DETERMINANT FACTORS ON CHOOSING THAILAND MEDICAL TOURISM BY MYANMAR MEDICAL TOURISTS



A THEMATIC PAPER SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF MANAGEMENT COLLEGE OF MANAGEMENT MAHIDOL UNIVERSITY 2020

COPYRIGHT OF MAHIDOL UNIVERSITY

Thematic paper Entitled

DETERMINANT FACTORS ON CHOOSING THAILAND MEDICAL TOURISM BY MYANMAR MEDICAL TOURISTS

was submitted to the College of Management, Mahidol University for the degree of Master of Management October 2, 2020



Ph.D. Dean College of Management Mahidol University

Asst. Prof. Pornkasem Kantamara

Committee member

ACKNOWLEDGEMENTS

First of all, I would like to deeply express and acknowledge my advisor, Asst. Prof. Prattana Punnakitikashem, Ph.D. who always encourage and intensive support to me throughout my study. It is my great honor to start my journey at CMMU with her from the start at the time of entrance interview as my interviewer till the end at the time of paper defense as my advisor. I also would like to thank the defense committees, Asst. Prof. Winai Wongsurawat, Ph.D. and Asst. Prof. Pornkasem Kantamara, Ed.D for their comments and suggestions.

I would like to express the hugest gratitude of my family especially my husband Mr. Mon Myat Min who provides so much support and trust on me as always for who I am today. Without their unconditional loves and support, I would not be here to write this acknowledgement and even have a chance to learn this great course at Mahidol University.

Lastly, I am thankful to our classmate at CMMU who shared knowledge and experiences together and also cheered us up during this work. Moreover, I feel so impressive to all instructors and all program coordinators who kindly support me throughout the period of my study.

Khine Lei Win

DETERMINANT FACTORS ON CHOOSING THAILAND MEDICAL TOURISM BY MYANMAR MEDICAL TOURISTS

KHINE LEI WIN 6149239

MM (HEALTHCARE AND WELLNESS MANAGEMENT)

THEMATIC PAPER ADVISORY COMMITTEE: ASST. PROF. PRATTANA PUNNAKITIKASHEM, Ph.D., ASST. PROF. PORNKASEM KANTAMARA, Ed.D., ASST. PROF. WINAI WONGSURAWAT, Ph.D.

ABSRACT

Medical Tourism has become one of the latest trends in the tourism industry and has the potential to continue growing exponentially. Many outbound Myanmar medical travelers are seeking healthcare overseas every year. Thailand is thought to be the preferred choice for Myanmar's people due to the high experienced doctors with international experience and advanced technology and treatments, etc. This research is to study the determinant factors on choosing Thailand medical tourism by Myanmar Medical Tourists. Aim of this research is to identify the factors influencing in choosing Thailand as a medical tourism destination by Myanmar medical tourists and to understand the relationship between factors influencing in choosing Thailand as a medical tourism destination and satisfaction on decision making from Myanmar medical tourists' perspectives. For the purpose of this research, the scope includes past or current Myanmar medical tourists who traveled to Bangkok for medical purposes. The research was conducted using quantitative methods. The data was collected using electronic-based questionnaires with a convenience sampling method. The electronic-based questionnaires were sent to emails of patients or via social media. Total 200 questionnaires were responded and all the samples were eligible for the analysis. Mean and multiple regressions were applied to analyze the data. The result of this study revealed that information from friends or relatives (word of mouth) is the most decisive factor for Myanmar medical tourists followed by quality of care and services, professionalism (doctors or physicians), affordability and destination factors for Thailand Medical tourism by Myanmar medical tourists. These factors can give the solutions or ideas for providers of health-related services, and medical tourism organizations in both local and destination country. They could apply the knowledge in their business operations in order to be more successful companies. Moreover, the findings of this study can be able to provide a foundation for further academic studies and market researches more specifically on outbound Myanmar medical tourists.

KEY WORDS: Health tourism/ Medical tourism/ Myanmar Medical tourists or Myanmar medical travelers/ Country of origin/ Host country/ Decision making

102pages

CONTENTS

	Page
ACKNOWLEDGEMENTS	ii
ABSTRACT	iii
LIST OF TABLES	viii
LIST OF FIGURES	X
CHAPTER I INTRODUCTION	1
1.1 Background	1
1.2 Problem Statement	4
1.3 Research Question	5
1.4 Research Objective	5
1.5 Scope of study	6
1.6 Expected benefit of study	6
1.7 Definitions	7
1.7.1 Health tourism	7
1.7.2 Medical tourism	7
1.7.3 Medical tourists or medical travelers	7
1.7.4 Country of origin	7
1.7.5 Host country	7
1.7.6 Decision making	8
1.7.7 Revisit intention	8
CHAPTER II LITERATURE REVIEW	9
2.1 Background of medical tourism	9
2.1.1 Medical tourism in Thailand	11

CONTENTS (cont.)

	Page
2.2 Consumer decision-making in medical tourism	12
2.3 Determinants on choosing destination country by medical tourists	15
2.3.1 Destination factors	15
2.3.2 Presence of tourist destinations	16
2.3,3 Ease of accessibility	17
2.4 Determinants on choosing healthcare provider by medical tourists	17
2.4.1 Affordability/Cost	17
2.4.2 Quality of care and services	20
2.4.3 Hospital Accreditation	20
2.4.4 Medical representative offices/ agencies	21
2.4.5 Professionalism (Doctors/ Physicians)	23
2.4.6 Information by friends/family (Word of mouth)	23
2.5 The impact of satisfaction on decision making	24
2.6 Conceptual framework	25
CHAPTER III RESEARCH METHODOLOGY	26
3.1 Research design	26
3.2 Data collection	26
3.3 Sample size	27

CONTENTS (cont.)

	Page
3.4 Research instruments	28
3.5 Data analysis	29
CHAPTER IV FINDINGS AND DISCUSSION	30
4.1 Profile of respondents	30
4.2 Destination factors	33
4.3 Presence of tourist destinations	35
4.4 Ease of accessibility	37
4.5 Affordability/Cost	40
4.6 Quality of care and services	41
4.7 Hospital accreditation	43
4.8 Medical representative offices/ agencies	45
4.9 Professionalism (Doctors/Physicians)	47
4.10 Information by friends/family (Word of mouth)	49
4.11 Impact of satisfaction on decision making	50
4.12 Reliability test	52
4.13 Mean score	52
4.14 Correlation analysis	58
4.15 Multiple linear regression analysis	60

CONTENTS (cont.)

	Page
CHAPTER V RECOMMENDATIONS	70
5.1 Conclusion	70
5.2 Suggestions and recommendations	73
5.2.1 Recommendation for government organizations	73
5.2.2 Recommendation for private organizations	74
5.3 Limitation of research	76
5.4 Future research recommendation	76
REFERENCES	77
APPENDICES	87
Appendix A Certificates of Authenticity (COA)	88
Appendix B Questionnaire for the Study	89
BIOGRAPHY	102

LIST OF TABLES

Tabl	es	Page
2.1	The Approximate Price Comparison of Specific Medical Procedures	18
	(Price in USD)	
4.1	Number of respondents by Demographic Factor	31
4.2	Destination factors	35
4. 3	Presence of tourist destinations	37
4.4	Ease of accessibility	39
4. 5	Affordability/Cost	41
4. 6	Quality of care and services	43
4. 7	Hospital Accreditation	45
4.8	Medical Representatives offices/ Agencies	47
4. 9	Professionalism (Doctors, Physicians)	48
4.10	Information from friends/family (Word of Mouth)	50
4. 11	The impact of satisfaction on decision making	51
4.12	Reliability statistic	52
4.13	Independence variable and dependent variable correlations	53
4.14	Average mean of all independent variables	56
4.15	Average mean of impact of satisfaction on decision making	57

LIST OF TABLES (cont.)

Table	es	Page
4.16	Independent variable and dependent variable correlations	59
4.17	Model 1: Include all variables (Summary)	61
4.18	Model 1: Include all variables (Coefficients)	62
4.19	Model 2: Exclude professionalism factor (Summary)	63
4.20	Model 2: Exclude professionalism factor (Coefficients)	64
4.21	Model 3: Exclude hospital accreditation factor (Summary)	65
4.22	Model 3: Exclude hospital accreditation factor (Coefficients)	66
4.23	Model 4: Exclude hospital accreditation factor and professionalism factor	
(Sum	mary)	67
4.24	Model 4: Exclude hospital accreditation factor and professionalism factor	
(Coef	fficients)	68

LIST OF FIGURES

Figu	res	Page
1.1	Tourism studies, health tourism and medical tourism	2
1.2	Rising outbound medical tourism in Myanmar	4
2.1	Jim Adamsìs hierarchy of healthcare needs	13
2.2	Model of decision-making process of health tourists	14
2.3	Pre- and Post-Procedure Decision-Making Process of Medical Travelers	22
2.5.	Research Framework	25

CHAPTER I INTRODUCTION

1.1 Background

Many Myanmar patients travel great distances to obtain medical care. Patients from Myanmar have spent an estimated US\$600 million on medical care abroad with accelerating expenditures. Myanmar is one of the top markets and many of Myanmar medical travelers are seeking healthcare overseas every year. Myanmar citizens are increasingly embracing the benefits of medical tourism. Most Myanmar people frequently fly to the nearest countries such as Thailand, Malaysia, India and Singapore for medical treatments because some of the healthcare services are not available in Myanmar and also healthcare facilities and services are not as high as other countries. Thailand is one of destination choices for Myanmar's people because the location is close to the country of origin, their cultures are mostly similar with Myanmar, affordable living costs, short waiting time for investigations and treatment with advanced technology by high experienced doctors who have international experiences.

The term medical tourism means people go abroad for maintaining their good health with receiving the advanced medical treatment which are not available in their home country (Goodrich & Goodrich, 1987; Gray & Poland, 2008; Kesar & Rimac, 2011). Not even increasingly growing in patient flow, advanced technologies but also health service investments across international borders has produced a new form of healthcare service which is known as health tourism (Lunt, Smith, Exworthy, Green, Horsfall & Mannion, 2011). According to Carrera and Bridges (2006, p. 452), health tourism is "the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's wellbeing in mind and body" (as cited in de la Hoz-Correa, 2018, p. 201). From the definition, it could be seen that health tourism involves various aspects of wellbeing. Medical tourism is one of the categories of health tourism as shown in figure 1.1

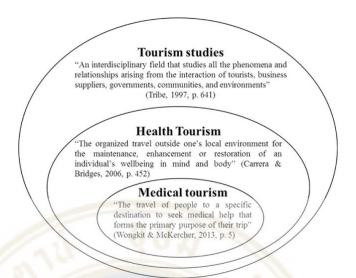


Figure 1.1 Tourism studies, health tourism and medical tourism (Tribe, 1997, Wongkit and McKercher, 2013).

Medical tourism is a form of patient movement of going abroad to international countries with an intention to receive medical treatments such as cosmetic, dental, fertility, transplantation and elective surgery and other treatments (NaRanong & NaRanong, 2011, Johnston et al, 2012). Medical care abroad is an emerging phenomenon in the healthcare industry. Huge interest in this industry is growing recently. One of the studies from Visa and Oxford Economics stated that the global medical tourism sector is expected to be US\$ 3 trillion by 2025. It is predicted to rise 25% year over year for the next 10 years. (Medical Tourism Index, 2017). Therefore, the medical tourism industry is growing toward meeting the desire of medical tourists for better health with high quality medical treatment and services.

Thai healthcare tourism is growing faster than in other regions, especially in medical tourism of private sectors. Foreign patients are the major generator of revenue for Thailand private hospitals. Thailand, especially Bangkok is one of the world's most successful medical tourism destinations in the global industry.

Thailand offers various medical treatments such as health check-ups, dentistry, cosmetic surgeries, heart surgeries, neurological surgeries and LASIK and other treatments and high-quality service with more competitive prices than western countries (Eden, 2012;

Thailand Board of Investment, 2014; Mymedholiday, 2015).

Thailand has numerous competitive advantages such as well-known tourist destinations and one of the first countries in the medical tourism market with a unique culture of service and high-quality services with reasonable prices by qualified staff. Under the regulation and guidelines of the Ministry of Public Health, some Thai hospitals have been approved for the standards by the Hospital Accreditation of both Thailand and International (Joint Commission International or JCI) and also other international standards such as ISO and Hazards and Critical Control Points Principle (HACCP) (Rerkrujipimol J 2008).

Thai Ministry of Commerce estimated that 1.2 million of medical tourists who accessed Thailand health services provided the approximate revenue US\$ 1.1 billion which is about 9% of total estimated revenue from medical tourism in 2006. From 2004 to 2008, US\$ 7.5 billion of revenue are from medical tourists. Medical tourism contributes 0.4% of the Thai gross domestic product (GDP), with medical tourists with their high purchasing power and increased cost of health services and accessibility in the public sector will be less.

Thai Government has attempted to make a global Centre for Thailand medical tourism through a Centre of Excellent Health Care of Asia initiative since 2003. The numbers of medical tourists who came from the United Arab Emirates, Bangladesh, USA and Myanmar were highest in Thailand in 2010 (Noree T 2016).

Thailand is one of the well-known tourist destinations due to beautiful nature and sandy beaches and growing very well among health tourism destinations with high reputation. Bangkok is represented as a Centre of medical excellence in Southeast Asia. Among Myanmar tourists, Bangkok is a place which can easily travel and is popular for medical tourism. The hospitals in Bangkok have advanced medical technologies, facilities and well-known customer service culture which are beginning to capitalize on the market for medical tourism. The main facilities for medical tourism are private hospitals and clinics, and the cost of treatment is still significantly lower than other countries. Many high-quality private healthcare facilities and services offer special attractive packages especially to those who want to travel to Thailand for medical treatment.

The Number of Myanmar tourists coming to Thailand has been rising from 75,000 in 2008 to 120,072 in 2015 (Solidiance Interviews & Analysis, Irrawaddy, International Medical Travel Journal). Average daily expenditure per person for Asian tourists was comparable to that of tourists from the more developed countries such as the United Kingdom. Thailand is one of neighboring countries which has suitable medical services with attractive pleasure tourism packages for Myanmar tourists. (Yin NL 2014).



Figure 1.2 rising outbound medical tourism in Myanmar. Number of patients going abroad for medical treatment from 2008 to 2015.

1.2 Problem Statement

The reasons that people seeking medical care can be varied, different from country to country as well as from other diverse factors such as social demographic factors which influence the decision- making on choosing medical tourism destinations. The most apparent reason for Myanmar is that patients cannot get enough medical care from local hospitals and would like to receive the best and quality care. Therefore, the affordable people seek the excellence care and services while local healthcare providers could not fulfill the patients' satisfaction. As Thailand healthcare providers, they need to find ways

and understand consumer behavior and characteristics in order to provide the best quality service and to meet with the customer expectations.

Due to lack of research papers and studies about Myanmar medical tourists' decision making along with the increase in the outgoing rates of Myanmar medical tourists and competitiveness among the medical tourism destination over the recently opened country, Myanmar. This study may identify the consumer behavior of Myanmar medical tourists in terms of the healthcare providers from medical tourism.

Vice Versa, this research may help Myanmar's healthcare providers, including government officials and private sectors, to know the reasons why Myanmar patients come to Thailand and then they will realize how they should try to upgrade their service and healthcare quality and to promote local healthcare industry in accordance with patients' satisfaction so that they could reduce the number of patients who fly to foreign countries to receive medical treatment. It is also an undesirable result by the government as it produces a lot of cash flow outside the country. It also reflects the healthcare standard and actual situation within the country. This research paper is aimed to look insight into the reasons behind the factors influencing patients' choice of taking medical services in Bangkok.

1.3 Research Questions

1. What are the factors influencing the choice of Thailand as a medical tourism destination by Myanmar medical tourists?

1.4 Research Objectives

- 1. To identify the factors influencing the choice of Thailand as a medical tourism destination by Myanmar medical tourists.
- 2. To understand the relationship between factors influencing Thailand medical tourism and satisfaction on decision making of Thailand Medical Tourism from Myanmar medical tourists' perspectives.

1.5 Scope of Study

The research is focused on past or current Myanmar medical tourists who traveled to Bangkok for medical purposes. And prospective Myanmar medical tourists to Bangkok to get the medical service and treatment. The questionnaires were available for any age, sex, race, religion, education, occupation and social status.

1.6 Expected Benefits

The findings and analysis from this study will give many opportunities and advantages from the healthcare industry and medical tourism industry to understand the challenges of pursuing more Myanmar medical tourists to Bangkok and promoting their healthcare facilities in Myanmar. It can give a solution or an idea for healthcare organizations and tourism related service providers in both Myanmar and Thailand.

The knowledge and understanding in Myanmar medical tourists from this research would be effectively planned and provide appropriate services to the clients who are traveling to Bangkok for medical purposes.

The findings from this research could apply for developing the marketing strategies which attract target Myanmar customers. This would directly and indirectly enhance Thailand's capacity to achieve the position of Hub of Medical Services.

Medical tourism industry also gets huge benefits not only from patients but also from the health care providers, hospitals. Healthcare professionals can become international experts in their specialized area by having many foreign patients and in the long run, their profitability increases. The opportunities for medical tourism also contribute to doctors and healthcare providers to gain more knowledge and information about the latest and advanced medical treatment and technology of the medical industry from all over the world.

1.7 Definitions

1.7.1 Health tourism

According to Carrera and Bridges (2006, p. 452), health tourism means organized travel outside of the country for the enhancement or restoration and maintenance of an individual's wellbeing of mind and body (as cited in de la Hoz-Correa, 2018, p. 201). Health tourism is defined as patients travel outside proactively to maintain or enhance their physical and mental and social wellbeing. (Lunt et al., 2011)

1.7.2 Medical Tourism

According to Keckley and Underwood (2008), medical tourism is defined as an emerging phenomenon of "leaving home" in order to get medical treatment and healthcare services away from home country. Medical tourism includes people who travel to a different country for receiving medical care at a lower cost and accessing high quality healthcare services or specialized treatment which could not be obtained from their home country.

1.7.3 Medical Tourist or Medical Traveler

People who travel to another country for receiving medical treatment, dental procedures, surgery or receiving equal treatment at the same time to our greater care than they would have in their own country (Medical Tourism Association, n.d.).

1.7.4 Country of origin

Country of origin is the country that medical tourists locate in or come from.

1.7.5 Host country

Host country is the country that medical tourists travel to in the purpose of receiving medical and other healthcare.

1.7.6 Decision-making

Decision-making is a course of action or preferred option chosen among a set of alternatives on the basis of given criteria (Wang, Wang, Patel, Patel, 2006, p.130).

1.7.7 Revisit intention

Revisit intention means satisfaction on a destination which can make the travelers visit again to that destination or recommend it to others.



CHAPTER II LITERATURE REVIEW

2.1 Background of Medical Tourism

According to (Connell 2006; Hall 2011), generally medical tourism can be explained that foreigners travel abroad seeking medical treatment and other tourism services. It is the activities that people across the borders or travel long distances to get the medical services with indirect or direct engagement in leisure, business, or other purposes (Prem 2009). Foreign patients are travelling with the intention to receive medical treatments abroad as a medical tourism (Connell, 2006; Bookman & Bookman 2007; De Arellano, 2007; Howze, 2007; Johnston, Crooks, Snyder & Kingsbury, 2010; Lunt & Carrera, 2011). The medical tourism market creates a feature of the international health service sector and provides a positive contribution and financial benefits to the world's economies (Heung, Kucukusta & Song, 2011; Zhang, Seo & Lee, 2013). High demand of medical services which are from the change in living standards, the aging of populations, worldwide expansion of medical tourism and the increase of life expectancy (Hazarika, 2010; Lončarić, Bašan & Jurković, 2013). Medical tourism refers to medical services in combination with other tourism opportunities by using comparative cost advantage as the leverage point (Awadzi and Panda ;2005). Economic condition is one of the motivation reasons for choosing to receive their desired medical treatment by prospective medical tourists in overseas countries (Jones and Keith, 2006).

Medical tourism is a growing industry in well-developed countries to attract well-organized infrastructure, good communication and convenient transportation to medical tourists from other countries (Carrera & Lunt 2010). There are many opportunities of medical tourism for other sectors of the economy, such as hotels, food and beverage (F&B), and the retail sectors. From the advantages, governments boost their domestic economies by actively promoting medical tourism (Caballeron & Mugomba 2007). The

trend is significant improvement of medical services in terms of facilities, equipment, and human resources in private health-care sectors of developing countries (Garcia-Altes, 2004, Awadzi and Panda, 2005).

Medical tourism trend is set to be a booming industry as the global healthcare market is growing continuously and many countries become involved in this industry. (MacReady, 2007; Keckley & Underwood, 2008; Heung et al., 2011). The potential development among medical tourism leads to the growth of capacities and medical services infrastructure especially in developing countries and decision-making can be influenced by demand of medical tourism. (Keckley & Underwood, 2008).

The medical tourism industry has been assessed US\$ 100 billion, growing annually at 15-20 in 2012. Increasing numbers of medical tourists establish over three million patients wandering to other countries for receiving medical treatment (Business Standard, 2010; Patients Beyond Borders, 2014). Different countries around the world are interested in combining medical services with tourism based on the trends that gain more revenue and market share in this crucial industry (Connell, 2006). Many researches concerning medical tourism pointed out that the countries which especially focus on providing medical tourism services include Brazil, Costa Rica, India, Mexico, Panama, South Africa, Singapore, Malaysia, South Korea, Taiwan and Thailand. (MacReady 2007; Marlowe & Sullivan 2007; Horowitz, Rosensweig & Jones, 2007; NaRanong & NaRanong, 2011).

The arrival number of medical travelers in Asia were over 10 million in 2015 according to information from Renub Research (2012). Medical tourism industry focuses on affordability and high quality of care in promoting across Asia. According to a Nikkei Asian Review survey which was conducted in 2015, the top two popular medical tourist destination countries in the world were Thailand and Singapore. 2.5 million medical tourists in Thailand generating revenue of US\$3.73 billion followed by 850,000 medical travelers from Singapore with revenues of US\$ 809 million. Thailand becomes a major medical tourism destination to attract medical tourists due to high quality and easily accessible medical treatment and services at affordable rates with vacationing for better medical attention.

2.1.1 Medical Tourism in Thailand

According to Renub Research (2012), Thailand is one of the medical tourism destinations which has a high reputation of private hospitals and clinics with advanced medical technology, high qualified healthcare professional and expertise, extensive tourism infrastructures resulting in major competitive advantages (Connell, 2006; Cohen, 2008). The number of Asian medical tourist arrivals in Thailand led to 40% market share in 2011. Medical tourism makes the nation' income increased by \$US 2.7 billion with 5.5-7.0 percent annual growth in 2012 excluding accompanying numbers of medical tourists (Heung et al., 2011; Connell, 2006; Woodman, 2009; Thailand Competitiveness Report, 2012). The medical tourism industry gained revenue of \$US 4.31 billion with 15% increase in annual growth in 2013 (Medical Tourism Magazine, 2014). 14,730 medical tourists in Thailand during 2010 were from Southeast Asia countries of origin by the research of Noree et al. (2016). There were 7,568 medical tourists from Myanmar among these numbers (Noree et al., 2016. Runckel (2014) and Jencharoenwong and Assenov (2010) mentioned that Thailand develops its potential growth and to enlarge its market share in Asia's medical tourism market. Thailand medical tourism revenue was approximately USD 600 million (Lyons, 2018) from the latest estimation by Medical Tourism Revenue in May 2018. Gill and Sumant (2019) estimated that Thai medical tourism market would grow at a CAGR of 13.7% during 2018-2025.

According to Patient Beyond Borders (2014), there are thirty-two JCI accredited hospitals in Thailand beyond its Asian rival countries. In addition, many healthcare providers in Thailand gained the ISO certification for their standard of general and environmental management. Many private hospitals are extensively available in major provinces with tourist attractions throughout the country.

Thailand is one of the most famous destinations for medical tourists offering high standards of medical and hospitality services, creating a lot of healthcare services according to demand from international medical tourists around the world (Hazarika, 2010). Thai government, Thai Ministry of Public Health, and Thai Ministry of Tourism (James, 2012; Heung et al., 2010). Kaiser (2005) stated that the Thai government is mainly

responsible as a great leader in promoting medical tourism to achieve Thai medical industry in Southeast Asia by attracting medical tourists and international investors. To improve the medical services in Thailand by focusing on marketing plans of public relations among international medical travelers (Heang et al., 2011). The Ministry of Public Health (2005) stated that for convenience of transportation, many university hospitals and private hospitals were located in the major cities so that it can enhance Thailand as a medical tourism destination by medical tourists.

2.2 Consumer decision-making in medical tourism

In human life, decisions are very important to carry out particular action (Exforsys, 2011). The importance of healthcare in medical tourism is awareness of the decision-making process (Runnels & Carrera, 2012). Stuart and Adams, 2007 mentioned that people are more focusing on maintaining a healthy lifestyle.

According to Maslowis hierarchy of need (Maslow, 1943), Jim Adams has proposed a model of "Healthcare hierarchy of needs" to identify particular needs for healthcare and encourage healthcare professionals to evaluate medical tourist operating systems. This can be a useful tool to consider in relation to different levels of need with comprehensive services (Stuart & Adams, 2007). According to theory, health hierarchy of need has 5 different levels;

- 1. Environmental health needs: From the base of the hierarchy includes all fundamental healthcare needs, for example clean water, food, air and sufficient sanitation.
- 2. Basic healthcare needs: This level of need is general medical services to eliminate early death such as immunizations and screenings for prevention.
- 3. Medically necessary needs: This level includes emergency healthcare services.
- 4. Health enhancements: This level involves the treatments that are more focusing on improving health conditions and to be a better quality of life.

5. Optimal health: This is the highest level of the hierarchy which requires a more holistic program and focuses more on physical and mental health and social well beings such as wellness.

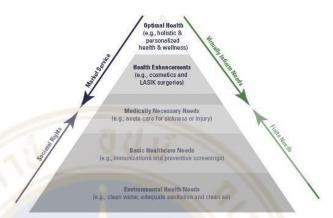


Figure 2.1 Jim Adamsis hierarchy of healthcare needs (Stuart and Adams, 2007, p.99)

Several different ranges of motivational factors are seen among the medical tourists (Thirumoorthi and Doshi, 2011). These are related to the type of treatment required by medical tourists, worth to spend money, similar culture, good medical services, and religious factors and so on. Travelling in medical tourism is highly motivated by demand of medical tourists such as good medical service with fair cost, waiting time is not long and high medical technology. The other motivational factors for medical tourists such as medical services which are not available at home country, cost effectiveness, medical expertise, lack of language barriers and the presence of family members in a medical destination country were discussed in the paper conducted by Guojinga and Zahijun (2013).

Fundamental part of decision-making for medical travelers is a factor of exploring unique medical service provider and choosing destination for medical tourism (Bettman, Johnson & Payne, 1991; Sirakaya & Woodside, 2005; Zolfagharian & Brede, 2013; Nolder & Riley, 2014; Hanefeld, Lunt, Smith, & Horsfall, 2015). There are three important sectors in making decisions by medical travelers are before making decision, at the time of searching information and evaluation state of decision, the details are as shown in Figure 2.2 Altin, Singal and Kara (2011).

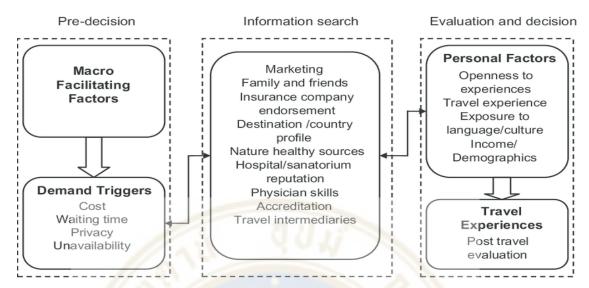


Figure. 2.2 Model of decision-making process of health tourists. Source: Adapted from Altin et al. (2011).

- 1. Pre-decision: Kotler & Armstrong (1994) stated that most of the parts of decision making depends on understanding of the problems. Moreover, only fundamental healthcare needs cannot fulfill according to human needs to reach the ending point (Maslow, 1943). Many factors are encouraging people to participate in healthcare services for the quality of life regarding the low cost, better service, short waiting time and health privacy (Altin et al., 2011; Hanefeld et al., 2015).
- 2. Information search: Before making a decision, they start to find the information depending on their needs. The first important information providers are family and relatives or friends when people consider seeking medical treatment abroad. Firstly, potential patients choose a destination by using different resources of information on the internet followed by hospital and medical specialties such as dental, cardiac, cosmetic and surgery (Abubakar and Ilkan, 2016; Lunt et al., 2016). Commercial sources provide important information such as newspapers, health magazines and websites for healthcare service and travel agencies (Altin et al., 2011).
- 3. Evaluation and decision making: Before making a decision, people select the appropriate medical treatment and they combine all the information and choose the best one according to their needs and preference over the medical service provider in the selected country. The person will always evaluate the degree of satisfaction on products and services

that they have received and after taking the treatment, they analyze from their experience with the expectation. (Altin et al., 2011).

2.3 Determinants on Choosing Destination Country by Medical Tourists

Several researches have been conducted regarding the effect of the environment of the destination country for medical tourists. Mostly, environmental concern relate to several factors of the country on deciding on travelling for medical purpose (Adam et al., 2013; Bookman and Bookman, 2007; Esiyok et al., 2016; Johnston et al., 2010; McGuinness and McHale, 2014; Hanefeld et al., 2015; Kanittinsuttitong, 2015; Turner, 2013; Whittaker and Chee, 2015).

2.3.1 Destination Factors

Currently, medical tourists come from different cultures around the world. In our daily life as to deal with different kinds of people from different backgrounds, socio-cultural is a crucial regional preference in medical tourism which forms different types of medical tourism in various parts of the world (Sousa and Bradley 2008). They need medical services with better health outcomes, high efficiency and good value of money (Jagyasi, 2010). Gökhan Aydin and Bilge Karamehmet, (2017) also state that the differences in culture including language will create a barrier for our potential international customers in choosing their choice of destination and it is found to be significant in consumer behavior. For that reason, different unfamiliar environments may arouse unnecessary stress for patients seeking healthcare.

Safety is very important for medical tourists both in terms of both hospital and travel safety according to Smith and Forgione (2007). For example, news of Thailand from the internet, number of medical travelers declined and geographical disasters, numerous protestor events may threaten the safety and security of medical tourists result in declining number of tourists. Environment of country is one of the important parts for medical tourists before travelling for medical purpose (Abubakar and Ilkan, 2016; Connell, 2013; Frederick

and Gan, 2015; Heung et al., 2011; Hopkins et al., 2010; Horowitz et al., 2007; Jenner, 2008; Moghimehfar and Nasr-Esfahani, 2011; Singh, 2012). Priority safety and security climate of the destination becomes one of the important factors in consideration of making decisions by international medical tourists.

The distance between country of origin and host country for medical tourism effects on transportation cost to be convenient and affordable (Connell, 2006). Many medical tourists try to find popular tourist destinations while visiting the country and also during the treatment period, they could enjoy travelling around the country (Connell, 2006; Turner, 2007). Competitiveness on price of destination country depends on the different prices of the goods and services according to their needs (Dwyeret al., 2000a). Fair cost of living is one of the crucial factors that attract tourists to choose their destination country.

2.3.2 Presence of Tourist Destinations

In choosing the medical tourism destination place, medical travelers prefer to choose a destination with many tourist attractions (KPMG, 2011). Attractions include factors such as the weather, the natural beauty, and the cultural attractions in the host country (You et al., 2000). It is the first key determinant of customers' choice decisions. If there are no attractions, tourism is meaningless (Yu & Ko, 2012). Travelling experiences are benefits to learn various cultures and lifestyles from their experience (Imison & Schweinsberg, 2013). In the last decades, sustainable approach to tourism development, many popular tourism destinations have attempted to diversify into health tourism In order to achieve a more balanced (Ariwa and Syvertsen, 2010). The opportunity to travel to exotic destinations is an additional benefit with created services including accommodations, food and beverages, entertainment and shopping for several medical tourists. Horowitz and Rosensweig (2007) stated that a new trend of medical tourism is not only to get healthcare service but also to include travelling plans to tourist attraction places after finishing the treatment.

2.3.3 Ease of accessibility

Ease of accessibility is one of the crucial decisive factors in selecting the destination country. When travelers seek destinations for medical care, they also desire to have a body relax. Thus, Heung, Kucukusta, and Song (2010) suggest that tourists' decisions vary according to elements of tourism. According to Zhang and Lee (2015), characteristics of tourism are transportation facilities, travel cost and accessibility. Transportation facilities such as the airports or the subways are becoming more and more important recently, because they are positively related to the cost of traveling (Ritchie & Crouch, 2000). Transportation in Thailand is very easy to get around the cities and to travel between different parts of the country. Travel costs in Thailand are also very affordable. Travel cost herein indicates the spending of food, hotel, vehicle, and shopping, excluding the medical cost. According to travel cost, accessibility to the destination also affects customers' decisions (Yu & Ko, 2012).

Many people enjoy popularity and special services which are different from their home country. In medical tourism, traveling distance in every country has a geographical location advantage to serve the outbound medical tourists from nearby countries. Moreover, increasing expense of travel and travel-related complications such as uncomfortableness can occur especially for individuals who need special medical treatment as the duration of the trip gets longer (Vequist et al., 2009).

According to the study from IPSOS Business Consulting Group in 2013, Thailand is the top medical tourism destination by Myanmar medical tourists for several reasons including the ease of travel, advantage on physical distance and cultural similarity.

2.4 Determinants on Choosing Healthcare Provider by Medical Tourists

2.4.1 Affordability/ Cost

The expense of healthcare service becomes the most crucial part to consider for the medical travelers who would like to choose international healthcare service facilities in the medical tourism industry (Moschis and chambers, 2009). Connell (2006) stated that the price attractiveness for healthcare services were determined by favorable exchange rates, decrease professional wages and efficient high medical equipment lead consumers to healthcare professionals in developing countries. According to Smith and Forgione (2007), cost differences is the top factor cited for outbound American medical tourists. This kind of cost difference in medical treatments is one of the first driving forces for the fast growth of global medical tourism. Thailand is well-accepted to be a leader of medical care services. The competitive advantage of Thailand compared to other Asian countries in different dimensions of medical services is summarized in table 2.1.

Table 2.1 The Approximate Price Comparison of Specific Medical Procedures (Price in USD) (Source: Medical Tourism Association, 2019)

Medical procedure	USA	India	South Korea	Thaila <mark>nd</mark>	Malaysia	Singapore
Heart Bypass	123,000	7,900	26,000	15,000	12,100	17,200
Angioplasty	28,200	5,700	17,700	4,200	8,000	13,400
Heart Valve Replacement	170,000	9,500	39,900	17,200	13,500	16,900
Hip Replacement	40,364	7,200	21,000	17,000	8,000	13,900
Hip Resurfacing	28,000	9,700	19,500	13,500	12,500	16,350
Knee Replacement	35,000	6,600	17,500	14,000	7,700	16,000
Spinal Fusion	110,000	10,300	16,900	9,500	6,000	12,800

Table 2.1 The Approximate Price Comparison of Specific Medical Procedures (Price in USD) (Source: Medical Tourism Association, 2019) (Cont.)

Dental Implant	2,500	900	1,350	1,720	1,500	2,700
Lap Band	14,000	7,300	10,200	11,500	8,150	9,200
Gastric Sleeve	16,500	6,000	9,950	9,900	8,400	11,500
Gastric Bypass	25,000	7,000	10,900	16,800	9,900	13,700
Hysterectomy	15,400	3,200	10,400	3,650	4,200	10,400
Breast Implants	6,400	3,000	3,800	3,500	3,800	8,400
Rhinoplasty	6,500	2,400	3,980	3,300	2,200	2,200
Face Lift	11,000	3,500	6,000	3,950	3,550	440
Liposuction	5,500	2,800	2,900	2,500	2,500	2,900
Tummy Tuck	8,000	3,500	5,000	5,300	3,900	4,650
Lasik (both eyes)	4,000	1,000	1,700	2,310	3,450	3,800
Cornea (per eye)	17,500	2,800	N/A	3,600	N/A	9,000
Cataract surgery (per eye)	3,500	1,500	N/A	1,800	3,000	3,250
IVF Treatment	12,400	2,500	7,900	4,100	6,900	14,900

2.4.2 Quality of Care and Services

Medical quality is generally defined as the customers' evaluation about significant impact of medical quality on facility choice Zhang et al. (2013), whole facility excellence (Guiry, Scott, & Vequist, 2011; Rad, Som, & Zainuddin, 2010), which consists the model of SERVQUAL cited by Parasuraman, Zeithaml, and Berry (1985). The two key factors of quality of service in the success of service organizations are technical and functional quality healthcare (Gronroos,1984). In healthcare, the service quality cannot be judged by patients as they lack the ability to know the technical quality of service (Bakar et al., 2008). Quality of healthcare is the basis of accuracy of diagnosis and procedures in delivering the healthcare service. (Bakar et al., 2008; Devebakan and Aksarayli, 2003). Healthcare quality is determined according to the level of the healthcare system concerning the organizational level, patients' expectations and priorities are different among countries and are highly related to cultural background and to the healthcare system (Salomonet al., 1999, p. 507).

Genc (2012) stated that various epidemiological characteristics in destination countries and potential infectious disease breakouts can cause health related problems for travelers from other regions of the world. Quality of care and service is one of the important decisive factors in decision making of medical tourists (Turner, 2010; Carrera & Lunt, 2010; Snyder, Turner, 2010; Crooks and Johnston & Kingsbury, 2013). The hospitals which are in Thailand provide medical service with highly advanced medical technology and infrastructures to satisfy the needs of medical travelers (Mymedholiday, 2015). Quality of care and services has a large influence on the decision-making process by medical tourists for their safety concern (Runnels and Carrera, 2012). Medical tourists perceive high expectation in medical service in terms of quality of medical care in the host country.

2.4.3 Hospital Accreditation

Medical travelers are looking for international accreditation over medical service providers to ensure a high-quality medical service standard as international one. (Hinchcliff, Greenfield, Moldovan, Westbrook, Pawsey, Mumford & Braithwaite, 2012). In 2002, Mymedholiday (2015) showed that Thailand is the first country to receive Joint

Commission International (JCI) accreditation across Southeast Asia. The credibility of the healthcare service provider is one of the decision-making factors for international medical tourists. It is significant in the need of internationally recognized hospital accreditation with increasing demand in medical tourism.

Joint Commission International (known as JCI accreditation) is one of the accreditation organizations in 1994, which deals with more than 100 countries in the world. Internationally recognized U.S based organization evaluates and accredits the hospitals and healthcare providers globally. The JCI assesses and accredits more than 20,000 organizations for enhancing patients' safety and quality of care.

There are also several other organizations besides JCI which provide accreditation and certificate to the hospitals and healthcare providers to standardize their healthcare facilities and services. These are National Committee for Quality Assurance (NCQA), International Organization for Standardization (ISO0, and European Society for Quality in Healthcare (ESQH), which evaluates qualified and creditable healthcare services offered to healthcare consumers. According to IMTJ international medical journal, Thailand has 66 JCI-accredited hospitals which is more than other countries in Southeast Asian and as a top fourth ranked in the world after Saudi Arabia, China and the UAE. Internationally recognized organizations establish trust with international customers in the challenging of international markets.

2.4.4 Medical representative offices/ Agencies

Medical agencies specialize in healthcare tourism, provide complete guidance right from the beginning to the end of the medical trip, and be a mediator between medical travelers and providers (Jagyasi, 2014). Medical tourism still plays a crucial role in coordinating activities (Mohamad et al., 2012) because the decision-making for medical traveling process is the complex process (Keckley & Underwood, 2008) as shown in figure 2.3 describes both pre and post procedure decision making process.

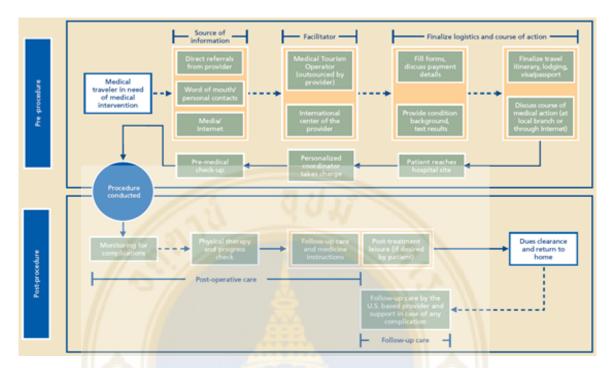


Figure 2.3 Pre-Procedure and Post-Procedure Decision-Making Process of Medical Travelers (Source: Keckley & Underwood, 2008)

Once people need to travel abroad for medical purposes, the process starts from searching for information, looking for facilitators, arranging logistics and making decisions on medical courses (Keckley & Underwood, 2008). The post-procedure of medical traveling is also important which could be post-operative care and follow-up care (Keckley & Underwood, 2008). They assist patients for selecting the hospital, preparations in logistics, tourism arrangement, booking procedures, and follow up care at home (Mohamad, Omar, & Haron, 2012). According to Keckley and Underwood (2008), people use medical tourism facilitators as a one-stop service for end-to-end medical tourism processes that suit the patients' needs for convenience.

They facilitate the communication and negotiation between prospective patients and/or physicians from country of origin with the physicians aboard and hospital (Snyder, 2011 and Mohamad et al., 2012). Medical agencies which have experience in the field can help on the post-procedure follow-up, arrange logistics and accommodation, and

increase client's saving due to negotiated medical service rates (Keckley & Underwood, 2008).

2.4.5 Professionalism (Doctors, Physicians)

Ability to communicate the patient with advanced medical knowledge to give diagnosis and treatment, confidentiality and continuity are professionalism of doctors and physicians. In Thailand, most of the private hospitals have various medical treatments and specialty services provided by international qualified specialists who are well trained western countries. Moreover, over 500 doctors received American Board Certification in Thai hospitals according to information provided by Mymedholiday (2015). Smith & Forgione (2007) states that another considerable point is the role of physicians in terms of capability and efficiency and quality in delivering healthcare service. World-class internationally recognized physicians and surgeons with high level of language proficiency and also physicians who can give the alternative or advanced medical treatments are significant attractive factors. Menvielle, L., & Menvielle, W (2011), the research shows that professional physicians, advanced medical technologies and facilities, and skillful caregivers are important parts of medical tourists who are seeking medical treatment overseas. These are the important facts how the efficiency of trained doctors contributes to the choice of facilities to many international medical tourists.

2.4.6 Information from friends or family (word of mouth)

Word-of-mouth is defined as informal communications with consumers about the usage or characteristics of particular goods, services or their sellers (Westbrook RA, 1987). According to Martin S (2017), positive word-of-mouth in healthcare mainly relates to the positive feedback on the services and/or recommendation of specific health care providers (hospital, clinic, physician) to others. Bookman and Bookman (2007) describes that medical tourists, who have middle to higher income levels, are mainly trust and believe the experience from friends or family members without considering the price as a priority. Similar to the study of Murphy, Mascardo and Benckendorff, (2007) and Snyder, Crooks, Johnston and Dharamsi (2013) describes that word of mouth is one of the most important

sources of information for decision making in medical tourism.

2.5 The impact of satisfaction on decision making

One study reported that customers' satisfaction is significant from positive word-of-mouth and visit again to their destination. (O'Leary & Deegan, 2005)

Another literature explained that satisfaction is one of the most crucial variables to analyze the behavior of the travelers and it affects significantly on choosing host country and intention to revisit tourists (Armario, 2008), Kozak & Rimmington (2000).

The return to destination also is the perfect indicator of tourist's satisfaction. (Oppermann, 1998). Some researchers described that high-quality services and satisfaction make medical tourists revisit their intentions. (Appiah-Adu, Fyall & Singh 2000; Baker & Crompton 2000; Bigne et. al., 2001)

2.6 Conceptual Framework

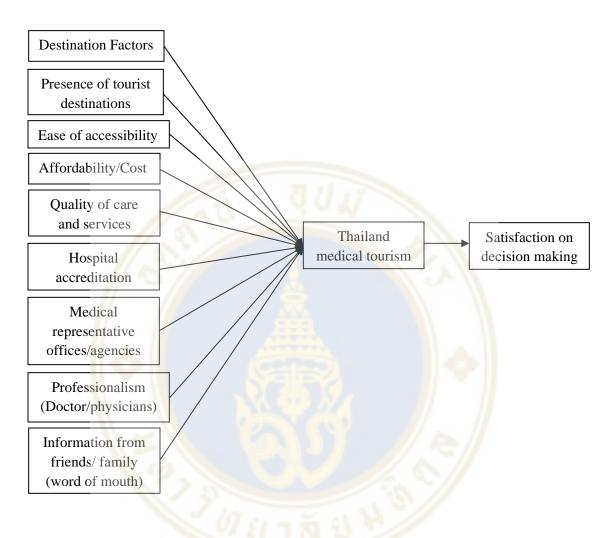


Figure 2.5. Research Framework for Determinant Factors on Choosing Thailand medical tourism by Myanmar Medical Tourists

Source: Adopted from Medical Tourism Decision Model by Smith & Forgione (2007)

CHAPTER III METHODOLOGY

Research methodology in this chapter is a tool to solve research problems and explains how it applied to this research and data collection. This section had been divided into 5 parts which are as follows,

- 3.1 Research design
- 3.2 Data collection
- 3.3 Population
- 3.4 Research instruments
- 3.5 Data Analysis

3.1 Research Design

The research is conducted in a quantitative approach for studying the determinant factors on choosing Thailand medical tourism by Myanmar medical tourists. Questionnaires will be used to collect data and results will be analyzed according to research objectives. The patient information sheet and consent form were incorporated into the beginning part of the questionnaire. The individual person will be asked to provide a response in the questionnaire set which was distributed using electronic version.

3.2 Data collection

In this study, the random sampling method was used for data collection. The anonymity of subjects is maintained. Since online surveys provide advantages in terms of response rate and speed, data was collected using an electronic-based questionnaire which

Google Form was used as a tool to create and to distribute the questionnaire. The questionnaires were distributed to Myanmar citizens both patients and relatives who had been to Thailand or who plan to come to Thailand for medical purposes. Those are distributed into three channels as follows;

- 1. Three Myanmar medical tourism companies
- 2. Two hospital representative offices after receiving the permission from them.
- 3. Social media channels (for example, Facebook groups where a certain number of Myanmar medical tourists are involved) for asking the opinion of the group members.

The participants can privately respond to the questionnaire and send them back via Google Form without subject identifiers. All information included in the study remains anonymously.

3.3 Sample Size

The study population was medical travelers to Thailand which are from Myanmar. The participants who had an experience in travelling to Thailand for medical purpose are screened, using the questionnaire.

To determine the sample size, a simplified formula by Yamane was used for sample size calculation with 95% confidence interval (Israel, 2013).

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

Where n is the sample size, N is the population size, and e is the level of precision (Israel, 2013). For this study, each parameter is determined as the followings;

- Population size, N, is 376,368. The number came from the data of top 25 arrivals to Thailand by nationality in 2019. (Ministry of Tourism & Sports. Retrieved 23 January 2020)
- The level of precision, e, is 5%.

$$n = \frac{376,368}{1 + 376,368 \ (0.05)^2} = 400$$

In order to do the accurate research, 400 samples (n) are necessary for this research analysis.

3.4 Research instruments

Research questionnaires are developed based on the research framework which described under literature review in the aspects of determinant factors on choosing Thailand medical tourism by Myanmar medical tourists. The questionnaire consists of 3 sections, all of these are described in detail below.

Section 1: Sociodemographic data

This section is to collect the sociodemographic characteristics of the samples which include gender, age, marital status, education, occupation and average income. The last part of this section is to identify the medical traveling status and characteristics of the samples which include types of health problem or medical service, duration for medical trip.

Section 2: Determinants of choosing Thailand medical tourism by medical tourists. This section is to study the reasons medical travelers choose Thailand for medical purposes. The questionnaires include factors as follow;

- Socio-cultural factors
- Presence of tourist destinations
- Ease of accessibility
- Affordability/Cost
- Quality of care and services
- Hospital Accreditation
- Medical Representative Offices/ Agency
- Professionalism (Doctors, Physicians)
- Information by friends/family (Word of Mouth)

Section 3: The impact of satisfaction on decision making

Google Form was used as a tool to create and distribute the questionnaire via

electronic route to the subjects.

3.5 Data Analysis

Respondents are collected from the research data, the descriptive statistics will be analyzed using Microsoft Excel along with Statistical Package for Social Sciences program (SPSS) and Microsoft excel will be used to analyze statistics (percentage, means, SD) to finding result gathering for questionnaire and analyzed data descriptive respectively in Research Objectives. Correlation analysis and multiple linear regression were used to analyze factors influencing that decision to choose a healthcare provider to seek medical service in Thailand.

CHAPTER IV FINDINGS AND DISCUSSION

In this part, the profile of respondents, analyze the factors influencing decision making of choosing Thailand medical tourism by Myanmar medical travelers, and the chapter will end which attribute is most important to get Myanmar medical tourists.

Delivered questionnaire to 400 persons but only 200 persons responded to the questionnaire. Therefore, the response rate is 50 percent. This study is based on the survey to the 200 Myanmar medical tourists, who traveled and were patients as medical tourism in Thailand Hospital. A structured questionnaire is used to investigate the factors influencing making of choosing Thailand as medical tourism and satisfaction on decision making. The data of respondents are collected by using the structured questionnaires based the reasons medical travelers choose Thailand for medical purposes; include socio-cultural factors, presence of tourist destinations and ease of accessibility and factors that support in decision to choose healthcare provider to seek medical service in Thailand include Affordability/Cost, Quality of care and services, Hospital Accreditation, Medical Representative Offices/ Agency, Professionalism (Doctors, Physicians) and Information by friends/family (Word of Mouth). Using is measured by the five-point Likert scale. Each time, respondents are asked to rank the level of factors. (such as Strongly Agree = 5, Agree = 4, Neutral = 3, Disagree = 2, and Strongly Disagree = 1) for each factor.

4.1 Profile of Respondents

The analysis started by exploring the demography of respondents using simple descriptive techniques of frequency and percentage. In this study, we need to describe the certain demographic factor of Myanmar medical tourists. Among the various demographic

factors, gender, age, marital, status, education qualifications, income and travel in Thailand are shown in Table 4.1.

Table 4.1 Number of respondents by Demographic Factor

Demographic	No. of Sample	% of Sample
Gender		
Male	59	29.5
Female	141	70.5
Marital Status		
Single	64	32.0
Married	136	68.0
Age	8	
21-30 years	49	24.5
31-40 years	48	24.0
41-50 years	28	14.0
51-60 years	40	20.0
61-70 years	19	9.5
71-80 years	16	8.0
Education level		
Lower than bachelor's degree	48	24.0
Bachelor's degree	117	58.5
Master's degree	35	17.5

Table 4.1 Number of respondents by Demographic Factor (Cont.)

	I	
<u>Occupation</u>		
Student	7	3.5
Private company worker	51	25.5
Government enterprise employee	11	5.5
Freelancer enterprise employee	80	40.0
Housewife	38	19.0
Others.	13	6.5
Monthly household income range (Thai		
Baht)		
	80	40.0
Less than 18,000	64	32.0
18,001-30,000	15	7.5
30,001-50,000	7	3.5
50,001-70,000	5	2.5
70,001-100,000	10	5.0
100,001-150,000	0	0
150,001-200,000	6	3.0
200,001-250,000	7	3.5
250,001-300,000	6	3.0
>300000		
Have you ever been to Bangkok for		
medical purposes?		
	153	76.5
Yes	47	23.5
No		

Table 4.1 indicates the number of respondents by gender, age, marital, status, education qualifications, income and travel in Thailand. Among the random sample number 200, the number 70.5% out of 200 is female respondents, and the remaining is male. Marital statuses of respondents are shown in Table (4.1), 32.0% of respondents are single, and 68.0% of respondents are 68.0% of respondents are married.

Age respondents are classified into six groups in Table (4.1). This group includes 21 to 30, 31 to 40, 41 to 50, 51 to 60, 61 to 70 and 71-80 years. The largest group is between 21 to 30 years which accounts for 24.5% of the total respondents. The second largest respondent whose age's group is between 31 to 40 years which account for 24%. In the sampling survey, education levels of respondents are divided into three groups such as lower than bachelor's degree, bachelor's degree, master's degree. According to Table 4.1, in all three levels of education, in lower than bachelor's degree, there are 48 respondents which denote 24.0% in total. The 58.2% and 17.5% are bachelors and master's degrees. Occupation respondents are classified into six groups, this group includes student, private company worker, government enterprise employee, freelancer enterprise employee, housewife and others. The largest group is freelancer enterprise employees which account for 40% of total respondents. The income level respondents the largest group is the respondents who get less than 18,000 Thai baht which account for 40.0% of total respondents. Based on the respondent's age, education and occupation are more concerns about their healthcare.

4.2 Destination Factors

Table 4.2 shows Myanmar medical tourists agree percentage of destination factors. High respondents (48.5%) strongly agree on the factor that Bangkok has many reputable hospitals or clinics followed by the factor that Myanmar medical tourism prefers Bangkok as medical hub to serve for safety, fair cost of living, fair cost of transportation as well as being very near to Myanmar.(32%) of the respondents agree that culture plays an important role on choosing the proper destination for traveling, let alone traveling for

medical purposes. Thailand and Thai society is well known to be tolerant towards foreigners, people are friendly and welcoming which is the right approach for a country that bases a large portion of its economy on tourism. This important factor was observed by (30.5%) of the respondents, many of whom experienced Thai welcomes firsthand in the past.

Considering that Thailand has one of the highest ranks as a traveling destination of choice not only in the region but worldwide, the country still managed to keep its cost of living in check, so it stays affordable for foreigners wanting to settle in as well as the local population. Take for instance the affordable cost of living (rent, food, entertainment, etc.) and transportation in the capital of Thailand, Bangkok, factors that were agreed equally by (29%) of the respondents in this study.

Due to the constant focus on quality and services, Thailand is permanently improving its security and safety, a factor that was considered essential by (25.5%) of the respondents in the present research.

All these factors (proximity, language, social norms and etiquette, cuisine, religion, e.t.c) play an important role in adaptation and stress management when it comes to choosing a location for medical treatment. Being not far from home, family and friends, but still in a country with top quality medical services, without a doubt plays a positive psychological impact for any suffering patient willing to get better. Cross-cultural differences are found to add unnecessary stress for patients seeking medical assistance.

Table 4.2 destination factors

No.	Destination Factors	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	Bangkok's culture is close to my country.	64 (32.0%)	103 (51.5%)	27 (13.5%)	3 (1.5%)	3 (1.5%)
2	People in Bangkok are very friendly.	61 (30.5%)	95 (47.5%)	39 (19.5%)	5 (2.5%)	0 (0.0%)
3	There is a high level of safety in Thailand. Abramowitz et al. (1987) Smith and Forgione (2007)	51 (25.5%)	89 (44.5%)	40 (20.0%)	19 (9.5%)	1 (0.5%)
4	Bangkok has a fair cost of living.	58 (29.0%)	90 (45.0%)	30 (15.0%)	17 (8.5%)	5 (2.5%)
5	Bangkok has a fair cost of transportation.	58 (29.0%)	90 (45.0%)	30 (15.0%)	17 (8.5%)	5 (2.5%)
6	Bangkok has many reputable hospitals/clinics.	97 (48.5%)	78 (39.0%)	13 (6.5%)	12 (6.0%)	0 (0.0%)

4.3 Presence of tourist destinations

This factor measures Myanmar's preference towards countries that are also touristic destinations, Thailand being one of the world top tourist destinations as well as affordable to visit, easily accessible, and having good medical service coverage. Weather, landscape and cultural attractions are contributing aspects that add relief to the cultural

shock (if any) when traveling to a new destination, especially for older people and/or people with a medical condition.

Table 4.3 shows Myanmar medical tourists agree percentage of Presence of tourist destinations factors. The results indicate (67%) of the respondent strongly agree that Thailand has attractive tourist destination, and (56.5%) of respondents strongly agree on the factor that have many tourist destinations encourages Myanmar to choose Bangkok as a medical tourism destination followed by the costs for visiting tourist attractions are reasonable and affordable (46%) and lastly (29%) of the respondents agree the factor that tourist destination place are easily accessible from hospitals/clinics.

After-all, the concept of "medical tourism" would be less meaningful if tourist attractions would not be present. Being one of the top tourist destinations in the world, Thailand manages to combine in a perfect way the large variety of tourist attractions while keeping cost in the affordable range. For instance, domestic travel, food and beverages, hotels and shopping centers are all practicing prices for any budget and lifestyle. While other countries in the region that are offering quality medical services can appeal only to those financially fit, Thailand manages to preserve a good balance when it comes to price accessibility without having to compromise on the quality of medical services offered or diminish in any way its highly touristic nature.

Table 4.3 Presence of tourist destinations

No.	Presence of tourist destinations	Strongly	Agree	Neutral	Disagree	Strongly disagree
1	Thailand has attractive tourist destinations.	134 (67.0%)	55 (27.5)	4 (2.0%)	4 (2.0%)	3 (1.5%)
2	The costs for visiting tourist attractions are reasonable and affordable.	92 (46.0%)	78 (39.0%)	20 (10.0%)	10 (5.0%)	0 (0.0%)
3	Tourist destinations places are easily accessible from hospitals/clinics	58 (29.0%)	77 (38.5%)	51 (25.5%)	14 (7.0%)	0 (0.0%)
4	Having many tourist destinations encourages you to choose Bangkok as a medical tourism destination.	113 (56.5%)	62 (31.0%)	20 (10.0%)	5 (2.5%)	0 (0.0%)

4.4 Ease of accessibility

Thailand being in close- proximity with Myanmar, it provides easy access by land or air at an affordable cost and takes little time to reach any destination, and translation services are plenty and available online. Land proximity is known to be an important psychological factor in choosing a destination for touristic and medical purposes.

Table 4.4 shows Myanmar medical tourists agree percentage of Presence of Ease of accessibility factors. People strongly agree on the factor that ease of travel between Bangkok and Myanmar (63.5%) followed by the factor that location near Myanmar and it takes only a short time to travel and travel expenses are fair compared to other countries (53%). Medical treatment locations gave excellent connectivity by air/railways (50%) and (47.5%) of the respondents agree that having interpreters and coordinators can readily contact hospitals/clinics. They agree in orderly. The results indicate there is no one whose

ease of accessibility is bad.

The distance does not only impact the hours spent traveling to destination but also the variety of ways one can travel. For instance, long distances can only be managed by flying while short distances can be as well managed by land vehicles such as bus, train or a personal vehicle while keeping the cost of traveling well in check. The geographic proximity of Myanmar and Thailand can be of great benefit for those having to travel multiple times to hospital for diagnostic and/or treatment, as well as traveling within Thailand for leisure before heading back to Myanmar being very easy due to the fact that both countries are sharing common border on the same latitude for a considerable distance and multiple checkpoints are available if needed.



Table 4.4 Ease of accessibility

No.	Ease of accessibility	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	Medical treatment locations have excellent connectivity by air/railways. Das et al. (2007)	100 (50.0%)	77 (38.5%)	19 (9.5%)	4 (2.0%)	0.0 (0.0%)
2	Location is near my country.	106 (53.0%)	80 (40.0%)	9 (4.5%)	5 (2.5%)	0.0 (0.0%)
3	It takes only a short time to travel.	106 (53.0%)	80 (40.0%)	9 (4.5%)	5 (2.5%)	0.0 (0.0%)
4	Travel expenses (air tickets) are relatively fair compared to other countries.	106 (53.0%)	85 (42.5%)	9 (4.5%)	0.0 (0.0%)	0.0 (0.0%)
5	Ease of travel between Bangkok and my country.	127 (63.5%)	64 (32.0%)	9 (4.5%)	0.0 (0.0%)	0.0 (0.0%)
6	There are many medical facilitators/translators whom I can readily contact to get hospitals/clinics information.	95 (47.5%)	74 (37.0%)	21 (10.5%)	10 (5.0%)	0.0 (0.0%)

4.5 Affordability/Cost

Thailand made itself a well-known name for providing top quality medical services in the region, value for money compared with other countries in Southeast Asia and affordable accommodation costs in Bangkok or elsewhere in case long term stay is needed. Probably the most significant part of any decision to travel for medical purposes is the cost.

Table 4.5 shows Myanmar medical tourists agree percentage of Presence of affordability/cost factors. People strongly agree (40.5%) on the factor in orderly which are the factor that the cost and benefits from medical expenses are balanced in Bangkok, cost effectiveness is one of the consideration factors in choosing Bangkok as a medical tourist destination followed by the factor that medical services in Bangkok are valued for money (40%) and lastly (37%) of the respondents strongly agree on the medical expense in Bangkok are cheaper than other countries. The results indicate there is no one of affordability/cost factors that are bad.

Price attractiveness is often determined by the exchange rate between currencies, low wages, state-of-the-art medical equipment and qualified personnel that know how to use it to provide the highest medical experience possible for their patience. Thailand built a strong reputation for its top medical services in the past decades and continues to persevere in this area by expanding its medical base and continuing to practice probably the most competitive prices for quality medical services in the area.

Table 4.5 Affordability/Cost

No.	Affordability/Cost	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	The medical services in Bangkok are valued for money. Haddad et al. (1998)	80 (40.0%)	73 (36.5%)	35 (17.5%)	12 (6.0%)	0 (0.0%)
2.	The medical expenses in Bangkok are cheaper than other countries Riser (1975); Hansen et al. (2008)	74 (37.0%)	80 (40.0%)	36 (18.0%)	10 (5.0%)	0 (0.0%)
3.	The costs and benefits from medical expenses are balanced in Bangkok.	81 (40.5%)	85 (42.5%)	25 (12.5%)	9 (4.5%)	0 (0.0%)
4.	Cost effectiveness is one of the consideration factors in choosing Bangkok as a medical tourist destination.	81 (40.5%)	97 (48.5%)	14 (7.0%)	8 (4.0%)	0 (0.0%)

4.6 Quality of care and services

The most important part of medical tourism is probably to get the answers you are seeking and to get well as soon as possible. Adequate communication between doctor and patient is paramount in understanding the diagnostic and what treatment avenues are available. A diagnostic tool to be backed-up by proper investigation using state-of-the-art medical equipment and practices that builds confidence in the medical staff. A neat and clean environment can only add as positive to the overall impression that a patient builds in relation with a doctor.

Table 4.6 shows Myanmar medical tourists agree percentage of quality of care and services factors. Respondents mostly agree very strongly (60%) on the factor that Medical equipment and instruments of hospitals in Bangkok are high quality followed by the factor healthy, neat and clean environment (59%), hospital employees can clearly communicate about the diagnosis and treatment (49%) and the information given by hospitals' staff is reliable.(47%). And lastly followed by the factor of quick response to the questions by the hospital's employees (44.5%). The results indicate there is no one of quality of care and services factors are bad.

Medical service quality in Thailand is well known to be top quality, hospitals being equipped with top of the line medical machines, with medical staff with professional conduct that clearly communicates diagnostics and treatments, all wrapped around a neat and clean environment that make patients feel safe and well taken care of. Most hospitals in Thailand offer in-house translators and medical guides that cover the most widely used languages on the planet and offer a personalized experience for any foreigner in need of medical services in Thailand.

Table 4.6 Quality of care and services

No.	Quality of care and services	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Fast response to the questions by the hospital's employees. Andaleeb (2008)	89 (44.5%)	82 (41.0%)	25 (12.5%)	4 (2.0%)	0 (0.0%)
2.	Healthy, neat and clean environment. Alen et al. (2006); Rao et al. (2006); Ruiqi and Adrian (2009); Hansen et al. (2008)	118 (59.0%)	68 (34.0%)	11 (5.5%)	3 (1.5%)	0 (0.0%)
3.	Employees in hospital clearly communicate about the diagnosed illness and treatment. Andaleeb (2008)	98 (49.0%)	79 (39.5%)	15 (7.5%)	8 (4.0%)	0 (0.0%)
4.	Medical equipment and instruments of hospitals in Bangkok are high quality.	120 (60.0%)	67 (33.5%)	10 (5.0%)	3 (1.5%)	0 (0.0%)
5.	The information given by hospitals' staff is reliable.	94 (47.0%)	72 (36%)	31 (15.5%)	3 (1.5%)	0 (0.0%)

4.7 Hospital Accreditation

There are many factors that influence a decision in choosing the right medical facility. One of the most important factors is hospital accreditation. This section is looking into how important the medical accreditation is when choosing the right hospital for diagnostic and treatment. Humans are used to making compromises in a lot of decisions in their lifetime, but when it comes to a serious health condition that needs urgent and deep investigation, most people are willing to go extra-mile and get the best medical service they

can. Hospital accreditation is an important factor that determines the quality of service practiced in a medical facility and is vital to maintaining a good reputation on an evergrowing competitive medical market.

Table 4.7 shows Myanmar medical tourists agree percentage of quality of hospital accreditation factors. The respondents strongly agree on the factor in orderly. The highest percentage (55.5%) on the factor that accreditation of medical care units is important for me in choosing healthcare providers followed by (53.5%) of the respondents agree on accredited hospitals offer best services among non-accredited hospitals followed by the factor that believe only JCI accredited hospitals can provide high quality medical services (48.5%). And lastly strongly agree on that if I found a hospital with standard accreditation, I would choose that hospital rather than the one who does not (42.5%).

Accrediting agencies such as Joint Commission are in charge of auditing, approving or reworking accreditation for a hospital – a process that takes place every 3 years. Losing accreditation could be a catastrophic event for a hospital which can have the effect of cutting off Medicare funding and many private insurers' funding for the respective medical institution, let alone the diminished reputation and negative sentiment that can be triggered among its loyal customers and patients.

Table 4.7 Hospital Accreditation

No	Hospital Accreditation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Accreditation of medical care units is important for me in choosing healthcare providers. Mattoo and Rathindran (2006); Van Niekerk et al. (2003)	111 (55.5%)	73 (36.5%)	13 (6.5%)	3 (1.5%)	0 (0.0%)
2.	Accredited hospitals offer best services among non-accredited hospitals.	107 (53.5%)	68 (34.0%)	22 (11.0%)	3 (1.5%)	0 (0.0%)
3.	I believed that only JCI accredited hospitals can provide high quality medical services.	97 (48.5%)	72 (36.0%)	27 (13.5%)	4 (2.0%)	0 (0.0%)
4.	If I found a hospital with standard accreditation, I would choose that hospital rather than the one who does not.	85 (42.5)	82 (41.0%)	30 (15.0%)	3 (1.5%)	0 (0.0%)

4.8 Medical Representatives offices/ Agencies

Getting a right diagnostic is equally important with having that diagnostic and treatment properly explained to a patient. This section is measuring the quality of medical staff and services when choosing the right medical facility, how accessible medical staff are, how important clear communication when passing a diagnostic from doctor to patient is. Most hospitals chose to mediate their communication with their customers through agencies that in exchange can provide added value in building and maintaining a good relationship between patience and hospital.

Table 4.8 shows Myanmar medical tourists agree percentage of quality of medical representative offices/agencies factors. (49%) of the respondents strongly agree on the factor that having a representative office/ agency is one of the attractive factors in choosing a medical tourism destination followed by the information such as price estimation, treatment plan given by them is reliable (48.5%) followed by the factor that is giving individual attention to customers (45%) and lastly (7%) of the respondents followed by the quick responses of agency/representatives to medical inquiries.

One such benefit is that an agency might be more experienced in driving tourist leads compared with a hospital – after all, the scope of each is different. But working together can bring mutual benefits for the potential patients as well as hospital and its reputation on the medical market. However, there are cases when an agency or medical representative can shadow an otherwise good medical service by being less responsive, harsh or not providing enough empathy with its customers / patients. Thailand managed to maintain and constantly grow a good reputation on customer service around the world and this is partially due to a culture of respect that is deeply embedded in the society values.

Table 4.8 Medical Representatives offices/ Agencies

No	Medical Representatives offices/ Agencies	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	The responses of agencies/representatives to medical inquiries are quick.	14 (7.0%)	134 (67.0%)	51 (25.5%)	1 (5.0%)	0 (0.0%)
2.	Giving individual attention to customers.	90 (45.0%)	68 (34.0%)	34 (17.0%)	8 (4.0%)	0 (0.0%)
3.	The information such as price estimation, treatment plan given by them is reliable.	97 (48.5%)	84 (42.0%)	16 (8.0%)	3 (1.5%)	0 (0.0%)
4.	Having a representative office/ agency is one of the attractive factors in choosing a medical tourism destination.	98 (49.0%)	81 (40.5%)	11 (5.5%)	10 (5.0%)	0 (0.0%)

4.9 Professionalism (Doctors, Physicians)

The level of care and empathy is of utmost important when passing a diagnostic to a patient as well as making a patient trust in the treatment delivered by the medical staff. This is one of the reasons why Thailand is the medical destination of choice for many countries in the region and worldwide: being kind and helpful is one of the main cultural characteristics of Thai people as well as having a good professional conduit in every area of expertise.

Table 4.9 shows Myanmar medical tourists agree percentage of professionalism (doctors, physicians) factors. The results indicate that Myanmar medical tourists (56%) are strongly agree the standard of professionalism in Bangkok medical tourism followed by (50%) respondents strongly agree on the factor that highly qualified and globally trained

doctors, doctors and (47.5%) strongly agree on the factor that other healthcare professionals make patient feel confident by providing healthcare service. And lastly (46.5%) of the respondents strongly agree on the factor that hospital employees are consistently courteous and respectful.

Thailand has also managed to attract medical talent and skilled healthcare workers from around the world, in order to keep its medical expertise updated with the latest innovations in various areas such as cancer research and investigation, plastic and cosmetic surgery, organ transplant and dental tourism.

Table 4.9 Professionalism (Doctors, Physicians)

No	Professionalism (Doctors, Physicians)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Doctors and other healthcare professionals make patients feel confident by providing healthcare service.	95 (47.5%)	88 (44.0%)	14 (7.0%)	3 (1.5%)	0 (0.0%)
2.	Highly qualified and globally trained doctors. Tung and Chang (2009)	100 (50%)	74 (37.0%)	19 (9.5%)	7 (3.5%)	0 (0.0%)
3.	Employees of the hospital are consistently courteous and respectful. Hansen et al. (2008); Duong et al. (2004)	93 (46.5%)	89 (44.5%)	18 (9.0%)	0 (0.0%)	0 (0.0%)
4.	Standard of professionalism in Bangkok medical tourism is high.	112 (56.0%)	66 (33.0%)	19 (9.5%)	3 (1.5%0	0 (0.0%)

4.10 Information from friends/family (Word of Mouth)

This section analyzes how feedback and recommendations are important when choosing the right medical facility for diagnostic and treatment. We shall see how relevant advice is coming from a friend or relative as well as how important are online feedbacks and reviews when choosing the right doctor or hospital.

Table 4.10 shows Myanmar medical tourists agree percentage of Information from friends/family (Word of Mouth) factors. The results shows strongly agree factor in orderly which are my decision is more influenced by recommendations from friends, relatives and old patients who have been treated (54%) and Information given by friend are useful for me (49.5%) followed by (45.5%) of the respondents strongly agree on the factor that prefer to choose the healthcare service providers which have public reviews and good reputations compared with the one without reviews. And lastly followed by (42.5%) of the respondents strongly agree on the factor that before making the decision, the online reviews, electronic word of mouth help me to choose the healthcare service providers correctly.

Building a good reputation today takes time and often can be ruined by a minor blunder. Therefore, prestigious hospitals not only build good reputation by getting the best of the best qualified doctors, state-of-the-art equipment and become masters of customer care, but by building a culture and tradition of success and fairness, professionalism and respect that make people remember and furthermore recommend their services online or by word of mouth. In this way, a medical facility is not only maintaining a good reputation but also building loyalty, and loyalty goes a long way.

Table 4.10 Information from friends/family (Word of Mouth)

No	Information from friends/family (Word of Mouth)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	My decision is more influenced by recommendations from friends, relatives and old patients who have been treated. Aydin and Ozer (2005); Collier and Bienstock (2006)	108 (54.0%)	78 (39%)	11 (5.5%)	3 (1.5%)	0 (0.0%)
2.	Information given by friend are useful for me.	99 (49.5%)	87 (43.5%)	11 (5.5%)	3 (1.5%)	0 (0.0%)
3.	Before making the decision, the online reviews, electronic word of mouth help me to choose the healthcare service providers correctly.	85 (42.5%)	99 (49.5%)	10 (5.0%)	6 (3.0%)	0 (0.0%)
4.	I prefer to choose the healthcare service providers which have public reviews and good reputations compared with the one without reviews.	91 (45.5%)	80 (40.0%)	26 (13.0%)	3 (1.5%)	0 (0.0%)

4.11 Section 4: The impact of satisfaction on decision making

Table 4.11 shows Myanmar medical tourists agree percentage of satisfaction on decision. The results indicate and agree strongly that Myanmar medical tourists satisfied with overall medical experience and travelling experience in Bangkok, also want to recommend Bangkok to my friends and relatives for medical treatment and Bangkok is the priority choice in future medical tourism destinations. From the impact of satisfaction on decision making factor, (55%) of the respondents strongly agree on the factor that I am satisfied with overall travelling experience in Bangkok (highest percentage) followed by

the factors that would like to recommend Bangkok to my friends, relatives for medical treatment and Bangkok is the priority choice in future medical tourism destination (53.5%). And followed by the other strongly agree factor of intention to revisit Bangkok for medical purposes (50%). And lastly followed by (48.5%) of the respondents strongly agree on satisfaction with overall medical experience in Bangkok.

Table 4.11 the impact of satisfaction on decision making

No	The impact of satisfaction on decision making	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	I am satisfied with overall medical experience in Bangkok.	97 (48.5%)	74 (37.0%)	28 (14.0%)	0 (0.0%)	1 (0.5%)
2.	I am satisfied with overall travelling experience in Bangkok	110 (55.0%)	72 (36.0%)	15 (7.5%)	3 (1.5%)	0 (0.0%)
3.	I want to recommend Bangkok to my friends, relatives for medical treatment.	107 (53.5%)	66 (33.0%)	23 (11.5%)	4 (2.0%)	0 (0.0%)
4.	I intend to revisit Bangkok for medical purposes.	100 (50.0%)	59 (29.5%)	38 (19.0%)	3 (1.5%)	0 (0.0%)
5.	Bangkok is the priority choice in future medical tourism destination. Wei Kuang (2007)	107 (53.5%)	66 (33.0%)	23 (11.5%)	4 (2.0%)	0 (0.0%)

4.12 Reliability Test

To ensure that the contents in the questionnaire are reliable for satisfaction on decision making, a reliability test was applied. Cronbach's alpha is used to measure internal reliability coefficients to validate the result empirically. All independent variables such as destination factors, presence of tourist destinations, ease of accessibility, affordability, quality of care and services, hospital accreditation, medical representative offices/ agencies, professionalism (doctors/ physicians), information from friends or relatives (word of mouth); and dependent variable which is satisfaction on decision making were analyzed in this test. The value of the Cronbach's alpha implies that the amount of proportion of the variance in the test is attributable to general and group factors. The alpha value exceeding a threshold of 0.7 indicates a good reliability score. In this study, Cronbach's alpha value showed the value exceeded a threshold of 0.971, indicating an acceptable reliability value as shown in table 4.12.

Table 4.12 Reliability Statistics

Reliability St	tatistics
Cronbach's Alpha	No of Items
.971	46

4.13 Mean score

The study used 41 items to measure satisfaction on decision making towards medical tourism with the nine independent variables; destination factors, presence of tourist destinations, ease of accessibility, affordability, quality of care and services, hospital accreditation, medical representative offices/ agencies, professionalism (doctors/ physicians), information from friends or relatives (word of mouth). Subsequently, five items were used to explore patient's satisfaction on decision making. The data were

received in a form of a five-point scale measurement. The mean values are shown in Table 4.13 and 4.14 below, and each value represents the patient's agreement or satisfaction on decision making towards medical tourism. Almost all items of the factors had a high mean score over 4.0 except three of the items in destination factors, one of the items in presence of tourist destination factor and one of the items in medical representative offices/ agencies. Mean score of all nine independent variables are high mean scores over 4. Therefore, the participants have a similar concern on all the independent variables.

Table 4.13 Average mean of all independent variables

Descriptive Statistics									
	N	Minimum	Maximum	Mean	Std. Deviation				
Destination factors		MA		- 11					
Bangkok's culture is close to my country.	200	1	5	4.11	.801				
People in B <mark>angkok are ve</mark> ry friendly.	200	2	5	4.06	.774				
There is hig <mark>h</mark> level of s <mark>afe</mark> ty in Thailand.	200	1	5	3.85	.928				
Bangkok has fair cost of living.	200	1	5	3.89	.999				
Bangkok has fair cost of transportation.	200	1	5	3.89	.999				
Bangkok has many reputable	200	2	5	4.30	.839				
hospitals/clinics			1/4 9						
Presence of tourist destinations			181						
Thailand has attractive tourist destinations	200	1 4	5	4.57	.767				
The cost for visiting tourist attractions are	200	2	5	4.26	.834				
reasonable and affordable.									
Tourist destinations place are easily	200	2	5	3.89	.904				
accessible									
Having many tourist destinations	200	2	5	4.42	.772				
encourages you to choose Bangkok as a									
medical tourism destination									
Ease of accessibility									
Medical treatment locations have	200	2	5	4.36	.738				
excellent connectivity by air/ railways.									
Location is near my country.	200	2	5	4.43	.699				

Table 4.13 Average mean of all independent variables (Cont.)

It takes only a short time to travel.	200	2	5	4.43	.699
Travel expenses (air tickets) are relatively	200	3	5	4.48	.584
fair compared to other countries.					
Ease of travel between Bangkok and my	200	3	5	4.59	.578
country.					
There are many medical	200	2	5	4.27	.843
facilitators/translates whom I can readily					
contact to get hospitals/clinics		21.11			
information.		007			
Affordability					
The medical services in Bangkok are	200	2	5	4.11	.899
valued for money.				A	
The medical expenses in Bangkok are	200	2	5	4.09	.863
cheaper than other countries.				- 11	
The costs and benefits from medical	200	2	5	4.19	.823
expenses are balanced in Bangkok.				OI	
Cost effectiveness is one of the	200	2	5	4.26	.757
consideration factors in choosing		1111			
Bangkok as medical tourist destination.		ABY		a //	
Quality of care and services				7//	
Fast response to the questions by the	200	2	5	4.28	.758
hospital's employees.		V			
Healthy, neat and clean environment.	200	2	5	4.50	.672
Employees in hospital clearly	200	2	5	4.33	.785
communicate about the diagnosed illness					
and treatment.					
Medical equipment and instruments of	200	2	5	4.52	.665
hospitals in Bangkok are high quality.					
The information given by hospitals' staff	200	2	5	4.28	.779
is reliable.					

Table 4.13 Average mean of all independent variables (Cont.)

Hospital Accreditation					
Accreditation of medical care units is	200	2	5	4.46	.686
important for me in choosing healthcare					
providers.					
Accredited hospitals offer best services	200	2	5	4.39	.743
among non- accredited hospitals.					
I believed that only JCI accredited	200	2	5	4.31	.779
hospitals can provide high quality		91.1			
medical services.		QUL			
If I found a hospital with standard	200	2	5	4.25	.760
accreditation, I would choose that hospital					
rather than the one who does not.				// A	
Medical representative offices/ Agencies					
The responses of agency /representatives	200	2	5	3.80	.555
to medical i <mark>nq</mark> uiries are quick.					
Giving individual attention to customers.	200	2	5	4.20	.862
The information such as price estimation,	200	2	5	4.37	.698
treatment plan given by them is reliable.					
Having a representative office /agency is	200	2	5	4.34	.797
one of the attractive factors in choosing a	v)			_//	
medical tourism destination.				-//	
Professionalism (Doctors/ Physicians)		V	7 6		
Doctors and other healthcare	200	2	5	4.37	.683
professionals make patients feel confident					
by providing healthcare service.					
Highly qualified and globally trained	200	2	5	4.34	.791
doctors.					
Employees of the hospital are consistently	200	3	5	4.37	.645
courteous and respectful.					
Standard of professionalism in Bangkok	200	2	5	4.44	.727
medical tourism is high.					

Table 4.13 Average mean of all independent variables (Cont.)

Information from friends or relatives					
(Word of mouth)					
The information given by friends are	200	2	5	4.41	.666
useful for me.					
My decision is more influenced by	200	2	5	4.46	.671
recommendations from friends, relatives					
and old patients who have been treated.					
Before making the decision, the online	200	2	5	4.32	.706
reviews, electronic word of mouth help		V O Y			
me to choose the healthcare					
I prefer to choose the healthcare service	200	2	5	4.29	.749
providers which have public reviews and				// A	
good reputations compared				- //	
Valid N (listwise)	200			4.28	

Table 4.14 Average mean of all independent variables

Descriptive Statistics									
11/2-11	N	Minimum	Maximum	Mean	Std. Deviation				
Destination factors	200	2.17	5.00	4.0183	.68501				
Presence of tourist destination	200	2.00	5.00	4.2837	.64127				
Ease of accessibility	200	2.67	5.00	4.4300	.53084				
Affordability	200	2.00	5.00	4.1563	.75457				
Quality of care and services	200	2.00	5.00	4.3850	.65215				
Hospital Accreditation	200	2.00	5.00	4.3525	.67632				
Medical Representative	200	2.25	5.00	4.1788	.56398				
office/agencies									
Professionalism	200	2.25	5.00	4.3800	.65880				
(doctors/ physicians)									
Information from friends or	200	2.00	5.00	4.3687	.58613				
relatives (word of mouth)									
Valid N (listwise)	200			4.2837					

Table 4.15 Average mean for impact of satisfaction on decision making

Descriptive Statistics								
	N	Minimum	Maximum	Mean				
I am satisfied with overall medical experience in Bangkok.	200	1	5	4.33				
I am satisfied with my overall travelling experience in Bangkok.	200	2	5	4.45				
I want to recommend Bangkok to my friends, relatives for medical treatment.	200	2	5	4.42				
I intend to revisit Bangkok for medical purposes.	200	2	5	4.28				
Bangkok is the priority choice in future medical tourism destinations.	200	2	5	4.38				
Valid N (listwise)	200			4.372				

Highest average mean for impact of satisfaction on decision making and medical tourist revisit intention is (4.45) which indicates that Myanmar medical tourists are satisfied with overall travelling experience in Bangkok. Followed secondly by the factor that I want to recommend Bangkok to my friends and relatives for medical treatment (mean=4.45) and third strongly agree on the factor that Bangkok is the priority choice in future medical tourism destinations (mean= 4.38). And then strongly agree on the factor that I am satisfied with overall medical experience in Bangkok (mean=4.33). And last agree on the factor that I intend to revisit Bangkok for medical purposes.

4.14 Correlation Analysis

A correlation analysis was performed to check if there are any associations among the independent variables, and the associations between the independent and the dependent variables. The values of multiple correlation coefficients (R) range between -1 and +1. The value of +1 reflects a perfect positive association and the value of -1 reflects a perfect negative association. The correlation coefficient of zero indicated the absence of an association.

Table: 4.16 run a correlation matrix for overview of relationship between variables. As the correlation table output, each variable has a statistically significant effect. The table shows (.869) indicates a very strong relationship between the professionalism variable and hospital accreditation are positively correlated. For statistical test 000 <.05 as required. There was a multicollinearity problem in our proposed model. Therefore, we tested the regression analysis by 4models.

Table 4.16 Independence variable and dependent variable correlations

				Cori	relations					
	Destinatio n factors	Presence of tourist destination	Ease of accessibil	Affordabi lity	Quality of care and services	_	Medical representati ve office/ agent		Information on from friends (word of mouth)	Satisfaction decision making
Destination factors	1									
Presence of tourist destination	.729**		1	Ų	ULI					
Ease of accessibility	.688**	.761**	1							
Affordability	.692**	.693**	.697**	1			1			
Quality of care and services	.635**	.654**	.721**	.801**	1					
Hospital Accreditation	.664**	.741**	.734**	.839**	.827**	1	IK	>		
Medical Representative Office/ Agents	.666**	.670**	.671**	.747**	.780**	.815**	1			
Professionalism	.717**	.737**	.730**	.795**	.856**	.869**	.826**	1		
Information from friends/ family (word of mouth)	.561**	.581**	.626**	.505**	.593**	.700**	.621**	.707**	1	
Satisfaction on decision-making	.689**	.663**	.701**	.736**	.788**	.784**	.722**	.822**	.726**	1

4.15 Multiple Linear Regression Analysis

Multiple linear regression analysis is a method used to examine a linear relationship between several independent variables and a dependent variable. In this study, multiple linear regression was used to measure the intensity of the linear relationship between satisfaction on decision making and all nine independent variables such as destination factors, presence of tourist destinations, ease of accessibility, affordability, quality of care and services, hospital accreditation, medical representative offices/agencies, professionalism (doctors/ physicians), information from friends or relatives (word of mouth). According to the findings of correlation analysis, there was a multicollinearity problem between each variable. Therefore, we performed the multiple linear regression analysis by four ways as below: -

Model 1: all the variables were included in the model.

Model 2: Professionalism variable was removed in the model. (Exclude one variable)

Model 3: Hospital Accreditation variable was removed in the model. (Exclude one variable)

Model 4: Professionalism and Hospital Accreditation were removed in the model. (Exclude two variables)

Then, we will select the model that can explain the highest percentage of variation in dependent variables (the highest R2 value).

Firstly, Multiple linear regression Statistical Test for Independence variable and dependent variable correlations in the model 1.

Table 4.17 Model 1: Including all variables (Summary)

	Model Summary												
Mod	R	R	Adjusted R	Std. Error		Change	Statisti	ics					
el		Square	Square	of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change				
1	.875ª	.765	.754	.31466	.765	68.913	9	190	.000				

a. Predictors: (Constant), Information friends or relatives (word of mouth, Affordability, Destination factor, Ease of accessibility, Medical Representative office or agents, Presence of tourist destination, Quality of care and services, Professionalism, Hospital Accreditation

In table 4.17, the value of adjusted R square in this model is (.754), it indicates 75.4% of total variation in the dependent variable which is satisfaction on decision making in choosing Thailand medical tourism.

Table 4.18 Model 1: include all variables (Coefficients)

			C	Coefficients				
M	fodel	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		В	Std. Error	Beta			Tolerance	VIF
1	Constant	.102	.210	AAN	.483	.630		
	Destination	.119	.055	.128	2.170	.031	.354	2.82
	Presence of tourist destination	030	.064	030	463	.644	.298	3.36
	Ease of accessibility	.039	.076	.032	.506	.613	.305	3.27
	Affordability	.132	.064	.157	2.059	.041	.212	4.70′
	Quality of care and services	.243	.076	.250	3.217	.002	.204	4.89
	Hospital accreditation	011	.088	012	124	.901	.141	7.06
	Medical Representative office/agent	032	.077	028	413	.680	.265	3.77
	Professionalism	.203	.090	.211	2.270	.024	.143	7.00
	Information from friends (word of mouth)	.325	.060	.300	5.378	.000	.396	2.52

In table 4.18, professionalism factor has high VIF (7.006) and also hospital accreditation has high VIF (7.068) which is more than 5 create multicollinearity problems. Therefore, multiple linear regression was re-tested by excluding the professionalism factor in table 4.19 and 4.20 in model 2.

MODEL 2: Exclude one variable

Table 4.19 Model 2: Exclude professionalism factor (Summary)

	Model Summary											
Model 2	R	R	Adjusted	Std. Error	Change Statistics							
		Square	R Square	of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change			
	.871ª	.759	.749	.31806	.759	75.247	8	191	.000			

a. Predictors: (Constant), Hospital Accreditation, Destination factors, Information from friends or relatives (word of mouth), Ease of accessibility, Presence of tourist destinations, Medical Representative offices or agencies, Quality of care and services, Affordability.

In table 4.19, the value of adjusted R square in this model is (.749), it indicates 74.9% of total variation in the dependent variable which is satisfaction on decision making in choosing Thailand medical tourism.

Table 4.20 Model 2: Exclude professionalism factor (Coefficients)

		Coef	ficients				
Model 2		ndardized fficients	Standardized Coefficients	t	Sig.	Collinearity Statistics	
	В	Std. Error	Beta			Tolerance	VIF
(Constant)	.046	.211	21.18	.219	.827		
Destination factors	.138	.055	.149	2.533	.012	.363	2.7
Presence of tourist destination	011	.064	011	175	.862	.302	3.3
Ease of accessibility	.028	.077	.024	.367	.714	.306	3.2
Affordability	.142	.065	.169	2.194	.029	.213	4.6
Quality of care and services	.311	.070	.320	4.432	.000	.242	4.1
Medical representative offices/agencies	.008	.076	.007	.101	.920	.279	3.5
Information from friends (word of mouth)	.361	.059	.333	6.124	.000	.426	2.3
Hospital accreditation	.029	.087	.031	.337	.737	.147	6.7

In table 4.20, when excluding the professionalism, VIF of hospital accreditation is (6.781) which is more than 5. Therefore, multiple linear regression was re-tested and professionalism factor was excluded in table 4.21 and 4.22 in model 3.

Table 4.21 Model 3: Exclude Hospital Accreditation factor (Summary)

	Model Summary												
Model 3	R	R	Adjusted	Std. Error	Change Statistics								
		Square	R Square	of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change				
	.875ª	.765	.756	.31385	.765	77.927	8	191	.000				

a. Predictors: (Constant), Professionalism, Information, Destination factors, Ease of accessibility, Presence of tourist destination, Affordability, Medical representative, Quality of care and services

In table 4.21, the value of adjusted R square in this model is (.756), it indicates 75.6% of total variation in the dependent variable which is satisfaction on decision making in choosing Thailand medical tourism.

Table 4.22 Model 3: Exclude hospital accreditation factor (coefficients)

		Co	oefficients				
Iodel 3	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	В	Std. Error	Beta			Tolerance	VIF
(Constant)	.105	.207	77/10	.508	.612		
Destination factors	.120	.054	.129	2.235	.027	.366	2.73
Presence of tourist destination	031	.062	031	497	.620	.309	3.24
Ease of accessibility	.038	.076	.032	.506	.614	.305	3.27
Affordability	.129	.058	.153	2.234	.027	.262	3.81
Quality of care and services	.242	.075	.249	3.237	.001	.208	4.80
Medical representatives/agents	034	.075	030	451	.652	.278	3.59
Information from friends (word of mouth)	.323	.057	.298	5.665	.000	.444	2.25
Professionalism	.201	.088	.209	2.298	.023	.149	6.72

In table 4.22 represents VIF of professionalism is (6.722) which is more than 5 after excluding the hospital accreditation factor. Therefore, multiple linear regression was re-tested by excluding Hospital Accreditation factor and Professionalism (doctors/

physicians) in model 4.

Model 4: Exclude two variables

Table 4.23 Model 4: Exclude Hospital Accreditation factor and Professionalism (doctors/physicians) (Summary)

	Model Summary													
Model 4	R	R R Square	Adjusted R Square	Std. Error of the Estimate		Change Statistics								
						R Square Change	F Change	df1	df2	Sig. F Change				
	.871ª	.759	.750		.31733	.759	86.380	7	192	.000				

a. Predictors: (Constant), Information from friends or relatives (word of mouth), Affordability, Destination factors, Ease of accessibility, Medical Representative offices/ agencies, Presence of tourist destinations, Quality of care and services

In table 4.23, the value of adjusted R square in this model is (.750), it indicates 75% of total variation in the dependent variable which is satisfaction on decision making in choosing Thailand medical tourism.

Table 4.24 Model 4: Exclude Hospital Accreditation factor and Professionalism (doctors/ physicians) (Coefficients)

						I	
Model 4	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
-	В	Std. Error	Beta			Tolerance	VIF
(Constant)	.034	.207	404	.163	.870		
Destination factors	.136	.054	.146	2.517	.013	.372	2.69
Presence of tourist destination	006	.062	006	103	.918	.318	3.14
Ease of accessibility	.028	.077	.024	.370	.712	.306	3.26
Affordability	.152	.057	.181	2.652	.009	.271	3.69
Quality of care and services	.317	.068	.325	4.652	.000	.257	3.89
Medical representatives/ag ents	.015	.073	.013	.201	.841	.302	3.31
Information from friend (word of mouth)	.369	.054	.341	6.856	.000	.508	1.96

Table 4.24 represents all VIF are not more than 5. Therefore, by using linear regression to analyze which factors are most influencing for Myanmar medical tourists'

decision making to choose Thailand as a medical tourism destination, the multiple linear regression statistical test for independence variable and dependent variable correlations. When we compared the adjusted R2 values of four models (Model 1 to Model 4) in the model summary, adjust R², the results show that Model 3; Remove the hospital accreditation, adjust R² yields is highest (0.756). Approximately 75.6% of the variation in the satisfaction on decision making can be explained by the variables included in Model 3. Therefore, Model 3 was selected as the best model to explain our regression results.

According to the significant (Sig.) column in Table 4.21 and table 4.22, the p-values for information from friends or relatives (word of mouth), quality of care and services, professionalism, destination factors and affordability which were less than 0.05. This indicated that only these factors had significant relationships with satisfaction on decision making.

The unstandardized Beta coefficient values in the coefficient table represent the amount that the dependent variable changes when the corresponding independent variable changes by 1 unit. The ratio of the Beta coefficients is the ratio of the relative predictive power of the independent variables.

Based on our results in Table 4.22, information from friends or relatives (word of mouth) had the most significant impact on satisfaction on decision making, as it shows the highest Beta value (0.323), followed by quality of care and services (0.249), professionalism (0.201), affordability (0.129), destination factors (0.120). However, the other variables showed no significant impact on satisfaction on decision making.

CHAPTER V

CONCLUSION AND RECOMMENDATION

The objectives of this study were to identify the factors influencing Thailand medical tourism by Myanmar medical tourists and to understand the relationship between factors influencing Thailand medical tourism satisfaction on decision making in Thailand Medical Tourism from Myanmar medical tourists' perspectives. This study evaluated the following factors such as destination, presence of tourist destination, ease of accessibility, affordability, quality of care and services, hospital accreditation, medical representative offices/ agency, professionalism (doctors, physicians) and information by friends/family (word of mouth).

The research was conducted using quantitative methods. The data was collected using electronic-based questionnaires with a convenience sampling method. The electronic-based questionnaires were sent to emails of patients or via social media. A total of 200 questionnaires were responded and all the samples were eligible for the analysis. Moreover, using this methodology provides new knowledge, information and considerable points beyond the reachable literature by the researcher.

5.1 Conclusion

According to the structure of the framework and the questionnaires are designed to study the decision making on choosing destination factors by Myanmar medical tourists for the whole decision-making process were identified. Furthermore, according to the nature of complex decision-making processes, it is included in more than one decisive factor to make the final decision according to the data. From which, the most relevant and influential decisive factors for each participant were identified, analyzed and discussed.

Among the factors stated in the research framework, information from friends or relatives (word of mouth) is the most decisive factor for them then it is followed by quality of care and services, professionalism (doctors or physicians), affordability and destination factors as second and third, fourth, fifth most decisive factor for Myanmar Medical tourism accordingly. Other factors such as presence of tourist destinations, ease of accessibility, medical representative offices or agencies and hospital accreditation are found to be not significantly influenced on decision making by Myanmar medical tourists.

Word of mouth is the most important and which are the sources of information for medical tourists in their decision-making process. According to the nature of the country, searching required information through internet websites or blogs or online sources are not widely used within the country and are regarded as unreliable information compared to what they got from their friends, family members and professional advice such as their attending local physicians. Word-of-mouth spreading whether good or bad information is frighteningly influenced by any other sources of information. The recommendations from those who well-experienced the services or this industry is largely influenced on the decision making of the participants. The findings are consistent with the previous research (Khalid et.al, 2013) conducted in India, to identify the significant factor which influences the decision making on choosing. It revealed that people in their population are more relying on word-of-mouth information for the selection of the doctor.

Quality of care and services is the second influencing factor on satisfaction in decision making of choosing Thailand as a medical tourism destination. This reflects the actual healthcare situation within the country as well because most Myanmar medical travelers are seeking qualified and standardized healthcare overseas regardless of very expensive healthcare expenses in the destination countries in order to fulfill their unmet needs. These findings are similar with the previous research findings (Yan, TP HWM.003 2017) which was conducted by using qualitative methods in the context of Myanmar medical tourists. In that research, quality of care is the most important factor for decision making in choosing medical tourist destinations. The second one is the availability of medical facilities in the destination countries.

Myanmar medical tourists consider and evaluate the technical quality

healthcare such as medical equipment or instrument of hospital is high quality while functional quality of care services concern the manner of delivery such as the hospital's employee's responses the question fast and the information is reliable. Myanmar medical tourists consider and evaluate the technical quality healthcare such as medical equipment or instrument of hospital is high quality while functional quality of care services concern the manner of delivery such as the hospital's employee's response to the question fast and the information is reliable.

Professionalism (doctors, physicians) is third influencing on satisfaction in decision making of choosing Thailand as a medical tourism destination. Professionalism such as doctors and other healthcare professionals make the patient feel confident by providing healthcare services and employees are respectful and very helpful. Myanmar medical tourists are satisfied in decision making to choose Thailand medical tourism because of highly qualified and globally trained doctors and the standard of professionalism in medical tourism is very high. There is no previous literature which conducted the professionalism of the doctors in the context of Thailand medical tourism.

Affordability/Cost is part of the reasons that Myanmar medical tourists decide to choose Thai healthcare facility because the medical services in Bangkok are value for money. Patients revealed that treatment received was cost effective and was worth to spend. Thus, we can conclude that patients were willing to pay for a good quality treatment and service. The findings are consistent with previous literature, conducted in the US medical tourism context (D. A. Forgione and P. C. Smith ,2007) and in the context of global medical tourism context the factor impacting on the management of global medical tourism service supply chain (Ferrer, M., & Medhekar, A. 2012) which suggested that the cost for medical services is important in decision making of choosing medical tourism destinations.

Medical tourists now prefer a destination which has easy to access, fair cost and reputable clinics and hospitals, safety and culture of the country etc. The medical tourists would like to select Thailand because of easy to travel with many airlines and fair cost of the whole journey. Moreover, similar culture and close distance from the home country is also a competitive advantage related to other medical tourism destinations such as Singapore, India etc. It also determines the level of satisfaction regarding the choice of

country (Thailand) as a medical tourism. Myanmar medical tourists are satisfied mostly with overall travelling experience in Bangkok. These findings are consistent with the previous research finding, (Radmanesh, A. 2016) which was conducted by using a qualitative method in the context of a decision model for outbound American medical tourists. In that research, cost of medical service is the most important factor for decision making and the quality of care alone is not adequate in attracting medical tourists if the cost is high. Moreover, destination image (i.e. safety and stability) is also an important factor, which contributes to the tourists' decision-making process.

5.2 Recommendations

Medical tourism industry is a shared sector between government and private organizations, and between the health and tourism industry of the country. Medical treatment provided to international medical tourists by Thai private hospitals is expected to grow each year, this industry thrives to make a significant contribution to the country's revenue. A sole investment and improvement in one single organization or single industry will not be helpful to maximize the medical tourism industry. The research findings can benefit both public and private sectors. Moreover, this emerging industry is largely involved with the professionals from different levels of skillful people from different professional fields.

5.2.1 Recommendations for government organizations

The Tourism Authority of Thailand representing the main supporter for this business segment can adopt the findings to effectively implement the marketing campaign by promoting Thailand to be a hub of medical tourism, focusing on specific attracting factors that can influence patients' decision making.

In fact, quality of care and service are specifically significant, the government should continuously manage, evaluate and provide the license for the hospitals which have enough capacity and facilities. Only licensed hospitals should be taking care of medical tourists to be internationally standardized and to control healthcare quality. Moreover, effective guidelines and policy should be provided to ensure quality assurance and evaluate annually and monitor the service quality and performance.

As the affordability factor is also important to the decision making, the government should establish the rules and regulations for the cost containment as to prevent unethical healthcare organizations within the industry and enhance price transparency for the patients. It can lead to cost effectiveness in the medical tourism industry.

Moreover, the government should maintain and control political and economic stability of the country that may affect the business relating to the inbound medical tourists in the medical tourism industry as the factors such as fair cost of living, transportation charges and safety in Bangkok are the most important environmental factors for decision making of choosing medical tourism destination.

5.2.2 Recommendations for private organizations

The factors influencing Myanmar medical tourism's decision making of choosing Thailand as a medical destination are important to attract and satisfy for the medical services. Based on the findings, Myanmar medical tourists mostly decide to choose a destination country for their need of medical services, the information given by friend/family (word of mouth) is the most important. Therefore, the providers should try to focus every details process of healthcare delivery to the patients such as patient experience or patient journey in order to be satisfied. Because only the satisfied customers have the intention to recommend the hospitals to their friends and relatives.

Moreover, the hospital should provide some privileges as an incentive such as discounts or gifts for someone who recommends the hospitals to their relatives or friends to take medical services in order to attract the potential customers. The satisfied patient will then recommend again to their friends or relatives, this in turn helps to expand the hospital network and promote the organizational branding.

Healthcare service quality is one of the significant factors on decision making factors of patients' satisfaction. For the organizational level, continuous professional

training to improve interpersonal relationships with the patients and workshops or seminars should be provided for each and everyone who are involved in the medical tourism industry. The staff and nurse should be supported in terms of quality of care and professionalism such as providing scholarship and funding for the potential healthcare providers in order to get the training on advanced medical technology and treatment abroad. Therefore, they are internationally recognized and improve their skills and knowledge and this in turn the patients may feel confident in receiving healthcare service by highly qualified and globally trained doctors.

Besides the quality of care, since professionalism is also important, the human resource departments should recruit the medical doctors and other healthcare providers who have certificates and degrees from internationally recognized organizations to maintain the standard of care delivery process including the skills and knowledge. Moreover, the quality of treatment should be monitored by internal audit, external audit, and quality assurance accreditation and evaluated continuously to align with international and local treatment guidelines.

From the findings, the medical tourists usually seek for the affordable price with comparable services. Therefore, the hospital should carefully focus on their price range to avoid over-charged issues when compared to other competitors. It is really important in a way that they may lose their current and upcoming potential customers because the experiences of the old patients can extensively spread by word-of-mouth news. This will hugely impact on their reputation since word-of-mouth spreading of information and perceived experiences of the old patients plays an important role in decision making by potential customers.

5.3 Limitations of the study

This quantitative study analyzed only two hundred Myanmar medical tourists among those who had an experience in travelling to Thailand for medical purposes. Access to the target group is limited because the target group are Myanmar medical tourists who visit health tourism in Thailand while we are researching, there was COVID- 19 Pandemic throughout the world causing international travel to be blocked. There is a limited time to send the questionnaire to the sample. Even though there are fewer participants, their opinions were well thought, and they clearly demonstrated critical thinking before making the decision to travel abroad for medical purposes.

Moreover, this research was conducted by using only quantitative methods. It would be better to apply a qualitative method also to understand the insights of stakeholder perspective.

5.4 Future research recommendation

There is no similar study about Myanmar patients' satisfaction of Thailand medical tourism especially in this medical tourism context at the time of this research so that this model can be adopted and used to conduct similar surveys and investigations on medical tourism further in South East Asia. This research can be the foundation for future research to study particular- interest in this context.

The future research should be conducted with wider samples with enough time to become deeper understanding of the relationships and to avoid multicollinearity issues. Since this research was conducted by using only quantitative methods. Therefore, the research would like to suggest both qualitative and quantitative study with more considerable sample size for the deeper understanding of the factors influencing decision making.

REFERENCES

- Abramowitz, Susan, Anne Alexis Coté, and Elisabeth Berry. "Analyzing patient satisfaction: a multi analytic approach." *QRB. Quality review bulletin* 13.4 (1987): 122-130.
- Abubakar, A. M., & Ilkan, M. (2016). Impact of online WOM on destination trust and intention to travel: A medical tourism perspective. *Journal of Destination Marketing & Management*, 5(3), 192-201.
- Abubakar, A. M., Ilkan, M., Al-Tal, R. M., & Eluwole, K. K. (2017). eWOM, revisit intention, destination trust and gender. *Journal of Hospitality and Tourism Management*, 31, 220-227.
- Altin, M. M., Singal, M., & Kara, D. (2011). Consumer decision components for medical tourism: A stakeholder approach.
- Andaleeb, Syed Saad. "Hospital advertising: the influence of perceptual and demographic factors on consumer dispositions." (1994).
- Anothai Ngamvichaikit, Rian Beise-Zee, (2014) "Communication needs of medical tourists: an exploratory study in Thailand", International Journal of Pharmaceutical and Healthcare Marketing, Vol. 8 Issue: 1,pp. 98-117, doi: 10.1108/IJPHM-10-2012-0010
- Appiah-Adu, K., Fyall, A., & Singh, S. (2000). Marketing culture and customer retention in the tourism industry. *The Service Industries Journal*, 20(2), 95-113.
- Armario, E. M. (2008). Tourist satisfaction: an analysis of its antecedents. In *Universidad*, *Sociedad y Mercados Globales* (pp. 367-382). Asociación Española de Dirección y Economía de la Empresa (AEDEM).
- Asawachintachit, D., & General, A. S. (2009). Opportunity Thailand.
- Awadzi, W., & Panda, D. (2006). Medical Tourism: Globalization and the marketing of medical services. *Consortium Journal of Hospitality & Tourism*, 11(1).

- Aydin, G., & Karamehmet, B. (2017). Factors affecting health tourism and international health-care facility choice. *International Journal of Pharmaceutical and Healthcare Marketing*.
- Baker, D. A., & Crompton, J. L. (2000). Quality, satisfaction and behavioral intentions. Annals of tourism research, 27(3), 785-804.
- Baloglu, S., & McCleary, K. W. (1999). "A model of destination image formation".

 Annals of tourism research, 26(4), 868-897.
- Behrmann, J., & Smith, E. (2010). "Top 7 issues in medical tourism: challenges, knowledge gaps, and future directions for research and policy development". Global Journal of Health Science, 2(2), 80.
- Behrmann, J., & Smith, E. (2010). "Top 7 issues in medical tourism: challenges, knowledge gaps, and future directions for research and policy development". Global Journal of Health Science, 2(2), 80.
- Bigne, J. E., Sanchez, M. I., & Sanchez, J. (2001). Tourism image, evaluation variables and after purchase behaviour: inter-relationship. *Tourism management*, 22(6), 607-616.
- Biswas, S., Jagyasi, B., Singh, B. P., & Lal, M. (2014, June). Severity identification of Potato Late Blight disease from crop images captured under uncontrolled environment. In 2014 IEEE Canada International Humanitarian Technology Conference-(IHTC) (pp. 1-5). IEEE.
- Bookman, M. (2007). Medical tourism in developing countries. Springer.
- Butt, M. M., & de Run, E. C. (2010). Private healthcare quality: applying a SERVQUAL model. *International journal of health care quality assurance*.
- Chang, I. C., Chou, P. C., Yeh, R. K. J., & Tseng, H. T. (2016). Factors influencing Chinese tourists' intentions to use the Taiwan Medical Travel App. *Telematics and Informatics*, 33(2), 401-409.
- Chung, Namho, Heejeong Han, and Youhee Joun. "Tourists' intention to visit a destination:

 The role of augmented reality (AR) application for a heritage site." *Computers in Human Behavior* 50 (2015): 588-599.
- Cochran 2nd, W. G. Sampling techniques 2nd Edition, 1963 New York.

- Collins, A., Medhekar, A., Wong, H. Y., & Cobanoglu, C. (2019). Factors influencing outbound medical travel from the USA. *Tourism Review*.
- Connell, J. (2006). Medical tourism: Sea, sun, sand and... surgery. *Tourism management*, 27(6), 1093-1100.
- Connell, J. (2016). Reducing the scale? From global images to border crossings in medical tourism. *Global Networks*, *16*(4), 531-550.
- Crooks, V. A., Kingsbury, P., Snyder, J., & Johnston, R. (2010). What is known about the patient's experience of medical tourism? A scoping review. *BMC Health Services Research*, 10(1), 266.
- Crooks, V. A., Turner, L., Cohen, I. G., Bristeir, J., Snyder, J., Casey, V., & Whitmore, R. (2013). Ethical and legal implications of the risks of medical tourism for patients: a qualitative study of Canadian health and safety representatives' perspectives. *BMJ open*, 3(2), e002302.
- D. A. Forgione and P. C. Smith, "Medical tourism and its impact on US healthcare system," Journal of Health Care Finance, vol. 34, no. 1, pp. 27-35, 2007.
- Das, Soma, P. A. Sreeram, and A. K. Raychaudhuri. "A method to quantitatively evaluate the Hamaker constant using the jump-into-contact effect in atomic force microscopy." *Nanotechnology* 18.3 (2007): 035501.
- De Arellano, A. B. R. (2007). Patients without borders: the emergence of medical tourism. International Journal of Health Services, 37(1), 193-198.
- de la Hoz-Correa, A., & Muñoz-Leiva, F. (2019). The role of information sources and image on the intention to visit a medical tourism destination: a cross-cultural analysis.

 *Journal of Travel & Tourism Marketing, 36(2), 204-219
- de la Hoz-Correa, A., Muñoz-Leiva, F., & Bakucz, M. (2018). Past themes and future trends in medical tourism research: A co-word analysis. *Tourism Management*, 65, 200-211.
- Duong, Hau H., et al. "Signal detection techniques for the detection of analytes." U.S. Patent No. 6,740,518. 25 May 2004.

- Eiriz, V., & Figueiredo, J. A. (2005). Quality evaluation in health care services based on customer-provider relationships. *International journal of health care quality assurance*.
- Ferrer, M., & Medhekar, A. (2012). The factors impacting on the management of global medical tourism service supply chain. *GSTF Journal on Business Review* (*GBR*), 2(2).
- Gan, L. L., & Song, H. (2012). A SWOT Analysis of Medical Tourism: India and South Korea. *Available at SSRN 2194856*.
- García-Altés, A., Ondategui-Parra, S., & Neumann, P. J. (2004). Cross-national comparison of technology assessment processes. *International journal of technology assessment in health care*, 20(3), 300-310.
- Genc, S., Zadeoglulari, Z., Fuss, S. H., & Genc, K. (2012). The adverse effects of air pollution on the nervous system. *Journal of toxicology*, 2012.
- Girth, A. M., Hefetz, A., Johnston, J. M., & Warner, M. E. (2012). Outsourcing public service delivery: Management responses in noncompetitive markets. *Public Administration Review*, 72(6), 887-900.
- Goodrich, J. N., & Goodrich, G. E. (1987). Health-care tourism—an exploratory study. *Tourism Management*, 8(3), 217-222.
- Gray, H. H., & Poland, S. C. (2008). Medical tourism: crossing borders to access health care. *Kennedy Institute of Ethics Journal*, *18*(2), 193-201.
- Gronroos, C. (1984). A service quality model and its marketing implications.
- Guiry, M. (2014, July). TRAVELING TO THAILAND FOR MEDICAL CARE AND PERCEPTIONS OF SERVICE QUALITY: A CONTENT ANALYSIS OF MEDICAL TOURISTS ONLINE TESTIMONIALS. In 2014 Global Marketing Conference at Singapore (pp. 1712-1716).
- Hall, C. M., Lunt, N., & Carrera, P. (2011). Systematic review of web sites for prospective medical tourists. *Tourism Review*.
- Hanefeld, J., Lunt, N., Smith, R., & Horsfall, D. (2015). Why do medical tourists travel to where they do? The role of networks in determining medical travel. *Social Science & Medicine*, 124, 356-363.

- Hanefeld, J., Smith, R., & Noree, T. (2016). Medical tourism. In World Scientific Handbook of Global Health Economics and Public Policy: Volume 3: Health System Characteristics and Performance (pp. 333-350).
- Hazarika, I. (2010). Medical tourism: its potential impact on the health workforce and health systems in India. *Health policy and planning*, 25(3), 248-251.
- Healthcare in Myanmar 2013: Myanmar Medical Tourism by IPSOS Business Consulting Group, Retreived from http://www.ipsosconsulting.com/pdf/Research-Note-Healthcare-inMyanmar.pdf
- Heung, V. C., Kucukusta, D., & Song, H. (2010). A conceptual model of medical tourism: Implications for future research. *Journal of Travel & Tourism Marketing*, 27(3), 236-251.
- Heung, V. C., Kucukusta, D., & Song, H. (2011). Medical tourism development in Hong Kong: An assessment of the barriers. *Tourism Management*, 32(5), 995-1005.
- Hoge, M. A., Morris, J. A., Daniels, A. S., Stuart, G. W., Huey, L. Y., & Adams, N. (2007).An action plan for behavioral health workforce development. Cincinnati, OH:
 Annapolis Coalition on the Behavioral Health Workforce.
- Horowitz, M. D., Rosensweig, J. A., & Jones, C. A. (2007). Medical tourism: globalization of the healthcare marketplace. *Medscape General Medicine*, *9*(4), 33.
- Ile, F. L., & Ţigu, G. (2017, July). Medical tourism market trends-an exploratory research.
 In *Proceedings of the International Conference on Business Excellence* (Vol. 11, No. 1, pp. 1111-1121). De Gruyter Open.
- Imison, M., & Schweinsberg, S. (2013). Australian news media framing of medical tourism in low-and middle-income countries: a content review. *BMC public health*, *13*(1), 109.
- Israel, G. D. (2003). Determining sample size. Program Evaluation and Organizational Development, Florida Co-operative Extension Service. IFAS, University of Florida. PEOD-6. November.
- Jagyasi, P. (2010). Medical Tourism: Research & Survey Report. Dr Prem.
- Kalshetti, P., & Pillai, D. (2008). Tourism products development and management medical tourism-A Shifting Paradigm.

- Keckley, P. H., & Underwood, H. R. (2008). Medical tourism: Consumers in search of value. *Washington: Deloitte Center for Health Solutions*.
- Kesar, O., & Rimac, K. (2011). Medical tourism development in Croatia. Zagreb International Review of Economics & Business, 14(2), 107-134.
- Khalid, S., Ahmed, M. A., & Ahmad, Z. (2013). Word-of-mouth communications: A powerful contributor to consumers decision-making in healthcare market. *International journal of business and management invention*, 2(5), 55-64.
- Khan, S. A., & Bhatti, R. (2011). Information-Seeking behavior of law practitioners: A survey of Bahawalpur city. *Library Philosophy and Practice*, 1.
- Kozak, M., & Rimmington, M. (2000). Tourist satisfaction with Mallorca, Spain, as an off-season holiday destination. *Journal of travel research*, *38*(3), 260-269.
- Kumar, S., Breuing, R., & Chahal, R. (2012). Globalization of health care delivery in the United States through medical tourism. *Journal of health communication*, 17(2), 177-198.
- Lee, J., & Kim, H. B. (2015). Success factors of health tourism: cases of Asian tourism cities. *International Journal of Tourism Cities*.
- Lemeshow, S., Hosmer, D. W., Klar, J., Lwanga, S. K., & World Health Organization. (1990). Adequacy of sample size in health studies. Chichester: Wiley.
- Lončarić, D., Bašan, L., & Jurković, M. (2013, January). Websites as tool for promotion of health tourism offering in Croatian specialty hospitals and health resorts. In 1st International Conference on Management, Marketing, Tourism, Retail, Finance and Computer Applications (MATREFC'13).
- Lunt, N., & Carrera, P. (2010). Medical tourism: assessing the evidence on treatment abroad. *Maturitas*, 66(1), 27-32.
- Lunt, N., Smith, R., Exworthy, M., Green, S. T., Horsfall, D., & Mannion, R. (2011). Medical tourism: treatments, markets and health system implications: a scoping review. *Paris: Organisation for Economic Co-operation and Development*.
- Lunt, S. Y., & Vander Heiden, M. G. (2011). Aerobic glycolysis: meeting the metabolic requirements of cell proliferation. Annual review of cell and developmental biology, 27, 441-464.

- Manaf, N. H. A., Hussin, H., Kassim, P. N. J., Alavi, R., & Dahari, Z. (2015). Medical tourism service quality: finally some empirical findings. *Total Quality Management & Business Excellence*, 26(9-10), 1017-1028.
- Mao, Y., Zhang, H., Xu, N., Zhang, B., Gou, F., & Zhu, J. K. (2013). Application of the CRISPR-Cas system for efficient genome engineering in plants. *Molecular plant*, 6(6), 2008-2011.
- Martin, S. (2017). Word-of-mouth in the health care sector: a literature analysis of the current state of research and future perspectives. *International Review on Public and Nonprofit Marketing*, 14(1), 35-56.
- Mauri, A. G., Minazzi, R., & Muccio, S. (2013). A review of literature on the gaps model on service quality: A 3-decades period: 1985-2013. *International Business Research*, 6(12), 134.
- Menvielle, L., Menvielle, W., & Tournois, N. (2011). Medical tourism: A decision model in a service context. *Turizam: međunarodni znanstveno-stručni časopis*, 59(1.), 47-61.
- Moghimehfar, F., & Nasr-Esfahani, M. H. (2011). Decisive factors in medical tourism destination choice: A case study of Isfahan, Iran and fertility treatments. *Tourism Management*, 32(6), 1431-1434.
- Ministry of Tourism & Sports. Retrieved 23 January 2020. "สถิติด้านการท่องเที่ยว ปี 2562 (Tourism Statistics 2019)".
- Mohamad, W. N., Omar, A., & Haron, M. S. (2012). The moderating effect of medical travel facilitators in medical tourism. *Procedia-Social and Behavioral Sciences*, 65, 358-363.
- Mohammed, M. T., Khan, Z. A., & Siddiquee, A. N. (2014). Surface modifications of titanium materials for developing corrosion behavior in human body environment: a review. *Procedia Materials Science*, 6, 1610-1618.
- Moschis, G. P., & Chambers, M. M. (2009). Affordable healthcare for persons over 55:

 Reasons for patronising specific providers and implications. *Journal of Management & Marketing in Healthcare*, 2(1), 44-55.

- Musa, G., Thirumoorthi, T., & Doshi, D. (2012). Travel behaviour among inbound medical tourists in Kuala Lumpur. *Current Issues in Tourism*, *15*(6), 525-543.
- NaRanong, A., & NaRanong, V. (2011). The effects of medical tourism: Thailand's experience. *Bulletin of the World Health Organization*, 89, 336-344.
- Ngamvichaikit, A., & Beise-Zee, R. (2014). Customer preference for decision authority in credence services. *Managing Service Quality*.
- Noree, T., Hanefeld, J., & Smith, R. (2016). Medical tourism in Thailand: a cross-sectional study. *Bulletin of the World Health Organization*, *94*(1), 30.
- O'Leary, S., & Deegan, J. (2005). Ireland's image as a tourism destination in France: Attribute importance and performance. *Journal of travel research*, 43(3), 247-256.
- Oppermann, M. (1998). Destination threshold potential and the law of repeat visitation. *Journal of travel research*, 37(2), 131-137.
- Patel, R. N. (2008). Synthesis of chiral pharmaceutical intermediates by biocatalysis. *Coordination Chemistry Reviews*, 252(5-7), 659-701.
- Peters, Christina R., and Katherine M. Sauer. "A survey of medical tourism service providers." *Journal of Marketing Development and Competitiveness* 5.3 (2011): 117-126.
- Pike, S., & Page, S. J. (2014). Destination Marketing Organizations and destination marketing: A narrative analysis of the literature. *Tourism management*, 41, 202-227.
- Pocock, N. S., & Phua, K. H. (2011). "Medical tourism and policy implications for health systems: a conceptual framework from a comparative study of Thailand, Singapore and Malaysia". Globalization and health, 7(1), 1.
- Pradsarakee Y. (2015), "Factors affecting the attractiveness of Thailand Medical Tourism poised to be a top of mind medical destination", copyright of College of Management Mahidol University
- Radmanesh, A. (2016). A Case Study of the Decision Model for American Outbound Medical Tourists.

- Rao, V., and R. Choudhury. "A study of the factors influencing customer satisfaction in medical tourism in India." *International Journal of Business and General Management* 6.5 (2017): 7-22.
- Reddy, S. G., York, V. K., & Brannon, L. A. (2010). Travel for treatment: students' perspective on medical tourism. *International Journal of Tourism Research*, 12(5), 510-522.
- Rerkrujipimol, J., & Assenov, I. (2008). Medical tourism in Thailand and its marketing strategies. In *Retrived from http://www. conference. phuket. psu. ac. th/PSU OPEN WEEK*.
- Rica, C. (2014). Patients Beyond Borders.
- Ritchie, J. R. B., & Crouch, G. I. (2000, June). Are destination stars born or made: Must a competitive destination have star genes. In *Lights, Camera, Action-31st Annual Conference Proceedings*.
- Runnels, V., & Carrera, P. M. (2012). Why do patients engage in medical tourism?.

 Maturitas, 73(4), 300-304.
- Sandberg, D. S. (2017). Medical tourism: An emerging global healthcare industry. *International Journal of Healthcare Management*, 10(4), 281-288.
- Smith, Pamela C., and Dana A. Forgione. "Global outsourcing of healthcare: a medical tourism decision model." *Journal of Information Technology Case and Application Research* 9, no. 3 (2007): 19-30.
- Solidiance Interviews & Analysis, Irrawaddy, International Medical Travel
 Journal, Myanmar Hospital Clinical Investment Summit.
 http://www.myanmarhealthcareconsulting.com/
- Sonpiam, S. (2015). *Medical tourism in Thailand: A cross-cultural study of medical tourists' decision-making factors* (Doctoral dissertation, Prince of Songkla University.).
- Sousa, C. M., & Bradley, F. (2008). Cultural distance and psychic distance: refinements in conceptualisation and measurement. *Journal of Marketing Management*, 24(5-6), 467-488.

- Stepchenkova, S., & Mills, J. E. (2010). Destination image: A meta-analysis of 2000–2007 research. *Journal of Hospitality Marketing & Management*, 19(6), 575-609.
- Vequist, D. G., Valdez, E., & Morrison, B. (2009). Medical tourism economic report: Latin America versus Asia. *Medical Tourism Magazine*.
- Wendt, K. (2012). Medical tourism: Trends and opportunities.
- Wong, K. M., & Musa, G. (2012). Medical tourism in Asia: Thailand, Singapore, Malaysia, and India. *Medical tourism: the ethics, regulation, and marketing of health mobility. London and New York: Routledge*, 167Á186.
- Wong, K. M., Velasamy, P., & Arshad, T. N. T. (2014). Medical tourism destination SWOT analysis: A case study of Malaysia, Thailand, Singapore and India. In SHS Web of Conferences (Vol. 12, p. 01037). EDP Sciences.
- Wongkit, M., & McKercher, B. (2013). Toward a typology of medical tourists: A case study of Thailand. *Tourism Management*, 38, 4-12.
- Wongkit, M., & McKercher, B. (2016). Desired attributes of medical treatment and medical service providers: A case study of medical tourism in Thailand. *Journal of Travel & Tourism Marketing*, 33(1), 14-27.
- Woo, E., & Schwartz, Z. (2014). Towards assessing the knowledge gap in medical tourism. *Journal of Quality Assurance in Hospitality & Tourism*, 15(2), 213-226.
- Yan TP HWM.003 (2017) Factors influencing on choosing medical tourism destination by Myanmar medical tourists.

 https://lib.cm.mahidol.ac.th/research/index.php?p=show_detail&id=1776&ke
 ywords=medical+tourism
- Ye, H. (2018). Mainland Chinese Tourists' Decision-making on Medical Tourism in Thailand (Doctoral dissertation, Prince of Songkla University).
- Yin, N. L. (2014). Decision factors in medical tourism: Evidenc (Lemeshow, 1990)e from Burmese visitors to a hospital in Bangkok. *Journal of Economics and Behavioral Studies*, 6(2), 84-94.



Appendix A: Certificates of Authenticity (COA)



Institutional Review Board, Institute for Population and Social Research, Mahidol University (IPSR-IRB)

Established 1985

COA. No. 2020/03-113

Certificate of Ethical Approval

This is to certify that the Institutional Review Board, Institute for Population and Social Research, Mahidol University, has granted an Ethical Approval to the research project entitled "Determinant Factors on Choosing Thailand Medical Tourism by Myanmar Medical Tourists" submitted by Mrs. Khine Lei Win from the College of Management. The duration of this project is from April to June 2020.

By this approval, the Principal Investigator of this project is obliged to:

- 1) Provide progress report to IPSR-IRB every twelve months from the start of the project;
- 2) Report to IPSR-IRB any changes in the project plan, especially those changes that may put research participants at risks;
- 3) Promptly notify IPSR-IRB any adverse events that occur during the project execution; and
- 4) Provide research completion report at the end of the project.

This COA is given on 29 June 2020 and valid through 28 June 2021.

Signature

P. Prasackets

(Professor Emeritus Pramote Prasartkul)

Chairman, IPSR-IRB



IORG Number: IORG0002101; FWA Number: FWA00002882; IRB Number: IRB0001007

Office of the Institutional Review Board, Institute for Population and Social Research, Mahidol University (IPSR-IRB), Phuttamonthon 4 Rd., Salaya, Phuttamonthon district, Nakhon Pathom 73170. Tel (662) 441-0201-4 ext. 223

Appendix B: Questionnaire for the Study on Determinants factors on choosing Thailand medical tourism by Myanmar medical tourists

		Date	/	<u>/</u>	
My name	is	aged		years old, now liv	ing at the
address no	Street	Sub-district	District	Province	Postal
codeTel	l. No				
I have	read the stat	tements in the information	mation she	et for research par	ticipants. (Or,
it was read to m	e by the rese	arch assistant who co	omes to me	et me). I understan	d the research
project's rationa	ale and object	ctives, its procedural	details, its	s expected benefits	and potential
risks/harms tha	t may occur	to the participants,	including	methods to preven	nt and handle
harmful conseq	uences. I ha	ve been given satisf	actory exp	lanations to my qu	estions about
this research.					
I am a	ware of my	right as a <mark>partici</mark> pan	nt to decline	e a <mark>n</mark> swering <mark>an</mark> y q	uestions or to
withdraw from	<mark>partici</mark> pation	at any time, if I war	nt to, witho	ut a <mark>ny</mark> undesirable	consequences
on the welfare a	and services	that I a <mark>nd my famil</mark> y	may need		
I hereb	y ex <mark>pre</mark> ss m	y consent to particip	pate as a pa	art <mark>ic</mark> ipant in <mark>th</mark> e res	search project
entitled "Deter	minants fac	ctors on choosing	Thailand 1	<mark>medical tour</mark> ism l	by Myanmar
medical touris	ts"				
I conse	ent to the rese	earchers' use of info	rmation ob	tained from me in t	his interview,
but do not cons	ent to disclo	sure of my name or	identity th	at can be used to i	dentify me as
individual.					
I thoro	ughly under	stand the statements	in the part	ticipant information	n sheet and in
this consent for	m. I hereby g	give my signature.			
		Signature			
		(Participant/	Proxy)		
		Date/	/		

Section A:

Questions No.	Questions	Reference
1	Gender □ Male □ Female	(Adapted from Sawangkhun, 2015)
2	Marital status □ Single □ Married	(Adapted from Sawangkhun, 2015)
3	Age (years old) □ 21 - 30 □ 31-40 □ 41-50 □ 51-60 □ 61-70 □ 71-80 □ >80	(Adapted from Sawangkhun, 2015)
4	Educational level Lower than bachelor's degree Bachelor's degree Master's degree Higher than master's degree	(Adapted from Sawangkhun, 2015)

5	Occupation □ Student □ Private company worker □ Government enterprise employee □ Freelancer/Business Owner □ Housewife □ Others, please specify	(Adapted from Slettebo et al. 2016)
6	Monthly household income range (Thai Baht) □ less than 18,000 □ 18,001 - 30,000 □ 30,001 - 50,000 □ 50,001 - 70,000 □ 70000-100000 □ 100000-150000 □ 150000-200000 □ 200000-250000 □ 250000-300000 □ >300000	Not applicable
7.	Have you ever been to Bangkok for medical purposes? □ Yes □ No	

Section B: Determinants on Choosing Thailand as a medical tourism destination by Medical Tourists

Please check (\checkmark) based on what extent you agree to the following statements using the following scales: 5 - Strongly agree 4 - Agree 3 - Neutral 2 - Disagree 1 - Strongly disagree.

Destination factors (The factors that are more weighted in choosing Thailand rather than other countries)

No		Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Bangkok's culture is close to my country.		À			
2.	People in Bangkok are very friendly.		4	1/6		
3.	There is a high level of safety in Thailand. Abramowitz et al. (1987) Smith and Forgione (2007)	18	8 H	90		
4.	Bangkok has a fair cost of living.					
5.	Bangkok has a fair cost of transportation.					
6.	Bangkok has many reputable hospitals/clinics.					

• Presence of tourist destinations

No		Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Thailand has attractive tourist destinations.					
2.	The costs for visiting tourist attractions are reasonable and affordable.	ą,	I N			
3.	Tourist destinations places are easily accessible from hospitals/clinics					
4.	Having many tourist destinations encourages you to choose Bangkok as a medical tourism destination.				•	

• Ease of accessibility

No		Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Medical treatment locations have excellent connectivity by air/railways. Das et al. (2007)	81.7	18			
2.	Location is near my country.		N			
3.	It takes only a short time to travel.			11.53		
4.	Travel expenses (air tickets) are relatively fair compared to other countries.				٥	
5.	Ease of travel between Bangkok and my country.		y	//e	.//	
6.	There are many medical facilitators/translators whom I can readily contact to get hospitals/clinics information.	18	8 H			

• Affordability/Cost

No		Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	The medical services in Bangkok are valued for money. Haddad et al. (1998)					
2.	The medical expenses in Bangkok are cheaper than other countries Riser (1975); Hansen et al. (2008)	9 6	13			
3.	The costs and benefits from medical expenses are balanced in Bangkok.			100		
4.	Cost effectiveness is one of the consideration factors in choosing Bangkok as a medical tourist destination.					

• Quality of care and services

No		Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Fast response to the questions by the hospital's employees. Andaleeb (2008)					
2.	Healthy, neat and clean environment. Alen et al. (2006); Rao et al. (2006); Ruiqi and Adrian (2009); Hansen et al. (2008)	\$ C	1			
3.	Employees in hospital clearly communicate about the diagnosed illness and treatment. Andaleeb (2008)					
4.	Medical equipment and instruments of hospitals in Bangkok are high quality.			6		
5.	The information given by hospitals' staff is reliable.	78	0 0			

• Hospital Accreditation

No		Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Accreditation of medical care units is important for me in choosing healthcare providers. Mattoo and Rathindran (2006); Van Niekerk et al. (2003)	3.5	120			
2.	Accredited hospitals offer best services among non-accredited hospitals.	į		115		
3.	I believed that only JCI accredited hospitals can provide high quality medical services.		à			
4.	If I found a hospital with standard accreditation, I would choose that hospital rather than the one who does not.			200		

• Medical Representatives offices/ Agencies

No		Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	The responses of agency/representatives to medical inquiries are quick.					
2.	Giving individual attention to customers.	0,0	7			
3.	The information such as price estimation, treatment plan given by them is reliable.					
4.	Having a representative office/ agency is one of the attractive factors in choosing a medical tourism destination.					

• Professionalism (Doctors, Physicians)

No		Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	Doctors and other healthcare professionals make patients feel confident by providing healthcare service.	81.2	1 18			
2.	Highly qualified and globally trained doctors. Tung and Chang (2009)	I				
3.	Employees of the hospital are consistently courteous and respectful. Hansen et al. (2008); Duong et al. (2004)					
4.	Standard of professionalism in Bangkok medical tourism is high.			//e	//	

• Information from friends/family (Word of Mouth)

No		Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	My decision is more influenced by recommendations from friends, relatives and old patients who have been treated. Aydin and Ozer (2005); Collier and Bienstock (2006)	0,0				
2.	Information given by friend are useful for me.			16.54		
3.	Before making the decision, the online reviews, electronic word of mouth help me to choose the healthcare service providers correctly.					
4.	I prefer to choose the healthcare service providers which have public reviews and good reputations compared with the one without reviews.	78	814	90		

Section C: The impact of satisfaction on decision making

No		Strong Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	I am satisfied with overall medical experience in Bangkok.		1.8			
2.	I am satisfied with overall travelling experience in Bangkok	ų (
3.	I want to recommend Bangkok to my friends, relatives for medical treatment.					
4.	I intend to revisit Bangkok For medical purposes.				\$	
5.	Bangkok is the priority choice in future medical tourism destination. Wei Kuang (2007)					

Thank you very much for your time and contribution!