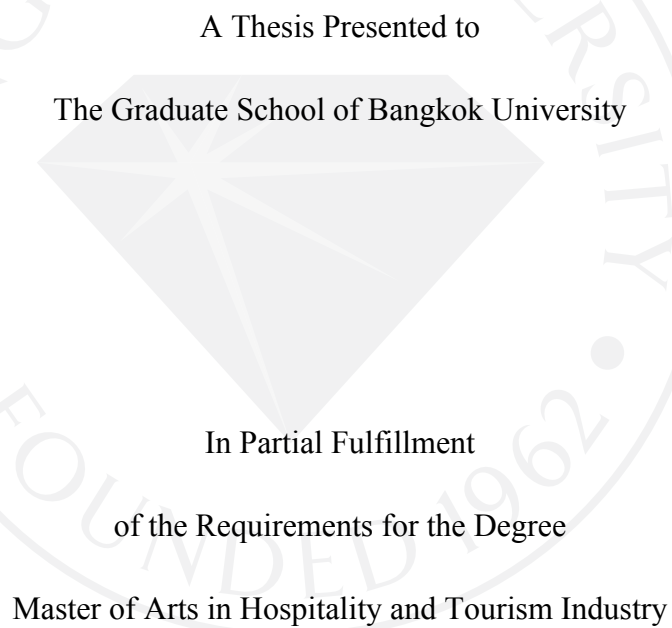DETERMINANT FACTORS AFFECTING DECISION MAKING OF CHINESE

MEDICAL TOURISTS CHOOSING HOSPITALS IN THAILAND

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MEDICAL TOURISTS CHOOSING HOSPITALS IN THAILAND

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Jiaoyang Liu

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อนุมัติให้วิทยานิพนธ์นี้เป็นส่วนหนึ่งของการศึกษาตามหลักสูตร

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เรื่อง   Determinant factors affecting decision making of Chinese medical tourists on destination choice in Thailand

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ABSTRACT

This study aimed to explore the determinant factors affecting decision making of Chinese medical tourists on choosing Thai hospitals. Questionnaires were used to collect data from 400 convenient samples of Chinese medical tourists using services provided by major international hospitals in Bangkok. A stepwise multiple regression was employed to analyze the data. The results showed that there were four variables affecting decision making process of Chinese medical tourists on choosing Thai hospitals; namely, perceived risk, promotion, cost and reputation.

Keywords: Chinese Medical Tourist, Decision Making, Destination Choice

Approved: _____

Signature of Advisor

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CHAPTER 1

INTRODUCTION

In this chapter of study, the researcher explains the background related to subject of the research study which is to determine factors affecting decision making of Chinese medical tourists choosing hospital in Thailand. Moreover, this chapter consists of background, statement of the problems, intention and reason for study, research objectives, scope of study, significant of research, limitations of research.

1.1 Rationale and Problem Statement

For many years and centuries ago, tourism has attracted widespread attention in human society. Due to the needs of the ecological society, the tourism industry has sustained vitality. At present, tourism is one of the largest service industries in the world. Tourism, as a source of income and entrepreneurship at the national level, which can serve as a strategy for economic development. Today, tourism has received considerable consideration in the socio-economic development of what economists call "intangible exports". As a fast-growing industry with economic potential as its main development goal, national governments are increasingly promoting medical tourism as an economic development strategy (Ormond, 2013; Connell, 2013).

In recent decades, the global mobility of transnational patients has changed the demand and supply patterns of medical services. Medical tourism occurs when a person crosses the border and seeks medical care in their usual environment. When "medical

visitors" use medical services, it is called "medical travel" and other activities are called "medical travel" (Jagyasi, 2008). The term "medical tourism" or "healthy tourism" is not new in the healthcare industry because rising medical procedures and increased waiting times have forced many people to fly overseas for treatment.

Medical tourism is a new type of ecotourism market that is developing rapidly in recent years. The term "medical tourism" refers to visitors who have access to medical services and facilities such as medicine, dentistry, surgery etc and have the opportunity to combine them with visitors to domestic attractions. Medical tourists come mainly from the industrialized countries of the world, especially from Europe, the United Kingdom, the Middle East, Japan, the United States and Canada. And they are very expensive and will wait for treatment for a long time.

In recent years, Thailand has become one of the leaders in the industry. Data collected from 30 private hospitals by the Department of Commerce Export Promotion Bureau show that more and more international patients are coming to private hospitals in Thailand for treatment (Methawee and Bob, 2013) . Thailand has many competitive advantages. It is already a famous tourist destination. It is one of the first countries to enter the medical tourism market. It is known for its unique service culture and the famous Thai hospitality industry. It is also a reasonable price. Provide quality service to qualified employees. According to the Ministry of Public Health guidelines and regulations, Thai hospitals that have passed the standards and standards developed by Thailand and International Hospitals (International Joint Committee or JCI) and ISO and Hazard and Critical Control Points (HACCP) certification and approval There is also.)

Thailand pointed out that people in developed countries are increasingly looking for ambulatory care because of high medical costs and long waiting times (Awadzi and Panda, 2005). As a result, many developing countries, including Thailand, are aware of this market potential and are taking advantage of advances in medical services and their inherent cost advantages in developed countries. Therefore, Thailand regarded itself as a center of medical tourism in Asia and officially included this wish on the domestic agenda (Office of Economy and Social Development Committee, 2006). In this regard, government agencies are increasingly working with private healthcare providers to promote the country's development in the international healthcare tourism market.

Cosmetic surgery is the most popular treatment for foreign patients in Thailand (Methawee and Bob, 2013). In addition, some medical institutions in Thailand offer additional medical treatments (such as gender redistribution) that may not be available elsewhere in the region. Thailand also offers facilities such as a comprehensive wellness center, Thai massage, spa, wellness activities and rehab activities. Thailand Hospital is one of the first internationally recognized hospitals in Asia. So far, 37 hospitals in Thailand have been accredited by the Joint Thai International Joint Committee (JCI), most of which are in Bangkok. Thailand's medical tourists appreciate the quality service experience in Thailand, but most people encounter language barriers while staying in Thailand. To solve this problem, Thai hospitals employ multilingual staff (English, Arabic, Japanese, Chinese, etc.). Thai doctors are trained in the West and certified training, mainly in the United States and the United Kingdom. As with any other destination, qualified foreign medical professionals can practice in Thailand, but must

pass the Thai exam. This stringent requirement makes it difficult for foreign healthcare professionals to obtain permission from relevant departments such as the Thai Medical Council and other technical committees. Historically, medical tourism in Thailand has been greatly promoted by independent high-level private hospitals such as the Bumlingrad International Hospital, the Bangkok Hospital and the Samitivi Hospital. The Tourism Authority of Thailand (TAT) is also actively promoting the development of healthcare services in Thailand through e-marketing and media campaigns. A familiar journey with international media and potential buyers. However, recent political instability has hampered many advocacy efforts.

Mainland China is increasingly receiving medical tourism. Medical tourism products such as Korean orthopedic surgery, Swiss sheep placenta extract injection anti-aging, and Japanese cancer screening have become the main promotional tourism projects for some overseas travel companies. In order to attract more Chinese tourists to Thailand's medical tourism industry, Thailand has implemented a visa-free policy for Chinese residents. In 2017, the number of medical tourists increased five times the previous year, and the average price of medical travel packages exceeded 50,000 yuan per person (www.ctrip.com).

Thailand is a high quality and reliable medical travel destination (Monica, Yu Feng, Koichi, Vijak, 2006). More than one million medical visitors visit Thailand every year because of its excellent medical quality. Thailand needs to improve its medical marketing to address increasingly competitive issues (Methawee and Bob, 2013). Therefore, this

study seeks to identify the factors that influence the choice of Chinese medical tourists in the decision making of tourist destination choice in Thailand.

1.2 Objectives of Study

This paper intends to investigate the role of tourism and travel discourses in shaping the decision-making of medical tourists. In particular, this analysis examines the factors that impact on Chinese tourists to choose Thailand as their medical destination to this practice during their decision-making.

Two sub-objectives are presented in this research:

1.2.1 To explore mainland Chinese tourists' perception of medical tourism in Thailand

1.2.2 To explore the requirements and motivation of current and potential mainland Chinese medical tourists in Thailand

1.3 Intention and Reason for Study

Thailand is a major destination for medical tourism in Asia. Thailand's medical tourism is booming and other countries are on the list. Since the beginning of 2000, the number of medical tourists to Thailand has steadily increased, making the country the number one in the global medical tourism market. Chinese tourists are becoming increasingly popular in Thailand. People can pray at temples in Chiang Mai, relax on the beaches of Phuket or shop at the market in Bangkok. The development of tourism in China and Thailand will certainly grow in the future, especially this year. Therefore, it is

very important to study the factors that influence the selection of Chinese medical tourists in the selection of tourist destinations in Thailand.

There is much research in Thailand about the motivations and perceptions of Chinese tourists. Many of them are Thai ordinary medical tourists and most are tourists from the western countries, but in recent years the number of Chinese tourists has increased to Thailand. China's medical tourism research focuses on how to develop the image of China's medical tourism destination, taking other famous medical tourism destination countries as an example. In Korea and Taiwan, there are also some studies on the motivations of medical tourists on the mainland. The study fills the gaps and specific needs of potential medical tourists in mainland China by studying the intention of mainland Chinese tourists to conduct medical tourism in Thailand. Based on Thailand's tourism experience, this study explores the intentions of Chinese tourists visiting Thailand. In this study, medical tourism was defined as a combination of expansive medical services and holidays to achieve higher quality, better service and affordable healthcare.

1.4 Scope of Study

The scope of study is primarily focused on Chinese medical tourists, who travel outside of China to receive medical treatments in Thailand hospitals and also travel in Thailand. The 400 questionnaires were distributed to Chinese patients who came for medical treatment in Bumrungrad International Hospital, Bangkok Hospital, Samitivej Hospital, each hospital got 133 questionnaires within the duration of twenty days. The

sample population selected in this research was those which is readily available and convenient. The researcher focused on determining the factors of medical quality, reputation, language, cost, familiarity, perceived risk, destination image, promotion, which then effected on decision making of Chinese medical tourists choosing hospital in Thailand.

1.5 Significance of Research

　　This study will help hospital owners and managers better understand the factors that influence the choice of Thai destinations for Chinese medical tourists. And this study can assist the Thai hospital marketing department to develop correct or appropriate marketing decisions and strategies. Through the perceived value of the hospital, finding an effective way to attract medical tourists has certain reference significance for the hospital. It also helps to increase the value of Thai hospitals. Other non-leading hospitals can also benefit from this research, in which they can obtain information on all aspects that may need improvement in order to better serve Chinese medical travelers. In addition, the study will benefit the Tourism Authority of Thailand (TAT), which will provide detailed information on the core determinants of international patients seeking medical care in selecting Thai hospitals as their primary medical destination. Medical tourism is largely a consumption-driven trend. To survive and thrive, the healthcare industry must keep up with the needs of consumers.

1.6 Limitations of Research

To study the topic of "Determinants affecting the decision making of medical tourists in China choosing a hospital in Thailand", understand the limitations of independent variables that may have a positive or negative effect on the dependent variables. In order to keep the study within the scope of a specific study structure, this study will limit the questionnaire by distributing it only to the three most famous hospitals in Bangkok, Thailand. Medical quality, reputation, language, cost, familiarity, perception risk, destination image, propaganda, and eight independent variables included in this study. There may often be decisive factors that influence the decision making of medical tourists in China.

CHAPTER 2

LITERATURE REVIEW

Chapter two is literature review and the topic "Determinant factors affecting decision making of Chinese medical tourists choosing hospital in Thailand" will be mainly introduced. Chapter one showed the background of medical tourist market and stated the problems of this topic and also discussed significance of research. The researchers conducted a literature review of relevant issues, including theory and previous studies, to characterize the variables of the study and to study the relationships between the variables. Regarding this issue, the content of the questionnaire, research hypotheses and conceptual frameworks were all generated from this review.

2.1 Concept and Theories of Medical Tourism

From a destination point of view, medical tourism can be defined as providing offshore medical services using a relative cost advantage in combination with other traditional tourism products (Awadzi and Panda, 2005 Percivil and Bridges, 2006). Countries that choose to participate in such medical tourism have publicly advertised their healthcare services and facilities (Marlowe and Sullivan, 2007).

From the tourist point of view, medical tourism is intended to receive compulsory or selective medical services in countries other than the country of residence (Connell, 2006, Jones and Keith, 2006, Percivil and Bridges, 2006). The term "selective treatment" refers to treatment that is not required in the plan, but in either case, medical travelers are

required to go abroad because the necessary treatment is not available, illegal, not expensive, or related to non-emergency situations. Choose to receive treatment at. Domestically acceptable waiting time (Jones and Keith, 2006, Strategic and Marketing Magazine, 2007).

At that time, people went to various spas, spas and rivers for treatment (Goodrich, 1994). Services (Awadzi and Panda, 2005) However, as more and more developed countries go to developing countries for treatment, the current trend is the opposite.

Many developing countries, including Thailand, now view medical tourism as a favorable market and are trying to attract medical tourists from around the world (Connell, 2006, Chinai and Goswami, 2007, Chow, 2009). Thailand and India are growing at double-digit rates each year (Connell, 2006), and Thailand is using high standards of medical services to promote medical tourism. In order to implement direct market penetration policy: in coordination with source authorities, government authorities and insurance companies, Thailand is trying to increase the possibility that the country will be selected as a priority destination for medical tourists.

2.2 Concept and Theories of Decision Making

Decision-making is considered as a cognitive process in which a belief or course of action is selected from various possibilities. Each decision process makes the final choice and it does not know if it will lead to action. Decision making is the process of identifying and selecting choices based on the values, preferences, and beliefs of the decision maker. Decisions can be viewed as problem-solving activities and can end the

best or at least satisfactory solutions. Therefore, this is a more or less rational or irrational process, and can be based on explicit or implicit knowledge and beliefs.

The consumer's decision-making process involves five steps that the consumer goes through before making an actual purchase. At these stages, consumers identify needs, gather information, evaluate options, and make purchases. Consumers evaluate satisfaction after the actual purchase is a post-purchase action (Kahneman and Tversky, 2000). Triantaphyllou, Evangelos (2000), suggests that consumers can skip several stages in daily shopping. However, if the consumer is faced with a new and complex purchase, they must use all five phases shown in Figure 2.1 to complete the purchase process.

Need Recognition & Problem Awareness

↓

Information Search

↓

Evaluation of Alternative

↓

Purchase

↓

Post-Purchase Evalution
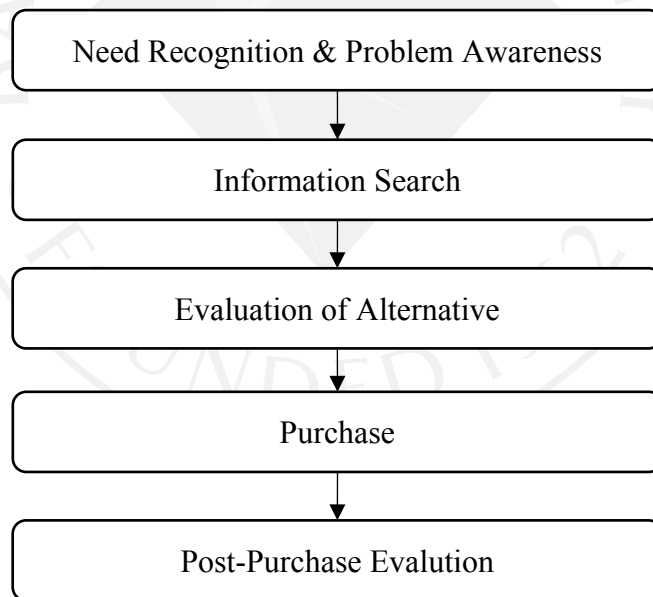
Figure 2.1 A buyer's decision-making process

Source: Riley, M. A., and Holden, J. G. (2012). Dynamics of cognition. *Cogn. Sci, 3,*
     593–606. doi: 10.1002/wcs.1200

The decision process starts with an understanding of the requirements. There are several types of demand identification classification. One type is to recognize the need or problem that the buyer may be caused by internal or external stimuli. Internal stimuli are basic human needs, such as hunger making the stomach unhappy and enabling consumers to buy hamburgers. External stimuli such as advertisements that can consider buying a new computer (Triantaphyllou and Evangelos, 2000). At this stage, consumers often see a big difference between their current state and their desired state. Although the requirements identification process can occur naturally, marketers can usually configure it to do so. Marketers, regardless of which brand they choose, generate demand and encourage consumers to use the product. Marketers try to persuade consumers to choose their own brand rather than other brands (George, 2000). The other classification types that need to be identified are:

1. Functional requirements: Requirements are related to functional issues. Consumers buy a washing machine to avoid washing their clothes by hand.

2. Social Needs: When consumers want a social recognition or desire to belong. Consumers can buy luxury items in front of others to make them look beautiful. The need for change: Consumers feel the need for change. This may result in purchasing new clothes or furniture to change the current look.

In the second phase of the decision making process, consumers participate in information retrieval. Consumers can choose a product without information, and they may need to search the information carefully to determine all options (Monahan and George, 2000). Consumers can obtain information from multiple sources by speaking

with friends and family, reading magazines, or searching or processing products using the Internet. The amount of search depends mainly on your drive, the information you get, and the degree of satisfaction you get from your search. Today, consumers are getting a lot of information from commercial channels managed by marketers. The most effective sources of information are usually individuals such as family and friends. Consumers can access information and raise awareness of available brands. This information will help the consumer give up some brands when finally choosing a brand (Triantaphyllou and Evangelos, 2000).

After collecting the information, consumers will be able to evaluate different options. The evaluation of alternatives depends on the customer and the purchase (Triantaphyllou and Evangelos, 2000). In some cases, the customer has little or no rating and decides on a purchase based on impulse and intuition. If there is little or no use of alternatives, it can be produced by the habitual decision-making process. On the other hand, consumers involved in expanding the problem solving process can carefully evaluate some brands. An alternative that has been actively considered in the selection process is called the Consumer Guidance Set. Such triggered events include products or brands that already exist in the consumer's memory, and significant products or brands in the retail environment. Even if the consumer considers many options, the induction set usually contains only a few options. These options have few similar features (Kahneman and Tversky, 2000).

In the fourth phase, consumers have evaluated alternatives and are ready to actually buy. The consumer's purchasing decision is usually to buy your favorite brand. There are

also factors that influence the consumer's purchasing decisions, such as the attitude of others and the brand perception of the marketer (Kahneman and Tversky, 2000). To simplify purchasing decisions, consumers may develop psychological shortcuts. In particular, limited issues were resolved before choosing. This kind of shortcut is from a general idea such as "High quality products at a higher price" or "Same brand as last purchase" or "Same brand purchased before buying my mother" born. These shortcuts may be harmful to consumers (Monahan and George, 2000).

As mentioned earlier, the decision process continues after making a purchase decision. The final stage of the purchasing process is post-purchase behavior. After the consumer purchases the product, the consumer rates the satisfaction. If a consumer is disappointed, the expectation for the product will not be fulfilled (Monahan and George, 2000). If the product meets the expectations, the consumer will be satisfied and in the future will spend more money on this particular brand. In addition, high consumer satisfaction leads to brand loyalty. This usually happens when the consumer's expectations are exceeded.

2.3 Concept and Theory of Medical Quality

Medical quality refers to the extent to which individuals and health care systems, services and supply groups have the potential to have a positive impact on health and are consistent with current expertise. The quality of health care means that the health services of individuals and people may increase the required health outcomes (Chassin, 1998). Healthcare quality plays an important role in describing the healthcare triangle, defining

the complex relationship between healthcare quality, cost, and availability within the community.

Researchers measure the quality of medical care to identify problems caused by abuse, underuse or abuse of medical resources. In 1999, the Institute of Medicine presented six areas for measuring and describing the quality of medical care.

Safety-Avoid patient injuries and aim to help them.

Effective-Avoid abuse and abuse of care.

Patient Centered-Provides care that meets the needs of the patient.

Timely-Reduce patient and provider latency and harmful delays.

Efficient-Avoid wasting equipment, supplies, creativity and energy.

Fairness-Take care not to change depending on your personal characteristics.

Assessment of medical quality can be performed at two different levels: individual patient health and population. At the individual patient or micro level, the assessment focuses on services at birth and subsequent effects. At the population or macro level, assessment of quality of care includes indicators such as life expectancy, infant mortality, morbidity and morbidity in certain health conditions. Quality assessment measures these indicators against established standards. These measures are difficult to define from a healthcare perspective. Quality assurance, unlike quality assessment, is based on the principles of total quality management (TQM). This is a way to continually improve quality care using quality metrics throughout the system.Nasiripour, Tabibi, Raesi and Jahani (2010) found that the quality of medical services has a positive and important

impact on the attractiveness of medical tourism, thus affecting reputable doctors, high-tech equipment, fast and quality care services, Short waits During the reception process, hospitalization and further treatment, the behavior of the treatment team and the contact of the interpreters have had a major impact on the health tourism development of the province, which is consistent with the findings of Nasipuri et al. The study pointed out that doctors, nurses and health care providers should have international work experience, participate in relevant training courses and speak English. In addition, due to the important relationship between the quality of medical equipment such as high-tech equipment and the development of tourism in the province, hospitals can play an important role in the tourist attractions of neighboring countries through world-class high-tech modernization. Standard equipment (Devi, TheviMunikrishnan, Pahlevan, Nair, 2014).

2.4 Concept and Theory of Reputation

The reputation of a social entity is related to that entity and is usually the result of a social assessment of a set of criteria. Many companies have a public relations department to manage their reputation. In addition, many PR companies explain their expertise in reputation management. The PR industry is evolving as companies need to build their credibility and reputation. Cases that undermine the company's reputation for integrity or safety can cause serious financial losses. Stakeholders are believed to have a reputation for corporate awareness (cognitive factors) and stakeholders (emotional factors). Reputation perception factors may reflect the uniqueness of a company or product with

respect to brand attributes (whether an organization delivers high quality products, internationality, familiarity etc), but emotional factors are always assessed It is In other words, it shows whether stakeholders like, admire or trust the company and its attributes. Only one company's unique and unique cognitive rating can produce positive emotional ratings and have a positive impact on reputation (McRoy and James, 2017).

The reputation of the hospital's medical destinations mentioning several factors of tourist attractions in Iran (Agharahimi and Sadrmomtaz, 2011). Famous hospitals have had a positive impact on the development of medical tourism. According to the International Journal of Medical Tourism, fam, and Jones, the main factors that attract medical visitors include quality service, low cost, and high reputation (Jones and Keith, 2006).

2.5 Concept and Theory of Language

Language is a "highly organized and coded system that uses many devices to express, indicate, exchange information and information, represent, etc." (Agha, 2006). In order to communicate the destination to the visitor, there is a specific travel language. The travel language details the potential tourist destinations, which try to convince, attract, encourage and entice potential visitors to become real visitors. Therefore, tourism has become the object of discourse. As a discourse, travel promotions are built in a persuasive manner to attract visitors, so the association between persuasiveness and appeal in travel promotions is anchored in different types of media, where language is used to enhance the elements persuasiveness and attractiveness.

The previous study results indicated that language, regulations and laws, political, cultural, economical and tourist attraction general conditions in addition to the public infrastructure status played an effective role on medical tourism development which was in accordance with the study of Izadi et.al suggesting that Iran owns proper natural, historical, religious and cultural opportunities with modern healthcare centers and qualified staff, and a world class reputation (Izadi, Ayoobian, Nasir, Joneidi, Fazel and Hosseinpourfard, 2012).

2.6 Concept and Theory of Cost

Medical costs vary depending on the severity of the injury (fatal or non-fatal) and the location of the treatment. For fatal injuries, depending on the place of death, medical expenses include: ambulance transport, coroner/physician's fee, emergency department, hospitalization and/or nursing home fees. HCUP-NIS data and cost-cost ratios from healthcare research and quality agencies are used to calculate inpatient facility costs. The cost of inpatient facilities has been adjusted to quantify any facility costs incurred during hospitalization (eg, specialist care). Medical expenses are any costs incurred in preventing or treating injuries or illnesses. Medical expenses include health and dental insurance, doctor and hospital inspections, co-payments, prescription and over-the-counter medicines, glasses and contacts, crutches and wheelchairs, to name a few. Medical expenses that are not reimbursed can be deducted within certain limits.

In the study by Izadi et al. (2012), the hospital's budget allocation and the cost of the services provided have a strong impact on medical tourism, which is consistent with the

findings of Nasip and Izzadi and supports high-tech medical care. Operation with well equipment that meets international standards, as well as the cheapness of health care services (competitiveness) for other countries and the cost of clarifying foreign patients. In addition, the cost of patients is the most important factor for foreign patients to attract medical tourism (Nasiripour and Salmani, 2012).

2.7 Concept and Theory of Familiarity

Familiarity is an opportunity to visit relatives and friends who can benefit from nursing support, or a patient's visit to a previously selected city can have a major impact. According to the Journal of Strategy and Marketing (2007), familiarity is the perceived knowledge of an individual about a product, service, or destination. This level of proficiency affects information retrieval behavior, as individuals familiar with activities and destinations tend to rely on knowledge stored in long-term memory to support decision-making.

Some authors believe that the visitor's external information retrieval behavior is influenced by the level of product knowledge, product familiarity and risk perception (Saadatnia and Mehregan, 2014).

2.8 Concept and Theory of Perceived Risk

The perceived risk is defined as the perceived uncertainty associated with the choice of medical tourism destination. The term perceived risk is taken to mean the sense of loss associated with decision making and / or cognitive conflict between expectation

and outcome (Slovic, Paul; Fischhoff, Baruch; Lichtenstein, Sarah 1982). The importance of the risks identified in this study is that the risks inherent in the decision must be resolved before making the decision (Slovic, et al., 1982). To this end, decision makers participate in external information retrieval to reduce perceived risk to a manageable level.

Future medical tourists are specific sources (such as medical tourism professionals, their individual physicians, and healthcare) because the risk level of medical tourism site selection is higher than the risk level of general tourism site selection. It is more likely to rely on information from . Insurance company (Saadatnia and Mehregan, 2014). In addition, as a result of the above motivational studies, medical visitors are more likely to focus on healthcare related information and cost reductions than other destination attributes (Saadatnia and Mehregan, 2014).

2.9 Concept and Theory of Destination Image

An image of a destination refers to the attitude, impressions, beliefs, knowledge, bias, imagination and thoughts of potential visitors to the destination (Pike, Steven; Page, Stephen, 2014). A destination image is defined as a psychological representation of the attributes and potential benefits of a given destination. In other words, the image of the destination means the person's understanding and emotion about the destination's ability to solve the recognized problem (Pike, Steven; Page, Stephen, 2014). The destination corrected by the target image is likely to be selected as the final destination.

Destination images can be understood as global images of destination attributes determined by potential visitor travel motives (Pike, Steven; Page, Stephen, 2014). Such destination image plays an important role in destination selection. In fact, if you motivate your travel, some people will consider the chosen destination as describing the tourist's interests (providing the same level of promotion). The most positive image of the event. Because motivation determines the formation of the destination image, any inconsistencies between elements of the destination image and the visitor's expectations make it difficult to market for a particular destination.

In the case of medical tourism, if Thailand is to be a preferred destination, it must be aware of the following. (I) Progress in the field of medical technology. (Ii) the value of money. Any element in the target image that conflicts with these parameters is unlikely to have a positive impact on the choice of potential medical visitor destination. The result of some authors is that for medical reasons the health and safety / security image of the destination also affects the intention of the visit. Although these attributes are only indirectly related to medical tourism, future medical visitors who believe that the destination is safe and secure are likely to choose a medical tourist destination (Moghimehfar and Nasr-Esfahani , 2011). Therefore, medical tourist sites need to manage their own images from a health and safety / security point of view. These images have a big positive impact on the intention of access (Moghimehfar and Nasr-Esfahani, 2011).

2.10 Concept and Theory of Promotion

Promotion is about raising customer awareness of products and brands, increasing sales and creating brand loyalty. This is one of the four basic elements of the market portfolio, including four prices, prices, products, promotions, and locations. A promotion is also defined as one of the five parts of a promotion mix or promotion plan. These are personal sales, advertisements, promotions, direct marketing and promotions. The promotion combination specifies the payment amount for each of the five elements and the budget expenditure for each of the elements.

Basically, the promotion has three basic goals. They provide information to consumers and others, increase demand and differentiate products. You can target a wide range of advertising and promotional programs, such as sales promotion, new product acceptance, brand equity creation, positioning, competitive retaliation, or corporate identity creation. The word promotion is usually the expression "in" used internally by marketing companies, but it is rarely used in the general public or market, and phrases such as "special" are more common.

You can advertise through a variety of media, including radio and television electronic media, digital media such as the Internet, print media such as social networking and social media sites, outdoor banners such as banner ads, and OOH at home. media. Digital media is a modern way for brands to interact with consumers to publish news, information, and advertisements from the technical limits of the print and broadcast infrastructure. The media have led modern marketing strategies that continue to focus on brand awareness, mass distribution and mass sales promotion. The fast-paced

digital media environment provides a new way to facilitate the use of new tools available in the prior art. With advances in technology, you can conduct promotions across geographical boundaries outside the region and attract more potential consumers. Then, the goal of promotion is to attract as much as possible in a time and cost effective manner.

Monica, Yu-Feng, Koichi and Vijak, (2006) pointed out that advertising as a valid factor in the selection of hospitals has a significant positive correlation with the development of the province's tourism industry, which supports the results of Monika and Ayoubian. This means that for the country's capabilities and potential in the field of medical services, border media advertising, doctors, technology and service quality may bring tourism attractions (Ayoubian, Tourani, Hashemi, 2013). In addition, there is only one significant relationship between media advertising and health tourism attractions, information mechanism variables and other variables as well as pamphlets, teaching guides, television shows and electronic methods have no effective role in health tourism attraction, which is consistent with current Findings (Tabibi, Nasiripour, Ayubian, Bagherian, Mahmoodabadi, 2012).

2.11 Related Studies

Jeetesh and Kashif (2016) Study "Factors Affecting the Selection of Medical Tourism Sites: Malaysia's Perspective" The purpose of this study is to study the factors in choosing medical tourism destinations from the perspective of tourists Medical and to study medical tourists' satisfaction in Malaysia There is a medical survey in September

and October 2013 for those who have been treated at 11 public and private hospitals in Kuala Lumpur and conducted field surveys. Sampling techniques that have no probability of being used and 72 responses were collected. Malaysia's geographic location is considered an important factor in direct and positive impact on patient selection and satisfaction. The results also confirm that Malaysia is a well-known destination in Indonesia as a destination for medical tourism. The serious limitation of current research is that the sample size is very small and has limitations in hospitals in Kuala Lumpur, Malaysia. The study of various sizes and locations in Malaysia can provide useful results in evaluating the options of medical facilities The current discovery is very useful to the Ministry of Public Health, Tourism and Operators to improve service levels and attract more medical tourists in Malaysia. Some countries have medical tourism in the Asia-Pacific region and many tourists visit each year. This study aims to identify factors that are important in attracting medical visitors to Kuala Lumpur, Malaysia and enjoying future performance levels. Covering various aspects of the duties and situations of Malaysian organizations for medical tourism in Kuala Lumpur, Malaysia

Methawee and Bob (2013) provide definitions of "general medical visitors: case studies in Thai language". This article examines the motivation of doctors who are admitted in Thailand. Previous research considered medical tourism in the market an apology and decided to seek treatment before traveling. These assumptions may be incorrect. The important factor of this study is that doctors can classify patients into 4 groups: each type of treatment is visiting Thailand, their decision-making process and travel characteristics. The participation of this study is that when the destination manager

understands the nature and nature of each type of medical practitioner, they will develop and promote appropriate tourism products and services more fun for visitors.

Zohreh et al. (2017) Analyzed "Progressive multi-level model for selecting medical tourism destinations: Qualitative research". The overall goal of the study is to use the Delphi method to select medical tourism destinations, including the three-step decision of the destination country, then the destination city, and finally the health center city. Design a progressive multilevel model. This model can be used as a new research area to further plan the growing medical tourism industry in Iran. This study is a descriptive practice study using qualitative methods. In the first stage, the literature was examined in detail and Delphi's method was used to determine the factors that influence the selection of Iran as a medical tourist destination. The experts participating in the Delphi team reached an agreement after applying for the third round. As a result of analyzing the data of Delphi's expert group, a multi-level model for selecting medical tourist destinations was established. The political and economic situation in Iran after sanctions have been imposed, and the issue of providing banking services to medical tourists, is a factor that affects medical tourists not choosing Iran as a destination. It is one. Government support, planned promotion and JCI certification can enhance the attractiveness of medical visitors to Iran.

Jotikasthira (2010) studied "an important factor that influences the choice of medical tourist destination". The purpose of this study was to analyze the factors that determine the motivation and behavior of potential medical visitors choosing a destination, with a particular emphasis on the role of destination imaging in Thailand. To achieve this goal,

research explores the motivations of individuals participating in medical tourism, their information search behavior, their reliance on various sources, and their key criteria for evaluating alternative medical destinations. did. After analyzing the collected data, this study found that people who tend to travel medical tourism are: (Ii) I think that the cost of healthcare services in that country is economically unreachable. (Iii) The waiting time for receiving an ideal treatment in the country is too long (Wallston et al., 1994, Awadzi and Panda, 2005).

Krystyna et al. (2015) I studied "Travel motives for travel tourism and medical tourists". This article is intended to address gaps in knowledge about the motivations of medical visitors, which is a term used to describe people traveling across borders to receive medical care. The general motivation for participating in medical tourism is often based on speculation and provides a generalization of contextualized practice. This research paper aims to complicate the motivations that medical visitors generally discuss and to better understand these motivations and the different contexts that medical visitors may choose to travel. The participants' arguments revealed the motives of travel, the quest for personal relationships, and the escape of personal relationships. These motives show the relevance of applying tourism critical theory to medical critique.

2.12 Hypothesis

$H1_o$: Medical quality does not impact decision making of Chinese medical tourists choosing hospital in Thailand

H1$_a$: Medical quality does impact decision making of Chinese medical tourists choosing hospital in Thailand

H2$_o$: Reputation does not impact decision making of Chinese medical tourists choosing hospital in Thailand

H2$_a$: Reputation does impact decision making of Chinese medical tourists choosing hospital in Thailand

H3$_o$: Language does not impact decision making of Chinese medical tourists choosing hospital in Thailand

H3$_a$: Language does impact on decision making of Chinese medical tourists choosing hospital in Thailand

H4$_o$: Cost does not impact decision making of Chinese medical tourists choosing hospital in Thailand

H4$_a$: Cost does impact decision making of Chinese medical tourists choosing hospital in Thailand

H5$_o$: Familiarity does not impact decision making of Chinese medical tourists choosing hospital in Thailand

H5$_a$: Familiarity does impact decision making of Chinese medical tourists choosing hospital in Thailand

H6$_o$: Perceived Risk does not impact decision making of Chinese medical tourists choosing hospital in Thailand

H6$_a$: Perceived Risk does impact decision making of Chinese medical tourists choosing hospital in Thailand

H7$_o$: Destination Image does not impact decision making of Chinese medical tourists choosing hospital in Thailand

H7$_a$: Destination Image does impact decision making of Chinese medical tourists choosing hospital in Thailand

H8$_o$: Promotion does not impact decision making of Chinese medical tourists choosing hospital in Thailand

H8$_a$: Promotion does impact decision making of Chinese medical tourists choosing hospital in Thailand

2.13 Conceptual Framework

After reviewing the literature of other researchers, the researchers decided to apply eight independent variables in this study, namely medical quality, reputation, language, cost, familiarity, perceived risk, destination image, promotion, and dependent variable (China). The decision of medical tourists) chooses a hospital in Thailand). Methawee and Bob (2013) mentioned that although all types of services may be offered at the destination, the cost savings, convenience, reputation and quality of more invasive treatments seem particularly attractive, promote medical services, and combine opportunities. Therefore, this will be an effective method during the rest holiday. The factors influencing the discovery of medical destinations are familiar (Zohreh et al., 2017). Jotikasthira (2010) found that the image of Thailand, Malaysia and Singapore (health) was significantly positively correlated with the respondents' intention to visit these destinations. Four decision factors were extracted from the dataset, indicating that

decisions about medical tourism stem from considerations for quality of care, accommodation, family support, and language/communication (Smith and Forgione, 2007). Potential visitors often put a lot of effort into making destination decisions to reduce perceived risk levels (Zaichkowsky, 1985, Hawkin et al., 2001).
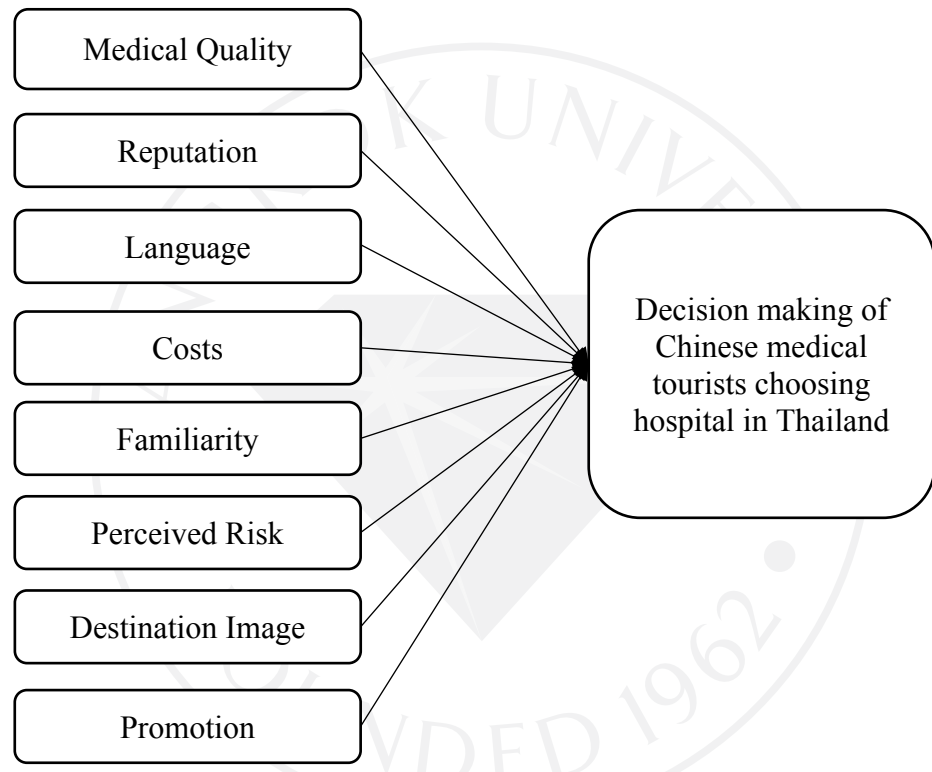
Figure 2.2: Conceptual Framework

CHAPTER 3

METHODOLOGY

3.1 Research Design

This study was set to measure the impact of decision making of Chinese medical tourists towards choosing hospital in Thailand. This was accomplished through measurement of a regional sample in Bangkok, Thailand, using purposive random sampling focusing on most three famous hospital in Bangkok. The study was a quantitative study that used questionnaires as a tool for collecting research data. According to quantitative method definitions, quantitative methods manipulate data by using computational techniques, and emphasize statistical, mathematical, or numerical analysis of data through opinion polls, questionnaires, and surveys.

3.2 Population and Sampling Selection

Population in Research

The population of this study is Chinese medical tourists who travel outside China to receive treatment at a Thai hospital and also travel to Thailand. Target customers are limited in age and gender. Because the population of Chinese medical tourists in Bangkok is unknown, researchers decided to use population ratios to determine the sample size. The questionnaire was distributed to customers who are medical tourists in China, and traveled outside China to receive medical treatment at a hospital in Bangkok.

Sample Size in Research

According to the research, the survey showed an error of less than + 5% at a 95% confidence level (Niles, 2010). So the researchers aimed to collect 400 samples of target attendants in Bangkok, which was the magic number of market research. Simple size: A simplified form of proportion (Yamane, 1973)

$$n = \frac{Z^2 p(1-p)}{E^2}$$

$$n = \frac{1.96^2 * 0.5(1-0.5)}{(0.05)^2}$$

$$n = 384.16 \text{ samples}$$

$$\approx 385 \text{ samples}$$

Researcher planned to use 400 samples to conduct the questionnaires in this study.

Sample Selection in Research

The primary data collected has was by researcher through self-administered questionnaires to distribute to Chinese patients who came for medical treatment in three major hospitals for Chinese medical tourists in Thailand within the half month.

3.3 Research Instrument

Researchers developed research tools in the following order:

- Research from books, documents, articles and journals related to medical quality, reputation, language, cost, familiarity, perceived risk, destination image,

promotion and advisory guidance and help.

    - A theoretical questionnaire on relevant research, including medical quality, reputation, language, cost, familiarity, perceived risk, destination image, promotion, was carried out with the approval of the consultant.

    - After completing the questionnaire, it is approved by three qualified experts and the content of the questionnaire is valid.

    - Use the consultant's comments and guidance to modify the questionnaire. After that, 40 pilot test questionnaires were issued and the reliability of each variable in each factor was analyzed using Cronbach's Alpha coefficient. All variable items require a 0.70 value for Cronbach's Alpha. This research used questionnaire, which created from a related literature review, for collected data. The questionnaire divided into 3 parts:

    Part 1: Demographic and general information consist of Gender, Age, Income, medical frequency, etc.

    Part 2: Close-ended Response Questions about eight independent variables consisting of

Medical Quality	5	Questions
Reputation	5	Questions
Language	5	Questions
Costs	5	Questions
Familiarity	5	Questions
Perceived Risk	5	Questions
Destination Image	5	Questions
Promotion	5	Questions

Part 3: Close-ended Response Question about one dependent variables consist of

Decision Making   5   Questions

This part was measured in interval scale using a five-level Likert Scale to measure the level of agreement.

Strongly Agree   5   points

Agree   4   points

Neutral   3   points

Disagree   2   points

Strongly Disagree   1   points

3.4 Testing Research Instrument

Content validity

The questions from questionnaires had been reviewed by 3 qualified experts in the field of medical industry.

To prove the consistency of questions, the researcher use Index of Item - Objective Congruence (IOC) method to calculate the consistency between the objective and content or questions and objective.

$$IOC = \frac{\Sigma R}{N}$$

Where: IOC = Consistency between the objective and content or questions and objectives.

Σ R= Total assessment points given from all qualified experts.

N = Number of qualified experts.

The consistency index value must have the value of 0.5 or above to be accepted.

The Item Objective Congruence index must yield a value of 0.5 or above to be accepted. After receiving feedback from three qualified experts, ensure that the index value of each question exceeds 0.5.

Result of Item Objective Congruence:

$$IOC = 34 / 50$$

$$= 0.68$$

According to the IOC result, from the 50 questions in the questionnaire the Item Objective Congruence (IOC) index value was 0.68 without any question yielding a value of less than 0.5. Thus, all questions were considered as acceptable.

Reliability test

Reliability analysis is called reliability analysis. Reliability analysis is determined by obtaining a ratio of system changes in the scale, which can be accomplished by determining the association between the scores obtained from different administrations of the scale. Therefore, if the correlation in the reliability analysis is high, the scale produces consistent results and is therefore reliable. Cronbach's alpha is the most commonly used measure of internal consistency ("reliability"). It is most commonly used when there are multiple Likert problems in a survey or questionnaire that form a scale and you want to determine if the gauge is

reliable. The researchers conducted 40 pre-tests in statistical product and service solutions.

Table 3.1: Criteria of Reliability

Cronbach's Alpha Coefficient	Reliability Level	Desirability Level
0.80 – 1.00	Very High	Excellent
0.70 – 0.79	High	Good
0.50 – 0.69	Medium	Fair
0.30 – 0.49	Low	Poor
Less than 0.30	Very Low	Unacceptable

3.5 Survey Design and Development

The researcher used the non-probability of this study to find the sampling units in this study. The researcher in this study applied convenience sampling, which is the sampling procedure for obtaining the most convenient person or unit. Convenient sampling, which focuses on those who can answer questions from researchers. Researcher also used judgmental sampling to collect data in this study. Judging sampling, also known as purposeful sampling, involves selecting objects/samples that are considered to give accurate results. An experienced individual selects a sample based on his or her judgment of some of the appropriate characteristics required by the sample member. The researcher distributed questionnaires to 400 Chinese respondents in major hospitals in Bangkok which was the main medical destination of Thailand.

3.6 Statistical Treatment of Data

After collecting all of the necessary data, they were analyzed and summarized in a readable and easily interpretable from using the Statistical Package of Social Science (SPSS). The statistical tools used in this research are explained in the following section.

The research applied descriptive analysis for demographic data in the chapter four by a statistical package.

Descriptive Analysis

Descriptive analysis refers to the conversion of raw data into a form that is easy to understand and interpret. This method usually describes the observed response. The calculation of the mean, frequency distribution and percentage distribution is the most common form of aggregated data (Zikmund, 2003).

Percentage

$$p = \frac{f}{N} \times 100$$

P percentage

f percentage frequency

N frequency

Mean

$$\bar{x} = \frac{\sum x}{n}$$

$\bar{x}$ mean

$\sum x$ total group score

n

number of group score

Standard Deviation

$$S.D. = \sqrt{\frac{\sum(x - \bar{x})^2}{n-1}}$$

S.D.   standard deviation

X   score

n   number of score in each group

$\sum$ Total amount

The statistic for data analysis, the researcher used multiple linear regressions and descriptive statistical analysis to analyze all the data. Multiple linear regressions used to analyze hypothesis test and descriptive statistical analysis used to analyze demographic data.

Multiple Linear Regressions Model

According to Houston (2001), in order to test the value of a variable by the influence of other variables, a regression analysis is applied, which is a statistical method, and there are two (simple linear regression and multiple regression). In this study, multiple linear regression was applied to test multiple independent variables with multiple dependent variables.

According to Houston (2001) in the case that where are k independent variables, we need to estimate $\beta_0, \beta_1 ..., \beta_k$ from the following equation;

$$y_i = \beta_0 + \beta_1 x_{1i} + \beta_2 x_{2i} + ... + \beta_k x_{ki} + u_i$$

where i represents the number of entities (from 1 to n). This equation can be written in a matrix form as;

$$\begin{bmatrix} y_1 \\ y_2 \\ \vdots \\ y_n \end{bmatrix} = \begin{bmatrix} \beta_0 + \beta_1 x_{11} + \beta_2 x_{21} + ... + \beta_k x_{k1} \\ \beta_0 + \beta_1 x_{12} + \beta_2 x_{22} + ... + \beta_k x_{k2} \\ \vdots \\ \beta_0 + \beta_1 x_{1n} + \beta_2 x_{2n} + ... + \beta_k x_{kn} \end{bmatrix} + \begin{bmatrix} u_1 \\ u_2 \\ \vdots \\ u_n \end{bmatrix}$$

and

$$\begin{bmatrix} y_1 \\ y_2 \\ \vdots \\ y_n \end{bmatrix} = \begin{bmatrix} 1 & x_{11} & x_{21} & ... & x_{k1} \\ 1 & x_{12} & x_{22} & ... & x_{k2} \\ & & \vdots & & \\ 1 & x_{1n} & x_{2n} & ... & x_{kn} \end{bmatrix} \begin{bmatrix} \beta_0 \\ \beta_1 \\ \vdots \\ \beta_k \end{bmatrix} + \begin{bmatrix} u_1 \\ u_2 \\ \vdots \\ u_n \end{bmatrix}$$

The above matrix form can be written in a short form as

$$Y = X\beta + u$$

where **Y, X,** and **u** are the matrix with n rows; and β is a matrix with k+1 rows (including the constant term).

The Ordinary Least Squares method is the method used to calculate the value of β (referring to the estimated value of the real β) that minimizes the sum of squared residuals (SSR) from the above multiple linear regression, where

$$SSR = \sum_{i=1}^{n} u_i^2 = \sum_{i=1}^{n} (y_i - \widehat{\beta}_0 - \widehat{\beta}_1 x_{1i} - ... - \widehat{\beta}_k x_{ki})^2.$$

and the set of β_s, derived from the OLS method, that could minimized SSR can be calculated by using matrix algebra, as follow;

$$\widehat{\beta} = [X'X]^{-1} X'Y$$

Where β in the equation is a matrix with k+1 rows, which contains the value of all β_s (from β_0 to β_k).

CHAPTER 4

DATA ANALYSIS

4.1 Reliability Test of Research Instrument

The researcher collected 40 data by distributing questionnaires to respondents and got the summary of reliability test as follows. The result from calculation of Alpha test were all more than 0.7, meaning that all questions were consistent and reliable to apply as the research instrument for this study.

Table 4.1: The Summary of Reliability

Variables	Alpha (α-test)	N of items
Medical Quality	0.927	5
Reputation	0.865	5
Language	0.846	5
Cost	0.806	5
Familiarity	0.819	5
Perceived Risk	0.847	5
Destination Image	0.858	5
Promotion	0.863	5
Decision Making	0.856	3

4.2 Demographic Data

The following tables were the descriptive analysis of demographic characteristics which were the frequency and percentage distribution of respondent respectively.

Table 4.2: The Analysis of Gender Levels

Gender	Frequency	Percent
Male	190	47.5
Female	210	52.5
Total	400	100.0

Table 4.2 showed the gender of respondents in this study. It showed that among 400 respondents; 190 respondents were male (47.5%) and 210 respondents were female (52.5%).

Table 4.3: The Analysis of Age Levels

Age	Frequency	Percent
Less than 23	37	9.3
23-30	123	30.8
31-40	161	40.2
41-50	38	9.5
More than 50	41	10.2
Total	400	100.0

Table 4.3 showed that among 400 respondents; 161 respondents were between 31 to 40 (40.2%), followed by 30.8% that aged between 23 to 30 (123 respondents). Respondents who aged more than 50 were 10.2% which has 41 respondents. And there were 38 respondents aged between 41 to 50 which was about 9.5%. And only 37

(9.3%) respondents aged less than 23.

Table 4.4: The Analysis of Education Levels

Education Level	Frequency	Percent
Bachelor's Degree	142	35.5
Master's Degree	194	48.5
Doctoral Degree	64	16.0
Total	400	100.0

From table 4.4 shows that there were 194 respondents got master's degree which was 48.5%, followed by 35.5% (142 respondents) who got bachelor's degree. Only 64 respondents got their doctoral degree (165 respondents).

Table 4.5: The Analysis of Work Situation

Work	Frequency	Percent
Unemployed	88	22.0
Part time	127	31.8
Full time	169	42.2
Students	16	4.0
Total	400	100.0

From table 4.5 shows that 169 respondents had full time job (42.2%), and 127 respondents had part time job (31.8%). Eighty eight respondents were unemployed (22%). Only 16 respondents were students 4%.

Table 4.6: The Analysis of Frequency Level

How many times per year do you usually come to see a doctor in Thailand	Frequency	Percent
Less than once	103	25.8
Once	192	48.0
2 -3 times	73	18.2
More than 3 times	32	8.0
Total	400	100.0

Table 4.6 showed that among 400 respondents, 192 respondents had been to Thailand to see a doctor once a year (48%). One hundred and three come to Thailand to see a doctor less than once a year (25.8%). Seventy three respondents of been to Thailand to see a doctor 2 to 3 times a year (18.2%). Only 32 respondents came to Thailand to see a doctor more than 3 times a year (8%).

Table 4.7: The Analysis of Body Care Level

Normally how do you take care of your body?	Frequency	Percent
Fitness	32	8.0
Clean food	216	54.0
Regular checkup	113	28.2
Diet	39	9.8
Total	400	100.0

Table 4.7 showed that 216 respondents (51%) chose clean food for their body, and 113 respondents (28.2%) chose regular checkup as their body care method. Thirty nine respondents (9.8%) chose diet for their body care. Only 32 respondents (8%) would apply fitness as their body care method.

4.3 Mean, Standard Deviation and Respondents Perception

Table 4.8: Mean, Standard Deviation and Respondents Perception of Medical Quality

Descriptive Statistics

Medical Quality	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
1. Thailand has many hospitals of international standard.	400	1	5	3.61	1.056	Rather agree
2. Thailand has medical practitioners who are well educated.	400	2	5	3.65	.906	Rather agree
3. Thailand has many hospitals that are equipped with the most sophisticated medical equipment.	400	1	5	3.60	1.108	Rather agree
4. Thailand has many hospitals that provide individuate patient care.	400	2	5	3.61	.935	Rather agree
5. Thailand has many hospitals that showed high percent in cure rate.	400	1	5	3.32	1.303	Agree
Overall	400			3.56	1.062	Rather agree

Table 4.8 showed that all variables of Medical Quality had an averages mean of 3.56, and a standard deviation of 1.062. The result of analysis showed that "Thailand has medical practitioners who are well educated" got the highest mean at 3.65. Followed by a mean of 3.61 for both "Thailand has many hospitals of international standard" and "Thailand has many hospitals that provide individuate patient care". "Thailand has many hospitals that are equipped with the most" got mean of 3.60. The lowest mean of 3.32 was "Thailand has many hospitals that showed high percent in cure rate".

Table 4.9: Mean, Standard Deviation and Respondents Perception of Reputation

Descriptive Statistics

Reputation	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
1. Thai hospitals have good reputation in healthcare service.	400	2	5	3.61	.943	Rather agree
2. Thai hospitals have a reputation for value for money.	400	1	5	3.74	1.012	Rather agree
3. Thai hospitals get well-known for quality experienced doctors.	400	1	5	3.62	1.071	Rather agree
4. Thai hospitals have good reputation on social media.	400	1	5	3.72	.954	Rather agree
5. Thai hospitals get high recognition for social responsibility.	400	1	5	3.33	.934	Agree
Overall	400			3.60	0.983	Rather agree

Table 4.9 showed that the variables of Reputation had an average total mean of 3.60, and a standard deviation of 0.983. The result of analysis show that "Thai hospitals have a reputation for value for money" got the highest mean of 3.74, followed by a mean of 3.72 for "Thai hospitals have good reputation on social media" and mean of 3.62 for "Thai hospitals get well-known for quality experienced doctors". "Thai hospitals have good reputation in healthcare service." got mean of 3.61. The lowest mean of 3.33 was for "Thai hospitals get high recognition for social responsibility".

Table 4.10: Mean, Standard Deviation and Respondents Perception of Language

Descriptive Statistics

Language	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
1. Chinese interpreters have been provided by hospitals in Thailand.	400	2	5	3.73	.892	Rather agree
2. The brochures of medical service care are in Chinese.	400	1	5	3.32	1.155	Agree
3. Staffs of Thai hospitals can communicate with me.	400	1	5	3.63	1.103	Rather agree
4. Doctors of Thai hospitals can communicate with me.	400	1	5	3.91	1.120	Rather agree
5. There are advertisements of Thai hospitals in Chinese.	400	1	5	3.88	.933	Rather agree
Overall	400			3.49	1.041	Rather agree

Table 4.10 showed that the variables of Language had an average mean of 3.49, and a standard deviation of 1.041. The result of analysis showed that "Doctors of Thai hospitals can communicate with me" got the highest mean of 3.91, followed by a mean of 3.88 for "There are advertisements of Thai hospitals in Chinese" and mean of 3.73 for "Chinese interpreters have been provided by hospitals in Thailand". And "Staffs of Thai hospitals can communicate with me" got a mean of 3.63. The lowest mean of 3.32 was for "The brochures of medical service care are in Chinese".

Table 4.11: Mean, Standard Deviation and Respondents Perception of Cost

Descriptive Statistics

Cost	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
1. The cost of medical treatment in Thailand is very reasonable.	400	1	5	3.79	1.110	Rather agree
2. I can afford having my treatment in Thai hospitals.	400	1	5	3.53	1.071	Rather agree
3. I can afford the cost of travelling to Thailand.	400	2	5	4.01	.918	Rather agree
4. The cost of living in Thailand is acceptable.	400	2	5	3.60	.971	Rather agree
5. The cost of Thai visa to Thailand is affordable.	400	1	5	3.66	.971	Rather agree
Overall	400			3.72	1.008	Rather agree

Table 4.11 showed that the variables of Cost had an average mean of 3.72, and a standard deviation of 1.008. The result of analysis showed that "I can afford the cost of travelling to Thailand" got the highest mean of 4.01, followed by a mean of 3.79 for "The cost of medical treatment in Thailand is very reasonable" and mean of 3.66 for "The cost of Thai visa to Thailand is affordable". "The cost of living in Thailand is acceptable" got a mean of 3.60. The lowest mean of 3.53 was for "I can afford having my treatment in Thai hospitals".

Table 4.12: Mean, Standard Deviation and Respondents Perception of Familiarity

Descriptive Statistics

Familiarity	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
1. I have friends or relatives in Thailand.	400	2	5	3.83	.885	Rather agree
2. I have visited Thailand before.	400	2	5	3.78	.945	Rather agree
3. I feel at home when having medical treatments in Thailand.	400	2	5	3.73	.770	Rather agree
4. I know Thai culture very well.	400	1	5	3.70	1.040	Rather agree
5. Thai doctors and staffs treat me well.	400	2	5	3.72	.862	Rather agree
Overall	400			3.75	0.900	Rather agree

Table 4.12 showed that the variables of Familiarity had an average mean of 3.75, and a standard deviation of 0.900. The result of analysis showed that "I have friends or relatives in Thailand" got the highest mean of 3.83, followed by a mean of 3.78 for "I have visited Thailand before" and mean of 3.73 for "I feel at home when having medical treatments in Thailand". "Thai doctors and staffs treat me well" got a mean of 3.72. The lowest mean of 3.70 was for "I know Thai culture very well".

Table 4.13: Mean, Standard Deviation and Respondents Perception of Perceived Risk

Descriptive Statistics

Perceived Risk	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
1. It's unlikely that my health condition will worse, as a result of travelling to Thailand.	400	1	5	3.76	.915	Rather agree
2. It's unlikely that travelling to Thailand for medical treatment will not provide a satisfactory outcome.	400	2	5	3.84	1.012	Rather agree
3. It's unlikely that doctors in Thai hospitals do not know how to cure me.	400	2	5	3.84	.922	Rather agree
4. It's unlikely that I will spend more money than I expect when having medical treatment in Thailand.	400	1	5	3.70	1.116	Rather agree
5. It's unlikely that I will not get a visa to cover my whole treatment period.	400	1	5	3.74	1.037	Rather agree
Overall	400			3.776	1.004	Rather agree

Table 4.13 showed that the variables of Perceived Risk had an average mean of 3.776, and a standard deviation of 1.004. The result of analysis showed that "It's unlikely that doctors in Thai hospitals do not know how to cure me" and "It's unlikely that travelling to Thailand for medical treatment will not provide a satisfactory outcome" got the highest mean of 3.84, followed by mean of 3.76 for "It's unlikely that my health condition will worse, as a result of travelling to Thailand". It's unlikely that I will not get a visa to cover my whole treatment period." got a mean of 3.74. The

lowest mean of 3.70 was for "It's unlikely that I will spend more money than I expect when having medical treatment in Thailand".

Table 4.14: Mean, Standard Deviation and Respondents Perception of Destination
Image

Descriptive Statistics

Destination Image	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
1. Thailand is a land of smile.	400	1	5	3.91	1.096	Rather agree
2. Thailand has a positive image in my mind.	400	2	5	3.98	.777	Rather agree
3. I prefer Thailand as a medical destination.	400	2	5	3.72	.929	Rather agree
4. Hospitals in Thailand come to my mind first when medical tourism is mentioned.	400	2	5	3.87	.915	Rather agree
5. Thai hospitals have high positioning in world medical service.	400	1	5	3.69	.976	Rather agree
Overall	400			3.834	0.939	Rather agree

Table 4.14 showed that the variables of Destination Image had an average mean of 3.834, and a standard deviation of 0.939. The result of analysis showed that "Thailand has a positive image in my mind" got highest mean of 3.98, followed by a mean of 3.91 for "Thailand is a land of smile." and mean of 3.87 for "Hospitals in Thailand come to my mind first when medical tourism is mentioned". "I prefer Thailand as a medical destination" got a mean of 3.72. The lowest mean of 3.69 was for "Thai hospitals have high positioning in world medical service".

Table 4.15: Mean, Standard Deviation and Respondents Perception of Promotion

Descriptive Statistics

Promotion	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
1. Thai hospitals advertise their medical services in China.	400	1	5	3.76	1.042	Rather agree
2. The advertisements of Thai hospitals are interesting.	400	1	5	3.97	1.108	Rather agree
3. Thai hospitals advertised Thailand on the internet.	400	1	5	3.91	1.192	Rather agree
4. Thai hospitals provide promotional packages to Chinese people.	400	1	5	3.84	1.053	Rather agree
5. Thai hospitals have medical agencies in China.	400	1	5	3.70	.950	Rather agree
Overall	400			3.84	1.069	Rather agree

Table 4.15 showed that the variables of Promotion had an average mean of 3.84, and a standard deviation of 1.069. The result of analysis showed that "The advertisements of Thai hospitals are interesting" got highest mean of 3.97, followed by a mean of 3.91 for "Thai hospitals advertised Thailand on the internet" and mean of 3.84 for "Thai hospitals provide promotional packages to Chinese people". "Thai hospitals advertise their medical services in China" got a mean of 3.76. The lowest mean of 3.70 was for "Thai hospitals have medical agencies in China".

Table 4.16: Mean, Standard Deviation and Respondents Perception of Decision

Making

Descriptive Statistics

Decision Making	N	Minimum	Maximum	Mean	Std. Deviation	Interpretation
1. I have no hesitation to choose Thai hospitals when I need medical treatments.	400	1	5	3.72	1.132	Rather agree
2. I decide to come to Thailand for medical treatment.	400	1	5	3.83	1.068	Rather agree
3. I always choose Thailand as a destination for my medical treatments.	400	1	5	3.90	.967	Rather agree
Overall	400			3.82	1.056	Rather agree

Table 4.16 showed that the variables of Decision Making has total mean of

3.82, and a standard deviation of 1.056. The result of analysis showed that "I always

choose Thailand as a destination for my medical treatments" got the highest mean of

3.90, followed by a mean of 3.83 for "I decide to come to Thailand for medical

treatment". The lowest mean of 3.72 was for "I have no hesitation to choose Thai

hospitals when I need medical treatments".

4.4 Testing the Hypotheses

Table 4.17: Model Summary for Regression Analysis

Model Summary[e]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics	
					R Square Change	F Change
1	.890[a]	.793	.792	.42527	.793	1521.010
2	.912[b]	.831	.830	.38451	.038	89.842
3	.914[c]	.836	.835	.37893	.005	12.786
4	.917[d]	.841	.839	.37410	.005	11.277

Table 4.17 showed that there were totally four models in this multiple linear regression model summary. It was found that the adjusted R^2 of model 1 was 0.792 an with $R^2 = 0.793$. This meant that the linear regression explained 79.3% of the variance in the data for model 1. For model 2, the adjusted R^2 was 0.830 with an $R^2 = 0.831$. This meant that the linear regression explained 83.1% of the variance in the data. For model 3, the adjusted R^2 was 0.835 with $R^2 = 0.836$. This means that the linear regression explains 83.6% of the variance in the data. For model 4, the adjusted R^2 is 0.839 with an $R^2 = 0.841$. This meant that the linear regression explained 84.1% of the variance in the data.

Table showed that, there were eight independent variables which were medical quality, reputation, language, costs, familiarity, perceived risk, destination image, and promotion. The stepwise multiple regression showed that there only four independent variables had impact on decision making, namely, perceived risk, promotion, cost and reputation. The model 1 represented a dependent variable of decision making towards the independent variable of perceived risk. The model 2 represented dependent variable of decision making towards independent variables of perceived risk and promotion. The model 3 represented dependent variable of decision making towards independent variables of perceived risk, promotion and cost. The model 4 represented dependent variable of decision making towards independent variables of perceived risk, promotion, cost and reputation.

Table 4.18: Summary of Hypothesis Testing

Model		B	Std. Error	Beta	t	p	Tolerance	VIF
4	(Constant)	-.144	.101		-1.432	.153		
	Perceived Risk	.695	.048	.589	14.457	.000	.185	5.418
	Promotion	.378	.044	.349	8.527	.000	.492	2.032
	Cost	-.182	.037	-.155	-4.899	.000	.193	5.184
	Reputation	.156	.046	.133	3.358	.001	.238	4.199

a. Dependent Variable: Decision making

$r = 0.917$, adj. $r^2 = 0.841$, F = 521.197, p = 0.000, *p < .01

From the summary of hypothesis, in the model four, the independent variables and dependent variable were found to be related. Only four independent variables which were Perceived Risk, Promotion, Cost, Reputation correlated with the decision making of medical tourism. There were no multicollinerality among the variables (Tolearnce> 0.1, VIF <10, Hair, et al, 2006). The model was statistically significant (r = 0.917, F = 521.197, p = 0.000). The coefficient of variation Adjusted (adj. R^2) was equal to 0.841.

Estimated model coefficients:

The general form of equation to predict Decision Making from perceived risk, promotion, cost, reputation was: predicted Decision Making = -0.144 + (0.695 × perceived risk) + (0.378 × promotion) – (0.182 × cost) + (0.156 × reputation).

For each one point increase in perceived risk, there would be an increase in

decision making of 0.695. For each one point increase in promotion, there would be

an increase in decision making of 0.378. For each one point increase in cost, there

would be a decrease in decision making of 0.182. For each one point increase in

reputation, there would be an increase in decision making of 0.156.

Table 4.21: Summary of Hypothesis Testing Results

Hypothesis Number	Hypothesis	Result
H1	Medical quality does not impact on decision making of Chinese medical tourists towards Thailand.	Rejected
H2	Reputation does impact on decision making of Chinese medical tourists towards Thailand.	Accepted
H3	Language does not impact on decision making of Chinese medical tourists towards Thailand.	Rejected
H4	Cost does impact on decision making of Chinese medical tourists towards Thailand.	Accepted
H5	Familiarity does not impact on decision making of Chinese medical tourists towards Thailand.	Rejected
H6	Perceived Risk does impact on decision making of Chinese medical tourists towards Thailand.	Accepted

(Continued)

Table 4.21 (Continued): Summary of Hypothesis Testing Results

H7	Destination Image does not impact on decision making of Chinese medical tourists towards Thailand.	Rejected
H8	Promotion does impact on decision making of Chinese medical tourists towards Thailand.	Accepted

CHAPTER 5

DISCUSSION AND CONCLUSION

The study primarily focused on Chinese medical tourists, who traveled outside of China to receive medical treatments in Thailand hospitals and also traveled in Thailand. The researcher focused on determining the factors of medical quality, reputation, language, cost, familiarity, perceived risk, destination image, promotion which then effected on decision making of Chinese medical tourists towards choosing hospital Thailand.

The 400 questionnaires were distributed to Chinese patients who came for medical treatment in three major hospitals in Bangkok equally for each hospital within the duration of twenty days. The sample population selected in this research was those which were readily available and convenient.

This chapter introduces the summary and discussion of the findings of this survey and the theoretical explanation. This chapter aims to summarize and discuss the implications of quantitative results for all hypotheses, summarize the limitations of the study, and provide recommendations for recommendations and further application.

5.1 Conclusion

Summary and Discussion of Descriptive Findings

In the first study was an analysis on the demographic profile of 400 samples, which included gender, age, education level, work situation, frequency level, and body care level. The descriptive analysis on the demographic profile of the sample revealed that Chinese medical tourists travelling outside of China to receive medical treatments in Thailand hospitals and also traveled in Thailand, who were female (52.5%), between age 31 to 40 (40.3%), education level of master's degree (48.5%), and had full time job (42.3%), and had been to Thailand to see a doctor for once a year (48%), and applying clean food for their body care (54%).

Table 5.1: Summary the Highest Percentage of Each Variable of Demographic Factor

Demographic factor	Characteristic	Frequency (*f*)	Percentage (%)
Gender	female	210	52.5
Age	31-40	161	40.3
Education	Master Degree	194	48.5
Work Situation	Full time	169	42.3
How many times per year do you usually come to see a doctor in Thailand	Once	192	48.0
Normally how do you take care of your body?	Clean food	216	54.0

Summary and Discussion of Hypothesis Testing Findings

The Hypothesis testing results could be summarized and discussed as follows:

Reject Ha, Hypothesis 1: Medical quality does not impact on decision making of Chinese medical tourists towards Thailand. The p value was higher than 0.05. In testing

this hypothesis, the present study found that the medical quality had an insignificant effect on decision making of Chinese medical tourists towards choosing hospital Thailand (p>0.05). Hypothesis H1 was therefore rejected.

Accept Ha, Hypothesis 2: Reputation does impact on decision making of Chinese medical tourists towards Thailand. The significant level was set at Alpha 0.05. In testing this hypothesis, the present study demonstrated that a significant relationship existed between the reputation towards decision making of Chinese medical tourists towards choosing hospital Thailand (p<0.05). Hypothesis H2 was thus confirmed.

Reject Ha, Hypothesis 3: Language does not impact on decision making of Chinese medical tourists towards Thailand. The p value was higher than 0.05. In testing this hypothesis, the present study found that the language had an insignificant effect on decision making of Chinese medical tourists towards choosing hospital Thailand (p>0.05). Hypothesis H3 was therefore rejected.

Accept Ha, Hypothesis 4: Cost does impact on decision making of Chinese medical tourists towards Thailand. The significant level was set at Alpha 0.05. In testing this hypothesis, the present study demonstrated that a significant relationship existed between the cost towards decision making of Chinese medical tourists towards choosing hospital Thailand (p<0.05). Hypothesis H4 was thus confirmed.

Reject Ha, Hypothesis 5: Familiarity does not impact on decision making of Chinese medical tourists towards Thailand. The p value was higher than 0.05. In testing this hypothesis, the present study found that the familiarity had an insignificant effect on

decision making of Chinese medical tourists towards choosing hospital Thailand (p>0.05). Hypothesis H5 was therefore rejected.

Accept Ha, Hypothesis 6: Perceived Risk does impact on decision making of Chinese medical tourists towards Thailand. The significant level was set at Alpha 0.05. In testing this hypothesis, the present study demonstrated that a significant relationship existed between the perceived risk towards decision making of Chinese medical tourists towards choosing hospital Thailand (p<0.05). Hypothesis H6 was thus confirmed.

Reject Ha, Hypothesis 7: Destination Image does not impact on decision making of Chinese medical tourists towards Thailand. The p value was higher than 0.05. In testing this hypothesis, the present study found that the destination image had an insignificant effect on decision making of Chinese medical tourists towards choosing hospital Thailand (p>0.05). Hypothesis H7 was therefore rejected.

Accept Ha, Hypothesis 8: Promotion does impact on decision making of Chinese medical tourists towards Thailand. The significant level was set at Alpha 0.05. In testing this hypothesis, the present study demonstrated that a significant relationship existed between the promotion towards decision making of Chinese medical tourists towards choosing hospital Thailand (p<0.05). Hypothesis H6 was thus confirmed.

5.2 Discussions

The results of the study show that only four variables, including hospital reputation, the cost of the services provided, perceived risks and promotions can strongly

influence medical tourism, which is based on the findings of Methawee and Bob (2013), who mentioned the possible medical services. It will provide cost savings, reputation and promotion of medical services that can appeal to medical visitors. The reason may be that Thailand supports the low cost of health care services in other countries and clarifies the fees required by Chinese patients. In addition, the reputation of doctors and hospitals is the most important factor for Chinese patients. Jotikasthira (2010) found that perceived risk in medical destinations was significantly associated with respondents' willingness to visit.

However, there are some differences between the results of this study and other articles. Agharahimi and Sadrmomtaz (2011) show that there is a significant relationship between medical quality and tourist attractions such as high-tech equipment and language, familiarity and destination image. In this study, medical quality, language, familiarity, and destination image did not affect Chinese medical visitors' decision to choose a Thai hospital. The difference in medical quality between destinations is small because most popular countries have high technology and knowledge. Hospitals in almost every country provide language services to Chinese medical tourists. Chinese medical tourists are not familiar with the medical and living conditions of foreign medical destinations, so familiar factors will not affect their choice. The destination image of Thailand is a journey of Chinese soul. However, the medical image does not strongly attract the attention of Chinese medical tourists.

5.3 Limitations

This study has some limitations. The data collection for this study was conducted over a limited period of time and may not represent all time periods. Another significant limitation of this study is the sample size, which is very small and limited to hospitals in Bangkok. A study of different sample sizes and locations in Thailand may provide fruitful results in assessing the choice of medical tourism hospitals.

5.4 Suggestions

Suggestions to managers: Marketing managers should build a reputation for quality in money, gain access to well-known quality doctors and build a strong reputation on social media to build a healthcare reputation in Thai hospitals. The owner of the Thai hospitals should adjust the medical price to be reasonable and affordable, and the government needs to adjust the visa fees to attract Chinese medical tourists. Reducing perceived risk by providing satisfactory medical results and professional doctors is also an effective way for Chinese medical visitors to choose Thailand as a medical destination. Advertising is also important to attract Chinese medical tourists. Marketing managers should focus their marketing plans on the Chinese market and online, and provide promotional packages for Chinese medical visitors. It is also necessary to open a medical institution in China.

Suggestions for future research: For the development of medical tourism in Thailand, it is necessary to focus on strengthening support for Chinese tourists and

participating in successful hospital work in Thai hospitals. Future research may include upcoming hospitals around the world, so this discovery can be promoted in the medical tourism industry. Future research can also consider longitudinal study design and larger sample sizes, which may increase sample representation to control the effects of external variables. Although current research has been focused on scale, it is necessary to re-validate Chinese tourists' decisions through other measurements. Researchers also need to focus on gaps in research to establish and empirically demonstrate current scales and models to extend research.
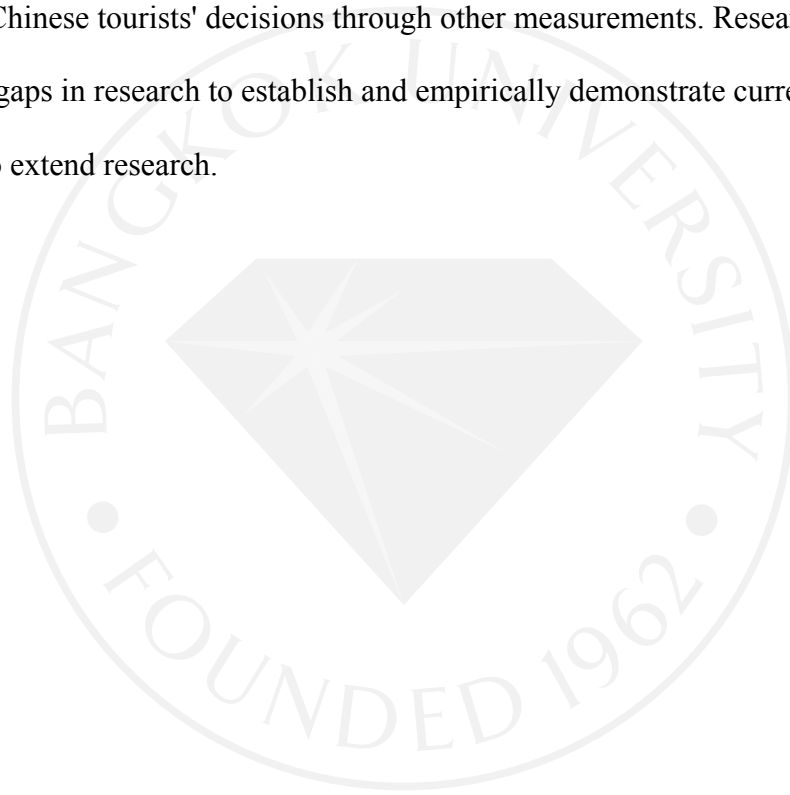
BIBLIOGRAPHY

Agha, A. (2006). *Language and Social Relations.* Cambridge: Cambridge University
Press.

Agharahimi, Z., & Sadrmomtaz, N. (2011). Medical Tourism Industry in Iran:
Strategies for Development. *Health Information Management, 7,* 516-524.

Awadzi, W., & Pamda, D. (2005). Medical Tourism: Globalization and Marketing of
Medical Services. *The Consortium Journal of Hospitality and Tourism, 11*,
75-80.

Ayoubian, A., Tourani, S., & Hashemi, D. Z. (2013). Medical Tourism Attraction of
Tehran Hospitals. *International Journal of Travel Medicine and Global Health,
1,* 95-8.

Chassin, M. R. (1998). The Urgent Need to Improve Health Care Quality: Institute of
Medicine National Roundtable on Health Care Quality. *JAMA: The Journal of
the American Medical Association, 280,* (11), 1000–1005.

Chinai, R. & Goswami, R. (2007) Medical Visas mark growth for Indian medical
tourism. *Bulletin of World Health Organization.* Mumbai.

Chow, C. (2009). *Silverkris: The travel magazine of Singapore Airlines.* Singapore:
Singapore Airlines.

Connell, J. (2006). Medical Tourism: Sea, Sun, Sand and surgery. *Tourism
Management, 2*7, 1093-1100.

Devi, R. S., Thevi, M. U., Pahlevan, S. S., & Nair, V. (2014). Service quality and
previous experience as a moderator in determining tourists satisfaction with
rural tourism destinations in Malaysia: A partial least spuares approach.
Procedia, Social and Behavioral Sciences, 144, 203-11.

Given, L. M. (2008). *The Sage encyclopedia of qualitative research methods.* Los
Angeles, Calif: Sage.

Goodrich, J. N. (1994). Health Tourism A new positioning strategy of tourist
destinations. *Journal of International Consumer Marketing, 6*, 227-238.

Gregory, S., Bishop, J., & Sheldon, L. (1995). *Deaf Young People and their Families:
Developing Understanding*. Cambridge, UK: Cambridge University.

Hawkin, D. I., Best, R. J., & Coney, K. A. (2001) *Consumer Behavior: Building
Marketing Strategy*. Singapore, McGraw Hill.

Izadi, M., Ayoobian, A., Nasiri, T., Joneidi, N., Fazel, M., & Hosseinpourfard, M. J.
(2012) Situation of health tourism in Iran; opportunity or threat. *Iranian
Journal of Military Medicine 14,* 69-75.

Jeetesh, K., & Kashif, H. (2016). Factors Affecting Medical Tourism Destination
Selection: A Malaysian Perspective. *International Interdisciplinary Business-
Economics Advancement Journal, 1*(1), 1-10.

Jones, C. A., & Keith, L. G. (2006) Medical Tourism and Reproductive Outsourcing:
The Dawning of New Paradigm for Healthcare. *International Journal of
Fertility, 51*, 251-255.

Jones, C. A., & Keith, L. G. (2006). Medical tourism and reproductive outsourcing: the dawning of a new paradigm for healthcare. *Int J FertilWomens Med, 51,* 251-5.

Jotikasthira, N. (2010). *Salient factors influencing medical tourism destination choice.* Unpublished master's thesis, Southern Cross University, Lismore.

Kahneman, D., & Tversky. A. (2000). *Choices, values, and frames.* New York: Sage. Cambridge, UK: Russell Sage Foundation; Cambridge University Press. 211.

Krystyna, A., Jeremy, S., Valorie, C., & Rory, J., (2015) Tourism discourse and medical tourists' motivations to travel. *Tourism Review, 70* (2), 85-96.

Lichtenstein, D. R., Ridgway, N. M. & Netemeyer, R. G. (1993), Price perceptions and consumer shopping behaviour: A field study. *Journal of Marketing Research, 3*0(2), 234-245.

Marlowe, J., & Sullivan, P. (2007) Medical Tourism: The Ultimate Outsourcing. *HR Human Resource Planning, 30*, 8-10.

McRoy, J., (2017). Reputation Marketing - Glass Frog Digital, Advanced Marketing Services with Guaranteed Results. *Science, 1*(3), 648-660.

Methawee, W., & Bob, M. (2013). Toward a typology of medical tourists: A case study of Thailand. *Tourism Management, 38,* 4-12.

Moghimehfar, F., & Nasr-Esfahani, M. H. (2011). Decisive factors in medical tourism destination choice: a case study of Isfahan, Iran and fertility treatments. *Tour Manag, 32*(6), 1431-1434.

Monahan, G. E. (2000). *Management decision making: spreadsheet modeling, analysis, and application.* Cambridge, UK; New York: Cambridge University.

Monica, H., Yu-Feng, H., Koichi, M., & Vijak S. (2006). Thailand medical tourism cluste. Harvard Business School. *Microeconomics of Competitiveness*, *1*(3), 1-31.

Nasiripour, A. A., & Salmani, L. (2012). Potential role in the development of medical tourism hospitals in Tehran. *Journal of hospital 9*, 57-67.

Nasiripour, A. A., Tabibi, S., Raesi, P., & Jahani, M. A. (2010). The designation of globalization pattern of hospitals services in Iran. *Dissertation of health care management, Tehran, Science and Research Branch, Islamic Azad University,* 12.

Percivil, C. M., & Bridges, J. F. (2006) Globalization and healthcare: understanding health and medical tourism. *Expert Review of Pharmacoeconomics and Outcomes Research 6*, 447-454.

Pike, S., & Page, S. (2014). Destination marketing organizations and destination marketing: A narrative analysis of the literature. *Tourism Management. 41,* 202–227.

Riley, M. A., & Holden, J. G. (2012). Dynamics of cognition. *Cogn. Sci. 3*, 593–606.

Saadatnia, F., & Mehregan, M. R. (2014). Determining and prioritizing factors affecting to increase customers attraction of medical tourism from the perspective of Arabic countries. *Int J Mark Stud, 6(*3), 155.

Slovic, P., Fischhoff, B., & Lichtenstein, S. (1982). Why Study Risk Perception? *Risk Analysis. 2* (2), 83–93.

Smith, P. C., & Forgione, D. (2007). Global outsourcing of healthcare: a medical tourism model. *Journal of Information Technology Case and Application Research, 9*(3), 19-30.

Strategic and Marketing Magazine (2007). *Revolutionized Healthcare. Strategic and Marketing.* Retrieved from https://www.researchgate.net/publication/225485091_Strategic_Marketing_and_Marketing_Strategy_Domain_Definition_Fundamental_Issues_and_Foundational_Premises

Syeda, Q. K. (2012). Consumer Perception and Buying Decisions (The Pasta Study). *International Journal of Advancements in Research & Technology, 1* (6), 1-10.

Tabibi, S. J., Nasiripour, A. M., Ayubian, A., & Bagherian, M. H. (2012).The Relation between Information Mechanisms and Medical Tourist Attraction in Hospitals of Tehran, Iran. *Health Information Management, 9*, 416-23.

Triantaphyllou, E. (2000). *Multi-criteria decision making methods: a comparative study*. Dordrecht, Netherlands: Kluwer Academic.

Yousef, M., Seyed, J. T., Amir, A. N., & Leila, R. (2016). Factors Affecting Development of Medical Tourism Industry in West Azerbaijan Province of Iran. *International Journal of Health Studies, 2*(4), 25-31.

Zaichkowsky, J. L. (1985). Measuring the Involvement Construct. *Journal of Consumer Research, 12,* 341-343.

Zohreh, D. S., Hamid, Z. B., Vahid, N., & Hosnieh, N. K. (2017). A Progressive

    Multilevel Model for Selecting Medical Tourism Destinations: A Qualitative

    Study. *Int J Travel Med Glob Health, 5*(2), 60-68.

APPENDIX

Questionnaire

Part I Demographic Information

1. Gender?

_____ Male   _____ Female

2. Age?

_____ Less than 23   _____ 23-30   _____ 31-40   _____ 41-50

_____ More than 50

3. Education level?

_____ Bachelor's Degree   _____ Master's Degree   _____ Doctoral Degree

4. Work situation:

_____ Unemployed   _____ Part time   _____ Full time   _____ Students

5. Marital status

_____ Single   _____ Married   _____ Divorced

6. How many times per year do you usually come to see a doctor in Thailand?

_____ Less than once   _____ Once   _____ 2 -3 times   _____ More than 3 times

7. Normally how do you take care of your body? (can check more than one answer).

____Fitness   ____Clean food   ____ Regular checkup   ____Diet

Part II. Measuring Independent Variables

Please answer the following questions by marking "√" in the space given below and do kindly answer truthfully and complete all questions. The following factors affect my medical tourism choice destination's decision.

1 (Strongly Disagree)   2 (Slightly Disagree)   3 (Neutral)   4 (Slightly Agree)
5 (Strongly Agree)

	1	2	3	4	5
Medical Quality					
1. Thailand has many hospitals of international standard.					
2. Thailand has medical practitioners who are well educated.					
3. Thailand has many hospitals that are equipped with the most sophisticated medical equipment.					
4. Thailand has many hospitals that provide individuate patient care.					
5. Thailand has many hospitals that showed high percent in cure rate.					
Reputation					

1. Thai hospitals have good reputation in healthcare service.					
2. Thai hospitals have a reputation for value for money.					
3. Thai hospitals get well-known for quality experienced doctors.					
4. Thai hospitals have good reputation on social media.					
5. Thai hospitals get high recognition for social responsibility.					
Language					
1. Chinese interpreters have been provided by hospitals in Thailand.					
2. The brochures of medical service care are in Chinese.					
3. Staffs of Thai hospitals can communicate with me.					
4. Doctors of Thai hospitals can communicate with me.					
5. There are advertisements of Thai hospitals in Chinese.					
Cost					
1. The cost of medical treatment in Thailand is very reasonable.					

2. I can afford having my treatment in Thai hospitals.					
3. I can afford the cost of travelling to Thailand.					
4. The cost of living in Thailand is acceptable.					
5. The cost of Thai visa to Thailand is affordable.					
Familiarity					
1. I have friends or relatives in Thailand.					
2. I have visited Thailand before.					
3. I feel at home when having medical treatments in Thailand.					
4. I know Thai culture very well.					
5. Thai doctors and staffs treat me well.					
Perceived Risk					
1. It's unlikely that my health condition will worse, as a result of travelling to Thailand.					
2. It's unlikely that travelling to Thailand for medical treatment will not provide a satisfactory outcome.					
3. It's unlikely that doctors in Thai hospitals do not know how to cure me.					
4. It's unlikely that I will spend more money than I expect when having medical treatment in Thailand.					

5. It's unlikely that I will not get a visa to cover my whole treatment period.					
Destination Image					
1. Thailand is a land of smile.					
2. Thailand has a positive image in my mind.					
3. I prefer Thailand as a medical destination.					
4. Hospitals in Thailand come to my mind first when medical tourism is mentioned.					
5. Thai hospitals have high positioning in world medical service.					
Promotion					
1. Thai hospitals advertise their medical services in China.					
2. The advertisements of Thai hospitals are interesting.					
3. Thai hospitals advertised Thailand on the internet.					
4. Thai hospitals provide promotional packages to Chinese people.					
5. Thai hospitals have medical agencies in China.					

Part III. Measuring Dependent Variables

Please answer the following question by marking "√" in the space given below and do kindly answer truthfully and complete all questions. The following factors affect my medical tourism choice destination's decision.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Decision Making					
1. I have no hesitation to choose Thai hospitals when I need medical treatments.					
2. I decide to come to Thailand for medical treatment.					
3. I always choose Thailand as a destination for my medical treatments.					

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มหาวิทยาลัยกรุงเทพ
ข้อตกลงว่าด้วยการอนุญาตให้ใช้สิทธิในวิทยานิพนธ์/สารนิพนธ์

วันที่_____เดือน_____พ.ศ._____

ข้าพเจ้า (นาย/นาง/นางสาว)_____อยู่บ้านเลขที่_____

ซอย_____ถนน_____ตำบล/แขวง_____

อำเภอ/เขต_____จังหวัด_____รหัสไปรษณีย์_____

เป็นนักศึกษาของมหาวิทยาลัยกรุงเทพ รหัสประจำตัว_____

ระดับปริญญา ☐ ตรี ☑ โท ☐ เอก

หลักสูตร___ศิลปศาสตรมหาบัณฑิต___สาขาวิชา___การจัดการอุตสาหกรรมการบริการและการท่องเที่ยว___

คณะ _มนุษยศาสตร์และการจัดการการท่องเที่ยว_ ซึ่งต่อไปนี้เรียกว่า **"ผู้อนุญาตให้ใช้สิทธิ"** ฝ่ายหนึ่ง และ

มหาวิทยาลัยกรุงเทพ ตั้งอยู่เลขที่ 119 ถนนพระราม 4 แขวงพระโขนง เขตคลองเตย
กรุงเทพมหานคร 10110 ซึ่งต่อไปนี้เรียกว่า **"ผู้ได้รับอนุญาตให้ใช้สิทธิ"** อีกฝ่ายหนึ่ง

ผู้อนุญาตให้ใช้สิทธิ และ ผู้ได้รับอนุญาตให้ใช้สิทธิ ตกลงทำสัญญากันโดยมีข้อความดังต่อไปนี้

ข้อ 1. ผู้อนุญาตให้ใช้สิทธิขอรับรองว่าเป็นผู้สร้างสรรค์และเป็นผู้มีสิทธิแต่เพียงผู้เดียวในงานสารนิพนธ์/
วิทยานิพนธ์หัวข้อ_____
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ซึ่งถือเป็นส่วนหนึ่งของการศึกษาตามหลักสูตร_____ศิลปศาสตรมหาบัณฑิต_____ของมหาวิทยาลัยกรุงเทพ
(ต่อไปนี้เรียกว่า **"สารนิพนธ์/วิทยานิพนธ์"**)

ข้อ 2. ผู้อนุญาตให้ใช้สิทธิตกลงยินยอมให้ผู้ได้รับอนุญาตให้ใช้สิทธิโดยปราศจากค่าตอบแทนและไม่มี
กำหนดระยะเวลาในการนำสารนิพนธ์/วิทยานิพนธ์ ซึ่งรวมถึงแต่ไม่จำกัดเพียงการทำซ้ำ ดัดแปลง เผยแพร่
ต่อสาธารณชน ให้เช่าต้นฉบับหรือสำเนางาน ให้ประโยชน์อันเกิดจากลิขสิทธิ์แก่ผู้อื่น อนุญาตให้ผู้อื่นใช้
สิทธิโดยจะกำหนดเงื่อนไขอย่างหนึ่งอย่างใดด้วยหรือไม่ก็ได้ ไม่ว่าทั้งหมดหรือเพียงบางส่วน หรือการ
กระทำอื่นใดในลักษณะทำนองเดียวกัน

ข้อ 3. หากกรณีมีข้อขัดแย้งในปัญหาลิขสิทธิ์ในสารนิพนธ์/วิทยานิพนธ์ระหว่างผู้อนุญาตให้ใช้สิทธิกับ
บุคคลภายนอกก็ดี หรือระหว่างผู้ได้รับอนุญาตให้ใช้สิทธิกับบุคคลภายนอกก็ดี หรือมีเหตุขัดข้องอื่นๆ
เกี่ยวกับลิขสิทธิ์ อันเป็นเหตุให้ผู้รับอนุญาตให้ใช้สิทธิไม่สามารถนำงานนั้นออกทำซ้ำ เผยแพร่ หรือโฆษณา
ได้ ผู้อนุญาตให้ใช้สิทธิยินยอมรับผิดและชดใช้ค่าเสียหายแก่ผู้ได้รับอนุญาตให้ใช้สิทธิในความเสียหาย
ต่าง ๆ ที่เกิดขึ้นแก่ผู้ได้รับอนุญาตให้ใช้สิทธิทั้งสิ้น

สัญญานี้ทำขึ้นสองฉบับ มีข้อความเป็นอย่างเดียวกัน คู่สัญญาได้อ่านและเข้าใจข้อความในสัญญานี้โดย
ละเอียดแล้ว จึงได้ลงลายมือชื่อให้ไว้เป็นสำคัญต่อหน้าพยาน และเก็บรักษาไว้ฝ่ายละฉบับ

ลงชื่อ..ผู้อนุญาตให้ใช้สิทธิ
        (   )

ลงชื่อ..ผู้ได้รับอนุญาตให้ใช้สิทธิ
       (อาจารย์อัฏฐิภา จุลพิสิฐ)
ผู้อำนวยการสำนักหอสมุดและพื้นที่การเรียนรู้

ลงชื่อ..พยาน
       (ดร.สุชาดา เจริญพันธุ์ศิริกุล)
       คณบดีบัณฑิตวิทยาลัย

ลงชื่อ..พยาน
       (ดร.ชุติน แก้วนพรัตน์)
ผู้อำนวยการหลักสูตร/ ผู้รับผิดชอบหลักสูตร