

**FACTORS AFFECTING SERVICE SATISFACTION FOR FOREIGN
PATIENTS AT ONE PRIVATE HOSPITAL IN BANGKOK:
TOP FIVE COUNTRIES AND PRIORITY SERVICES**



**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
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STAMFORD INTERNATIONAL UNIVERSITY
MASTER OF BUSINESS ADMINISTRATION
ACADEMIC YEAR 2013**

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Stamford International University
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Title: Factors Affecting Service Satisfaction For Foreign Patients At One
Private Hospital In Bangkok: Top Five Countries And Priority Services

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Abstract

The objectives of this cross-sectional study were to study the factors affecting service satisfaction of foreign patients at one private hospital in Bangkok by analyzing the relationship between general demographic characteristics of foreign patients with service satisfaction at the hospital. The primary data were collected from 402 patients from ARAB EMIRATES, Japan, Myanmar, Qatari and KUWAITI from October 2013- March 2014. Descriptive and Correlation analysis, T-Test and ANOVA were performed for the analysis.

The results revealed that among 402 persons demonstrated that majority of respondents were male and married. Half of respondents had graduated in college. About two-thirds of respondents had private business and about 45 percent had income from 4000 USD.

About half were Japanese and 45 percent were Buddhist. Health services including quality of services, provider and customer relationship, physical environment of the facility, waiting time, cost of service and department of service were satisfied in a good level. It had been recommended that the hospital might be improved on the quality of services, physical environment, cost of service and department of service.

Keywords: Satisfaction, Top Five Countries and Priority Services

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CHAPTER 1

INTRODUCTION

1.1 Background, Purpose and Rationale

1.1.1 Background

Nowadays, tourism is becoming an important economic activity around the world. In addition to direct economic impact, tourism creates significant indirect and induced impacts. In 2012, the supply chain and induced income impact of travel and tourism was 1, 896.7 Billion Thai Baht. It has contributed significantly to the Gross Domestic Product of a country, including wider effects from investment. In Thailand, the tourism industry accounted for 16.7% percent of the total Gross Domestic Product in 2012. The rising number of tourists, tourist destinations and hotels shows the importance of tourism to the economies of countries.

Medical tourists are people who cross international borders for the exclusive purpose of obtaining medical services, which are different from general tourists needing medical attention. Some of the factors that booster medical tourism includes the rising cost of healthcare in developed countries, cross-border medical training and widespread air travel. The medical tourism industry is growing around the globe. It now involves about 50 countries in all continents and several Asian countries are clearly in the lead. In Asia, medical tourism is highest in India, Singapore and Thailand. In 2008, the three countries combined comprised about 90% of the medical tourism market share in Asia. These countries have invested heavily in their health-care infrastructures to meet the increased demand for accredited medical care in first-class facilities. (WHO, 2011: Online)

The number of international patients who received medical treatment in Thailand has reached 1.4 million in the recent years and is increasing annually. A hospital in Thailand that caters to medical tourists offers a wide array of procedures. The country has earned a reputation for dependable and affordable treatment and

services, including its massage centers, spas and wellness clinics and retreats. This reputation also carries on to its surgical procedures such as laser, cosmetic, and cardiovascular treatment.

Thailand is one of the most appealing and interesting destinations for Medical Tourism. Actually, it is considered the number one destination for Medical Tourism with the most extensive network of hospitals and medicals, government and travel organizations supporting this niche market. Statistics show that Medical Tourism has been a growing segment of Thailand's tourism and health-care sectors in past years. Experts expect an annual growth of about 17%.

The quality of health care in Thailand lives up to western standards. Often, Thai hospitals provide even better care as they were built for Medical Tourism; in other words they are run like a business, "customer first". Most hospitals look more like a 5-star hotel than that of a medical institution. Today, majority of Thai physicians catering to medical tourism holds US or UK professional certifications.

In 2006, eighty thousand Americans went to a single private hospital, the majority of them women. The United States and Great Britain informally and in some cases, formally outsource citizens' medical care to Thailand. While many representations of medical tourism highlight such Western travelers, a great share of foreign patients in Thai hospitals comes from Asia. In 2001, the largest group of medical tourists to Thailand came from Japan. There are growing numbers from China, joined by smaller flows of elites from such countries as Bangladesh or Nepal. In recent years, more patients have come from the Middle East, a rise attributed to the consequences of the post-9/11 constraints on travel to the United States. Table 1.1 shows international patients between January to September 2013 with the top five countries and service priority of one private hospital in Bangkok.

Table 1.1 Top five countries and service priority of one private hospital in Bangkok (Jan-Sept 2013)

Visit/Service Priority	International Patients (cases)	United Arab Emirates	Japan	Myanmar	Qatar	Kuwait
Health Promotion Center 1,2,3	22,090	4,478	4,054	3,165	2,704	1,243
Eye Center	16,311	2,614	3,345	2,700	1,899	991
Dental Center	15,079	2,599	2,303	1,625	2,058	1,062
Rehabilitation Center	12,102	2,915	1,750	752	1,311	878
GI & Liver Center	11,095	1,758	809	2,576	1,068	823
	76,677	14,364	12,261	10,818	9,040	4,997

Source: (One private hospital, Bangkok)

The demand for medical tourism is an anxious demand. The following is a set of rhetorical questions posed on a web site about medical travel: “We understand that just the idea of going overseas can be a frightening one. Are the doctors well qualified? Are the hospitals safe? Does the food taste good?” When someone asks whether hospital food abroad is going to taste good, it is time to wonder what other concerns are at play. Gathering relevant information and making arrangements across continents with native speakers of a different language can be daunting.

1.1.2 Purpose, Rationale and Statement of Problem

Although the growth of medical tourism has made a great contribution to the country’s economy, relatively little attention has been paid to the interrelationship between the satisfactions of medical tourist over the healthcare services. How patients view the services which they have received, will ultimately affect their perception of

the overall healthcare institution and host country where they are treated. Consequently, patient satisfaction generally can be seen as customer satisfaction in academic discussion and literature review. The better service that people perceive will create greater opportunity for healthcare service providers and policy makers to establish the country as a popular medical tourism destination, and attract other international medical patients. Thus, the objective of this study is to understand the satisfaction of medical tourist receiving medical services in a private hospital in Bangkok.

It is generally assumed that satisfied patients are more likely to co-operate with medical recommendations regarding future visit and therapeutic regimen (Breslau, 1981). Therefore, this research will be conducted to identify whether the patients served at one private hospital in Bangkok are satisfied or dissatisfied.

1.2 Research Objectives

General Objective

To analyze the factors affecting service satisfaction of foreign patients at one private hospital in Bangkok

Specific Objectives

- 1) To analyze the relationship between general demographic characteristics including age, sex, marital status, education, income, nationality, religion, number of dependents and occupation of foreign patients with service satisfaction at one private hospital
- 2) To analyze the relationship between health service characteristics including service department, type of service, cost of service, service provider and customer relationship, service department, waiting time, physical environment and quality of care at one private in Bangkok
- 3) To identify the satisfaction of foreign patients towards health service characteristics at one private hospital in Bangkok

4) To analyze the relationship between general characteristics, health service characteristics and Customer satisfaction of foreign patients at one private hospital in Bangkok

1.3 Scope of Study

The analysis is based on the collection of information on patients' satisfaction through a questionnaire in the top five services priority department of one private hospital in Bangkok. The collected data includes the general characteristics of the foreign patients, factors related to health services provided from the private hospital such as type of services, quality of the services, cost of the services, provider-patients' relationship etc. The data collection period was from early October 2013 to March 2014.

1.4 Significance of Research

As stated in the background, medical tourism is becoming a rapidly growing industry that contributes significantly to the economy of the country. Thailand, as one of the top countries for medical tourism in Asia, must stay competitive with other growing medical tourism countries. In order to stay competitive, Thailand's healthcare industry must ensure that their services provide first class services and infrastructure. How patients view the services received, will affect their perception of the overall healthcare institution and host country where they received treatment. This study will contribute to the understanding of customer satisfaction of a hospital that caters to medical tourists. Healthcare service providers, tourism industries, and the government in Thailand can use the data to improve aspects of their services and increase customer satisfaction, and thus ensuring that Thailand remains a competitive medical tourism destination. Furthermore, there is a lack of data, studies and researches that are conducted specifically on customer satisfaction of medical tourism in Thailand.

1.5 Data Source

Information of foreign patients such as general characteristics and satisfaction of provided health services were primary collected through a self-administered questionnaire. Interviews were conducted to the foreign patients who could not read and/or write.

1.6 Definitions of Terms

Medical Tourists are people who cross international borders for the exclusive purpose of obtaining medical services which are different from general tourists needing medical attention.

General Characteristics of the foreign patients includes age, sex, marital status, occupation, education, nationality, income and religion.

Age refers to the age of the participant that is calculated from the birth date to date of when the questionnaire was conducted.

Sex refers to the gender of the participant and classified as female or male.

Marital Status refers to the marital status of the participant and classified as Married, Single, Divorced, Separated, Widow and Others.

Occupation refers to the current job or work of the participant.

Education refers to the highest level of education that the participant has achieved.

Nationality refers to the citizenship of the participant's country.

Income refers to the income of the participant per month.

Religion refers to the religion of the participant who received the service from the hospital.

Health Services of the patients includes type of services, cost of services, the quality of services, and provider-patient relationship.

Type of Services refers the services that the participant purchase at the private hospital which can be in different categories such surgical operation, medical treatment, medical checkup, maternal delivery etc.

Cost of Services refers to the payment that the participant has to pay in purchasing the services.

Quality of Services refers to the extent to which health services provided to patients improve desired health outcomes.

Provider and Customer/ Patient relationship refers to the relationship between service provider and patients in terms of mutual respect, knowledge, trust, shared values and perspectives about disease and life, and time available.

Physical Environment refers to the signs and directions and, availability of physical facilities at private hospital as reported by patients.

Waiting time refers to the time waiting to be seen by provider (doctor, nurses) at private hospital reported by patients.

Department of service refers to four department of services at the hospital that having highest number of clients. It's included centers of health promotion, eye, dental care, rehabilitation and GI & liver.

Satisfaction of Medical Services refers to the patients' satisfaction over the four independent variables (type of services, cost of services, and quality of services and provider-patients relationship) over one private hospital in Bangkok.

1.7 Organization of the Report

This thesis contains five chapters and appendices. The first chapter is the introduction to the thesis, and includes the background, purpose, rationale and the problem statement. General information on the research such as research objectives, scope of study, limitation of research, significance of research, source of data and definition of terms are also included in this chapter.

The second chapter contains a review of literatures that has been prevalent to the study medical tourism and customer satisfaction. It has been divided into two parts: Part 1 Related literature about medical tourism in Thailand and Part 2: Literatures that are related to each variable (customer satisfaction and characteristics of demographic and health services). Furthermore, the research hypothesis and conceptual framework is included in this chapter.

Chapter three focuses on research methodology applied for this quantitative research study (both descriptive and analytical methods). Details on the data collection process and research instrument are included in this chapter.

Data entry, statistical analysis of data and result of analysis are presented in the chapter four. Interpretation of study is also presented on the basis of finding of study.

The last chapter contains a summary and conclusion to this research. Recommendations are also presented in this chapter.



CHAPTER 2

LITERATURE REVIEWS

In the study of “Factors Affecting Service Satisfaction for Foreign Patients at One Private Hospital in Bangkok: Top Five Countries and Priority Services”, the researcher has reviewed all related documents including concepts, theories and researches, and concluded it in the following parts:

Part 1: Related literature about medical tourism in Thailand

- 1.1 Overview and importance of medical tourism in Thailand
- 1.2 Factors of medical tourism in Thailand
- 1.3 Issues and problems in medical tourism
- 1.4 Related researches

Part 2: Literatures that are related to each variable

- 2.1 Definition of patient satisfaction
- 2.2 Importance of patient satisfaction
- 2.3 Factors of patient satisfaction
- 2.4 Socio-demographic characteristics and health service characteristics
- 2.5 Related theories
- 2.6 Related researches

Part 1: Related literature about Medical Tourism in Thailand

1.1 Overview and importance of medical tourism in Thailand

The number of international patients who received medical treatment in Thailand has reached 1.4 million in the recent year and is increasing annually. The medical tourism offers a wide array of procedures. The country has earned a reputation of dependable and affordable treatment and services, including massage centers, spas and wellness clinics and retreats, as well as surgical procedures such as laser, cosmetic, and cardiovascular.

Thailand is one of the most appealing and interesting destinations for Medical Tourism. Actually, it is considered the number one destination for Medical Tourism with the most extensive network of hospitals and medicals, government and travel organizations supporting this niche market. Statistics show that Medical tourism has been a growing segment of Thailand's tourism and health-care sectors in past years. Experts expect an annual growth of about 17%.

The quality of health care in Thailand lives up to western standards. Often Thai hospitals even provide better care as they were built for Medical Tourism; in other words they are run like a business, "customer first" Most hospitals look more like a 5-star hotel than a medical institution. Today the majority of Thai physicians hold US or UK professional certifications.

Two Thai hospitals, namely Bumrungrad International Hospital and Bangkok Hospital, state that many of their doctors and employees are trained in the UK, Europe and the US. According to Bumrungrad's website, more than 200 of their doctors are U.S. board certified. Bumrungrad International Hospital is the main medical tourism hospital in Thailand and actually one of the biggest ones in the world.

There are various reasons why the patients choose medical treatment abroad. For example, the low cost is very attractive for people without health insurance (estimated to be 40 million in the United States. (National Coalition on Health,2013: Online) or even for those insured people with certain pre-existing conditions that are not covered by their insurance policy. Companies with privately funded health insurance policies are also attracted to the lower cost alternative, assuming a certain level of service is satisfied. People in a life-or-death condition with no options available in their own country would also be compelled to travel to find cure, as in the case of the Japanese baby in the previous section. These patients would indeed prefer a lower cost option, as long as the quality and service level requirements are met. In other cases, there are certain medical procedures that are not covered by insurance, such as cosmetic or elective surgery, laser vision correction (LASIK) and dental treatments.

Traveling abroad for medical treatment may serve other needs than lowering costs. For example, in some developed countries such as Canada, the United Kingdom and other European countries, patients were often placed in a long waiting list to get treatment under the national health care service. (National Coalition on Health, <http://www.nchc.org/facts/coverage.shtml>) For those patients who have to put up with an uncomfortable waiting period, time is of the essence and they would not mind traveling to get access to immediate treatment abroad.

Looking at those needs of the patients choosing to undertake medical procedures abroad, we can determine the primary driving forces of medical tourism. First, the patients are keen on the net health care costs including medical treatment and travel costs determined by the current exchange rate to their home currency. Second, they are sensitive to the quality and the standard of the medical care. No one would risk their life and health in exchange for lower costs. Hence, first and foremost, the host country has to show that it can satisfy the patients' expectations of the level of services, in terms of both the facilities and the human resources. Third, they prefer a country with lower entry barrier to visit, both physically and psychologically; meaning the country would be better for them if it imposes fewer entry problems including visas, and if it provides a better country image for visiting, such as safety and sanitation. In this sense, the fact that Thailand is one of the most popular tourism destinations in the world (18th in the world, 3rd in Asia on the basis of export value, as we mentioned earlier) is a great advantage to attract patients. With its warm tropical climate, Thailand is a suitable place for treatment and recovery. It is also a safe and friendly place for foreigners, offering a wide array of tourist attractions that a patient can access after or during the medical treatment, depending on his condition and type of treatments.

Looking more precisely at the strategy that each country takes in the medical tourism, we can picture a spectrum ranging from medical outsourcing, which contracts with a certain area of medicine in a developed country, at the extreme end of the spectrum, to the tourism motivated model at the other end, providing medical services during the tourists' stay. (Harvard Business School, 2006)

As we described above, Thailand's strength exists in the tourism related area such as spas, traditional massages, herbal treatments and other kinds of alternative medicine. Therefore, Thailand originally took its place in the right hand side of the spectrum together with its neighboring South East Asian countries. But recently, led by some leading private hospitals including Bumrungrad, it has been shifting towards the left by taking on more complex medical procedures. On the other hand, Singapore has been a leading country on the left hand side with its advanced biotech and healthcare cluster. India has also emerged recently, offering medical outsourcing with lower costs. India is also pioneering a medical contract out sourcing industry, which entails the outsourcing of a hospital's administrative work, such as accounting and insurance claim processing. (M Harryono, Yu-Feng Huang, Koichi Miyazawa, Vijak Sethaput, Thailand Medical Tourism Cluster, 2006: Online)

Hospitals in Thailand carry diversity in exceptional care. Certain Private hospitals in Thailand nowadays are the largest private hospital campuses in Southeast Asia and becoming some of the largest private clinics in the region. For instance, Bumrungrad international hospital with 400-plus bed inpatient facility provides a full range of tertiary healthcare services. Its 19 operating rooms are equipped for most general surgery procedures and surgical specialties.

The hospital offers over 80 clinical specialties and subspecialties, including cardiology, oncology, endocrinology (diabetes and metabolism), nephrology (kidneys), neurology, and gastroenterology. Bumrungrad's Heart Center offers pacemaker implantation, invasive and noninvasive procedures for congenital heart disease, valve replacement, and coronary artery bypass graft (CAB g). The hospital's Horizon Regional Cancer Center employs such advanced techniques as image-guided radiation therapy (Ig RT) and high-dose-rate (HDR) brachytherapy. The Bumrungrad Spine Institute employs new pain intervention and endoscopic surgical techniques that reduce trauma and speed recovery. Orthopedic procedures such as hip replacement and resurfacing are also popular among Bumrungrad's local and international patients. (Patients beyond Borders Focus on: Bumrungrad International Hospital)

Thailand has commitment to provide quality medical tourism. Thailand has its own hospital accreditation program conducted and overseen by the Institute of Hospital Quality Improvement and Accreditation. The hospitals in the country both the private and public are accredited by this program since 1999.

In order to assure the quality control of the medical services, the hospitals allow staffs, medical professionals, and service personnel undergo continuous training, evaluation, and quality control with programs ranging from regular “town hall meetings” at which staff members raise concerns and solve problems to formal, external assessments from the world’s most prestigious medical accreditation agencies, including the Joint Commission International (JCI).

Bumrungrad International hospital, for instance, tracks more than 80 quality indicators, consistent with standards set by such organizations as the American Heart Association. In 2009 it was among the first hospitals to join the International Quality Indicator Project, which allows hospitals to measure their own performance indicators over time and against an aggregate database of their international peers.

Many factors are indicating the commitment to quality of service of private hospitals of Thailand. (Bumrungrad International Hospital, 2012; Online)

1.2 Factors of medical tourism in Thailand

According to the “Thailand Medical Tourism Cluster” of Harvard Business School, with a large number of expatriate patients demanding high quality medical service, and also a long history of high demand for sophisticated plastic surgery from the domestic market, demand conditions are quite strong. Factor conditions are good with a clear commitment by the government to enhance its position as a tourist destination by combining it with the government’s Universal Health Plan to provide the necessary infrastructure for the medical tourism cluster to thrive. Similarly, medical tourism enables Thailand to diversify out of its existing strengths in related and supporting industries– tourism. In the context for firm strategy and rivalry,

Thailand has intense domestic and international competition which pushes current players to maintain and upgrade their services.

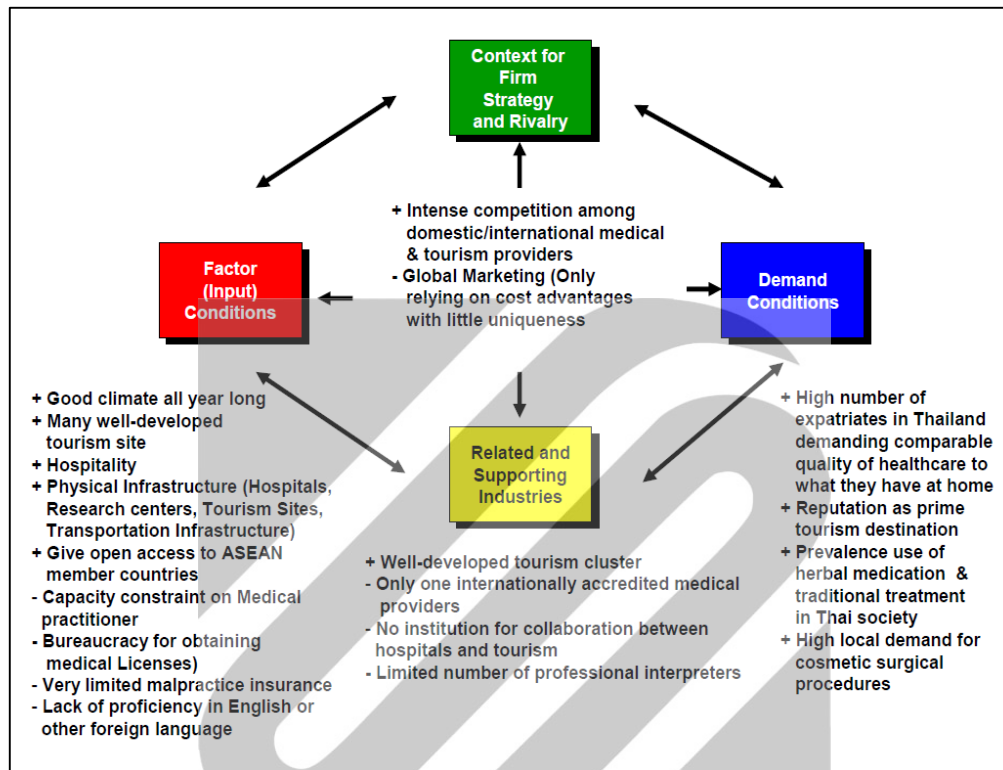


Figure 1.1 Medical Tourism Cluster Diamond Analysis, Thailand

Source: Medical Tourism, 2007

As described earlier, Thailand has been assembling the various factor inputs necessary for a thriving medical tourism cluster. These pieces can be broadly classified as (i) suitable infrastructure; (ii) nice environment, people and culture; and (iii) government's key policy.

Infrastructure: Thailand has 12 medical schools which can produce approximately 1,000 doctors per year. (www.iime.org, 2013; Online) The country now has 1,345 hospitals nationwide. In Bangkok there are 53 public hospitals (www.prd.go.th, 2013; Online) and there are about 23 private hospitals, 7 plastic surgery clinics, 7 dermatologists, 6 vision LASIK clinics, and 4 dental clinics are advertised to offer medical tourism. In Phuket, there are 7 private hospitals, 2 plastic

surgery clinics, and 7 dental clinics providing medical tourism services (Medical Holiday, 2013; Online) Public hospitals don't get involved in medical tourism.

Hospitals in Thailand utilize modern medical technology such as ultrasound and the X-ray computer. However, the use of modern medical technology, especially high-tech medical equipment, is confined primarily to big cities and the private hospitals, rather than the public hospitals, which explains why public hospitals cannot compete with private hospitals in this cluster.

Environment, People and Culture: Thailand has good climate all year around along with many well-developed tourism attractions. Service excellence and hospitality are vital assets and key differentiating factors attributed to medical tourism. This is complemented by the friendly and caring nature and gentle ways of the Thai people. Providing high quality of services to customers is part of the Thai culture.

Government's Key Policy: As mentioned before, Thai government plans to develop its health care industry as a medical hub in Asia. However, there are some limitations, including: administrative "red tape" in issuing practicing licenses, a wide gap between the local demand for medical services and supply of medical practitioners, very limited malpractice insurance and a lack of proficiency in English or other languages by the locals.

Demand Conditions

There are four key sources of demand for medical tourism in Thailand. (i) Due to its high number of expatriates mostly living in Bangkok, and over 10 million tourists arriving per year (10.13 million in 2001, 10.87 million in 2002, 10.08 million in 2003, and 11.23 million in 2004) (Global Market Information Database, Harvard University). Thailand has to provide comparable quality of healthcare to what those expatriates and tourists have at their home countries. (ii) Thailand has strong local demand for cosmetic surgical procedures. (iii) In Thai society, there's prevalence use of herbal medicine and traditional treatment. (iv) Thailand has been enjoying

reputation as prime tourism destination. At the beginning, a lot of westerners wanting cosmetic surgical procedures with a high degree of privacy would tell their family and friends that they are going to Thailand for tourism instead of medical care.

Related and Supporting Industries

Well-developed tourism cluster is the related and supporting industries. After medical treatment, often surgery, patients usually are arranged to stay in 5-star hotels or villas, go shopping and tour during the recovery period. But so far, there's no institution for collaboration between hospitals and tourism.

Context for Firms Strategy and Rivalry

There's intense competition among domestic and international medical and tourism providers. In Asia, Singapore and India are the two major competitors. If Thailand's value proposition is limited to a pure cost advantage without any unique strength or value added, Singapore or India will capture Thailand's market share in the near future. As mentioned before, Thailand had the first internationally accredited hospital in Southeast Asia in 2002, but there have been no new accreditation made to Thai hospitals since then. Both India and Singapore have taken an aggressive stance to obtain international accreditation for their hospitals. In 2005, Singapore had seven hospitals internationally accredited, which made a total of nine Singaporean hospitals meeting international standard.

1.3 Issues and problems in medical tourism

Sustainability Issue

Can the medical tourism cluster have sustainable growth? According to the Harvard Business School report, it depends on the medical resources that individual nation has available. Table 5 shows medical resource distribution in different Asian countries. The Philippines, Thailand, and India all have a serious shortage of medical professionals, compared to Japan, Singapore, and Taiwan. If these countries fail to meet the demand of their populations for quality healthcare services, they will face serious social and political challenge. Their citizens will question why the best doctors, best medical devices, and best services are given to foreigners instead of

nationals. To increase the supply of medical professionals and narrow the gap between supply and demand, these countries have to lift nationalistic bans that prevent foreign practitioners from obtaining licenses to practice. They need to attract more people to work there, especially with competition intensifying among domestic and international medical and tourism providers. (M Harryono, et al., Harvard Business School, 2006; Online)

Operational Issue

There is still little attention paid by the hospitals to this cluster. At the moment, almost all hospitals use their marketing division to handle medical tourism requests and don't have a dedicated division to handle its medical tourism business. Not having a dedicated contact person to coordinate and an executive to make pricing decisions on medical costs makes it difficult for a potential patient, who doesn't speak Thai and live in different countries, to establish contact and perform follow up inquiries. Long turnaround times to respond to inquiries, a lack of transparency to the patients, difficulty in communication and inefficient processing of administrative tasks are problems that stifle the growth of this cluster.

Insurance Package Issue

Medical services carry high risk, as they may impact life and well-being. When this service is provided by a foreign practitioner in a foreign country, usually the perceived risk is even greater. This is one concern that could negatively impact the growth of medical tourism because there aren't any sophisticated cross-country insurance packages available, which could protect the interests of both patients and doctors. (M Harryono, et al., Harvard Business School, 2006; Online)

The threat for the growth of the Medical Tourism in Thailand

According to report of EIC (Economic Intelligence Center) Dr. Sutapa Amornvivat stated that it is undeniable that Thailand is an important destination for medical tourism. According to recent estimates, Thailand hosts as many as 1.4 million foreign patients who visit the country as tourists every year. The figure is far higher than those of our regional peers: Singapore and Malaysia, which stand at 600,000 and 300,000, respectively. Thanks to its international standard of health care services and

the comparatively lower costs, these medical tourists are from a good selection of countries, notably Japan, the United States, the United Kingdom and the United Arab Emirates.

Despite its popularity as a medical hub for international visitors, Thailand still draws much fewer medical tourists from within ASEAN when compared to the two closest competitors. Around two-thirds of foreign patients in Singapore and Malaysia are from ASEAN countries, largely because of emerging Indonesian middle classes who wish to get their medical treatment abroad. Yet, opportunities that arise with the arrival of ASEAN Economic Community (AEC) are going to change this.

On the supply front, Thailand's reputation among international visitors as an attractive destination for medical tourism will draw new service providers from other ASEAN countries to participate in the lucrative business. Health care is one of the four AEC priority services sectors for which foreign ownership cap of ASEAN nationality will be raised to 70 percent. Currently, hospitals in Thailand have only 15-percent foreign equity participation on average.

The fact that ASEAN entities can become a majority stakeholder, and the proven profitability of private hospitals in Thailand, may bring in innovation of medical care and tailored services to better cater to ASEAN customers' medical needs as a result. Domestic patients will also benefit from competition in form of a better standard of services, more choices and enhanced medical technology.

However, therein lays a problem of the shortage of medical personnel, both in terms of quantity and quality. This could hamper Thailand's hope of becoming a medical hub of ASEAN.

To put it simply, Thailand cannot produce adequate medical workers—doctors and nurses included—to satisfy even domestic medical needs. In addition, many of these workers are not well prepared to face cultural challenges that will arise from the integration of AEC and globalization in general. Deficiency in second-language skills

– English, Mandarin and other regional languages – will increasingly become a major disadvantage to Thailand’s medical tourism industry.

A recent study by the Health Systems Research Institute (HSRI) finds that Thailand is in shortage of Registered Nurses by around 50,000, resulting in a large part from a decline in new nursing graduates in the past decade. Even with an effort in producing Practical Nurses, i.e. those who assist doctors and Registered Nurses and only need to complete one-year training as opposed to four that is required of Registered Nurses, the number of medical personnel is still far below the satisfactory level.

With thriving medical tourism, Thailand would have benefitted from the AEC by importing nurses from other ASEAN countries such as the Philippines whose nurses are in surplus and currently receive lower pay.

The labor movement would be made easier under the Mutual Recognition Agreements (MRAs) which aim at facilitating movement of skilled labor in priority sectors, among which medical personnel is included. These imported nurses who are meant to aid foreign patients will help relieve the pressure off the domestic health care services which would otherwise face greater competition for resources from international visitors who seek medical treatment in Thailand.

Despite the MRAs, foreign nurses still need to be proficient in the Thai language to pass the examination for full nursing license in Thailand, which is taken in Thai. Shouldn’t such regulatory limitation be relaxed as it is not in the interests of the patients, domestic or foreign? Foreign patients naturally prefer nurses who can speak their mother tongue or an international language. Meanwhile, domestic patients should not be left wanting by a greater shortage of medical personnel. Medical tourism and domestic health care are not in direct competition; by allowing mobility of medical workers they complement each other by improving availability and quality of health care for all.

Not only do regulatory barriers such as this exist in medical services but also to other sectors. They need a thoughtful review by concerned authorities and any change should align with the benefits central to the consumers.

Notwithstanding, the private sector could do more with training of medical professionals to fight labor shortages. Financing medical and nursing students through their courses for later placement or allowing them paid training in the real work environment is a possibility. They can also help design a curriculum that equips students with relevant professional skills as well as marketable skills such as a second language or cultural awareness.

The AEC provides a new opportunity to promote Thailand's medical tourism, but critical adjustments must be made both in the regulatory front and in the long-term planning on the production of medical personnel. The shortage of skilled labor is also common to other sectors with lesser competitive edge than that of medical tourism. With the imminent arrival of AEC, skilled labor will be under intense competition. And time is not on our side. (Sutapa Amornvivat, 2012)

Ensuring quality medical treatment in destination countries

In, *Medical Tourism: Global Competition in Health Care*, by National Center for Policy Analysis (2007 November), looks at patients can ensure the medical treatment they will receive in the country of destination for medical tourism will be of high quality. According to the article, those involved in the medical tourism assures quality treatment and draws patients by Hospitals having physicians and other health care professionals with internationally respected credentials, many of them with training in the United States, Australia, Canada or Europe. Having accreditation by the Joint Commission International (JCI) respected organization that accredits hospitals participating in Medicare and the International Standards Organizations. More than 140 hospitals outside the United States have accreditation from these organizations. Some foreign hospitals are owned, managed or affiliated with prestigious American universities or health care systems such as the Cleveland Clinic and Johns Hopkins International Using online data to get information on the safety

and quality of medical providers by reading the testimonies of other patients who have had surgery abroad. Through such methods, hospitals abroad are able to gain the trust of potential patients that they will receive quality health care services. The reviewer will use some of these issues in her own research to see whether the hospitals in Bangkok has some of these qualities when drawing in patients and whether medical tourists sought out certain hospitals because of those qualities. (Medical Tourism, 2007)

1.4 Related researches

In the effects of medical tourism: Thailand's experience, NaRanong, A. and NaRanong, V. (2011) examines the main effects of medical tourism on Thailand's economy and health system. The research was conducted because of the rapidly growing number of foreigners traveling to Thailand for the main purpose of obtaining medical services.

The research was divided into three parts. The first part estimates the total revenue from medical services and value added gains (e.g. hotels) gained from medical tourists through the use of Ministry of Commerce database. The second part estimates the effects on health service prices and on medical staffing (e.g. demand for physicians) by collecting information on the time that foreign and Thai patients spend with a physician in two private hospitals. The third part estimates the effects on health care service prices for Thai patients by getting price data over five years from private hospitals, and tracking the change in how much the hospital has charged per patient.

Results show that in 2008, medical tourism has created revenue of 58 to 65 Billion Baht or 0.4% of GDP for Thailand. Results from the second part shows that time spent by each physician on medical tourists greatly exceeds time spent on Thai patients. Finally, on the effects of health care service prices for Thai patients, results show that the prices of health care services has increased at a higher rate than public hospitals, Furthermore, results show that more middle-income Thais are unable to afford private medical care and more public sector health care workers are moving to

the private sector for better salaries. From the research, the author of the research concludes that although medical tourism has generated revenue for Thailand, it has created much more negative effects such as shortage in physicians and by increased medical fees for Thais accessing private sector healthcare.

The researcher points out that singling out data for medical tourists is difficult and does not make any differentiation because Thailand does not break down data between foreigners that are medical tourist (i.e. those that come for the sole purpose of attaining health care services) and other foreigners that seek healthcare (e.g. seeking healthcare services for falling ill during vacation). The reviewer felt that if the author should have made some effort to differentiate between medical tourist and other foreigners seeking healthcare since the authors' purpose and title clearly states only medical tourists. Furthermore, there may be a way to collect such data and getting a percentage range of medical tourist such as conducting a survey of patients at several hospitals and asking for their purpose in visiting Thailand.

The review also found it difficult to understand the harmonization in data collection methodology between the three different parts of the research. For example, in the second and third part of the research, both conducted survey and data collection in private hospitals. However, the author failed to mention whether the survey and data collection from both research was from the same private hospitals or whether it covered the same date period. Another example of the lack of harmonization is between part one and part three of the research. The first part contains data between the periods from 2001 to 2008, while the third part contains data only between 2003 and 2008. If the author is going to make conclusions based on all three parts of the research, data need to be harmonized, or at least explained why data was not harmonized.

As mentioned in the examples above, the review felt that the research overall contained several gaps and lack clarity in the study design and data collection. However, the reviewer was sympathetic because this research is one of the first to be

conducted on medical tourism in Thailand. Thus, there is not many existing database or research that can be used to aid in this research.

This research has allowed the audience to obtain a clearer picture of the effects of medical tourism in Thailand. Furthermore, the data can be used for policymakers and healthcare managers to change Thailand's healthcare services to find a way to ensure the increasing number of medical tourists do not impede on Thai citizens' ability to access quality health care services. (NaRanong A., & NaRanong V, 2011)

Part 2: Literatures that are related to the variable

2.1 Definition of patient satisfaction

Definitions of the word "satisfaction" have been used in different forms including as noun, adjective, and verb. The word satisfaction (noun) defined as anything that offers contentment, pleasure or gratification. It connotes the idea of marketing something right such as payment of debt or obligation.

The patient satisfaction survey data have been used as dependent variable to evaluate provider service and facilities, on the assumption that patient satisfaction is an indicator of the structure, process, and outcome of care. Explicitly asked about "satisfaction" with characteristics of providers and services studied; some used term as "attitude", "belief" and "perception" (Ware et.al., 1978).

The report has proposed a conceptual structure for categorical studies of medical care quality. The further defined patient satisfaction as providers' success of meeting client values and expectations on which the client is the ultimate authority (Donabedian, 1966).

The most extensive, beginning work in patient satisfaction with medical care was done by (Ware, et al., 1978). The very first and taxonomy of patient satisfaction with medical care was developed by Ware and Associates that included satisfaction questionnaire and patient responses to open ended questions posed to identify satisfaction and dissatisfactions.

The definition of patient satisfaction as a health care recipient's reaction to salient aspects of the context, process and result of their service experience. The

patient's reaction is the result of comparing the individual's subjective standards to the health care received. The process included both cognitive evaluation and an emotional reaction. The subjective standard may include an ideal what one deserves, and average of past experience, a minimal level of acceptance or any combinations of subjective standards. (Poscoe, 1983)

Definition of patient satisfaction proposed by (Swan, Sawyer, Van Matre and McGee (1985) with medical care and nursing care in a hospital viewed patient satisfaction as a positive emotional response that is derived from a cognitive process in which patients compare their individual experiences to a set subjective standard. The use of the term positive deli, it's the term satisfaction from dissatisfaction. Woodside, Frey and Daly (1989) defined patient satisfaction as a special form of consumer attitude, as post experience phenomenon reflecting how much the patient liked or disliked the service. They measured patient satisfaction using series of questionnaire items that ranged from "very dissatisfied (0) to very satisfied (10)". (Swan, et al., 1985)

A combination of ideas developed in these definitions of patient satisfaction with medical care is that patient satisfaction is a rating or evaluation of a service or provider, based on a comparison of the patients' subjective standard to care received, and represents a positive emotional response to the comparison. This includes the dictionary/ thesaurus definitions of having one's need, desire or wants met further develops and explicates the definition of patients satisfaction.

2.2 Importance of patient satisfaction

Increasing numbers of medical tourists seeking treatment have been drawn to Asian countries in the past few decades. Thailand, India and Singapore became popular medical tourism destinations in the early 1970's (Connell, et al., 2006) The growth in medical tourism (Leahy, et al., 1995) as with any consumer driven trend has had both positive and negative impacts to the country's economy. Furthermore, it is essential for the healthcare services providers to consider all aspects of medical tourism including physicians' professionalism level, certification services and ethical

issues, thereby helping to assure maximum patient satisfaction. The main factors most medical tourists look for is quality level of services and the cost. In some cases, healthcare services are advising their patients on where they should access treatment, handling the travel logistics, convening teleconferencing with physicians and sending medical records to their home country. (York & Diane, 2008)

Little attention has been paid to the interrelationship that exists between healthcare issues and tourism despite a great contribution to a country's economy. How patients view the services received, will affect their perception of the overall healthcare institution and host country where they received treatment. Because of this patient satisfaction can be seen as customer satisfaction in academic discussion and literature review. The better services are perceived will create greater opportunity for healthcare service providers and policy makers to establish the country's popularity with medical patients. Therefore the objective of this study is to assess the role of services quality dimensions on patient satisfaction.

Health care providers and researchers have complained that patient satisfaction ratings are high and do not represent useful feedback. Now, however, patients are not as hesitant about voicing their complaints and can make valid assessment about the care they received (Hohl, 1994).

Patient or customer satisfaction is important to hospital management. Consumer behavior can be defined as the actions of individuals that involve buying and using products and services, including their decision processes and how these are determined (James et al., 1978). Surveying customers about their level of satisfaction and plotting the results can help managers understand just how satisfied or dissatisfied customers are both in their dealings with the company in general and with various aspects of the company's particular product or service. Measuring customer satisfaction is one of the safest ways to obtain the information. A completely satisfied customer typically believes that the company excels in understanding and addressing his or her personal preferences, values, needs or problems (Jones & Sasser, 1995)

The consumer is the major stakeholder so marketing campaigns are directed at individual consumer, employer, and physician. Physician medical staff members of the hospital can be categorized as one of the groups of stakeholders who have the highest potential for both threat and co-operation. This potential is primarily realized through the power that medical staff has in referrals, without these, the hospital would not be able to survive.

Organizations in health care industry have to rethink their strategies and operations as they face increasingly conflicting demands from internal, external and interface stakeholders (Flood & Scoot, 1978). To manage stakeholders, health care managers must continuously review internal and external scanning when making strategic decision. They must go to traditional issues in strategies management and look for those external, internal and, interface stakeholders who are likely to influence the hospital's decisions. Managers must then make two critical assessments about these stakeholders: a) their potential to threaten the organization and b) their potential to cooperate with it (Freeman, 1984). So the effective managers must be able to help their subordinates to accomplish the mission or organizational goals. They certainly need knowledge of management based on the nature of organization that facilitates product or service.

Previous research indicates that noncompliance with medical advice (Haynes, et al., 1979), such as doctor shopping behavior (Kasteler, et al., 1976), and exploration of alternative medicine treatment (Pruyn, et al., 1985) are due to dissatisfaction of the service received.

This research was conducted to determine satisfaction of foreign patients and its relationship with General – demographic variables, and service factors of one private hospital, in Bangkok, Thailand. Because it is generally assumed that satisfied patients are likely to cooperate with medical recommendations regarding future visits and therapeutic regimen (Breslau, 1981). Finally, this kind of study would help health professionals and policy makers to understand better the patient's psychology which

has been demonstrated to influence important role such as utilization of the health services, compliance and continuity of care.



2.3 Factors of patient satisfaction

In the health sector patients are the consumers of health services. Thus patient perception of satisfaction, their positive evaluation or assessment have been the major focus of health behavior research, satisfaction is complexity determined, it involves trust, patient characteristics, need as well as their perception of physicians and interpersonal skill, together with their perception of whether or not they are responding appropriately to treatment (Pasaribu, 1996).

Patient satisfaction studies began to appear in health care literature starting early 1950. At the same time there was a growing awareness of the patient as an evaluator of health care. Throughout 1960 and 1970, there were a number of important studies done that assessed quality of care. By 1980's patient satisfaction studies became a sophisticated and specialized tool to assess health care services being delivered.

Ware et.al. (1978) reported that Gray & Cartwright (1953) published patients satisfaction studies focusing on the art of care and accessibility/convenience. Upreti (1994) further reported that Mechanic (1954) as well studied patient satisfaction finding that one third of those who changed their physician or clinic was because of dissatisfaction. Doctors did not adequately meet patients' satisfaction and failed to properly explain the procedure and assumption in the treatment process. The other reason for dissatisfaction leading to a change of doctor according to Mechanic's study was the doctors' lack of interest, motivation, skill and competency.

Donabedian (1966) proposed a conceptual structure that explained the satisfaction study as the providers' success to meet client values and expectations. Adey and Anderson (1974) defined and explained aspects of concept of medical care broadly. The most extensive and the beginning work in patient satisfaction with medical care was done by Ware, Davis-Avery and Stewart (1978). The very first and taxonomy of patient satisfaction with medical care was developed by Ware and Associates that included a satisfaction questionnaire and patient responses to open ended questions to identify satisfaction and dissatisfactions. Since then a great

numbers of studies have been done on patients' satisfaction evaluating service and service provider.

Perception is a process whereby sensory cues and relevant past experience are organized to give us the most structured, meaningful picture possible under the given circumstances. Thus a perception is just a point-for-point representation of the stimulus field but includes objects, relationship and point representation of the stimulus field but includes objects, relationship and point of special focus. In no situation is the individual isolated from his previous experience. Therefore, he always perceives his environment not with a blank mind but with an expectancy or hypothesis about what he is going to perceive. He is prepared to see, hear, smell or feel some particular type of things because preceding events have aroused certain process of knowledge or motivation.

As he receives the actual stimulus from the environment, his perceptual process enables him to confirm or correct his expectation. If the original hypothesis is very strong, however, either because it has been confirmed many times in the past or because it is strongly motivated, a contradictory stimulus situation will have to be quite strong to be perceived accurately. What we perceive is always our best guess about what is there on the basis of the available sensory cues and our past experience. Perception is very personal thing. It enables the individual to know where he stands in relation to the objects, condition and people in his environment and to act accordingly (Sekuler & Black, 1990).

2.4 Socio-demographic characteristics and health service characteristics

Though there are positive (positive outcome measure, useful tool to assess health care, feedback provides etc.) and negative (judgment is based on patients perception that may mislead the fact, uncover general dissatisfaction and whimsical answers) assumptions concerning patient satisfaction. The increased level of attention being devoted to patient satisfaction through an impressive amount of research has demonstrated that patient satisfaction is an important predictor of certain health related behaviors. The assessment of patient satisfaction is inevitably subjective,

because of educational, social, economic and linguistic differences between health professionals and their clients. For patients and their families it means correct diagnosis and satisfactory treatment as they see these things. Patient satisfaction is a remarkably difficult notion to define, it is related to quality of care, it reflects the value and goals current in the health care system as well as in the larger society of which it is part. Satisfaction has several dimensions in its conceptualization, among them quality of care, delivery of service, and the patient-provider interaction. Integration can occur spontaneously through consumer choice of services in a pluralistic medical system. Patient can move from one system to another system simultaneously. Integration occurs with individual preferences in medical care based mainly on perception of the effectiveness of treatment and the nature of illness and disease. People may also seek health care service from different services because of cost, time needed to obtain care, expectations of long term care, previous knowledge, belief, familiarity, experience and social contacts (Phillips & Verhasselt, 1994).

Ware, Synder and Wright et. Al. (1975) wrote that individuals are able to differentiate between several aspects or dimensions of their care. Ware, and Doyle (1975) further explained that these includes, among others' general or global satisfaction; satisfaction with cost, convenience, and availability of care; satisfaction with technical qualities of care or professional competence of the provider; satisfaction with the art of care or personal qualities of the provider; satisfaction with continuity of care; and satisfaction with communication and information received from the provider.

Donabedian (1980) further studied patients' satisfaction with several aspects of care including accessibility, continuity, thoroughness, humanness, informativeness, effectiveness and cost of care). Accessibility is defined as the possibility of the patient obtaining the services he needs at a time and place where he needs it, insufficient amounts and at a reasonable cost. Continuity of care is the relationship between past and present care on therapeutic need of the patients. Informativeness is giving information in relation to care or services to the patients. Thoroughness is the extent to which the patient receives care and services.

Humanness is related to respect, concern, friendliness and amount of courtesy shown by the provider to the patients. Effectiveness refers to degree to which the service provided are high quality.

Weiss's (1988) findings on socio-demographic variables (age, sex, race, education and income) and predisposition variables (life satisfaction, US confidence, local confidence, control, regular source and health status) showed that the factors other than socio-demographic characteristics are key in influencing level of patients satisfaction. Confidence in the patient's community medical care system, having a regular source of care, and being satisfied with life in general increase reported level of the patient's satisfaction rather than socio-demographic variables.

2.5 Related theories

Consumer satisfaction according to Aday and Andersen (1974) is the attitude toward the medical care system of those who have experienced a contact with it which is different from the medical belief component of the predisposing variables in that it measures patient/consumer satisfaction with the quantity or quality of care actually received. They proposed that consumer satisfaction is probably best evaluated in the context of specific, recent, and identifiable episodes of medical care seeking, relevant to consider in eliciting subjective perceptions of access are satisfaction with the convenience of care, its co-ordination, and cost, the courtesy shown by providers, information given to the patient about dealing with his illness, and his judgment as to the quality of care he received. The patient's satisfaction is an outcome indicators in theoretical model of the access which indicated the "use of services" (Aday & Andersen, 1974)

Lucker and Dunt (1978), were bridging the consumer satisfaction as prescriptions for action meant for improving services in some way that is beneficial to patients if not to the health care system as a whole. The distinct purposes of consumer satisfaction are including evaluation of quality of care, as outcome variables, indicators of which aspect of a service need to be changed to improve patient response. (Lucker & Dunt, 1978)

Satisfaction studies can function to give providers of care some idea of how they would have to modify their provision of services in order to make their patients more satisfied. In order to be used in this way, studies need to be service specific, based on consumers' actual experiences with those services and be sufficiently detailed to provide clear guides as to which patients require modifications in service delivery.

Patient satisfaction with service is an important consideration in the quality of patient care and, therefore, of interest to health services researchers. For policy makers, "It is necessary to identify the specific ways in which information about patient satisfaction can be used." Two main criteria were presented for evaluation the relevance of satisfaction data to the organization and delivery of health services. First, it should be demonstrated that patient satisfaction is influenced by features of the organization that can be modified by policy changes. Second, satisfaction should be based on attention paid to patient concerns that appear to be the strongest predictors of how patients will evaluate the care received (Cleary, 1988). Patient satisfaction is a client's judgment of health care services and providers. Subjectively, satisfaction captures a personal evaluation of care immeasurable by observing care. Client provides a unique ingredient in the equation of satisfaction. These differences in satisfaction mirror the realities of care to substantial extent. These differences reflect personal preferences as well as expectations. The dimensions of satisfaction include availability of care, continuity of care, provider competence, personal qualities of the provider, communication with the provider, and the general satisfaction. Measures of patient satisfaction are based on short-and long-term process found in the provider patient relationship (Earl, 1995).

There are management theories related to consumer satisfaction. Management has components that can be construed as both art and science. It is a science that a body of knowledge does exist relating to management practice, but is an art in that management skill is developed and honed through actual on-the job experience. (Carlisle,1976).

Management can be defined as the process of overseeing the execution of a given task or operation. “the enterprise.” The combination of those persons who together put this effort in any given enterprise is known as “the management of the enterprise” (Encyclopedia of Social Science, 1968).

The need surfaces for an Organizational Development (OD) process or system to help the managers and staffs perform their needed tasks more effectively. OD can provide skill and knowledge necessary for establishing effective interpersonal and helping relationships. It can show how to work effectively with others in diagnosing complex problems and devising appropriate solutions. It can help others become committed to the solutions, thereby increasing chances for their successful implementation (Huse & Cumming, 1985). It is very important because we live in the world of scarcity and changing environment. So in medicine as in other services or goods producing industries, increased emphasis is being directed toward judging quality based on consumer feedback (Graham, 1987; marr, 1986; McMillan, 1987) and from the business point of view patient satisfaction studies have been designed for two purposes (1) to employ patient satisfaction as a dependent variable to evaluate provider service and facilities with the belief that patient satisfaction is an indicator of structure, process and outcome of care. (2) to employ patient satisfaction as an independent variable to predict behavior or use of services, based on the assumption that satisfaction influences patients’ health care decisions (McMillan, 1987). Therefore, managers are responsible for balancing effectiveness and efficacy which requires feedback for continuous improvement. Thus surveying patients’ satisfaction is important to the field of health care management.

2.6 Related researches

Ross, Steward and Sinacore (1993) measured patients’ satisfaction with access to care, availability of services, technical quality of care, interpersonal care, communication and financing of care. The relationship conducted within subgroup; between patient satisfaction and preference were found highest on technical quality of care ($R^2=0.77$) which considered completeness and quality of medical clinics, and facilities, thoroughness of examinations, skill and thoroughness of treatment followed

by interpersonal care ($R^2 = 0.63$) considered friendliness, personal interest, respect and reassurance shown by the physicians and nurses and access to care ($R^2=0.56$) considered convenience, hours, waiting time. Patients who gave priority to access/quality care were somewhat older age group, lower income and education and less likely to be employed.

DiMatteo and Hays (1980) study found effectiveness of care ($r=.73$), technical quality of care ($r=.72$) and communication ($r=.68$) significantly correlated with patients satisfaction. With technical quality of care and unemployed patients were slightly. (DiMatteo & Hays, 1980)

Although customer satisfaction of Medical Tourists in Thailand has never been conducted, a similar study was carried out in New Delhi, India, another major destination for medical tourists. Concerns, Expectations and Satisfaction of Medical Tourists Attending Tertiary Care Hospitals in New Delhi, India, Grewal et. al. (2012, July-September), assessed the concerns, expectations and satisfaction level of medical tourists in hospitals in Delhi. The research was conducted because medical tourism generates a lot of revenue to governments and private hospitals in India, and there is a need to improve quality of care to remain competitive with other medical tourism destinations. (Grewal, et al., 2012)

From August 2008 to October 2008, the researcher collected data from 44 medical tourists from six different tertiary care hospitals providing health care services in New Delhi. After obtaining a written consent from each medical tourists, an interview was conducted (sometimes through interpreters). The first part of the data collection was the background characteristics of the medical tourists such as sex, age and country and region. The second part was on the expectations of the medical tourists that include getting good quality care, good hospitality, skilled care and lower costs. The third part included the concerns of the medical tourists such as concerns of follow up medical care after going back to their home countries, concern about skills of doctors, concern about personal safety, concern about qualification of doctors, concerns about the cost of treatment of care, etc. Finally, the researcher collected data

on perceptions regarding quality of services. This includes reception services and admissions procedure, waiting time for consultation, perceptions about resident doctors and nurses, and perceptions about rooms, toilets, electricity laundry and food services. From this study it is concluded that medical tourists were found to be generally satisfied with services provided in tertiary care hospitals of Delhi, however, there was need to address some of the concerns of the medical tourists.

As this research is based in New Delhi and medical tourists with much different background than the medical tourists in Thailand, the reviewer cannot use the data or the results of the data to make any assumptions of customer satisfaction of medical tourists in Thailand. However, this article provided the reviewer with the kinds of data questions that should be collected to be able to understand customer satisfaction of medical tourists. The reviewer will use some of the questions from this research to include the in the reviewer`s research. (Grewal, et al., 2012)

Hypothesis of Study

1. There is significant difference between each demographic characteristic of customer`s satisfaction
2. There is a relationship between each health service factor and customer`s satisfaction

Conceptual Framework

Figure 2

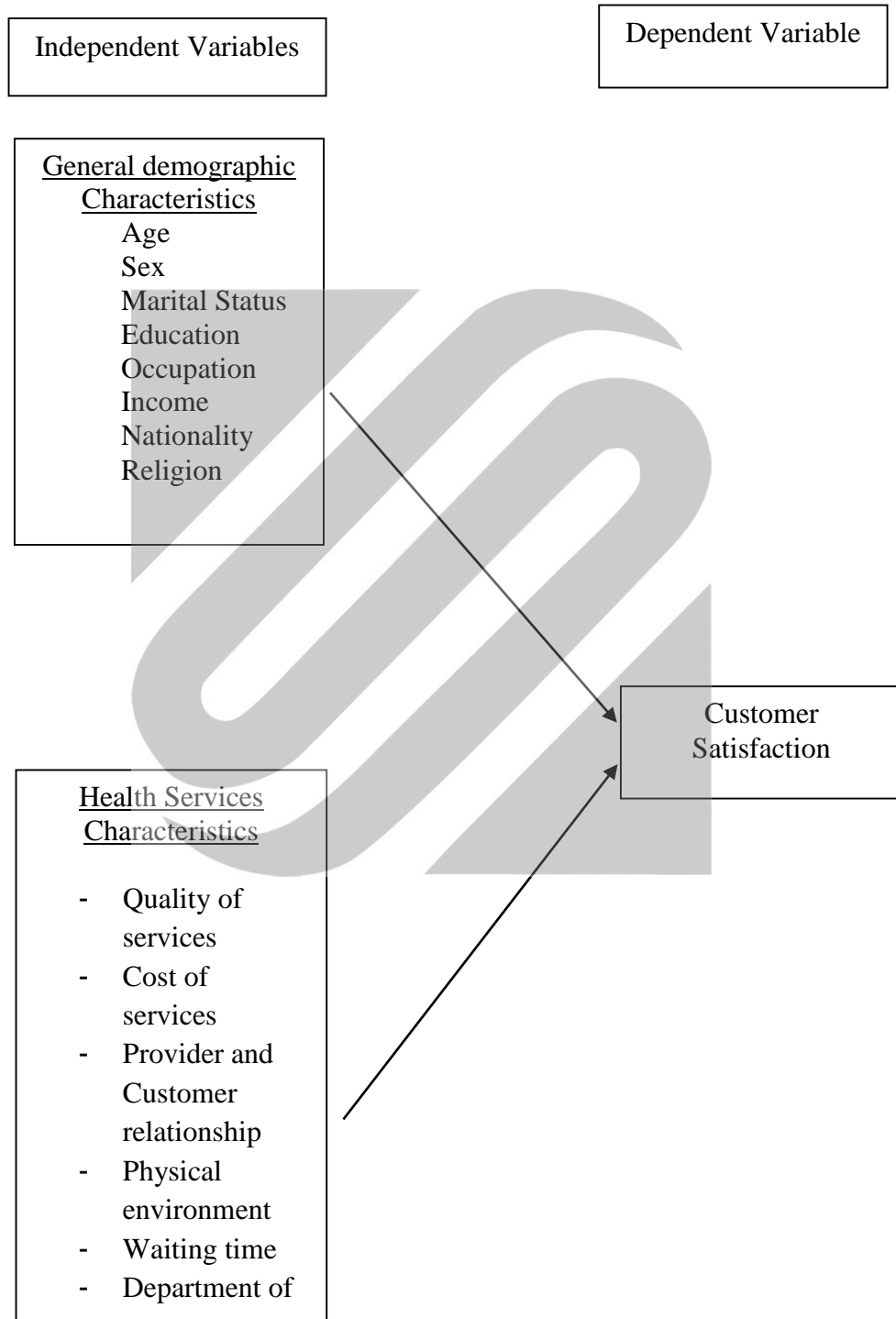


Figure 2.1 Conceptual Framework

CHAPTER 3

RESEARCH METHODOLOGY

The objective of this research was to study the factors affecting service satisfaction of foreign patients at one private hospital in Bangkok by analyzing the relationship between general demographic characteristics of foreign patients with service satisfaction at the private hospital, and the relationship between provider characteristics and efficiency at the private in Bangkok. The satisfaction of foreign patients towards provider characteristics and service characteristics were identified. The relationship between general characteristics, service provider characteristics and service satisfaction of foreign patients at one private hospital in Bangkok were also analyzed.

3.1 Research Design

This is a cross-sectional study focusing on an exploration satisfaction of foreign patients on medical tourism by using high performance of one private hospital in Bangkok. One leading private hospital serving international patients in Bangkok was purposely selected to be the study area. Multiple approaches, quantitative and qualitative, were applied to ensure that the evidence obtained enable the key research objectives to be answered. In order to achieve the four objectives mentioned above, the study was organized into different parts to find the relationship between independent and dependent variables.

3.2 Population and Sample Selection

Population

The study populations of this research were the foreign patients who travelled to Bangkok, Thailand to purchase medical services. The sample subjects were the foreign patients who registered and purchased medical services in one private hospital in Bangkok during the period of data collection.

Sampling

The sample size for tourists was calculated based on Yamane's formula (Yamane, 1976).

$$n = \frac{N}{1 + N e^2}$$

Where, n = the sample size

N = the size of population

e = the error of 5 percentage points

So, the sample size shows as follows:

$$n = \frac{76,677}{1 + 76,677(0.05)^2}$$

$$n = 399.472$$

From Yamane formula (1976) of sample size with an error 5% and with a confidence coefficient of 97%, the calculation from a population of 400 previous population approximations came up with the proportion of one private hospital in Bangkok.

3.1 Research Instrument

3.3.1 Questionnaire Development

A set of English questionnaire was separated by the different variables (independent and dependent variables). The questionnaire was developed for data collection and approved by experts. The independent variables include age, sex, marital Status, occupation, education, income, nationality and religion. The dependent variables (Customer Satisfaction) include cost of service, quality of service, provider and customer relationship, physical environment and service department. (Ram, 1997)

The questionnaires were closed-ended questions and in Likert-type scale, which measures and evaluate the level of agreement or disagreement. It is considered balance because there are equal numbers of positive and negative positions.

The respondent can choose the answer from 5 different levels that best corresponds with their attitude towards a certain question.

Point level of agreement

5 = strongly agree

4 = agree

3 = neutral

2 = disagree

1 = strongly disagree

From measurement of customers satisfaction toward the characteristics of the service and characteristics of service provider in the private hospital, the researcher divided the satisfaction levels into 2 levels based on the mean score of customers satisfaction. In this study, mean score of customers satisfaction was 3.7. Score below 3.7 was categorized as dissatisfaction, while score 3.7 - 5 was defined as satisfaction.

After calculating, the descriptive results were as follows:

Table 3.1 The descriptive resulting

Average Score	Meaning
0.00 – 3.69	Dissatisfaction
3.70 - 5.00	Satisfaction

3.3.2 Instrument Pretest

In order to know the validity and reliability of the questionnaires, a pretest was carried out prior to the actually data collection. Some part of the set of questionnaires was revised to increase validity and reliability. Age was identified into “age group” and income also was categorized to groups of income.

3.3.3 Data Collection Procedures

The data collection was conducted during the early October 2013 to March 2014 (approximately 6 months). A group of data collectors (interviewers) were trained to understand the procedures collecting the data regarding “Factors Affecting Service Satisfaction for Foreign Patients at One Private Hospital in Bangkok: Top five Countries and Priority Service”.

3.3.4 Data Collection Process

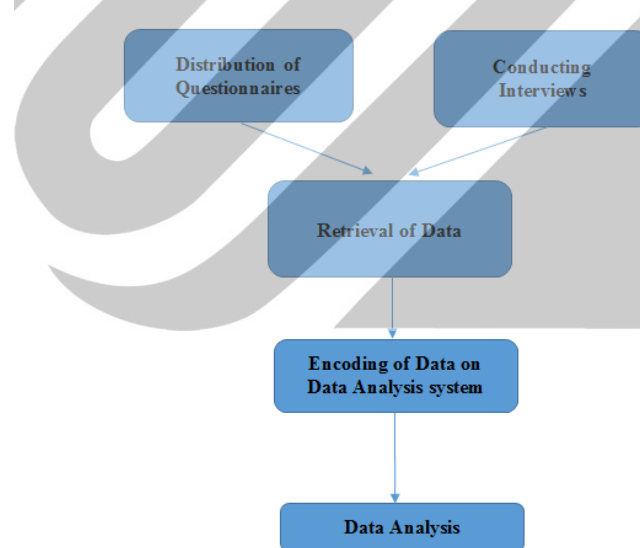


Figure 3.1 Data Collection Process

3.4 Data Analysis (Research Methods)

This research study was a cross-sectional quantitative study and the data were analyzed using both descriptive and analytical approach. The data from the questionnaires were entered into the excel sheet before transforming into SPSS

software for statistical analysis. Then several different statistical analyses were used in this study including descriptive statistics, independent – samples T- test analysis and one – way ANOVA analysis.

Descriptive statistics: The sample descriptive statistics in Data Analysis Program to interpret the validity on data status in this study was performed with “frequency”

One-way ANOVA analysis: This was used to examine the relationships between the independent variables and the dependent variables to measure whether the hypothesis in this study were supported. (There was significant difference between each general demographic characteristic of customer’s satisfaction. There was a relationship between each health characteristic factor and customer’s satisfaction). The researcher used the one-way ANOVA analysis to examine whether there were any statistical differences between other groups

Independent samples T- Test analysis: The T-Test was used to examine the independent and dependent variables to determine whether there was a different tendency among participants according to demographic variable of gender.

CHAPTER 4

RESEARCH FINDINGS

This chapter presents research findings on foreign-customer satisfaction toward the characteristics of the service and of service provider in one private hospital in Bangkok, Thailand. All data were collected from 402 study questionnaires. The results of the study are shown according to the following sections:

4.1 Factors on Socio-demographic characteristics of respondents

4.2 Factors on health service

4.3 Research finding on foreign customer satisfaction level towards the characteristics of the service and service provider

4.4 Results of hypotheses testing

4.5 Summary of hypotheses testing

4.6 Conclusion

4.1 Factors on Socio-demographic characteristics of respondents

4.1.1 Sex and age

Overall, 402 patients were recruited into this study. The distribution of respondents according to sex was about 70 percent male and 30 percent female. Majority of the respondent were 25-59 (58.7 percent) or 60 and above (41.0).

4.1.2 Education

Table 4.1 shows that majority of the respondent completed secondary school and above. Specifically, 46.8 percent completed secondary school and 52.7 percent completed College.

4.1.3 Occupation and income

About two-thirds of respondents answered private business as their occupation. While 45, 32 and 21 percent reported having monthly income 4000 USD or more, 3001-4000 USD and 2001-3000 USD respectively.

4.1.4 Nationality

About half of 402 respondents reported that they were Japanese. Approximately 45 percent of the respondents were from Arab countries.

4.1.5 Religion

45 and 36 percent of them, respectively, reported that they were Buddhist and Islamic.

Table 4.1 Socio-demographic characteristics of 402 patients

Characteristics	Number	Percent
Sex		
Female	116	28.9
Male	286	71.1
Age, years		
15-24	1	0.2
25-59	236	58.7
60+	165	41.0
Marital Status		
Single	3	0.7
Married	329	81.8
Widowed/ divorced	70	17.4
Education		
Secondary	188	46.8
College	212	52.7
Graduate	2	0.5
Occupation		
government employee	1	0.2
private employee	20	5.0
private business	274	68.2
Housewife / other	107	26.6
Nationality		
Emirates	57	14.2
Japanese	198	49.3
Kuwait	57	14.2
Qataris	62	15.4
Burmese	28	7.0

Table 4.1 Socio-demographic characteristics of 402 patients (Cont.)

Characteristics	Number	Percent
Religion		
Buddhist	181	45.0
Christian	47	11.7
Islam	144	35.8
No	30	7.5
Income, USD		
1000-2000	9	2.2
2001-3000	84	20.9
3001-4000	128	31.8
4001 or more	181	45.0
N=402		

4.2 Factors on health service

4.2.1 Quality of service

Most respondents answered that health personnel of this hospital were capable, had serious concern about their illnesses and willing to help them in any kind of situation. Most of them also thought that the doctors examined patients very well and the diagnosis made at this hospital was accurate. Furthermore, most respondents felt that their condition has improved after taking medicines prescribed from this center. Thus, they believed in the efficacy of medicine prescribed here. Finally, all agreed that they had no doubts in cases where they need to be transferred to see other doctors or required some special investigation.

Table 4.2 Responses to quality of service

Items	Yes	No	Total
1. Do you think that health personnel had willingness to help you in any kind of situation (e.g. fainting or any difficulty)?	402 (100.0)	0 (0.0)	402 (100.0)
2. Do you agree that the health service providers (doctor, nurse, lab technician and others) workings in this center are capable enough, so this is the best place to get treatment especially for health?	402 (100.0)	0 (0.0)	402 (100.0)
3. Do you think that accuracy of diagnosis is very good at this Centre?	402 (100.0)	0 (0.0)	402 (100.0)
4. Do the providers (doctors, nurses) at the center keep serious concern about your illness?	383 (95.3)	19 (4.7)	402 (100.0)
5. Had you bought health regimen sometime that is prescribed by the physician?	384 (95.5)	18 (4.5)	402 (100.0)
6. Do you feel (get) better after you took medicine prescribed from this center?	393 (97.8)	9 (2.2)	402 (100.0)
7. Do you believe in the efficacy of medicines prescribed from this center had efficacy as in the drug store or private clinic or hospital?	402 (100.0)	0 (0.0)	402 (100.0)
8. Do you agree that the doctors here examine patient very well?	402 (100.0)	0 (0.0)	402 (100.0)
9. Do you agree that in case of need to see other doctors or required some special investigation beside health problem, with no doubt the physician will refer the patients?	402 (100.0)	0 (0.0)	402 (100.0)

4.2.2 Provider and customer relationship

Table 4.3 shows the opinion of respondents on provider and customer relationship. All 402 patients answered that they trusted the provider and felt that opening hour of this hospital was convenient for receiving service. Furthermore, majority of them felt that doctors and nurses always gave attention to what they want

and were treated with courtesy during their visit. Most of the respondents believed they got enough information regarding their illness, dosage and duration of treatment.

Table 4.3 Provider and customer relationship

Items	Yes	No	Total
1. Do you think that you were treated with courtesy by the provider during your visit?	402 (100.0)	0 (0.0)	402 (100.0)
2. Do you believe that you can trust health provider (doctors, nurses) at the center from their personal traits (behavior)?	402 (100.0)	0 (0.0)	402 (100.0)
3. Do you feel that the provider (doctors, nurses) always give attention what you want to say about your problem?	402 (100.0)	0 (0.0)	402 (100.0)
4. Do you feel that you got enough information about your health problem from provider?	383 (95.3)	19 (4.7)	402 (100.0)
5. Do you feel that you got enough information concerning therapeutic dosage and duration of treatment?	384 (95.5)	18 (4.5)	402 (100.0)
6. Do the doctors explain to you about the procedure of treatment of your illness?	393 (97.8)	9 (2.2)	402 (100.0)
7. Did you face any transportation problem when you wanted to come to this center?	402 (100.0)	0 (0.0)	402 (100.0)
What means of transportation did you use to come to this center?	402 (100.0)	0 (0.0)	402 (100.0)
8. Do you feel that the opening hour of this center is convenient for you to get the service you need?	402 (100.0)	0 (0.0)	402 (100.0)

4.2.3 Physical environment

Table 4.4 shows how the respondents felt about the physical environment of the hospital. All respondents answered that they felt the environment of the hospital was comfortable, had good sanitation, and clear directions and signs.

Table 4.4 Physical environment

Items	Yes	No	Total
1. Do you feel that the waiting area is comfortable enough for you while waiting?	402 (100.0)	0 (0.0)	402 (100.0)
2. Do you feel sanitation facilities (wash room, drinking water etc.) is enough?	402 (100.0)	0 (0.0)	402 (100.0)
3. Do you think that the directions and signs at this center are clear?	402 (100.0)	0 (0.0)	402 (100.0)

4.2.4 Waiting time

All respondents agreed that the waiting time after arriving at the hospital and time taken to test the sputum was acceptable for them.

Table 4.5 Waiting time

Waiting time	Yes	No	Total
1. After arriving at this center	402 (100.0)	0 (0.0)	402 (100.0)
2. Do you think the time taken to test sputum	402 (100.0)	0 (0.0)	402 (100.0)

4.2.5 Service time and need for improvement

Two-thirds of the 402 respondents reported that the time for consultation with the doctor took time and needed improvement.

Table 4.6 Service time and need for improvement

Service	Frequency	Percentage
Registration	87	21.6
Consultation doctor	271	67.4
Laboratory	41	10.2
X-ray	3	0.7
Total	402	100.0

4.2.6 Time spent to visit the doctor

Table 4.7 shows the time it took to visit the doctor. About 97 percent reported that they spent 1– 2 hours to visit the doctor (mean 1.9, sd 0.22).

Table 4.7: Time spent to visit doctor

Time to visit the doctor	Frequency	Percentage
Less than 1 hour	10	2.5
1 – 2 hours	389	96.8
2 – 3 hours	3	0.7
Total	402	100.0
Min 1.00 Max 2.50	Mean 1.94 Std. Deviation 0.22	

4.2.7. Cost of service

100 percent of the respondents answered that they could afford the cost of service, as well as the cost of the drugs.

Table 4.8 Cost of service

Items	Yes	No	Total
	402	0	402
1. Could you afford it?	(100.0)	(0.0)	(100.0)
2. Do you get all the drugs other than health regimen as prescribed and advised?	402	0	402
	(100.0)	(0.0)	(100.0)
3. If no, do you had to buy?	402	0	402
	(100.0)	(0.0)	(100.0)

4.2.8 Cost of supportive drugs

60 percent of the respondents reported that they spent more than 1,500 USD, while 28.6 percent spent less than 501 US (min 100, max 6500, Mean 2,124.27 and SD 1699.49 USD) on supportive drugs.

Table 4.9 Cost of supportive drugs

Cost (USD)	Number	Percentage
0– 500	115	28.6
501 – 1000	42	10.4
1001 - 1500	4	1.0
More than 1500	241	60.0
Total	402	100.0
Min 100, Max 6,500	Mean 2,124.27, SD 1699.49	

4.2.9. Department of service

Table 4.10 shows the department in the hospital that the respondents used. More than half of the respondents made a visit to the Eye Center.

Table 4.10 Department of service

Department	Number	Percent
Eye Center	291	72.4
Dental Center	9	2.2
Rehabilitation Center	47	11.7
GI & Liver Center	55	13.7
Total	402	100

4.3 Research finding on foreign customer satisfaction level towards the characteristics of the service and service provider

Table 4.11 shows the mean and standard deviation of score on satisfaction according to the characteristics of the service. Level of satisfaction in all characteristics of service was in the good level.

Table 4.11 Customer satisfaction level towards characteristics of the health service

Characteristics of the service	Mean	SD	Level of Satisfaction
Are you satisfied with the services that available to treat your problem during your visit?	3.65	0.486	Good
Are you satisfied when the provider referred you to other hospital or health center or health post to get medicines you need?	3.97	0.289	Good
Are you satisfied with an examination and diagnosis at this center?	3.79	0.654	Good
Are you satisfied with (thoroughness) of treatment?	3.79	0.635	Good
Are you satisfied when the provider referred you to other hospital for other service or investigation?	3.67	0.358	Good

Table 4.11 Customer satisfaction level towards characteristics of the health service
(Cont.)

Are you satisfied when the provider examine your health and spent the time to listen your problem?	3.28	0.661	Good
Are you satisfied with the courtesy of provider to help you in any kind of situation?	3.36	0.566	Good
Are you satisfied with the completeness of the information given to you about your problem?	3.46	0.720	Good
Are you satisfied with the health personnel reply you when you ask something?	3.72	0.691	Good
Are you satisfied with the explanation given about your illness?	3.79	0.642	Good
Are you satisfied with the working schedule (days) at the health center?	3.88	0.400	Good
Are you satisfied with the working hours of this center?	3.88	0.392	Good
Are you satisfied with the place to sit while waiting for your turn to come for consultation?	3.88	0.379	Good
Are you satisfied with the direction and signs available at this center?	3.52	0.574	Good
Are you satisfied with the sanitation facilities (wash room, drinking water etc.) at this center?	3.79	0.623	Good
Are you satisfied with the time you had to wait for your turn to come?	3.89	0.383	Good
Are you satisfied with the cost of supportive drugs you had to buy?	3.89	0.376	Good
Are you satisfied with the quality of medicine prescribed and advised from this center compared to the other places?	3.89	0.367	Good
Are you satisfied with the efficacy of the treatment of disease you received?	3.90	0.357	Good
Average all item score	3.74	0.418	Good

Table 4.12 shows the overall satisfaction of the patients toward the characteristics of the health services. Scores below 3.7 was categorized as dissatisfaction, while scores between 3.7 and 5 was categorized as satisfied. 86.6 percent of respondents had an overall score of “satisfaction”.

Table 4.12 Overall Satisfaction towards characteristics of the health service

Satisfaction	Frequency	percentage
Satisfaction	348	86.6
Dissatisfaction	54	13.4
Total	402	100.0
Min 2.63 Max 4.89 Mean 3.74 SD 0.417		

4.4 Results of hypotheses testing

This section contains the results of hypothesis testing on foreign customer satisfaction towards the characteristics of the service and service providers of one private hospital in Bangkok. The researcher tested both hypothesis and the results were the following:

Hypothesis 1: There is significant difference between each demographic characteristic of customer's satisfaction

Table 4.13 Demographic characteristics and foreign customer satisfaction

Indicator of service	Demographic Characteristics	mean	S.D.	F	p*	interpretation
Satisfaction	Age	3.408	0.497	8.266	0.000	Not Rejected
	Sex	1.711	0.454	3.811	0.000	Not Rejected
	Marital Status	2.167	0.393	7.068	0.000	Not Rejected
	Occupation	4.211	0.531	11.368	0.000	Not Rejected
	Education	3.537	0.509	1.804	0.210	Rejected
	Nationality	2.517	1.124	0.942	0.531	Rejected
	Religion	2.057	1.052	1.659	0.041	Not Rejected
	Income	3.196	0.844	1.324	0.164	Rejected

**Level of Significance $p < 0.05$ **

Hypothesis 1 concluded that:

Age factor was statistically significant with foreign customer satisfaction in the demographic characteristics factor at the one private hospital at significant level of 0.05.

Sex factor was statistically significant with foreign customer satisfaction at the one private hospital at significance level of 0.05.

Marital Status was statistically significant with foreign customer satisfaction at the one-private hospital at significance level of 0.05.

Occupation was statistically significant with foreign customer satisfaction at the one-private hospital at significance level of 0.05.

Education factor was not statistically significant with customer satisfaction at the one-private hospital at significance level of 0.05.

Nationality was not statistically significant with customer satisfaction at the one-private hospital at significance level of 0.05.

Religion was statistically significant with customer satisfaction at the one-private hospital at significance level of 0.05.

Income factor was not statistically significant with customer satisfaction at the one-private hospital at significance level of 0.05.

Hypothesis 2: There is a relationship between each health service factor and customer's satisfaction

Table 4.14 The health services characteristics and customer satisfaction.

Indicator of service	Health services	mean	S.D.	F	p*	interpretation
Satisfaction	Quality of services	8.990	0.158	1.056	0.395	Accepted
	Provider and Customer relationship	8.012	0.775	7.133	0.000	Not Rejected
	Physical environment	2.923	1.359	1.730	0.985	Rejected
	Waiting time	1.983	0.179	3.405	0.000	Not Rejected
	Cost of service	1.008	0.052	0.425	0.029	Not Accepted
	Department of service	1.667	1.131	1.207	0.248	Rejected

***Level of Significance $p < 0.05$**

Hypothesis 2 concluded that:

Quality of services factor was not statistically significant with foreign customer satisfaction towards in the one-private hospital at significant level of 0.05.

Provider and Customer relationship was statistically significant with foreign customer satisfaction towards at the one-private hospital at significant level of 0.05.

Physical environment factor was not statistically significant with foreign customer satisfaction towards at the one-private hospital at significant level of 0.05.

Waiting time factor was statistically significant with foreign customer satisfaction towards at the one-private hospital at significant level of 0.05.

Cost of service factor was statistically significant with foreign customer satisfaction towards the at the one-private hospital at significant level of 0.05.

Department of service factor was not statistically significant with foreign customer satisfaction in the one-private hospital at significant level of 0.05.

4.5 Summary of hypotheses testing

The following is a summary of the results of hypothesis testing:

Table 4.15 Summary of the hypothesis testing (socio-demographic characteristics)

Factor of Service	Hypothesis 1	P-value	Result
Age	There was significant difference in each demographic characteristic of customer's satisfaction	0.000	Not Rejected
Sex		0.000	Not Rejected
Marital Status		0.000	Not Rejected
Occupation		0.000	Not Rejected
Education		0.210	Rejected
Nationality		0.531	Rejected
Religion		0.041	Not Rejected
Income		0.164	Rejected

Table 4.16 Summary of hypothesis testing (health services)

Factor of Service	Hypothesis 2	P-value	Result
Quality of services	There is a relationship between each health service factor and customer's satisfaction	0.395	Rejected
Provider and Customer relationship		0.000	Not Rejected
Physical environment		0.985	Rejected
Waiting time		0.000	Not Rejected
Cost of service		0.029	Accepted H0
Department of service		0.248	Accepted H0

The results of foreign customer satisfaction towards health services characteristics of one-private hospital in Bangkok shows a good level of satisfaction in health services (quality of services, provider and customer relationship, physical environment, waiting time, cost of service and department of service). Factors including provider and customer relationship, waiting time and cost of service affected foreign customer satisfaction in one private hospital in Bangkok.

4.6 Conclusion

402 foreign patients responded to a survey which includes questions on general demographic characteristics and patient satisfaction towards health services. The distribution of respondents according to sex was about 70 percent male and 30 percent female. Majority of the respondent were 25-59 (58.7 percent) or 60 and above (41.0). Most respondents answered that they were married (representing 81.8%). Majority of the respondent completed secondary school and above. Specifically, 46.8 percent completed secondary school and 52.7 percent completed College. About two-thirds of respondents answered private business as their occupation. While 45, 32 and

21 percent reported having monthly income 4000 USD or more, 3001-4000 USD and 2001-3000 USD respectively. About half of 402 respondents reported that they were Japanese. Approximately 45 percent of the respondents were from Arab countries. Finally, the majority of the respondents stated Buddhism or Islam as their religion. By analyzing the socio-demography characteristics, it is highly likely that the majorities of the patients are economically stable and highly educated, and thus have the financial capacity to travel to Thailand to receive its services and educated enough to understand the quality of hospitals.

All of the patients responded that they believe the health personnel are capable and has willingness to help the patient in any kind of situation (e.g. fainting or any difficulty). Most of them also thought that the doctors examined patients very well and the diagnoses were accurate and believe that this hospital is the best place to get treatment. On the physical environment, majority of the respondents felt that the hospital environment was comfortable, had good sanitation and clear directions and signs. All of the respondents agreed that the waiting time after arriving at the hospital was acceptable. Finally, the respondents answered that they could afford the cost of service and drugs. More than half of the respondents received care and treatment from the eye service department.

The results of foreign customer satisfaction towards health services characteristics of one-private hospital in Bangkok shows a good level of satisfaction in health services (quality of services, provider and customer relationship, physical environment, waiting time, cost of service and department of service). None of the characteristics of service received an average score that was in the level of dissatisfaction. The results show that factors including provider and customer relationship, waiting time and cost of service affected foreign customer satisfaction in one private hospital in Bangkok.

CHAPTER 5

SUMMARY, CONCLUSION & RECOMMENDATIONS

The purpose of the study, *Factors Affecting Service Satisfaction for Foreign Patients at One Private Hospital in Bangkok: Top Five Countries and Priority Services*, is to understand the satisfaction of medical tourist receiving medical services in a private hospital in Bangkok. The objective is to analyze the factors affecting service satisfaction of foreign patients at one private hospital in Bangkok. The study was carried out through the collection and analysis of a questionnaire of 402 foreign patients in the top five services priority department of one private hospital in Bangkok. The collected data includes general characteristics of the foreign patients, quality of health services and patient satisfaction of health services provided by the hospital.

This chapter presents a summary of the principal findings, discussion, major findings, and suggestions for further researches.

5.1 Summary

Part 1: Demographic information of respondents

The survey among 402 persons demonstrated that majority of respondents were male and married. Majority of the respondents also completed secondary education for higher. About two-thirds of respondents had private business and about 45 percent had income from 4000 USD. About half of 402 respondents reported that they were Japanese. Approximately 45 percent of the respondents were from Arab countries. By analyzing the socio-demography characteristics, it is highly likely that the majorities of the patients are economically stable and highly educated, and thus have the financial capacity to travel to Thailand for medical tourism and educated enough to understand the hospital qualities and characteristics in Thailand.

Part 2: Health services

All of the patients responded that they believe the health personnel are capable and has willingness to help the patient in any kind of situation (e.g. fainting or any difficulty). Most of them also thought that the doctors examined patients very well and the diagnoses were accurate and believe that this hospital is the best place to get treatment. Furthermore, most of the respondents stated that they received enough information regarding their visit. On the physical environment, majority of the respondents felt that the hospital environment was comfortable, had good sanitation and clear directions and signs. All of the respondents agreed that the waiting time after arriving at the hospital was acceptable. Finally, the respondents answered that they could afford the cost of service and drugs. More than half of the respondents received care and treatment from the eye service department.

Part 3: Foreign-customer satisfaction towards characteristics of the health service

The study demonstrated that general demographic characteristics such as age, sex, education, marital status affected customer satisfaction towards the health service in the one-private hospital. Education, nationality and income had not affected customer satisfaction towards characteristics of the health service. Health service characteristics such as waiting time, customer relationship, and cost of service had affected foreign customer satisfaction. The results of foreign customer satisfaction towards health services characteristics shows a good level of satisfaction in health services (quality of services, provider and customer relationship, physical environment, waiting time, cost of service and department of service). None of the characteristics of service received an average score that was in the level of dissatisfaction.

5.2 Discussion

The results were discussed using related concepts on service to measure customer satisfaction including demographic characteristics and health service. Socio-demographic characteristics such as age, sex, education, marital status, occupation and religion had affected foreign-customer satisfaction towards the characteristics of the service and characteristics of service provider in the one-private hospital. Health service, service provider, waiting time and cost of service had affected foreign customer satisfaction towards the characteristics of the service and characteristics of service provider in the one-private hospital.

Limitations in research

This research only examines one hospital in Bangkok that heavily caters to medical tourists from Japan, Myanmar and Arab countries (United Arab Emirates, Kuwait and Qatar). This may vary with results of hospitals that caters to medical tourists from other countries such as Europe and the United States. Furthermore, the threshold of satisfaction may differ based on the country of the medical tourist. For example, a person from one country may say a one hour wait as satisfied with the waiting time, as it is normal to wait for that long in their country. Whereas, a person from another country may say a one hour wait is dissatisfying as it is normal to have a shorter waiting time.

Furthermore, as this study focuses on one hospital and medical tourists from certain countries, the researcher is unable to draw a larger conclusion or provide recommendations on customer satisfaction of hospitals overall in Bangkok or Thailand that caters to medical tourists.

Comparisons of data to related researches

A similar customer satisfaction research of medical tourists has never been carried out in Thailand, so there is difficulty in comparing the data and results of this research. However a similar study has been conducted in other medical tourism destination.

A similar study on customer satisfaction was carried out in New Delhi, India, another major destination for medical tourists. Concerns, Expectations and Satisfaction of Medical Tourists Attending Tertiary Care Hospitals in New Delhi, India, Grewal et. al. (2012, July-September), assessed the concerns, expectations and satisfaction level of medical tourists in hospitals in Delhi.

The study in New Delhi covers only one month of data collection but took place in six different hospitals. Increasing the number of hospitals for data collection for this study may have been useful in drawing larger conclusion about the overall level of customer satisfaction of hospitals in the entire city or country. However, in comparison to the 402 patients surveyed in this data, the study in New Delhi surveyed only 44 patients.

The study in New Delhi has a more detailed and comprehensive survey in comparison to the study in Bangkok. The first part of the data collection was the background characteristics of the medical tourists. The second part was on the expectations of the medical tourists that include getting good quality care, good hospitality, skilled care and lower costs. The third part included the concerns of the medical tourists. The fourth part included data on perceptions regarding quality of services. .

The first part of the survey in New Delhi is similar to the survey conducted in this research. The second, third, and fourth part of the survey in New Delhi provides questions that allows the researcher to draw a high quality and accurate results as one can compare the expectations, concerns, and perception of good services. If similar data was taken for this research, the researcher may have been able to find a correlation between good level of customer satisfaction and the patient's expectations and perceptions of customer satisfaction.

5.3 Major Findings

The study found that health services including quality of services, provider and customer relationship, physical environment of the facility, waiting time, cost of service and department of service were satisfied in a good level. While other factors including service provider, waiting time and cost of service had affected foreign customer satisfaction towards the characteristics of the service and characteristics of service provider in the private hospital. However, quality of service, physical environment and department of service did not affect foreign customer satisfaction towards the characteristics of the service and characteristics of service provider in the private hospital.

5.4 Recommendations

Overall, this hospital received good levels of satisfaction in almost all areas of health services. However, there are some aspects in quality of services and customer-patient relationships that could be improved according to the data. For example, some patients responded to not having enough information about the health problem, treatment, and drugs from their doctors. Some patients also responded that they do not believe the hospital staff has a serious concern for their illness. This may be due to the high number of patients that does not speak English or Thai as their main language, or the cultural difference between the Thai hospital staff and the non-Thai patient. It is recommended that the hospital finds the reason for some of these patients. Furthermore, it is recommended that this hospital could increase customer satisfaction and barn royalty by further improving provider and customer relationship, waiting time and cost of service. In order to continue or increase the level of customer satisfaction, the researcher recommends that the hospital conducts a similar customer satisfaction survey annually to measure any improvements or find problems to address.

5.5 Recommendation for further researches

This study was only focused on foreign-customer satisfaction towards the characteristics of the health service in one-private hospital, Bangkok. Further researches would be recommended as follows:

1. Study on other private hospitals is recommended because each hospital has different quality or standards. Furthermore, the demographics of the patients may be different in other hospitals. The uniqueness of a hospital may be another factor that might determine customer satisfaction when using hospital service. The benefit from such study would be used to improve private hospitals for better services
2. Study the difference between customer satisfaction level between medical tourists and national patients. This study would be beneficial in seeing whether medical tourism has a negative or positive affect on quality of services for national patients.
3. Qualitative study on patient satisfactions, such as in-depth interview is recommended to gain more insight into what particular aspects of health care services affects customer satisfaction, and what can be done to improve customer satisfaction.
4. Study and compare the satisfaction of foreign customers that stay long term in the hospital (surgery) to those who stay for short term (out-patients).
5. Expand the questionnaire to include more detailed aspects of the health care services, such as the satisfaction of food and whether the hospital provides follow up care after the patient returns to their country. These aspects may also affect customer satisfaction.
6. Conduct the same questionnaire in a hospital that caters to medical tourism in another country, and compare the customer satisfaction to the hospital in Bangkok. This study will help health care providers, government, and the tourism industry in Thailand to learn from other countries and improve. This may also help Thailand keep its competitive edge in the medical tourism industry by providing high level of customer satisfaction.

REFERENCES

- Aday, Lu Ann, Andersen , Ronald. (1974). A Framework for the study on access to medical Care. *Health Service Research* Fall, 208-218.
- Breslau, Nami, Mortimer and Edward A. (1981). Seeing the Same Doctor : Determinants of Satisfation with specialty Care for Disabled Children. *Medical Care*, July XIX (7), 741-757.
- Carlisle, HAM. Management (1976). : *Concept and Situation*. Toronto: SRA, Inc., Chicago. Palo Alto.
- Cleary, P.D. and McNeil, J.B. (1988). *Patient Satisfaction as and Indiciator of Quality of care*. *Inquiry* Spring, 25-36.
- Connell, J.A. and J. Burgess. (2006). *The influence of precarious employment on career development*. The current situation in Australia. *J. Education and Training*, 48(7), 493-507
- Dimatteo, M. Robin and NiNicola, D. Dante (1982). *Achieving Patient Compliance*, Pergamon Press, 3. Department of Health Services. Ministry of Health, Nepal. *Annual Report*. 1994/1995.
- Donabedian, A. (1966). Exploration in Quality Assessment and Monitoring: The Definition Of Quality Approach to Its Assessment, Ann Arbor: *Health Administration*, 586-591.
- Donabedian, A. (1980). Exploration in Quality Assessment and Monitoring: The Definition Of Quality Approach to Its Assessment, Ann Arbor: *Health Administration*, 586-591.
- Donabedian, A. (1996). Exploration in Quality Assessment and Monitoring: The Definition Of Quality Approach to Its Assessment, Ann Arbor: *Health Administration*, 586-591.
- Directory of Medical School in Thailand*. Retrieved November, 2013 from <http://www.iime.org/database/asia/thailand.htm>
- Encyclopedia of the Social Science. New York. McMillan and Co. (1968), X: 76-77.
- Graham, J. Quality Gets A Closer Look. *Modern Health Care* (February 1987; 17 (5): 20031.

REFERENCES (Cont.)

- Experience. Bulletin of the World Health Organization, 89, 336-344.
- Freeman, R.E. *Strategic Management (1984): A Stakeholder Approach*. Masefield, A: Pitman . Publishing.
- Global Market Information Database*. Harvard University.
- Grewal et.al. (2012). *Expectations and Satisfaction of Medical Tourists Attending Tertiary Care*. Hospitals in New Delhi, India, Grewal. July-September.
- Haynes, R. B., Taylor D. W. Ans sackett D. L. (eds). (1979), *Compliance in Health Care*. Jonhs Hopkins University Press, Baltimore.
- Hohl, Down. Patient Satisfaction in Home Care / Hospice. *Nursing Management* Jan 1994; 25(1): 52-54. Jones, Thomas O. and Sasser W. Earl, Jr. Why Satisfied Customers Defect. *Harvard Business Review* November-December 1995: 88-99.
- Huse and Cummings. *Organizational Development and Change*. (1985). West Publishing Company.
- Kasteler, J. Kane R., Olsen D. M. and Thetford R. (1976). Issues Underlying Prevalence of “ Doctor Shopping” Behavior. *Journal of Behavior*, 17, 328-339.
- Leahy, S.E., P.R. Murphy and R.F. Poist. (1995). *Determinants of successful logistical relationships: a third party provider perspective*. Transportation J., 32(2), 9-12
- Lucker, David and Dunt, David. (1978). Theoretical and Methodological Issue in Sociological Studies of Consumer Satisfaction with Medical Care. *Social Science and medicine*, 12, 283-291.
- M Harryono, Yu-Feng (Tom) Huang, Koichi Miyazawa, Vijak Sethaput. (2006). *Thailand Medical Tourism Cluster*, Harvard Business School, Microeconomics of Competitiveness, From <http://www.isc.hbs.edu>
- McMillan, J. Measuring Consumer Satisfaction to Improving Quality of Care. (1978). *Health Progress*, March 6 (2), 54-80.
- Maxell, R.J Quality Assessment in Health. (1984). *British Medical Journal* Ma, 288 (12), 1470-1472.

REFERENCES (Cont.)

- Medical Holiday*: Thailand Hotdeal.com. Retrieved November, 2013 from <http://www.thailandhotdeal.com/index.cmf?menuid=275>
- Medical Tourism. (2007). Global Competition in Health Care. *National Center for Policy Analysis*. November.
- NaRanong, A., & NaRanong V. (2011). *The effects of medical tourism: Thailand's National Coalition on Health Care (NCHC)*. (2006). Facts on Health Insurance Coverage, from <http://www.nchc.org/facts/coverage.shtml>
- Pasaribu, Saurma Ida. (1996). *Consumer Satisfaction toward Health Care Services of Health Center in Bangkok, Thailand*. A Thesis submitted to partial Fulfilment of the Of the Requirements for the Degree of Master of Science (MPHM). Mahidol University. 18.
- Pascoe G. And Attison C.(1983) The Evaluation Ranking Scale, *New Methodology for Assessing Satisfaction. Patients Beyond Borders Focus On : Bumrungrad International*. (2012). Retrieved November, 2012, from Hospital <http://www.patientsbeyondborders.com>
- Phillips, David R and Yola Verhasselt (1994). *Health and Development*, Routledge. 79.
- Pruyn, J . F . A., Rijckman R. M., van Brunschot C. J. An van den Borne H. W. Cance. (1985). Patients Personality Characteristics, Physician-Patient Communication And Adoption of the Moerman Diet. *Social Science Medicine*. 20, 831- 847.
- Ram Krishan Dulal. (1997). Factors Affecting Service Satisfaction of Tuberculosis Patients At The National Tuberculosis Centre, Thimi, Nepal. *A Thesis Submitted In The Partial Fulfillment of The Requirements for The Degree of Master Of Science*.
- Ross, Caroline K., Steward Colettee A. Sinacore and James M. (1993). The Importance of Patients Preferences in the Measurement of Health Care Satisfaction. *Medical Care*. 31(12), 1145-1146.
- Sekuler, Robert and Blake, Randolph. *Perception* (1990). McGrawHill Publishing Company. International Edition.

REFERENCES (Cont.)

- Swan et. al. (1985). Deeping the Understanding of Hospital Patient Satisfaction: Fulfilment And equity effects. *Journal of Health Care Marketing*. 5 (3), 7-8.
- Sutapa Amornvivat. (2012) In Ponderland, *Bangkok Post*. Retrived June 20,2012, EIC, Economic Intelligence Center. From <http://www.scb.co.th>
- Thailand in Brief*. Retrieved November, 2013 from <http://www.prd.go.th/ebook>
- Ware, John E Jr and Ron, D. Hays. (1988). Methods For Satisfaction with Specific Medical Encounters. *Medical Care*. April 26 (4), 393-401.
- Ware, J.E. and Doyle, B. J. (1975). Physician conduct and other Factors that Affect Consumer Satisfaction with Medical Care. *Journal of Medical Education*. 50, 839.
- Ware, J E and Synder. (1975). MK. Dimensions of Patient Attitudes Regarding Doctors and Medical Care Service. *Medical Care*. 13, 429-436.
- WHO. (2011). from <http://www.who.int/bulletin/volumes/89/5/09-072249/en/>
- Yamane, Taro. (1976). *Statistics: An introductory Analysis*. 3rd ed. New York: Harper and Row Publication.
- York and Diane. (2008). Medical tourism: trend toward outsourcing medical procedures to foreign countries. *Journal of Continuing education in the Health professions*, 28(2), 99-102.



PART I
GENERAL INFORMATION OF THE PATIENTS

Please tick in the correct answers.

1. How old are you by this year?
 - 1) 0-14
 - 2) 15- 24
 - 3) 25-59
 - 3) 60 up

2. Sex
 - 1) Male
 - 2) Female

3. Marital Status
 - 1) Single
 - 2) Married
 - 3) Widowed/ divorced

4. What is your occupation?
 - 1) Farmer
 - 2) Government employee
 - 3) Private employee
 - 4) Private business
 - 5) Housewife / other

5. What is your educational status?
 - 1) Illiterate
 - 2) Primary
 - 3) Secondary
 - 4) College
 - 5) Graduate and above

6. What is your nationality?.....

7. What is your religion?.....

8. How much does your family earn per month? (USD)
 - 1) 1000 – 2000
 - 2) 2001 – 3000
 - 3) 3001 – 4000
 - 4) 4000 up

20. Do you feel that the provider (doctors, nurses) always give attention what you want to say about your problem?

- 1) Yes 2) No

21. Do you feel that you got enough information about your health problem from provider?

- 1) Yes 2) No

22. Do you feel that you got enough information concerning therapeutic dosage and duration of treatment?

- 1) Yes 2) No

23. Do the doctors explain to you about the procedure of treatment of your illness?

- 1) Yes 2) No

24. Did you face any transportation problem when you wanted to come to this center?

- 1) Yes 2) No

25. What means of transportation, do you use to come to this center?

- 1) Yes 2) No

26. How long does it take for you able to visit the doctor within a given period of time?

.....hours/ Minutes.

27. For follow up: were you able to visit the doctor within a given period of time?

- 1) Yes 2) No

28. Do you feel that the opening hour of this center is convenient for you to get the service you need?

- 1) Yes 2) No

3. Physical environment

29. Do you feel that the waiting area is comfortable enough for you while waiting?

- 1) Yes 2) No

30. Do you feel sanitation facilities (wash room, drinking water etc.) is enough?

- 1) Yes 2) No

31. Do you think that the directions and signs at this center are clear?

- 1) Yes 2) No

4. Waiting time

32. After arriving at this center, do you feel that the time spent waiting to be seen by a provider (doctors, nurse etc.) was reasonable?

- 1) Yes 2) No

33. Do you think the time taken to test sputum, X-ray and blood was reasonable?

- 1) Yes 2) No

34. When you come to this center there are different steps like registration, consultation with doctor, laboratory (sputum) and x-ray which step takes more time and needs some improvement?

- 1) Registration 2) Consultation with doctor
3) Laboratory 4) X-ray

5. Cost of service

35. Do you get all the drugs other than health regimen as prescribed and advised?

- 1) Yes if yes, skip # 36 to 38
2) No

36. If no, do you have to buy?

- 1) Yes 2) No

37. How much did you pay the last time you had to buy the prescribed drugs?.....(US)

38. Could you afford it?

- 1) Yes 2) No

6. Department of service

32. From which department did you receive service ?

- 1) Eye Center 2) Dental Center
3) Rehabilitation Center 4) GI & Liver Center

PART III
SATISFACTION

Please tick () the number according to the level of satisfaction:

5= Highly satisfied 4= Moderately satisfied 3= satisfied

2= Dissatisfied 1= Very dissatisfied

No.	Questions	5	4	3	2	1
39	Are you satisfied with the services that available to treat your problem during your visit?					
40	Are you satisfied when the provider referred you to other hospital or health center or health post to get medicines you need?					
41	Are you satisfied with an examination and diagnosis at this center?					
42	Are you satisfied with (thoroughness) of treatment?					
43	Are you satisfied when the provider referred you to other hospital for other service or investigation?					
44	Are you satisfied when the provider examine your health and spent the time to listen your problem?					
45	Are you satisfied with the courtesy of provider to help you in any kind of situation?					
46	Are you satisfied with the completeness of the information given to you about your problem?					
47	Are you satisfied with the health personnel replying you when you ask something?					
48	Are you satisfied with the explanation given about your illness?					
49	Are you satisfied with the working schedule (days) at the health center?					
50	Are you satisfied with the working hours of this center?					
51	Are you satisfied with the place to sit while waiting for your turn to come for consultation?					
52	Are you satisfied with the direction and signs available at this center?					
53	Are you satisfied with the sanitation facilities (wash room, drinking water etc.) at this center?					
54	Are you satisfied with the time you have to wait for your turn to come?					
55	Are you satisfied with the cost of supportive drugs you had to buy?					
56	Are you satisfied with the quality of medicine prescribed and advised from this center compared to the other places?					
57	Are you satisfied with the efficacy of the treatment of disease you received?					

BIOGRAPHY

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