SERVICE QUALITY AND PATIENT SATISFACTION ON THAILAND SOCIAL SECURITY SCHEME IN KASEMRAD HOSPITAL RATTANATIBETH

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ABSTRACT

Purpose – This study is aimed to investigate the differences in perception on 2 groups of respondents, which are top executives in one private hospital and patients in this hospital. On three factors, which are Thailand social security payment scheme, service quality, and patient satisfaction. Also, to get more understanding on issues, challenges and possible solution to address those challenges in Thailand Social Security Scheme from top executive's point of views.

Design/methodology – Qualitative research and quantitative research will be studied and researcher used 9 sets of questionnaire to gather the information top executive and 400 sets of questionnaire form patients.

Findings - Qualitative research - The results suggest that main challenges in Thailand Social Security Scheme are Communication problem, Late payment and not fully paid to private hospital, Claiming process, Patient complaint process and Payment mechanism is too low.

- Quantitative research - The results suggest that there is a relationship on capitation payment, Payment for risk-adjusted capitation and Payment for utilization incentives in social security scheme toward Responsiveness dimension in SERVQUAL model and five out of five factors from SERVQUAL have significant relationships with patient satisfaction. Therefore, Service quality of doctor and laboratory will be improved by increasing capitation payment, utilization incentive and risk-adjusted payment and focusing on five factors from SERVQUAL will help to improve patient satisfaction.

Research limitations – This study is conducted in a very specific group of people, in which the result of this study might be different in other groups of people.

KEYWORDS: Thailand Social Security Scheme/ Thailand social security payment scheme/ patient satisfaction/ service quality

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CHAPTER I
INTRODUCTION

1.1 Introduction

Concerning country development in Thailand, Thailand has changed from agriculture country to industrial country, which was a major cause of people's lifestyle change. Unlike the past, people tended to live as a nuclear family instead of extended family and the level of reliability on each other seemed to play less important role in the community this day. Hence, it was a responsibility of the government to establish certain system that would provide insurance to people in the society today. One of government's achievements in healthcare sector is social security system.

Current serious problems about social security system nowadays lie within service delivery process to the patient where an obvious example is double standard in the services quality delivery process from many private hospitals when comparing between non-social security patient and social security patient. Waiting time for seeing doctor due to the workload of the doctor is one of the major problem service delivery process and also a limited budget in this scheme will lead to cost control in medicine and medical supplies. Moreover, the complain rate to the National Health Social Security office from social security patient is increasing dramatically every year and one of the most 5 complained topics was service quality (Prachachat newspaper, 2012). According to the cabinet meeting on 1 May 2008 about the issue of social security scheme in Thailand, poor service quality was a one main issue in Thailand system due the social security scheme's capitation payment from the government was not be able to cover the cost of treatment that give to the social security patients in each hospital (Nation Newspaper, 2008). Moreover, from Thailand minister's meeting on 1 May 2007 was addressing 3 main challenges in order to improve social security scheme in Thailand; first, cannot cover all workers in Thailand due to unregistered workers. Second, Social Security fund is facing deficit in budget and third, poor service quality because of capitation payment cannot cover all treatment cost that

occurred and also workload of doctors in hospital under social security scheme (Thansettakij Newspaper, 2008).

As of 2017, there are a number of registered patients under social security around 12 million people with 239 registered hospitals who are providing healthcare service to these group of patients that can be classified into 159 public or government hospitals and 80 private hospitals (http://www.sso.go.th).

According to the Number of Utilization data of social security fund department of Thailand from year 2009-2017, we can see that the number of sickness patient was significantly increased during past 8 years from 28,984,350 to 33,070,163 with more than 14 percent increased over that period. On the other hand, the number of patient death was 18,343 in 2009 and it became to 26,314 in 2016, which means a growth rate of patient death was equal to 43% and it was greater than a growth rate number of sickness patient by 29%. (Table1 Present the number of utilization 2009-2017)

Table 1.1 Number of Utilization 2009-2017

Month / Year	Sickness	Invalidity	Death	Maternity	Old Age		Child Allowance	Unemployment
					Lump Sum	Pension		
2009	28,984,350	795	18,343	291,966	98,035	-	1,254,102	139,165
2010	29,802,623	917	19,357	282,277	114,268	-	1,255,645	89,965
2011	29,877,932	881	20,197	291,376	153,217	-	1,256,114	98,142
2012	33,172,345	1,286	21,163	300,075	139,544	-	1,297,860	88,063
2013	32,283,848	1,284	22,109	287,990	175,228	-	1,304,258	95,090
2014	28,641,880	1,317	22,805	292,457	307,644	-	1,276,608	106,798
2015	29,932,777	1,586	23,667	286,295	112,780	47,490	1,302,765	123,536
2016	33,070,163	1,726	26,314	294,169	265,690	79,247	1,326,518	141,267
2017								

Source: Social Security Office 2017

Top executives of private hospital are the key players that contribute to the successfulness of the Social security scheme as a leadership of the organization who can motivate and encourage change of the employees' attitude and behavior in the organization (Oliver, 2006) who are the key to deliver the service quality to the patient. According to one of the most complained topics from patients under social security scheme to the Social Security Office is a service quality topic, in order to reduce the gap in service quality of patient with and without social security, the study

on factors that can influence on service quality in private hospital is very important. One of the major factor that impact on service quality is the payment system (Chaiwat, 2012). However, study about their perspective on social security payment system and service quality provided to patients under this program are still lacking because mostly the research on this filed are conducted research on the public healthcare sector side. Moreover, this research will explore more on the customer's satisfaction side on the service quality provided by the many private hospitals in Thailand in order to study the gaps between the perception of top executives and their customers toward the service quality provided in their hospitals.

1.2 What Is Social Security?

Social Security is a form of social insurance provides as worker's benefits to protect them from individual's financial problem. The scheme covers any adverse situations that impact a person's ability to work including disability, death and retirement. To ensure that money is sufficient and readily available for all beneficiaries, Social security funds are collected by workers contributions as well as additional contributions from the employer (http://www.ehow.com).

The social security system can be applied for every Thai working people whose age range from 15 to 60. Normally, employee will be required to contribute 3% of their monthly salary toward pensions and family benefits, however, in certain circumstances employee may be required to contribute up to 9% of monthly earning or an equivalence of 4800 baht. Those who earn less than 1,650 bath/month will not be obliged to make any contributions. Employer and government will contribute 3% and 1%, respectively, on top of the contributions for those who are currently employed (http://www.sso.go.th).

Benefits of social security insurance include the coverage of disability, death, retirement, sickness, maternity, and also unemployment situation that affect one's ability on working to provide for his/her family.

In order to get a retirement pension, at least the worker must be at 55 years of age with the 180 months at least of contribution required. To claim for the pension,

the claimants can be processed only if they are no longer working for the firm or start working after the pension claiming is suspended until again they stop working. If within the 60 months of the claim beginning a pensioner dies, the lump sum of the old age pension will be paid out to their surviving parents, spouse, and children. The paid out pension is equivalent with 20% of the average earned wage within 60 previous months prior to the retirement. For each of 12 months period of contributions, the payments are increased by 1.5% from the amount over and above 180 months at minimum. Since the amount of pension is not so high.

This section is also covered on the disability pension however, those who claim should have the medical check since the pension has no minimum and the low earners could seek for the letter to certify that they are not capable for working anymore and they should have minimum 3 months' worth of contributions in the former 15 months. The payment will be processed only when no longer the claimant is claiming for the sickness cash benefit. The company calculates the disability pension from the highest 3 months earnings in the former 9 months and pays for the rate of 50% from the daily average. This pension is subject to cost of living increases.

The benefits for sickness and maternity are also included in the social insurance system. The worker will contribute 1.5% of their monthly earnings gross into these benefits where it will be matched by the government and employer. If desired, the voluntary contributions can be made as well. The claimant must have paid at least 3 months in the previous 15 months into the system for their sickness benefits while for the maternity benefits; it requires 7 months contributions for at least from the previous 15 months. The payment of maternity benefits system will only be processes for the first 2 instances of a family's childbirth. Sickness and maternity benefits adopt the same calculation method just like used by the disability pension.

The social insurance fund has also covered on the unemployment benefits where each staff must contribute the 0.5% of their salary, then matched and added by the employer, with the Thai government donation for 0.25%. This benefit has not covered on the self-employed workers. The person who wanted to claim on this benefit must worthily contribute at least 6 month from the preceding 15 months. Moreover, it is essential to make registered on the Government Employment Service in order to claim on this and he or she must be willing to work on suitable tasks. The staff will no

longer be eligible to have this benefit, if they have been sacked since the carefully consideration on each individual case will be monitored by the social security system. Also, the calculation of this benefit is done in the similar way with the disability, sickness and maternity benefits however; it will be paid out only after 8 days of unemployment for at least.

Moreover, the monthly child allowance can be claimed by the family at 350 THB per month on each child if they have registered on the social security system. None of contribution is required on this but the minimum of 12 months' worth of contributions must be done by the family within 36 months of the claim preceding. The benefits will be paid out for the under 6 years old of age children but the maximum of 2 children can be claimed by each family (Social Security Department).

From all above information, it shows all benefits that patient can get covered under social security scheme. A Recent data is showing that the number of patients under social security scheme is growing higher and higher every year. In order to deliver and enhance the best service quality in term of treatment given and willingness to serve to this group of patients, Social Security Office has to under stand the challenges and problem from the hospital side and patient's need, it is a priority task for both private and government organization to find out the key factor that can improve their service quality before delivered to patients. Therefore, in order to find a way to improve the service quality delivered to social security patients, a study on hospitals under social security scheme is quite necessary and useful. But the study on private side is still lacking which hold more than 30% of all hospitals under social security scheme. This research will focus on challenges and the possible way to address them on one private hospital, which is Kasemrad Hospital Rattanatibeth. Also, from the previous study stated that one key factor that effect on service quality in manage care model is budget and payment mechanism whether it can be covered all the cost of service or not. The result will lead to patient's satisfaction when they encounter the service as well. Therefore, researcher would like to study on the issues and challenges toward social security scheme in Thailand and find possible solutions to handle those issues and challenges. Moreover, researcher will study on a social security scheme's payment mechanism whether there is a relationship with service

quality or not. On the other hand researcher would like to study on service quality, which can or cannot be a factor that can increase patient's satisfaction.

1.3 Research Question

In order to improve the service quality for social security patient in Kasemrad Hospital Rattanatibeth, the main question of this research can be explored as "What are the issues and challenges of Social Security Scheme in Kasemrad Hospital Rattanatibeth, and possible solution to improve the quality of service in order to increase patient's satisfaction with regard to Social Security Scheme in Kasemrad Hospital Rattanatibeth?"

1.4 Research Objectives

The main purpose of this study is to identify the challenges and to provide possible recommendation for improving Social Security Scheme in Kasemrad Hospital Rattanatibeth

- To explore the issues and challenges in Thailand Social Security Scheme from Kasemrad Hospital Rattanatibeth's top executive perspectives.
- To discuss the possible solution and tactics to handle current issues and challenges of Social Security Scheme from Kasemrad Hospital Rattanatibeth's top executive perspectives
- To study the relationship between Thailand social security payment scheme toward service quality in Kasemrad Hospital Rattanatibeth from their top executive perspectives.
- To study the relationship between service quality and patient's satisfaction in Kasemrad Hospital Rattanatibeth
- To recommend potential improvement options for improvement to Social security office on Social Security Scheme in private hospitals in Thailand (SSO).

The findings of this study will be beneficial to National Health Social Security office in term of having a better understanding on the issues and challenges of social security scheme from the top executives' perspective in private healthcare provider. This study will also recommend solutions for potential improvement of the scheme to National Health Social Security.

1.5 Limitation

- The respondents might not provide the exact answers from their opinions.
- The respondents might not discern the advantage of giving their opinions.
- This research could not be covered to all top executives' opinion since the way of approaching is quite difficult.
- Time limitation for collecting data and questionnaire due to the collection data period is quite short, only 20 days.

1.6 Scope of the Study

In this study, the study of social security payment mechanism, service quality and customer satisfaction on Thailand social security scheme in Kasemrad Hospital Rattanatibeth, which is a big private hospital with tertiary care service, 400 patient beds and 60 examination rooms. It is located in Nonthaburi province with 151,000 registered patients under social security scheme, researcher will do the analysis of differences in perception on 2 groups of respondents. First are top executives in Kasemrad Hospital Rattanatibeth, researcher will study on the perception toward the relationship between Thailand social security payment scheme and service quality. Also, to get more understanding on issues, challenges and possible solution to address those challenges in Thailand Social Security Scheme from their opinions. Second group are patients, researcher would like to investigate their perception on a

service quality in their registered hospital under social security scheme toward their satisfactory level of using hospital service.

1.7 Definition of Terms

Health care provider is an individual or an institution that provides preventive, curative, promotional or rehabilitative health care services in a systematic way to individuals, families or communities (Stanhope, 2017).

Service quality is representing the value of the company's product that are received and perceived by target customers that match with their needs, preferences or expectations (Lewis and Mitchell, 1990; Dotchin and Oakland, 1994)

Customer satisfaction is the situation felt by a person who experienced a performance or an outcome that has fulfilled his expectations. It is related to the level of expectations and perceived performance (Kotler and Clarke, 1987).

CHAPTER II
LITERATURE REVIEW

According to the previous studies, one main factor that created a gap in a service quality delivery process to social security patients in most Thailand's private hospitals is social security payment mechanism provided by government. There are many problems in payment processes for example government defaults in payment, payment mechanism cannot cover all operation cost and etc. It will lead to inequality and difference in the standard of medical service delivered to patients with social security coverage and those without, especially in many private hospitals (http://www.labourcrisiscenter.com). Therefore, the topic of this chapter will mainly focus on relationship of the service quality and payment mechanism from the top executives' point of view in Kasemrad Hospital Rattanatibeth. On the other hand, this research will study on the perception of satisfactory level toward the service quality of their patient in the hospitals.

2.1 Service Quality

The main concept of Service quality management is a creation of innovativeness in the service characteristics in order to maximize customer's satisfaction and reducing gap of dissatisfaction especially in the service quality management model (SERVQUAL) (Parasuraman, 1985; Buttle, 1996). This model of measuring service quality can be applied for almost every service businesses as a basic concept of developing service quality management.

Parasuraman, et al (1988) suggested a widely used model known as SERVQUAL for evaluating the superiority of the service quality. In the SERVQUAL model, Parasuraman et. al. identified the gap between the perception and expectation of consumers on the basis of five attributes, reliability, responsiveness, assurance, empathy and tangibles to measure consumer satisfaction in the light of service quality

(Parasuraman A., Berry L,1988). The scale breaks down the notion of service quality into five dimensions, which were derived from five years of qualitative and quantitative customer service quality research (Parasuraman, Berry and Zeitham, 1988 and 1990. This tool is defined as the keys for customer satisfaction increasing by the service provider. Consequently, they defined the service quality perceived by customers as the different extent between the anticipations of customers and their own services perceptions. Once we perceive on the service deliveries and it exceeds the expectation, the customers' satisfaction level will increase. Basically, in the new era of market, the SERVQUAL model has five elements to be examined. All of them are set at the crucial investigating variables in this research where the investigation will be on the relationships between these SERVQUAL model's five significant variables and the customer satisfaction (Parasuraman et al, 1985).

First of SERVQUAL model is initially proposed by Buttle (1996). It consists of 10 significant components for the service quality management program model. These components include; reliability, credibility, security, competence, responsiveness, accessibility, tangibles, courtesy, understanding/knowing customers and communication. There have been the revision on these ten components and cut off 5 elements based the management model similarities. Though, changes are made to the model but the goal still be remained as before; which is for the overall service quality improvement as well as the customer's satisfaction development from the model of service quality management in order to close the customers' dissatisfaction gap.

Based on the gap of dissatisfaction, this gap mainly occurs based on the perception of customer mismatch with his/her expectancy in the process of service design and lacking in quality that will lead to unsatisfied customers and reducing in retention of purchase rate. Commonly, we can classify this gap into the five following service development process levels (Shekarchizadeh, Rasli and Hon-Tat, 2011).

1. Between customers' actual expectations and the management perceptions on customer expectations and the actual customers' expectations.

2. Between the services standard specification stated by the firm and the management perceptions customer expectations.

3. Between the service standard specification stated by the firm and the real service delivery.

4. Between the service standard specification stated by the firm and the external communication by the firm.

5. Between the customer's expectation and the service perceived.

To decrease the dissatisfaction gaps, each from the five elements of SERVQUAL model should be moderated with the following different roles:

- *Tangibles*: the personnel appearance, facilities, and physical evidence.
- *Reliability*: ability of the firm to perform the accurate service as stated or promised consistently.
- *Responsiveness*: proper service, the degree of willingness to help and serve a customer.
- *Assurance*: A degree of courtesy of staffs to deliver the service, knowledge and skill
- *Empathy*: the attention paid to individual by the firm on its customers with caring as well as the customization degree offered to the customers. (Buttle, 1996).

The different impacts of SERVQUAL model with different service characteristic was illustrated by Buttle (1996) as used in this research. For the hotel industry case, we can upgrade the original SERVQUAL model's core value via such of five elements, which are the reassurance, tangibles, conviviality, sarcasm avoidance, and empathy. At least, the nine elements are indicated for the hospital service case as the service quality improvement basic determinants. For the non-pure service categories like retail-clothing sector, the reliability, tangibles, personal attention, and convenience, these are classified as the business key operating variables. For car servicing, tangibles, customer kindness, and faith are the three identified major variables.

According to the above former studies, fluctuation of the service kinds and market situations can be summarized in response by the SERVQUAL model on significance different levels and the management characteristics. To appropriately use this model with the study, according to the service provider, essential is found on the

study related to the needs and preferences of the customers. Each from the five elements should be explored and characterized on the way to operate each of them in each situation.

For the characteristic of the non-pure service case of the study on service quality improvement that is explored on the SERVQUAL model in private health care service by Butt and de Run (2010). The aim of this study is to identify on the customer perception and the association with customer's behavior. Moreover, the study has further looked into the association between the service development perception and expectation on each variable. In the part of methodology, 320 sets of questionnaires survey are distributed to ask for the 34 critical questions.

In data analysis, each element perception by customers has indicated on the moderately low level. Customers perceive on the health care service quality at the lower level. In order to explore on the associate individual's expectation, it is also presented from the results a negative relationship with each variable expectation. Indicated from the score of negative responsiveness case, sample expectation will require for the overall response time development.

SERVQUAL model helps obtain customers rating of perception and expectation on the basis of ordinal scale. It has also been found that the application of statistical tool with the ordinal data in the SERVQUAL model is inappropriate. Simultaneous measurement of patients' expectation and perception is also erroneous. The literature survey explained that in a number of health care settings different researchers; Anderson (1995), Youseff (1996), Lam (1997), Sewell (1997), Angelopoulou et.al. (1998), Dean (1999), Lim and Tang(2000), Wong (2002), Jaboun and Chaker(2003), Boshaff and Gray (2004), Kilbourne et.al. (2004), Wisniewski(2005), Karassavidou et.al. (2007), Mangkolrat (2008), Akter et. al.(2008) and Qin et.al.(2009) have applied SERVQUAL model since mid 90s to 2009. Finally, it is observed that in spite of all limitations, SERVQUAL is still popular instrument to measure patient satisfaction even in recent days.

Babakus and Mangold (1992) pointed out that SERVQUAL is designed to measure functional quality only. In the health care sector, functional quality depends on technical aspects, which represents accurate diagnosis and procedure of treatment. From literature survey it has been observed that some identifiable dimensions have

been selected based on country specific cultural practices. As for example, in hospitals of Bangladesh, discipline, communication and ‘baksish’ (tips) to employees have been considered as one of the dimensions.

2.2 Customer Satisfaction

Customer satisfaction as indicated by Jamal (2004) has been one of the top crucial factors used by the researcher and marketers to examine on the light of customer satisfaction in the past four decades. None of specific definition is provided for the term customer satisfaction; however, many literatures have agreed that the importance is defined from its concept of customers satisfying in the sense for them to achieve their desire. Some researchers stated that customer’s satisfaction is defined as the results of goods and services offered for responding to customer’s needs and the satisfaction or increasing their expectations during the time of consuming the goods or services (Juran, 1991; Kelsey and Bond, 2001).

Homburg et al. (2006) according to the previous researchers (Oliver, 1980; Bearden and Teel, 1983; LaBarbera and Mazursky, 1983; Westbrook, 1987; Westbrook and Oliver, 1991; Mano and Oliver, 1993) had addressed on either effect or cognition with the major roles for judgments on satisfaction.

Satisfaction in the service marketing literatures had been termed as the cognitive-based phenomenon (Westbrook, 1987). It was stated in term of the expectations-disconfirmation paradigm (also known as the confirmation-disconfirmation paradigm) that the customer expectations as a result on their beliefs in products or services would generate satisfaction at different levels (Oliver, 1980).

In contrast, the effect is identified by the other researchers as the products or services experienced that could also present the impact on the satisfaction judgments (Homburg et al., 2006). As suggested by Liljander and Strandvik (1997), we cannot completely understand on satisfaction without its effective dimension research. Moreover, we also consider on price as said in the marketing literature as one of the key consumer satisfaction factors since always customers reflect on the products

or services price they can afford (Zeithaml, 1988; Fornell, 1992; Anderson and Sullivan, 1993; Anderson et al., 1994; Cronin et al., 2000).

2.2.1 Patient Satisfaction: A Measurement of Quality Of Healthcare Service

Patients, in general, receive various services of medical care and judge the quality of services delivered to them (Choi et al., 2004). The service quality has two dimensions (a) a technical dimension i.e., the core service provided and (b) a process/functional dimension i.e., how the service is provided (Grönroos 2000). Risser defined patient satisfaction as the degree of convergence between the expectations the patients have of ideal care and their perception of the care they really get (Risser, 1975). Lochoro supported this point of view that patient satisfaction corresponds to the gap between the expected and perceived characteristics of a service (Lochoro, 2004).

In general, patient satisfaction surveys are used to examine the quality of the healthcare service provided (Lin and Kelly 1995). Much evidence has been documented for the service quality to satisfaction link in different consumer satisfaction studies including those in the area of health care marketing (Brady and Robertson 2001; Gotlieb, Grewal, and Brown 1994; Rust and Oliver 1994; Andaleeb 2001). Wolosin (Wolosin, 2005) considers that patient satisfaction as an indicator of the quality of care and integrates in its definition the patients' experiences as a key-element of (un)satisfaction. He argues that experiences that exceed expectations lead to satisfied patients, while those that fail to meet expectations cause dissatisfaction. Patient's satisfaction is the voice of patient that counts since it reflects the response to experienced interactions with the care givers.

Chahal (2000), in his tri-component model, pointed out that the loyalty of patients towards particular provider of medical service can be measured on the basis of three dimensions using providers again for the same treatment (UPA S), using providers again for different treatments (UPAD) and referring providers to others (RPO). In the tri-component model, Chahal proved that all the above-mentioned loyalty measures depend on the overall service quality. He explained service quality of medical care with three latent constructs. These are physicians' performance, nursing performance and operational quality.

Aragon et.al (2003) conducted a research in emergency department of hospitals and suggested the primary provider theory to measure patient satisfaction considering three latent variables or constructs; physician service (SP), waiting time (SWT) and nursing care (SN). They applied multiple structural equation models for developing a hierarchical relationship between patient satisfaction and above-mentioned constructs. Three latent variables define the attributes of quality of health care service. They proved that overall patient satisfaction depends on SP, SN and SWT. They also pointed out that overall satisfaction is positively associated with two indicators – likelihood of patients' recommendation of the health care unit and degree to which the service is worthwhile in terms of money paid by patients.

According to Shi and Singh (2005), from the perspective of patient satisfaction, quality has been explained by two ways – a) quality as an indicator of satisfaction that depends on individual's experiences about some attributes of medical service including comfort, dignity, privacy, security, degree of independence, decision making autonomy and attention to personal preferences and b) quality as an indicator of overall satisfaction of individuals with life as well as self-perceptions of health after some medical intervention (Shi & Singh, 2005). The above-mentioned two references of quality signify that each represents a desirable process during the medical treatment as well as successful outcome after a health care service is rendered. The above two concepts of quality can also enhance the sense of fulfillment and sense of worth (Shi and Singh, 2005).

The patient satisfaction depends on three elemental issues of health care system. These are perception of patients regarding quality health care service, good health care providers and good health care organization (Safavi, 2006). A study conducted by Safavi(2006) has revealed that satisfaction with hospital experience was driven by dignity and respect, speed and efficiency, comfort, information and communication and emotional support. During 2004 and 2005, a focus group interview was conducted by the Agency of Health Care Research and Quality and Centers for Medicare and Medicaid Services (CMS) to find out how patients perceive the quality of health care. In this study it was observed that patients, usually, preferred four qualities of health care services; doctor communication skill, responsiveness of hospital staff, comfort and cleanliness of the hospital environment and communication

of nursing staff (Safavi, 2006). Generally, patients define quality of health service more on the basis of attributes, respect and compassion than technical competence of doctors and staff (Safavi, 2006).

Yu Cheng et. al.(2007), in their research on the medical service in Jaiwan, applied Kano's model to measure satisfaction of patients. Following Kano's model, they considered three antecedents of satisfaction. One-dimensional attributes must be attributes and attractive attributes. The one-dimensional attributes comprises of some variables; comfort, convenience, capacity, modernized system of treatment, medical ethics, commitment to the patient, professional technology, quality of drug, quality of doctors, expense rationality and etc. Attractive attributes explain two other variables; community relations and contribution to the public activities. Ultimately, they measured overall satisfaction of patients based on the disconfirmation between the customer expectancy regarding the above three latent constructs and actual medical service provided by health care units. The researchers have also identified two other factors to understand the satisfaction level of patients. These two factors are patients' loyalty status and patients' complaints, which have positive and negative correlation with overall satisfaction respectively.

Marrakchi et. al.(2008) developed the Tunisian Measurement Scale to determine patient satisfaction on the basis of seven latent variables, reception, nursing care, information, hygiene, comfort, food and invoice service in the Tunisian Patient Clinic. They identified some indicators for explaining and defining the above-mentioned latent variables. They conducted a survey with patients by asking them to rate the service quality in a five point likert scale ranging from 'very dissatisfied' to 'very satisfied'. They have done factor analysis with the data that they have obtained on the basis of likert scale. The result of factor analysis revealed that all the variables are independent barring the hygiene and comfort, which were perceived as one factor by patients. Therefore, the number of factors has been reduced from seven to six. The six factors are: nursing care, food, comfort, reception, information and invoice service. The researchers have proved that those six factors are positively correlated with patient satisfaction.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is one of the tools applied for measuring patient satisfaction with quality of care.

According to Agency for Healthcare Research and Quality (2009), CAHPS is an internationally validated tool to be anchored on a specific episode of contact between the patient and healthcare professional. CAHPS focuses on assessing the actual experience of patients during care process instead of measuring patients' perception. As per the CAHPS methodology, patients are asked to indicate if they receive any specific quality of care.

Hu et.al.(2010) applied Taiwan Customer Satisfaction Index (TCSI) to measure patient satisfaction in Taiwan. TCSI is the modification of American Customer Satisfaction Index regularly used by ACSI institute to evaluate patient satisfaction in hospitals in the U.S.A. (American Customer Satisfaction Index, 2010). TCSI is an econometric model that considers five latent constructs including perceived quality, customer expectation, perceived value, image, overall satisfaction and loyalty. A path analysis of latent constructs has been done to understand the effect of one variable on others. The result of path analysis revealed that image has a significant positive effect on customer expectation where as the same does not have similar positive effect on customer satisfaction and customer loyalty. Customer expectation has a significantly positive effect on perceived quality, but the customer expectation does not have the same effect on perceived value and customer satisfaction but perceived quality has a significant positive effect on perceived value and also customer satisfaction. In conclusion, service quality has the relationship with customer satisfaction.

All the above-mentioned methods of measuring patient satisfaction have suggested that service quality is one of the major and important antecedents of overall satisfaction of patients.

2.3 Relationship Between SERVQUAL And Customer Satisfaction

According to Sohail (2003), SERVQUAL instrument among several tools for measuring patient satisfaction is the most widely used tool. From the above literature survey, it is observed that some studies have proved the reliability of SERVQUAL model. Some other studies have confirmed five generic quality

dimensions of SERVQUAL instrument where as some studies have identified either less number of dimensions or additional dimensions. On the basis of variation in dimensionalities, researchers prefer to apply modified version of the same instrument.

For the five elements SERVQUAL model concept, we can apply it mostly in all global service businesses. All the elements are set as the crucial variables in this research investigation. Moreover, In *Consumers' Purchase Intention in Fast Food Restaurants: An Empirical Study on Undergraduate Students* (2011), the study about five service qualities or SERVQUAL by HonTat et al. shows to have the impact on customer satisfaction, (as can be seen in the framework below).

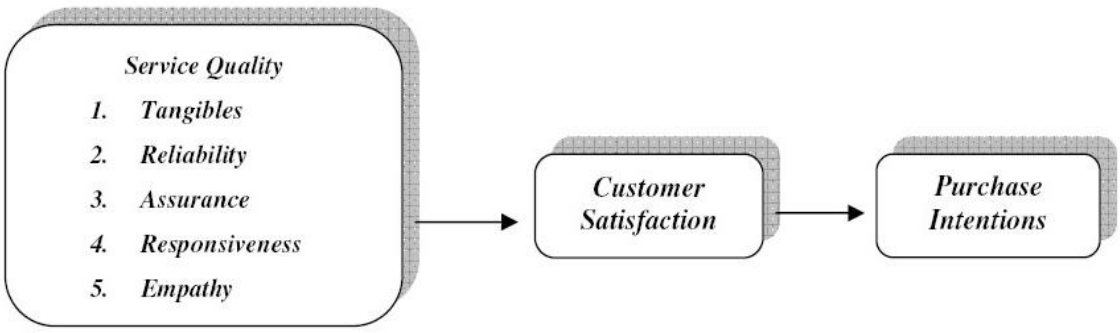

Figure 2.1 Conceptual Framework of SERVQUAL and Customer Satisfaction, Hon-Tat et al. (2011)

Also, one research was conducted by Dr. Ranajit Chakraborty and Anirban Majumdar (2011) on the topic of "measuring consumer satisfaction in health care sector: the applicability of SERVQUAL" to study the concept of patient satisfaction and study of patient satisfaction as a tool for measurement of service quality. As a conclusion, literature survey suggests that patient satisfaction and perceived service quality both should be considered together for the stability of a health care organization in a competitive environment. Researchers have suggested different models and methods of measuring patient satisfaction considering service quality as one of the antecedents.

2.4 Thailand's Social Security Payment Mechanism And Budgetary

Budget can be defined as a detailed financial statement that shows details of

anticipated revenue and prepared expenditure, (Yakubu , 2011). Is also a forecast of expenditures and revenue for a specific period of time; usually one year. Olurankinse (2012), budget making and budget implementation involve the process of identification of public needs and the determination of the quality of goods and services to satisfied these need

For the private sector, social health insurance payment will be paid by the Social security office (SSO) in Thailand in a form of fiscal year budget to the hospital, which is use to serves for the social security patient and it will be paid to the hospital in 2 forms; Capitation payment and incentive payment, via 6 following ways:

2.4.1 Capitation Payment

2.4.1.1 Normal Capitation Payment

Based on the number of insured persons registered in the hospital, the payment is on the roughly fix payment rate about 1,500 baht per individual per year in which it is paid on the monthly basis. (Boon-Arj, 2010)

2.4.1.2 Risk adjusted capitation payment

Risk adjusted capitation payment is done on 26 chronic diseases that occurred to the insured individuals (outpatient), while the National Health Social Security office used DRGs on inpatients for every admission. (Boon-Arj, 2010)

2.4.1.3 Hospital accreditation (HA) Payment

For the hospital that has hospital accreditation (HA) will get extra money based on the number of registered insured persons in the hospital with the fix payment rate around 80 bath/ head (Boon-Arj, 2010)

In theory, capitation might affect the quality of care in two basic ways: by influencing individual decisions, especially on the part of physicians, and by encouraging systemic integration and innovation in the design and delivery of services (Berwick, 2004).

2.4.2 Incentive Payment

2.4.2.1 Special high cost services Payment

The healthcare provider in this payment can do a Reimbursement on fixed fee schedules on some disease with the high cost consumption of medical supplies to offer the treatment. For example, the coronary bypass, brain surgery, opened heart surgery, and also acute renal failure. (Boon-Arj, 2010)

2.4.2.2 Utilization incentives payment (DRG)

This extra capitation is paid to the healthcare provider whose caseloads are in the particular rank of percentile and it is the yearly basis payment. (Boon-Arj, 2010)

2.4.2.3 Emergencies and accidents care arising payment

In the emergency cases, the medical treatment seeking by the insured patients external from the registered hospital will be entitled for the reimbursement by the National Health Social Security office setting rate. The unregistered hospital needs to inform the patient information within 72 hours of their arrival to the registered hospital, moreover, after three days or if the insured patients have no longer life threatening condition. Then they can be transferred free of charge for the further treatment in a registered hospital. (Boon-Arj, 2010)

Financial incentive schemes are one approach by which the system may incentive providers of health care to improve productivity and/or adapt to better quality provision. Incenting providers of health care reduces the financial risk to purchasers of care by directing the activities of providers towards some measurable predefined target; in addition, one can view incentive schemes as reducing the risk of poor/inadequate health care outcomes. (T Allen, T Mason, and W Whittaker, 2014)

For the conclusion, Studies done previously demonstrated that dilemma concerning social security is correlated with payment mechanism of social security that will be directly effect the satisfactory level of customers who perceiving the service quality. The studies in this field in Thailand are quite limited.

2.5 Conceptual Framework

This study will investigate relationships of 3 main components, which are the Social health insurance payment mechanism in Thailand, SERVQUAL model, and

customer satisfaction. The main aim of this research is to investigate the perception of top executives on social security payment mechanism toward service quality in Kasemrad hospital Rattanatibeth and the current perceived service quality level from the perception of customers who are directly receiving the service.

Therefore, the conceptual framework for this research will emphasize on the relationship between Social health security payments mechanisms toward each of service quality dimensions form the perspective of top executive and also the relationship between service quality and the satisfactory level of patient who come to encounter the service. (as shown in the framework below).

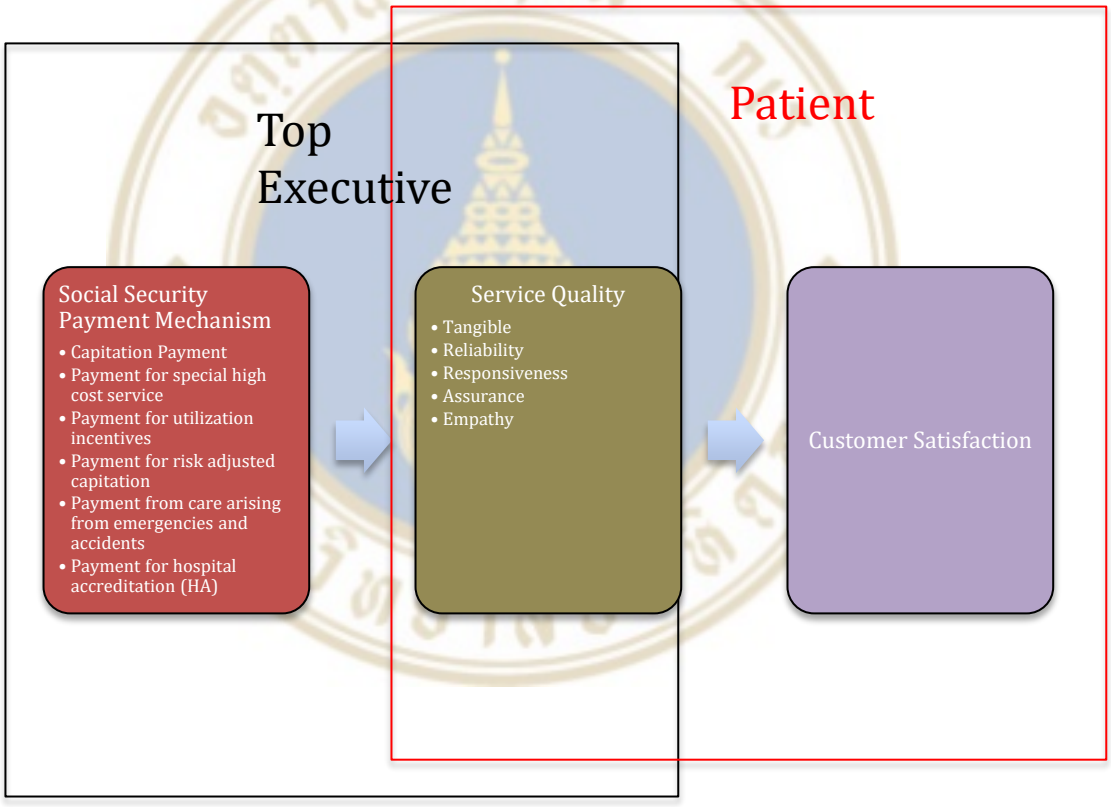

Figure 2 Conceptual Framework of perception toward service quality in private healthcare provider and the current perceived service quality level from the perspective of top executives and the perception of registered patients who are directly receiving the service

2.6 Research Hypotheses

2.6.1 For Qualitative Research

This study applies qualitative research to find out the main challenges, obstacle and possible solution on today's Thailand social security scheme from the top executive' perspective in private healthcare sector.

2.6.2 For Quantitative Research

This research studies the relationship of social security payment mechanism toward service quality in Kasemrad hospital Rattanatibeth from top executive point of view (Hypothesis number 1-30). In addition, this study investigates a relationship of service quality toward patient satisfaction from registered patients under social security scheme in this hospital (Hypothesis 31-35).

Social security system in Thailand is a model that combines several types of payment methods; capitation and pay for performance methods. Pay-for-performance could be used to encourage improvements in the quality and efficiency of health care by emphasizing better and more effective care, rather than the increasing volume and complexity of care that the current payment system encourages (Milbank Q, 2007). In term of physician, capitation does encourage physicians to be more financially responsible in the selection of services provided to the patients as well as the supplies used in surgical procedures (Paul III, D., Walker, I., Brunoni, J., Wood, D., Dolinger, T., & Coustasse, A., 2014). Thus the 1^{st}-30^{th} hypothesis is to determine whether or not social security payment mechanism has a relationship with service quality in Kasemrad hospital Rattanatibeth.

Faris S. Alghamdi(2004) proposed that patient satisfaction was influenced by health service quality, with the empathy dimension as the greatest positive influence on patient satisfaction followed by tangible and responsiveness dimensions. Therefore, it should be considered a priority by government hospitals to train doctors in interpersonal relationship skills to enhance the doctor-patient relationship. Moreover, patients rely on aspects of their visits to understand quality dimensions such as reliability, assurance, tangibility, empathy, and responsiveness as well as patient services and staff interactions that leads to their satisfaction and quality of care in the hospital (Essiam, 2013).

Thus the 31st-35th hypothesis is to determine whether service quality has a relationship with satisfactory level of patients who receive service in Kasemrad hospital Rattanatibeth or not.

Tangible is referring to the physical evidence, facility and appearance of personnel.

- **H_1:** There is a relationship between Capitation Payment in Social health security payments and Tangible from the perspective of Kasemrad hospital Rattanatibeth ’s top executive.
- **H_2:** There is a relationship between Payment for special high cost services in Social health security payments and Tangible from the perspective of Kasemrad hospital Rattanatibeth’s top executive.
- **H_3:** There is a relationship between Payment for utilization incentives in Social health security payments and Tangible from the perspective of Kasemrad hospital Rattanatibeth’s top executive.
- **H_4:** There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Tangible from the perspective of Kasemrad hospital Rattanatibeth’s top executive.
- **H_5:** There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Tangible from the perspective of Kasemrad hospital Rattanatibeth’s top executive.
- **H6**: There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Tangible from the perspective of Kasemrad hospital Rattanatibeth’s top executive.
- **H31**: There is a relationship between Tangible and patient satisfaction derived from using social security outpatient department in Kasemrad hospital Rattanatibeth.

Reliability is referring to ability to perform the service as a company’s promised or stated accurately and dependably.

- **H_7:** There is a relationship between Capitation Payment in Social health security payments and Reliability from the perspective of Kasemrad hospital Rattanatibeth’s top executive.

- **H_8:** There is a relationship between Payment for special high cost services in Social health security payments and Reliability from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_9:** There is a relationship between Payment for utilization incentives in Social health security payments and Reliability from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{10}:** There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Reliability from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{11}:** There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Reliability from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{12}:** There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Reliability from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{32}:** There is a relationship between Reliability and patient satisfaction derived from using social security outpatient department in Kasemrad hospital Rattanatibeth.

Responsiveness is referring to a proper service, the degree of willingness to help and serve a customer.

- **H_{13}:** There is a relationship between Capitation Payment in Social health security payments and Responsiveness from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{14}:** There is a relationship between Payment for special high cost services in Social health security payments and Responsiveness from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{15}:** There is a relationship between Payment for utilization incentives in Social health security payments and Responsiveness from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{16}:** There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Responsiveness from the perspective of Kasemrad hospital Rattanatibeth's top executive.

- **H_{17}:** There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Responsiveness from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{18}:** There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Responsiveness from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{33}:** There is a relationship between Responsiveness and patient satisfaction derived from using social security outpatient department in Kasemrad hospital Rattanatibeth.

Assurance is referring to possession of knowledge, courtesy shown by staff and their role in building trust and confidence with customers.

- **H_{19}:** There is a relationship between Capitation Payment in Social health security payments and Assurance from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{20}:** There is a relationship between Payment for special high cost services in Social health security payments and Assurance from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{21}:** There is a relationship between Payment for utilization incentives in Social health security payments and Assurance from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{22}:** There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Assurance from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{23}:** There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Assurance from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{24}:** There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Assurance from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{34}:** There is a relationship between Assurance and patient satisfaction derived from using social security outpatient department in Kasemrad hospital Rattanatibeth.

Empathy is referring to individualized attention the firm provides for its customers, caring and also the degree of customization provided to the customers.

- **H_{25}:** There is a relationship between Capitation Payment in Social health security payments and Empathy from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{26}:** There is a relationship between Payment for special high cost services in Social health security payments and Empathy from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{27}:** There is a relationship between Payment for utilization incentives in Social health security payments and Empathy from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H_{28}:** There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Empathy from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H29**: There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Empathy from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H30**: There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Empathy from the perspective of Kasemrad hospital Rattanatibeth's top executive.
- **H35**: There is a relationship between Empathy and patient satisfaction derived from using social security outpatient department in Kasemrad hospital Rattanatibeth.

CHAPTER III
RESEARCH METHODOLOGY

3.1 Research Design

Research design is the framework or plan of research study, which is used in collecting and analyzing data by Malhotra (2003). Generally, there are three types of research design: *exploratory, descriptive, and causal research design*.

This paper concentrates on *exploratory and descriptive research design*, which can influence quantitative and qualitative research designs. These type of research designs can lead the researcher to know and clearly understand the perspective of top executive management and patient toward service quality under social security scheme in Kasemrad Hospital Rattanatibeth and also the point of view of top executive towards Thailand payment system in social security scheme. Moreover, the researcher can find out and apply the result to improve the overall service quality in the hospital as well.

The research is conducted in both qualitative research and quantitative research for studying the perception of top executives in private healthcare provider toward the service quality provided to social security patient, explores the issues and challenges in current Thailand social security scheme. This study also finds possible solutions towards the service quality of their hospitals that provide to their patients. In the same time, this research will study on the perception of patients towards the service quality that they receive from their registered hospital for their social security scheme. Then, comparison will be made to understand the gap of these 2 groups of people on the same service quality provided in the hospital.

For the source of information and data are gained through questionnaires by using both open-ended question for qualitative part and close-ended questions for quantitative part. There are 2 sets of questionnaire one for top executives and other one for patients.

3.2 Populations and Sample

Target population is defined by Sekaran (1992) as the entire group of people that held the interest for the researchers wanting to investigate based on particular topic. Zikmund (2000) also mentions the similarity of results in term of target population as compared to the complete specific group of people relevant to the research.

There are 2 groups of populations, first sample group is top executive in Kasemrad Hospital Rattanatibeth, which consist of 9 top executives (N=9). The second group is a patient under social security scheme in Kasemrad Hospital Rattanatibeth, which consist of 151,000 registered patients. Judgmental sampling is implemented for a top executive in Kasemrad Hospital Rattanatibeth. The sample size for this group of this study is required to all executive management in Kasemrad Hospital Rattanatibeth (n=9). For the second target sample group convenience sampling method will be used and the sample size for this group is calculated by using Taro Yamane (Yamane, 1973) formula with 95% confidence level. The calculation formula of Taro Yamane is presented as follows.

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

Where; n= sample size required N = number of people in the population e = allowable error (%)

Substitute numbers in formula:

$$n = \frac{\mathbf{151{,}000}}{\mathbf{1 + 151{,}000\ (0.05)^2}}$$

$$\mathbf{n = 400\ (Rounded)}$$

After calculated the sample size by substituting the numbers into the Yamane formula, the numbers of sample is 398.942268 persons. In order to obtain reliable of data, researcher has increased sample size to 400 patients in Kasemrad Hospital Rattanatibeth.

3.3 Research Instrument

This research is conducted by using mainly on primary methods, which are 2 sets of questionnaires. For the first set of questionnaire is to investigate the problem and possible solution from Kasemrad Hospital Rattanatibeth's top executives perspective toward the social security scheme in Thailand. For the second set of questionnaire is used to gather an information of registered patients under social security scheme at Kasemrad Hospital Rattantibeth on the their service quality perception toward their satisfaction on a service at Kasemrad Hospital Rattantibeth. The questionnaires are designed to do the screening and get general information and once general information is gathered, we can select some interesting respondents' information.

3.4 Questionnaire Design

Scale for measuring and all questions are applied according to previous studies of Dr.Papusson Chaiwat and her team on the paper named "The Study of Service Quality of Hospitals in Social Security System" (2012).

There are 2 sets of questionnaire

First, the first set of questionnaire for the top executive will consist of both open-ended and close-ended questions by divided in to the 3 parts as the following (see in appendix part1 questionnaire for top executive).

Part I: Personal information of respondent, which, consists of a set of 4 questions

1. Position
2. Occupation
3. Gender
4. Working Experience

Part II: Perception toward medical service quality for social security patient, which, consists of a set of 3 questions. (the third question used using Likert scale from 1-5 as represented by 'Very poor quality to Very good Quality' (Dr.Papusson Chaiwat, 2012)).

1. Do you have any quality management programs in your hospital? For example HA, JCI

2. How do you evaluate the overall medical service quality in your hospital?

3. In your opinion, are there any differences in the standard of medical service delivered to patients from your expection and the actual situtation for patinet with social security coverages?

Part III: Perception toward the payment system in Thailand social security medical service quality providing through social security patient, which consists of a set of 10 questions. (The 1st – 9th questions used Likert scale from 1-5 as represented by 'strongly agree to strongly disagree' and 10th question is an open-ended question (Dr.Papusson Chaiwat, 2012)).

1. How to do you rate your understanding about the social security payment system in Thailand?

2. Do you satisfied with the indicator and regulation for Capitation Payment in Thailand social security payment

3. Do you satisfied with the indicator and regulation for Payment for utilization incentives

4. Do you satisfied with the indicator and regulation for Payment for risk adjusted capitation in in Thailand social security payment system?

5. Do you satisfied with the indicator and regulation for Payment for care arising from emergencies and accidents in Thailand social security payment system?

6. Do you satisfied with the indicator and regulation for Payment for special high cost services

7. Do you satisfied with the indicator and regulation for Payment for hospital accreditation (HA) in Thailand social security payment system?

8. Do you satisfied with the overall social security payment system in Thailand?

9. Do you think increasing social security payment system from SSO is the most important factor to the improvement in service delivery to social security patient?

10.What factors do you think are the biggest challanges in today Thailand social security scheme?

Secondly, the second set of questionnaire for the patient will consist of both open-ended and close-ended questions, the questionnaire was divided in to the 3 parts as the following (see in appendix part1 questionnaire for patient).

Part I: Personal information of respondent, which consists of a set of 6 questions.

1. Gender
2. Age
3. Education
4. Occupation
5. Salary
6. How long you have been covered by social security scheme?

Part II: Perception toward medical service quality for social security patient, which consists of a set of 39 questions under 5 topics (All questions used Likert scale from 1-5 as represented by 'Very poor quality to Very good Quality' (Dr.Papusson Chaiwat, 2012)).

1. Tangible
2. Reliability
3. Responsiveness
4. Assurance
5. Empathy

Part III: Satisfaction measurement questions, which consists of 1 question (Likert scale is applied from 1-5 as represented by 'Very dissatisfied to Very satisfied') (Dr.Papusson Chaiwat, 2012).

1. Do you satisfy with the service that you receive from your hospital?

3.5 Reliability Analysis

Cronbach's alpha is the most commonly used measure of reliability (i.e., internal consistency). It was originally derived by Kuder & Richardson (1937) for

dichotomously scored data (0 or 1) and later generalized by Cronbach (1951) to account for any scoring method. (Table3.1 shows Strength of Reliability)

Table 3.1 Strength of Reliability

Value	Strength of Reliability
0.90 to 1	Very Strong
0.80 to 0.89	Strong
0.60 to 0.79	Moderate
0.40 to 0.59	Moderate to Weak
0.20 to 0.39	Weak
0.00 to 0.19	Very weak (no relationship)

The value of Cronbach's alpha value can be varies from zero to 1, higher values of alpha are more desirable. There are different reports about the acceptable values of alpha, ranging from 0.70 to 0.95. A low value of alpha could be due to a low number of questions, poor inter-relatedness between items or heterogeneous constructs. If alpha is too high it may suggest that some items are redundant as they are testing the same question but in a different guise. A maximum alpha value of 0.90 has been recommended (Assess, 2003).

3.6 Sampling Method

The research uses Non-probability sampling method for this study. Non-probability is a sampling method in which little or no attempt is made to ensure a statistical representative cross section (McDaniel and Gates, 1999). Aaker, Kumar, and Day, (1998) mentioned that in non-probability sampling, the costs and trouble of developing a sampling frame are eliminated, but with less accuracy with which the resulting information can be presented. Non-probability can be distinguished among four types of non-probability sampling procedures; judgmental, snowball, convenience and quota sampling. Based on the non-probability sampling method, which are convenient and judgmental sampling tactic. The most suitable target sample must be

classified as ‘experienced patient under social security scheme in Kasemrad Hospital Rattanatibeth and executive management person in the same hospital’. This is cause of the questions to require experiences in the service of Kasemrad Hospital Rattanatibeth. Furthermore, to give convenience to data collection, the sampling frame has been set by focusing on the target respondents at Kasemrad Hospital Rattanatibeth only for fieldwork of study.

3.7 Data Collection

Data were collected in two phases. The first phase, data was collected from Kasemrad Hospital Rattanatibeth’s executive management team. and done through questionnaires with a total number of nine members. For 9 Kasemrad Hospital Rattanatibeth’s executive managements, all questionnaires were distributed in the head of director meeting (HOD Meeting) and collected them back in the next day.

For the second phase of data collection, the questionnaire survey was conducted with 400 Kasemrad Hospital Rattanatibeth’s social security patients by distributing questionnaires through registration staff where patient has to come to pick up queuing ticket in order to see a doctor and the questionnaire has to be be completed by patient during waiting period for seeing doctor. This step takes 7 days to collect all 400 set of questionnaires from patient. Data collection period was started from 10th of March to 31th of March 2017 by judgmental and convenience sampling method. The researcher distributes this survey through offline only.

3.8 Statistical Treatment of Data

For the purpose of this step in the research methodology, the researcher has gathered all data collection in order to produce the appropriate statistic findings. For producing the results, all data will be processed by using a statistically program as Statistical Package for Social Science (SPSS) version 17. Prior to the processing, all data collected must be edited to avoid errors and biases (Churchill Jr. and Iacobucci, 2005). Any missing detected information will be completed if the information is

incomplete. The research questions are aiming to investigate on the relationship between independent and dependent variables. The researcher chooses to apply spearman's rank correlation coefficient method.

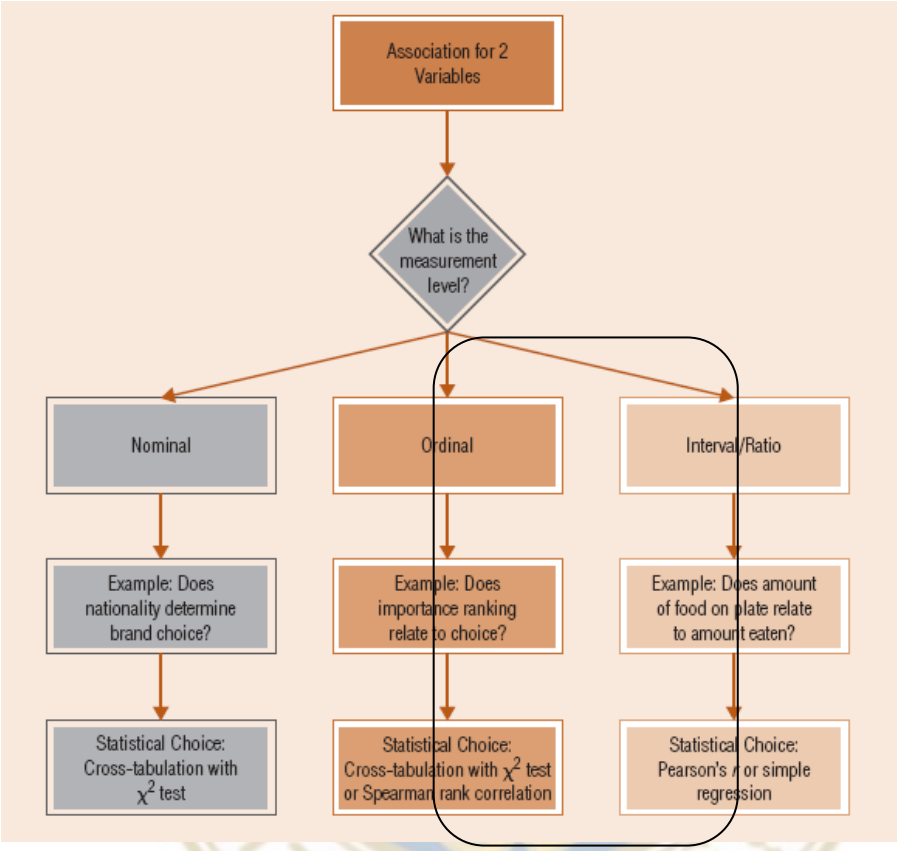

Figure 3.2 Bivariate Analysis – Common Procedures for Testing Association

The researcher has implemented the tools to analyze all data, both via descriptive statistics and by using spearman's rank correlation coefficient. Descriptive statistics in used with the data from part 1, personal information, while Spearman's analysis is used in the subsequent all parts remaining, which has used the five-point Likert scale to rate patient satisfaction from 5 to 1, as represented by 'strongly satisfied to strongly dissatisfied'.

3.9 Hypothesis Testing and Analysis

In this study, spearman's rank correlation coefficient method is used. The

correlation coefficient significant of 0.05 confidence is used to interpret whether to accept or fail to reject null hypothesis.

Correlation coefficients can range from -1.00 to +1.00. The value of -1.00 represents a perfect negative correlation while a value of +1.00 represents a perfect positive correlation. A value of 0.00 represents a lack of correlation. (Table 3.2 shows Interpretation of the size of Correlation)

Table 3.2 Interpretation of the size of Correlation

Correlation	Negative	Positive
Small	-0.29 to -0.10	0.10 to 0.29
Medium	-0.49 to -0.30	0.30 to 0.49
Large	-1.00 to -0.50	0.50 to 1.00

Source: Cohen, J. (1988). Statistical Power Analysis for the Behavioral Sciences 2nd ed., Hillsdale, NJ: Lawrence Erlbaum Associates.

CHAPTER IV
DATA ANALYSIS AND RESULTS

This chapter is an analysis for qualitative and quantitative information. The sequence of this chapter will be as the follows:

4.1 Respondent Profiles for both top executives and patients in Kasemrad Hospital Rattaibeth

4.2 The Qualitative Analysis is to explore the issues and challenges, to discuss the possible solution and tactics to handle current issues and challenges in Thailand Social Security Scheme from the opinions of Kasemrad Hospital Rattaibeth's top executives.

4.3 The Quantitative Analysis in this study contains two parts; the first part is the reliability and the second part describes factors impacting service quality and consumer's satisfaction

4.1 Respondent Profiles

4.1.1 Top Executive Profile

For a profile of management team in Kasemrad Hospital Rattanatibeth, all of executives in Kasemrad Hospital Rattanatibeth are participated in this study. Most of them are middle-level and top-level executive consist of managers and directors who are directly involved in managing social security patient's service of Kasemrad Hospital Rattanatibeth. They are all healthcare professionals including 6 nurses and 3 doctors, which are 2 men and 7 women. For working experience in Kasemrad Hospital Rattanatibeth, 2 of them have 0-10 years working experience, 4 of them have been working in Kasemrad Hospital Rattanatibeth for 11-15 years and the rest are working in Kasemrad Hospital Rattanatibeth for more than 2 decades. (Table 4.1-4.4 shows personal information of executives in Kasemrad Hospital Rattanatibeth)

Table 4.1 Position of executives in Kasemrad Hospital Rattanatibeth

Position	Frequency	Percent	Valid Percent	Cumulative Percent
Middle Management	7	77.8	77.8	77.8
Top Management	2	22.2	22.2	100
Total	9	100	100	

Table 4.2 Occupation of executives in Kasemrad Hospital Rattanatibeth

Occupation	Frequency	Percent	Valid Percent	Cumulative Percent
Doctor	3	33.3	33.3	33.3
Nurse	6	66.7	66.7	100
Total	9	100	100	

Table 4.3 Gender of executives in Kasemrad Hospital Rattanatibeth

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	2	22.2	22.2	22.2
Female	7	77.8	77.8	100
Total	9	100	100	

Table 4.4 Working Experiences of executive in Kasemrad Hospital Rattanatibeth

Working Experience	Frequency	Percent	Valid Percent	Cumulative Percent
Lower than 5 yrs.	1	11.1	11.1	11.1
5-10 yrs.	1	11.1	11.1	22.2
11-15 yrs.	4	44.4	44.4	66.7
More than 20 yrs.	3	33.3	33.3	100
Total	9	100	100	

4.1.2 Patient Profile

For Kasemrad Hospital Rattanatibeth patient's profile, 400 of OPD patients at Kasemrad Hospital Rattanatibeth are chosen randomly as a respondent for this study, they are 175 man and 225 woman respondents with nearly 50 percent in the age group between 25-35 years old and more than 80% of all respondents have an education higher than secondary school. For the top 3 occupations of the respondents, most of them are employees in private company, 47.8%, and 12.3% are business owner, 8.5% are State Enterprises Officer respectively. Main proportions of their salary are 20,001-30,000 baht per month, 10,001-20,000 baht per month and 30,001-40,000 baht per month with the percentage of 34.5, 21.8 and 12.5 respectively. (Table 4.5-4.9 shows demographic information of registered patients at Kasemrad Hospital Rattanatibeth)

Table 4.5 Gender of patients

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	175	43.8	43.8	43.8
Female	225	56.3	56.3	100
Total	400	100	100	

Table 4.6 Age of patients

Age	Frequency	Percent	Valid Percent	Cumulative Percent
16-20 years	9	2.3	2.3	2.3
21-25 years	57	14.2	14.2	16.5
26-30 years	70	17.5	17.5	34
31-35 years	63	15.8	15.8	49.8
36-40 years	25	6.3	6.3	56
41-45 years	35	8.8	8.8	64.8
46-50 years	54	13.5	13.5	78.3
51-55 years	49	12.3	12.3	90.5
56-60 years	26	6.5	6.5	97
More than60 years	12	3	3	100
Total	400	100	100	

Table 4.7 Education of patients

Education	Frequency	Percent	Valid Percent	Cumulative Percent
Primary School	28	7	7	7
Secondary School	40	10	10	17
Vocational Certificate	95	23.8	23.8	40.8
Bachelor Degree	198	49.5	49.5	90.3
Master Degree	33	8.3	8.3	98.5
Ph.D	6	1.5	1.5	100
Total	400	100	100	

Table 4.8 Occupation of patients

Occupation	Frequency	Percent	Valid Percent	Cumulative Percent
Government Officer	27	6.8	6.8	6.8
State Enterprises Officer	34	8.5	8.5	15.3
Private Employee	191	47.8	47.8	63
Business Owner	49	12.3	12.3	75.3
Student	22	5.5	5.5	80.8
House-wife	21	5.3	5.3	86
Agriculture	7	1.8	1.8	87.8
Retirement	13	3.3	3.3	91
ETC.	19	4.8	4.8	95.8
Unemployment	17	4.3	4.3	100
Total	400	100	100	

Table 4.9 Salary of patients

Salary	Frequency	Percent	Valid Percent	Cumulative Percent
<= 10,000 Baht	64	16	16	16
10,001-20,000 Baht	138	34.5	34.5	50.5
20,001-30,000 Baht	87	21.8	21.8	72.3
30,001-40,000 Baht	50	12.5	12.5	84.8

Table 4.9 Salary of patients (cont.)

Salary	Frequency	Percent	Valid Percent	Cumulative Percent
40,001-50,000 Baht	12	3	3	87.8
50,001-60,000 Baht	14	3.5	3.5	91.3
60,001-70,000 Baht	3	0.8	0.8	92
70,001-80,000 Baht	12	3	3	95
80,001-90,000 Baht	3	0.8	0.8	95.8
> 90,000 Baht	17	4.3	4.3	100
Total	400	100	100	

4.2 The Qualitative Analysis Part

For the qualitative analysis, we can conclude all problems into 5 main topics that are the biggest challenges in top executive perspective from Kasemrad Hospital Rattanatibeth. First of all the communication on the problem, it can be divided into 2 sub-topics; 1.Policy changing and unclear policy, most of the time SSO does not inform the private hospital properly about payment changing or changing criteria of payment 2. Capabilities to answer the private hospital's question from social security office's staff, even they are hired from SSO, but they do not have enough knowledge to answer the question from private hospital about the SSO's policy that might occur because they do not know the policy is changed either. The recommended solution from private sector is Social Security office should have more clear policy about payment policy by setting a committee from private hospital side to be a part of policy maker and also improve the skill of staffs and training course for them before changing the policy.

"Even their call center staffs at 1560 (SSO Call Center No.), cannot answer the new policy of SSO that already announced in the news"

"With limited budget provide for one patient under social security scheme, it is very difficult to give the best plans of care to the patient"

Secondly, the late payment and not fully paid especially for the payment for utilization incentive (DRG), this problem might be occurred due to the internal management problem of SSO and the possible solution from private hospital could be SSO should be able to be punished from the private hospital for late payment for example private hospital can charge interest to SSO for late payment that will encourage SSO to aware of this problem.

Thirdly, the claiming process, today's method of claim process for reimbursement of private hospital is doing it manually by paper and having many steps that might create the mistakes in claiming process. The possible solution for addressing this problem from private healthcare sector provider's perspective is using an internet to help in this process like E-claim and reducing unnecessary steps of claim process.

Forth, the patient complaint process, some private hospital's executive said that it is too easy for patient to complaint. It creates culture for patients to complaint everything even on the unnecessary topic and also SSO always has a bias to the private hospital when SSO makes a judgment on the patient's case to the private hospitals as a defendant, the recommendation to SSO is SSO should improve the standard for complaint process and be more fair for private hospital.

"We always get compliant letters from SSO, many of them is about a service mind".

Lastly, the payment, due to the capitation payment and payment for disease RW>2 is too low, it does not reflect the real expense of curing those diseases that private hospital has to be responsible, also it does not cover all medically necessary disease for example social security insurance covers only 26 chronic diseases even though there are a lot more chronic diseases, for the solution should be; 1. Start using co-payment policy from patient to get more coverage and better service from the disease that social security insurance does not cover and also increase capitation payment based on real expenditure of each disease 2. Increasing the coverage for all medically necessary diseases for both chronic and acute and cancel the policy of the limitation for curing some diseases for example only 2 times of heart coronary bypass and baby delivery because according to reality in human life, patient can face more than 2 heart coronary disease and has more than 2 kids.

"*Sometime for a medical supplies such as stent for heart disease, private hospital will get paid after 1-2 years patient treated"*

4.2.1 Summary Table of Qualitative Analysis

The objective of this section is to identify the issues and challenges in Thailand Social Security Scheme. Moreover, researcher would like to look for possible solutions and tactics to handle current issues and challenges of Social Security Scheme from Kasemrad Hospital Rattanatibeth's top executive perspectives. Researcher can summarize all information gathered from Kasemrad Hospital Rattanatibeth's top executive as the follows (Table 4.10 Summary Table of Qualitative Analysis)

Table 4.10 Summary Table of Qualitative Analysis

Topic	Problem	Recommendation
1. Communication Problem	-Policy Changing and Unclear policy -Capabilities to answer the private hospital's question from social security office's staff	-Social Security office should have more clear policy about payment policy by setting a committee from private hospital side to be a part of policy maker -Improve the skill of staffs and training course for them before changing the policy.
2. Late payment and not fully paid	-Payment for disease DRG is very slow	-SSO should be able to be punished from the private hospital for late payment Ex. private hospital can charge interest to SSO
3. Claiming process	-Manual and paper	-Using E-claim -Reducing the step for claiming process

Table 4.10 Summary Table of Qualitative Analysis (cont.)

Topic	Problem	Recommendation
4. Patient complaint process	-Bias to the private hospital	-Improve the standard for complaint process and should be more fair for private hospital
5. Payment is too low	-Capitation payment -RW >2 -More coverage for disease	-Start the Co-payment System -Increase capitation payment based on real expenditure of each disease -Increase the disease coverage for all medically necessary diseases for both chronic and acute and cancel the policy of the limitation for curing some disease for example only 2 times of heart coronary bypass, baby delivery.

4.3 The Quantitative Analysis Part

4.3.1 Part1 Reliability And Validity Testing

Table 4.11 Cronbach's alpha value of top executives in Kasemrad Hospital Rattanatibeth

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Case Processing Summary

		N	%
Cases	Valid	9	100.0
	Excluded[a]	0	.0
	Total	9	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.876	37

Table 4.12 Cronbach's alpha value of Kasemrad Hospital Rattanatibeth's patients

Case Processing Summary

		N	%
Cases	Valid	400	100.0
	Excluded[a]	0	.0
	Total	400	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.987	79

From the data above, Cronbach's alpha of 1st questionnaire for 9 top executives in Kasemrad Hospital Rattanatibeth equals to 0.876, which consists of 37 questions (Table 4.11 shows Cronbach's alpha value of top executives in Kasemrad Hospital Rattanatibeth).

Cronbach's alpha of 2nd questionnaire for 400 patients equals to 0.987, which consist of 79 questions. Nunnally and Bernstein (1994) stated that each research

should have reliability values of 0.70 or higher; thus it means this scale is reliable (Table 4.12 Cronbach's alpha value of Kasemrad Hospital Rattanatibeth's patients).

4.3.2 Part 2 Hypotheses Testing

Spearman's rank correlation coefficient can be used for any data that can be ordered from smallest to largest. Moreover, this method of is useful in analyzing study with small sample size. The absolute minimum number of sample size for Spearman's Rank is 4. Hence, Spearman's rank correlation is the most appropriate analysis method for this study (Bonett, D. G., & Wright, T. A., 2000)

Tangible is referring to the physical evidence, facility and appearance of personnel.

H_1: There is a relationship between Capitation Payment in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.13 Spearman's rho correlation table of Capitation Payment in Social health security payments and Tangible

			Satisfied on Capital Payment
Spearman's rho	Facilities, Etc	Correlation Coefficient	0.361
		Sig. (2-tailed)	0.34
		N	9
	Willingness to Help	Correlation Coefficient	0.577
		Sig. (2-tailed)	0.104
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Capitation Payment in Social health security and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Capitation Payment in Social health security and

Tangible (Table 4.13 shows Spearman's rho correlation table of Capitation Payment in Social health security payments and Tangible).

H_2: There is a relationship between Payment for special high cost services in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.14 Spearman's rho correlation table of Payment for special high cost services and Tangible

			Satisfied on Special Service Payment
Spearman's rho	Facilities, Etc	Correlation Coefficient	0.378
		Sig. (2-tailed)	0.316
		N	9
	Willingness to Help	Correlation Coefficient	0
		Sig. (2-tailed)	1
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for special high cost services in Social health security and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for special high cost services in Social health security and Tangible (Table 4.14 shows Spearman's rho correlation of Payment for special high cost services and Tangible).

H_3: There is a relationship between Payment for utilization incentives in Social health security and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.15 Spearman's rho correlation table of Payment for utilization incentives in Social health security and Tangible

			Satisfied on Utilization Incentive
Spearman's rho	Facilities, Etc	Correlation Coefficient	-0.147
		Sig. (2-tailed)	0.705
		N	9
	Willingness to Help	Correlation Coefficient	0.436
		Sig. (2-tailed)	0.24
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for utilization incentives in Social health security and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for utilization incentives in Social health security and Tangible (Table 4.15 Spearman's rho correlation of Payment for utilization incentives in Social health security and Tangible).

H_4: There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.16 Spearman's rho correlation table of Payment for risk-adjusted capitation in Social health security and Tangible

			Satisfied on Risk Adjusted Capitation
Spearman's rho	Facilities, Etc	Correlation Coefficient	0.378
		Sig. (2-tailed)	0.316
		N	9

Table 4.16 Spearman's rho correlation table of Payment for risk-adjusted capitation in Social health security and Tangible (cont.)

			Satisfied on Risk Adjusted Capitation
	Willingness to Help	Correlation Coefficient	0
		Sig. (2-tailed)	1
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for risk-adjusted capitation in Social health security and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for risk-adjusted capitation in Social health security and Tangible (Table 4.16 Spearman's rho correlation of Payment for risk-adjusted capitation in Social health security and Tangible).

H5: There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Tangible from the perspective of private hospital's top executive.

Table 4.17 Spearman's rho correlation table of Payment for care arising from emergencies and accidents in Social health security and Tangible

			Satisfied on 72 hrs. Emergency Payment
Spearman's rho	Facilities, Etc	Correlation Coefficient	0.316
		Sig. (2-tailed)	0.408
		N	9
	Willingness to Help	Correlation Coefficient	-0.34
		Sig. (2-tailed)	0.371
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for care arising from emergencies and accidents in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for care arising from emergencies and accidents in Social health security and Tangible (Table 4.17 shows Spearman's rho correlation of Payment for care arising from emergencies and accidents in Social health security and Tangible).

H_6: There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.18 Spearman's rho correlation table of Payment for hospital accreditation (HA) in Social health security and Tangible

			Satisfied on HA Payment
Spearman's rho	Facilities, Etc	Correlation Coefficient	0.555
		Sig. (2-tailed)	0.121
		N	9
	Willingness to Help	Correlation Coefficient	0.4
		Sig. (2-tailed)	0.286
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for hospital accreditation (HA) in Social health security and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for hospital accreditation (HA) in Social health security and Tangible (Table 4.18 Spearman's rho correlation of Payment for hospital accreditation (HA) in Social health security and Tangible).

H_{31}: There is a relationship between Tangible and patient satisfaction derived from using social security out patient department in Kasemrad Hospital

Rattanatibeth.

Table 4.19 Spearman's rho correlation table of Tangible and patient satisfaction

			Patient's Satisfaction
Spearman's rho	Tangible	Correlation Coefficient	.515**
		Sig. (2-tailed)	0
		N	400

** Correlation is significant at the 0.01 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Tangible and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth. The results of the analysis indicated that there is a relationship between Tangible and patient satisfaction. The significance figure of 0.00 proves that tangible is constant and related to patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth. Thus, null hypothesis is rejected at P-value < 0.05. This means there is a significant relationship between Tangible and patient satisfaction.

Spearman Correlation also shows that the relationship between Tangible and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth is moderate, which is .515 or 51.5%. If the quality of tangible increases one more unit, patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth will be increased .515 or 51.5% (Table 4.19 Spearman's rho correlation of Tangible and patient satisfaction).

Reliability is referring to ability to perform the service as a company’s promised or stated accurately and dependably.

H_7: There is a relationship between Capitation Payment in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth’s top executive.

Table 4.20 Spearman's rho correlation table of Capitation Payment in Social health security and Reliability

			Satisfied on Capital Payment
Spearman's rho	Medicine Quality	Correlation Coefficient	0.361
		Sig. (2-tailed)	0.34
		N	9
	Quality of doctor	Correlation Coefficient	0
		Sig. (2-tailed)	1
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Capitation Payment in Social health security and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Capitation Payment in Social health security and Reliability (Table 4.20 shows Spearman's rho correlation of Capitation Payment in Social health security and Reliability).

H_8: There is a relationship between Payment for special high cost services in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.21 Spearman's rho correlation table of Payment for special high cost services in Social health security and Reliability

			Satisfied on Special Service Payment
Spearman's rho	Medicine Quality	Correlation Coefficient	-0.153
		Sig. (2-tailed)	0.694
		N	9
	Quality of doctor	Correlation Coefficient	-0.102
		Sig. (2-tailed)	0.794
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for special high cost services in Social health security and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for special high cost services in Social health security and Reliability (Table 4.21 shows Spearman's rho correlation of Payment for special high cost services in Social health security and Reliability).

H_9: There is a relationship between Payment for utilization incentives in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.22 Spearman's rho correlation table of Payment for utilization incentives in Social health security and Reliability

			Satisfied on Utilization Incentive
Spearman's rho	Medicine Quality	Correlation Coefficient	-0.082
		Sig. (2-tailed)	0.834
		N	9
	Quality of doctor	Correlation Coefficient	-0.273
		Sig. (2-tailed)	0.478
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for utilization incentives in Social health security and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for utilization incentives in Social health security and Reliability (Table 4.22 shows Spearman's rho correlation of Payment for utilization incentives in Social health security and Reliability).

H_{10}: There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.23 Spearman's rho correlation table Payment for risk-adjusted capitation in Social health security and Reliability

			Satisfied on Risk Adjusted Capitation
Spearman's rho	Medicine Quality	Correlation Coefficient	0.459
		Sig. (2-tailed)	0.214
		N	9
	Quality of doctor	Correlation Coefficient	-0.102
		Sig. (2-tailed)	0.794
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for risk-adjusted capitation in Social health security and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for risk-adjusted capitation in Social health security and Reliability (Table 4.23 shows Spearman's rho correlation Payment for risk-adjusted capitation in Social health security and Reliability).

H_{11}: There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.24 Spearman's rho correlation table of Payment for care arising from emergencies and accidents in Social health security and Reliability

			Satisfied on 72 hrs. Emergency Payment
Spearman's rho	Medicine Quality	Correlation Coefficient	0.583
		Sig. (2-tailed)	0.1
		N	9
	Quality of doctor	Correlation Coefficient	0.243
		Sig. (2-tailed)	0.529
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the payment for care arising from emergencies in Social health security and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for care arising from emergencies in Social health security and Reliability (Table 4.24 shows Spearman's rho correlation of Payment for care arising from emergencies and accidents in Social health security and Reliability).

H_{12}: There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.25 Spearman's rho correlation table of payment for hospital accreditation (HA) in Social health security and Reliability

			Satisfied on HA Payment
Spearman's rho	Medicine Quality	Correlation Coefficient	0.375
		Sig. (2-tailed)	0.32
		N	9
	Quality of doctor	Correlation Coefficient	0.05
		Sig. (2-tailed)	0.898
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for hospital accreditation (HA) in Social health security and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for hospital accreditation (HA) in Social health security and Reliability (Table 4.24 shows Spearman's rho correlation of Payment for hospital accreditation (HA) in Social health security and Reliability).

H_{32}: There is a relationship between Reliability and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth

Table 4.26 Spearman's rho correlation table of Reliability and patient satisfaction

			Patient's Satisfaction
Spearman's rho	Reliability	Correlation Coefficient	.477**
		Sig. (2-tailed)	0
		N	400

** Correlation is significant at the 0.01 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Reliability and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth. The results of the analysis indicated that there is a relationship between Reliability and patient satisfaction. The significance figure of 0.00 proves that tangible is constant and related to patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth. Thus, null hypothesis is rejected at P-value < 0.05. This means there is a significant relationship between Reliability and patient satisfaction.

Spearman Correlation also shows that the relationship between Reliability and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth is moderate, which is .477 or 47.7%. If the quality of Reliability increases one more unit, patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth will be increased .477 or 47.7% (Table 4.26 shows Spearman's rho correlation of Reliability and patient

satisfaction).

Responsiveness is referring to a proper service, the degree of willingness to help and serve a patient.

H_{13}: There is a relationship between Capitation Payment in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.27 Spearman's rho correlation table of Capitation Payment in Social health security and Responsiveness

			Satisfied on Capital Payment
Spearman's rho	Actual Service at Nurse Counter	Correlation Coefficient	0.218
		Sig. (2-tailed)	0.573
		N	9
	Actual Service of Doctor	Correlation Coefficient	.707*
		Sig. (2-tailed)	0.033
		N	9
	Actual Service of Laboratory	Correlation Coefficient	.737*
		Sig. (2-tailed)	0.024
		N	9
	Actual Service of Pharmacy	Correlation Coefficient	-0.144
		Sig. (2-tailed)	0.711
		N	9
	Actual Service at Cashier	Correlation Coefficient	-0.32
		Sig. (2-tailed)	0.402
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Capitation Payment in Social health security and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis

indicated that there is a relationship between Capitation Payment in Social health security and the service of doctor. The significance figure of 0.033 proves that Capitation Payment in Social health security is constant and related to service of doctor and also the significance figure of 0.24 proves that Capitation Payment in Social health security is constant and related to service of laboratory. There is a relationship between Capitation Payment in Social health security and the service of laboratory. Thus, null hypothesis is rejected at P-value < 0.05. This means there are significant relationships between Capitation Payment in Social health security toward service of doctor and laboratory.

Spearman Correlation also shows that the relationship between Capitation Payment in Social health security toward service of doctor and laboratory is moderate high, which is .707 and .737 or 70.3% and 73.7% respectively. If government increase capitation payment in social health security one more unit, the service quality of doctor and laboratory will be increased .703 and .737 respectively (Table 4.27 shows Spearman's rho correlation of Capitation Payment in Social health security and Responsiveness).

H_{14}: There is a relationship between Payment for special high cost services in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.28 Spearman's rho correlation table of Payment for special high cost services in Social health security and Responsiveness

			Satisfied on Special High Cost Service Payment
Spearman's rho	Actual Service at Nurse Counter	Correlation Coefficient	0.231
		Sig. (2-tailed)	0.549
		N	9
	Actual Service of Doctor	Correlation Coefficient	0.204
		Sig. (2-tailed)	0.598
		N	9
	Actual Service of Laboratory	Correlation Coefficient	0.104
		Sig. (2-tailed)	0.79

Table 4.28 Spearman's rho correlation table of Payment for special high cost services in Social health security and Responsiveness (cont.)

			Satisfied on Special High Cost Service Payment
		N	9
	Actual Service of Pharmacy	Correlation Coefficient Sig. (2-tailed) N	-0.51 0.16 9
	Actual Service at Cashier	Correlation Coefficient Sig. (2-tailed) N	-0.29 0.448 9

A correlations analysis was conducted to evaluate the prediction of the Payment for special high cost services in Social health security and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for special high cost services in Social health security and Responsiveness (Table 4.28 shows Spearman's rho correlation of Payment for special high cost services in Social health security and Responsiveness).

H_{15}: There is a relationship between Payment for utilization incentives in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.29 Spearman's rho correlation table of Payment for utilization incentives in Social health security and Responsiveness

			Satisfied on Utilization Incentive
Spearman's rho	Actual Service at Nurse Counter	Correlation Coefficient Sig. (2-tailed) N	0.371 0.325 9
	Actual Service of Doctor	Correlation Coefficient	.742*

Table 4.29 Spearman's rho correlation table of Payment for utilization incentives in Social health security and Responsiveness (cont.)

			Satisfied on Utilization Incentive
		Sig. (2-tailed)	0.022
		N	9
	Actual Service of Laboratory	Correlation Coefficient	.679*
		Sig. (2-tailed)	0.044
		N	9
	Actual Service of Pharmacy	Correlation Coefficient	0.164
		Sig. (2-tailed)	0.674
		N	9
	Actual Service at Cashier	Correlation Coefficient	-0.155
		Sig. (2-tailed)	0.69
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the payment for utilization incentives in Social health security and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is a relationship between payment for utilization incentives in Social health security and the service of doctor. The significance figure of 0.022 proves that Payment for utilization incentives in Social health security is constant and related to service of doctor and also the significance figure of 0.44 proves that Payment for utilization incentives in social health security is constant and related to service of laboratory. There is a relationship between payment for utilization incentives in social health security and the service of laboratory. Thus, null hypothesis is rejected at P-value < 0.05. This means there are significant relationships between Payment for utilization incentives in Social health security toward service of doctor and laboratory.

Spearman Correlation also shows that the relationship between Payment for utilization incentives in Social health security toward service of doctor and

laboratory is moderate high, which is .742 and .679 or 74.2% and 67.9% respectively. If government increase payment for utilization incentives in social health security one more unit, the service quality of doctor and laboratory will be increased .742 and .679 respectively (Table 4.29 shows Spearman's rho correlation table of Payment for utilization incentives in Social health security and Responsiveness).

H_{16}: There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.30 Spearman's rho correlation table of Payment for risk-adjusted capitation in Social health security and Responsiveness

			Satisfied on Risk Adjusted Capitation
Spearman's rho	Actual Service at Nurse Counter	Correlation Coefficient	-0.231
		Sig. (2-tailed)	0.549
		N	9
	Actual Service of Doctor	Correlation Coefficient	0.531
		Sig. (2-tailed)	0.142
		N	9
	Actual Service of Laboratory	Correlation Coefficient	.688*
		Sig. (2-tailed)	0.041
		N	9
	Actual Service of Pharmacy	Correlation Coefficient	-0.102
		Sig. (2-tailed)	0.794
		N	9
	Actual Service at Cashier	Correlation Coefficient	-0.29
		Sig. (2-tailed)	0.448
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the payment for risk-adjusted capitation in Social health security and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is a relationship between Payment for risk-adjusted capitation in Social health security and the service of laboratory. The significance figure of 0.041 proves that Payment for risk-adjusted capitation in Social health security is constant and related to service of laboratory. Thus, null hypothesis is rejected at P-value < 0.05. This means there are significant relationships between Payment for risk-adjusted capitation in Social health security toward services of laboratory.

Spearman Correlation also shows that the relationship between Payment for risk-adjusted capitation in Social health security toward services of laboratory is moderate high, which is .688 or 68.8%. If government increase Payment for risk-adjusted capitation in social health security one more unit, the service quality of laboratory will be increased .688 (Table 4.30 shows Spearman's rho correlation of Payment for risk-adjusted capitation in Social health security and Responsiveness).

H_{17}: There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.31 Spearman's rho correlation table of Payment for care arising from emergencies and accidents in Social health security and Responsiveness

			Satisfied on 72 hrs. Emergency Payment
Spearman's rho	Actual Service at Nurse Counter	Correlation Coefficient	-0.055
		Sig. (2-tailed)	0.888
		N	9
	Actual Service of Doctor	Correlation Coefficient	0.311
		Sig. (2-tailed)	0.416
		N	9

Table 4.31 Spearman's rho correlation table of Payment for care arising from emergencies and accidents in Social health security and Responsiveness (cont.)

			Satisfied on 72 hrs. Emergency Payment
	Actual Service of Laboratory	Correlation Coefficient Sig. (2-tailed) N	-0.04 0.919 9
	Actual Service of Pharmacy	Correlation Coefficient Sig. (2-tailed) N	-0.34 0.371 9
	Actual Service at Cashier	Correlation Coefficient Sig. (2-tailed) N	-0.599 0.088 9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for care arising from emergencies and accidents in Social health security and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for care arising from emergencies and accidents in Social health security and Responsiveness (Table 4.31 shows Spearman's rho correlation of Payment for care arising from emergencies and accidents in Social health security and Responsiveness)

H_{18}: There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.32 Spearman's rho correlation table of Payment for hospital accreditation (HA) in Social health security and Responsiveness

			Satisfied on HA Payment
Spearman's rho	Actual Service at Nurse Counter	Correlation Coefficient	0.113
		Sig. (2-tailed)	0.771
		N	9
	Actual Service of Doctor	Correlation Coefficient	0.36
		Sig. (2-tailed)	0.341
		N	9
	Actual Service of Laboratory	Correlation Coefficient	0.48
		Sig. (2-tailed)	0.191
		N	9
	Actual Service of Pharmacy	Correlation Coefficient	0.05
		Sig. (2-tailed)	0.898
		N	9
	Actual Service at Cashier	Correlation Coefficient	-0.427
		Sig. (2-tailed)	0.252
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for hospital accreditation (HA) in Social health security and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for hospital accreditation (HA) in Social health security and Responsiveness (Table 4.32 shows Spearman's rho correlation of Payment for hospital accreditation (HA) in Social health security and Responsiveness).

H_{33}: There is a relationship between Responsiveness and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth

Table 4.33 Spearman's rho correlation table of Responsiveness and patient satisfaction

			Patient's Satisfaction
Spearman's rho	Responsiveness	Correlation Coefficient	.459**
		Sig. (2-tailed)	0
		N	400

** Correlation is significant at the 0.01 level (2-tailed).

Table 4.33 Spearman's rho correlation table of Responsiveness and patient satisfaction

A correlations analysis was conducted to evaluate the prediction of the Reliability and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth. The results of the analysis indicated that there is a relationship between Responsiveness and patient satisfaction. The significance figure of 0.00 proves that tangible is constant and related to patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth. Thus, null hypothesis is rejected at P-value < 0.05. This means there is a significant relationship between Responsiveness and patient satisfaction.

Spearman Correlation also shows that the relationship between Reliability and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth is moderate, which is .459 or 45.9%. If the quality of Responsiveness increases one more unit, patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth will be increased .459 or 45.9% (Table 4.33 shows Spearman's rho correlation of Responsiveness and patient satisfaction)

Assurance is referring to possession of knowledge, courtesy shown by staff and their role in building trust and confidence with customers

H_{19}: There is a relationship between Capitation Payment in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth’s top executive.

Table 4.34 Spearman's rho correlation table of Capitation Payment in Social health security and Assurance

			Satisfied on Capital Payment
Spearman's rho	Staff Courtesy	Correlation Coefficient	0.109
		Sig. (2-tailed)	0.78
		N	9
	Clear Explanation	Correlation Coefficient	0.144
		Sig. (2-tailed)	0.711
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Capitation Payment in Social health security and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Assurance and Capitation Payment in Social health security and Assurance (Table 4.34 shows Spearman's rho correlation of Capitation Payment in Social health security and Assurance)

H_{20}: There is a relationship between Payment for special high cost services in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.35 Spearman's rho correlation table of Payment for special high cost services in Social health security and Assurance

			Satisfied on Special Service Payment
Spearman's rho	Staff Courtesy	Correlation Coefficient	0.231
		Sig. (2-tailed)	0.549
		N	9

Table 4.35 Spearman's rho correlation table of Payment for special high cost services in Social health security and Assurance (cont.)

			Satisfied on Special Service Payment
	Clear Explanation	Correlation Coefficient	0
		Sig. (2-tailed)	1
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for special high cost services in Social health security and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for special high cost services in Social health security and Assurance (Table 4.35 shows Spearman's rho correlation of Payment for special high cost services in Social health security and Assurance).

H_{21}: There is a relationship between Payment for utilization incentives in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.36 Spearman's rho correlation table of Payment for utilization incentives in Social health security and Assurance

			Satisfied on Utilization Incentive
Spearman's rho	Staff Courtesy	Correlation Coefficient	-0.371
		Sig. (2-tailed)	0.325
		N	9
	Clear Explanation	Correlation Coefficient	0
		Sig. (2-tailed)	1
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for utilization incentives in Social health security and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for utilization incentives in Social health security and Assurance (Table 4.36 Spearman's rho correlation table of Payment for utilization incentives in Social health security and Assurance).

H_{22}: There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.37 Spearman's rho correlation table of Payment for risk-adjusted capitation in Social health security and Assurance

			Satisfied on Risk Adjusted Capitation
Spearman's rho	Staff Courtesy	Correlation Coefficient	-0.231
		Sig. (2-tailed)	0.549
		N	9
	Clear Explanation	Correlation Coefficient	0
		Sig. (2-tailed)	1
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for risk-adjusted capitation in Social health security and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for risk-adjusted capitation in Social health security and Assurance (Table 4.37 shows Spearman's rho correlation of Payment for risk-adjusted capitation in Social health security and Assurance).

H_{23}: There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.38 Spearman's rho correlation table of Payment for care arising from emergencies and accidents in Social health security and Assurance

			Satisfied on 72 hrs. Emergency Payment
Spearman's rho	Staff Courtesy	Correlation Coefficient	0.055
		Sig. (2-tailed)	0.888
		N	9
	Clear Explanation	Correlation Coefficient	0
		Sig. (2-tailed)	1
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for care arising from emergencies and accidents in Social health security and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for care arising from emergencies and accidents in Social health security and Assurance (Table 4.38 shows Spearman's rho correlation of Payment for care arising from emergencies and accidents in Social health security and Assurance).

H_{24}: There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.39 Spearman's rho correlation table of Payment for hospital accreditation (HA) in Social health security and Assurance

			Satisfied on HA Payment
Spearman's rho	Staff Courtesy	Correlation Coefficient	0.34
		Sig. (2-tailed)	0.37
		N	9
	Clear Explanation	Correlation Coefficient	0.4
		Sig. (2-tailed)	0.286
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the Payment for hospital accreditation (HA) in Social health security and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for hospital accreditation (HA) in Social health security and Assurance (Table 4.39 shows Spearman's rho correlation of Payment for hospital accreditation (HA) in Social health security and Assurance).

H_{34}: There is a relationship between Assurance and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth

Table 4.40 Spearman's rho correlation table of Assurance and patient satisfaction

			Patient's Satisfaction
Spearman's rho	Assurance	Correlation Coefficient	.480**
		Sig. (2-tailed)	0
		N	400

** Correlation is significant at the 0.01 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Reliability and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth. The results of the analysis indicated

thatthere is a relationship between Assurance and patient satisfaction. The significance figure of 0.00 proves that tangible is constant and related to patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth. Thus, null hypothesis is rejected at P-value < 0.05. This means there is a significant relationship between Assurance and patient satisfaction.

Spearman Correlation also shows that the relationship between Reliability and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth is moderate, which is .480 or 48%. If the quality of Assurance increases one more unit, patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth will be increased .480 or 48%(Table 4.33 shows Spearman's rho correlation of Assurance and patient satisfaction).

Empathy is referring to individualized attention the firm provides for its patients, caring and also the degree of customization provided to the patients.

H_{25}: There is a relationship between Capitation Payment in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.41 Spearman's rho correlation table of Capitation Payment in Social health security and Empathy

			Satisfied on Capital Payment
Spearman's rho	Staff Empathy	Correlation Coefficient	0.268
		Sig. (2-tailed)	0.486
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Capitation Payment in Social health security and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Empathy and Capitation Payment in Social health security and Empathy (Table 4.41 shows S pearman's rho correlation of Capitation

Payment in Social health security and Empathy).

H_{26}: There is a relationship between Payment for special high cost services in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.42 Spearman's rho correlation table of Payment for special high cost services in Social health security and Empathy

			Satisfied on Special Service Payment
Spearman's rho	Staff Empathy	Correlation Coefficient	0.1
		Sig. (2-tailed)	0.798
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for special high cost services in Social health security and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for special high cost services in Social health security and Empathy (Table 4.42 shows Spearman's rho correlation of Payment for special high cost services in Social health security and Empathy).

H_{27}: There is a relationship between Payment for utilization incentives in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.43 Spearman's rho correlation table of Payment for utilization incentives in Social health security and Empathy

			Satisfied on Utilization Incentive
Spearman's rho	Staff Empathy	Correlation Coefficient	0.006
		Sig. (2-tailed)	0.988
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for utilization incentives in Social health security and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for utilization incentives in Social health security and Empathy (Table 4.43 shows Spearman's rho correlation of Payment for utilization incentives in Social health security and Empathy).

H_{28}: There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.44 Spearman's rho correlation table of Payment for risk-adjusted capitation in Social health security and Empathy

			Satisfied on Risk Adjusted Capitation
Spearman's rho	Staff Empathy	Correlation Coefficient	-0.256
		Sig. (2-tailed)	0.506
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for risk-adjusted capitation in Social health security and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for risk-adjusted capitation in Social health security and Empathy (Table 4.44 shows Spearman's rho correlation of Payment for risk-adjusted capitation in Social health security and Empathy).

H_{29}: There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.45 Spearman's rho correlation table of Payment for care arising from emergencies and accidents in Social health security and Empathy

			Satisfied on 72 hrs. Emergency Payment
Spearman's rho	Staff Empathy	Correlation Coefficient	-0.106
		Sig. (2-tailed)	0.786
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for care arising from emergencies and accidents in Social health security and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the analysis indicated that there is no relationship between Payment for care arising from emergencies and accidents in Social health security and Empathy (Table 4.45 shows Spearman's rho correlation of Payment for care arising from emergencies and accidents in Social health security and Empathy).

H_{30}: There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.

Table 4.46 Spearman's rho correlation table of Payment for hospital accreditation (HA) in Social health security and Empathy

			Satisfied on HA Payment
Spearman's rho	Staff Empathy	Correlation Coefficient	0.453
		Sig. (2-tailed)	0.221
		N	9

* Correlation is significant at the 0.05 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Payment for hospital accreditation (HA) in Social health security and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive. The results of the

analysis indicated that there is no relationship between Payment for hospital accreditation (HA) in Social health security and Empathy (Table 4.46 shows Spearman's rho correlation of Payment for hospital accreditation (HA) in Social health security and Empathy).

H_{35}: There is a relationship between Empathy and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth

Table 4.47 Spearman's rho correlation table of Empathy and patient satisfaction

			Patient's Satisfaction
Spearman's rho	Empathy	Correlation Coefficient	.566**
		Sig. (2-tailed)	0
		N	400

** Correlation is significant at the 0.01 level (2-tailed).

A correlations analysis was conducted to evaluate the prediction of the Reliability and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth. The results of the analysis indicated thatthere is a relationship between Empathy and patient satisfaction. The significance figure of 0.00 proves that tangible is constant and related to patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth. Thus, null hypothesis is rejected at P-value < 0.05. This means there is a significant relationship between Empathy and patient satisfaction.

Spearman Correlation also shows that the relationship between Reliability and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth is moderate, which is .566 or 56.6%. If the quality of Empathy increases one more unit, patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth will be increased .566 or 56.6%(Table 4.47 shows Spearman's rho correlation of Empathy and patient satisfaction).

4.3.2.1 Summary Table of Hypothesis Testing

Table4.48 Summary Table of Hypothesis Testing

Hypothesis	Results
Tangible is referring to the physical evidence, facility and appearance of personnel.	
· **H_1:** There is a relationship between Capitation Payment in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_2:** There is a relationship between Payment for special high cost services in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_3:** There is a relationship between Payment for utilization incentives in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_4:** There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_5:** There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_6:** There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Tangible from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{31}:** There is a relationship between Tangible and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth	Supported

Table4.48 Summary Table of Hypothesis Testing (cont.)

Hypothesis	Results
Reliability is referring to ability to perform the service as a company's promised or stated accurately and dependably.	
· **H_7:** There is a relationship between Capitation Payment in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_8:** There is a relationship between Payment for special high cost services in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_9:** There is a relationship between Payment for utilization incentives in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{10}:** There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{11}:** There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{12}:** There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Reliability from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{32}:** There is a relationship between Reliability and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth	Supported
Responsiveness is referring to a proper service, the degree of willingness to help and serve a patient.	

Table4.48 Summary Table of Hypothesis Testing (cont.)

Hypothesis	Results
· **H_{13}:** There is a relationship between Capitation Payment in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Supported (Quality of Doctor and Laboratory)
· **H_{14}:** There is a relationship between Payment for special high cost services in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{15}:** There is a relationship between Payment for utilization incentives in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Supported (Quality of Doctor and Laboratory)
· **H_{16}:** There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Supported (Quality of Laboratory)
· **H_{17}:** There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{18}:** There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Responsiveness from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{33}:** There is a relationship between Responsiveness and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth	Supported
Assurance is referring to possession of knowledge, courtesy shown by staff and their role in building trust and confidence with customers.	

Table 4.48 Summary Table of Hypothesis Testing (cont.)

Hypothesis	Results
· **H_{19}:** There is a relationship between Capitation Payment in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{20}:** There is a relationship between Payment for special high cost services in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{21}:** There is a relationship between Payment for utilization incentives in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{22}:** There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{23}:** There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{24}:** There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Assurance from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{34}:** There is a relationship between Assurance and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth	Supported
Empathy is referring to individualized attention the firm provides for its patients, caring and also the degree of customization provided to the patients.	

Table 4.48 Summary Table of Hypothesis Testing (cont.)

Hypothesis	Results
· **H_{25}:** There is a relationship between Capitation Payment in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{26}:** There is a relationship between Payment for special high cost services in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{27}:** There is a relationship between Payment for utilization incentives in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{28}:** There is a relationship between Payment for risk-adjusted capitation in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{29}:** There is a relationship between Payment for care arising from emergencies and accidents in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{30}:** There is a relationship between Payment for hospital accreditation (HA) in Social health security payments and Empathy from the perspective of Kasemrad Hospital Rattanatibeth's top executive.	Rejected
· **H_{35}:** There is a relationship between Empathy and patient satisfaction derived from using social security out patient department in Kasemrad Hospital Rattanatibeth	Supported

CHAPTER V
DISCUSSIONS, CONCLUSION AND RECOMMENDATION

This chapter will conclude with a summary of all hypothesis testing mentioned in previous chapter and will include the answers to the research questions and objectives mentioned the first chapter. Recommendations and suggestions for Social Security Office will be provided and further study will also be discussed in this chapter.

5.1 Conclusions and Discussion

The study in this research will be classified in to 2 parts, which are qualitative analysis and quantitative analysis.

For qualitative analysis part, there are 2 research objectives that researcher would like study as the follows;

- First, researcher will explore the issues and challenges in Thailand Social Security Scheme from Kasemrad Hospital Rattanatibeth's top executive perspectives.
- Secondly, researcher will try to discuss the possible solution and tactics to handle current issues and challenges of Social Security Scheme from Kasemrad Hospital Rattanatibeth's top executive perspectives

For quantitative analysis part, there are 2 research objectives either which are;

- The first objective aims to study a relationship between Thailand social security payment scheme toward service quality in Kasemrad Hospital Rattanatibeth from top executive opinions.
- Second is to study a relationship between service quality and patient's satisfaction in Kasemrad Hospital Rattanatibeth from the patient side

According to the quantitative research framework, there are 2 groups of

respondents, which are Kasemrad hospital Rattnatibeth's top executive and Kasemrad hospital Rattnatibeth's social security patients. There are five significant factors from SERVQUAL model, this research studied whether or not there is a significant relationship with Social health security payments from Kasemrad hospital Rattnatibeth's top executives point of view. Also, this service quality in Kasemrad Hospital Rattanatibeth will effect to patients' satisfaction in this hospital or not

5.1.1 Qualitative and Quantitative analysis parts of Kasemrad Hospital Rattnatibeth's executives

5.1.1.1 Qualitative analysis part

For this qualitative part aims to answer research objectives of qualitative analysis. For this part, researcher gained the information from the open-ended questions in the questionnaire for top executive to get the inside information from respondents which are Kasemrad Hospital Rattnatibeth's executives, which has population size of 9 people (N=9) and the data was collected from all Kasemrad Hospital Rattnatibeth's executives (n=9). From all 9 respondents, 2 of them are director-level and the rests are manager-level. Majority of them are nurses, which is 6 out of 9 people, and 3 executives are a doctor. Moreover, around 78% is female and 77% of all executives have more than 11 years working experience in this hospital. As the results are collected, the main serious problems in Kasemrad hospital Rattnatibeth's top executives' point of views are as the follows;

The first problem is communication problem from SSO on their policy changing for both existing policy and announcing a new one about payment mechanism which can be improved by setting a committee from private hospital side to be a part of policy maker and also the knowledge and skill of SSO staff on answering private hospital question about the policy changing, sometimes it was happened because they did not know that the policy was changed either, this problem is fixed by provided good training course for their SSO's staffs and also improve internal communication within SSO.

Second, the late payment and not fully paid of a reimbursement to private hospitals is one main problem on the financial process of private hospitals under social security scheme, it is always occurred for some incentive

payments for example a payment for special high cost service on some medical supplies because sometimes, it is take 2 years for reimbursement to get paid. The best way to solve this problem from executive opinions is private hospital be able to charge an interest to SSO for late payment and third, a problem in claiming process which is still using manual process that will lead to the problem of late payment as well because it might create the mistakes in claiming process. A recommendation for this is a online claiming program and reduce some unnecessary steps from the process Moreover, patient's complaint process is too easy which lead to a culture of complaint on everything even on the unnecessary topic by patients and judgment from SSO are not quite fair for private hospitals due to a bias to the private hospital when SSO makes a judgment on the patient's case. A standardize for complaint process can help to address this issue and also the last one is the payment mechanism is too low for covering the cost of treatment in some diseases. From executive opinions, co-payment can be the answer for this problem and also increase some payment mechanism based on real expenditure of each disease will be improve the quality of care and service.

5.1.1.2 Quantitative analysis part

For quantitative research, the outcomes can be divided into 2 parts, which are top executive part and patient part. From he results of top executives' part, it has explained that one out of five factors from SERVQUAL have significant relationships with Social health security payments. The three out of thirty hypotheses are supported, which are hypothesis 13rd, 15th and 16th. A study found out that there is a relationship on capitation payment, Payment for risk-adjusted capitation and Payment for utilization incentives in social security scheme toward Responsiveness dimension in SERVQUAL model. An increasing in capitation payment, Payment for utilization incentives in social security scheme will increase service quality of doctor and laboratory in Responsiveness Dimension at different levels. Also, an increasing in Payment for risk-adjusted capitation in social security scheme will improve the quality of laboratory at moderate-high level.

Surveying this group of 9 respondents, the summary has demonstrated that Social security payment have no an evidence of relationship with tangible and reliability dimensions, also empathy and lastly assurance dimensions. But only responsiveness dimension, it shows the positive relationship. These results will

guide social security office that to emphasize on improving service quality, increasing budget on these 3 types of payment can be a factor to improve the service quality on responsiveness and reduce the gap of patient complaints and dissatisfaction.

Regarding to the responsiveness dimension with refers to for willingness for helping the patients by providing prompt service, which consists of nurse, doctor, pharmacy, laboratory and cashier. The results show that if the capitation payment and payment for utilization incentive for social security scheme increase, the more of services quality on doctor and laboratory can be delivered as promised and the gap in these 2 service qualities between social security patients and those without will be reduced. Top executives in Kasemrad Hospital Rattanatibeth believed that based on a different rate of hospital's compensation for doctors and physicians to treat patients with and without social security covered, which is a lower fee on social security patients. This reason might lead to the willingness level of doctor in order to treat social security patient when compared service to other patients without social security covered and also the number of social security cases in one day is nearly to 1,500 OPD patients at Kasemrad Hospital Rattanatibeth which is much more higher than patients without social security covered. Therefore, doctors will have an over workload when they have duty for working at social security's patient OPD which is a KPI for full-time doctor at Kasemrad Hospital Rattanatibeth to sit in social security's patient OPD 2 days and 3 days in walk-in patient OPD. The different rate of doctor fee for doctor is occurred because normally, cost control on social security capitation budget is very crucial for private hospital to survive on limited budget in manage care model. Moreover, due to the work overload of social security patient cases in one day, laboratory at Kasemrad Hospital Rattanatibeth is another one service station that has to take care a thousand of specimens and cost reduction policy is implemented because of a limitation budget on social security patient, it might lead to unwillingness of service staff at laboratory as well. Laboratory cost is a one main cost proportion in a total bill charged to patients, which is around 20% and another 30% is doctor fees. In order to do an effective cost control, laboratory is a one service that hospital always focus and will give only medically necessary lab test to social security patient only which is covered by SSO. On the other hand, all screening lab tests will not be covered by SSO and social security patient does not want to pay by his own as well then this is an one

of most complaint topic at Kasemrad Hospital Rattanatibeth.

Due to the biggest payment size in social security scheme is a capitation payment, an increasing in capitation will help hospital to be able to raise a doctor fee for doctors who work on social security patients because it consumes a huge proportion in social security yearly budget. At the same time, hospital will have more budgets to spend on laboratory testing to satisfied patient and technician will have less pressure on cost reduction policy, which will lead to improved service mind for both doctor and laboratory staff.

A study on financial incentives, physicians reported shifting their practice orientation toward quality, using quality metrics more often, and believing that quality of care and team effectiveness improved (Herzer, Pronovost, 2015). As the same with payment for utilization incentive for social security scheme, this payment is an incentive payment for some complicate diseases that is not commonly found in general patients and consume high cost for curing the diseases for example heart disease, brain surgery and etc. Hospital can reimburse an extra incentive money from SSO with the reimburse ceiling for each disease but it is still too low when compared to the actual cost of treatment in those diseases. Also, hospital has a policy on a different rate of hospital's compensation for doctors on social security patient, dose not matter how difficult the disease is and lab control also one of a key for cost saving. Therefore, increasing in payment for utilization incentive will create a same consequences as capitation payment.

Lastly, a payment for risk-adjusted capitation, the results show the significant relationship with responsiveness as well, the quality of laboratory for patient with chronic disease will be improved due to an increasing in a payment for risk-adjusted capitation. Patient with chronic disease has to do laboratory-testing regular and sometimes for cost saving policy, Hospital has a regulation on a maximum times of doing lab testing in chronic patient with social security covered due to the SSO's policy of reimbursement. For example Fasting Blood Sugar testing 1 time per month, sometimes patient needs to do lab test about his disease more than maximum number covered by social security scheme. An explanation from hospital staff about this topic will lead to unwillingness to serve the patients due to an argument and create patient's dissatisfaction on the service. To give prompt laboratory services to social

security patients at Kasemrad Hospital Rattaibeth, social security payment for risk-adjusted capitation is one of the most important key drivers to enhance the quality in service delivery of laboratory and increase more satisfaction because this extra budget is provided depending on the number of chronic patient registered under social security at Kasemrad Hospital Rattaibeth.

5.1.2 Quantitative analysis parts of Kasemrad Hospital Rattnatibeth's patients

On the other hand, researcher would like to study the satisfactory level of patient who comes to encounter the service under social security scheme in Kasemrad hospital Rattnatibeth toward SERVQUAL model, which has population size of 151,00 registered patient under social security scheme at Kasemrad Hospital Rattaibeth (N=151,100) and the data was collected according to Taro Yamane method. As a result, 400 patient data are collected (n=400). From all 400 respondents, 175 man and 225 woman respondents with nearly 50 percent in the age group between 25-35 years old and Majority of all respondents have an education higher than secondary school and top 3 occupations of the respondents, which is more than 68.5%, are employees in private company, business owner, State Enterprises Officer respectively. Main proportions of their salary are 20,001-30,000 baht per month, 10,001-20,000 baht per month and 30,001-40,000 baht per month with the percentage of 34.5, 21.8 and 12.5 respectively.

As a result, there are five out of five factors including tangible dimension, reliability dimension, responsive dimension, assurance dimension and empathy dimension from SERVQUAL have significant relationships with patient satisfaction for whom are using out-patient clinic at Kasemrad Hospital Rattanatibeth and treated under social security scheme. The five out of thirty-five hypotheses on patient side are correct. Surveying this group of 400 respondents, the summary has demonstrated that tangible, reliability, responsiveness, empathy, assurance dimensions have significant relationship with customer satisfaction and it can be ranked of the strength of relationship from the highest relationship to weakness relationship as follows; empathy, tangible, assurance, reliability, and responsiveness which all dimensions have moderate positive relationship with customer satisfaction. This finding is similar

to many previous studies, which have done in other hospital before for example a study on the service quality of hospitals in Erode district, India. From the findings of the study, the researcher found that the service of “Responsiveness” is highly influenced by the respondents. That is the respondents like patients are having maximum level of satisfaction to the hospital services (Subashini, Poongodi, 2012). Also, Service quality has been shown to have a positive influence on customer satisfaction (Rad, Som and Zainuddin. 2010) and a study on the impact of the service quality to the patient’s satisfaction in the government Ayurvedic hospitals of Jaffna district, India. The result shows that except the tangibility dimension, the other four dimensions such as reliability, responsiveness, assurance and empathy significantly contribute to the patients’ satisfaction (Sathiyaseelan, Gnanapala, 2010).

These results will guide hospital that to emphasize on improving service quality, it can be increasing customer satisfaction and reducing the gap of patient dissatisfaction on the hospitals.

5.2 Recommendation

For the recommendation, researcher would like to divide it in to 2 parts, which are a recommendation to SSO and Kasemrad Hospital Rattanatibeth in order to improve the service quality and increase patient’s satisfaction at Kasemrad Hospital Rattanatibeth.

5.2.1 Social Security Office recommendation

For Social Security Office recommendation, there are several recommendations that can be concluded form Kasemrad Hospital Ratanatibeth’s top executive opinions. First of all, according to the communication problem between SSO and hospital side about unclear new policy and policy changing. Moreover, for a new policy of social security scheme in the future should be suited for both private and public hospitals under social security scheme because proper and effective policies can lead to overall improvement in social security system and also improve the quality that will be delivered to the patient. In order to reduce a communication problem on policy unclear and changing, Social Security Office should set a committee team that hospital

parties can join in order to reduce a gap of communication and it will fair for a hospital side when issues a new policy because hospital under social security scheme is major stakeholder in this system. Once, we have a good policy, the communication process to all stakeholders is very important. On the other hand, the problem at Social Security Office's call center has to be fixed. A well-trained and prepared staff at call center from Social Security Office site is very important to solve the communication problem. The most common ways to contact to Social Security Office is through Social Security Office's call center but many times Social Security Office staff at a call center cannot answer about a new policy that just announced on a media for example early of this year, 2017, Social Security Office just announced changing policy about dental service coverage of maximum 450 baht per time for reimbursement/ 2 times a year to be 900 baht without any conditions of maximum reimbursement per time. This dental policy changing in the first place, hospital had to call to SSO Call center number asking about this new policy, they had no idea what new dental policy was and the answer from them for the hospital was "waiting for clear policy again" even it was announced on TV already.

Second recommendation for Social Security Office is about payment problem, all types of payments should be paid on time. Some types of payment are quite late to get paid for example utilization incentive payment, normally; it is paid twice a year, every 6 months. In contrast, the cost of treatments are occurred everyday of operation but hospital has to wait for 6 months for reimbursement, this means that all hospitals under social security scheme should have a very good cash flow and liquidity in order to survive in this system. Moreover, some payments for special high cost services, sometimes a hospital has to wait for 1-2 years to get the money for example the stent for heart disease due to an internal problem of SSO, which should be paid with in 1 year. Because all of these problems cannot be solved easily but to be fair to every hospital under social security, all of late payment should come with compensation like interest.

Third, the problem in claiming process is a one main cause of late payment, the improvement in claiming process will be beneficial for all private hospitals. There are many steps in reimbursement process and Social Security Office is still using manual process in some steps, which consuming a lot of paper and also

time. E-claim can be the answer for this issue; currently Social Security Office is starting using e-claim in some part of reimbursement process, not all, but there is one more problem since Social Security Office gives one ID and password for one hospital for E-claiming log-in, which means that only one hospital's staff can log-in into the Social Security Office's system to fill-in information for reimbursement process. One staff can fill-in an information of maximum number of 500 patients a day then it makes hospital cannot finish sending an information of all patient on time, month to month. This will lead to the problem of late payment as well. The addressing of this issue is quite simple by allow hospital to request more ID and password to log-in into the Social Security Office's system for reimbursement.

Forth recommendation for SSO is to be fairer to the private hospital when they get complaint from patients under social security scheme. Most of the time, a punishment from the Social Security Office to the private hospitals is not fair. The method to complaint is to easy then it creates the culture for patients to complaint everything even on the unnecessary for example SSO's call center channel. Moreover, SSO always has a bias when Social Security Office makes a judgment on the patient's case to the private hospitals as a defendant. Addressing this issue should set outside committees to be a part of judgment; this will reduce a SSO's bias on private hospital under social security scheme.

Fifth, due to the payment on social security scheme is insufficient to cover the actual treatment cost that occurred on many diseases. The model of co-pay can improve this situation; this will be win-win situation for both patient and hospital because patient will get proper treatment without financially selection of treatment provided in order to save the hospital's cost. Hospital will give the best service to patient without loss. Also, cancel a curing limitation for some diseases under SSO's policy that are a medical necessity. For example, Social Security Office has made a limit on heart coronary bypass of 2 times or only 2 times of baby delivery can be reimbursed but in reality patient can have children more than 2 and also can face more than 2 heart coronary disease that is a nature of human and there is no good explanation of why there is a limitation on some medically necessary diseases.

Lastly, according to the relationship between payment mechanism and service quality in Kasemrad Hospital Rattanatibeth from top executive opinions. As a

result, if Social Security Office would like to improve a responsiveness dimension in SERVQUAL Model, increasing budget to Kasemrad Hospital Rattanatibeth will help to improve this service. For service quality of doctor and laboratory can be improved by increasing capitation payment because this 2 service points are consuming a highest cost in term of fee and cost of laboratory testing. Also, increasing in payment for utilization incentives will improve the quality of doctor and laboratory in complicated diseases due to doctor will not be hesitate to give full treatment without cost concern including laboratory and medicine to get the best treatment result and increasing in payment for risk-adjusted capitation will help to improve the service of a laboratory for chronic patients which have to do the laboratory testing regularly.

5.2.2 Kasemrad Hospital Rattanatibeth recommendation

According to this study, researcher can summarize into main recommendations for Kasemrad Hospital Rattanatibeth as the follows;

First, for tangible dimension refers to the appearance of physical facilities, personnel and equipment. In term of increasing patient satisfaction, Kasemrad Hospital Rattanatibeth has to strictly focus on the professional level of healthcare staffs in the hospital. All staff need to be train regarding their dressing and appearance. Moreover, hospital building, exam room, medical equipment and other service facilities have to be prompt, sufficient and ready to be service and all physical facilities appearance needs to be revealed to give a pleasant look. That will help to improve the level of patient satisfaction. For this concrete action plan is as follows;

- HR should set monitoring team for staff dressing and appearance, reward and punishment model should be applied for encourage staffs to dress properly
- Training on personality is necessary, it should hold for every new staff before start working and first orientation should have a topic of “how to dress properly and what correct dressing uniform is” in Kasemrad Hospital Rattanatibeth
- Create a culture of everyone report for Kasemrad Hospital Rattanatibeth about malfunction faculties because nowadays. Line is a powerful communication tools, then crate a Line group that all of Kasemrad Hospital Rattanatibeth staffs are in the group and also engineering department’s staff. Once anyone finds out some problem on a physical facilities, they can report real-time and it

will help the over all appearance of the hospital ready to use.

Second, for reliability dimension refers to the ability to offer the services as promised by healthcare dependably and accurately. In term of increasing patient satisfaction on this dimension, Kasemrad Hospital Rattanatibeth's management and staff needs to pay attention regarding the commitment of services, they need proper planning and management of services. They need to develop strong relationship with patients by offering quality services at a given time. This will also help Kasemrad Hospital Rattanatibeth's to develop strong image in public. This dimension should be improved by the first thing is Kasemrad Hospital Rattanatibeth needs to maintain their record effectively by using of software to manage patients' records in order to provide an accurate data to the patient and also the waiting time in every service station should be reduced. There are many ways for Kasemrad Hospital Rattanatibeth to reduce the waiting time for receiving services in due time; first by increasing the staff as well as increasing attention to ordering system based on the patients' condition, this solution should be done after evaluate a workload in each station already. Secondly, apply lean project management to reduce waste in the hospital. These will lead to an improvement in reliability dimension.

Third, for responsiveness dimension refers to for willingness for helping the patients by providing prompt service. In order to maximize patient satisfaction on this dimension, a good hospitality at service station is very important. There five main service stations in the hospital; nurse, doctor, pharmacist, laboratory technician and cashier. The key factor to show the level of willingness to service and help is by increasing the flow of information from staff to patients' and giving training to staff for patients' handling for more effective services. If we can create hospital's staff and patient relationships by improving service mind of hospital's staff, it will increase patient satisfaction while using the service in Kasemrad Hospital Rattanatibeth. Therefore, an action plan for Kasemrad Hospital Rattanatibeth to improve this service dimension should start with training of staff on patient requirements is essential and it is also recommended that hospital staffs should pay more attention towards patients' rights. Hospital staffs especially those who are in direct contact with the patients and have the most significant effect on the hospital service quality and the patients' satisfaction, should get enrolled in the service quality improvement programs. This

program can start for all new employees on the first orientation day. Moreover, rewarding and punishment program for should be implemented by letting patient to evaluate the service at every point of service station through the tablet or any device that provided by the hospital and it should be user friendly. This program will motivate Kasemrad Hospital Rattanatibeth's staff to do improve them self to get reward for both extrinsic and intrinsic rewards.

Forth, for assurance dimension refers to possession of knowledge, courtesy shown by staff and their role in building trust and confidence with customers. The way to communication, behavior and also intension to listen to the patients is the key to improve patient's satisfaction in this dimension. In order to improve hospital staff s on this dimension, hospital needs to develop customers' trust by offering quality of services. Hospital staffs need to be train so they can more effectively coordinate to produce quality services at right time. Moreover, hospital has to instill confidence in patients, feeling safety and security in interaction with personnel, existence of knowledgeable personnel to answer patients' needs and polite and friendly dealing of personnel with patients. It can be concluded that according to patients' belief in this medical training center, physicians and employees have sufficient knowledge to manage the patients, and with their courteous behavior, cause the patients to feel secure and safe. The action plan on this dimension should internal educational seminar for Kasemrad Hospital Rattanatibeth's staff, which can be set once a year or twice a year by letting most experience people in each position to be a speaker teaching their colleagues. One more thing that should be done for in improve assurance is setting a small group meeting in each department, once a week for update information of a new staff in a department. One good example is OR nurses in Kasemrad Hospital Rattanatibeth always have lunch together in their department and senior OR nurse will lecture about complicated case in Kasemrad Hospital Rattanatibeth.

Lastly, for empathy dimension is referring to individualized attention the firm provides for its customers, caring and also the degree of customization provided to the customers. In this dimension, Kasemrad Hospital Rattanatibeth hospital should do mass customization product to all patients in order to show hospital's care to individual patients. This activity should be involved with marketing department for example cooking workshop for diabetic patients, sport activity for hypertension

patients or one on one consultation for patient on the phone. Moreover, compliant handling process is one of the keys to show the level of empathy that hospital gives to the patient, the faster to solve the patient's problem, the more patient's satisfaction that hospital will get. Also, at this point, training program also useful in a form of workshop because when people spending time together, they will more compromise to each others which will be good for Kasemrad Hospital Rattanatibeth to create a culture of understanding that will make hospital's staffs understand and pay more attention to patients and better handling of their concerns.

5.3 Future Study

For future studies and research, the researcher would like to recommend the study on another group of respondent on the other private hospital and also on the public sides to provide more understanding the overview of the perception on Thailand's government social security scheme from all stakeholders and for this research we all know that for the perspective of Kasemrad hospital Rattnatibeth's top executive, most of them they think that increase payment on social security can improve the service quality providing to the social security patients and for next question how much money increasing should be create win-win situation for both side, private sector and government sides.

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Appendix A

Top Executive Questionnaire

ส่วนที่ 1: ข้อมูลผู้ตอบแบบสัมภาษณ์ (Personal Information :Part1)

1. ประเภทตำแหน่ง (Position)

ผู้บริหาร: ระดับ ☐ กลาง ☐ สูง

:o Executive Level-o Manager Level-oTop

หน่วยงาน: .....

Department.....

2. วิชาชีพ (Occupation)

☐ แพทย์ ☐ ทันตแพทย์ ☐ เภสัชกร ☐ พยาบาลวิชาชีพ ☐ นักวิชาการ

o Doctor o Dentist o Pharmacist o Nurse oScholar

☐ เจ้าพนักงาน ☐ อื่นๆ โปรดระบุ .....

o Officer o Others please specify.....

.3เพศ (Gender): ☐ชาย(Male) ☐ หญิง(Female)

4. อายุการทำงาน (Working Experience)

☐ ต่ำกว่า 5 ปี ☐ 5 ปี – 10 ปี ☐11 ปี – 15 ปี ☐ 16 ปี – 20 ปี ☐ ตั้งแต่ 20 ปีขึ้นไป

o Lower than 5 yrs yrs 10-o 5 yrs 15-o 11 yrs 20-o 16 o more than 20 yrs

ส่วนที่ 2: ความคิดเห็นต่อคุณภาพระบบการให้บริการทางการแพทย์ของสถานพยาบาลต่อผู้ประกันตน

(Quality Perspective in term of medical service your organization :Part2)

1. สถานพยาบาลของท่านมี Quality management หรือไม่ ตัวอย่างเช่น HA, JCI เป็นต้น

1.Do you have any quality management programs in your hospital? For example HA, JCI

☐มี ☐ไม่มี ถ้ามี กรุณาระบุรายละเอียด .....

oYes oNo If yes: please specify.....

2. ท่านคิดว่าคุณภาพโดยรวมของระบบการให้บริการทางการแพทย์ของสถานพยาบาลนี้เป็นอย่างไร

?How do you evaluate the overall medical service quality in your hospital.2

☐คุณภาพต่ำมาก ☐คุณภาพต่ำ ☐คุณภาพปานกลาง ☐คุณภาพสูง ☐คุณภาพสูงมาก

quality o Very poor o poor quality Average o o High quality o Excellent quality

เพราะเหตุใด กรุณาระบุรายละเอียด.....

.....

Why: please specify.....

.....

ถ้าต้องการปรับปรุงคุณภาพให้ดีขึ้นมีสิ่งใดที่ควรปรับปรุงหรือไม่

.....

.....

Any recommendations to improve medical service quality in your hospital?

.....

3.ท่านคิดว่าคุณภาพการให้บริการของสถานพยาบาลของท่านมีความแตกต่างกันระหว่างสิ่งที่ท่านคาดหวังกับสิ่งที่เป็นอยู่หรือไม่สำหรับผู้ใช้สิทธิประกันตน

3. In your opinion, are there any differences in the standard of medical service delivered to patients from your expection and the actual situtation for patinet with social security coverages ?

	สิ่งที่ท่านคาดหวัง (Expectation)					สิ่งที่เป็นอยู่จริง (Actual)				
	1	2	3	4	5	1	2	3	4	5
คุณลักษณะตอบสนอง (Responsiveness)	ไม่ดีอย่างยิ่ง Very Poor Quality	ไม่ดี Poor Quality	ปานกลาง Neutral	ดี Good Quality	ดีอย่างยิ่ง Very Good Quality	ไม่ดีอย่างยิ่ง Very Poor Quality	ไม่ดี Poor Quality	ปานกลาง Neutral	ดี Good Quality	ดีอย่างยิ่ง Very Good Quality
3.1 การบริการที่จุดรอตรวจและเคาน์เตอร์พยาบาล										
3.1 The service at nurse counter and waiting area										
3.2 การบริการของแพทย์ที่ทำการตรวจ										
3.2 The service of doctor										
3.3 การบริการที่จุดตรวจทางห้องปฏิบัติการ (Lab)										
3.3 Laboratory Service										
3.4 การบริการฝ่ายเภสัชกรรม										
3.4 The service at Pharmacy										
3.5 การบริการฝ่ายการเงิน										
3.4 The service at cashier										
คุณลักษณะความน่าเชื่อถือ (RELIABILITY)										
3.6 คุณภาพยา										
3.6 Medicine quality										
3.7 คุณภาพแพทย์										
3.7 The professional level of doctor										
คุณลักษณะทางกายภาพ (Tangibles)										
3.8 การบริการด้านสิ่งอำนวยความสะดวกทางกายภาพ,อุปกรณ์,บุคลากรและวิธีการสื่อสารของสถานพยาบาล										
3.8 Facilities, medical equipment, staff and communication process										
3.9 การตอบสนองในการช่วยเหลือและให้บริการ										
3.9 Willingness to help and serve										
คุณลักษณะการสร้างความมั่นใจ (Assurance)										
3.10 มารยาทของพนักงาน										
3.10 Staffs' courtesy										
3.11การชี้แจงในโรคที่เป็นของคนไข้อย่างครบถ้วน										
3.11 Clearly explianation about the diseases to the patients										
คุณลักษณะเอาใจใส่ (Emphaty)										
3.11 ความเอาใจใส่ห่วงใยให้ความสนใจ										
3.11 Staffs' empathy										

ส่วนที่ 3: ความคิดเห็นต่อระบบการจ่ายเงินค่าบริการทางการแพทย์ของประกันสังคม

(Part3: Perception toward social security payment system in Thailand)

.1ท่านมีความเข้าใจมากน้อยเพียงไร เกี่ยวกับเงื่อนไขการจ่ายเงินของประกันสังคม

1. How to do you rate your understanding about the social security payment system in Thailand?

☐ไม่เข้าใจอย่างมาก ☐ไม่เข้าใจ ☐เข้าใจพอใช้ได้ ☐มีความเข้าใจดี ☐มีความเข้าใจอย่างมาก

o Strongly not understand o Not understand o Neutral o Understand o Strongly understand

2. ท่านมีความพึงพอใจกับเกณฑ์การจ่ายเงินโดยการจ่ายแบบรายหัวหรือไม่

Do you satisfied with the indicator and regulation for .2Capitation Payment in Thailand social security payment ☐

ไม่พอใจมาก ☐ ไม่พอใจ ☐ พอใช้ได้ ☐ พอใจ ☐ พอใจมาก

o Strongly dissatisfied o Dissatisfied o Neutral o Satisfied o Strongly Satisfied

กรุณาระบุรายละเอียด.....

Please specify .....

3. ท่านมีความพึงพอใจกับเกณฑ์การจ่ายเงินโดยการเบิกนอกเหนือเหมาจ่ายหรือไม่

Do you satisfied with the indicator and regulation for .3Payment for utilization incentives

in Thailand social security payment system?

☐ ไม่พอใจมาก ☐ ไม่พอใจ ☐ พอใช้ได้ ☐ พอใจ ☐ พอใจมาก

o Strongly dissatisfied o Dissatisfied o Neutral o Satisfied o Strongly Satisfied

กรุณาระบุรายละเอียด.....

Please specify .....

4. ท่านมีความพึงพอใจกับเกณฑ์การจ่ายเงินโดยวัดจากภาระเสี่ยงโรคเรื้อรังหรือไม่

Do you satisfied with the indicator and regulation for .4Payment for risk adjusted capitation in in Thailand social security payment system?

☐ ไม่พอใจมาก ☐ ไม่พอใจ ☐ พอใช้ได้ ☐ พอใจ ☐ พอใจมาก

o Strongly dissatisfied o Dissatisfied o Neutral o Satisfied o Strongly Satisfied

กรุณาระบุรายละเอียด.....

Please specify .....

5. ท่านมีความพึงพอใจกับเกณฑ์การจ่ายเงินโดยเการเบิกฉุกเฉิน 72 ชั่วโมงหรือไม่

Do you satisfied with the indicator and regulation for .5Payment for care arising from emergencies and accidents in Thailand social security payment system?

☐ ไม่พอใจมาก ☐ ไม่พอใจ ☐ พอใช้ได้ ☐ พอใจ ☐ พอใจมาก

o Strongly dissatisfied o Dissatisfied o Neutral o Satisfied o Strongly Satisfied

กรุณาระบุรายละเอียด.....

Please specify .....

6. ท่านมีความพึงพอใจกับเกณฑ์การจ่ายเงินโดยการดูจาก DRG หรือไม่

Do you satisfied with the indicator and regulation for .6Payment for special high cost services

in Thailand social security payment system?

☐ ไม่พอใจมาก ☐ ไม่พอใจ ☐ พอใช้ได้ ☐ พอใจ ☐ พอใจมาก

o Strongly dissatisfied o Dissatisfied o Neutral o Satisfied o Strongly Satisfied

กรุณาระบุรายละเอียด.....

Please specify .....

7. ท่านมีความพึงพอใจกับเกณฑ์การจ่ายเงินเพิ่มขึ้นจากการได้รับรองคุณภาพ HA หรือไม่

Do you satisfied with the indicator and regulation for .7Payment for hospital accreditation (HA) in Thailand social security payment system?

☐ ไม่พอใจมาก ☐ ไม่พอใจ ☐ พอใช้ได้ ☐ พอใจ ☐ พอใจมาก

o Strongly dissatisfied o Dissatisfied o Neutral o Satisfied o Strongly Satisfied

กรุณาระบุรายละเอียด.....

Please specify .....

8. ท่านมีความพึงพอใจกับการจ่ายค่าบริการโดยรวมทางการแพทย์ของสำนักงานประกันสังคมในปัจจุบันเพียงใด

Do you satisfied with the overall .8social security payment system in Thailand?

☐ไม่พอใจมาก ☐ไม่พอใจ ☐พอใช้ได้ ☐พอใจ ☐พอใจมาก

o Strongly dissatisfied o Dissatisfied o Neutral o Satisfied o Strongly Satisfied

กรุณาระบุรายละเอียด .....

Please specify .....

9. ท่านคิดว่าการเพิ่มค่าบริการทางการแพทย์จากประกันสังคมมีส่วนจูงใจ และเป็นปัจจัยที่ทำให้เกิดการปรับปรุงการให้บริการของสถานพยาบาลของท่านต่อผู้ประกันตนหรือไม่

Do you think increasing social security payment system from SSO is the most important factor to the .9 ?improvement in service delivery to social security patient

☐ไม่เป็นปัจจัยสำคัญอย่างมาก ☐ไม่เป็นปัจจัยสำคัญ ☐ปานกลาง ☐เป็นปัจจัยสำคัญ ☐เป็นปัจจัยสำคัญอย่างมาก

o Strongly Disagree o Disagree o Neutral o Agree o Strongly Agree

กรุณาระบุรายละเอียด .....

Please specify .....

10.ท่านคิดว่าปัจจัยใดคือปัญหาของระบบประกันสังคมในที่สำคัญที่สุดปัจจุบัน

10. What factors do you think are the biggest challanges in today Thailand social security scheme?

.....

.....

.....

.....

แนวทางแก้ไขสำหรับปัญหานั้นคืออย่างไร

Reccomend possible solution to overcome the given challenges?

.....

.....

.....

APPENDIX B

Patient Questionnaire

Part 1: Personal Information

1. Gender

☐ Male ☐ Female

2. Age

☐ Less than 15 years ☐ Between 15-25 years ☐ Between 25-35 years

☐ Between 35-45 years ☐ Between 45-55 years ☐ More than 55 years

3. Personal income per month (Baht)

☐ Less than 10,000 ☐ 10,001-20,000 ☐ 20,001-30,000

☐ 30,001-40,000 ☐ 40,001-50,000 ☐ 50,001-60,000

☐ 60,001-70,000 ☐ 80,001-90,000 ☐ More than 90,000

4. Education

Primary School	
Secondary School	
Vocational Certificate	
Bachelor Degree	
Master Degree	
Ph.D.	

5. Occupation

Government Officer	
State Enterprises Officer	
Private Employee	
Business Owner	
Student	
House-wife	
Agriculture	
Retirement	
ETC.	
Unemployment	

Part 2: Opinions on the quality of the hospital's medical service system

		Quality you expect					The actual quality you receive				
		5	4	3	2	1	5	4	3	2	1
Physical features (Tangibles)		**Best Quality**				**Worst Quality**	**Best Quality**				**Worst Quality**
1	There is enough space to sit and wait for service.										
2	The cleanliness and orderliness of the nursing facility.										
3	Adequate and clean bathroom										
4	Fire alarm and fire alarm system										
5	The ordering system.										
6	There are entertainments waiting to be served such as television, newspapers, magazines.										
7	Have a moving trolley patient service.										
8	Has adequate medical check-up and medical services.										
9	Medical equipment is ready and sufficient.										
10	There are enough medical personnel to access the service.										
11	There are enough staff in the service such as registration, registration, medicine, etc.										
12	The building is ready to serve.										
		Quality you expect					**The actual quality you receive**				
Reliability feature (RELIABILITY)		**5**	**4**	**3**	**2**	**1**	**5**	**4**	**3**	**2**	**1**
1	Have reception staff And ask for your service. (Reception / medical records department)										
2	Documentation about your service. Organized in a clear and accurate manner.										
3	You have been properly treated in accordance with the principles of medical services.										
4	You have been instructed in the practice of the disease to										

	be clear and required.										
5	The procedure you have been given is easy to understand.										
6	Hospital and staff The willingness to maintain patient confidentiality.										
7	Medical care is safe and hygienic.										
8	Your medicines have been properly and easily understood.										
		Quality you expect					**The actual quality you receive**				
	Responsive features (Responsiveness)	**5**	**4**	**3**	**2**	**1**	**5**	**4**	**3**	**2**	**1**
1	The service system as well as coordination in the service is fast.										
2	The staff of the medical facility can quickly provide services at the time they are notified.										
3	Officials explain procedures for service and waiting times. At all points of entry.										
4	The staff of the hospital expressed willingness to speak politely to serve you.										
5	You can ask the waiting time at the checkpoint.										
6	Medical personnel treat you patiently and willingly.										
		Quality you expect					**The actual quality you receive**				
	Assurance Features	**5**	**4**	**3**	**2**	**1**	**5**	**4**	**3**	**2**	**1**
1	Hospital staff are courteous to the service.										
2	The staff of your resume history carefully. Listen and have courtesy										
3	The staff are inquiring about allergies and health concerns.										
4	The staff is communicating with the service users.										
5	You have been fully informed about the disease.										
6	Officials have described the side effects, limitations and cautious treatment. And the medicine you received.										

7	Nursing homes are publicized, disseminated knowledge, social security and health care.										
		Quality you expect					**The actual quality you receive**				
Emphasis feature (Empathy)		**5**	**4**	**3**	**2**	**1**	**5**	**4**	**3**	**2**	**1**
1	Staffs are attentive to the service.										
2	The hospital opens a channel for complaints to consumers.										
3	The officer came to you when you noticed that you needed help.										
4	The staff can handle service requests.										
5	You have been taken care during the treatment.										
6	You can phone for health advice. With a hospital										

Part 3: Satisfaction with service quality.

	5	4	3	2	1
	Most satisfied				Most dissatisfied
1. How satisfied are you with the service at this hospital?					