



Development of public's role in Thailand medical tourism driven through public-private partnerships

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Abstract

This research aims to analyze the confirmatory factors of Public-Private Partnerships (PPPs) in medical tourism and to propose guidelines for the public sector's role in driving medical tourism through PPPs. A mixed-method approach was employed, utilizing Confirmatory Factor Analysis (CFA) in a quantitative study to validate the components of PPPs in medical tourism. The sample for this study comprised 220 health tourism operators and small entrepreneurs involved in health and tourism-related activities within the area. An in-depth interview protocol with semi-structured, open-ended questions was applied to gather insights from 10 key informants. These informants included executives from health and tourism agencies, health and tourism business operators, and scholars specializing in public policy and PPPs. The questionnaire used in this research was developed based on a thorough literature review and tested for reliability through a pilot study. The overall reliability of the questionnaire was confirmed with a Cronbach's alpha coefficient of 0.951. Quantitative data were analyzed using Social Science software packages. Descriptive statistics, such as frequency, mean, and standard deviation, along with inferential statistics like CFA were applied. The results of the quantitative analysis confirmed that the seven components of the PPPs model in health tourism aligned with the empirical data. Furthermore, the qualitative findings emphasized that the government should prioritize promoting medical tourism for healthcare purposes, modernization of laws and regulations, enhancing capacity building, and strengthening responsible public agencies by addressing the factors influencing PPPs in medical tourism.

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Introduction

The global landscape of medical tourism has evolved

significantly in recent years, driven by a combination of economic factors, advancements in healthcare, and increased international travel accessibility. Thailand

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attracts patients seeking affordable medical services, particularly for dental procedures, cosmetic surgery, and elective surgeries. Its modern healthcare infrastructure, coupled with excellent hospitality, draws many tourists.

Current trends in Medical Tourism are 1) Growth of telemedicine 2) Specialized care 3) Wellness tourism 4) Medical tourism insurance 5) Post-COVID 19 recovery and health prevention. However, the medical tourism industry presently faces many challenges which are regulatory and ethical issues, language barriers, post-treatment care, risk of complications and safety concerns.

Medical tourism represents a dynamic and growing sector in the global healthcare landscape, with opportunities for innovation, expansion, and improvements in patient care and satisfaction. However, safety, quality assurance, and ethical concerns remain, requiring ongoing efforts to ensure the industry's sustainable growth and success.

The public sector in a market-driven economy faces complex challenges in balancing the demands of efficiency, social equity, and sustainable growth. Governments must navigate a landscape where market forces often prioritize profit over the public good, while simultaneously fulfilling their role in providing essential services, regulating industries, and ensuring social welfare. To overcome these challenges, public sectors need to focus on strategic governance, invest in innovation, promote collaboration with the private sector, and ensure accountability in delivering public services.

Thailand has had a policy to promote medical tourism as a generator of income into the country from health and wellness services, known as the Medical Hub policy, since 2004. (Department of Health Service Support, 2004). The stated development vision includes a focus on strengthening a leading competitive position in the global market (Salamon, 2002). A clear vision for development is especially necessary in an era of aging population and wellness economy to meet quality of health care requirements and a particular variety of health services.

However, since the inception of the medical hub policy, Thailand has had systemic problems of shifting the paradigm of public health administration to be market oriented. There is no determination of the role of the public sectors that drive the policy, including the assessment of policy capabilities (Painter and Pierre, 2005). The important challenges in driving forward this policy are the public sector's ability to drive commercial health policy including the collaborative governance of policy administration (Kapucu et al., 2009; Peters & Pierre, 1998) of the Thai government to strengthen the country as a medical tourism destination. Furthermore, there were also effects of a health professional movement

from public to the private sector as the main service provider to foreigners (Marohabutr, 2018). This means that Thai people may be affected in equal access to health services. These challenges have meant Thai public sectors, the Ministry of Public Health especially, need to have skills and capacities in new public management. By good governance, the Medical Hub policy should be driven by the participation of the public and private sector including the relative sectors in order to maintain the legitimacy of policy implementation and to limit the adverse impact that may occur on the national health system (Marohabutr, 2020).

To establish Thailand as Southeast Asia's premier medical hub, the country requires a transformative administrative framework to strengthen collaboration between the public and private sectors. Public-Private Partnerships (PPPs), as highlighted by Roehrich and Wright (2013), offer a critical tool for fostering such relationships. However, while significant research has been conducted on PPPs, limited studies explore the integration of New Public Management Theory and the concept of Managerialism in structuring these partnerships effectively. Thus, the author proposes a study entitled "Development of the Public's Role in Thailand's Medical Tourism Driven by Public-Private Partnerships," which aims to provide a framework for promoting PPPs within the medical tourism sector, serving as a strategic tool to position Thailand as the medical hub of Southeast Asia.

Objectives

- 1) To analyze the confirmatory factors and discover relevant key information of Public-Private Partnerships in Thailand medical tourism.
- 2) To propose guidelines for the development of public sector's role in driven medical tourism through Public-Private Partnerships.

Research Framework Overview

For Thailand, medical tourism is the most likely strategy to drive Medical Hub policy into practice. However, to perform this important role, the Ministry of Public Health, the responsible government agency, has not yet driven the policy to be fully consistent with the circumstances and context of Thailand's development. Therefore, to increase the capacity of public agencies responsible for implementing Medical Hub policies, the ADEPT model (Rütten et al., 2011) that presents a framework of multilateral cooperation was applied to

the medical tourism model of Thailand. To support the concept of Marketization, the ‘Principal and Agency’ theory was applied to keep a balance between the parties in multilateral collaboration (Jensen & Meckling, 1976).

A comprehensive overview of the research framework in terms of Medical Hub policy implementation, and synthesized guidelines for developing the public sector’s role in driven medical tourism through PPPs is as shown in Figure 1.

Literature Review

Presently, Thailand’s economy is a liberal or Capitalism

system in which the private sector conducts economic activities. To perform the role of the state in driving service-based economic mechanism, ‘Marketization’ is the one neo-classic economic concept (Slattery et al., 2013) with a principle of ‘Principal and Agency’ (Jensen & Meckling, 1976) which converts state activities to private activities, relaxes the public sector structure to increase the role of market mechanisms, promotes private sector participation, creates public service values, provokes professional ethics, focusing on efficiency and value for money. The two important concepts of New Public Management lead to a change in the public management paradigm, importing management methods

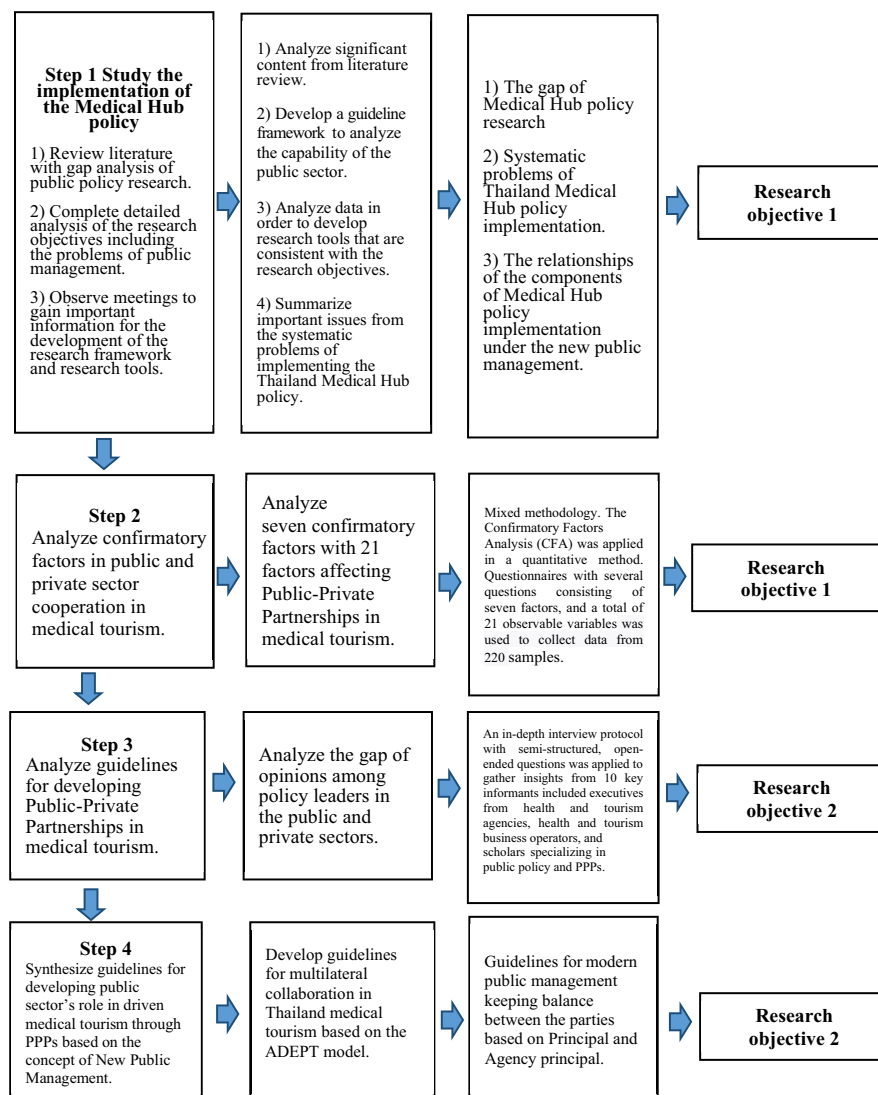


Figure 1 Research framework

and techniques of the private business sector to develop skills of market-driven public management (Hood, 1991) in the form of PPPs.

The ADEPT model; The Analysis of Determinants of Policy Impact: An approach to policy analysis in health

The ADEPT model is the model to present a framework for increasing the capacity of agencies responsible for implementing health promotion policies (Rütten et al., 2011). There is 'Multilateral Collaboration' among entities that have expertise accumulated in activities related to health policy and development both in the economic and social dimensions (U.S. Department of State, 2023). In addition, the ADEPT model also has the ability to assess the readiness of the agencies that implement the promotion policy into action. This study applied this model to analyze the readiness and capability of Thailand public agencies both in terms of multilateral collaboration and readiness to drive the Medical Hub policy into action.

The Theory of 'Principal and Agency'

The theory of 'Principal and Agency' explains that human behavior can be described in the form of contracts, in which one party (employer / principal) enters into an exchange agreement with the other party (contractor / agent). The agent-representative will be assigned the authority to make some decisions to be responsible for various operations instead of the principal according to the contract conditions or mutual agreement between the parties (Jensen & Meckling, 1976). However, personal interests may cause conflicts of interest when the relationship between these two parties is imbalanced (Kettl, 1993). The researcher applied this principle in developing a PPPs model for Thailand medical tourism by utilizing the experience of the public sector to create fair and equitable access to public health services with the private sector experience in improving health services efficiency including effective policy communication for information symmetry between the two sectors.

In conclusion, the ADEPT model and the theory of 'Principal and Agency' can guide the development of new variables or inform confirmatory analyses by providing theoretical foundations and identifying relationships between key constructs. By integrating the ADEPT model's structured focus on performance dynamics with the 'Principal and Agency' theory's relational and governance focus, the researcher can derive nuanced variables and test complex relationships. Confirmatory

analyses (e.g., structural equation modeling) can then validate these relationships, helping to advance both theoretical understanding and practical applications.

Factors affecting Public-Private Partnerships in medical tourism

Based on the concept of the key factors of PPPs in social development (Asian Development Bank, 2015) together with the principles for collaborative governance of PPPs (Charbit, 2011), the researcher has applied these concepts as a guideline for a tool of collecting and analyzing data regarding factors affecting PPPs in medical tourism. The important factors of cooperation of public and private sectors in the social dimension as mentioned was applied to develop research tools regarding the seven factors, and a total of 21 observable variables of PPPs in medical tourism, which consist of: (1) the role of public sectors; (2) the legitimacy of the policy; (3) the capability of public policy; (4) decentralization of authority; (5) service obligations between sectors; (6) public management; and (7) increasing the value of goods and services. To analyze the relationship of these components to propose ways to increase the efficiency of Thailand medical tourism driven by PPPs model, the researcher used Confirmatory Factor Analysis (CFA) (Brown, 2015).

Methodology

The research method framework incorporates both quantitative and qualitative approaches. In the quantitative study, Confirmatory Factor Analysis (CFA) was employed to validate the construct validity of the components within the PPPs model. As highlighted by Kline (2015), CFA statistics are instrumental in evaluating the validity of constructs in research. Additionally, CFA enables researchers to test theoretical models by comparing observed data with expected relationships among variables (Byrne, 2016).

The sample size for the quantitative study was 220, which is the overall number of the operators and small entrepreneurs involved in health and tourism-related activities within the area at that time. However, this sample size is adequate for analysis with SEM as Hair et al. (2019) proposed that 200 samples are sufficient for analyzing the model with up to 7 factors. The duration of data collection was August 2019–January 2020 in Bangkok and potential areas of medical tourism in Thailand.

A questionnaire was used to collect data from the samples. It was developed from a literature review and comprised 21 five-level Likert scale questions. The questionnaire was tested for reliability through the pilot test with 30 samples. The overall reliability of the questionnaire was confirmed with a Cronbach's alpha coefficient of 0.951.

The qualitative study employed a semi-structured interview protocol to gather insight from 10 key informants who were purposively selected from executives of government agencies or related organizations, health and tourism entrepreneurs, and experts on public policy and PPPs. The opinions of these key informants highlighted relevant policy issues and supported the analysis of approaches for strengthening policy capacity and the development of the role of the Ministry of Public Health and relevant public agencies.

Data Analysis

To collect data for the implementation of the Medical Hub policy from the quantitative method, questionnaires with several questions about the components of PPPs in medical tourism, consisting of seven factors, and a total of 21 observable variables were analyzed using CFA. The instrument was validated for content reliability. The overall alpha Cronbach's coefficient was 0.951 indicating high validity of the research instrument as a basis for assessing confirmatory factors of PPPs in Thailand medical tourism. In testing of the consistency of the research questionnaires, the Item-Objective Congruence (IOC) were 0.93–1.000.

Quantitative data analysis was conducted using Social Science software packages. Descriptive statistics, including frequency, mean, and standard deviation, were employed to summarize the sample characteristics and opinions on the components of PPPs. To assess the Confirmatory Factor Analysis (CFA) of PPPs in the medical tourism model, the Structural Equation Modeling (SEM) approach was applied. The Pearson Product-Moment Correlation Coefficient was used to analyze the relationships in the dataset. Model consistency was evaluated using chi-square and relative chi-square tests, alongside the consistency index derived from the confirmatory factor analysis.

The qualitative study was employed to develop the guidelines for developing PPPs in medical tourism. The interviews were directed to three semi-structured question categories reviewed by experts which were: (1) medical tourism cooperation that is aimed at medical treatment; (2) enabling factors; and (3) the indirect skill

development of the Ministry of Public Health shifting from the role to become the wellness economy driven unit. The qualitative data was analyzed using the content analysis technique.

Results and Discussion

Quantitative Finding

Demographic profile of the respondents

The analysis result showed that the majority of the respondents were female (65.50%), aged 45 years or older. (45.20%) Most of them held a Bachelor's degree (62.60%), as presented in [Table 1](#)

Table 1 Demographic profile of the respondents

Variables	Characters	Percentage
Genders	male	65
	female	35
Total		100
Ages	Less than 25 years	10.50
	25–less than 35 years	23.80
	35–less than 45 years	20.50
	45 years and more	45.20
Total		100
Education	Secondary education	0.0
	Diploma	9.20
	Bachelor	62.60
	Master	27.60
	Doctorate	0.60
Total		100

Construct validity of PPPs component' structure confirmed by CFA

The CFA results, as shown in [Figure 2](#), demonstrate that the specified confirmatory components are consistent with the empirical data. The analysis yielded a chi-square (χ^2) value of 190.35 (df = 182), with a χ^2 /df ratio of 1.046, which is below the threshold of 2. The probability value (p-value) was .32055, exceeding the .05 threshold, and the RMSEA value was 0.014, which fell within the acceptable range of < .05. This result confirms the model of PPPs in health tourism with seven components is congruent with the empirical data. Additional details on the goodness of fit indices are presented in [Table 2](#).

Qualitative Finding

According to the result of the qualitative study, the guidelines for the development of public sector's role

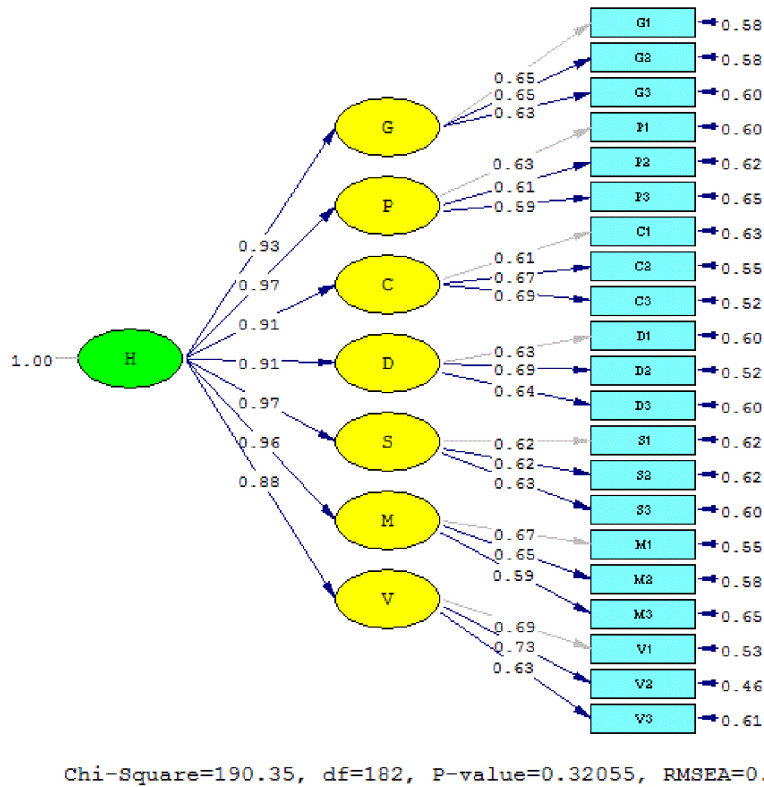


Figure 2 The Confirmatory factor analysis of PPPs' component construct

Table 2 Goodness of Fit values

Goodness of Fit	Thresholds	Obtained values	Outcome
χ^2/df	≤ 2.00	1.046	pass
p-value	> 0.05	0.32055	pass
GFI	≥ 0.95	0.96	pass
AGFI	≥ 0.95	0.97	pass
CFI	≥ 0.95	1.00	pass
NFI	≥ 0.95	0.97	pass
RMSEA	≤ 0.05	0.014	pass
SRMR	≤ 0.05	0.040	pass
CN	> 200	345.17	pass

Sources: Barrett (2007), Jöreskog and Sörbom (1996), Kline(2015), McDonald(2002)

in driven medical tourism through PPPs include; the government should reduce redundant rules, including reducing roles and decentralizing powers (Ojelabi et al., 2015). It is important to note that mutual trust is a key success factor in decentralization and PPPs (Ismail, 2013). To increase the cost-efficiency of products or services, the supervision and control of commercial and non-commercial health services should be separated from each other (Boston et al., 1996). To promote capabilities

of PPPs in medical tourism, the elements that should be developed are: (1) adopting a new governance paradigm of public policy administration (Torchia & Calabrò, 2018); (2) reinventing government to be a mission-driven bureaucratic system; (3) maintaining the social safety net for acceptance of the social towards the medical tourism strategy; and (4) monitoring activities to be prepared to prevent potential problems that may occur in the future rather than reacting to resolve problems after they occur (Barlow et al., 2013; Osborne & Gaebler, 1992) such as in the case of the COVID-19 outbreak in early 2020 which needed a strict protocol for effective control of an emerging disease that may arise from people's travels.

Development guidelines for Medical Hub policy competency

The development guidelines of public health management should stem from social welfare. As a matter of fact, legal standards for commercial and non-commercial health services must be defined by the same standards under the relevant laws, so that there is a mechanism to protect consumers. Therefore,

modernization of state licensing laws and relaxing laws restricting collaboration is a tool for facilitating the development of Thailand's medical tourism. Various rules must not conflict with each other on transforming health systems through PPPs (Lim et al., 2012). Managing increasing service obligations under the concept of PPPs requires each sector to use their efficiency and capacity to drive public affairs under the principles of collaborative governance (Kapucu et al. 2009). Corporate social responsibility, service quality accreditation, medical facilities and qualifications, risk sharing, marketplace, travel insurance and medical malpractice insurance should all be defined as conditions for sustainable partnerships (Medhekar, 2010). Meanwhile, there should be measures in cost-reduction, downsizing, increasing competitiveness, outsourcing and privatization of services, all with a firm idea of leadership in a new corporate culture (Mahboob Ali & Medhekar, 2016).

To facilitate the needed common understanding, transparency and trust, a separate independent unit for PPPs in medical tourism management might be established to work in multilateral collaboration (Pocock & Phua, 2011) as is consistent with the concept of ADEPT model which among entities accumulated in activities related to Medical Hub policy are ready to implement policy into action with accurate and realistic goals considering for balanced development both in the economic and social dimensions (Rütten et al. 2011). In the realm of the concept of relationship between principal and agency, the research findings lead to suggestions for strengthening the balanced relationship between the public and private sectors in medical tourism by (1) reducing the disadvantages of information asymmetry of demand of service guided by market research and (2) risk management from uncertain situations to mitigate

taking unfair advantage and exploiting the circumstances, especially in the allocation and distribution of health resources. Including establishing the criteria for measuring the quality and standard of the private sector represented when the contract has been established.

Conclusion and Recommendations

By integrating qualitative and quantitative research findings, the public sector can balance statistical evidence with real-world context, ensuring that PPPs are both effective and responsive to the needs of the private sector. This approach leads to more informed decision-making, efficient resource allocation, and stronger PPPs in medical tourism.

Formation of PPPs in medical tourism will elevate the Thailand Ministry of Public Health implementation of a Medical Hub policy in a quasi-business-like manner and with good performance in multilateral collaboration. The change of the public sector's performance tends to increase efficiency, effectiveness and quality of services. Consequently, the lack of technical and methodological skills under the concept of 'value for money' will be improved. The research findings show that, PPPs is one of the best ways of implementing and therefore achieving sustainable development goals. Thus, the theoretical elaboration shows how to elevate the public sector's role that highlights the beneficial contribution as shown in Figure 3.

The value chain connecting supporting factors, trust between the parties, and the social safety net in PPPs for medical tourism involves a sequence of interconnected activities and relationships that optimize the delivery of healthcare services while addressing

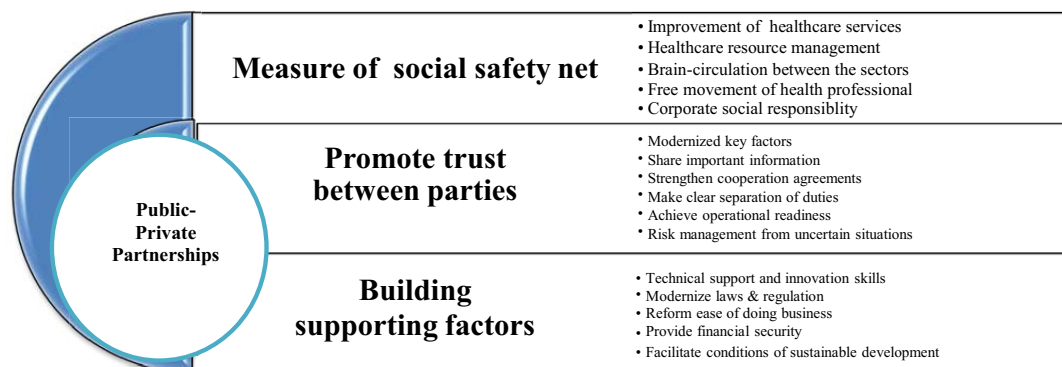


Figure 3 Features of public sector's role in supporting private sector a value-based healthcare economy and achieving sustainable development goals

Adapted from Researcher 2022

the unique demands of medical tourism. This value chain emphasizes creating an ecosystem that fosters trust, ensures equitable outcomes, and aligns economic benefits with the social welfare of local populations. The value chain of the public sector's role in contribution in a value-based healthcare economy by participating with private sector in medical tourism may be explained as (1) balancing economic gains and social equity (2) trust built through transparency and accountability (3) community engagement and (4) ethical standards. By integrating support factors, trust, and the social safety net, the value chain ensures that the public sector achieves health equity goals; meanwhile, the private sector benefits from predictable, fair partnerships. Consequently, communities, especially vulnerable populations, gain access to affordable, high-quality health care, which is the role of the public sector in driving sustainable development in line with the SDG3 goal (Health and Well-being).

Medical tourism is a lesson for the Thailand Ministry of Public Health to learn how to keep a balance of social and economic development with shared responsibilities of social protection among stakeholders. When the public sector performs good governance in multilateral collaboration, the country gains more competitive advantage in the healthcare global arena sustainably.

Research Implications

Implications of the study for policy advocacy indicate that the Ministry of Public Health should do a systemic review to obtain important information integrated into a foresight scenario planning to discover opportunities for long-term investment in medical tourism. Modernization of relevant laws and regulations as well as strategic human resource strategic planning are also key factors in driving Thailand to be the world destination of medical tourism. Meanwhile, research studies applying traditional wisdom should be promoted for building a health safety net for Thai people in accordance with the sufficiency economy philosophy consistent with sustainable development goals.

Directions for future research should be to develop laws and regulations, taking into account special conditions to enhance the environment of PPPs while developing the impact indicators in both the desired effect and the unwanted effects in the medical tourism industry of Thailand. An analysis of the relationship between the increase of health manpower from the free movement of health professionals under the ASEAN Free Trade Agreement should be studied. As well, an analysis

of the market-driven bureaucratic system and a model of desired partnerships should be the basis for further study. Analyzing opportunities from the growth of the wellness economy toward sustainable development of Medical Hub policy is an interesting issue for research and development.

Conflict of Interest

The author declares that there is no conflict of interest.

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