KEY FACTORS AFFECTING T HE DECISION MAKING OF FOREIGN TOURISTS TO USE SERVICES OF MEDICAL TOURISM IN THAILAND

ปัจจัยสำคัญที่มีผลต่อการตัดสินใจของนักท่องเที่ยวชาวต่างชาติต่อการใช้บริการการท่องเที่ยวเชิงการแพทย์ในประเทศไทย

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Abstract: Medical tourism has generated a considerable amount of revenue for Thailand over the past years. In Thailand, medical tourism is a viable business in the highly competitive global market, and continual growth. Foreign tourists from all over the world come to Thailand for medical treatment and travel. Based on standard treatments, the medical expenses are appropriate, medical staffs serve with sincerity, and transportation services are convenient and fast. Thailand also offers historic sites and beautiful natural attractions. This study aims to investigate the key factors affecting the decision making of foreign tourists to use services of medical tourism in Thailand. The study involves a survey of foreign tourists, with 400 questionnaires used to collect quantitative data. Descriptive statistics and one-way analysis of variance (ANOVA) are used to analyze the data. The results show that safety significantly influences foreign tourists' decision to participate in medical tourism at 0.001. Medical personnel's knowledge and expertise also significantly influence foreign tourists' decision to participate in medical tourism at 0.032 and international personal assistance significantly influences foreign tourists' decision to participate in medical tourism at 0.035. Also, reasonable medical cost significantly influences foreign tourists' decision to participate in medical tourism at 0.001

Keywords: Medical Tourism; Decision Making; Services, Thailand.

บทคัดย่อ: การท่องเที่ยวเชิงการแพทย์ได้สร้างรายได้ให้กับประเทศไทยเป็นจำนวนมากในช่วงหลายปีที่ผ่านมา ประเทศไทยการท่องเที่ยวเชิงการแพทย์เป็นธุรกิจที่มีศักยภาพในการแข่งขันสูงในตลาดโลก และมีการเจริญเติบโตอย่างต่อเนื่อง นักท่องเที่ยวชาวต่างชาติจากทั่วโลกเดินทางมาประเทศไทยเพื่อเข้ารับการรักษาพยาบาลและการท่องเที่ยว จากการที่ประเทศไทยมีการรักษาที่ได้มาตรฐาน ค่าใช้จ่ายในการรักษาที่เหมาะสม เจ้าหน้าที่ทางการแพทย์ให้บริการด้วยความเต็มใจ รวมทั้งมีบริการด้านการขนส่งที่สะดวกและรวดเร็ว และมีสถานที่ทางประวัติศาสตร์และสถานที่ท่องเที่ยวทางธรรมชาติที่สวยงามและน่าสนใจ การศึกษาครั้งนี้มีวัตถุประสงค์เพื่อค้นหาปัจจัยสำคัญที่มีผลต่อการตัดสินใจของนักท่องเที่ยวชาวต่างชาติต่อการใช้บริการการท่องเที่ยวเชิงการแพทย์ในประเทศไทย การศึกษาเป็นการสำรวจนักท่องเที่ยวชาวต่างชาติโดยใช้แบบสอบถาม จำนวน 400 ชุด ในการรวบรวมข้อมูลเชิงปริมาณ ใช้สถิติเชิงพรรณาและการวิเคราะห์ความแปรปรวนทางเดียว (ANOVA) เพื่อทำการวิเคราะห์ข้อมูล ผลการวิจัยพบว่าความปลอดภัยส่งผลต่อการตัดสินใจท่องเที่ยวเชิงการแพทย์ของนักท่องเที่ยวชาวต่างชาติอย่างมีนัยสำคัญทางสถิติที่ 0.001 ความรู้และความเชี่ยวชาญของบุคลากรทางการแพทย์ส่งผลต่อการตัดสินใจท่องเที่ยวเชิงการแพทย์ของนักท่องเที่ยวชาวต่างชาติอย่างมีนัยสำคัญทางสถิติที่ 0.032 เจ้าหน้าที่ที่คอยประสานงานช่วยเหลือนักท่องเที่ยวชาวต่างชาติส่งผลต่อการตัดสินใจท่องเที่ยวเชิงการแพทย์ของนักท่องเที่ยวชาวต่างชาติอย่างมีนัยสำคัญทางสถิติที่ 0.035 และค่ารักษาพยาบาลส่งผลต่อการตัดสินใจท่องเที่ยวเชิงการแพทย์ของนักท่องเที่ยวชาวต่างชาติอย่างมีนัยสำคัญทางสถิติที่ 0.001

คำสำคัญ: การท่องเที่ยวเชิงการแพทย์ การตัดสินใจ การบริการ ประเทศไทย.

1. INTRODUCTION

Through globalization, medical tourism has become a new economic force in the tourism industry, and as the industry becomes more competitive, the big players will be distinguished by their ability to attract foreign medical travelers. In Europe, France, Germany, Switzerland, Italy, and Poland are gradually becoming choice destinations for medical tourism. In 2017, growth in medical tourism increased 38% in Thailand, the most in Asia, with more than 4 million foreign patients. Patients take up travel to use health-related services, including services offered as part of tour packages [1][2]. The scope of the services offered is wide–services include preventive care, dental treatment, plastic surgery, aesthetic medicine and dermatology, orthopedics, ophthalmology, gynecology, and other [3]. Many reasons attract medical tourists to Thailand; for example, most standard hospitals in AEC have less expensive medical fees and are cheaper than Malaysia and Singapore, and Thai doctors are skilled in providing the highest quality of medical treatment. Top destinations for medical tourism today include Thailand, India, Singapore, South Korea, and Malaysia, which combine strategies for affordability and quality of healthcare [4].

2. RESEARCH OBJECTIVES

2.1 To investigate key factors affecting the decision making of foreign tourists to use services of medical tourism in Thailand.

2.2 To study the behavior of foreign tourists who use services of medical tourism in Thailand.

3. LITERATURE REVIEW

The definition of “medical tourism”, “health tourism” and “wellness tourism” is the sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health. These travelers require a comprehensive service package comprising physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation, and mental activity/education [5][6][7].

3.1 Decision Making of Medical Tourists

The process of tourist decision-making when selecting a destination is influenced by different changeable factors, depending on tourist needs and habits, as well as the influence of external factors [8]. Internal factors influencing decision-making include a desire for escape, rest, relaxation, prestige, health and fitness, adventure, and social interaction, while external factors are based on attractiveness of the destination, including tangible resources, and tourists’ perceptions and expectations [9].

3.2 Transportation Factors

Transportation factors are important in tourists’ decision to choose Thailand as their medical tourism destination. Major factors influencing tourists are rapid, flexible, and convenient means of transportation by plane, ship, and ground vehicles from and to their native country and the readiness of airports [10]. The government and private sectors which are responsible for transportation systems should promote and develop transport infrastructure, provide a system for better management, and modernize the systems. Likewise, the ease of access to a medical destination is a key influencing factor in patients’ transportation cost and convenience [11].

3.3 Medical Provider Factors

Tourists who come to Thailand to receive medical services must consider the importance of hygiene and safety. Providers and stakeholders have many elements that are prepared for medical tourism services, such as hospitals, pharmacists, physicians, nurses, medical staffs, equipments and services. Medical providers in Thailand have long been recognized for their quality, standard of treatments interpersonal relationships, and medical care

systems serve as the basis of assessment for comparative quality of care using a range of performance indicators, as facilitated by international accreditation and certification [10][12].

3.4 Tourism Attraction Factors

The medical tourist programs offer massage, spa treatments and the variety of recreational activities, delicious food, improved service for customers and beautiful accommodations are factors that promote medical tourism as well [13]. Common factors that influence the decision of a foreign visitor regarding destination include tourism environment, economic conditions, local security measures, local infrastructure, communication facilities, perceived value, subjective value, and marketing strategies.

3.5 Pricing Factors

The cost of health-care services is one of the most important factors for mature customers in choosing health care facilities [14]. The largest proportion of patients was looking for a medical checkup, dental work, cardiac surgery, and other medical services that were less expensive. Thus, the best strategy for a medical tourism provider is to set a reasonable medical cost that can still support high-quality services [15][16].

4. CONCEPTUAL FRAMEWORK

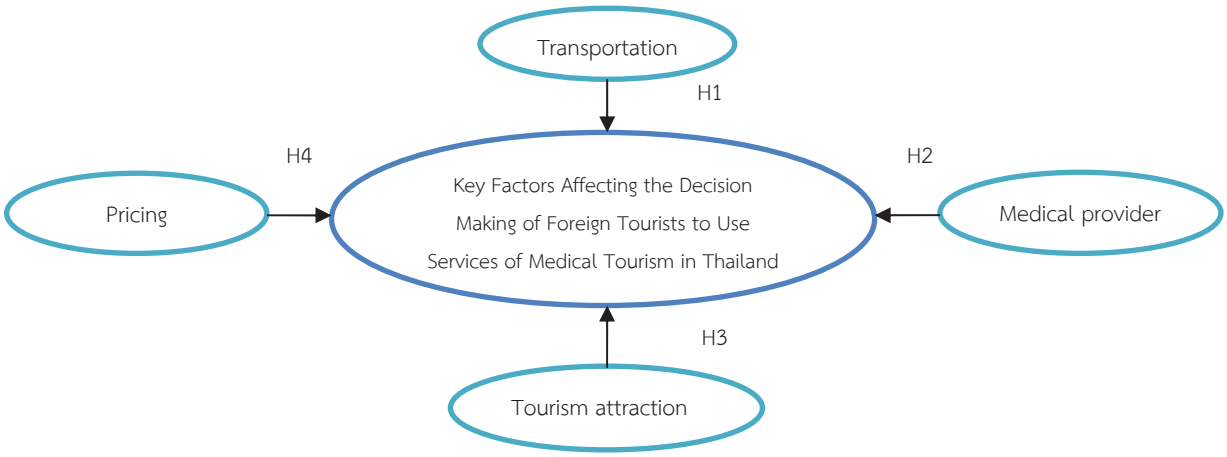

Figure 1 FRAMEWORK of MEDICAL TOURISM DECISION RESEARCH

5. METHODOLOGY

This study aimed at discovering key factors affecting the decision making of foreign tourists to use services of medical tourism in Thailand. The factors influencing the decision to engage in medical tourism include transportation, medical provider, tourism attraction, and pricing. The hypotheses are articulated as follows:

H1: Transportation factors contribute significantly to tourists' medical tourism decision.

H2: Medical provider factors contribute significantly to tourists' medical tourism decision.

H3: Tourism attraction factors contribute significantly to tourists' medical tourism decision.

H4: Pricing factors contribute significantly to tourists' medical tourism decision.

The sample group for the research was foreign tourists who decided to use services of medical tourism in Thailand. Since their exact number could not be attained, the size of the sample group has to be estimated. The target group did include foreign tourists who were looking for a medical checkup, dental work, cardiac surgery, and other medical services in the area of Bangkok, Thailand, using a formula where the minimum number of subjects in the sample group was 400. This became sample size for this study [17].

The appropriate sample size for this study was determined by a formula used. This equation is

$n = Z^2Clpq/E^2$ Where

n = the number of items in the sample

Z^2 = the square of the confidence interval in standard error

p = the estimated proportion of medical tourism market share

q = 1 - p = the estimated proportion of other kinds of market shares

E^2 = the square of the maximum allowance for error between the true proportion and the sample proportion

The confidence level was set at 95%, so (Z2cl) = 1.96. The allowance for error was set at 5%, so E = 0.05. The market share for medical tourism was not known and was estimated to be 50%. Therefore, p = 0.5, q = 1 - p = 1 - 0.5 = 0.5. Entering these values in the sample size formula yielded:

n = 1.96 * 0.5 * 0.5 / (0.05 * 0.05) = 385, which is approximately 400

The sampling technique used in this study was simple random sampling as the selection of items completely depends on chance and likelihood of being selected in the sample. This ensured that each individual in the population had the same probability of being chosen. The female respondents in this study constituted 40.25% and the male respondents were 59.75%. Participation was voluntary, and the participants were assured of anonymity. The 400 questionnaires were used to data collection from sample group at public and private hospitals, health club, clinics and medical services at department store in Bangkok, Thailand.

The questionnaires were used of three types of statistical analysis including:

- Measuring the content validity of the questionnaire by IOC (Index of Item Objective Congruence) and CVI (Content validity Index) higher than 0.79 as significant levels [18].
- Analysis for Cronbach's alpha was used to analyze the internal consistency reliability of a questionnaire.
- Assessing the discrimination power of the questionnaire item with t-test.

6. RESULTS OF DATA ANALYSIS

The findings are categorized into three parts. The first part offers analysis of the demographics of the respondents using descriptive statistics. The second part is analysis of the tourists' medical tourism decision. The final part tests the hypotheses formulated.

Part I. Demographic Information

Table 1 Descriptive analysis of the demographic information

Personal Factor	Descriptive	Frequency	Percentage
Gender	Male	239	59.75
	Female	161	40.25
Age	<20	15	3.75
	20-29	118	29.50
	30-39	146	36.50
	40-49	78	19.50
	50-59	28	7.00
	>=60	15	3.75

Table 1 (continued)

Personal Factor	Descriptive	Frequency	Percentage
Nationality	American	29	7.25
	Austrian	24	6.00
	Bhutanese	2	0.50
	Brazilian	1	0.25
	Burmese	6	1.50
	Cambodian	1	0.25
	Canadian	18	4.50
	Chilean	1	0.25
	Chinese	30	7.50
	Colombian	1	0.25
	Danish	20	5.00
	French	33	8.25
	German	29	7.25
	Indian	14	3.50
	Indonesian	2	0.50
	Irish	10	2.50
	Italian	12	3.00
	Japanese	24	6.00
	Korean	6	1.50
	Laotian	5	1.25
	Malaysian	14	3.50
	Mexican	2	0.50
	Nepalese	5	1.25
	Dutch	11	2.75
	New Zealand	8	2.00
	Norwegian	8	2.00
	Pakistani	3	0.75
	Peruvian	1	0.25
	Russian	11	2.75
	Singaporean	7	1.75
	Sri Lankan	10	2.50
	Swedish	11	2.75
	Swiss	9	2.25
	Taiwanese	3	0.75
	Timorese	3	0.75
	British	16	4.00
	Vietnamese	10	2.50
Marital Status	Single	184	46.00
	Married	193	48.25
	Divorced	23	5.75
Education	Graduate School	4	1.00
	Undergraduate	290	72.50
	College or Associate Degree	52	13.00
	High School	46	11.50
	Other	8	2.00

Table 1 (continued)

Personal Factor	Descriptive	Frequency	Percentage
Occupation	Management	51	12.75
	Business and Financial Operations	36	9.00
	Computer and Mathematical	18	4.50
	Architecture and Engineering	35	8.75
	Life, Physical, and Social Science	24	6.00
	Legal	22	5.50
	Community and Social Service	11	2.75
	Education, Training, and Library	7	1.75
	Arts, Design, Entertainment, Sports, and Media	9	2.25
	Healthcare Practitioners and Technical	2	0.50
	Protective Service	11	2.75
	Personal Care and Service	20	5.00
	Food Preparation and Serving Related	12	3.00
	Building and Grounds Cleaning and Maintenance	29	7.25
Occupation	Sales and Related	21	5.25
	Office and Administrative Support	19	4.75
	Farming, Fishing, and Forestry	13	3.25
	Construction and Extraction	12	3.00
	Installation, Maintenance, and Repair	12	3.00
	Production	14	3.50
Average Annual Overseas Travel	0	52	13.00
	1-2	104	26.00
	3-5	201	50.25
	6-10	43	10.75

Table 1 shows that most of the respondents, 59.75%, were men and 40.25% were women. As for age, which was quite diverse, the top three age groups were 30 to 39 years, 20 to 29 years, and 40 to 49 years, which accounted for 36.50%, 29.50%, and 19.50% of the respondents, respectively. Considering nationality, the top four were French, Chinese, American, and German at 8.25%, 7.50%, 7.25%, and 7.25%, respectively. Most of the respondents, 48.25%, were married, 46% were single, and 5.75% were divorced. Moreover, the majority, 72.50%, had completed an undergraduate degree, 13% had a college or associate degrees, 11.50% had finished high school, 2% had another degree, and 1% had a graduate degree.

As for tourists' occupations, which were also quite diverse, the top three were management, business and financial operations, and architecture and engineering at 12.75%, 9%, and 8.75%, respectively. The majority of the respondents, 50.25%, traveled 3 to 5 times a year, 26% traveled 1 to 2 times a year, 10.75% traveled 6 to 10 times a year, and 13% did not travel at all. The majority of the respondents did not want to disclose their income.

Part II. Medical Tourism Participation

Table 2 Medical facility most attended

Descriptive	Frequency	Percentage
Private hospital	109	27.25
Public hospital	165	41.25
Polyclinic	3	0.75
Clinic	69	17.25
Health club	32	8.00
On-site medical service	22	5.50

Table 2 shows that the medical facilities most frequently attended were public hospitals, private hospitals, clinics, health clubs, on-site medical services, and polyclinics, at 41.25%, 27.25%, 17.25%, 8%, 5.50%, and 0.75%, respectively.

Table 3 Policy plans currently held

Descriptive	Frequency	Percentage
Medicare	81	20.25
Medicaid	30	7.50
Veteran Healthcare Plan	11	2.75
Individually Purchased Plan	208	52.00
Employment-based Plan	57	14.25
Self-Employed-based Plan	13	3.25

Table 3 shows that the insurance policy plans currently held by participants were individually purchased, Medicare, employment-based, Medicaid, self-employed-based, and veteran healthcare, accounting for 52%, 20.25%, 14.25%, 7.50%, 3.25%, and 2.75%, respectively.

Table 4 Type of medical services attended

Descriptive	Frequency	Percentage
Illness	134	33.50
Wellness	65	16.25
Dental Service	67	16.75
Medical Check-up	70	17.50
Beauty Treatment	20	5.00
Eye Surgery	44	11.00

Table 4 shows that the medical services attended, in order, were illness, medical check-up, dental service, wellness, eye surgery, and beauty treatment, accounting for 33.50%, 17.50%, 16.75%, 16.25%, 11%, and 5%, respectively.

Table 5 Sources of influencing decision on medical tourism

Descriptive	Frequency	Percentage
Friends/Relatives/Colleagues	3.63	0.964
Online Media	3.85	0.962
Publishing Media	3.51	0.838
Radio	2.73	0.988
TV/Cable TV	3.40	0.940
Insurance Companies	3.84	0.937

Table 5 shows that participants' latest medical tourism impression came from online media, insurance companies, friends/relatives/colleagues, publishing media, TV/cable TV, and radio, with mean scores of 3.85, 3.84, 3.63, 3.51, 3.40, and 2.73, respectively.

Table 6 Variance analyses for testing transportation factors

Model	Unstandardized Coefficients		Standardized Coefficients	F	Sig.*
	B	Std. Error	Beta		
Safety	-0.426	0.121	-0.196	3.509	0.001*
Distance	0.092	-0.144	0.036	0.640	0.522
Transition	-0.087	0.127	-0.039	0.689	0.491

*$p < 0.05$

Table 6, safety significantly influenced tourists' decision to participate in medical tourism while distance and transition did not.

Table 7 Variance analyses for testing medical provider factors

Model	Unstandardized Coefficients		Standardized Coefficients	F	Sig.*
	B	Std. Error	Beta		
Location	-0.133	0.120	-0.065	-1.105	0.270
Reputation	0.125	0.130	0.059	0.963	0.336
Quality	-0.116	0.134	-0.053	-0.861	0.390
Accreditation	-0.038	0.126	-0.017	-0.298	0.766
Medical personnel's knowledge and expertise	-0.325	0.150	-0.138	-2.159	0.032*
Quality of service	-0.063	0.140	-0.029	-0.449	0.653
Medical equipment	-0.173	0.137	-0.078	-1.261	0.208
Variety of services offered	0.148	0.149	0.057	0.991	0.322
International personal assistance	-0.269	0.127	-0.131	-2.119	0.035*

*p < 0.05

According to Table 7, medical personnel's knowledge and expertise and international personal assistance significantly influenced tourists' decision to participate in medical tourism. However, reputation, quality, accreditation, quality of service, medical equipment, and variety of services offered were influential, whereas perceived safety of the medical standard was not.

Table 8 Variance analyses for testing attraction factors

Model	Unstandardized Coefficients		Standardized Coefficients	F	Sig.*
	B	Std. Error	Beta		
Location	-0.133	0.120	-0.065	-1.105	0.270
Variety of attractions	-0.008	0.128	-0.004	-0.064	0.949
Liveliness	0.091	0.138	0.038	0.660	0.510
Safety	-0.120	0.127	-0.056	-0.940	0.348
Hygiene	0.030	0.124	0.014	0.240	0.811
Transportation infrastructure	-0.008	0.128	-0.004	-0.061	0.951

*p < 0.05

According to Table 8, attraction factors, including location, variety of attractions, liveliness, safety, hygiene, and transportation infrastructure did not significantly influence tourists' decision to participate in medical tourism.

Table 9 Variance analyses for testing pricing factors

Model	Unstandardized Coefficients		Standardized Coefficients	F	Sig.*
	B	Std. Error	Beta		
Reasonable medical bill	-0.447	0.132	-0.189	-3.383	0.001*
Reasonable tourism package	-0.007	0.131	-0.003	-0.057	0.955
Reasonable cost saving	0.029	0.141	0.013	0.204	0.839

*p < 0.05

According to Table 9, the reasonable medical bill significantly influenced tourists' decision to participate in medical tourism while a reasonable tourism package and reasonable cost saving did not.

7. DISCUSSION

Based on the results, medical tourism demands came from experienced middle-aged male tourists from developed economies with purchasing power. Thailand, Japan, Malaysia, and Singapore were among the most popular medical tourism destinations. Apart from medical service, natural tourism was the biggest attraction when it came to choosing a medical tourism destination. Foreign tourists choose to pay for treatment abroad rather than domestically primarily for reasons of cost but also because of the perceived expertise of overseas clinicians; family and cultural connections with overseas destinations are also contributing factors. From the result showed that

medical personnel's knowledge and expertise (p-value = 0.032) and international personal assistant (p-value = 0.035) significantly influenced tourists' decision to participation in medical tourism.

The findings indicate four significant factors influencing medical tourism decisions: Transportation safety, medical personnel's knowledge and expertise, international personal assistance, and reasonable medical bills greatly contributed to tourists' selection of medical providers. The patients, who want to be admitted to a hospital in Thailand, come from many countries such as the case of Chinese patients that focus on the quality of medical services provided by specialist doctors [19]. However, what might go against traditional thinking about medical tourism regarding price is that a reasonable medical price was highly preferable to a tourism package and superficial price saving including the best strategy is to set a reasonable medical cost that can still support high-quality services.

8. CONCLUSION

Unexpectedly, this study found that price saving was not the most influential factor compared to other pricing factors. That is, today's medical tourists are more concerned about "being reasonable" when comparing the quality of service with the medical bill. This explained why destinations with high-quality medical service and higher prices, such as Japan, Korea, and Malaysia, were attractive and preferable to India, where the price-saving ratio was greater than in the countries mentioned above. The demographics information suggested that medical tourism providers should focus on crafting programs that suit experienced middle-aged tourists. The role of facilitator in medical tourism is highly significant in engaging between patients and health providers [20]. Consequently, the growth of health-care tourism is driven by various factors, such as a variety of services will display the medical personnel's knowledge and expertise to encourage patients to use the service similarly the information from online media, insurance companies, and friends/relatives/colleagues can be an enabling factor in the decision to undertake medical travel abroad for medical tourists in Thailand. Knowing and accommodating what they wanted will enrich their medical tourism experience and impression. This practice will effectively activate the word-of-mouth effect, attracting new medical tourists and retaining existing medical tourism consumers. Indeed, attitude, subjective norm, perceived behavioral control, and intention to participate have significant effects on tourists' decisions.

Nevertheless, the Thai government has tripled the period visitors undergoing medical treatments can stay in Thailand from 30 to 90 days for encouraging health tourism. This would allow for overseas visitors to undergo extensive procedures with leisure travel [21]. This respect depended on medical services offered, their pricing, quality of treatment, take care of patients and other services that can make patient's impression [1]. To effectively meet this demand, tourist organizations should supply varying degrees of packages to balance out peak times of season for maintains visitors to a particular destination.

9. RECOMMENDATON

Although this research provides insight into what medical tourists want, a longitudinal study would be valuable to the research in this genre. Technically, understanding medical tourism behavioral patterns is the goal of future research. This would benefit not only medical providers but also policy makers to develop a full picture of the medical tourism industry, thus, they will be able to create a viable tourism policy that supports and accelerates growth in the industry. In addition, tourism companies and governmental institutions of Thailand need to pay more attention on destination image formation and destination choice intention which are mainly affected on tourists largely choosing.

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