Kasetsart Journal of Social Sciences

Satisfaction, revisit and electronic word of mouth intention among medical tourists in Southern Thailand during COVID 19 situation

Darin Rungklin*, Kanon Trichan, Idsaratt Rinthaisong

Faculty of Management Sciences, Prince of Songkla University, Hat Yai, Songkhla 90112, Thailand

Article Info

Abstract

This research is a mixed method research study including both quantitative and qualitative research. The samples were divided into two groups: (1) a quantitative sample group, comprising 255 foreign medical tourists who had used medical services in the southern region of Thailand; and (2) a qualitative sample group, consisting of 30 medical personnel in an infirmary in the southern area. The quantitative data collection used questionnaires as a tool, whereas for the qualitative data collection, semi-structured interviews were used. The quantitative data analysis was performed using the structural equation model analysis process. A qualitative data analysis uses a briefing technique. The results of the study were in the same direction for both qualitative and quantitative research. Satisfaction has a direct influence on the decision to reuse the services of foreign medical tourists and affects the intention to spread the word through electronic media. As for the indirect influence, it was found that the perceived cost itself directly affected the perception of the destination image; while the perception of destination image and perception of service quality also directly affected satisfaction. However, an additional factor found in qualitative research was trust in physicians, and the perception of value directly affected the decision to reuse the services of medical tourists. It also found that food awareness, cultural perception of Thai people also affected the satisfaction of receiving medical services.

© 2023 Kasetsart University.

Introduction

Foreign tourists consider that southern Thailand is the best tourist destination because it provides standard services. There are various activities in tourist attractions.

Tourism attractions have been developed and improved to attract tourists and have a standardized accommodation management system, and excellent security system (Kokkhangplu & Kaewnuch, 2021). Before the situation of COVID-19, the southern region of Thailand was the most popular tourist destination for foreign tourists. One of the forms of tourism that foreign tourists are interested in and come to use is medical tourism. According to Majeed and Lu (2017), medical tourists are

a group with a high level of affordability for medical expenses. As a result, the medical tourism industry has changed and made the national health care system alert along with changes to accommodate this medical service.

Medical tourism in Thailand has several advantages, for example the Thai government has taken additional measures on visa exemptions and made cooperation agreements with foreign countries to attract foreign patients and the elderly to use the service in Thailand. The Thai government is trying to expand the market to foreign countries to reach medical tourists who have more purchasing power and can spend more money on medical treatment in Thailand (Sathapongpakdee, 2016). Thailand has a high number of hospitals certified by Joint Commission International (JCI) standards. In the southern region, there are as many as five JCI-accredited nursing homes (Joint Commission International, 2022), according to Fetscherin and Stephano (2016) and the Medical Tourism Index (MTI). These include Country environment, tourism destination, medical tourism costs, medical facility, and services.

The direction of the expansion of medical services in Thailand is growing and has a good trend. In 2020, around the world, there was an epidemic of the Coviral-19 virus. This has disrupted tourism and resulted in a decrease in international medical tourists traveling to Thailand as well. Therefore, to prepare for medical tourism after the epidemic situation of COVID-19 has calmed down, this research study focuses on the study of two dimensions: both the medical service providers in the southern region and the medical service recipients who are foreign medical tourists who have used medical services in the southern region. The results of this study are used to explain the relationship of factors affecting the willingness to re-use and referral of medical tourists. Including the results of the analysis of such factors can be used to manage appropriate medical tourism in the future.

Literature Review

Intention to Re-use the Service

The willingness to re-use the service is the determination that comes from the impression that you receive from the service. Most of the studies looking at traveler's revisit intent have focused on the traveler's destination. The intention to re-use the service is caused by several factors, including the perception of value, destination image, motivation, quality of service and satisfaction from receiving services. According to Han and Hwang

(2015), medical tourist satisfaction is defined as an assessment of the overall patient experience at the clinic. When patients assess their experiences with medical services, the overall atmosphere and facilities have a positive outlook. It is possible that the level of satisfaction and readiness to return to the clinic will increase.

From the literature review, it was found that the quality of medical services affects the decision to re-use by medical tourists (Han & Hwang, 2015; Kim et al., 2017; Lee & Kim, 2017). According to Parasuraman et al. (1988), the dimensions for measuring the quality of medical services are mostly related to five dimensions: tangibility, reliability, responsiveness, assurance, and empathy. These five areas also appear in the Medical Service Quality Scale by Aliman and Mohamad (2013), Butt and Run (2010), Chou (2012). Literature reviews can indicate that if a provider can provide services that meet the needs of the client, it will lead to satisfaction from the service and affect the intention of repeating the service.

In addition to the quality factor of medical services, the factor affecting service return was satisfaction from receiving medical services (Han and Hwang, 2015; Hashemi et al., 2015, Kim et al., 2017; Lee & Kim, 2017). Satisfaction has a positive influence on patient confidence that strengthens the image of the hospital. This results in increased service utilization and market share causing a competitive advantage. Cham et al. (2015) described the satisfaction of medical tourism as the level of patient demand that was set and met. The satisfaction of the patients can well reflect the assessment of the quality of medical services. Hashemi et al. (2015) stated that satisfaction is the determinant of success in tourism after consuming a product or taking a service. Satisfaction is a key factor that drives the intention of repeating the service and being likely to return in the future.

Destination image is the destination of tourism that tourists can perceive and affects the satisfaction of tourists. A destination with a positive image will also influence the travel decision making process for tourists (Abubakar & Ilkan, 2016). A positive image of a place also affects satisfaction.

The perception of the price or medical expense is also an important factor in choosing to use medical services at the destination (Han & Hwang, 2015; Lee & Kim, 2017). John and Larke (2016) expanded on the theory of push and pull factors as the factors that drive medical tourists to the destination country caused by advice from a doctor, family, and friends. In addition, the insurance in the country is not enough to cover the treatment. Factors that attract medical tourists to the destination country include

reduced medical expenses, quality of service, language proficiency of doctors and staff, improved medical facilities, certification, the reputation of the hospital, and the reputation of the practitioner. An (2013) stated that medical expenses are one of the motivations, especially American and Japanese attitudes also affected by cost factor. This is because cost recognition is an important step in the decision for medical tourists to leave their home country. Cham et al. (2015) found that rising costs of healthcare in developed countries such as the United States has resulted in driving people to travel to other developing countries for medical care. What medical tourists consider in conjunction with medical expenses is the destination of medical care. Due to the nature of this form of tourism is a treatment coupled with relaxation. The destination image of a facility is therefore important and affects the decision to use medical services. Thus, the perceived cost of medical tourists affects the choice of destination for medical care (Cham et al., 2020; Mee et al., 2018; Sultana et al., 2014).

Electronic Referrals for Medical Tourists

As the Internet has grown, it has expanded its concept into an online context known as the Electronic Word of Mouth (EWOM). Where Lee et al. (2012) studied the decision of Japanese tourists to seek medical treatment in Korea, it was found that these tourists will study information from word-of-mouth communications on electronic media to use this information as a reference in deciding on admission or even related tasks such as purchasing a service in a luxury hotel. As shown by Plidtookpaia and Yoopetchb (2021), a reliable EWOM also has a positive effect on customer purchase intent. Abubakar (2016) stated that perception of EWOM influences intention to use the service and results in future service usage behavior.

EWOM is currently receiving a lot of attention. Medical tourists use information from EWOM to select destinations and make service decisions as well as reducing the risk of travelers when booking accommodation. Kim et al. (2009) found that one aspect of post-purchase behavior was word of mouth. Word-of-mouth is a verbal communication that allows people to share their experiences of perceptions and assessments of services, both positive and negative, affecting other people's purchases. This EWOM channel is also an important channel that affects the spread of medical information.

From the literature review, it is possible to summarize the concepts corresponding to the quantitative research leading to the hypotheses of this research as follows:

Hypothesis 1: The perceived cost (PC) of medical services was directly related to the perceived image of the medical destination (PDI).

Hypothesis 2 The Perception of the medical destination image (PDI) was directly related to the satisfaction of receiving medical services (SAT).

Hypothesis 3: Perceived quality of medical services (PSQ) was directly related to satisfaction in receiving medical services (SAT).

Hypothesis 4: Perceived quality of medical services (PSQ) directly correlated with willingness to revisit medical services (RV).

Hypothesis 5: Perceived quality of medical services (PSQ) was directly related to intention to share medical services with others via electronic media (IEWOM).

Hypothesis 6: The satisfaction of receiving medical services (SAT) was directly related to the willingness to revisit the medical services (RV).

Hypothesis 7: The satisfaction of receiving medical services (SAT) was directly related to the willingness to share medical services with others via electronic media (IEWOM).

Methodology

This research is a mixed method research study with both quantitative and qualitative research to support the results to be more complete. This integrated research used a convergent parallel design to verify the validity and consistency of the findings.

Participants

Random sampling from the population was used in this study and both quantitative and qualitative methods use Purposive Sampling. The samples used in the research were divided into 2 groups: (1) The sample in the quantitative research consisted of 255 foreign medical tourists who had used services from hospitals in 4 southern provinces: Surat Thani, Songkhla, Phuket and Krabi. This is because these provinces have the highest number of foreign tourists (Ministry of Tourism and Sports, 2022). The quantitative sample determination considers the Structural Equation Modeling (SEM) method. The minimum criteria were used to determine the sample size of 5 to 10 people per parameter to be estimated (Hair et al., 2010). In this research, there were 35 observed variables, so the probable number of samples is 350. Due to the COVID-19 epidemic situation, there were limitations in data collection not as planned.

In this study, a total of 255 patient data were collected, which is still 5 times higher than the observed variable. As a result, this sample number can be accepted and considered sufficient to analyze the data according to the structural equation; and (2) The population and the sample group in the qualitative study were all medical personnel who provided for medical tourists in the four southern provinces. This is because there are up to 5 hospitals and establishments accredited to Joint Commission International (JCI) standards (Joint Commission International, 2022). The interviews were divided into 4 related work groups by selecting a sample from the hospital administrators, the treating physicians, nurses, and related staff and hospital support staff in order to be able to provide information that is accurate to the point. There were 30 interviewees in this interview.

Data Collection

The researcher examined the quality of the tool using the Content Validity Index (CVI) method. This is determined by the Item Content Validity Index (I-CVI) value. The results showed that the questionnaire for quantitative research and the semi-structured interview for qualitative research had a CVI of 1.00 and S-CVI of 1.00. This time, the instrument used had an I-CVI value greater than 0.67, so it could be used in research. The quantitative data collection used a questionnaire as a tool for a sample of foreign tourists who had used medical services in hospitals in the southern region. This research received the consent and willingness of the respondents to provide such information. Data collection was collected in front of hospitals, hotels and tourist attractions and collected only those who had received medical services in the southern region. The retention period was approximately 1 year because it is the period that overlaps with the COVID-19 epidemic. The developed questionnaire was derived from a review of the relevant literature. The questionnaire consisted of a statement and consent to participate in the research, which contained demographic data and questions about the variables studied. The questions were divided into 5 levels, 5 being the most and 1 being the least as follows: (1) Cost recognition consisted of four questions; (2) Awareness of the quality of medical services contained a total of 20 questions. For these 20 questions, the observed variables were grouped into five based on the ideas of Parasuraman et al. (1988). They were adjusted according to research guidelines, including tangibility of the hospital, reliability of providing medical services, understanding or empathy for medical users, responsiveness to medical patient needs, and assurance of medical users in the process of providing services; (3) Destination image perception had a total of 10 questions; (4) Satisfaction consisted of five questions; (5) Intention to re-use medical services, consisted of 5 questions; and (6) Electronic word-of-mouth, consisted of 6 questions

In this work, there are six latent variables and 35 observable variables. For the qualitative data collection, a semi-structured interview was used by using interviews with people in hospitals and telephone interviews. The group discussion guide uses the same questions as the quantitative research. It consisted of general information of those who come to use medical services and factors those medical tourists intend to communicate verbally on electronic media for receiving medical services and factors affecting the willingness to re-use the service of medical service recipients.

Data Analysis

The quantitative data analysis was done using a structural equation modeling process using a two-step approach to modeling. It consisted of a confirmatory factor analysis and data analysis by the statistical technique, Structural Equation Modeling. For the qualitative analysis of the data, transcripts were taken, and the recorded interviews were read to understand all the data. Then an index of information was created with a group of words that were related to each other and used to create a summary by narrative / extended text. The interview result obtained from the sample group was In-depth Understanding after analyzing the data from both samples. It lead to a summary and presentation of the results of the study.

Results

The Results of the Quantitative Analysis

The results of the quantitative analysis of the sample of medical tourists who used medical services in the southern region of Thailand were all who had used medical services in this area. Both were primarily intended to use medical services. It was also used in the form of tourism with medical activities in tandem and some tourists who have accidents or get sick during travel. Most of the respondents in this survey were males, aged between 31–40 years old, having completed a bachelor's degree and mostly travelling from Europe. The top three were from Russia, France, and England. The primary objectives previously being hospitalized were plastic surgery, cosmetic surgery, dentistry, general treatment, eye surgery,

orthopedic surgery, and trauma surgery, bariatric surgery, fertility/reproductive system, COVID-19 testing, caesarean section, and gender reassignment surgery respectively. The cost of hospitalization varies depending on the treatment needs and according to the symptoms of the disease.

The results of the baseline statistical analysis of the observed variables, the Skewness and kurtosis values, range between −1.5 to +1.5. Correlation coefficients range between −1 to +1, where near zero is less correlated and near 1 is highly correlated (Schumacker & Lomax, 2010). Cronbach's Alpha values should be ≥ 0.70 (Taber, 2017). Such was considered a normal distribution. The results of the mean analysis in all aspects were perceived cost of medical services, perceived quality of medical services, perceived image of medical destination, satisfaction in medical service receipts, medical re-use intentions, and intentions to refer to others about medical services via electronic media averaging between 4.35–4.59, which was the highest level on every issue. Internal conformity was with Cronbach's Alpha Coefficient (α) in the confidence test. The results of the analysis of the entire confidence value were found to be greater than .70 for the Pearson product-moment correlation coefficient analysis results. To examine the preliminary agreement of the structural equation model analysis it was found that the variables were related, and no variable higher than .90 will cause Multicollinearity. The factor loading for all observed variables was greater than .50, plus the Average Variance Extracted (AVE) was greater than .50 for all variables, and the construct reliability (CR) was greater than .70. This means that the indicators in the measurement model can be true representations of latent variables, shown in Table 1.

Overall measurement of structural equations measured from statistical measures of the Goodness of Fit Measures considering the conformity index χ^2/df, RMSEA, SRMR, CFI and TLI, the Goodness of Fit Measures statistic should be $\chi^2/df < 3$, SRMR < .08, RMSEA < .08 CFI, TLI > .90. Therefore, it meets the model's conditions (Hair et al., 2010; The model this time has the effect of the criteria for

determining the harmony between the model and the empirical data with values $\chi^2 = 1010.848$, $df = 535$, $\chi^2/df = 1.889$, CFI = 0.922, TLI = 0.913, RMSEA = 0.059, SRMR = 0.043. The result of the analysis of the component weight of all observed variables was greater than .50. The weight of all variables was between .661–.887 and the level of statistical significance was .001. It showed that the relationship between observable variables and latent variables was at a good level. The results of the research hypothesis testing are shown in Table 2, and are described as follows. The results of hypothesis test 1–7, which is a direct correlation test of variables, found that the test path was consistent with the given hypothesis and had statistical significance.

The results of the analysis of Indirect Effects (IE) found that satisfaction was a variable that passed the perceived quality to the willingness to re-use the service. In addition, satisfaction was a statistically significant intermediate variable between perception of service quality and intention to communicate verbally on electronic media. Perceived site image and satisfaction were also transmission variables between perceived cost of medical services and re-use intention. The results of the indirect influence test also found that the perception of the location satisfaction is the transmission variable between the perceived cost of medical services and intention to communicate verbally on electronic media and were statistically significant.

Factors that affect the medical tourists' intention to re-use and re-use the information via electronic media include those that directly affect it and indirect influencing factors. For the factors directly affecting the intention to re-use the service and referrals of medical tourists through electronic media, the highest were satisfaction, followed by the perception of service quality. Factors indirectly affecting the willingness to re-use the service and referrals of medical tourists including the recognition of expenses that rely on interstitial variables are the perception of the destination image and satisfaction. This will lead to the return of service and referrals through electronic channels of medical tourists

Table 1 Measurement model

	PC	PSQ	PDI	SAT	RV	IEWOM	α	AVE	CR	Factor loading
PC	1						.907	.671	.890	.758–.887
PSQ	.424**	1					.892	.622	.892	.742–.812
PDI	.479**	.766**	1				.916	.512	.913	.661–.758
SAT	.352**	.661**	.665**	1			.872	.565	.866	.686–.799
RV	.292**	.571**	.520**	.660**	1		.866	.573	.870	.669–.789
IEWOM	.325**	.651**	.593**	.714**	.794**	1	.867	.525	.868	.675–.816
Mean	4.35	4.55	4.57	4.55	4.56	4.59				
SD	.677	.425	.447	.489	.497	.449				

Table 2 Results of the research hypothesis testing

Hypothesis	Influence Path	Coefficient of influence	Z	p	Accept/reject hypothesis
	Direct				
1	PC → PDI	.564	4.088	.000***	Accept
2	PDI→SAT	.393	3.003	.003**	Accept
3	PSQ→SAT	.425	3.259	.001**	Accept
4	PSQ→ RV	.298	2.000	.046*	Accept
5	PSQ→ IEWOM	.345	2.624	.009**	Accept
6	SAT→RV	.696	7.075	.000***	Accept
7	SAT→IEWOM	.638	7.301	.000***	Accept
	Indirectly				
	PSQ→SAT→RV	.340	3.196	.001**	
	PSQ→SAT→IEWOM	.271	3.104	.002**	
	PC→PDI→SAT→RV	.484	2.522	.012*	
	PC→PDI→SAT→IEWOM	.437	2.529	.011*	
R^2	PDI = .318				
R^2	SAT= .625				
R^2	RV = .717				
R^2	IEWOM = .612				

*Note: *$p < .05$, **$p < .01$, ***$p < .001$.*

The Results of the Qualitative Analysis

The personal characteristics of the informants in this time consisted of medical personnel and staff in hospitals in the Gulf of Thailand and Andaman areas. Everyone who provided information was a medical tourist service provider with more than 3 years of experience.

The group of 30 informants consisted of 4 hospital administrators, doctors treating 6 foreign tourists, 10 nurses and related staff, and 10 hospital and support staff. To answer research questions on the issue of what factors the hospital administrators, doctor who treat, nurses and related staff. The hospital's support staff viewed it as affecting the willingness to re-use and referrals of medical tourists in the South.

The results of the interviews with medical personnel providing services to medical tourists are summarized as follows. General information of medical service users found that the main group of medical service recipients in the Andaman coast, especially in Phuket, are from European countries. Regarding hospitalization for medical tourists, most of the foreigners prefer to have cosmetic surgery. They range from lasers to surgery and infertility treatment, dental work and general health checks.

Regarding medical tourists who intend to re-use medical services, hospital administrators stated that about 5–10 percent of foreigners come to use the service again. There is a real ongoing value that this group of people will return to persuade friends to use the service or recommend others to use the service. The types of recurring tourists involve surgery, dental work, and annual physical exams. The factors contributing to the return of medical tourism are satisfaction with medical services, trust in physicians, and perception of value. The factors affecting satisfaction in receiving medical services were perceptions of local food, recognition of the quality of medical services, cultural perception of Thai people and perception of the destination image.

Medical service recipients who are foreigners who come to use the service will know the cost before receiving medical treatment every time, especially in surgery; or surgery will have a summary of documents according to the procedure, sent to the service visitor to know first, except in the case of medical examination whose exact cost cannot be determined. Medical tourists will be informed of all costs prior to admission and will have already compared the cost and value from other places. There is a search and information on the image of the destination for decision-making. This led to the perception of the value of treatment and affected the return of service.

The quality of medical services affects satisfaction and re-use of the service and referrals via electronic channels as well. The quality of medical services consists of the physical characteristics of the allocation of service areas that are extensive, clean hospital, and comfortable space. In terms of reliability, it was found that the hospital had JCI standards. There is modern treatment equipment

for understanding or sympathy. Medical users provide privacy in the treatment without disturbing the patient. There is a quick response to the needs. There is no long waiting period. Service providers build trust by keeping their terms and conditions compliant. The image of the destination that affects the re-use of medical services in the south is caused by the area where treatment is combined with tourism. There will be a focus together in 3 dimensions: (1) The image of the journey; (2) The image of tourist attractions**.** Medical tourists consider the southern region to be a beautiful area. There are famous tourist areas and attractions suitable for relaxation and rejuvenation; (3) The image of the hospital. There is a reputation for medical services. The hospital has international standards.

The intention to spread the word about receiving medical services to others through electronic media. Information from hospital administrators indicates that medical tourists who come to use services from the hospital get information from hospital pages and websites. If the COVID-19 epidemic situation improves, the hospital plans to expand public relations channels via electronic media more. The staff and support departments of the hospital stated that sometimes when searching for information on the hospital, foreign tourists would write a recommendation for the hospital and tell their story about their visit to the hospital online. This should make people who want information understand more and have better access. The important thing is that the stories that are passed on are positive stories, in which the overall story of the patient who has been told about the information is treatment experience, beauty of the place, impression of using the service and photo sharing.

By using a semi-structured interview form in conjunction with interviews with medical personnel,

it was found that the factors affecting the satisfaction of re-using services and information sharing via electronic media of foreign medical tourists that nation have consistent results in the same direction as the quantitative results. There are also additional points of interest in the use of this qualitative tool:

1. The perception of word-of-mouth through electronic media and the perception of cost affects the intention of using medical tourism services among those who have never used medical services in the southern region.

2. The satisfaction of foreigners in using medical services in the southern region in addition to the perception of the quality of medical services and the perception of the destination image also found that perceptions about local food and cultural perception of Thai people are also things that most foreign medical tourists are satisfied with.

3. This semi-structured interview also found factors contributing to the return of medical tourists to medical services in addition to quantitative research including trusting the doctor who performs the treatment and recognizing the medical value. It is a guideline for further development into future research.

4. The tool also found additional factors affecting satisfaction: perception of local food and cultural perception of Thai people.

The results of the study are summarized as shown in Figure 1. The relationship paths of quantitative and qualitative factors are in the same direction and are complemented by some factors. However, qualitative research also found that the trust of physicians and perceived value affects the re-use of medical tourists as well as demographic data, types of illness and the nationality of medical tourists.
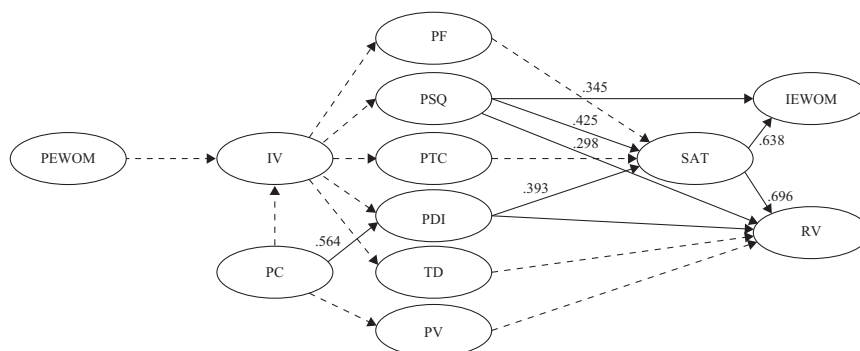

Figure 1 Results of both quantitative and qualitative research studies affecting reuse and referrals through EWOM
Note: ----▶ Correlation paths in qualitative research
▶ Identical correlation paths in quantitative and qualitative research

Perception of Electronic Word-of-Mouth (PEWOM), Intention to Use Medical Tourism Services (IV), Perception of Cost (PC), Food Perception (PF), Perceived Service Quality (PSQ), Perceptions of Thai People Cultural (PTC), Perception of Destination Image (PDI), Trust Doctor (TD), Perceived Value (PV), Satisfaction (SAT), Intention to Electronic Word-of-Mouth (IEWOM), and Revisit intention (RV).

Discussion

Factors affecting medical tourists' willingness to re-use and referral via electronic channels include physician trust, perceived value, and satisfaction with service, and perceived quality of medical service. The quality of medical service has a direct influence on the decision to use the service again. This is consistent with Han and Hyun's research (2015). The findings from the study also found that the provision of medical services had a high effect on satisfaction as well (Cham et al., 2020; Manaf et al., 2015). This is in line with the qualitative data whereby the interviewees said that when medical tourists come to use medical services, they are most satisfied with the service. This study found that perceived quality of medical services and perception of the image of the destination directly affects satisfaction. Medical tourists, when they perceive the image of a place and are satisfied, will repeat the service, and tend to communicate word-of-mouth on electronic media. This section corresponds to the results of a qualitative analysis of data indicating that the image of a facility affects the choice of medical services. This group of medical tourists will tell others when they have a high level of satisfaction. Shahijan et al. (2015) and Kitapci et al. (2014) further explained that satisfaction results in positive behavior. High levels of satisfaction tend to produce positive word-of-mouth. For additional issues arising from qualitative research, it was found that perceptions about food and cultural perception of Thai people also affects satisfaction.

The findings from the study revealed that the perception of expenses affects the perception of the image of the place. This is in line with the research of Cham et al. (2020) and Mee et al. (2018). This can be further expanded from quality research, i.e. when tourism is perceived as being costly, this affects their perception of value. When the service user perceives the value, it will lead to the decision to use the service again, especially with the COVID-19 pandemic that has affected the world; creating awareness among medical tourists

that they are the most rewarding for medical services in Thailand. This group of tourists will certainly be willing to pay for their medical expenses and return to use the service again and receive information electronically after the COVID-19 epidemic situation. Researchers believe that medical tourists do not consider the cost of treatment alone but there must be a comparison of the image of the place. Therefore, if the provider can reflect the value of returning to medical services in the area, it will affect the return of the service and word of mouth.

Conclusion and Recommendation

This study was based on preliminary concepts and theories in determining quantitative research variables, which describe the perceived quality of service. Satisfaction directly affects the decision to reuse the services of foreign medical tourists and affects the intention to spread the word through electronic media. For the indirect influence path, it was found that the perceived cost itself directly affected the perception of the destination image, including the perception of destination image, and perception of service quality also directly affects satisfaction. Therefore, this relationship path can be described as if tourists have already recognized the cost, there is a positive perception of the image of the place. This will affect satisfaction and lead to repeat service and word of mouth through electronic media. This information is supported by qualitative data and is in the same direction.

Recommendations from the research found that healthcare providers need to maintain high standards of service, create awareness of service quality, and create satisfaction in providing medical services. By communicating clear information to make tourists confident and make tourists not disappointed by the service, this has resulted in the return of the service and positive information being communicated via electronic media because hospitals in the southern region have an advantage in the image of the place, which could expand the service base for more medical tourists in the future. The medical service providers need to build a network of cooperation with all sectors in the area, both the public and private sectors in the area, to coordinate and build readiness for the expansion of medical tourism.

In this study, the differences in nationalities of medical service users were not studied, nor the type of illness that affects the decision to reuse the service. Therefore, future study should be conducted on this issue to use the information to make a medical tourism

marketing plan that meets the target group's needs, leading to a decision to use medical services in the future. In this study, it was found that there were variables affecting the satisfaction of using medical services in addition to the perception of service quality and perception of the location. The variable is the perception of Thai culture, which researchers know from qualitative data, that greatly affects patient satisfaction. In future studies, this variable should be studied.

Conflict of Interest

The authors declare that there is no conflict of interest.

Acknowledgments

References

Abubakar, A. M. (2016). Does eWOM influence destination trust and travel intention: a medical tourism perspective. *Economic Research-Ekonomska Istraživanja*, *29*(1), 598–611. https://doi.org/10.1080/1331677x.2016.1189841

Abubakar, A. M., & Ilkan, M. (2016). Impact of online WOM on destination trust and intention to travel: A medical tourism perspective. *Journal of Destination Marketing & Management*, *5*(3), 192–201. https://doi.org/https://doi.org/10.1016/j.jdmm.2015.12.005

Aliman, N. K., & Mohamad, W. N. (2013). Perceptions of service quality and behavioral intentions: A mediation effect of patient satisfaction in the private health care in Malaysia. *International Journal of Marketing Studies*, *5*(4), 15–29. https://doi.org/10.5539/ijms.v5n4p15

An, D. (2013). Understanding medical tourists in Korea: Cross-cultural perceptions of medical tourism among patients from the USA, Russia, Japan, and China. *Asia Pacific Journal of Tourism Research*, *19*(10), 1141–1169. https://doi.org/10.1080/10941665.2013.840659

Butt, M. M., & Run, E. C. d. (2010). Private healthcare quality: Applying a SERVQUAL model. *International Journal of Health Care Quality Assurance*, *23*(7), 658–673. https://doi.org/10.1108/09526861011071580

Cham, T. H., Cheng, B. L., Low, M. P., & Cheok, J. B. C. (2020). Brand image as the competitive edge for hospitals in medical tourism. *European Business Review*, *33*(1). https://doi.org/10.1108/EBR-10-2019-0269

Cham, T. H., Mee, L. Y., & Chiek, A. N. (2015). Study of brand image, perceived service quality, patient satisfaction and behavioral intention among the medical tourists. *Global Journal of Business and Social Science Review*, *2*(2), 14–26. https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.695.5277&rep=rep1&type=pdf

Chou, S. Y., Kiser, A. I. T., & Rodriguez, E. L. (2012). An expectation confirmation perspective of medical tourism. *Journal of Service Science Research*, *4*(2), 299–318. http://doi:10.1007/s12927-012-0012-3

Fetscherin, M., & Stephano, R.-M. (2016). The medical tourism index: Scale development and validation. *Tourism Management*, *52*, 539–556. https://doi.org/10.1016/j.tourman.2015.08.010

Hair, J. F., Bill, B., Babin, B. J., & Anderson, R. E. (2010). *Multivariate data analysis: A global perspective* (7th ed.). Pearson Education.

Han, H., & Hwang, J. (2015). Growing competition in the healthcare tourism market and customer retention in medical clinics: New and experienced travellers. *Current Issues in Tourism*, *21*(6), 680–702. https://doi:10.1080/13683500.2015.1104292

Han, H., & Hyun, S. S. (2015). Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness. *Tourism Management*, *46*, 20–29. https://doi.org/10.1016/j.tourman.2014.06.003

Hashemi, S. M., Jusoh, J., Kiumarsi, S., & Mohammadi, S. (2015). Influence factors of SPA and wellness tourism on revisit intention: The mediating role of international tourism motivation and tourism satisfaction. *International Journal of Research Granthaalayah*, *3*(7), 1–11. https://doi.org/10.29121/granthaalayah.v3.i7.2015.2976

John, S. P., & Larke, R. (2016). An analysis of push and pull motivators investigated in medical tourism research published from 2000 to 2016. *Tourism Review International*, *20*(2–3), 73–90. https://doi.org/10.3727/154427216x14713104855810

Joint Commission Internationa. (2022, January 10). *JCI accreditation*. https://www.jointcommissioninternational.org/search/#q=thailand&t=_Tab_All&sort=relevancy&f:_SitesOrganizations=[Joint%20Commission%20International]

Kim, M.-G., Choi, Y.-K., Ahn, J.-W., & Kim, K. S. (2017). Factors affecting international patient's satisfaction with Korea medical services, revisit and recommendation intention. *Health Policy and Management*, *27*(1), 63–74. https://doi.org/10.4332/KJHPA.2017.27.1.63

Kim, W. G., Ng, C. Y. N., & Kim, Y.-s. (2009). Influence of institutional DINESERV on customer satisfaction, return intention, and word-of-mouth. *International Journal of Hospitality Management*, *28*(1), 10–17. https://doi.org/10.1016/j.ijhm.2008.03.005

Kitapci, O., Akdogan, C., & Dortyol, İ. T. (2014). The impact of service quality dimensions on patient satisfaction, repurchase intentions and word-of-mouth communication in the public healthcare industry. *Procedia - Social and Behavioral Sciences*, *148*, 161–169. https://doi.org/10.1016/j.sbspro.2014.07.030

Kokkhangplu, A., & Kaewnuch, K. (2021). Importance and performance analysis on tourism components in the south of Thailand. *Kasetsart Journal of Social Sciences*, *42*(2), 275–280. https://doi.org/10.34044/j.kjss.2021.42.2.09

Lee, M., Han, H., & Lockyer, T. (2012). Medical tourism—Attracting Japanese tourists for medical tourism experience. *Journal of Travel & Tourism Marketing*, *29*(1), 69–86. https://sci-hub.se/10.1080/10548408.2012.638564

Lee, S., & Kim, E.-K. (2017). The effects of Korean medical service quality and satisfaction on revisit intention of the United Arab Emirates Government sponsored patients. *Asian Nursing Research*, *11*(2), 142–149. https://doi.org/10.1016/j.anr.2017.05.008

Majeed, S., & Lu, C. (2017). Changing preferences, moving places and third party administrators: A scoping review of medical tourism trends (1990–2016). *Journal of Tourism, Culture and Territorial Development*, *8*(15), 56–83. https://doi.org/10.6092/issn.2036-5195/6675

Manaf, N. H. A., Hussin, H., Kassim, P. N. J., Alavi, R., & Dahari, Z. (2015). Medical tourism service quality: Finally some empirical findings. *Total Quality Management & Business Excellence*, *26*(9–10), 1017–1028. https://www.researchgate.net/publication/282208293_Medical_tourism_service_quality_finally_some_empirical_findings

Mee, L. Y., Huei, C. T., & Chuan, S. B. (2018). Medical tourists' behavioral intention in relation to motivational factors and perceived image of the service providers. *International Academic Journal of Organizational Behavior and Human Resource Management*, *5*(3), 1–16. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3225583

Ministry of Tourism and Sports. (2022). *Domestic tourist statistics 2020 (Country)*. https://www.mots.go.th/news/category/594

Parasuraman, A. P., Zeithaml, V. A., & Berry, L. L. (1988). SERVQUAL: A multiple-item scale for measuring consumer perceptions of service quality. *Journal of Retailing*, *64*(1), 12–40. https://www.researchgate.net/publication/225083802_SERVQUAL_A_multiple-_Item_Scale_for_measuring_consumer_perceptions_of_service_quality

Plidtookpaia, N., & Yoopetchb, C. (2021). The electronic word-of-mouth (eWOM) trustworthiness, brand image and other determinants of purchase intention of the middle class to luxury hotel services. *Kasetsart Journal of Social Sciences*, *42*(1), 61–68. https://doi.org/10.34044/j.kjss.2021.42.1.10

Sathapongpakdee, P. (2016, June 2016). *Thailand industry outlook 2016–18 private hospital industry*. Krungsri Research. https://www.krungsri.com/bank/getmedia/89dc254c-dd17-4fe7-aa86-39bdbed89459/IO_Hospital_2016_TH.aspx

Schumacker, R. E., & Lomax, R. G. (2010). *A beginner's guide to structural equation modeling* (3rd ed.). Taylor & Francis Group, an Informa business (Taylor and Francis Group, LLC).

Shahijan, M. K., Rezaei, S., Preece, C. N., & Ismail, W. K. W. (2015). International medical travelers' behavioral intention: An empirical study in Iran. *Journal of Travel & Tourism Marketing*, *32*(5), 475–502. https://doi.org/10.1080/10548408.2014.916248

Sultana, S., Haque, A., Momen, A., & Yasmin, F. (2014). Factors affecting the attractiveness of medical tourism destination: An empirical study on India- Review article. *Iranian Journal of Public Health*, *43*(7), 867–876. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4401052/

Taber, K. S. (2017). The use of Cronbach's alpha when developing and reporting research instruments in science education. *Research in Science Education*, *48*(6), 1273–1296. https://doi.org/10.1007/s11165-016-9602-2