition which an individual's logical, analytic, deliberate thinking and causality-oriented processes resulted in intention and behaviour. This psychological approach could be based on formal business plans, prior business contacts and experiences, opportunity analysis, resource acquisition and control, goal setting, and observable goal-directed behaviour. Secondly, intuition is equal to impulsive intention whereby intuitive, holistic, contextual thinking and the desire or willingness to enter a business venture without realistic control of resources formed intention and thus behaviour. Intention can be influenced by personal attitudes toward the behaviour, culture and demographic factors or inspired by vision, idea, an exploded view of untapped resources and a strong personal feeling. By distinguishing these two categories of intention, it provides a better understanding of why intentions influence inconsistently to behaviours in the existing empirical researches.

Nonetheless, Krueger (1993), Fayolle and Gailly (2004), and Fayolle, Gailly and Lassas-Clerc (2006) described that intentions are a cognitive state immediately antecedes to executing behaviour. Azjen (1991) additionally illustrated that intentions take a central position in cognitive approaches to interpret human behaviours which strengthened by demonstrating the importance of intentional constructs, such as expectation, attention, attitudes, and norms, have on behaviours (Fishbein & Ajzen, 1975). The theorists assumed the motivational variables which determine the behaviours are

embedded in intentions and thus intention indicates the extent that an individual are willing to try and exert the efforts in order to perform the behaviour. In other words, intentions are treated as the cause of an action which the greater an individual's intention to engage in a particular behaviour, the more likely it should be to turn into their actual behaviour eventually (Ajzen, 1991). However, the empirical research by Brush, Manolova, and Edelman (2008) found that intention does not necessarily antecede the execution of behaviour; thus, some behaviours are never being successfully transformed from the behavioural intention. Moreover, Fatima, Rebecca, Ariba, Madeeha, and Khadija (2016) denoted intention as the cognitive expression of a targeted goal which individuals are striving to achieve. Intentions involve the development of an action plan which individuals build and use to achieve the objective (Bird, 1988; Tubbs & Ekeberg, 1991). In short, intention is the best predictor of behavior, not by attitudes, traits, or demographics (Bagozzi et al., 1989; Ajzen 1991; Madden, Ellen, & Ajzen, 1992; Krueger & Carsrud, 1993; Kolvereid, 1996).

For the purpose of this research, intention is the dependent variable and it is defined as the intention of becoming a medical facilitator in Malaysia.

2.3.2 1st Independent Variable – Perceived Desirability

According to Kruger, Reilly, and Carsrud (2000), perceived desirability is the personal captivation of establishing a business which comprise of intrapersonal and extra personal impacts. In other words, perceived desirability is considered as the individual's evaluation of the intrinsic value of the executed behaviour. In Moghaveni, Salleh, and Abessi's (2013) study, they mentioned that perceived desirability is the degree of attraction which an individual perceives toward specific actions.

Influence of Opportunity on Perceived Desirability

According to Dees (2007), the nature and attractiveness of the opportunity is likely to affect the perceived desirability. An individual will perceive a desire to venture a business if the social nature of the business meets its personal preferences, and moreover the opportunity will be treated as attractive if there are sufficient resources such as time, energy, and capital required to venture a business is available. In addition, Krueger and Brazeal (1994) mentioned that organizations are hardly to identify opportunity than individuals. Besides, individuals have the natural tendency to simplify their thoughts by categorizing the situations they encountered. They tend to categorize environmental issues from a strategic viewpoint to opportunities and threats that are likely to form. Dutton (1993) agreed that perception of opportunity relies heavily on the perception that a situation is favorable and manageable. In short, when a person finds that there is more opportunities in a business, it is more likely that person will perceived it as attractive to take a course of action i.e. enter into a new business.

Influence of Social Norms on Perceived Desirability

Social norms in perceived desirability represent the perceived normative beliefs of significant others that measured by the individual's motive to consent with each normative belief (Krueger, 2000). In other words, what the other significant thoughts of an individual performing a behavior would directly influence the individual's formation of intention. According to Ajzen and Fishbein (2005), when an individual perceived that others who are important to them consider the venture is attractive, the greater chance that the individual will tend to perceived it as attractive. In contrast, if the people who are important to them think that the business is not attractive at all, the individual will likely to perceive it as not desire as well.

According to Mueller (2011), perceived desirability, which is similar to subjective norms, are cultivated through the influences of social norms and help to create belief and values. For instance, if a person is surrounded by the society where all the people view entrepreneur as something attractive, it is more likely the person will have the same perception towards being an entrepreneur.

Influence of Past Experience on Perceived Desirability

Furthermore, in Shapero's study, the theorist suggested that the positiveness which associated with the past experience is likely to form a favourable perception of desirability of another relevant activity (Krueger & Brazeal, 1994). Brockhaus and Horwitz (1986) agree that the influence is expected to be dominant when the individual has relevant past experience within particular industry which the individual considers to venture in. There is past studies recognized that the influence of past experience on perceived desirability have an impact on the outset of entrepreneurial activities.

Moreover, Krueger (1993) and Shapero (1975) had theorized the breadth and positiveness of past experience as determinants of perceived desirability. Brockhaus & Hurwitz (1986) also mentioned that many decision makers share attitudes based on both the breadth and nature of past experience. This had also proved that once an individual have a favourable venturing experience in the past, it possesses a high chance that that individual will perceive the new business as attractive and desirable.

In a nutshell, we defined Perceived Desirability as the attractiveness of becoming a medical facilitator in Malaysia that an individual perceived in this study.

2.3.3 2nd Independent Variable – Perceived Feasibility

Shapero and Sokol (1982) defined perceived feasibility as an individual's personal perception on the ability to carry out certain behaviour with the presence of available resources (knowledge, partners and financial support). According to Krueger (1993), perceived feasibility is the extent to which an individual believes that he or she is personally capable of starting a business. Several researchers indicated that perceived feasibility is the synonym to the self-efficacy (Boyd & Vozikis, 1994; Summers, 1998; Krueger, Reilly, & Carsrud, 2000; Segal, Borgia, & Schoenfeld, 2005).

Influence of Human Capital on Perceived Feasibility

According to Dimov (2010), human capital is the knowledge and skill that individual required to perform a task. Schultz (1959), Becker (1964) and Mincer (1974) found that human capital theory stated that knowledge that are possessed by an individual can be increase one's intellectual ability, which results in a more productive and efficient potential activity. Entrepreneurial knowledge can influence individuals' thinking and enhance self-confidence to increase the possibility of individuals engage in entrepreneurship (Roxas, 2014).

According to Davidsson and Honig (2003), individuals with larger human capital are more capable to identify and exploit opportunities compared to those who have little human capital. As stated by Shane and Venkataraman (2000) and Politis (2008), individuals with high human capital are more proactive to pursue new opportunities and perceived efficacy in starting up business venture when they discover favourable opportunities. Hence, the individual is regarded to be feasible in exploiting the opportunity successfully.

Influence of Risk Propensity on Perceived Feasibility

Entrepreneur refers to individuals who have low risk aversion and make decision under ambiguous situation (Hébert & Link, 1988). Thus, entrepreneurs are willing to take risk under uncertainty situation. Sitkin and Pablo (1992) defined risk propensity as the tendency of decision maker's perception to accept or reject risk. According to Krueger and Brazeal (1994) and Zhao, Seibert and Hills (2005), an individual perceived whether a new business venture is feasible to or not based on personal risk propensity. A risk taker tends to have a high feasibility perception. This is because risk taker is more prefer positive outcomes that amplify opportunities and minimize threats.

Barbosa, Gerhardt and Kickul (2007) stated that individuals who are high risk propensity are more likely to engage in entrepreneurship because they feel confident in completing specific tasks in order to succeed in venturing new business. In addition, Sitkin and Weingart (1995) mentioned that individuals with high risk propensity are good at dealing with risky condition and perceived less risk. They are also less likely to have negative feelings that will dampen their enthusiasms in entrepreneurial career. As a result, they have a greater sense of outcome controllability and perceive more feasible to execute an action (Zhao et al., 2005).

Influence of Emotional Intelligence on Perceived Feasibility

According to Salovey and Mayer (1990), emotional intelligence is the capability of a person in monitoring his or her owns and others emotions, segregate among them, and use this idea to guide one's thinking and behaviour. According to Mortana, Ripolla, Carvalhob and Bernala, (2014) and Wong and Law (2002), the research showed emotional intelligence is closely related with self-efficacy (perceived feasibility) which eventually has an impact on intention. As stated by Bandura (1982), self-efficacy can be

affected by one's own physiological states, such as emotional arousal. People are likely perceived themselves inefficacious when dealing with pressure that gets them into an anxious situation. Such disruptive arousal may inferior their perceived efficacy to perform better.

Past research result showed that individuals with high emotional intelligence have greater belief in their capability and thus recognize opportunity in the entrepreneurial process. With the reference to Daus & Ashkanasy (2005) and Nikolaou & Tsaousis (2002), mentioned that individuals with better emotional control ability are resilient and able to understand the causes of stress and know how to deal with stress. As a result, individuals perceive a career feasible when dealing with ambiguous situation as they are capable to control their emotion and calm down when facing uncertainties and stressful situations.

In this study, Perceived Feasibility referred to an individual's perception on the capability of becoming a medical facilitator.

2.3.4 3rd Independent Variable – Propensity to Act

According to Shapero (1975), the author defined propensity to act as a perception of a person's ability to control and manipulate the situation.

Influence of Locus of Control on Propensity to Act

Locus of control was suggested as being a proxy variable for this propensity to act concept. Locus of control examines an individual's belief in and to what degree they perceived that they have the ability to manipulate the outcome that takes places (Daum, 2003). Rotter (1966) defined locus of control as the

extent to which an individual anticipates events as unforeseen depending on his or her own behaviours or own relatively permanent traits which are assumed to be more or less stable under uncertain conditions. According to Millet (2005), a person who can make decision based on their own ability, skills, and efforts are under internal orientations, whereas a person who makes decision depend on external forces such as luck, chance and fortune are under external orientations.

According to Daum (2003), for behavioural changes to happen, the reinforcement must be valued to the person. Marks (1998) clarified that people having internal locus of control realized the value of reinforcements is significant because they have confidence in controlling over the reinforcements. While people with external locus of control are unlikely to alter their behaviour as they think that any change in behaviour would not has impact on reinforcement. In short, decreasing or increasing the reinforcements will affect them in changing their behaviour.

Influence of Proactive Behaviour on Propensity to Act

Summers (2013) said that Shapero model included propensity to act as a variable to influence one's intention. Shapero (1975), reasoned that having positive perceptions of feasibility and desirability were not enough to produce one's intention of forming a particular behaviour and the individual needs a tendency to take action on his or her positive attitudes. The author also clarified that there is a study conducted by a professional provides support stating individuals who have positive attitudes toward particular behaviour may not perform that behaviour if there is no propensity to act. This implies that having only good attitudes toward particular behaviour is not enough and therefore propensity to act is required for individuals to perform that behaviour. Moreover, the author also added that propensity to act is dependent on one's desire to take control by taking action. Thus, individuals are unlikely

to have serious intention toward a specific behaviour without perceiving the likelihood of taking action to perform that behaviour.

In addition to that, Summers (1998) explained the person's ability to control his or her environment is closely related to propensity to act. This explanation is aligned with the Bateman and Crant's (1993) study on proactive behaviour. According to Bateman and Crant (1993), they described proactive person as someone who effects environmental change and is relatively unconstrained by situational forces. In other words, proactive behaviour is the extent to which people take action in influencing their environments.

According to Crant (1996), an individual who possesses proactive personality are able to spot the right set of circumstances and act on them; this reflects that they have the initiative to take action and persevere until they manage to make significant change. While individuals who are not proactive have the opposite patterns in which they fail to recognize opportunities to change. They passively fit into and endure their circumstances. According to Daft and Weick (1984), individual's interpretation is moderated by his or her beliefs about the environment. Thus, propensity to act can be said as an individual's motivation or belief in making decisions regardless of how the external forces are causing changes in the environment.

In this research, Propensity to Act is denoted as an individual's ability and motivation to control his/her environment in order to become a medical facilitator in Malaysia.

2.3.5 4th Independent Variable – Perceived Support

According to Colakoglu, Culha, and Atay (2010), perceived support is defined as the belief of an individual concerning the extent to which the surrounding environment assesses its cares and contributions on actions. Luthje and Franke (2003) explained that individuals might still join an industry if they perceive the founding condition is favourable regardless of what attitudes they hold. Several studies have identified that perceived supports from the surrounding environment play important role in influencing an individual's decision to execute a specific behaviour (Arrighetti, Caricati, Landini, & Monacelli, 2016).

Han, Van Nguyen and Nguyen (2015) interpreted structural support as the influences of economic and political mechanism which is governed by public or private sectors. Fini, Grimaldi, Marzocchi, & Sobrero (2009) also expressed that structural support is explained in term of the roles of government policies and the availability of logistics infrastructure. Government is vital to provide the relevant benefit supplements by intervening some changes or policies. These interventions include managing tax policies, funding schemes and other support mechanism. In addition, government could also give their supports in terms of financial (e.g. small loans) and non-financial services (e.g. training opportunities and consulting services).

Apart from that, Ruslizan Osman (2014) explained that special tax incentives have encouraged further development in healthcare industry in order to enhance the quality of products and services. This could be demonstrated by the Malaysian government which offers tax incentives for technologies, facilities and promoting services. Besides, Ormond, Wong, and Chan (2014) mentioned that Malaysian government offered tax allowance on health care

facilities in order to encourage medical industry to further invest in international recognition of accreditation schemes (JCI and MSQH) and advanced equipment. These investments could assure the healthcare standard and develop the medical tourism industry.

On the other hand, Akinbola, Ogunnaike, & Amaihian's (2015) study identified that education institution is an efficient way where an individual can obtain necessary knowledge and skills. The study found that the investment in education reflects a high return in long term. University acts as a key role to offer relevant practical courses or programs and minimize the academic insufficient issues. In addition, educational support defined as a method to cultivate and exploit an individual's ability to recognize and grab the opportunities with the support of knowledge and skill learned from academic institutions (Ooi & Abdullahi Nasiru, 2015). This study also identified that self-confidence could be built through practical learning and application on related skills and knowledge.

Furthermore, Arrighetti et al. (2015) explained that education institution is viewed as a social environment where an individual can foster creativity, independency and autonomy. Besides, Fini et al.'s (2009) study also highlighted that specific university support mechanisms and set of policies are also relevant in reinforcing particular actions to be executed. Education institution's policies tend to cultivate and promote specific behaviour by raising their awareness through the promotion of educational programs (Bašić, Novak, & Dabić, 2011). When implementing proper educational foundation, curiosity would be stimulated and hence increase the awareness concerning the specific behaviour.

Ambad and Damit (2016) defined perceived relational support as the approval and support which an individual receives from family members, friends and others while deciding to engage in a particular behaviour. Family and friends

could influence individual career choice by acting as role model or fund provider. By the presence of role model, the individual obtains valid information, proper guidance and support and also set good example to follow. The research found that a successful career requires a good example to motivate and inspire that person towards particular career. Arrighetti et al.'s (2015) study also mentioned that family members and friends could provide the economic and emotional support to influence an individual's decision. Besides, the study also emphasized that family is not only providing support on financial resources, but also communicating necessary information that potentially expose to the economic opportunity.

As a conclusion, in this study, Perceived Support is analyzed to include educational, structural and relational supports which promote one's intention to become a medical facilitator in Malaysia.

2.3.6 5th Independent Variable - Social Networks

While the literature on intentions moved the focus of examination within the mind of the individual, there has been a shift in the literature on networks focusing from the mental state of the individual to the social context of the individual, thus an increasing recognition of the importance of social network is bestowed.

The definitions of social network seemed to reach a consensus among researchers. Aldrich and Zimmer (1986) manifested network as the totality of all individuals linked by a certain type of relationship. Johannisson (1996) contributed an "actor-centered" definition stating that social network is complex, interconnected and dyadic relationships in which various ties can be examined and analyzed. Besides, Brass (1992) refers social network as a set of

individuals (actors) and a set of connections between the individuals in a circle of acquaintances. Additionally, Ameh and Udu (2016) claimed that social network is social structure built up by nodes (individuals groups, organizations, or related systems) which are tied on one or more specific aspects of relationship or interdependence such as values, ideas, kinship, conflict and so forth. Granovetter (1985) realized that social network is not a fixed business context, but it is initiating and varying based on different individuals' needs. Evidence is supported by Hansen who stated that individuals are interacted and connected to people whom they wish to depend. Moreover, Floyd and Wooldridge (1999) studied that social network could transfer information, influence, and affect when building relations with an individual's environment; therefore, it is best explained the cause of an action within the context of social relationships.

Social network promotes and motivates people to seek for integrative outcomes instead of zero-sum results. Bourdieu (1985) mentioned that the presence of a network of relationships is neither a natural nor social given, but constituted once and for all by an individual's initial act. The author was further described the social network as the result of investment strategies whereby individuals or collective, consciously or unconsciously, aimed to develop relationships that are directly accessible in the short- or long-term. Oke (2013) expressed social network as a vital element in connecting people and organizations together in a sound and innovative system of relational, collaborative and multiplex alliances. Eckhardt and Shane (2003) further declared that an individual may able to see a given opportunity appear, but might lack the social networks to turn the opportunity into reality. The relationships between an individual and others in a social network could channel and access to the important and complementary tangible or intangible resources in addition to his or her knowledge, ideas, and competence (Nahapiet & Ghoshal, 1998; Salaff & Greve, 2003; Ramayah & Harun, 2005; Ekpe & Mat 2012). Moreover, social network relationships embed mutual

knowledge, recognition, the feelings of gratitude, respect and friendship (Bourdieu, 1985) and social identities (Watts, Dodds, & Newman, 2002).

Nonetheless, there are two prominent but contradicting arguments concerning the importance of social network which consists of closure argument (Coleman, 1988) and structural holes argument (Burt, 1993). First, closure argument is manifested that a closed network of relationships surrounding an individual, in which the people know each other, promotes trust within the network. Trust can act as a governance mechanism and enhances the likelihood that the individual may get private information and emotional encouragement (Tsai & Ghoshal, 1998) and allows the generation of mutual obligations and expectations (Fukuyama, 1995). Aldrich and Zimmer (1986) also claimed that a coalition may be made up of a closed network improving the collective decision. Strong ties may also carry greater expectation of trust and motivation and these relationships are typically more easily available when necessary. Xiao and Fan (2014) suggested that personal networks are also viewed as the resources that provide essential spiritual and practical support, awareness of opportunities and access to information.

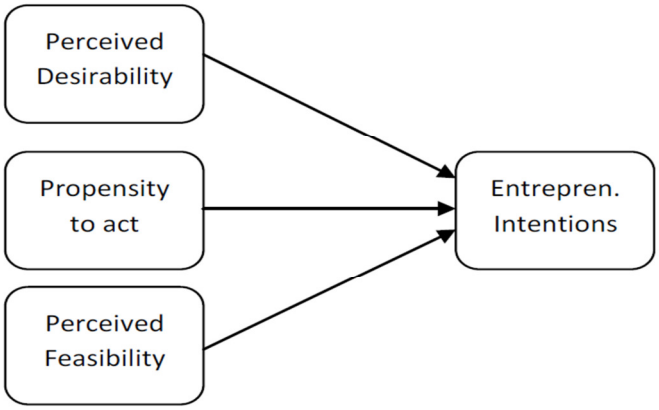
Second, structural holes argument is described that an individual with a network of relationship with holes or disconnects among them will obtain diverse, novel and non-redundant information and this argument seems to discuss the same phenomena with the strength of weak ties proposed by Granovetter (1973). The weak ties, which measured as interaction with business acquaintances, transfer information in distant space of networks and bridge intra-community networks, thereby filling the structural holes. Nicolaou and Birley (2003) suggested that an individual can benefit from weak ties of business networks rather than strong ties of personal networks to identifying opportunity, accessing to relevant and timely information and scarce resources, and receiving positive recommendation and evaluation through referrals.

In a summary, an individual would benefit from both weak and strong diverse contacts (Burt, 1997) because the resources and information from personal networks may not provide much beyond the individual's own scope, or in other words it may not be adequately diverse in nature since the people in these networks tend to move in the same circle with the individual (Oke, 2013). The reliance of an individual's network will usually shift from a strongly-tied, close, personal contacts to more arms-length, weakly-tied and impersonal contacts during the progression of behaviour. Hoang and Antoncic (2003) studied that the closeness of network contacts increased the quantity of information instead of the perceived quality. As a combining idea of the two arguments, Klyver and Schøtt (2008) developed a new argument stating that the efficient structure of a network around an individual depends on the activities and challenges which he/she is encountering during the process undertaking from intention to actual behaviour.

As conclusion, Social Network is concerned with an individual's interactions or relationships with his or her contacts which could help and encourage them to become a medical facilitator in Malaysia.

2.4 Review of Relevant Theoretical Models

Figure 2.7 Shapero's Entrepreneurial Event Model (SEE)



Source: Miralles, F., Riverola, C., & Giones, F. (2012, September). Analysing nascent entrepreneurs' behaviour through intention-Based models. In *Proceedings of the 7th European Conference on Innovation and Entrepreneurship, Santarem, Portugal*.

Entrepreneurial Event model developed by Shapero and Sokol (1982) is an analysis of entrepreneurial event instead of entrepreneur itself. This is because in this model entrepreneurial intention is the dependent variable while individual or group is the independent variable (Gutauskaitė, 2015). In other words, the goal of Shapero's model was to understand why individuals are choosing the particular career path and what incidents cause individuals to change their behaviour in their lives.

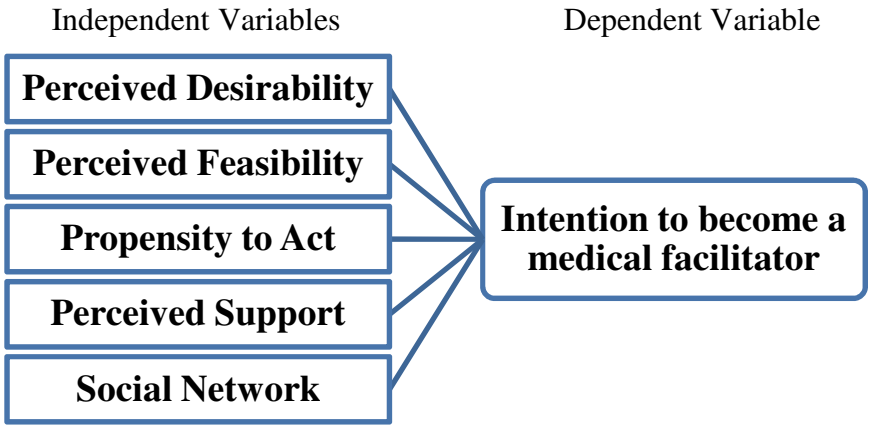
SEE model is a useful tool to understand key factors that will influence people in making decisions in starting a business. According to Abd Rozan (2001), he said the assumption of SEE model is that the perceived desirability and feasibility of the action associated with an individual's propensity to take action can lead to many alternatives of action. Thus, there are three primary influencing factors (perceived

desirability, perceived feasibility, propensity to act) that will influence entrepreneurial intentions, which ultimately lead to entrepreneurial event (behaviour).

Shapero claimed that any decision under consideration had to be perceived as not only desirable but also must be a feasible one. Moreover, there had to be some propensity to act on the available alternatives. This means that individual's perception toward decision's attractiveness is insufficient in making decisions; there must be some predisposition to act on the available opportunities in order for a decision to be actually and realistically taken (Kuehn, 2008).

2.5 Proposed Theoretical Framework

Figure 2.8 Proposed Theoretical Framework



Source: Developed for the research

The proposed conceptual framework is formed to examine the relationship of the variables in this study which are Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support and Social Network towards intention to become a medical facilitator. It also provides an outline for data analysis and is vital in presenting the research proposal for the usage of descriptive method. In summary,

the proposed framework demonstrate how Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support and Social Network can be connected together to achieve for a conclusion of significant factors of the intention. This conceptual framework is proposed with taking into account an individual's perceptions and the relationships with his or her environment. A medical facilitator needs various supports and networking to operate the business; therefore, we added in another two relevant constructs to enhance the magnitudes of the variables in our study. The proposed framework is more appropriate for our study which may help to explain Intention of becoming a medical facilitator in more detail and more comprehensively.

2.6 Hypotheses Development

2.6.1 Relationship between Perceived Desirability and Intention

Both the Ajzen (1991) and Shapero (1975) models include similar measures of attitude as a predictor of intentions. In each case, attitude is a measure of the perceived desirability to perform the intended behaviour. In this research, perceived desirability is an evaluation of a person's attitude towards a specific behaviour which indicates the evaluation of action rather than object. For example, an individual's attitude toward women may not impact his or her action concerning women. A person may not like the women (object) but hire them anyway (action). Only a person's specific attitude toward hiring women could predict whether or not he or she will hire them (Ajzen & Fishbein, 2005).

Attitudes about any intention of becoming medical facilitator are determined by how a person perceived the business as desirable or not. Individuals with

favourable attitude towards a behavior will be more likely to form strong intention and therefore perform the behavior than individuals with unfavourable attitudes (Ajzen & Fishbein, 2005). Hence, perceived desirability is an evaluation of behaviour, not an evaluation of the individual. Empirical support for the attitude towards intention relationship is strong. According to Kim and Hunter (1993), a recent meta-analysis of empirical study of the attitude-intention association indicates that over 50% of the variance intention is explained by attitude toward intention. Attitude about any behavior are determined by the individual's belief about performing the behavior (Ajzen & Fishbein, 2005). As a result, perceived desirability is suggested to be a determinant of an individual's intention of becoming medical facilitator. Therefore, we hypothesized as follow:-

$H1_1$: There is a significant relationship between Perceived Desirability and Intention of becoming a medical facilitator.

2.6.2 Relationship between Perceived Feasibility and Intention

Numerous researches concluded that perceived feasibility is positively affecting an individual's intention to take the courses of actions (Krueger, 1993; Segal, Bogia & Schoenfeld, 2005; Lu, Wang, & Millington, 2010; Krueger, Reilly & Carsrud, 2000). Krueger's (1993) study investigated the sample of 126 university business students career option based on Shapero's entrepreneurial event model. As a result, it revealed that the perceived feasibility had yielded the highest variance which is well explained in half of the intention variance. Empirical research has concluded that perceived feasibility is one of the strongest attitude factors that positively impact intentions among the public and private Malaysian university students (Pihie & Bagheri, 2013). Hence, high level of feasibility perception can affect the

individuals' intention and capability to undertake a career, the degree of feasibility towards starting new business venture, their persistence in facing challenges of entrepreneurial activities, and their success in performing entrepreneurial role and tasks (Chen, Greene, & Crick, 1998; Trevelyan 2011).

Several prior empirical studies stated positive effect of human capital on perceived feasibility towards entrepreneurial intention (Krueger et al., 2000; Krueger, 1993; Miralles, Riverola & Giones, 2015; Davidsson & Honig, 2003). Davidsson and Honig (2003) mentioned that individuals with high human capital level predisposed to recognize entrepreneurial opportunity. Hence, those have high level human capital tend to have great self-confidence which affect their intention to become entrepreneur. According to past empirical study, gaining entrepreneurial knowledge would affect personal confidence, self-efficacy perceptions and entrepreneurial intention (Liñán & Chen, 2009; Miralles et al., 2015). Sommer and Haug (2010) mentioned perceived entrepreneurial feasibility can be improved by obtaining either tacit or explicit knowledge.

Mortana, Ripolla, Carvalhob, and Bernala (2014) investigated the positive effect of emotional intelligence on intention with mediated self-efficacy among 394 participants. The result is consistent with Ahmetoglu, Leutner and Chamorro-Premuzic (2011) which they endorsed that emotional intelligence has higher prediction power than socio-demographic variables and personality traits. Thus, the ability to control and use emotions can affect the self-efficacy as well as indirectly affect the individuals' intention to engage in relevant activity. Daus & Ashkanasy (2005) stated that individuals with high emotional intelligence are more confident towards their capability and skill in entrepreneurial process. In brief, we believe that perceived feasibility is the one of the influencers on an individual's intention of becoming medical facilitator. Therefore, we hypothesized as follow:-

$H2_1$: There is a significant relationship between Perceived Feasibility and Intention of becoming a medical facilitator.

2.6.3 Relationship between Propensity to Act and Intention

According to Summers (1998), the author explained that the propensity to act is closely related with the individual ability to control and manipulate his or her environment. The interpretation is identical with the study about proactive behaviour carried out by Bateman and Crant (1993) which proved that the proactive behaviour is a significant predictor of intention. Based on Krueger (2004), Shapero's model has clarified that entrepreneurial thought should consider some element of propensity to act on new opportunities and suggested that a person is easier to perceive a potential opportunity as credible if there is propensity to take action. Krueger (2004) stated that a person with low propensity to act is likely to perceive and act upon minor and less discontinuous opportunity.

Besides, Crant (1996) said that there is a reciprocal links exist between individual, environment, and behaviour. The proactive approach rooted in interactionist perspective holds the probability that individuals form their surroundings and even their behaviour is internally and externally control. So, people can intentionally and directly change current circumstances, for instance, by selecting career that they are best suited (Crant, 1996). Furthermore, an activity or a career that gives the individual full control over and responsibility for the outcome, internals are assumed to have a more positive attitude toward the activity or career than externals (Jun, 2010).

Based on statement above, we know that propensity to act which associated with proactive personality are seemingly logical to influence an individual's

intention to become a medical facilitator and also individuals with internal locus of control are more motivated or have positive beliefs in becoming a medical facilitator no matter how the external forces are. Therefore, we hypothesized as follow:-

$H3_1$: There is a significant relationship between Propensity to Act and Intention of becoming a medical facilitator.

2.6.4 Relationship between Perceived Support and Intention

Denanyoh, Adjei and Nyemekye (2015) stated that perceived educational, structural and relational supports have significant influences on intention. When educational support is offered, an individual's intention to involve in respective career will be increased. For the perceived structural support, intention will be enhanced when incentives and facilities are sufficiently provided. Besides, an individual's intention could be developed when receiving family and friends supports. Moreover, Arrighetti et al. (2015) mentioned that academic institutions are vital in providing development program and instruments to enhance the intention towards a particular career. Their study also stated that there is a poor connection between family supports, economic institutions and intention. Hence, it emphasized academic institution as an important institution to educate new generation of talents.

In addition, Gelard and Saleh (2010) observed that perceived educational and structural support have strong relationship with intention. It believed that favourable environment condition could influence an individual's intention to behave. Akinbola, Ogunnaike, and Amaihian (2015) also confirmed that perceived educational support has positive effect on intention. They concluded that sufficient knowledge and skills would raise intention. This is evidenced

by Ooi and Abdullahi Nasiru (2015) that educational support will promote an individual's bahavioural intention in decision making.

Apart from that, Han, Van Nguyen, and Nguyen (2015) has revealed that perceived educational support has positive impact on intention while perceived structural and relational support have negative effects on intention. On the contrary, Ambad and Damit (2016) found that perceived relational support showed a positive relationship with intention while perceived educational and structural support has insignificant relationship with intention. The study explained the roles of family and friends are important to provide great supports, which in turn increase individual intention. In short, perceived support could be determined to influence one's intention of becoming a medical facilitator. Therefore, we hypothesized as follow:-

$H4_1$: There is a significant relationship between Perceived Support and Intention of becoming a medical facilitator.

2.6.5 Relationship between Social Networks and Intentions

Social network is proved to have a positive impact on intention (Krueger, 1993; Shane & Cable, 2002; Ramayah & Harun, 2005; Prodan & Drnovsek, 2010; Ekpe & Mat, 2012; Zafar, Yasin, & Ijaz, 2012; Luo, 2014; Fatima et al., 2016; Malebana, 2016; Elali & Al-Yacoub, 2016). Social networks are acknowledged as an important means to take a course of action (Davidsson & Honig, 2003; Mosey & Wright, 2007). Ramayah and Harun (2005) found out that the access to capital, information and networking are some of the biggest obstacles to an individual to take a course of action i.e. enter a new business.

Gelard and Saleh (2011) found that intention was not associated with the dimension of informal networks but formal networks which include entrepreneurial consulting agencies, banks, insurance companies and the society. Furthermore, Xiao and Fan (2014) proposed that the diversity of social network has a positive influence on intention through feasibility and desirability. Interaction with the players from different industries, areas and sectors drives entrepreneurial intentions because they can obtain advantages, information and resources about market and business opportunity, investment, policy and so forth.

Other than that, Fernandez-Perez and Alonso-Galicia (2014) realized that industrial and financial social networks were found to positively influence through both directly and indirectly to intentions, while personal social networks was found to be influenced intentions indirectly which evidenced by Prodan and Drnovsek (2010) who found partial support for this particular hypothesis. Quan (2012) studied that social networks, which can provide resources, have significant impact to deliberate intentions. On the other hand, social networks have no significant influence on impulsive intentions. In addition, Chow and Chan (2008) supported that social networks had apparently indirect effects on the intentions through the mediators of attitudes toward the behaviour and subjective norms. In summary, we believe that social network is a critical factor that will influence one's intention to be a medical facilitator in Malaysia. Therefore, we hypothesized as follow:-

$H5_1$: There is a significant relationship between Social Network and Intention of becoming a medical facilitator.

2.7 Conclusion

In conclusion, this chapter provides a comprehensive and precise perspective of the independent variables and dependent variable through the literature review, along with the relevant theoretical model to assist us for a better understanding. The variables have been clearly defined and the hypotheses are developed based on the previous researches on the relationship between each of independent variable and dependent variable. According to the findings in this chapter, we will further examine the relationships of variables in our research through carrying out research methodology in the following chapter.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

In this chapter, the main objective is to use the research methodology to evaluate the factors that influence intentions of becoming a medical facilitator in Malaysia. Research methodology is a technique to discover the results of specific matter or problem that researcher seeks to solve. It consists of the data collection method for this research project and it is considered as a critical part in this study. We also provide descriptions about how this research is carried out in terms of research design, data collection methods, sampling design, research instrument, construct measurement and data processing.

3.1 Research Design

We use quantitative research as our research tool. Leedy and Ormrod (2001) described quantitative research is applied to verify relationships and to develop generalizations that contribute to theory. Quantitative research involves the gathering of data so that the data collected can be quantified and processed by using statistical analysis (Creswell, 2003).

The main intention of using this approach is that we are using survey questionnaire to collect data and also to conduct the reliability test for testing the statistical hypotheses toward the research question of our interest. Furthermore, we created a set of questionnaire to do our survey with the purpose of obtaining responses from targeted respondents. Quantitative research is more efficient because the question we set in the questionnaire is fixed-alternative questions.

Besides those factors, there are other criteria that we considered when choosing quantitative research. First, this approach can state the research problems in very specific and prescribed terms. Second, it also can clearly specify both the independent and dependent variables of the study and follow the original research goals firmly in testing hypotheses, and determining the issues of causality.

According to Zikmund (2003), the main purpose of descriptive research is to describe the characteristics of a population or a phenomenon and it is aimed at answering who, what, when and where questions. It is used to find out what are the factors influencing the intention of an individual to become a medical facilitator. Moreover, the descriptive research may involve collection of quantitative data.

In causal study, the underlying emphasis is to delineate one or more factors that caused the problem. In other means, the purpose of applying causal study is to be able to clarify variable X causes variable Y (Vogt, 1999). This study is intended to investigate the causal relationships between the independent variables (Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support, Social Network) and dependent variable (Intention of becoming a medical facilitator); thus, it is being chosen as the research design.

3.2 Data Collection Methods

For the purpose of this study, both primary and secondary data are utilized to derive data and information in order to carry out hypotheses testing and obtain meaningful outcomes.

3.2.1 Primary Data

Primary data are collected by researchers for the first time in form of originals in character which directly link to the problems (Kothari, 1990). There are several important methods researches can be used to collect the primary data: questionnaire, interview and observation, schedules, warranty cards, distributor audits, pantry audits, consumer panel, mechanical devices, through projective techniques, depth interviews, and content analysis.

For the purpose of this study, the method we applied is questionnaire. In primary data collection, the questionnaire questions are well-customized in relation to our research topic and distribute to targeted respondents in order to obtain relevant information according to our research objective. According to Kothari (1990), several merits are listed by using questionnaire method in research. Questionnaire method is low cost to cover large and wide disperse geographically population. Next, it is assumed to be free from interviewer's bias. Moreover, respondents have sufficient time to provide considerable answers. Additionally, researchers can approach conveniently to respondents who are difficult to be reached. Besides, it can provide trusty and reliable result due to the availability of large samples that can be used.

3.2.2 Secondary Data

Secondary data is the data that have been collected and published by someone for some certain purposes (Kothari, 1990). Secondary data involves research reports, government reports, censuses, Internet, professional journals and others. Researchers can obtain secondary data easily, less time consuming and at a lower cost than primary data.

In our study, we acquired secondary data from relevant newspapers, books, journals and articles. We find and retrieve the relevant articles, theses and journals from online databases such as ProQuest, ScienceDirect, SpringerOpen, ResearchGate, GoogleScholar and other relevant databases. Next, we have also relied on internet resources such as UTAR electronic database, governmental official websites, and online journal articles to get authentic statistical data to enhance the overall presentation of our research.

3.3 Sampling Design

3.3.1 Target Population

The target population is the whole set of elements for which the survey data are to be used to make inferences; hence the target population determines those group of people for which the researchers want to collect information from (Lavrakas, 2008). We targeted the administrative employees in travel agencies and hospitals. Hence, we have identified few basic characteristics which potential medical facilitators might possess such as:-

(1) They must have the knowledge of medical tourism, and global health industry,

(2) They must possess the knowledge of medical terminology, and how the human body functions,

(3) They must know all aspects and rules of the travel agent equivalent to that of a professional travel agent,

(4) They must attain an understanding of travel insurance and health insurance programs available, and

(5) They are able to provide simplified travel and medical services planning.

With all above characteristics, we selected the administrators in hospitals and travel agencies as they are the individuals who are the most likely to be eligible to those characteristics. The condition of selecting target population should be specific to ensure accurate results are collected.

3.3.2 Sampling Frame and Sampling Location

According to Zikmund, Babin, Griffin and Carr (2011), a sampling frame is a list of element which the sample may be extracted, it is also known as working population because the sampling frame will ultimately provide elements involved in data interpretation. In our research, we obtained the list of travel agencies and hospitals from trusted official websites (http://hospital.com.my and http://www.matta.org.my/).

For our sampling location, we have chosen Penang to represent the administration staff population in hospitals and travel agencies in conducting our survey. The purpose of choosing this location is because the number of medical tourists who travel to Penang state is the highest as compared to other state. According to the Ministry of Health, there are approximately 1000 patients go to Penang for medical services in a day (International Medical Travel Journal, 2015b). Besides, based on Loh's (2016) article, an Indonesian blog (http://bayi-tabung.com) had a discussion section to guide women on how to get to one of the hospitals in Penang (Lam Wah Ee Hospital) for fertility treatment. In an Indonesian Magazine (Urban Style), it also mentioned that hospitals such as Gleneagles Medical Centre and Island hospital in Penang are the main choices of the Indonesian to seek medical care services (Malaysia Healthcare, 2011). Moreover, the State Local Government committee Chairman Chow Kon Yeow mentioned that Penang creates opportunities for more holistic and integrated medical tourism development,

he further explain that the hospitals in Penang are inbuilt with medical and wellness suites for recuperating patients and family members. In addition, George Town, Penang is one of the main two medical centers in Malaysia besides Kuala Lumpur, and a multitude of international airlines from around the world are appeared in both cities (International Living, 2017).

3.3.3 Sampling Elements

Sampling element refer to the single element or group of element subject to selection in the sample (Zikmund et al., 2013). The targeted sampling element for our research is the staff who work in hospitals and travel agencies administration departments in Penang. We does not include trainee and interns in our survey because we considered them as fresh graduate and still lack of working experience and knowledge.

Survey questionnaire has been adopted in this study because it is the most appropriate method to collect data from the respondents. Based on Liew and Lim (2015), PenangHealth, an alliance of seven hospitals in Penang collaborating to meet this blooming medical tourism in Malaysia which are including Gleneagles Medical Centre, Island Hospital, Pantai Hospital Penang, Penang Adventist Hospital, Loh Guan Lye Specialists Centre, Hospital Lam Wah Ee and Mount Miriam Cancer Hospital. Therefore, these hospitals are prioritized in our distribution list as they have more experiences in medical tourism.

3.3.4 Sampling Technique

Sampling techniques can be used by researchers to aim in minimizing cost and act as a method that exploit to investigate the whole population. This is because researchers always face difficulties in collecting primary data due to pragmatic reason and reliability of the result. Probability sampling is applied in this study because the sampling frame is available.

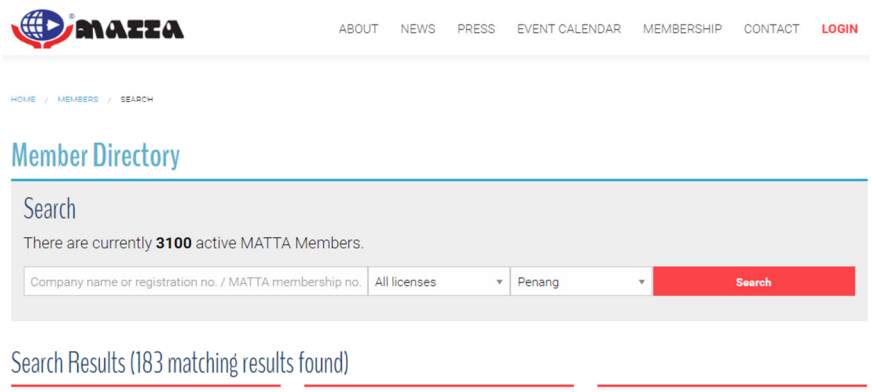
In this study, we implemented cluster sampling to draw the sample from the target population. Cluster sampling is a probability sampling that the primary sampling unit is not the individual element in the population but a large cluster of elements (Zikmund et al., 2011). We take and identify cluster sample by picking organizations (hospitals and travel agent companies). Next, employees within the organizations (clusters) are randomly selected to participate in our questionnaire. As stated in target population, self-administered questionnaires were distributed to the targeted respondents in related career fields who might reflect several characteristics of potential medical facilitator.

3.3.5 Sampling Size

There are typical researches involving small populations such as sampling members of a trade or professional group, sampling hospitals from around the country, etc. If our respondent is only targeted on hospital administrators, we would probably consider one approach which called census. This method is to assume the entire population as the sample in order to reach a desirable level of precision and accuracy. It is attractive for small populations i.e. 200 or less because sampling error could be eliminated and data on all the individuals in the population is provided (Israel, 1992).

However, we included travel agencies as our respondents because they are also the ones who have the similar functions compared to medical facilitators. The lists shown above are data from Malaysian Association of Tour and Travel Agents (MATTA) website (http://www.matta.org.my/) and the Malaysia's premier medical directory (http://hospital.com.my/). There are 183 registered travel agencies and 20 hospitals in Penang.

Figure 3.1 Number of Travel Agencies in Penang, Malaysia



Source: Malaysian Association of Tour and Travel Agents (MATTA)

Figure 3.2 Number of Public and Private Hospitals in Penang, Malaysia

Source: hospital.com.my

Figure 3.3: Table for Determining Sample Size from a Given Population

N	S
170	118
180	123
190	127
200	132
210	136

Note --- N is population size; S is sample size.

Source: Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and psychological measurement*, *30*(3), 607-610.

According to Krejcie and Morgan's (1970) table, our sampling size is roughly 132 out of a total of 203. We prepared to distribute a total of 150 sets of questionnaires and 108 copies were successfully gathered. A sample size within the range of 30 to 500 is acceptable for most research (Zikmund, 2003).

3.4 Research Instrument

3.4.1 Questionnaire Design

In order to obtain credible results explaining the detailed relationships of key variables in study, we have selected questionnaires as our research instruments. The main reason of this is that it brings convenience in collecting completed responses within a short period. Besides, questionnaires are suitable for researches involving large sample size in particular geographic area and easier to compute analysis. Questionnaires are designed in closed-ended response type. It codes the questions in a simple manner and therefore

respondents are able to understand the questions and make quick and proper decisions (Sekaran & Bougie, 2013).

Closed-ended questions allow respondents to make choices close to their own perspectives among set of alternatives that related with the study. The number of response options and its orders normally arrange in sequences to maintain the consistency in answering the survey. The main idea of using closed-ended questions is to influence respondents to react in same response categories, which allow standardization of quantitative statistical analysis (Johnson & Christensen, 2013). In addition, it also assists in ensuring the comparability of variables.

The questionnaire is separated into two sections which are Section A and B. We designed demographic profile in Section A to obtain basic information of the respondents. These questions include the gender, age, marital status, educational level, working industry, working experience and salary. While in Section B, the questions are designed in reference to the factors that will influence the intention of becoming a medical facilitator in Malaysia. 5 questions are assigned to Perceived Desirability, Perceived Feasibility, Propensity to Act and Perceived Support, 9 questions for Social Network and 9 questions for the dependent variable (Intention of becoming a medical facilitator).

Furthermore, we implemented pilot study in our research in order to minimize the measurement errors on the results. According to Kimberlin and Winterstein (2008), reliability study is important in identifying the measurement error that could happens in the source of measurement that could bring negative impact on score interpretation and results. Hence, we distributed 30 sets of questionnaire to execute a pilot test by using Statistical Analysis System (SAS) Enterprise Guide 7.1.

3.4.2 Pilot Study

According to Zikmund (2003), pilot study is defined as small size research project that collect data from respondent similar to those to be use in the research study. The purpose of pilot study is to enable researcher to obtain assessment of validity of questionnaire to detect weaknesses or error in the research instruments (Kothari, 2009). Furthermore, pilot study is intended to conduct with approximately 25 to 100 respondents depending on the method to be tested.

In this research, we distributed 30 sets of questionnaires for pilot test. We targeted healthcare industry and tourism agencies because we found that respondents from both industries are possessing either travel or medical knowledge. This increases the reliability of our research survey outcome. For this pilot test, we distributed the questionnaires to the travel agencies, clinics and hospitals in Kampar. After collecting the information from respondents, the data were tested for reliability and validity by using the Statistical Analysis System (SAS) Enterprise Guide 7.1.

3.4.2.1. Pilot Test Result

Coefficient alpha is the estimation of the internal consistency of multiple variables (Zikmund, 2003). The result of our pilot test was shown in Table 3.1.

Table 3.1: Reliability Test Result (Pilot Study)

Variables	Cronbach's alpha	Range	Strength of Association
Perceived Desirability	0.732394	0.70 - 0.80	Good
Perceived Feasibility	0.890259	0.80 - 0.95	Very Good
Propensity to Act	0.831524	0.80 - 0.95	Very Good
Perceived Support	0.837984	0.80 - 0.95	Very Good
Social Networks	0.732714	0.70 - 0.80	Good
Intentions	0.941010	0.80 - 0.95	Very Good

Source: Developed for the research

From the result of the reliability test, the Cronbach's alpha coefficient of Perceived Desirability is 0.732394, which falls into good reliability range. Besides, the result also shows that the reliability of Perceived Feasibility falls under very good reliability range with the Cronbach's alpha value of 0.890259. Moreover, the variable of Propensity of Act has a very good reliability which is 0.831524. For Perceived Support, the result shows a value of 0.837984 which indicates a very good reliability. On the other hand, we removed 4 questions in Social Network in order to improve the consistency of the variable, which include Question 5 (I would concerns on contacts that are relevant to medical facilitator.), Question 6 (I have developed useful contacts to assist my decision to becoming a medical facilitator), Question 8 (My strong-tied informal relationships will enhance the likelihood to become a medical facilitator) and question 9 (My weak-tied formal relationships will enhance the likelihood to become a medical facilitator.). Hence, the variable of Social Network displays a good reliability with the Cronbach's Alpha value of 0.732714. The dependent variable, the Intention of becoming a medical facilitator has a very good reliability with the Cronbach's alpha value of 0.941010.

3.5 Constructs Measurement

Measurement scale is a tool used to class or quantify variables. It divides into 4 classes including nominal scale, ordinal scale, interval scale and ratio scale which permit the comparison of variables (Zikmund et al., 2013).

3.5.1 Nominal Scale

According to Zikmund et al. (2013), nominal scale is a truly qualitative scale to identify or classify the variables. It is the primary level of measurement.

Example:

1. Gender:
   - ☐ Male
   - ☐ Female

3.5.2 Ordinal Scale

It defines as a ranking scale which arranged the objects based on the concept they possess to (Zikmumd et al., 2013).

Example:

2. Age:

☐ 21 – 30 years old

☐ 31 – 40 years old

☐ 41 – 50 years old

☐ Above 50 years old

3.5.3 Interval Scale

It consists of both nominal and ordinal properties but quantitative differences vary on concept (Zikmund et al. 2013).

Example:
Scales are coding as follows:-
SD=Strongly Disagree,
D=Disagree,
N= Neutral,
A=Agree,
SA=Strongly Agree

Statement	SD	D	N	A	SA
I personally view medical facilitator to be a highly desirable career alternative for me.	1	2	3	4	5

3.5.4 Ratio Scale

It represents the highest level of measurement which possesses all attributes of internal scale and extra absolute quantities. It means that it has an absolute zero which represents an absence (Zikmund et al., 2013).

Example:
7. Salary (RM)
☐ Below 2,000
☐ 2,001 – 4,000
☐ 4,001 – 6,000
☐ 6,001 – 8,000

☐ 8,001 – 10,000

☐ Above 10,000

Table 3.2 summarized the measurement scales of variables in this study.

Table 3.2: Measurement scale of variables

Section	**Items**	**Scale of Measurement**	**Method of summated ratings**
A	Demographic Variables 1. Gender 2. Age 3. Marital Status 4. Educational Level 5. Working Industry 6. Working Experience 7. Salary (RM)	 - Nominal Scale - Ordinal Scale - Nominal Scale - Ordinal Scale - Nominal Scale - Ordinal Scale - Ratio Scale	 ----- ----- ----- ----- ----- ----- -----
B	Factors that influence one's intention of becoming a medical facilitator (IVs)	Interval Scale	Likert scale
	Intentions (DV)	Interval Scale	Likert scale

Source: Developed for the research

3.5.5 Origin of Constructs

The questionnaire is designed by adopting the questions from past researches and then modified for this study. The origin of questions for each variable and the number of items are organized and presented in Table 3.3.

Table 3.3: Origin of Constructs

Construct	Adopted from	Number of item(s)
Perceived Desirability	- Duijin (2004)	2
	- Hockerts (2016)	1
	- Ngugi, Gakure, & Kiwara (2012)	2
Perceived Feasibility	- Wong & Law (2002)	1
	- Moghavveni, Mohd Salleh, & Abessi (2013)	1
	- Karimi, Biemans, Lans, Arasti, Chizari, & Mulder (2012)	1
	- Kruger (1993)	1
	- Roxas (2014)	1
Propensity to Act	- Delle & Amadu (2015)	5
Perceived Support	- Denanyoh, , Adjei, & Nyemekye (2015)	1
	- Luthje & Franke (2003)	2
	- Carr & Sequeira (2007)	1
	- Gelard & Saleh (2011)	1
Social Network	- Shane & Cable (2002)	2
	- Fernández-Pérez, Esther Alonso-Galicia, del Mar Fuentes-Fuentes & Rodriguez-Ariza (2014)	1
	- Turner (2011)	1
	- Gelard & Saleh (2011)	1

Intentions	- Liñán, Rodríguez-Cohard, & Rueda-Cantuche (2010)	4
	- McStay (2008)	1
	- Fernández-Pérez, Esther Alonso-Galicia, del Mar Fuentes-Fuentes, & Rodriguez-Ariza (2014)	2
	- Ramayah & Harun (2005)	2

Source: Developed for the research

3.6 Data Processing

Data processing is a preliminary stage of work between data collection and interpretation which involves a set of steps performed to edit, code and key-in data to produce an appropriate and meaningful output for subsequent use in analyzing. Processing of data requires advance planning that covers such as identification of variables and hypothetical relationship among them. In order to ensure the utility and integrity of the data, it is essential to document the methods of processing rigorously.

3.6.1 Data Checking

Data checking is important in the first stage of data preparation process. Data checking involves elimination of unacceptable questionnaires which resulted from incomplete, irrational consistency or little variance responses, instructions are not to be followed, missing pages of questionnaire, continuous skipping of questions or unqualified respondent. Each questionnaire is checked carefully and those with such errors are being filtered to avoid any error such as illogical response, illegal codes, omissions and inconsistent responses.

3.6.2 Data Editing

The second stage on the data preparation process is data editing with the purpose of checking and adjusting the data by correcting the incomplete and illegible data, ambiguous and inconsistent responses in data collected. When there is any unsatisfied response in questionnaires, we either ignore the questions or help to fill up based on the pattern of responses to other questions. This method tends to increase data accuracy and consistency for our research.

3.6.3 Data Coding

In coding process, it generally involves the assignment of numbers to each response of the question with the rules for interpreting, classifying and recoding data. Structured questions are pre-coded (before conducting the field work) while unstructured questions are post-coded (after the field work). Any missing data will be coded as 99.

In Section A of the questionnaire, we coded the responses for each demographic question as follows:-

Table 3.4: Data Coding for Demographic Profile

Q1	**Gender**	- "Male" = 1 - "Female" = 2
Q2	**Age**	- "21 – 30 years old =1 - "31 – 40 years old" = 2 - "41 – 50 years old" = 3 - "Above 50 years old" = 4

Q3	**Marital Status**	- "Single" = 1 - "Married" = 2 - "Others" = 3
Q4	**Educational Level**	- "High School" = 1 - "Diploma" = 2 - "Bachelor's Degree" = 3 - "Master's Degree" = 4 - "PhD or Doctoral Degree" = 5 - "Others" = 6
Q5	**Working Industry**	- "Hotel Industry" = 1 - "Insurance Industry" = 2 - "Tourism Industry" = 3 - "Healthcare Industry" = 4 - "Others" = 5
Q6	**Working Experience**	- "1 – 3 years" = 1 - "4 – 6 years" = 2 - "7 – 9 years" = 3 - "10 years and above" = 4
Q7	**Salary (RM)**	- "Below 2,000" = 1 - "2,001 – 4,000" = 2 - "4,001 – 6,000" = 3 - "6,001 – 8,000" = 4 - "8,001 – 10,000" = 5 - "Above 10,000" = 6

Source: Developed for the research

While in Section B of the questionnaire, we coded the responses for each questions with 5-point Likert scale:

- "Strongly Disagree (SD)" is coded as 1
- "Disagree (D)" is coded as 2
- "Neutral (N)" is coded as 3
- "Agree (A)" is coded as 4
- "Strongly Agree (SA)" is coded as 5

3.6.4 Data Transcribing

This involves transcribing the raw data from the questionnaires or coding sheets into a database system. We are using Statistical Analysis System (SAS) Enterprise Guide 7.1 for our research.

3.6.5 Data Transformation

Prior to running the reliability test, data transformation needs to be carried out which involves data coding variation by replacing the initial quantitative interpretation value to the originally represented quantitative value. This step is relatively vital when several questions are set to measure a single variable (Sekaran & Bougie, 2010). In addition, data transformation includes reverse scoring technique for negative questions to maintain consistency in the meaning of a response. Reverse scoring is not necessary in this study because there is no negative question in the survey.

3.7 Data Analysis

Data analysis is the process of systematically applying statistical and/or logical techniques to understand, clear and interpret the data collected. Once we complete the data preparation process, we will go through data analysis process by implementing SAS version 9.4.

3.7.1 Descriptive Analysis

Descriptive analysis is the elementary of transforming the raw data into a form that make the researchers to understand and interpret the basic characteristic of the respondents in an easier way (Zikmund et al., 2013). It consists of the construction of charts, graphs and tables and calculation of average, variance, frequency distribution and percentage distribution of the demographic information provided by respondents in Section A. Through this analysis, all information is presented in a manageable and systematic form.

3.7.2 Scale Measurement

3.7.2.1 Reliability Test

According to Sekaran and Bougie (2013), reliability indicates the stability and consistency of the instrument measuring the constructs of the research. It also indicates the extent to which the questionnaire is free from errors and biases.

It is examined through the interpretation of Cronbach's Alpha Coefficient (α) which indicates how well the items in a set are

positively correlated to one another (Sekaran & Bougie, 2013). The higher the internal consistency reliability, the closer the Cronbach's Alpha is to 1. The range of the Cronbach's Alpha has been shown in Table 3.5.

Table 3.5: Coefficient Alpha Ranges

Level of Reliability	Coefficient Alpha Ranges, α
Poor reliability	Less than 0.60
Fair reliability	0.60 – 0.70
Good reliability	0.70 – 0.80
Very Good reliability	0.80 – 0.95

Source: Sekaran, U., & Bougie, R. (2013). *Research methods for business: A skill building approach.* (6th ed.). Chichester, West Sussex: John Wiley & Sons, Inc.

3.7.3 Inferential Analysis

3.7.3.1 Pearson Correlation Coefficient

The Pearson Correlation Coefficient is appropriate statistical test for Likert scale variables to investigate the relationships and directions between independent variables and dependent variable. It presents the strength of the independent variables in respect to the dependent variable. According to Sekaran and Bougie (2013), the result can be either positive correlation (+1) or negative correlation (-1).

In this research, this analysis is used to test the relationships between the variables with the questions in Section B. A 5-point Likert scale has been implemented to show the level of agreement on each question

regarding an individual's intention to become a medical facilitator in Malaysia. The strength of relationships between variables is interpreted based on Table 3.6.

Table 3.6: Rule of Thumb for Pearson Correlation Coefficient Analysis

Coefficient range	Strength of Association
±0.91 to ±1.00	Very strong
±0.71 to ±0.90	Strong
±0.41 to ±0.70	Moderate
±0.21 to ±0.40	Small but definite relationship
±0.01 to ±0.20	Slight, almost negligible

Source: Hair, Jr., Money, A. H., Samouel, P., & Page, M. (2007). *Research Methods or Business*. England: John Wiley & Sons, Inc.

3.7.3.2 Multiple Linear Regression Analysis

Multiple linear regression analysis is a best known technique to calculate a coefficient of multiple determination and regression equation using two or more independent variables and one dependent variable. The square of multiple-r or multiple correlation coefficient (R^2) is generated to explain the level of effect each variable has on dependent variable. It expresses the percentage of variance in the dependent variable that is explained by the variance in the independent variables (Sekaran & Bougie, 2013).

In this research, we are able to identify which independent variables (Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support, and Social Network) are the most influential

factors in determining the dependent variable, the intention of becoming a medical facilitator in Malaysia.

3.8 Conclusion

Chapter 3 outlines the research methodology of this study which comprises of research and sampling designs, data collection and analysis methods, research instrument and constructs measurements. Cronbach's Alpha Coefficient is used to test internal reliability of all the variables. In addition, all the hypotheses are tested by using Pearson Correlation Coefficient and Multiple Linear Regression Analysis to determine the relationships between independent and dependent variables. Next, detailed analytical illustration of the data will be carried out in the following chapter to demonstrate and interpret the data collected and information generated from pilot test and actual survey.

CHAPTER 4: RESEARCH RESULTS

4.0 Introduction

In this chapter, we are going to further discuss and explain the data analysis for our study. We had collected total of 108 sets of questionnaire and the data had been analyzed through the Statistical Analysis System (SAS) Enterprise guide 7.1. The interpretation will be further discussed with forms of tables and figures. Thereafter, an inferential analysis is included which consists of Pearson Correlation's analysis and Multiple Linear Regression. Scale measurement is also conducted to show the results of reliability test.

4.1 Descriptive Analysis

Frequency analysis is used to interpret our respondent demographic data. All these information and data can be obtained from Section A of the questionnaire. The interpretation of the data will be discussed in the following sub-chapters.

4.1.1 Respondent Demographic Profile

Based on our questionnaire, we have gathered the demographic data from the respondent such as gender, age, marital status, education level, working industry, working experience and salary.

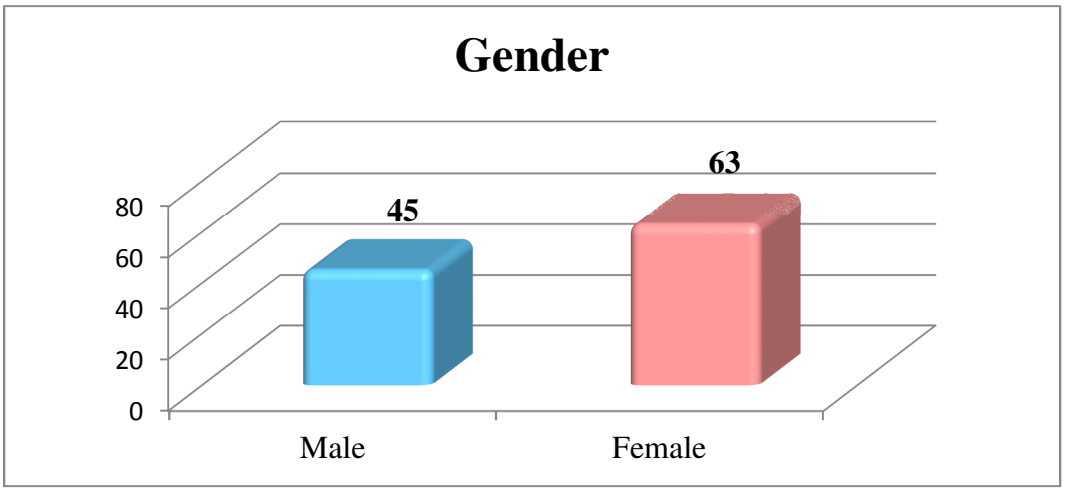
4.1.1.1 Gender

Table 4.1: Gender

Gender	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Male	45	41.67	45	41.67
Female	63	58.33	108	100.00
Total	**108**	**100.00**	**108**	**100.00**

Source: Developed from SAS Enterprise Guide 7.1

Figure 4.1: Gender



Source: Developed for the research

Based on table 4.1 and figure 4.1, there a total of 41.67% of male and the female take up the rest of 58.33%. Out of 108, there's a total number of 45 are males and 63 are females. From the table, it shows that there are more female involved in our research study.

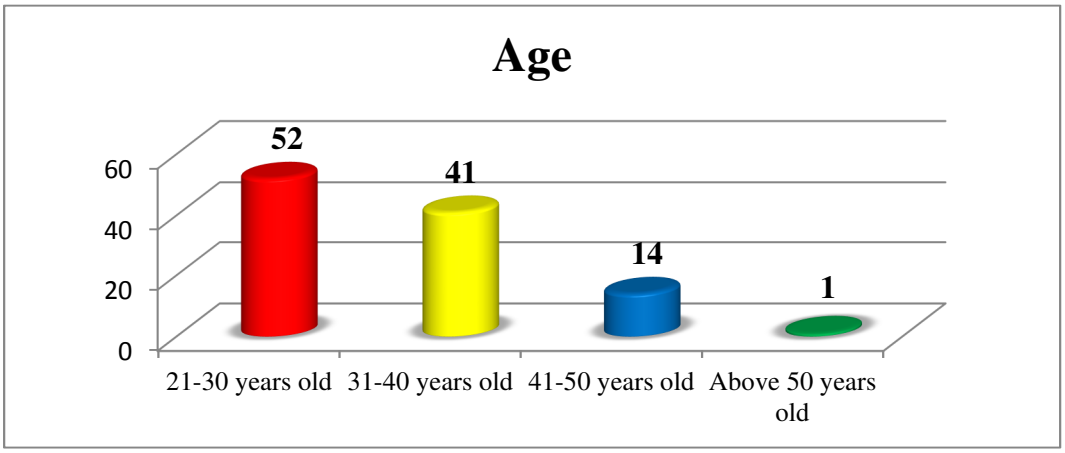
4.1.1.2 Age

Table 4.2: Age

Age	Frequency	Percent	Cumulative Frequency	Cumulative Percent
21-30 years old	52	48.15	52	48.15
31-40 years old	41	37.96	93	86.11
41-50 years old	14	12.96	107	99.07
Above 50 years old	1	0.93	108	100.00
Total	**108**	**100.00**	**108**	**100**

Source: Developed from SAS Enterprise Guide 7.1

Figure 4.2: Age



Source: Developed for the research

Out of 108 respondents, majority of them are from the age group of 21-30 years old which in total of 52 people and stand a 48.15%. Whereas, there are 41 people from the age group of 31-40 years old, which take up in total of 37.96%. There are 14 respondents from the age group of 41-50 years old and contributed to 12.96%. Lastly, there is only one respondent in this research study from the age group of above 50 years old and contributed a 0.93%.

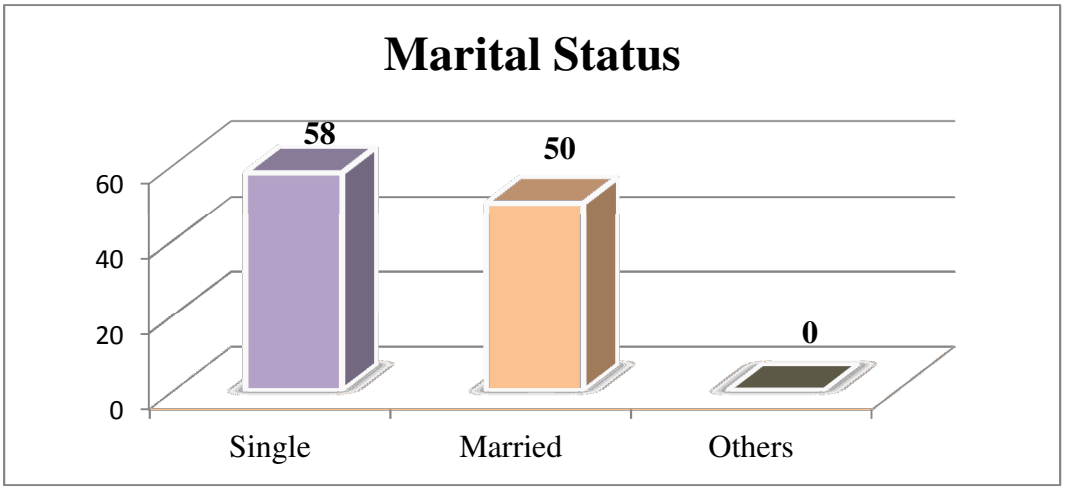
4.1.1.3 Marital Status

Table 4.3: Marital Status

Marital Status	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Single	58	53.70	58	53.70
Married	50	46.30	108	100.00
Others	0	0	108	100.00
Total	**108**	**100.00**	**108**	**100.00**

Source: Developed from SAS Enterprise Guide 7.1

Figure 4.3: Marital Status



Source: Developed for the research

There are total of three categories in term of marital status which are single, married and others. Table 4.3 and Figure 4.3 above illustrate that there are 58 out of 108 respondents are single and contributed to 53.70%. The results also show that there are 50 respondents are married and have taken up to 46.30%. There are no respondent in others category.

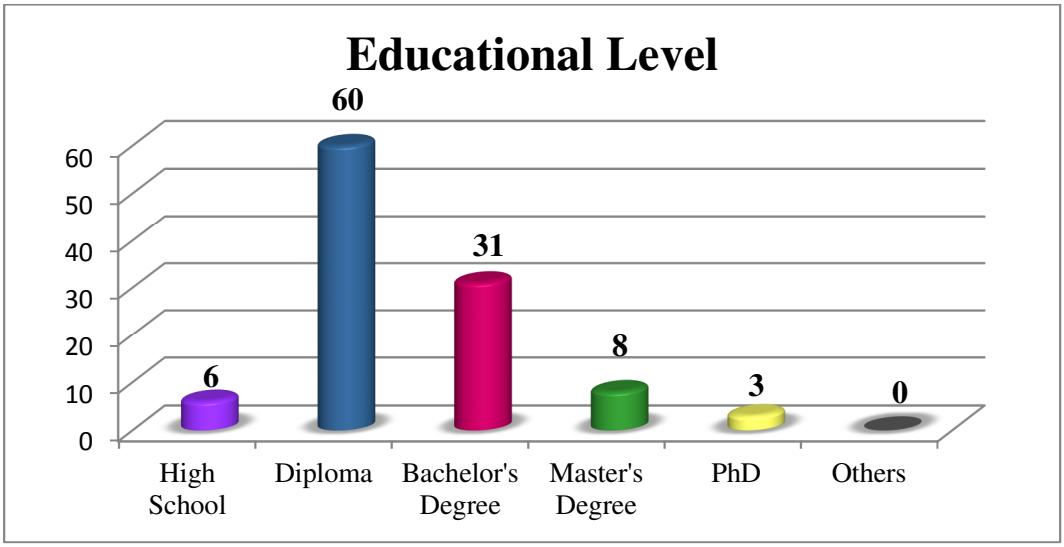
4.1.1.4 Educational Level

Table 4.4: Educational Level

Educational Level	Frequency	Percent	Cumulative Frequency	Cumulative Percent
High School	6	5.56	6	5.56
Diploma	60	55.56	66	61.11
Bachelor's Degree	31	28.70	97	89.81
Master's Degree	8	7.41	105	97.22
PhD	3	2.78	108	100.00
Others	0	0	108	100.00
Total	**108**	**100.00**	**108**	**100**

Source: Developed from SAS Enterprise Guide 7.1

Figure 4.4: Educational Level



Source: Developed for the research

In our questionnaire, there are six categories of the educational level. Among the respondents, majority are diploma holders which total up to 60 people and contributed to 55.56%. The second highest is the number of degree holders which sum up to 31 respondents (28.70%). There are 8 respondents who hold Master's degree and occupied 7.41%, whereas high school leavers have a total of 6 respondents (5.56%). Lastly, there are only 3 respondents who have completed their PhD (2.78%). There is no respondent in others category.

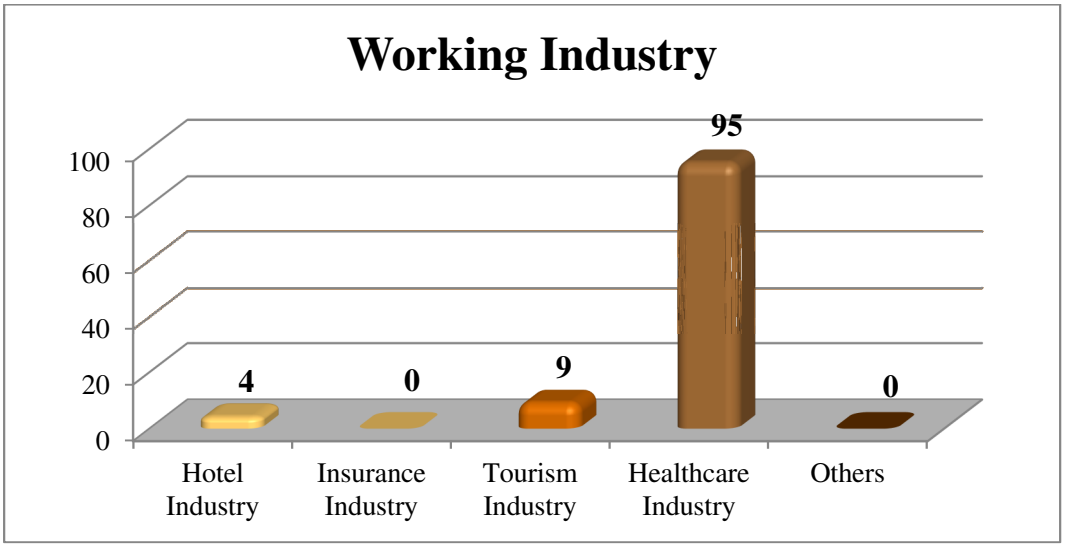
4.1.1.5 Working Industry

Table 4.5: Working Industry

Working Industry	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Hotel Industry	4	3.70	4	3.70
Insurance Industry	0	0	4	3.70
Tourism Industry	9	8.33	13	12.04
Healthcare Industry	95	87.96	108	100.00
Total	**108**	**100.00**	**108**	**100**

Source: Developed from SAS Enterprise Guide 7.1

Figure 4.5: Working Industry



Source: Developed for the research

From the result, we can clearly see that majority of the respondents work in healthcare industry which has a total of 95 respondents and contributes 87.96%. The second highest are those from tourism industry which is 9 out of 108 respondents and stands 8.33%. Next, there are 4 respondents from hotel industry (3.70%) and no respondent from insurance and others industry.

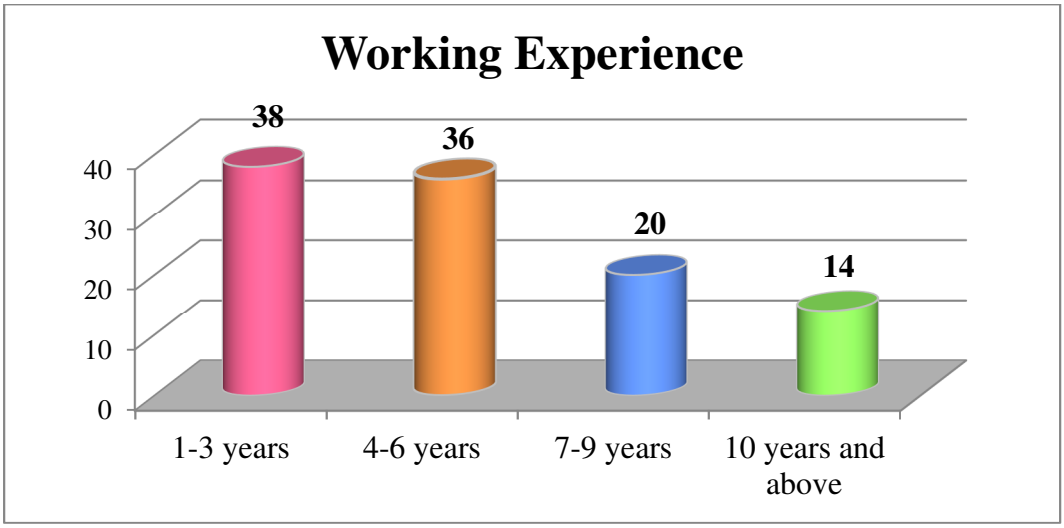
4.1.1.6 Working Experience

Table 4.6: Working Experience

Working Experience	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1-3 years	38	35.19	38	35.19
4-6 years	36	33.33	74	68.52
7-9 years	20	18.52	94	87.04
10 years and above	14	12.96	108	100.00
Total	**108**	**100.00**	**108**	**100.00**

Source: Developed from SAS Enterprise Guide 7.1

Figure 4.6: Working Experience



Source: Developed for the research

Based on the result, it shows that there are 38 (35.19%) respondents have 1-3 years working experience and follow by 36 respondents (33.33%) have 4-6 years of working experience. There are 20 respondents (18.52%) have 7-9 years of working experience. Last but not least, there are 14 (12.96%) out of 108 respondents have 10 years and above of working experience.

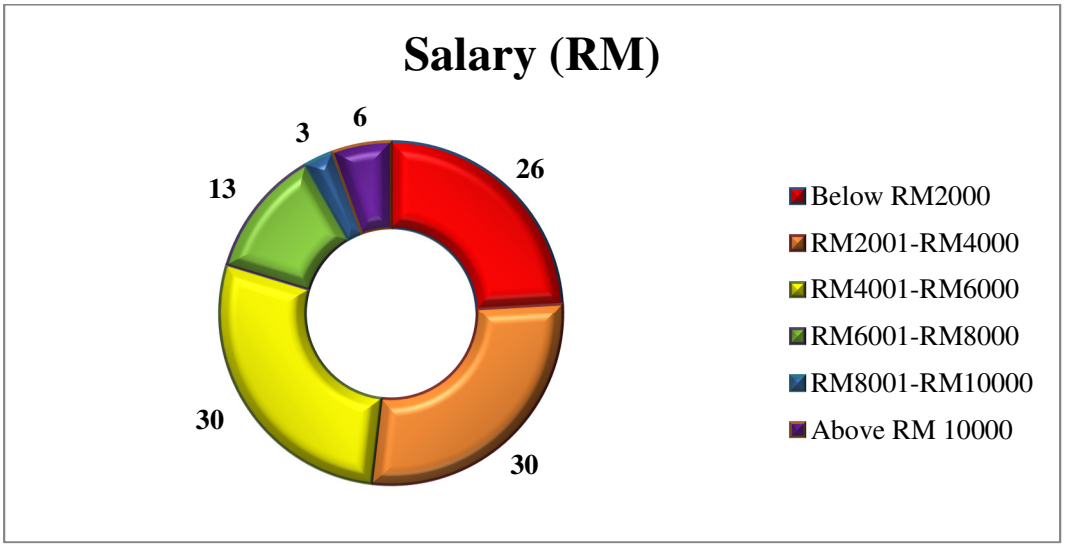
4.1.1.7 Salary

Table 4.7: Salary (RM)

Salary (RM)	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Below RM2000	26	24.07	26	24.07
RM2001 – RM4000	30	27.78	56	51.85
RM4001 – RM6000	30	27.78	86	79.63
RM6001 – RM8000	13	12.04	99	91.67
RM8001 – RM10000	3	2.78	102	94.44
Above RM10000	6	5.56	108	100.00
Total	**108**	**100.00**	**108**	**100.00**

Source: Developed from SAS Enterprise Guide 7.1

Figure 4.7: Salary (RM)



Source: Developed for the research

During the process of interpreting salary range of the respondents, the data reveals that most of the respondents are earning between RM 2001 to RM 4000 and RM4001 to RM6000 which have total of 30 respondents and contributes 27.78% respectively. The next range is the category below RM 2000, which sums up to 26 respondents (24.07%), follows by the category of respondents earning RM 6001 to RM 8000 with 13 respondents (12.04%). There are only 3 respondents (2.78%) that are earning between RM 8001 to RM 10000 and 6 respondents (5.56%) that fall under category of above RM 10000.

4.1.2 Central Tendencies Measurement of Constructs

Table 4.8: Central Tendencies Measurement

Variables	N	Mean	Std Dev	Minimum	Maximum
Perceived Desirability	108	3.43148	0.56909	1.00000	4.40000
Perceived Feasibility	108	3.60370	0.70670	1.00000	5.00000
Propensity to Act	108	3.54630	0.63222	1.40000	4.80000
Perceived Support	108	3.63704	0.64076	1.00000	5.00000
Social Networks	108	3.5815	0.52489	2.00000	4.60000
Intentions	108	3.26029	0.73674	1.00000	5.00000

Source : Developed from the research

Based on table 4.8, the variables that have highest mean among the others is the independent variable, perceived support which is 3.63704 with the standard deviation of 0.64076.The variable that have the second highest mean is perceived feasibility with 3.60370 and standard deviation of 0.70670. Following by the next variable is social networks with mean of 3.5815 and standard deviation of 0.52489. The fourth highest mean is propensity to act (3.54630) with the standard deviation of 0.63222. The next variable, perceived desirability are the second lowest mean score with 3.43148 and standard deviation of 0.56909. Last but not least, the lowest mean score is the dependent variable, intentions with 3.26029 and consists of 0.73674 for standard deviation.

4.2 Scale Measurement

We conducted the reliability analysis with total sample size of 108 respondents. This analysis can help to ensure that our survey produce consistent result. We determine the reliability of each independent variable (Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support, Social Network) and dependent variable (Intention of becoming a medical facilitator) using SAS Enterprise Guide 7.1. By conducting reliability analysis, it can help to ensure that data collected are suitable for hypothesis testing. Table below is the summary of reliability result of all variables.

4.2.1 Reliability Analysis

Table 4.9: Reliability Test Result (108 Respondents)

No.	Dimensions	Number of Items	Cronbach's Alpha
1.	Perceived Desirability	5	0.723283
2.	Perceived Feasibility	5	0.844342
3.	Propensity to Act	5	0.816324
4.	Perceived Support	5	0.799513
5.	Social Network	5	0.665086
6.	Intentions	9	0.931705

Source: Developed for the research

Based on Table 4.9, it shows that all variables used are reliable. The variables like perceived feasibility (0.844342), propensity to act (0.816324), perceived support (0.799513), and intentions (0.931705) are fall under the level of very good reliability. Variable which fall under Cronbach's Alpha range of good reliability is perceived desirability with Cronbach's alpha value of 0.723283. Finally, social network with Cronbach's alpha value of 0.665086 falls under the range of fair reliability.

4.3 Inferential Analyses

4.3.1 Pearson Correlation Coefficient Analysis

Pearson Correlation Coefficient shows the direction, strength and significance of the bivariate relationships among all the variables that were being measured. Table 4.10 shows the statistics result between independent variables and dependent variable.

Table 4.10: Pearson Correlation Coefficient Analysis

Pearson Correlation Coefficients, N = 108 **Prob > |r| under H0: Rho=0**					
	Perceived Desirability	**Perceived Feasibility**	**Propensity to Act**	**Perceived Support**	**Social Network**
Intention	0.53853 <.0001	0.70576 <.0001	0.54796 <.0001	0.69385 <.0001	0.46098 <.0001

Source: Developed for the research

4.3.1.1 Perceived Desirability and Intention

$H1_1$: There is a significant relationship between Perceived Desirability and Intention of becoming a medical facilitator.

From the table, there is positive relationship between Perceived Desirability and Intention because of the positive value for correlation coefficient. The Perceived Desirability has a 0.53853 correlation with Intention of becoming a medical facilitator. Thus, when Perceived Desirability is high, Intention of becoming a medical facilitator will

also high. The value of this correlation coefficient (0.53853) is fall under coefficient range from ±0.41 to ±0.70. So, the relationship between Perceived Desirability and Intention of becoming a medical facilitator is moderate. The relationship between Perceived Desirability and Intention of becoming a medical facilitator is significant. It is because the p-value (<.0001) is less than alpha value 0.05.

4.3.1.2 Perceived Feasibility and Intention

$H2_1$: There is a significant relationship between Perceived Feasibility and Intention of becoming a medical facilitator.

From the results, there is positive relationship between Perceived Feasibility and the Intention that evidenced by the positive value of correlation coefficient (0.70576). Therefore, when Perceived Feasibility is high, the Intention of becoming a medical facilitator will also be high. The value of this correlation coefficient (0.70576) is fall under coefficient range from ±0.71 to ±0.90. Thus, relationship between Perceived Feasibility and Intention is high. Besides, there is significant relationship between Perceived Feasibility and Intention because the p-value (<.0001) is less than alpha value 0.05.

4.3.1.3 Propensity to Act and Intention

$H3_1$: There is a significant relationship between Propensity to Act and Intention of becoming a medical facilitator.

The positive value for correlation coefficient indicates that there is positive relationship between Propensity to Act and Intention of becoming a medical facilitator. Propensity to Act has a 0.54796 correlation value with Intention which means when Propensity to Act is high, Intention of becoming a medical facilitator will also be high. The value of correlation coefficient 0.54796 is fall under coefficient range from ±0.41 to ±0.70, which points out that the relationship between Propensity to Act and Intention is moderate. Besides, as the p-value (<.0001) is less than alpha value of 0.05, the relationship between Propensity to Act and Intention of becoming a medical facilitator is significant.

4.3.1.4 Perceived Support and Intention

$H4_1$: There is a significant relationship between Perceived Support and Intention of becoming a medical facilitator.

Based on the result shown in table, the relationship between Perceived Support and Intention of becoming a medical facilitator is positive because of the positive value for correlation coefficient. Perceived Support has a 0.69385 correlation value with Intention of becoming a medical facilitator. So, when Perceived Support is high, Intention of becoming a medical facilitator is also high. The value of this correlation coefficient 0.69385 is fall under coefficient range from ±0.41 to ±0.70. Therefore, the relationship between Perceived Support and Intention is moderate. In addition, there is a significant relationship between Perceived Support and Intention of becoming a medical facilitator. This is because the p-value (<.0001) is less than alpha value 0.05.

4.3.1.5 Social Network and Intention

$H5_1$: There is a significant relationship between Social Network and Intention of becoming a medical facilitator.

The positive value of correlation coefficient indicates that there is a positive relationship between Social Network and Intention of becoming a medical facilitator. Social Network has a 0.46098 correlation value with Intention. Thus, when Social Network is high, Intention of becoming a medical facilitator will be high. The value of correlation coefficient 0.46098 is fall under coefficient range from ±0.41 to ±0.70 which mean that the relationship between Social Network and Intention of becoming a medical facilitator is moderate. The relationship between Social Network and Intention variable is significant due to the p-value (<.0001) is less than alpha value 0.05.

4.3.2 Multiple Regression Analysis

Table 4.11: Analysis of Variance

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	5	36.18394	7.23679	33.71	<.0001
Error	102	21.89413	0.21465		
Corrected Total	107	58.07807			
Root MSE	0.46330		**R-Square**	0.6230	
Dependent Mean	3.26029		**Adj R-Sq**	0.6045	
Coeff Var	14.21045				

Source: Developed for the research

From Table 4.11, the p-value (<.0001) is less than alpha value 0.05. This indicates that F-statistic is significant. The model for this study is a good descriptor of the relation between the dependent and predictor variables. Thus, the independent variables (Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support, Social Network) are significant to explain the variance in Intention of becoming a medical facilitator. The alternative hypotheses are supported by the data. In addition, R-square indicates the extent or percentage the independent variables can explain the variation in the dependent variable. In this study, independent variables (Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support, Social Network) can explain 62.30% of the variations in dependent variable (Intention of becoming a medical facilitator). However, it is still 37.70% (100% - 62.30%) unexplained in this study. In other words, there are additional variables that are important in explaining intention to become medical facilitator which have not been considered in this study.

Table 4.12: Parameter Estimates

Variable	DF	Parameter Estimate	Standard Error	t Value	Pr > |t|
Intercept	1	-0.69085	0.36714	-1.88	0.0627
Perceived Desirability	1	0.03157	0.10935	0.29	0.7734
Perceived Feasibility	1	0.37801	0.09528	3.97	0.0001
Propensity to Act	1	0.08999	0.09914	0.91	0.3662
Perceived Support	1	0.42131	0.09728	4.33	<.0001
Social Network	1	0.17485	0.09654	1.81	0.0731

Source: Developed for the research

Based on Table 4.12, Perceived Desirability, Propensity to Act and Social Network are not significant to predict the Intention of becoming a medical facilitator (dependent variable) for this study. This is because the p-values for these variables are more than alpha value 0.05 which are 0.7734, 0.3662 and 0.0731 respectively. Next, Perceived Feasibility and Perceived Support are significant to predict the Intention of becoming a medical facilitator as the p-value for Perceived Feasibility is 0.0001 and for Perceived Support is <.0001. These two values are less than the alpha value of 0.05.

Regression Equation:

$$Y = a + b_1 (X_1) + b_2 (X_2) + b_3 (X_3) + b_4 (X_4) + b_5 (X_5)$$

Y = Intention

a = constant

X_1 = Perceived Desirability

X_2 = Perceived Feasibility

X_3 = Propensity to Act

X_4= Perceived Support

X_5 = Social Network

b = regression of coefficient of x_i

i = 1, 2, 3…

Intention = -0.69085 + 0.03157(**Perceived Desirability**) + 0.37801 (**Perceived Feasibility**) + 0.08999 (**Propensity to Act**) + 0.42131 (**Perceived Support**) + 0.17485 (**Social Network**)

From the equation above, Perceived Support is the predictor variable that contributes the highest in the variation of the dependent variable (Intention of becoming a medical facilitator) because the value of "Parameter Estimate" for this predictor variable is the largest (0.42131) compared to other predictor variables. This means that Perceived Support make the strongest unique contribution to explain the variation in dependent variable when the variance

explained by all other variables in the model is controlled for. The following predictor variables are Perceived Feasibility, Social Network, and Propensity to Act that contribute the second (0.37801), third (0.17485) and fourth (0.08999) largest unique contributions to the variation in Intention subsequently, when the variance explained by all other predictor variables in the model is controlled for. Finally, perceived desirability is the variable that contributes the lowest in the variation of dependent variable because the value of "Parameter Estimate" for this variable is the smallest (0.03157) if compare to other variables. So, it means that perceived desirability make the least contribution to explain the variation in dependent variable when the variance explained by all other predictor variables in the model is controlled for.

4.4 Conclusion

There are total of three analysis have been done in this chapter which are descriptive analysis, reliability analysis and inferential analysis. For descriptive analysis, total of 108 respondents' demographic profile have been analysed which include gender, age, marital status, educational level, working industry, working experience, and salary. The reliability analysis on all studied variables with sample size of 108 respondents has been conducted. Moreover, we also have conducted inferential analysis to test hypothesis that being formed in chapter 1. Based on the result generated, most of the alternative hypotheses are being accepted. However, when testing the significance of each independent variable towards dependent variables by using Multiple Regression analysis, Perceived Desirability, Propensity to Act and Social Network are not significant to influence the Intention of becoming a medical facilitator. While the other variables, Perceived Support and Perceived Feasibility are found to be significant to predict the Intention. In the following chapter, we will provide justification and some discussion about the findings on result generated in chapter 4.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.0 Introduction

This chapter summarizes the interpretation on descriptive and inferential analyses from the collection of data through our field study. We will further discuss the implications and limitations of our study and propose some recommendations for future research.

5.1 Summary of Statistical Analyses

5.1.1 Descriptive Analysis

Table 5.1: Summary of Descriptive Analysis

Variables	Frequency	Percentage
Gender		
Male	45	41.67
Female	63	58.33
Age		
21-30 years old	52	48.15
31-40 years old	41	37.96
41-50 years old	14	12.96
Above 50 years old	1	0.93
Marital Status		
Single	58	53.70
Married	50	46.30
Others	0	0

Educational Level		
High School	6	5.56
Diploma	60	55.56
Bachelor's Degree	31	28.70
Master's Degree	8	7.41
PhD or Doctoral Degree	3	2.78
Others	0	0
Working Industry		
Hotel Industry	4	3.70
Insurance Industry	0	0
Tourism Industry	9	8.33
Healthcare Industry	95	87.96
Others	0	0
Working Experience		
1-3 years	38	35.19
4-6 years	36	33.33
7-9 years	20	18.52
10 years and above	14	12.96
Salary (RM)		
Below 2,000	26	24.07
2,001 – 4,000	30	27.78
4,001 – 6,000	30	27.78
6,001 – 8,000	13	12.04
8,001 – 10,000	3	2.78
Above 10,000	6	5.56

Source: Developed for the research

Table 5.1 displayed the demographic information of the respondents in present research. Based on the data gathered, female respondents took up highest percentage with 58.33% compared to the male respondents with

41.67%. The majority age range of respondents was fall under the range of 21-30 years old with about 48.15 percents. Besides, most of the respondents were single with a percentage of 53.70% and over 55.56% of the respondents having Diploma educational level. Most of the respondents were working in the healthcare industry (87.96%) and followed by tourism industry (8.33%) and hotel industry (3.70%). About 35.19% of respondents have 1 to 3 years working experiences in their respective industry. Monthly salary between RM2001 to RM 4000 and between RM4001 to RM6000 displayed the similar result which is 27.78%.

5.1.2 Scale Measurement

Table 5.2: Summary of Reliability Test Result

Dimension	Cronbach's Alpha	Reliability
Perceived Desirability	0.723283	Good
Perceived Feasibility	0.844342	Very Good
Propensity to Act	0.816324	Very Good
Perceived Support	0.799513	Good
Social Network	0.665086	Fair
Intention	0.931705	Very Good

Source: Developed for the research

Based on Table 5.2, all variable had obtained reliable results. Intention (dependent variable) achieved the highest grades of Cronbach's Alpha which evaluates as very good reliability at about 0.931705. Social network received fair reliability result at Cronbach's Alpha of 0.665086 which is the lowest among other dimensions.

5.1.3 Inferential Analyses

5.1.3.1 Pearson Correlation Coefficient Analysis

Table 5.3: Summary of Pearson Correlation Coefficient Result

Pearson Correlation Coefficients, N = 108 Prob > |r| under H0: Rho=0					
	Perceived Desirability	**Perceived Feasibility**	**Propensity to Act**	**Perceived Support**	**Social Network**
Intention	0.53853	0.70576	0.54796	0.69385	0.46098
	<.0001	<.0001	<.0001	<.0001	<.0001

Source: Developed for the research

Table 5.3 has illustrated that Intention is significantly related with 5 independent variables which are Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support and Social Network. The result indicated that all of the independent variables have significant and positive relationship with Intention. It could be demonstrated from the result that p-value (<.0001) is less than alpha value (0.05). All independent variables except Perceived Feasibility are moderately correlated with Intention because the values are ranged within ±0.41 to ±0.70. Perceived Feasibility falls under the range of ±0.71 to ±0.90 which indicate strong relationship with Intention.

5.1.3.2 Multiple Linear Regression Analysis

Table 5.4: Summary of Multiple Linear Regression Analysis

Variable	Parameter Estimate	Pr > |t|	R-Square
Intercept	-0.69085	0.0627	
Perceived Desirability	0.03157	0.7734	
Perceived Feasibility	0.37801	0.0001	0.6230
Propensity to Act	0.08999	0.3662	
Perceived Support	0.42131	<0.0001	
Social Network	0.17485	0.0731	

Source: Developed for the research

Multiple Linear Regression is function to measure the power of the prediction of the proposed framework. Parameter estimates are performed to evaluate the affection of predictors relative to the dependent variable. R-Square indicates the total percentage of variations that could be used to explain the dependent variable. There are about 62.30% of the variation in dependent variable could be explained by the independent variables. Two factors (Perceived Feasibility and Perceived Support) were found to have positive effects toward the Intention of becoming a medical facilitator. The most influential predictor of Intention is Perceived Support (parameter estimate=0.42131) and followed by the Perceived Feasibility (parameter estimate=0.37801). Perceived Desirability (p-value=0.7734), Propensity to Act (p-value =0.3662) and Social Network (p-value =0.0731) did not significantly influence the Intention of becoming a medical facilitator because their p-values obtained are more than alpha value of 0.05. Hence, hypothesis 2 and 4 are supported in the Multiple Linear Regression Analysis but hypothesis 1, 3 and 5 are not supported.

5.2 Discussion of Major Findings

This research studied about the relationships between 5 independent variables (Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support, Social Network) and dependent variable (Intention of becoming a medical facilitator). The results displayed that there is a positive correlation between each of the independent variables and dependent variable. The Multiple Linear Regression was also applied to further investigate the connection between independent and dependent variables. The result reported that Perceived Feasibility and Perceived Support are significant influencers of intention to become a medical facilitator.

Table 5.5: Summary of Findings

Hypothesis	Result	Status
$H1_1$: There is a significant relationship between Perceived Desirability and Intention of becoming a medical facilitator.	P = 0.7734	Not Supported
$H2_1$: There is a significant relationship between Perceived Feasibility and Intention of becoming a medical facilitator.	P = 0.0001	Supported
$H3_1$: There is a significant relationship between Propensity to Act and Intention of becoming a medical facilitator.	P = 0.3662	Not Supported
$H4_1$: There is a significant relationship between Perceived Support and Intention of becoming a medical facilitator.	P = <.0001	Supported
$H5_1$: There is a significant relationship between Social Network and Intention of becoming a medical facilitator.	P = 0.0731	Not Supported

Source: Developed for the research

Perceived desirability was found to be an important element that influences the intention of becoming a medical facilitator. An individual has greater intention to behave in a desirable way when he/she perceived something possesses high attractiveness. However, Perceived Desirability is not significant to Intention in this study. Respondents might not have the prior and industry specific experiences as their preparedness to become a medical facilitator. Gutauskaite's (2015) study stated that people who have past experience in certain industry are able to broaden the area of searching and identifying opportunity. Exposure to medical facilitator could shape an individual's attitude, which in turn increase the intention of becoming a medical facilitator. Over 88% of the respondents in this study are working in healthcare industry. The career of medical facilitator is newly introduced in medical tourism industry; thus, there are little or no recognition by the respondents. They are also less likely to have past experience in tourism-related field. These circumstances make Perceived Desirability not a significant influencer to the Intention of becoming a medical facilitator in Malaysia.

Based on our finding, Perceived Feasibility is found to have positive impact on Intention. There is higher chances the person will view medical facilitator as feasible if there are opportunities and abundant resources available to an individual. Furthermore, higher capabilities of individual in specific field eventually lead to higher intention to achieve a target. In Moghavvemi and Noor Akma's (2014) study also revealed that if individual perceived that they do not have adequate capability or skill in related field, they will have no interest to act on the intention. Therefore, individual's capability and skills is the influential predictor of intention. In this study, Perceived Feasibility is significant to the Intention. The respondents mostly are from healthcare industry background which has relevant medical knowledge hence they found medical facilitator is feasible. Besides, the results also provide further evidence that knowledge management in curriculum is significant in building individual's confidence which would influence the intention towards becoming a medical facilitator.

Greater locus of control assists an individual to control the life events with optimistic attitudes. When an individual is ready to take an action to manipulate the environment, the intention to behave will be higher. The behaviour always associates with the proactive personality which the individual will intentionally alter their surrounding environment when they decided to take initiation. Respondents might prefer staying in their familiar or comfortable working environment rather than making changes or trying new thing. Furthermore, learning to comply industry policy and obtaining relevant qualifications are time- and energy-consuming. Medical tourism, as aforementioned, is an infant industry which its policy and procedure are yet well-administered. In addition, another challenge of becoming a medical facilitator is getting international accredited certifications. Therefore, complex process of becoming a medical facilitator would lower an individual's intention to pursue the career.

Perceived Support was also found to be significantly and positively correlated with Intention of becoming a medical facilitator. The study of Abdullahi Nasiru, Ooi, and Muhammad Awais Bhatti (2015) stated that adequate and supportive circumstances would enhance the growth of individual intention toward specific career. Effective educational support could strengthen individual intention and provides opportunity for them to build self-interest, develop skills and engage in practical training which in turn helps to heighten their self-confidence. The role of education is vital to cultivate individuals on recognizing the business opportunities and analyzing the situations. This study shows that when an individual gained support from their friends, family and significant other, they are likely to form the intention of becoming a medical facilitator. Hence, the Perceived Supports from family, community and government agencies have positive impacts on Intention of becoming a medical facilitator.

Sharing of important and sensitive information is more likely to take place when there is high degree of trust within the valuable network. This information brings great contribution for individual in making decision and utilizing available resource. In addition, Kuehn (2008) also pointed out that individuals with extensive social

network can easily access to resources and information. When individual has high exposure on information or opportunity, the intention to take action is more likely to increase. However, this study's result reflected Social Network is not significant to Intention of becoming a medical facilitator. It is to be said that social network is built along with the working experience. Individual with more experience in a particular working field is more likely for them to develop a broader social network. From this study, about 48.15% of the respondents aged between 21-30 years old and over 35.19% of them have 1 to 3 years working experiences. This could be concluded that people with lesser working experience might still fresh to develop their social network. In addition, young people might not aware of the importance of social network in assisting their future career life; hence, this has caused them to neglect the needs of developing their social network. Without a wide network with different social ties, they might be encounter the problem of gathering reliable resources that are essential in their career, as well as to promote personal development and career advancement.

Based on the findings, instead of focusing the capability of every individual to become a medical facilitator (Perceived Feasibility) and available assistant that could be offered to them (Perceived Support), relevant policy maker could firstly emphasis the functions of medical facilitator and its benefits and assist every aspect to get involve in medical tourism (Social Network), so that the career perceives attractive and essential (Perceived Desirability) and everyone is willing to become a medical facilitator (Propensity to Act).

5.3 Implication of the study

This study is investigated to have better understanding on individuals' intention to select medical facilitator as their career. The factors investigated in this study (Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support

and Social Network) are significant to understand the individuals' intention to become medical facilitator which showed in Chapter 4.

5.3.1 Theoretical Implication

The entrepreneurial intention model proposed in this research is aimed to predict the individuals' intention to become medical facilitator. In the prior study, the original Shapero's Entrepreneurial Event (SEE) model is directed to study individuals' intention of becoming an entrepreneur. However, the result of this research showed that in SEE model, additional knowledge and resources could be included to predict medical facilitator career intention.

The proposed new model can be viewed as refinement of the original SEE model. The variables of Perceived Support and Social Network are introduced in this research based on the highlight of prior researchers. The prior study suggested that it is inadequate to study an individual's intention if the measurements are focus mainly on individual's perceptions on oneself. Hence, in reference with the suggestions by Krueger and Brazeal, (1994) and Carsrud and Johnson (1989), environmental factors are considered in this study. Therefore, Perceived Support and Social Network are added to SEE model which enable the researchers to have a better understanding on measuring an individual's intention. In this study, the added independent variables (Perceived Support and Social Network) have shown significant effects toward an individual's intention of becoming a medical facilitator. To improve the relationships of the variables, researchers are recommended to further investigate beyond the border of this study to have better implication of the individuals' intention.

5.3.2 Managerial Implication

The results of the study show that the independent variables (Perceived Feasibility, Perceived Support) is closely related with the dependent variable (Intention). This situation indicated that an individual will have a greater intention if they perceived being a medical facilitator is feasible and supportive. This study has eventually highlighted some of the important issues such as the unpopularity of medical facilitator among healthcare and tourism industry. It is crucial to study the key factor to succeed in becoming a medical facilitator to avoid the drawbacks and risk during the beginning stage. In this study, we found out that most of the respondents do not have a clear picture of how exactly a medical facilitator works. Furthermore, due to lack of awareness about the advantages of becoming a medical facilitator, Malaysia Government could take the initiative on executing several actions or events to emphasize the benefits of becoming a medical facilitator. Malaysia Government could increase the publicity regarding the medical facilitator career instead of just focusing in medical tourism activities. For instance, Ministry of Tourism and Culture (MOTAC) or Ministry of Health (MOH) are recommended to promote medical facilitator career by disseminating the details of job description, job requirements, job training, job benefit of becoming medical facilitators through social media, radio program, television advertisement, newspaper, campaign and others.

Moreover, government assistance program plays a crucial role in supporting the networking of the medical facilitators. Therefore, Malaysia Government could create a platform to facilitate the communication and information sharing between local and global medical facilitators. In the way that, Malaysia Government could aid to organize an online forum to allow the global medical facilitators share and discuss the relevant information virtually and improve the global medical facilitator quality. Through the professional

forum, medical facilitators can continuously update themselves with the latest information from overseas such as the newest medical treatment, medical equipment, legal issues, insurance plans and others. Furthermore, Malaysia Government could customize an information system for medical facilitators. A useful information system would definitely facilitate the process of medical facilitation service. By using information system, medical facilitator can easily contact the providers of healthcare, accommodation, transportation and insurance and ease the planning and arrangement for their clients.

5.3.3 Education Implication

This study also provides significant information to education industry. As Malaysian medical tourism industry is growing, it is very essential to provide training and courses to particular groups of students in order to supply sufficient workforce to medical tourism. As mentioned earlier, certain business information and medical knowledge are required to be applied in medical facilitator routine jobs. Besides, medical education is needed if individuals merely have experience in dealing with travel arrangement. In addition, they need to obtain certain level of medical knowledge to understand patient medical records, identify medical needs and treatments and others. Therefore, this is a good opportunity for universities in Malaysia to create the courses, workshops or certification related to medical facilitator. Universities in Malaysia can partner up with local or overseas medical facilitator companies in customizing medical facilitator courses or workshops to the students. In short, if an individual can obtain necessary skill and knowledge from formal medical facilitator course, this has a strong effect on his/her intention of becoming a medical facilitator and participate in this career.

Nevertheless, this study provides useful information for Malaysia Government to plan and implement effective strategies to boost the Malaysian medical tourism industry and sustain the growth of medical facilitator. For example, in term of education, government is suggested to highlight the importance of becoming medical facilitators by conducting training courses. As majority respondents agree that there is a limitation for them to obtain the academic knowledge, Malaysia Government could provide training for the talented individuals in order to become medical facilitators. If the individual do not possess the required skills, knowledge and capabilities, it indicated that the candidate is not qualified to become a medical facilitator. Thus, they are encouraged to attend training regarding to legal documentation, arranging flights, accommodation and transport, providing language translators, scheduling medical appointments, etc. In India, Ministry of Tourism India provided training courses known as Capacity Building for Service Providers (CBSP) that focused on skill providing, skill up-gradation and skill certification courses for the individuals engaged in Wellness and Medical Tourism. Adding to this, Malaysia Government is encouraged to follow the example of India Government and give assistances such as free training programs and workshops, tax deduction, subsidiaries and information system to novices who newly become medical facilitators.

In summary, this study provides a simple and foundational blueprint to assist policy makers in various aspects. They could set objectives and strategies that will enhance the individuals' intention of becoming medical facilitators in Malaysia.

5.4 Limitations of the Study

5.4.1 Limited Geographical Coverage

The sample population of this research project merely covered in West Malaysia and excluded East Malaysia. Besides, this research focused only in one state which is Penang. As a result, it might affect the accuracy and reliability of the research outcome. Therefore, the result may not able perfectly represent all Malaysians' intention to become a medical facilitator.

5.4.2 Single Language Version of Questionnaire

The questionnaires used in this research in only English-language questionnaires. This has become one of the barriers in this study. In a multi-racial, multi-cultural and multi-religion country, there are different of races with different of languages spoken in Malaysia. Since English is not the native language in Malaysia, the response rate in this study was limited because there were some of the respondents who are not conversant in English. For example, some of Malay, Chinese and Indian respondents are refused to answer the questionnaires or answer with vague responses due to language barrier. This has created bias between native and non-native English speakers. As a result, this has limited the feedback from non-native English speakers who are unable to express their true responses.

5.4.3 Respondents Lack of Knowledge about Medical Facilitator

The awareness of medical facilitator and medical tourism in Malaysia is fairly low compared to the other countries. This is because of the medical tourism is still an infant industry in Malaysia. The Malaysian citizens are not familiar with the medical tourism. Therefore, this has restricted the flexibility of this research to study the individual's intention of becoming a medical facilitator.

5.4.4 Minority Respondents from Related Industries

Individuals who have a little background in healthcare/medical provision are less endowed with professionalism and formalized regulation of the medical tourism industry; therefore, lower the intention of becoming a medical facilitator. Practitioners in medical and tourism industry are the priorities in this study because they closely match with the minimum job requirements. However, we found that it may be difficult for respondents who are working in other related sectors, even the aforementioned sectors, to understand the role and important of medical facilitator. It is also hard and less convincing for them who are familiar with the current job to step into an infant industry which is full of uncertainty as they need to exert great efforts to acquire relevant knowledge and resources, achieve professionalization and adapt to the new environments.

5.4.5 Limited Past Studies and Findings on Medical Facilitator

There is restricted in amount of prior journals and researches about the medical facilitator. It needs a lot of supporting evidences to clarify and

strengthen the research study on topic about medical tourism as the industry is developing and yet to attain its maturity. The limited number of academic literatures and statistics has restrained the information that we can use and adopt in this study. As a result, this affected reliability and comprehension of this study.

5.5 Recommendations for Future Research

There are a few suggestions that would help future researchers to bring out better and more detailed study in this field area. Firstly, sampling size drawn from small sampling population and location might have an impact on the reliability result of this research study. Future researchers could enlarge the sampling size by expanding sampling locations across Malaysia or including target respondents from other related industries; hence, the reliability of this research will be increased. According to Irsyad (2016), Kuala Lumpur and Melaka are the most popular medical tourism destinations despite of Penang. Apart from that, MHTC are growing medical hubs in Malaysia, specifically Penang, Melaka and Johor Bahru. Thus, future researchers may consider these main areas preferred by most of the medical tourists.

Besides, we recommend future researchers to prepare and translate our survey into multi-language version such as Bahasa Malaysia and Mandarin in order to enhance the apprehension and understanding towards the questions. Additionally, it will not only reduce the communication barriers, but also increase the responsiveness of our questionnaire. Apart from that, the procedure and time period of obtaining permission to conduct our survey are time-consuming and complicated. Snowball sampling technique could be suggested to future researchers to collect data through their circles of acquaintance with those who work in hospitals or clinics in order to eliminate the obstacle and ensure the data collection process can be done within scheduled time frame. Future researchers could also plan to seek for assistance from MHTC so that

the organization provides some useful data and raise awareness of the position of medical facilitator. The support of and cooperation with MHTC would definitely ease the process of conducting relevant research because people are aware of and familiar with the term and importance of medical facilitator.

Furthermore, we realized a problem encountered by our target respondents which some of them faced difficulties when answering our questionnaire. In order to enhance their understanding about the questions, future researchers may consider to carry out a face-to-face interview. Focus group may also be conducted which invite respondents from different industries and discuss together on the topic of medical facilitator. This two-way communication method is not only to provide a more detailed and clearer explanation to them, but also create an opportunity for researchers to get instantaneous feedback and in-depth information.

Future researchers are suggested to share their ideas and get feedback or new knowledge from professionals in medical tourism. Since there is a limitation in reviewing past journals and researches, it is important for future researchers to proactively inquire the solutions and information despite of actively searching for the latest relevant journals and articles. With the advancement of technology, Internet allows future researchers to use and communicate wisely with published researchers and authors in related field area. ResearchGate is one of the platforms that connects scientists and researchers to share papers, ask and answer questions, provide discussion and feedback, and find collaborators.

Moreover, the result generated from Multiple Regression Analysis showed that Perceived Desirability, Propensity to Act and Social Network are insignificant to indicate the Intention of becoming a medical facilitator. The reason might be our target respondents are working people. They might found that the job of medical facilitator is challenging and professional, but they would not really to take action or intend to become a medical facilitator because medical facilitator is too new to the industry and the procedure is unknown to them. On the other hand, some of them

might be in the comfort zone, whereby they work in certain industry for a few years and are familiar with the current job. These respondents would have low perceived desirability and propensity to act. Future researchers are recommended to target respondents who are unemployed such as students undertaking related courses because they might have greater intentions to become medical facilitator as they have no stable or right career yet. Hence, their response to this survey may improve the results.

Lastly, an insignificant relationship between Social Network and intention encourages future researchers to further carry out a field study by breaking down the variable into a more comprehensive construct or considering additional variable like "awareness" in the research framework to present a more meaningful result.

5.6 Conclusion

In summary, this research study is to identify the factors which are Perceived Desirability, Perceived Feasibility, Propensity to Act, Perceived Support and Social Network that can influence Intention of becoming a medical facilitator in Malaysian medical tourism industry.

The significant relationships between independent variables and dependent variable indicate that these factors can be applied to influence the intention of becoming a medical facilitator. Investigating the factors that would influence individuals' intentions is important because it provides in-depth and detailed information to policy makers in order to develop magnificent strategies to enhance the medical tourism of Malaysia. This will not only boost the country's economy, but also increase the job opportunities in Malaysia. Our study shows a fundamental framework to emerge a further investigation of causal relationships between these variables. As a result, we

could consider taking the appropriate courses of action to influence people's intentions to become medical facilitators in Malaysia.

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Appendix 1.1: International Tourist Arrivals and Receipts of Malaysia among South-East Asia Countries

		International tourist arrivals								International tourism receipts				
		(1000)				Change (%)			Share (%)	(US$ million)				Share (%)
Destinations	Series	2010	2013	2014	2015*	13/12	14/13	15*/14	2015*	2010	2013	2014	2015*	2015*
Asia and the Pacific		**205,505**	**249,925**	**264,293**	**279,214**	**6.9**	**5.7**	**5.6**	**100**	**275,681**	**396,614**	**420,067**	**418,270**	**100**
North-East Asia		**111,508**	**126,989**	**136,276**	**142,075**	**3.4**	**7.3**	**4.3**	**50.9**	**148,338**	**219,375**	**237,965**	**236,669**	**56.6**
China	TF	55,665	55,686	55,622	56,886	-3.5	-0.1	2.3	20.4	45,814	51,664	105,380	114,109	27.3
Hong Kong (China)	TF	20,085	25,661	27,770	26,686	8.0	8.2	-3.9	9.6	22,200	38,934	38,376	36,150	8.6
Japan	VF	8,611	10,364	13,413	19,737	24.0	29.4	47.1	7.1	13,199	15,131	18,853	24,983	6.0
Korea (DPRK)		..	..	..	..	..	..	..	..	..	..	..	..	..
Korea (ROK)	VF	8,798	12,176	14,202	13,232	9.3	16.6	-6.8	4.7	10,328	14,629	17,836	15,285	3.7
Macao (China)	TF	11,926	14,268	14,566	14,308	5.1	2.1	-1.8	5.1	22,151	43,023	42,552	31,303	7.5
Mongolia	TF	456	418	393	386	-12.2	-6.0	-1.7	0.1	244	189	173	250	0.1
Taiwan (pr. of China)	VF	5,567	8,016	9,910	10,440	9.6	23.6	5.3	3.7	8,721	12,323	14,614	14,406	3.4
South-East Asia		**70,473**	**94,475**	**97,263**	**104,629**	**11.3**	**3.0**	**7.6**	**37.5**	**68,546**	**107,883**	**108,094**	**108,263**	**25.9**
Brunei	TF	214	225	201	218	7.6	-10.6	8.5	0.1	..	96	79	..	..
Cambodia	TF	2,508	4,210	4,503	4,775	17.5	7.0	6.1	1.7	1,519	2,659	2,953	3,130	0.7
Indonesia	TF	7,003	8,802	9,435	10,408	9.4	7.2	10.3	3.7	6,958	9,119	10,261	10,761	2.6
Laos	TF	1,670	2,700	3,164	3,543	17.9	17.2	12.0	1.3	382	596	642	679	0.2
Malaysia	TF	24,577	25,715	27,437	25,721	2.7	6.7	-6.3	9.2	18,115	21,496	22,595	17,597	4.2
Myanmar	TF	792	2,044	3,081	4,681	93.0	50.7	51.9	1.7	72	959	1,612	2,092	0.5
Philippines	TF	3,520	4,681	4,833	5,361	9.6	3.2	10.9	1.9	2,645	4,690	5,030	5,276	1.3
Singapore	TF	9,161	11,898	11,864	12,052	7.2	-0.3	1.6	4.3	14,177	19,209	19,134	16,743	4.0
Thailand	TF	15,936	26,547	24,810	29,881	18.8	-6.5	20.4	10.7	20,104	41,780	38,423	44,553	10.7
Timor-Leste	TF	40	79	60	..	36.2	-24.3	..	..	31	29	35	51	0.0
Vietnam	VF	5,050	7,572	7,874	7,944	10.6	4.0	0.9	2.8	4,450	7,250	7,330	7,301	1.7
Oceania		**11,387**	**12,495**	**13,259**	**14,242**	**4.6**	**6.1**	**7.4**	**5.1**	**38,725**	**42,764**	**44,617**	**41,916**	**10.0**
American Samoa	TF	23	21	22	..	-8.0	3.8	..	..	..	..	..	..	..
Australia	VF	5,790	6,382	6,884	7,444	5.8	7.9	8.1	2.7	28,598	31,261	31,935	29,413	7.0

Source: World Tourism Organization (UNWTO)

Appendix 3.1: UTAR Certification/Permission Letter

UNIVERSITI TUNKU ABDUL RAHMAN
Wholly Owned by UTAR Education Foundation (Company No. 578227-M)

24th August 2016

To Whom It May Concern,

Dear Sir/Madam,

Permission to Conduct Survey

This is to confirm that the following students are currently pursuing their *Bachelor of Business Administration (Hons)* program at the Faculty of Business and Finance, Universiti Tunku Abdul Rahman (UTAR) Perak Campus.

I would be most grateful if you could assist them by allowing them to conduct their research at your institution. All information collected will be kept confidential and used only for academic purposes.

The students are as follows:

Name of Student	Student ID
Heligaa A/P Balasupramaniam	13ABB00180
Lee Wei Wei	13ABB00179
Lew Kok Wei	13ABB05005
Phang Ai Wen	13ABB03226
Vivian Lim Chen Woon	13ABB04391

If you need further verification, please do not hesitate to contact me.

Thank you.

Yours sincerely,

Mr Choong Yuen Onn
Head of Department,
Faculty of Business and Finance
Email: choongyo@utar.edu.my

Ms Seow Ai Na
Supervisor,
Faculty of Business and Finance
Email: seowan@utar.edu.my

Address: Jalan Sg. Long, Bandar Sg. Long, Cheras, 43000 Kajang, Selangor D.E. **Postal Address:** P.O Box 11384, 50744 Kuala Lumpur, Malaysia
Tel: (603) 9086 0288 **Fax:** (603) 9019 8868 **Homepage:** http://www.utar.edu.my

Appendix 3.2: Survey Questionnaire

UNIVERSITI TUNKU ABDUL RAHMAN

FACULTY OF BUSINESS & FINANCE

BACHELOR OF BUSINESS ADMINISTRATION (HONS)

FINAL YEAR PROJECT

Factors that influence the intention of becoming a medical facilitator in Malaysia

SURVEY QUESTIONNAIRE

Dear Respondent,

We are the final year students from Universiti Tunku Abdul Rahman (UTAR) currently pursuing Bachelor of Business Administration (Hons). The purpose of this questionnaire is to study the relationships between perceived desirability, perceived feasibility, propensity to act, perceived support, social network and intentions of becoming a medical facilitator in Malaysia.

We would be grateful if you could spend a few minutes of your time to complete this questionnaire. Please answer **ALL** questions provided in the questionnaire. All responses provided are solely for our research purposes. We will assure you that all information collected will be kept strictly private and confidential. Thank you for your kind assistance.

If there is any doubt, please do not hesitate to contact below:-

Heligaa A/P Balasupramaniam	13ABB00180	017-5219413	sandra@1utar.my
Lee Wei Wei	13ABB00179	017-4026449	weiwei@1utar.my
Lew Kok Wei	13ABB05005	016-7503103	bluesky061@1utar.my
Phang Ai Wen	13ABB03226	010-7052378	phaw0802@1utar.my
Vivian Lim Chen Woon	13ABB04391	016-7289635	vivianlim1125@1utar.my

Instruction:
This questionnaire consists of **TWO (2)** sections. Section A and B.
Section A is the personal details of respondents.
Section B is the factors influencing intentions of becoming a medical

Section A: Demographic Profile

Please provide the following information about yourself by placing a "√" on one of the blank space to assist us in analyzing the responses.

1. **Gender**
   - ☐ Male
   - ☐ Female

2. **Age**
   - ☐ 21 – 30 years old
   - ☐ 31 – 40 years old
   - ☐ 41 – 50 years old
   - ☐ Above 50 years old

3. **Marital Status**
   - ☐ Single
   - ☐ Married
   - ☐ Others. Please specify: _____

4. **Educational Level**
   - ☐ High School
   - ☐ Diploma
   - ☐ Bachelor's Degree
   - ☐ Master's Degree
   - ☐ PhD or Doctoral Degree
   - ☐ Others. Please specify: _____

5. **Working Industry**

- ☐ Hotel Industry
- ☐ Insurance Industry
- ☐ Tourism Industry
- ☐ Healthcare Industry
- ☐ Others. Please specify: _____

6. **Working Experience**

- ☐ 1 – 3 years
- ☐ 4 – 6 years
- ☐ 7 – 9 years
- ☐ 10 years and above

7. **Salary (RM)**

- ☐ Below 2,000
- ☐ 2,001 – 4,000
- ☐ 4,001 – 6,000
- ☐ 6,001 – 8,000
- ☐ 8,001 – 10,000
- ☐ Above 10,000

Section B: Factors that influence the intention of becoming a medical facilitator

Based on your experience, please circle the number that best reflect your opinion about the statement according to the Likert scale which ranges as follows:-

Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)
1	2	3	4	5

Note:

Medical facilitator refers to an intermediary for a primary point of contact between patients and health care providers. They personalized services includes coordinating treatment arrangement, price quoting, transportation, accommodation, travel and medical planning, transfer of medical records, following up treatment and care plan, translation services, etc.

Independent Variable 1: Perceived Desirability	**SD**	**D**	**N**	**A**	**SA**
1. I personally view medical facilitator to be a highly desirable career alternative for me.	1	2	3	4	5
2. I would enjoy the personal satisfaction of involving in medical facilitator.	1	2	3	4	5
3. I would become a medical facilitator if I found that the situation is favourable and controllable.	1	2	3	4	5
4. I would consider the advice given from people in my inner circle when I decided to be a medical facilitator.	1	2	3	4	5
5. I am interested to engage in medical facilitator as I have past experience dealing with tourism-related business.	1	2	3	4	5
Independent Variable 2: Perceived Feasibility	**SD**	**D**	**N**	**A**	**SA**
1. I view myself as capable of becoming a medical facilitator.	1	2	3	4	5
2. I am confident to become a medical facilitator if I put in significant efforts.	1	2	3	4	5
3. I believe that I have necessary knowledge of becoming a medical facilitator.	1	2	3	4	5
4. I am willing to take risks associated with medical facilitator's participation.	1	2	3	4	5
5. I am able to control my negative emotions even if I face difficulties in becoming a medical facilitator.	1	2	3	4	5

Independent Variable: Propensity to Act	SD	D	N	A	SA
1. I will learn to comply with medical tourism industry policies to become medical facilitator.	1	2	3	4	5
2. Nothing is more exciting than seeing my ideas turn into reality.	1	2	3	4	5
3. I am eager to obtain medical facilitator certification.	1	2	3	4	5
4. I will act as an agent between patient and medical provider because I cherish the feeling of being a medical facilitator.	1	2	3	4	5
5. I will create an action plan that assists me in becoming a medical facilitator.	1	2	3	4	5
Independent Variable 4: Perceived Support	**SD**	**D**	**N**	**A**	**SA**
I would like to become a medical facilitator					
1. If academic programs on medical tourism related training activities is sufficient provide.	1	2	3	4	5
2. If government provides sufficient subsidies for newcomer as medical facilitator.	1	2	3	4	5
3. If working environment supply with advance healthcare facility and equipment.	1	2	3	4	5
4. If government provides tax deduction as encouragement to join as a medical facilitator.	1	2	3	4	5
5. If people who are important to me are supporting the idea.	1	2	3	4	5
Independent Variable 5: Social Network	**SD**	**D**	**N**	**A**	**SA**
1. I view my contacts as the media to access a variety of resources on medial facilitator.	1	2	3	4	5
2. I trust my relationships with those having reputational medical information.	1	2	3	4	5
3. Interactions with others make me easier to become a medical facilitator.	1	2	3	4	5
4. I value the relationships with my circle of acquaintances.	1	2	3	4	5
5. Professional forums on medical information would enhance my knowledge to become a medical facilitator.	1	2	3	4	5

Dependent Variable: Intentions	SD	D	N	A	SA
1. I have a serious thought of becoming a medical facilitator.	1	2	3	4	5
2. I am ready to do anything to become a medical facilitator.	1	2	3	4	5
3. I have planned to become a medical facilitator in the near future.	1	2	3	4	5
4. I am very interested in becoming a medical facilitator.	1	2	3	4	5
5. I prefer to become a medical facilitator.	1	2	3	4	5
6. I am determined to become a medical facilitator in the future.	1	2	3	4	5
7. I will make every effort to become a medical facilitator.	1	2	3	4	5
8. I have selected medical facilitator as one of my career option.	1	2	3	4	5
9. I have made attempts to become a medical facilitator.	1	2	3	4	5

☺ Thank you very much for your participation.

Your time and opinions are greatly appreciated. ☺

PERSONAL DATA PROTECTION STATEMENT

Please be informed that in accordance with Personal Data Protection Act 2010 ("PDPA") which came into force on 15 November 2013, Universiti Tunku Abdul Rahman ("UTAR") is hereby bound to make notice and require consent in relation to collection, recording, storage, usage and retention of personal information.

Notice:

1. The purpose for which your personal data may be used are inclusive but not limited to:-
    - For assessment of any application to UTAR
    - For processing any benefits and services
    - For communication purposes
    - For advertorial and news
    - For general administration and record purposes
    - For enhancing the value of education
    - For educational and related purposes consequential to UTAR
    - For the purpose of our corporate governance
    - For consideration as a guarantor for UTAR staff/ student applying for his/ her scholarship loan
2. Your personal data may be transferred and/ or disclosed to third party and/ or UTAR collaborative partners including but not limited to the respective and appointed outsourcing agents for purpose of fulfilling our obligations to you in respect of the purposes and all such other purposes that are related to the purposes and also in providing integrated services, maintaining and storing records. Your data may be shared when required by laws and when disclosure is necessary to comply with applicable laws.
3. Any personal information retained by UTAR shall be destroyed and/ or deleted in accordance with our retention policy applicable for us in the event such information is no longer required.

4. UTAR is committed in ensuring confidentiality, protection, security and accuracy of your personal information made available to us and it has been our ongoing strict policy to ensure that your personal information is accurate, complete, not misleading and updated. UTAR would also ensure that your personal data shall not be used for political and commercial purposes.

Consent:

1. By submitting this form you hereby authorize and consent to us processing (including disclosing) your personal data and any updates of your information, for the purposes and/or for any other purposes related to the purpose.
2. If you do not consent or subsequently withdraw your consent to the processing and disclosure of your personal data, UTAR will not able to conform our obligations or to contact you or to assist you in respect of the purposes and/or for any other purposes related to the purpose
3. You may access and update your personal data by writing to us. (Put group leader's or supervisor's email address).

Acknowledgement of Notice

[ ] I acknowledge consent of Data Protection Act 2010, and fully understood and agreed the Notice of Privacy Practices by UTAR

[ ] I disagree and do not wish my personal data to be processed.

Appendix 3.3: Reliability Test Result – Perceived Desirability (Pilot Study)

Reliability Test Result for Perceived Desirability

The CORR Procedure

5 Variables:DES Q1 DES Q2 DES Q3 DES Q4 DES Q5

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
DES Q1	30	3.46667	0.93710	104.00000	1.00000	5.00000	DES Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q2	30	3.33333	0.80230	100.00000	1.00000	4.00000	DES Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q3	30	3.66667	0.71116	110.00000	1.00000	5.00000	DES Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q4	30	3.60000	0.89443	108.00000	1.00000	5.00000	DES Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q5	30	3.10000	1.02889	93.00000	1.00000	4.00000	DES Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.732394
Standardized	0.748831

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
DES Q1	0.716429	0.589180	0.726438	0.621620	DES Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q2	0.551188	0.667021	0.547633	0.691764	DES Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q3	0.667424	0.636207	0.670170	0.644408	DES Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q4	0.284098	0.763360	0.307868	0.775826	DES Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q5	0.352891	0.751360	0.356292	0.759732	DES Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 30
Prob > |r| under H0: Rho=0

	DES Q1	DES Q2	DES Q3	DES Q4	DES Q5
DES Q1	1.00000	0.65740	0.60366	0.31267	0.41486
DES Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		<.0001	0.0004	0.0925	0.0226
DES Q2	0.65740	1.00000	0.44320	0.14416	0.33419
DES Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001		0.0142	0.4472	0.0711
DES Q3	0.60366	0.44320	1.00000	0.48790	0.32989
DES Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0004	0.0142		0.0062	0.0750
DES Q4	0.31267	0.14416	0.48790	1.00000	0.00749
DES Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0925	0.4472	0.0062		0.9686
DES Q5	0.41486	0.33419	0.32989	0.00749	1.00000
DES Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0226	0.0711	0.0750	0.9686	

Appendix 3.4: Reliability Test Result – Perceived Feasibility (Pilot Study)

Reliability Test Result for Perceived Feasibility

The CORR Procedure

5 Variables:FEA Q1 FEA Q2 FEA Q3 FEA Q4 FEA Q5

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
FEA Q1	30	3.36667	0.99431	101.00000	1.00000	5.00000	FEA Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q2	30	3.70000	0.95231	111.00000	1.00000	5.00000	FEA Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q3	30	3.56667	1.07265	107.00000	1.00000	5.00000	FEA Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q4	30	3.30000	0.87691	99.00000	1.00000	5.00000	FEA Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q5	30	3.63333	0.80872	109.00000	1.00000	5.00000	FEA Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.890259
Standardized	0.892326

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
FEA Q1	0.798967	0.850630	0.792817	0.856023	FEA Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q2	0.667178	0.881129	0.669413	0.883748	FEA Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q3	0.766270	0.860131	0.762219	0.863039	FEA Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q4	0.731373	0.867331	0.733406	0.869560	FEA Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q5	0.722389	0.870918	0.725271	0.871386	FEA Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 30
Prob > |r| under H0: Rho=0

	FEA Q1	FEA Q2	FEA Q3	FEA Q4	FEA Q5
FEA Q1	1.00000	0.59056	0.76447	0.69642	0.59871
FEA Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		0.0006	<.0001	<.0001	0.0005
FEA Q2	0.59056	1.00000	0.57725	0.52441	0.61340
FEA Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0006		0.0008	0.0029	0.0003
FEA Q3	0.76447	0.57725	1.00000	0.61955	0.60554
FEA Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	0.0008		0.0003	0.0004
FEA Q4	0.69642	0.52441	0.61955	1.00000	0.64670
FEA Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	0.0029	0.0003		0.0001
FEA Q5	0.59871	0.61340	0.60554	0.64670	1.00000
FEA Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0005	0.0003	0.0004	0.0001	

Appendix 3.5: Reliability Test Result – Propensity to Act (Pilot Study)

Reliability Test Result for Propensity to Act

The CORR Procedure

5 Variables:ACT Q1 ACT Q2 ACT Q3 ACT Q4 ACT Q5

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
ACT Q1	30	3.46667	0.77608	104.00000	1.00000	5.00000	ACT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q2	30	3.73333	0.78492	112.00000	2.00000	5.00000	ACT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q3	30	3.40000	0.93218	102.00000	1.00000	5.00000	ACT Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q4	30	3.63333	0.61495	109.00000	2.00000	5.00000	ACT Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q5	30	3.73333	0.73968	112.00000	2.00000	5.00000	ACT Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.831524
Standardized	0.834011

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
ACT Q1	0.614095	0.802279	0.605284	0.808651	ACT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q2	0.648196	0.792583	0.641861	0.798443	ACT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q3	0.662722	0.792871	0.656989	0.794168	ACT Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q4	0.525818	0.825692	0.532033	0.828556	ACT Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q5	0.730466	0.770452	0.737972	0.770749	ACT Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 30
Prob > |r| under H0: Rho=0

	ACT Q1	ACT Q2	ACT Q3	ACT Q4	ACT Q5
ACT Q1	1.00000	0.55098	0.54337	0.37090	0.46454
ACT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		0.0016	0.0019	0.0436	0.0097
ACT Q2	0.55098	1.00000	0.52783	0.36196	0.58601
ACT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0016		0.0027	0.0494	0.0007
ACT Q3	0.54337	0.52783	1.00000	0.38498	0.61012
ACT Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0019	0.0027		0.0357	0.0003
ACT Q4	0.37090	0.36196	0.38498	1.00000	0.61152
ACT Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0436	0.0494	0.0357		0.0003
ACT Q5	0.46454	0.58601	0.61012	0.61152	1.00000
ACT Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0097	0.0007	0.0003	0.0003	

Appendix 3.6: Reliability Test Result – Perceived Support (Pilot Study)

Reliability Test Result for Perceived Support

The CORR Procedure

5 Variables:SUP Q1 SUP Q2 SUP Q3 SUP Q4 SUP Q5

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
SUP Q1	30	3.60000	0.72397	108.00000	2.00000	5.00000	SUP Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q2	30	3.73333	0.73968	112.00000	2.00000	5.00000	SUP Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q3	30	3.76667	0.89763	113.00000	2.00000	5.00000	SUP Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q4	30	3.73333	0.86834	112.00000	2.00000	5.00000	SUP Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q5	30	3.83333	0.83391	115.00000	2.00000	5.00000	SUP Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.837984
Standardized	0.838851

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
SUP Q1	0.598444	0.817027	0.599655	0.817739	SUP Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q2	0.641180	0.806191	0.634397	0.808271	SUP Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q3	0.662705	0.799854	0.661073	0.800894	SUP Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q4	0.724981	0.780331	0.727765	0.782034	SUP Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q5	0.587924	0.819961	0.587279	0.821073	SUP Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 30
Prob > |r| under H0: Rho=0

	SUP Q1	SUP Q2	SUP Q3	SUP Q4	SUP Q5
SUP Q1	1.00000	0.43787	0.38204	0.53754	0.57116
SUP Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		0.0155	0.0372	0.0022	0.0010
SUP Q2	0.43787	1.00000	0.63014	0.63708	0.31679
SUP Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0155		0.0002	0.0002	0.0881
SUP Q3	0.38204	0.63014	1.00000	0.58101	0.49905
SUP Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0372	0.0002		0.0008	0.0050
SUP Q4	0.53754	0.63708	0.58101	1.00000	0.50795
SUP Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0022	0.0002	0.0008		0.0042
SUP Q5	0.57116	0.31679	0.49905	0.50795	1.00000
SUP Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0010	0.0881	0.0050	0.0042	

Appendix 3.7: Reliability Test Result – Social Network (Pilot Study)

Reliability Test Result for Social Networks

The CORR Procedure

5 Variables:NET Q1 NET Q2 NET Q3 NET Q4 NET Q5

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
NET Q1	30	3.30000	0.91539	99.00000	1.00000	5.00000	NET Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q2	30	3.63333	0.88992	109.00000	1.00000	5.00000	NET Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q3	30	3.30000	0.74971	99.00000	1.00000	4.00000	NET Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q4	30	3.60000	0.62146	108.00000	2.00000	5.00000	NET Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q5	30	4.00000	0.78784	120.00000	2.00000	5.00000	NET Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.732714
Standardized	0.730029

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
NET Q1	0.477607	0.697026	0.462234	0.694513	NET Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q2	0.689341	0.599369	0.658416	0.615560	NET Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q3	0.743618	0.591659	0.722098	0.588085	NET Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q4	0.326582	0.740229	0.332565	0.742190	NET Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q5	0.285760	0.760957	0.317840	0.747386	NET Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 30
Prob > |r| under H0: Rho=0

	NET Q1	NET Q2	NET Q3	NET Q4	NET Q5
NET Q1	1.00000	0.64765	0.51754	0.21822	-0.04781
NET Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		0.0001	0.0034	0.2467	0.8019
NET Q2	0.64765	1.00000	0.73908	0.16211	0.24591
NET Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0001		<.0001	0.3921	0.1902
NET Q3	0.51754	0.73908	1.00000	0.26644	0.40867
NET Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0034	<.0001		0.1547	0.0250
NET Q4	0.21822	0.16211	0.26644	1.00000	0.35215
NET Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.2467	0.3921	0.1547		0.0563
NET Q5	-0.04781	0.24591	0.40867	0.35215	1.00000
NET Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.8019	0.1902	0.0250	0.0563	

Appendix 3.8: Reliability Test Result – Intention (Pilot Study)

Reliability Test Result for Intentions

The CORR Procedure

9 Variables:INT Q1 INT Q2 INT Q3 INT Q4 INT Q5 INT Q6 INT Q7 INT Q8 INT Q9

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
INT Q1	30	3.06667	0.90719	92.00000	1.00000	4.00000	INT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q2	30	2.96667	0.96431	89.00000	1.00000	4.00000	INT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q3	30	3.40000	0.85501	102.00000	1.00000	5.00000	INT Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q4	30	3.33333	0.88409	100.00000	1.00000	5.00000	INT Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q5	30	3.30000	0.74971	99.00000	2.00000	5.00000	INT Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q6	30	3.36667	0.80872	101.00000	2.00000	5.00000	INT Q6 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q7	30	3.33333	0.84418	100.00000	2.00000	5.00000	INT Q7 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q8	30	3.20000	0.88668	96.00000	2.00000	5.00000	INT Q8 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q9	30	3.00000	0.87099	90.00000	1.00000	5.00000	INT Q9 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.941010
Standardized	0.941015

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
INT Q1	0.746433	0.935742	0.739052	0.936026	INT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q2	0.723074	0.937596	0.722117	0.936972	INT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q3	0.862530	0.929060	0.866380	0.928778	INT Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q4	0.854075	0.929393	0.860587	0.929113	INT Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q5	0.554419	0.944993	0.558096	0.945925	INT Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q6	0.836825	0.930834	0.842644	0.930147	INT Q6 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q7	0.828562	0.931043	0.827440	0.931020	INT Q7 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q8	0.818485	0.931477	0.816995	0.931617	INT Q8 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q9	0.744327	0.935734	0.733014	0.936363	INT Q9 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 30
Prob > |r| under H0: Rho=0

	INT Q1	INT Q2	INT Q3	INT Q4	INT Q5	INT Q6	INT	INT Q8	INT Q9
INT Q1	1.00000	0.67273	0.58683	0.61625	0.27378	0.57655	0.69041	0.71161	0.78553
INT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		<.0001	0.0007	0.0003	0.1432	0.0009	<.0001	<.0001	<.0001
INT Q2	0.67273	1.00000	0.64408	0.57975	0.44358	0.63525	0.60715	0.57267	0.65689
INT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001		0.0001	0.0008	0.0141	0.0002	0.0004	0.0009	<.0001
INT Q3	0.58683	0.64408	1.00000	0.91236	0.66705	0.77797	0.71662	0.75504	0.60196

Appendix 4.1 Reliability Test Result – Perceived Desirability (108 Respondents)

Reliability Test Result of Perceived Desirability

The CORR Procedure

5 Variables:DES Q1 DES Q2 DES Q3 DES Q4 DES Q5

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
DES Q1	108	3.24074	0.88422	359.00000	1.00000	5.00000	DES Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q2	108	3.48148	0.70355	376.00000	1.00000	5.00000	DES Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q3	108	3.56481	0.71399	385.00000	1.00000	5.00000	DES Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q4	108	3.55560	0.83536	384.00000	1.00000	5.00000	DES Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q5	108	3.23148	0.96292	349.00000	1.00000	5.00000	DES Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.723283
Standardized	0.742006

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
DES Q1	0.608817	0.621407	0.621712	0.651760	DES Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q2	0.599576	0.639419	0.585108	0.662292	DES Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q3	0.578587	0.645710	0.585049	0.666236	DES Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q4	0.480727	0.676974	0.504580	0.697024	DES Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
DES Q5	0.240476	0.784154	0.246910	0.786914	DES Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 108
Prob > |r| under H0: Rho=0

	DES Q1	DES Q2	DES Q3	DES Q4	DES Q5
DES Q1	1.00000	0.51301	0.52155	0.47518	0.22939
DES Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		<.0001	<.0001	<.0001	0.0169
DES Q2	0.51301	1.00000	0.42103	0.39932	0.34437
DES Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001		<.0001	<.0001	0.0003
DES Q3	0.52155	0.42103	1.00000	0.55017	0.16149
DES Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001		<.0001	0.0950
DES Q4	0.47518	0.39932	0.55017	1.00000	0.03615
DES Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001	<.0001		0.7103
DES Q5	0.22939	0.34437	0.16149	0.03615	1.00000
DES Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0169	0.0003	0.0950	0.7103	

Appendix 4.2 Reliability Test Result – Perceived Feasibility (108 Respondents)

Reliability Test Result of Perceived Feasibility

The CORR Procedure

5 Variables:FEA Q1 FEA Q2 FEA Q3 FEA Q4 FEA Q5

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
FEA Q1	108	3.49074	0.87001	377.00000	1.00000	5.00000	FEA Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q2	108	3.72222	0.84093	402.00000	1.00000	5.00000	FEA Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q3	108	3.60185	0.99475	389.00000	1.00000	5.00000	FEA Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q4	108	3.45370	0.90051	373.00000	1.00000	5.00000	FEA Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q5	108	3.75000	0.88735	405.00000	1.00000	5.00000	FEA Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.844342
Standardized	0.845509

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
FEA Q1	0.686632	0.803310	0.822456	0.804928	FEA Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q2	0.689137	0.803433	0.779796	0.803788	FEA Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q3	0.678467	0.805834	0.657169	0.806866	FEA Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q4	0.610861	0.823285	0.679336	0.825459	FEA Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
FEA Q5	0.597405	0.826660	0.739525	0.828191	FEA Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 108
Prob > |r| under H0: Rho=0

	FEA Q1	FEA Q2	FEA Q3	FEA Q4	FEA Q5
FEA Q1	1.00000	0.60961	0.60583	0.48853	0.47516
FEA Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		<.0001	<.0001	<.0001	<.0001
FEA Q2	0.60961	1.00000	0.55923	0.48886	0.53229
FEA Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001		<.0001	<.0001	<.0001
FEA Q3	0.60583	0.55923	1.00000	0.52697	0.46851
FEA Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001		<.0001	<.0001
FEA Q4	0.48853	0.48886	0.52697	1.00000	0.47076
FEA Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001	<.0001		<.0001
FEA Q5	0.47516	0.53229	0.46851	0.47076	1.00000
FEA Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001	<.0001	<.0001	

Appendix 4.3 Reliability Test Result – Propensity to Act (108 Respondents)

Reliability Test Result of Propensity to Act

The CORR Procedure

5 Variables:ACT Q1 ACT Q2 ACT Q3 ACT Q4 ACT Q5

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
ACT Q1	108	3.50000	0.90171378	378.00000	1.00000	5.00000	ACT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q2	108	3.68519	0.78118398	398.00000	1.00000	5.00000	ACT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q3	108	3.40741	0.91750368	368.00000	1.00000	5.00000	ACT Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q4	108	3.52778	0.75453381	381.00000	1.00000	5.00000	ACT Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q5	108	3.61111	0.79524390	390.00000	1.00000	5.00000	ACT Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.816324
Standardized	0.819990

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
ACT Q1	0.483704	0.819771	0.481759	0.821682	ACT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q2	0.603615	0.781681	0.603426	0.787084	ACT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q3	0.650237	0.767321	0.650581	0.773104	ACT Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q4	0.567498	0.791915	0.574488	0.795504	ACT Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
ACT Q5	0.756907	0.736401	0.759926	0.739425	ACT Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 108
Prob > |r| under H0: Rho=0

	ACT Q1	ACT Q2	ACT Q3	ACT Q4	ACT Q5
ACT Q1	1.00000	0.37150	0.41797	0.32280	0.44313
ACT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		<.0001	<.0001	<.0001	<.0001
ACT Q2	0.37150	1.00000	0.53268	0.44308	0.53825
ACT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001		<.0001	<.0001	<.0001
ACT Q3	0.41797	0.53268	1.00000	0.40200	0.65468
ACT Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001		<.0001	<.0001
ACT Q4	0.32280	0.44308	0.40200	1.00000	0.64120
ACT Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001	<.0001		<.0001
ACT Q5	0.44313	0.53825	0.65468	0.64120	1.00000
ACT Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001	<.0001	<.0001	

Appendix 4.4 Reliability Test Result – Perceived Support (108 Respondents)

Reliability Test Result of Perceived Support

The CORR Procedure

5 Variables:SUP Q1 SUP Q2 SUP Q3 SUP Q4 SUP Q5

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
SUP Q1	108	3.61111	0.80255363	390.00000	1.00000	5.00000	SUP Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q2	108	3.69444	0.80255399	399.00000	1.00000	5.00000	SUP Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q3	108	3.77778	0.85744408	408.00000	1.00000	5.00000	SUP Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q4	108	3.67593	0.94551397	397.00000	1.00000	5.00000	SUP Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q5	108	3.67593	0.88422397	397.00000	1.00000	5.00000	SUP Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.799513
Standardized	0.800810

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
SUP Q1	0.563856	0.767024	0.564422	0.768645	SUP Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q2	0.580850	0.762076	0.580458	0.763646	SUP Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q3	0.644604	0.741148	0.649716	0.741586	SUP Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q4	0.591860	0.759136	0.591946	0.760040	SUP Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
SUP Q5	0.535334	0.776151	0.531122	0.778897	SUP Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 108
Prob > |r| under H0: Rho=0

	SUP Q1	SUP Q2	SUP Q3	SUP Q4	SUP Q5
SUP Q1	1.00000	0.41959	0.44366	0.40199	0.46936
SUP Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		<.0001	<.0001	<.0001	<.0001
SUP Q2	0.41959	1.00000	0.60663	0.50873	0.24108
SUP Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001		<.0001	<.0001	0.0120
SUP Q3	0.44366	0.60663	1.00000	0.42909	0.47116
SUP Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001		<.0001	<.0001
SUP Q4	0.40199	0.50873	0.42909	1.00000	0.46567
SUP Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001	<.0001		<.0001
SUP Q5	0.46936	0.24108	0.47116	0.46567	1.00000
SUP Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001	<.0001	<.0001	

Appendix 4.5 Reliability Test Result – Social Network (108 Respondents)

Reliability Test Result of Social Network

The CORR Procedure

5 Variables:NET Q1 NET Q2 NET Q3 NET Q4 NET Q5

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
NET Q1	1083	2.68520	0.87121353	2.00000	1.00000	5.00000	NET Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q2	1083	2.59259	0.85420388	2.00000	1.00000	5.00000	NET Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q3	1083	2.57407	0.81118386	2.00000	1.00000	5.00000	NET Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q4	1083	2.75000	0.65745405	2.00000	1.00000	5.00000	NET Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q5	1083	2.80556	0.80255411	2.00000	1.00000	5.00000	NET Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.665086
Standardized	0.662336

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
NET Q1	0.440160	0.603511	0.429029	0.604203	NET Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q2	0.667229	0.482093	0.649086	0.494912	NET Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q3	0.546157	0.551831	0.558722	0.541484	NET Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q4	0.379528	0.632048	0.381363	0.626073	NET Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
NET Q5	0.115540	0.740188	0.113839	0.737699	NET Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 108
Prob > |r| under H0: Rho=0

	NET Q1	NET Q2	NET Q3	NET Q4	NET Q5
NET Q1	1.00000	0.60048	0.34849	0.21620	-0.00483
NET Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		<.0001	0.0002	0.0246	0.9505
NET Q2	0.60048	1.00000	0.52952	0.28290	0.22418
NET Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001		<.0001	0.0030	0.0197
NET Q3	0.34849	0.52952	1.00000	0.49944	0.07258
NET Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0002	<.0001		<.0001	0.4554
NET Q4	0.21620	0.28290	0.49944	1.00000	0.04871
NET Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.0246	0.0030	<.0001		0.6166
NET Q5	-0.00483	0.22418	0.07258	0.04871	1.00000
NET Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	0.9605	0.0197	0.4554	0.6166	

Appendix 4.6 Reliability Test Result – Intention (108 Respondents)

Reliability Test Result of Intention

The CORR Procedure

9 Variables:INT Q1 INT Q2 INT Q3 INT Q4 INT Q5 INT Q6 INT Q7 INT Q8 INT Q9

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
INT Q1	1083	3.03704	0.87463328	3.00000	1.00000	5.00000	INT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q2	1083	3.10185	0.95643335	3.00000	1.00000	5.00000	INT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q3	1083	3.35185	0.89979362	3.00000	1.00000	5.00000	INT Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q4	1083	3.31481	0.90325358	3.00000	1.00000	5.00000	INT Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q5	1083	3.32407	0.81835359	3.00000	1.00000	5.00000	INT Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q6	1083	3.37963	0.88304365	3.00000	1.00000	5.00000	INT Q6 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q7	1083	3.37037	0.92315364	3.00000	1.00000	5.00000	INT Q7 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q8	1083	3.21296	0.99579347	3.00000	1.00000	5.00000	INT Q8 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q9	1083	3.25000	0.97755351	3.00000	1.00000	5.00000	INT Q9 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Cronbach Coefficient Alpha

Variables	Alpha
Raw	0.931705
Standardized	0.932810

Cronbach Coefficient Alpha with Deleted Variable

Deleted Variable	Raw Variables: Correlation with Total	Raw Variables: Alpha	Standardized Variables: Correlation with Total	Standardized Variables: Alpha	Label
INT Q1	0.693017	0.926933	0.691127	0.928511	INT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q2	0.732907	0.924708	0.735186	0.925880	INT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q3	0.803532	0.920372	0.805377	0.921626	INT Q3 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q4	0.821724	0.919246	0.822324	0.920587	INT Q4 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q5	0.755591	0.923620	0.756562	0.924593	INT Q5 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q6	0.800637	0.920637	0.804131	0.921703	INT Q6 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q7	0.762029	0.922840	0.761620	0.924287	INT Q7 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q8	0.698778	0.927143	0.698424	0.928077	INT Q8 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)
INT Q9	0.672702	0.928659	0.671050	0.929699	INT Q9 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 108
Prob > |r| under H0: Rho=0

	INT Q1	INT Q2	INT Q3	INT Q4	INT Q5	INT Q6	INT Q7	INT Q8	INT Q9
INT Q1	1.00000	0.58758	0.63644	0.58844	0.47925	0.56246	0.61948	0.58104	0.45910
INT Q1 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)		<.0001	<.0001	<.0001	<.0001	<.0001	<.0001	<.0001	<.0001
INT Q2	0.58758	1.00000	0.59870	0.60081	0.66193	0.68413	0.56022	0.51672	0.56227
INT Q2 (1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree)	<.0001		<.0001	<.0001	<.0001	<.0001	<.0001	<.0001	<.0001
INT Q3	0.63644	0.59870	1.00000	0.71338	0.70677	0.68897	0.64049	0.65616	0.53657

Appendix 4.7 Pearson Correlation Coefficient Analysis

Correlation Analysis

The CORR Procedure

6 Variables: Perceived Desirability Perceived Feasibility Propensity to Act Perceived Support Social Networks Intentions

Simple Statistics

Variable	N	Mean	Std Dev	Sum	Minimum	Maximum	Label
Perceived Desirability	108	3.43148	0.56909	370.60000	1.00000	4.40000	Perceived Desirability (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)
Perceived Feasibility	108	3.60370	0.70670	389.20000	1.00000	5.00000	Perceived Feasibility (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)
Propensity to Act	108	3.54630	0.63222	383.00000	1.40000	4.80000	Propensity to Act (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)
Perceived Support	108	3.63704	0.64076	392.80000	1.00000	5.00000	Perceived Support (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)
Social Networks	108	3.5815	0.52489	388.60000	2.00000	4.60000	Social Networks (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)
Intentions	108	3.26029	0.73674	352.11111	1.00000	5.00000	Intentions (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)

Pearson Correlation Coefficients, N = 108
Prob > |r| under H0: Rho=0

	Perceived Desirability	Perceived Feasibility	Propensity to Act	Perceived Support	Social Networks	Intentions
Perceived Desirability	1.00000	0.56951	0.58868	0.59548	0.35312	0.53853
Perceived Desirability (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)		<.0001	<.0001	<.0001	<.0001	<.0001
Perceived Feasibility	0.56951	1.00000	0.64471	0.61886	0.42329	0.70576
Perceived Feasibility (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)	<.0001		<.0001	<.0001	<.0001	<.0001
Propensity to Act	0.58868	0.64471	1.00000	0.49312	0.33653	0.54796
Propensity to Act (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001		<.0001	<.0001	<.0001
Perceived Support	0.59548	0.61886	0.49312	1.00000	0.40479	0.69385
Perceived Support (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001	<.0001		<.0001	<.0001
Social Networks	0.35312	0.42329	0.33653	0.40479	1.00000	0.46098
Social Networks (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001	<.0001	<.0001		<.0001
Intentions	0.53853	0.70576	0.54796	0.69385	0.46098	1.00000
Intentions (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)	<.0001	<.0001	<.0001	<.0001	<.0001	

Appendix 4.8 Multiple Linear Regression Analysis

Linear Regression Results

The REG Procedure
Model: Linear_Regression_Model
Dependent Variable: Intentions Intentions (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)

Number of Observations Read	108
Number of Observations Used	108

Analysis of Variance

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	5	36.18394	7.23679	33.71	<.0001
Error	102	21.89413	0.21465		
Corrected Total	107	58.07807			

Root MSE	0.46330	R-Square	0.6230
Dependent Mean	3.26029	Adj R-Sq	0.6045
Coeff Var	14.21045		

Parameter Estimates

Variable	Label	DF	Parameter Estimate	Standard Error	t Value	Pr > |t|
Intercept	Intercept	1	-0.69085	0.36714	-1.88	0.0627
Perceived Desirability	Perceived Desirability (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)	1	0.03157	0.10935	0.29	0.7734
Perceived Feasibility	Perceived Feasibility (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)	1	0.37801	0.09528	3.97	0.0001
Propensity to Act	Propensity to Act (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)	1	0.08999	0.09914	0.91	0.3662
Perceived Support	Perceived Support (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)	1	0.42131	0.09728	4.33	<.0001
Social Network	Social Networks (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4=Agree, 5=Strongly Agree)	1	0.17485	0.09654	1.81	0.0731