HOSPITALITY MANAGEMENT AND ITS FACTORS:
A COMPARATIVE STUDY OF PUBLIC AND PRIVATE
HOSPITALS IN THAILAND

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ABSTRACT

Title of Dissertation	Hospitality Management and Its Factors:
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The objectives of this research were to identify the perceived service obtained by customers and to examine the opinion of employees towards hospitality management in both public and private hospitals in Thailand. Based on the objectives of the study, the theoretical linkage between the hospitality factors affecting customer satisfaction, which consist of service, employee behavior, and physical environment, was explored. Moreover, the theoretical linkage between service quality (mediating variable) and employee satisfaction, which consist of organizational leadership, information and analysis, development and involvement of employees, quality service management, and employee satisfaction towards customer satisfaction also was explored.

The research methodology was mainly based on quantitative analysis, where Multiple Regression Analysis (MRA) was used for analyzing the impacts of hospitality performance towards on employee satisfaction. The primary data were based on the cross-sectional data collected from the public and private hospitals investigated. As for the public and private hospitals, the unit consisted of 5 departments including out-patient department and in-patient department. The 5 departments represented were medicine, surgery-orthopedics, obstetrics-gynecology, pediatrics, and eye, ear, nose, and throat (EENT).

Furthermore, in-depth interviews were carried out with two of the hospital directors with scholars in public and private management.

The research findings showed that the highest score on perceived customer satisfaction at Banphaeo Hospital was reliability (provision of service standards) meanwhile assurance (employee-mannered) was the highest score for perceived customer satisfaction at Phyathai 3 Hospital.

The results further showed that among the hospitality factors, service, employee behavior, and physical environment had a positive and significant effect on customer satisfaction at both Banphaeo and Phyathai 3 Hospitals. When including the control variables (gender, age, educational level, income level, and marital status), employee behavior, had a greater effect on customer satisfaction at Banphaeo Hospital, meanwhile, at Phyathai 3 Hospital, service had a greater effect on customer satisfaction.

Further results showed that among the hospitality management factors, organizational leadership, information and analysis, quality service management, and the development and involvement of employees had a positive and significant effect on employee satisfaction at both Banphaeo and Phyathai 3 Hospitals. When including the control variables (gender, age, educational level, and experience), the development and involvement of employees had a greater effect on employee satisfaction at both Banphaeo and Phyathai 3 Hospitals.

In summary, based on the research findings both of customer and employee satisfaction almost emphasized on employee behavior and development and involvement of employees. In addition, according to the in-depth interview, the hospital directors at both Banphaeo and Phyathai 3 Hospitals had the same opinions regarding the supplemental results. Consequently, improving the caliber and quality of the healthcare workforce in order to achieve hospitality service quality to fulfill the needs and expectations of customers and employees in the future.

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CHAPTER 1

INTRODUCTION

1.1 Problem Statement and Significance of the Study

In some countries, tourism industry is a significant segment; including Thailand. Tourism in Thailand generates the enormous income to national economy; 6 % of the total GDP (or 300 Billion Baht). In addition, Thailand is one of countries with the potential growth recently for tourism business. Wellness tourism is sub-categorized of health tourism. As Kaspar (1996) notes, health tourism is "the sum of all the associations and phenomena resulted of the change of location and residence by people to enhance, stabilize and, as appropriate, restore physical, mental and social well-being while using health services and for whom the place where they are dwelling is neither principal nor permanent location of dwelling or work". Wellness tourism is the sum of all the relationships and phenomena resulted of a journey and residence by people whose main motivation is to conserve or boost their health. They dwell in a specialized hotel which provides the appropriate professional skills and individual care. They require a comprehensive service package including physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation and mental activity/ instruction.

In Thailand, both public and private hospitals provide health care service. The implementation of Thai national policy of health care systems is intended for all Thai citizens in responsiveness to public's needs. Clients/consumers with a compensation health care policy are independent to select their health care providers. The patients search for such comparative information as quality and cost, effectiveness and safety of health services, access and availability, waiting times, information availability, as well as hospitality (Delnoij, Rademakers, and Groenewegen, 2010). Therefore, patients become a key player with the independent and rational choices and impacts

for hospitals (Grit, Van de Bovenkamp and Bal, 2008). Thailand's national policies do not only aim at fostering health care service provision to Thai nationals, but also increasingly abide the concept of "Medical Tourism" to attract the international patients and customers to the domestic health care and tourism industries. Medical tourism all over the world has been booming with policy implications for health systems, especially destination nations. The positioning as regional or even global medical tourist destination and the required renovation in competitiveness of service provision benefits the domestic patients, especially in terms of equity in access, and availability of services.

In spite of the growing demand for health services relating to hospital service development, while competition is tight, hospitals need to prepare and formulate the strategy for providing excellent services to attract the patients/guests. In this context, the term of "hospitality management" (HM) which has been spectacular in the tourism sector has been adopted by hospitals to describe an increasing focus on serving patients'/guests' needs. It is therefore vital to delineate what the term of hospitality management covers in the health care setting and how the implementation can affect service quality and customer satisfaction.

1.1.1 National Policy: Medical Health Hub

As the medical tourism is viewed a highly-profitable market, many developing nations, including Thailand, try to stimulate the arrival of the medical tourists from around the world (Connell, 2006, Chinai and Goswami, 2007, Chow, 2009). For recent years, the medical tourism in countries like Thailand and India has boomed considerably (Connell, 2006). In India, it's expected that the medical tourism has grown by USD$1 billion by 2012 and revenue from foreign patients to Thailand will rise from USD$900 million in 2004 to USD$1.25 billion in 2005 (Connell, 2006, Ramirez de Arellano, 2007, Service Promotion Department, 2007). Surely, stiff competition results among the developing countries and the completion will be more intense (Connell, 2006, Chow, 2009).

In fact, the destination countries for medical tourism have faced some challenges and the tourists are concerned of the following; care quality, cost, legal liability, travel, which discussion is depicted below. All types of the medical tourists

are concerned of care quality. In developing countries, the healthcare provider makes the best effort to ensure that quality of care they provide is high comparable to that of the developed countries. The accreditation granted from recognized authorities, for examples, the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) or the International Organization for Standards (ISO) (Chow, 2009, Strategic and Marketing Magazine, 2007, Marlowe and Sullivan, 2007) certifies the quality service. The marketing communication mainly emphasizes the surgeon's qualification (Awadzi and Panda, 2005, McDowall, 2006). For example, a hospital in Thailand claims that its hospital comprises of more than 200 American well-trained surgeons (along with translation services available in more than 26 languages) (Awadzi and Panda, 2005, Service Promotion Department, 2007, Ramirez, 2007).

In addition to the reassurance of the well-qualified physicians, consumers and insurance companies are concerned about the post-operative complications for it's thought that the practitioners in the country where a client lives may feel reluctant to bear the professional and legal responsibility for any possible resultant incidents (Marlowe and Sullivan, 2007). At this point, the surgeons in developing countries are responsible for all clients whom they operate, including taking care of the patients post-operatively. Meterko, Nelson, Rubin, Batalden, Berwick, Ron, and Ware,1990. objected an allegation of post-operative complications by proposing the 5-point Checklist so that the prospective medical tourists can assess the medical tourism destinations in five areas, 1) facilities and infrastructure, 2) physician's qualification and certification, 3) success and failure rates, 4) mortality and morbidity rates, and lastly 5) due diligence (whether patients deal with health care providers directly.

1.1.2 Hospital Accreditation

The aim of this study is to provide a solution regarding to hospitality business in terms of adding up strategic service innovation value into the business plan to make a difference in the medical service business. Furthermore, not only a difference is to be found to exist, the study will also be power to affect value added into the product. An operator therefore is able to gain more profits on the service value. Additionally, the study is to investigate the role of innovation in services, process and administrative practices on customer value addition in hospitality establishments. In

recent studies, the literature suggests that the innovation is one of the most crucial factors that are potential to affect customer value. Building and implementing service innovation to the medical service which is one of type in hospital industry will help induce the creativity. In addition, the community takes advantage of job creation through employment opportunity and obtains medical knowledge, a small dominant that supports the economy through the foreign investment as resulted of service quality and excellence.

The accreditation is so significant that private hospitals will be recognized by many countries. Quality assurance demonstrates hospital's management system, operation system, hygiene and safety. It facilitates an understanding between caregiver and patient and supports the patients' decision-making in using the services (Hopkins, L. 2010). In general, the gold standard and highly-qualified hospitals have been certified by the Quality Assurance Institutes, and Hospital Accreditation (HA). Most hospitals in Thailand have been accredited and certified. Some have reached the international standards and accredited by the Joint Commission International (JCI). The Joint Commission on the Accreditation of Healthcare Organization (JCAHO) is an independent organization subjected to the Joint Medical International (JMI), headquartered in the United States (Joint Commission International, 2011).

Joint Commission International (JCI) is a U.S based accreditation entity devoted to improve healthcare quality and safety around the world. More than 18,000 U.S.A hospitals have been accredited by the JCI and more than hundreds of hospitals over 24 countries around the world. These accredited hospitals are guaranteed with assurance in rendering the internationally acclaimed standards on clinical cares. Currently, many private hospitals in Thailand have acquired the JCI certificate, and been approved by other certifications, for instances, the European Air Medical Institute Accreditation (EURAMI) and the Asian Hospital Management Award (AHMA). One of good examples is the Bangkok International Hospital, acquired two certifications mentioned above (Available on Bangkokhospital.com, 2011). Likewise, in August 2008, the Bumrungrad International Hospital has been ranked as one of the worlds' best international hospitals by the Medical Tourism Association (Medical Tourism at glance magazine, 2008). In Asian countries, it was the first accredited by the Joint Commission International (JCI). Of course, when the private hospitals are

promoted as the "Medical Hub in Asia", the private hospitals such as the Bumrungrad Hospital and the Bangkok Hospital would further improve its strategies to attract international patients from all over the world, as well as improve management, performance, human resource, and modern medical devices that have boosted the high quality of the medical treatments in Thailand.

1.1.3 The Role between the Factors of Hospitality and Customer Satisfaction

Currently, tourism industry has been affected by the globally serious issues; economy crisis. For Thailand, tourism industry has been severely affected with the sharply dropped revenues; namely, in 2010, the country revenue rose by 14.02 %, however; in 2011, rose only 7.49 %. The Tourism Authority of Thailand proclaimed that the number of tourists travelling into Thailand rose by 31.29 % in 2006. However, in 2009, increases of the number of tourists travelling into Thailand dropped by 17.72 % as seen from the number of tourists travelling into Thailand rose by 13.57 % from 2008. In 2010, the growth was more retarded than 2009 by 5.72%, as seen from the figure rose only 8.3 % from 2009. The number of tourists to Thailand decreased, resulting that hospital services have been affected. As mentioned earlier, people spent as less as they could. Obviously, more people think carefully (is it worth spending?) before spending money for something.

An important causal factor for achievement of any organizations (particularly, in the hospitality industry) widely recognized is service quality. A medical service centers that provide the excellent service will make a difference among competitors. As Wilson (1996) mentioned, when one good service is experienced by one person, this person will tell at least three closed people. In contrary, one customer experiences with an awful service, that customer will tell twelve people for that unsound service. For this reason, Brown, Lawler (1991) suggest that the most valuable thing in this field emphasizes the excellent quality of service provided by medical service centers. Even though, in fact, among people have different perceptions of service quality and customer satisfaction, so it is not so easy for organizations to react all customers nicely. The service, then, is necessary to fulfill customer's needs and expectations.

Thailand's tourism and health-care industry has been overcome by medical care with faster growth rate. There numbered 150,000 treatment requests from foreign patients for a hospital in Bangkok territory in 2010. Medical tourism estimated revenue of THB 36.4 billion in 2011. Ordinarily, the scope of medical treatments for this kind of tourist ranges from cosmetic treatment, implants treatment, cardiac treatment, and orthopaedic treatment to dental or cardiac surgeries. Additionally, medical treatments also consist of physical therapy and mental therapy. In Bangkok, in the case of coronary artery bypass surgery by the Bumrungrad International Hospital, it costs only *US$12,000 (8,200 euros)*,instead of the *$100,000 (68,000 euros)* to be charged at his home country. Bumrungrad Hospital alone especially in 2010, there were 55,000 American healthcare seekers receiving the treatment from here, the figures grew by 30% from a year earlier.

1.2 Research Questions

In this study, there are three questions as follows:

1) What are the factors of such satisfaction and how satisfied are customer with hospitality services in public and private hospitals in Thailand?

2) Which ones of factors are the impact drivers of customer satisfaction in public and private hospitals in Thailand?

3) What are the differences of the hospitality management performance between public and private hospitals in Thailand?

1.3 Research Objectives

1) To identify the relationship between the factors of hospitality management and customer satisfaction in public and private hospitals in Thailand

2) To explain the operational effectiveness by using hospitality management as mediating variable for boosting customer satisfaction in public and private hospitals in Thailand

3) To compare the differences of the hospitality management performance in public and private hospitals in Thailand

1.4 Scope of the Study

In this study, to address the research questions, the analysis focuses on two publicly listed and accredited hospitals in Thailand that are competing for both foreign and domestic patients/guests. These two hospitals are the publicly owned Banphaeo Hospital and the privately owned Phyathai 3 Hospital of the Bangkok Dusit Medical Services (BDMS) network. To secure the comparability among these two hospitals, only departments with the greatest number of customers and available in both hospitals are contemplated, including general medicine, surgery-orthopedics, obstetrics-gynecology, pediatrics, and ear eye nose throat. The relationship between customer satisfaction and organizational performance has been demonstrated and the relative important of hospitality related factors on customer satisfaction has been emphasized.

1.5 Limitations of the Study

Some limitations in conducting this research need to be faced. First, in this study focus on the selected staffs and patients/guests were from hospitals in Samutsakorn province and Bangkok, where the hospitals have been developed faster than those in other parts of the country. With time and resource limitations, it did not allow for the inclusion of other hospitals. The second limitation is an analysis of hospital performance and a conclusive list of factors of customer satisfaction were excluded in this study. The Third limitation is a model testing, where each proposed model was tested by separating each individual independent variable, together with the control variables.

1.6 Definition of Terms

1.6.1 Hospitality
Term "hospitality" is applied to many services where staffs interact with customers directly. However, the meaning and implications for hospitality must be

communicated to staffs corresponding to industrial setting properly. Previous investigations refer a concept of hospitality to five aspects: service, beverage, accommodation, entertainment, and food (Burgess, 1982). Likewise, Cassee and Reuland (1983) regarded the hospitality in a service context as a harmonious mixture of food, beverage, and shelter, features of the physical environment and behavior and attitude of the individuals. Such a components of tangible and intangible of a harmonious mixture gives a sense of comfortableness, an 'at-ease feeling' in people who do not belong to the group of people who 'provide' hospitality but stay under their protective roof.

This study adopted the definition of hospitality proposed by Cassee and Reuland, also included health service features in the hospital setting, however; it could not usually be found in the tourism sources of the hospitality concept.

1.6.2 Hospitality Management

In this study, hospitality management is referred to as the intentional actions of hospitality providers in coordinating and aligning the individual components of hospitality to generate a harmonious mixture of hospitality services in which the optimal customer satisfaction is focused. Total Quality Management is an approach that can be linked and evaluated in terms of the efficient management of hospitality. For any organizations should get started with clear definition of what hospitality is like prior to launching so that guideline can be established and implemented successfully (King, 1995). Both employee and customer needs are involved in hospitality management that can effort and then requires contributing and actively executing from the top management in responsiveness to coordinate with them. (Mark, 2001).

1.7 Contributions of the Study

This study is expected to contribute to human resource management, the concepts of employee behavior and customer satisfaction, and also the total quality management theory, the concepts of organizational effectiveness and employee

satisfaction, and to make practical contributions and policy implications to healthcare context in Thailand.

1.7.1 Theoretical Contributions

Several researches assess service quality in the hospital sector from different viewpoints, and mostly either clinical service quality or on non-clinical service quality have been focused. However, in this study, the broader concept of hospitality management was a focus, including both clinical and non-clinical services. Pretty common agreement of the related factors of hospitality quality and a set of factors were still identified (Donabedian, 1980; Jun et al., 1988; Massachusetts Health Quality Partnership, 1988: Carman, 1990; Baltussen et al., 2000). The complicating matter includes the different findings for different countries (Cunningham, 1991; Andaleeb, 1988; Ovretveit, 2000; Kilbourne et al. 2004). The present study expects to render the theoretical contribution to the field as follows:

1) It attempts to identify the related factors for customer satisfaction that apply to the context of Thai public and private hospitals.

2) It includes hospitality management effectiveness as mediating variable and adds to the literature by providing new empirical data to the application of this concept in the hospital context.

3) While many researches apply either quantitative or qualitative methods, this study applies a mixed method that intends to improve validity by means of the verifying the quantitative results with qualitative methods.

1.7.2 Practical Contributions

Based on the research questions, not only will the practical contributions of this research be recommended to the public hospital, but benefits will also be gained by the private hospital, including the customers and employees of both hospitals in Samutsakorn province and Bangkok. The first contribution is related to revealing the perception of customer in service obtained. Second, the model and the factors affecting the customer satisfaction will be explored. Third, the differences in organizational performance in hospitality management between public and private hospitals will be analyzed and compared in different angles.

The findings from this study are expected to serve as valuable resource for the hospital management in adjusting its practices and facilities, while some departments have still been established. Phyathai 3 Hospital had been added to the Bangkok Dusit Medical Services (BDMS) network is facing the arising pressure towards improved performance from the BDMS head management. In addition, the finding of this study is expected to benefit the hospital management to focus its efforts on the main factors of customer satisfaction and adaptation of hospital practices.

In summary, the finding of this study produces a noticeable insight into the hospitality management in the Thai healthcare context that will be further implemented in service expansion or adaption. An understanding of customer preferences and hospitality expectations should also be inductive to more successful international service orientation when entering the ASEAN Economic Community and the growing medical tourism industry.

1.7.3 Policy Implications

Based on the research questions, not only the theoretical and practical contributions, but the benefits will also be gained by the public hospital. The first contribution is related to revealing the satisfaction of customer and the satisfaction of employee in organizational performance effectiveness in hospitality. Second, the model and the factors affecting the satisfaction both of customer and employee will be proved. Third, the differences of the hospitality management performance between hospital directors in the public and private hospitals will be shown from different angles pertaining to the customer and employee satisfaction in different hospitals.

The findings from this study will also bring about several benefits to the Thai public and private hospitals that make an attempt to employ the concept of policy implementation in terms of healthcare service providing in hospital. This research will propose an alternative model for this type of hospitality management.

1.8 Summary

In the notion of hospitality and customer satisfaction and organizational performance in hospitality management make the public and private hospital more effective and flexible to enhance services in the time of competitive healthcare providers both of inside countries and outside countries. Customers freely to choose their optional choice for healthcare treatment and employees who are working in an organizational has an impact to play a vital part to provide effectiveness services and made customers satisfy in service obtained. The scope of the study is limited to the perspective of the organizations regarding their location in Samutsakorn province and Bangkok. The research findings are expected to confirm the direct and positive effects of hospitality factors on customer satisfaction and organizational effectiveness in hospitality management on employee satisfaction.

CHAPTER 2

LITERATURE REVIEW

The main purpose in this chapter, therefore was to examine the literature and discussions on the concepts, theories, and approaches on total quality management, human resource management and their implications for hospitality satisfaction both by customers and employees as the dependent variable, followed by the causal relations of the SERVQUAL model and customer satisfaction and hospitality management and employee satisfaction. Accordingly, the contents in this chapter are organized and presented as follows:

2.1 Defining the concepts of customer and employee satisfaction

2.2 Essential customer satisfaction measuring method: the SERVQUAL model

2.3 SERVQUAL throughout hospital supervision

2.4 Human Resource Management (HRM): strategic delivery program quality by the way of people

2.5 Total Quality Management (TQM): a theory of quality improvement in hospitality management

2.6 Service and customer satisfaction

2.7 Employee behavior and customer satisfaction

2.8 Physical environment and customer satisfaction

2.9 Hospitality management and employee satisfaction

2.10 Proposed conceptual framework and hypotheses

2.11 Summary

2.1 Defining the Concepts of Customer and Employee Satisfaction

How to be set a service to encounter a customer need or expectation and made them feel satisfy with. It could be occurred in a specific area when customers coming to use a service if they needed. Park, Robertson, and Wu (2005) stated that service is the consumer's overall impression of the relative inferiority/superiority of the organization and its services. A more general sense is a situation that positive perception of service quality occurs when a consumer's expectations are met (Larouche et al., 2004; Park, Robertson, and Wu, 2005). A positive perception of the quality service business will encounter when a consumer satisfied with, over time, especially in a specific area of service (Parasuraman, Zeithaml, and Berry, 1988; Hutton and Richardson, 1995). Figure 2.3 illustrates this concept.
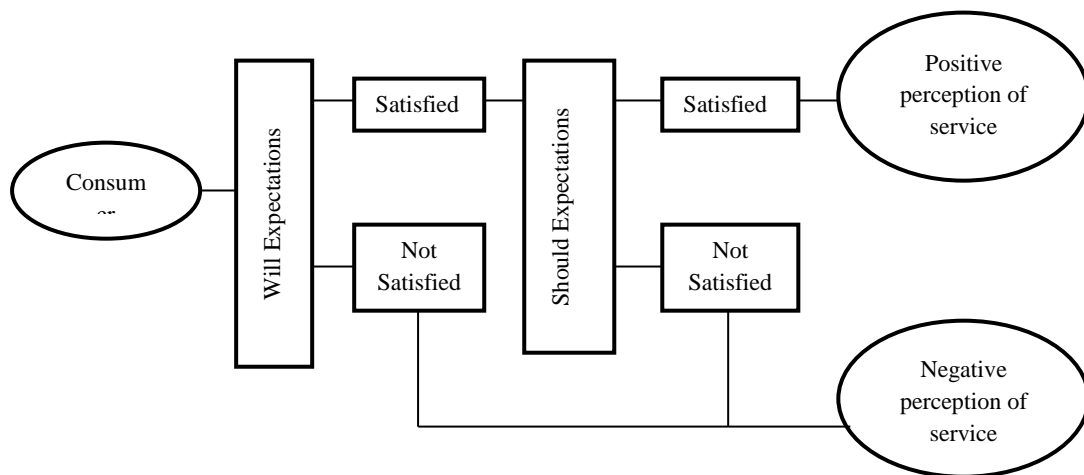
Figure 2.1 Customer expectations and satisfaction

Source: Parasuraman, Zeithaml, and Berry 1988; Hutton and Richardson, 1995 quoted in Bell, 2008: 12-13.

Nowadays, in a highly competitive market environment, a striving to provide customers and made them feel satisfy, many times, is more likely difficult. As a result, firms must not only meet their customer's expectations, but also often must exceed them (Parasuraman, Berry, and Zeithaml, 1991; Pritchard and Howard, 1997; Schneider and Bowen, 1999; Le Bel, 2005). Furthermore, a totally satisfied customer

means that customer will satisfy with services, approximately six times to repurchase (Schneider and Bowen, 1999).

Delight a surprising degree to customers from merely satisfied to totally satisfaction is cited by some theorists. They revealed that firms must provide experiences that not only meet and exceed expectations, but also delight (Schneider and Bowen, 1999; Rust and Oliver, 2000).

On another side of service management, it can be seen that employees are important persons that perform an internal service support and operations as the key link to customer satisfaction (Davis, 1991). In other words, employee satisfaction is an important impact driver for enhancing customer satisfaction. In an organization, leadership tries to explore and debate a concept of employee as an internal customer and address in the light of the internal processes involved throughout the service production system. George (1990) stated that in order to influence the customer satisfaction a large number of support persons should come into contact with customers directly. From this point of view, it can be seen that if employees feel satisfied with their job or their performance, it can be shown to customers in any kind of contact services.

Therefore, to be aware of the existence of internal customers (employee), the need to determine them on the way of their perception in organizational performance effectiveness to be able to deliver the level of service required and finally can obtain a measure for external satisfaction (customer).

2.2 Essential customer satisfaction measuring method: the SERVQUAL model

Service quality is important for actual practitioners along with leaders to link the style of service management with the actual organizational solutions and picture. The SERVQUAL instrument a famous approach to measure the actual satisfaction numbers of customers and it also possesses various (responsiveness, assurance, empathy, consistency, and tangibles). Ladhari (2009) agreed upon the SERVQUAL type in his study that it is a very good scale to make use of in support of quality measuring in many specific industries. Similarly, this is noted by Shahin (2005) that

the model takes into account the anticipations of consumers regarding support, and their particular service perceptions, which is a very useful means for excellent measurement inside the service field. In common, the SERVQUAL instrument is the proper device for supporting quality measurement since it has various related dimensions while using the product *per se*, staff behavior, and the actual physical location.

SERVQUAL type development along with evolution, these 97 attributes were the true secret criteria to measure perception along with the expectation of customers with service supply (Kuma, Kok, and Ulhaner, 2009). Parasuraman, Zeithaml, and Berry, (1985) classified these attributes into 10 dimensions as followings:

1) Reliability involves the performance and dependability in consistent ways and it also refers to the performance of the service right on the first time and particularly, this may involve:

    (1) Shifting the illness diagnosis and treatment for customers/patients

    (2) Service performance at the time

    (3) Correct billing

2) Responsiveness concerns the staff's readiness and willingness to offer the service which involve:

    (1) Immediate transaction slip mailing

    (2) Quick customer call back

    (3) Offering prompt service (e.g. setting up quick appointments)

3) Competence refers to prompting the skills and knowledge required in service performance, which involve:

    (1) The contact personnel's knowledge and skills

    (2) The medical staff's knowledge and skills

    (3) The operational supporting staff's knowledge and skills

4) Access involves the ease of contact and approachability, which mean:

    (1) Easily accessible service via telephone

    (2) Not extensive time for service receiving or waiting line

    (3) The service facility operate in a convenient place and at convenient hours

5) Courtesy involves consideration, respect, politeness, and the friendliness of the contact person (including the telephone operators, receptionists etc.) which includes:

(1) Consideration on the consumers assets;

(2) The public contact person's clean and neat appearance.

6) Communication refers to keeping the customers informed in their understanding language, and listening to their feedback. This could mean also that the firm adjusts the language for different customers which involves:

(1) Explaining the service itself and the cost of the service

(2) Explaining the service and cost trade-offs

• Assuring consumer that all problems can be handled

7) Credibility involves honesty, believability, and trustworthiness which involves offering the customer the best interests at heart. Here the credibility contributing are:

(1) Hospital reputation and name

(2) Contact personnel characteristics

8) The degree of hard sell involved in customer interactions. Security is none of danger, risk, or doubt which involve:

(1) Physical safety

(2) Financial confidentiality and security

9) Understanding/knowing the customer involves attempting to recognize his or her needs which involves:

(1) Learning the specific requirements of the customer

(2) Providing attention the individual

10) Tangibles include the physical evidence of the service:

(1) Personnel appearance and physical facilities

(2) Service tools or equipment;

(3) Physical service for example, Internet, TV, and Valet parking.

These 10 dimensions underwent a second purification around 1988 when they were reduced to five dimensions as follows (Parasuraman, 1988):

1) Reliability: the capability to dependably and accurately perform the promised services

2) Responsiveness: the aim to assist the customers with prompt service

3) Assurance: staff courtesy and knowledge as well as their confidence and trust conveying ability

4) Empathy: the provision of caring, attention paid to customers individually

5) Tangibles: the physical facilities, equipment, personnel's appearance, and materials for communication

In addition, recent research has mostly stressed the move from the attempt to adopt the SERVQUAL model to form an industry specific choice of measures (Ladhari, 2008). Zeithaml et al. (1990) stated the same thing that the service quality SERVQUAL model is a result of the gap between the perceived and expected service. The service quality SERVQUAL model addresses five gaps that lead to the failure of service delivery.

Research on the hospitality industry has also reflected the SERVQUAL model as the "skeleton" measuring service quality. According to this trend, the researcher on service either adopted the model or developed a content-specific scale to measure the quality of service in the hospitality industry (Getty and Thompson, 1994).

Parasuraman et al. (1985) stated that we can measure service quality by subtracting the score of the customer's expectation from the scores of the customer's perception ($Q = P - E$).

The two SERVQUAL model equations as follows:

SERVQUAL = Performance − Expectations

Weighted SERVQUAL = importance x (performance − expectations)

These two equations present the service quality model conceptualized from the gap in the customer's expectations (E) and the service providers' performance (P) perception.

2.3 SERVQUAL throughout Hospital Supervision

The conceptual SERVQUAL framework may be employed to empirically examine perceived support quality in a broad variety of different market sectors. Common examples include the healthcare sector, and education in addition to banking. Since support quality has grown into the most notable several competitive advantages in numerous areas of corporate life, measuring this effectively in addition to deriving management and business strategy through the results is now very significant. Because the actual focus of this thesis is on the perceived support quality at private hospitals in Thailand, the author will henceforth control the investigation of previous focuses on studies which are also concerned with the professional medical sector.

Most closely linked to the present dissertation is the study of Choi, Lee, and Park (2005), which investigates the connection between out-patient achievement and the support quality dimension in the South-Korean professional medical system. The analysis is very similar to this dissertation; it states that underneath the Korean professional medical sector sufferers have a large amount of freedom in choosing their medical service agency. This particularly and more strongly relates to private hospitals in Thailand where by patients usually are entirely free to choose his or her medical services provider. Because of this comparability, the learning of Choi et al. (2005) will be described in greater detail. Choi et al. (2005) have adopted a new SERVQUAL framework and have modified the initial dimensions in addition to scales as a way to fit with the Korean professional medical system and to investigate the actual perceived support quality. Particularly, they gauge service quality depending on four distinctive dimensions: physicians concern, employees concern, capability of care method, and tangibles. In the first section of their investigation, there were 30 questions developed through the interviews from the focus communities and SERVQUAL scale items. Following the measurement, the analysis was complete, the scale items were reduced to 19 items and the four dimensions that had been mentioned previously were confirmed within their validity. Overall, the study of Choi et al. found that around 50% of the variance in customer happiness can possibly be explained by the four support quality sizes. More exclusively, the sizing staff problem

was found to have the most pronounced influence on perceived achievement, followed by capability of the health care process in addition to doctor's problem. The sizing tangibles that come with factors such as amenities in addition to medical equipment were found with an impact in perceived achievement. Another contribution of the paper of Choi et al. was the actual separate analysis to the subgroup get older, gender in addition to service kind. This big difference between the individual subgroups was apparently particularly important in the light of previous findings. For the case in point, the study of Fick and Brent Ritchie (1991) found that continuity from the medical therapy process (i.e. age, continuously becoming treated by the same doctor) was especially important for older sufferers, while more weight was placed on the specialized proficiency of the medical therapy on younger patients. As found in the study of Murray-Garcia (2000), the benefit assigned to different support quality sizes also differs regarding racial qualifications. For the case in point, certain racial communities (Blacks, Latinos, in addition to Asians) possess a higher inclination for doctor's problem, courtesy in addition to respect as well as illness prevention as this is the case intended for other racial communities (namely Caucasians). Additionally, the study of Reidenbach in addition to Sandifer-Smallwood (1990) revealed how the relative importance of various support quality sizes differs among inpatients in addition to outpatients. Additionally, various reports have analyzed how individual satisfaction differs according to the demographic element age. These types of studies suggest that more aged patients usually display a larger level of satisfaction than is the case for younger sufferers. In comparison, no important differences were found regarding gender variances between sufferers. From this backdrop of past analyses, the study of Choi et al. (2005) split patients between two subgroups (older vs. younger patients) in addition to finding that older sufferers are to some degree more pleased than younger patients. They hypothesized that elderly may have a more correct expectation of the care system or even a less essential attitude from the health care system. Their sexual category subgroup investigation revealed no statistically important differences regarding perceived support quality in terms of gender.

Another paper that is certainly closely linked to this study is Laohasirichaikulet 's. (2010), which also reviewed perceived support quality

throughout Thailand. This study also evaluated the impression of support quality in patient satisfaction and further extends the actual analysis of the impact of perceived support quality regarding customer devotion and management and business image. Particularly, the study proceeds as follows: first they distributed 500 questionnaires for the five major private hospitals in Bangkok, which ended up being chosen by the quantity of beds as the criterion. Each hospital was given 100 questionnaires, which contained 2 verification questions in addition to other 5 elements. The first part was 19 questions on observed quality factors and these kinds of questions ended up being developed through the Choi et al. (2005) study. The second part was 3 questions on graphic variables and customer happiness, which were checked in the third part. The last part contained three questions on customer loyalty. The analysis used Cronbach's coefficient alpha to be a tool to measure the inner consistency from the construct of the concept. An element analysis in addition to multiple linear regression methods was employed. The outcomes indicated that factor analysis was appropriate for the identical data.

The leading findings from the study are as follows: first, all four dimensions could only possibly be positively linked to customer achievement, customer devotion, and management and business image. Far more specifically, the sizing doctor problem was an important factor in determining customer happiness and customer loyalty. Additionally, the second most important factor was the "staff concern" which has been found to positively affect customer happiness and devotion. As a consequence of this, it found that how the hospital needs nurses and other staff that are service minded and have interpersonal skills so that they can provide health care and empathy as well as show courtesy to sufferers. Further, the sizing tangibles may be found to give the strongest influence on corporate graphic. Thus, there was a statement arguing that there must be clean facilities and the hospitals needs sufficient features. Moreover, the dimension capability of the health care process has also been found to be statistically significantly linked to corporate graphic, customer achievement and customer loyalty. Eventually, based for the finding that patients observed the ready time most negatively, it can argued that the hospitals should attempt to reduce the actual waiting time period experienced by patients.

2.4 Human Resource Management (HRM): Strategic Delivering Program Quality by the way of People

HRM is a general theory that involves the development of a consistent, collection of programs, and practices to fulfill the organizational objectives.

Kesting, Müller, Jørgensen, and Ulhøi (2009), cited in Armstrong (2006), stated that Human Resource Management (HRM) is an achievement of a strategic goal and still to coherent its approach, the workers who working in that firms must be well organized both of most of valued assets and contributed an achievement individually and collectively. Generally, HRM is associated with rather broadly-defined functions such as staffing, training and development, remuneration, job design, and performance appraisal and how these can help support improved performance. Although the initial focus in the field of HRM was often on concrete measures of performance such as quality and productivity (Cascio, 1991), there is currently much interest on how HRM can support learning, change and innovation behaviors (Scarbrough and Carter, 2000).

Wilson et al. (2008) stated that to produce a customer-oriented, service-minded personnel, companies must (1) hire the best people, (2) develop visitors to deliver the company's quality, (3) produce needed aid systems, and (4) support the most beneficial people. These fundamental methods have many specific sub-strategies, as shown in Figure 2.2
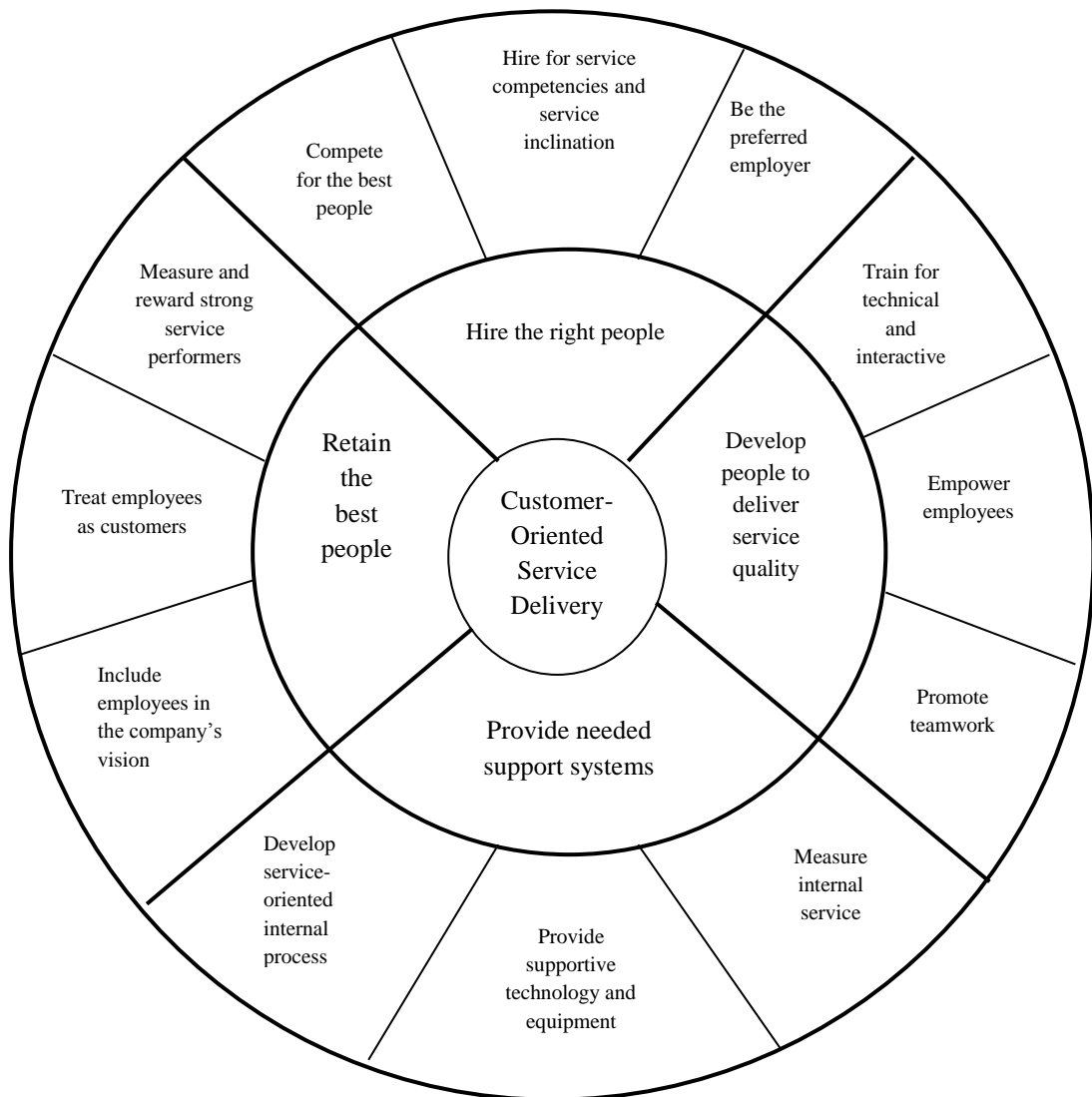
Figure 2.2 Strategies for delivering service quality through people by human resources

Source: Wilson et al., 2008.

1) Hiring staff

A new central problem of human resource administration is recruitment as well as the retention associated with valued staff (Davenport, 2000). For that reason, in order to offer high service quality effectively, companies ought to place more focus on recruiting as well as hiring a suitable service staff (Wilson et al., 2008). It's literally several ways to investigate hiring the proper people.

(1) Compete to get the best people

Competing to get the best people is usually a first essential part of the recruiting procedure in companies. A company needs to identify the perfect people and tackle other companies so as to hire the most effective person (Wilson et al., 2008). Leonard and Parasuraman (1991) claimed that firm work as marketers as well as using his or her marketing expertise in competing with some other organizations to be able to pursue the most effective employees.

(2) Hire for intended service skills and support inclination

Companies have to attract new employees that will contribute to the company through their abilities and beliefs (Armstrong, 1995). Companies demand their support employees to have two contributory capacities: support competencies as well as service interest (Wilson et al., 2008).

Wilson et al. (2008) claim that "service competencies are the skills as well as knowledge essential to do this job". Many times, job applicants validate their skills, such as attaining degrees as well as relevant specialist qualifications (Wilson et al., 2008), which can easily determine whether the person has the essential technical as well as professional competencies to do well face- to -face (Susana Pérez López et al., 2006). However, sometimes, service competencies may be related to basic intelligence or physical requirements as an alternative to relevant level (Wilson et al., 2008). In addition, Wilson et al. (2008) also claim that service employees not merely must always be screened for their service skills, but furthermore, they be prepared to support the organization; that is- their desire for doing the service-related perform - which may be reflected in their attitudes to be able to service and also orientation on the way to serving shoppers.

(3) Be the favorite employer

One new way of gaining some sort of competitive position to entice and support the best human resources shall be the recommended employer in the particular sector or in the particular position (Wilson et al., 2008). Favored employers are usually those agencies that outshine their competition in correctly attracting, stimulating, and holding onto talented staff (Sutherland et al., 2002). They accomplish this reputation through innovative as well as compelling time practices - "extensive education, career as well as advancement opportunities, excellent inside

support, beautiful incentives" (Wilson et al., 2008) which represent an advantage for both the staff and the organizations (Susana, José, and Camilo, 2006), ultimately resulting in a sustained competing advantage (Lados & Wilson, 1994; Pfeffer, 1994; Turban & Greening, 1997). Should the company not fulfill this promise towards customers and not live up to its boss brand assures, its employees will also leave (Alan, 2004).

2) Develop individuals to deliver support quality

To build up and maintain a frequent customer-focused and service-minded labor force, only hiring the proper people in the right place is not enough. Companies must provide a necessary training curriculum and required authority for their employees to guarantee good support delivery (Wilson et al., 2008). Also, promoting teamwork is also an important part of the service shipping process.

(1) Training for technical as well as interactive skills

One of the extremely important factors of human resource methods is the tactics pertaining to business (DiBella, Nevis, and Gould, 1996; McGill and Slocum, 1993; Nonaka and Takeuchi, 1995; Ulrich et al., 1993). Consequently, the companies have to provide constant training programs for their employees in the necessary technical skills as well as knowledge and interactive skills to offer high-quality service (Wilson et al., 2008). Gronroos (2000) stated that training this technical skill of a firm's personnel can be a means associated with simultaneously enhancing quality as well as productive. Many times, companies may well teach these technical skills through education (Wilson et al., 2008). Additionally, technical skills in many cases are taught through on-the-job training which will combine the theoretical basis and authentic work (Wilson et al., 2008).

The service staff also needs tactics pertaining to interactive skills which can be heavily intertwined along with technical skills that ensure the provision of "courteous, nurturing, responsive as well as empathetic service" (Wilson et al., 2008). Interactive skills of education provided intended for employees, especially buyer contact employees and also support staff, with specific skills as far as communication task are involved (Grönroos, 2000). Successful organizations highlight working out programs and making certain that the education fits the company's objective, valued as well as strategies (Wilson et al., 2008).

(2) Empower staff

To lessen job-related strain, improve task satisfaction as well as truly accommodate the client needs (Wilson et al., 2008), companies have to empower employees to create decisions as well as "take steps in a lot of potential challenging situations" (Grönroos, 2000).

Wilson et al. (2008) suggested that empowerment indicates providing employees with the exact need, ability, instruments and also power to be able to function the consumer. The significance of empowerment is that the employees realize their tasks (Grönroos, 2000) and are given authority to create decisions about the customer's account (Wilson et al., 2008). However, expertise alone is not enough. Employees need knowledge as well as the tools to be able to make these kinds of decisions, and they want rewards that help them to become make the right decisions (Wilson et al., 2008).

Bowen as well as Lawer (1992) declared that strengthening employees implies the following: (1) offering them possessing specifics of this effectiveness with the group, (2) rewarding them while using the corporation's usefulness, (3) starting a expertise based that enables staff members to understand and also contribute to the effectiveness of the group, and also (4) supplying employees with the ability to produce some sort of decisions that will impact organizational recommendations and also effectiveness.

Empowerment demands an ongoing development associated with "trusting relationships between administration and employees" (Kaplan and Norton, 1992). Harari (1997) supposes that managers must respect employees' authority to investigate situations as well as make decision. It is also important that management create and maintain the needed environment making sure that employees can easily feel that they have power and may use their power with customer connections (Harari, O., 1997). Successful organizations with empowerment usually not only tell their employees that they have the authority to make decisions, but also provide this "training, guidelines as well as the tools needed to enable them to make this kind of decisions" (Wilson et al., 2008).

(3) Promote teamwork

Team working as a source of job satisfaction will enhance customer happiness. In a natural teamwork environment, employees can feel helped and feel that they have a workforce backing them, and also they can easily ease a number of frustrations as well as stresses so that they are able to maintain their enthusiasm and improve the overall high quality of their performance (Wilson et al., 2008).

Teamwork is geared towards helping organizations handle inside problems through allowing associates to review and solve the problems (Betty Conti & Kleiner, 1997). By promoting teamwork, companies can easily improve output and generate better versatility and flexibility in the organization, which can increase the employees' interpersonal skills (Porter, 1993; McCorkle et al., 1999) to offer excellent service as well as the support from team, which can make employees' careers easier and more pleasant (Wellins, Byham, and Wilson, 1991).

A proven way of marketing teamwork advised by Wilson et al. (2008) is always to encourage the client contact employee (or service employees) to clearly realize their responsibilities in the jobs as well as their roles in the total service picture, which are essential for final quality support delivery. Another way of promoting teamwork is always to reward teams of men and women, so team initiatives and workforce spirit are usually encouraged (Wilson et al., 2008).

3) Produce needed service systems

Wilson et al. (2008) stated that without customer-oriented internal support and also systems, right ailments intended for delivering high quality service will not exist. Furthermore, Grönroos (2000) is applicable forward when the business requires its employees to take responsibility intended for the customer but will never provide internal support products aligned applying their need (Wilson et al., 2008), they will feel ambiguity, frustration and wrath. What is more painful, they will in all probability make undesirable decisions. It is almost impossible for employees to offer quality service; it doesn't matter how much to be able to merely devoid of loyal programs (Wilson et al., 2008). The following suggested methods are directed at ensuring customer-oriented internal support.

(1) Calculate internal support quality

The businesses can quickly deliver good quality customer-oriented services by ensuring the good quality of the interior service. Measure plus reward internal service may be a key way to develop plus support internal service marital life (Wilson et al., 2008). Before organizations commence to formulate an enclosed service good quality, they should really measure the purchaser perceptions associated with internal good quality first utilizing the interior support service audits (Wilson et al., 2008). Wilson et al. (2008) indicated that internal organization employ internal service services audits might identify absolutely free themes, figure out and about their wants, measure the way well these are doing plus make improvements. In short, measuring internal service good quality would make it possible for organizations to be able to efficiently pattern the services delivery treatment (Kang et al., 2002).

(2) Produce supportive technological know-how and gear

Creating a happiness of service, companies have to invest ample funding for the employees to have the needed resources, including effective technology as well as technological service and gear .According to Grönroos (2000), we can easily know that it is possible for the contact staff to deliver top quality service if the support ancestors and systems supply the effective buyer information listings, effective inside support and also other service necessary for handling circumstances. On the other hand, employees may be easily frustrated with their desire to offer quality service if they do not have the needed technological know-how and gear (Wilson et al., 2008).

(3) Develop service-oriented inside processes

In other words, the poor quality associated with sub operations will influence the final high quality delivery of service to customers. In numerous companies "internal operations are powered by bureaucratic principles, tradition, cost efficiencies or the wants of inside employees" (Wilson et al., 2008). On the other hand, in purchase to best support front line employees into their service high quality delivery so because of this meet this customer' needs, companies' inside procedures must be while using premise associated with customer benefit and customer happiness (Wilson et al., 2008).

4) Retain the best people

Retaining the most effective people can be an essential part of human reference management. Only hiring the perfect people for the company just is not enough. One important element of success for HRM is always to attract, produce, and keep the most effective people. Companies that will hire the right people, trains along with develops the crooks to deliver support quality, and supplies the required support should also work to support the people (Wilson et al., 2008).

(1) Include employees within the company's vision

Including employees within the company's vision benefits both the company the item serves as well as the employees themselves (Grönroos, 2000). To stay the effort and motivation of employees in keeping the company objects, they must share an understanding of the organization's vision (Wilson et al., 2008). To some degree, employees are going to be motivated simply by their payout, reward and other benefits; nevertheless, the best employees will give attention to whether they are committed to the company's vision as well as goals (Wilson et al., 2008).Wilson et al. (2008) include indicated that will employees are not committed towards company's vision all of which will attract apart to other opportunities if their vision can be kept secret from them. In comparison, employees will remain within the company if your vision along with direction usually is clear along with motivating.

(2) Treat employees as buyers

Wilson et al. (2008) claim that the organization can catch the attention of and support the best employees if the company protects their employees. They guess that employees exactly who feel they may be treated rather by his or her companies may treat his or her customer far better, ultimately obtaining greater client satisfaction. In other words, satisfied employees create satisfied buyers (Wilson et al., 2008). Wilson et al. (2008) also guess that companies can measure the employee pleasure and needs through making use of conducting intermittent internal advertising and marketing research. At the same time, companies must treat their employees because internal client and satisfy their needs hence boosting the employees' respect.

(3) Measure along with reward robust service performers

Milcovich, Newman and Milcovich (2001) have a broad view of the payback system, arguing that will treating pay as an expense, any manager also

uses that to have an effect on the employee's behavior and increase the organization's effectiveness. The way in which many people are paid affects the standard of their operation; their mind-set in the direction of buyers; their willingness to become flexible or perhaps learn fresh skills or possibly suggest changes; and most likely their wish to have union or maybe legal exercise against their employer. The potential to influence the employees' behavior, and for that reason of the organization, is another reason that it is vital be clear with regards to the meaning linked with compensation.

Reward does not simply cover employees with regards to effort; also influences the recruitment along with the retention connected with the strongest support performers (Alan, 2004). As a result, it is essential for corporations to pay back and advertise their employees should they want the talented employees to stay with their companies (Wilson et al., 2008).

The pay back system must be aligned to be able to motivate members of the staff consistent with the firm's strategy, attract along with retain those with know-how and, skills, and the abilities needed to realize the firm's ideal goals, and produce a supportive way of life and construction (Galbraith, 1973; Kilmann, 1989; Nadler and Tushman, 1988). An increasing number of companies have considered many different rewards since they recognize that the development connected with new pay back systems along with structures should give attention to customer pleasure (Wilson et al., 2008). Based on Wilson et al. (2008), we all know that the regular type connected with rewards for example higher pay out, promotions along with one-off economic awards or perhaps prizes might be linked to service effectiveness. Other forms include unique organizational along with team get-togethers for enhancing client satisfaction or for attaining client retention goals.

2.5 Total Quality Management (TQM): A Theory of Quality Improvement in Hospitality Management

While emphasize around the Total Quality Management well because TQM theory promotes organizational effectiveness accordance with stakeholder will enhance customer satisfaction, maintaining continuous improvement, and leadership must be proactive. Moreover, TQM is a good model for good exercise in supervision

and TQM theory holds that "to improve performance, the workers have to provide and designing products and services to meet or exceed customer expectation and workers should eliminate all factors that undermine product or services in terms of less of quality". TQM resulting from the producer setting and its particular technique along with terminology possess widely been resulted in various number of circumstances. Your former associated with TQM idea is N. Edwards Deming's Japan who manages to utilize the exercise in the service surroundings.

TQM, ongoing quality improvement (CQI), come with the six- sigma, are geared towards the proper care quality improvement in order to reach in the enhancements associated with efficiency together with cost reductions as documented with the other industries' QI customers (Grandzol & Gershorn, 1997; Easton & Jarrell, 1998; Barker, 1999; Hendricks along with Singhal, 2001).

Quality Progress (QI) is described as the thorough systematic process to enhance the effectiveness and quality during the ongoing creation systems along with organizational processes improvement (Prizzini, 2002).

Quality Progress Programs inside Healthcare are explained because system broad that built-in the organizational performance management method to ship every of much better value towards patients, the particular care top quality improvement, plus the financial performance enhancement for that organizational sustainability in the Hospital Accreditation, such as Joint Commission rate International Accreditation plus the Malcom Baldrige Merit criteria intended for healthcare fineness (NIST, 2006). Quality Progress Program Maturity according to Carman, et al (1996) is the applying associated with fifty inquiries based survey around the Baldrige prize criteria intended for healthcare QI programs The component scoring is included with the knowledge analysis along with management, leadership, quality supervision, employee supervision and teaching, and client satisfaction which are compiled for you to relatively status the institutions with different QI readiness program participations.

A research that shaped by Oakland (1989) offers addressed with TQM as "the organizing and affecting path associated with organization in most department, many activity, and every person by any means level". Moreover, Comen insisted who shall always be initiated from the top of chief executive, or like the almost all senior director, and current administration.

Horovitz along with Cudenne-Poon (1990) recommended another structure as cited for that program operating quality management that could be very useful for the top quality management study on hospitality industry. The standard program could be divided in to five subsequent areas:

1) Quality proper care composes with the correct identification and specification with the service top quality requirements inside each number of target buyer, then to make sure that all possess shared the particular similar service quality definition.

2) Customer proper care composes with the customer putting firstly in the service designing matching to the particular customer's look at point, the client over-responding, plus the sudden addressed the buyer complaints.

3) Front-line people (FLIP) proper care composes with the service affecting staff plus the quality service staff in the quality method that being empowered because tools intended for jobs managing so, they may work happily to service the client.

4) Communication proper care composes with the ready associated with advance cellular phone and reception services, with all the concentration towards documentation along with external encompassing that why the client communication can easily reflect out the service quality as provided.

5) Lead care is the manager's determination on top quality of service that would demonstrate through the attention with quality concerns, pushing staff member commitment along with forming these with great sample.

Good discussing issues in this post series, note should be made that will total associated with above a few quality programs take the main role in the hospital top quality performing operate. As is so visible in the particular hospitality management who's shall derive from the mission along with vision that will supported with the lead proper care team, as an illustration, the movie director of hospital that is supported with the manager who're transferring from the front or maybe back brand staff transmission to carry out the useful quality to drive toward client satisfaction.

The study was conducted by Denver et al., (2008) seemed to be associated towards "Food in Hospital" matter and seemed to be the exploratory example on the business hospitality centric beliefs (HCP). Moreover, Furthermore, the realistic

implications are the effectively HCP management could be amended with the culture as a way to enhance the particular excellence service for that hospital connection with patient/guest in the hospitality sector. In conclusion, to boost the service excellence the final results has been doing place plus the execution is encouraged with the top management and lots of official HCP. Since the higher opposition level in the global skin scales, the firms with this industry are getting to be with more robust awareness around the necessity associated with services along with service performance customization for you to serve for that sophisticated requirement of the worldwide clients. As a result, tracking, monitoring, and service quality improvement, efficiency along with availability are even turn into with strongly critical rather than the former environment of hospitality operational providers.

2.6 Service and Customer Satisfaction

To take the process of tracking or improving service organizations, majority of hospitality administration discussion will probably result for the increasing fulfillment of customers. This customer happiness factors management normally include with numerous aspects. To begin with, this will be proposed through Bowen et al., (2004) that any of us shall layout the organizational structure to manage with your certain variability as well as uncertainty at the same time of services production. This can add the customer co-production variability on the involvement regarding customer inside supervisory course control and the impact on this involvement for the role quality of employees. Secondly, the structure of job must fit with the connection degree relating to the staff as well as customers. Ultimately, the services setting or even environment shall be compatible with the anticipation regarding customer. Furthermore, the uniformity does exist one of several marketing specialist straightforward encounter services elements group. As advised by Reuland et al., (1985), you can find the harmonious combined three elements inside hospitality services: the filter sense regarding material products in case of hospitals would be the beverages as well as food, the undertaking of surgical procedure, the web host and sufferer nursing employees attitude as well as behavior so that you can have your direct experience of

the guests; and your setting similar to building, your furnishing, your layout, your lighting, hygiene, etc.

Cassee as well as Reuland, (1983) will be another examine that applied the associated dimensions to be able to explore as well as classify the key hospitality determinants inside sector regarding healthcare. These are generally the employee behavior, actual physical environment, as well as service.

The particular service high quality is revealed with the elusive notion that pretty hard to address and gauge. In these former experiments, Eccles and Pyburn (1992) described quality as the matching associated with product's capabilities with several predetermined normal. Therefore, to understand the caliber of service inside views associated with customer Eccles and Pyburn (1992) provides introduced these three definitions as the quality by: (1) this excellence; (2) the worthiness: (3) this meeting or even exceeding targets. Eccles, Pyburn, and Philip,1992. Storbacka, Strandvik, and Grönroos (1994) likewise classified this service straight into tangibility degree of the good-services procession, whereas this similar method is applied by Jones (1978) for you to differentiate between the extent associated with services in which either function as the people or even equipment structured. Moreover, many in service can be either real or intangible around the food services provision, plus on the services encounters complexity. So that you can exemplify this another present services class by this particular study provides totally predetermined with Shostack and Thomas which the key services with regards to quality may be based about both folks and apparatus. Where this complex around tangible and intangible is good job conditions, or it can be said which the hospital support either front-stage or even back-stage are included. The real services are for example, the support at front-stage when the customer finds the clinic to check-up their particular health, the receptionists will offer the very first tangible service for the front-desk and that is where the buyer can understand their support mind for the 1st time. Next, the intangible companies are for example, the support at back-stage like car parking which is the first area that buyer reach on the hospital. And so, any advantages providing ahead of the arrival associated with customer will be prompted ahead of their hint.

In quick, the context of hospital consists of the operational system and services that organization on both the stages structured, first is the "front-stage" and

the second reason is the "back-stage" (Yasin and Yavas, 2001). Including as front-stage, the whole operational activities and tasks in which directly interact with the customers. Such associated with tasks and activities example is the patients/guests' intricate process for you to fill their particular health data history. For the other palms, the back-stage includes the total of operational tasks and activities in which occur with no customer direct interaction for example, room washing service and hospital valet car parking.

Total associated with service process performance has the strong effect on both on the service periods performance (Dorsch et al., 1997). Hence, the food service in the hospital would prompt to further improve the around service process performance within systematical way also to integrate this relevant area of service performance to ensure about the caliber of service that could achieve this satisfaction associated with customer.

2.7 Employee Behavior and Customer Satisfaction

From the operational performance of service organizations, employees are the workers who are an important person to provide services to customers and made them to satisfy their needs and expectations. Hallowell et al. (2000) submit the program profit sequence shown with Figure 2.1 to be able to illustrate their bond among the actual employee achievement, customer achievement and income. The program profit chain demonstrates the organizations who offer you superior inside service quality for their employees, along with who deal with their workers as customers, can obtain higher employees achievement. By bettering employees achievement good workers and enhanced employees productivity can be purchased. At once, the pleased employees create satisfied actually committed customers (and pleased customers may, in change, reinforce employees' perception of satisfaction within their jobs) (Wilson et al., 2008, reported in L. L. Heskett et al.). Eventually, "customers achievement and customers commitment" influence profits growth along with profits as a result of increasing the amount of expenses and marketplace share.
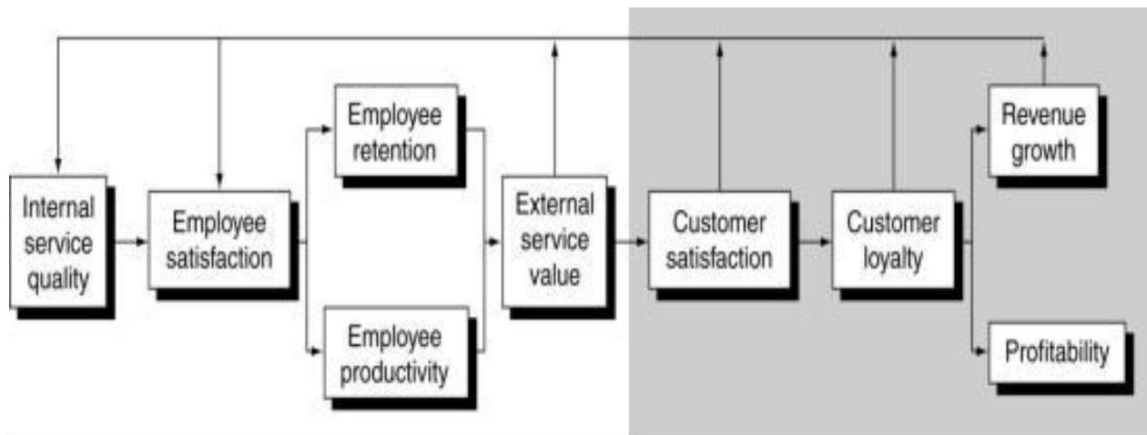
Figure 2.3 The service profit chain
Source: Wilson et al., 2008, cited in Heskett et al., 1994

From an above figure, Wilson et al. (2008) stated that a large number of firms recruit and choose the most suitable employees in order to meet the over emotional labor requirements in the job. Companies fit prospective employees over the practices (simulated consumer contact exercise) to find for your employees as their values, knowledge and people match your job's over emotional labor prerequisites (Ibid).

Most corporations teach their own customer-contact employees should be friendly and also courteous to customers. Even so, customers don't have an obligation to come back empathy or even courtesy. As a result, employees didn't the reputation as equal since the customers who may have the opportunity of 'the customer is always right'. With this situation, employees face real challenges given that they cannot show their legitimate feelings. Companies may possibly encourage employees to interact in deep-acting strategies for instance imagining how the client is a friend and also expressing the important feelings for them. Companies also may train employees in how to prevent absorbing any customer's awful mood (Wilson et al., 2008).

    1) Meticulously constructing your physical work place

The environment of service delivery can have an effect on personnel behavior and also emotions (Wilson et al., 2008). Companies can provide the cozy environment, for instance available rest room and sports activity room, to alleviation employees' pressure and reduce the boredom.

2) Enabling employees to air their own views

Allowing personnel to atmosphere their vistas lets them eradicate their discontentment and frustrations (Wilson et al., 2008). Bitner Michael. J. et al. (2008) guess that firms can provide emotional help and confidence to personnel through placing a venting to share frustrations and also 'let off steam'. By means of this air flow, employees could see that some others are experiencing the same problems plus they are not alone. At the same time, they may feel their own emotional share are recognized which enable it to feel their own company much worry about them (Gremler D. D. et al., 2008).

2.8 Physical Environment and Customer Satisfaction

The particular service good quality literature footprints its root base to research and concepts of purchaser behavior from the retail buy of goods (Brady in addition to Cronin 2001). From the 1970s, business started to recognize that consumers react besides to goods, but for the features that accompany the goods. Defining atmospherics as "the effort to development buying environments to provide specific emotional effects from the buyer that enhance the purchase chance, " Kotler recognized which a full variety of intangible sensory stimuli which include visual, aural, olfactory, in addition to tactile, have the power in order to influence obtaining decisions.

Kotler asserted that atmospherics affect purchasing behavior considering that the sensory qualities with the space where goods are presented (1) need attention, imparting give attention to goods in addition to allowing organizations to distinguish themselves by competitors, (2) build implicit or perhaps explicit messages for example the level of concern for customers, and (3) adjust emotions to make customers really feel special or perhaps important so they can soothe or perhaps distract these from bad feelings. Affects that positively enhance purchaser expectations, this individual averred, raise the probability of purchase.

Hirschman in addition to Holbrook (1982) reached much the same conclusion for the importance of ambient problems, finding that sensory input of a product triggered emotional arousal in addition to caused consumers to recall the goods or this

event surrounding their interaction while using product so they can imagine a sequence of future events. In a few cases, this sensory input seemed to be recalled more clearly in comparison with was the goods itself plus the emotions triggered were of greater importance the utility with the product in customers' ultimate selection of products.

Desire for ambient factors from the retail setting continued into your 1990s. Grossbart, Hampton, Rammohan, and Lapidus (1990) examined customers' behaviors to foundation patronage decisions for the physical design and style of merchants, acknowledging the physical design is just about the principal causes of atmospheric influence. Sherman, Mathur, in addition to Smith (1997) confirmed that shop environments were important determinants of purchase behavior. By this mid-2000s, the impact with the interior surroundings of retail store settings on consumer purchasing behavior seemed to be well-established (Kalcheva in addition to Weitz, 2006).

During the 1980s in addition to 1990s, several connected lines of inquiry emerged concentrating on the hedonic or perhaps emotional issues with retail use. The common theme of much of this analysis was that multi-sensory facts (taste, seem, scent, tactile feelings, and visible images) by atmospheric indications affects purchaser moods in addition to emotions which in turn, in switch, affect buy behavior and respond to products (Jiang in addition to Wang 2006). While Kotler's principle of atmospherics was while using ambient issues with the actual environment, this connected research devoted to the ability of people ambient factors to affect consumers' emotional states. By way of example, shopper's thoughts of pleasure and arousal, particularly people induced from the store surroundings, significantly predicted their behavior toward this retail establishment and get behavior (Donovan in addition to Rossiter 1982; Donovan et 's. 1994; Sherman, Mathur, in addition to Smith 1997).

Gardner (1985) reviewed those issues with the program environment under marketer manage and found the interior surroundings had this potential in order to influence consumers' spirits states in both program encounters in addition to point-of-purchase circumstances. Citing Kotler's work in atmospherics, she noted the ambient surroundings correlated together with customers' moods in addition to found

"evidence to point that design-related factors may have powerful effects on human being behavior. "Gardner's style, shown in Figure several, reveals the interior surroundings "settings" is surely an important aspect of consumers' spirits states in addition to their final evaluations of and responses to their service runs into.

2.9 Hospitality Management and Employee Satisfaction

Despite the fact that organizations in the hospitality industry are faced with the competitive advantage both of in Thailand and overseas. The performance of organizations to manage and meet to customer perceptions and expectations is not an easy way. In this context, hospitality management stresses an organizational effectiveness approach to organizational performance in terms of organizational leadership, information and analysis, quality service management, and development and involvement of employees. Under this management, to measure the organizational performance is viewed to be critical to the success (Gomes et al., 2003). Firstly, organizational leadership has to promote and enhance a vision of service quality by the way of hospitality to workers and let them to collaborate and participate between each other or among team. In Thailand, Theptarin hospital is one of a hospital model that is recognized throughout Thailand in ability to maintain a leadership position both of medical profession and also works with several pharmaceutical and medical device companies in training to extend their services beyond customer perceptions and expectations (Kantabutra, 2011). Secondly, information and analysis of the provision of hospitality that rely on speedy to provide a beneficial information to customer both of clinical and non-clinical. In this trend of high technology, customer can access easily to internet or others healthcare resources to get data and information in terms of the healthcare treatment or others services before they come to use any services in the hospital. In this point of view, hospital should be well prepared and completely data that has been put into a system should be accurate and up to date. Thirdly, quality service management is the service organization and its customers are linked by employee provided. Mangold and Babakus (1991) stated that perceptions of customer actually delivered as a function of the technical quality (what is delivered), the functional quality (how it is delivered),

both of them are an image in the mind of customer. The Joint Commission on Accreditation of Health Care Organizations defined technical quality as a function of structure, process, and outcome variables. Lastly, development and involvement of employees, linking to quality service management, employees

2.10 Conceptual Framework

To accomplish the objectives set above a patient survey will be conducted. The methodology that will be adopted to measure perceived service quality stems from the original dimensions of SERVQUAL as proposed in the seminal papers of Parasuraman et al. (1985, 1988). The term SERVQUAL originally described a 22-items framework, which was designed to measure the customer perception of service quality. The framework was subsequently refined and henceforward takes into account five different dimensions to measure possible customer actual experiences and thereby determine the level of service quality: (1) tangibility, (2) reliability, (3) responsiveness, (4) assurance, and (5) empathy. This model provides an easily adoptable framework to gain insights into the perceived service quality and has been widely used in various industries. Until today it remains one of the most efficient and conceptually coherent to measure service quality.

Although it can be universally applied to different industries, it does not cater to the specific demands of the Thai healthcare industry and therefore should be modified, to successfully measure service quality in this specific environment. For this reason the methodology developed in Choi et al. (2005) will be applied. This study has modified the SERVQUAL framework to take into account the specific needs of the Korean healthcare system and private hospital market, which largely corresponds to the Thai system and thus is very well suited for this study. The four service quality dimensions physician concern, staff concern, convenience of the care process, and tangibles (tangibles include for example the medical equipment, facilities, amenities, etc.) that have been identified in Choi et al. (2005) will also be used in this study. More specifically, the effect of the four dimensions on customer loyalty, customer satisfaction and corporate image will be evaluated.

Moreover, regarding to employee satisfaction, in this study, Total Quality Management has been proposed for an instrument for evaluating employee satisfaction. According to Horovitz along with Cudenne -Poon (1990) recommended a structure as cited for that program operating quality management that could be very useful for the top quality management study on hospitality industry. The standard program could be divided in to five subsequent areas:

1) Quality proper care composes with the correct identification and specification with the service top quality requirements inside each number of target buyer, then to make sure that all possess shared the particular similar service quality definition.

2) Customer proper care composes with the customer putting firstly in the service designing matching to the particular customer's look at point, the client over-responding, plus the sudden addressed the buyer complaints.

3) Front-line people (FLIP) proper care composes with the service affecting staff plus the quality service staff in the quality method that being empowered because tools intended for jobs managing so, they may work happily to service the client.

4) Communication proper care composes with the ready associated with advance cellular phone and reception services, with all the concentration towards documentation along with external encompassing that why the client communication can easily reflect out the service quality as provided.

5) Lead care is the manager's determination on top quality of service that would demonstrate through the attention with quality concerns, pushing staff member commitment along with forming these with great sample.

Based on this approach the research hypotheses outlined below will be tested.
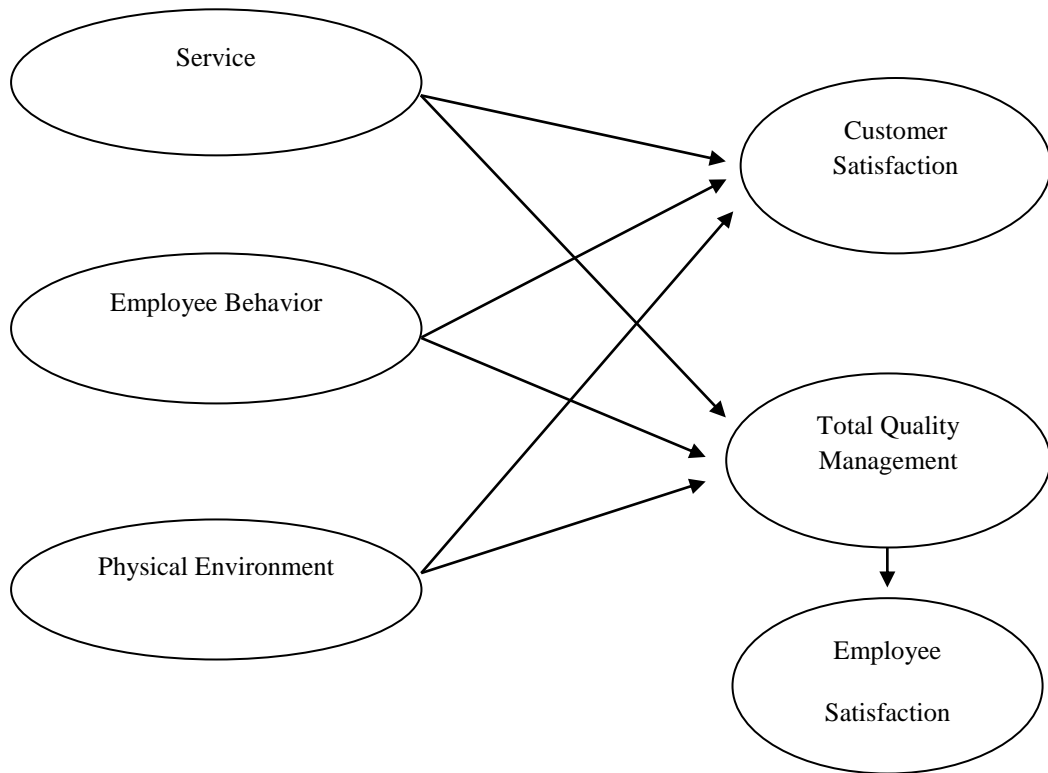
Figure 2.4 Conceptual Framework
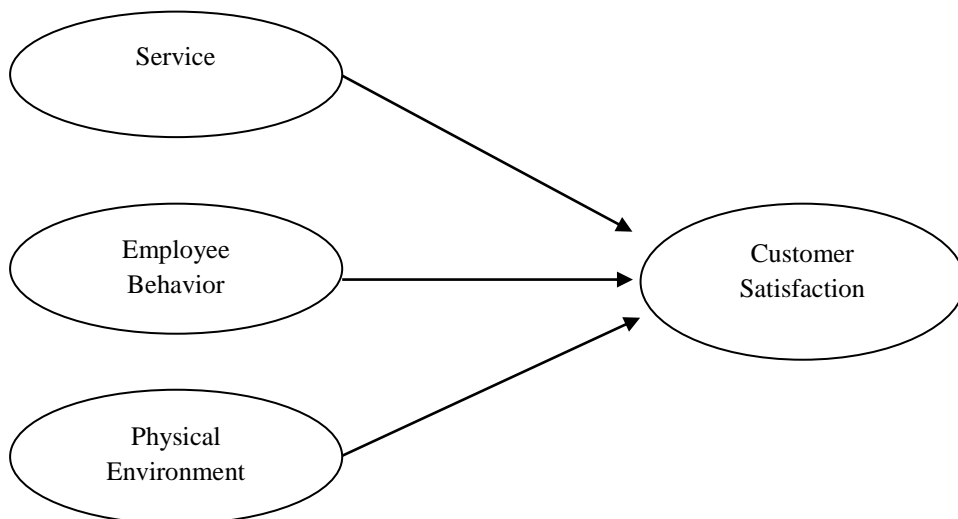
Figure 2.4.1 Sub-Conceptual Framework 1
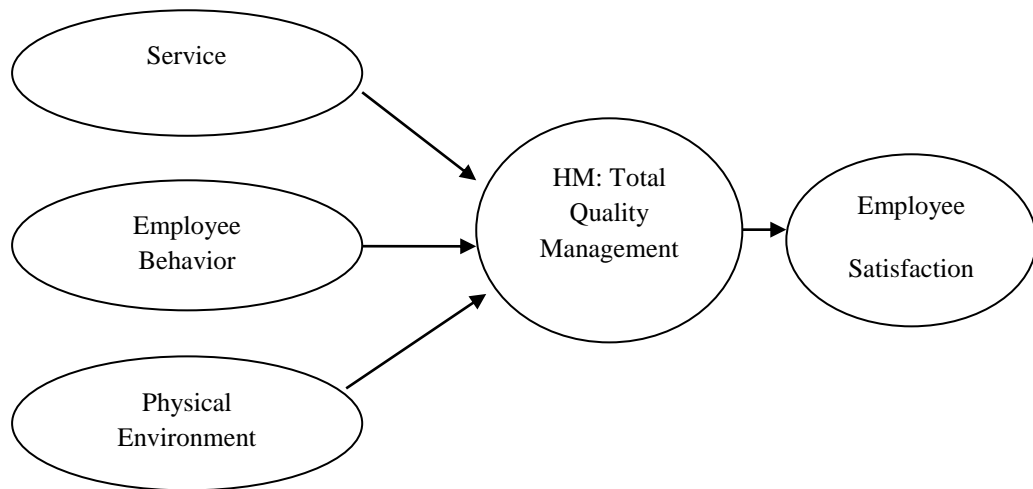
Figure 2.4.2 Sub-Conceptual Framework 2

2.10.1 Hypotheses

H1: The service; front stage and back stage, directly and positively influences customer satisfaction.

H2: The employee behavior; knowledge and interpersonal skills, directly and positively influences customer satisfaction.

H3: The physical environment; facilities and accommodation, directly and positively influences customer satisfaction.

Further hypotheses refer to direct associations between mediating variable and dependent variables:

H4: Hospitality Management, directly and positively affects employee satisfaction in the public hospital.

H5: Hospitality Management, directly and positively affects employee satisfaction in the private hospital.

2.11 Summary

In the era of healthcare systems, leaderships and workers in hospitals rather face the rapidly changes in the healthcare market, in which there are more competitors, various kinds of customer, and changes in hospital accreditation in the past. Customer satisfaction is more likely to be important and effect to organizational survival. Quality of healthcare service is defined as the competency of staffs to provide a service that should be emphasized on service, employee behavior, and physical environment. Moreover, employee satisfaction in terms of hospitality management is the crucial factors to evaluate organizational performance effectiveness. SERVQUAL model is the famous approach to measure the actual satisfaction numbers of customers and TQM and HRM are also the theory that conceptualized the concept underpinning of service quality and employee knowledge and interpersonal skills to perform tasks.

Among Hospitality factors, service is the concept that is more closely of service provided by front stage and back stage. Employee behavior are crucial important in accordance with their knowledge and interpersonal skills. Physical environment is related to facilities and accommodation. All of the hospitality factors consisting in the management of hospitality in hospital. TQM and HRM are theories to assume that quality of the process and well training and education of employees will enhance and organizational performance effectiveness.

CHAPTER 3

METHODOLOGY

In this chapter, the researcher describes the research design, unit of analysis, operational definitions, population, samples and data collection, data analysis, reliability test, and factor analysis. The method employed in this study is the mixed method, consisting of quantitative and qualitative analyses. The results are mainly based on the quantitative method and other relevant information derived from the qualitative method as a supplemental explanation.

3.1 Research Design

This study focuses on the factors of hospitality and the effectiveness of organizations in terms of hospitality management in relation to both public and private hospitals in Thailand. The variables were conceptualized from the notion of hospitality and composed of three variables (service, employee behavior, and physical environment). In addition, the entire set of hospitality management was organizational leadership, information and analysis, quality service management, and development and involvement of employees. Both sets were tested in the model. The results were expected to confirm what the factors of such satisfaction and how satisfied customer was with hospitality. Another result was that hospitality management contributed to the enhancement of the organizational performance effectiveness of the employee and ability and his or her to perform tasks to fulfill customer satisfaction.

The primary data were mainly based on the cross-sectional data collected from those public and private hospitals. Once the data were collected, the reliability was used to test the degree of instrument reliability. Then, factor analysis was employed in order to examine whether the independent variables were derived from the theoretical basis.

Additionally, in-depth interviews were conducted in order to gain deeper information. Two of the hospital directors were selected provide their view point in terms of organizational management in order to complete the findings from the quantitative analysis.

3.2 Unit of Analysis

For the purpose of this research data are collected from Banphaeo Hospital and Phyathai 3 Hospital. Briefly the information on the two hospitals as the target population will be describes as follows:

Banphaeo Hospital is public organization, the first autonomous hospital in Thailand. It has its head-quarters in Samutsakorn province, with four more branches to serve in Samutsakorn province, 2 branches in Bangkok, and 1 branch in Nonthaburi province. Banphaeo Hospital is a medium size hospital with 180 beds but at the end of year of 2014, it will expand to 300 beds and one new building will be built for accommodating customers whose volume increases every day.

Another hospital is Phyathai 3 Hospital. It is a private hospital and is located in Bangkok, Phetchkasem Road. The hospital is composed of 1 building that can accommodate merely 500 beds of in-patient cases and 54 diagnostic rooms with full and complete equipment. It also provides services with modern medical technology and renovated facilities and accommodations to fulfill customers' needs. Moreover, it can provide service for 2,000 out-patient cases daily.

There are more than ten departments that provide for customer services in each hospital. In this study, the researcher selected only five departments which play important roles in the hospital, both in the out-patient and in-patient department that making up the majority of provided treatments. These are as follows:

1) Department of Medicine
2) Department of Surgery-Orthopedics
3) Department of Pediatrics
4) Department of Obstetrics-Gynecology
5) Department of Eye, Ear, Nose, and Throat (EENT)

The percentage of patients that used a service in each department can be approximately divided according to the following table:

Table 3.1 The Percentage of Patients at Banphaeo and Phyathai 3 Hospitals

Departments	% of Out-patient & In-patient per month (Approximately)	
	Banphaeo Hospital	**Phyathai 3 hospital**
Medicine	25	28
Surgery-Orthopedics	12	15
Pediatrics	10	20
Obstetrics-Gynecology	8	10
EENT	20	5
Total	**75**	**78**

Source: Data from the Statistics Department (Annual Report); Banphaeo Hospital, 2012

Data from the Statistics Department (Annual Report); Phyathai 3 Hospital, 2012

3.3 Operational Definitions and Measurements

The variables used in this study are operationalized as described in table following:

Table 3.2 Operational Definitions and Measurements

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
1.Customer satisfaction	A person's feelings of pleasure or disappointment regarding the perceived performance in relation to the buyers' expectation.	The satisfaction that can be measured by giving an opinion to weigh the importance of the characteristics of infrastructure, service, employee behavior.	A five point scale question) 1. Hospital infrastructure, e.g. ; facilities, quality Equipment for staff, modern communicating devices. 2. Serviceability of hospitals to provide standard and quality service. 3. Willingness and care to patients / clients in providing service in timely manner. 4. Knowledge, politeness, generosity of staff and ability to bring about reliability, confidence and trust. 5. Close care provided by the hospital to the patients.	Ladhari ,2009; Shahin ,2005; Kumar et al., 2009; Parasuraman et al. ,1985; Zeithaml et al.,1990.

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
2. Employee Satisfaction	A person's feelings of pleasure or disappointment about the program's operating quality management that they perceived when performed in organization	The satisfaction that can be measured by giving an opinion to explore organizational performance effectiveness in terms of hospitality management	To assess employee satisfaction towards customer satisfaction (a five point scale question) 38. The hospital does a good job of assessing current customer needs and expectations 39. The hospital does a good job of assessing future customer needs and expectations. 40. Hospital employees promptly solve customer complaints and hospital uses data from patients to improve hospitality management. 41. Data on customer satisfaction are widely communicated to hospital staff.	Horovitz along with Cudenne-Poon, 1990

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			42. The hospital uses data on customer expectations and/or satisfaction when designing new services.	
			43. The hospital does a good job assessing employee sat. by other employees and other departments.	
3.Hospitality Management	Proper care quality improvement in order to reach the enhancements associated with efficiency together with cost reductions as documented with the top quality requirement.	To evaluate organizational performance as follows: 1.Organizational Leadership: Perform Proper Care	(A five point scale question) *Organizational leadership:* 1. The senior executives provide highly visible leadership in maintaining an environment that supports HM improvement.	Grandzol & Gershorn, 1997; Easton & Jarrell, 1998; Barker, 1999; Hendricks along with Singhal, 2001; Oakland ,1989. Horovitz along with Cudenne-Poon, 1990.
		2. Information and Analysis: Communication of Proper Care	2. The CEO/Chief Administrator is the primary driving force behind HM improvement efforts.	

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
		3. Quality Service Management: Proper Quality Care	3. The senior executives allocate adequate organizational resources (e.g., finances, people,time, and equipment) to improving HM.	
		4. Development and Involvement of Employees**:** Front-line People Receive Proper Care (FLIP)	4. The senior executives consistently display quality HM.	
			5. The senior executives have articulated a clear vision for improving the quality of HM.	
			6.The senior executives have demonstrated an ability to manage changes needed to improve the quality of HM.	
			7. The senior executive acts on suggestions to improve the quality of HM. Information and Analysis:	

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			8. Physician leadership is personally involved in HM efforts.	
			9. The hospital offers a wide collection of data about hospital services.	
			10. The hospital continually tries to improve how it uses data and information regarding the quality of hospitality services.	
			11. The hospital continually tries to improve the accuracy and relevance of data regarding the quality of hospitality services.	
			12. The hospital continually tries to improve the timeliness of its data regarding the quality of hospitality services.	

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			13. Hospital employees are actively involved in determining what data are collected for the purpose of improving the quality of hospitality services.	
			14. Hospital employees are given adequate time to plan for and test improvements.	
			Quality Service Management:	
			15. Each department and work group within this hospital maintains specific goals to improve quality of HM.	
			16. The hospital's quality of hospitality improvement goals are known throughout the organization.	

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			17. Hospital employees are involved in developing plans for improving the quality of HM.	
			18. Middle managers (e.g., department heads, program directors, and line supervisors) are playing a key role in setting priorities for the quality of HM improvement.	
			19 Middle-level employees are playing a key role in setting priorities for the quality of HM improvement.	
			20. External customers are playing a key role in setting priorities the for	

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			Quality of HM improvement. 21. Non-managerial employees are playing a key role in setting the priorities for the quality of HM improvement. Development and Involvement of Employees: 22. Hospital employees are given education and training in how to identify and act on the quality of HM improvement opportunities. 23. Hospital employees are given the needed education and training to improve job skills and performance. 24. Hospital employees are rewarded and recognized (e.g., financially and/or otherwise) for	

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			improving the quality of hospitality. 24. Hospital employees are rewarded and recognized (e.g., financially and/or otherwise) for improving the quality of hospitality. 25. Inter-departmental cooperation to improve the quality of hospitality is supported and encouraged. 26. Hospital employees have the authority to correct problems in their areas when quality standards are not being met. 27. Hospital employees are supported when they take the necessary risks to improve the	

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			quality of hospitality.	
			28. The hospital has an effective system for employees to make suggestions to management on how to improve the quality of hospitality.	
			29. The hospital regularly checks equipment and supplies to make sure they meet the quality of hospitality requirements.	
			30. The quality assurance staff effectively coordinates its efforts with others to improve the quality of the hospitality the hospital provides.	
			31. Data from supplies are used when developing the hospital's plan to improve the	

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			quality of hospitality. 32. The hospital has effective policies to support the improvement quality of their hospitality.	
4.Service	The service that is provided by an employee by making direct contact with the customer and that represents the hospital and "produces" the service.	Service is defined as providers that provide any services in the hospital in the dimensions of the SERVQUAL model as follows: reliability and empathy	(a five point scale of question) *Reliability:* 5. An excellent hospital should explain the services prior to service every time. 6. An excellent hospital should manifest the readiness to serve and be ready to solve problems to for the clients immediately. 7. An excellent hospital should provide standard service from the point which the service begins.	Gitlow et al. 1989; Parasuraman, 1985,1988; Eccles, 1992; Storbacka, Strandvik, and Grönroos,1994; Jones,1978.

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			8. An excellent hospital should provide the service exactly at the scheduled time. 9. An excellent hospitals should provide a 8. An excellent hospital should provide the service exactly at the scheduled time. 9. An excellent hospitals should provide a record of patient information correctly. 10. An excellent hospitals should not provide services such as repeated information on the same topics. *Empathy:* 18. An excellent hospital should pay attention to the patient individually. 19. An excellent hospitals should provide a time for the patients.	

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			20. An excellent hospitals should provide adequate staff s to take care of the patients. feeling.	
			21. An excellent hospitals should access the patient's feeling.	
			22. An excellent hospitals should have an understanding of the specific needs of patients.	
			13. An excellent hospital staff should be ready to serve upon the patient's request.	
			Assurance:	
			14. An effective hospital staff should ensure the clients of confidence in the service.	
			15. An excellent hospital staff should ensure the patient of a sense of security with the services provided by the hospital.	

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
			16. An excellent hospital staff should be polite, well-mannered and courteous to patients. 17. An excellent hospital staff should be knowledgeable in answering questions for patients.	
6.Physical Environment	A full variety of intangible sensory stimuli which include the visual, aural, olfactory, in addition to the tactile have the power to influence decisions.	Facilities refer to such aspects as the shape of the lobby, the location of the register desk for health history, and seating arrangements. The design of the Out Patient Department focus on the layout and availability of rooms, but also focuses on the availability of other items that increase convenience and are conducive to a sense of well-being.	(A five- point scale of question) *Tangibility:* 1. An excellent hospital should be furnished with modern equipment and be always standard. 2. An effective hospital should be beautiful and stable in its physical structure. 3. An effective hospital should be equipped with effective and gentle employees.	Brady in addition to Cronin, 2001;Hirschman in addition to Holbrook, 1982;Bowen & Clarke ,2000; Grossbart et al.,1990.

Table 3.2 (Continued)

Variables	Definitions	Operational Definitions and Components	Measurements	Scholars/ Organizations
		These include, for example, electric beds, monitoring equipment, etc. The assessment the dimensions of the SERVQUAL model include: tangibility	4. An excellent hospital should provide utensils and equipment, for example, leaflets with clear and accurate information about the hospital.	

3.4 Population and Sample Design, and Data collection

The basic objective of this research study was to test the model among the users of the services of a hospital. More specifically, the users of one Thai public hospital (Banphaeo Hospital) and one Thai private hospital (Phyathai 3 Hospital) were chosen, one located in Samutsakorn province and the other in Bangkok. In both hospitals, the employees and customers of five departments were sampled, while they were working and waiting to be attended to. The average duration of the completion of the survey was estimated at ten minutes.

For practical purposes, non-probability convenience sampling was used in the administration of the survey. This was due to the fact that customers are not in the best of conditions to participate in any form of survey. Convenience sampling was also used by Lim and Tang (2000) in their study on patient satisfaction in Singaporean hospitals.

The field work was carried out during December 2012 and March 2013.

The respondents consist of both customers and employees at both of the public and private hospitals. However, the majority of data collection was focused on customers from five specified departments, both in-patient and out-patient, the employees that were providers were also included as a majority focus.

With an estimated total population of customers and employees in the 5 departments at Banphaeo Hospital of 6,500 and 152 respectively, and 8,700 and 265 at Phyathai 3 Hospital, the sample size was determined using Yamane's formula:

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

where n = the sample size

N = the size of population

e = the allowable error

At a confidence level of 95%, the sample sizes were the following:

Banphaeo customers = 377

Banphaeo employees = 110

Phyathai 3 customers = 383

Phyathai 3 employees = 160

To support and further analyze the findings from the quantitative analysis of the collected data, in-depth interviews with the hospital director as well as a small number of randomly-selected respondents of the collected questionnaires were carried out.

3.5 Data Analysis

3.5.1 Descriptive statistics

Quantitative analysis was the main method used in this study. The factor analysis technique was applied as needed.

Descriptive statistics were provided to give a comprehensive picture of the individuals contained in the samples. This included the appropriate descriptive statistics according to the variable type of the independent and dependent variables, as well as more general demographic information and consumed health care services. With these kind of statistics, correlations and Pearson product moment were used to explore the relationship and the strength of the relationships among variables. To enable the use of further techniques based on multiple regression methods, a certain set of basic assumptions were tested and corrections applied as appropriate.

In this study, there were two sets of questionnaires, firstly, customer measurement. So, the measurement was as the descriptive statistics, the independent of the measurements were according to the following classification of weight scale (see table 3.2).

Table 3.3 Classification of Weight of Scale and Interpretation

Average	Meaning
	Opinion Level of Service Obtained
1	Strongly Disagree
2	Fairly Disagree
3	Neutral
4	Fairly Agree
5	Strongly Agree

Furthermore, in the set of customer questionnaires, there is a part of importance weights that asking about satisfaction level of customers in features pertaining of characteristics of organizational services (see table 3.3).

Table 3.4 Classification of Weights of Scale of Organizational Characteristics and Interpretation: Customer Satisfaction Opinion Level

Average	Meaning
	Opinion level of Characteristics Importance
1	Mostly Important
2	Moderately Important
3	Neutral
4	Less Important
5	Least Important

Secondly, the employee measurement was distributed to employees in both the public and private hospitals. As a result, the classification and interpretation of organizational performance were as follows (see table 3.4).

Table 3.5 Classification of Weights of Scale of Organizational Performance to perform services and Interpretation

Average	Meaning
	Opinion Level of Organizational Performance to perform services
1	Strongly Disagree
2	Fairly Disagree
3	Neutral
4	Fairly Agree
5	Strongly Agree

3.5.2 Multiple Regression Analysis

As mentioned in chapter 2, the dependent and independent variables were developed. Nevertheless, it needed to be ensured that the measurements were suited to the targeted population or that the questions were understandable. For the reliability testing, the questionnaires from the pretesting and Cronbach's alpha were the indicators of the degree of reliability (see table 3.5-3.6).

The Cronbach alpha for the element inquiry showed the aggregate values of the total items of both dependent and independent variables at both public and private hospitals.

3.6 Measure of Reliability and Validity

In section, the researcher discusses the reliability and validity of the research.

3.6.1 Reliability

According to Hair et al. (2006), and Katsikea et al. (2005), reliability means the degree to which measures are free form error and therefore yield consistent results. Hair et al. (2006) have not suggested that Cronbach's alpha can be used as a measurement. To be reliable, the Cronbach alpha should exceed the threshold of 0.70.

Pretesting of Customer and Employee Questionnaires

The researcher conducted a pretest to test the reliability of the questionnaires using one of the private hospitals (Phyathai 3 Hospital), which was excluded from the main departments of study. Consequently, these data were used only for the testing the reliability of the pretesting.

Table 3.6 Questions from the Pretesting of the Questionnaire

Constructs	Observed Variables
Tangibility of physical environment	1. An excellent hospital should be furnished with modern equipment and be always be standard.
	2. An effective hospital should be beautiful and stable in its physical structure.
	3. An effective hospital should be equipped with effective and gentle employees.
	4. An excellent hospital should provide utensils and equipment, for example, leaflets with clear and accurate information about the hospital.
Reliability of service	5. An excellent hospital should explain the services prior to service time.

Table 3.6 (Continued)

Constructs	Observed Variables
	6. An excellent hospital should manifest the readiness to serve and be ready to solve the problems of the clients immediately.
	7. An excellent hospital should provide the standard service from the point which service begins.
	8. An excellent hospital should provide a service on exactly scheduled time.
	9. An excellent hospitals should provide the record of patient information correctly
	10. An excellent hospital should not provide services such as providing repeated information on the same topics.
Responsiveness of employee behavior	11. An effective hospital staff should provide excellent service to patients as soon as the patient arrives at the hospital.
	12. An excellent hospital staff should show a willingness to serve and care.
	13. An excellent hospital staff should be ready to serve upon a patient's request.
Assurance of employee behavior	14. An effective hospital staff should ensure the clients of a confidence in the service.

Table 3.6 (Continued)

Constructs	Observed Variables
Empathy of service	15. An excellent hospital staff should ensure the patient of a sense of security with the services provided by the hospital.
	16. An excellent hospital staff should be polite, well-mannered and courtesy to patients.
	17. An excellent hospital staff should be knowledgeable in answering questions for patients.
	18. An excellent hospital should pay attention to the patient individually.
	19. An excellent hospital should provide sufficient time for the patients.
	20. An excellent hospital should provide adequate staffs to take care of the patients.
	21. An excellent hospital should access to the patient's feeling.
	22. An excellent hospital should have an understanding of the specific needs for patients.

The questionnaires employed a Likert 5 rating scale (1 = strong disagree of agreement to 5 = strongly agree).

Table 3.7 The Reliability Analysis of the Questionnaire from Pretesting

Constructs	Cronbach's Alpha
Tangibility (4 items)	0.908
Reliability (6 items)	0.901
Responsiveness (3 items)	0.901
Assurance (4 items)	0.904
Empathy (5 items)	0.905
	0.903

Note: The pretesting was conducted on two departments which were excluded from the study.

Regarding the reliability analysis of the pretesting, the results of the analysis are given from the highest Cronbach alpha score to the lowest: Tangibility – 4 items (0.908), Empathy – 6 items (0.905), Assurance – 3 items (0.904), and Reliability – 4 items and Responsiveness – 5 items (0.901). Nevertheless, all of the constructs provided high reliability with a Cronbach alpha greater than 0.9, which means that the questionnaire was highly reliability.

Table 3.8 Pretesting of Item-Total Statistics from the Two Departments

Observed items	Number of respondents	Mean	S.D.
Tangibility			
1	30	4.23	0.700
2	30	4.18	0.697
3	30	4.26	0.731
4	30	4.16	0.734
Reliability			
5	30	4.25	0.772

Table 3.8 (Continued)

Observed items	Number of respondents	Mean	S.D.
6	30	4.26	0.733
7	30	4.22	0.738
8	30	4.22	0.720
9	30	4.28	0.671
10	30	3.96	0.904
Responsiveness			
11	30	4.25	0.745
12	30	4.28	0.717
13	30	4.30	0.701
Assurance			
14	30	4.28	0.691
15	30	4.28	0.714
16	30	4.31	0.695
17	30	4.26	0.735
Empathy			
18	30	4.17	0.692
19	30	4.21	0.733
20	30	4.22	0.718
21	30	4.21	0.742
22	30	4.22	0.725

Table 3.9 Pretesting of Employee Questionnaire

Constructs	Observed Variables
Organizational Leadership	1.The senior executives provide highly visible leadership in maintaining an environment that supports HM improvement

Table 3.9 (Continued)

Constructs	Observed Variables
	2. The CEO/Chief Administrator is a primary driving force behind HM improvement efforts.
	3. Chief Executive (Director) of the organization contributes resources sufficiently such as financial, personnel, time, and materials to improve service and equipments service management.
	4. The senior executives consistently improve quality of HM.
	5. The senior executives have articulated a clear vision for improving the quality of HM.
	6.The senior executives have demonstrated an ability to manage changes needed to improve the quality of HM.
	7. The senior executive acts on suggestions to improve the quality of HM.
	8. Physician leadership is personally involved in HM efforts.
Information & Analysis	9. The hospital offers a wide collection of data about hospital services.
	10. The hospital continually tries to improve how it uses data and information on the quality of hospitality services.
	11. The hospital continually tries to improve the accuracy and relevance of data on the quality of hospitality services.
	12. The hospital continually tries to improve the timeliness of its data on the quality of hospitality service.

Table 3.9 (Continued)

Constructs	Observed Variables
Quality Service Management	13. Hospital employees are actively involved in determining what data are collected for the purpose of improving the quality of hospitality services.
	14. Hospital employees are given adequate time to plan for and test improvements.
	15. Each department and work group within this hospital maintains specific goals to improve the quality of HM.
	16. The hospital's quality of hospitality improvement goals is known throughout the organization.
	17. Hospital employees are involved in developing plans for improving the quality of HM.
	18. Middle managers (e.g., department heads, program directors, and line supervisors) are playing a key role in setting priorities for the quality of HM improvement.
	19 Middle-level employees are playing a key role in setting priorities for the quality of HM improvement.
	20. External customers are playing a key role in setting priorities for the quality of HM improvement.
	21. Non-managerial employees are playing a key role in setting priorities for the quality of HM improvement.

Table 3.9 (Continued)

Constructs	Observed Variables
Development and Involvement of Employees	22. Hospital employees are given education and training in how to identify and act on the quality of HM improvement opportunities.
	23. Hospital employees are given the needed education and training to improve job skills and performance.
	24. Hospital employees are rewarded and recognized (e.g., financially and/or otherwise) for improving the quality of hospitality.
	25. Inter-departmental cooperation to improve quality of hospitality is supported and encouraged.
	26. Hospital employees have the authority to correct problems in their areas when quality standards are not being met.
	27. Hospital employees are supported when they take the necessary risks to improve the quality of hospitality.
	28. The hospital has an effective system for employees to make suggestions to management on how to improve the quality of hospitality.
	29. The hospital regularly checks equipment and supplies to make sure that they meet the quality of hospitality requirements.
	30. The quality assurance staff effectively coordinate its efforts with others to improve the quality of hospitality that the hospital provides.

Table 3.9 (Continued)

Constructs	Observed Variables
	31. Data from supplies are used when developing the hospital's plan to improve the quality of hospitality.
	32. The hospital has effective policies to support the improvement of the quality of its hospitality.
	34. The hospital tries to design the quality of hospitality into new they are being developed.
	35. The hospitality which the hospital provides is thoroughly tested for quality before it is implemented.
	36. The hospital views quality assurance as a continuing search for improvement opportunities.
	37. The hospital encourages employees to keep records of the quality of hospitality measurements.
Employee Satisfaction towards Customer Satisfaction Index	38. The hospital does a good job of assessing current customers' needs and expectations.
	39. The hospital does a good job of assessing future customers' needs and expectations.
	40. Hospital employees promptly solve customer complaints and the hospital uses data from patients to improve hospitality management.
	41. Data on customer satisfaction are widely communicated to the hospital staff.
	42. The hospital uses data on customer expectations and/or satisfaction when designing new services.
	43. The hospital does a good job of assessing employee satisfaction with the services provided by other employees and other departments.

Table 3.10 The Reliability Analysis of the Questionnaire from Pretesting

Constructs	Cronbach's Alpha
Organizational Leadership (8 items)	0.958
Information & Analysis (6 items)	0.957
Quality Service Management (7 items)	0.958
Development and Involvement of employees (16 items)	0.957
Employee Satisfaction towards Customer Satisfaction Index (7 items)	0.957
	0.957

Note: The pretesting was conducted on two departments which were excluded from the study.

Regarding the reliability analysis of pretesting, the results of the analysis are given from the highest Cronbach alpha score to the lowest: Organizational Leadership − 8 items (0.958), Information & Analysis − 6 items (0.957), Service Quality Management− 7 items (0.958), Development and Involvement of Employees− 16 items (0.957), and Employee Satisfaction towards Customer Satisfaction − 7 items (0.957) respectively. Nevertheless, all of the constructs provided high reliability with a Cronbach alpha greater than 0.9, which means that the questionnaire has service quality management.

Table 3.11 Pretesting of Descriptive Statistics from the Two Departments

Observed items	Number of respondents	Mean	S.D.
Organizational Leadership			
1	30	4.28	0.689
2	30	4.44	0.643
3	30	4.21	0.726
4	30	4.21	0.716
5	30	4.45	0.689

Table 3.11 (Continued)

Observed items	Number of respondents	Mean	S.D.
6	30	4.24	0.758
7	30	4.19	0.674
8	30	4.08	0.726
Information and Analysis			
9	30	4.04	0.784
10	30	4.03	0.704
11	30	4.16	0.703
12	30	4.22	0.676
13	30	4.07	0.690
14	30	3.72	0.781
Quality Service			
Management			
15	30	3.60	0.777
16	30	4.05	0.641
17	30	4.08	0.716
18	30	3.99	0.720
19	30	4.04	0.670
20	30	4.13	0.730
21	30	3.84	0.830
Development and			
Involvement of Employees			
22	30	3.95	0.675
23	30	3.96	0.670
24	30	3.91	0.827
25	30	3.73	0.860
26	30	3.81	0.806
27	30	3.75	0.763
28	30	3.96	0.730

Table 3.11 (Continued)

Observed items	Number of respondents	Mean	S.D.
29	30	3.97	0.813
30	30	3.94	0.622
31	30	3.97	0.574
32	30	4.11	0.701
33	30	3.51	0.882
34	30	4.34	0.673
35	30	3.95	0.653
36	30	4.16	0.674
37	30	4.03	0.682
Employee Satisfaction towards the Customer Satisfaction Index			
38	30	4.21	0.638
39	30	4.18	0.692
40	30	4.19	0.631
41	30	4.07	0.690
42	30	4.10	0.697
43	30	3.96	0.839

3.6.2 Validity Test

In order to identify the significant factors of customer satisfaction, multiple regression analysis was used on a large number of possible factors found in the literature. Next, exploratory factor analysis was applied to identify the clusters of factors. In addition to a test of content validity, the researcher consulted with an expert in the field of hospitality management in order to be certain that the main concepts were mentioned and that the range of meaning for each variable was reflected in the items. Then, factor analysis was used for construct validity purposes. Since the independent variables were assumed to be uncorrelated with each other, the extraction method using Principal Component Analysis (PCA) with the rotation

method by varimax method was employed to explore the factor structure (see Table 3.11-3.18).

Factor Analysis for Banphaeo Hospital: Customer

Table 3.12 Factor Analysis of the Independent Variables of Customer (Banphaeo Hospital)

Items	Rotated Factor Loading				
	Factor 1 (Tangibility)	**Factor 2 (Reliability)**	**Factor 3 (Responsiveness)**	**Factor 4 (Assurance)**	**Factor 5 (Empathy)**
2. An effective hospital should be beautiful and stable in the physical structure.	0.802				
3. An effective hospital should be equipped with effective and gentle employees.	0.719				
1. An excellent hospital should be furnished with modern equipment and be always standard	0.709				
4. An excellent hospital should provide utensils and equipment, for examples, leaflets with clear and accurate information about the hospital.	0.618				
9. An excellent hospitals should provide the record of patient information correctly.		0.826			
5. An excellent hospital should inform the services prior to service at every time.		0.823			
8. An excellent hospital should provide a service on exactly scheduled time.		0.819			

Table 3.12 (Continued)

Items	Rotated Factor Loading				
	Factor 1 (Tangibility)	Factor 2 (Reliability)	Factor 3 (Responsiveness)	Factor 4 (Assurance)	Factor 5 (Empathy)
6. Excellent hospital should manifest a readiness to serve and ready to solve the problem to the clients immediately.		0.777			
10. An excellent hospital should not provide services such as providing repeated information on the same topics.		0.681			
7. An excellent hospital should provide the standard service from the point which it begins.		0.661			
11. An effective hospital staff should provide excellent service to patients as soon as the patient arrives at the hospital.			0.805		
13. An excellent hospital staff should be ready to serve upon a patient's request.			0.772		
12. An excellent hospital staff should show a willingness to serve and care.			0.748		
15. An excellent hospital staff should ensure the patient of a sense of security with the services provided by the hospital.				0.771	
14. An effective hospital staff should ensure the clients of a confidence in the service.				0.759	

Table 3.12 (Continued)

Items	Rotated Factor Loading				
	Factor 1 (Tangibility)	Factor 2 (Reliability)	Factor 3 (Responsiveness)	Factor 4 (Assurance)	Factor 5 (Empathy)
16. An excellent hospital staff should be polite, well-mannered and courtesy to patients.				0.715	
17. An excellent hospital staff should be knowledgeable in answering questions for patients.				0.498	
20. An excellent hospital should provide adequate staffs to take care of the patients.					0.754
19. An excellent hospital should provide sufficient time for the patients.					0.700
22. Excellent hospital should have an understanding of the specific needs for patients.					0.608
Eigenvalue	2.044	1.903	1.802	1.929	2.43
% of Variance	0.51	0.31	0.60	0.48	0.48
Cumulative %	0.51	0.31	0.60	0.48	0.48

Table 3.13 Degree of Factor Analysis Suitability: Customer (Banphaeo Hospital)

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	0.868
Bartlett's Test of Sphericity ($\chi2$)	2116
Degree of Freedom	231
Significance Level	.000

Factor Analysis for Banphaeo Hospital: Employee

Table 3.14 Factor Analysis of the Mediating Variables of Employee (Banphaeo Hospital)

Items	Rotated Factor Loading			
	Factor 1 (Organizational Leadership)	**Factor 2 (Information and Analysis)**	**Factor 3 (Quality Service Management)**	**Factor 4 (Development and Involvement of Employees)**
6.The senior executives have demonstrated an ability to manage changes needed to improve the quality of HM.	0.829			
7. The senior executive acts on suggestions improve the quality of HM.	0.779			
5. The senior executives have articulated a clear vision for improving the quality of HM.	0.776			
4. The senior executives consistently quality of HM.	0.755			
8. Physician leadership is personally involved in HM efforts.	0.744			
3. The senior executives allocate adequate organizational resources (e.g., finances, people, time, and equipment) to improving HM.	0.721			
1. The senior executives provide highly visible leadership in maintaining an environment that supports HM improvement.	0.632			
2. The CEO/Chief Administrator is a primary driving force behind HM improvement efforts.	0.585			
10. Hospital continually tries to improve how it uses data and		0.789		

Table 3.14 (Continued)

Items	Rotated Factor Loading			
	Factor 1 (Organizational Leadership)	Factor 2 (Information and Analysis)	Factor 3 (Quality Service Management)	Factor 4 (Development and Involvement of Employees)
information on the quality of hospitality services.				
9. The hospital offers a wide collection of data about hospital services.		0.778		
11. The hospital continually tries to improve the accuracy and relevance of data on the quality of hospitality services.		0.788		
12. The hospital continually tries to improve the timeliness of its data on the quality of hospitality services.		0.755		
14. Hospital employees are given adequate time to plan for and test improvements.		0.740		
13. Hospital employees are actively involved in determining what data are collected for the purpose of improving the quality of hospitality services.		0.705		
15. Each department and work group within this hospital maintains specific goals to improve quality of HM.			0.837	
18. Middle managers (e.g., department heads, program directors, and line supervisors) are playing a key role in setting priorities for quality of HM improvement.			0.835	
17. Hospital employees are involved in developing plans for			0.829	

Table 3.14 (Continued)

Items	Rotated Factor Loading			
	Factor 1 (Organizational Leadership)	Factor 2 (Information and Analysis)	Factor 3 (Quality Service Management)	Factor 4 (Development and Involvement of Employees)
improving quality of HM.				
21. Non-managerial employees are playing a key role in setting priorities for quality of HM improvement			0.766	
16. The hospital's quality of hospitality improvement goals are known throughout the organization.			0.745	
19 Middle-level employees are playing a key role in setting priorities for quality of HM improvement.			0.711	
20. External customers are playing a key role in setting priorities for quality of HM improvement.			0.695	
24. Hospital employees are rewarded and recognized (e.g., financially and/or otherwise) for improving quality of hospitality.				0.824
33. The hospital work closely with suppliers to improve the quality of their hospitality.				0.811
37. The hospital encourages employees to keep records of quality of hospitality measurements				0.794
35. The hospitality which the hospital provides is thoroughly tested for quality before they are implemented.				0.780
31. Data from supplies are used when developing the hospital's				0.745

Table 3.14 (Continued)

Items	Rotated Factor Loading			
	Factor 1 (Organizational Leadership)	Factor 2 (Information and Analysis)	Factor 3 (Quality Service Management)	Factor 4 (Development and Involvement of Employees)
plan to improve quality of hospitality.				
28. The hospital has an effective system for employees to make suggestions to management on how to improve quality of hospitality.				0.731
30. The quality assurance staff effectively coordinate their efforts with others to improve quality of hospitality the hospital provides.				0.720
32. The hospital has effective policies to support improving the quality of their hospitality.				0.717
27. Hospital employees are supported when they take the necessary risks to improve quality of hospitality.				0.716
25. Inter-departmental cooperation to improve quality of hospitality is supported and encouraged.				0.711
29. The hospital regularly checks equipment and supplies to make sure they meet quality of hospitality requirement.				0.684
26. Hospital employees have the authority to correct problems in their areas when quality standards are not being met.				0.650
22. Hospital employees are given education and training in how to identify and act on				0.645

Table 3.14 (Continued)

Items	Rotated Factor Loading			
	Factor 1 (Organizational Leadership)	**Factor 2 (Information and Analysis)**	**Factor 3 (Quality Service Management)**	**Factor 4 (Development and Involvement of Employees)**
quality of HM improvement opportunities.				
34. The hospital tries to design quality of hospitality into new they are being developed.				0.596
23. Hospital employees are given the needed education and training to improve job skills and performance.				0.556
36. The hospital views quality assurance as a continuing search for improvement opportunities.				0.528
Eigenvalue	4.283	3.463	4.216	4.103
% of Variance	0.53	0.57	0.60	0.25
Cumulative %	0.53	0.57	0.60	0.63

Table 3.15 Degree of Factor Analysis Suitability: Employee (Banphaeo Hospital)

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	0.902
Bartlett's Test of Sphericity ($\chi 2$)	2332
Degree of Freedom	666
Significance Level	.000

Factor Analysis for Phyathai 3 Hospital: Customer

Table 3.16 Factor Analysis of the Independent Variables of Customer (Phyathai 3 Hospital)

Items	Rotated Factor Loading				
	Factor 1 (Tangibility)	**Factor 2** (Reliability)	**Factor 3** (Responsiveness)	**Factor 4** (Assurance)	**Factor 5** (Empathy)
1. An excellent hospital should be furnished with modern equipment and be always standard.	0.844				
3. An effective hospital should be equipped with effective and gentle employees.	0.833				
4. An excellent hospital should provide utensils and equipment, for examples, leaflets with clear and accurate information about the hospital.	0.826				
2. An effective hospital should be beautiful and stable in the physical structure.	0.808				
7. An excellent hospital should provide the standard service from the point which service begins.		0.877			
6. An excellent hospital should manifest a readiness to serve and ready to solve the problem to the clients immediately.		0.876			
9. An excellent hospitals should provide the record of patient information correctly.		0.852			
5. An excellent hospital should inform the services prior to service at every time.		0.840			

Table 3.16 (Continued)

Items	Factor 1 (Tangibility)	Factor 2 (Reliability)	Factor 3 (Responsiveness)	Factor 4 (Assurance)	Factor 5 (Empathy)
8. An excellent hospital should provide a service on exactly scheduled time.		0.746			
10. An excellent hospital should not provide services such as providing repeated information on the same topics.		0.459			
11. An effective hospital staff should provide excellent service to patients as soon as the patient arrives at the hospital.			0.920		
12. An excellent hospital staff should show a willingness to serve and care.			0.910		
13. An excellent hospital staff should be ready to serve upon a patient's request.			0.891		
16. An excellent hospital staff should be polite, well-mannered and courtesy to patients.				0.925	
15. An excellent hospital staff should ensure the patient of a sense of security with the services provided by hospital.				0.897	
17. An excellent hospital staff should be knowledgeable in answering questions for patients.				0.860	
19. An excellent hospital should provide sufficient time for the patients.					0.884
20. An excellent hospital should provide adequate staffs to take care of the patients.					0.873

Table 3.16 (Continued)

Items	Rotated Factor Loading				
	Factor 1 (Tangibility)	Factor 2 (Reliability)	Factor 3 (Responsiveness)	Factor 4 (Assurance)	Factor 5 (Empathy)
21. An excellent hospital should access to the patient's feeling.					0.869
22. An excellent hospital should have an understanding of the specific needs for patients.					0.860
18. An excellent hospital should pay attention to the patient individually.					0.798
Eigenvalue	2.741	3.736	2.468	3.221	3.674
% of Variance	0.68	0.62	0.82	0.80	0.73
Cumulative %	0.68	0.62	0.82	0.80	0.73

Table 3.17 Degree of Factor Analysis Suitability: Customer (Phyathai 3 Hospital)

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	0.967
Bartlett's Test of Sphericity ($\chi 2$)	6100
Degree of Freedom	231
Significance Level	.000

Factor Analysis for Phyathai 3 Hospital: Employee

Table 3.18 Factor Analysis of the Mediating Variables of Employee (Phyathai 3
Hospital)

Items	Rotated Factor Loading			
	Factor 1 (Organizational Leadership)	**Factor 2 (Information and Analysis)**	**Factor 3 (Quality Service Management)**	**Factor 4 (Development and Involvement of Employees)**
6.The senior executives have demonstrated an ability to manage changes needed to improve the quality of HM.	0.820			
4. The senior executives consistently quality of HM.	0.740			
7. The senior executive acts on suggestions improve the quality of HM.	0.767			
2. The CEO/Chief Administrator is a primary driving force behind HM improvement efforts.	0.766			
1. The senior executives provide highly visible leadership in maintaining an environment that supports HM improvement.	0.725			
5. The senior executives have articulated a clear vision for improving the quality of HM.	0.703			
8. Physician leadership is personally involved in HM efforts.	0.694			
3. The senior executives allocate adequate organizational resources (e.g., finances, people, time, and equipment) to improving HM.	0.686			

Table 3.18 (Continued)

Items	Rotated Factor Loading			
	Factor 1 (Organizational Leadership)	Factor 2 (Information and Analysis)	Factor 3 (Quality Service Management)	Factor 4 (Development and Involvement of Employees)
9. The hospital offers a wide collection of data about hospital services.		0.877		
10. Hospital continually tries to improve how it uses data and information on the quality of hospitality services.		0.849		
21. An excellent hospital should access to the patient's feeling.				
13. Hospital employees are actively involved in determining what data are collected for the purpose of improving the quality of hospitality services.		0.794		
12. The hospital continually tries to improve the timeliness of its data on the quality of hospitality services.		0.746		
14. Hospital employees are given adequate time to plan for and test improvements.		0.526		
18. Middle managers (e.g., department heads, program directors, and line supervisors) are playing a key role in setting priorities for quality of HM improvement.			0.784	
16. The hospital's quality of hospitality improvement goals are known throughout the organization.			0.763	

Table 3.18 (Continued)

Items	Rotated Factor Loading			
	Factor 1 (Organizational Leadership)	**Factor 2 (Information and Analysis)**	**Factor 3 (Quality Service Management)**	**Factor 4 (Development and Involvement of Employees)**
19. Middle-level employees are playing a key role in setting priorities for quality of HM improvement.			0.742	
21. Non-managerial employees are playing a key role in setting priorities for quality of HM improvement			0.718	
17. Hospital employees are involved in developing plans for improving quality of HM.			0.685	
15. Each department and work group within this hospital maintains specific goals to improve quality of HM.			0.612	
20. External customers are playing a key role in setting priorities for quality of HM improvement.			0.604	
34. The hospital tries to design quality of hospitality into new they are being developed.				0.861
36. The hospital views quality assurance as a continuing search for improvement opportunities.				0.829
26. Hospital employees have the authority to correct problems in their areas when quality standards are not being met.				0.812
24. Hospital employees are rewarded and recognized (e.g., financially and/or otherwise) for improving quality of hospitality.				0.792

Table 3.18 (Continued)

Items	Rotated Factor Loading			
	Factor 1 (Organizational Leadership)	Factor 2 (Information and Analysis)	Factor 3 (Quality Service Management)	Factor 4 (Development and Involvement of Employees)
33. The hospital work closely with suppliers to improve the quality of their hospitality.				0.775
25. Inter-departmental cooperation to improve quality of hospitality is supported and encouraged.				0.731
29. The hospital regularly checks equipment and supplies to make sure they meet quality of hospitality requirement.				0.725
32. The hospital has effective policies to support improving the quality of their hospitality.				0.717
37. The hospital encourages employees to keep records of quality of hospitality measurements.				0.699
27. Hospital employees are supported when they take the necessary risks to improve quality of hospitality.				0.693
23. Hospital employees are given the needed education and training to improve job skills and performance.				0.669
22. Hospital employees are given education and training in how to identify and act on quality of HM improvement opportunities.				0.657

Table 3.18 (Continued)

Items	Rotated Factor Loading			
	Factor 1 (Organizational Leadership)	Factor 2 (Information and Analysis)	Factor 3 (Quality Service Management)	Factor 4 (Development and Involvement of Employees)
30. The quality assurance staff effectively coordinate their efforts with others to improve quality of hospitality the hospital provides.				0.612
31. Data from supplies are used when developing the hospital's plan to improve quality of hospitality.				0.580
35. The hospitality which the hospital provides is thoroughly tested for quality before they are implemented.				0.573
28. The hospital has an effective system for employees to make suggestions to management on how to improve quality of hospitality.				0.567
Eigenvalue	4.368	3.670	3.471	2.173
% of Variance	0.54	0.61	0.49	0.13
Cumulative %	0.54	0.61	0.49	0.70

Table 3.19 Degree of Factor Analysis Suitability: Employee (Phyathai 3 Hospital)

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	0.893
Bartlett's Test of Sphericity ($\chi 2$)	3346
Degree of Freedom	666
Significance Level	.000

From the 22 questions pertaining to service obtained (shown in Appendix A, based on the actual responses from customer of both Banphaeo and Phyathai 3 Hospitals), the researcher was able to group them into 3 variables. For Banphaeo Hospital factor analysis, as shown in table 3.11, reported the total variance accounted for by the factor structure at 60%, with an Eigenvalue above 1.00. The Kaiser-Meyer-Olkin (KMO), as shown in table 3.12, showed high values of sampling adequacy at 0.868, with a significant level at 0.00 for Bartlett's test of sphericity. This means that all of the variables were interdependent and appropriate to run the factor analysis.

For Phyathai 3 Hospital, the factor analysis (shown in Table 3.15) represented the total variance accounted for by the factor structure at 82%, with an Eigenvalue above 1.00. The Kaiser-Meyer-Olkin (KMO) (shown in table 3.16) showed the values of sampling adequacy at 0.967, with a significant level at 0.00 for Bartlett's test of sphericity. This means that all of the variables were interdependent and appropriate to run the factor analysis.

From the 37 questions for organizational performance effective in terms of hospitality management (shown in Appendix B, based on the actual responses of both Banphaeo and Phyathai 3 Hospitals), the researcher was able to group them into 4 variables. For Banphaeo Hospital, factor analysis, as shown in table 3.13, reported the total variance accounted for by the factor structure at 63%, with an Eigenvalue above 1.00. The Kaiser-Meyer-Olkin (KMO), as shown in table 3.14, showed high values of sampling adequacy at 0.902, with a significant level at 0.00 for Bartlett's test of sphericity. This means that all of the variables were interdependent and appropriate to run the factor analysis.

For Phyathai 3 Hospital, the factor analysis (shown in Table 3.17) represented the total variance accounted for by the factor structure at 70%, with an Eigenvalue above 1.00. The Kaiser-Meyer-Olkin (KMO) (shown in table 3.18) showed the values of sampling adequacy at 0.893, with a significant level at 0.00 for Bartlett's test of sphericity. This means that all of the variables were interdependent and appropriate to run the factor analysis.

3.7 Summary

This chapter presents the research methodology, which mainly focuses on the quantitative approach. Data were analyzed using descriptive statistics and the MRA method. The unit of analysis was t the organizational level. In this case, a hospital director of each hospital was the representative of organizational leadership. The actual respondents were customer and employee who came to use a service in specific department. The actual of customers were 377 and employees were 110 for Banphaeo hospital, respectively. Meanwhile, the actual of customers were 383 and employees were 160 for the Phyathai 3 hospital, respectively.

The operational definitions and measurements of the dependent and independent variable were conceptualized from the notion of satisfaction and organizational performance effectiveness. The measurements were tested for reliability and validity. The test reported on the reliability of the measurements for both the public and private hospitals.

CHAPTER 4

RESEARCH FINDINGS

This chapter provides the results of the descriptive statistics, reporting observation number, percentage (%), mean, and standard deviation for describing the demographic characteristics of the samples. Then, Correlation Pearson product moment was used to explore the relationship among the independent variables. After that, Multiple Regression Analysis (MRA) was used for analyzing and reporting, and the mediating variable in hospital management was analyzed and the results will be shown regarding employee satisfaction. In the last part of the chapter, in-depth interviews from two of hospital directors from both public and private hospitals are reported.

4.1 Customer Respondents

4.1.1 General information on customer respondents

Table 4.1 – 4.7 reports on the, reporting general information about customers opinions that came to use services at both Banphaeo and Phyathai 3 Hospitals in the SERVQUAL questionnaire as indicated as the following table.

Table 4.1 Gender

General Data		Banphaeo		Phyathai 3	
		N	**Percent**	**N**	**Percent**
Sex	Male	107	31.5	91	28.5
	Female	233	68.5	228	71.5
	Total	340	100.0	319	100.0

Table 4.2 Age

General Data		Banphaeo		Phyathai 3	
		N	**Percent**	**N**	**Percent**
Age	18-20Yrs.	47	13.4	21	6.0
	21-30 Yrs.	85	24.3	69	19.8
	31-40 Yrs.	72	20.6	142	40.7
	41-50 Yrs.	71	20.3	63	18.1
	51-60 Yrs.	36	10.3	28	8.0
	61-70 Yrs.	36	10.3	21	6.0
	71 Yrs. or higher	3	.9	5	1.4
	Total	350	100.0	349	100.0

Table 4.3 Educational Level

General Data	Banphaeo		Phyathai 3	
	N	**Percent**	**N**	**Percent**
Literate	56	16.0	13	3.8
Primary Education	36	10.3	15	4.4
Secondary Education	57	16.3	52	15.2
Vocational Education	102	29.1	45	13.1
(Certificate, Diploma)				
Higher Education	86	24.6	142	41.4
Master's Degree	11	3.1	69	20.1
Doctorate Degree	2	0.6	7	2.0
Total	350	100.0	343	100.0

Table 4.4 Occupation

General Data		Banphaeo		Phyathai 3	
		N	Percent	N	Percent
Occupation	Civil servant	7	2.0	14	4.0
	Private employee	2	0.6	57	16.3
	State enterprise employee			7	2.0
	Business owner	1	0.3	100	28.6
	Undertaking for wages	20	5.7	19	5.4
	Independent agency			3	0.9
	Other	320	91.4	150	42.9
	Total	350	100.0	350	100.0

Table 4.5 Marital Status

General Data		Banphaeo		Phyathai 3	
		N	Percent	N	Percent
Marital status	Married	195	56.2	226	65.7
	Single	109	31.4	105	30.5
	Divorced	43	12.4	13	3.8
	Total	347	100.0	344	100.0

Table 4.6 Salary

General Data		Banphaeo		Phyathai 3	
		N	Percent	N	Percent
Salary	10,000-15,000 Baht	186	53.4	51	16.1
	16,000-20,000 Baht	81	23.3	65	20.5
	21,000-25,000 Baht	26	7.5	68	21.5
	26,000 Baht or higher	55	15.8	133	42.0
	Total	348	100.0	317	100.0

Table 4.7 Residence

General Data		Banphaeo		Phyathai 3	
		N	**Percent**	**N**	**Percent**
Residence	Home	235	74.6	264	77.6
	Residing with relatives	3	1.0	35	10.3
	Rented house	76	24.1	41	12.1
	Other (specify)	1	0.3		
	Total	315	100.0	340	100.0

Table 4.8 Experience about using services

General Data		Banphaeo		Phyathai 3	
		N	**Percent**	**N**	**Percent**
Have you ever been serviced?	Yes	145	42.2	209	60.9
	No	199	57.8	134	39.1
	Total	344	100.0	343	100.0
Which heath service providers or hospitals have you been used?	Public hospital	321	91.7	61	20.3
	Private hospital	28	8.0	229	76.1
	Other health service providers	1	0.3	3	1.0
	Public and private hospital			8	2.7
	Total	350	100.0	301	100.0

Table 4.8 (Continued)

General Data		Banphaeo		Phyathai 3	
		N	Percent	N	Percent
If you have ever been serviced by such a hospital, who is responsible for your medical expenses?	Own expense	302	86.3	146	44.6
	Insurance company	46	13.1	126	38.5
	Other	2	0.6	23	7.0
	Own expenses and insurance company			27	8.3
	Own expenses and others			2	0.6
If you have ever been serviced by such a hospital, who is responsible for your medical expenses?	Own expense	302	86.3	146	44.6
	Insurance company	46	13.1	126	38.5
	Other	2	0.6	23	7.0
	Own expenses and insurance company			27	8.3

Table 4.8 (Continued)

General Data		Banphaeo		Phyathai 3	
		N	Percent	N	Percent
	Own expenses and others			2	0.6
	Insurance company and others			3	0.9
	Total	350	100.0	327	100.0
I shall refer it to others	Yes	340	98.0	309	93.4
	No	7	2.0	22	6.6
	Total	347	100.0	331	100.0
Have you ever had any problems with any services?	Yes	76	21.7	142	41.8
	No	273	78.0	135	39.7
	Never admitted to any hospitals over the past six months.	1	0.3	63	18.5
	Total	350	100.0	340	100.0
Which health service providers or hospitals in Bangkok have you ever been used?	Public hospital	301	86.0	57	16.6
	Private hospital	16	4.6	244	71.1

Table 4.8 (Continued)

General Data		Banphaeo		Phyathai 3	
		N	**Percent**	**N**	**Percent**
Are you satisfied with service provided by the hospital you get received?	Satisfied highly	254	72.6	90	26.3
	Satisfied	89	25.4	236	69.0
	Dissatisfied	6	1.7	13	3.8
	Dissatisfied highly	1	0.3	2	0.6
	Satisfied &Dissatisfied			1	0.3
	Total	350	100.0	342	100.0
Do you intend to use the service from hospital you have ever been serviced?	Satisfied highly	254	72.6	90	26.3
	Certainly	299	85.4	218	63.7
	Probably	47	13.4	113	33.0
	Not at all	4	1.1	11	3.2
	Total	350	100.0	342	100.0

Table 4.1- 4.8 reports the number and percent of the respondents' general data, and the results indicate the following.

At Banphaeo Hospital, the majority of respondents were female (68.5%), aged between 21-30 years (24.3%), had a vocational education level (29.1%), other occupations (91.4%), mainly were single (56.2%), their salary income ranged between 10,000-15,000 Baht (53.4%), were residing at own home (74.6%), had never been serviced by health service providers (57.8%), ever been serviced by public hospitals (91.7%), paid at their own expense (86.3%), referred the hospital to others (98.0%), were highly satisfied (72.6%), and intended to repeat the use of the service certainly (63.7%).

At Phyathai 3 Hospital, the majority of respondents were female (71.5%), aged between 31-40 years (40.7%), had higher education level (41.4%), other occupations (42.9%), mainly were single (65.7%), salary ranged between 26,000 Baht or higher (42.0%), reside at their own home (77.6%), had never used the hospital service (60.9%), ever been serviced by private hospitals (76.1%), paid their own expense (44.6%), referred the hospital to others (93.4%), satisfied (69.0%), and intended to use the service again certainly (85.4%).

4.1.2 Mean, Standard Deviation, and Opinion Level of customer toward Service Obtained

In this section, the researcher describes the statistically variable constructs. They are many constructs comprised of 2 parts perceptions, and the SERVQUAL importance weights. The first part comprises of tangibility, reliability, responsiveness, assurance, and empathy and the second part is the features of hospitals that respondents pertained.

Table 4.9 Mean, Standard Deviation, and Opinion Level toward Service Obtained

Service obtained	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
Tangibility						
1. An excellent hospital should be furnished with modern equipment and be always standard.	3.86	0.791	Fairly agreed	4.38	0.708	Highly agreed
2. An effective hospital should be beautiful and stable in its physical structure.	3.91	0.688	Fairly agreed	4.24	0.760	Highly agreed

Table 4.9 (Continued)

Service obtained	Banphaeo			Phyathai 3		
	Mean	**S.D.**	**Opinion**	**Mean**	**S.D.**	**Opinion**
3. An effective hospital should be equipped with effective and gentle employees.	4.05	0.684	Fairly agreed	4.47	0.714	Highly agreed
4. An excellent hospital should provide utensils and equipment, for example, leaflets with clear and accurate information about the hospital.	4.13	0.684	Fairly agreed	4.27	0.752	Highly agreed
Reliability						
5. An excellent hospital should explain the services prior to service all the time.	4.01	0.649	Fairly agreed	4.46	0.701	Highly agreed
6. An excellent hospital should manifest a readiness to serve and be ready to solve clients' problems	3.99	0.647	Fairly agreed	4.49	0.698	Highly agreed
7. An excellent hospital should provide standard service from the point at which the service begins.	4.08	0.683	Fairly agreed	4.51	0.690	Highly agreed
8. An excellent hospital should provide its service on exactly at the scheduled time.	3.96	0.685	Fairly agreed	4.30	0.739	Highly agreed

Table 4.9 (Continued)

Service obtained	Banphaeo			Phyathai 3		
	Mean	**S.D.**	**Opinion**	**Mean**	**S.D.**	**Opinion**
9. Excellent hospitals should provide a record of patient information correctly.	4.04	0.676	Fairly agreed	4.42	0.737	Highly agreed
10. An excellent hospital should not provide services such as repeated information on the same topics.	4.17	0.690	Fairly agreed	4.05	0.959	Fairly agreed
Responsiveness						
11. An effective hospital staff should provide excellent service to patients as soon as they arrive at the hospital.	4.04	0.673	Fairly agreed	4.41	0.728	Highly agreed
12. An excellent hospital staff should show a willingness to serve and care.	4.03	0.667	Fairly agreed	4.47	0.737	Highly agreed
13. An excellent hospital staff should be ready to serve upon a patient's request.	4.12	0.722	Fairly agreed	4.40	0.730	Highly agreed

Table 4.9 (Continued)

Service obtained	Banphaeo			Phyathai 3		
	Mean	**S.D.**	**Opinion**	**Mean**	**S.D.**	**Opinion**
Assurance						
14. An effective hospital staff should ensure the clients of a confidence in the service.	4.05	0.672	Fairly agreed	4.42	0.745	Highly agreed
15. Excellent hospital staff should ensure the patient of a sense of security with the services provided by the hospital.	4.08	0.641	Fairly agreed	4.49	0.729	Highly agreed
16. An excellent hospital staff should be polite, well-mannered and courteous to patients.	4.15	0.686	Fairly agreed	4.46	0.728	Highly agreed
17. An excellent hospital staff should be knowledgeable in answering questions for patients.	4.10	0.674	Fairly agreed	4.43	0.749	Highly agreed
Empathy						
18. An excellent hospital should pay attention to the patient individually.	4.14	0.664	Fairly agreed	4.30	0.864	Highly agreed
19. An excellent hospital should provide sufficient time for the patients.	4.13	0.684	Fairly agreed	4.38	0.751	Highly agreed

Table 4.9 (Continued)

Service obtained	Banphaeo			Phyathai 3		
	Mean	**S.D.**	**Opinion**	**Mean**	**S.D.**	**Opinion**
20. An excellent hospital should provide an adequate staff to take care of the patients.	4.12	0.664	Fairly agreed	4.43	0.726	Highly agreed
21. An excellent hospital should access the patient's feeling.	4.10	0.672	Fairly agreed	4.39	0.725	Highly agreed
22. An excellent hospital should have an understanding of the specific needs of the patients.	4.14	0.685	Fairly agreed	4.33	0.779	Highly agreed
Total	4.06	0.68	Fairly agreed	4.39	0.75	Highly agreed

Table 4.10, reports the means of all the data for the observed variables both at Banphaeo and Phyathai 3 Hospitals. For Banphaeo Hospital, the range of the means was from 4.17 to 3.86. The question with the highest mean was "An excellent service hospital should not provide services such as providing repeated information on the same topics" with a mean of 4.17, the second highest mean was "An excellent service hospital staff should be polite, well-mannered and courteous to patients" with a mean of 4.15 and the lowest mean was "An excellent hospital should be furnished with modern equipment and always be standard" with a mean of 3.86.

For the tangibility of services construct, the question with the highest mean was "An excellent hospital should provide utensils and equipment, for example, leaflets with clear and accurate information about the hospital" with a mean of 4.13, while the question with the lowest mean was "An excellent hospital should be

furnished with modern equipment and always be standard" with a mean of 3.86. In addition, the majority of opinion level was fairly agreed.

For the reliability of services construct, the question with the highest mean was "An excellent hospital should not provide services such as repeated information on the same topics" with a mean of 4.17 while the question with the lowest mean was "An excellent hospital should provide a service on exactly scheduled time" with a mean of 3.96. In addition, the majority of opinion level was fairly agreed.

For the responsiveness of services construct, the question with the highest was "An excellent hospital staff should be ready to serve upon a patient's request" with a mean of 4.12 while the question with the lowest mean was "An excellent hospital staff should show a willingness to serve and care" with a mean of 4.12, while the question of the lowest was "An excellent hospital staff should show the willingness to serve and care" with a mean of 4.03. In addition, the majority of opinion level was fairly agreed.

For the assurance of services construct, the question with the highest was "An excellent hospital staff should be polite, well-mannered and courteous to patients" with a mean of 4.15, while the question of the lowest mean was "An effective hospital staff should ensure the clients of a confidence in the service" while the question of the lowest was "An effective hospital staff should ensure the clients of a confidence in the service" with a mean of 4.05. In addition, the majority of opinion level was fairly agreed.

For the empathy of services construct, there were two questions that had an equal scores; the first question with the highest score was "An excellent hospital should pay attention to the patient individually" whereas the highest second score was "An excellent hospital should have an understanding of the specific needs for patients". Both of them had a mean score of 4.14 while the question of the lowest mean was "An excellent hospital should access the patient's feelings" with a mean of score 4.10. In addition the majority of opinion level was fairly agreed.

On the other hand, for Phyathai 3 Hospital, the range of the mean was in 4.51 to 4.05. The question with the highest was "An excellent hospital should provide the standard service from the point which service begins". The second highest was "An excellent hospital should manifest a readiness to serve and be ready to solve clients'

problems immediately" and "An excellent hospital staff should ensure the patient of a sense of security with the services provided by the hospital" with a mean of 4.49 and the lowest highest was "An excellent hospital should not provide services such as providing repeated information on the same topics" with a mean of 4.05.

For the tangibility of services construct, the question with the highest mean was "An effective hospital should be equipped with effective and gentle employees" with a mean of 4.47 while the question of the lowest was "An effective hospital should be beautiful and stable in the physical structure" with a mean of 4.24. In addition, the majority of opinion level was highly agreed.

For the reliability of services construct, the question with the highest mean was "An excellent hospital should provide the standard service from the point which service begins" with a mean of 4.51 while the question of the lowest is "Excellent hospital should not provide services such as repeated information on the same topics" with a mean of 4.05. In addition, the majority of opinion level was highly agreed.

For the responsiveness of services construct, the question with the highest mean was "An excellent hospital staff should show the willingness to serve and care" with a mean score of 4.47 while the question of lowest is "Excellent hospital staff should be ready to serve upon a patient's request" with a mean score of 4.40. In addition, the majority of opinion level was highly agreed.

For the assurance of services construct, the question with the highest mean was "An excellent hospital staff should ensure the patient of a sense of security with the services provided by the hospital" with a mean score of 4.49 while the question of lowest was "An effective hospital staff should ensure the clients of a confidence in the service" with a mean score is 4.42. In addition, the majority of opinion level was highly agreed.

For the empathy of services construct, the question with the highest mean was "An excellent hospital should provide adequate staffs to take care of the patients." with a mean score of 4.43 while the question of lowest was "An excellent hospital should pay attention to the patient individually" with a mean score of 4.30. In addition, the majority of opinion level was highly agreed.

Table 4.10 Mean, Standard Deviation, and Weight of Service

Weight of Service	Banphaeo			Phyathai 3		
	Mean	**S.D.**	**Opinion**	**Mean**	**S.D.**	**Opinion**
1. Hospital infrastructure, e.g.; facilities, quality equipment for staff, modern communication devices.	4.69	0.580	Mostly important	4.51	0.704	Mostly important
2. Service ability of hospitals to provide standard and quality service	4.64	0.595	Mostly important	4.53	0.686	Mostly important
3. Willingness and care to patients / clients in providing service in a timely manner.	4.63	0.596	Mostly important	4.51	0.721	Mostly important
4. Knowledge, politeness, generosity of staff and ability to bring about a reliability, confidence and trust	4.58	0.601	Mostly important	4.51	0.683	Mostly important
5. Close care provided by the hospital to the patients	4.61	0.570	Mostly important	4.47	0.740	Mostly important
Total	4.63	0.59	Mostly important	4.50	0.71	Mostly important

Table 4.10 the mean, standard deviation, and weight of service, results are shown as discussed below.

At Banphaeo Hospital, overall, the weight of service was the most important (m = 4.63). In each respect of area, the results were shown as follows: hospital infrastructure, e.g. facilities, quality equipment for staff, modern communication devices (4.69) , followed by service ability of hospitals to provide standard and quality service (4.64), willingness and care to patients/ clients in providing service in a timely manner (4.63), close care provided by the hospital to the patients (4.61), and lastly, knowledge, politeness, generosity of staff and ability to bring about reliability, confidence and trust (4.58).

At Phyathai 3 Hospital, overall, the weight of service was the most important (m = 4.50). In each respect of area, the results were shown as follows: service ability of hospitals to provide standard and quality service (4.53), followed by hospital infrastructure, e.g. facilities, quality equipment for staffs, modern communication devices (4.51), willingness and care to patients/ clients in providing service in timely a manner (4.51), knowledge, politeness, generosity of staff and ability to bring about reliability, confidence and trust (4.51), and lastly close care provided by the hospital to the patients (4.47).

4.2 Employee Respondents

4.2.1 General information on employee respondents

This part of the present study aims at reporting on the general information about the respondents. They are so important to ensure that the questionnaires are distributed to the criteria group of the participants. The conceptual framework included, two groups of respondents that answered the questionnaires; group 1, customers that were coming to use any of the services in the hospital and group 2, employees that were still working in the hospital.

Table 4.12 – 4.17 reports on the general data of the employees working in the public and private hospitals. They gave their opinion toward about the services in terms of hospitality management. Next, the characteristics of the participants were demonstrated as seen in the following table:

Table 4.11 Gender

General data		Banphaeo		Phyathai 3	
		N	**Percent**	**N**	**Percent**
Sex	Male	1	1.1	4	3.0
	Female	91	98.9	128	97.0
	Total	**92**	100.0	132	100.0

Table 4.12 Age

General data		Banphaeo		Phyathai 3	
		N	**Percent**	**N**	**Percent**
Age	21-30 Yrs.	76	84.4	5	3.6
	31-40 Yrs.	11	12.2	78	55.7
	41-50 Yrs.	3	3.3	47	33.6
	51-60 Yrs.			9	6.4
	Total	90	100.0	139	100.0

Table 4.13 Educational Level

General data		Banphaeo		Phyathai 3	
		N	**Percent**	**N**	**Percent**
Education	Literate			1	0.7
Level	Primary Education			1	0.7
	Secondary Education	14	15.2	40	29.0
	Vocational Education	14	15.2	9	6.5
	Higher Education	62	67.4	83	60.1
	Master's Degree	2	2.2	4	2.9
	Total	92	100.0	138	100.0

Table 4.14 Occupation

General data		Banphaeo		Phyathai 3	
		N	**Percent**	**N**	**Percent**
Occupation	Front Stage Service	83	90.2	92	78.6
	Back Stage Service	9	9.8	25	21.4
	Total	92	100.0	117	100.0

Table 4.15 Work Experience

General data		Banphaeo		Phyathai 3	
		N	**Percent**	**N**	**Percent**
Work	1 year or lesser	2	2.2	17	12.3
Experience	2-5 years	53	57.6	34	24.6
	6-10 years	26	28.3	48	34.8
	10 years or higher	11	12.0	39	28.3
	Total	92	100.0	138	100.0

According to table 4.11- 4.15, the findings show number and percent of the personal data of employees of Banphaeo and Phyathai 3 Hospitals. The results will be discussed in the following.

At Banphaeo Hospital, the majority of respondents were female staff members (98.9%), and the male staff members were at 1.1%. Their aged was between 21-30 years (84.4%), 31-40 year (12.2%), 41-50 years old (3.3%), their education are high level (67.4%), vocational level (15.2%) the secondary level (15.2%), and some had a master's degree (2.2%). They were working at the front stage service (90.2%), the back stage service (9.8%) and their work experience was 2-5 years (57.6%), and 1 year or less (2.2%).

On the other hand, at Phyathai 3 Hospital, the majority of respondents were female staff memebers (97.0%), their aged was between 31-40 years (55.7%), their education was at a high level (60.1%), they were working at front stage service

(78.6%), back stage service (21.4%), and their work experience was 6-10 years (34.8%), and 1 year or less (12.3%).

4.2.2 Mean, Standard Deviation, and Opinion Level of employees toward Hospital Service Management

In this section, the researcher describes the statistically variable constructs. The constructs comprise leadership, data and analysis, quality of hospitality management, development and employee involvement, and customer satisfaction. The observed variables were measured on a scale of 1-5, as can be seen in table 4.17.

Table 4.16 Organizational Leadership

Opinion of Hospital Service Management	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
1. The senior executives provide highly visible leadership in maintaining an environment that supports HM improvement.	4.21	0.603	Highly agreed	4.29	0.684	Highly agreed
2. The CEO/Chief Administrator is a primary driving force behind HM improvement efforts.	4.13	0.667	Highly agreed	4.44	0.637	Highly agreed
3. The senior executives allocate adequate organizational resources.	3.88	0.644	Fairly agreed	4.21	0.717	Highly agreed
4. The senior executives consistently improve quality of HM.	3.84	0.637	Fairly agreed	4.21	0.705	Highly agreed

Table 4.16 (Continued)

Opinion of Hospital Service Management	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
5. The senior executives have articulated a clear vision for improving the quality of HM.	3.85	0.631		4.45	0.682	Highly agreed
6.The senior executives have demonstrated an ability to manage changes needed to improve the quality of HM.	4.01	0.753	Fairly agreed	4.24	0.745	Highly agreed
7. The senior executive acts on suggestions to improve the quality of HM.	3.99	0.738	Fairly agreed	4.19	0.663	Highly agreed
8. Physicians personally involved in HM efforts.	3.97	0.674	Fairly agreed	4.09	0.719	Highly agreed

In table 4.16, regarding the organizational leadership construct, the means of all the data for the observed variables both at Banphaeo and Phyathai 3 Hospitals are reported.

For Banphaeo Hospital, the ranges of means are in 4.21 to 3.84. The question with the highest mean was "The senior executives provide highly-visible leadership in maintaining an environment that supports HM improvement" with a mean of 4.21, while the question with the lowest mean was "The senior executives consistently quality of HM" with a mean of 3.84. In addition, the majority of level was fairly agreed.

For Phyathai 3 Hospital, the mean ranged from 4.45 to 4.09. The question with the highest mean was "The senior executives have articulated a clear vision for improving the quality of HM" with a mean of 4.45, while the question with the lowest mean was "Physician leadership is personally involved in HM efforts" with a mean of 4.09. In addition, the majority of opinion level was highly agreed.

Table 4.17 Information and Analysis

Opinion toward Hospital Service Management	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
9. The hospital offers a wide collection of data about hospital services.	3.95	0.639	Fairly agreed	4.05	0.771	Highly agreed
10. The hospital continually tries to improve how it uses data and information on the quality of hospitality services.	4.01	0.675	Fairly agreed	4.04	0.693	Highly agreed
11. The hospital continually tries to improve the accuracy and relevance of data on the quality of hospitality services.	3.96	0.665	Fairly agreed	4.15	0.688	Highly agreed
12. The hospital continually tries to improve the timeliness of its data on the quality of hospitality services.	3.95	0.673	Fairly agreed	4.22	0.669	Highly agreed
13. Hospital employees are actively involved in determining what data are collected for the purpose of improving the quality of hospitality services.	4.04	0.631	Fairly agreed	4.09	0.684	Fairly agreed
14. Hospital employees are given adequate time to plan for and test improvements.	4.01	0.767	Fairly agreed	0.778		Fairly agreed

Table 4.17, on the information & analysis construct, reports the means of all the data for the observed variables both at Banphaeo and Phyathai 3 Hospitals.

For Banphaeo Hospital, the mean ranged from in 4.04 to 3.95. The question with the highest mean was "Hospital employees are actively involved in determining what data are collected for the purpose of improving the quality of hospitality services", with a mean of 4.04, while the two questions with the lowest mean were "The hospital offers a wide collection of data about hospital services" and "The hospital continually tries to improve the timeliness of its data on the quality of hospitality services" with a mean of 3.95. In addition, the majority of opinion level was fairly agreed.

For Phyathai 3 Hospital, the range of measures was between 4.22 and - 4.04. The question with the highest mean was "The hospital continually tries to improve the timeliness of its data on the quality of hospitality services," with a mean of 4.22, while the question with the lowest mean was "The hospital continually tries to improve how it uses data and information on the quality of hospitality services," with a mean of 4.04. In addition, the majority of opinion level was highly agreed.

Table 4.18 Quality Service Management

Opinion toward Hospital Service Management	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
15. Each department and work group within this hospital maintains specific goals to improve the quality of HM.	3.91	0.677	Fairly agreed	3.59	0.767	Fairy agreed
17. Hospital employees are involved in developing plans for improving the quality of HM.	3.96	0.682	Fairly agreed	4.09	0.715	Fairly agreed

Table 4.18 (Continued)

Opinion toward Hospital Service Management	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
18. Middle managers (e.g., department heads, program directors, and line supervisors) are playing a key role in setting priorities for the quality of HM improvement.	3.87	0.653	Fairly agreed	3.99	0.725	Fairly agreed
19 Middle-level employees are playing a key role in setting priorities for the quality of HM improvement.	4.11	0.710	Fairly agreed	4.05	0.671	Fairly agreed
20. External customers are playing a key role in setting priorities for the quality of HM improvement.	3.91	0.697	Fairly agreed	4.14	0.724	Fairly agreed
21. Non-managerial employees are playing a key role in setting priorities for the quality of HM improvement	3.96	0.669	Fairly agreed	3.86	0.836	Fairly agreed

The table 4.18, for the quality service management construct, reports the means of all the data for the observed variables both at Banphaeo and Phyathai 3 Hospitals.

For Banphaeo Hospital, the range of the means was from 4.11 to 3.87. The question with the highest mean was "Non-managerial employees are playing a key role in setting priorities for the quality of HM improvement" with a mean of 4.11, while the question with the lowest mean was "Middle managers (e.g., department heads, program directors, and line supervisors) are playing a key role in setting

priorities for the quality of HM improvement," with a mean of 3.87. In addition, the majority of opinion level was fairly agreed.

For Phyathai 3 Hospital, the range of means was 4.14 to 3.59. The question with the highest mean was "External customers are playing a key role in setting priorities for quality of HM improvement" with a mean of 4.14 while the question with the lowest mean was "Each department and work group within this hospital maintains specific goals to improve the quality of HM" with a mean of 3.59. In addition, the majority of opinion level was fairly agreed.

Table 4.19 Development and Involvement of Employees

Opinion toward Hospital Service Management	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
22. Hospital employees are given education and training in how to identify and act on the quality of HM improvement opportunities.	3.92	0.691	Fairly agreed	3.96	0.672	Fairly agreed
23. Hospital employees are given the needed education and training to improve their job skills and performance.	3.84	0.669	Fairly agreed	3.97	0.678	Fairly agreed
24. Hospital employees are rewarded and recognized (e.g., financially and/or otherwise) for improving the quality of hospitality.	4.08	0.738	Fairly agreed	3.91	0.821	Fairly agreed
25. Inter-departmental cooperation to improve the quality of hospitality is supported and encouraged.	4.02	0.703	Fairly agreed	3.74	0.851	Fairly agreed

Table 4.19 (Continued)

Opinion toward Hospital Service Management	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
26. Hospital employees have the authority to correct problems in their areas when quality standards are not being met.	3.94	0.693	Fairly agreed	3.82	0.807	Fairly agreed
27. Hospital employees are supported when they take the necessary risks to improve the quality of hospitality.	3.96	0.634	Fairly agreed	3.75	0.760	Fairly agreed
28. The hospital has an effective system for employees to make suggestions to management on how to improve the quality of hospitality.	3.86	0.663	Fairly agreed	3.98	0.724	Fairly agreed
29. The hospital regularly checks equipment and supplies to make sure they meet the quality of hospitality requirements.	3.88	0.633	Fairly agreed	3.97	0.795	Fairly agreed
30. The quality assurance staff effectively coordinates its efforts with others to improve the quality of the hospitality that hospital provides.	4.00	0.665	Fairly agreed	3.94	0.626	Fairly agreed

Table 4.19 (Continued)

Opinion toward Hospital Service Management	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
31. Data from supplies are used when developing the hospital's plan to improve the quality of hospitality.	4.02	0.682	Fairly agreed	3.98	0.571	Fairly agreed
32. The hospital has effective policies to support improving the quality of its hospitality.	3.98	0.664	Fairly agreed	4.11	0.688	Fairly agreed
33. The hospital works closely with suppliers to improve the quality of its hospitality.	4.03	0.655	Fairly agreed	3.49	0.869	Fairly agreed
34. The hospital tries to design the quality of hospitality into new they are being developed.	3.93	0.678	Fairly agreed	4.34	0.664	Highly agreed
35. The hospitality which the hospital provides is thoroughly tested for quality before it is implemented.	3.90	0.648	Fairly agreed	3.94	0.646	Fairly agreed
36. The hospital views quality assurance as a continuing search for improvement opportunities.	3.89	0.655	Fairly agreed	4.17	0.667	Fairly agreed
37. The hospital encourages employees to keep records of the quality of hospitality measurements.	4.06	0.734	Fairly agreed	4.03	0.672	Fairly agreed

Table 4.19, on the development and involvement of employees construct, reports the means of all the data for the observed variables both at Banphaeo and Phyathai 3 Hospitals.

For Banphaeo Hospital, the range of the means was from 4.08 to 3.95. The question with the highest mean was **"**Hospital employees are rewarded and recognized (e.g., financially and/or otherwise) for improving the quality of hospitality," with a mean of 4.08, while the question with the lowest mean was "Hospital employees are given the needed education and training to improve job skills and performance" with a mean of 3.84. In addition, the majority of opinion level was fairly agreed.

For Phyathai 3 Hospital, the range of the means was from in 4.34 to 3.74. The question with the highest mean is "The hospital tries to design quality of hospitality into new they are being developed" with the mean of 4.34 while the question of the lowest mean is "Inter-departmental cooperation to improve quality of hospitality is supported and encouraged" with the mean of 3.74. In addition, the majority of opinion level is fairly agreed.

Table 4.20 Employee Satisfaction towards the Customer Satisfaction Index

Opinion toward Hospital Service Management	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
38. The hospital does a good job of assessing current customer needs and expectations.	4.08	0.775	Fairly agreed	4.21	0.631	Highly agreed
39. The hospital does a good job of assessing future customer needs and expectations.	4.00	0.690	Fairly agreed	4.18	0.686	Fairly agreed

Table 4.20 (Continued)

Opinion toward Hospital Service Management	Banphaeo			Phyathai 3		
	Mean	S.D.	Opinion	Mean	S.D.	Opinion
40. Hospital employees promptly solve customer complaints the hospital uses data from patients to improve hospitality management.	4.01	0.668	Fairly agreed	4.19	0.624	Fairly agreed
41. Data on customer satisfaction are widely communicate to hospital staff.	4.01	0.699	Fairly agreed	4.08	0.682	Fairly agreed
42. The information obtained from the measurement and evaluation of the satisfaction and expectations of the client is applied to generate innovative forms of service.	4.01	0.699	Fairly agreed	4.10	0.684	Fairly agreed
43. Hospitals provide an effective performance system in evaluating employee satisfaction, together with inter- department appraisal.	3.95	0.653	Fairly agreed	3.96	0.833	Fairly agreed
Total	3.97	0.68	Fairly agreed	4.05	0.71	Fairly agreed

Table 4.20, on the employee satisfaction construct, reports the means of all the data for the observed variables both at Banphaeo and Phyathai 3 Hospitals.

For Banphaeo Hospital, the range of the means was from 4.08 to 3.84. The question with the highest mean was "The hospital does a good job of assessing current customer needs and expectations" with a mean of 4.08, while the question of the

lowest mean was "The hospital does a good job assessing employee satisfaction with services provided by other employees and other departments" with a mean of 3.95. In addition, the majority of opinion level was fairly agreed.

For Phyathai 3 Hospital, the range of the means was from 4.21 to 3.96. The question with the highest mean was "The hospital does a good job of assessing current customer needs and expectations," with a mean of 4.21, while the question with the lowest mean was "The hospital does a good job assessing employee satisfaction with services provided by other employees and other departments" with a mean of 3.96. In addition, the majority of opinion level was fairly agreed.

As can be seen from all of the above tables, the total of mean score for Banphaeo Hospital was 3.97 and the opinion of employees toward the hospitality service management were fairly agreement. The other hospital was Phyathai 3 Hospital, where the total mean score was 4. 05 and the opinions toward the hospitality service management were in fair agreement.

4.3 Correlations Matrix of Independent Variables: Findings from Banphaeo and Phyathai 3 Hospitals

Next, table 4.21 reports on the correlation matrices of the independent variables and 4.22 reports on the correlation matrices of the mediating variables of interest for Banphaeo Hospital. The findings are shown in detail as follows.

Table 4.21 Correlation Coefficients of Independent Variables: Customers (Banphaeo Hospital)

Variables	Tangibility (Physical Environment)	Reliability (Service)	Responsiveness (Employee Behavior)	Assurance (Employee Behavior)	Empathy (Service)
Tangibility (Physical Environment)	1.00				
Reliability (Service)	0.51	1.00			

Table 4.21 (Continued)

Variables	Tangibility (Physical Environment)	Reliability (Service)	Responsiveness (Employee Behavior)	Assurance (Employee Behavior)	Empathy (Service)
Responsiveness (Employee Behavior)	0.33	0.51	1.00		
Assurance (Employee Behavior)	0.36	0.57	0.54	1.00	
Empathy (Service)	0.34	0.45	0.34	0.49	1.00

Table 4.21 reports the correlation coefficients of the independent variables at Banphaeo Hospital. The table shows the relationship among the variables. All of the variables (service, employee behavior, physical environment) were positively correlated with each other. The correlation coefficients indicated that none of the variables was likely to be highly correlated. This indicates that there was no the regression model was not likely to be affected by a multi-collinearity problem.

Table 4.22 Correlation Coefficients of Independent Variables: Employees (Banphaeo Hospital)

Variables	Organizational Leadership	Information and Analysis	Quality Service Management	Development and Involvement of Employees
Organizational Leadership	1.00			
Information and Analysis	0.89	1.00		
Quality Service Management	0.83	0.87	1.00	
Development and Involvement of Employees	0.78	0.87	0.89	1.00

Table 4.22 reports the correlation coefficients of the mediating variables, at Banphaeo Hospital. The table shows the relationship among the variables. All of the variables (Organizational Leadership, Information and Analysis, Quality Service Management, Development and Involvement of Employees) were positively

correlated with each other. The correlation coefficients indicated that all of the variables were likely to be highly correlated. This indicates that the statistical model was likely to be affected by a multi-collinearity problem. In order to avoid such a statistical problem, the researcher analyzed the effect of these variables in 4 models.

Next, table 4.23 reports on the correlation matrices of the independent variables and table 4.24 reports on the correlation matrices of the mediating variables of interest for Phyathai 3 Hospital. The findings are detailed as follows.

Table 4.23 Correlation Coefficients of Independent Variables: Customers (Phyathai 3 Hospital)

Variables	Tangibility (Physical Environment)	Reliability (Service)	Responsiveness (Employee Behavior)	Assurance (Employee Behavior)	Empathy (Service)
Tangibility (Physical Environment)	1.00				
Reliability (Service)	0.79	1.00			
Responsiveness (Employee Behavior)	0.75	0.83	1.00		
Assurance (Employee Behavior)	0.76	0.84	0.85	1.00	
Empathy (service)	0.72	0.79	0.75	0.81	1.00

Table 4.23 reports the correlation coefficients of the independent variables at Phyathai 3 Hospital. The table shows the relationship among the variables. All of the variables (Service, Employee Behavior, Physical Environment) were positively correlated with each other. The correlation coefficients indicated that all of the variables were likely to be highly correlated. This indicated that the statistical model was likely to be affected by a multi-collinearity problem. In order to avoid such a statistical problem, the researcher analyzed the effect of these variables in 5 models.

Table 4.24 Correlation Coefficients of Independent Variables: Employees (Phyathai 3 Hospital)

Variables	Organizational Leadership	Information and Analysis	Quality Service Management	Development and Involvement of Employees
Organizational Leadership	1.00			
Information and Analysis	0.68	1.00		
Quality Service Management	0.47	0.60	1.00	
Development and Involvement of Employees	0.61	0.71	0.74	1.00

Table 4.24 reports the correlation coefficients of the mediating variables at Phyathai 3 Hospital. The table shows the relationship among the variables. All of the variables (Organizational Leadership, Information and Analysis, Quality Service Management, Development and Involvement of Employees) were positively correlated with each other. The correlation coefficients indicated that all variables were likely to be correlated. This indicated that the statistical model was likely to be affected by a multi-collinearity problem. In order to avoid such a statistical problem, a researcher analyzed the effect of these variables in 4 models.

4.4 The Effect of Hospitality Factors on Customer Satisfaction and Hospitality Management Factors on Employee Satisfaction: Findings from the Multiple Regression Analysis

This part of the study aims at reporting the research findings pertaining to the questions "Which of the factors are the most important drivers of customer satisfaction in the Thai context?" (see table 4.25 and 4.27) and "What are the differences in hospitality management performance between public and private hospitals in Thailand?" (see table 4.26 and 4.28) .The findings indicated the factors that affected customer and employee satisfaction and the best models for both public and private hospitals. In addition, questions of customer were constructed regarding gender, age, educational level, income level, and marital status as control variables, and the questions of employee were constructed in terms of gender, age, education level, and experience as the control variables. The findings are detailed in the following tables:

4.4.1 The Effect of Hospitality Factors on Customer Satisfaction: Findings from Banphaeo Hospital

Next, table 4.25 reports on the correlation matrices of the independent variables including the control variables (gender, age, educational level, income level, and marital status) of interest for Banphaeo Hospital. The findings are detailed as follows.

Table 4.25 Effect of Independent Variables: Customers (Banphaeo Hospital)

Independent Variables	Model 1 (Dependent Variable = Hospital Infrastructure)	Model 2 (Dependent Variable = Serviceability)	Model 3 (Dependent Variable = Willingness to Care to Patients)	Model 4 (Dependent Variable = Knowledge and else)	Model 5 (Dependent Variable = Close Care)
Tangibility (Physical Environment)	0.12* (0.06)				

Table 4.25 (Continued)

Independent Variables	Model 1 (Dependent Variable = Hospital Infrastructure)	Model 2 (Dependent Variable = Serviceability)	Model 3 (Dependent Variable = Willingness to Care to Patients)	Model 4 (Dependent Variable = Knowledge and else)	Model 5 (Dependent Variable = Close Care)
Reliability (Service)		0.29*** (0.07)			
Responsiveness (Employee Behavior)			0.17*** (0.06)		
Assurance (Employee Behavior)				0.34*** (0.07)	
Empathy (Service)					0.16** (0.07)
Gender	0.11 (0.07)	0.17** (0.07)	0.15** (0.07)	0.10 (0.07)	0.10 (0.07)
Age	-0.02 (0.03)	0.02 (0.03)	-0.01 (0.03)	-0.03 (0.02)	0.01 (0.03)
Educational Level	-0.01 (0.03)	0.02 (0.03)	-0.01 (0.03)	0.01 (0.03)	0.02 (0.03)
Marital Status	0.07** (0.03)	-0.10** (0.04)	0.10** (0.04)	0.10*** (0.04)	0.02 (0.04)
Constant	4.16*** (0.31)	3.04*** (0.33)	3.63*** (0.33)	3.05*** (0.34)	3.93*** (0.34)
N	330	330	328	330	328
R^2	0.06	0.13	0.08	0.14	0.08
Adjusted R^2	0.04	0.11	0.07	0.11	0.06
F-Statistics	3.21***	8.30***	5.15***	9.33***	4.70***
VIF	1.50	1.48	1.48	1.47	1.46

Note: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. The numbers in parentheses are standard errors (S.E.).β stands for the beta coefficient. VIF stands for variance inflation for the independent factors. Briefly, if the value of the mean VIF is lower than 10, then the models are less likely to be affected by the multi-collinearity problem.

Table 4.25 reports the effects of service, employee behavior, and physical environment on customer satisfaction. The table shows that, among the three independent variables, service, employee behavior, and physical environment had a positive and significant effect on customer satisfaction in Banphaeo Hospital, as expected.

Comparing service, employee behavior, and physical environment had a greater effect on customer satisfaction at Banphaeo Hospital. Service had a positive and significant effect on customer satisfaction at Banphaeo Hospital, as expected, service was positively associated with a 0.29 and 0.16 unit increase in customer satisfaction. The variables were statistically significant at $p < 0.01$ and $p < 0.05$, respectively. However, when including service with the control variables is included the service model (Model 2 and 5) had an effect on customer satisfaction at Banphaeo Hospital ($p < 0.01$) and ($p < 0.05$).

Meanwhile, employee behavior had a positive and significant effect on customer satisfaction at Banphaeo Hospital, as expected. Other things being equal, employee behavior was positively associated with a 0.17 and 0.34 unit increase in customer satisfaction. It was statistically significant at $p < 0.01$. Further, when including employee behavior with the control variables, it was found that the employee behavior model (Model 3 and 4) still had a positive effect on customer satisfaction at Banphaeo Hospital ($p < 0.01$).

Meanwhile, physical environment had a positive and significant effect on customer satisfaction at Banphaeo Hospital, as expected. Other things, being equal physical environment was positively associated with a 0.12 unit increase in customer satisfaction. It is statistically significant at $p < 0.10$. Further, when physical environment and the control variables are included the physical environment model (Model 1) still had a positive effect on customer satisfaction at Banphaeo Hospital ($p < 0.01$).

4.4.2 The Effect of Hospitality Management Factors on Employee Satisfaction: Findings from Banphaeo Hospital

Next, table 4.26 reports on the correlation matrices of the mediating variables including the control variables (gender, age, education level, and experience) of interest for Banphaeo hospital. The findings are detailed as follows.

Table 4.26 Effect of Independent Variables: Employees (Banphaeo Hospital)

Independent Variables	Model 1	Model 2	Model 3	Model 4
Organizational Leadership	0.83*** (0.09)			
Information and Analysis		0.85*** (0.08)		
Quality Service Management			0.88*** (0.07)	
Development and Involvement of Employees				0.95*** (0.06)
Gender	-0.05 (0.40)	0.18 (0.39)	0.11 (0.35)	-0.05 (0.28)
Age	-0.08 (0.12)	-0.01 (0.12)	0.01 (0.11)	0.03 (0.09)
Education level	-0.01 (0.06)	0.00 (0.06)	0.08 (0.05)	0.06 (0.04)
Experience	-0.08 (0.08)	-0.05 (0.07)	-0.00 (0.07)	0.02 (0.06)
Constant	1.21 (0.99)	0.39 (0.98)	-0.05 (0.90)	-0.01 (0.71)
N	83	83	83	83
R^2	0.56	0.59	0.66	0.78
Adjusted R^2	0.53	0.57	0.64	0.77
F-Statistics	19.68***	22.92***	31.04***	56.53***
VIF	1.30	1.31	1.31	1.31

Note: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. The numbers in parentheses are standard errors (S.E.). β stands for the beta coefficient. VIF stands for variance inflation for the independent factors. Briefly, if the value of the mean VIF is lower than 10, then the models are less likely to be affected by the multi-collinearity problem.

Table 4.26 reports the effects of organizational leadership, information and analysis, quality service management, and development and involvement of employees on employee satisfaction. The table shows that, among the four mediating variables, organizational leadership, information and analysis, quality service management, and development and involvement of employees had a positive and significant effect on employee satisfaction at Banphaeo Hospital, as expected.

Comparing had a greater effect organizational leadership, information and analysis, quality service management, and development and involvement of employees on employee satisfaction at Banphaeo Hospital. Organizational leadership had a positive and significant effect on employee satisfaction at Banphaeo Hospital,

and as expected was positively associated with a 0.83 unit increase in customer satisfaction. It was statistically significant at $p < 0.01$. However, when organizational leadership and the control variables were included the service model (Model 1) had an effect on employee satisfaction at Banphaeo Hospital ($p < 0.01$).

Meanwhile, information and analysis had a positive and significant effect on employee satisfaction at Banphaeo Hospital, as expected. Other things being equal, information and analysis were positively associated with a 0.85 unit increase in employee satisfaction. It was statistically significant at $p < 0.01$, and when information and analysis and the control variables were included the information and analysis model (Model 2) still had a positive effect on employee satisfaction at Banphaeo Hospital at $p < 0.01$.

Meanwhile, service quality management had a positive and significant effect on employee satisfaction at Banphaeo Hospital, as expected. Other things, quality service management was positively associated with a 0.88 unit increase in employee satisfaction, ($p < 0.01$). And, service quality management when including with the control variables, it found that, service quality management model (Model 3) still had a positive effect on employee satisfaction at Banphaeo Hospital ($p < 0.01$).

Meanwhile, the development and involvement of employees had a positive and significant effect on employee satisfaction at Banphaeo Hospital, as expected. Other things, the development and involvement of employees were positively associated with a 0.95 unit increase in employee satisfaction, it had ($p < 0.01$). Further, when including the development and involvement of employees with the control variables, it was found that the development and involvement of employees (Model 4) still had a positive effect on employee satisfaction at Banphaeo Hospital ($p < 0.01$).

4.4.3 The Effect of Hospitality Factors on Customer Satisfaction: Findings from Phyathai 3 Hospital

Next, table 4.27 reports on the correlation matrices of the independent variables including the control variables (gender, age, educational level, income level, and marital status) of interest for Phyathai 3 Hospital. The findings are detailed as follows.

Table 4.27 Effect of Independent Variables: Customers (Phyathai 3 Hospital)

Independent Variables	Model 1 (Dependent Variable = Hospital Infrastructure)	Model 2 (Dependent Variable = Service ability)	Model 3 (Dependent Variable = Willingness to Care to Patients)	Model 4 (Dependent Variable = Knowledge and else)	Model 5 (Dependent Variable = Close Care)
Tangibility (Physical Environment)	0.53*** (0.06)				
Reliability (Service)		0.67*** (0.05)			
Responsiveness (Employee Behavior)			0.64*** (0.05)		
Assurance (Employee Behavior)				0.61*** (0.05)	
Empathy (Service)					0.53*** (0.06)
Gender	0.18** (0.08)	0.09 (0.07)	0.15* (0.08)	0.00 (0.07)	-0.00 (0.09)
Age	0.08** (0.04)	0.04 (0.03)	0.03 (0.03)	0.08** (0.03)	0.05 (0.03)
Educational Level	0.01 (0.03)	0.02 (0.03)	-0.01 (0.03)	0.02 (0.03)	-0.01 (0.03)
Income Level	0.04 (0.07)	-0.04 (0.06)	0.12* (0.06)	0.01 (0.06)	0.04 (0.08)
Marital Status	-0.04 (0.04)	-0.01 (0.03)	-0.03 (0.03)	-0.04 (0.03)	-0.05 (0.04)
Constant	1.67 (0.37)	1.30*** (0.32)	1.34*** (0.33)	1.57*** (0.32)	2.12*** (0.38)
N	277	278	276	278	278
R^2	0.25	0.39	0.38	0.37	0.23
Adjusted R^2	0.23	0.37	0.37	0.35	0.21
F-Statistics	15.08***	29.08***	27.44***	26.65***	13.43***
VIF	1.17	1.17	1.17	1.17	1.17

Note: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. The numbers in parentheses are standard errors (S.E.). β stands for the beta coefficient. VIF stands for variance inflation for the independent factors. Briefly, if the value of the mean VIF is lower than 10, then the models are less likely to be affected by a multi-collinearity problem.

Table 4.27 reports the effects of service, employee behavior, and physical environment on customer satisfaction. The table shows that, among the three independent variables, service, employee behavior, and physical environment had a

positive and significant effect on customer satisfaction at Phyathai 3 Hospital, as expected.

Comparing service, employee behavior, and physical environment had a greater effect on customer satisfaction at Phyathai 3 Hospital. Service itself, had a positive and significant effect on customer satisfaction at Phyathai 3 Hospital, as expected, and it was positively associated with a 0.67 and 0.53 unit increase in customer satisfaction ($p < 0.01$). However, when including service with the control variables, it was found that the service model (Model 2 and 5) had an effect on customer satisfaction at Phyathai 3 Hospital ($p < 0.01$).

Meanwhile, employee behavior had a positive and significant effect on customer satisfaction at Phyathai 3 Hospital, as expected. Other things, employee behavior was positively associated with a 0.64 and 0.61 unit increase in customer satisfaction, and both of them had ($p < 0.01$) as qual. Additionally, when including employee behavior with the control variables, it was found that the employee behavior model (Model 3 and 4) still had a positive effect on customer satisfaction at Phyathai 3 Hospital ($p < 0.01$).

Meanwhile, physical environment had a positive and significant effect on customer satisfaction at Phyathai 3 Hospital, as expected. Other things, physical environment was positively associated with a 0.53 unit increase in customer satisfaction, it had ($p < 0.10$). And, when including the physical environment with the control variables, it was found that the physical environment model (Model 1) still had a positive effect on customer satisfaction at Phyathai 3 Hospital ($p < 0.01$).

4.4.4 The Effect of Hospitality Management Factors on Employee Satisfaction: Findings from Phyathai 3 Hospital

Next, table 4.28 reports on the correlation matrices of the mediating variables including the control variables (gender, age, education level, and experience) of interest for Phyathai 3 Hospital. The findings are detailed as follows.

Table 4.28 Effect of Independent Variables: Employees (Phyathai 3 Hospital)

Independent Variables	Model 1	Model 2	Model 3	Model 4
Organizational Leadership	0.57*** (0.08)			
Information and Analysis		0.62*** (0.08)		
Quality Service Management			0.70*** (0.08)	
Development and Involvement of Employees				0.85*** (0.07)
Gender	-0.20 (0.24)	-0.05 (0.23)	-0.13 (0.23)	-0.20 (0.20)
Age	0.06 (0.08)	0.05 (0.08)	0.10 (0.08)	0.06 (0.07)
Education	-0.03 (0.04)	0.01 (0.04)	0.03 (0.04)	0.02 (0.03)
Experience	-0.03 (0.06)	0.02 (0.06)	-0.10* (0.05)	-0.02 (0.05)
Constant	2.13*** (0.66)	1.47** (0.66)	1.52** (0.63)	0.95* (0.56)
N	127	127	127	127
R^2	0.31	0.37	0.40	0.54
Adjusted R^2	0.28	0.34	0.38	0.52
F-Statistics	10.95***	14.21***	16.35***	28.10***
VIF	1.41	1.45	1.44	1.43

Note: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. The numbers in parentheses are standard errors (S.E.). β stands for the beta coefficient. VIF stands for variance inflation for the independent factors. Briefly, if the value of the mean VIF is lower than 10, then the models are less likely to be affected by a multi-collinearity problem.

Table 4.28 reports the effects of organizational leadership, information and analysis, quality service management, and development and involvement of employees on employee satisfaction. The table shows that, among the four mediating variables, organizational leadership, information and analysis, quality service management, and development and involvement of employees had a positive and significant effect on employee satisfaction at Phyathai 3 Hospital, as expected.

Comparing had a greater effect organizational leadership, information and analysis, quality service management, and development and involvement of employees on employee satisfaction at Phyathai 3 Hospital. Organizational leadership had a positive and significant effect on employee satisfaction at Phyathai 3 Hospital

as expected and was positively associated with a 0.57 unit increase in customer satisfaction (p < 0.01). However, when including organizational leadership with the control variables, it was found that the service model (Model 1) had an effect on employee satisfaction in the Phyathai 3 Hospital (p < 0.01).

Meanwhile, information and analysis had a positive and significant effect on employee satisfaction at Phyathai 3 Hospital, as expected. Other things, information and analysis were positively associated with a 0.62 unit increase in employee satisfaction (p < 0.01), and when including information and analysis with the control variables, it was found that the information and analysis model (Model 2) still had a positive effect on employee satisfaction at Phyathai 3 Hospital (p < 0.01).

Meanwhile, service quality management had a positive and significant effect on employee satisfaction at Phyathai 3 Hospital, as expected. Other things, service quality management was positively associated with a 0.70 unit increase in employee satisfaction, (p < 0.01), and service quality management when including with the control variables, it was found that , service quality management model (Model 3) still had a positive effect on employee satisfaction at Phyathai 3 Hospital (p < 0.01).

Meanwhile, the development and involvement of employees had a positive and significant effect on employee satisfaction at Phyathai 3 Hospital, as expected. Other things, the development and involvement of employees was positively associated with a 0.85 unit increase in employee satisfaction, it had (p < 0.01), and when including development and involvement of employees with the control variables, it was found that the development and involvement of employees (Model 4) still had a positive effect on employee satisfaction at Phyathai 3 Hospital (p < 0.01).

4.5 Opinions of Hospital Director toward Hospitality Management

This part of the study discusses the findings from in-depth interviews with the two hospital directors, who were experts in public and private management. The findings indicated three main important that the directors used to develop and improve the quality and efficiency of healthcare services in order to optimize the performance of the hospitals. First, was preparing for change: human resource management and development; second was improving the caliber and quality of the healthcare

workforces, and last, was the value and beliefs that built for enhanced hospitality service quality. Most of them are the three main points for opportunities that stated as follows.

4.5.1 Preparing for change: human resource management and development in the hospitality industry

The links between organizational performance in healthcare and Human Resource Management (HRM) have had a great deal of attention and should be further examined (Wright et al., 2005). HR practices are linked to both of individual and organizational performance (Boselie et al., 2005; Combs et al., 2006; Hyde et al., 2006; Wall and Wood, 2005). Therefore, preparing for change is important and organizational leadership should be emphasized; that is how to make an organization in the way of effective to focus on human resource management and development. Two of effective ways to enhance quality service are composed of education and training, which have become a vital component for creating and maintaining a competitive edge in today's hospitality industry, especially in the healthcare sector. Nowadays, the healthcare sector is facing shortages of staff, especially nurses and another allied healthcare professional, such as paramedic technicians. As a consequence, the hospital directors stated the following education and training:

> "Humans are a very important resource for organizational survival and growth in the hospitality service industry."

> "In the public hospital, training and education are two commons in the field of human resource management and development for survival and growth."

> "Empowerment is one of the effective tools for enhancing employee performance effectiveness. Leadership hoping that after employees are enhanced by empowerment, quality services will be improved because they believe that the power from employees in an organization is a vital part of this achievement."

"Employees are the strategic partner; who needs people to coordinate and cooperate with various fields of service, both of clinical and non-clinical and can improve the relationships among each other."

When compared with the private hospital, two of the directors had the same opinion in terms of training and education. Moreover, the director of the private hospital also stated that the following:

"In the case of informal training, empowerment is one of the key success factors to improve technical skill; that is, the leadership should provide an opportunity among employees to participate between each other both of clinical and non-clinical."

"Potential ethical issue proposes is one of a leadership management that can be a good model for subordinates."

"A Leader should be a good model for this ethical and moral."

4.5.2 Improving the Caliber and Quality of the Healthcare Workforce for Hospitality Service Quality

With heightened emphasis on the imperatives to improve the quality and efficiency of healthcare delivered in Thailand's hospitals and healthcare systems, healthcare leaders are challenged to consider development to increase and to offer the initiatives for quality and efficiency that affect organizational services improvement.

For the public hospital, the leadership management to improve the quality and efficiency in the hospital was found to depend directly on the appropriate focus and successful implementation, guided by skilled leaders. The interviewees stated the following in this section.

"Effective leadership skills have broad organizational reach, touching both employees and affiliated professionals and spanning the organization."

"Leadership style that directly to be a good model by using transformational leadership to help new and established leaders, as well as those in administrative and clinical roles."

The interviewees not only mentioned the leadership skills and styles that affected to improve the caliber, but they also mentioned another important factors that increases potential activities. Some of the interviewees stated the following:

"In the public hospital, there is another potential to increase caliber the by focusing training in specific areas related to cost containment, quality of care, and so forth."

"Create opportunities for the application of new skills, including planning structured follow-up after developmental programs."

"Increasing the caliber of the healthcare workforce can increase customer trust and its value for their money payment in cost of care."

When compared with the opinion of the private director about increasing the caliber of healthcare workforce, the interviewee stated as the same opinions as public hospital as following:

"In the private hospital, improving the overall leadership skills of the workforce is the main program to increase the competencies and capabilities of employees and associated clinicians."

"Training programs are always set up in strategic planning as a course of on the job training at site, in-house training, and outside training."

4.5.3 Value – based leadership for enhancing hospitality service quality

A truly value-based organization, to less conflict that arising from diverse value systems, and the greater integration of the disparate values within organization. The point of view of two of the hospital directors is indicated as follows:

"Recognize your personal and professional values by better understanding your own value systems at work."

"Healthcare leaders and managers may be highly directive and controlling over major projects, yet may really believe they values input and participation."

"Managers need to decide how much they will expect from their organizational healthcare system, in terms of regarding the organization will exhibit toward its values and how closely the organization will adhere to these values."

"In healthcare organizations, however, both values and beliefs can develop initiatives designed both of employee conceptualization to perform tasks and implementation designed of physical environment to fulfill customer satisfaction."

"Today's healthcare executives and leaders must have management talent sophisticated enough to match the increased complexity of the healthcare environment."

Next, the research findings from the quantitative analysis and interviews will be concluded and discussed in Chapter 5. Based on the findings, recommendations are made for both public and private hospitals.

4.6 Summary

The findings from the quantitative analysis indicated the service that the customers perceived. Furthermore, the quantitative analysis indicated the organizational performance effectiveness in hospitality management that the employees perceived. Both analyses were founded on the both public and private hospitals. The research findings showed that the highest score of perceived customer satisfaction at Banphaeo Hospital was reliability (service standard providing) while assurance (employee-mannered) was the highest score of perceived customer satisfaction at Phyathai 3 Hospital. The results further showed that among the hospitality factors, service, employee behavior, and physical environment had a positive and significant effect on customer satisfaction at both Banphaeo and Phyathai 3 Hospitals. When including the control variables (gender, age, educational level, income level, and marital status), employee behavior, had a greater effect on customer satisfaction at Banphaeo Hospital, and at Phyathai 3 Hospital, service had a greater effect on customer satisfaction. Further results indicated that among the hospitality management factors, organizational leadership, information and analysis, quality service management, and development and involvement of employees had a positive and significant effect on employee satisfaction at both Banphaeo and Phyathai 3 Hospitals. When including the control variables (gender, age, educational level, and experience), development and involvement of employees had a greater effect on employee satisfaction both of Banphaeo and Phyathai 3 Hospitals. The findings from the in-depth interviews confirmed those of the quantitative analysis, where a crucial problem of organizational performance in hospitality management was the development and involvement of employees in terms of enhancing education and training.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This final chapter, conclusions and recommendations are included. Moreover, the conclusions in this chapter came from the findings presented in chapter 4 and the discussions were based on the theoretical points reviewed and cited in chapter 2. Furthermore, the researcher provides recommendations for both public and private hospitals and for those that are particularly interested in the area which relevant toindividual level, hospitality and customer satisfaction. In addition, included for those are relevant to organizational level, hospitality management and employee satisfaction.

5.1 Research Conclusions

5.1.1 Conclusions of Hypothesis Testing

According to the conceptual framework of customer satisfaction toward hospitality, the research hypotheses were proposed to support, firstly, a positive association between the independent variables (service, employee behavior, and physical environment) and dependent variable (customer satisfaction), secondly, and mediating variable (HM) and dependent variable (employee satisfaction). The findings of the hypotheses testing that have been presented in Chapter 4 are concluded in the table as following:

Table 5.1 Conclusion of Hypothesis Testing

Hypothesis	Finding
Hypothesis 1 (H1): The service; front stage and back stage, directly and positively influences customer satisfaction.	Supported
Hypothesis 2 (H2): The employee behavior; knowledge and interpersonal skills, directly and positively influences customer satisfaction.	Supported
Hypothesis 3 (H3): The physical environment; facilities and accommodation, directly and positively influences customer satisfaction.	Supported
Hypothesis 4 (H4): Hospitality Management, directly and positively affects employee satisfaction in public hospital.	Supported
Hypothesis 5 (H5): Hospitality Management, directly and positively affects employee satisfaction in private hospital.	Supported

As can be seen in the table 5.1, it includes the hypotheses testing of the influences of hospitality on customer satisfaction and the effect of hospitality management on employee satisfaction.In this finding, the results have been shown in H1-H3 indicated that the service, the employee behavior, and the physical environment have an influences on customer satisfaction.

Moreover, the management of hospitality in both public and private hospitals has an effect to employee satisfaction. For further conclusions and arguments, the next four parts provide details of the performance of operational effectiveness in enhancing customer satisfaction.

5.1.2 Conclusion Regarding Research Question 1

Research question 1 "What are the factors of such satisfaction and how satisfied are customer with hospitality services in public and private hospitals in Thailand?" The results showed that both hospitals; Banphaeo hospital and Phyathai 3 Hospitals, the customer reported a considerable satisfaction with the service provided by the hospitals, the customer satisfaction with facilities, accommodations and service provided could be divided into the five following areas.

1) Tangibility: Physical Environment

In respect of the tangibility, the results showed that the factor that affected the satisfaction of the customer of Banphaeo Hospital mostly included the need for information about treatment, or general information about service while the satisfaction of the customer of Phyathai 3 Hospital, the factor that affected the satisfaction of the customer mostly included personnel's behavior that should be more polite and benign**.**

It was obvious that at public hospital, the patients needed for information about the services they would receive. At present, it is found that there are a lot of patients admitted in public hospital and the staffs have insufficient time to provide information to patients. Meanwhile, at private hospital, the patients demanded for the personnel and staffs who are gentle and benign. As private hospital charge more expenses than public hospital and the patients pay higher service charge at private hospital than public hospital, so their perception is higher accordingly.

2) Reliability: Service

In respect of the reliability, the results showed that the factor that affected the satisfaction of the customer of Banphaeo Hospital mostly included that the patients did not need for the repeated information provided by hospital while the satisfaction of the customer of Phyathai 3 Hospital, the factor that affected the satisfaction of the customer mostly included effective service from the starting point of service.

It was obvious that at public hospital, the patients had an understanding of the condition and the great number of patients each day, the examination was not punctual consequently. Meanwhile, at Phyathai 3 Hospital, the patients needed for effective service from the starting point of service. As private hospitals charge more expenses than public hospitals and the patients pay higher service charge at private

hospital than public hospital, so the patients expected the best service out of the hospital from the first time they visited.

3) Responsiveness: Employee Behavior

In respect of the responsiveness, the factor that affected the satisfaction of the customer of Banphaeo Hospital mostly included that the patients needed for a prompt response from hospital staffs while the customer of Phyathai 3 Hospital reported that the factor affecting their satisfaction mostly included that the hospital staffs should be willing to render the service and caring.

It was obvious that at public hospital, there are a lot of patients and a prompt response is sometimes somewhat difficult and current situation that public hospital lack of medical and nursing personnel. Meanwhile, at Phyathai 3 Hospital, showing a willingness to serve and care is identified important and should be promoted and trained as organizational culture.

4) Assurance: Employee Behavior

In respect of the assurance, the factor that affected the satisfaction of the customers of Banphaeo Hospital mostly included that the patients needed service from staffs who are courteous, while the customer of Phyathai 3 Hospital reported the factor that affected the satisfaction of the customer mostly included the service provided by the personnel and staffs makes them sense of security in the services received.

It was obvious that at public hospital, there are a large number of patients serviced each day and together with a lack of personnel and staffs in charge, they needed to work speedily against the time, they sometimes express the hastiness and disrespectfulness. Similarly, at private hospitals which currently have faced with a lack of competency of personnel that affects the confidence of clients. So, hospital should carry out a competency in both core competency, managerial competency, and functional competency to improve the confidence with customers.

5) Empathy: Service

In respect of the empathy, the factor that affected the satisfaction of the customer of Banphaeo Hospital mostly included that the patients needed an individualized attention and the understanding of the service while at Phyathai 3 Hospital, the numbers of staffs were not sufficient for service providing. It made the

customer may be felt that staffs were not pay attention at them. So, from this point of views, the customer reported the factor their satisfaction mostly included that hospital should supply an adequate number of personnel and staffs to serve the patients.

It was obvious that at public hospital, in spite of the large number of patients each day, it should be more attentive to patients and understanding of the specific care needs and individual need consistently with the complexity of the illnesses-causing diseases today in which care, attention and patience is needed to understand each step specifically while at private hospital, the patients need to have enough staffs to render the service. So, the hospital should have staffed systematically to accommodate the large number of customers who use the service. It is currently found that some patients turn to a private hospital for treatment for they do not want to wait for long time.

According to the customer who used the services of public hospital, most of them reported a satisfaction with the service; they agreed with service received indeed. Similarly, the customer who used the services of private hospital, most of them reported a satisfaction with the service; they agreed with service received indeed. Obviously, the patients at public hospital expected the more effective improved service in various areas provided by public hospital. Meanwhile, at private hospital, it should deal with service performance that draws the customer attention to get the service continuously.

5.1.3 Conclusions Regarding Research Question 2

Research question 2, "Which ones of factors are the impact drivers of customer satisfaction in the public and private hospitals in Thailand?" The findings on factors that are important driver to build the customer satisfaction can be divided as follows:

The results showed that among the hospitality factors, service, employee behavior, and physical environment had a positive and significant effect on customer satisfaction in both Banphaeo and Phyathai 3 Hospitals.

When including the control variables (gender, age, educational level, income level, and marital status) in the models of analysis, service, employee behavior, and physical environment had a greater effect on customer satisfaction in both Banphaeo

and Phyathai 3 Hospitals. It could be said that service, employee behavior, and physical environment are workable factors for customer satisfaction improvement in both Banphaeo and Phyathai 3 Hospitals.

Comparing between Banphaeo and Phyatahi 3 Hospitals, the result showed that employee behavior (assurance) is impact factor drivers of customer satisfaction on Banphaeo Hospital, meanwhile service (reliability) is impact factor drivers of customer satisfaction on Phyathai 3 Hospital.

5.1.4 Conclusions Regarding Research Question 3

Research question 3, "What are the differences of the hospitality management performance between public and private hospitals in Thailand?" the answer to this question could be divided into four parts.

1) The Differences in Organizational Leadership

As shown, an average of the mean score for public hospital, the personnel and staffs were of the opinion that the leadership of the executive affecting the service management mostly was "the senior executives provide highly visible leadership in maintaining an environment that supports HM improvement"

As shown, an average of the mean score for public hospital, the personnel and staffs were of the opinion that leadership of the executive affecting the service management most slightly was "the senior executives consistently quality of HM"

As shown, an average of the mean score for private hospital, the personnel and staffs were of the opinion that leadership of the executive affecting the service management mostly was "the senior executives have articulate a clear vision for improving the quality of HM"

As shown, an average of the mean score for private hospital, the personnel and staffs were of the opinion that leadership of the executive affecting the service management most slightly was "physician leadership is personally involved in HM efforts"

In comparison between public and private hospitals, it was found that at private hospital, the leaders had the farsighted vision in caring the environmental as part of service management considerably; however, it should be carried out

continuously to improve the efficacy. Meanwhile, at private hospital, it was found that a farsighted vision of leaders was similar to that of public hospital. In addition, it found that the physicians have somewhat sparse participation in service management, possibly because most private doctors are responsible for treating the patients and providing the information.

2) The Differences of Information and Analysis

As shown, an average of the mean score for public hospital, the personnel and staffs were of the opinion that giving information and analysis affecting the service management mostly was "hospital employees are actively involved in determining what data are collected for the purpose of improving the quality of hospitality services ".

As shown, an average of the mean score for public hospital, the personnel and staffs were of the opinion that that giving information and analysis affecting the service management most slightly was "the hospital offers a wide collection of data about hospital services" and "the hospital continually tries to improve the timeliness of its data on the quality of hospitality services"

As shown, an average of the mean score for private hospital, the personnel and staffs were of the opinion that giving information and analysis affecting the service management mostly was "hospital continually tries to improve the timeliness of its data on the quality of hospitality services"

As shown, an average of the mean score for private hospital, the personnel and staffs were of the opinion that that giving information and analysis affecting the service management most slightly was "hospital continually tries to improve how it uses data and information on the quality of hospitality services"

In comparison between public and private hospitals, it was found that the public personnel are actively involved in determining what data are important to be restored in the computer system while it should increase the data and provide the information on timely manner. On the contrary, the private personnel could provide the information adequately and speedily; however, it should increase training the staffs to operate the data in on computer system.

3) The Differences of Quality Service Management

As shown, an average of the mean score for public hospital, the personnel and staffs were of the opinion that quality affecting the service management mostly was "non-managerial employees are playing a key role in setting priorities for quality of HM improvement"

As shown, an average of the mean score for public hospital, the personnel and staffs were of the opinion that quality affecting the service management most slightly was "middle managers (e.g., department heads, program directors, and line supervisors) are playing a key role in setting priorities for quality of HM improvement"

As shown, an average of the mean score for private hospital, the personnel and staffs were of the opinion that quality affecting the service management mostly "external customers are playing a key role in setting priorities for quality of HM improvement"

As shown, an average of the mean score for private hospital, the personnel and staffs were of the opinion that quality affecting the service management most slightly was "each department and work group within this hospital maintains specific goals to improve quality of HM"

In comparison between public and private hospitals, it was found thatnon-managerial employees of the public hospital play a key role in giving information to the customers. They were of the opinion that middle managers (e.g., department heads, program directors, and line supervisors) should play a key role in analyzing and giving information to the customers increasingly. Compared with private hospital, the difference was found; the personnel and staffs were of the opinion that customer's comment was most important to service management and hospital staffs at different departments should be more encouraged to comment about internal quality of service management.

4) The Differences of Development and Involvement of Employees

As shown, an average of the mean score for public hospital, the personnel and staffs were of the opinion that development and personnel involvement affecting the service management mostly was "hospital employees are rewarded and recognized (e.g., financially and/or otherwise) for improving quality of hospitality"

As shown, an average of the mean score for public hospital, the personnel and staffs were of the opinion that development and personnel involvement affecting the service management most slightly was "hospital employees are given the needed education and training to improve job skills and performance"

As shown, an average of the mean score for private hospital, the personnel and staffs were of the opinion that development and personnel involvement affecting the service management mostly was "the hospital tries to design quality of hospitality into new they are being developed"

As shown, an average of the mean score for private hospital, the personnel and staffs were of the opinion that development and personnel involvement affecting the service management most slightly was "inter-departmental cooperation to improve quality of hospitality is supported and encouraged"

The executives of the hospital strengthen the personnel and staffs morale in both monetary and non-monetary and recognize the competence of staffs in their effective administration and service management. However, training and instructing the staffs on service management should be provide more. Compared with the private hospital, it found that the hospital improved and developed both structure and service effectiveness for clients increasingly; however, working environment for the coordination between departments to be more efficient should be promoted and enhanced.

5.2 Discussions of Theoretical Contributions

Based on this study, the empirical findings are aims as the part for discussion. By the way, the theoretical contributions, concepts, and relevant to hospitality management for enhance customer and employee satisfaction. The discussions are divided into two parts.

5.2.1 The Total Quality Management in Thai Public and Private
Hospitals in Thailand

The Total Quality Management (TQM) has become the process improvement and has been used in the management practice. Many of organizations in Thailand

always use TQM as the source of sustainable competitive advantage for the both of public and private organization, especially public and private hospitals in Thailand. The successful of this approach is the ultimate contributions of successful TQM implementation that including attaining excellence, creating a right first- time attitude, and delighting customers and suppliers, etc. (Mohanty and Behera, 1996). So, in a new paradigm, TQM implementation has become the world of phenomenon and companies around this world (Chen, 1997).

In this research study, the results of how does each factors about hospitality management can effect to increase customer and also employee satisfaction. Due to this reason, in management term, particularly, the employee satisfaction is the confirmation point of view to support the hospitality management effectiveness. In order to support this result, the point is the relationships between TQM and service quality in organizational context, it can be shown that there are six dimensions which are leadership, customer focus, strategic planning, information and analysis, process management and human resource (Prajogo, 2006).

In addition to the above-mentioned point, the research found that, there are two of relevant dimensions of TQM, those are development and involvement of employees and information & analysis which are playing a vital role in terms of management to increase satisfaction of customer in Thai hospital context. Moreover, the findings of this research found that, both of public and private hospitals have the same results were development and involvement of employees has the most impact on organizational performance effectiveness in terms of hospitality management.

5.2.2 The Human Resource Management in Thai Public and Private Hospitals Context: An Employee Behavior, Does It Relevant with the Theoretical Perspectives?

The discussion on this research findings are about employee behavior on the customer satisfaction of both public and private hospitals. They are divided into two parts as follows:

1) Knowledge of employee behavior-Related customer satisfaction

Customer satisfaction, in this study, was defined as a person's feelings of pleasure or disappointment on the offers perceived performance in relation to buyer's expectation. The findings reflected the perception of customer toward knowledge of employee to provide service quality. At Banphaeo Hospital, knowledgeable employee should be proposed by the way of staff should provide the standard of service, provide the record of patient information correctly, and hospital staff should be knowledgeable in answering questions for patients. These finding were in accordance with a study by Wilson et al., (2008). They stated that companies must provide necessary training curriculum and required authority thus to their employees to guarantee the support delivery. Knowledge of people came from training intended for managerial and technical skills. So, the companies have to provide constant training programs for their employees in the necessary technical skills as well as interactive skills to offer the high quality service (Wilson et al., 2008).

2) Interpersonal skills of employee behavior-Related customer satisfaction

Not only knowledge of employee that is necessary for service quality improvement but also interpersonal skills to perform task. For instance, from the findings of Banphaeo Hospital, the results has been shown that, excellent hospital staff should be polite, well-mannered, and courtesy to patients, excellent hospital should pay attention to patient individually, excellent hospital should show a willingness to serve and care. These findings were in accordance with Wilson et al., (2008). They stated that most corporations will teach their own customer-contact, their employees should be friendly and also courtesy to customers and make customer who may have the opportunity of "the customer is always right" and companies also may train employees in how to prevent absorbing any customer's awful mood.

5.3 Discussions of Practical Contributions

The findings from this study are expected to serve as valuable resource for the hospital management in adjusting its practices and facilities to serve customer needs and to increase organizational performance effectiveness. The performance measurement tends to suggest that type of measurement is needed. The relationship between customer satisfaction and organizational performance can be used to identify in this issue. So, organizational performance evaluation will be focused on an organizational-wide or systems-wide management.

Based on this research finding, development and involvement of employees and quality service management are the most factors affecting with employee satisfaction in public and private hospitals respectively. Under these results, the involvement of employee in quality service management is viewed to be critical to the success of the organizational performance in terms of hospitality management. So, an organizational leadership should pay more attention to enhance employee performance to provide a good service for improving quality and made customer satisfy with service that they obtained.

5.4 Discussions of Policy Implications

Hospitality management in hospital is sometimes an art or a science. Experience, skills, judgement and insight to be successfully are executed by a policy implementation in the main scheme of country. In Thailand, public hospital is under the healthcare public policy to provide an effective service with fully equipped for people and let them to obtained service as they have a right to receive under the provision of government. In addition, private hospitals are under a healthcare policy implementation as well. By the way, both of public and private hospitals in Thailand are accredited by as institution that establishing quality guideline for improving hospital performance effectiveness. Not only Hospital Accreditation (HA) in Thailand but also Joint Commission International is the one of institution that set up for providing guidelines for helping hospitals through the real of nature and process of

choice in planning, organizing, staffing, directing and controlling the organizational to performed services effectively and apparently.

Based on this research finding, both of public and private hospitals, two of leaderships are understand in the concept of Thailand healthcare policy implementation. Both of them accepted and well-prepared for enhancing and improving their healthcare services and still further to develop hospital services to serve customer satisfaction by trying to improve their staffs to gain more knowledge and skills by the way of training and education under the Thailand healthcare provision systems.

5.5 Recommendations for Public and Private Hospitals

Based on theoretical perspective and the empirical findings, recommendations for public and private hospitals were proposed. They are composed of three parts as follows:

1) Part of Customer Satisfaction: Public Hospital

1.1) Fill Data and Information Gaps

Based on the findings of this research, the satisfaction of customer with the highest score was excellent service hospital should not provide services such as providing repeated information on the same topics. To deal with this demand of customer, hospital should be better workforce planning such as better information and analyses of data at regional level, the destination management planning and labor force mapping to assist planning should be emphasized, and more providing high quality workforce information, tools and services to quality system for make sure that staff in hospital can play a role and drive organizational performance in terms of data and information.

1.2) Enhance Employee behavior through Service Mind

Based on the findings that polite manner and courtesy has a greater effect on customer satisfaction in the public hospital, the recommendation for this issue is HRD approach. There is a training that can enhance employee behavior in the hospital. The mandatory course competency is Excellent Service Behavior (ESB), it should be implemented in all staff level. In this course, particularly, always have three

types. The first is On the Job Training (OJT), manager who working in the unit can be a good and great model for their subordinates showing that how can we provide an excellent service behavior to customer/clients. The second is In-house training, in this session, guest speaker from outside is essential to inviteto teach employee for service mind course in the hospital. Lastly, Out-side training, hospital like hospitel, this issue has heard so often in terms of hospitality in the hospital and staffs should have a chance to train outside for gaining in this knowledge.

2) Part of Customer Satisfaction: Private Hospital

2.1)   Enhance internal service process

Based on the findings that excellent hospital should provide the standard service from the point service begins. It means that customer needs a promptly service and high quality when their arrival to hospital. Waiting time is essential for service quality in terms of hospitality product. Moreover, the standard of service that can help the customers feel in the certainty to the process is an employee should be paid more attention to provide information in exactly time (if possible) to customers. So, excellent hospital should enhance internal service process by using total quality management as a tool for quality improvement.

2.2)   Preventing risk before its occurred

Based on the findings that excellent hospital should manifest a readiness to serve and ready to solve the problem to the clients immediately and excellent hospital staff should ensure the patient of a sense of security with the services provided by the hospital. From one of the result of this research finding, assurance is the one of the most factor that customer expected from excellent hospital to be provided in a service. The customer can feel more confident because assurance is the degree that correctly provided. So, note that the measures of customer from their service obtained should be implemented after the service is delivered because a failure can be detected for service quality: a failure could not be detected only when it is too late to respond.

3) Part of Employee Satisfaction through Hospitality Management: Public and Private Hospitals

Based on the finding, both of public and private hospitals, the result has been shown that organizational leadership and information and analysis have a

quite but not the greater effect on employee satisfaction. So, the researcher will suggests for enhancing these two issues. Firstly, organizational leadership has to put much of employee development and involvement in all activities. For example, in service, both of front and back stage, is the stage that provide a common tasks to customer to fulfill their needs and to give any information when customer requested. Secondly, all of them tend to work as a team working and giving their suggestions for improving any services in an organization. The relationship between customer satisfaction and employee satisfaction is the one relationship that seems to yield aligning results. When employees are satisfied with their fundamental premise, they also reflecting to customer and made them feel satisfy with services that they provided. In this study the researcher has two of suggestions which according to the findings are as follow:

3.1) To maintain an organizational leadership

Based on the findings of this research, Firstly, in the public hospital, the hospitality management (HM) components of organizational leadership issue with the highest score was the senior executives provide highly visible leadership in maintaining an environment that supports HM improvement. So, to deal with this employee expectation, public hospital should be continued by encouraging visible vision of leadership, implementing, and monitoring continuously to support hospitality management, especially, environment in hospital. It can be seen that physical environment including facilities and accommodation were important for customer to keep in mind when they have to select a choice of their disease treatment. For supporting this critical issue, as we can see the biggest public hospital in Thailand such as Banphaeo Hospital. The hospital executives pay attention to build the hospital with a beautiful and comfortable of infrastructure. For this purpose, they hope that it will be fulfill an expectation of customer who come to use any services in the hospital. On the other hand, the lowest score is the senior executives should be consistently to control a quality of HM. That is to say, organizational leadership with a consistently management is a point for hospital executives to continue for hospitality performance effectiveness. Secondly, in private hospital, the senior executives have articulated a clear vision for improving the quality of HM is the highest issue of a performance of organizational leadership and the lowest is

physician leadership is less of personally involved in HM efforts. To deal with these two issues, the hospital executives should continue their vision for HM and to encourage all of physicians to lead and participate in hospitality management by joining in the TQM meeting in any occasions and complying by hospital policy.

3.2) To promote information and analysis

Based on the findings of this issue, information and analysis in the hospital is affected to Phyathai 3 hospital and Banphaeo Hospitals. Nevertheless, in the researcher opinion , information & analysis, is very important and necessary for customer because in a globalization world, an advanced of high technology, especially, Healthcare Information System (HIS) has a vital role to help medical profession working effectively by providing patient's information promptly if they needed. Firstly, from the research finding in public hospital, the highest score issue is hospital employees are actively involved in determining what data are collected for the purpose of improving the quality of hospitality services. To deal with this issue, public hospital should continue on HIS and at the same time, higher advanced of program will be upgraded to hospital functioning system. For instance, a preference history of what does customer need when they coming to the hospital, it should be added on the computing system. From this recommendation, it relevant with an issue of the finding in the lowest score, that is, the hospital should offers a wide collection of data about hospital services and hospital should continually tries to improve the timeliness of its data on the quality of hospitality services. So, HIS is the best answer for fulfill a customer needs.

5.6 Recommendations for Future Studies

For future research, there are a wide variety of topics relevant to quality service management. The recommendations for future studies are the following:

1) A topic of study can be developed to a specific of service, such as, the effect of service specialization on customer satisfaction and the operational performance on customer satisfaction.

2) A unit of analysis can be developed to the international level where the data should be analyzed from the secondary data collected by the organizations that have responsibilities related to the topic of study. The measurement has to be transformed to fit with the targeted sample unit and the analysis can be based on the time-series methods.

3) Based on the finding in this study, the research topic related to hospitality, service obtained, and hospitality management, organizational performance. How to link between organizational and customer variables in service delivery would be interesting research questions.

4) It was mentioned by employee's opinions that organizational leadership is very important to articulate a vision and performing the hospitality industry. So, the leadership performance: trends and challenges would be an interesting topic of study.

5.7 Summary

This chapter was designed to respond to the research questions. Regarding the conclusions for question 1, there were the factors of such satisfaction and opinions of customers in satisfaction with hospitality services in public and private hospitals in Thailand. Especially, satisfaction in most of them reported a satisfaction with the service; they agreed with service received indeed. The conclusions for research question 2 indicate that development and involvement of employees and quality service management have a greater effect on employee satisfaction in both of public and private hospitals, respectively. The conclusions for research question 3 indicate

differences in the hospital performance effectiveness in the public and private hospitals. Training and education programs are preferable issues for enhancing employee's knowledge and interpersonal skills. Moreover, values and beliefs of organizational leadership accordance with ethics and morals are important to implement in any kinds of quality process.

Based on the findings of this study, recommendations were made for both customer and employee. Firstly, as a part of customer, filling Data and Information and enhance employee behavior through service mind were the points in public hospital. Meanwhile, Enhance internal service process and Preventing risk before its occurred were the points in private hospital. Secondly, as a part of employee, to maintain an organizational leadership and to promote information and analysis were the point both in the public and private hospitals.

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APPENDICES

APPENDIX A

QUESTIONNAIRE FOR CUSTOMER SATISFACTION

FOR PUBLIC AND PRIVATE HOSPITALS

SERVQUAL: SERVICE QUALITY MEASUREMENT QUESTIONNAIRE

(Customer Satisfaction) □ □ □ □

This questionnaire aims to measure the service quality delivered in public/private hospitals in Bangkok, Thailand. This questionnaire is divided into three parts.

In the first part, demographic questions related to the personal knowledge of the respondents.

In the second part, the following set of statements relates to your feelings. For each statement please show the extent to which you believe and prefer to choose, have the feature described by the statement.

In the last part, there are five features pertaining to hospitals and services they offer. We would like to know how important each of these features is to you when you evaluate hospital's quality of service.

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SECTION 1 – DEMOGRAPHIC QUESTIONS

1. Gender: Man ☐ Women ☐

2. Age : 18 – 20 ☐ 21 – 30 ☐

   31 – 40 ☐ 41 – 50 ☐

   51 – 60 ☐ 61 – 70 ☐

   71 and above ☐

3. Educational Level: Illiterate ☐

   Primary School Graduate ☐

   Secondary School Graduate ☐

   High School Graduate ☐

   University Graduate ☐

   Master ☐

   Others ☐

4. Your Occupation……………………………………

5. Marital Status: Married ☐ Single ☐ Divorced ☐

6. Salary 10,000-15,000 ☐ 16,000-20,000 ☐

   21,000-25,000 ☐ 26,000 or more than ☐

7. Residence: Home of my own ☐   Home of relatives ☐

             Renting ☐   Other specify ☐

8. Have you ever been serviced?

Yes ☐   No ☐

9. Which heath service providers or hospitals have you been serviced?

Private Hospital ☐

Public Hospital ☐

Others ☐

10. If you have ever been serviced by such hospital; who is responsible for your medical expenses?

Myself ☐

Insurance ☐

Others ☐

11. Shall you refer it to other?   Yes ☐   No ☐

12. Have you ever got any problems in any services?

Yes ☐

No ☐

I didn't receive any treatment within the last six months ☐

13. Which health service providers or hospitals in Bangkok have you ever been serviced?

Public Hospital ☐

Private Hospital ☐

I didn't receive any service both from public and private hospital ☐

Ever admitted both public and private hospitals ☐

14. Are you satisfied with service provided by the hospital you get service?

Very satisfied ☐

Satisfied ☐

Dissatisfied ☐

Very Dissatisfied ☐

15. Do you intend to use the service from hospital you have ever been serviced?

Yes, certainly ☐

Maybe ☐

Absolutely not ☐

SECTION 2: PERCEPTIONS

This survey deals with your opinions of hospitals. Please show the extent to which

you think the hospitals should possess the following features. What we are interested

in here is a number that best shows your perceptions about hospitals offering health

care services by fill√in a choice that is applicable to your opinion.

Highly Disagree   Highly Agree

1   2   3   4   5

TANGIBILITY: Physical environment	1	2	3	4	5
1. An excellent hospital should be furnished with modern equipment and be always standard.					
2. An effective hospital should be beautiful and stable in the physical structure.					
3. An effective hospital should be equipped with effective and gentle employees.					
4. An excellent hospital should provide utensils and equipment, for examples, leaflets with clear and accurate information about the hospital.					
RELIABILITY: Service	**1**	**2**	**3**	**4**	**5**
5. An excellent hospital should inform the services prior to service at every time.					
6. An excellent hospital should manifest a readiness to serve and ready to solve the problem to the clients immediately.					

RELIABILITY: Service	1	2	3	4	5
7. An excellent hospital should provide the standard service from the point which service begins.					
8. An excellent hospital should provide a service on exactly scheduled time.					
9. An excellent hospitals should provide the record of patient information correctly.					
10. An excellent hospital should not provide services such as providing repeated information on the same topics.					
RESPONSIVENESS: Employee behavior	**1**	**2**	**3**	**4**	**5**
11. An effective hospital staff should *p*rovide excellent service to patients as soon as the patient arrives at the hospital.					
12. An excellent hospital staff should show a willingness to serve and care.					
13. An excellent hospital staff should be ready to serve upon a patient's request.					
ASSURANCE: Employee behavior	**1**	**2**	**3**	**4**	**5**
14. An effective hospital staff should ensure the clients of a confidence in the service.					
15. An excellent hospital staff should ensure the patient of a sense of security with the services provided by the hospital.					
16. An excellent hospital staff should be polite, well-mannered and courtesy to patients.					
17. An excellent hospital staff should be knowledgeable in answering questions for patients.					

EMPATHY: Service	1	2	3	4	5
18. An excellent hospital should pay attention to the patient individually.					
19. An excellent hospital should provide sufficient time for the patients.					
20. An excellent hospital should provide adequate staffs to take care of the patients.					
21. An excellent hospital should access to the patient's feeling.					
22. An excellent hospital should have an understanding of the specific needs for patients.					

SECTION 3: SERVQUAL IMPORTANCE WEIGHTS

Listed below are five features pertaining to public and private hospitals and services they offer. We would like to know how much of these features are important to patients/guests. Please fill√in a choice that is applicable to your opinion one of these five statements according to their importance.

Most Important = 1 ----------------------------------- Least Important = 5

1   2   3   4   5

CHARACTERISTICS	ORDER OF IMPORTANCE				
	1	2	3	4	5
1.Hospital infrastructure, e.g.; facilities, quality equipment for staffs, modern communicating devices.					
2.Serviceability of hospitals to provide standard and quality service.					
3.Willingness and care to patients / clients in providing service in timely manner.					
4. Knowledge, politeness, generosity of staffs and ability to bring about a reliability, confidence and trust.					
5. Close care provided by the hospital to the patients.					

THANK YOU FOR YOUR COOPERATION

APPENDIX B

QUESTIONNAIRE FOR EMPLOYEE SATISFACTION

FOR PUBLIC AND PRIVATE HOSPITALS

QUALITY OF HOSPITALITY MANAGEMENT QUESTIONNAIRE

(Employee Satisfaction)

☐ ☐ ☐

This questionnaire aims to measure the Hospitality Management (HM) delivered in public/private hospitals in Bangkok, Thailand. This questionnaire is divided into two parts.

In the first part, demographic questions related to the personal knowledge of the respondents.

In the second part, based on your opinions/experiences of an employee, focusing on hospitality management in hospital, please think about an excellent quality of management that you would be pleased to reflect the hospital's current state. In circling a response, please keep in mind the following general guidelines regarding the choices of response categories. Strongly Agree applies when the statement represents a completely accurate description of your hospitality management. You should circle Strongly Disagree, when the statement is completely inaccurate.

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SECTION 1 – DEMOGRAPHIC QUESTIONS

1. Gender:　　　　　　Man　☐　　　Women　☐

2. Age Groups:　　　18 – 20　☐　　21 – 30　☐

　　　　　　　　　　31 – 40　☐　　41 – 50　☐

　　　　　　　　　　51 – 60　☐

　　　　　　　　　　61　and above　☐

3. Educational Level:　Illiterate　　　　　　　　☐

　　　　　　　　　Primary School Graduate　　☐

　　　　　Secondary School Graduate　　　　　☐

　　　　　High School Graduate　　　　　　　☐

　　　　　University Graduate　　　　　　　　☐

　　　　　Master Degree　　　　　　　　　　☐

　　　　　Others　　　　　　　　　　　　　　☐

4. Your Position:………………………………………………………

5. Your experience in this hospital:

　　　　　Less than 1 year　☐　　　2 – 5 years　☐

　　　　　6- 10 years　☐　　　Over10 years　☐

SECTION 2– PERCEPTIONS

Measuring Performance in Hospitality Management in hospital settings - Instructions In this section you will be asked to assess your hospital's efforts to improve the quality of Hospitality Management its provides.

After reading each statement carefully, please indicate the extent to which you agree or disagree that the statement characterizes your hospital by fill√in a choice that is applicable to your opinion (1 = Strongly Disagree, to 5 = Strongly Agree). Your opinions should reflect the hospital's current state, as opposed to future goals. In circling a response, please keep in mind the following general guidelines regarding the choices of response categories. Strongly Agree applies when the statement represents a completely accurate description of your hospitality management. You should circle Strongly Disagree, when the statement is completely inaccurate.

Strongly Disagree   Strongly Agree

| 1 | 2 | 3 | 4 | 5 |

Organizational Leadership: Lead Proper Care	1	2	3	4	5
1. The senior executives provide highly visible leadership in maintaining an environment that supports HM improvement.					
2. The CEO/Chief Administrator is a primary driving force behind HM improvement efforts.					
3. The senior executives allocate adequate organizational resources (e.g., finances, people, time, and equipment) to improving HM.					
4. The senior executives consistentlyquality of HM.					
5. The senior executives have articulated a clear vision for improving the quality of HM.					
6.The senior executives have demonstrated an ability to manage changes needed to improvethe quality of HM.					
7. The senior executive acts on suggestions improve the quality of HM.					

Organizational Leadership (continued)	1	2	3	4	5
8. Physician leadership is personally involved in HM efforts.					
Information & Analysis: Communication Proper Care	1	2	3	4	5
9. The hospital offers a wide collection of data about hospital services.					
10. Hospital continually tries to improve how it uses data and information on the quality of hospitality services.					
11. The hospital continually tries to improve the accuracy and relevance of data on the quality of hospitality services.					
12. The hospital continually tries to improve the timeliness of its data on the quality of hospitality services.					
13. Hospital employees are actively involved in determining what data are collected for the purpose of improving the quality of hospitality services.					
14. Hospital employees are given adequate time to plan for and test improvements.					
Quality Service Management: Quality Proper Care	1	2	3	4	5
15. Each department and work group within this hospital maintains specific goals to improve quality of HM.					
16. The hospital's quality of hospitality improvement goals are known throughout the organization.					

Quality Service Management (continued)	1	2	3	4	5
17. Hospital employees are involved in developing plans for improving quality of HM.					
18. Middle managers (e.g., department heads, program directors, and line supervisors) are playing a key role in setting priorities for quality of HM improvement.					
19. Middle-level employees are playing a key role in setting priorities for quality of HM improvement.					
20. External customers are playing a key role in setting priorities for quality of HM improvement.					
21. Non-managerial employees are playing a key role in setting priorities for quality of HM improvement.					
Development and Involvement of Employees: FLIP Proper Care	**1**	**2**	**3**	**4**	**5**
22. Hospital employees are given education and training inhow to identify and act on quality of HM improvement opportunities.					
23. Hospital employees are given the needed education and training to improve job skills and performance.					
24. Hospital employees are rewarded and recognized (e.g., financially and/or otherwise) for improving quality of hospitality.					
25. Inter-departmental cooperation to improve qualityof hospitality is supported and encouraged.					

Development and Involvement of Employees (continued)	1	2	3	4	5
26. Hospital employees have the authority to correctproblems in their areas when quality standards are not being met.					
27. Hospital employees are supported when they takethe necessary risks to improve quality of hospitality.					
28.The hospital has an effective system for employeesto make suggestions to management on how to improve quality of hospitality.					
29. The hospital regularly checks equipment and suppliesto make sure they meet quality of hospitality requirement.					
30. The quality assurance staff effectively coordinate theirefforts with others to improve quality of hospitality the hospital provides.					
31. Data from supplies are used when developing the hospital's plan to improve quality of hospitality.					
32. The hospital has effective policies to support improving the quality of their hospitality.					
33. The hospital work closely with suppliers to improve the quality of their hospitality.					
34. The hospital tries to design quality of hospitality into new they are being developed.					
35.The hospitality which the hospital provides is thoroughlytested for quality before they are implemented.					
36. The hospital views quality assurance as a continuingsearch for improvement opportunities.					

Employee Satisfaction toward Customer Satisfaction Index	1	2	3	4	5
37. The hospital encourages employees to keeprecords of quality of hospitality measurements.					
38. The hospital does a good job of assessing current customer needs and expectations.					
39. The hospital does a good job of assessing future customer needs and expectations.					
40. Hospital employees promptly solve customer complaints the hospital uses data from patients to improve hospitality management.					
41. Data on customer satisfaction are widely communicate to hospital staff.					
42. The hospital uses data on customer expectations and/or satisfaction when designing new services.					
43. The hospital does a good job assessing employee satisfaction with services provided by otheremployees and other departments.					

THANK YOU FOR YOUR COOPERATION

APPENDIX C

QUESTIONNAIRE FOR SURVEY OF HOSPITAL DIRECTOR
INTERVIEW FOR PUBLIC AND PRIVATE HOSPITALS

Questionnaire for Survey of Hospital Director Interview

☐ ☐ ☐

Questionnaire

A Survey of Attitude and Opinion of Hospital Director toward

Hospitality Management in Hospital

Please kindly answer the questionnaire as much as possible and based on the fact that you have.

Data will be analyzed in the holistic picture, we will not disclose any personal data, except your consent, the data will be presented in the finding information for public administrative development and for hospital development only.

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HOSPITAL DIRECTOR INTERVIEW FORM

Doctor of Philosophy Program in Development Administration School of Public Administration

National Institute of Development Administration

Dissertation topic: "Hospitality Management and Its Factors:

A Comparative Study of Public and Private Hospitals in Thailand"

Researcher: Mayuree Yotawut

Name of Informant:

………………………………………………………………………………………………

Position:

………………………………………………………………………………………………

Hospital:

………………………………………………………………………………………………

Date of interview / Venue:

………………………………………………………………………………………………

   1 2 3 4 5 6 7 8 9 10

Introductory Questions

These questions should take 10 minutes of the first interview time.

1. What is your educational background?
2. How long have you been a hospital director or a hospital administrator/leader?
3. How long have you been in your current position?

Leadership and Management in Hospital Questions

These questions should take 45-50 minutes of the second interview time to complete.

1. As a leader, please describe three important factors that affect your decision-making process when you organizing hospital services in your hospital?
2. What are the barriers we as a hospital director is facing and how can you manage those barriers?
3. What needs to be improved in order to optimize the hospital performance?
4. Can you relate how your values or beliefs are used to build relationships with your subordinates in a hospital?
5. Do you have examples to share?
6. What strategies of leadership does hospital director implement when making services in hospital?
   a) If you were to describe your style of leadership, what would it be?
   b) What leadership strategies have you used to meet changes in the status of the services your hospital offers?

THANK YOU FOR YOUR COOPERATION

BIOGRAPHY

NAME   Mayuree Yotawut

ACADEMIC BACKGROUND   Bachelor Degree of Nursing Science,
                                      Siriraj Hospital Mahidol University,
                                      Thailand

                                      Master Degree in Health Education
                                      Chulalongkorn University, Thailand

EXPERIENCES   18 Years in Healthcare Professional with
                                      a Wide Variety of Nursing Leadership
                                      and Hospital Management

                                      3 Years in Nursing Instructor at Private
                                      University in the Area of Nursing
                                      Administration and Management.