



**An Examination into the Potential Demand for Care Homes in Thailand**

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**A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree  
of Master of Business Administration in Hospitality and Tourism**

**Management (International Program)**

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### บทคัดย่อ

วัตถุประสงค์ของการศึกษาวิจัยในครั้งนี้มีจุดมุ่งหมายในการจัดทำขึ้นประกอบด้วย (1) ระบุอุปสงค์ที่อาจเกิดขึ้นได้ของผู้ใช้บริการแคร์โฮมในประเทศไทย (2) ศึกษาความคาดหวังและความต้องการทั่วไปของผู้สูงอายุที่ใช้บริการแคร์โฮมประเทศไทย และ (3) แสดงให้เห็นถึงสถานะของลูกค้ำที่มีอิทธิพล (เพศ, อายุ, สถานภาพ, ระดับการศึกษา และรายได้) ต่อความคาดหวังและความต้องการของผู้สูงอายุที่ใช้บริการแคร์โฮมในประเทศไทย

การสำรวจเป็นวิธีการที่ใช้ในการศึกษาวิจัยเชิงปริมาณ การเก็บข้อมูลแบบ กระจายแบบสอบถามกับกลุ่มนักท่องเที่ยวอาวุโสชาวต่างชาติ และชาวต่างชาติอาวุโสที่อาศัยอยู่ในประเทศไทยที่ให้ความร่วมมือ ซึ่งสถานที่ในการทำสำรวจแบบสอบถามได้แก่ เชียงใหม่, ภูเก็ต และเกาะสมุย แบบสอบถามจะทำการสำรวจกับประชากรที่มีอายุเริ่มต้นที่ 50 ปี จำนวนประชากรทั้งหมดไม่ทราบแน่ชัด ขนาดของกลุ่มตัวอย่างของงานวิจัยนี้คือ 400 คน

จากการศึกษาวิจัยครั้งนี้ ในด้านของความคาดหวังและปัจจัยที่สำคัญต่าง ๆ ที่ช่วยในการตัดสินใจเลือกแคร์โฮมในประเทศไทย ผลที่ได้จากการสำรวจแสดงให้เห็นว่าผู้ตอบแบบสอบถามจะมีความคาดหวังและความต้องการที่แตกต่างกันออกไปตามลักษณะและภูมิหลังของแต่ละบุคคล ทั้งยังแตกต่างกันอย่างมีนัยสำคัญอันเกิดจากผลกระทบของปัญหาสุขภาพและการบริโภครายได้ ดังนั้น หากต้องการมีแคร์โฮมในประเทศไทย ก็ควรนำข้อมูลดังกล่าวมาพิจารณาในการให้บริการด้วย

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### **ABSTRACT**

The aims of this research study are (1) to determine the potential demand of customers for Care Homes in Thailand, (2) to investigate the expectations and general needs of elderly potential customers of care homes in Thailand, (3) to determine the effect of demographic characteristics (Gender, Age, Marital status, Education level, Income) on customer expectations and needs of Care Homes in Thailand.

This survey employs quantitative research method based on distribution of questionnaires to respondents who were a group of foreigner senior tourists spending long stay in Thailand, in particular in Chiang Mai, Phuket and Samui Island. Their age starts from 50 years old and elder, and the population size is unknown. The sample size of the research is 400 respondents.

The research result base on the expectations and importance factors over care homes in Thailand. The results shows that respondent's with different characteristic and back ground will have different expectations and required. Also the significant of different required may impact of health problems and drug consumption. So if looking to set up a care homes in Thailand should take such information into consideration in the provision of services.

**Key Words:** Baby Boomers, Senior tourists, Care Homes, Retirement Homes, Thailand

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## CHAPTER 1

### INTRODUCTION

#### 1.1 Statement of the Problem

After World War II there was a global surge in the birth rate. Many more children were born and increase in the number of births during the years between 1946 to 1964 inclusive, than in any other such period. They are commonly referred to as the “Baby Boomers” or the “Baby Boomer generation” (Rosenberg, 2009). Many countries all around the world had a baby boom and some for an extended period of time, long enough to be described as a generation. The baby boomer generation is a huge demographic group of a population having about 450 million people worldwide (Stark, 1996).

The start of the baby boomer generation was similar in every region and country as it started right after the end of World War II, in 1946, when soldiers were returning home from the war which allowed them to spend more time in their homes with their families, this dramatic increase in the number of births. As an example U.S. Census Bureau (2006), there are approximately 78.2 million of Americans who born in a baby boomer generation; between 1946 and 1964. According to the number of people over the age of 60 is projected to reach 1 billion by 2020 and almost 2 billion by 2050, when the last of the baby boomers reaches 60 years old, representing 22 percent of the world’s population. The proportion of individuals aged 80 or over is projected to rise from 1 percent to 4 percent of the global population between today and 2050. Therefore these baby-boomers, who will cause the future boom in the population of senior people, will directly affect Medicare and other health care facilities as they will need to be cared for. Also, the average life span throughout the world is increasing year by year, due to better health care, which will lead to an increase in the overall proportion of elderly people. U.S. Census Bureau (1995), statistical brief in the USA, During the 20<sup>th</sup> century, the number of population under aged 65 has triple at the same time the number of 65 and above was 3.1 million in 1900, and by 1994, it went up by 11 times, reaching 33.2 million. The proportion of the elderly people aged 65 and above increased to 12.8 per cent of the population which was 4.1 per cent before. It has been estimated that by the year 2030 the population of the elderly people in the US will have reached 69.4 million and the proportion that this represents of the total population will be greater

than 20.0 per cent (Karmel, 2010). During the last 50 and 60 years, there has been a remarkable decrease in mortality rate and as a result of this, average life span has now reached 70 years. Also, in Turkey, there are 3.5 million elderly people and it has been estimated that this number will be doubled within 20 years reaching 7–8 million, and in the year 2050, will be 12 million (Bilir, 2004).

Those women and men of the baby boomer generation are now beginning to enter retirement age, as those born in the first baby boomer year of 1946 are now 67 years old, which will affect the demography of the total of population and, in the United States of America, by the time when the last of the baby boomers turns 65, the population who are 65 years old and older will have doubled from 35.6 million to 71.5 million. This group will represent nearly 20% of the nation's population (Bayles, 2003). Due to the size of the baby boomer population, there are many researches focusing in different fields concerning this market segment, such as Keister and Deeb-Sossa (2001) which identified that the baby boomer generation is one of the potential groups whose spending power will possibly grow in the near future.

Many people born prior to the baby boomer generation who have reached retirement age are living in care homes and the care home industry in other countries are often very successful. Over the last 20 years, the concept of a care home has experienced significant change. The care home industry has developed into big business and a number of innovative models of care home were developed and evaluated (Burton, 2001). In the United States of America care homes began in the nineteenth century, when women's and church groups began to establish special homes for the elderly. Often concerned that worthy individuals of their own ethnic or religious background might end their days alongside the most despised of society. For instance they founded the Boston's Home for Aged Women, described as a haven for those who were "bone of our bone, and flesh of our flesh" (Haber and Gratton, 1994).

U.S. Department of Health and Human Services (2007) described that the majority of nursing care home facility services in the United States of America is now provided by the Medicare and Medicaid programs. Medicare long term care services are covered by "Skilled Nursing Facility" services which are associated with post-operative or post-hospitalization including rehabilitation therapies. Medicaid "Nursing Facility" services are provided to state residents who meet the Medicaid eligibility requirement. In order to fully understand the

problems one must understand the history of the industry as well as to look at the whole picture of the “care home” industry, which is the business of providing a home or accommodation for those people who require care.

The baby boomer generation will now be increasing the senior population globally through to 2025 and beyond and due to their significant purchasing power many will be spending their money on travel and tourism and many will also consider retiring and settling in other countries for health, climate or financial reasons (Strunk, Ginsburg and Banker 2008). In much of the research mentioned above, Britain, USA and Australia are getting ready to develop their care home facilities. Those countries are expecting there to be a surge in the demand for care homes and they understand how the clientele are expected to grow and that there should be funds to have the ability to pay. If Thailand wishes to compete for this new service industry we must also look at what other countries can offer and to see if we can favorably compete for that clientele. The number of baby boomers older than 60 years will be continually increasing and they will spend an additional \$300 billion a year which clearly shows the significant financial status as well as the purchasing power of this generation (Luhman, 1999). As such, it would make sense to establish a care home facility in Thailand offering the optimum size of any such facility and taking into account the most viable location of the facility. The design of the facility is important, as the needs of the patients, the care staff, medical facilities, dining facilities, daily activities and most importantly; meeting customer expectations will have to be taken into consideration, and one would have to also take into consideration European and US standards and legal requirements for such care homes, so as to compete. Thailand may need to reach or surpass those standards and requirements. A care home industry could flourish in Thailand and thereby further enhance Thailand’s reputation as a caring, health-conscious nation. Importantly, there is the Thai reputation and culture for welcoming, smiling, caring and for friendliness. “Sawasdee”, the Thai greeting word and the “Wai”, the traditional Thai symbol by putting your hands together instead of shaking hands in the western style are commonly well known. Also the well known phrase “Land of Smiles” which refers to Thailand, shows how friendly and service minded are all Thai people and this is synonymous with Thai hospitality (Pangjai, 2006).

Furthermore, this research has focused on the increasing need of health care that will be needed by the baby boomer generation in the future. Thailand, International Survey on Aesthetic/

Cosmetic Procedures Performed in (2010) stated that Thailand has also built an excellent reputation for its health spas and its medical facilities. Health Tourism is a term that describes the rapidly-growing practice of travelling across international borders to obtain health care. Thailand is in the forefront of health tourism with tourists arriving from many countries for procedures varying from heart surgery, joint replacement and cosmetic surgery. Despite Thailand being a caring nation, it is perhaps the culture that has suppressed any care home industry in Thailand in the past. Thai culture dictates that the family looks after their own aged and care homes are only for those who have no family or have been abandoned by their family. For many reasons care homes in Thailand could be a good choice for Thai or foreigners who have retired and need professional care. Therefore the tourism industry and all associated sectors and any others that might have interest should get more involved and concerned in this potentially huge market. A care home in Thailand could be a viable choice for both foreigners and Thais after they have retired and need care.

In conclusion, the need of a more established Care Home industry becomes evident when taking into account the increased longevity of the population due to improved medical processes. Moreover it can be very expensive to take care of the elderly, especially in Europe and the United States. Thailand could compete in the Care Home market because the cost of such a service in Thailand is cheaper when compared to Europe and the United States and Thailand is also well-known in terms of travel and its hospitality. Therefore this research would like to measure the potential demand of Care Home in Thailand, what the potential customer would expect in a Thai care home and what are the factors which would affect the needs and expectations of potential customers to choose a Thai Care Home.

## **1.2 Research Questions**

1.2.1 What is the potential demand of the customers for Care Homes in Thailand?

1.2.2 What are the expectations and general needs of elderly potential customers of Care Homes in Thailand?

1.2.3 How demographic characteristics (Gender, Age, Marital status, Education level, and Income) can effect customer expectations and needs of Care Homes in Thailand?



### **1.3 Objectives**

1.3.1 To determine the potential demand of the customers for Care Homes in Thailand

1.3.2 To investigate the expectations and general needs of elderly potential customers of Care Homes in Thailand.

1.3.3 To determine the effect of demographic characteristics (Gender, Age, Marital status, Education level, and Income) on customer expectations and needs of Care Homes in Thailand

### **1.4 Significance of the Study**

The expected benefits of the research can be sectorized as follows:

(1) To provide the guideline and information to stakeholders and other people who are interested in a care home industry.

(2) To investigate the expectations of potential care home customers in the future.

(3) To understand the differences between demographic information (Gender, Age, Marital status, Education level, and Monthly income) of customer expectations of Care Home in Thailand

(4) The findings may prove that there is an opportunity to start a completely new industry in Thailand of significant importance, also the study will introduce a labor intensive industry providing work for skilled and semi-skilled Thai care givers and other workers.

### **1.5 Scope of the Study**

#### **1.5.1 Research Location**

Thailand is the location of the research with focus on Chiang Mai, Phuket and Samui Island. This research decides to choose these three destinations for studying, because all of these destinations are well known as attractive and popular tourist destinations. Moreover, each of the research destinations also provides difference in topography, scenery, activities and types of tourism as well.

#### **1.5.2 Research Period**

This research data period collection started in April 2010 and was completed in September 2010.

### **1.5.3 Research Population**

The population of this research would come from the group of senior tourist and retirement populations who spend “long stay” in several communities and associations in Thailand in the different locations of Chiang Mai, Phuket and Samui Island. Their ages would start at 50 years old.

### **1.6 Definitions of Key Terms**

“Patient” used to define a paying resident of the facility who receives care.

“Client” used to define a paying resident who may or may not require care.

“Retiree” Someone past the retirement age in his country and who no longer works.

“Care Home” A home with residents who require help for physical or mental problems on occasion.

“Nursing Home” A home where the residents require 24 hour care and nursing.

“Aged” Old enough to no longer be able to take part in physical activities.

“Baby Boomers” The people born between 1946 to 1964 (the years after World War II).

“Senior Tourists” For the purpose of this research, tourists who are aged over 50 years and over are referred to as senior tourists.

“Expectation” It is the belief of the outcome of the service and product that they will receive.

## CHAPTER 2

### LITERATURE REVIEW

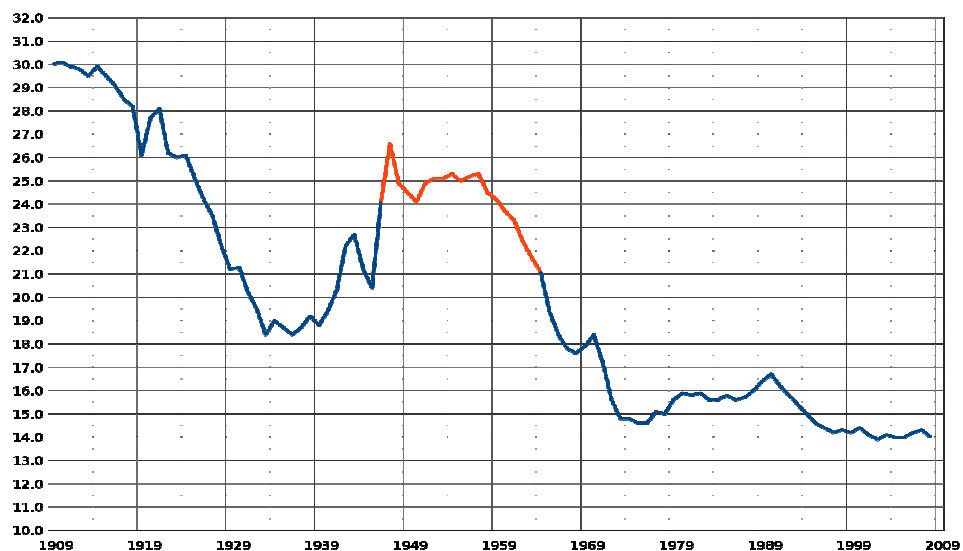
#### 2.1 Baby Boom generation

As the proportion of the world's population in the older ages continues to increase, the need for improved information and analysis of demographic ageing increases. Knowledge is essential to assist policy makers define, formulate and evaluate goals and programmes, and to raise public awareness and support for needed policy changes.

According to the AARP's research, (2009) in the United States, of those babies who were born in the baby boom generation between 1940 and 1974 there were about 2,559,000 births in 1940, 3,311,000 births in 1946, 4,097,000 births in 1956, 4,300,000 births in 1957 4,027,000 births in 1964 and 3,160,000 births in 1974 while there were a lower number of births in the years before and after the baby boomer years. This information identified that the number of births increased during 1946-1964 as the number remained at 4 million from 1954 until end of the baby boom years.

The Baby boomer population becomes significant and becomes the largest segment of any generation. (See figure 2.1)

Figure 2.1 Births since 1909, millions



Source: American Association of Retired Persons (AARP), (2009 : 3)

Now the baby boomer generation is entering into the senior age group, with those being born between 1945 and 1953 all reaching or surpassing 60 years old which will effect the demography of the total population and by the time when the last baby boomer turns 65, the population who are 65 years old and older will be doubled (Bayles, 2003). When comparing the percentage of people age 65 years old and over with the overall population, in 2003 baby boomers represent 12 percent of the nation's population while it will represent 20 percent in 2030. The percentage of the population 65 years old and over more than tripled from 4.1 percent in 1900 to 12.4 percent in 2000. From previous researches explain on an increasing need for health care for baby boomers. For example, Koopman (2012) identified the global cardiovascular devices market is forecast to grow at a Compound Annual Growth Rate (CAGR) of 4% during the period 2010-2017 to reach \$43.4 billion by 2017. The cardiovascular devices market will be driven by an increase in the incidence of Cardiovascular Diseases (CVDs), an increasing elderly population across the globe, an increase in risk factors such as diabetes, smoking, and hypertension leading to Cardiovascular Diseases (CVDs) and the greater adoption of technological advancements. This sector poses a significant opportunity for the cardiovascular devices industry, as the occurrence of heart related diseases is the highest in this age group. The deontological counseling, or obligatory counseling, is the wave of the cardiac profession's future. APA (2005) Stated that more than 70 million baby boomers that will begin to retire in the next decade will transform the notion of retirement. There will be a great need for pre-retirement to end-of-life counselors as identified in this market segment as being worth enough to be of interest in developing a counseling service to support them due to the size and potential of this generation. These numbers identify those critical factors that will define a "healthy" retirement.

### **2.1.1 Global Aging Trend**

The baby boomer generation, of those who born between 1945 and 1964, has started entering the seniors' bracket of the demography. In time more of these baby boomers will be turning 60 years old and will further effect the demographies of countries around the world. USA Today (2003) forecast that by the time the last of the baby boomers reaches 60 years old the seniors' population will have doubled in those 19 years. From now until 2025 we will see an increase in the population of retired people of about 6-7 % per year. Estimated that by the time

the baby boomer generations had all passed 60 years old they would account for 40% of the population.

As table 2.1 shows, the statistics of United States births rate from 1941-1967, the period of baby boomer generation.

Table 2.1 U.S. Births from 1941-1967

U.S. Births from 1941-1967					
Year	Births (million)	Year	Births (million)	Year	Births (million)
1941	2.5	1950	3.6	1959	4.25
1942	2.8	1951	3.75	1960	4.26
1943	2.9	1952	3.85	1961	4.3
1944	2.8	1953	3.9	1962	4.17
1945	2.8	1954	4.0	1963	4.1
1946	3.47	1955	4.1	1964	4.0
1947	3.9	1956	4.16	1965	3.76
1948	3.5	1957	4.3	1966	3.6
1949	3.56	1958	4.2	1967	3.5

Source: Statistical Abstract of the United States (2009 : 2)

According to the United Nations (2004), globally, the number of people over 60 will reach 1.1 billion by 2025 almost double the senior population estimated for the year 2000 and 5 times more than the 214 million seniors worldwide in 1950. In the United States, about 78 million baby boomers were born. Aging populations are growing especially fast in developed countries such as the United States, there were about 74 million people at age 50 years old and over in 2003 which mean that every eight seconds another person turns 50. This makes mature consumers the fastest growing segment of the population (Stark, 1996). Another research by Palo (2006) which studied the retired population in the United States, estimated that by 2030, that people at age 65 years and above will constitute 20 percent of the U.S. population, up 12.5 percent from 2005. USA Today (2003) indicated that the population at age 65 years old and older in the USA was 35 million in the year 2000, and will increase to 40.2 million by the year 2010. This phenomenon will continue through 2020 with the number of senior people at 54.6 million and reaching 71.5 million by the year 2030.

In the United States Census statistics which studied the growth of the senior population and how it was changing in the U.S.A. and around the world every year which can highlighted by the number of seniors who were age 65 and older in the United States on July 1, 2004 which was 36.3 million which comprised 12 percent of the total population in 2004 and between 2003 and 2004, there were 351,000 people joined the 65 plus age group. In 2050, seniors age 65 and older will make up 21 percent of the total population with the projected number of 86.7 million people who will be 65 or older in the year 2050 which means that there is 147 percent of the projected percentage that the 65 plus senior populations will still increase between 2000 and 2050. The United States population as a whole is expected to increase by only 49 percent during same period. In looking at the world population, there are currently 483 million senior population of people age 65 and over in the world and this research also forecasts that there will be 974 million for the total worldwide senior population by 2030 (O'Brien, 2004).

The elderly population, aged 65-69 is 3.7 % (11,165,000 people) of the total population;

The elderly population, ages 70-74 is 2.8 % (8,423,000 people) of the total population;

The elderly population, ages 75-79 is 2.5 % (7,353,000 people) of the total population;

The elderly population, ages 80-84 is 1.9 % (5,559,000 people) of the total population;

The elderly population, ages 85 years and over is 1.4 % (4,289,000 people) of the total population; (see table 2.2).

Table 2.2 U.S.A. Population by Age and Sex: 2008

Age	Both sexes		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
All ages	299,106	100.0	146,855	100.0	152,250	100.0
Under 55 years	229,014	76.6	115,014	78.3	113,999	74.9
55 to 59 years	18,371	6.1	8,929	6.1	9,442	6.2
60 to 64 years	14,931	5.0	7,150	4.9	7,781	5.1
65 to 69 years	11,165	3.7	5,238	3.6	5,928	3.9
70 to 74 years	8,423	2.8	3,740	2.5	4,683	3.1
75 to 79 years	7,353	2.5	3,200	2.2	4,154	2.7
80 to 84 years	5,559	1.9	2,106	1.4	3,453	2.3
85 years and over	4,289	1.4	1,479	1.0	2,810	1.8

Source: [http://www.icpsr.umich.edu/icpsrweb/RCMD/series/24/studies/23440?keyword%](http://www.icpsr.umich.edu/icpsrweb/RCMD/series/24/studies/23440?keyword%5B0%5D=economic+conditions&paging.startRow=1)

[5B0%5D=economic+conditions&paging.startRow=1](http://www.icpsr.umich.edu/icpsrweb/RCMD/series/24/studies/23440?keyword%5B0%5D=economic+conditions&paging.startRow=1)

Petrun (2009), from CBS news identified that Japan also had a post war baby boom so it is another country with a huge retire population and is one of the most severe cases of aging of any industrialized country. Japan is graying faster than any nation in the world, in 2007 the Japanese eldest of the baby boom generation turn to sixty and will marks a milestone as seven million of workers Japan's baby boomers will start retiring. Moreover, about 20 percent of the populations were over 65 years old and half of those people over 65 were actually over 75. And the portion of the population, which is over 65 is going to keep rising, It will be 26 percent by 2015 and almost 30 percent by 2025 (Voice of America 2009). Forecasts for the years 2007-2012 indicate that over 25 million Japanese baby boomers will retire. The table below shows the top 20 country ranking by percentage of population who were aged 60 and over in year 2009.

Table 2.3 Country ranking by percentage of population aged 60 or over, 2009

Rank	Country	60 years or over	Rank	Country	60 years or over
1	Japan	29.7%	11	Denmark	23.0%
2	Italy	26.4%	12	Switzerland	23.0%
3	Germany	25.7%	13	Austria	22.9%
4	Sweden	24.7%	14	France	22.7%
5	Bulgaria	24.2%	15	Latvia	22.5%
6	Finland	24.0%	16	Estonia	22.4%
7	Greece	24.0%	17	United Kingdom	22.4%
8	Portugal	23.3%	18	Spain	22.2%
9	Croatia	23.1%	19	Hungary	22.1%
10	Belgium	23.0%	20	Slovenia	21.9%

Source: <http://www.un.org/en/development/desa/population/commission/previous-sessions/2009/index.shtml>

NIPSSR, (2012) National Institute of Population and Social Security Research indicated that the portion of aging population in Japan will keep on rising. In 2012 close to 7 million members of the Baby Boom generation will reach 65 and retire. And this is just the beginning. Every year the cost of national pension payments for these persons will increase by JPY 2.4 trillion. This research also mentioned that Japan and Europe are the fastest growing elderly retired populations when compared with other countries.

As table 2.4 shows, the number of Japan population from 50 years old or over, the retirement of this baby boomer generation will bring major changes concerning both the state of the economy from the perspective of households and the behavior of corporate sector relating to appropriate schemes for employment and retirement benefits. The retirement of this generation will have a profound impact on many areas of Japanese society, including labor, consumerism, savings, real estate, corporate management and public finances (pensions) (Government of Japan 2005).



Table 2.4 Japan Population by Age and Sex: 2010

Age	Population		Proportion (%)			Sex ratio (males per 100 females)	
	Total	Male	Female	Total	Male		Female
Total Japanese population							
Total	125,730,148	61,330,601	64,399,547	100	48.8	51.2	95.2
Under 50	72,771,648	36,993,209	35,778,439	57.7	29.4	28.3	93.6
Total Of 50+	52,958,500	24,337,392	28,621,108	42.3	19.4	22.8	95.2
50-54	8,712,448	4,342,253	4,370,195	6.9	3.5	3.5	99.4
55-59	10,185,803	5,041,385	5,144,418	8.1	4	4.1	98.0
60-64	8,494,341	4,129,041	4,365,300	6.8	3.3	3.5	94.6
65-69	7,395,380	3,526,754	3,868,626	5.9	2.8	3.1	91.2
70-74	6,611,270	3,027,368	3,583,902	5.3	2.4	2.9	84.5
75-79	5,243,517	2,247,234	2,996,283	4.2	1.8	2.4	75.0
80-84	3,398,312	1,216,153	2,182,159	2.7	1	1.7	55.7
85-89	1,842,819	552,391	1,290,428	1.5	0.4	1	42.8
90-94	838,555	209,771	628,784	0.7	0.2	0.5	33.4
95-99	210,764	41,294	169,470	0.2	0	0.1	24.4
100 and over	25,291	3,748	21,543	0	0	0	17.4

Source: [http://geography.about.com/od/populationgeography/a/babyboom\\_2.htm](http://geography.about.com/od/populationgeography/a/babyboom_2.htm)

As table 2.5 shows, the number of Japan projected population by age and sex in 2030, start from 50 years old or over, the seniors of the boomer generation will change the demographic and the impact to economy.

Table 2.5 Japan Projected Population by Age and Sex: 2035

Age	Population (thousands)			Proportion (%)			Sex ratio
	Total	Male	Female	Total	Male	Female	(males per 100 females)
Total	112,124	53,980	58,144	100.00	48.14	51.86	92.8
0-4	3,611	1,853	1,758	3.22	1.65	1.57	105.4
5-9	3,751	1,924	1,827	3.35	1.72	1.63	105.3
10-14	3,925	2,013	1,912	3.50	1.80	1.70	105.3
15-19	4,333	2,221	2,113	3.86	1.98	1.88	105.1
20-24	5,034	2,574	2,459	4.49	2.30	2.19	104.7
25-29	5,425	2,772	2,653	4.84	2.47	2.37	104.5
30-34	5,759	2,947	2,812	5.14	2.63	2.51	104.8
35-39	6,076	3,110	2,967	5.42	2.77	2.65	104.8
40-44	6,138	3,152	2,986	5.47	2.81	2.66	105.5
45-49	6,410	3,264	3,145	5.72	2.91	2.81	103.8
50-54	7,117	3,594	3,523	6.35	3.21	3.14	102.0
55-59	7,976	3,995	3,980	7.11	3.56	3.55	100.4
60-64	9,162	4,537	4,624	8.17	4.05	4.12	98.1
65-69	7,958	3,863	4,095	7.10	3.45	3.65	94.3
70-74	6,995	3,308	3,687	6.24	2.95	3.29	89.7
75-79	6,182	2,806	3,375	5.51	2.50	3.01	83.1
80-84	6,125	2,599	3,525	5.46	2.32	3.14	73.7
85-89	5,667	2,167	3,499	5.05	1.93	3.12	61.9
90-94	2,956	933	2,024	2.64	0.83	1.80	46.1
95-99	1,188	290	898	1.06	0.26	0.80	32.3
100 and over	338	56	281	0.30	0.05	0.25	20.0

Source: [http://geography.about.com/od/populationgeography/a/babyboom\\_2.htm](http://geography.about.com/od/populationgeography/a/babyboom_2.htm)

As table 2.6 shows, the number of Japan projected population by age and sex in 2060, if compare between 2035 and 2060, senior population age over 50 years old or over, will decreased.

Table 2.6 Japan Projected Populations by Age and Sex: 2060

Age	Population (thousands)			Proportion (%)			Sex ratio
	Total	Male	Female	Total	Male	Female	(males per 100 females)
Total	86,737	41,566	45,171	100.00	47.92	52.08	92.0
0- 4	2,450	1,257	1,193	2.82	1.45	1.38	105.4
5- 9	2,612	1,340	1,272	3.01	1.54	1.47	105.3
10-14	2,850	1,462	1,388	3.29	1.69	1.60	105.3
15-19	3,133	1,605	1,527	3.61	1.85	1.76	105.1
20-24	3,442	1,760	1,682	3.97	2.03	1.94	104.7
25-29	3,705	1,898	1,807	4.27	2.19	2.08	105.0
30-34	3,883	1,990	1,893	4.48	2.29	2.18	105.1
35-39	4,059	2,080	1,979	4.68	2.40	2.28	105.1
40-44	4,443	2,275	2,168	5.12	2.62	2.50	104.9
45-49	5,031	2,571	2,459	5.80	2.96	2.84	104.6
50-54	5,280	2,684	2,596	6.09	3.09	2.99	103.4
55-59	5,503	2,784	2,719	6.34	3.21	3.13	102.4
60-64	5,704	2,859	2,845	6.58	3.30	3.28	100.5
65-69	5,623	2,793	2,831	6.48	3.22	3.26	98.7
70-74	5,656	2,734	2,922	6.52	3.15	3.37	93.6
75-79	5,915	2,757	3,159	6.82	3.18	3.64	87.3
80-84	5,957	2,626	3,330	6.87	3.03	3.84	78.9
85-89	5,663	2,280	3,383	6.53	2.63	3.90	67.4
90-94	3,516	1,221	2,295	4.05	1.41	2.65	53.2
95-99	1,673	465	1,208	1.93	0.54	1.39	38.5
100 and over	637	124	514	0.73	0.14	0.59	24.1

Source: National Institute of Population and Social Security Research, Population Projections for Japan: 2011-2060 (January 2012)

As table 2.7 shows, the number of Japan projected population by age and growth rate in 2010-2060 the retired population will impact to economic crisis.

Table 2.7 Japan Projected Populations by Age and Growth Rates: 2010-2060.

Year	Population (thousands)				Annual rate of growth (%)			
	Total	0-14years old	15-64years old	65 and over	Total	0-14years old	15-64years old	65 and over
2010	128,057	16,839	81,735	29,484				
2011	127,753	16,685	81,303	29,764	-0.24	-0.92	-0.53	0.95
2012	127,498	16,493	80,173	30,831	-0.20	-1.15	-1.39	3.58
2013	127,247	16,281	78,996	31,971	-0.20	-1.29	-1.47	3.70
2014	126,949	16,067	77,803	33,080	-0.23	-1.32	-1.51	3.47
2015	126,597	15,827	76,818	33,952	-0.28	-1.49	-1.27	2.64
2016	126,193	15,574	75,979	34,640	-0.32	-1.60	-1.09	2.03
2017	125,739	15,311	75,245	35,182	-0.36	-1.69	-0.97	1.57
2018	125,236	15,056	74,584	35,596	-0.40	-1.66	-0.88	1.17
2019	124,689	14,800	74,011	35,877	-0.44	-1.70	-0.77	0.79
2020	124,100	14,568	73,408	36,124	-0.47	-1.57	-0.82	0.69
2025	120,659	13,240	70,845	36,573	-0.56	-1.89	-0.71	0.25
2030	116,618	12,039	67,730	36,849	-0.68	-1.89	-0.90	0.15
2035	112,124	11,287	63,430	37,407	-0.78	-1.28	-1.30	0.30
2040	107,276	10,732	57,866	38,678	-0.88	-1.00	-1.82	0.67
2045	102,210	10,116	53,531	38,564	-0.96	-1.18	-1.55	-0.06
2050	97,076	9,387	50,013	37,676	-1.03	-1.48	-1.35	-0.46
2055	91,933	8,614	47,063	36,257	-1.08	-1.70	-1.21	-0.76
2060	86,737	7,912	44,183	34,642	-1.16	-1.69	-1.26	-0.91

Source: National Institute of Population and Social Security Research, Population Projections for Japan: 2011-2060 (January 2012)

Another major country in Asian is Malaysia; where a report (MMA Committee for the Health of the Older Person, 2005) stated the life expectancy of ageing people in Malaysia has been increased from 55.8 years for men and 58.2 for women in 1957 to 70.2 years and 75 years respectively in 2000 which indicated that Malaysians live longer as the mortality rates has been declining which has resulted in an increase in the older population, from 5.2 percent in 1970, 5.7 percent in 1980 and 5.9 percent in 1991, to 6.2 percent in 2000. It was projected that by 2005, Malaysia would enter the ranks of the 'Ageing Nations

of the World' with 1.7 million or 7.2 percent of the population being senior citizens and by 2025 Malaysian ageing population will be projected to 15 percent of aging. Senior Journal.com (2005) mentioned that South Korea will have the highest proportion of senior citizens in the world by 2050 – 37.3 percent which will beat Japan (36.5 percent), Italy (34.4 percent), and the U.S. (21.1 percent). The global elderly population is expected to be 15.9 percent in 2050, there are 36 million senior citizens in the U.S. today but this will grow to 87 million by 2050.

Australia's population is getting older, the Australian Bureau of Statistics, (1997), explained that the elderly population is expected to grow from 3 million in 1997 to 4 million by 2007, around 9 per cent and this is expected to rise to 13 per cent by 2021 and to more than 7 million by 2051 which will be 32 percent of the total population in Australia.

These changes are caused by two factors: longer life expectancy and decreasing birth rates. While Australians are living longer than ever before, an increasing number of people are affected by chronic disease, much of which can be prevented or minimized by better health management. At any one time, about one in 13 people over the age of 70 years have left their home to receive care in a residential care facility. However, for people who reach age 65, a third of all men and half of all women will go into permanent residential care at some time later in their lives. The average age on entry to permanent residential care is 82 for both men and women (Australian Government Department of Health and Ageing 2008).

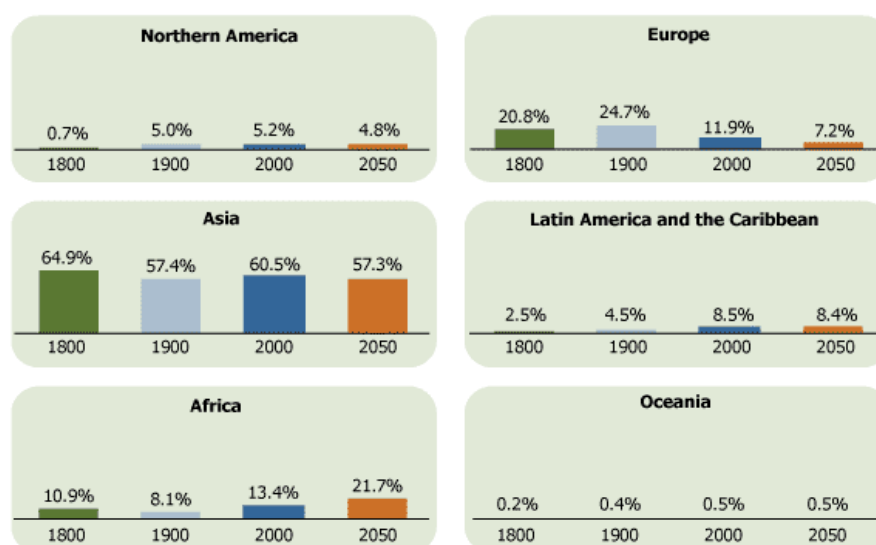
In UK 2010, approximately 640,000 people turned 65, in 2012 it the figure was about 800,000. The number turning 65 is projected to decrease gradually over the next 5 years to around 650,000 in 2017. There are over 21 million people aged 50 years and over, over a third of the total UK population, over 14 million people in the UK aged 60 and above and totally there are 10.3 million people aged 65 or over. The population projections by 2083, about one in three people in the UK will be over 60 (Age UK 2013).

The global aging population of those aged 60 years or over is expected to almost triple from 672 million in 2005 to nearly 1.9 billion by 2050, or 6 out of every 10 today's older persons are in developing countries and by 2050, 8 out of every 10 senior citizens will live in developing countries. In developed countries, 20 percent of today's population is aged 60 years old and over and by 2050 that proportion will increase to 32 percent while the

proportion of the population aged 60 or over in the developing world is expected to rise from 8 percent in 2005 to close to 20 percent by 2050 (World Population Prospects, 2004).

As figure 2.2 shows, Asia is the top of the World population prospects than other continent from 1800-2020.

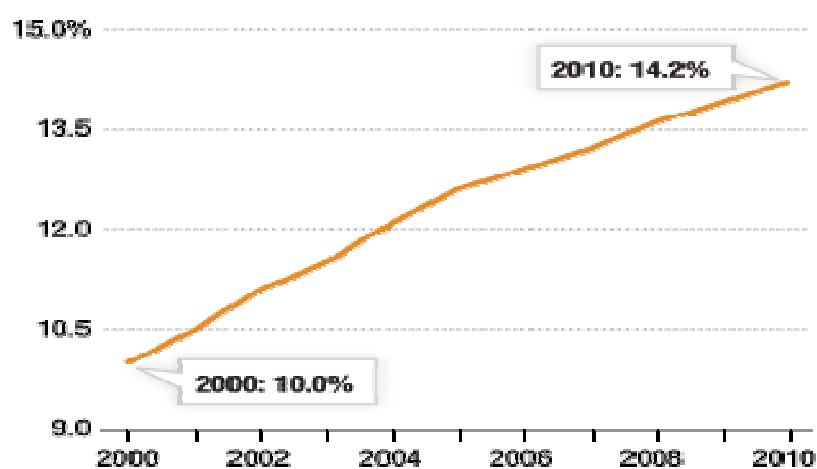
Figure 2.2 World Population Distribution by Region, 1800–2050



Source: United Nations Population Division, Briefing Packet, 1998 Revision of World Population Prospects; and World Population Prospects, the 2006 Revision. (2006 : 19)

Many of the previously mentioned researches have been based on the premise that the senior market is the mature segment which is sophisticated and has unprecedented buying power. The number of baby boomers and seniors are significant as well as the continued growth and expansion of this sector are definitely attractive for this research to focus on. So as the baby boomers generation turns to senior population, so the numbers of the retired population all over the world increases. Moreover, many of them who have health problems and need professional care will decide to live in a care home.

Figure 2.3 American Retired Population who move into Care Homes



Source: U.S. Centers for Medicare and Medicaid Services (2011 : 26)

As figure 2.8 shows, the demand of care home has increased since 2000 to 2010 to around 14%.

Table 2.8 World historical and predicted crude birth rates (1950-2050)

Year	Birth rate	Year	Birth rate
1950-1955	37.2	2000-2005	21.2
1955-1960	35.3	2005-2010	20.3
1960-1965	34.9	2010-2015	19.4
1965-1970	33.4	2015-2020	18.2
1970-1975	30.8	2020-2025	16.9
1975-1980	28.4	2025-2030	15.8
1980-1985	27.9	2030-2035	15.0
1985-1990	27.3	2035-2040	14.5
1990-1995	24.7	2040-2045	14.0
1995-2000	22.5	2045-2050	13.4

Sources: United Nations World Population Prospects: The 2008 Revision Population Database

Generally, birth rate is calculated using live birth counts from a universal system of registration of births, deaths, and marriages, and population counts from a census or using estimation through specialized demographic techniques. Birth rate is also commonly used to

calculate population growth. It is combined with death rates and migration rates to calculate population growth. The world's population doubled in the last half of the 20<sup>th</sup> century. In 1950, there were 2.5 billion people in the world. By 1960, there were 3 billion. In 1975, there were 4 billion and by the 1980s there were 5 billion. Forbes (2010) identified the time for health care is set for 2017, when the Baby Boomers enter their seventies. Apart from medical services, it is now accepted that nursing care for the elderly is part and parcel of the “safety net” In Japan, almost of national health care, including nursing care, is putatively an insurance scheme. According to Japanese government estimates in fifteen years the annual costs of nursing care will increase from the current JPY 8 trillion to JPY 24 trillion.

### **2.1.2 Elderly People’s Behavior**

To understanding of elderly behavior in a nursing care service system industry is very important. A senior person has a variety of characteristics, behaviors and requirement following their health problems. These would be also different in each specific region and back ground such as, Europe and Asia. Many elderly have a reputation for “Grumpy, obstinate and complaining”. Towny (2012) described that caring for the elderly can be as satisfying as it can be demanding. It can often found to be difficult to managing with them. As they get older, their bodies become more susceptible to illness and disease. Elderly people are most susceptible to chronic illness and age-related disabilities. Caring for an elderly patient can be both rewarding and stressful at times. Many factors can cause the elderly to be grumpy and uncooperative. Grumpy elderly sometimes suffer from loneliness and depression because they have outlived the rest of their family, or they are separated from family members. Give elderly more control over his care. The elderly deal with significant limitations every day, such as difficulty walking, blindness, confusion and forgetfulness. Elderly patients need to be feel safe. The elderly people are at a higher risk for many types of injuries that can lead to death, so it is important to make the elderly feel as safe as possible.

Mena Regional Health System (2012) Described that senior behavioral health is a short-term in-patient program for adults age 55 and over who are experiencing behavioral or emotional problems. Older adults with serious psychiatric conditions are dismissed as “senile” and therefore, untreatable. From age-related anxiety and depression, to long standing psychiatric disorders, to dementia and cognitive impairment, older adults can suffer from a wide range of psychiatric



illnesses – conditions often exacerbated by chronic pain, Parkinson’s disease, heart disease, diabetes, stroke, or other medical disorders associated with aging. Many psychological issues appear in the elderly later in their life. These include dealing with retirement, death of a loved one, physical illness and limited sources of income. For these people psychiatric problems may result from side effects of medications, such as depression, anxiety, apathy. People aged 65 and older consume more medications than any other age group. Age UK (2013) described that group sustains situations of inappropriate use and in many cases suffers problems of over medication or under medication. On average, 95% of older people take 5 to 12 medications per day. This presents the problem that many senior citizens may mix psychotropic and neurological medication with other drugs, which may be pre-scribed or non-prescribed. Treating older people with psycho-tropic drugs is a less precise process than their therapeutic classification, and predicting the therapeutic effect is not always possible in aged people. At the same time, the high co-morbidity in elderly people makes it more difficult to know the exact desired and non-desired clinical effects of psychotropic and neurological drugs. By elderly people these may affect absorption (for example, anti-cholinergic drugs), which results in a delay of clinical effects. Distribution of drugs to the central nervous System can also be affected by aging, mainly because total body water decreases as one gets older, while body fat and body mass increase. The metabolism and excretion of drugs depend on a number of factors including the type of drug, the state of the liver, the renal blood flow, the size of the kidneys, the tubular excretory capacity (Carrion & Giannini, 2001). Apart from that they will most likely suffer from arthritis, from angina and dementia. Alzheimer’s will be prevalent when their memory can fail. Cancer will take its toll and without medication many would die a miserable death. Some will suffer delusions, believing that people are trying to kill them, convinced that their careers are determined to make them suffer. It is not pretty, and it is always sad to see another individual suffering. Anyways, the fact is that they would still have these problems in their home countries and we are in a capable position with excellent health care here in Thailand to give them whatever relief and care that they may need (Silvers, 1997). This might be pre-determined by their experience and knowledge collected during the course of their lives. Many researchers are studying the elderlies’ behavioral pattern from disease and medication such as Behavioral Neurology in the Elderly by Carrion and Giannini (2001), Nursing Management of Disturbed Behaviors in Aged Care Facilities by Poole

(2009), behaviors associated with dementia by Smith, and Buckwalter (2005). Following this research information, it can be seen that health concerns could be a major issue for the elderly in a care home as they may need professional care and support of the rest of their lives. According to this information the researcher can conclude that a Care Home in Thailand would need to focus not only on health concerns but also on physical and mental activities which are also important to motivate the patient's willingness to live in Thailand.

## **2.2 Care Homes for Retirees**

Care homes can be divided into two main types of Care Quality of Care homes from registered care home. Care Homes without Nursing Care are referred to as retirement care homes or residential care homes and they offer either short- or long-term care. They provide accommodation, meals and personal care, such as help with bathing and eating. Colliers International (2011) explained that retirement care home is different to a nursing home because nursing homes are focused more on medical care and professional care or registered nurses who provide care for more complex health needs. In a retirement care home there are many community based activities. If you prefer to stay by yourself you are at liberty to do so but at the same time if you wish to spend your time socializing that too is possible. In fact it is healthier to be involved in social activities that are offered and residents should make good use of that opportunity. It could be playing cards or reading the papers or listening to music or so many other recreational facilities that may be available in the facility, (Bizymoms 1997). It is also referred to as palliative care, which aims to relieve suffering and improve the quality of life for the residents. The varying levels of care and supportive service in a resident setting for those who can no longer manage daily living with independence (HPCN 2008). Retirement Care Homes meet the needs of those individuals who need help to remain comfortable and have greater security or who are no longer able to manage all the activities of daily living by themselves. Retirement care homes aim to allow residents to continue to live with dignity and as independently as possible, while providing the security, care and supportive services necessary. A Place for Mom Inc. (2000), Residential care homes offer supervised care, meals, activities and health management. While assisted living communities may offer extensive activities, such as senior aerobics and field trips, a care home is a better fit for someone who needs more individual, home-setting care.

Care Giver Support.org (2013) here are some of the basic services offered in care homes:

- ❖ Comfortable private, or semi-private, rooms
- ❖ 1-to-3 daily, home cooked meals
- ❖ Housekeeping and laundry service
- ❖ Medication management
- ❖ Social programs and activities
- ❖ Transportation to doctor's appointments

Other services that may be provided include

- ❖ Social activities.
- ❖ Help with medication and minor nursing care.
- ❖ Security and emergency call systems.
- ❖ 24 hour supervision.
- ❖ Libraries, beauty shops, banking services, exercise rooms, recreation rooms and transportation.

It also offers types of services for residents who have severe health problems and need help with daily tasks such as bathing, dressing, grooming, meal preparation and medicine dispensing. Other care and support in retirement care home can be summarized as assistance of daily living (ADLs).

### **2.2.1 Hospice and Care home**

The concepts of hospice and care homes are palliative care (pain and symptom relief) rather than curative care. Hospice is an option for persons with a life expectancy of less than six months. Hospice focuses on helping the person to live their last days to the fullest, with purpose, dignity, grace and support (Care Giver Support.org 2013). Hospice and Care home are both alternative terminal care programs that give strictly non-curative care. As such, they are considered palliative care programs. The goal of a palliative care program is to ensure that the final days of a patient are pain free and comfortable. They also provide support for families whose loved ones are facing an incurable illness. Improving the quality of life of a patient is the desired result of all palliative care programs. A professional team works with the patient and family to make sure that the patient dies a dignified and comfortable death. Through palliative

care programs, patients are not only treated for the physical ailments but also their psychological needs. Kelly, Mutetwa, and Novoson (2006).

Care Giver Support Org. (2013), some assisted living facilities can handle special needs such as

- ❖ Cognitive disabilities.
- ❖ Short-term care.
- ❖ Respite care.
- ❖ Community services such as adult day care, shopping and social workers.
- ❖ Interim Medical care (after a hospital stay).
- ❖ Alzheimer's or Parkinson's disease.
- ❖ Hospice (end-of-life) care.

### **2.2.2 The Palliative Care Services**

The term "palliative care" refers to any care that alleviates symptoms, even if there is hope of a cure by other means. It is an approach that focuses on the relief of pain, symptoms, and emotional stress brought on by serious illness. Your disease doesn't have to be terminal for you to qualify for palliative care (Robinson, and Segal, 2012). The aim of palliative care is to provide the best possible quality of life both for people approaching the end of life and for their families and carers. It is a holistic approach to care and support, and takes into account emotional, psychological and spiritual needs as well as physical needs. Pain control is central to the concept of palliative care. Freedom from pain allows people to come to terms with their approaching death and enables them to make arrangements for the future of others who depend on them, as well as to live as fully as possible for as long as possible, Lucas (2012). For many seriously ill patients, hospice and palliative care offers a more dignified and comfortable alternative to spending your final months in the impersonal environment of a hospital. Palliative medicine helps patients manage pain while hospice provides special care to improve quality of life for both the patient and their family. Seeking hospice and palliative care isn't about giving up hope or hastening death, but rather a way to get the most appropriate care in the last phase of life (Robinson, and Segal, 2012). To meet these needs, palliative care programs utilize a combination of medicines, therapies, counseling sessions, and clinics. The goal of each service is to provide support for the patient. This support ranges anywhere from management of pain, to management

of financial documents, to bereavement sessions for grieving family members. By offering many services, a palliative care program has the opportunity to improve the quality of all aspects of a patient's life. Kelly, Mutetwa, and Novoson (2006).

Table 2.9 the Palliative Care Services

Physical	
• Pain management through medication	Social
• Symptom management through external support	• Care clinics for relatives/ caregivers
• Physical therapy	• Support groups
• Nutrition planning	• Illness education seminars
• Exercise programs	• Bereavement counseling
• Beauty therapy	
• Massage therapy	
	Spiritual
Financial	• Meditation classes
• Social work	• Positive thinking
	• Readings of Buddhist teachings
Psychological	
• Relaxation techniques	
• Emotional support groups	
• Music therapy	

Source: <http://www.wpi.edu/Pubs/E-project/Available/E-project-031306-093041/unrestricted/Deliverable.pdf>

### 2.3 Care Homes in Thailand

As retired baby boomers grow in numbers, a kind of care homes or health care needs will increase. The baby boomers make up a significant portion of the U.S. population, and, as the Boomers age, the percent-age of Americans over 65 – those that utilize the bulk of health care resources – will shift significantly. When the last of the Boomers reach retirement age, almost 20 percent of the U.S. population will be 65 or older compared to less than 13 percent today. By 2030, there will be more than 70 million Americans over age 65 (AHA 2007). Recently care homes have become a standard form of care for the most aged and incapacitated (FATE 2006). Most care homes have nursing aides and skilled nurses on hand 24 hours a day. Some nursing

homes are set up like a hospital. The staff provides medical care, as well as physical, speech and occupational therapy. There might be a nurses' station on each floor. Other nursing homes try to be more like home. They try to have a neighborhood feel. Often, they don't have a fixed day-to-day schedule, and kitchens might be open to residents. Staff members are encouraged to develop relationships with residents. National Institute of Health (2012), stated that some nursing homes have special care units for people with serious memory problems such as Alzheimer's disease. Some will let couples live together. Nursing homes are not only for the elderly, but for anyone who requires 24-hour care. However, in Thailand, we will only be catering to elderly patients with full and standard service.

The Tourism Authority of Thailand (2010) has been very successful for making and promoting Thailand as a tourist destination and increasing the numbers of tourists arriving. So the tourism industry has become a big industry which generates a significant income for Thailand and for the Thais working in the tourism industry. There are many reasons why Thailand has such a successful tourist industry. There is the year round warm tropical weather; there are the golden sand beaches and the spectacular scenery. Then, there is the cuisine, unique and spicy, which is world famous and still gaining in popularity as Thai restaurants are opening up all over the world. Moreover, Thailand has a well-developed reputation as a tourist destination. The weather, the food, Thai culture, the spas and health aspects, and the friendliness of the people are very attractive to foreigners. Thai people are very friendly, the climate is very pleasant and Thailand has many facilities which they like and need. The Tourist Authority of Thailand can also be credited for promoting Thailand as a kind, friendly and caring culture. Thailand Tourism and Hospitality Unit is still dominant in the business of providing good service and the location in Thailand are variety of attractions, food and service hospitality, the friendly people of Thailand, are recognized by travelers worldwide. The study found, that Thailand has the potential to be globally dominant in the health tourism industry because standards are high, treatment is inexpensive compared to other countries and post-operative care is second to none. Also, the cost of living, in Thailand was listed as a tourist attraction as the Medical Services offers a variety of services, such as medical treatment (Medical Care) service, health care (Health Care) care services, elderly (Aging Care) services, beauty (Beauty Care) and surgery service. (Yamaoth

V.2012) all at reasonable rates compared to other countries. Thailand is outstanding in terms of culture and action. This friendly action is just part of the service business.

Chansirikarnjanah (2011) described Thai cultural values, in particular filial gratitude, means that children will be expected to show gratitude to their parents for their birth and upbringing by looking after their parents when their parents get too old to care for themselves. In Thailand, as in many developing and undeveloped countries, the grandparents in a family are supported by the parents and in return care for their grandchildren, which in turn allow the parents to go about performing their function as breadwinners for the family. In Thailand, anyone having to live in a care home is regarded with disdain. It's a failure of life, you have been rejected by your family or you never had a family and the care home is a charity. Having to live off charity is a huge loss of face. In Europe and developed countries there is a totally different attitude. Many elderly appreciate the professional care that they receive and feel they deserve it either through the taxes or insurances premiums that they have paid and do not want to be perceived as a burden on their children. Furthermore they like to live amongst people of their own age group with similar problems. There is much less stigma for a European to live in a Care Home than for a Thai.

A Care Home is a type of business that has to specifically care for the elderly. If there were a global market then Thailand would be ideally situated to corner this market as we believe that Thailand is a perfect country to look after the elderly and ensure that they are comfortable and well treated in their final years. With the right people providing the right care and being knowledgeable about the needs of the customers, the elderly can look forward to a good and comfortable life here in Thailand. Well trained staff catering to the physical and mental needs of the patient is an important factor. Furthermore Thailand would be a very suitable location to set up a care home because of the many reasons already outlined and not least of all because Thailand could do it right.

Dek-D.com (2011) stated that foreign, especially European, cultures have been highly influenced by government policies. For instance, Scandinavian countries, Germany and the United Kingdom have all introduced Social health and security policies. This basically means that the working population are taxed to support the life and health of the elderly. We have seen from earlier statistics that because of the baby boomer generation and the increased longevity of the

population due to improved health care, the demography of these countries is changing and whilst the elderly become a larger segment of the population, the tax-payers are becoming smaller. In the past there was no problem but now that the fewer taxpayers are being asked to support a larger elderly age group the burden becomes intolerable. Furthermore the new elderly generation have paid taxes all their lives to provide social services to the previous elderly generation and will be enraged if their governments renege on their obligations to care for them when they too become elderly. Because the baby boomer generation in Western countries have been paying high taxes to support the elderly in the past it has impinged on their ability to save money to care for themselves in their old age. Their culture now dictates that the government should and must care for them despite the fact that the governments will be hard pressed to meet their obligations.

Their savings were intended to provide an inheritance for their children or even to make their retirement more comfortable and enjoyable, but they may now find that the government will take their savings to pay for their social services or even that they may need their savings to improve their own standard of care in later life. In fact in the UK only the poorer population can expect the government to pay for all their care, those who have money will be required to contribute to their own care despite paying higher taxes all their lives.

In Asia, especially in Japan, the elderly people will look after themselves because they don't want to be any trouble or a burden on their children. Nowadays, many of Japan's elderly have moved from their country to other countries because the cost of living in Japan is very expensive. As such, most of these people look for a new place which is also nice and cheaper to live and they can enjoy a cheaper cost of living so, what money that they have, will go further, so they can live a comfortable life within their means.

For many reasons Thailand is an excellent choice to settle for foreign retirees who require full or part time care. This research will investigate the various expectations of the elderly foreigner in order to understand what he or she expects from a Thai Care Home to make any such venture a success. This research will study the quality of life of the respondent (the elderly) in order to understand their expectations in a Care Home in Thailand. The researcher would like to discover the expectations of the respondents to the questionnaire, and whether their expectations meet the cultures of Thailand in order to run a successful Care Home business that would suit everyone with no culture clash.



A Care Home in Thailand can be separated into two main types. The first type is the Care Home established by a foundation which is supported by charitable donations from the public. If any elderly person is in need of care but cannot afford to pay for someone to care for them or has no family to care for them, then they can move into one of these care homes where they will be cared for at no charge. This type of care home provides basic facilities and sometimes medications. They exist all over Thailand but predominantly in the richer major areas such as Bangkok, Phuket and Chiang Mai. It is only available to Thais. It could be noted that there is a huge stigma for those Thais who live in these care homes as they must live off charity and consider themselves to have failed in life. The second type of care provided for the elderly is Home Care. This type of business is run on a profitable basis as a private business. The Home Care is literally what it says; the care is provided direct to the home of the elderly and they send a carer to call on the elderly at their own residences to ensure that the elderly are okay, have food and are taking their medications. In many cases the carer may even help the elderly with their shopping or organize cooked food to be delivered daily. This kind of Care is quite expensive as they send the carer to the home of the elderly.

### **2.3.1 Care Homes Customer Demographics**

Most of care homes residents are elderly population and statistics show that the residents aged 65 and over make up 93% of care home population in New Zealand, 94% in the UK, 95% in Australia and 97% in Spain. 90% of care home residents in the UK have 'high support needs', just under 70% experience some form of incontinence and nearly one half (47.6%) have severe mobility problems. 75% of UK care home residents experience some form of neurological or mental disorder. The most common disorders are Dementia (44%), Stroke (20%), Depression (20%), Epilepsy (6%) and Parkinson's disease (5%) the statistics by Lievesley, Crosby, and Bowman (2011).

Care Homes for older people in the UK, a market study (2005) shows that in April 2004 an estimated 410,000 older people lived in care homes in the UK. According to the Health Survey for England 2000, most care home residents are over 85 years old. Female care home residents tended to be older than male residents, at an average age of 85.6 years for women compared to 83.2 years for men. Women are also more likely than men to be severely disabled, although a high proportion of both sexes have health problems; 75 per cent of all care home residents are

severely disabled. There are clear differences in age and health concerns between men and women in care homes. Our own analysis of census data in our 'General research findings' supports these findings. Older people going into care will also have differing levels of personal care needs, family circumstances, as well as differing spiritual, religious and language needs. The Health Survey also identified the dependency levels of care home residents. It found that 57 per cent of women and 48 percent of men needed help with one or more 'self-care' tasks.

Quality of life references the general well-being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare, and politics. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment, but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging.

According to ecological economist Costanza (2008), Quality of Life has long been an explicit or implicit policy goal, adequate definition and measurement have been elusive. Diverse "objective" and "subjective" indicators across a range of disciplines and scales, and recent work on subjective well-being surveys and the psychology of happiness have spurred renewed interest.

Care Homes do not only cater to retired people based on their age who they want some place and somebody to take care of them rather than living their lives alone, but a Care Home also can be a place where any disabled person can live and get all the care and support that they might need. As such a Care Home can also cater not only for the elderly and infirm but also younger patients who are sick or disabled and need someone to care for them. However this researcher can conclude that the potential demand of a Care Home is mostly from retired people because this group is more likely to be chronically disabled and sick. Younger people will most likely not select to live in a Care Home but would choose to live in a hospital or in their home because their body would still be able to heal and soon return to normal soon (Squidoo, 2012). Based on the above observation, it is clear that any care home in Thailand should concentrate on providing care to the elderly as well as to ensure that the marketing is aimed at the elderly customers.

According to Orsini, (2011) the research shows that retired people should be the target customers of care homes because they actually expect someone to take care of them apart from their family. Retired people do not wish to be or even considered to be a burden on their children,

they would rather live in a care home. Therefore a Care Home is often their choice of living. Also in this day and age, often both the husband and wife are working and neither can afford to give up a job to look after an aged parent. They might each earn more than it would cost to have an elderly parent cared for by professionals in a care home.

Concepts such as freedom, human rights, and happiness are often quoted when discussing the elderly especially when someone has to make a decision for them. However, since happiness is subjective and hard to measure, other measures are generally given priority. It has also been shown that happiness, as much as it can be measured, does not necessarily increase correspondingly with the comfort that results from increasing income. As a result, standard of living should not be taken to be a measure of happiness. Also sometimes considered related is the concept of human security, though the latter may be considered at a more basic level, and for all people.

### **2.3.2 Qualities of Care Home over Customer's Expectation and Satisfaction.**

The measurement of quality of life is not like per capita GDP or standard of living, both of which can be measured in financial terms, it is harder to make objective or long-term measurements of the quality of life experienced by nations or other groups of people. Researchers have begun in recent times to distinguish two aspects of personal well-being: Emotional well-being, in which respondents are asked about the quality of their everyday emotional experiences. The frequency and intensity of their experiences of, for example, joy, stress, sadness, anger, and affection and life evaluation, in which respondents are asked to think about their life in general and evaluate it against a scale. Such and other systems and scales of measurement have been in use for some time. Research has attempted to examine the relationship between quality of life and productivity Costanza (2008).

Where and how people choose to live as they age is a critical factor in determining a person's level of happiness and independence. Therefore, choosing proper housing for the elderly is a decision that must take into account the advantages of staying put vs. seeking the assistance of community-based services. Many older people own their homes and most prefer not to move out of them just because they are growing older. A person's own home represents security and independence to most Americans. Unfortunately, the majority of housing is designed for a more youthful, energetic and mobile lifestyle. In order to remain at home, at the very least, a person

must be able to drive, go shopping, cook and attend to the basic household chores. Unfortunately, most people will lose one or more of these abilities after they reach their retirement years.

When older persons do decide to move into a new residence they have a plethora of special housing options from which to choose. Special housing for the elderly provides shelter, meals, housekeeping and/or personal care for a set fee. The categories include apartments for the elderly, congregate housing facilities, assisted living facilities, continuing care, and nursing home facilities and that which most suits the customers' expectations, experience and budget will probably get chosen.

Expectations are an important influence on the patient's overall measurement of satisfaction with a health care experience. Patient expectations of the process of care, his/her role in this process and the expectation of the overall outcome of treatment will all influence the patient's evaluation of the service throughout the health care process and on its completion.

General works on customer expectations tend to define expectations as beliefs about several product characteristics or attributes. In some instances, expectations can be linked to probability, for instance as "consumer defined probabilities of the occurrence of positive and negative events if the consumer engages in some behavior". Alternatively, they can be linked to desires or wants. In other words such expectations may be what customers feel a service provider should do rather than what they offer. Most health care-related studies tend to indicate the very specific and contextual nature of expectations. In terms of time spent in medical care, these might be the costs to be incurred and the expected pain for example; or, as relating to waiting time, physician style, knowledge of the family and technical quality of care. Some see health care expectations as "beliefs" and therefore cognitive factors. Individuals generally have a small number of beliefs about an object, person, situation, etc., but new beliefs can be added to by using new information to create new overall beliefs. O' Brien (2004) see expectations as beliefs which are capable of modification over time. This implies that expectations can be modified by the addition of new information and therefore that expectations can be managed by service providers.

The reason that elderly people will select to live in the Care Home in Thailand is not only health concerns or the medical equipment or even the availability of medical facilities but each person will have their own reason to spend a part of their lives in some places that they want to. Thailand is a country with a very long history and an established culture and they also may expect

other benefits such as the calm and caring people in the society,. A lifestyle that matches their expectations, or even a friend in the same age group. Normally a Care Home in their own country may able to meet their expectations but it may cost them more. As such they may be willing to travel to another country in order to meet their expectations. A Care Home in Thailand may be able to provide similar expectations as they might get in their home country for a cheaper cost or, provide a higher quality of living for the same cost.

This research measures the expectation of the target respondents in order to identify the criteria that elderly people will expect in a Care Home in Thailand by separate questions in the Likert scale format to measure the overview of the expectations from the respondents on their expectations of a Care Home in Thailand.

## CHAPTER 3

### METHODOLOGY

#### 3.1 Type of Research

The objective of this research is to study the relationship between general information and expectation of the elderly over the potential demand of a Care Home in Thailand. In this research, the researcher used the descriptive statistics to analyze the data in order to change the raw data into understandable format (Zikmund, 1993). This study was based on a descriptive analysis and statistical tests by using a survey method by collecting the information from a questionnaire for primary data.

This survey research method is only a strategy of inquiry under quantitative research method and was used as a research technique in this research study because it is a method of primary data collection based on distribution of the questionnaire to the respondents and to cooperate with face to face participation with each respondent. Kumer, Aaker, and Day (1999) said that the advantage of this type of research is to obtain information from a respondent in a one-time participation, with quick, cheap, efficient and accurate information to explain the needs and desires of the population. Moreover, Zikmund (1993) stated that a survey is used because a survey is expected to obtain a representative sample of the target population. The central objective of survey design is to search for a survey of 400 to determine the relationship between Quality of Life from the respondent over the expectation of Care Homes in Thailand (Chiang Mai, Phuket, Koh Samui).

Hence, the sample size in this research is approximate by 400 respondents based on Berenson (1999) the researcher distributed the questionnaire to 400 respondents over the expectation of Care Home in Thailand (Chiang Mai, Phuket and Samui Island).

#### 3.2 Population, sampling selection and sampling method.

##### 3.2.1 Population of survey

The population of questionnaire for this research would come from the group of senior tourist and foreigner who spend “long stay” (long term residents) in Thailand in different locations which are Chiang Mai, Phuket and Samui Island. Their age was over 50 years old.

### 3.2.2 Sample size

The population of this research is senior tourists and foreigners who spend “long stay” in Thailand, therefore the proportion of the population is unknown. Non-probability sampling was used so the elements do not have a known or predetermined chance of being selected as subjects (Sekaram, 2000). This means that the findings from the study of the sample cannot be confidently generalized to the population. The selection of sampling units in non-probability sampling is quite arbitrary, as the researchers rely heavily on personal judgment (Zikmund, 1993). The research also stated that non-probability sampling procedures are generally used when probability samples are expensive and inefficient (i.e. when the target population is very small and there is no list or easy way to reach them).

This research belongs to the non-probability sampling because the population is unknown therefore this study was not probability.

According to the amount of population in this study was unknown therefore in order to determine the sample size of the study, the researcher decided to set the confident interval at 95% or be able to accept maximum allowance for random sampling error is 5% and the true proportion of  $p=0.05$  according to Berenson (1999). Therefore, to calculate the sample size, the researcher adopted the formula from Berenson (1999).

$$\begin{aligned} \text{Formula: } n_0 &= \frac{Z^2 pq}{E^2} \\ &= \frac{(1.96)^2 (0.5)(1-0.5)}{(0.05)^2} \\ &= 384.16 \end{aligned}$$

Therefore, the minimum number of sample is 385 people.

Where;

$n_0$  = Sample size without considering finite population correction factor.

$Z$  =  $Z$  score based on researcher’s desired level of confidence, which is 95%; therefore,  $Z = 1.96$ .

$P$  = The true proportions of “success”. It is actually the population parameter (0.5).

$Q$  =  $1-p$ , estimated proportion of “failure”.

$E$  = An acceptable sample error, which is estimated at 5% confidence interval.

Based on the sample size calculation, the minimum number of samples for the study will be 385 people. Therefore, more than 385 questionnaires needed to be distributed to respondents. However, the researcher collected 400 questionnaires.

### **3.3 Research instrument**

#### **3.3.1 Research instrument of questionnaire**

Due to limitation of time, a self-administered questionnaire is considered the best research instrument for this study and will be the primary source of data. The questionnaires for this research were developed based on previous research which is adapted as appropriate and interpreted by the researcher, composed into three parts. For the first part is quality of life from the respondent. The second part is about customer expectation over Care Home in Thailand. And for the last part, the researchers ask the respondents about their demographic information.

One of the most commonly applied techniques used to obtain information from research subjects is a questionnaire (Schumacher & McMilan, 1993). In this study, respondents will be asked to complete a set of questions containing three parts.

**Part 1:** This part consisted of 23 questions asking the degree to which each statement represents their quality of life factor over the customer expectation over the Care Home in Thailand. The scale ranges from 5 never to 1 always. The questionnaire of this research was developed base on previous research of Kelly, et al., (2006) which measure the quality of life over the Care home.

**Part 2:** This part consisted of 3 questions asking the degree to which each statement represents Customer expectation over Care Home in Thailand. The scale ranges from 5 strongly agree to 1 strongly disagree. The questionnaire of this research was developed base on previous survey of Rodwell Farm Nursing Home (2006) which measure the customer expectation over Care Home.

**Part 3:** This part consisted of 3 questions asking about their demographic data which are gender, income level and education. Based on the previous research of Kelly, et al., (2006) which explains that demographic data (gender, income, and education) is basic information that a researcher needs to measure in a research study. Moreover Zikmund, (2003)



also explained that gender, income level, and education is basic information to measure in demographic in a research study.

### **3.4 Data Collection**

#### **3.4.1 Primary Data**

The primary data will be collected by the questionnaire with senior tourist and retired foreigner population in Thailand.

Target Group: The questionnaire was distributed to International senior tourists and retired foreigners who spent long stay in several community and association in Thailand.

Data collection: Questionnaires were distributed to senior tourists and retired foreigners who are retired and spend long stay in Thailand in three different places; Chiang Mai, Phuket and Samui Island.

The questionnaires were distributed as follows: Chiangmai = 50 sets of questionnaire, Phuket = 250 sets of questionnaire, and Samui Island = 100 sets of questionnaire. The researcher used 25 days to collect the entire set of questionnaires on July 2010. Before distributing the questionnaire to any respondent, the researcher would use a screening questionnaire in order to make sure that the respondent of this research was a senior tourist or a retired foreigner living in Thailand. The verbal screening question used was: "Are you an International senior tourist? Or are you retired?" The questionnaire was only distributed to persons who answered the screening question with "Yes" only. The time period that the researcher used in order to collect the questionnaires was between 10:30 – 18:00hrs on the weekend. The location that the researcher used to distribute the questionnaire was a tourist destination. The result of data collected does not have any questionnaire error because the researcher checked and reviewed all answers with the respondent before finishing the collection process.

#### **3.4.2 Secondary Data**

The secondary sources of data was collated and concluded from previous studies, existing scholars' work, composition of books, journals, research papers, newspaper or general information which can be accessed, downloaded, printed, read, and analyzed and which can be reliably used for the propose of this research.

### 3.5 Data Analysis

For this research, the researcher uses descriptive and one way ANOVA test to analyze the data. This analysis was used to transform raw data into a form that makes it easy to understand and interpret. Describing responses or observations was typically the first form of analysis. Calculating averages, frequency distributions and percentage distributions were the most common ways of summarizing (Zikmund, 1993). The average or mean score was separated into the Five point Likert scale. Five – point Likert was used to assess the perception of the respondent of this research. 5 = Very important or Strongly agree, 4 = Important or Agree, 3 = Moderate, 2 = Not very important or Disagree, 1 = Not at all important or Strongly Disagree.

The ranges between levels of agreement:

1.00 – 1.80: Not at all, Strongly Disagree

1.80 – 2.60: Not very important, Disagree

2.61 – 3.40: Moderate

3.41 – 4.20: Important, Agree

4.21 – 5.00: Very important, Strongly Agree

In order to determine the difference of demographic information (Gender, Age, Marital status, Education level, Monthly income) over customer expectation of Care Home in Thailand. the research analyzed the hypothesis with Independent –Sample T-test used for comparing the difference between two groups which are independent from each other, Interpretation is analyzed at 95% confident level, and ANOVA or analysis of variance normally is widely used to analyze the independent groups that have more than two sub groups for nominal scale; Interpretation is analyzed at 95% confidence level.

## CHAPTER 4

### RESULTS

#### Introduction

This chapter presents the analysis based on the questionnaire which provided quantitative data in various parts of questionnaire and some open-end questions. A questionnaire for this research was developed to measure the potential demand for Care Home in Thailand from the perspective of various respondents who were travelling in Thailand and a group of them who had had a long term residence in Thailand. The researcher distributed the questionnaire to respondents in Chiang Mai, Phuket and Samui Island as a base but in variety of locations around those places in order to meet a variety of respondents.

#### 4.1 Demographic Information

The primary data was collected through the questionnaire with senior tourist and long term residence population in Thailand. The researcher distributed the questionnaire around Chiang Mai, Phuket province and Samui Island in Suratthani province which are similar tourist destinations. In the first part of questionnaire which asked about the demography of the respondent was as follows;

Table 4.1, shows that male had 260 respondents or 65% of all respondents and female had 140 respondents or 35% of all respondents. The age range between 55-60 years old had 84 respondents or 21% of all respondents, 61-65 years old had 216 respondents or 54% of all respondents, 66-70 years old had 48 respondents or 12% of all respondents, 71-75 years old had 28 respondents or 7% of all respondents, 76-80 years old had 12 respondents or 3% of all respondents, and more than 81 years old had 12 respondents or 3% of all respondents. Marital status of the respondent was married with 260 respondents or 65% of all respondents, Divorced had 92 respondents or 23% of all respondents, Widowed had 48 respondents or 12% of all respondents. Country of residence was UK had 167 respondents or 41.75%, Australia had 73 respondents or 18.25%, Japan had 32 respondents or 8%, United States had 25 respondents or 6.25%, Italy had 20 respondents or 5%, Singapore had 18 respondents or 4.5%, France had 16 respondents or 4%, Canada had 13 respondents or 3.25%, Hong Kong had 12 respondents or 3%,

South Africa had 9 respondents or 2.25%, China had 8 respondents or 2%, Malaysia had 7 respondents or 1.75%. The occupation of the respondents was retired with 268 respondents or 67% of all respondents, Part time had 8 respondents or 2% of all respondents, and Full time had 124 respondents or 31% of all respondents. Educational level of respondent was high school or less with 16 respondents or 4% of all respondents, Diploma had 36 respondents or 9% of all respondents, Bachelor had 292 respondents or 73% of all respondents, Master degree had 40 respondents or 10% of all respondents, and Doctorate had 16 respondents or 4% of all respondents. Monthly income of the respondent was 2,001- 3,000 USD had 14 respondents or 3.5%, 3,001-4,000 USD had 22 respondents or 5.5%, 4,001-5,000 USD had 87 respondents or 21.75%, 5,001-6,000 USD had 153 respondents or 38.25%, and more than 6,000 USD had 124 respondents or 31%.

Table 4.1 Demographic Information

Demographic Information		Respondent	
		Number	Percent
1.1 Gender	Male	260	65%
	Female	140	35%
1.2 Age	55-60	84	21%
	61-65	216	54%
	66-70	48	12%
	71-75	28	7%
	76-80	12	3%
	81++	12	3%
1.3 Marital status	Single	0	0%
	Married	260	65%
	Divorced	92	23%
	Widowed	48	12%

Table 4.1 Continue

Demographic Information		Respondent	
		Number	Percent
	UK	167	42%
	Australia	73	18%
	Japan	32	8%
	United states	25	6%
	Italy	20	5%
1.4 Country of residence base on 400 sets	Singapore	18	5%
	France	16	4%
	Canada	13	3%
	Hong Kong	12	3%
	South Africa	9	2%
	China	8	2%
	Malaysia	7	2%
	Japan	32	64%
	US	6	12%
1.4.1 Chiang Mai based on 50 sets	Canada	4	8%
	Australia	4	8%
	France	2	4%
	UK	2	4%
	UK	37	37%
	Australia	22	22%
	Italy	10	10%
	US	8	8%
1.4.2 Samui Island based on 100 sets	Singapore	6	6%
	France	6	6%
	Hong Kong	4	4%
	Canada	3	3%
	China	2	2%
	Malaysia	2	2%

Table 4.1 Continue

Demographic Information		Respondent	
		Number	Percent
	UK	128	51%
	Australia	47	19%
	Singapore	12	5%
	US	11	4%
	Italy	10	4%
1.4.3 Phuket based on 250 sets	South African	9	4%
	France	8	3%
	Hong Kong	8	3%
	Canada	6	2%
	China	6	2%
	Malaysia	5	2%
	Retired	268	67%
1.5 Occupation	Part time	8	2%
	Full time	124	31%
	High school or less	16	4%
	Diploma	36	9%
1.6 Educational level	Bachelor	292	73%
	Master degree	40	10%
	Doctorate	16	4%
	Less than 2,000 USD	0	0%
	2,001-3,000 USD	14	4%
	3,001-4,000 USD	22	5%
1.7 Monthly personal income	4,001-5,000 USD	87	22%
	5,001-6,000 USD	153	38%
	More than 6,000 USD	124	31%

Table 4.2 shows that most of respondents who answered this question were Europeans (203 respondents or 51%), followed by Australians (73 respondents or 18%), Asians (45 respondents or 12%), United States/Canada (38 respondents or 9%), Japanese (32 respondents or 8%), and South Africa (9 respondents or 2%). This table separates Japan from Asia because of

large number of Japanese respondents and the Japanese might also represent a potential market for Thai Care Homes.

Table 4.2 Origin of Respondents

Continent / Country Information	Respondent	
	Number	Percent
Europe	203	51%
Australia	73	18%
Asia (Excluding Japan)	45	12%
United States/ Canada	38	9%
Japan	32	8%
South Africa	9	2%

#### 4.2 Retirement Plans

This part of the research presents the general information of the respondents who are the sample of this research topic. The data would be interpreted in the table format and with an explanation following. The nominal and ordinal scale information would be in the percentage format but the interval scale information would be in the mean score and standard deviation.

The respondents intend to retire, or age that they would like to retire with age less than 56 years old had 12 respondents or 3% of total respondents, 56-60 years old with 328 respondents or 82% of total respondents, 61-65 years old had 60 respondents or 15% of total respondents. After they retire, the place that they intend to live was in their own home with 124 respondents or 31%, move into their children or family homes with 48 respondents or 12%, live in retirement home had 8 respondents or 2%, and retire to a care home in their own country had 60 respondents or 15%, retire and move overseas had 160 respondents or 40%. (See table 4.3)

From those planning to move overseas; 112 respondents selected Thailand, 16 respondents selected Malaysia, 11 respondents selected Indonesia, 10 respondents selected Australia, 7 respondents selected Switzerland. 4 respondents selected Spain.

These respondents were asked where they would expect funds to pay for medical aid and their replies indicated: supported from their pension had 42 respondents or 10.5%, their family support had 99 respondents or 24.75%, medical insurance had 145 respondents or 36.25%, their

saving had 86 respondents or 21.5%, Government service had 28 respondents or 7%.

Table 4.3 General Information

General Information		Respondent	
		Number	Percent
1. At what age do you intend to retire, or what age did you retire?	Less than 56 years old	12	3%
	56-60 years old	328	82%
	61-65 years old	60	15%
	More than 65 years old	0	0%
2. Where do you intend to live after retirement?			
a) in your country	in my own home	124	31%
	move in with children/family	48	12%
	Live in a retirement home	8	2%
	Retire to a Care Home in my own country	60	15%
b) abroad	Retire and move overseas	160	40%
Move overseas = 15% of total respondents they expect to live in:			
Where	Thailand	112	28%
	Malaysia	16	4%
	Indonesia	11	3%
	Australia	10	3%
	Switzerland	7	2%
	Spain	4	1%
Medical aid support			
Based on	Pension	42	10.5%
	Family	99	24.75%
	Medical insurance	145	36.25%
	Saving	86	21.5%
	Government	28	7%

Base on the data of respondent from each country over the different retirement country. The research decides to test the different perception of retirement people from each country that they would like to retire in Thailand or others countries.



Table 4.4 shows that retirement people from United Kingdom and Japan perceived that they would like to retire in Thailand instead of others. The retirement people from Asia, North America, and Europe would like to retire in others countries instead of Thailand. The comparison between Thailand and others countries over the counties that they would like to retire in Thailand or others counties, result of research study shown that United Kingdom is significantly different at 0.001 would like to retire in Thailand more than other countries. Australia is not significantly different to retire in Thailand or other countries. Japan is significantly at 0.000 would like to retire in Thailand more than other countries. Asian is significantly at 0.000 would like to retire in other countries more than Thailand. North America is significantly at 0.000 would like to retire in other countries more than Thailand. Europe is significantly at 0.000 would like to retire in other countries more than Thailand.

Table 4.4 The selection of retirement in each in Thailand or other countries

<u>Description</u>	<u>Thailand</u>	<u>Others</u>	<u>t-test</u>	
	<u>n=112</u>	<u>n = 50</u>	<u>t-stat</u>	<u>p-value</u>
United Kingdom	64	19	3.011	0.001*
Australia	12	10	1.482	0.078
Japan	32	0	4.262	0.000*
Asia	0	6	3.735	0.000*
North America	2	8	3.722	0.000*
Europe	2	7	3.521	0.000*

Remark: This research did not analyze responses from South Africa because the number of respondents from South Africa was too small with a group of only 9 respondents or just 2 percent.

Respondents planning to retire abroad were also asked what factors would influence selecting that country. From each statement this decision was explain that the main factors influencing the selection of the retirement country were “Environment” with mean score at 4.57 and standard deviation a .472, and “service minded” with mean score at 4.41 and standard deviation a .163, were very important factors.

“Language” with mean score at 4.02 and standard deviation a .768, “medical facility” with mean score at 3.62 and standard deviation a .483, “cost of living” with mean score at 3.45 and standard deviation at .432, were also important factors

“Political situation” with mean score at 3.38 and standard deviation a .563, “Distance from your country/family” with mean score at 3.35 and standard deviation a .781, “Culture” with mean score at 3.27 and standard deviation a .798, and “economic situation” with mean score at 2.88 and standard deviation a .472, were neutral factors. (See table 4.5)

Table 4.5 Factors influencing the selection of the retirement country

	N	Mean	Standard deviation	Level of importance
<b>If decide to live abroad what is the factor that you will be used to selecting that country</b>				
Environment	400	4.57	.472	Very important
Service mind	400	4.41	.163	Very important
Language	400	4.02	.768	Important
Medical facility	400	3.62	.483	Important
Cost of living	400	3.45	.432	Important
Political situation	400	3.38	.563	Moderate
Distance from your country/family	400	3.35	.781	Moderate
Culture	400	3.27	.798	Moderate
Economic situation	400	2.88	.472	Moderate

Table 4.6 shows the requirements of Care Home factors in Thailand had a difference of importance for each factor for the requirements, top five of ranks were as follow; “Medical facilities” with mean score at 4.67 and standard deviation a .532, “Nurses and Doctors available” with mean score at 4.54 and standard deviation a .632, “Health and suitable meal” with mean score at 4.33 and standard deviation a .816, “Emergency facilities” with mean score at 4.25 and standard deviation a .623, “Good environment” with mean score at 4.21 and standard deviation a .153, were very important factors.

“Activities available (massage, spa, health checks, etc.,)” with mean score at 4.12 and standard deviation a .613, “Entertainment facility available in the residence” with mean score at

3.89 and standard deviation a .363. “Friend and society” with mean score at 3.87 and standard deviation a .891, and “Location of Care Home” with mean score at 3.67 and standard deviation a .621, were important factors.

Table 4.6 Importance of factors in selecting Care Home in Thailand.

	N	Mean	Standard deviation	Level of importance
<b>If you decided to retire in a Care Home in Thailand how important are the following factors?</b>				
Medical facilities	400	4.67	.532	Very important
Nurses and Doctors available	400	4.54	.632	Very important
Healthy and suitable meal	400	4.33	.816	Very important
Emergency facilities	400	4.25	.623	Very important
Good environment	400	4.21	.153	Very important
Activities available (massage, spa, health checks, etc.,)	400	4.12	.613	Important
Entertainment facilities available for the residents	400	3.89	.363	Important
Friends and Society	400	3.87	.891	Important
Location of Care Home	400	3.67	.621	Important

Table 4.7 shows that the decision to spend their life in which part of Thailand with Care Home in Thailand as follows; South with 294 respondents or 74% from total respondents. Central of Thailand with 52 respondents or 13% from total respondents, North of Thailand with 48 respondents or 12% from total respondents, and Northeast of Thailand with 6 respondents or 2% from total respondents. The location that they prefer was Seaside had 276 respondents or 69% from total respondents, River side or lake view had 55 respondents or 14% from total respondents, downtown had 32 respondents or 8% from total respondents, Mountain View had 31 respondents or 8% from total respondents, and Countryside had 6 respondents or 2% from total respondents, Cost of Care Home in Thailand on monthly basis was 1,501-2,000 USD had 151 respondents or 38% from total respondents, 2,001-2,500 USD had 132 respondents or 33% from total respondents, 1,001-1,500 USD had 81 respondents or 20% from total respondents, Less than 1,000 USD had 17 respondents or 4% from total respondents, 2,501-3,000 USD had 16

respondents or 4% from total respondents, and More than 3,000 USD had 3 respondents or 1% from total respondents.

Table 4.7 Preferences for a Care Home in Thailand.

		Respondent	
		Number	Percent
If you decide to spend your life with Care Homes in Thailand which part of Thailand you will prefer to live	South of Thailand	294	74%
	Central of Thailand	52	13%
	North of Thailand	48	12%
	Northeast of Thailand	6	2%
Which type of location do you prefer?	Seaside	276	69%
	Riverside or lake view	55	14%
	Downtown	32	8%
	Mountain view	31	8%
	Countryside	6	2%
How much would you be willing to pay for a Care Home in Thailand on a monthly basis?	Less than 1,000 USD	17	4%
	1,001-1,500 USD	81	20%
	1,501-2,000 USD	151	38%
	2,001-2,500 USD	132	33%
	2,501-3,000 USD	16	4%
	More than 3,000 USD	3	1%

### 4.3 The Customer Expectations with Care Homes in Thailand

This part of analysis would present the expectations of the respondent with regard to the Care Home in Thailand in order to know which requirements should be considered and developed when creating the Care Home in Thailand in order to match customer demand.

Table 4.8 shows customer expectations with Care Homes in Thailand. The agreement of each factor for the customer expectation over Care Home in Thailand was as follows; “Staff of Care Home should serve professionally” was Strongly Agree level with mean score at 4.68 and standard deviation at .179, “Staff of Care Home should be service-minded” was Strongly Agree level with mean score at 4.52 and standard deviation at .501, “Care Home should provide food supplement” was Strongly Agree level with mean score at 4.34 and standard deviation at .510,

“Thailand is suitable place to have Care Home” was Agree level with mean score at 4.13 and standard deviation at .653, “Care Home should offer regular health checks” was Agree level with mean score at 4.11 and standard deviation at .531, “Care Home in Thailand would match with my lifestyle” was Agree level with mean score at 4.10 and standard deviation at .523, “Thailand would be a suitable place to spend my retirement” was Agree level with mean score at 4.09 and standard deviation at .733, “Care Home should offer discounts for long-term contracts” was Agree level with mean score at 4.04 and standard deviation at .765, “Culture of Thailand is to care for the sick and elderly” was Agree level with mean score at 4.03 and standard deviation at .352, “Care Home should provide culture of Thailand to the resident” was Agree level with mean score at 3.98 and standard deviation at .644, “Care Home should assist contacts with family in other country” was Agree level with mean score at 3.72 and standard deviation at .194, “Care Home in Thailand would be cheaper than one in my country” was Agree level with mean score at 3.72 and standard deviation at .723, “Care Home should promote themselves via variety media such as television, local newspaper, radio, internet, and etc., in a variety of countries” was Neutral level with mean score at 3.59 and standard deviation at .741. “Care Home should provide health-enhancing activities (yoga, exercises, etc.)” was Agree level with mean score at 3.58 and standard deviation at .853, “Care Home should provide special medical care” was Agree level with mean score at 3.56 and standard deviation at .761, “Care Home should provide one staff per resident” was Agree level with mean score at 3.46 and standard deviation at .479, “Care Home should provide difference room classes (Suit, Deluxe room, etc.)” was Agree level with mean score at 3.37 and standard deviation at .423, and “Care Home should offer enough private space” was Neutral level with mean score at 3.26 and standard deviation at .381.

Table 4.8 The customer expectation with Care Home in Thailand

	N	Mean	Standard deviation	Level of Agreement
<b>The customer expectation over Care Home in Thailand</b>				
Staff of Care Home should serve professionally	400	4.68	.179	Strongly Agree
Staff of Care Home should be service-minded	400	4.52	.501	Strongly Agree
Care Home should provide food supplement	400	4.34	.510	Strongly Agree
Thailand is suitable place to have Care Home	400	4.13	.653	Agree
Care Home should offer regular health checks	400	4.11	.531	Agree
Care Home in Thailand would match with my lifestyle	400	4.10	.523	Agree
Thailand would be a suitable place to spend my retirement	400	4.09	.733	Agree
Care Home should offer discounts for long-term contracts	400	4.04	.765	Agree
Culture of Thailand is to care for the sick and elderly	400	4.03	.352	Agree
Care Home should provide culture of Thailand to the resident	400	3.98	.644	Agree
Care Home should assist contacts with family in other country	400	3.72	.194	Agree
Care Home in Thailand would be cheaper than one in my country	400	3.72	.723	Agree
Care Home should promote themselves via variety media such as television, local newspaper, radio, internet, and etc in a variety of countries	400	3.59	.741	Agree
Care Home should provide health-enhancing activities (yoga, exercises, etc.)	400	3.58	.853	Agree
Care Home should provide special medical care	400	3.56	.761	Agree
Care Home should provide one staff per resident	400	3.46	.479	Agree
Care Home should provide different room classes (Suit, Deluxe room, etc.)	400	3.37	.423	Moderate
Care Home should offer enough private space	400	3.26	.381	Moderate
Mean	400	3.91	.553	Agree

#### 4.4 t-test and One-Way ANOVA

This part determines the impact of demographic information (Gender, Age, Marital status, Education level, and Monthly income) over customer expectation of Care Home in Thailand.

Research showed the result between Genders from customer expectation of Care Home in Thailand. The significant of result from each statement shown the difference between male and female respondents. “Care Home should provide culture of Thailand to the resident”, “Care Home should provide health-enhancing activities (yoga, exercises, etc.)”, “Care Home should offer discounts for long-term contracts”, “Care Home should provide difference room classes (Suit, Deluxe room, etc.)” were rejected by less than 0.05 which mean that male and female perceived these factors differently.

In conclusion females were more concerned that Care Home should provide culture of Thailand to the resident than males were. Moreover, females preferred that Care Home should provide health-enhancing activities (yoga, exercises, etc.) more than males. Again, females preferred Care Home should offer discounts for long-term contracts more than male. Then, malepreferred that Care Home should provide different room classes (Suit, Deluxe room, etc.) more than female. (See table 4.9)

Table 4.9 Difference of customer expectation of Care Home in Thailand between male and female respondents

<u>Description</u>	<u>Male</u>	<u>Female</u>	<u>t-test</u>	
	n=260	n=140	<u>t-stat</u>	<u>p-value</u>
Thailand would be a suitable place to spend my retirement	4.54	4.12	0.947	0.102
Culture of Thailand is to care of the sick and elderly	4.45	4.67	2.481	0.053
Thailand is a suitable place to have Care Home	4.73	4.59	2.581	0.057
Care Home in Thailand would match my lifestyle	4.19	4.23	1.482	0.078
Care Home in Thailand would be cheaper than one in my country	3.55	3.89	1.953	0.052
Care Home should provide special medical care	3.67	3.45	1.782	0.074
Care Home should provide culture of Thailand to the resident	3.62	4.34	3.013	0.001*
Care Home should provide food supplement	4.3	4.38	1.948	0.073

Table 4.9 Continue

<b>Description</b>	<b>Male</b>	<b>Female</b>	<b>t-test</b>	
	n=260	n=140	<b>t-stat</b>	<b>p-value</b>
Care Home should offer enough private space	3.3	3.22	1.743	0.069
Care Home should assist contacts with family in other country	3.87	3.57	1.738	0.061
Staff of Care Home should serve professionally	4.64	4.72	2.012	0.072
Care Home should provide one staff per resident	3.26	3.66	1.846	0.066
Staff of Care Home should be service-minded	4.37	4.67	1.842	0.080
Care Home should offer regular health checks	4.48	4.04	1.792	0.077
Care Home should provide health-enhancing activities (yoga, exercises, etc.)	3.39	3.77	4.283	0.000*
Care Home should offer discounts for long-term contracts	3.77	4.31	3.739	0.000*
Care Home should provide different room classes (Suit, Deluxe room, etc.)	3.61	3.13	3.921	0.000*
Care Home should promote themselves via variety of media such as television, local newspaper, radio, internet, etc., in a variety of countries	3.55	3.63	2.011	0.052

Remark \* Indicates statistically significant differences between genders

Research showed the result between age ranges from customer expectation of care home in Thailand. The conclusion showed that difference testing between age ranges had no difference significant in all expectation. (See table 4.10)

Table 4.10 The difference of customer expectation of Care Home in Thailand between age ranges

<b>Description</b>	55-60 n=84	61-65 n=216	66-70 n=48	71-75 n=28	76-80 n=12	81++ n=12	<b>One Way ANOVA</b>	
							<b>F-stat</b>	<b>p-value</b>
Thailand would be a suitable place to spend my retirement	4.23	4.31	4.21	4.45	4.37	4.41	1.031	0.062
Culture of Thailand is to care for the sick and elderly	4.62	4.52	4.71	4.34	4.58	4.59	0.986	0.183
Thailand is a suitable place to have Care Home	4.73	4.57	4.48	4.82	4.62	4.74	0.910	0.172



Table 4.10 Continue

<u>Description</u>	55-60 n=84	61-65 n=216	66-70 n=48	71-75 n=28	76-80 n=12	81++ n=12	<u>One Way</u>	
							<u>ANOVA</u>	
							<u>F-stat</u>	<u>p-value</u>
Care Home in Thailand would match my lifestyle	4.38	4.26	4.08	4.25	4.23	4.06	1.010	0.123
Care Home in Thailand would be cheaper than one in my country	3.66	3.58	3.89	3.74	3.68	3.77	1.022	0.063
Care Home should provide special medical care	3.64	3.6	3.57	3.43	3.52	3.6	2.093	0.052
Care Home should provide culture of Thailand to the resident	3.82	3.88	3.92	4.07	4.01	4.18	2.110	0.052
Care Home should provide food supplement	4.39	4.41	4.32	4.38	4.29	4.25	1.041	0.132
Care Home should offer enough private space	3.28	3.12	3.24	3.31	3.33	3.28	1.942	0.076
Care Home should assist contacts with family in other country	3.74	3.71	3.73	3.79	3.67	3.68	2.021	0.053
Staff of Care Home should serve professionally	4.68	4.62	4.68	4.71	4.67	4.72	0.931	0.147
Care Home should provide one staff per resident	3.43	3.47	3.51	3.46	3.32	3.57	0.933	0.083
Staff of Care Home should be service-minded	4.61	4.46	4.52	4.52	4.5	4.51	0.838	0.173
Care Home should offer regular health checks	4.19	4.28	4.26	4.21	4.25	4.37	0.974	0.153
Care Home should provide health-enhancing activities (yoga, exercises, etc.)	3.54	3.56	3.61	3.5	3.63	3.64	0.936	0.078

Table 4.10 Continue

<u>Description</u>	55-60 n=84	61-65 n=216	66-70 n=48	71-75 n=28	76-80 n=12	81++ n=12	<u>One Way</u>	
							<u>ANOVA</u>	
							<u>F-stat</u>	<u>p-value</u>
Care Home should offer discounts for long-term contracts	3.92	4.06	4.09	3.99	4.12	4.06	0.859	0.246
Care Home should provide difference room classes (Suit, Deluxe room, etc.)	3.33	3.32	3.36	3.48	3.37	3.36	0.197	0.066
Care Home should promote themselves via variety media such as television, radio, and etc., in a variety of countries	3.52	3.59	3.63	3.58	3.54	3.68	1.963	0.086

Research showed the result between each marital status from customer expectation of Care Home in Thailand (table 4.11). The significance of the results from each statement shows the difference of expectations between each marital status as follows:

“Culture of Thailand is to care for the sick and elderly”, “Care Home should offer enough private space”, “Care Home should assist contacts with family in other country”, and “Care Home should provide one staff per resident” were rejected with less than 0.05 which mean that married, divorced, and widowed rated these factors differently.

In conclusion, married people prefer private space more than divorced, and widowed. Divorced are more concerned than married and widowed about care when they are sick and assist contact with families. But Widowed were more concerned about number of staff to take care sick and elderly more than Divorced.

Table 4.11 The difference of customer expectation of Care Home in Thailand between each marital status

<u>Description</u>	Married n=260	Divorced n=92	Widowed n=48	<u>One Way ANOVA</u>	
				<u>F-stat</u>	<u>p-value</u>
Thailand would be a suitable place to spend my retirement	4.30	4.37	4.32	1.294	0.067
Culture of Thailand is to care for the sick and elderly	4.22	4.82	4.64	1.832	0.000*
Thailand is a suitable place to have a Care Home	4.81	4.56	4.61	0.853	0.051
Care Home in Thailand would match my lifestyle	4.13	4.25	4.25	3.844	0.163
Care Home in Thailand would be cheaper than one in my country	3.78	3.7	3.68	0.947	0.125
Care Home should provide special medical care	3.41	3.71	3.56	1.042	0.053
Care Home should provide culture of Thailand to the resident	3.99	3.89	4.06	1.294	0.061
Care Home should provide food supplement	4.12	4.43	4.47	2.634	0.174
Care Home should offer enough private space	3.45	3.03	3.30	0.983	0.001*
Care Home should assist contacts with family in another country	3.52	3.89	3.75	0.973	0.000*
Staff of Care Home should serve professionally	4.71	4.67	4.66	1.353	0.142
Care Home should provide one staff per resident	3.22	3.56	3.6	0.842	0.000*
Staff of Care Home should be service-minded	4.55	4.51	4.5	2.323	0.065
Care Home should offer regular health checks	4.3	4.25	4.23	0.838	0.069
Care Home should provide health-enhancing activities (yoga, exercises, etc.)	3.63	3.5	3.61	3.523	0.143
Care Home should offer discounts for long-term contracts	4.03	4.02	4.07	1.191	0.087
Care Home should provide different room classes (Suit, Deluxe room, etc.)	3.33	3.31	3.47	0.934	0.153
Care Home should promote themselves via a variety of media such as television, local newspaper, radio, internet, etc., in a variety of countries	3.57	3.59	3.61	0.972	0.173

Remark \* Indicates statistically significant differences among groups.

Research showed the result between each employment status from customer expectation of Care Home in Thailand. The significance of the result from each statement shows the difference between each status as follows;

Retired persons would expect Care Home in Thailand to match their lifestyle more than Part time and Full time job respondents. Retired respondents also expect Care Home to provide health-enhancing activities (yoga, exercises, etc.) more than Part time and Full time job respondents. (See table 4.12)

Table 4.12 The difference of customer expectations of Care Home in Thailand between each occupation status

<u>Description</u>	Retired n=268	Part time n=8	Full time n=124	<u>One Way</u>	
				<u>ANOVA</u>	
				<u>F-stat</u>	<u>p-value</u>
Thailand would be a suitable place to spend my retirement	4.33	4.32	4.34	1.932	0.064
Culture of Thailand is to care for the sick and elderly	4.67	4.51	4.50	2.010	0.053
Thailand is suitable place to have Care Home	4.62	4.66	4.70	0.931	0.104
Care Home in Thailand would match my lifestyle	4.47	4.12	4.04	3.012	0.001*
Care Home in Thailand would be cheaper than one in my country	3.66	3.78	3.72	1.018	0.154
Care Home should provide special medical care	3.58	3.54	3.56	1.103	0.065
Care Home should provide culture of Thailand to the resident	3.96	4.04	3.94	1.940	0.064
Care Home should provide food supplement	4.34	4.43	4.25	2.293	0.051
Care Home should offer enough private space	3.3	3.26	3.22	1.947	0.134
Care Home should assist contacts with family in other country	3.88	3.72	3.56	0.947	0.165
Staff of Care Home should serve professionally	4.71	4.69	4.64	0.858	0.062
Care Home should provide one staff per resident	3.32	3.54	3.52	0.894	0.193
Staff of Care Home should be service-minded	4.56	4.44	4.56	2.001	0.056
Care Home should offer regular health checks	4.34	4.27	4.17	0.784	0.083
Care Home should provide health-enhancing activities (yoga, exercises, etc.)	3.87	3.45	3.42	3.931	0.000*

Table 4.12 Continue

<u>Description</u>	Retired n=268	Part time n=8	Full time n=124	<u>One Way</u>	
				<u>ANOVA</u>	
				<u>F-stat</u>	<u>p-value</u>
Care Home should offer discounts for long-term contracts	4.03	4.02	4.07	1.842	0.069
Care Home should provide difference room classes (Suit, Deluxe room, etc.)	3.37	3.41	3.33	1.194	0.092
Care Home should promote themselves via variety media such as television, local newspaper, radio, internet, etc., in a variety of countries	3.45	3.65	3.67	1.957	0.154

Remark \* Indicates statistically significant difference between each occupation status

Research showed the result between income ranges from customer expectation of Care Home in Thailand. The significant of result from each statement shown the difference between income ranges.

In conclusion, the result of the difference testing between income ranges had no difference in any of the expectations. (See table 4.13)

Table 4.13 The difference of customer expectation of Care Home in Thailand between income ranges

<u>Description</u>	2,001-	3,001-	4,001-	5,001-	More than	<u>One WAY</u>	
	3,000	4,000	5,000	6,000	6,000	<u>ANOVA</u>	
	USD	USD	USD	USD	USD	<u>F-stat</u>	<u>p-value</u>
	n=14	n=22	n=87	n=153	n=124		
Thailand would be a suitable place to spend my retirement	4.12	4.08	4.06	4.1	4.08	1.833	0.162
Culture of Thailand is to care for the sick and elderly	3.97	4.1	3.95	3.97	4.18	1.957	0.132
Thailand is suitable place to have a Care Home	4.15	4.05	4.18	4.18	4.11	2.013	0.065

Table 4.13 Continue

<b>Description</b>	2,001-	3,001-	4,001-	5,001-	More than	<u>One WAY</u>	
	3,000	4,000	5,000	6,000	6,000	<u>ANOVA</u>	
	USD	USD	USD	USD	USD	<u>F-stat</u>	<u>p-value</u>
	n=14	n=22	n=87	n=153	n=124		
Care Home in Thailand would match my lifestyle	4.14	4.16	4.08	3.98	4.15	0.863	0.212
Care Home in Thailand would be cheaper than one in my country	3.79	3.83	3.68	3.76	3.54	1.903	0.061
Care Home should provide special medical care	3.61	3.51	3.58	3.55	3.54	0.973	0.125
Care Home should provide culture of Thailand to the resident	4.03	3.95	3.97	3.87	4.07	1.936	0.079
Care Home should provide food supplement	4.33	4.28	4.37	4.4	4.37	1.622	0.062
Care Home should offer enough private space	3.32	3.28	3.25	3.21	3.23	0.985	0.153
Care Home should assist contacts with family in other country	3.69	3.72	3.75	3.77	3.61	0.794	0.083
Staff of Care Home should serve professionally	4.61	4.69	4.72	4.66	4.62	0.831	0.063
Care Home should provide one staff per resident	3.45	3.41	3.48	3.48	3.51	1.941	0.052
Staff of Care Home should be service-minded	4.51	4.54	4.42	4.58	4.5	1.941	0.052
Care Home should offer regular health checks	4.13	4.12	4.14	4.09	4.04	1.183	0.132
Care Home should provide health-enhancing activities (yoga, exercises, etc.)	3.57	3.48	3.61	3.61	3.64	1.801	0.076
Care Home should offer discounts for long-term contracts	4.1	4.07	4.12	3.89	3.98	2.041	0.053
Care Home should provide difference room classes (Suit, Deluxe room, etc.)	3.45	3.21	3.42	3.35	3.46	0.891	0.147

Table 4.13 Continue

<b>Description</b>	2,001-	3,001-	4,001-	5,001-	More than	<u>One WAY</u>	
	3,000	4,000	5,000	6,000	6,000	<u>ANOVA</u>	
	USD	USD	USD	USD	USD	<u>F-stat</u>	<u>p-value</u>
	n=14	n=22	n=87	n=153	n=124		
Care Home should promote themselves via variety media such as television, local newspaper, radio, internet, etc., in a variety of countries	3.57	3.62	3.61	3.66	3.65	1.703	0.062

The respondents also provided comments related to the topic of the survey, and these are presented below in order of their frequency follows;

1. Care Home should provide a doctor on standby in order to required and to assist in emergencies.
2. Thailand culture, service and geography are very good, so Care Home could be a good place to spend my retirement choice.
3. Thailand is a good place to spend my retirement, I'm so happy with Thai people, Thai culture, Thai food, beach and sea also the service are very kinds.
4. Care Home in Thailand should offer a good service with cheaper charge than other country could motivated the senior who need care.
5. Very good Thai culture to take a good care of their elderly so Care Home could be the best service and new image of Thailand.
6. Sounds like a great idea, if the price was right I would prefer to be in Thailand than the UK. Warmer weather, nicer food, kinder peop-le
7. I think it would appeal to anyone who has visited Thailand before as they would understand the benefits better and would be more willing to travel from overseas.
8. Thai Government should support such a kind of visas might be required and guarantees given to care homes customer.
9. There might be problems from foreign governments as currency would have to leave the country to pay for the service.

10. Given a choice I would rather live in Thailand rather than the UK because of the weather, the friendly people and the culture of gentle and caring. I believe people live longer and healthier in a warm climate.

11. Care Homes should offer an English speaking or several language with a professional service.

12. Should promote more about care service will be a good reputation.

13. Promote Thai health care and service to Worldwide, will bring more visitors and income to Thai economics.

14. Great ideas because Thailand have a good hospitality, service, weather, food, nice people, also excellent doctor and famous hospital.

15. Keep green and clean environment, control pollution will made the elderly in care homes and Thai people have the better life.

16. The nature of Thai will good for care homes in Thailand.

17. My parents will interesting to move into a care homes in Thailand.



## CHAPTER 5

### CONCLUSIONS AND RECOMMENDATIONS

The results of this research an examination into the potential demand for Care Home in Thailand, explain over the Conclusion, Discussion, Recommendations, and Suggestions for further research.

#### 5.1 Conclusion

This researcher focused on the research study with the specification over the potential demand of overseas potential customer for Care Home in Thailand. The method to collect the data was convenience sampling method with face to face format, because the population of this research was potential customer who could be the customer in the future of Care Home in Thailand. The total questionnaire distribution was 400 sets to respondents in order to be the representative of total respondents. The sampling method to collect the data would be convenience sampling by asking the respondents in variety places in order to meet the variety group of respondent with difference demographic and expectation over Care Home in Thailand. After questionnaire collection the researcher would use SPSS program to coding and analyze the data collected. The results would be interpreted into tabulation format in order to be more easily understood by the person who read this research study. The analysis of this research topic included frequency, mean, standard deviation, independent sampling t-test, and One-Way ANOVA.

#### *The demographic result from the respondents*

This data was collected from foreigners around Chiang Mai, Phuket, and Samui Island, in Suratthani province with the majority being male, aged between 61-65 years old, Moreover most of them are married and most of them come from the UK. With this age group most of them were retired and graduated at Bachelor level. Most of them receive income per month of 5,001-6,000 USD.

#### *The general information of the respondents:*

From a total of 400 respondents of this research study most of the respondents would like to retire at age between 56-60 years old, follow by 61-65 years old. If they would

decide to live overseas then the country that they would like to live most was Thailand. If these respondents required medical aid they would rely on medical insurance or family support.

The decision to spend your life in which part of Thailand with Care Home in Thailand: The majority of this research would like to live in South or Central Thailand. And most of them would prefer to have a seaside, riverside or lake view. The cost of Care Home in Thailand their perspective would be between 1,501-2,000 USD per month.

The difference of customer's expectations of Care Home in Thailand between male and female. The factor that male had higher expectation than female was standard of room. But the factor that female expects higher than male was Care Home should provide culture of Thailand to the residents. Care Home should provide health-enhancing activities (yoga, exercise, etc.) to the resident, and Care Home should offer discounts for long-term contracts.

The difference of customer expectation of Care Home in Thailand between Age ranges: Overall the customer expectation of Care Home in Thailand, the results shows that there were minimal differences in expectations for the different age groups of the respondents.

The difference of customer expectation of Care Home in Thailand between Marital statuses. The result shows that married respondents did not feel that the level of Culture of Thailand is to care for the sick and elderly. The divorced and widowed respondents felt that concept had more merit. The expectation of married respondents was higher than both divorce and widowed over the concept that Care Home should offer enough private space. The expectation of divorced was higher than married over the Care Home should assist contacts with their family in other countries. The expectation of widowed respondents was higher than married respondents over whether the Care Home should provide one staff per resident.

The difference of customer expectation of Care Home in Thailand between Occupations. The result shows that Retired person expected that Care Home in Thailand would match with his lifestyle more than Part time and Full time job respondents. And Retired respondents also expect that a Care Home should provide health-enhancing activities (yoga, exercises, etc.) more than Part time and Full time job respondents.

The difference of customer expectation of Care Home in Thailand between income ranges. Over the customer expectation of Care Home in Thailand, the results of the difference testing between income ranges had showed no difference between any respondents.

## 5.2 Discussion

Base on the objective of this research and research finding, the discussions of this research are as follows:

### *5.2.1 Objective 1: To determine the potential demand of the customer over Care Home in Thailand*

From the secondary data, research showed that Care Homes was the place that would take a good care for the elderly people by providing a service similar to a hospital or elderly home. The Care Home would have to take into account the purpose of the facility, the optimum size of such a facility and the location of the facility. The design of the facility is important as the needs of the patients, the care staff, medical facilities, dining facilities and daily activities would need to be considered.

The Baby Boomer generation of the United States now beginning to reach age of 65 years old is around 78 million. This information identified that the number of births increased during the years 1946-1964. The percentage of the population 65 years old and over has more than tripled from 4.1 percent in 1900 to 12.4 percent in 2000. This elderly segment of society have reach retirement age and may at some stage require care for the natural infirmities that old age bring.

This fast growing section of elderly will in time increase the demand for Care Home thereby opening an opportunity for investors to establish Care Home facility in Thailand to compete with those in other countries. The objectives of this research is not only to point out the investment opportunities to potential investors but also to help them understand and match the needs and expectations of the potential customers who might wish to live in a Care Home in Thailand

As in this research most of the respondents come from the UK and Australia which have higher basic salaries than Thailand, therefore they presumed that retirement in Thailand is cheaper than in their country or other countries. Moreover, because of improved medical treatment more people are reaching retirement age so logically there are more retirees each year and this is happening worldwide. With people living longer worldwide it follows that more people will be requiring care in their old age, therefore the demand of customer for Care Home will be increasing globally as well as in Thailand. This research

result supports the premise that potential demand of the customer for Care Homes is increasing. In order to support demand of the customer for Care Home, Care Home manager will need to be concerned about the expectations of the customer who will live in Care Home, and understand their elderly peccadilloes.

This result of the research supported by Costanza (2008) who explained that if the number of retired people is increasing then the demand for care home may also increase as outsource for other countries. This research also indicated that the demand of Care Home in Thailand is increasing because the number of retired people who want to retire to Thailand is increasing. Moreover previous research of Silvers (1997) explained that the number of retired people is increasing daily based on improved medical quality that makes them longer, therefore the demand for Care Homes would increase also. Turner (2007) also stated that not only the quantity of Care Homes increase but also the need to meet the concerns on the expectations of elderly customers of Care homes.

*5.2.2 Objective 2: To investigate the expectations and general needs of elderly potential customers of Care Home in Thailand.*

The respondents focused on three factors which were firstly to have professional care givers to take a good care of customers while they live in the Care Home. Secondly is the attitude of the care givers, who should have a desire to take a good care of the people under their care. That is to say their attitude should be to wish to give care rather than just to earn a salary. Lastly is that the food should not only be healthy but sufficient, enjoyable and tasty. Too often food in Hospitals can be miserable and any care home catering to paying customers must understand that they must appear more like a hotel rather than a hospital with the food provision. Other factors were ranked as follows: Thailand is suitable place to have Care Home because Thailand is a country which has a good climate which is not too cold nor too hot, with no extremes and no weather problems like tornadoes or typhoons. Care Homes should provide customers with regular health checks in order to identify possible problems at an early stage and to address them before they get serious thereby ensuring better health for the patient and a longer more comfortable life. Care Home need to be able to offer services that meets the customer's elderly lifestyle as that would be what they expect. Thailand would be a suitable place to spend one's retirement according to the

climate and low cost of living when compared to other countries. Promotion is also expected by customer in order to motivate customer to make easier decision to live long in Thailand. Moreover the Thai culture and reputation is to care for the sick and elderly which is what the customer is looking for. It should be possible to introduce Thai culture to the customers of the Care Homes as the understanding of it would greatly enhance their stay in Thailand. Customers will mostly wish to keep in close touch with their loved ones and in this day and age it is an easy thing to do. The family could easily visit Thailand on their annual holidays to catch up with the customer, and thanks to the internet, the family can easily keep in contact with the customer through email, Skype chat and even video chat. As the internet continues to improve and get faster more and more it will facilitate international communication as well as provide live entertainment and other improvements which we can only speculate at this stage of its development. The customer will also be concerned with the price of his stay, treatment and care as mentioned earlier and cheaper prices will enable more people to come to stay at a Thai Care Home. A Care Home industry also needs to promote via variety of media such as Television, Magazine and other media in order to deliver the information to customers in other countries. Apart from that Thai Government to Overseas Government promotion of the industry could be very important as many overseas countries' governments are responsible for caring for their aged citizens so Overseas Government could well be seeking to outsource this care if it can be done reasonably and cheaply.

Care Home also needs to provide health-enhancing activities in order to help the customer have good health and to live longer. Activities such a gym-work, walking, running and yoga would all provide healthy activity and matching this with the right medical requirements and healthy food should be encouraged. But this should not be obligatory requirements, those customers who choose to be sedentary and to eat unhealthy foods should be permitted to do so. It must be remembered that not all elderly wish to lead a healthy lifestyle but certainly those who wish to, should be encouraged. Depending on the care required it would be nice if every customer could have a dedicated nurse or assistant. Each background of customer also have different expectation for room standard, therefore Care Home in Thailand also need to have different type of room for elderly customer. Moreover

each room also needs to be a suitable size for customer comfort. For instance some doors and toilets should be wide enough to permit wheelchairs and the common areas should be wheelchair friendly. Naturally if a customer is bedridden, he basically could use a small room. If he is still mobile then he may like a table and kitchen in his room to allow him to prepare his own snacks and meals and furthermore if he wants he should have a computer/television set up in his room. It is expected that he may have to spend the rest of his life using the room so it should not only be homely but also functional and comfortable.

The result of this research Hobbs (1996) this research supports that food supplement is an important priority. Moreover based on previous research study of Bland (2005) support that elder people expect care home to provide professional staff and those staff must able to support elder people in care home. Elder people strongly believe that food supplement are required in order to support elder's health, and that the professional of the staff is necessary to take care elder people. Twigg (2000) explains that service attitude is important to the quality and reputation of the care home and as such is an important factor for any potential customer. However each different demography might have different expectations on Care Home (Hobbs, 1996).

#### **Overall expectation of potential customer over the Care Home in Thailand**

In the overall view to establish Care Home in Thailand should develop from the strongly agree the Neutral level as follows:

The highest strongly agree level was "Staff of Care Home should serve professionally" because it would be the staff who are required to take care of the customer while they live in Care Home in Thailand. Therefore each staff needs to be trained and regularly tested in order to control and maintain the quality of service and also create customer satisfaction. Next was "Staff of Care Home should be service-minded" because not only the skill and professionalism are required but each staff member should be aware that they are working in a service industry and should realize that the success of the Care Home depends on providing good service. The last strongly agree was "Care Home should provide food supplement" food supplement was very important for the elderly people because their diets might not provide all the vitamins and ingredients required for a healthy body. As such food supplements would help provide those ingredients and vitamins they would otherwise not receive.

A successful Care Home supposed to support customer with their heart by training staff and recruit only the person that really want to do this job in order to take care elderly people. Care Home also supposed to take care health of elder people base on two main activities which are food supplement and excursive activity in order to support their health for stay long with good health.

*5.2.3 Objective 3: To determine the effect of demographic characteristics (Gender, Age, Marital status, Education level, income) on customer expectations and needs of Care Home in Thailand*

The factors affecting the customer expectation need of Care Home in Thailand depended on Demographic characteristics Gender is significantly affect on customer expectation in term of culture in the resident, health-enhancing activities, offer discount, and providing different room class, Age range is not significantly affect on customer expectations. Marital status is significantly affect on customer expectation in term of care for the sick and elderly, enough private space, assist contacts with family in other country, and one staff per resident. Education level is significantly affect on customer expectation in term of Care Home would match with my lifestyle, and should provide health-enhancing activities. Income range is not significantly affect on customer expectation. This research result was supported by Hobbs, (1996) which support that expectation over care home was impacted by characteristic of elder people who is customer in Care home. Moreover, Feinberg, (1993) support that people with different level of income can impact on expectation in Care Home, ASHA, (1990) support in term of age also impact the expectation too. Base on this analysis the result of the study shown that each customer demographic profile can affect the expectation because each person have different experience since they was born until retire therefore the expectation of each person will differently base on their experience or background. Therefore if Care home in Thailand would like to take care elder customer, they need to know the expectation and respond differently base on each customer background.

### **The difference of expectation between male and female respondents**

There were three difference factors between the expectation between male and female respondents. Firstly the standard and quality of the rooms as males have higher expectations than females because the males think that they would like something more special in the end period of their lives which is different from the females who that would like everyone to be equal and to stay in the same format rooms. This means that any care home in Thailand should carefully consider the type of rooms to be prepared when they decide which particular demographic group that they wish to target as future customers. For instance female respondents seemed keen to learn about Thai culture. This is because females would like to absorb Thai culture that provide particular and identity of lifestyle in big family instead of nucleus family as in European cultures. Male did not show much interest in Thai culture. Secondly females felt that Care Homes should provide health-enhancing activities. In this factor, female hoped that such activities would help them meet other and bond with other people. In other words females were less inclined to be alone and indicated a desire for group activity. Men however seemed more interested in smaller closer knit group of friends and showed less inclination towards large group activities.

The last difference was Care Home should offer discounts for long-term contracts. This would be normal in so far as hotels also offer discounts for resident guests and it would be thought that most guests of care homes would be long term. Costs would naturally include air fares to and from the country of origin so anyone staying for a short term would find the costs average out higher than for someone staying two years or more.

The strategy of Care Home to support both male and female supposed to separate the section between male and female in order to support their different expectations. As mentioned above males and females have different needs and these perhaps should be catered to by separating them. However many would I'm sure choose to have the option of commingling with the other sex if only for platonic reasons.

### **The difference of expectation between marital statuses**

Over the marital status there had 4 factors that each group had the difference level of expectation over Care Home in Thailand. Though many respondents were married it is reasonably unlikely that they would end up together as a couple in a care home. The respondents



were all reasonably old but healthy. It might be many years before they would require care and certainly any married couple would be unlikely to have their physical and/or mental health deteriorate at the same time. Furthermore women tend to outlive men by many years. Usually one or the other would find they need care first and the other would provide it. Because people who live alone would understand how their couple was dead therefore they would try to stay as long as they could in Care Home with professional doctor to check the status of body. Next was Care Home should offer enough private space. Married people would expect private space because they still about to live together in Care Home. Then Divorced had higher than Married over the Care Home should assist contacts with family in other country. Because they might think that they so lonely in Care Home the easiest way were communication from one side of the earth to the other side. The method to offer this service was internet with an effective cost to Care Home. The last expectation Widow had higher than Married over the Care Home should provide one staff per resident. Because widow got loss their couple therefore the feeling of loneliness would higher than other therefore close contact between staff and customer who lost their spouse. Care Home need to adding personal staff for special class who need close up check for security and develop the feeling lonely to come back of the real world.

Care Home can focus and grouping into two groups which is married, Divorced and Widow group together. For Divorced and Widow Care Home need to concern on contacting their family while they live in Care Home via Skype is also a good communication media with effective cost. For Married group, Care Home needs to provide health checking for more frequently base on their expectation in order to live with their love as long as possible.

### **The difference of customer expectation of Care Homes in Thailand between Occupations**

In this research topic, the researcher decided to measure of occupation between retired respondent, full time and part time respondent. The result shows that retire customer expect Care Home in Thailand would match with my lifestyle higher than Part time and Full time job respondents. Because retired customer would think that the last places of life should be perfect place that match with their lifestyle. Next was Retired respondent also expecting Care Home should provide health-enhancing activities (yoga, exercises, etc.) higher than Part time and Full time job respondents, because they was free to do activity to reduce boring feeling when they free

too much. Care Home in Thailand should understand this factor between occupations by set the activity that match with customer life style instead of doing all things to all people.

Care Home in Thailand needs to focus on taking care over Retirement customer because this group expects to use Care Home as the last place for their life. For Part-time and Full-time customer would expect to use Care Home for long stay only, not for staying as last place for their life. The activity that retirement expect are yoga, and exercise in order to support their health.

### **5.3 Recommendations**

The results of this research topic show that potential customer with difference demographic will have a difference level of customer expectation when staying in Care Home in Thailand. Therefore the research would recommend, based on the difference level of expectation of Care Home in Thailand that any development that might should attempt to match the potential customer who would come to Care Home after the Care Home was opened in Thailand.

The majority of these respondents who can be classified as target potential customer of Care Home in Thailand was male, age between 56-65 years old, and could be either married or divorced. The nationality of this potential customer group was from the United Kingdom and Australia, with income per month of more than 5,000 USD. Moreover the general information of the respondent shows that they would like to retire overseas with financial support from medical insurance and/or family support. They will be relying on insurance and family to pay their care homes fees should the need arise and in that case value for money will become a main issue.

Base on one respondent's comment that the care home service mind is one of the most important therefore, if anyone would like to develop care home in the society especially for sick people, they supposed to have service mind and really want to take care elder people in care home. Retired people who require care will become the main target customer, therefore if care home would like to promote themselves they should have a booth at domestic and international exhibitions or events to provide information and attract them to see and trail the service in care home. Basically what he is saying is that Care Home staff should actually have the desire to care for the elderly and not just treat the job as way of earning a living. They should have a calling and this attitude should be promoted in their advertising through events and exhibitions. Moreover they also think that care home is an interesting business which can encourage the economic trend

in the rural area because if retirement people need to live in this area therefore their pension or saving will be used in this area. So the economics of rural area which provide care home will be improved. But in order to increase level of economic in particular area that care home is located. This is an interesting concept which should be considered. Actually if most of the customers are foreigners, then there would be certain advantages to have it near an international airport. Naturally closeness to a hospital would also be an advantage. Again locating it upcountry would also make the location cheaper and would provide employment for local citizens. These respondents have noted the benefits of locating in an economically depressed area to bring economic growth to such areas but conversely they also state that a sea view, river or lake view location would also be nice. Finally one must take into consideration family visitors from overseas. They would clearly like to enjoy being near holiday destinations but would like to be able to conveniently visit their relative in the care home.

The development of Care Home in Thailand was concluded and recommended base on the difference level of respondent agreement by focus on the majority of the potential customers who expressed a willingness to live in Care Home in Thailand. Then Care Home in Thailand needs to offer the facility and standard of service base on general need and special on each customer required. The service may need to have a list in order to let each customer to select the program or option that they wish to get. The example that Care Home supposed to offer special such as:

- Room class (private room, semi private room, or share room)
- Food supplements
- Activities (exercise, yoga, therapy, spa)
- Special skill of staff to take care
- Health programs or some may need physical therapy

The demand of customer also expected base on different demographic therefore the higher standard quality of service would lead to higher price for Care Home. However unless the customer was paying for his own care home accommodation than it is unlikely a luxury care home would be the first choice and much will depend on his insurance policy or the wealth and generosity of his family.

More recommendations about how the government should support in term of coordination between government law or regulation such as long stay visa, also include immigration term also promote the industry through various media. Moreover, Tourism Authority of Thailand should support in term of long term promoted Thailand as a Care Homes hospitality via variety kinds of media such as internet website, television, publishing and other channels. Also keep contact and profiles of elderly customer who will be the potential customer may contact TAT to confirm in term of trust from TAT instead of Care Home directly. One's first thought would be to use the offices of the Tourist Authority of Thailand as the concept would very much be long term visitors to Thailand constantly bring in foreign exchange to pay for the facilities. With regard to actually promoting the Home Care industry of Thailand the is the option to promote through events and exhibitions in both local and international countries. In the local exhibitions Thailand needs to promote in term of capacity and readiness of Care Home in Thailand in order to support trust in customer mind. Government also needs to promote in term of culture of Thai people which can support customer's health while they live in Thailand. Government support is significantly required because the promotion to the outside of Thailand by government will be effectively more than if privately done. Government support is imperative for this business to develop for a number of reasons. There may be significant foreign investment, which will require Board of Investment approval and the immigration visa rules would have to be changed to allow old foreigners with poor health to stay for long periods many of which might have no source of income or private wealth, as their upkeep will be paid by their governments, or their insurance or maybe their families.

For any insurance company, their reputation will rely on their ability to give better care if possible within whatever budget that the insurance company is liable for. Clearly if they can give more options and choices on how the insured can be cared for then the better their reputation. Furthermore, if their policy contract is to provide a certain quality of care then they may well be interested in placing their customer in Thailand if Thailand can provide the cheapest option. Then it would be the insurance companies themselves who will try to persuade their customer to opt for a care home in Thailand rather than the more expensive option of locating the customer in a care home in the home country.

For the investor who is interested to invest in the care industry or Care Home business, they need to be aware of what the customer expects especially top three ranks of customer concern. The customer will want professional care, and to know that he will be properly treated and cared for in times of emergency. Secondly the customer does not want to be treated as an object, merely professionally, as he would like to know that the carer actually has a desire and a calling to care for people. Lastly the care should extend to the food and quality and taste of the food. Though in many cases the customer will want to eat healthy food in many cases the customer would want to eat tasty food of his own choice. The care home should therefore serve a selection of food similar to a hotel and not food as served in a hospital which has a bad reputation. It must be remembered that this is long term care and the customer may in all likelihood be there for the rest of his life. He may well prefer to enjoy his last days rather than spend them on healthy diets.

In this research result also shows that there was two expectations in the moderate level, moderate did not mean not important therefore the researcher would give recommend from these two also.

1. Home should provide different room classes (Suit, Deluxe room, etc.); Some elderly might request difference room classes therefore Care Home should offer this service as an optional

2. Care Home should offer enough private space; this expectation was on neutral level might because the elderly person expects friend and family more than lonely in the private space.

All of this significant result clearly shows the customer expectations need over care home in Thailand were different following by population characteristics by gender, age, marital status, occupation, education and monthly income.

#### **5.4 Limitations and suggestion for further study**

This research can separate the limitation into 3 main points.

The first limitation is size of sample which is acceptable even it is the minimum rate of the sample size, the result of this study may not generalized because the most of respondent were from UK nationality so biases could be occurred. But according to the number of

respondents from each place of the research can lead to different expectation or demand and else which can lead to different results of the research study. So, the next research focuses on the same size of the general nationality of respondents will increase more variable result. Due to the sampling method, the results of this study are only a reflection of those respondents who participated in this survey. The representativeness and generalized ability of finding are to the target population because this research will interpret for the whole population who would like to use Care Home in Thailand from retired foreigner all around the world.

Next is the place of Care Home that this research has focus was only in the Chiangmai, Phuket and Samui Island which maybe too specific area in Thailand, therefore this research may not appropriate to interpret for other location, such as Bangkok and Isan region.

Lastly because Thailand has no Care Homes for foreigners we have not been able to ask foreign residents of Care Homes for their opinions and those might have been the most valuable opinions of all.

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## **Appendix**

**Appendix A:**

## Questionnaire

**QUESTIONNAIRE****An Examination into the Potential demand for Care Homes in Thailand**

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This research of “An examination into the potential demand for care homes in Thailand” is on behalf of Master degree in Faculty of Hospitality and Tourism Management, Prince of Songkla University (International Program). The objective of this study is an examination into the potential expectation demand of potential customer over care home in Thailand. The result of study will be useful for investor who interesting to invest a kind of care home business in Thailand will understand what are the potential customer needs.

Thank you very much in advance for your kindness participation.

Ms. Arunrat Sutthara,  
MBA student in hospitality and Tourism Management  
Faculty of Hospitality and Toritsm Management  
Prince of Songkla University, Phuket Campus





### **An Examination into the Potential demand for Care Homes in Thailand**

Dear All,

This questionnaire is a part of the above project and aims to collect data for a Graduate Thesis of Master of Business Administration in Hospitality and Tourism Management, Faculty of Service Industries, Prince of Songkla University, Phuket Campus, (International Program). The data will be kept confidential used exclusively for educational purposes. Please answer all the following questions by marking X in the boxes. We would like to say thank you in advance for your kind cooperation.

**Please put X in the box for your answer.**

#### **Part 1 Demographic Information**

1. Gender  Male  Female
  
2. Age  55-60  61-65  66-70  
 71-75  76-80  81++
  
3. Marital Status  Single  Married  
 Divorced  Widowed
  
4. Country of Residence.....
  
5. Occupation  Retired  Part time job  Full time job
  
6. Educational Level  High School or less  Diploma  Bachelor Degree  
 Master Degree  Doctorate

7. Monthly income

<input type="checkbox"/> Less than 2,000 USD	<input type="checkbox"/> 2,001-3,000 USD	<input type="checkbox"/> 3,001-4,000 USD
<input type="checkbox"/> 4,001-5,000 USD	<input type="checkbox"/> 5,001-6,000 USD	<input type="checkbox"/> More than 6,000 USD

**Part2: General information**

1. At what age do you intend to retire, or what age did you retire?

<input type="checkbox"/> Less than 56 years old	<input type="checkbox"/> 56-60 years old
<input type="checkbox"/> 61-65 years old	<input type="checkbox"/> More than 65 years old

2. Where do you intend to live after retirement?

a) In your country :

<input type="checkbox"/> In my own home	<input type="checkbox"/> Move in with children/family
<input type="checkbox"/> Live in a retirement home	<input type="checkbox"/> Retire to a Care Home in my own country

b) Aboard :

Retire and move overseas /where? Please specify.....

3. If you required medical aid/ support in your retirement, would you rely on:

<input type="checkbox"/> My Pension	<input type="checkbox"/> My Family support	<input type="checkbox"/> Medical Insurance
<input type="checkbox"/> My Savings	<input type="checkbox"/> Government Services	<input type="checkbox"/> other (please specify)...

4. If you decide to live abroad what is the factor that you will be use to selecting that country?	Very	Importa	Neutral	Not very	Not at
	5	4	3	2	1
Cost of living					
Medical facility					
Culture					
Political situation					
Service mind					
Economic situation					
Distance from your country/family					
Environment					
Language					

5. If you decided to retire in a Care Home in Thailand how important are the following factors?	Very	Importa	Neutral	Not very	Not at
The requirements of Care Home factors in Thailand	5	4	3	2	1
Nurses and Doctors available					
Medical facilities					
Emergency facilities					
Friends and Society					
Good environment					
Location of Care Home					
Activities available (massage, spa, health checks, etc.,)					
Healthy and suitable meal					
Entertainment facility available in the resident					

6. If you decide to spend your life with Care Home in Thailand, which part of Thailand you will prefer to live?

- North of Thailand       Northeast of Thailand       Central Thailand  
 South of Thailand      More specify.....

And which type of location do you prefer?

- \_\_\_\_\_ Downtown      \_\_\_\_\_ Riverside or lake view  
 \_\_\_\_\_ Mountain view      \_\_\_\_\_ Countryside  
 \_\_\_\_\_ Seaside      \_\_\_\_\_ other.....

7. How much would you be willing to pay for a Care Home in Thailand on a monthly basis?

- Less than 1,000 USD       1,001-1,500 USD       1,501-2,000 USD  
 2,001-2,500 USD       2,501-3,000 USD       More than 3,001 USD

<b><u>Part3: the customer expectation over Care Home in Thailand</u></b>	<b>Strongly</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly</b>
To what degree do you agree with the following statements?					
<b>Customer expectation</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Thailand would be a suitable place to spend my retirement					
Culture of Thailand is to care for the sick and elderly					
Thailand is suitable place to have Care Home					
Care Home in Thailand would match with my lifestyle					
Care Home in Thailand would be cheaper than one in my country					
Care Home should provide special medical care					
Care Home should provide culture of Thailand to the resident					
Care Home should provide food supplement					
Care Home should offer enough private space					
Care Home should assist contacts with family in other country					
Staff of Care Home should serve professionally					
Care Home should provide one staff per resident					
Staff of Care Home should be service-minded					
Care Home should offer regular health checks					
Care Home should provide health-enhancing activities (yoga, exercises, etc.)					
Care Home should offer discounts for long-term contracts					
Care Home should provide difference room classes (Suit, Deluxe room, etc.)					
Care Home should promote themselves via variety media such as television, local newspaper, radio, internet, and etc in a variety of countries					

Any related comments?

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## VITAE

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Sutthara, Arunrat and Ilian Assenov (2012) An examination into the potential demand for care home in Thailand. The 8<sup>th</sup> APacCHRIE Forum for Graduate Student Research in Tourism. August 12-14, 2010, Phuket, Thailand. P.118-128