



Medical tourism in Thailand:

A cross-cultural study of medical tourists' decision-making factors

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บทคัดย่อ

การท่องเที่ยวเชิงการแพทย์ ถูกกำหนดขึ้นเพื่อพัฒนาศักยภาพของการเปิดเสรีด้านการบริการ ด้านสุขภาพในระดับนานาชาติ และสร้างผลประโยชน์ทางการเงินร่วมกัน เพื่อขยายความสัมพันธ์ทางเศรษฐกิจของโลกและสร้างพันธมิตรที่ดียิ่งขึ้น ซึ่งนำไปสู่การขยายตัวด้านการท่องเที่ยวในประเทศที่เพิ่มสูงขึ้น ส่งผลทำให้ประเทศนั้นๆ ได้กลายเป็นจุดหมายปลายทางของการท่องเที่ยวที่ได้รับความนิยมเป็นอย่างมาก การวิจัยครั้งนี้มีจุดประสงค์ 1) เพื่อสำรวจลักษณะและพฤติกรรมของนักท่องเที่ยวที่เดินทางเข้ามาในประเทศไทย เพื่อใช้บริการการท่องเที่ยวเชิงการแพทย์ 2) เพื่อศึกษาปัจจัยที่มีอิทธิพลต่อการตัดสินใจของนักท่องเที่ยวเชิงการแพทย์ 3) โดยมุ่งเน้นเป็นพิเศษเกี่ยวกับประเด็นความแตกต่างทางทัศนคติ ในแต่ละกลุ่มของนักท่องเที่ยวข้ามวัฒนธรรมในการตัดสินใจเลือกใช้บริการการท่องเที่ยวเชิงการแพทย์ในประเทศไทย

การวิจัยครั้งนี้เป็นการวิจัยเชิงสำรวจ มีกลุ่มตัวอย่างที่ใช้ศึกษาทั้งหมดเป็นจำนวน 427 ชุด จากการแจกแบบสอบถามให้กับนักท่องเที่ยวชาวต่างประเทศในสถานประกอบการทางการแพทย์ เช่น โรงพยาบาล และคลินิกภายในประเทศไทย ได้แก่ จังหวัดภูเก็ต และ กรุงเทพมหานคร ผลการวิจัยสรุปได้ว่า 1) นักท่องเที่ยวเชิงการแพทย์ส่วนใหญ่จะมีการวางแผนไว้ล่วงหน้าสำหรับการเข้ารับการรักษาพยาบาลภายนอกประเทศของตนเอง 2) ปัจจัยสำคัญที่สุด ที่มีอิทธิพลต่อการตัดสินใจของนักท่องเที่ยวก่อนที่จะเข้ารับบริการทางการแพทย์ในประเทศไทย ประกอบด้วย ความเชี่ยวชาญของแพทย์ไทยด้านการรักษาที่มีคุณภาพ, การรับรองมาตรฐานการบริการทางการแพทย์ระดับนานาชาติ การดูแลเอาใจใส่ ค่าใช้จ่ายด้านการรักษาพยาบาลในประเทศไทยที่มีราคาสมเหตุสมผลกว่าเมื่อเปรียบเทียบกับค่ารักษาของทางโลกตะวันตกที่พัฒนาแล้ว, ประกอบกับการใช้เครื่องมือและอุปกรณ์ทางการแพทย์รวมทั้งรูปแบบการรักษาที่ทันสมัยและได้มาตรฐาน 3) นักท่องเที่ยวแต่ละกลุ่มมีทัศนคติ และให้ความสำคัญกับหลายปัจจัยที่แตกต่างกันในการตัดสินใจเลือกใช้บริการทางการแพทย์ในประเทศไทย จากการศึกษานี้พบว่า ประเด็นทางด้านวัฒนธรรม มีผลต่อกระบวนการตัดสินใจของนักท่องเที่ยวทางการแพทย์น้อยมากอย่างมีนัยสำคัญ อย่างไรก็ตาม การศึกษาภูมิหลังทางด้านวัฒนธรรมของนักท่องเที่ยวเชิงการแพทย์ก็เป็นสิ่งที่สำคัญ

สำหรับผู้ให้บริการ ที่จะช่วยในการนำเสนอการรักษาหรือการให้บริการอย่างถูกต้องและเหมาะสมในแต่ละบุคคล

ผลการวิจัยที่สำคัญของการศึกษานี้ คาดว่าสามารถนำไปพัฒนาและช่วยสนับสนุนผู้ให้บริการทางการแพทย์, บริษัทประกันภัย และสถานประกอบการ หรือธุรกิจที่อำนวยความสะดวกเกี่ยวข้องกับการท่องเที่ยวเชิงการแพทย์ ซึ่งกิจการเหล่านี้ควรได้รับการพัฒนาในค่านโยบายที่จะสร้างความได้เปรียบในการแข่งขัน ทั้งในด้านทรัพยากรมนุษย์ บุคลากร และการปรับกลยุทธ์ทางการตลาดเพื่อให้มีประสิทธิภาพ ทดเทียมคู่แข่งในระดับภูมิภาคต่อไป

คำสำคัญ: การท่องเที่ยวเชิงการแพทย์, การศึกษาข้ามวัฒนธรรม, นักท่องเที่ยวเชิงการแพทย์, การตัดสินใจ, ผู้ให้บริการทางการแพทย์, ประเทศไทย

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ABSTRACT

The medical tourism market is an established feature of the international health service sector, and generates exponentially increasing financial benefits to the world's economies, which leads to increase in travel and tourism activities in the host countries. The aims of this study are to explore the characteristics of medical tourists and to investigate the factors influencing their decision-making with a special focus on how cross-cultural differences among them influence their attitude toward medical tourism in Thailand.

This study adopted a quantitative method involving 427 questionnaires distributed to international medical tourists at medical services providers in Phuket and Bangkok, Thailand. The results indicated that the majority of medical tourists are dedicated medical tourists who planned in advance for their medical treatments outside their country of residence. The most significant and important factors which influenced decision-making before participating in medical services in Thailand included professionalism and accreditation of medical service providers, quality of care, affordability/cost, and alternative/innovative treatments. Cross-cultural issues in this study were found less significant for medical tourists' decision-making process. However knowing the cultural background of the medical tourists is important for the service providers to allow them to offer personalized treatment.

The key results of this study are anticipated to support medical service providers, insurance companies, and medical tourism facilitators in developing policies to establish competitive advantages with human resource and marketing strategies in order to excel over their regional competitors.

Keywords: Medical tourism, cross-cultural study, medical tourists, decision-making, medical service providers, Thailand

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CONTENTS

	Page
หน้าอนุมัติ.....	ii
บทคัดย่อภาษาไทย.....	v
Abstract	vii
Acknowledgements	viii
Contents	ix
Lists of Tables	xiii
Lists of Figures	xiv
Chapter	
1. Introduction	1
1.1 Background to the research.....	1
1.2 Statement of the problem.....	2
1.3 Aims and objectives of the study.....	3
1.3.1 To explore the characteristics of the medical tourists in Thailand.....	3
1.3.2 To investigate factors influencing medical tourists' decision-making in order to seek medical treatment in Thailand.....	3
1.3.3 To identify cross-cultural differences among medical tourists in selecting medical tourism in Thailand.....	3
1.4 Research questions.....	4
1.4.1 What are the characteristics of the medical tourists in Thailand?	4
1.4.2 What are the factors influencing medical tourists' decision-making in order to seek medical treatment in Thailand?.....	4
1.4.3 What are the cross-cultural differences among medical tourists in selecting medical tourism in Thailand?.....	4
1.5 Scope of the study.....	4
1.5.1 Scope of research area.....	4
1.5.2 Scope of time.....	4
1.5.3 Scope of demographics.....	4

CONTENTS (CONTINUED)

	Page
1.5.4 Scope of geography.....	4
1.6 Significance of the study.....	5
1.7 Key terms and definitions.....	5
1.8 Structure of the research.....	6
2. Literature review.....	8
2.1 Introduction.....	8
2.2 Medical tourism definitions and related terms.....	8
2.3 Overview of medical tourism industry.....	10
2.4 Medical tourism in Thailand.....	14
2.4.1 Number of medical tourists in Thailand.....	16
2.4.2 Major hospitals in Thailand.....	17
2.5 Market characteristics of medical tourists.....	18
2.6 Medical services in Thailand.....	20
2.7 Consumer decision-making in medical tourism.....	21
2.7.1 Medical tourists' decision-making components.....	22
2.7.2 Factors influencing medical tourists' decision-making.....	24
2.8 Cross-cultural issues in medical tourism.....	28
2.9 Conceptual framework.....	31
3. Methodology.....	32
3.1 Introduction.....	32
3.2 Research design.....	32
3.3 Population.....	34
3.4 Sampling.....	34
3.4.1 Sampling method: Convenience sampling.....	34
3.4.2 Sample size.....	34
3.5 Research instrument.....	34
3.5.1 Questionnaires.....	34
3.5.2 Measurement Variables.....	35

CONTENTS (CONTINUED)

	Page
3.6 Data collection.....	35
3.6.1 Primary Data.....	35
3.6.2 Secondary Data.....	36
3.7 Data analysis.....	36
4. Results.....	38
4.1 Introduction.....	38
4.2 Profile of Respondents.....	38
4.3 Medical tourists' perspective of medical tourism in Thailand.....	40
4.4 Tests for cross-cultural differences.....	46
4.4.1 Differences among nationalities.....	46
4.4.2 Differences among religions.....	51
4.5 Respondents' comments.....	56
5. Conclusions and recommendations.....	58
5.1 Introduction.....	58
5.2 Summary of main findings.....	58
5.3 Discussion.....	60
5.3.1 To explore the characteristics of the medical tourists in Thailand.....	60
5.3.2 To investigate factors influencing medical tourists' decision-making in order to seek medical treatment in Thailand.....	61
5.3.3 To identify cross-cultural differences among medical tourists in selecting medical tourism in Thailand.....	64
5.4 Conclusion.....	66
5.5 Recommendations.....	67
5.5.1 Products and services development.....	67
5.5.2 Advertising campaign.....	67
5.5.3 Management strategies.....	67

CONTENTS (CONTINUED)

	Page
5.6 Limitations and suggestions.....	68
5.6.1 Limitations of the study	68
5.6.2 Suggestions for future research	68
5.7 Contributions of the study.....	69
5.7.1 Academic terms.....	69
5.7.2 Business terms.....	69
Bibliography.....	70
Appendices.....	82
A: Questionnaire for medical tourists in English version.....	82
B: Questionnaire for medical tourists in Chinese version.....	87
C: Questionnaire for medical tourists in Russia version.....	93
D: Conference Proceeding.....	98
E: Certificate of Attendance.....	100
F: Best presentation Award.....	101
Vitae.....	102

LIST OF TABLES

	Page
2.1 Number of medical tourists and estimated revenue generated in Thailand	16
2.2 Medical services in Thailand	20
2.3 Medical procedures costs comparison by country, 2015	24
2.4 Waiting times for treatments in Canadian hospitals	27
2.5 Average waiting times for admitted patients in United Kingdom	27
4.1 Respondents' demographic information	39
4.2 Medical tourists' perspective of medical tourism in Thailand	41
4.3 Type of treatments in Thailand.....	42
4.4 Source of information when making decision for medical treatment in Thailand	43
4.5 Importance of factors influencing medical tourists' decision-making.....	43
4.6 Satisfaction attribute of medical tourists with medical treatment in Thailand.....	44
4.7 Medical tourists' post-purchase attitude to medical treatment in Thailand.....	45
4.8 One-Way ANOVA tests for differences in the level of importance factors that influence medical tourists seeking medical treatment in Thailand among different nationalities.....	46
4.9 One-Way ANOVA tests for differences in the level of importance factors that influence medical tourists seeking medical treatment in Thailand among different religions.....	51

LIST OF FIGURES

	Page
2.1 Structure of medical tourism	9
2.2 The evolution of medical tourism	11
2.3 Traditional to current medical travel models.....	12
2.4 Worldwide Medical Tourism Industry (Billions of USD).....	13
2.5 Number of medical tourists to Asia by destination	13
2.6 Typology of medical tourists	19
2.7 Jim Adams’s hierarchy of healthcare needs	22
2.8 Medical tourists’ decision-making components	23
2.9 Conceptual framework.....	31
3.1 Overall research design.....	33

Chapter 1

Introduction

This chapter provides general information in medical tourism industry and an overview of the global situation highlighting the importance of this industry. Background information focusing on medical tourism in Thailand has also been provided in order to show a better understanding of its potential growth. Furthermore, a statement of the problem followed by research questions and the contribution of this study are also explained in this chapter.

1.1 Background to the research

Medical tourism involving foreign patients travelling with the intention of obtaining medical treatments abroad (Connell, 2006; Bookman & Bookman 2007; De Arellano, 2007; Howze, 2007; Johnston, Crooks, Snyder & Kingsbury, 2010; Lunt & Carrera, 2011). The medical tourism market is an established feature of the international health service sectors, and generates a positive contribution and tremendous financial benefits to the world's economies (Heung, Kucukusta & Song, 2011; Zhang, Seo & Lee, 2013). The rapidly growing demand for medical services came from the change in living standards, the aging of populations, the increase of life expectancy and the worldwide expansion of medical tourism (Hazarika, 2010; Lončarić, Bašan & Jurković, 2013).

Historically, medical tourists began travelling from developing countries to developed countries to obtain medical treatments in better facilities and using more advanced technology (Horowitz, Rosensweig & Jones, 2007; Lautier, 2008). Recently, this trend has been reversed in the opposite direction with medical tourists take their journey to developing countries as the reason of affordability and cost-effective including higher quality medical services such as Thailand, India and Costa Rica (Burkett, 2007; MacReady, 2007; Morgan, 2010).

The medical tourism industry in 2012 has been appraised a total value of US\$ 100 billion, growing at 15-20% annually. This rise in the number of medical tourists constitutes over three million patients travelling abroad to other countries for medical services (Business Standard, 2010; Patients Beyond Borders, 2014). Based on these trends, various countries around the world are interested in combining medical services with tourism attributes to gain more market share in

this important industry (Connell, 2006). Several research and medical tourism scholars pointed out that the countries that particularly concentrate on providing medical tourism services include Brazil, Costa Rica, India, Mexico, Panama, South Africa, Singapore, Malaysia, South Korea, Taiwan and Thailand. (MacReady 2007; Marlowe & Sullivan 2007; Horowitz, Rosensweig & Jones, 2007; NaRanong & NaRanong, 2011).

According to information provided by Renub Research (2012), the arrival number of medical tourists in Asia by 2015 is anticipated over 10 million. Asia is promoting its medical tourism emphasizing affordability and high quality of care. A survey conducted by Nikkei Asian Review (2015) reported that in 2012, the world's top two popular medical tourist destination countries were Thailand and Singapore. Thailand received 2.5 million medical tourists generating revenue of US\$3.73 billion followed by Singapore welcoming 850,000 medical tourists with revenues of US\$ 809 million.

While this all provides evidence of rapid growth and financial benefits in this area, Thailand needs to put more emphasis on practical services such as emphasis on providing doctors/physicians that have been trained in developed countries with internationally certified experience, development of service quality to achieve effective communication between medical tourists and doctors/physicians, providing specializes treatment and high technology in medical tourism facilities in order to develop its potential growth and to enlarge its market share in Asia's medical tourism market.

1.2 Statement of the problem

The medical tourism industry generates significant economic effects including investments, income, and employment and leads to increased tourism activities in the host countries (Kesar & Rimac, 2011). Furthermore, rapidly aging populations that are seeking to maintain their health and decide to participate in medical tourism produce as a result on the overall health services institutions and the medical tourism destination countries (Runnels & Carrera, 2012). All these aspects prove that the medical tourism industry is an important research area. Thus, it can be seen that many academic reports and publications related to medical tourism concentrate more on the impact of medical tourism, major medical tourism destinations, the development of medical tourism, and medical tourism drivers (Horowitz & Rosenweig, 2007;

Burkett, 2007; MacReady, 2007; Smith & Puczkó, 2008; Morgan, 2010; Heung, Kucukusta & Song, 2011; Wang, 2012; Chen & Flood, 2013; Williams, 2013). The majority of academic research has specified that the primary reasons for medical tourists make a trip abroad are medical treatment expenses which are not reclaim from the insurance companies and governments in their respective home countries, health privacy reasons and to escape from long waiting times at home (Turnner, 2007; Smith & Forgione, 2007; Crooks, Kingsbury, Synder & Johnston, 2010; Altin, Singal & Kara, 2011; Runnels & Carrera, 2012; Yu & Ko, 2012; Liu & Chen, 2013).

Despite this fact, culture or general background of medical tourists lead to differences in their decision to select medical services abroad (Zhang & Lu, 2009; Han & Hwang, 2013; Liu & Chen, 2013) Medical tourists in different cultures have multiple demands when choosing a destination country for medical services (Lui & Chen, 2013 & Jagyasi, 2010). Nevertheless, little investigative scholars have been done in cross-cultural studies regarding the characteristics of medical tourists in their decision-making in the hospitality management field, particularly in Thailand (Altin, Singal & Kara, 2011; Wongkit & McKercher, 2013).

Consequently, it is worthwhile to examine the various factors that influence medical tourists when selecting oversea medical treatments based on a cross-cultural study. Knowing the cultural background of the medical tourists is important for the service providers to allow them to offer personalized treatment. The finding of this study will benefit medical service providers, insurance companies, and medical tourism facilitators in developing policies to establish competitive advantages with human resource and marketing strategies in order to excel over their regional competitors.

1.3 Aims and objectives

1.3.1 To explore the characteristics of the medical tourists in Thailand.

1.3.2 To investigate factors influencing medical tourists' decision-making in order to seek medical treatment in Thailand.

1.3.3 To identify cross-cultural differences among medical tourists in selecting medical tourism in Thailand.

1.4 Research questions

1.4.1 What are the characteristics of the medical tourists in Thailand?

1.4.2 What are the factors influencing medical tourists' decision-making in order to seek medical treatment in Thailand?

1.4.3 What are the cross-cultural differences among medical tourists in selecting medical tourism in Thailand?

1.5 Scope of the study

The research mainly focuses on the characteristics of medical tourists and to investigate factors influencing their decision-making before participating in medical services in Thailand regarding to the cross-cultural study. The main units of analysis in this study are international medical tourists in Thailand.

1.5.1 Scope of research area

Quantitative data was collected from medical tourists by the distribution of a questionnaire through medical service providers located in both Bangkok and in Phuket, Thailand. This questionnaire was distributed primarily in hospitals and clinics.

1.5.2 Scope of time

The secondary data of studying other researchers' studies in related fields was carried out from September 2013 to May 2015. Then the primary data was collected from questionnaires that were distributed to medical tourists in Thailand from August 2014 to November 2014.

1.5.3 Scope of demographics

The scope included international medical tourists who were at least 18 years of age and obtained medical treatment in Thailand.

1.5.4 Scope of geography

The research was conducted in Bangkok and in Phuket, Thailand.

1.6 Significance of the study

Contributing to academic literature, the information and the findings obtained through this research can be used to enhance the understanding and benefit to further study of Thailand's medical tourism industry. Moreover, the advantage of this study could help to classify medical tourists' characteristics and factors influenced them to participate in medical tourism in Thailand. Furthermore, this study also provides a guideline to the marketing division of all service providers. Policy makers and medical tourism agencies are able to establish their competitive advantages with the right marketing strategies and to develop a better quality of medical tourists' products and services to satisfy the special needs of its customers in order to overcome their regional competitors.

1.7 Key terms and definitions

“Medical Tourism”	Mean international patients travelling to other countries to receive medical services; either to get equal to or better medical care than in their home country (Connell, 2013).
“Health Tourism”	Defined as the combination of travelling and holiday. The main purpose is to enhance travelers' physical well-being or improve their health (International Union of Tourism Organization (IUTO), 1973).
“Medical Tourists”	Mean the patients travel outside their countries of residences in order to obtain medical treatments. This may be in addition to their holiday (Connell, 2006).
“Medical Service Providers”	The general term for any institution of the health service industry that provides medical services to consumers (Kim & Yu, 2008).
“Medical Tourism Agencies”	Companies who specialize in recommending medical providers (these include doctors, hospitals and clinics) to patients, preparing travel arrangements, and giving extra care and services to medical tourists while they are at the medical tourism destination (Mymedholiday, 2015).

“Medical Procedures”	Defined as the process of diagnosing and treating a disease to improve patients’ health (Better Health Channel, 2012).
“JCI Accreditation”	Joint Commission International (JCI) Accreditation standards are the international standards for hospitals whose emphasis is focused on the best health services standards and results-oriented processes to improve patients’ health around the world (Joint Commission International, 2015).

1.8 Structure of the research

Chapter 1 The introductory chapter starts with the medical tourism industry and giving an overview of the global situation highlighting the importance of this industry. Background information focusing on medical tourism in Thailand has also been provided in order to gain a better understanding of its potential growth. Furthermore, a clarification of the statement of the problem, together with research questions, the reasons for carrying out the research and the contribution of this study are also explained in this chapter.

Chapter 2 This chapter provides an overview of medical tourism literature, various definitions of the terms, and a description of medical tourism’s historical development followed by major hospitals in Thailand. It then discusses characteristics of medical tourists, and factors influencing medical tourists’ decision to seek medical treatment in Thailand.

Chapter 3 This chapter point to the overall research design of this study. The survey instruments, the population samples, the data collection method and the survey distribution process are reviewed. It also explains how a proposed questionnaire is pre-tested. Moreover, the measurement variables and the details of this study are summarized. Finally, the demonstration of the data analysis and relevant statistical techniques used in this study are also described.

Chapter 4 The results of this study with statistical techniques, including descriptive statistics (e.g. frequencies, percentages, mean), independent sample t-test, One-Way ANOVA tests as well as Post-hoc comparison (LSD) test are explained.

Chapter 5 Summary of the main findings, conclusion, limitations and implications for this study are included in this chapter. In addition, recommendations for medical tourism research and the contribution to the medical tourism industry are also explained.

Chapter 2

Literature Review

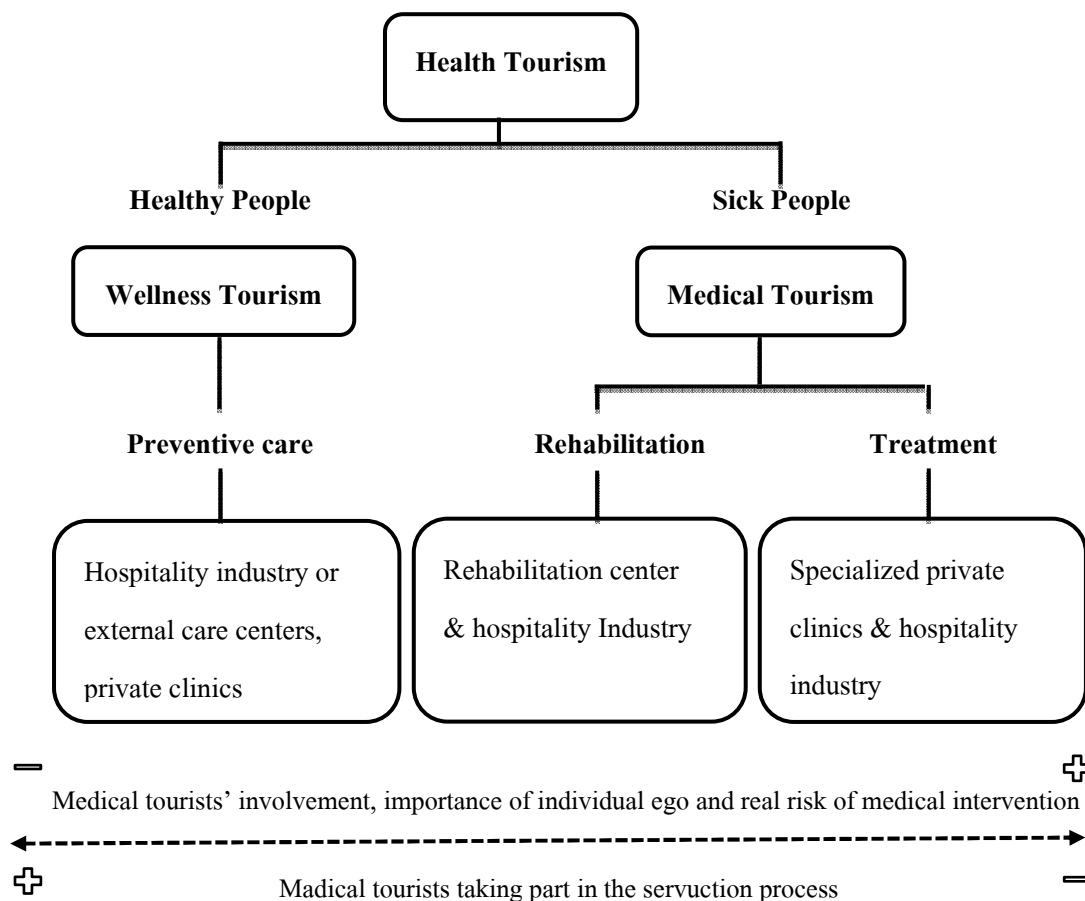
2.1 Introduction

Medical tourism literature, various definitions of the terms, a description of medical tourism's historical development followed by a major source of medical tourism destination. It then discusses the types of medical tourists and their traveling characteristics; the factors influencing medical tourists' decision-making based on a cross-cultural study are also explained.

2.2 Medical tourism definitions and related terms

A common reason for people travelling across international borders is to maintain good health with medical treatments that for various reasons that is not available in their home country (Goodrich & Goodrich, 1987; Gray & Poland, 2008; Kesar & Rimac, 2011). The growth in patient flow, advanced technologies as well as health service investments across international border has created a new form of health service consumption namely health tourism (Lunt, Smith, Exworthy, Green, Horsfall & Mannion, 2011). This paper differentiates between health and medical tourism as of Figure 2.1 explains the structure of medical tourism in the following details; "health tourism" put more emphasis on improving health conditions through unregulated medical, alternative, traditional and complimentary health care services. In contrast, "medical tourism" only focuses on regulated medical services and surgical procedures (Menvielle & Menvielle, 2010).

Figure 2.1 Structure of medical tourism



Source: Adapted from Menvielle & Menvielle (2010, p. 112)

Hong, Lim, and Kim (2007) explained medical tourism as tourism in which individuals prefer to travel outside his or her native for the prevention of illness or an improvement of their physical well-being. Moreover, Jagyasi (2011) supported the idea that health tourism is focusing more on generally improving health. In contrast, medical tourism focuses more on medical services and surgical procedures. Moreover, in term of wellness tourism the priority lies is travelling to maintain health and physical well-being within a relaxing lifestyle (Teh & Chu, 2005; Jagyasi, 2011).

Much of the existing literature provides different perspectives of medical tourism that leads to various definitions; Hunter-Jones (2004) stated that the main purpose of medical tourism is patients basically travelling to recover from illness instead of receiving direct treatment. According to Edelheit (2008) medical tourism means patients travelling to other country for more

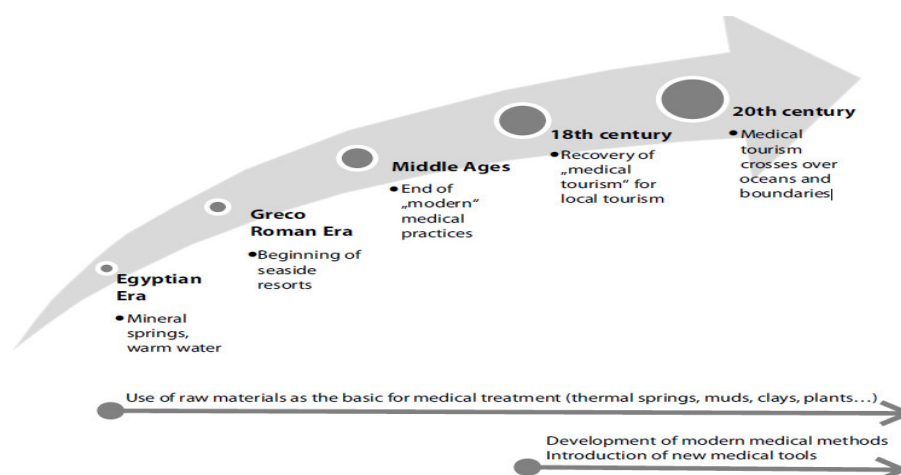
affordable, higher quality of care and more accessibility in medical procedures. Similarly, Lunt, Machin, Green & Mannion, (2011) pointed out that increasing numbers of patients in developed countries are more concern about the high costs of medical treatment in their residence countries. An expert in the medical tourism field, Dr. Prem Jagyasi, defined medical tourism simply as people traveling across international borders in order to seek medical services (Jagyasi, 2009). Bookman and Bookman (2007) pointed out that medical tourism means international travel for the purpose of health improvement. Connell (2013) agrees to medical tourism as patients taking a trip out of their country of residences to receive medical treatment. The meaning of medical tourism in a specific type of treatment has been conducted by Connell (2006) identifies a new niche market “medical tourism” where people obtain medical treatments abroad while taking their holiday simultaneously. The Medical Tourism Association also defines medical tourism in more detail where individuals travel to international countries to obtain medical procedures and relies that they will receive better quality of care rather than domestic providers where the reasons are affordability, accessibility or higher quality of care. For the purpose of this study, medical tourism defines as a mixture of travel abroad for holiday purpose and specific medical treatments (Lagiewski & Myers, 2008).

Furthermore, the term “medical tourists” can be used for those people who obtain medical services, surgical intervention, dental, cosmetics and elective medical treatment and planning to receive treatment abroad. (Ehrbeck, Guevara & Mango, 2008; Jagyasi, 2009).

2.3 Overview of medical tourism industry

Medical tourism has been growing rapidly (MacReady, 2007; Keckley & Underwood, 2008; Heung et al., 2011). The potential growth of medical tourism leads to the development of capacities and medical services infrastructure among medical tourism destination countries, especially in developing countries and the demands for medical services influence medical tourists’ decision-making (Keckley & Underwood, 2008).

Figure 2.2 The evolution of medical tourism

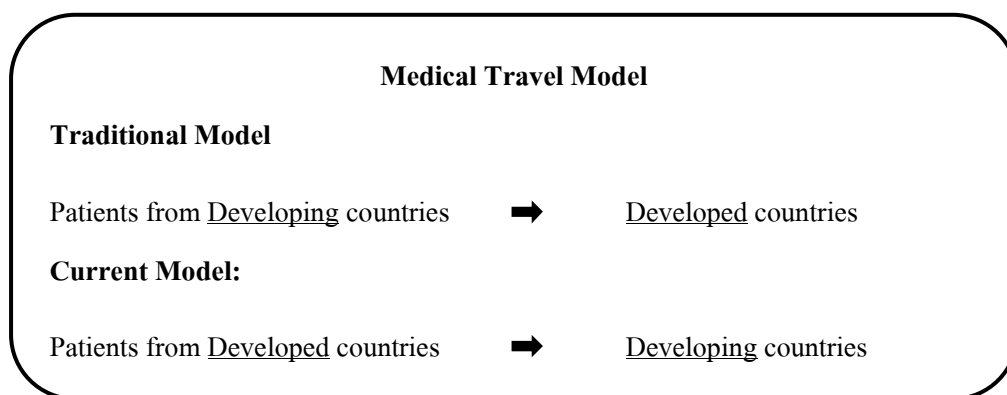


Source: Menvielle & Menvielle (2010, p. 110)

As of Figure 2.2, Menvielle and Menvielle (2010) have shown the evolution of medical tourism since the beginning until the 20th century. Traveling abroad to seek health care services occurred since the ancient times (Smith & Puczkó, 2008), such as the Egyptians era, the Roman empire. Until the Middle ages, people travelled to the rivers, to shrines at baths and to natural springs to relieve their health problems. In the 18th century, wealthy Europeans took a trip to health resorts to benefit from healing waters (Goodrich, 1994; Boyer, 1996; Smith & Kelly, 2006). At the beginning of the 20th century, a favorable climate for healing started in the French Riviera, and attracted a lot of wealthy people (Smith & Kelly, 2006). After World War II, it cause a significant change in the trend of tourism expanding a special niche market called “medical tourism” (Gartner & Lime, 2000).

McReady (2007) has shown traditional and current medical travel models in Figure 2.3. Traditionally, the bypassing of national health care was limited to privileged patients in developing countries who travelled to the leading medical centers in developed countries for instance the U.S. and European countries to seek better facilities, professional services, and advanced technology (Awadzi & Panda, 2007; Connell, 2006). Recently, patients are now moving in both directions, mostly from developed countries to developing countries such as Thailand, India and Costa Rica where they take advantage of competitive prices in a preferred location (Horowitz, Rosensweig & Jones, 2007; McReady, 2007; Lautier, 2008; Type, 2008; Morgan, 2010).

Figure 2.3 Traditional to current medical travel models



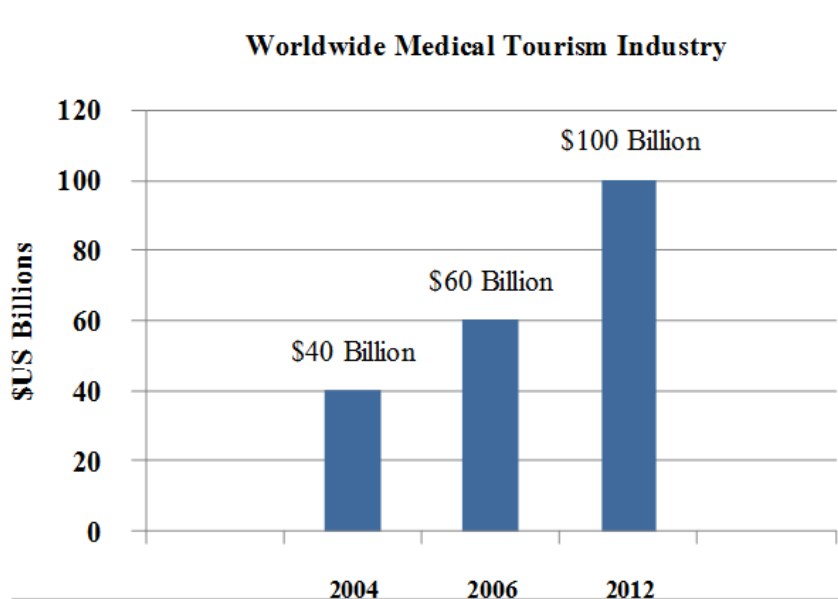
Source: Adapted from McReady (2007, p. 1849)

The current medical travel model of medical tourism has reversed the direction from the original and traditional model (Type, 2008). The current model is driven by many internal and external factors of health services systems, causing increasing in the number of patients travelling out of the U.S., the U.K., Australia, and the Middle East which are developed countries to developing countries. Uninsured people are decided to obtain medical treatment outside their country of residence (Reddy & Qadeer, 2010).

The growth of medical tourism

KPMG (2011) reported that in 2011, the revenue of medical tourism is projected to increase 20-30 percent annually while catering to over 3 million patients. The medical tourism industry was expected to generate over US\$60 billion worldwide and its market size was raised to \$100 billion in 2012 as indicated in Figure 2.4 (MacReady, 2007; Herrick, 2007; Hansen, 2008; Pafford, 2009; Business Standard, 2010; Frost&Sullivan, 2010; Mak, 2012; Huang, 2012).

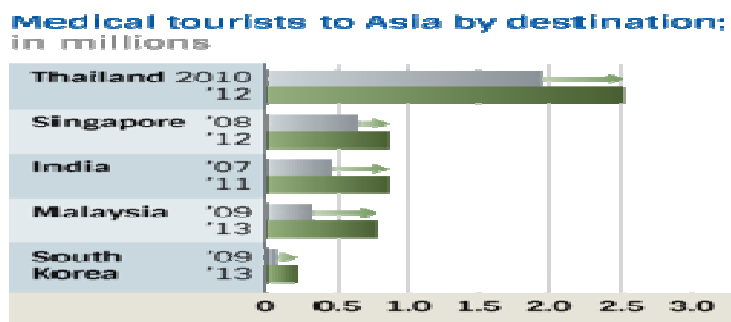
Figure 2.4 Worldwide Medical Tourism Industry (Billions of \$US)



Source: Adapted from Herrick (2007)

The medical tourism market had shown the highest growth in 2012. Furthermore, the Transparency Market Research Report (2013) mentioned that from the current number in 2012 the worldwide medical tourism industry is forecasted to increase by \$US 33 billion in 2019. Keckley and Underwood (2008) identified important factors driven the growth in medical tourism including higher medical treatment costs in developed countries while developing countries as medical tourism destinations pay more attention on improving quality of care to satisfy its potential customers. Asia has become the leader in the medical tourism industry over the past few years (KPMG, 2011; Conley & Coustasse, 2013).

Figure 2.5 Number of medical tourists to Asia by destination



Source: Adapted from Nikkei Asian Review (2015)

Regarding Figure 2.5, a survey of Nikkei Asian Review (2015) reported that the top two medical tourism destinations in 2012 were Thailand and Singapore. Thailand, gained 2.5 million medical tourists, generated revenue US\$3.73 billion. Followed by Singapore welcomed 850,000 medical tourists with the revenue at US\$ 809 million. Respectively India, Malaysia and South Korea have also been showing the growth in patient flows continuously.

As a results of increasing demand from medical tourists, some Asian countries have actively created business strategies and promoted their medical infrastructures that offer a high standard of medical services and invested more in human resources management of the medical tourism industry such as Singapore, Malaysia ,Thailand, India and South Korea (NaRanong & NaRanong , 2011; Pocock & Phua, 2011; Nemie & Kassim, 2009; Hazarika, 2010).

2.4 Medical tourism in Thailand

Renub Research (2012) mentioned that Thailand as a medical tourism destination has a good reputation for private hospitals and clinics which offering advanced technology in medical procedure and infrastructures. Medical tourism in Thailand has consolidated hospitality and tourism with health service industries (Teh, 2007; Heung et al., 2011) resulting in major competitive advantages by including cultural heritage, high standards in medical facilities and technologies, personalized hospitality, highly qualified medical professional and expertise as well as extensive tourism infrastructures (Connell, 2006; Cohen, 2008). In 2011, Thailand was leading the number of Asian medical tourist arrivals with a 40% market share (Renub Research, 2012). In 2012, national income of the country increased by \$US 2.7 billion with 5.5-7.0 percent annual growth from medical tourism industry excluding accompanying numbers of medical tourists (Heung et al., 2011; Connell, 2006; Woodman, 2009; Thailand Competitiveness Report, 2012). Later in 2013, the revenue from medical tourism industry gained \$US 4.31 billion with 15% increase in annual growth (Medical Tourism Magazine, 2014)

In 2014, Thailand as a medical tourism destination throughout the country had thirty-two JCI accredited hospitals outdistancing its Asian rival countries (Patients Beyond Borders, 2014). Additionally, many medical service providers in Thailand gained the ISO certification for their standard of general and environmental management. Based on the information provided by the Thailand Board of Investment (2014), Thai hospitals in Bangkok namely Bumrungrad and

Samitivej hospitals were among the first in Southeast Asia that had received Joint Commission International (JCI) accreditation. Thailand offers a variety of medical treatments, for instance health check-ups, dentistry, heart surgeries, neurological surgeries, cosmetic surgeries, and LASIK at much more competitive prices than those in western countries (Eden, 2012; Thailand Board of Investment, 2014; Mymedholiday, 2015). To assure no miscommunication occurs during a medical procedure, many hospitals arrange personal translation services in diverse foreign languages (Thailand Board of Investment, 2014).

The most popular medical tourism destinations in Thailand are located mostly in areas with major tourist attractions such as Bangkok, Phuket, Pattaya, Chiang Mai and Koh Samui (Heang, 2011; ITC, 2014). Mymedholiday (2015) stated that medical services in Thailand are provided by government, private hospitals and non-governmental organizations. The government hospitals cater for massive numbers of patients and even though the quality of medical services is generally desirable, unpredictably long waiting lists may occur. Private hospitals provide the best equipment and advanced technology in medical infrastructures. Furthermore, specialist clinics are widely available especially in major provinces and areas with tourist attractions throughout the country. The International Medical Travel Journal (2013) mentioned that visas on arrival of medical tourists typically last for 15-30 days. Nationals from the Gulf Cooperation Council (GCC) countries comprising Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates can stay in Thailand as medical tourists for a maximum of up to 90 days without visa requirement (TTRweekly, 2013).

Runckel (2014) and Jencharoenwong and Assenov (2010) stated that Thailand is a major target market for medical tourists who came from Asia specifically Japan, America, Europe, Australia, and Middle East countries. Hospital management in Thailand offering high standard of medical and hospitality services, create a lot of health service demand from international medical tourists around the world (Hazarika, 2010). Many supporting and promoting achieves for Thailand medical tourism industry come from the Thai government, Thai Ministry of Public Health, and Thai Ministry of Tourism (James, 2012; Heung et al., 2010). Kaiser (2005) stated that the Thai government is mainly responsible for promoting Thailand as a leader in medical and health tourism in Southeast Asia attracting medical tourists and international investors. The marketing strategy includes public relations activities focusing more on the international medical

tourists were adopted to improve the medical services system in Thailand (Heang et al., 2011). The Ministry of Public Health (2005) emphasized that many university hospitals, hospital together with private hospital are located in the major cities for more convenience of transportation. Furthermore, the consumer protection and medical services in Thailand ensure high quality and ethical standard as required by the Ministry of Public Health and Thailand Medical Council (Ministry of Public Health, 2005)

2.4.1 Number of medical tourists in Thailand

The survey result from Thailand, Thailand Board of Investment (2014) and Mymedholiday (2013) adapting the information from Ministry of Public Health, Thailand and Kasikorn Research Center (2012) had shown in Table 2.1, the number of international medical tourists travelling to Thailand for medical treatment were 2.5 million visitors. Japan was the top country sending medical tourists to Thailand from 2010 to 2011 followed by ASEAN countries but the second position was overtaken in 2012 by the US. The Middle East ranged in third place in the year 2010 to 2011 and was replaced by the UK in 2012. Following by the fourth, the US medical tourists in the year 2010 to 2012 and also replaces by GCC countries in the year 2012. Lastly, the UK still ranked top 5 in 2010 to 2011 and was replaced by Australia in the year 2012. As shown in Table 1, the number of ASEAN countries declined in 2012 and fell out of the top five (PRWeb, 2013, Mymedholiday, 2013; Medical Tourism Association, 2014; Thailand Board of Investment, 2014).

Table 2.1 Number of medical tourists and estimated revenue generated in Thailand (2010-2012)

No. of medical tourists & Estimated Revenue generated			
	2010	2011	2012
No. of medical tourists (person)	1,980,000	2,240,000	2,530,000
Estimated revenue (Mil Baht)	78,740	97,874	121,658 – 140,000
Top 5 Medical Tourists by nationality	1. Japan 2. ASEAN 3. Middle East 4. US 5. UK	1. Japan 2. ASEAN 3. Middle East 4. US 5. UK	1. Japan 2. US 3. UK 4. GCC 5. Australia

Sources: Thailand Board of Investment (2014) and Mymedholiday (2013) compiled the information from Ministry of Public Health, Thailand and Kasikorn Research Center (2012)

However, these numbers of medical tourists were identified by nationality instead of the residences and some of the medical tourists may also be expatriates from another country resident such as other Asian countries who live for long time in the US and the UK. Therefore, the exact number of medical tourists is difficult to specify (International Medical Travel Journal, 2013).

2.4.2 Major hospitals in Thailand

Bumrungrad Hospital

Bumrungrad Hospital was among the first hospitals in Southeast Asia that received Joint Commission International (JCI) accreditation in 2002 (Kaiser, 2005; Thailand Board of Investment, 2014). The information from Bumrungrad Hospital (2015) stated that Bumrungrad Hospital is one of the largest private hospital, medical facility and clinical complex in Southeast Asia, offering more than 30 specialty centres with 580 beds. Annually, more than 520,000 international patients and over 1.1 million patients received medical treatment at this hospital centre (Patients Beyond Borders, 2014; Runckel; 2014). Bumrungrad Hospital publishes the actual costs online and reply any of medical procedures requirement directly to the patients within 30 days (Patients Beyond Borders, 2014).

Bangkok Hospital

Bangkok Hospital is one of the famous private hospital in Thailand receiving several of the awards from Medical Travel Quality Alliance (MTQUA) such as the World's Best Hospitals in 2013 (Medical Travel Quality Alliance, 2013). Bangkok hospital also provides the Bangkok International Medical Center (BMC) including Bangkok Heart Hospital, Bangkok International Hospital, and Wattanosoth Cancer Hospital to both Thai and International patients with all specialists in several medical procedures. This hospital treats approximately 150,000 patients per year (Runckel, 2014). In 1972, Bangkok hospital combined more than 40 medical practitioners, pharmacists and medical services staff and offered a 100 beds facility. Currently, Bangkok Hospital operates with 40 branch location throughout Thailand, focusing on offering high standard of medical facilities, hospitality services, technology, quality and personnel management to their potential patients (Bangkok Hospital, 2015).

Samitivej Hospital

Samitivej Hospital provides comprehensive services and a high range of advanced medical facilities with out-patients facilities for minor illnesses up to major medical procedures with over 2,000 health professionals. Samitivej Hospital has 4 group of hospital including Samitivej Srinakarin located in Bangkok, Samitivej Sriracha in the southeast, Samitivej Thonburi in Bangkok's Thonburi Province and Samitivej International Children's Hospital, the first of its kind in Thailand. Samitivej Hospital was recognized as the first Mother and Baby Friendly Hospital by WHO and UNICEF. This hospital is one of the most popular hospitals in Bangkok with a full range of highly qualified specialists, multi-lingual translators, and advance technology together with immigration services to assist with international patients (Samitivej Hospital, 2015).

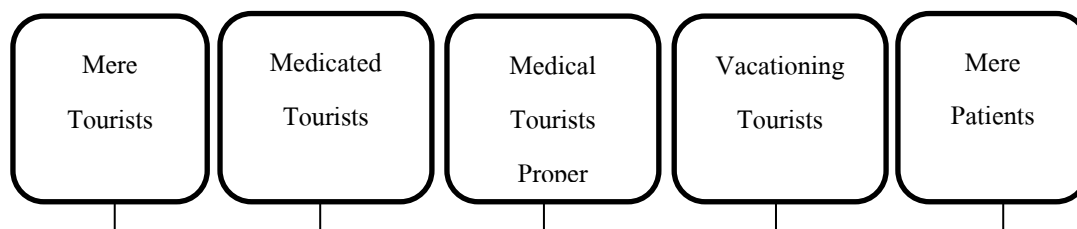
BNH Hospital

BNH (Bangkok Nursing Home Hospital) provides 120 beds offering international service standard to Thai residents and international patients from all over the world. BNH Hospital offers a variety of medical centres such as BNH Spine Centre, BNH Shoulder and Joint Centre, Bangkok Infertility Centre and Diabetes and Hormone Clinic (BNH Hospital, 2015).

2.5 Market characteristics of medical tourists

Medical tourists have different motivations to obtain medical treatment oversea and many of them prefer to travel with their family and friends (Bookman & Bookman, 2007; Lee and Spisto, 2007) There are several definitions of medical tourists from the previous study. Chee (2007) mentioned that the person who had planned their medical trip in advance before arrival at the destination country as "Planned medical tourists". Whittaker (2008) stated that people somehow found out that they can receive medical treatment during their holiday if the treatment and the recovering period of time shorter than their holiday and at affordable price. Furthermore, the people who try to avoid long waiting lists in their country of residence also try to include their medical treatment into their holiday period.

Figure 2.6 Typology of medical tourists



Source: Cohen (2008)

As of Figure 2.6, Cohen (2008) has developed a typology of medical tourists regarding the tourist's motivation as divided into 5 stages below;

1. **A mere tourist** is a person who does not want to receive any medical treatment during their holiday at the destination country.
2. **A medicated tourist** is a person who has emergency health problems and requires urgent medical services.
3. **A medical tourist proper** is a person who combines their trip with medical services and tourism activities both planned in advance and decided after arrival at the destination country.
4. **A vacationing tourist** is a person who has the main reason for medical services but they need to add up another vacation during the recovering period.
5. **A mere patient** is a person who has the reason for travelling to the destination country only to receive medical services.

On the other hands, literature from Wongkit and McKercher (2013) stated that medical tourists belong to four market segments by their characteristic depending on the purpose and nature of their trips.

1. **The dedicated medical tourist** is a person whose primary reason for his/her trip is to seek medical treatment and who has made the decision prior to departure.
2. **The hesitant medical tourist** is a person who considers seeking medical treatment as one of the reasons for the trip, but the final decision will be made after arrival.
3. **The holiday medical tourist** is a person who plans his/her vacation as the main reason to travel and at the same time plans to get medical treatment at the destination.

4. The opportunistic medical tourist is a person who primarily travels for holiday and only decides to seek treatment if there is any interesting opportunity or emergency health problem.

2.6 Medical services in Thailand

Thailand offers world class medical services, professionalism, high technology of medical facilitators and personalized services at affordable prices for residents and international medical tourists. Cosmetic surgery is stand out as one of the most popular treatments and generates a lot of revenue for the Thai medical tourism industry (Cohen 2008). Thailand Med Tourism (2015) has provided the medical services lists regarding to the treatment categories as indicated in Table 2.2

Table 2.2 Medical services in Thailand

Cosmetic/ Plastic Surgery	Breast augmentation /breast lift
	Eyelid surgery
	Tommy tuck
Dentistry	Laser teeth whitening
	Dental implant
Cardiology	Heart transplant
	Cardiac catheterization
	Carotid artery scan
Orthopedic Surgery	Hip replacement/resurfacing
	Knee replacement
	Shoulder arthroscopy
	Ankle fusion
Holistic/Anti-aging	Acupuncture
	Detoxification
	Stem cell treatment rejuvenation
Dermatology	Birthmark removal
	Mole removal
	Cellulite treatment

Table 2.2 Continued

	LASIK eye surgery
Other Services	Medical checkup
	Sex reassignment surgery

Source: Adapted from Horowitz, Rosensweig and Jones (2007:3) and Thailand Med Tourism (2015)

2.7 Consumer decision-making in medical tourism

Decisions are a very essential element in carrying out a particular action in human life (Exforsys, 2011). In medical tourism, the significance of the health care need is the first step that medical tourists are aware of their decision making process to decide to participate in medical tourism or not (Runnels & Carrera, 2012). The increasing rate of aging of many populations, high household income, and job security, are also essential to stimulate personal health and well-being. Stuart and Adams, 2007 mentioned that, currently, people are concentrating more on increasing their individual performance and maintaining a healthy lifestyle as a basic human function. The people will evaluate this in the context of their physical health before making decisions to participate in medical tourism.

As with Maslow's hierarchy of need (Maslow, 1943), Jim Adams has proposed a model of "Healthcare hierarchy of needs" to identify particular needs for healthcare as shown below in Figure 2.7. This hierarchy could encourage healthcare professionals to evaluate medical tourist operating systems. This can be a useful tool when considering their requirements in relation to different levels of need with comprehensive services (Stuart & Adams, 2007).

Stuart and Adams (2007) had explained the details of "The healthcare hierarchy of need" into five different levels;

1. Environmental health needs: From the base of the hierarchy mentioned this comprises all fundamental healthcare needs, for instance clean water, food, air and sufficient sanitation.

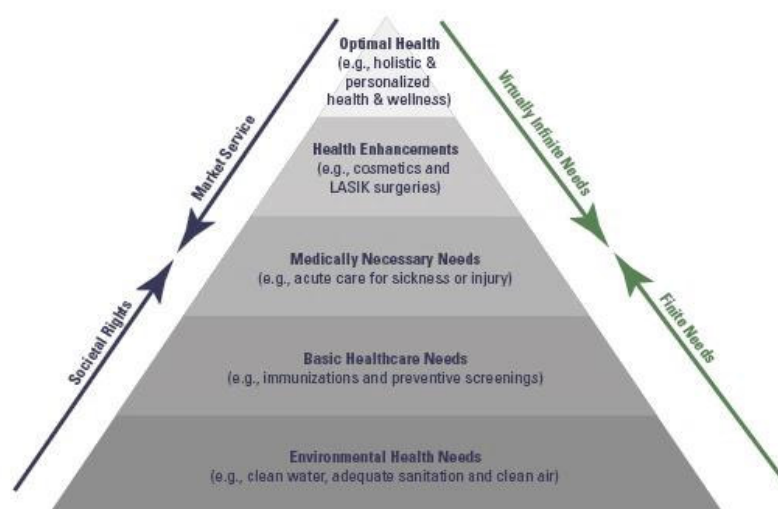
2. Basic healthcare needs: The second level is composed of general medical services to eliminate early death such as immunizations and preventive screenings.

3. Medically necessary needs: This step includes emergency medical services in case of accident or illness.

4. Health enhancements: This level is composed of the treatments that emphasize more on improving health conditions and better quality of life.

5. Optimal health: The top level of the hierarchy requires a more holistic program and focuses more on physical and mental health such as personalized medicine and wellness in addition to sports activities.

Figure 2.7 Jim Adams's hierarchy of healthcare needs

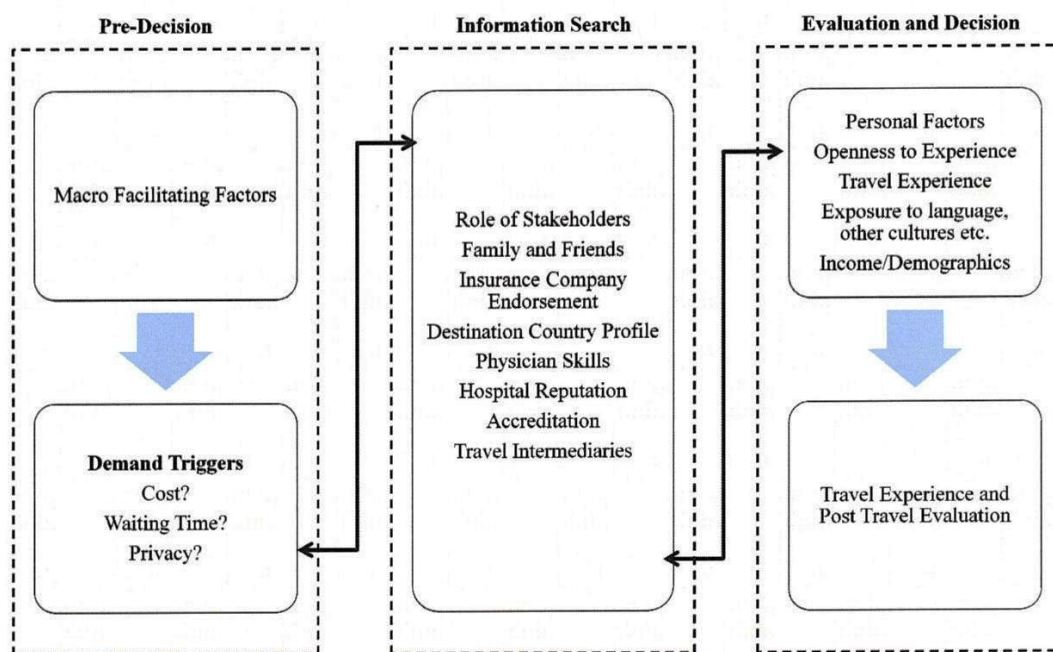


Source: Stuart & Adams (2007, p. 99)

2.7.1 Medical tourists' decision-making components

Medical tourists' decision-making components are believed to be a key factor in seeking specific medical service provider and medical tourism destination countries (Bettman, Johnson & Payne, 1991; Sirakaya & Woodside, 2005; Zolfagharian & Brede, 2013; Nolder & Riley, 2014; Hanefeld, Lunt, Smith, & Horsfall, 2015). Altin, Singal and Kara (2011) proposed the model of medical tourists' decision-making components in three main sections including pre-decision, information search, and evaluation and decision as the details shown in Figure 2.8

Figure 2.8 Medical tourists' decision-making components



Source: Altin, Singal & Kara (2011)

1. Pre-decision : Most of the decision-making components normally come from the needs and recognition of the problems (Kotler & Armstrong, 1994). In addition, Maslow (1943) stated that human demand never reaches an ending point especially with basic health care needs. Several factors are stimulating people to participate in medical services to maintain their quality of life and protect from illness regard to affordability/costs, long waiting time in their home country and health privacy reasons (Altin et al., 2011; Hanefeld et al., 2015).

2. Information search : Once the people know their requirement, then they start searching for more information before making a decision. Family and friends or relatives are the first important personal information providers when people consider to seek medical treatment abroad followed by commercial sources like advertising from the medical service providers websites, travel agencies. In addition, public sources health magazines, newspapers are also important to gain useful information (Altin et al., 2011).

3. Evaluation and Decision: People will combine all the information and evaluate the best choice to satisfy their requirements before deciding to choose proper medical treatment and the preferable medical service provider in the destination country. Then at the post treatment

stage, the person will always evaluate the products and services they have received and compare from their experience with the expectation. The degree of satisfaction can create either a positive or negative word-of-mouth effect as in any business worldwide (Altin et al., 2011).

2.7.2 Factors influencing medical tourists' decision-making

The expansion of the medical tourism industry has supported the attempt of people to improve their quality of life and also generates large revenues in the economy (Kaiser, 2005). Significant criteria for the success of the medical tourism industry are the evidence of long waiting lists and cost savings compared to the countries of residence of the medical tourists (Heung et al., 2010).

Affordability/Cost

The cost of medical treatment becomes the most important consideration for the medical tourist who decided to obtain medical services both in the domestic and international country (Runckel, 2007). Rising health care costs in developed countries lead to the increasing demand in less developed countries for medical tourists to seek medical care (Keckley & Underwood, 2008). MedicalTourism.com (2015) provided cost comparisons for medical procedures by medical tourism destination. Table 2.3 reports the cost advantage of India, Malaysia, Thailand and Singapore in 2015.

Table 2.3 Medical procedures costs comparison by country, 2015

Medical procedure	USA	Costa Rica	India	South Korea	Thailand	Malaysia	Singapore
Heart Bypass	\$123,000	\$27,000	\$7,900	\$26,000	\$15,000	\$12,100	\$17,200
Angioplasty	\$28,200	\$13,800	\$5,700	\$17,700	\$4,200	\$8,000	\$13,400
Heart Valve	\$170,000	\$30,000	\$9,500	\$39,900	\$17,200	\$13,500	\$16,900
Hip	\$40,364	\$13,600	\$7,200	\$21,000	\$17,000	\$8,000	\$13,900
Knee	\$35,000	\$12,500	\$6,600	\$17,500	\$14,000	\$7,700	\$16,000
Spinal Fusion	\$110,000	\$15,700	\$10,300	\$16,900	\$9,500	\$6,000	\$12,800
Dental Implant	\$2,500	\$800	\$900	\$1,350	\$1,720	\$1,500	\$2,700

Table 2.3 Continued

Medical procedure	USA	Costa Rica	India	South Korea	Thailand	Malaysia	Singapore
Breast	\$6,400	\$3,500	\$3,000	\$3,800	\$3,500	\$3,800	\$8,400
Rhinoplasty	\$6,500	\$3,800	\$2,400	\$3,980	\$3,300	\$2,200	\$2,200
Face Lift	\$11,000	\$4,500	\$3,500	\$6,000	\$3,950	\$3,550	\$440
Liposuction	\$5,500	\$2,800	\$2,800	\$2,900	\$2,500	\$2,500	\$2,900
Tummy Tuck	\$8,000	\$5,000	\$3,500	\$5,000	\$5,300	\$3,900	\$4,650
Lasik (both eyes)	\$4,000	\$2,400	\$1,000	\$1,700	\$2,310	\$3,450	\$3,800
Cornea (per eye)	\$17,500	\$9,800	\$2,800	N/A	\$3,600	N/A	\$9,000
IVF Treatment	\$12,400	N/A	\$2,500	\$7,900	\$4,100	\$6,900	\$14,900

Source: Medicaltourism.com (2015)

According to the medical tourism statistics and facts from Patients Beyond Borders, (2014) an average range of savings for a variety medical treatment procedures were India 65-90%, Malaysia 65-80%, Thailand 50-75%, Costa Rica 45-65%, South Korea 30-45% and 25-40% in Singapore.

Quality of Care

Quality of care is a very important issue for medical tourists when considering to obtain medical treatment abroad (Turner, 2010; Carrera & Lunt, 2010; Snyder, Turner, 2010; Crooks and Johnston & Kingsbury, 2013). The hospitals in Thailand provide advanced technology for medical services and modern medical infrastructures with personalized services to fulfill the medical tourists' requirements (Mymedholiday, 2015). In general, most of the medical tourists who travel from the other side of the world to receive medical services always perceived very high expectation in quality of care at the destination country. International Medical Travel Journal (IMTJ), (2009) stated that Bangkok Hospital group corporates with IBM to provide interconnection with patients in network hospitals and to offer prompt convenience services to its patients.

Alternative/Innovative treatments

Alternative and Innovative treatments are another factors influencing medical tourists who need to receive medical treatments which are not available in their countries of residence (KPMG, 2011). Bangkok Hospital (2015) has wide range of successful special medical alternative and innovative treatments such as acupuncture treatment, dental treatment (single tooth treatment options) and a cancer treatment centre both for domestic and international patients.

Accreditation of medical service providers

Medical tourists are looking for international accreditation certificates of medical service providers to ensure a high quality of international medical services standards (Hinchcliff, Greenfield, Moldovan, Westbrook, Pawsey, Mumford & Braithwaite, 2012). In 2002, Mymedholiday (2015) reported that Thailand received the first Joint Commission International (JCI) accreditation in Southeast Asia. Others awards such as ISO 14000 and ISO 900 indicated that the hospitals in Thailand provide high quality medical facilities and deliver sustainable service standard.

Professionalism (Doctors, Physicians)

Professionalism of doctors and physician includes confidentiality, continuity, and ability to communicate specialist knowledge, diagnosis and treatment to the patients. The majority of private hospitals in Thailand such as Bamrungrad Hospital, Bangkok Hospital , and Samitivej Hospital provide a variety of medical treatments specialist doctor with international qualifications from international medical training institutions in western countries. Furthermore, over 500 doctors in Thai hospitals received American Board Certification according to information provided by Mymedholiday (2015).

Long Waiting Time

In developed countries particularly UK, Canada and US patients can face long waiting times in their home country. Waiting time for essential surgery can take more than 18 weeks as shown in Table 2.4 and Table 2.5 (Runckel, 2007; Wright, Li, Seguin, Booth, Fitzgerald, Jones & Willis, 2011; Johnston, Crooks, Adams, Snyder & Kingsbury, 2011; Barua & Esmail, 2013).

Even though the government supports the healthcare system in Canada, somehow a shortage of professional doctors and physician still occurs resulting in long waiting times for medical procedures (Euromonitor International, 2014). Nikolova, Harrison & Sutton, (2015) shown waiting times for admitted patients on average at 10.9 weeks. Therefore, medical tourists seeking medical treatment overseas to avoid long waiting periods is another key driver for the medical tourism industry.

Table 2.4 Waiting times for treatments in Canadian hospitals

	Quebec	New Brunswick	Nova Scotia	Prince Edward	Newfoundland & Labrador
Plastic Surgery	26.1	33.9	46.3	13.6	16
Gynecology	6.4	8.3	8.1	17.8	11.1
Ophthalmology	11.8	11.7	8.4	17.4	11.7
Otolaryngology	6.1	9.3	13.6	26.6	5.8
General Surgery	7.2	5	6.6	2.8	3.8
Neurosurgery	12.7	32.3	11		3.2
Orthopedic Surgery	20.3	18.1	87.4	23.2	18.8
Cardiovascular Surgery (Urgent)	0.6	4.2	1.4		2.4
Cardiovascular Surgery (Elective)	4.7	11.5	5.7		2.9
Urology	4.4	10.1	13.7	4.3	17.7
Internal Medicine	9.4	7.5	7.1		17.5
Radiation Oncology	4.7	4.6		1.8	
Medical Oncology	1	1.6	2.6	2	2.2

Source : Barua & Esmail (2013)

Table 2.5 Average waiting times for admitted patients in United Kingdom

Admitted Patients Average waiting time in weeks in UK	
Cardiology	5.2
Cardiothoracic Surgery	6.6
Dermatology	6.8
Ear, Nose & Throat	8.4
Gastroenterology	3.6
General Medicine	3.1
General Surgery	7.4
Geriatric Medicine	1
Gynaecology	6.1
Neurology	3.3
Neurosurgery	9.5
Ophthalmology	9.3
Oral Surgery	10.5
Plastic Surgery	7.5
Rheumatology	3.2
Thoracic Medicine	2.6
Trauma & Orthopaedics	10.9
Urology	6.2
Other	5.4

Source : Nikolova, Harrison & Sutton (2015)

Privacy and confidentiality

Medical tourists consider privacy and confidentiality when obtaining medical treatments abroad. Several medical tourism destination countries have created policies of privacy and confidentiality for their patients especially for some type of treatment such as cosmetic surgery, drug rehabilitation and sex change procedures (Horowitz & Rosensweig, 2007).

Travel and Tourism benefit

Medical tourists now prefer an attractive tourist destination for their medical treatment choices (KPMG, 2011). Travelling experiences in other medical tourism destination countries are also benefit to learn different lifestyle and cultures experience (Imison & Schweinsberg, 2013). Horowitz and Rosensweig (2007) also supported that a new trend of medical tourism is not only to get the medical treatment but to include travelling plans to other tourists attractions in the recovery period instead of taking risks while to travelling back to their home country.

Information by friends/family (WOM)

Bookman and Bookman (2007) stated that medical tourists, who have middle to higher income level, may not consider the price of treatment as the priority but they will trust and believe the information from friends and family experienced. Similarity the study of Murphy, Mascardo and Benckendorff, (2007) and Snyder, Crooks, Johnston and Dharamsi (2013) confirms that the information from friends and family or relatives is one of the most important sources of information for medical tourists in their decision-making process.

2.8 Cross-cultural issues in medical tourism

In order to operate a business effectively understanding the cultural diversity is a major challenge and is becoming an important issue especially in the tourism industry and other businesses worldwide (Hodgetts & Luthans, 2000; Reisinger, & Turner, 2003; Jones, 2007). Hodgetts and Luthans (2000) defined culture as the social behavior of a group of people by describing their past experience. Scientific studies in psychology try to find the relationship of various individual behaviors that are influenced by the cultural environment (Berry, Poortinga, & Pandey, 1997; Berry, 2002). Various cultures characterize many groups of people that share a variety of cultural elements with different individual behavior (Doran, 1994; Reisinger, & Turner,

2003). Brislin, Lonner & Thorndike (1973) defined cross-cultural as different experiences of members in various culture groups that cause significant differences in their behavior.

Importance of understanding cross-cultural

Cross-cultural studies provide some of the most important aspects in the service industry, including medical tourism where medical tourists, doctors, and other stakeholders from different cultural interfaces have interact (Tse, Lee, Vertinsky & Wehrung, 1988; Kagawa-Singer & Kassim-Lakha, 2003). Currently, medical tourists come from different cultures around the world. They become more and more individualistic and require more taylor made services with better efficiency and outcome as well as better value for money (Jagyasi, 2010). Different behavior patterns of medical tourists' decision-making can be seen from choosing a particular medical services destination country. Medical tourists put emphasis on the quality of medical treatments and cost plus compatibility with their own culture. In ancient times, medical tourist's requirements had been limited because most travelled within one geographic region with not much difference in culture and belief. With , the passing of time, medical tourists travel across international boarder for medical treatment and createe a new consumer behavior pattern which affect their decisions in choosing medical treatment in foreign countries (Liu & Chen, 2013).

Cross-cultural studies play an important role when attempting to better analyse the diversity of medical tourists' decision-making before they participate in medical tourism. The benefit of this study can be applied to improve the ability of medical tourism stakeholders for example; service providers, policy makers, and governments to understand cultural differences and to contribute to the diversity of medical tourists' decision-making (Reisinger & Turner, 2003).

Many medical tourism destinations are now promoting culture related to hospitality and tourism. Moreover, the stakeholders and governments are creating desirable images of their countries to attract more medical tourists (Reisinger, & Turner, 2003). Hodgetts & Luthans, (2000) stated that successful strategies to accomplish this challenge are the development of state-of-the-art quality of products and services to satisfy the special needs of its customers in different cultural contexts.

The major factors when comparing in cross-cultural psychology were individualism and collectivism. Many scholars try to identify the reason why Nonwestern and Asian

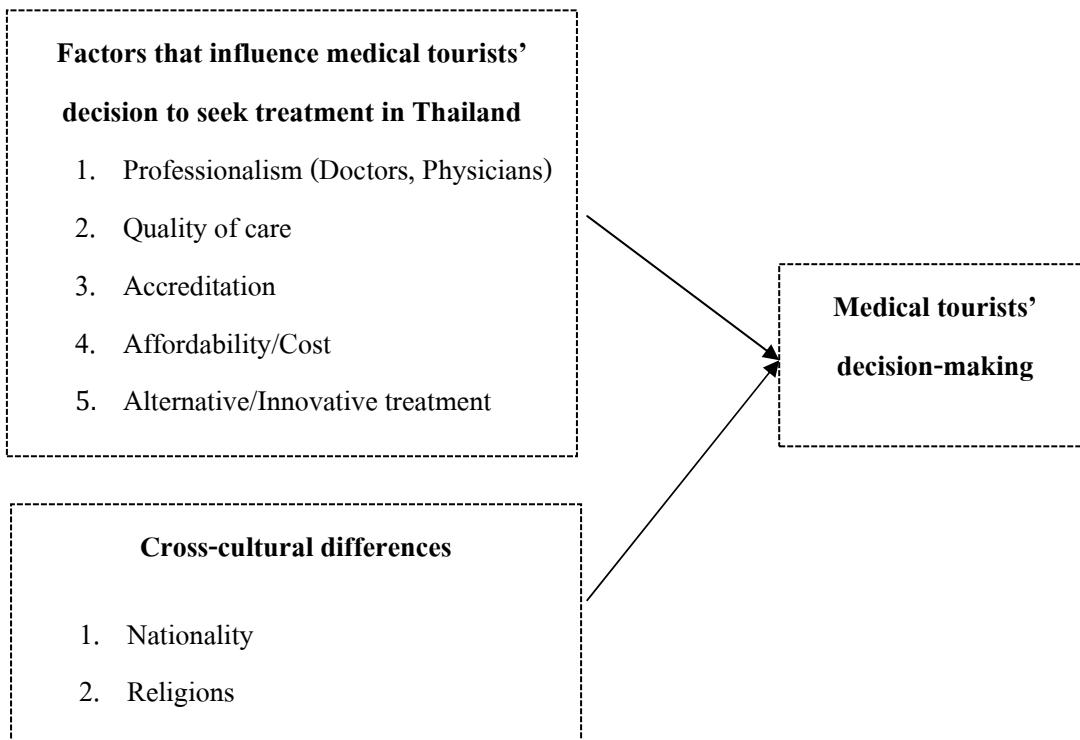
psychologists mostly focus on the collectivism while Western psychology emphasizes individualism (Kim, Triandis, Kâğıtçibaşı, Choi & Yoon, 1994). People who live in collectivist cultures always define themselves as a part of cultural groups and their decisions rely on others. On the other hands, the individualists are more independent, less concerned about the others and self-reliance (Hui & Triandis, 1986; Triandis, 2001).

Members of different nations, in particular, Americans, Europeans, Asians, Australians, Africans have different behavior pattern regarding to their social interactions. Furthermore, cross-cultural differences could lead to misunderstanding and generate tourists' dissatisfaction in the field of tourism products and services (Reisinger, & Turner, 2003). Yanos (2008) stated that the problems faced by medical tourists when they travel to a foreign country for medical treatment are miscommunication resulting from lack of cultural familiarity and language barriers. Peterson and Smith (1997) stated that there are many factors in determining the cultural differences, for instance: geography, nationality, language and religion. Somehow, much research commonly uses nationality or place of birth as important criteria that affect aspects human life (Hoover, Green & Saegert, 1978; Hofstede, 1984; Steenkamp, 2001)

In this study the researcher divided a cross-cultural group based on nationality used geography as a center of national identity (Raymond, 2005). This can explain cross-cultural variations better than any other dimensions (Singh & Parashar, 2005). Similarly Singh and Parashar (2005) and Broers (2003) state that differences in geography had influences on multiple cultural aspects. Rankin (2003) supported the idea that globalization studies could include geography to analyze the significance of cultural differences. Several studies above mentioned have great implications for a study to determine if differences in geography cause diversity in medical tourists' decision-making.

2.9 Conceptual framework

Figure 2.9 Conceptual framework



Chapter 3

Methodology

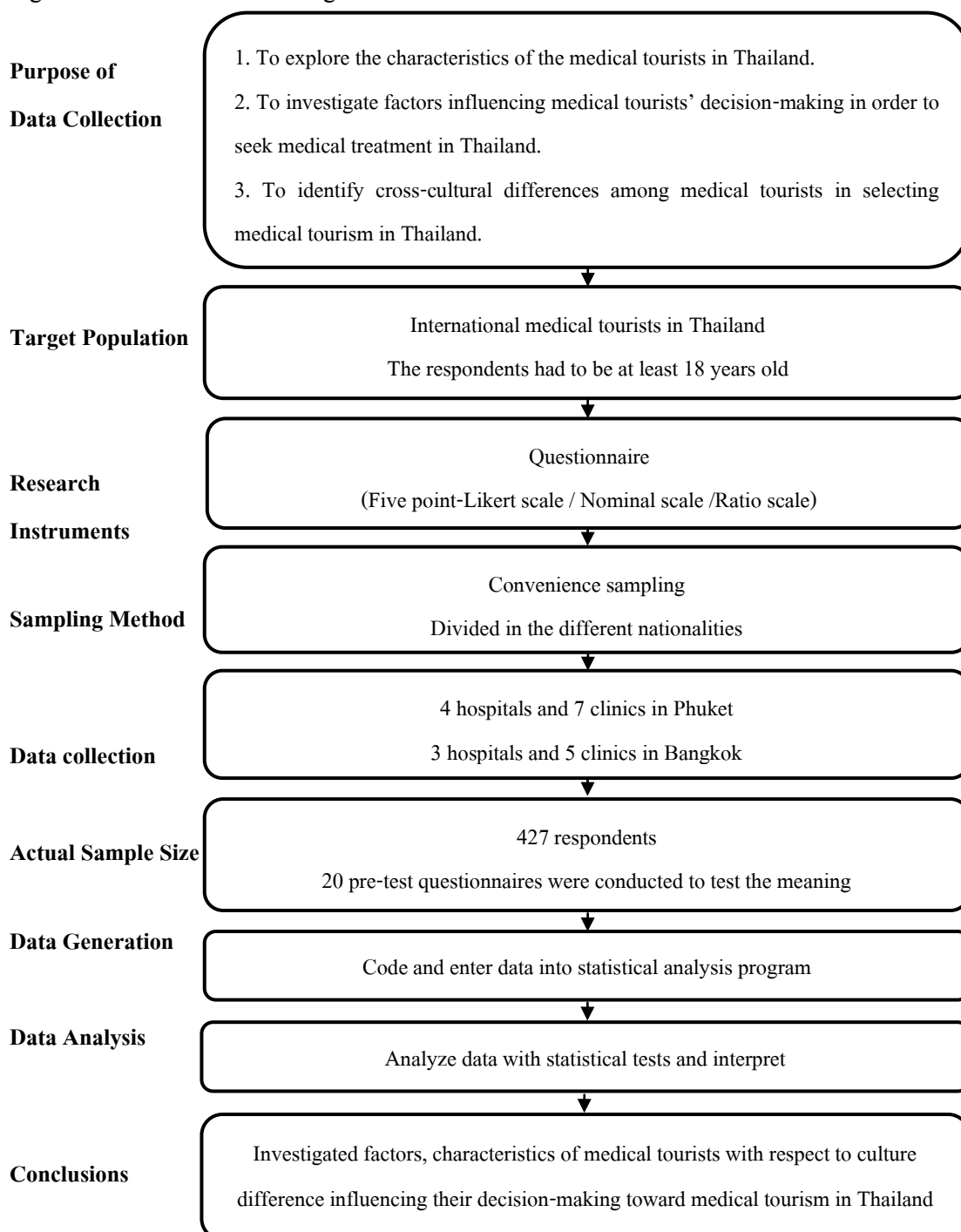
3.1 Introduction

This chapter point to the overall research design of this study. The survey instruments, data collection method, and the location to distribute the questionnaires were reviewed. It also explains how a proposed questionnaire is pre-tested. Finally, the explanation of the data analysis and relevant statistical techniques used in this study are also explained.

3.2 Research design

The overall research design of this study was indicated in Figure 3.1

Figure 3.1 Overall research design



Type of research: Quantitative approach

This study adopted a quantitative method by using the questionnaire distributed to medical tourists in Thailand at medical service providers, which was primarily in hospitals and clinics.

3.3 Population

The target population of this study refers to international medical tourists in Thailand. The number of international medical tourists who visited Thailand in 2012 (N) was 2,530,000 people. Thailand Board of Investment (2014) and Mymedholiday (2015) adapted the information from Ministry of Public Health, Thailand & Kasikorn Research Center (2012).

3.4 Sampling

3.4.1 Sampling method: Convenience sampling

Convenience sampling was employed by selecting the number of medical tourists according to their accessibility at hospitals and clinics in Thailand. Although a quota sampling method was not employed the collected questionnaires provided a good representation of the main nationalities that are medical tourists in Thailand. It was limited to medical tourists who were at least 18 years of age.

3.4.2 Sample size

The study used the formula of Yamane (1967) to calculate sample sizes of the international medical tourists in Thailand as below;

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

Where n = Sample size

e = The precision level (95% confidence level, and assumed $\pm 5\%$)

N = Population size (Number of Medical tourists in Thailand in 2012)

$$\text{Then } n = \frac{2,530,000}{(1 + 2,530,000 \times 0.05^2)}$$

$$n = 399.99$$

Then the target sample size is 400

3.5 Research instrument

3.5.1 Questionnaires

The questionnaires were adopted as the main research method in this survey, mostly comprising of quantitative questions but also collecting some qualitative data. The questionnaires

were instrument of this study. The surveys were distributed to the medical tourists in Thailand at the medical service providers such as hospitals and clinics. The pattern of the questionnaires survey were discussed by experts in related field and examined by academics. The questionnaires were adopted from Tirasatayapitak, Suthin and Assenov (2007), Natakurthung and Assenov (2010) and Jencharoenwong and Assenov (2010). The pre-test questionnaires were conducted by a survey of 20 international medical tourists to test the wording and the intent of the questions. The reliability of the pre-test questionnaires employed Cronbach's alpha equal or over 0.7 was considered reliable (Nunnally, 1978). The over value of Cronbach's alpha shown 0.802 which means the data is reliable. Then minor revisions were made before distribution to target samples. The questionnaires were designed in three languages including English, Chinese and Russian. The Chinese and Russian versions were added due to the fact that many medical tourists who came from these countries to Thailand at the period of collecting the questionnaires were not fluent in English language communication.

The questionnaire consists of multiple-choice questions, checklists, Likert-scale questions and open-ended questions that are described in details below:

Part I: Demographic profile of the medical tourists

Part II: Medical tourists' perspective and factors that influenced them to engage in medical tourism in Thailand

Part III: Medical tourists' experience with medical treatment in Thailand

3.5.2 Measurement variables

Most measurement variables for this study was employed a five point-Likert scale, nominal scale, and a ratio scale. In addition, the open-ended questions were used at the last section of the questionnaire. Here the respondents can share their ideas and any additional comments related to their experiences with medical services in Thailand.

3.6 DATA COLLECTION

3.6.1 Primary Data

The research methodology uses a quantitative methods approach by using questionnaires. The researcher hired a medical officer and undergraduate students distributed the questionnaires to medical tourists. The questionnaires used a convenience sampling employed by

selecting the number of medical tourists depending on their accessibility in 4 hospitals and 7 clinics in Phuket and 3 hospitals and 5 clinics in Bangkok, Thailand. The respondents had to be at least 18 years of age. The period for collecting data was August to November 2014.

- The respondents were screened to ensure that they were medical tourists and not expats or residents.
- The hospitals and clinics were selected because they are well-known for focusing on international medical tourists.
- Before completing the questionnaire, the respondents were assured that all information provided by respondents will be kept confidential and exclusively used for educational purposes.

3.6.2 Secondary Data

The secondary data was carried out using any type of information or data as published or unpublished information became available. This information or data was from websites, organization reports, statistics, and research papers previously studied by field experts as well as through The World Tourism Organization, Tourism Authority of Thailand, and the Ministry of Public Health of Thailand in order to take advantage of saving time and costs in acquiring up-to-date information. The period for collecting data was September 2013 to May 2015.

3.7 DATA ANALYSIS

After collecting data from the questionnaires, the data was coded, computed and analyzed by using a computer software program. This study use descriptive statistics (e.g. frequencies, percentages, mean), Independent sample t-test, one-way Analysis of Variance (ANOVA) and Post-hoc comparison using LSD test for this study. The proper statistics to analyze were used as the following;

Independent Sample T-test was applied to compare the difference between two groups; males and females on the decision making process. Interpretation was analyzed at 95% of confidence level with 5% significance.

One-way Analysis of Variance (ANOVA) was adapted to compare means of more than two groups to analyze if there are any differences. Interpretation was analyzed at the 95%

confidence level with 5% significance. Post-hoc comparison using LSD test could find out the differences between groups.

The interval level calculated for the data analysis as follows:

$$\begin{aligned} \text{The interval width} &= \frac{(\text{Maximum} - \text{Minimum})}{n} \\ &= \frac{(5-1)}{5} \\ &= 0.80 \end{aligned}$$

Therefore, this study organized the results for each of sub-level as follows:

Mean	Level of Importance and Satisfaction
1.00 - 1.80	Very Low/ Strongly dissatisfied
1.81 - 2.60	Low/ Dissatisfied
2.61 - 3.40	Medium / Neither satisfied nor dissatisfied
3.41 - 4.20	High / Satisfied
4.21 - 5.00	Very High / Strongly satisfied

Chapter 4

Results

4.1 Introduction

This chapter shows the results of quantitative surveys. 600 questionnaires were distributed and 427 usable questionnaires were returned. The results are presented and illustrated through tables and figures. The collected data were analyzed by computer software program and using descriptive statistics (e.g. frequencies, percentages, mean), independent sample t-test, one-way analysis of variance (ANOVA) and Post-hoc comparison using LSD test were explained.

4.2 Profile of Respondents

Table 4.1 shows the respondents' demographic information. The respondents consist of 257 females (60.20%) and 170 males (39.80%). Most of the respondents are between 31-40 years old (44.30%) followed by the 18-30 years' category (33.30%). The majority of the respondents are Australians / New Zealanders (37.00%), followed by Europeans (26.00%) and Asians (24.40%). Christian religion ranges in the highest percentage of the respondents at (52.90%) followed by others/no religion (17.8%) and Buddhist (15.90%). The respondents were Married /living with partner (64.90%), Single (28.30%) and Divorced (5.40%). 39.10% of the respondents have Diploma, followed by bachelor degrees (35.40%) and High School or lower degrees (17.80%). The respondents are mostly Self Employed/ Entrepreneur (39.80%), private employees (36.10%) and Government Employee (8.70%). Most of the Annual Household Income of the respondents was \$25,001-\$50,000 USD (30.70%), \$100,001-\$150,000 (24.10%) and \$10,000-\$25,000 (17.30%). Travelling with Family/relatives was most frequent (34.90%), followed by Spouse (26.40%) and Friends (25.30%).

Table 4.1 Respondents' demographic information

	Demographic Factors	Frequency	Percent (%)
Gender (n= 427)	Female	257	60.20%
	Male	170	39.80%
Age (n= 427)	18-30 years	142	33.30%
	31-40 years	189	44.30%
	41-50 years	58	13.60%
	51-60 years	24	5.60%
	Over 60 years	14	3.30%
Nationality (n= 427)	Australians / New Zealanders	158	37.00%
	Europeans	111	26.00%
	Asians	104	24.40%
	Africans / Middle Easterners	24	5.60%
	North Americans	23	5.40%
	Latin Americans	7	1.60%
Religion (n= 427)	Christian	226	52.90%
	No religion	76	17.80%
	Buddhist	68	15.90%
	Jewish	24	5.60%
	Muslim	22	5.20%
	Hindu	11	2.60%
Marital status (n= 427)	Married / living with partner	277	64.90%
	Single	121	28.30%
	Divorced	23	5.40%
	Widowed	6	1.40%
Education (n= 427)	Diploma	167	39.10%
	Bachelor Degree	151	35.40%
	High School or lower	76	17.80%
	Graduate Degree	33	7.70%

Table 4.1 Continued

	Demographic Factors	Frequency	Percent (%)
Occupation (n= 427)	Self Employed/ Entrepreneur	170	39.80%
	Private Employee	154	36.10%
	Government Employee	37	8.70%
	Professionals (lawyer, doctor.)	28	6.60%
	Students	24	5.60%
	Retired	14	3.30%
Annual Household Income in USD (n= 427)	Under \$10,000	19	4.40%
	\$10,000-\$25,000	74	17.30%
	\$25,001-\$50,000	131	30.70%
	\$50,001-\$100,000	65	15.20%
	\$100,001-\$150,000	103	24.10%
	Over \$150,000	35	8.20%
Travel companions (n= 427)	Family/relatives	149	34.90%
	Spouse	112	26.40%
	Friends	108	25.30%
	Alone	42	9.80%
	Special interest group	8	1.90%
	Others	6	1.40%

4.3 Medical tourists' perspective of medical tourism in Thailand

Table 4.2 shows the medical tourists' perspective of medical tourism in Thailand. The result showed that 56% of the respondents never received any medical treatment in other countries while 43.80% of them received medical treatment in other countries before. The result also indicated that more than half of the respondents 59.50% received medical treatment in Thailand as their first time while 40.50% of them received medical treatment in Thailand before. In addition, 50.80% of the respondents consider that medical treatment was the main reason in their decision to visit Thailand while 30.90% considered that medical treatment was one of the

main reasons to visit Thailand. Only 17.80% mentioned that they mostly came to Thailand to travel.

The majority of the respondents (71%) mentioned that their last medical treatment in Thailand was planned in advance, 22.20% was decided after arrival and only 6.80% received medical treatment as an emergency case. One third of the respondents 37.20% mentioned that their health insurance doesn't cover their medical treatment in Thailand while 31.90% said the insurance were covers partly, 25.30% fully covers and only 5.40% had no health insurance. Nearly half of the respondents (40%) said they save approximately 40-60% in medical cost in Thailand, 23.20% said they save 20-40%, while 20.10% said they save more than 60%, some of them had no saving (9.80%) and only 6.80% said they save less than 20% by receiving medical treatment in Thailand instead of their home country.

Table 4.2 Medical tourists' perspective of medical tourism in Thailand

Medical tourists' perspective (n=427)		Frequency	Percent (%)
Have you ever received any medical treatments in other countries before?	No	239	56.0%
	Yes	187	43.80%
Have you ever received medical treatment in Thailand before?	No, This is my first time	254	59.50%
	Yes	173	40.50%
Was medical treatment an important reason in your decision to visit Thailand?	Yes, it was the main reason	217	50.80%
	It was one of the main reasons	132	30.90%
	I mostly came to Thailand to	76	17.80%
Your last medical treatment in Thailand was?	Planned in advance	303	71.00%
	Decided after arrival	95	22.20%
	An emergency	29	6.80%
Does your health insurance cover partly or fully medical treatment in Thailand?	Doesn't cover	159	37.20%
	Partly	136	31.90%
	Fully	108	25.30%
	I have no health insurance	23	5.40%

Table 4.2 Continued

Medical tourists' perspective (n=427)		Frequency	Percent (%)
Approximately how much	Less than 20%	29	6.80%
medical cost by having	20-40%	99	23.20%
your treatment in	40-60%	171	40.00%
Thailand instead of your	More than 60%	86	20.10%
country?	No saving	42	9.80%

According to the result in Table 4.3 it was found that cosmetic procedures were the most popular treatment in Thailand at 42.90% followed by surgical procedures 32.6%, medical treatment 20.80%, dental treatment 15.50%, medical check-up 12.90% and others treatment 2.60%.

Table 4.3 Type of treatments in Thailand

Treatment	Frequency	Percent (%)
Cosmetic procedures	183	42.9%
Surgical procedures	139	32.6%
Medical treatment	89	20.8%
Dental treatment	66	15.5%
Medical check-up	55	12.9%
Others	11	2.60%

* **Note:** The sum of all answers exceeds 427 as multiple answers were allowed

Table 4.4 shows the source of information of medical tourists when making decisions for medical treatment in Thailand. The majority of the respondents indicated that 45.70% of the information comes from their friends and relatives, followed by 40.70% from internet search, while 12.40% drives from newspapers or health magazines, 10.50% from medical agents and 4.20% from other sources.

Table 4.4 Source of information when making decision for medical treatment in Thailand

Sources	Frequency	Percent (%)
Friends/relatives	195	45.70%
Internet search	174	40.70%
Newspapers/Health Magazines	53	12.40%
Medical agents	45	10.50%
Others	18	4.20%

* **Note:** The sum of all answers exceeds 427 as multiple answers were allowed

Table 4.5 Importance of factors influencing medical tourists' decision-making

Factors	Mean	Std. Deviation	Level of importance
Professionalism (Doctors, Physicians)	4.6901	0.58026	
Quality of care	4.5831	0.68826	Very High
Accreditation of medical service providers	4.5667	0.66581	importance
Affordability/Cost	4.3700	0.86064	
Alternative/Innovative treatments	4.3326	0.81761	
Safe and hygienic physical environment	4.0562	0.88101	
Recommendation from friends/family	3.8427	1.06325	
Privacy and confidentiality	3.7119	0.93141	
Easy access of transportation	3.6909	0.94595	High importance
Long waiting time	3.6581	1.11338	
Risk of treatment in foreign country	3.6253	0.92443	
Foreign language communication skills	3.5376	1.10176	
Insurance/government cover	3.4075	1.07805	
Medical tourists visa requirement	3.3232	1.05639	Medium
Travel and tourism benefits	3.0047	1.25222	importance
Cultural similarity	2.4731	1.23566	Low
Religious similarity	2.2131	1.21571	importance

* **Note:** Likert Scale of 1 to 5 was used to mark the important of each factors, where 1- Not at all important, 2- Not important, 3- Neutral, 4- Fairly important and 5- Very important

As shown in Table 4.5, the majority of the respondents perceived that very high important factors influencing medical tourists' decision-making were professionalism (Doctors, Physicians $\bar{x} = 4.6901$), quality of care ($\bar{x}=4.5831$), accreditation of medical service providers ($\bar{x}=4.5667$), affordability/cost ($\bar{x}=4.3700$), and alternative/innovative treatments ($\bar{x}=4.3326$). In addition, high important factors were the following; safe and hygienic physical environment ($\bar{x}= 4.0562$), recommendation from friends/family ($\bar{x}=3.8427$), Privacy and confidentiality ($\bar{x}= 3.7119$), Easy access of transportation ($\bar{x}=3.6909$), Long waiting time ($\bar{x}= 3.6581$), Risk of treatment in foreign country ($\bar{x}= 3.62530$ and Foreign language communication skills ($\bar{x}= 3.5376$). Moreover, medium importance factors were Insurance/government cover ($\bar{x}=3.4075$), Medical tourists visa requirement ($\bar{x} =3.3232$) and Travel and tourism benefits ($\bar{x}= 3.0047$). Finally, low importance factors consists of Cultural similarity ($\bar{x}=2.4731$) and Religious similarity ($\bar{x}= 2.2131$)

Table 4.6 Satisfaction attributes of medical tourists with medical treatment in Thailand

Factors	Mean	Std. Deviation	Level of satisfaction
Professionalism (Doctor, Physicians)	4.6487	3.53564	
Quality of care	4.5995	0.64006	
Affordability/Cost	4.5410	0.68866	Very high
Accreditation of medical service providers	4.3770	0.70925	satisfaction
Alternative/Innovative treatments	4.3489	0.76454	
Shorter waiting time than home country	4.0515	0.83479	
Method and ease of payment	4.0492	0.85301	
Privacy and Confidentiality	3.9953	0.90641	High
Safe and Hygienic physical environment	3.9789	0.93549	satisfaction
Foreign language communication skills	3.8712	2.63415	
Travel and Tourism benefits	3.8380	0.92523	
Cultural similarity	3.6698	2.66891	
Religious similarity	3.5410	0.99297	

* **Note:** Likert Scale of 1 to 5 was used to mark the satisfaction of each factors, where 1- Very unsatisfied, 2- Unsatisfied, 3- Neutral, 4- Fairly satisfied and 5- Very satisfied

Table 4.6 reports that medical tourists had very high satisfaction with medical treatment in Thailand as follows; professionalism (doctor, physicians \bar{x} = 4.6487), quality of care (\bar{x} = 4.5995), affordability/cost (\bar{x} = 4.5410), accreditation of medical service providers (\bar{x} = 4.3770) and alternative/Innovative treatments (\bar{x} = 4.3489). Furthermore, they also had high satisfaction with the following attribute; Shorter waiting time than home country (\bar{x} =4.0515), method and ease of payment (\bar{x} =4.0492), privacy and confidentiality (\bar{x} =3.9953), safe to and hygienic physical environment (\bar{x} =3.9789), foreign language communication skills (\bar{x} =3.8712), travel and tourism benefits (\bar{x} =3.8380), cultural similarity (\bar{x} = 3.6698) and religious similarity (\bar{x} = 3.5410).

Table 4.7 Medical tourists' post-purchase attitude to medical treatment in Thailand

Medical tourists' experiences	Answer	Frequency	Percent (%)
Would you consider coming back to Thailand for medical treatment in the future?	Yes	323	75.60%
	Maybe	97	22.70%
	No	7	1.60%
Would you recommend your Friends/relatives to seek medical treatment in Thailand?	Yes	351	82.20%
	Maybe	69	16.20%
	No	6	1.40%

The result in Table 4.7 shown that the majority of the medical tourists would definitely consider coming back to Thailand for medical treatment (75.60%), maybe coming back (22.70%) and not coming back only 1.60%. Furthermore, more than three fourth of medical tourists would recommend their friends/relatives to seek medical treatment in Thailand at 82.20%, maybe recommend (16.20%) and not recommend only 1.40%.

4.4 Tests for cross-cultural differences

4.4.1 Differences among nationalities

Table 4.8 One-Way ANOVA tests for differences in the level of importance factors that influence medical tourists seeking medical treatment in Thailand among different nationalities.

Importance factors	Nationalities	Means	One-way ANOVA	
			F-stat	p-value
Affordability/Cost	Asians	4.5385 a	5.632	0.000*
	Europeans	4.1171 b		
	North Americans	4.3478 a b		
	Australians/New Zealanders	4.5253 a		
	Africans/Middle Easterners	3.9583 b		
	Latin Americans	3.8571 b		
Quality of care	Asians	4.6538 a c	2.411	0.036*
	Europeans	4.4775 b c		
	North Americans	4.4783 a b		
	Australians/New Zealanders	4.6772 a		
	Africans/Middle Easterners	4.2917 b		
	Latin Americans	4.4286 a b		
Alternative/Innovative treatment	Asians	4.5288 a	6.251	0.000*
	Europeans	4.4685 a		
	North Americans	4.2609 a b		
	Australians/New Zealanders	4.1962 b		
	Africans/Middle Easterners	4.1667 b		
	Latin Americans	3.1429 c		
Accreditation of medical service providers	Asians	4.5577	0.801	0.549
	Europeans	4.5766		
	North Americans	4.6957		
	Australians/New Zealanders	4.5759		
	Africans/Middle Easterners	4.5000		
	Latin Americans	4.1429		

Table 4.8 Continued

Importance factors	Nationalities	Means	One-way ANOVA	
			F-stat	p-value
Professionalism (Doctors, Physicians)	Asians	4.7019	1.444	0.207
	Europeans	4.6818		
	North Americans	4.9130		
	Australians/New Zealanders	4.6835		
	Africans/Middle Easterners	4.6250		
	Latin Americans	4.2857		
Long waiting time in home country	Asians	3.8942 a	8.134	0.000*
	Europeans	3.9459 a		
	North Americans	3.7836 a		
	Australians/New Zealanders	3.2785 b		
	Africans/Middle Easterners	3.9583 a		
	Latin Americans	2.7143 b		
Not cover by insurance companies/ government	Asians	3.6154 b	6.350	0.000*
	Europeans	3.6486 b		
	North Americans	3.4783 a b		
	Australians/New Zealanders	3.7975 a		
	Africans/Middle Easterners	3.6250 b		
	Latin Americans	3.1429 a		
Privacy and confidentiality	Asians	3.6635	0.909	0.475
	Europeans	3.6847		
	North Americans	3.7391		
	Australians/New Zealanders	3.7975		
	Africans/Middle Easterners	3.6250		
	Latin Americans	3.1429		
Safe and hygienic physical environment	Asians	3.7981 b	13.184	0.000*
	Europeans	3.8468 b		
	North Americans	3.6957 b		
	Australians/New Zealanders	4.4557 a		
	Africans/Middle Easterners	3.7083 b		
	Latin Americans	4.5714 a		

Table 4.8 Continued

Importance factors	Nationalities	Means	One-way ANOVA	
			F-stat	p-value
Foreign language communication skills	Asians	3.3558 a	5.254	0.000*
	Europeans	3.3243 a		
	North Americans	3.3478 a		
	Australians/New Zealanders	3.8662 b		
	Africans/Middle Easterners	3.2083 a		
	Latin Americans	4.0000 a b		
Cultural similarity	Asians	2.5769	1.504	0.187
	Europeans	2.4505		
	North Americans	2.0000		
	Australians/New Zealanders	2.4747		
	Africans/Middle Easterners	2.3333		
	Latin Americans	3.2857		
Religious similarity	Asians	2.3077	1.390	0.227
	Europeans	2.1892		
	North Americans	1.6957		
	Australians/New Zealanders	2.2025		
	Africans/Middle Easterners	2.2917		
	Latin Americans	2.8571		
Travel and Tourism benefit	Asians	2.7981 b	7.833	0.000*
	Europeans	2.7838 b		
	North Americans	2.3913 b		
	Australians/New Zealanders	3.4620 a		
	Africans/Middle Easterners	2.5417 b		
	Latin Americans	2.8571 a b		
Recommendation from friends/family	Asians	3.8269 b d	6.570	0.000*
	Europeans	3.5135 c		
	North Americans	3.5652 b c		
	Australians/New Zealanders	4.1465 a		
	Africans/Middle Easterners	3.5000 b c		
	Latin Americans	4.5714 a d		

Table 4.8 Continued

Importance factors	Nationalities	Means	One-way ANOVA	
			F-stat	p-value
Risk of treatment in a foreign country	Asians	3.6731 a c	4.704	0.000*
	Europeans	3.4144 b		
	North Americans	3.4348 b c		
	Australians/New Zealanders	3.8481 a		
	Africans/Middle Easterners	3.2917 b c		
	Latin Americans	3.0000 b c		
Easy access of transportation	Asians	3.6058 b	10.813	0.000*
	Europeans	3.4144 b		
	North Americans	3.2609 b		
	Australians/New Zealanders	4.0823 a		
	Africans/Middle Easterners	3.2083 b		
	Latin Americans	3.5714 b a		
Medical tourists visa requirement	Asians	3.4038	1.822	0.107
	Europeans	3.2432		
	North Americans	2.8696		
	Australians/New Zealanders	3.4367		
	Africans/Middle Easterners	3.0417		
	Latin Americans	3.2857		

Note:* Indicates statistically significant differences at $p \leq 0.05$

The result in Table 4.8 from one-way ANOVA indicated that for Asians and Australians/New Zealanders affordability/cost are more important than for other regions; these differences are statistically significant.

Quality of care is more important for Australians/New Zealanders and the difference is statistically significant with Europeans and Africans/ Middle Easterners. Europeans have significant differences with Asians and Australians/New Zealanders. North Americans are not different from all other groups

For Asians and Europeans, alternative treatments have statistically significant differences higher important than North Americans, Australians/New Zealanders, Africans/

Middle Easterners and Latin Americans. The Latin Americans have significant differences with all other groups.

Avoiding long waiting time in their country of residence is more important for Africans/ Middle Easterners, Europeans, North Americans with statistically significant a difference than for Australians/New Zealanders and Latin Americans. For Latin Americans long waiting time has is significantly less important than for all other groups.

The result also shows that insurance cover from insurance companies and government is more important for Australians/New Zealanders and least significant important for Latin Americans. North Americans is not significant differences from all other groups.

Europeans, Australians/New Zealanders and Latin Americans have statistically significant differences highly important to safe and hygienic of physical environment. Europeans is the second highest means and it statistically significant differences from Australians/New Zealanders and Latin Americans.

Foreign language communication skill is more important for Asians, Europeans, North Americans, Australians/New Zealanders and Latin Americans. Australians/New Zealanders is significant difference from all other groups except Latin Americans. Moreover, it is least statistically significant differences for Africans/ Middle Easterners.

Australians/New Zealanders and Latin Americans have statistically highly significant difference with regard to the importance of travel and tourism benefit compare to Asians, Europeans, Africans/Middle East and North Americans. Australians/New Zealanders is significant difference from all other groups except Latin Americans.

Recommendations from friends/family are less important for medical tourists from Africans/Middle East. Latin Americans get the highest mean and there is a statistically significant difference compare to European, North Americans and Africans/ Middle Easterners. Australians/New Zealanders have the second highest mean and are statistically significant differences from Asians, Europeans, North Americans and people from Africans/ Middle Easterners.

Australians/New Zealanders have the highest mean and are statistically significant difference from Europeans, North Americans, Africans/Middle Easterners and Latin Americans.

Asians have the second highest mean and are statistically significance difference from Europeans. Risk of treatment in foreign country is least important for Latin Americans.

Australians/New Zealanders have the highest mean and are statistically significant difference from Asians, Europeans and North Americans. Asians have the second highest mean and are significant difference from Australians/New Zealanders. Australians/New Zealanders are significant differences from all other groups except Latin Americans.

4.4.2 Differences among religions

Table 4.9 One-Way ANOVA tests for differences in the level of importance factors that influence medical tourists seeking medical treatment in Thailand among different religions.

Importance factors	Religions	Means	One-way ANOVA	
			F-stat	p-value
Affordability/Cost	Christian	4.3496 c	2.438	0.034*
	Jewish	4.3750 a b c		
	Hindu	4.9091 a		
	Muslim	3.9091 b		
	Buddhist	4.4853 a c		
	No religion	4.3816 a c		
Quality of care	Christian	4.5442	2.180	0.55
	Jewish	4.3750		
	Hindu	4.9091		
	Muslim	4.4091		
	Buddhist	4.6176		
	No religion	4.7368		
Alternative/Innovative treatment	Christian	4.3274	2.111	0.063
	Jewish	4.5000		
	Hindu	4.8182		
	Muslim	4.3636		
	Buddhist	4.4265		
	No religion	4.1316		

Table 4.9 Continued

Importance factors	Religions	Means	One-way ANOVA	
			F-stat	p-value
Accreditation of medical Service providers	Christian	4.5177	1.283	0.270
	Jewish	4.7083		
	Hindu	4.9091		
	Muslim	4.6364		
	Buddhist	4.5294		
	No religion	4.6316		
Professionalism (Doctors, Physicians)	Christian	4.6578	0.700	0.624
	Jewish	4.5833		
	Hindu	4.7273		
	Muslim	4.7273		
	Buddhist	4.7206		
	No religion	4.7763		
Long waiting time in home country	Christian	3.5531 b	3.087	0.009*
	Jewish	3.7917 b a		
	Hindu	4.2727 a		
	Muslim	4.0909 a		
	Buddhist	3.9265 a		
	No religion	3.4737 b		
Not cover by insurance companies/ government	Christian	3.3584	1.110	0.354
	Jewish	3.4583		
	Hindu	3.9091		
	Muslim	3.5909		
	Buddhist	3.5441		
	No religion	3.2895		
Privacy and confidentiality	Christian	3.6593 b	3.705	0.003*
	Jewish	3.6250 b		
	Hindu	4.0000 a b		
	Muslim	3.6364 b		
	Buddhist	3.4853 b		
	No religion	4.0789 a		

Table 4.9 Continued

Importance factors	Religions	Means	One-way ANOVA	
			F-stat	p-value
Safe and hygienic physical environment	Christian	4.0531 c	11.823	0.000*
	Jewish	3.6667 b		
	Hindu	4.0909 b c		
	Muslim	3.8636 b c		
	Buddhist	3.6324 b		
	No religion	4.6184 a		
Foreign language communication skills	Christian	3.4823 c	5.667	0.000*
	Jewish	3.4583 b c		
	Hindu	3.4545 a b c		
	Muslim	3.4091 b c		
	Buddhist	3.1912 b		
	No religion	4.0933 a		
Cultural similarity	Christian	2.3982	1.350	0.242
	Jewish	2.4167		
	Hindu	3.0000		
	Muslim	2.5455		
	Buddhist	2.3529		
	No religion	2.7237		
Religious similarity	Christian	2.2345	1.439	0.209
	Jewish	2.0417		
	Hindu	3.0000		
	Muslim	2.3182		
	Buddhist	2.0147		
	No religion	2.2368		
Travel and Tourism benefit	Christian	3.0177 c	5.999	0.000*
	Jewish	2.3750 b		
	Hindu	3.3636 a c d		
	Muslim	2.6818 b c		
	Buddhist	2.6324 b d		
	No religion	3.5395 a		

Table 4.9 Continued

Importance factors	Religions	Means	One-way ANOVA	
			F-stat	p-value
Recommendation from friends/family	Christian	3.7478 b	3.436	0.005*
	Jewish	3.6957 b		
	Hindu	4.0909 a b		
	Muslim	3.7727 b		
	Buddhist	3.7059 b		
	No religion	4.2763 a		
Risk of treatment in a foreign country	Christian	3.5841 a	2.493	0.031*
	Jewish	3.5833 a b		
	Hindu	4.0000 a b		
	Muslim	3.4091 a		
	Buddhist	3.4559 a		
	No religion	3.8947 b		
Easy access of transportation	Christian	3.6239 b c	8.987	0.000*
	Jewish	3.5833 b c		
	Hindu	4.0000 a c		
	Muslim	3.3182 b		
	Buddhist	3.3824 b		
	No religion	4.2632 a		
Medical tourists visa requirement	Christian	3.3319 a b	1.611	0.156
	Jewish	3.6667 a		
	Hindu	3.9091 a		
	Muslim	3.1818 a b		
	Buddhist	3.1618 b		
	No religion	3.2895 a b		

Note:* Indicates statistically significant differences at $p \leq 0.05$

The result in Table 4.9 from one-way ANOVA indicated that Hindus are more concerned than other religions with affordability/cost and the difference are statistically significant compare with Christians and Buddhists. Affordability/cost has least importance for Muslims.

Waiting time is most important for Hindus. Furthermore, Jews are not significantly different from all other groups. Christians are statistically significant differences from Hindus, Muslims and Buddhists.

For Hindus and No religion, privacy and confidentiality are statistically significantly higher importance than for Christians, Jews, Muslims and Buddhists. Hindus are not statistically significant differences from all other groups. Moreover, No religion are statistically significant differences from Christians, Jews, Muslims and Buddhists except Hindus.

Safety and hygiene of physical environment is least important for Buddhists. People who have No religion are statistically significant difference from all other groups. Hindus and Muslims have statistically significant differences from No religion.

Christians are statistically significant differences from Buddhists and No religion in foreign language communication skills. Hindus are not statistically significant difference from all other groups. Buddhists are the least statistically significant difference in foreign language communication skills.

Travel and tourism benefit are most important for the No religion. Hindus are the second highest it is statistically significance difference from Jews. Buddhists are statistically significant difference from Christians and No religion.

Recommendations from friends/family are more important for the No religion and it is statically significant difference from all other group except Hindu. In addition, Hindu is the second highest means and there is no statistically significant difference from all other groups.

Hindus and Jews are not statistically significant difference from all other religions concerning risk of treatment in a foreign country. Furthermore, Christians, Muslims and Buddhists are statistically significant difference from the other religions. For Muslims the risk of treatment in foreign country is of least importance.

Buddhists are statistically significant difference from Hindus and No religion in easy access to transportation. In addition, Christians and Jews are statistically significant difference from No religion. Lastly, Muslim consider easy access to transportation least important.

Hindus are more concerned about medical tourists' visa requirements than all other religions. Furthermore, Buddhists are statistically significant different from Jews and Hindus but not statistically significant difference from Christians, Muslims and the others.

4.5 Respondents' comments

The respondents were asked in three opened-ended questions to identify major problems and to suggest any ideas to improve the quality of medical services in Thailand.

Some comments pay attention to the language communication skill of medical service providers:

“Better corporate with medical service provider before arrival to protect any mistake that may occur during the medical treatments especially the language communication”

“Difficult to communicate with foreign language in some medical clinics”

“I only speak French, a little bit in English, luckily that the hospital has French translator”

“Mandarin /Chinese language make some Doctors and Thai staffs confuse”

Many of the comments in satisfaction of medical treatment in Thailand:

“Thailand is my first consideration for medical treatment, the doctor very polite, helpful and professional”

“The doctor s and hospital staffs were very helpful”

Some comments were concerned about professionalism (Doctor and Physician) which medical tourists had met during their medical treatment in Thailand:

“Thai people always late, not punctual even to provide the service to the patients”

“Time to recover after medical treatment is not enough; I have no time for my holiday”

“Thai doctors is very excellent, friendly, good recommendation”

“Long waiting list at cosmetic clinics”

Affordability/cost and insurance cover for medical treatment in Thailand was indicated by the respondents:

“The cost of dental treatment is very cheap compare to Middle East. It was very good experience and save a lot of money”

“Good quality of service and reasonable price for medical check-up is not expensive like Switzerland”

“Air tickets from China is expensive and I can't find the direct flight ticket”

“I like the service of medical treatment in Thailand better than in China. The doctors were more profession and Thai people is so kind”

Some comment provided recommendation to improve experience of medical tourists in Thailand:

“Better increase my knowledge about the preparation before receive any medical treatments.

Other comments included:

“Thailand is very far from my country”

“There are very long queue at the dental clinic”

“I understand Thai culture and I also can speak Thai language. So, I don’t have any cultural misunderstanding during my medical treatment”

“I understand Thai culture very well, no problem at all”

“Medical treatment needs a good advice from the professional”

“Public transportations are not convenience enough to go to the hospital”

“Thailand is my neighbor, everything is convenience and comfortable”

“Thai culture is very easy to understand”

“It would be a great idea to include medical tourism package with follow-up care service and warrantee once I return home”

Chapter 5

Conclusions and recommendations

5.1 Introduction

The conclusions, limitations and implications for this study are included in this chapter. In addition, the recommendations for medical tourism research and contributions to the medical tourism industry are also explained.

5.2 Summary of main findings

From 427 returned valid surveys, the majority of the respondents are Australians/New Zealanders 37%, followed by Europeans 26% and Asians 24.40%. Based on the survey results, females formed the majority of the respondents 60.20% and males 39.80%. Most of the respondent's ages were between 31-40 years, followed by the 18-30 years' category. Moreover, 71% of the respondents planned in advance to get medical treatment in Thailand, while 22% decided after arrival and only 7% were emergency cases. Furthermore, 56% of the respondents never received any medical treatment in other countries while 43.80% of them have been receiving medical treatment outside their home residence. The result also indicated that more than half of the respondents 59% received medical treatment in Thailand for their first time while 41% of them have had experiences with medical treatment in Thailand before.

In addition, more than half of the respondents 50.80% mentioned that medical treatment was their main reason to visit Thailand, two third of the respondents considered medical treatment as one of the main reasons, and only some of them mentioned that they mostly came to Thailand to travel. Somehow, an interesting medical procedure or accidents lead them to obtain medical treatment.

One third of the respondents mentioned that they have to pay out of pocket because their insurance doesn't cover the expenses of receiving medical treatment in Thailand. Less than half of the respondents said the insurance cover partly, 25.30% cover fully and some of them have no insurance cover at all. Nearly half of the respondents (40%) said they save approximately 40-60% in medical cost in Thailand compared to their country of residence.

From the survey results, the most popular treatments in Thailand are cosmetic procedures (42.90%), followed by surgical procedure (32.60%), and medical treatment (20.80%) respectively. Most of the respondents indicated that the information from friends and relatives are an important source of information that they consider before making a decision to obtain medical treatments in Thailand, followed by internet searches and newspapers or health magazines.

In terms of the importance of factors influencing medical tourists decision-making, the results indicated that professionalism (doctors, physicians), quality of care, accreditation of medical service providers, affordability/cost and alternative/innovative treatments are of very high importance for the respondents when they consider obtaining medical treatment in Thailand rather than cultural and religious similarity.

The results found that medical tourists were highly satisfied with their medical treatment in Thailand due to the following components; professionalism (doctor, physicians), quality of care, affordability/cost, accreditation of medical service providers, and alternative/Innovative treatments. Moreover, the majority of the medical tourists would definitely consider coming back to Thailand for medical treatment (75.60%), and would recommend their friends/relatives to seek medical treatment in Thailand (82.20%).

One-Way ANOVA tests for differences in the level of importance of factors that influence medical tourists seeking medical treatment in Thailand among different nationalities. When the nationalities were compared, the results found that Asians are more concerned about affordability/cost, alternative/innovative treatments than any other nationalities. Australians/New Zealanders pay attention more on quality of care, insurance cover by insurance companies/government, travel and tourism benefit, risk of treatment in foreign country, and easy access to transportation. People from Africans/Middle East are more concern about long waiting times in their home country. Latin Americans pay more attention to safe and a hygienic physical environment, foreign language communication skills, and recommendation from friends/family.

When the religions were compared for differences in the level of importance for factors that influenced medical tourists seeking medical treatment in Thailand used One-Way ANOVA tests. The results showed that Hindus are more concern about affordability/cost, long waiting time, risk of treatment in a foreign country, and medical tourists' visa requirement than other religions. Others with no religion are more concerned about privacy and confidentiality, safety

and hygienic physical environment, foreign language communication skills, travel and tourism benefits, recommendations from friends/family and easy access of transportation.

5.3 Discussion

5.3.1 To explore the characteristics of the medical tourists in Thailand.

This research paper tries to explore the characteristics of the medical tourists from various cultures which are certainly becoming essential in the medical and health tourism industry in Thailand (Liu & Chen, 2013). It considers proper strategies to fulfill their requirement for better medical infrastructures, products and services for its potential customers compared to its competitors. The research results from the questionnaire collection by convenience sampling in the hospital and clinic in Bangkok and Phuket, Thailand found that the majority of the respondents were Australians/New Zealanders, followed by Europeans, Asians, Africans/Middle Easterners, North Americans and Latin Americans respectively. The respondents were maximum age of 31-40 years and 18-30 years old, self-employed/entrepreneur and private employee with the estimated annual household income around 25,001-50,000 US\$ and 100,001 up to 150,000 US\$.

The result of this study showed that most of the respondents (71%) belonged to the dedicated medical tourists who mainly plan their trip in advance to obtain medical services outside of their country of residence. Other groups of medical tourists (22%) consider getting medical treatment but still hesitate and make their final decision upon arrival at their destination country. They are classified as hesitant and holiday medical tourists. Another segment consists of opportunistic medical tourists (7%) who state medical treatment as their main reason for travelling on holiday and they become medical tourists because of an emergency health problem, accident or interesting opportunity which does not disturb their travelling plans as evidenced by research from Wongkit and McKercher (2013). The challenge for the medical services providers and stakeholder might be to carefully consider how to convince all prospective medical tourists to become dedicated medical tourists and gain more market share in the medical tourism industry. For instance, they could offer special promotions for early payment and discount coupons in concert with tourism and medical programs after the medical procedure. Furthermore, the majority of medical tourists in Thailand travelled mostly with companions as explained by the

study of Lee and Spisto (2007) who also found that medical tourists who travel outside their home country rarely travel alone but are accompanied by family and relatives during the medical treatment procedure and recovery period. The medical service provider could arrange full service for their accommodation and coordinate with tourism facilitators such hotels and health centers to organize tourism activities for the medical tourist and their relative and friends during the recovery period. This might create more differentiation for the medical service providers and favorable word-of-mouth recommendations once the medical tourists return to their home country. This is supported by Snyder, Crooks and Johnston (2012) who found that medical tourists mostly share their experience with others.

The most important sources of information that medical tourists considers before deciding obtain medical treatment abroad are friends and relatives followed by internet searches (Vijaya, 2010) and newspapers or health magazines. Hohm and Snyder (2015) agreed that information from internet searches is one of the important sources for medical tourists' decision-making. One important finding of this study demonstrates that medical tourists regardless of their different cultural background mostly trust and believe information provided by their friends and relatives (word-of-mouth) more than any other sources. With this result supported by Maung & Walsh (2014), medical services providers should consider more viral marketing campaigns, rather than providing all the information through internet channels alone. Thus, it can be seen that medical services providers can take advantage of internet searches combined with viral marketing (word-of-mouth) information to create a very important section on their website, "Patient testimonials", which can have a particularly powerful influence on potential medical tourists' decision-making.

5.3.2 To investigate factors influencing medical tourists' decision-making in order to seek medical treatment in Thailand.

Currently, medical tourists are more often travelling to both directions such developing and developed countries to obtain medical treatment. The medical tourists from medium up to higher annual household income level can afford more expensive in medical treatment oversea and pay out of their pocket as they trust and belief to received better and advance technologies as well as professional and experiences doctors and physicians in medical

tourism destination country. However, some of medical tourist also concern about any other factors which lead them to choose medical treatment abroad.

Based on the questionnaires survey of medical tourism in Thailand, the most important factors that medical tourists consider when making their final decision to obtain medical treatment abroad as demonstrated in this study were the professionalism of doctors and physicians. Medical tourists are more concern about the professional of doctors and physicians when there are seeking medical treatments abroad. They mostly find out the general information which is needed and concerned with their medical treatment and selected the most appropriate doctors/physicians by looking into their last experiences and the feedback of the previous patients who may be their family/relatives and friends and medical tourism advertising website. Because of this reason medical service providers should put more emphasis on providing doctors/physicians that have been trained in developed countries and who have had international experience and specialist in each medical treatment.

Other matters, such as quality of care, are also important for medical tourists who perceived Thailand as the country which providing a high quality of medical services. With regard to provide very high quality of care were combined the whole service system of medical service provider. Starting from the welcoming all patients when they arrived at the airport and transfer to their hotel either go directly to the hospital/clinic as the arrangement. The interaction between doctors/physicians and medical service staff and patients during medical procedure is very important for the patients to evaluated the quality of care that they received from the service provider. However, to maintain the quality standard it is also important to include other departments such nurses and customer services related personnel who are dealing directly with the medical tourists from their arrival until departure. It is of further significance for the development of service quality to achieve effective communication between medical tourists and doctors/physicians.

Other key factors entering into their decision-making process were international hospital accreditation. Many hospitals in Thailand received the international hospital accreditation to promote their business as a marketing tool and attract more international medical tourists. The majority of medical tourists trusted and believed in well recognized certification such as Joint Commission International (JCI) from the United States of America, Australian Council for

Healthcare Standards International (ACHSI) from Australia and others. Medical tourists from this study mentioned hospital accreditation make them feel more confident that the hospitals they selected qualify the international service standard, providing high technology, efficiency of the medical services materials and well-train doctors and physicians.

Next, affordability/cost is one of the most important factors in medical tourists' decision-making. This result confirmed with the previous study from Runckle (2007) and Keckly and Underwood (2008) stated that medical tourists seeking medical care out of their countries as the reason of rising up in health care costs in developed countries lead to the increasing demand in less developed countries. Thailand has an advantage of cost saving as the result and the respondents comments from this study mentioned that they pay less expenses and medical service in Thailand help them save cost about 40-60% than their home countries. Medical service providers and policy maker should take this advantage from the affordability/cost and provide more attractive medical package to the potential medical tourists. However, the reasonable prices with a quality of service are more attractive than emphasize on promoting very cheap price to the medical tourists. As some of the medium and upper income level may realize that a good service quality is impossible with very cheap price.

Lastly, alternative/innovative treatments of the medical service provider are also among the most important factors to consider and develop an appropriate strategy for its potential medical tourists. Due to lack of the availability of medical facilities in the residence country lead them traveling abroad and select the preferable medical destination country. Thailand as a major medical tourism destination provides several alternative/innovative treatments both in western and Thai traditional ways is very attractive for international medical tourists around the world.

This result configures the findings of previous studies indicating that the primary reasons for medical tourists traveling abroad are quality of care, international accreditation of service provider, affordability and alternative treatments that are not available in their home country (Singh & Gill, 2011; Horowitz & Rosensweig, 2007; Turner, 2007). Somehow, other additional factor from the comments of the respondents is follow-up care service after medical treatment which they also consider as one of another factor to be treated abroad. The follow-up cares services choose add up in post medical procedure to re-check the healing process and results of the procedure. This may create very good impression and satisfaction to the medical tourists.

5.3.3 To identify cross-cultural differences among medical tourists in selecting medical tourism in Thailand.

The respondents were asked directly whether cultural and religious similarities are important for their choice of country and medical service provider and respondents rated these as the least important factors. However, when ANOVA and post-hoc (LSD) test were performed, some statistically significant differences were identified among respondents from different nationalities. Asia medical tourists are more sensitive about affordability/cost and alternative/innovative treatment than any other nationalities. Thailand is the major medical tourism destination in Southeast Asia which provides affordability medical treatment expenses and in the same time alternative and innovative treatments are available in many hospitals and clinics to support the patients' requirement as mentioned by Renub Research (2012). Marketing strategy of medical services provider should focus on the price of treatments and offering value added in other related services to attract Asia medical tourists as the priority.

Europeans placed an emphasis on alternative/innovative treatment, long waiting time in their home country and foreign language communication skills of medical services staff. As of the medical tourists from developed country such as European Union are encounter with long waiting time for their medical treatments. Somehow, many of them take an opportunity of their holiday to obtain medical treatment in Thailand in the same period of time to avoid waiting lists in their home countries. Medical tourists from Europe more concern about foreign language communication skills of medical services staff, doctors and physician. The respondents were considered the hospital which provides a variety of foreign language than local or English communication skill.

Australians/New Zealanders displayed demands for quality of care, insurance cover by insurance companies/government, travel and tourism benefits, risk of treatment in a foreign country, and easy access. Australia and New Zealand medical tourists are the majority of the respondents for this study. Their mostly pay attention on the quality of care in Thai hospitals rather than other factors. Travel and tourism benefit is also a part of their medical treatment trip to Thailand. Medical tourists from these countries prefer to spend their recovering time with wonderful scenery in many tourists attraction in Thailand rather than go directly back to their

country. However, insurance cover fully or partly of the medical treatment in Thailand has influenced on their decision-making.

Africans/Middle Easterners are more concern about long waiting time in home country the same as the Europeans. Thailand is now targeting Middle East medical tourists and the countries from Gulf Cooperation Council (GCC) by providing the length of stay in Thailand as a medical tourist at 90 days with visa requirement to fulfill the patients demand and the development in medical tourism in Thailand.

Latin Americans pay more attention to a safe and hygienic physical environment, foreign language communication skills, and recommendations from friends/family. They believe their friends and relatives past experience in medical tourism but still focus more on cleanliness and hygiene during the medical procedure.

Previous studies also supported that medical tourists in different cultures have multiple demands and differences in making decisions when considering seeking medical services in a destination country (Jagyasi, 2010; Lui & Chen, 2013). Therefore, to emphasize developing special medical promotions of medical tourism products and services and creating policies to establish competitive advantages with human resource in order to excel over their regional competitors is required.

The result from this study shows that when the religions were compared for differences in the level of importance factors that influenced medical tourists seeking medical treatment in Thailand by One-Way ANOVA tests. Hindus mostly emphasize affordability/cost, long waiting time, risk of treatment in a foreign country, and medical tourists' visa requirements compared to other religions. Even though Hindus are not the biggest proportion of the respondents they are more conservative and very keen on most details when they consider receive medical treatment out of their own country. Others who has no religion are more concerned about privacy and confidentiality, safe and hygienic physical environment, foreign language communication skills, travel and tourism benefits, recommendations from friends/family and easy access of transportation.

Regarding to the cultural diversity and different background of medical tourists, lead to the difference in their decision-making deciding while they chose for their medical intervention. This is similar to the finding of previous study that cultural diversity is becoming an

important issue especially cultural of visitors such medical tourists were considered such as one of important factors in the development of medical tourism industry (Hodgetts & Luthans, 2000; Connell, 2006; MacReady, 2007). Agreed upon the study of Lui and Chen (2013) and Jagyasi (2010) mentioned that medical tourists in different cultures have multiple demands when choosing a destination country for medical services.

5.4 Conclusion

This study has explored the characteristics of medical tourists and investigated factors influencing their decision-making with a special focus how cross-cultural differences among them influence their attitude toward medical tourism in Thailand. The result found that the majority of the respondents planned in advance to get medical treatment in Thailand, while about 20% decided after arrival and only 7% of them reacted to an emergency. In terms of the importance of factors influencing medical tourists decision-making, the results indicated that professionalism (doctors, physicians), quality of care, accreditation of medical service providers, affordability/cost and alternative/innovative treatments are of very high importance for the respondents when they consider obtaining medical treatment in Thailand rather than cultural and religious considerations. However, some statistically significant differences were identified among respondents from different nationalities such as affordability/cost, quality of care, alternative/innovative treatment, insurance cover, and long waiting time in their country of residence. Medical service providers should take the cross-cultural differences discussed into consideration when targeting different markets. Knowing the cultural background of the medical tourists is important for the service providers to allow them to offer personalized treatments. Furthermore, viral medical marketing campaigns including “Patient testimonials” section and video clips presenting their medical facilities to be of international quality standard, putting more emphasis on experienced well trained doctors/physicians and service staff with excellent multi-language communication skills can have a particularly powerful influence on potential medical tourists’ decision-making.

5.5 Recommendations

5.5.1 Products and services development

As a result of this study the medical service providers should consider creating more specific products and services for each market segment of medical tourism regarding their cross-cultural difference. For instance, targeting price sensitivity for Asian medical tourists and offering variety of interesting health package with alternative/innovative treatments for their consideration would be important. Europeans medical tourists, the service providers have to pay more attention on keeping for the period of time for medical treatment very short as this group of medical tourists they try to escape from long waiting times in their home country by obtaining medical treatment abroad. The quality of care is the most important factor to consider once Australians/New Zealanders seek medical services outside their country of residence. Medical service providers should focus on developing and training medical staff to consistency provides personalize services with good foreign language communication skills. Additionally, travel and tourism campaigns during the recovery period of medical tourists should be included in their medical treatment package. Improving service delivery both in medical services, hospitality and the tourism sector is also a major concern in developing medical tourism in Thailand.

5.5.2 Advertising campaign

The finding of this study found that word-of-mouth and recommendations from family/relatives and friends are the most significant in influencing medical tourists' decision-making to obtain medical treatments abroad. Medical service providers or the policy maker should take advantage of this point in developing and updating medical tourism websites, especially including a patients' testimonials page, which influence potential medical tourists' globally to a significant extent.

5.5.3 Management strategies

The policy maker concerning medical tourism industry should be setting up medical tourism research center organization to induce cooperation between the government and private sector by advising and monitoring growth initiatives and the strategy to develop the medical tourism industry in Thailand.

Furthermore, the professionalism of doctors and physicians also played the most significant role in medical tourist's decision-making. The medical service provider should consider supporting more human resources in the field of medical tourism industry by providing scholarships to the doctors/physicians and medical services staff to obtain high qualifications and to train with well-known medical institution abroad. This will create more confidence in decision-making for potential medical tourists.

5.6 Limitations and suggestions

5.6.1 Limitations of the study

1. The scope of distribution of the questionnaires was limited to the international medical tourists in Phuket and Bangkok, Thailand. Therefore, the result of this study may not generalize with regard to any other medical tourism destinations countries.

2. There was a difficulty in getting permission from medical service providers, as they mostly did not allow the researcher to disturb their patients during medical treatments because of privacy and confidential conditions.

3. As this research was intentionally focused on exploring knowledge from the demand side of the industry, there may be lack of information from the supply side as to how medical service providers can develop products and services with effective marketing strategies to satisfy the needs of its potential customers.

4. The estimates of the number of medical tourists may be unreliable due to statistical problems in data collection. In Thailand, all foreigners visiting hospitals are counted as medical tourists, which overestimate the actual number. At the same time data were collected only from hospital, which ignores the large number of medical tourists being treated in clinics in the country.

5.6.2 Suggestions for future research

1. Future studies might examine the impact that individual medical tourists' characteristic have on the relationship between selecting medical service providers in various medical tourism destinations.

2. Additionally, future research can apply this study of medical tourists' decision-making to analyze the future demand of medical tourists and customize marketing offers in other destination countries.

3. Future research should survey the supply side such as medical service providers and other stakeholders in the medical tourism industry to consider the growth in medical tourism industry.

4. The result of this study can utilize for the additional research into the impact of medical tourists' word-of-mouth regarding medical tourists' decision-making.

5.7 Contributions of the study

5.7.1 Academic terms: Contributing to academic literature, the information and the findings obtained through this research can be used to enhance the understanding and benefit to further study Thailand's medical tourism industry.

5.7.2 Business terms: This study could help to classify medical tourists' characteristics and factors influencing them to participate in medical tourism in Thailand and could also benefit medical service providers, insurance companies, medical tourism facilitators and policy makers who can utilize the knowledge for desirable medical services for the potential medical tourists and enable them to establish competitive advantages with the right marketing strategies thus overcoming their regional competitors. Furthermore, this study also serves as a guideline to the marketing divisions of all service providers promotes superior quality medical tourism products and to satisfy special needs of its customers.

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APPENDIX A



QUESTIONNAIRE

Medical Tourism in Thailand

The purpose of this survey is to collect data for an MBA thesis on **Medical tourism in Thailand:**

A cross-cultural study of medical tourists' decision-making factors

Please be assured that this research is part of the curriculum of a Master of Business Administration in Hospitality and Tourism Management, International Program, Prince of Songkla University. Kindly assist in filling out this survey. All information provided by respondents will be kept strictly confidential and will be used exclusively for educational purposes.

Sincerely Yours,

Ms. Sasithorn Sonpiam

RESEARCHER

Please write down your answer or mark $\sqrt{\quad}$ in a box which corresponds to your answer.

Part I: Respondent's Demographic Information

1. Gender Male Female
2. Age

<input type="checkbox"/> 18-30 years	<input type="checkbox"/> 31-40years	<input type="checkbox"/> 41-50 years
<input type="checkbox"/> 51-60 years	<input type="checkbox"/> Over 60 years	
3. Nationality (Please specify)

<input type="checkbox"/> Asians (.....)	<input type="checkbox"/> Europeans (.....)
<input type="checkbox"/> North Americans (.....)	<input type="checkbox"/> Australians/New Zealanders (.....)
<input type="checkbox"/> Africans/ Middle Easterners (.....)	<input type="checkbox"/> Latin Americans (.....)
4. Religion

<input type="checkbox"/> Christian	<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu
<input type="checkbox"/> Muslim	<input type="checkbox"/> Buddhist	<input type="checkbox"/> No religion
5. Marital status

<input type="checkbox"/> Single	<input type="checkbox"/> Married / living with partner	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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6. Education

- High School/lower Diploma Bachelor degree Graduate degree

7. Occupation

- Students Government Employee Self Employed / Entrepreneur
 Private Employee Retired Professionals(lawyer,doctor.....)

8. Annual Household Income: Approximately in USD.

- Under \$10,000 \$50,001 - \$100,000 \$10,000 - \$25,000
 \$100,001 - \$150,000 \$25,001 - \$50,000 Over \$150,000

9. Travel companions

- Family/relatives Alone Spouse
 Special interest group Friends Others (.....)

Part II: Perspective and factors that influenced you to seek medical treatment in Thailand

10. Have you ever received any medical treatment in other foreign countries before?

- Yes. (Please specify country.....)
 No.

11. Have you receive medical treatment in Thailand before?

- Yes. No. This is my first time No. I haven't

12. Was medical treatment an important reason in your decision to visit Thailand?

- Yes, it was the main reason
 It was one of the main reasons
 I mostly came to Thailand to travel

13. What type of treatment have you had in Thailand? (Mark \checkmark in a box for all that applies)

- Medical treatment Surgical procedures Cosmetic procedures
 Dental treatment Medical check-up Others (.....)

14. Your last medical treatment in Thailand was:

- Planned in advance Decided after arrival An emergency

15. Does your health insurance cover partly or fully medical treatment in Thailand?

- Fully Partly
 Doesn't cover I have no health insurance

16. Which sources of information influenced your most when you made decision for medical treatment in Thailand before your visit, how did you hear of it? (Tick \checkmark all that applies)

- Friends/relatives Internet search
 Newspapers/Health Magazines Others (.....)
 Medical agents

17. Approximately how much did you save in medical costs by having your treatment in Thailand instead of your country?

- No saving Less than 20% 20-40%
 40-60% More than 60%

18. How important were the following factors that influenced you most to seek medical treatment in Thailand? (5 = "Very important", 4 = "Fairly important", 3 = "Neutral", 2 = "Not important", 1 = "Not at all important")

Factors	Very important 5	Fairly important 4	Neutral 3	Not important 2	Not at all important 1
1. Affordability/Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Alternative/Innovative treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accreditation of medical service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professionalism (Doctors, Physicians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Long waiting time in home country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Not covered by insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Privacy and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Safe and hygienic physical environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Foreign language communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cultural similarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Religious similarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Travel and Tourism benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Recommendation from friends/family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Risk of treatment in a foreign country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Easy access of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Medical tourists visa requirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III: Your experience with medical treatment in Thailand

19. Would you consider coming back to Thailand for medical treatment in the future?

Yes

Maybe

No

20. Would you recommend your friends/relatives to seek medical treatment in Thailand?

Yes

Maybe

No

21. How satisfied you were with medical treatment in Thailand?

(5 = "Very Satisfied", 4 = "Fairly satisfied", 3 = "Neutral", 2 = "Unsatisfied", 1 = "Very Unsatisfied")

Factors	Very Satisfied 5	Fairly Satisfied 4	Neutral 3	Unsatisfied 2	Very Unsatisfied 1
1. Affordability/Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Alternative/Innovative treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accreditation of medical service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professionalism (Doctors, Physicians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Shorter waiting time than in home country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Method and ease of payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Privacy and Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Safe and hygienic physical environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Foreign language communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cultural similarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Religious similarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Travel and Tourism benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. What were the major problems you encountered while being treated in Thailand?

.....
.....
.....
.....

23. Were there some cultural misunderstandings during your treatment in Thailand?

.....
.....
.....
.....

24. What could have improved your experience with your medical treatment in Thailand?

.....
.....
.....
.....

Thank you for your kind co-operation!

APPENDIX B



QUESTIONNAIRE 调查问卷

Medical Tourism in Thailand

关于在泰国医疗旅游的调查

The purpose of this survey is to collect data for an MBA thesis on **Medical tourism in Thailand: A cross-cultural study of medical tourists' decision-making.**

Please be assured that this research is part of the curriculum of a Master of Business Administration in Hospitality and Tourism Management, International Program, Prince of Songkla University. Kindly assist in filling out this survey. All information provided by respondents will be kept strictly confidential and will be used exclusively for educational purposes.

该调查是泰国宋卡王子大学普吉校区旅游与酒店管理学院的硕士MBA论文研究,本论文是**针对医疗旅游人士选择在泰国进行医学治疗决策的跨文化调查**,该调查仅用于学术研究,所涉及的调查信息将用于研究分析,不涉及其他用途。

Sincerely Yours,

非常感谢您参与本次调查.

Ms. Sasithorn Sonpiam

RESEARCHER

宋卡王子大学普吉校区旅游
与酒店管理学院MBA研究生.

Please write down your answer or mark $\sqrt{\quad}$ in a box \square which corresponds to your answer.

请在您的选择前打 $\sqrt{\quad}$ 或将您的回答写在相应的横线上.

Part I 第一部分: Respondent's Demographic Information 个人信息

1. Gender 性别 Male 男 Female 女

2. Age 年龄

18-30 years 岁 31-40 years 岁 41-50 years 岁

51-60 years 岁 Over 60 years 岁及以上

3. Nationality (Please specify) 国籍(请详细填写您所在的国家)

Asians 亚洲(.....) Europeans 欧洲(.....)

North Americans 北美洲(.....) Australians/New Zealanders 澳洲(...)

Africans/ Middle Easterners 非洲/中东(.....) Latin Americans 其他(.....)

4. Religion宗教信仰

- Christian基督教 Jewish犹太教 Hindu印度教
 Muslim伊斯兰教 Buddhist佛教 No religion 其他

5. Marital status婚姻状态

- Single单身 Married / living with partner已婚
 Divorced离异 Widowed丧偶

6. Education教育程度

- High School/lower高中以下 Diploma专科
 Bachelor degree本科 Graduate degree硕士及以上

7. Occupation职业

- Students学生 Government Employee公务员
 Self Employed / Entrepreneur个体户 Private Employee公司职员
 Retired退休 Professionals专业人士(lawyer,doctor医师/律师等.....)

8. Annual Household Income: Approximately in USD. 家庭年收入 (美元)

- Under \$10,000美元以下 \$50,001 - \$100,000美元
 \$10,000 - \$25,000美元 \$100,001 - \$150,000美元
 \$25,001 - \$50,000美元 Over \$150,000美元以上

9. Travel companions旅游伙伴

- Family/relatives家人/亲戚 Alone独自 Spouse配偶
 Special interest group共同爱好的团体 Friends朋友 Others其他(.....)

Part II第二部分: Perspective and factors that influenced you to seek medical treatment in Thailand

以下哪些方面是您选择来泰国医疗旅游的原因

10. Have you ever received any medical treatment in other foreign countries before?

您此前是否在其他国家接受过医学治疗？

- Yes.是(Please specify country请写明国家：.....)
 No. 否

11. Have you receive medical treatment in Thailand before?

您此前是否在泰国接受过医学治疗？

- Yes 接收过治疗 No, This is my first time 这是我第一次 No, I haven't 从没接受过治疗

12. Was medical treatment an important reason in your decision to visit Thailand?

医学治疗是否是促使您选择来泰国的一个重要原因？

- Yes, it was the main reason是的，这是主要原因
 It was one of the main reasons这是原因之一
 I mostly came to Thailand to travel我经常来泰国旅行

13. What type of treatment have you had in Thailand? (Mark $\sqrt{\quad}$ in a box \square for all that applies)

您曾经在泰国接受过以下哪些医学治疗(可多选)

- | | |
|---|---|
| <input type="checkbox"/> Medical treatment 药物治疗 | <input type="checkbox"/> Surgical procedures 外科手术 |
| <input type="checkbox"/> Cosmetic procedures 整容手术 | <input type="checkbox"/> Dental treatment 修牙 |
| <input type="checkbox"/> Medical check-up 体检 | <input type="checkbox"/> Others 其他(.....) |

14. Your last medical treatment in Thailand was: 您上次在泰国进行的医疗是

- Planned in advance 提前计划的
- Decided after arrival 到泰国后决定的
- An emergency 临时的

15. Does your health insurance cover partly or fully medical treatment in Thailand?

您的个人健康保险是否包含在泰国的医疗?

- | | |
|--|---|
| <input type="checkbox"/> Fully 全部包括 | <input type="checkbox"/> Partly 部分包括 |
| <input type="checkbox"/> Doesn't cover 不包括 | <input type="checkbox"/> I have no health insurance 本人无健康保险 |

16. Which sources of information influenced you most when you made decision for medical treatment in Thailand before your visit, how did you hear of it? (Tick $\sqrt{\quad}$ all that applies)

以下哪些信息促使您选择来泰国进行医学治疗?(可多选)

- | | |
|--|---|
| <input type="checkbox"/> Friends/relatives 朋友/亲戚 | <input type="checkbox"/> Internet search 网络 |
| <input type="checkbox"/> Newspapers/Health Magazines 报纸/健康杂志 | <input type="checkbox"/> Others 其他(.....) |
| <input type="checkbox"/> Medical agents 医疗中介 | |

17. Approximately how much did you save in medical costs by having your treatment in Thailand instead of your country? 您在泰国的医疗消费占您全部医疗消费预算的比例

- | | | |
|---|--|---------------------------------|
| <input type="checkbox"/> No saving 没有预算 | <input type="checkbox"/> Less than 少于20% | <input type="checkbox"/> 20-40% |
| <input type="checkbox"/> 40-60% | <input type="checkbox"/> More than 大于60% | |

18. How important were the following factors that influenced you most to seek medical treatment in Thailand?

请选择以下这些因素对您选择在泰国医学治疗影响的程度

(5 = “Very important” 非常重要, 4 = “Fairly important” 比较重要, 3 = “Neutral” 一般, 2 = “Not important” 不重要, 1 = “Not at all important” 完全不重要)

Factors项目	非常重要 Very important 5	比较重要 Fairly important 4	一般 Neutral 3	不重要 Not important 2	完全不重要 Not at all important 1
1. Affordability/Cost花费	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality of care护理质量	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Alternative/Innovative treatments 非传统/创新医疗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accreditation of medical service providers 医疗服务者的可信度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professionalism (Doctors, Physicians) 医师专业度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Long waiting time in home country 国内的排队时间过长	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Not covered by insurance companies/government in home country 国内公司/政府提供的保险不包括在国外的治疗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Privacy and confidentiality 隐私保护和可信赖	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Safe and hygienic physical environment 安全、卫生的医疗环境	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Foreign language communication skills 提供外语服务	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cultural similarity 文化相似	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Religious similarity 宗教相似	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Travel and Tourism benefits 方便旅游	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Recommendation from friends/family 朋友/家人推荐	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Risk of treatment in a foreign country 在外国治疗的风险	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Factors项目	非常重要 Very important 5	比较重要 Fairly important 4	一般 Neutral 3	不重要 Not important 2	完全不重要 Not at all important 1
16. Easy access of transportation 交通便利	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Medical tourists visa requirement 医疗旅游签证的申请	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III 第三部分: Your experience with medical treatment in Thailand

关于您在泰国的医学治疗经历

19. Would you consider coming back to Thailand for medical treatment in the future?

未来您是否会再次选择在泰国进行医学治疗

- Yes会 Maybe可能 No不会

20. Would you recommend your friends/relatives to seek medical treatment in Thailand?

您是否会向朋友/亲戚介绍来泰国进行医学治疗?

- Yes会 Maybe可能 No 不会

21. How satisfied you were with medical treatment in Thailand? 请您对以下的医疗经验的满意度打分

(5 = "Very Satisfied" 非常满意, 4 = "Fairly satisfied" 比较满意, 3 = "Neutral" 一般, 2 = "Unsatisfied" 不太满意, 1 = "Very Unsatisfied" 完全不满意)

Factors项目	非常满意 Very Satisfied 5	比较满意 Fairly Satisfied 4	一般 Neutral 3	不太满意 Unsatisfied 2	完全不满意 Very Unsatisfied 1
1. Affordability/Cost花费	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Quality of care护理质量	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Alternative/Innovative treatments 非传统创新医疗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accreditation of medical service providers 医疗服务者的可信度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professionalism (Doctors, Physicians) 医师专业度	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Factors项目	非常满意 Very Satisfied 5	比较满意 Fairly Satisfied 4	一般 Neutral 3	不太满意 Unsatisfied 2	完全不满意 Very Unsatisfied 1
6. Shorter waiting time than in home country 相对国内排队时间较短	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Method and ease of payment 快捷方便的付款方式	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Privacy and Confidentiality 保护隐私和可信赖	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Safe and hygienic physical environment 安全、卫生的医疗环境	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Foreign language communication skills 提供外语服务	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Cultural similarity 文化相似	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Religious similarity 宗教相似	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Travel and Tourism benefits 方便旅游	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. What were the major problems you encountered while being treated in Thailand?

你在泰国接受医学治疗遇到的最大问题是什么？

.....

.....

.....

23. Were there some cultural misunderstandings during your treatment in Thailand?

在泰国接受医学治疗的过程中是否遇到因文化差异而引起的误会？请简要描述

.....

.....

.....

24. What could have improved your experience with your medical treatment in Thailand?

根据您在泰国的医疗经历，您希望哪些方面的服务能够得到改进？

.....

.....

.....

Thank you for your kind co-operation!

非常感谢您的合作！

APPENDIX C



**Опросник
Медицинский Туризм в Таиланде**

Целью данного опроса является сбор данных для составления дипломной работы МВА по специальности Медицинский туризм в Таиланде: Культурное исследование медицинских туристов.

Пожалуйста, убедитесь, что данное исследование является частью программы МВА в сфере Гостиничного и Туристического Менеджмента, международных программ Университета «Prince of Songkla». Большая просьба помочь в исследовании и заполнить данную анкету. Все сведения, полученные от респондентов, является строго конфиденциальными, и будут использованы исключительно для образовательных целей.

С уважением,
Г-жа Саситорн Сонпиаи Исследователь

Пожалуйста, отметьте знаком \surd выбранный Вами вариант ответа.

Часть I: Демографическая информация

1. Пол Мужской Женский
2. Возраст

<input type="checkbox"/> 18-30лет	<input type="checkbox"/> 31-40лет	<input type="checkbox"/> 41-50лет
<input type="checkbox"/> 51-60лет	<input type="checkbox"/> Более 60 лет	
3. Национальность (Пожалуйста, уточните)

<input type="checkbox"/> Азия (.....)	<input type="checkbox"/> Европа (.....)
<input type="checkbox"/> Северная Америка (.....)	<input type="checkbox"/> Австралия/Новая Зеландия (.....)
<input type="checkbox"/> Африка/Ближний Восток(....)	<input type="checkbox"/> Другие(.....)
4. Религия

<input type="checkbox"/> Православие	<input type="checkbox"/> Иудаизм	<input type="checkbox"/> Индуизм
<input type="checkbox"/> Мусульманство	<input type="checkbox"/> Буддизм	<input type="checkbox"/> Другие (.....)
5. Семейное положение

<input type="checkbox"/> Не состою в браке	<input type="checkbox"/> В браке	<input type="checkbox"/> Разведен(а)	<input type="checkbox"/> Вдовец/вдова
--	----------------------------------	--------------------------------------	---------------------------------------
6. Образование

<input type="checkbox"/> Среднее	<input type="checkbox"/> Средне- специальное образование
<input type="checkbox"/> Высшее образование	<input type="checkbox"/> Ученая степень

7. Занятость

- Студент Государственный служащий
 Собственный бизнес / Предприниматель Наемный Работник
 На пенсии Узкопрофильный сотрудник (юрист, доктор.....)

8. Годовой доход

- Ниже \$10,000 \$50,001 - \$100,000
 \$10,000 - \$25,000 \$100,001 - \$150,000
 \$25,001 - \$50,000 Более \$150,000

9. С кем путешествуете

- Семья Один Супруг(а)
 Группа по интересам Друзья Другие(.....)

Часть II: Факторы, которые повлияли на Ваше решение обратиться за медицинской помощью в Таиланде

10. Вы когда-нибудь получали лечение в других зарубежных странах прежде?

- Да. (Пожалуйста, укажите.....)
 Нет.

11. Вы когда-нибудь получали лечение в Таиланде прежде?

- Да. Нет. Это мой первый раз. Нет.

12. Лечение было основной причиной для посещения Таиланда?

- Да, основная причина
 Одна из основных причин
 туризм является основной причиной

13. Какой вид лечения Вы получили в Таиланде? (Отметьте \checkmark все подходящие для Вас варианты ответов)

- Медицинское лечение Операция Косметические процедуры
 Лечение зубов Медицинское обследование Другое (.....)

14. Последнее медицинское лечение в Таиланде было:

- Заранее запланировано
 Запланировано по приезду в Таиланд
 Срочное

15. Покрывает ли Ваша медицинская страховка лечение в Таиланде?

- Полностью Частично
 Не покрывает У меня нет страховки

16. Какие источники информации повлиял на Вас больше всего, когда Вы принимали решение на лечение в Таиланд, как вы узнали? (Отметьте \checkmark все подходящие для Вас варианты ответов)

- Друзья Интернет
 Газеты/Журналы Другое (.....)
 Медицинский агент

17. Сколько Вы примерно экономите на медицинских расходах при лечении в Таиланде в сравнении с Вашей страной?

- Не экономлю
 Менее 20%
 20-40%
 40-60%
 Более 60%

18. Какие факторы оказали на Вас наибольшее влияние при выборе медицинского лечения в Таиланде?

(5 = "Очень важно", 4 = "Достаточно важно", 3 = "Нейтрально", 2 = "Не очень важно", 1 = "Совсем не важно")

Факторы	Очень важно 5	Достаточно важно 4	Нейтрально 3	Не очень важно 2	Совсем не важно 1
1. Доступность /Стоимость	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Качество	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Альтернативные/ инновационные методы лечения	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Аккредитация медицинских учреждений	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Профессионализм Докторов	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Длительное ожидание получения услуги в Вашей стране	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Услуги не покрываются страховкой в Вашей стране	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Конфиденциальность	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Безопасная и гигиеническая среда	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Владение иностранными языками	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Культурное сходство	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Религиозное сходство	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Туристические бонусы	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Рекомендации друзей/родственников	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Факторы	Очень важно 5	Достаточно важно 4	Нейтрально 3	Не очень важно 2	Совсем не важно 1
15. Риск лечения в зарубежных странах	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Свободный доступ к транспорту	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Визовые требования для медицинских туристов	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Часть III: Полученный опыт от медицинского обслуживания в Таиланде

19. Воспользуетесь ли Вы медицинскими услугами в Таиланде в дальнейшем?

- Да Может быть Нет

20. Посоветовали бы Вы медицинское лечение в Таиланде своим родственникам/ друзьям?

- Да Может быть Нет

21. **Насколько Вам понравилось медицинское лечение в Таиланде?**

(5 = «Очень понравилось», 4 = «Понравилось», 3 = «Нейтрально», 2 = «Не понравилось», 1 = «Ужасно»)

Факторы	Очень понравилось 5	Понравилось 4	Нейтрально 3	Не понравилось 2	Ужасно 1
1. Доступность /Стоимость	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Качество	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Альтернативные /инновационные методы лечения	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Аккредитация медицинских учреждений	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Профессионализм Докторов	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Длительное ожидание получения услуги в Вашей стране	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Методы оплаты	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Конфиденциальность	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Факторы	Очень понравилось 5	Понравилось 4	Нейтрально 3	Не понравилось 2	Ужасно 1
9. Безопасная и гигиеническая среда	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Владение иностранными языками	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Культурное сходство	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Религиозное сходство	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Туристические бонусы	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Каковы были основные проблемы, с которыми Вы столкнулись, находясь на лечении в Таиланде?

.....

.....

.....

.....

23. Были какие-то культурные недопонимания во время Вашего лечения в Таиланде?

.....

.....

.....

.....

24. Что, по Вашему мнению, может повысить качество медицинского лечения в Таиланде?

.....

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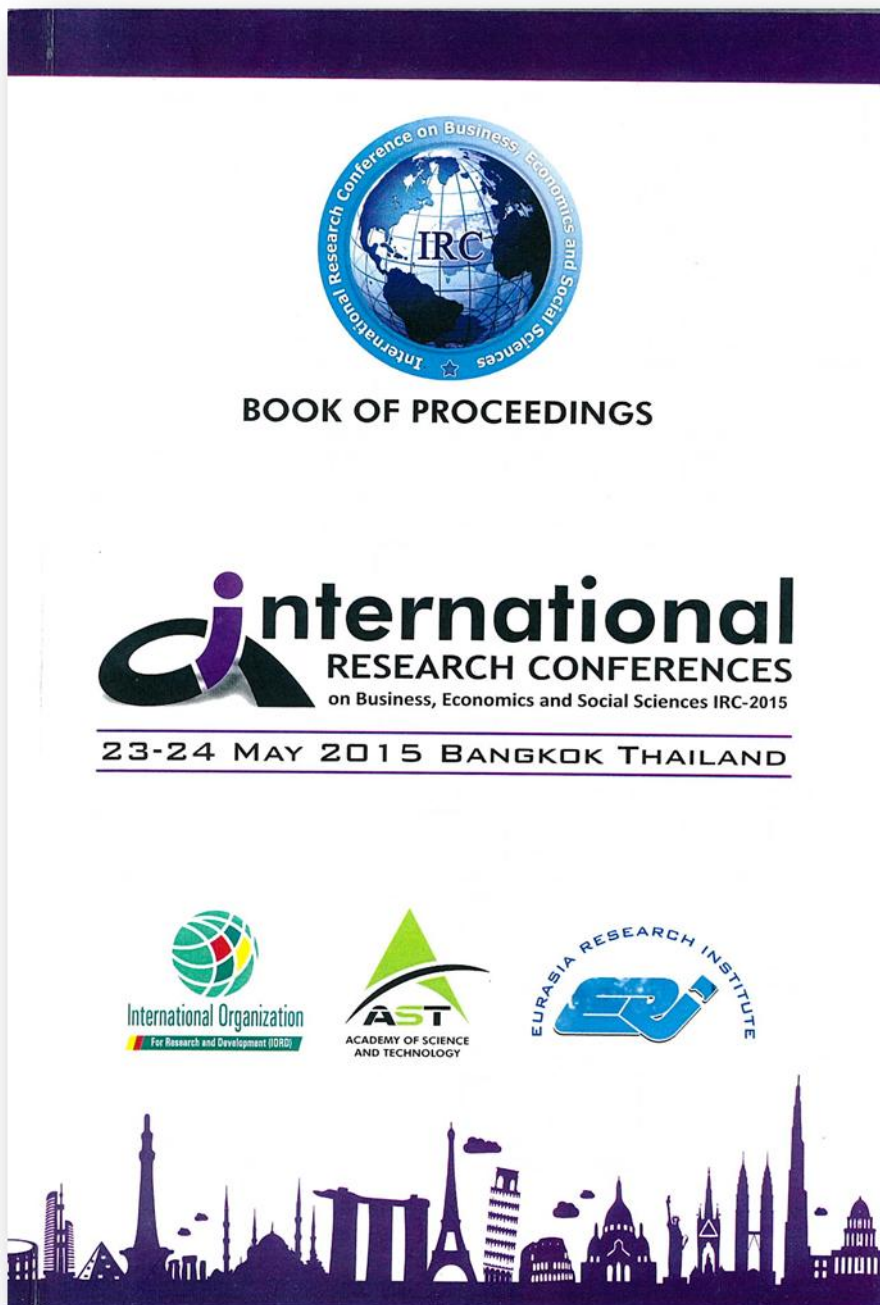
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Большое спасибо за Ваше сотрудничество!

APPENDIX D

Conference Proceeding



Book of Proceedings
23-24 May, 2015
Bangkok, Thailand

**MEDICAL TOURISM IN THAILAND: A CROSS-CULTURAL
STUDY OF MEDICAL TOURISTS' DECISION-MAKING
FACTORS**

Sasithorn Sonpiam

&

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Abstract

The medical tourism market is an established feature of the international health service sector, and generates exponentially increasing financial benefits to the world's economies, which leads to increase in travel and tourism activities in the host countries. The purpose of this study is to explore the characteristics of medical tourists, investigate factors influencing their decision-making and cross-cultural differences among them influencing their attitude toward medical tourism in Thailand. This study adopted a quantitative method involving questionnaires distributed to international medical tourists at medical services providers in Phuket and Bangkok, Thailand. The results indicated that the majority of medical tourists are dedicated medical tourists who planned in advance for their medical treatments outside their country of residences. The most significant and important factors which influenced medical tourists in their decision-making before participating in medical services in Thailand included professionalism, quality of care, accreditation of medical service providers, affordability/cost, and alternative/innovative treatments. Cross-cultural issues in this current study were not significantly important for medical tourists' decision-making process. The key results of this study are anticipated to support medical service providers, insurance companies, and medical tourism facilitators in developing policies to establish competitive advantages with human resource and marketing strategies in order to excel over their regional competitors.

Keyword: Medical tourism, cross-cultural study, medical tourists, decision-making, Thailand

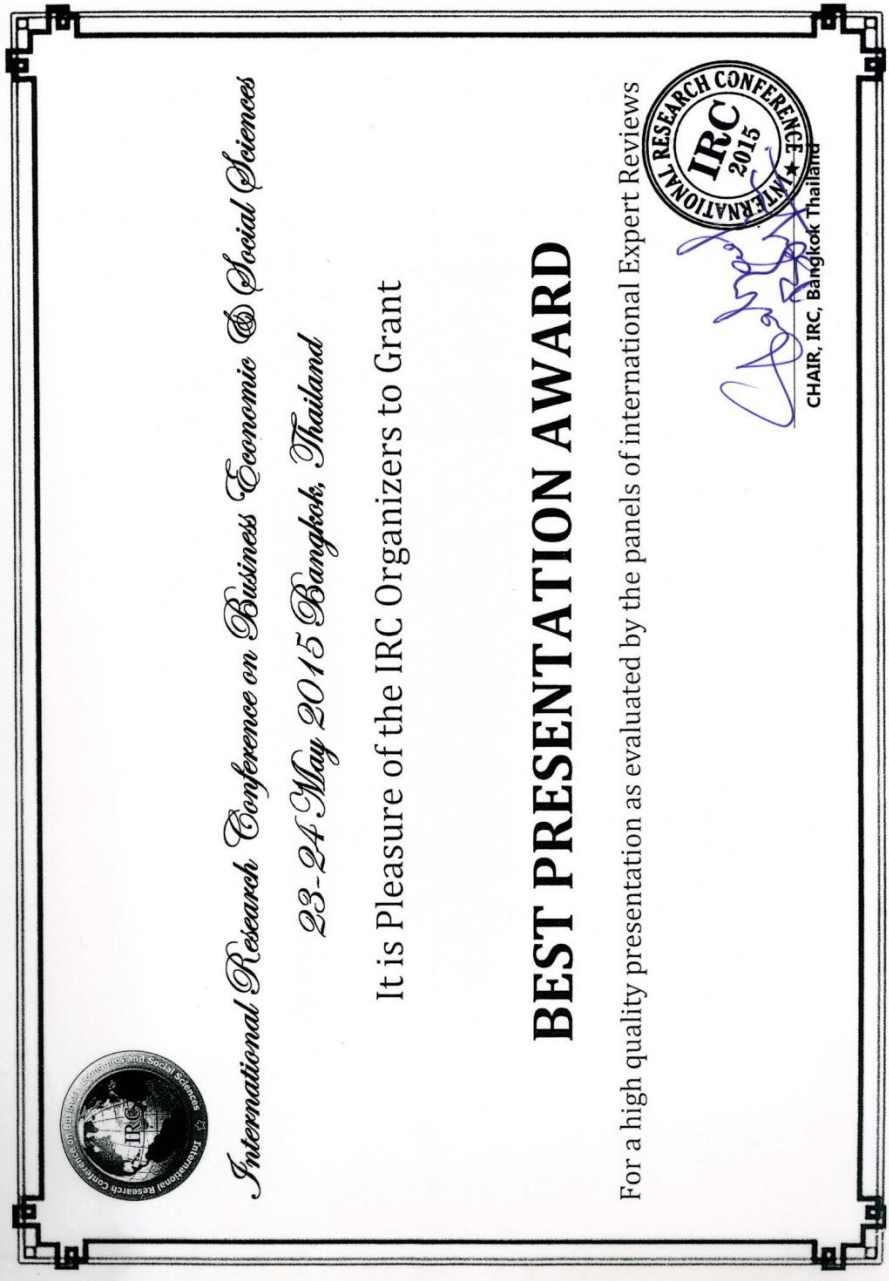
APPENDIX E

Certificate of Attendance



APPENDIX F

Best Presentation Award



VITAE

Name: Miss Sasithorn Sonpiam

Student ID: 5630120018

Education Attainment

Degree: Business Administration, International Program, Faculty of Service Industries,
Major in Hotel and Tourism Management.

Name of Institution: Prince of Songkla University, Phuket Educational Region

Year of Graduation: 2004

Last work position and Address:

Executive Assistant to Founder and Director Thanyapura Management Services Co., Ltd.
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List of Publication and Proceeding

Sonpiam, S. & Assenov, I. (2015). Medical tourism in Thailand: A cross-cultural study of medical tourists' decision-making factors. In *Proceedings of the International Research Conference on Business, Economics and Social Sciences, IRC-2015*, 56