

Research Paper

European and Non-European Tourists' Perception on Medical Tourism in Thailand

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Abstract: Medical tourism is one of the fastest growing industries in Thailand. As with any businesses, medical tourism should seek to understand its customers' needs and perceptions for developing a marketing plan. The perceived service image, perceived value, and perceived risks are recognised as important aspects because they play an important role in predicting purchase behavior and achieving strategic planning for competitive advantages. There were more medical tourists from Europe than those from other western countries travelling to Thailand. Every year, people come to Thailand for vacation and medical treatment. Hence, this study aimed to compare the different perceptions of European and non-European tourists (i.e., North America, Australia, and New Zealand) toward medical services in Thailand. Data were collected from 362 respondents using questionnaires and the sample was selected via convenience sampling at tourist spots in Pattaya, Thailand. An independent sample t-test was conducted in order to test the hypotheses.

The results show that Europeans have a better impression of Thailand's medical services than non-Europeans concerning convenience of travel, transportation arrangements, setting up medical procedures, and coordinating services with patients, hospitals and insurance companies. However, there was also a higher perception of risk for Europeans than non-Europeans when they compared medical treatment with other forms of travelling. While the perceived value of medical service did not show a different perception between Europeans and non-Europeans, they agreed that medical service in Thailand is worthwhile. Therefore, service providers should understand tourist perceptions toward services and respond to their needs by developing service strategies to increase the convenience and trustworthiness of travelling with reasonable prices.

Keywords: Medical tourism, perceived medical service image, perceived risk, perceived value, Thailand

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Introduction

Good health is central to our happiness and well-being. People will live a longer life if they are disease-free. The Economist Intelligence Unit (EIU) reported that in 2017 and 2018, health care spending will rise to over 6% per year in Asia (Deloitte Touche Tohmatsu Limited, 2016). The factors that influence health care expenditure are the rapidly aging population worldwide, as well as chronic and communicable diseases that have serious repercussions in both developed and emerging countries. In 2016, the number of people diagnosed with diabetes globally is 387 million and is estimated to increase to 592 million by 2035 (Deloitte Touche Tohmatsu Limited, 2016). For the period 2014-2018, the demand for the global health care industry has increased. For example, the spending for health care in North America grows an average of 4.9% annually, Canada has a slightly slower growth at 4.5%, Europe is rising at 2.4%, and Asia and Australasia is increasing at 8.1% (Deloitte Touche Tohmatsu Limited, 2015).

Thailand is well-positioned to be the medical hub of Asia by having a number of internationally accredited medical facilities. The health care industry in Thailand offers four major health service areas, which are medical services, integrative wellness centers, development of Thai herbs, and traditional and alternative Thai medicine. Thailand has over 1,000 public and 300 private hospitals across the country (Board of Investment of Thailand, 2014).

Health care plus tourism is a new form of globalised health care, which is becoming one of the fastest growing sectors with many countries investing in strategic plans to serve this market. Medical tourism is a part of health tourism (Smith & Puczko, 2009). Medical tourism provides tourists the unique attraction of a destination's facilities for healthcare services (Borman, 2004). English, Mussell, Sheather, and Sommeville (2005) stated that in medical tourism, tourists search for a destination that has the highest technical proficiency, competitive prices, and an attractive destination for relaxation. Since the 18th century, wealthy patients have travelled from developing countries to European countries and the USA for health care services. However, in the late 20th century, the situation is reversed with patients from developed countries travelling to developing countries for health services (Fetscherin & Stephano, 2016).

Thailand has cleverly seized business opportunities for medical tourism by making it an integral part of its tourism and health care industries. Thailand has many JCI-accredited hospitals and US-certified physicians and continuously promotes medical tourism in Bangkok, Chiangmai, Phuket, and Samui Island (Heung, Kucukusta, & Song, 2011). In comparing the medical tourism offered by Thailand and other countries, Cohen (2008) found that Thailand has a competitive edge over other nations which is pricing.

Table 1. Number of businesses (hotel and restaurant branches) by size in 2010

Medical service	USA	India	Thailand	Singapore	Malaysia	Mexico
Heart bypass	113,000	10,000	13,000	20,000	9,000	3,250
Heart valve replacement	150,000	9,500	11,000	13,000	9,000	18,000
Angioplasty	47,000	11,000	10,000	13,000	11,000	15,000
Hip replacement	47,000	9,000	12,000	11,000	10,000	17,300
Knee replacement	48,000	8,500	10,000	13,000	8,000	14,650
Gastric bypass	35,000	11,000	15,000	20,000	13,000	8,000
Hip resurfacing	47,000	8,250	10,000	12,000	12,500	12,500
Spinal fusion	43,000	5,500	7,000	9,000	-	15,000
Mastectomy	17,000	7,500	9,000	12,400	-	7,500
Rhinoplasty	4,500	2,000	2,500	4,375	2,083	3,200
Tummy tuck	6,400	2,900	3,500	6,250	3,903	3,000
Breast reduction	5,200	2,500	3,750	8,000	3,343	3,000
Breast implants	6,000	2,200	2,600	8,000	3,308	2,500
Crown	385	180	243	400	250	300
Tooth whitening	289	100	100	-	400	350
Dental implant	1,188	1,100	1,429	1,500	2,636	950

*Source: OEDC (2011).

This competitive advantage over other countries has allowed its medical tourism to thrive. The Ministry of Public Health in Thailand and the Kasikorn Research Center found that over 2.5 million international patients have travelled to Thailand for treatment and the top five visitor countries were Japan, U.S., UK, Saudi Arabia and Australia (“Medical Tourism Statistics”, 2015).

Singh (2008) highlighted that Colombia, Singapore, India, Thailand, Brunei, Cuba, Hong Kong, Hungary, Israel, Jordan, Lithuania, Malaysia, Philippines, and UAE were the emerging countries for health care destinations, while Argentina, Bolivia, Brazil, Costa Rica, Mexico, and Turkey were in the process of becoming health care service providers. However, Asia remains the most important medical tourism region (Connell, 2006; Heung et al., 2011). Reports of MTA patient surveys (“Medical Tourism Statistics”, 2015), show that the majority of medical travellers were female, 45-65 years old, white or Caucasian, college graduates, with a household income between \$50,000 - \$100,000. Sixty-four percent of patients that travelled abroad for medical treatment did not have health insurance, 90% of patients or their relatives travelled abroad for tourism activities, 86% were willing to revisit the overseas destinations again for medical treatment, and cost savings motivated 85% of the demand for medical travel.

There are several factors that motivate individuals to seek medical tourism which depend on their health problems or types of symptoms they want to treat. Many

want to travel for a change in location or travel based on doctor's recommendation (Lam, Cros, & Vong, 2011). Americans who have no health insurance coverage, especially ageing people, or those who look for less expensive health treatment often go abroad to get medical services in other countries (Beladi, Chao, Ee, & Hollar, 2015).

In order to serve medical tourists well, service providers should be aware that each person has different requirements. Previous studies have shown that tourists from various countries normally have different perceptions toward factors that drive them and this results in different behavior and decision-making. Travellers from different countries have different preferences and expectations. For instance, there are variations between Western and Asian tourists in their destination choice behavior (Kim & Lee, 2000), information search behavior (Chen & Gursoy, 2000), expectations, perceptions and evaluation of services (Yuksel, Kilinc, & Yuksel, 2006).

The statistics of foreign tourists from Western countries who visited Thailand in 2013 indicate more European tourists than Non-European tourists from other western countries (Thailand Authority of Tourism, 2014). Noree, Hanefeld and Smith (2016) examined the number of medical tourists and found that Europeans comprised 13.4%, North Americans, 9.0% and Australasians, 3.8%.

Nevertheless, there is a dearth of research about medical tourism concerning visitors' characteristics and experience (Yu & Ko, 2012) especially in Thailand. In the field of economics and marketing, perceived value, service quality, and perceived risk are important aspects because they play vital roles in predicting purchase behavior and achieving strategic planning for competitive advantage (Heinonen, 2004; Connell, 2013; Leahy, 2008). Therefore, the purpose of this research is to study the different perceptions of factors that affect the decision making of European and non-European tourists toward medical services in Thailand. Understanding the determinants of tourist perceptions will allow the relevant authorities to focus on the influencing factors that lead to tourist retention. The development of such a study has value to researchers, service providers and practitioners. For researchers, it can enhance knowledge in developing and testing factors related to medical tourism with regard to tourists' perspectives of benefits and risks. The results help service providers to better justify their service policies, train staff, and produce strategies that can serve western tourists in order to develop better services and medical products for tourists. This will generate higher levels of tourist satisfaction as Alexandris, Kouthouris and Meligdis (2006) as well as Chindaprasert and Yasothornsrikul (2015) stated that push motivation and satisfaction with travel experiences contributes to destination loyalty.

Literature Review

Perceived Medical Service Image

The service quality concept was pioneered by Parasuraman, Zeithaml, & Berry (1985) who found that service quality stems from consumer attitudes as a result of comparing their expectations and the actual performance. In tourism research, tourists compare their expectations and perceived service when they participate in activities (Brady & Robertson, 2001). Five dimensions composing of assurance, empathy, responsiveness, reliability, and tangibility measure the service quality (Parasuraman, Zeithaml, & Berry, 1988). The quality image of health care services is based on the perceptions and expectations of customers that they can compare with perceiving service from a service provider. Destination image can influence tourists' decision-making process and behavior (Chi & Qu, 2008).

Thailand has a competitive advantage in health care service because of its affordability, price, reputation, and strong tourism attributes (Wongkit & McKercher, 2013). However, Gan & Frederick (2011) and Han & Hwang (2013) found additional challenges for tourists, which include language barrier, inefficient communication, low-quality medical care, uncomfortable atmosphere, low-quality service and unfriendly staff. Therefore, service providers should provide better-qualified medical professionals, wider range of medical products, higher continuity of care, facilities that are more modern, enhanced competencies, and well-trained staff (Lee, Han, & Lockyer, 2012).

Perceived Risk

Perceived risk is considered a fundamental concept of consumer behavior and is often used to explain customers' risk perception and reduction methods (Shin, 2010). The risk refers to the feeling of tourists when purchasing products/services and this does not turn out well. As people often avoid making any mistakes, perceived risk can be one of the important factors to drive consumer behavior (Mitchell, 1999); depending on how customers rate the importance of the target and how serious the possible consequences of a mistake are (Lee, 2009). Normally, tourists not only examine the value of products and services but also try to avoid risk. Tourists are concerned about the money they spend and also their feelings and emotions during the healing process as well as after the treatment period (Leahy, 2008).

When tourists travel, they are also concerned about safety. They prefer to travel to destinations, which are safe and secure (Ramseook-Munhurrun, Seebaluck, & Naidoo, 2015; Longjit & Pearce, 2013; Gunasekaran & Anandkumar, 2012). Destinations which have high security and safety encourages revisits (Kozak, Crotts, & Law, 2007; Quintal & Polczynski, 2010). Hence, Asian countries are often the preferred destination for tourists because of low costs, lack of waiting period,

and treatment using high-tech equipment. The combination of certified national standards and lower costs by hospital and insurance companies encourages customers to pursue medical treatment in Asia.

According to previous surveys, some medical travellers search information from the internet. The question that arises is how do patients assimilate and synthesise the information they derive from websites to make their decisions. Peterson, Aslani, & Williams (2003) stated that patients were aware of biased information from the Internet. Patients pay attention to the context of what is being searched depending on their purpose of seeking information. Bates, Romina, Ahmed and Hopson (2006) argued that the credibility of the source is judged by the quality of the information. The information that customers acquire can be confusing, overwhelming, and contradictory (OECD, 2011). Therefore, Marshall and Williams (2006) suggested that service providers should improve public awareness of critical appraisal tools, develop information literacy and health information tools. The trust and credibility of information are limited by available alternatives, uncertain situations and the possibility of pain and side effects from treatment (Natalier & Willis, 2008).

Perceived Value

The concept of perceived value is a relationship between the consumer and the product where the value is estimated by virtue of its comparison, situation, preference, perception, and cognitive-affective context (Fernandez & Bonillo, 2007). Perceived value has been viewed as a comparison between price and quality (Monroe, 1990). Customers usually compare their perceived product's benefits with the price that they have to pay plus the risks that may occur. If the benefits are higher than the cost, customers make a decision to purchase (Kotler, 2003). If customers are satisfied from evaluating their overall consumption experiences, it is likely that their satisfaction will increase and the opportunities for repurchase will increase too (Chiu, Hsu, Lai & Chang, 2012; Han, 2013). The level of customer satisfaction will increase, if the perceived value is higher than average (Yang & Peterson, 2004).

Customers estimate the price that they have to pay by examining the cost of treatment combined with waiting times, reasonable airfares, and suitable exchange rates (Connell, 2006). Consumers will compare reasonable prices and the amount paid for the quality of the perceived product and service (Kim, Goh, Yuan, 2010; Wan & Chan, 2013; Monroe, 1990; Quintal & Polczynski, 2010). In this comparison, consumers will evaluate the benefit of the product relying on the recognition of product and service (Zeithaml, 1988; Quintal & Polczynski, 2010). A higher price will increase tourists' expectations of the value promised (Dodds, Monroe, & Grewal, 1991).

Methodology

This study used questionnaires to collect data. The questionnaire that looked at perceived image of medical service was adapted from Wang (2012), Han & Hyun (2015), and Saiprasert (2011). Whereas, the perceived service value and perceived risk questionnaire was adapted from Wang (2012). The questionnaire was divided into five parts. In section one, tourists were asked to disclose demographic data about themselves such as gender, age, marital status, education, and nationality (Europe, America/Canada, Australia/New Zealand). The first section utilised nominal and ordinal scales. In section two, the questions examined tourists' travel behavior. The questions included frequency of visits to Thailand, purpose of visit, types of medical service, sources of information, and travel companion. The second section also utilised nominal and ordinal scales. The third, fourth and fifth sections asked respondents about their perceived image, perceived risk and perceived value of Thailand's medical services, respectively. A five-point Likert scale was used ranging from "very low" to "very high".

The survey was conducted in Pattaya, Thailand. The respondents were selected using convenience sampling at tourist spots such as North Beach, Central Beach, and Jomtein Beach. The questionnaire was administered face-to-face to 200 Europeans and non-Europeans, each. The researchers distributed and collected questionnaires from tourists who used medical services in Thailand and were visiting Pattaya. Some of them directly selected Pattaya as a destination while some others used medical services from hospitals in Bangkok or other cities before visiting Pattaya for a vacation. A total of 385 western tourists from Europe and Non-Europe countries (North America, Australia, and New Zealand) participated in this study. Researchers asked screening questions to determine whether the tourists were from Europe, North America, Australia, and New Zealand and whether or not the tourists used any kind of medical service in Thailand. The tourists were also asked their permission and willingness to fill in the questionnaire.

To test for reliability, the computation of Cronbach's alpha was used. Nunnally (1978) recommended that if the coefficient alpha is greater than 0.7, there is a strong item covariance. A reliability analysis was carried out using the SPSS software package. The results for reliability analysis were 0.903 for perceived medical service image, 0.953 for perceived risk and 0.863 for perceived value. All three factors had Cronbach's alpha values greater than 0.70, confirming the internal consistency of the data.

The researchers distributed 400 questionnaires and received 385 completed questionnaires with a collection rate of 96.25%. Unreliable and incomplete questionnaires were removed from the 385 questionnaires and the total number of usable samples was 362.

A frequency analysis was conducted in order to get information about the demographic data and travel behavior of the respondents. The mean and standard deviation were analysed for information about the level of service image, risk, and service value that was perceived by tourists. Finally, an independent sample t-test was conducted in order to test the hypotheses about the difference in perception of variables between respondents from Europe and Non-European countries. Hair, Anderson, Tatham, and Black (1995) claimed that independent sample t-test was used to assess the statistical significance of the difference between two sample means on two different subjects. Levene's test for the equality of variances also examined for the significance of the F-value. If the significance of the F-value is higher than 0.05, the t-test derived from equal variances has an assumed value. If the significance of the F-value is lower than 0.05, the t-test derived from equal variances has no assumed value. The hypotheses were tested at significance levels of 0.05 and 0.01.

Results

Demographic Factors

The demographics are presented in Table 2. The respondents comprised of 178 Europeans and 184 non-Europeans. The majority of tourists were female (316) with 46 males. The age breakdown is as follows: 6 respondents less than 25 years old, 26-35 years old (38), 36-45 years old (52), 46-55 years old (65), and more than 55 years old (201). In terms of marital status, 165 participants were married, 137 single, and 60 divorced/widowed/other. Regarding the level of education, 186 respondents had a bachelor degree, 130 had a qualification lower than a bachelor degree, and 46 had a degree higher than a bachelor degree.

Table 2. Demographic factors

Item	Response	Number of respondents	Percentage
Gender	Male	46	12.7
	Female	316	87.3
Age	Less than 25	6	1.7
	26-35	38	10.5
	36-45	52	14.4
	46-55	65	18.0
	More than 55	201	55.4
Marital status	Single	137	37.8
	Married	165	45.6
	Other	60	16.6

Table 2 (con't)

Education	Lower than a bachelor degree	130	35.9
	Bachelor degree	186	51.3
	Higher than a bachelor degree	46	12.8
Country	Non-Europe (USA, Canada, Australia or New Zealand)	178	49.1
	Europe	184	50.9

Travel Behavior

The results for travel behavior are presented in Table 3. The frequency of visits to Thailand for medical treatment is as follows: the majority of respondents (275) visited four times or more, 41 visited two times, 28 visited three times and 18 visited one time. Two hundred and fifty-seven participants visited for medical treatment and vacation, 66 for medical treatment and visiting friends/relatives, and 39 for medical treatment and business. The majority of respondents (140) had dental surgery/treatment. Two hundred and eight respondents got information from hospital websites, 98 from friends or relatives, 29 from medical tourism/travel agencies, and 27 from other sources. The number of respondents who visited Thailand alone was 189, 157 came with their spouse or family, and 16 mentioned others.

Table 3. Travel behavior

Item	Response	Number of respondents	Percentage
Frequency of visiting Thailand	1 time	18	5.0
	2 times	41	11.3
	3 times	28	7.7
	4 times and more	275	76.0
Purpose of travel	Medical treatment and vacation	257	70.9
	Medical treatment and visit friends or relatives	66	18.2
			10.9
	Medical treatment and business	39	

Table 3 (con't)

Types of medical services (Respondents can select more than one choice)	Dental surgery/treatment	140	28.6
	Cosmetic/plastic surgery	14	2.8
	Circulatory system	22	4.4
	Bones, joints and tendons	34	6.9
	Breast surgery	8	1.6
	Cardiology	22	4.4
	Diagnostics	57	11.6
	Ear, nose, throat	19	3.9
	Eye surgery	49	10.1
	Female reproductive system	5	1.1
	Physical exams	45	9.3
	Stomach and bowel	10	2.1
	Other	64	13.2
Sources of information	Friends or relatives	98	27.0
	Medical tourism/travel agencies	29	8.0
	Hospital websites	208	57.5
	Other	27	7.5
Travel companion	Alone	189	52.2
	Spouse or family	157	43.3
	Other	16	4.5

Testing the Hypotheses

This study aimed to test the hypotheses by comparing the perceived medical image, perceived risk, and perceived value of Thailand for medical treatment between Europeans and non-Europeans using an independent sample t-test. Pizam and Sussmann (1995) stated that tourists of different nationalities have behavioral characteristics that reflect the perceived difference of tourists. Previous research about a country's consumer behavior has confirmed that culture strongly influences consumer behavior (Forgas-Coll, Palau-Saumell, Sánchez-García, & Callarisa-Fiol, 2012; Souiden & Diagne, 2009). In addition, there is other research which has attempted to explain and show that nationality affects cognition, affection, and conation. Barutçu, Doğan, & Üngüren (2011) studied tourists' perception toward satisfaction of shopping by comparative analysis with different nationalities. They found that nationality influences the difference in tourists' perception toward satisfaction. Therefore, it is essential to study tourists of different nationalities in order to understand their perceptions and requirements for serving them in the future.

Hypothesis 1: There is a significant difference of perception of European and non-European tourists toward the perceived image of Thailand's medical service.

Table 4. The perceived image of Thailand's medical service

Perceived image of medical service	Mean European	SD	Mean non-European	SD	t-test	p-value
1. Accessibility from your country is easy	3.85	0.92	3.73	0.92	1.19	0.234
2. Convenience for travel arrangement	3.94	0.85	3.73	0.93	2.06*	0.039
3. Friendliness and helpfulness of the local people	4.10	0.83	3.99	0.88	1.23	0.218
4. No language barriers in traveling in Thailand	3.68	1.08	3.56	1.07	1.02	0.317
5. Safety from crime and terrorist attack	3.73	1.05	3.63	1.02	0.85	0.391
6. Stable political situation	3.24	1.24	3.29	1.20	0.41	0.680
7. Well-known and good reputation as a tourist destination	3.89	0.93	3.88	0.90	0.13	0.891
8. Short waiting time for medical examinations	3.95	0.80	3.89	0.90	0.58	0.560
9. International hospital accreditation	3.99	0.82	3.98	0.85	0.10	0.921
10. High standards of medical facilities	3.94	0.77	3.97	0.82	0.28	0.780
11. High standards of medical staff	3.95	0.84	3.88	0.88	0.76	0.445
12. The process for setting up medical appointments was convenient	3.96	0.84	3.68	0.84	2.83**	0.005
13. Convenient hospital transportation arrangements	3.91	0.82	3.70	0.85	2.25*	0.024
14. Coordinated arrangements between the patient, hospital, third party insurance companies, embassies and other businesses	3.94	0.78	3.73	0.87	2.37*	0.018

*Significance level 0.05 ** Significance level 0.01

The results in Table 4 show that the perception of image for medical service was at a high level (high = 3.51-4.50). It was found that for a majority of the factors, Europeans and non-Europeans had no difference in the significance level toward the medical service image of Thailand because the p-value was more than the critical value of 0.05. The factor that did not have a significant difference was *Accessibility from your country is easy* because both Europeans and non-Europeans had less problems of accessing the service from their country because the mean was at a high level (3.85 and 3.83). In addition, both Europeans and non-Europeans showed no significant difference for the attributes: friendliness and helpfulness of the local people, no language barriers, safety from crime and terrorist attack, stable political situation, well-known and good reputation of the destination, short waiting time for medical examinations, international hospital accreditation, high standards of medical facilities, and staff. That means both Europeans and non-Europeans had the same perception level toward those attributes.

However, there was a significant difference toward the service image of Thailand at a significance level of 0.01 for the attribute of the convenience of medical appointments ($t = 2.83$, $p = 0.005$). There were differences about the service image of Thailand at a significance level of 0.05 for the attributes: travel arrangements ($t = 2.06$, $p = 0.039$), visa and immigration procedures ($t = 2.58$, $p = 0.013$), hospital transportation ($t = 2.25$, $p = 0.024$), and coordination between the patient, hospital, third party insurance companies, embassies and other businesses ($t = 2.37$, $p = 0.018$). Europeans' perceptions were at a higher level than those attributed to non-Europeans.

Hypothesis 2: There is a significant difference of perception of European and non-European tourists toward perceived medical risk in Thailand.

Table 5. The perceived risk of medical service in Thailand

Perceived medical risk	Mean European	SD	Mean non- European	SD	t-test	p-value
1. Medical treatment in hospitals has potential risks	3.58	0.90	3.54	0.95	0.42	0.675
2. Participating in medical tourism puts my life at risk because of the lack of post-operative care.	3.66	0.98	3.51	0.94	1.39	0.163

Table 5 (con't)

3. Participating in medical tourism puts my life at risk because of the possible occurrence of side effects.	3.62	1.01	3.42	1.00	1.82	0.068
4. Travelling to Thailand for medical treatment does not instill confidence in the recourse against malpractice	3.44	1.08	3.70	1.07	1.34	0.180
5. Compared with other forms of travel and tourism, travelling to Thailand for medical treatment has potential risks	3.53	0.89	3.27	1.06	3.36*	0.019

*Significance level 0.05 ** Significance level 0.01

The results in Table 5 demonstrate that there was no difference in the significance level toward the perception of medical risk between Europeans and non-Europeans because the p-value is more than the critical value of 0.05. There was no difference in the significance level toward the perception of medical risk for the attributes: potential risks, life at risk because of the lack of post-operative care, the possibility of side effects, and little recourse against malpractice.

Whereas the attribute *travelling to Thailand for medical treatment has potential risks when compared with other forms of travel and tourism* had a difference for the perceived risk between Europeans and non-Europeans at the significance level of 0.05 ($t = 3.36$, $p = 0.019$). Europeans perceived travelling to Thailand for medical treatment as a higher risk than non-Europeans. Therefore, it shows that tourists still perceive some risk when using medical services in Thailand. The study found that Europeans and non-Europeans perceived medical risk at a moderate to high level (Moderate = 2.51-3.50; High = 3.51-4.50). Hence, it is essential for hospitals to provide more information to tourists in order to develop more trust for the medical services.

Hypothesis 3: There is a significant difference of perception of European and non-European tourists toward the perceived medical value of Thailand.

Table 6. The perceived value of medical service in Thailand

Perceived medical value	Mean European	SD	Mean non- European	SD	t-test	p-value
1. Compared to the fee I am asked to pay, Thailand medical tourism offers value for money	3.85	0.84	3.74	0.83	1.20	0.229
2. Compared to the potential risk I bear, Thailand medical tourism is worthwhile to me	3.89	0.77	3.75	0.86	1.64	0.112
3. Compared to the time away from work/leisure that medical care requires, Thailand medical tourism is worthwhile to me	3.88	0.80	3.73	0.85	1.62	0.111

*Significance level 0.05 ** Significance level 0.01

The results in Table 6 show that Europeans and non-Europeans had no difference in the significance level toward the medical value of Thailand because the p-value is more than the critical value of 0.05. Their perceived medical value was at a high level (High = 3.51-4.50). There was no difference in the significance level toward the perceived medical value when they compared what they received from service with the fee, the potential risk, and the time away from work/leisure. Thus, Thai medical tourism is deemed to be worthwhile to them.

Discussion and Recommendations

This study found that the majority of tourists visited Thailand on vacation and underwent their medical treatment during their stay. Thailand has been recognised as an Asian medical tourism destination (Henderson, 2009). The results of the hypotheses testing indicate that there was a difference with regard to some aspects. European travellers perceived a higher medical service image than non-Europeans with regard to setting up medical appointment, transportation service, and coordination of arrangements between the patient, hospital, third party insurance companies, embassies and other businesses. Moreover, visitors perceived that Thailand

has a high level of standard for medical services and facilities, international hospital accreditation, and short waiting time for medical examinations. Therefore, hospitals and clinics should respond to the needs of their foreign patients by including services regarding accommodation, transportation, and visa arrangements to help visitors have more convenient travel options.

In addition, Thailand is a fascinating tourism destination with a good reputation for easy accessibility from other countries, its friendly and helpful local people and safety from crime and terrorist attack. The Medical Tourism Association (2013) stated that culture was one of the most important factors for medical tourism; obviously, people in Thailand always throw out a warm and friendly welcome for foreigners, which usually encourages tourists to come again. However, Thai staff in hospitals and the hospitality industry have language problems. While the results show that the respondents had no language barriers travelling in Thailand, it should be noted that Thailand is a non-English speaking country so, the majority of the service staff cannot communicate well in English or other languages. Hence, the staff should attempt to learn English instead of using translation services because fluency in a patient's language has also been identified as a motivational factor for tourism (Medical Tourism Association, 2013).

In examining perceived value, visitors will check the difference in health care costs between home and host country before making decisions. Previous studies have acknowledged that Thailand is an inexpensive country for medical treatment when compared with western countries. Customers are always concerned about price fairness, which affects their choice behavior (Ryu & Han, 2010), as well as the post-purchase decision making process (Jiang & Rosebloom, 2005). Therefore, hospitals should realise that reasonable pricing is very important, and is linked to the customer's trust in service so that they will be perceived as less risky. Their perceptions will indirectly affect their word-of-mouth communication. Moreover, if hospitals can provide superior service that travellers can trust, this would encourage wealthy patient-travellers to visit more often (Han & Hyun, 2015). Crooks, Turner, Snyder, Johnston and Kingsbury (2011) suggested that hospitals should promote and advertise more about their international and national accreditation, wide range of specialised medical procedures, staff competency and professionalism, and high-quality health care. Furthermore, hospitals should be concerned about the continuity of care and post-operative treatment to lower patients' mental anxiety. To lower risks, service providers should promote legal policies that can protect cross-border customer health and safety. Lastly, service providers, practitioners, and policy and regulation makers should take into account medical and ethical issues. In conclusion, the results of this study serve not only to assist medical service providers to understand the perceptions of tourists, but also show the direction for medical practitioners in making medical tourism a win/win option for themselves and their customers.

Conclusion

The findings and implications of this study are important for service providers and policy makers as these are the considerations that potential medical tourists look at when they select their destinations for medical travelling. This study aimed to study the perception of tourists about medical service in Thailand regarding its image, perceived value, and perceived risk. The findings of this study provide valuable information for medical service providers to understand the perception of travellers and provide marketing strategies to service them. The study found that Thailand has a high medical service image with moderate to high perceived risk, and a high perceived value of service. European and non-European travellers showed differences regarding some attributes of the perceived medical service image, and also in perceived risk but showed none when it came to perceived value. Although Thailand now has a well-regarded medical image, it still has to develop medical service standards because there are several countries promoting their medical services as a method of encouraging tourists to visit their countries. Medical tourism is a highly competitive industry. Hence, medical service providers should promote Thailand as a destination for relaxation and low-risk country for medical service, emphasising on the high level of professionalism in doctors and staff, the high standards of facilities such as comfortable accommodation and transportation, and its reasonable prices.

Limitations and Future Studies

As with any research, this study contains some limitations that should be considered in future research. First, the majority of the respondents were females. The medical services do not show the large amount of cosmetic surgery for women. Therefore, the next study should collect data from female respondents to understand their perception and requirements for specific types of medical healthcare. Second, the age of respondents should be studied in depth. There would be different requirements for people of different ages. The factors that concern young people may differ from the elderly or the retirees. Third, some tourists visit Thailand on long-stay vacations and may need different kinds of medical treatment packages. Future research should also collect data from niche travellers in order to get information to serve them, for instance, tourists from the Middle East, India, China, or even South America. Moreover, further research can be done to develop a model from the perceived medical service image, perceived medical service value, and perceive medical risks to test the relationship among those variables with customer satisfaction and their willingness to revisit.

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