

ความพึงพอใจของคนไข้ต่างชาติที่มีต่อการบริการในโรงพยาบาลเอกชน

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วิทยาลัยวิทยาศาสตร์สาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย

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**FOREIGN PATIENT CUSTOMER SATISFACTION WITH
PRIVATE HOSPITAL SERVICE**

Ms. Saranthinee Mongkolrat

**A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Public Health Program in Health Systems Development**

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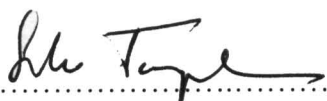
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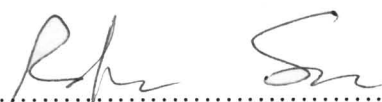
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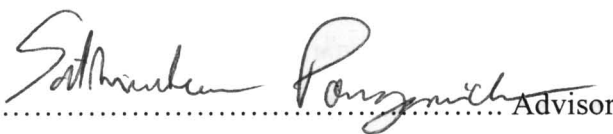
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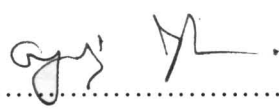
Accepted by the College of Public Health Sciences, Chulalongkorn University
in Partial Fulfillment of the Requirements for the Master's Degree

 Dean of the College of Public Health Sciences
(Professor Surasak Taneepanichskul, M.D.)

THESIS COMMITTEE

 Chairman
(Assistant Professor Ratana Somrongthong, Ph.D.)

 Advisor
(Assistant Professor Sathirakorn Pongpanich, M.A., Ph.D.)

 External Examiner
(Associate Professor Ong-Art Viputsiri, M.D., Dr.P.H.)

ศรัทธินิ มงคลรัตน์ : ความพึงพอใจของคนไข้ต่างชาติที่มีต่อการบริการในโรงพยาบาลเอกชน
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ประเทศไทยต้องประสบปัญหาหลายปัจจัยทั้งภายนอกและภายใน ส่งกระทบต่อการดำเนินธุรกิจในปัจจุบัน ซึ่งภาวะเศรษฐกิจขณะนี้ทำให้ผู้ประกอบการธุรกิจ โรงพยาบาลตัดสินใจลดต้นทุน ปรับระบบการจ่ายเงินคืน พัฒนาการบริหารจัดการ ฯลฯ ดังนั้นการบริการที่มีประสิทธิภาพจึงเป็นแนวทางหนึ่ง ที่ต้องมีการพัฒนาอย่างต่อเนื่องทั้งทางด้านการดูแลคนไข้และบริการทั่วไปทั้งองค์กร

วัตถุประสงค์ของงานวิจัยนี้ นำดัชนีชี้วัดความพึงพอใจลูกค้าของโรงพยาบาลเอกชน มาศึกษาพฤติกรรมหลัก ที่ผู้ให้บริการพึงปฏิบัติต่อผู้รับบริการห้าประเภทคือ การทักทายต้อนรับ การเข้าถึงความรู้สึกของผู้รับบริการ การตอบสนองต่อผู้รับบริการ การจดจำและสร้างความประทับใจ ความน่าเชื่อถือของการให้บริการ และความพึงพอใจโดยรวม กลุ่มตัวอย่างที่ใช้ในการศึกษาครั้งนี้ คือ ผู้ป่วยชาวต่างชาติที่เคยใช้บริการโรงพยาบาลเอกชนแห่งหนึ่ง จำนวน 4,704 คน ตั้งแต่ช่วงเดือนกุมภาพันธ์ ถึง ธันวาคม พ.ศ. 2551 ผลลัพธ์ในการศึกษาวิจัยในครั้งนี้ไม่เพียงแต่เป็นประโยชน์ในการเอาใจใส่และเข้าใจความต้องการของคนไข้ต่างชาติเท่านั้น แต่ยังสามารถใช้เป็นแนวทางในการวางแผนการพัฒนาการบริการของโรงพยาบาลเอกชนในอนาคต

จากการศึกษาในครั้งนี้แสดงให้เห็นว่า ความพึงพอใจของคนไข้ต่างชาติต่อพฤติกรรมของผู้ให้บริการทั้งห้าประเภทอยู่ในระดับสูง โดยมีระดับความพึงพอใจสูงสุด อยู่ในประเภทของการทักทายต้อนรับ 73.4% ความน่าเชื่อถือของการให้บริการ 73.2% การเข้าถึงความรู้สึกของผู้รับบริการ 69.6% และมีความพึงพอใจเฉลี่ยต่ำลงมา ในด้านการตอบสนองต่อผู้รับบริการ 64.8% การจดจำและสร้างความประทับใจ 66.3% และมีความพึงพอใจโดยรวมที่ระดับ 72.1%

ความพึงพอใจของคนไข้จะมีระดับที่แตกต่างกันออกไปในแต่ละครั้งของการเข้ารับบริการ ขึ้นกับความสามารถและประสบการณ์ของผู้ให้บริการ ซึ่งส่งผลต่อการพัฒนาการให้บริการและปรับปรุงภาพลักษณ์ของโรงพยาบาล ดังนั้นทางหนึ่งในการพัฒนาคุณภาพของการให้บริการคือ การจัดการอบรมเพื่อปรับเปลี่ยนทัศนคติและวัฒนธรรมของผู้ให้บริการในโรงพยาบาล ให้เป็นไปในแนวทางเดียวกัน รวมถึงการให้รางวัลเพื่อเป็นกำลังใจแก่แผนกที่ได้รับความพึงพอใจจากคนไข้ในระดับสูง และยังเป็นแรงจูงใจให้กับแผนกที่ยังได้รับความพึงพอใจจากคนไข้ในระดับที่ต่ำกว่า เพื่อการพัฒนาศักยภาพในการบริการให้ดีขึ้น นอกจากนี้ยังพบว่าคนไข้ที่มีพื้นฐานเชื้อชาติ วัฒนธรรมและประสบการณ์ที่แตกต่างกัน จะส่งผลให้ความพึงพอใจในการรับบริการมีระดับที่แตกต่างกันด้วย ดังนั้นงานวิจัยต่อไปเห็นควรศึกษาเพิ่มเติม ในระดับความพึงพอใจของคนไข้ในแต่ละชาติ

สาขาวิชา การพัฒนาระบบสาธารณสุข
ปีการศึกษา 2551

ลายมือชื่อนิติ

ลายมือชื่ออาจารย์ที่ปรึกษาวิทยานิพนธ์หลัก

5179123153 : MAJOR HEALTH SYSTEMS DEVELOPMENT

KEYWORDS : CUSTOMER SATISFACTION / FOREIGN PATIENT / PRIVATE HOSPITAL / SERVICE QUALITY /

SARANTHINEE MONGKOLRAT: FOREIGN PATIENT CUSTOMER SATISFACTION WITH PRIVATE HOSPITAL SERVICE. ADVISOR: ASST. PROF. SATHIRAKORN PONGOANICH, M.A., Ph.D., 64 pp.

Thailand has faced problems from numerous unfavorable factors from both external and internal fronts which affected overall business. The economic contribution of the hospitalist is determined by the reduction in cost, the impact on hospital reimbursement, and improvements in patient throughput. Therefore, the service arm intends to continue its improvement process of the patient cares and general services throughout organization.

This research focuses on the customer satisfaction of foreign patients in regards to Customer Satisfaction Index (CSI) at one private hospital to categorize five behaviors of service standards: Hearty, Empathy, Attention, Relationship, Trust and Overall Satisfaction. The data were collected from February to December 2008. The objectives of the research are to study foreign patients customer satisfaction with private hospital services in one private hospital and to identify factor criteria influence customer satisfaction. The result would be used as guidelines to improve the quality of service in behavior of all staff levels in the hospital and to increase customer satisfaction by using five main behaviors of service standards. Calculation determined a sample size of 4704.

From the study, the level of customer satisfaction rated high in all categories: Hearty, Empathy, Attention, Relationship, Trust and Overall Satisfaction. The highest rank in overall performance from "Excellent" was in the category, Hearty with a rate of 73.4%. The next highest were Trust (73.2%) and Empathy (69.6%). Low ranks from customer satisfaction were Attention (64.8%) and Relationship (66.3%). Overall satisfaction was at 72.1% in this study.

Patients will generally form an impression of the level of competence of the staff as they experience various services during their hospital visit. One way of achieving this is through training programs that must be designed to reinforce the need to incorporate this mode of thinking among all the hospital staff. Moreover, hospital management should reward those units with higher patient satisfaction so that the units with less satisfied patients have some incentives to work better for higher patient satisfaction. The customer satisfaction is upon the background, culture and experience. Further analysis and researches are needed to study the customer satisfaction of each nation to customize the customer expectation to get better analysis of patient satisfaction among different nationality.

Field of Study: Health Systems Development

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I thank for everyday life stories.

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CHAPTER I

INTRODUCTION

1.1 Background

Thailand has long been a centre of ancient healing traditions based on herbal medicine and holistic treatments. With the growing popularity of holistic healing techniques in addition to conventional medical treatment, Thailand offers a variety of opportunities for tourists seeking wellness and health.

Of the Asian countries seeking to attract foreigners to their medical facilities, Thailand is by far the leading country. The combination of low-cost and high-quality medical care is the main reason that many foreigners choose Thailand when seeking medical attention. (The Royal Danish Embassy – Bangkok 2004)

Moreover, Thailand's strategic location at the crossroads of Asia and its proximity to the region's developing economies has presented the country with a unique opportunity to serve as a regional centre for health care, medical care and advances in medical research and development.

There are currently a total of 471 private hospitals in Thailand. (The Health Sector 2004) In 2002, the number of foreign patients seeking treatment in Thailand grew by 13% from the previous year with 632,300 foreigners visiting 33 private hospitals. These overseas patients, expatriate residents in Thailand (189,000), staff of international organization and their family members and other visitors from

neighboring countries and Asia (378,000) and “visiting patients” from Europe (63,000) represented 60% of the total. Tourists in need of medical attention and treatment during their stay accounted for another 30%, and individuals who specifically traveled to Thailand for medical treatment or health services accounted for another 10% of the total.

Figure 1.1 Number of Foreign Patients Seeking Treatment



Source: Department of Export Promotion, Ministry of Commerce

The Thai government sees vast potential in fast-tracking the development of Thailand’s health care and health related services. As previously mentioned, the Thai government has recently set forth a policy to develop the country into a health service centre. The Ministry of Public Health has worked out marketing strategies to promote health services in combination with tourism activities for foreign patients, expatriates, and tourists. The mission, spearheaded by the Ministry of Public Health and the Ministry of Commerce, aims to firmly establish Thailand’s leading position on two fronts as both a health tourism hub of Asia and the wellness capital of Asia. Destinations targeted for the plan are Bangkok, Chiang Mai, Phuket Island and Samui Island.

As 'Health Tourism Hub of Asia', the priority for medical services is to ensure that the destination is perceived as being a quality destination in the delivery of superior medical and health-related services with medical care, dental care, and medical check-ups being the core products offered.

Private hospitals in Thailand have highly qualified medical staffs, overseas trained doctors and specialists. It is also important to note that many private hospitals have established partnerships with first-class international medical schools and health care institutions both in Europe and in the United States.

Nowadays, many Thai hospitals have been recognized and approved in accordance with the standards of Hospital Accreditation of Thailand, ISO 9002, ISO 9001:2000, ISO 14001, ISO 18000 and Joint Commission International Accreditation. There is fierce competition in the private health care market, and consequently private hospitals are of a very high international standard. In order for these hospitals to maintain high standards the equipment needs to be up-to-date. For this reason equipment must be replaced or upgraded frequently. Of the 210 members of the Private Hospital Association, only 16 have received recommendations from the Association of International Patients. Therefore many other private hospitals want to improve their standards in order to meet the market demands.

Most hospitals in Bangkok, as well as in the main provincial cities and tourist centres, provide round-the-clock attention to patients every day of the year. There are emergency services available by ambulance as well as helicopter and aircraft where remote locations are involved.

Furthermore, several hospitals in Europe have expressed interest in joining forces with Thai hospitals to bring their patients to Thailand for services under the health tourism programme.

1.2 Statement of Problem

One of the fastest growing industries in the service sector is the health-care industry. These forces of change, that include competitive pressures, alternate health care delivery mechanisms, changing cost structures, monitoring by public and private groups, increased information availability, and a markedly better informed clientele have begun to exert significant pressures on health-care providers to reassess their strategy. (Andaleeb, 1998)

Many providers are beginning to realize that achieving customer satisfaction is a key element of strategy and an important determinant of long-term viability and success.

Delivering customer satisfaction is also imperative because today's buyers of health care services are better educated and more aware than in the past. These buyers carefully study and monitor the options available to them; they are, therefore, more discerning buyers, knowing exactly what they need.

Therefore, this research studied customer satisfaction with private hospital and determined the satisfaction factors to help providers understand what the customer need.

1.3 Objective of Study

Based on the statement of the problem, the objective for this study is:

1. To study foreign patients customer satisfaction with private hospital services in one private hospital.
2. To identify and rank unit influence customer satisfaction by criteria.

1.4 Hypothesis

The private hospital satisfaction factors differences by criteria

1.5 Expected Benefit

The benefit from this research is:

1. To understand the level of service quality in private hospital
2. To pay more for care in quality institutions to satisfy customer's needs
3. To set useful information for strategy to accept what the customers want.

1.6 Scope of the Research

The scope of this study focuses on satisfaction of foreigners who are currently patients at one private Hospital, Bangkok, Thailand.

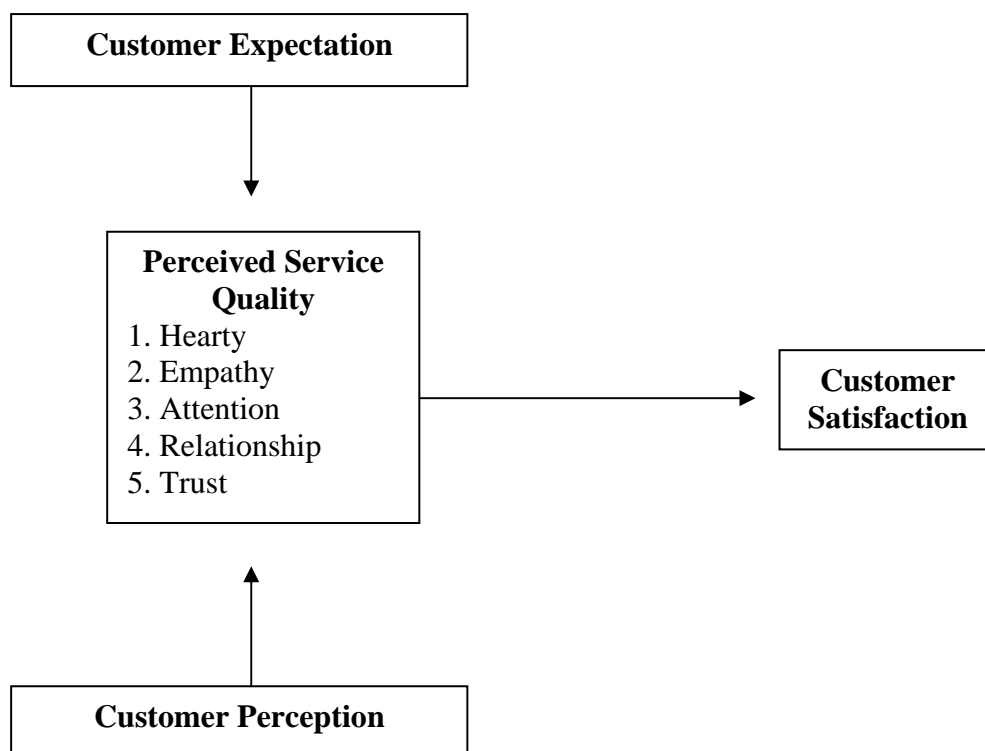
The research is based on secondary data collection. The measurement of the study uses Customer Satisfaction Index (CSI) of one private Hospital standards. This research gathered information directly from actual and potential users of one private Hospital.

The questionnaire includes perceptual measures that are rated on a five-point Likert Scale. More detail is given in Chapter 3.

1.7 Conceptual Framework

For this research paper there is a conceptual model which is adapted from the Customer Satisfaction Index (CSI) of one private Hospital standards focusing on the appropriate manners of the provider.

Figure 1.2 The Conceptual Framework



1.8 Operational definition

Hospital is the institution providing medical and surgical treatment and nursing care for ill or injured people

Service Quality is the ability to provide consistent good service

Foreign patient is the ill person from abroad who uses the service in the private hospital

Customer expectation is the service that customer hopes to gain from the hospital.

Customer perception is the way that the customer sees, understands and receives help from the hospital.

CHAPTER II

LITERATURE REVIEW

This chapter is divided into 4 sections: section 1 is the theoretical background, section 2 is related researches, section 3 is an overview of Thailand's private hospital and section 4 covers one private hospital.

2.1 Theoretical Background

2.1.1 Customer Satisfaction

According to Roderick M. (1996) customer satisfaction is the critical strategic weapon for the 1990s and beyond for any type of organization. Customer satisfaction is so important because products and companies like health care organizations and even educational institutions must preserve their customer resources with the same energy and enthusiasm that we as a nation seek to preserve our natural resources.

Health care organizations used to think it was sufficient to deliver high quality medical or clinical care. More recently, many health care organizations have added market satisfaction to their list of goals. Some organizations have even promoted a money-back guarantee. A responsive organization makes every effort to sense, serve, and satisfy the needs and wants of its markets. Most health care organizations would like to be viewed as very responsive. Each health care organization must determine how responsive it wishes to be and develop appropriate systems for measuring and improving satisfaction in its marketplace. Kotler and Clarke (1987)

The concept of satisfaction itself needs to be defined. The Oxford English Dictionary (1989, p.1122) defined *satisfaction* as a feeling of contentment felt when one has or achieves what one needs or desires. *Customer* is defined as ‘a person who buys a product or uses a service.’(Baker, 1993) Hence using these definitions, *customer satisfaction* can be thought of as a user or purchaser who has or achieves his or her needs and desires. The concept of *customer satisfaction* has been defined in various ways. Zeithaml, Berry and Parasuraman (1993) suggested that customer satisfaction is a function of the customer’s assessment of service quality, product quality and price. Oliva, Oliver and Bearden (1995) suggested that satisfaction is a function of product performance relative to customer expectations. Bachelet (1995) considered satisfaction to be an emotional reaction by the consumer in response to an experience with a product or service, the satisfaction experience since the time of purchase as well as the general satisfaction experienced by regular users. Hill (1996) defined customer satisfaction as the customers’ perceptions that a supplier has met or exceeded their expectations. Jones and Sesser (1995) defined customer satisfaction by identifying four factors they postulated affected it. The factors were: (1) essential element of the product or service that customers expected all rivals to deliver, (2) basic support services such as customer assistance, (3) a recovery process to make up for bad experiences and (4) “customization” which were factors that met customers’ personal preferences, values, or needs.

The significance of customer satisfaction to the business world is the concept that a satisfied customer will be a positive asset for the company through reuse of the service, repurchase of the product or positive word of mouth, which should lead to increased profit. The converse of this is that a dissatisfied customer will tell more

people of their dissatisfaction and possibly complain to the company and if sufficiently disenfranchised change to another company for their product or service, or totally withdraw from the market (Anderson and Sullivan, 1993; Fornell, Ittner and Larcker, 1995; Oliva, Oliver and Beard en, 1995).

2.1.2 Service

Philip Kotler (1997: 318) said that the differences that do exist between health care services marketing and tangible product marketing, whether health care products or otherwise, can be accounted for by the unique nature of services. A service can be defined as follows:

Webster's New World Dictionary of American English (1994:1226) defines service as to provide people with something they need/want.

A popular definition describes service as any activity or benefit that one party can offer to another that is essentially intangible and does not result in the ownership of anything. Its production may or may not be tied to a physical product (Philip Kotler, 1997:467)

Service has four major characteristics that greatly affect the design of marketing programs: intangibility, inseparability, variability, and perishability. (Philip Kotler, 1997:467)

1. Intangibility

Services are intangible. Unlike physical products, they cannot be seen, tasted, felt, heard, or smelled before they are bought. To reduce uncertainty, buyers will look for signs or evidence of the service quality. They will draw inferences about service

quality from the place, people, equipment, communication material, symbols, and price that they see. Therefore, the service provider's task is to "manage the evidence," to "tangibilize the intangible." Whereas product marketers are challenged to add abstract ideas, service marketers are challenged to put physical evidence and imagery on their abstract offers.

2. Inseparability

Services are typically produced and consumed simultaneously. This is not true of physical goods, which are manufactured, put into inventory, distributed through multiple resellers, and consumed still later. If a person renders the service, then the provider is part of the service. Since the client is also present as the service is produced, provider-client interaction is a special feature of services marketing. Both the provider and the client affect the service outcome.

3. Variability

Because they depend on who provides them and when they are provided, services are highly variable. Service buyers are aware of this high variability and frequently talk to others before selecting a service provider. Service firms can take three steps toward quality control. The first is investing in good human resources selection and training. The second step is standardizing the service blueprint that depicts the service events and processes in a flow chart, with the objective of recognizing potential service fail points. The third is monitoring customer satisfaction through a suggestion and complaint system, customer surveys, and comparison shopping, so that poor service can be detected and corrected.

4. Perishability

Services cannot be stored. The perishability of services is not a problem when demand is steady because it is easy to staff the services in advance. When demand fluctuates, service firms have difficult problems. Services are of many types, making it difficult to generalize about them. Service can be *people-based* or *equipment-based*, or a combination of both. In people-based services, organizations can distinguish between those involving professionals (physicians, nurses, social workers) and those involving skilled and unskilled labor (aides, housekeepers, technicians). In equipment-based services, organization distinguish services involving automated equipment (blood analyzers, blood pressure testing machines in drugstores), equipment operated by relatively unskilled labor (telephone switchboards, nursing home stoves and kitchen equipment) and equipment operated by skilled labor (ultrasound, cardiac catheterization equipment). Services also vary in the degree to which the client's presence is necessary to the service. To the extent that the client must be present, the service provider has to be considerate of the client's needs.

2.1.3 Service Quality

Service quality is considered a critical determinant of competitiveness (Lewis, 1989). Attention to "service quality" can help an organization to differentiate itself from other organizations and through it gain a lasting competitive advantage (Moore, 1987). High quality of service is considered an essential determinant of the long-term profitability not only of service organizations, but also of manufacturing organizations (Margolies, 1988). Superior "service quality" is a key to improved profitability. Service quality has become a predominant part of all advanced organizations strategic

plans. Increasing attention paid to service quality has resulted in more progress and profit in organizations. Delivering quality service is an essential strategy for survival and success in today's competitive environment (Sasser, 1990). High service quality provides a competitive edge for an organization that can lead to organizational growth (Barber, 1987).

Research in the public and private service sectors demonstrates that perceived service quality contributes to customer satisfaction, repeat visits, positive word-of-mouth, and strategic benefits (Anderson & Zeithaml, 1984; Carman, 1990). Thus, understanding what constitutes quality to the visiting public allows managers to provide products and services that will maximize visitor satisfaction.

Service quality affects the repurchase intentions of both existing and potential customers. Market research has shown that customers dissatisfied with a service will divulge their experiences to more than three other people. Thus, it is reasonable to conclude that poor service will reduce the potential customer base (Horovitz 1990).

2.1.3.1 Definition of Service Quality

Parasuraman et al. (1985) suggested three underlying themes after reviewing the previous writings on services:

1. Service quality is more difficult for the customer to evaluate than goods quality.
2. Service quality perceptions result from a comparison of consumer expectations with actual service performance, and
3. Quality evaluations are not made solely on the outcome of service; they also involve evaluations of the process of service delivery

Moreover, one that is commonly used defines service quality as the extent to which a service meets customers' needs or expectations (Lewis and Mitchell, 1990; Dotchin and Oakland, 1994a; Asubonteng et al., 1996; Wisniewski and Donnelly, 1996). Service quality can thus be defined as the difference between customer expectations of service and perceived service. If expectations are greater than performance, then perceived quality is less than satisfactory and hence customer dissatisfaction occurs (Parasuraman et al., 1985; Lewis and Mitchell, 1990).

2.1.3.2 Dimension of Service Quality

Kandampully (2000) revealed that service quality is crucial to the success of any service organization. As customers participate in the production and consumption of services, they interact closely with various aspects of the organization. This inside knowledge gives them the opportunity to assess critically the services provided, in particular the quality of service. Customer will assess service quality by comparing the service they get with the service they desire. Hence, service quality plays a critical role in adding value to the overall service experience. Since superior quality is one of the crucial factors within the control of the hospital service provider. Kandmpully (2003) suggested that enhancing the quality of service at all levels of service delivery has therefore become mandatory for organization survival.

Johnston, Silvestro, Fitzgerald & Voss (1990), identify fifteen dimensions of service quality categorized as hygiene factors, enhancing factors and dual-threshold factors. Hygiene factors are expected by the customer and dissatisfaction of customers would occur if they are not delivered. Enhancing factors will lead to customer

satisfaction but will not necessarily lead to customer dissatisfaction if they are not delivered. Failure to deliver “dual-threshold factors” will cause dissatisfaction and will enhance customer’s perceptions of service and lead to satisfaction if they are delivered above a certain threshold.

Parasuraman Zeithaml and Berry (1985) list ten determinants of service quality that can be generalized to any type of service. The ten dimensions include:

- 1) *Tangibles* – the physical evidence of the service, physical facilities, appearance of personnel, tools or equipment used to provide the service, other customers in the service facility.
- 2) *Reliability* – consistency of performance and dependability
- 3) *Responsiveness* – willingness or readiness of staff to provide service
- 4) *Competency* – possession of the required skills and knowledge to perform the service by the contact personnel as well as operational support personnel.
- 5) *Access* – approachability and ease of contact.
- 6) *Courtesy* – politeness, respect, consideration, and friendliness of contact personnel.
- 7) *Communication* – keeping customers informed in language they can understand.
- 8) *Credibility* – trustworthiness, believability, and honesty.
- 9) *Security* – the freedom from danger, risk, or doubt (e.g. physical safety and confidentiality).
- 10) *Understanding* – making the effort to understand the customer’s needs.

These ten dimensions were regrouped in the well-known five dimensions in the SERVQUAL model. Parasuraman et al. (1998) identified five dimensions as tangibles, reliability, responsiveness, assurance, and empathy. Tangibles were defined as the physical facilities, equipment, and appearance of personnel. Reliability was the ability to perform the promised service dependably and accurately. Responsiveness represented the willingness to help customers and provide prompt service. Assurance reflected the knowledge and courtesy of employees and their ability to inspire trust and confidence. Empathy referred to the caring, individualized attention that the firm provides its customers. This perceived quality model with five dimensions is operationalized as the $Q = P - E$ framework. That is, perceived quality (Q) increases as perceptions of service (P) exceed expectations of service (E) for each dimension. (Chieh, 2003)

2.1.3.3 Measuring Service Quality

It is difficult to measure service quality as compared to good's quality. The difficulty is due to fewer tangible cues available when consumers purchase services (Parasuraman et al., 1985), fewer search properties, but higher in experience and credence properties (Zeithaml, 1981 in Parasuraman 1985), as compared to goods. It also requires higher consumer involvement in the consumption process (Gronroos, 1984).

Satisfaction is measured by comparing the average evaluations of *now* and *ought* to identify the services that customers see the organization as matching (=), exceeding (>) or falling short (<) of their expectations. Note that dissatisfaction is presumed to arise when services significantly exceed or significantly fall short of

customer expectations. Competitiveness is measured by comparing evaluations, averaged across customers, of *now* and *other* to identify the services that customers see the organization as matching (=), exceeding (>) or falling short (<) of those of its competitors (Lee and Lawton 1995)

Customer satisfaction research literature traditionally agrees that service quality is a measure of how well the service level delivered matches customer expectations. Delivering quality service means conforming to customer expectations on a consistent basis. However, clearly, the fact that expectations are confirmed is not always sufficient for satisfaction.

On an operational level, research in service quality has been dominated by the SERVQUAL instrument, based on the so-called gap model. The central idea in this model is that service quality is a function of the difference scores or gaps between expectations and perceptions (P-E)

2.1.3.4 Instruments to Measure Service quality

There seems little doubt that in the past decade SERVQUAL has proved to be the most popular instrument for measuring service quality. It aims to measure perceptions of service across the five service quality dimensions identified by Parasuraman et al., (1988):

- 1) Tangibles. Physical facilities, equipment and appearance of personnel
- 2) Reliability. Ability to perform the promised service dependably and accurately
- 3) Responsiveness. Willingness to help customers and provide prompt service
- 4) Assurance (including competence, courtesy, credibility and security). Knowledge and courtesy of employees and their ability to inspire trust and confidence.

5) Empathy (including access, communication, understanding the customer). Caring and individualized attention that the firm provides to its customers.

The instrument consists of two sets of 22 statements: the first set aims to determine a customer's expectations of a service firm while the second set seeks to ascertain the customer's perceptions of the firm's performance. The respondent is asked to rate customer expectations and perceptions of performance on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The result of the survey are then used to identify positive and negative gaps in the firm's performance on the five service quality dimension

2.1.3.5 Model of Service Quality Gaps

Lewis (1987) suggested that what can be measured are the differences between the abstractions. So, it is logical that if we can measure the difference between expectations and perceptions, which is defined as perceived quality, therefore we can determine the level of satisfaction. This concept is quite similar to the Parasuraman (1985) service quality model, which applied the expectancy disconfirmation theory. Parasuraman (1985) defined service quality in five dimensions – reliability, responsiveness, assurance, empathy, and tangibles. The model suggested service quality as the gap between customer's expectations (E) and their perception of the service provider's performance (P). Hence, the service quality scores (Q) can be measured by subtracting customer's perception score from customer's expectations score.

$$Q = P - E$$

Lamb, Hair and McDaniel (2000), and Zeithaml and Bitner (2003) have also discussed that there are five key discrepancies that can influence customer evaluations of service quality.

Gap1: Customers' expectations versus management perceptions: as a result of the lack of a marketing research orientation, inadequate upward communication and too many layers of management.

Gap2: Management perceptions versus service specifications: as a result of inadequate commitment to service quality, a perception of unfeasibility, inadequate task standardization and an absence of goal setting.

Gap3: Service specifications versus service delivery: as a result of role ambiguity and conflict, poor employee-job fit and poor technology-job fit, inappropriate supervisory control systems, lack of perceived control and lack of teamwork.

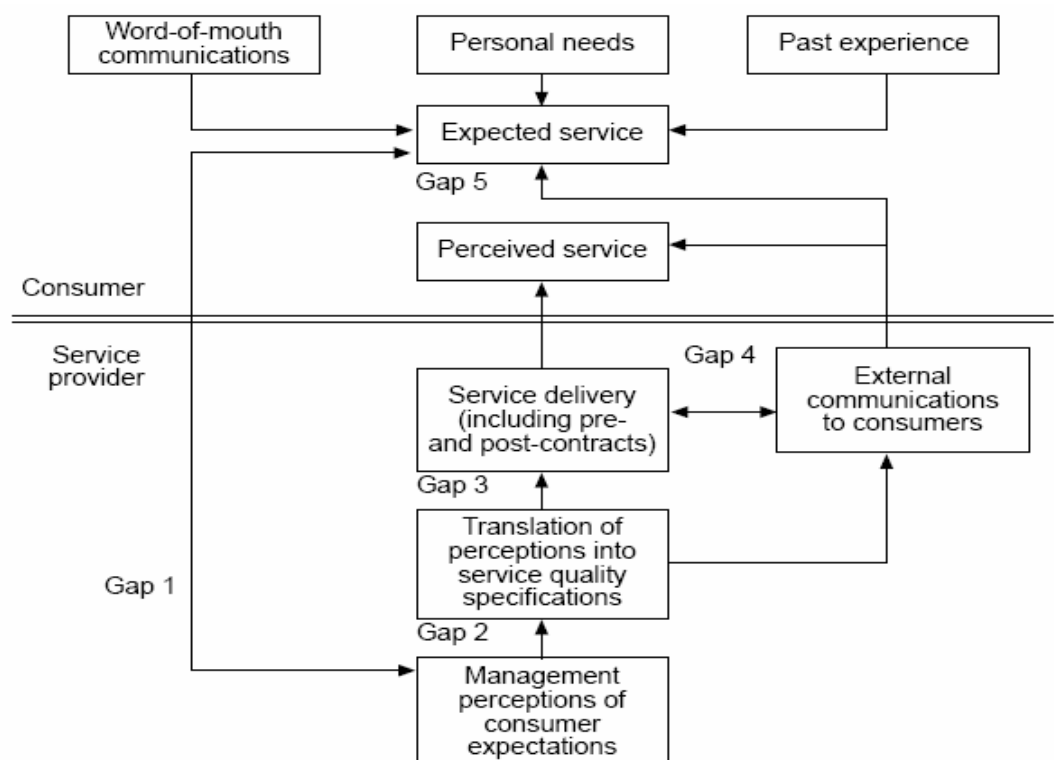
Gap4: Service delivery versus external communication: as a result of inadequate horizontal communications and propensity to over-promise

Gap5: The discrepancy between customer expectations and their perceptions of the service delivered: as a result of the influences exerted from the customer side and the shortfalls (gaps) on the part of the service provider. In this case,

customer expectations are influenced by the extent of personal needs, word of mouth recommendation and past service experiences.

Zeithaml and Bitner (2003) stated that in order to manage service quality, it is important to manage the gaps between expectations and perceptions on the part of management, employees and customers. The most important gap (gap 5) is that between the customers expectation of service and their perception of the service actually delivered. Hence, the gap model states that a service marketer must close the customer gap (gap 5). In order to do so, the service provider must close the four other gaps (gap 1, 2, 3, and 4) within the organization that inhibit delivery service.

Figure 2.1: Gap Model of Service Quality



Source: Parasuraman *et al.* [8]

2.1.3.6 Benefits of SERVQUAL

From the widespread applications published, the benefits of SERVQUAL can be summarized as follows:

- 1) It is good at eliciting the views of customers regarding service encounters, e.g. customer relative importance, expectations, and satisfaction.
- 2) It is able to alert management to consider the perception of both management and customers.
- 3) Addressing the service gaps can serve as a basis for formulating strategies and tactics in order to ensure the fulfillment of expectations.
- 4) SERVQUAL is able to identify specific areas of excellence and weaknesses.
- 5) It is able to prioritize areas of service weaknesses.
- 6) It provides benchmarking analysis for organizations in the same industry.
- 7) SERVQUAL can trace the trend of customer relative importance, expectation, and perception, if applied periodically.

Despite SERVQUAL's wide use by academics and practitioners in various industries and in different countries, a number of studies questioned its conceptual and operational bases. In particular, one criticism concerned the operationalization of the perceived quality concept. Babakus and Mangold (1989),

Carman (1990), Finn and Lamb (1991), and Cronin and Taylor (1992) argued that the estimation of customer perception may already include perception minus the expectation mental process. In other words, respondents may already have mentally

compared their perceptions to their expectations when they are asked to rate their perception of an organization. The second criticism pertains to SERVQUAL's dimensions. SERVQUAL applications in different industries reveal that the five dimensions may not cover aspects of customer service present in all service encounters. For example, Finn and Lamb (1991) discussed that the service emphases are different when evaluating "product" services (e.g. department store) than when evaluating "pure" services (e.g. bank).

2.2 Related Research

The concept of service quality has been established and examined in a number of industries; however, it is only recently that the service sector and, in particular, hospital services, has received the same attention. The research below refer to service quality in hospitals.

Butler et al. (1996) investigated the effects of demographic factors on users and observers of perceived hospital quality in two geographic areas, the southern and Midwestern USA. Using a sample of 473 participants, the results revealed no significant difference between the two groups on the human performance dimension; however, a significant difference was found on the perceived facility quality dimension. Results also showed that facility-related quality is valued higher for female respondents than male respondents. Finally, no evidence found that hospital quality perceptions are affected by age.

Li (1997) empirically explored the relationship between hospital quality management and service quality performance for a sample of 150 community hospitals in the USA using a path-analytic model. The research revealed strong

relationships between hospital service quality performance and the analysis of service process and workforce development. The data also indicated that medical technology investment alone does not contribute to a significant improvement in hospital service quality.

Zebiene et al. (2004) studied the relationship between meeting patients' expectations and patients' satisfaction with medical consultations in Lithuania. Analysis of 460 sets of questionnaires revealed that satisfaction with medical consultations was higher among patients who have a greater number of expectations met. The study found that physicians' success in meeting different types of patient expectations have different influences on patient satisfaction. The most important expectation to be met was "understanding and explanation" followed by expectations of "emotional support".

Kanlaya (2004) studied comparisons of client expectations with their perceptions of service quality at Vibhavadi hospital. The resulting summary would benefit not only the client satisfaction level identification but also future plans in service. The sample of 526 clients was collected by mental judge sampling technique. The main findings were a high level of client expectations and perception of service quality. Generally, the hospital was able to provide a service that satisfied clients. Some dissatisfaction was disclosed in detail or reliability and assurance dimension of service quality at 0.05 significant level.

Promptorn (2006) studied the foreigner satisfaction to private hospital in Bangkok. The sample of 213 patients was collected by accidental sampling technique. The instrument was a rating scale on the degree of expectations and perception of service quality. The Study showed that the foreigner dissatisfaction in reliability,

assurance, empathy, and responsiveness dimension. All of these are the important level which customer concern.

Sanjaya (2008) set the primary purpose of identifying patient satisfaction by different length of stay at a hospital. This study was analyzed using 228 subjects at Bhumibol Adulyadej Hospital, Bangkok, Thailand. Even though the overall satisfaction was high among all 3 groups of length of stay, the results of the study illustrated that variables such as advice on illness, physician's responsiveness, physician's attention to take care and physicians' manner were less satisfied with longer length of stay patients compared to shorter length of stay patients. Variables such as results of laboratory and x-ray, cleanliness of room, staffs coordination and cooperation and nurses' manner were less satisfied with shorter length of stay patients compared to longer length of stay patients.

2.3 Thailand's Private Hospitals

Thailand's strategy to make the country the center for health service in Asia by the year 2010 involves a three-pronged effort on the national level. For health care, the target is to raise the number of foreigners seeking medical treatment in Thailand's hospitals from a total of 970,000 persons in 2003 to two million by 2010. Meanwhile, total income derived will be increased from Baht 19,000 million to Baht 80,000 million. Foreign patients are becoming significant sources of income for Thailand's private hospitals because their purchasing power is considerably higher than the average domestic patients. On the other hand, Thailand's cost of living is much lower than in Japan, the U.S. and Europe, making the cost of medical care in Thailand less than what foreign patients have to pay in their own countries. This is one of the main

reasons why private hospitals in Thailand are becoming more and more popular with foreigners seeking medical care overseas.

The number of foreign patient seeking treatment from private sector hospitals in Thailand.

Table 2.1: Number of Foreign Patients Seeking Treatment

Year	No. of Foreign Patients	Revenue (Million Baht)
2002	632,300.00	12,000.00
2003	730,000.00	19,000.00
2004	1,160,000.00	30,000.00
2005	1,280,000.00	33,000.00
2006	1,400,000.00	36,000.00

Source: Department of Export Promotion, Ministry of Commerce

According to figures released by the Association of Thai Private Hospitals, a total of 730,000 foreign patients sought medical diagnosis and treatment in private hospitals in Thailand during 2003, generating a total income of about Baht 19,000 million. By 2010 the total number of foreign patients is expected to reach the two million mark and the total income generated will be about Baht 80,000 million. This bright forecast has prompted Thai private hospitals to adjust marketing and product strategies to meet the growth of medical care requirements as well as capitalize on the new opportunities

Major provinces where foreigners have medical treatment are Bangkok, Pattaya and Chiangmai. Bangkok treats about 600,000 patients, Pattaya treats about 450,000 patients and Chiangmai treats about 300,000. (KTC research, 2005)

In Bangkok, There are 131 private hospitals with 16, 536 beds.

Table 2.2: Number of Private Hospitals in Thailand

Private Hospitals	Thailand	Bangkok	Provinces
Total # hospitals Total # beds	473 40,253	131 16,536	342 23,717
>200 beds # beds	38 13,072	25 9,549	13 4,023
51-200 # beds	162 20,090	43 -	119 -
<50 # beds	273 6,591	63 -	210 -

Source: Private Hospital Association

Table 2.3: Major Private Hospitals Serving Foreign Patients

Hospitals	No. Of Beds	Patients Grouping
Bamrungrad	550	Japanese, Americans, Britons and Chinese
Bangkok	550	Japanese, Americans, Bangladeshis and Vietnamese
Phya Thai2	550	Asians from several countries
Smithivej	250	Japanese, Koreans, other Asians and Middle Easterners
B.N.H.	225	Europeans

Source: Association of Thai Private Hospitals

However, offering medical care to the international market is not an easy thing to do. Several factors need to be taken into account as follows:

- 1) Facilities of private hospitals must be efficient and well-equipped to handle foreign patients who generally demand high-quality and more professional services.
- 2) Private hospitals must achieve Thailand's standard of health accreditation or even better, the standard of the International Hospital Accreditation Institution.
- 3) Hospital personnel must be able to communicate in foreign languages or translators must be readily available.
- 4) A coordination center for foreign patients should be set up in each major private hospital.
- 5) Government cooperation is needed to facilitate visa requirements, transfer of patients from airports and other entry points to hospitals, transfer of funds, etc.
- 6) Government ministries such as Commerce, Public Health and Foreign Affairs should assist Thai private hospitals in acquiring better access to the global health and medical care market.

To become Asia's center for health-oriented travel and service, Thailand will need a lot of support from the government. The Ministry of Public Health will help raise the quality of hospitals and modernize hospital equipment. The Ministry of Foreign Affairs should facilitate the entry of foreigners seeking medical care,

especially prompt issuance of visas to applicants with proper documents. The Airport Authority of Thailand, the immigration Division of the Police and the Tourism Authority of Thailand should help arrange for a smooth transfer of foreign patients from entry points to hospitals. And providers or hospitals should arrange the high service quality to serve the foreign patients.

2.4 One private hospital

As the first international hospital in Thailand, one private hospital holds the leading reputation for exceptional care for expatriates. In 2004, one private hospital was awarded the Prime Ministers Award for Most Recognized Service and the Asian Hospital Management Award for PR & Brand Management. Known for its distinct quality and personalized style of service, it routinely serves diplomats and families from more than 90 embassies as well as royalty from around the region. It was recently awarded "Best Services" by the Australian Chamber of Commerce in August 2007. To achieve the Joint Commission International Accreditation (JCI), one private hospital has set 2008 as the year of quality and is conducting projects and improving several methods to reach the goal of continuously looking towards further development to maintain high standards of service and care for people of all nationalities.

Launching the Service with a Heart project in February 14, 2008, the hospital hopes to improve the quality of service in behavior of all staff levels in the hospital and to increase customer satisfaction by using the tool called "HEART" which is related to five main behaviors of service standards.

Customer satisfaction is one of the key performance indicators that can reflect many dimensions of the service quality.

Customer Satisfaction is defined by using the Customer Satisfaction Index (CSI) to categorize five behaviors of service standards as follow:

H-Hearty : Smile, Wai and Say appropriate greeting

E-Empathy : Express concern for customers and their needs

A-Attention : Be attentive to customers, follow up, updates

R-Relationship : Recognize and remember customers,
be positive, offer options

T-Trust : Professionalism and competence in services

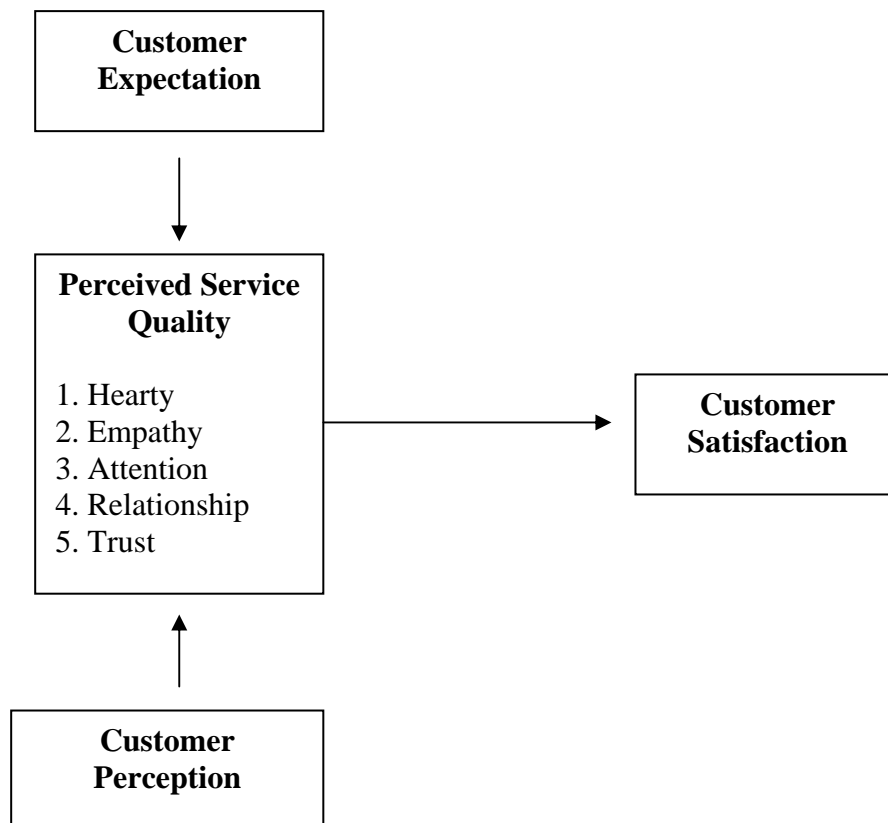
CHAPTER III

RESEARCH METHODOLOGY

3.1 Conceptual Framework

The study was conducted based on the conceptual framework drawn from Customer Satisfaction Index (CSI) of one private hospital standards.

Figure 3.1: The Conceptual Framework



3.2 Research Design

A cross-sectional descriptive study was conducted on foreign patients utilizing the services of one private hospital, Bangkok, Thailand, in order to evaluate the customer satisfaction with services. The research was based on secondary data collection. The measurement of the study used the Customer Satisfaction Index (CSI) of one private hospital standards. This research gathered information directly from actual and potential users of one private hospital.

The study has been structured as:

3.2.1 Location of the study

The study was based at one private hospital, Bangkok, Thailand

3.2.2 Population and Sample Size

I. Population

The population for this study comprised all the foreign patients who received the medical treatment service in one private hospital, Bangkok

II Sample Size

The sample size was based on secondary data (CSI) which provided clear required information: Name, visitation and all needed answers by using data from February to December 2008 after the project. Incomplete questionnaires are excluded from the criteria.

III. Sampling Method

Since respondents for this research are the foreigners who are living in, or visiting Thailand or staying in Bangkok, the research focused on the people who receive medical treatment in private hospitals in Bangkok, Thailand.

The study group was patients in both the In-Patient Department (IPD) and the Out-Patient Department (OPD). No bias towards gender, age and nationality. Unclear data was excluded.

3.2.3 Data collection

The research was based on secondary data collection. The measurement of the study used Customer Satisfaction Index (CSI) of one private hospital standards based on the training course. Regarding the program staff trained from February to March 2008; thus, the researcher used the data collected during February 2008 and December 2008. Descriptive statistics will be used to describe satisfaction level and independent variables while the relationships between these factors and customer satisfaction was determined by correlation analysis and Chi-square test.

The questionnaire consists of the important level and five-point Likert scale, with five main behaviors of quality service that the provider should have. Each scale item is anchored at the numeral 1: 1= “very poor”: 5 = “excellent”. The questions are structured to capture patients’ expectation and perception, and the level of importance of the hearty, empathy, attention, relationship and trust in the private hospital. The questionnaire was developed and tested for reliability for few months at one private

hospital before the hospital evaluation was started. Willing participants completed the questionnaire by themselves.

The number of CSI collected in each unit was calculated by Taro Yamane formula using the total number of patient visiting unit in 2007.

3.2.4 Data Analysis

The quantitative analysis was employed to measure the satisfaction of foreigners who took the medical treatment in one private hospital, Bangkok, Thailand. Essentially, quantitative analysis was conducted using the Statistical Package for Social Science (SPSS) version 16 to evaluate the difference characteristic or the characteristic of mean. A Chi-square test was performed to identify associations between socio-demographic characteristics and perception. It was also used to test for possible associations between satisfaction and unit, perception and overall satisfaction. However, this study was allowed from the hospital to reveal only part of satisfaction level, the general information of patient: age, sex, nationality and patient's suggestion was not used in this research.

CHAPTER IV

RESEARCH RESULT

This chapter presents the result of the survey. The Customer Satisfaction Index (CSI) of 4704 respondents was collected at one private hospital in both the In-Patient Department (IPD) and the Out-Patient Department (OPD) between February and December in 2008. The study population for this study was foreign patients who received the medical treatment service. These data were broken down into various parts to provide the reader with as much information as possible.

4.1 Demographic Features

Figure 4.1: Distribution of Respondents by Month

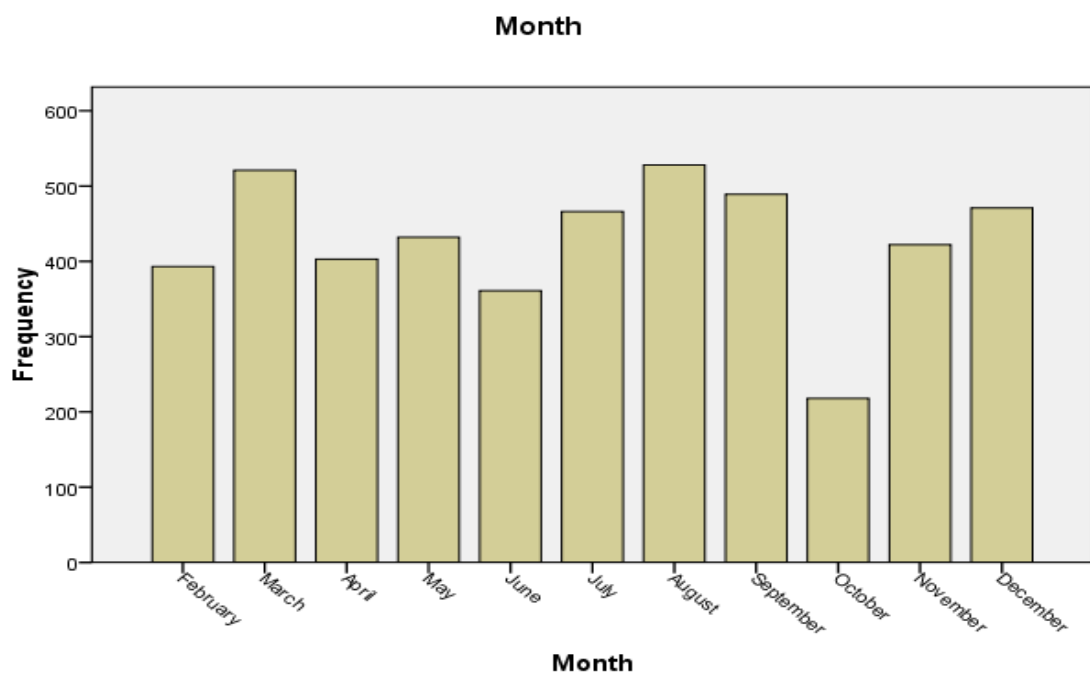
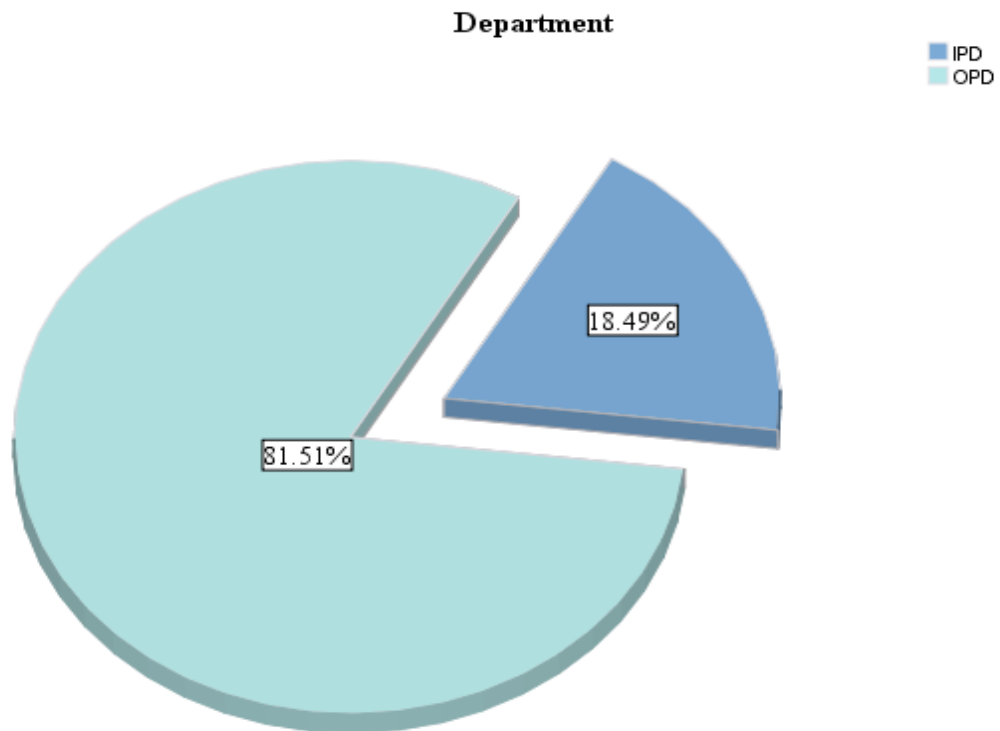


Table 4.1: The Respondents Classified by Month

Month	Frequency	Percent
February	393	8.4
March	521	11.1
April	403	8.6
May	432	9.2
June	361	7.7
July	466	9.9
August	528	11.2
September	489	10.4
October	218	4.6
November	422	9.0
December	471	10.0
Total	4704	100

Table 4.1 shows the total number of Customer Satisfaction Index (CSI) collected from foreign patients is 4704 cases between February and December in 2008. The highest number was in August, 11.2%, while the lowest number was in October, 4.6%.

Figure 4.2: Distribution of Respondents by Department**Table 4.2:** The Respondents Classified by Department

Department	Frequency	Percent
IPD	870	18.5
OPD	3834	81.5
Total	4704	100

Table 4.2 shows that the majority of cases were in the OPD, 3834(81.5%). Only 870(18.5%) were in the IPD.

Figure 4.3: Distribution of Respondents by Unit

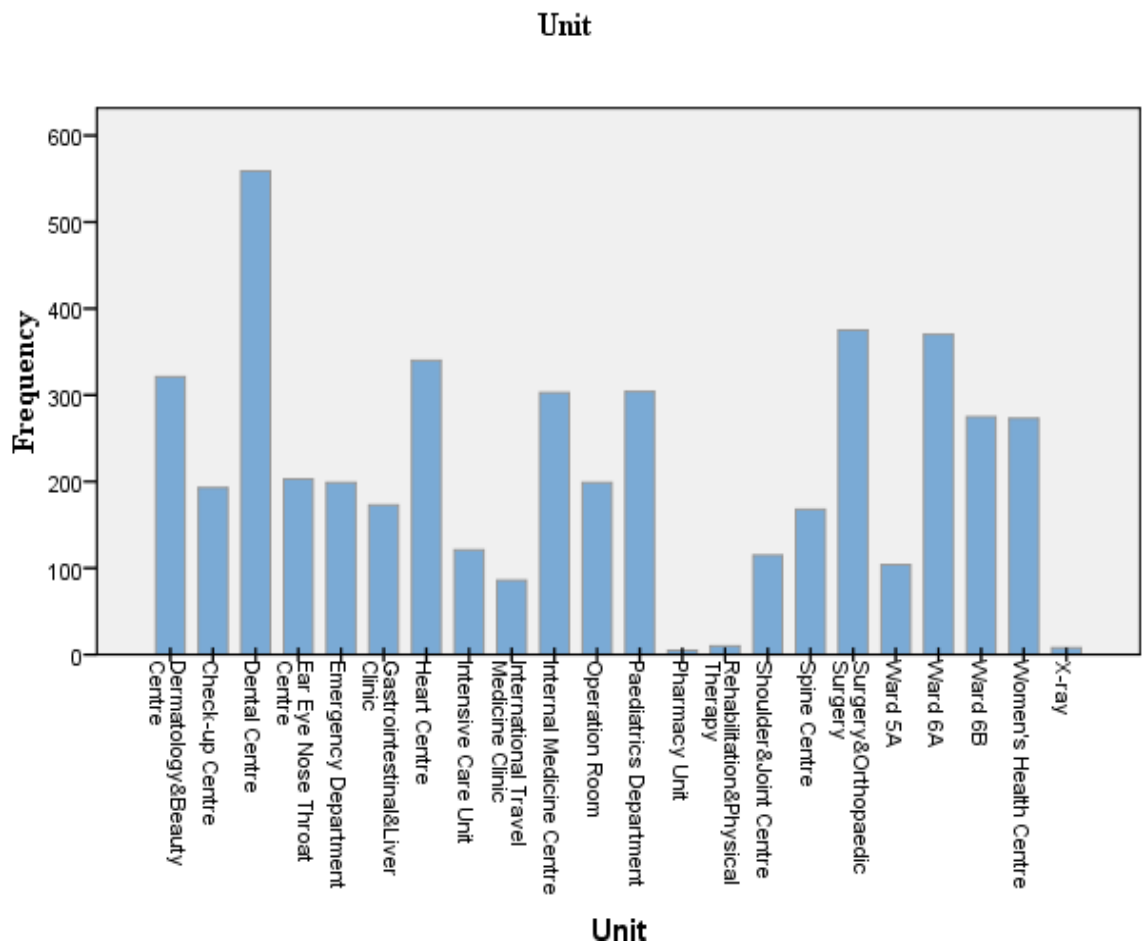


Table 4.3: The Respondents Classified by Unit

Unit	Frequency	Percent
Dermatology&Beauty Centre	321	6.8
Check-up Centre	193	4.1
Dental Centre	559	11.9
Ear Eye Nose Throat Centre	203	4.3
Emergency Department	199	4.2
Gastrointestinal&Liver Clinic	173	3.7
Heart Centre	340	7.2
Intensive Care Unit	121	2.6
International Travel Medicine Clinic	86	1.8
Internal Medicine Centre	303	6.4
Operation Room	199	4.2
Paediatrics Department	304	6.5
Pharmacy Unit	5	.1
Rehabilitation&Physical Therapy	10	.2
Shoulder&Joint Centre	115	2.4
Spine Centre	168	3.6
Surgery&Orthopaedic Surgery	375	8.0
Ward 5A	104	2.2
Ward 6A	370	7.9
Ward 6B	275	5.8
Women's Health Centre	273	5.8
X-ray	8	.2
Total	4704	100

Table 4.3 shows Dental Centre 559(11.9%), Surgery&Orthopaedic Surgery 375(8.0%) and Ward 6A 370(7.9%) were in the three high-ranking unit having data.

4.2 Customer Satisfaction

Table 4.4: Number, Percentage and Mean of Satisfaction Levels, Overall (n=4704)

	Satisfaction										Mean
	Very poor (1)		Poor (2)		Fair (3)		Good (4)		Excellent (5)		
	No	%	No	%	No	%	No	%	No	%	
Hearty	3	.1	11	.2	108	2.3	1130	24.0	3452	73.4	4.70
Empathy	10	.2	18	.4	172	3.7	1231	26.2	3273	69.6	4.65
Attention	20	.4	40	.9	309	6.6	1286	27.3	3049	64.8	4.55
Relationship	15	.3	29	.6	238	5.1	1303	27.7	3119	66.3	4.59
Trust	9	.2	13	.3	127	2.7	1113	23.7	3442	73.2	4.69
Overall Satisfaction	6	.1	15	.3	112	2.4	1179	25.1	3392	72.1	4.69

Table 4.4 shows results regarding customer satisfaction at each behavior, as well as overall satisfaction. The highest satisfaction by mean in Hearty (4.70%), Trust (4.69%) and Empathy (4.65%). The lowest means were Attention (4.55%) and Relationship (4.59%), while overall satisfaction was at 4.69%.

4.3 Association between demographic data and perception

This study sought to investigate the association between foreign patients' perception and demographic data. Perception were asked as "How do you feel about the service you received?" and grouped as "Excellent", "Good", "Fair", "Unsatisfaction" and "Need urgent improvement" in order to properly conduct a Chi-Square table analysis. Chi-Square tests have expected count less than 5. The data analysis in this section defined a p-value less than 0.05 as significant in association.

The results present month and department that were not statistically significant in their association with perception. However, the table 4.5 presents unit (.000) was associated with the perception of foreign patient towards the service in hospital.

4.4 Association between each satisfaction level and unit

Table 4.6 to 4.11 show details of five main behaviors: Hearty, Empathy, Attention, Relationship, Trust and overall satisfaction. All results were statistically significant, p-value=0.000.

The data from table 4.6 indicates that the highest Hearty rates were in International Travel Medicine Clinic (89.5%), X-ray (87.5%) and Spine Centre (81.5%). The lowest Hearty rates were Check-up Centre (52.3%), Pharmacy Unit (60.0%) and Internal Medicine Centre (63.4%).

The data from table 4.7 indicates that the highest Empathy rates were in X-ray (100%), International Travel Medicine Clinic (86.0%) and Operation Room (79.9%). The lowest Empathy rates were in Check-up Centre (46.1%), Rehabilitation&Physical Therapy (50.0%) and Internal Medicine Centre (59.1).

The data from table 4.8 indicates that the highest Attention rates were in International Travel Medicine (83.7%), Pharmacy Unit (80.0%) and X-ray (75.0%). The lowest Attention rates were in Rehabilitation&Physical Therapy (40.0%), Check-up Centre (42.0%) and Ward 6A (54.6%).

The data from 4.9 indicates that the highest Relationship rates were in X-ray (100%), International Travel Medicine Clinic (83.7%) and Spine Centre (76.2%). The lowest Relationship rates were in Rehabilitation&Physical Therapy (40.0%), Check-up Centre (43.5%) and Ward 5A (54.8%).

The data from 4.10 indicates that the highest Trust rates were in X-ray (100%), International Travel Medicine Clinic (86.0%) and Intensive Care Unit (81.0%). The lowest Trust rates were in Check-up Centre (52.3%), Pharmacy Unit (60.0%) and Ward 5A (60.6%).

The data from 4.11 indicates that the highest Overall Satisfaction rates were in X-ray (100%), International Travel Medicine Clinic (88.4%) and Emergency Department (81.9%). The lowest Overall Satisfaction rates were in Check-up Centre (50.3%), Ward 5A (59.6%), Rehabilitation&Physical Therapy and Pharmacy Unit (60.0%),

Table 4.5: Association between Level of Perception of Quality of Service and Unit (n=4704)

Perception in Excellent Level of Unit		
40-60 (%)	60-80 (%)	80-100 (%)
Check-up Centre (52.8) Rehabilitation&Physical Therapy (40.0) Ward 5A (54.8)	Dermatology & Beauty Centre (70.7) Dental Centre (69.9) Ear Eye Nose Throat Centre (74.7) Gastrointestinal&Liver Centre (76.3) Intensive Care Unit (66.1) Internal Medicine Centre (64.0) Operation Room (74.9) Paediatrics Department (62.8) Shoulder & Joint Centre (70.4) Spine Centre (73.2) Surgery&Orthopaedic Surgery (70.1) Woman's Health Centre (65.9) Ward 6A (69.2) Ward 6B (65.1)	Emergency Department (81.4) Heart Centre (82.1) International Travel Medicine Clinic (93.0) Pharmacy Unit (80.0) X-ray (87.5)

Table 4.6: Association between Satisfaction Level of Hearty and Unit (n=4704)

Satisfaction in Excellent Level of Unit		
40-60 (%)	60-80 (%)	80-100 (%)
Check-up Centre (52.3)	Dermatology & Beauty Centre (77.9) Dental Centre (70.1) Ear Eye Nose Throat Centre (75.9) Emergency Department (73.9) Gastrointestinal&Liver Centre (73.4) Intensive Care Unit (79.3) Internal Medicine Centre (63.4) Operation Room (78.9) Paediatrics Department (77.6) Pharmacy Unit (60.0) Rehabilitation&Physical Therapy (70.0) Shoulder & Joint Centre (73.0) Surgery&Orthopaedic Surgery (78.1) Woman's Health Centre (72.2) Ward 5A (72.1) Ward 6A (68.6) Ward 6B (70.2)	Heart Centre (80.3) International Travel Medicine Clinic (89.5) Spine Centre (81.5) X-ray (87.5)

Table 4.7: Association between Satisfaction Level of Empathy and Unit (n=4704)

Satisfaction in Excellent Level of Unit		
40-60 (%)	60-80 (%)	80-100 (%)
Check-up Centre (46.1)	Dermatology & Beauty Centre (71.3)	International Travel Medicine Clinic (86.0)
Internal Medicine Centre (59.1)	Dental Centre (60.6)	X-ray (100.0)
Rehabilitation&Physical Therapy (50.0)	Ear Eye Nose Throat Centre (72.9)	
	Emergency Department (76.9)	
	Gastrointestinal&Liver Centre (68.8)	
	Heart Centre (76.8)	
	Intensive Care Unit (77.7)	
	Operation Room (79.9)	
	Paediatrics Department (76.0)	
	Pharmacy Unit (60.0)	
	Shoulder & Joint Centre (68.7)	
	Spine Centre (76.2)	
	Surgery&Orthopaedic Surgery (76.0)	
	Woman's Health Centre (68.1)	
	Ward 5A (60.6)	
	Ward 6A (68.4)	
	Ward 6B (68.4)	

Table 4.8: Association between Satisfaction Level of Attention and Unit (n=4704)

Satisfaction in Excellent Level of Unit		
40-60 (%)	60-80 (%)	80-100 (%)
Check-up Centre (42.0)	Dermatology & Beauty Centre (68.5)	International Travel Medicine Clinic (83.7)
Dental Centre (59.7)	Ear Eye Nose Throat Centre (69.0)	Pharmacy Unit (80.0)
Rehabilitation&Physical Therapy (40.0)	Emergency Department (71.4)	
Ward 5A (55.8)	Gastrointestinal&Liver Centre (66.5)	
Ward 6A (54.6)	Heart Centre (70.0)	
Ward 6B (57.8)	Intensive Care Unit (71.1)	
	Internal Medicine Centre (60.1)	
	Operation Room (71.9)	
	Paediatrics Department (72.4)	
	Shoulder & Joint Centre (63.5)	
	Spine Centre (71.4)	
	Surgery&Orthopaedic Surgery (74.7)	
	Woman's Health Centre (62.3)	
	X-ray (75.0)	

Table 4.9: Association between Satisfaction Level of Relationship and Unit (n=4704)

Satisfaction in Excellent Level of Unit		
40-60 (%)	60-80 (%)	80-100 (%)
Check-up Centre (43.5)	Dermatology & Beauty Centre (70.1)	International Travel Medicine Clinic (83.7)
Internal Medicine Centre (55.4)	Dental Centre (61.9)	X-ray (100.0)
Rehabilitation&Physical Therapy (40.0)	Ear Eye Nose Throat Centre (67.5)	
Ward 5A (54.8)	Emergency Department (74.4)	
	Gastrointestinal&Liver Centre (70.5)	
	Heart Centre (69.4)	
	Intensive Care Unit (72.7)	
	Operation Room (71.4)	
	Paediatrics Department (74.3)	
	Pharmacy Unit (60.0)	
	Shoulder & Joint Centre (64.3)	
	Spine Centre (76.2)	
	Surgery&Orthopaedic Surgery (74.7)	
	Woman's Health Centre (63.0)	
	Ward 6A (63.2)	
	Ward 6B (60.0)	

Table 4.10: Association between Satisfaction Level of Trust and Unit (n=4704)

Satisfaction in Excellent Level of Unit		
40-60 (%)	60-80 (%)	80-100 (%)
Check-up Centre (52.3)	Dermatology & Beauty Centre (74.1) Dental Centre (67.8) Ear Eye Nose Throat Centre (77.3) Gastrointestinal&Liver Centre (76.3) Heart Centre (77.6) Internal Medicine Centre (66.3) Paediatrics Department (77.3) Pharmacy Unit (60.0) Rehabilitation&Physical Therapy (70.0) Shoulder & Joint Centre (73.0) Spine Centre (79.2) Surgery&Orthopaedic Surgery (79.5) Woman's Health Centre (72.5) Ward 5A (60.6) Ward 6A (70.3) Ward 6B (68.4)	Emergency Department (80.4) Intensive Care Unit (81.0) International Travel Medicine Clinic (86.0) Operation Room (80.9) X-ray (100.0)

Table 4.11: Association between Satisfaction Level of Overall Satisfaction and Unit (n=4704)

Satisfaction in Excellent Level of Unit		
40-60 (%)	60-80 (%)	80-100 (%)
Check-up Centre (50.3) Ward 5A (59.6)	Dermatology & Beauty Centre (74.8) Dental Centre (67.1) Ear Eye Nose Throat Centre (75.4) Gastrointestinal&Liver Centre (72.3) Heart Centre (77.1) Intensive Care Unit (78.5) Internal Medicine Centre (64.7) Operation Room (78.4) Paediatrics Department (77.0) Pharmacy Unit (60.0) Rehabilitation&Physical Therapy (60.0) Shoulder & Joint Centre (73.0) Spine Centre (75.6) Surgery&Orthopaedic Surgery (78.1) Woman's Health Centre (71.8) Ward 6A (68.6) Ward 6B (68.0)	Emergency Department (81.9) International Travel Medicine Clinic (88.4) X-ray (100.0)

4.5 Association between level of perception of quality of service and overall satisfaction

Table 4.12: Association between Level of Perception of Quality of Service and Overall Satisfaction (n=4704)

Overall Satisfaction	Level of Perception					x ²	df	p-value
	Need urgent Improvement (%)	Unsatisfaction (%)	Fair (%)	Good (%)	Excellent (%)			
Very poor	66.7	16.7	.0	16.7	.0	3.678	16	.000
Poor	20.0	40.0	26.7	13.3	.0			
Fair	2.7	.9	17.9	59.8	18.8			
Good	.0	.3	2.0	61.2	36.5			
Excellent	.1	.0	.3	15.9	83.8			

The result from table 4.14 shows the overall satisfaction is associated with level of perception of quality of service at p-value 0.000

CHAPTER V

SUMMARY, DISCUSSION AND RECOMMENDATION

This research focuses on the customer satisfaction of foreign patients in regards to Customer Satisfaction Index (CSI) at one private hospital to categorize five behaviors of service standards: Hearty, Empathy, Attention, Relationship, Trust and Overall Satisfaction. The data were collected from February to December 2008. The objective of the research are to study foreign patients customer satisfaction with private hospital services in one private hospital and to identify which satisfaction factors criteria in the hospital are most important to the foreign patients. Calculation determined a sample size of 4704.

Customer Satisfaction Index (CSI) of one private hospital was used as the secondary data in this study. The questionnaire was developed and tested for reliability for few months at one private hospital before the hospital evaluation was started. Willing participants completed the questionnaire by themselves. A Chi-square test was performed in an attempt to identify possible associations between socio-demographic characteristics and perception. It was also used to test for possible associations between satisfaction and unit, perception and overall satisfaction. It is the hope of the researcher that the results will be used as guidelines to improve the quality of service in behavior of all staff levels in the hospital and to increase customer satisfaction by using the tool called "HEART" which is related to five main behaviors of service standards.

SUMMARY

From table 4.1 to 4.3, Data from August, March and September were collected more than those from other months. The majority of the participants were in the OPD (81.5%) which mostly collected at Dental Centre 559(11.9%), Surgery&Orthopaedic Surgery 375(8.0%) and Ward 6A 370(7.9%).

Table 4.4, the highest rank in overall performance from “Excellent” was in the category, Hearty with a rate of 73.4%. The next highest were Trust (73.2%) and Empathy (69.6%). Low ranks from customer satisfaction were Attention (64.8%) and Relationship (66.3%). Overall satisfaction was at 72.1% in this study.

The association determined by Chi-square test for demographic features of data showed no statistically significant relationship to perception levels, (p-value >0.05 for month and department). However, the table 4.5 presents unit (p-value < 0.05) was associated with the perception levels.

The correlation between customer satisfaction of Hearty, Empathy, Attention, Relationship, Trust, overall satisfaction and unit showed statistically significant at p-value < 0.05 (table 4.6 to 4.11). The overall satisfaction is associated with level of perception of quality of service at p-value 0.000 which presented in table 4.12.

DISCUSSION

At the present, Thailand has more than 400 private hospitals scattered throughout the Kingdom. Visitors who choose to long-stay in Thailand can rest assured that Thailand's hospitals are of high standard while the fees are surprising low compared to those of the West. Foreign expatriates, executives of international corporations and embassy staff will all attest to the excellence of hospital treatment here and to comparatively low cost. Whether visitors are contemplating a check-up or a major medical professional procedure, they will enjoy prompt attention, immaculate comfort, highly professional staff, and friendly faces.

From the study, the level of customer satisfaction rated high in all categories: Hearty, Empathy, Attention, Relationship, Trust and Overall Satisfaction. . The highest satisfaction by mean were in Hearty (4.70%), Trust (4.69%) and Empathy (4.65%). The lowest means were Attention (4.55%) and Relationship (4.59%), while overall satisfaction was at 4.69%.

It demonstrated that Thai culture is traditionally firmly based in appearing demure and making others feel comfortable. Thai culture as a passive or "soft" culture. When it is applied to the medical community, patients may be either more or less important socially, as dependant on their status outside the hospital. For some, there are efforts to treat all patients equally, regardless of their social standing.

As for low means in Attention and Relationship, ongoing improvement in communication skills among practitioners is an essential component of a safety

culture. Developing systems that minimize the chance of error by improving communication and learning from mistakes, instead of placing blame, is critical. For instance, when things go wrong there is an ethical obligation on the part of health care providers to maintain open and honest communication with the patient and family. Having a multidisciplinary approach in place to establish the basic clinical facts is essential. Generally speaking, most patients want to know three things: (1) how it happened; (2) that their caregivers care about them sincerely and will not abandon them in their time of need; and (3) what steps will be taken so that they will know their current condition and not time consuming.

Since 2007, Thailand has faced problems from numerous unfavorable factors from both external and internal fronts which affected overall business. Those were the political change, the unrest in the South, the effect of the price crude oil and the fluctuation of the Baht value. Those factors have reduced the investors' confidence and investments have been deferred. It was the result of the decrease in private sector investments in the last year.

From the research, the number of foreign patients showed a noticeable increase in October 2008, possibly due to Thailand's political conflict. Whatever the external and domestic trends will be, hospitals inevitably lead to increases in productivity and profitability. The economic contribution of the hospitalist is determined by the reduction in cost, the impact on hospital reimbursement, and improvements in patient throughput. Therefore, the service arm intends to continue its improvement process of the patient cares and general services throughout organization.

The result showed that unit is the influence factor on customer satisfaction of Hearty, Empathy, Attention, Relationship and Trust. The lowest Overall Satisfaction rates were in Check-up Centre (50.3%), Ward 5A (59.6%), Rehabilitation&Physical Therapy and Pharmacy Unit (60.0%). This may be due to insufficient staffs and environment of those units. Recommendations at this point were regarding practices of staff in following the hospital standards of service; staffs need greater training in relation to their duties.

The association between “How do you feel about the service you received?” and overall satisfaction towards staff’s service behaviors was statistically significant at p-value less than 0.05. This result means that service behaviors influences foreign patients’ perception.

RECOMMENDATIONS

The high competitive in hospital market, both domestic and international market, lead to all hospital have to realize to improve their service quality. As Thailand, wants to be 'Health Tourism Hub of Asia'. To respond to the customer satisfaction is the important way to attract the customer from other countries.

Conveying an image of physician competence to customers is perhaps a more challenging task. To develop and maintain hospitals image, hospital staff must rely on the experience properties attributable to competence. Patients will generally form an impression of the level of competence of the staff as they experience various services during their hospital visit. Efforts must, therefore, be devoted to making every patient experience a positive one to build and reinforce the belief among them that the staff is competent. One way of achieving this is through training programmes that must be designed to reinforce the need to incorporate this mode of thinking among all the hospital staff. Moreover, hospital management should reward those units with higher patient satisfaction so that the units with less satisfied patients have some incentives to work better for higher patient satisfaction.

According to Babakus measuring the degree of patient satisfaction can help facilitate hospital service provision and management, as well as increase and maintain the quality of the service provision (providing a closer focus on customer needs and desires).

From the result showed that the foreigner less satisfied two factors in five factors of service behaviors, attention and relationship dimension. It is the warning sign to the private hospital to improve the service quality

Empathy, Attention and Relationship, the result also show that improving the quality of communication with patients by explaining medical procedures, discussing questions of concern, and by consulting with them regarding their care can greatly enhance customer satisfaction. Patients were satisfied with professionals who gave customers individual attention and understood their needs. Moreover, employees dealing with patients in a caring fashion and having the patient's interest at heart are important service issues.

Responsiveness and price, this is the factors should concern. If hospital bills provoke the reaction that they are inordinately high, it will lead to customer dissatisfaction. Hospitals can, perhaps, work with consumer expectations, as well as with their education to help them deal with potential cost shock.

Nowadays, the consumers have been marked by a shift in emphasis from curative medicine to preventive medicine. Preventive medicine focused on health of individuals and the community in order to protect, promote and maintain health, prevent disease, disability and premature death. So, hospital should set the approach strategy to response of the market trend such as set new campaign to serve customer who interest their healthy.

In hospital, customers' satisfaction is more intangible and less concerned with measurable units of goodness. Therefore, the procedures required for establishing customers' expectations need to be more rigorous and should include a number of different approaches. Service quality requirements should address hospital's processes as well as measurable elements of quality, because the service offering and service delivery is intertwined. (Lim & Jackson, 1999)

LIMITATIONS

1.) Overestimated from international patients that patients may report greater satisfaction than they actually feel because they believe positive comments are more acceptable to survey administrators.

2.) The study is based at one private hospital only where the majority of foreign patients come from the United States and Europe. Future studies should be performed in private hospitals that have various nationalities of foreign patient to get better analysis of patient satisfaction among different nationality.

3.) The customer satisfaction is upon the background, culture and experience.

For future research should study the customer satisfaction of each nation to customize the customer expectation.

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APPENDIX

The example of CSI form

How do you feel about the service you received?

(please rank indicated below)

Excellent Good Fair Unsatisfactory Need urgent improvement

Service Behaviors:

Please indicate the degree of your satisfaction (Highest = 5 / Lowest = 1)

	5	4	3	2	1
1. The staffs in the department smile, Wai and great me warmly	0	0	0	0	0
2. The staff in the department expresses care and concern by asking about me and my needs.	0	0	0	0	0
3. The staff in the department provides me with updates about my situation regularly.	0	0	0	0	0
4. The staff in the department is pro-active in providing solutions whenever I have problems.	0	0	0	0	0
5. The staff in the department is professional in delivering their services.	0	0	0	0	0
6. Overall Service Satisfaction.	0	0	0	0	0

Your suggestions and comments on our service would be appreciated.

.....

.....

.....

.....

Name

Date.....

Telephone.....

CURRICULUM VITAE

Name	Sarathinee Mongkolrat
Date of Birth	21 April 1984
Place of Birth	Bangkok, Thailand
Education	2005 Bachelor of Science (Medical Technology), The faculty of Allied Health Sciences, Chulalongkorn University
Work Place	2006-08 Coordinator at Heart Centre, BNH Hospital 2009-Present Assistant to Managing Director at Ban Ing Nam Health Resort and Spa