

YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF MANAGEMENT STUDIES
MBA PROGRAMME

HOSPITAL BRAND IMAGE, PERCEIVED SERVICE
QUALITY AND SATISFACTION OF MEDICAL TOURISTS

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EMBA II – 26

EMBA 17TH BATCH

APRIL, 2022

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ACADEMIC YEAR (2018 – 2022)

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This thesis submitted to the Board of Examiners in partial fulfilment of the requirements for the degree of Master of Business Administration (MBA)

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APRIL, 2022

ACCEPTANCE

This is to certify that the thesis entitled “**Hospital Brand Image, Perceived Service Quality and Satisfaction of Medical Tourist**” has been accepted by the Examination Board for awarding Master of Business Administration (MBA) degree.

Board of Examiners

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APRIL, 2022

ABSTRACT

The study aims to examine the factors influencing the brand image in medical tourism, to analyze the influence of brand image on perceived service quality, to examine the effect of perceived service quality on patient satisfaction and to analyze the effect of patient satisfaction on behavioral intention. The study is conducted by using structured questionnaire on 267 respondents, 10 percent out of 2670 total population went to Bangkok, Thailand for medical treatment and healthcare procedures. Simple random sampling method is used to select the respondents from four selected representative offices of Thailand's hospitals in Yangon, Myanmar. The study applies analytical methods, including multiple linear regression. Based on the data analysis, the factors, namely hospital-created social media, user-generated social media, word-of-mouth communication have the influencing effect on the hospital brand image. The hospital brand image has the positive effect on perceived service quality. And, perceived service quality has the influencing effect on the patient satisfaction. Finally, patient satisfaction has the significant effect on behavioral intention of the patients to revisit or recommend the others. The marketers should emphasize on the social awareness of their services by distributing into various international markets, to increase patient's health knowledge, advanced health technologies, cost and effectiveness. Most importantly, the hospitals should have to build a team for building a strong brand, supporting the patients in their before, during and after treatment processes properly, so that the patients are satisfied and revisit or recommend the others is a wise decision for their healthcare.

ACKNOWLEDGEMENTS

First and foremost, I would like to kindly express my gratitude to Dr. Tin Tin Htwe, Rector of the Yangon University of Economics, for acknowledging me to implement this study as a partial fulfilment of Master of Business Administration.

Secondly, I am heartfelt thankful to Professor Dr. Nu Nu Lwin, Professor Dr. Myint Myint Kyi, Professor Dr. Thin Nwe Oo and Professor Dr. Than Thuzar from Department of Management Studies, for their superb lectures, kind permission to accomplish and constructive guidance for this thesis.

Thirdly, I'd like to present my gratitude to my supervisor Dr. Hla Hla Mon, Professor, Department of Management Studies of the Yangon University of Economics, for her close supervision, kind guidance, expert opinions, effective suggestion, and encouragement in supporting to complete this thesis successfully.

In additional, I would like to show my respect to all our professors, associate professors, lecturers and visiting lecturers who are effort in knowledge sharing of MBA Programme. I also, would like to extend my appreciation to the faculty and all the staffs in the Department of Management Studies for providing me with any administrative support during my academic years.

My special thanks to all of the respondents for their kind supports for participating in the study. I deeply grateful to all my classmates in the EMBA 17th Batch, especially to my study group (G-6) for their kind support and encouragement.

The last but not the least, I would like to thank to my special friend, Dr. Phyto Min Tun, for his kind support, encouragement and guidance. Also, to my family members and friends for their continuous kind support, understanding, help and contribution.

Aung Ko Ko

EMBA II - 26

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LIST OF ABBREVIATIONS

BDMS	Bangkok Dusit Medical Service
EDT	Expectancy Disconfirmation Theory
HA	Thailand Health Accreditation Association
IVF	In-Vitro Fertilization
ISO	International Organization for Standardization
JCI	Joint Commission International
JCQHC	Japan Council of Quality Health Care
MTQUA	Medical Travel Quality Alliance
UGC	User-generated Contents
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WOM	Word-of-Mouth Communication

Chapter 1

Introduction

In modern economies, due to the constant transformations and technological advancement, globalization brought up all the sectors into competition and marketing is the main factor to bring up the customer's interest into light. And global marketing is important for modern businesses. In this era, the businesses (both Productions and Services) can sell and ship their products and services all over the globe and the service sector is the fastest growing in the global economy.

An increasing number of hospitals are faced with competitive circumstances owing to recent competition amongst hospitals and the open-door policy for the medical services market, and the economic growth and changed appreciation toward health have continuously increased particular wants and needs within the general public. Consumers make choices that promote their effective value, and enterprises endeavor to establish marketing strategies that promote such effective value perceived by consumers in order to promote customer satisfaction and corporate performance (Kim, Cho, Ahn, Goh, & Kim, 2008).

And companies are battling various methods to get occupied in the consumer's mind and the brand image is the image to occupy a distinct position in the consumer's mind. It refers to the consumer's awareness of all parts - products, services of the brands and how consumers evaluated the quality of marketer's offerings (Schiffman & Wisenblit, 2015).

One of the main factors that influencing the perception of the customers about the products or services is the brand image. It is a significant variable in the field of brand management. It is also used to develop awareness and engagement among possible clients and to attract new clients. Despite the fact that brand image assumes a huge part in the service sector, most studies on brand image accentuate tangible products and retail organization (Cham et al., 2016). Cham et al., (2016) also stated that the Brand image is used to create awareness among potential customers and to attract new customers. Wu (2011) explained that the brand image of a hospital is not absolute, it is relative to brand

images of competing hospitals. Hospital brand image is becoming an increasingly important issue in the competitive health care industry.

On the other hand, the study of Akbar and Parvez (2012) proved that the quality of the service was found to have a positive impact on customer satisfaction, which is considered to be a critical factor for behavioral intention. Perceived service quality in this study is described that the customer's overall impression or evaluation of the relative superiority or inferiority of the services provided by the organization (Parasuraman et al., 1988). The perception of patients so called service quality is critical to maintain the healthcare provider's long-term success. As the service quality became a priority to an organization, the effective service quality can be termed as a service which is able to fulfill and satisfy a patient's expectation.

In the marketing contexts, customer satisfaction is the perceptions of the performance of the product or service by the customer which is highly correlated with their expectations (Schiffman & Wisenblit, 2015). Furthermore, customer satisfaction has been regarded as a special form of customer's attitude and responses in the service sector as well. Wu (2011) asserted that the satisfaction of a patient is the judgment of perceived value and sustained response toward service-related stimulus before or during or after the consumption and engagement of medical services by a patient. Patient Satisfaction is expressed as the patient's interpretation of the nature of their interaction with a health care provider or health care delivery system (Kirsner & Federman, 1997).

Patients' behavioral intentions can be led by repurchase intentions, word of mouth, loyalty, complaining behavior and price sensitivity (Olorunniwo et al., 2006). Ajzen and Fishbein (1977) also stated that behavioral intention is an individual's choice or obligation to accomplish a given behavior.

Medical tourism is outbound traveling and aiming for medical services greater and better than local. Medical tourism commonly signifies to the act of traveling abroad in order to seek medical treatment (Ramamonjiarivelo et al., 2015). According to the World Health Organization (WHO), health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. In this instance, people travel around the globe for better and satisfactory health care to be cured.

Modern medical tourism is characterized by an inflow of middle-class patients from industrialized countries and wealthy patients from less economically developed countries to consume the medical services offered at foreign destinations (Khan, 2017).

Other factors such as diffusion of knowledge and state-of-art medical technologies of the emerging countries are contributing the growth of medical tourism (Economist, 2008), the ease of accessing information of overseas health providers, the support of intermediary organization such as travel agents specializing the medical tourism, and the easiness of traveling around the world boosts the willingness of employees and health insurers to send patients abroad given the prospect of large cost savings (Ramamonjarivelo, 2015).

1.1 Rationale of the Study

For the international hospitals, the Hospital brand image and perceived service quality has an effect on the patients' satisfaction. Hospital brand image may be influenced by the service provided by the hospital's medical staff and the medical or treatment-related equipment to serve the patients. The hospitals may provide the same types of services but different qualities and this may affect the patients' satisfaction (Tan et al., 2019). The quality of medical care varies from country to country, which means that many developing and emerging countries have qualified medical staff to improve the quality of medical care (Lautier, 2014).

The quality is accredited by Joint Commission International (JCI) and the international hospitals are more influential in the market. But, in recent era, the influence of social media, the relation between the hospitals and the patients on it and the word-of-mouth spread are the important factors in making decisions on accepting the treatment or purchase decision.

The main inspirations of medical tourism are – cost saving, consumer's perception of the quality of care available abroad, limited availability of certain treatments, access to basic healthcare, escape from stress and to relax, attracted by alternative medicines (Fredrick, 2018). Nevertheless, healthcare providers are prioritizing quality of the service for the satisfaction of the patients because it is in the management's control and it has a significant effect on the patient's purchase intentions (Tan et al., 2019).

In Myanmar, seeking medical treatment by going abroad is an emerging trend in the current period of time. The ease of traveling abroad, lack of modern medical facilities, shortage of manpower in healthcare facilities are the most influencing factors for the international medical traveler.

The present study emphasizes on the factors that influence making the main decision for the medical trip and individuals' behavioral intention to visit, revisit or recommend their communal when they seek suitable healthcare services.

1.2 Objectives of the Study

The objectives of the study are as follow;

- 1) To examine the factors influencing the brand image in medical tourism.
- 2) To analyze the impact of the brand image on perceived service quality in medical tourism.
- 3) To examine the effect of perceived service quality on patient satisfaction in medical tourism.
- 4) To analyze the effect of patient satisfaction on behavioral intention in medical tourism.

1.3 Scope and Method of the Study

The purpose of the study is to analyze the effects and relations between the hospital brand image, perceived service quality, patient satisfaction and behavioral intention. The study only focuses on the Myanmar people who travelled to Bangkok, Thailand for medical purposes.

Moreover, there are several Thailand Hospitals well-known for Myanmar people and already operated in Myanmar as referral centers, which operated in the health tourism business. The hospitals in this study were selected by the World Best Hospital 2020, according to the Newsweek (Cooper, 2022) and the total patient population referred by them in the year 2019. They are – Rank 1. Bangkok Hospital, Rank 4. Bumrungrad Hospital, Rank 6. Samitivej Hospital and Rank 11. Piyavate Hospital. And, 10 percent of the random respondents who already undergone and perceived the medical services from

those hospitals were chosen by using simple random sampling method for this study. Total respondents of the study is 267.

Both primary and secondary data are employed for the study. The structured questionnaire is used to collect the responses from the patients who have been to Thailand for medical purposes as the primary data of this study. The questionnaire is set up in a 5-point Likert scale. In order to achieve the objectives of the study, quantitative research design was used. Secondary data are collected from relevant books, journals, previous research papers, text books, websites and other related reliable information sources.

1.4 Organization of the Study

There are five chapters in this study. Chapter one includes introduction, rationale of the study, objectives of the study, method and scope of the study and structure of the study. Chapter two discusses the theoretical background and presents the relationship between Expectancy-Disconfirmation Theory and patient satisfaction which lead to formation of behavioral intention. Chapter three is about the profile of the selected Thailand Hospitals and their Representative Offices in Myanmar and the Respondents Profiles of this study. The results of this study are presented and discussed in Chapter four. Finally, Chapter five, a conclusion which includes findings and discussions, suggestions and recommendations, suggestions for further research.

Chapter 2

Theoretical Background

This chapter intends to review comprehensively the literature related to the brand image, perceived service quality, patient satisfaction and behavioral intention to engage the medical tourism. The outcome of the literature review is used to identify the vital factors and their relationships envoy developing the conceptual framework of this study.

In this section, the Expectancy-Disconfirmation Theory was presented. The Theory of Expectancy-Disconfirmation is applied to study the patients' satisfaction, which may lead to behavioral intention formation.

2.1 The Expectancy-Disconfirmation Theory

In recent conditions, the customer-oriented organization interprets customer satisfaction as the fulfillment response. The expectancy-disconfirmation theory described customer satisfaction is described as an agreeable level of caring for utilization (Oliver, 1981). Satisfaction is a general affective response to a perceived mismatch between previous expectations and perceived post-consumption performance. The consumer's perception of overall service quality results from a comparison between expectations and perceptions of different components of service. With perceptions of service held fixed, the higher the expectations, the lower the perceived quality (Boulding et al., 1993).

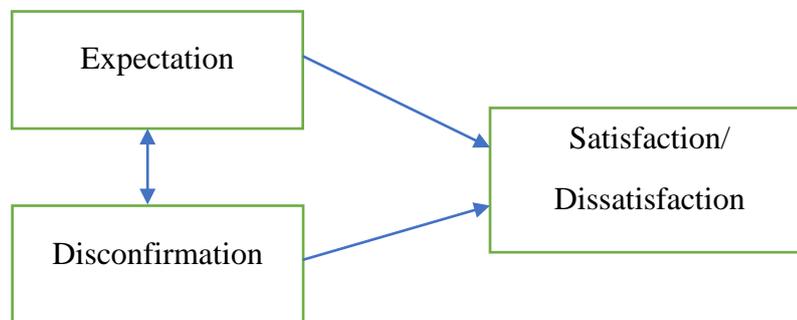
In other words, the behavioral intention is influenced by customer satisfaction, which is determined by the difference between perceived quality and expectation levels. The EDT model proved by Oliver, (1980) stated that it passes through five phases as follows.

First, customers form pre-purchase expectations regarding a specific product or service. Second, they purchase a product or service and then assess its quality. Third, they compare the perceptual quality with their pre-purchase expectations and determine whether these expectations were confirmed. If the perceptual quality is greater than or equal to their expectations, these expectations are either positively disconfirmed or confirmed. However, if the expectations are higher than the perceived quality, the

expectations are negatively disconfirmed. Fourth, customers experience satisfaction or dissatisfaction based on the level of their disconfirmation. Finally, satisfied customers form revisit intentions and spread positive word-of-mouth, whereas dissatisfied customers avoid subsequent repurchase and spread negative word-of-mouth.

According to this theory, there are several studies tested and confirmed that consumers purchase goods and services with pre-purchase expectations about the anticipated performance. When a product or service has been bought and utilized, results are compared to the expectations. At the point when the result matches assumptions, confirmation happens. Disconfirmations occur when there are contrasts among expectations and results.

Figure 2.1: Theory of Expectancy-Disconfirmation



Source: Oliver (2010)

Negative disconfirmation occurs when outcome is less than expectations. In other words, when product/service performance is less than expected. Positive disconfirmation happens when result is more prominent than expectations. As such when the product or service performance is surprisingly good.

2.2 Hospital Brand Image

Brand image assumes a significant part in business since it addresses tangible and intangible aspect of a firm (Cham et al., 2016). On the other side, Kotler (1991) referred to brand image as combining name, fame (reputation), design and symbol. Good brand image makes consumers believe in product quality and assists consumers to make a choice and to feel comfortable while purchasing their product (Chu et al., 2012).

As in service organization, the corporate reputation plays the most important role and major factor because the perception of customers is depending entirely on the

organization (Andreassen & Lindestad, 1998). Corporate reputation, also known as corporate image referring to the general impression of the organization (Gotsi & Wilson, 2001).

Corporate brand image refers to the set of perceptions connected with an organization's name and reputation; and it addresses the real emotional components of a firm (Keaveney & Hunt, 1992). Moreover, Keller (1993) stated that the brand image alludes to a bunch of insights in relationship with a brand and it mirrors a client's general impression of a brand.

In medical tourism, hospital brand image assumes an essential part in assisting hospitals to outreach and to draw in worldwide travelers for medical services (Cham et al., 2016). Further, Riezebos (2003) discussed that the brand image is considered as one of the main factors influencing customer's perception of the product or service. Wu (2011) asserted that hospital brand image is a perception of a brand held in customer memory and reflecting a customer's overall impression. A positive brand image can be measured as a crucial ability of a corporation to hold its market position.

A consumer participates in some inductive inference to form a perceptual image about an event or object. Inductive inference is a significant component of the image-forming theory (Riezebos, 2003). In a travel setting, social media platforms are considered the leading technological advance in the modern era that have markedly changed the way individuals conduct business in the travel industry (Inversini, 2014).

(a) Hospital-created Social Media

Social media sites provide opportunities to strengthen emotional attachment between users and brands (Yuksel et al., 2010). According to the study of Barreda et al. (2020), in tourism, social media accelerates customer commitment and branding development among tourism organizations. Unlike the traditional channel, social media can communicate with the potential customers effectively by interacting both ways of communication and serves as a powerful medium between the stakeholders.

The hospitals can use social media as an effective method for communicating with customers in order to attract and to generate interest among potential customers (Roque & Raposo, 2013). And together with the technology advancements, social media is playing a

growing role as a way to research customer preferences and motivations (Hays et al., 2013).

Therefore, most of the international hospitals created social media platforms, pages, and websites to spread their information to the ones who cannot be reached by the traditional media. The contents created by the firm promotes the probability of the brand incorporated into the customer's mind to make a buying choice. And firm-generated social media can be an effective marketing tool in brand image formation (Wang et al., 2012).

(b) User-generated Social Media

Nowadays, social media can be assumed as a powerful medium for interactive marketing (John et. al, 2018). Online engagement can help reduce information asymmetry between providers and other stakeholders, including patients. Moreover, it facilitates the creation of user-generated content (UGC), that is feedback provided by online users in response to signals communicated by providers (Anton & Sharman, 2018). UGC is also known as user-generated communication that is an influential source of information and available information is flagged as more reliable and trustworthy (Glover et al., 2015).

Social media sites are virtual places where brand image and affiliation are initiated, maintained and fostered (Song & Yoo, 2016), which in turn enhance the emotional attachment to a brand. According to (Yuksel et al., 2010), social media sites can provide opportunities to strengthen emotional attachment between users and brands.

(c) Word of Mouth Communication

Word-of-mouth (WOM) marketing can be defined as the information shared from one person to another via person-to-person communication such as face-to-face, telephone or social networking, etc., (Khalid et al., 2013). It can also be defined as the cultural exchange, continuous flow of accurate information, effective communication, or personal dialogue between two individuals. Besides, WOM communication is sometimes referred to as post-purchase behavior according to (Ruswanta & Effb, 2020) study.

Kotler (2006) explained that Word-of-mouth reflects someone's personal communication with family members, friends and associates about the medical treatment provided by the oversea providers. WOM has the ability to instill the brand message in

the minds of consumers, resulting in a better understanding and impression of the entire brand (Cham et al., 2016).

Moreover, one of the most powerful factors in the market is WOM, particularly in health care, where services can be complex and complicated to evaluate (Zamil, 2011). The valence of WOM can be either positive word-of-mouth (PWOM) or negative word-of-mouth (NWOM) that influence consumer behavior differently according to the previous study (Naylor & Kleiser, 2000).

In the case of negative WOM, when the message's credibility is at stake, a powerful WOM from a personal source, especially a well-respected personal source with better knowledge, has a stronger effect on a recipient. Simply means that the comparison hinted at a favourable outcome. Overall, positive WOM looks to be far more effective than negative WOM. Positive word-of-mouth is more durable and successful in general, as well as less reliant on situational or conditional factors (Sweeny et al., 2014).

2.3 Service Quality

Healthcare services are perishable and cannot be stored. It must be consumed where and when they are provided. It means the providers and the patients are directly involved in the service delivering process.

Most patients are unable to discern between medical care providers' caring, functional performance and their curing, technical performance (Ware & Snyder, 1975). Lam (1997) stated that during the service process, functional quality produced and felt by the patient is frequently an even more important variable influencing the patients' opinions on the quality of service.

The gap between the service expected and the customer's impressions of the actual delivered service is used to measure service quality (Goel & Yang, 2015). It is a crucial fact for any service organization. Consequently, it becomes an important role in the firm's success and survival. It was also referred to as the customer's overall opinion or judgment of the firm's services in terms of relative excellence or inferiority (Parasuraman et al., 1988).

In professional service organizations, service quality is widely recognized as the most important component in distinguishing services and gaining competitive advantages (Tanner & Anthony, 2006).

In Parasuraman et al., (1988) study, the service quality was measured by the five criteria namely - tangibility (physical facilities, equipment and appearance of the personnel), reliability (ability to perform the promised service dependably and accurately), responsiveness (willingness to help customers and provide prompt services), assurance (employee knowledge and courtesy, and their ability to convey trust and confidence), and empathy (caring, individualized attention the firm provides to its customers) by the hospital.

When a medical care encounter meets or surpasses the patient's expectations, it is considered to be of high quality. These value perceptions affect the patient's satisfaction and intention to purchase additional services (Zeithaml, 1988). Patients' views of service quality are thought to have a good impact on patient satisfaction, which in turn has a favorable impact on patients' decision to choose a specific health care provider (Taylor, 1994).

2.4 Patient Satisfaction

According to the earlier discussion, When compared to the value expected from transactions or connections with rival vendors, customer satisfaction is the result of the customer's impression of the value received in a transaction or relationships, where value equals perceived service quality. (Zeithaml et al., 1990). Customers who receive more value for their money are more satisfied, which can benefit the retail business in the long run (Cronin et al., 2000). The service industry's key difficulties are service quality and customer satisfaction (Hung et al., 2003).

Patient satisfaction is an important and commonly used indicator measuring the quality of healthcare services. Rust and Oliver (1994) stated that customer satisfaction as the customer's fulfillment response, which includes both an evaluation and an emotional reaction to a service. On the other hand, Aragon and Gesell (2003) advocated patient satisfaction as the degree of congruence between a patient's expectations of ideal care and the perception of the real care the patient received.

Patient satisfaction is an interactive and reflective process from the outcomes of service quality (Moliner, 2009). Abramowitz et al., (1987) stated that it has been progressively more important than to hospital directors and trustees as the healthcare market increases. Patient satisfaction surveys have been used as a meaningful and essential tool for identifying gaps and developing effective strategies for quality improvements in the healthcare industry (Al-Abri & Al-Balushi, 2014). Moreover, the patient's satisfaction have an impact on the quality of care, as the satisfied patients have a high tendency to follow up their treatment plans and at the same time, they will maintain a continuous relationship with the healthcare providers (Russell et al., 2015).

2.5 Behavioral Intention

Behavioral intention refers to an individual's decision or commitment to engage in a particular conduct, and it is frequently linked to overt future behavior (Ajzen & Fishbein, 1977). Customers usually form purchase attitudes based on previous service experiences or, still, this attitude can also be influenced by previous information, based on the image of the retail in the market and even by word-of-mouth recommendation.

In several previous studies, the deciding factor in actual behavior is behavioral intention, which is a person's subjective likelihood of completing a specific behavior. Zeithaml et al. (1996) suggested that customer's behavioral intention predicts whether they will stay with or leave an organization.

When patients perceive good service quality, they are more likely to engage in pleasant behavior, whereas low service quality leads to adverse behavioral intentions. Therefore, service providers are rapidly generating loyalty because they believe it increases income and leads to the greatest market share, efficacy, and profitability.

At this point, the behavioral intentions can be expressed as the customer's assessment of the likelihood of repurchasing from this firm or the desire to refer the firm to others (Veloso et al., 2017). Several studies stated that the positive patient satisfaction may lead to positive behavioral intention (Kim et al., 2008; Wu, 2011).

In the service sector, repurchase or revisit intention and willingly recommend to the others is commonly measured by the behavioral intention (Ramkisoon & Uysal, 2011). Azjen (1991) stated in his study that to capture the motivating elements driving a

behavior, intentions are assumed. In general, the stronger the intention to participate in an activity, the more probable it is that it will be performed. Therefore, the intentions would be expected to influence the performance to the extent of a person's performance and motivation to try it.

In the previous studies, the behavioral intention formation is influenced and have positive effect by several factors. In Mee et al., (2016) study, the behavioral intention is influenced by the Hospital brand image which in turn had positive effect by the social media and internet marketing, word of mouth advertisings. And in the study of Wu (2011), the behavioral intention/Loyalty (to revisit) to the hospital was affected by multiple factors such as hospital brand image, patient satisfaction and perceived service quality. In that study, the brand image had both direct and indirect effects on Intention. Behavioral intention is also proved to be influenced by the patient satisfaction and perceived service quality which may lead to the impression of the patient in the study of Huei et al., (2014). Last, but not the least, in Chem et al. (2016) study, the satisfied patient will make the decision to revisit and recommend to the others (behavioral intention) which is consistent with the study of Wu (2011). And the behavioral intention formation is directly influenced by the patient satisfaction and indirectly influenced by the Hospital brand image, perceived service quality.

Therefore, the customer loyalty and the behavioral intention to revisit and refer others is the key factors for the businesses sustainability and growth especially in the service sectors such as hotels, hospitals, tourism, etc.

2.6 Previous Studies

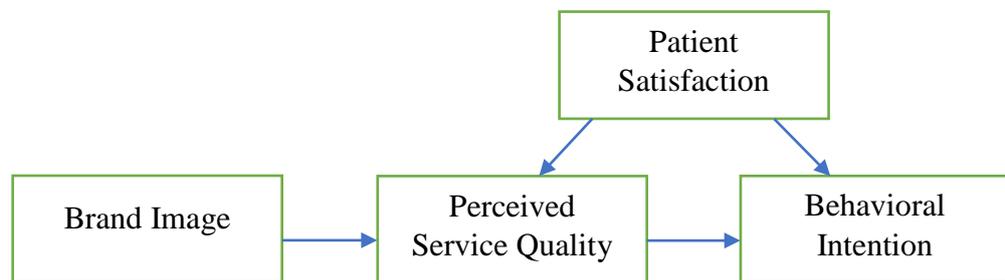
The following section presented the previous studies of the relationship between the hospital brand image and behavioral intention in medical tourism. Several studies have demonstrated a substantial association between hospital brand image, perceived service quality and behavioral intention.

The growing number of medical tourists throughout the world and medical tourism becomes a great business opportunity for the travel agents who arrange the medical tour. Also, it was important that the hospital brand image and the patient's perceived service quality, which influence the patient's satisfaction, may have a

significant effect on behavioral intention. There are many other studies that proved the hospital brand image has a positive effect on the behavioral intention of patients to revisit.

In Huei et al., (2014) study, Hospital brand image has positive impact on the medical tourists' perception on the service quality and it has influencing power on the patients' behavioral intention to revisit and spread the word to those needed. On the other side, pleasant service quality experience will have a positive attitude on the hospital and intention to revisit and refer the others. The research model of this study is shown as in Figure 2.2.

Figure 2.2: Conceptual Framework of Huei et al.

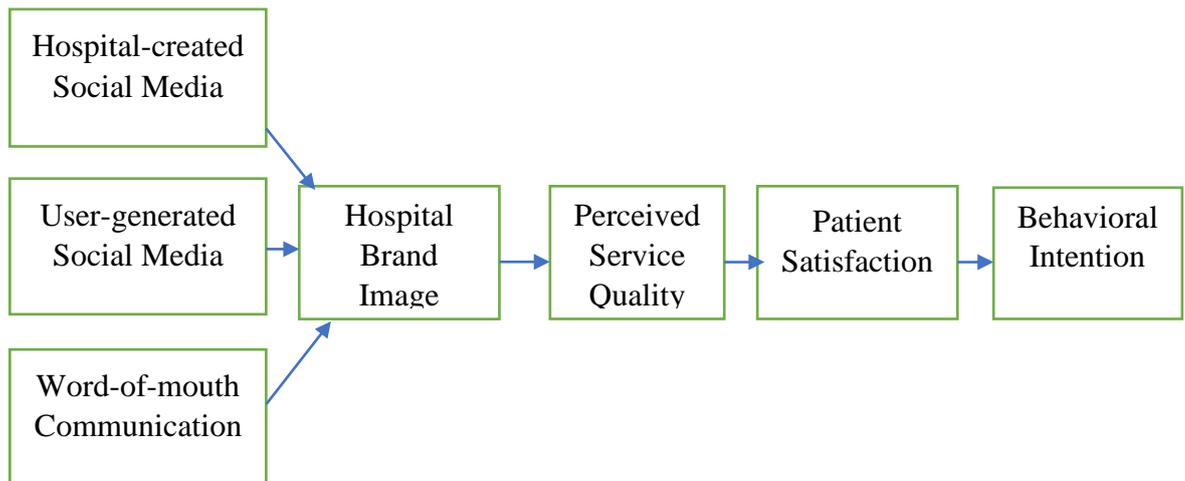


Source: Huei et al., (2014)

In this study, data gathered from 400 medical tourists from Indonesia seeking medical care in the top four private hospitals in one of Malaysia's northern states. According to the study's research methodology, hospital brand image has an influence on perceived service quality. Furthermore, perceived service quality is related to both patient satisfaction and behavioral desire to revisit. Same as per the above case study, patient retention or revisit is the major interest for all the business including the service-oriented organization like Hospitals.

The study of Cham et al. (2016) found that the hospital brand image influences behavioral intention formation for returning and referring new patients. Data collected from 386 respondents who were from Indonesia came to the Northern state of Malaysia for medical treatment. The research model of the study is presented as in Figure 2.3.

Figure 2.3: Conceptual Framework of Cham et al.



Source: Cham et al. (2016)

The ability of hospitals engaging in medical tourism to retain repeat clients and attract new customers is critical to their success. In order to do so, the factors influencing the hospital brand image are social media and Word-of-Mouth are important and can create a reputation of the hospital. The social media created by the hospital and users has an impact on hospital brand image and has an influence on their perceptual and decision-making process to seek medical care at the hospital.

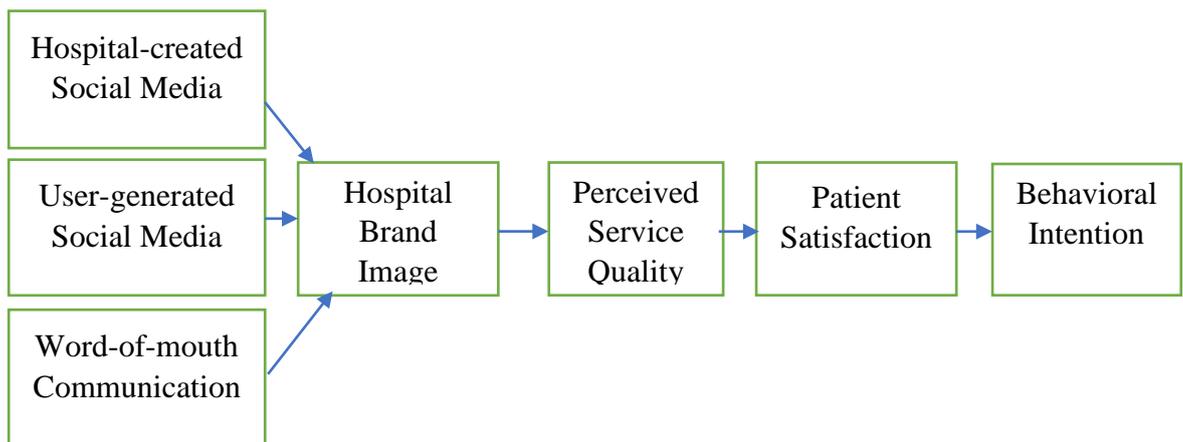
The hospital's brand image has a beneficial impact on medical tourist's perceptions of service quality. And the perceived service quality also has a positive effect on the patients' satisfaction and that fact suggests that the hospitals should give superior quality services to satisfy the patients' needs. As a result, the satisfied patients will become loyal customers and decide to revisit again. It also spreads the word to other patients who are in-need.

2.7 Conceptual Framework of the Study

According to the above previous studies, the patient's behavioral intention to return and refer the others have interacted with patient satisfaction. Hospital brand image is the leading factor that influences the revisit and recommendation behavior formation in the service sector like healthcare services.

The factors influencing the hospital brand image such as social media created by the hospital itself and user-generated ones, WOM communication have effectively influenced the patients' expectation on the service quality, as well as on the satisfaction.

Figure 2.4: Conceptual Framework of the Study



Source: Adopted from Cham et al. (2016)

Moreover, the hospital brand image and service quality are inseparable factors that affect the patient or customer satisfaction, especially in the service sectors like medical businesses or the hospitals.

The study uses the research model of Cham et al. (2016), and it will investigate the elements that impact hospital brand image, assess the effect of hospital brand image on perceived service quality, investigate the effect of perceived service quality on patient satisfaction, and demonstrate the effect of patient satisfaction on behavioral intention. The study focused on the patients who have received medical treatment in selected hospitals, notably, in Thailand.

Chapter 3

The Selected Thailand Hospitals and the Representative Offices in Myanmar and Profile of the Respondents

With the emerging trends of seeking medical services abroad during this era, the medical representative offices (Medical Tourism Companies) from various countries are arising day by day in Myanmar. Some of the popular hospitals are operated in Myanmar by opening their own representative offices and clinics but some of them give authority to the partner or travel agents to become their representatives.

In this chapter, background of medical tourism, the profiles of the Representative Offices of popular Thailand Hospitals in Myanmar, Popular Hospitals from Thailand among Myanmar population, profiles of the respondents and reliability tests are presented.

3.1 Medical Tourism

Tourism is to relax, enjoy the pleasure and increase the well-being and even the health of one self (Connell, 2006). Medical tourism is also known as health tourism, health care tourism, therapeutic vacation and many other names. Medical tourists include the patients trying to avoid treatment delays and obtain timely access to health care (Maung & Walsh, 2014).

Medical tourism is not a challenging concept. In Ancient Greece Society, pilgrims and sick from all over the Mediterranean used to flock to the Asklepios sanctuary at Epidaurus for medicinal attention. Since the beginning of the 21st century, the medical tourism industry's main focus has been to get more organized, more interconnected. The reason for venturing abroad for seeking medical care is the available option during this era, the person affordable for traveling expenses, and the ones whose disease can only be cured locally due to limited medical resources.

Medical tourism is growing due to the spread of knowledge and state-of-the-art medical technologies in developing countries, the easy access of information of oversea healthcare providers, the support of intermediary organization such as travel agents

specializing on medical tourism, and the ease of travel around the world boosts the willingness of employees and health insurers to send the patients abroad given the prospect of large cost savings (Ramamonjiarivelo, 2015).

Throughout the years, the number of tourists seeking medical treatment abroad is increasing in number creating the revenue for the host countries, especially the Asian countries such as – Thailand, Malaysia, Vietnam, etc. The hospitals in the market are open for the medical tourism programs and are competing in the international markets to attract the patients (García-Alte's, 2005).

The rapid growth of the medical tourism industry in these countries is due to the availability of well-trained doctors and medical staff, short waiting times in comparison to home countries, and low travel costs (Singh, 2014). Kemp et al. (2014) stated that healthcare services are among the most important personalized provisions that consumers experience.

Between 1997 and 2010, the global rate of export of health services outpaced the global rate of export of travel services and is doubled from 2003 to 2010 with an estimated value of \$11,766 million according to the report of Lautier (2014).

The primary reasons for medical tourism are mainly cost saving, consumer's perception of the quality care available abroad, limited availability of certain treatments, access to basic healthcare, escape from stress to relax, attracted by alternative medicine (Fredrick & James, 2018).

3.2 The Representative Offices

There are several representative offices in Yangon through time due to the emerging market for medical tourism, in the capitals of state. For this section, the Representative Offices of good reputation and long-term operations (over 5 years) are selected.

- a. Bumrungrad Clinic Yangon
- b. Columbus Health Care
- c. Sea Lion Medical Referral Center
- d. Piyavate Hospital Referral Office

a. Bumrungrad Clinic, Yangon

Operated by Yin Service company, the Bumrungrad Clinic and referral office is located at Dagon Township, Yangon. It was established in 2009 in Yangon and now operates in Cities around Myanmar to serve and arrange medical tours. It has the clinic facilities, which are taken care of by the respective specialist from Yangon, as well as the Thailand doctors sometimes. The laboratory test services are also available locally and sending samples to Thailand are also served.

b. Columbus Health Care

Pioneer for medical tourism, Columbus Health Care brought the Samitivej Hospital to Myanmar around the year of 2008. It is located in Yangon, and originally established since 1993 as an air-ticketing and tourism service organization but later branched to its own division of healthcare as Columbus Health Care, specializing on patient referral and medical tourism. It can provide one-stop service for the patients who are interested in going to Thailand for medical treatment. Columbus Health Care Company represents all of the hospitals in Samitivej Hospital Group.

c. Sea Lion Medical Referral Center

Sea Lion Medical Referral Center is the representative office of the Bangkok Hospital, which is a member hospital of Bangkok-Dusit Hospital Group. It was originally operated since 1997, started as a medical-related trading company specializing in hospital equipment trading. But around 2010's, it was extended into the medical tourism business and became a patient referral center. It provides the booking appointment with the specialist Thai doctors at Thai, arrange the medical tour, pick-up at Thai airport and other tour related services etc.

d. Piyavate Hospital Referral Office

Piyavate Hospital Referral Office, located in Yangon and several branch offices around Myanmar started as an exclusive referral office around 2007. It is providing the one-stop services to the international medical tourists from Myanmar to Bangkok, arranging the place-of-stay and booking appointment, tour-arrangement affiliated with tourism companies.

3.3 The Selected Thailand Hospitals

There are over 1,000 hospitals in Thailand, of which over 470 are private facilities. And Thailand's Medical tourism industry is largely driven by private hospitals. According to up-to-date data, there are 37 hospitals from Thailand that are popular among international health tourists. They are accredited by the Joint Commission International (JCI) and Thailand Health Accreditation (HA) Associations. Yearly, 25 million tourists visit Bangkok and it was ranked as 6th Medical tourism industry (Tourism, 2015).

There are several referral offices of Thailand Hospitals operating in Myanmar and the number is growing day by day. According to the Yangon Directory (2019) data, there are 18 representative offices based in Yangon as shown in Table (3.1).

Table (3.1) Thailand Hospitals and their Representative Offices in Myanmar

Sr. No.	Thailand Hospitals	Representative Offices in Myanmar
1	Bumrungrad Hospital	Bumrungrad Clinic/Yin Service Company
2	Banpakok 9 International Hospital	BPK 9 Myanmar Representative Office
3	Bangkok Hospital	Sealion Medical Referral Center
4	Chaophya Hospital	Life Health Care Services
5	Kyauk-Pa-Ya Hospital	Life Health Care Services
6	Mission Hospital	Vega & Mira Company
7	Nonthavej Hospital	Nonthavej Hospital Myanmar Office
8	Paolo Memorial Hospital	JPP Myanmar Co.,Ltd
9	Phayathai (1,2)	SM Tour & Transport Co.,Ltd
10	Phayathai 3	Pan Asia Medical Services
11	Piyavate Hospital	Piyavate Hospital Myanmar Representative Office
12	Praram 9	Praram 9 Hospital Representative Office
13	Samitivej Hospitals	Colombus Health Care
14	Saroj Hospital	Saroj Hospital Representative Office
15	Sukumvit Hospital	Sukumvit Hospital Myanmar Representative Office
16	Thonburi Hospital	Thonburi Hospital Representative Office
17	Vejthani Hospital	Zaw Maung Medical Services
18	Veibhavadi Hospital	Veibhavadi Hospital Representative Office

Source: Yangon Directory (2019)

Among them, the hospitals selected for the study are based on the world best hospital ranking expressed by Newsweek (Cooper, 2022) and the patient population

referred to those Hospitals in the year of 2019. The survey data is collected via the responsible personnel of the selected hospital's representative offices in Myanmar. And the respondent population of the study among the total patients are shown in Table (3.2).

a. Bumrungrad Hospital

One of the most famous hospitals among Myanmar people, Bumrungrad International Hospital has been accredited by JCI and HA. Founded in 1980, it has been a worldwide pioneer in giving world-class healthcare services and worldwide patient back for about 40 years.

It was started as a 200-bedded hospital at start and extended to 21 stories, 580 bedded hospitals and opened to international patients since 2008. About all specialists from the hospital speak English, and the hospital utilizes more than 200 translators to cover the dialect needs of patients from about any nation. It utilizes over 1,300 medical specialists and over 4,800 support experts to cover more than 70 therapeutic subspecialties. There are more than 190 countries that come to visit and seek medical treatment. And serve more than 1.1 million patients per year.

The hospital includes 36 different medical departments and programs, 55 sub-specialties, and over 900 doctors. It specializes in a diverse level of tertiary care from treating various type of cancers including Liver, Prostate, etc., serious heart problems, conducting sleep studies and vision-correcting surgeries. Bumrungrad International Hospital has the driving medical technology and innovative patient services. The most recent advancements, Bumrungrad has extended the Precision Medication department which offers personalized cancer treatments and the most recent breakthrough treatments generally from the United States and Europe.

The hospital also holds the most advanced technology such as IBM Watson, a machine-learning AI, robotic-assisted surgery such as MAKOpasty, Mazor X and the da Vinci System for more consistency, accuracy and faster recovery times with less invasiveness for joint, spine and cancer patients.

b. Samitivej Hospital

Part of Bangkok Dusit Medical Services (BDMS), Samitivej Hospitals are a leading group of private hospitals serving both Thailand and the ASEAN region.

Samitivej's first hospital was founded in June 1979 and located at Sukumvit, Bangkok. There are totally 7 hospitals around Thailand namely - Samitivej Sukhumvit Hospital, Samitivej Srinakarin Hospital, Samitivej Children's Hospital, Samitivej Sriracha Hospital, Samitivej Thonburi Hospital, Samitivej Chonburi Hospital and Samitivej Chinatown Hospital.

It was awarded by WHO and UNICEF as a Mother-and-baby Friendly Hospital Recognition in 1999, JCI accredited award in 2004, Japan Council for Quality Health Care (JCQHC) and Medical Travel Quality Alliance (MTQUA)'s best hospitals among world's top 10 hospitals.

It is 275 bedded tertiary care hospital with over 400 specialists. Various medical specialties, expert doctors, highly qualified nursing staffs and latest medical technologies established a reputation for high levels of care providing to international patients as well as the local citizens. Samitivej Hospitals are treating patients with the health problems ranging from minor illnesses to major procedures such as organ transplants.

The hospital boasts a multi-lingual personnel and provides international services like interpreters and immigration services, giving the very best level of care and convenience throughout the stay in Bangkok.

c. Bangkok Hospital

It established in 1972, Bangkok hospital is one of the best private hospitals in Thailand. It expanded to various specialties and became a specialist tertiary hospital to serve international patients. It is one of the largest private tertiary hospitals in Thailand.

It is a member of Bangkok Dusit Medical Services (BDMS) and there are (5) hospital branches specializing in Cancer and Cardiology, namely - Bangkok Hospital, Bangkok Heart Hospital, Wattanosoth Cancer Hospital, Bangkok International Hospital and Chiva Transitional Care Hospital.

Bangkok Heart Hospital is the leading center for the treatment of heart disease in Thailand, which has been operating since 2005. The center is represented by international experts with experience of over 15 years and is equipped with the latest generation equipment.

Hospital acquires a Joint Commission International (JCI) certification, a Temos award (for high standards of patient care and use of telemedicine), national accreditation (HA) and the Asian Hospital Management Award (AHMA). Bangkok Hospital consist of more than 30 specialized departments and 20 specialized centers, which are the largest in Thailand. Bangkok Hospital is providing cutting-edge, innovative technology, consistent, and continuously improving health and medical care. It serves international patients with one-stop international medical coordination services, translators in various languages, airport pickup, visa extension services, etc.

d. Piyavate Hospital

Established over 29 years as one of the leading international hospitals, 250 bedded Piyavate Hospital is famous among Myanmar people. The hospital has also been awarded the Hospital Accreditation (HA: Hospital Accreditation) and International Hospital Accreditation (JCI: The Joint Commission International).

Piyavate Hospital is an internationally notable private hospital that provides in depth range of medical, surgical and healthcare services to its patients, together with disease diagnosis and treatment, medical check-ups, cosmetic surgery procedures, fertility treatment, eye surgery and skin & cosmetic care. In Bangkok, Thailand, Piyavate Hospital is well-known for the patient who desire to undergo a cosmetic surgery. It also famous for knee replacement surgery, gynecological cases, In-vitro Fertilization (IVF), cardiac surgery. It has more than 480000 international patients each year in various specialties, with the support of the various specialist doctors and service teams.

The Business Center of the Hospital offers visa assistance, domestic and international flight booking assistance, and even tour arrangements. Complementary services include transport to and from the airport to the hotel, taking care from the beginning to the end of the treatment procedures.

3.4 Demographic Profile of the Respondents

In this study, self-administered questionnaires are distributed through the responsible personnel of the respective referral offices. survey. All participants were informed that all the surveyed data will be kept confidential and used only for academic paper. Table (3.2) represents the demographic characteristics of the patients such as their

gender, marital status, age, educational background, occupation and monthly income level.

Table (3.2) Demographic Profile of Respondents

Sr. No.	Demographic Factors	No. of Respondents	Percent
	Total	267	100.0
1	Gender -Female	103	38.6
	-Male	164	61.4
2	Hospitals – Bumrungrad Hospital	88	32.9
	- Samitivej Hospital	72	26.9
	- Bangkok Hospital	59	22.1
	- Piyavate Hospital	48	17.9
2	Marital Status -Single	112	41.9
	-Married	121	45.3
	-Divorced	10	3.7
	-Widowed	24	9.0
3	Age -<= 20 years	15	5.6
	-21 - 30 years	55	20.6
	-31 - 40 years	62	23.2
	-41 - 50 years	62	23.2
	-51 - 60 years	42	15.7
	->61 years	31	11.6
4	Education Level -Lower than Bachelor’s Degree	12	4.6
	-Bachelor’s Degree	171	64.0
	-Master’s Degree	66	24.7
	-Higher than Master’s Degree	18	6.7
5	Monthly Income - Below 300,000 kyats	43	16.1
	-300,001 – 500,000 kyats	135	50.6
	-500,001 – 800,000 kyats	39	14.6
	-800,001 – 1,000,000 kyats	13	4.9
	-1,000,001 – 1,500,000 kyats	17	6.4
	-1,500,001 kyats and above	20	7.5

Source: Survey Data (2022)

There are total respondents of 267, 10 percent of 2670 patient population participated in this research. As shown in Table (3.2), it illustrates the gender distribution of 164 male and 103 female auditors meaning that majority of the respondents are male

patients. The marital status frequency showed that there are 112 single, 121 married, 10 divorced and 24 widowed patients among the respondents. It means that the married patients are going abroad to seek medical treatment and higher than other three groups. The age group of the patients indicated that the middle age groups are the highest and 46.4 percent of the respondents and this means the middle age people are going abroad for medical purpose.

Concerning with education background level, more than 95 percentages of the patients are graduated and this result showed most of the respondents are well-educated with medical knowledge. The middle and higher income groups are going to foreign countries for medical treatment.

3.5 Reliability Test

Reliability analysis was undergone to test the consistency of the variables in the questionnaires. Cronbach's alpha is measured the internal consistency of the questionnaire. It is regarded as a scale reliability metric. The results are shown in Table (3.3) as in below.

Table (3.3) Reliability Tests

Sr. No.	Category	No. of Items	Cronbach's Alpha
1	Hospital-generated Social Media	3	0.783
2	User-generated Social Media	4	0.813
3	Word-of-mouth Communication	4	0.881
4	Hospital Brand Image	4	0.907
5	Perceived Service Quality	5	0.910
6	Patient Satisfaction	4	0.926
7	Behavioral Intention	4	0.879

Source: Survey Data (2022)

According to above Table (3.3), the result showed that Cronbach's Alpha Coefficient value for all scales is greater than the cut-off value of 0.7 showing high reliability.

Therefore, it can be expected that the scales used in this study produces reliable and valid data for the study.

Chapter 4

Analysis on the Effect of the Hospital Brand Image on Behavioral Intention of the Patients

In this chapter, the analysis on the relationships between the hospital brand image, perceived service quality, patient satisfaction and behavioral intention of the patients who experienced the hospitals' services to revisit and refer the others.

This chapter includes (2) parts. The first part is the part explores about the hospital brand image, the social factors influencing the brand image, perceived service quality, patient satisfaction and the behavioral intention. The second part is the part studying the effect of the social factors on the Hospital brand image, the Hospital brand image on the perceived service quality, the relationship between the perceived service quality and patient satisfaction and lastly, the effect of patient satisfaction on the behavioral intention to revisit or recommend to the others.

According to Pimentel (2010), findings are interpreted as Strongly Disagree (1.00-1.80), Disagree (1.81-2.61), Neutral (2.62-3.41), Agree (3.42-4.21) and Strongly Agree (4.22-5.00).

4.1 Social Factors Influencing Hospital Brand Image

Nowadays, clients are increasingly searching for the knowledge they require as a result of technological improvements. The Section (B) of the questionnaire included the Social Factors influencing on the Hospital Brand Image as in 3 sections.

In this study, 267 patients are surveyed by the questionnaire. The hospital brand image is influenced by the social factors mainly – hospital-created social media, user-generated social media and word-of-mouth communication.

Each of these factors are covered with 4 questions, except hospital-created social media, which only has 3, and the structured questions are used with 5-point Likert Scales (1= Strongly Disagree to 5= Strongly Agree).

a. Hospital-created Social Media

The Social Media is the most influencing factor in the modern daily life. The ones created by the business organizations is intended to communicate with their customers, spread the services available or advertising their products. In this study, the Hospital-created Social Media is studied with 3 facets with the structured.

Table (4.1) Hospital-created Social Media

Sr. No	Particulars	Mean	Std. Deviation
1	Hospital's social media communication meets the patient expectation	3.37	1.144
2	Compare with others, the respective hospital's social media communication performs well	3.23	1.178
3	Patients delight the hospital's social media communication	2.80	1.264
	Overall Means	3.13	

Source: Survey Data (2022)

According to Table (4.1), the respondents is neither agree nor disagree about the Hospital-created Social Media based on the average overall mean value, 3.13. In this study, the respondents are the patients. Patients use social media to find the information they require, contact with hospitals, and request the information they require. However, the health problem is a confidential one and most patients do not want to disclose or openly discuss with the opposite party, even though the other party is someone who can help them.

Among the results, patient delightfulness of the hospital's social media communication has the lowest mean, 2.8 and the respondents felt that they didn't care about the way the Hospital's Social Media response. And the highest score is 3.37 which means that the agree with the statement that the Hospital's response meets their expectations. But overall mean value showed that the Hospital-created Social Media has been a neutral factors for the patient's daily life to make a decision.

b. User-generated Social Media

User-generated social media is analyzed with 4 questions to study the results, with the structured questions. It mainly focuses on the feedbacks of the others social media users of the respective hospitals or comparing with the other hospital's online service. In the other words, it may similar to the search of other patients' review which might effect on own impression or decision.

Table (4.2) User-generated Social Media

Sr.No.	Particulars	Mean	Std. Deviation
1	Other users' feedback about social media communication with the hospital met the patients expectation	3.66	1.019
2	Other users' feedback about social media communication with the hospital met the patients needs	3.88	.966
3	Better user's feedback of social media communication than the other hospitals	3.72	1.026
4	Patients delight the other's feedbacks on hospital's social media communication	3.46	1.037
	Overall Means	3.68	

Source: Survey Data (2022)

According to Table (4.2), the respondents agree to the statements in the section of User-generated Social Media and it is important because the feedbacks from the other person may have significant effect on the previous perceptions and impressions on the hospital.

The overall average means value is 3.68, from which it can be interpreted as the respondents agree upon the User-generated Social Media. Among the individual mean scores, other patients' review about the convenience of social media communication according to their needs has highest value, 3.88 and the comparison with the other hospital's service is the second place, 3.72. These findings revealed that the user-to-user

review has a strong influencing effect among the patients. The lowest score, 3.46 stated that the patients did not feel delighted on the other's feedbacks on hospital's social media communication. In this research, the other patients review or the testimonials are more important and have a higher influencing power than the Hospital-created Social Media.

c. Word-of-mouth Communication

Word-of-mouth Communication between the customers is important not only for the production organizations but also for the service industry. The honest review about the hospital is spread via Word-of-mouth (WOM) methods. The stronger the patient's testimonial, the higher the influencing power on the patients' impression of the hospital image. WOM Communication is analyzed with 4 facets with the structured questions with 5-point Likert scales. The results are as follow in Table (4.3).

Table (4.3) Word-of-mouth Communication

Sr.No.	Particulars	Mean	Std. Deviation
1	Attitude, positively influenced by the friends/family	3.89	.943
2	Positive ideas are provided by the friends/family	3.69	1.002
3	Evaluation, positively influenced by the friends/family	4.04	.937
4	Decision in selecting hospitals was influenced by the friends/family	3.72	.989
	Overall Means	3.83	

Source: Survey Data (2022)

In Table (4.3), the overall average mean value of the WOM factor is 3.83, which means the respondents agree to the WOM communication. Close communal has the stronger bonds and higher influencing power especially in evaluation and attitude formation. The fact was proved as the results as 4.04 and 3.89 respectively. But the positive ideas provided by the friends/family is the lowest score, 3.69 and it means that the idea is not agree by the respondents. The friends or the family members have strong

influencing power over the evaluation of the hospital choice, to revisit or recommend the others.

4.2 Hospital Brand Image

Brand image is the reputation and the impression of an organization captured by the customers in both production or service industry. In the service sector like hospitals, hotels, etc., the brand image is more important for the organization to maintain the existing customers, attract the new ones for their existence, growth and profit. For this study, the brand image is measured by 4 questions.

Table (4.4) Hospital Brand Image

Sr.No.	Description	Mean	Std. Deviation
1	Hospital possesses complete medical services	3.60	1.093
2	Hospital has adequate modern medical facilities	3.84	1.020
3	Hospital possesses good reputation, credibility and positive image	3.61	1.054
4	Hospital provides the pleasant service experience	3.84	.975
	Overall Mean	3.72	

Source: Survey Data (2022)

According to Table (4.4), the average mean value of the hospital brand image is 3.72, which means that the respondents agree to the hospital brand image has positive influencing on the respondent intention. Among them, the highest mean score to the question fact that the hospital owns adequate modern medical facilities 3.84 and it was agreed by the respondents who have experienced the pleasant service experience during their visit. The lowest mean is 3.60, the hospital's medical services is not so much agreeable for the respondents. It expressed as the Hospital brand image is influenced on the patient intention by the impression that the hospital has modern medical facilities and the excellent service experience.

4.3 Perceived Service Quality

This section showed the perceived service quality's mean value. The perceived service quality was measured by the 5 criteria with each question by the self-administered questionnaire.

Table (4.5) Perceived Service Quality

Sr. No.	Description	Mean	Std. Deviation
1	The physical facilities of the hospital are visually appealing	3.17	1.043
2	The staffs of the hospital provide dependable services as promised	3.14	1.034
3	The staff of the hospital provide prompt services whenever patient require or request.	3.11	.959
4	The staff of the hospital have sufficient knowledge to answer the patient's questions	3.29	.927
5	The staff of this hospital understand the patient specific needs and give individual attention to the patient	3.32	.889
	Overall Mean	3.21	

Source: Survey Data (2022)

According to the Table (4.5), the respondents take a neutral position on the assertions about Perceived Service Quality and the patient's impression of the chosen hospital brand. It depends on specific particular care and possess the sufficient knowledge for the individual. The healthcare service is intangible and perishable. It must consume when and when consumers and service providers collide. And during the promptness of service providing depends on the patient's expectation level and past experience and this was proved with the lowest score 3.11. Moreover, the highest score 3.32 stated that the patients prefer to have an individual specific attention from the hospital staffs. But, the overall average mean value 3.21 stated that the respondents are neutral to Perceived Service Quality statements. It is safe to presume that the expectation level of the patients

are much higher than the perceived service level in reality and according to our culture, the respondents are afraid to expressed their suggestions in the survey questions.

4.4 Patient Satisfaction

Satisfied patients have a positive intention to reuse or revisit the hospital. In other words, the way to maintain the existing patients is to satisfy them by fulfilling their needs. In this current study, Patient Satisfaction is examined by 4 questions with 5-Point Likert scale ranging from 1=Strongly Disagree to 5=Strongly Agree, and the results of mean value are stated in the following Table (4.6).

Table (4.6) Patient Satisfaction

Sr. No.	Description	Mean	Std. Deviation
1	Satisfied the decision to use the hospital's service	3.42	0.94
2	Choice to come to the hospital is a wise decision	3.58	0.93
3	Experience at the hospital is satisfactory	3.64	0.94
4	Not disappointed to use the hospital's service	3.64	0.93
	Overall Mean	3.57	

Source: Survey Data (2022)

According to the Table (4.6), the average Mean value is 3.57 and this result showed that the respondents agree with the statements regarding their experience as patients at the hospitals. The respondents agree all the questions and among them, they agree to have excellent satisfactory experience during their stay and it was proved with the highest mean score, 3.64. The lowest mean score, 3.42, stated that the respondents agree the statement but the agreement level is the lowest. The result maybe due to some of the respondents went to the hospital due to the recommendation of the close communal, perceived the healthcare services at the hospital but not very satisfied what they have experienced. Overall, the respondents agree to Patient Satisfaction.

4.5 Behavioral Intention

Intention to revisit, reuse the hospital's service or recommend to the others is linked to previous experiences, satisfaction and their impression on the hospital. Behavioral Intention leads to action or accomplishment to the stated action. It is measured with 4 self-administered questionnaire and the Mean values are as stated in Table (4.7).

In healthcare sector, the intention to revisit/recommend to the others are depending on several factors like – brand image and impression on it, perceived service quality and satisfaction resulted by it are important ones. But there are other factors – Medical Service Providers such as Doctors, Nurses and other service staff's role are also important to influence on the intention formation.

Table (4.7) Behavioral Intention

Sr. No.	Description	Mean	Std. Deviation
1	Intend to recommend the others to engage in the hospital's service whenever the opportunities arise.	3.73	.934
2	Recommend to use the hospital's service	3.90	.910
3	In the future, if needed, this hospital will be the first choice	3.70	1.040
4	Sharing good news about the hospital	3.34	.900
	Overall Mean	3.67	

Source: Survey Data (2022)

According to Table (4.7), the respondents agree to Behavioral Intention statements. The overall average mean score is 3.67 and among them, the highest score is 3.90 showed that they agree to recommend the others to use the hospital's service or go visit the hospital for healthcare services. The lowest score, 3.34, stated that the respondents did not agree to share the good news about the hospital. At this point, the good news should be assumed the success rate of certain treatment. The nature of the patients who undergone a specific treatment procedure for certain diseases but they were

not sure about the others. It can be assumed that the respondents are uncertain and afraid to share the unfamiliar disease treatment program and success rate.

4.6 Analysis of the Factors influencing the Hospital Brand Image

This section is the study of the effect of social factors influencing on the Hospital Brand Image, in which multilinear regression analysis is conducted. The mean value of Hospital Brand Image is regressed with the mean values of three variable: Hospital-created Social Media, User-generated Social Media and Word-of-Mouth Communication. Table (4.8) shows the effect of influencing factors on Hospital Brand Image.

Table (4.8) Influencing Factors on Hospital Brand Image

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	Standardized Coefficients	t
	B	Std. Error	Beta		
(Constant)	0.219	0.180		1.213	0.226
Hospital_Social	0.155***	0.042	0.169	3.703	0.000
User_Social	0.211***	0.063	0.187	3.347	0.001
WOM	0.584***	0.063	0.530	9.207	0.000
R	0.779				
R Square	0.606				
Adjusted R Square	0.602				
F Value	135.101***				

Source: Survey Data (2022)

*** Significant at 1%, ** Significant at 5%, and * Significant at 10% Level

According to Table (4.8), the value of adjusted R square 0.602 percent thus this specified model could explain 60.2% variation of the Hospital Brand Image is influenced by three variables of Social Factors such as Hospital-created Social Media, User-generated Social Media and Word-of-mouth Communication, since the overall significant of the model, F value, is highly significant at 1 percent level, this model can be said valid.

All three variables had the expected positive sign and coefficient of word-of-mouth communication was deemed to be the highest significant at 1 percent level. The

variable User-generated Social Media also has the expected positive sign and highly significant coefficient value at 1 percent level. It indicates that the increase in positive Word-of-mouth Communication leads to the most favorable effect on Hospital Brand Image. The result could be explained that Hospital Brand Image is positively affected by social factors. It means that promoting all of these lead to enhance the Hospital Brand Image. The findings indicated that all three factors have significant value and the main determination on the Hospital Brand Image to be Word-of-Mouth Communication. The result showed that, the patients are using the Social Media to search for the suitable and high-reputation Hospital for their needs. But the news spread among the patients, that is Word-of-mouth communication is the main influencing factor on the Hospital Brand Image.

The standardize coefficient (Beta) of Word-of-mouth Communication has the largest value 0.530 which highlights the greatest contribution of WOM to promote the Hospital Brand Image when the variance explained by another variable is controlled for. According to the respondents, WOM are trustworthy, and it is supposed to believe that the friends' and families' recommendation are most trustable and precious and follow their advices. User-generated Social Media has the second largest effect on the Hospital Brand Image. The reason can be that the people have more confident in their communal and user-to-user information in search of healthcare.

4.7 Analysis of the Effect of Hospital Brand Image on the Perceived Service Quality

Generally, the Service Quality perceived by the patients have a substantial influence on intention formation for revisiting and recommending the others who seek for medical treatment. To examine the effect of the Hospital Brand Image on the Perceived Service Quality, this study applies simple linear regression in which the mean value of the Hospital Brand Image is regressed with the mean value of the Perceived Service Quality. The result of the analysis is presented in Table (4.9).

Table (4.9) Hospital Brand Image on Perceived Service Quality

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.615	0.189		8.543	0.000
Brand Image	0.428***	0.049	0.470	8.671	0.000
R	0.470				
R Square	0.221				
Adjusted R Square	0.218				
F Value	75.187***				

Source: Survey Data (2022)

*** Significant at 1%, ** Significant at 5%, and * Significant at 10% Level

According to Table (4.9), the value of R square is 0.221 percent thus the specified model could explain the 22.1% of the variation of Perceived Service Quality which is predicted by the Hospital Brand Image. Since the overall significance of the mode, F value, is highly significant at 1 percent level, the model can be said valid.

The variable Hospital Brand Image has the expected positive effect and is highly significant at 1 percent level. It suggests that the Hospital Brand Image influences the perception of service quality. The findings indicate that the Hospital Brand Image has a positive effect on Perceived Service Quality. The respondents believe that the more the reputable of the Hospital Brand Image, the higher the Service Quality become. Moreover, User-generated Social Media and WOM are supporting the Hospital Brand Image.

4.8 Analysis of the Effect of Perceived Service Quality on the Patient Satisfaction

Patient Satisfaction is determined by comparing the expected and actual perceptions of the service. In this study, the healthcare services. To investigate the impact of Perceived Service Quality on Patient Satisfaction, this study applies simple linear

regression in which the mean value of the Perceived Service Quality is regressed with the mean value of Patient Satisfaction. The result of the analysis is presented in Table (4.10).

Table (4.10) Perceived Service Quality on Patient Satisfaction

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.081	0.133		8.134	0.000
Service Quality	0.776***	0.040	0.765	19.341	0.000
R	0.765				
R Square	0.585				
Adjusted R Square	0.584				
F Value	374.072***				

Source: Survey Data (2022)

*** Significant at 1%, ** Significant at 5%, and * Significant at 10% Level

According to Table (4.10), the value of R square is 0.585 percent thus the specified model could explain the 58.5% of the variation of Behavioral Intention to revisit or recommend the others. Since the overall significance of the mode, F value, is highly significant at 1 percent level, the model can be said valid.

The variable Perceived Service Quality has the expected positive influence and is highly significant at 1 percent level. It means that Perceived Service Quality leads to influence the Satisfaction of the patient to the service of the respective hospital. According to the findings, there is a positive relationship between Perceived Service Quality and Patient Satisfaction. The respondent's satisfaction is highly influenced by the Perceived Service Quality. The higher the Service Quality, the higher the Satisfaction level.

4.9 Analysis of the Effect of Patient Satisfaction on the Behavioral Intention

To examine the effect of Patient Satisfaction on the Behavioral Intention of the patients, this study applies simple linear regression in which the mean value of Patients Satisfaction is regressed with the mean value of the variable Behavioral Intention. The result of the analysis is presented in Table (4.11).

Table (4.11) Patient Satisfaction on Behavioral Intention

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.034	0.140		7.474	0.000
Patient Satisfaction	0.74***	0.040	0.769	19.562	0.000
R	0.769				
R Square	0.591				
Adjusted R Square	0.589				
F Value	382.662***				

Source: Survey Data (2022)

*** Significant at 1%, ** Significant at 5%, and * Significant at 10% Level

According to Table (4.11), the value of R square is 0.591 percent thus the specified model could explain the 59.1% of the variation of Behavioral Intention to revisit or recommend the others. Since the overall significance of the mode, F value, is highly significant at 1 percent level, the model can be said valid.

The variable Patient Satisfaction has the expected positive influence and is highly significant at 1 percent level. It signifies that the delighted patient will return to the hospital or suggest the hospital's healthcare services to others. The findings indicate a positive relationship between Patient Satisfaction and Behavioral Intention. Therefore, the intention to return or refer others to the hospital has a strong influence on their satisfaction.

The overall evaluation reveals that model can explain the Hospital Brand Image has strong influence and expected significant signs and coefficients for behavioral intention formation. The Hospital Brand Image has the positive effects on behavioral intention formation to revisit or recommend the others.

Chapter 5

Conclusion and Findings

This chapter is organized with findings, discussion, suggestions and recommendations to understand the behavioral intention to revisit and recommend to use the healthcare services of the Hospitals from Bangkok, Thailand for this study. The chapter also included the research gap and suggestions for further study.

5.1 Findings and Discussion

Travelling abroad to seek medical treatment is not challenging in this modern era. The medical tourism to the other countries is popular among Myanmar citizen as well. Pleasant tour experiences, along with the use of healthcare facilities in another country, are popular among Myanmar citizens due to the ease of travelling abroad, experiencing modern medical facilities, higher healthcare services are the motivational factors for health tourism to the neighboring countries including Bangkok, Thailand.

The purpose of this study was to determine the impact of several factors on the behavioral intention to revisit or refer others. The study uses structure questionnaire aims to identify demographic factors, Hospital Brand Image and influencing social factors on it, Perceived Service Quality, Patient Satisfaction and Behavioral Intention of the respondents. Apart from demographic factors, the rest are measured on 5-point Likert scale.

According to the study's findings, the Hospital Brand Image has influencing effect on the impression in the patients' perception. The existing patients and the potential new patients have the impression on the brand image and can become a loyal customer.

Among the social factors affecting on the Hospital Brand Image, the Word-of-mouth communication is the main influencing factor. This means that the peer pressure and the old patient's testimonials that is – User-generated Social Media and WOM are more influential than the Hospital-created Social Media.

From the result of Perceived Service Quality, the respondents neither agree nor disagree on the service quality they have experienced. The service quality of the staffs,

the services provided when required or asked are the lowest score. It means that among these questions, the respondents did not care for the service quality.

In the Patient Satisfaction, the respondents agreed that the satisfaction with the quality of service is essential to them. And they may form the intention to return to the hospital as a result of their contentment. Also, they believe that the cost of a medical tourism is good value for the money. According to the findings, the respondents stated that the Satisfaction of the patient are affecting on the Behavioral Intention.

Regarding to the formation of Behavioral Intention, respondents intended to revisit to the hospital or recommend the others because that is very beneficial and convenience to use the healthcare services at the selected hospital comparing to the local ones. But, for some of the patients who are sensitive to share the health-related information, they are not sharing or recommending the hospital's good news to the others.

The patients are willing to pay the cost for the healthcare facilities at the foreign countries even if it costlier than the local ones. They have plan to revisit the hospital if there is a need in near future as well as to recommend the others who is in need of healthcare services there. The respondents have high level of behavioral intention towards the hospital from Bangkok, Thailand.

This study examines the influencing factors on Behavioral Intention towards the medical tourism to Bangkok, Thailand. The social factors – Hospital-created Social Media, User-generated Social Media and Word-of-mouth Communication – has significant effect on Hospital Brand Image. Among them, the WOM has the highest effect on Hospital Brand Image. It implies that the Hospital Brand Image is more popular through WOM communication than through Social Media. Interestingly, among the Social Media, the User-generated ones are more influential on the Social Media users because the respondents believe that the information shared by the users are more trustworthy and reliable source. The respondents are not enthusiastic about the hospital-created social media because they are dissatisfied with the information provided by the hospital via their social media owing to limitations imposed by the code of conduct and confidentiality that they must obey.

The effect of the Hospital Brand Image on Perceived Service Quality shows that Hospital Brand Image has a strongly positive effect on Perceived Service Quality. The

influence of Perceived Service Quality on Patient Satisfaction was examined, and the study of Patient Satisfaction and Behavioral Intention revealed a considerable positive effect on the latter. Therefore, it can be concluded that if the patients have positive impression on the Hospital Brand Image of the hospital, they will have behavioral intention to revisit or recommend the others about the hospital.

Finally, based on the findings of this investigation, the social factors – Hospital-created Social Media, User-generated Social Media and Word-of-mouth Communication have the significant positive effect on Hospital Brand Image and that effect influenced the perceived service quality and that service quality satisfied the patients and that satisfied patients have the Behavioral Intention to revisit or recommend the others to visit to the Hospital. Among Myanmar citizens, seeking healthcare services at abroad is popular because the respondents believes that the good reputation of the Hospital Brand Image can provide the best and satisfiable services and return to the respective hospital. This represents a good evaluation of the patients concerning medical tourism which leads to the formulation of a positive effect on Behavioral Intention.

5.2 Suggestions and Recommendations

According to the above-mentioned findings, medical tourists to neighboring nations tend to be educated, married men between the age of 31-50 years old with the income level of 3 lakhs to 5 lakhs group. These results showed that the marketers should focus on the male of the age group of 31-50 years old for their promotion because they can afford and availability to travel abroad. The patients chose the hospitals according to their health needs and the hospital's specialist services.

Regarding to Hospital-created Social Media, the marketing team of the hospitals should concentrate on the transparent services to advertise, being up-to-date to the trends of the industry, updated services such as translator services, transportation services, etc., and being reliable and trustworthy. In order to do so, the responsible person of the social media pages should be active, fast responds in communication and can provide the reliable information. Moreover, the hospitals should post the existing patients testimonial on their own social media channels to attract the potential customers.

Regarding to User-generated Social Media, the patients should support one another by sharing the related and reliable information to help each other. Even though

the health status and medical condition of the oneself is confidential to the public, the users can share the information to certain amount. And, sharing of the up-to-date information of the hospitals and treatment-related information can also help spread the news of the services and generate the potential new patients.

Concerning Word-of-Mouth Communication, the patient's close relations can influence the choice of hospital, evaluation and decision-making process. In peer-to-peer communications, rather than the positive word-of-mouth, the honest reviews only can filter the unreliable information and has the positive effect in decision making.

In terms of the Hospital Brand Image, the impression of the patients is depending on it's Brand Image. And the Hospital Brand Image is based on the excellent services, possessing the up-to-date medical treatment facilities, sharing and spreading the reliable, updated, trustworthy information to their potential patients, also to the existing ones. To make the Hospital Brand Image to be well-recognized, the advertising also paly an important role. To access and attract the international patients, the hospitals should collaborate with the international healthcare organizations or travel agents to spread its reach.

Regarding to the Perceived Service Quality, the patients' perception created the impression of the Brand Image and vice versa. The services provided should controlled with the international accredited organization's standard such as ISO (International Standard Organization), JCI (Joint Commission International) and HA (Health Accreditation Association). The higher the perceived quality of service, the higher the Hospital Brand Image and Satisfaction. The other hand, the healthcare services are the delicate and sensitive ones and the patients went to the hospitals by the recommendation of their peers, relatives, friends and families but during their hospital stay, they might have faced some process made them unsatisfied are also comprised. The continuous service and healthcare training should be provided to the staff to improve the customer care quality.

Related to the Patient Satisfaction, the hospital should continuously monitor their services provided and the facilities they use. The service organizations such as hospitals, hotels should emphasize to maintain the standardized service at the international level and upgrade it from time to time.

Concerning the last of the variables, Behavioral Intention, if the respondents have favorable purpose to return or refer the others seeking medical treatment facilities. Some patients may have bad experience during their treatment process and those experience lead to negative intention which will have the opposite effect on decision making. To prevent this, the previous factors are very much important to promote and positive effect on the Behavioral Intention.

To conclude, the Behavioral Intention is affected by all of the variables and it has the strong relation and positive effect of the Hospital Brand Image. For the old patients, the previous experiences and the impression on the Hospital are affecting on their intention and decision making. Therefore, the patients should be maintained by the positive impression related to the past experiences and the satisfaction may lead to behavioral intention and potential new patient attraction.

5.3 Needs for Further Research

This study mainly focused on the respondents who experienced going to the hospitals in Bangkok, Thailand. For further research purpose, the researchers not only should focus on the medical trip to the neighboring countries such as Malaysia, Singapore, Vietnam but also should focus on to the Western Countries.

And related to the study model, the researchers should concentrate on the interrelation between the behavioral intention and other variables such as patient satisfaction which was influenced by the past experiences. Therefore, the satisfaction and maintenance of the human resource of the organization should also be focused for the future studies. Moreover, there should be the study of the attitude formation, influencing factors on it and marketing point of view.

Lastly, travelling abroad for the medical treatment has the effect on our country's GDP from healthcare sector, even though there are international standard hospitals existing locally. The study contributes the intention formation of the patients, the reason of the patients going abroad to get treatment rather than in local. The results of the study should be pertained by the local hospitals, with an emphasis on marketing, service provision, and treatment for the community.

References

- Abramowitz, S., Cote, A., & E, B. (1987). Analyzing patient satisfaction: a multianalytic approach. *Quality Review Bulletin*, 13(4), 122-130.
- Ajzen, I. (1985). *From Intentions to Actions: A Theory of Planned Behavior*. Berlin, Germany: Springer.
- Ajzen, I., & Fishbein, M. (1977). Attitude-Behavior Relations: A Theoretical Analysis and Review of Empirical Reserach. *Psychological Bulletin*, 84(5), 888-918.
- Ajzen, I., & Fishbein, M. (1980). *Understanding Attitudes and Predicting Social Behavior*. Englewood Cliffs: Prentice Hall.
- Akbar, M. M., & Parvez, N. (2009). Impact of Service Quality, Trust and Customer Satisfaction on Customer Loyalty. *ABAC Journal*, 29(1), 24-38.
- Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards quality improvement. *Oman Medical Journal*, 29(1), 3-7.
- Andreassen, T. W., & Lindestad, B. (1998). Customer loyalty and complex services. The impact of corporate image on quality, customer satisfaction and loyalty for customers with varying degrees of service expertise. *International Journal of Service Industry*, 9(1), 7-23.
- Anton, I., & Sharman, R. (2018). Impact of User-Generated Internet Content on Hospital Reputational Dynamics. *Journal of Management Information Systems*, 35(4), 1277-1300.
- Aragon, S., & Gesell, S. B. (2003). A patient satisfaction theory and its robustness across gender in emergency departments: a multigroup structural equation modeling investigation. *American Journal of Medical Quality*, 18(6), 229-241.
- Asnawi, A. A., Awang, Z., Afthanorhan, A., Mohamad, M., & Karim, F. (2019). The influence of hospital image and service quality on patients' satisfaction and loyalty. *Management Science Letter*, 911-920.

- Barreda, A. A., Nusair, K., Wang, Y., Okumus, F., & Bilgihan, A. (2020). The impact of social media activities on brand image and emotional attachment: A case in the travel context. *Journal of Hospitality and Tourism Technology*, *11*(1), 109-135.
- Boguszewicz-Kreft, M., Kuczamer-Kłopotowska, S., Kozłowski, A., Ayci, A., & Abuhashesh, M. (2020). The Theory of Planned Behaviour in Medical Tourism: International Comparison in the Young Consumer Segment. *International Journal of Environmental Research and Public Health*, *17*, 1626.
- Bosnjak, M., Ajzen, I., & Schmidt, P. (2020). The Theory of Planned Behavior: Selected Recent Advances and Applications. *Europe's Journal of Psychology*, *16*(3), 352-356.
- Boulding, W., Karla, A., Staelin, R., & Zeithaml, V. A. (1993). A Dynamic Process Model of Service Quality; From Expectations to Behavioral Intentions. *Journal of Marketing Research*, 7-27.
- Cham, T. H., Lim, Y. M., Aik, N. C., & Tay, A. G. (2016). Antecedents of hospital brand image and the relationships with medical tourist' behavioral intention. *International Journal of Pharmaceutical and Healthcare Marketing*, 412-431.
- Chu, C.-C., Chang, C., Lee, W.-C., & Lin, Y.-N. (2012). The Effect of Advertisement Frequency on the Advertisement Attitude - The Controlled Effects of Brand Image and Spokeperson's Credibility. *Procedia - Social and Behavioral Sciences*, *57*, 352-359.
- Connell, J. (2006). Medical tourism: Sea, sun, sand and ... Surgery. *Tourism Management* *27*, 1093-1100.
- Conner, M., & Armitage, C. J. (1998). Extending the Theory of Planned Behavior: A Review and Avenues for Further Research. *Journal of Applied Social Psychology*, *28*(15), 1429-1464.
- Cooper, N. (2022, April 09). *Best Hospitals 2020*. Retrieved from Newsweek.com: <https://www.newsweek.com/best-hospitals-2020/thailand>
- Cronin, J. J., Brady, M. K., & Hult, G. T. (2000). Assessing the effects of quality, value, and customer satisfaction on consumer behavioral intentions in service environments. *Journal of Retailing*, *76*(2), 193-218.

- Economist. (2008, August 16). *Globalisation and health care: Operating profit*. Retrieved from The Economist: <http://www.economist.com/node/11919622>
- Fredrick, L. L., & James, R. (2018). The choice of facilitators in medical tourism. *Health Marketing Quarterly*, 1-19.
- García-Alte's, A. (2005). The Development of Health Tourism Services. *Annals of Tourism Research*, 32(1), 262–266.
- Glover, M., Khalilzadeh, O., Choy, G., Prabhakar, A., Pandharipande, P. V., & Gazelle, G. S. (2015). Hospital Evaluations by Social Media: a Comparative Analysis of Facebook Ratings among Performance Outliers. *Journal of General Internal Medicine*, 30(10), 1440-1446.
- Goel, A., & Yang, N. (2015). An assessment of service quality and resulting customer satisfaction in Pakistan International Airlines; Findings from foreigners and overseas Pakistani customers. *International Journal of Quality and Reliability Management*, 32(5), 486-502.
- Gotsi, M., & Wilson, A. (2001). Corporate reputation: Seeking a definition. *Corporate Communications: An International Journal*, 6(1), 24-30.
- Hays, S., Page, S. J., & Buhalis, D. (2013). Social media as a destination marketing tool: its use by national tourism organisations. *Current issues in Tourism*, 16(3), 211-239.
- Huei, C. T., Mee, L. Y., & Chiek, A. N. (2014). A Study of Brand Image, Percieved Service Quality, Patient Satisfaction and Behavioral Intention among the Medical Tourists. *Global Journal of Business and Social Science Review*, 32-43.
- Hung, Y. H., Huang, M. L., & Chen, K. S. (2003). Service quality evaluation by service quality performance matrix. *Total Quality Management and Business Excellence*, 14(1), 79-89.
- Inversini, A. M. (2014). Selling rooms online: the use of social media and online travel agents. *International Journal of Contemporary Hospitality Management*, 26(2), 272-292.

- Jalilvand, M. R. (2012). The effect of electronic word of mouth on brand image and purchase intention: An empirical study in the automobile industry in Iran. *Marketing Intelligence & Planning*, 30(4), 460-476.
- John, S., L. R., & Kilgour, M. (2018). Applications of social media for medical tourism. *An International Journal of Tourism and Hospitality Research*, 1-13.
- Keaveney, S. M., & Hunt, K. A. (1992). Conceptualization and Operationalization of Retail Store Image: A Case of Rival Middle-Level Theories . *Journal of the Academy of Marketing Science*, 20(2), 165-175.
- Keller, K. L. (1993). Conceptualizing, measuring, and managing customer-based brand equity. *The Journal of Marketing*, 1-22.
- Kemp, E., Jillapalli, R., & Becerra, E. (2014). Healthcare branding: developing emotionally based consumer brand relationship. *Journal of Services Marketing*, 28(2), 126-137.
- Khalid, S., Ahmed, M. A., & Ahmad, Z. (2013). Word-of-Mouth Communications: A Powerful contributor to Consumers Decision-making in Healthcare Market. *International Journal of Business and Management Invention*, 2(5), 55-64.
- Khan, M. J. (2017). Role of Travel Motivations, Perceived Risks and Travel Constraints on Destination Image and Visit Intention in Medical Tourism . *Sultan Qaboos University Med Journal*, 12-17.
- Kim, Y.-K., Cho, C.-H., Ahn, S.-K., Goh, I.-H., & Kim, H.-J. (2008). A study on medical services quality and its influence upon value of care and patient satisfaction – Focusing upon outpatients in a large-sized hospital. *Total Quality Management* 19(11), 1155–1171.
- Kirsner, R. S., & Federman, D. G. (1997). Patient Satisfaction - Quality of Care From the Patients' Perspective . *ARCH Dermatology* 133, 1427-1431.
- Kotler, P. (1991). *Marketing Management* (7 ed.). Englewood Cliffs: Prentice-Hall.
- Kotler, P. (2006). *Marketing Management* (12 ed.). New York: Prentice Hall.
- Lam, S. S. (1997). SERVQUAL: A tool for measuring patients' opinions of hospital service quality in Hong Kong. *Total Quality Management*, 8(4), 145-152.

- Lautier, M. (2014). International trade of health services; Global trends and local impact. *Health Policy*, 1-9.
- Maung, N. L., & Walsh, J. (2014). Decision Factors in Medical Tourism: Evidence from Burmese Visitors to a Hospital in Bangkok. *Journal of Economics and Behavioral Studies*, 6(2), 84-94.
- 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 Resources Management*, 5(3), 1-16.
- Moliner, M. A. (2009). Loyalty, Perceived Value and Relationship Quality in Healthcare Services. *Journal of Service Management*, 20(1), 76-97.
- Naylor, G., & Kleiser, S. (2000). Negative versus positive word-of-mouth: an exception to the rule. *Journal of Consumer Satisfaction and Complaining Behavoir*, 26-36.
- Oliver, R. L. (1980). A cognitive model of the antecedents and consequences of satisfaction decisions. *Journal of Marketing Reserach*, 17, 460-469.
- Oliver, R. L. (1981). Measurement and evaluation of satisfaction processes in retail settings. *Journal of Retailing*, 25-48.
- Oliver, R. L. (1997). *Satisfaction: A behavioral perspective on the Consumer*. New York: McGraw-Hill.
- Olorunniwo, F., Hsu, M. K., & Udo, G. F. (2006). Service quality, customer satisfaction, and behavioral intentions in the service factory. *Journal of Services Marketing*, 59-72.
- Parasuraman, A., 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.
- Pimentel, J. L. (2010). A note on the usage of Likert Scaling for research data analysis. *USM R&D Journal*, 18(2), 109-112.

- Ramamonjivarivelo, Z., Martin, D. S., & Martin, W. S. (2015). The Determinants of Medical Tourism Intentions: Applying the Theory of Planned Behavior. *Health Marketing Quarterly*, 165-179.
- Ramkissoon, H., & Uysal, M. (2011). The effect of perceived authenticity, information search behavior, motivation and destination imagery on cultural behavioral intention of tourists. *Current Issues in Tourism*, 14(6), 537-562.
- Riezebos, R. (2003). *Brand management: a theoretical and practical approach*. Essex, Harlow: Financial Times Prentice Hall.
- Roque, V., & Raposo, R. (2013). Social Media as a Communication and Marketing Tool: An Analysis of Online Activities from International Key Player DMO. *ATMC - 5th Advances in Tourism Marketing* (pp. 247-253). Vilamoura - Portugal: Anatolia.
- Russell, R. S., Johnson, D. M., & White, S. W. (2015). Patient perceptions of quality: Analyzing patient satisfaction surveys. *International Journal of Operations & Production Management*, 35(8), 1158-1181.
- Rust, R., & Oliver, R. (1994). *Service Quality: Insights and Managerial Implications from the Frontier*. (Vol. Service Quality: New Directions in Theory and Practice). Thousand Oaks: Sage Publications.
- Ruswantia, E., & Effb, A. R. (2020). Word of Mouth, trust, satisfaction and effect of repurchase intention to Batavia hospital in west Jakarta, Indonesia. *Management Science Letter*, 10, 206-270.
- Schiffman, L. G., & Wisenblit, J. L. (2015). *Consumer Behavior*. Essex: Pearson Education Limited.
- Singh, L. (2014). An evaluation of medical tourism in India. *African Journal of Hospitality, Tourism and Leisure*, 3, 1-11.
- Song, S., & Yoo, M. (2016). The role of social media during the pre-purchasing stage. *Journal of Hospitality and Tourism Technology*, 7(1), 84-99.
- Sweeney, J., Soutar, G., & Mazzarol, T. (2014). Factors influencing word of mouth influence: positive and negative service-related messages. *European Journal of Marketing*, 48(1/2), 336-359.

- Tan, C. N.-L., Ojo, A. O., Cheah, J.-H., & Ramayah, T. (2019). Measuring the Influence of Service Quality on Patient Satisfaction in Malaysia. *Quality Management Journal*, 129-143.
- Taner, T., & Anthony, J. (2006). Comparing public and private hospital care service quality in Turkey. *Leadership in Health Services*, 19(2), 1-10.
- Taylor, S. A. (1994). Distinguishing service quality from patient satisfaction in developing health care marketing strategies. *Journal of Healthcare Management*, 39(2), 221-236.
- Tourism, M. (2015, May 29). *Medical Tourism to Thailand*. Retrieved from health-tourism.com: https://www.health-tourism.com/medical-tourism-thailand/?fbclid=IwAR2m4OJT-uAjwqy78Na0jxkR-Le2bq6BjOwYi0SbzmOzoF_kbX2xR8K_fQ#Statistics
- Tun, P. M. (2020). Building A Theoretical Research Model for Trust Development: The Case of Mobile Financial Services in Myanmar. *The South East Asian Journal of Management*, 175-195.
- Tun, P. M. (2021). Female Users' Behavioral Intention to Purchase in Social Commerce through Social Networking Sites. *Shirkah: Journal of Economics and Business*, 137-160.
- Veloso, C. M., Magueta, D. M., Fernandes, P. O., & Ribeiro, H. (2017). The effects of customer satisfaction, service quality and perceived value on behavioral intentions in retail industry. *23rd International Scientific Conference on Economic and Social Development*, 330-342. Madrid, Spain.
- Wang, X., Yu, C., & Wei, Y. (2012). Social Media Peer Communication and Impacts on Purchase Intentions: A Consumer Socialization Framework. *Jornal of Interactive Marketing*, 26(4), 198-208.
- Ware, J., & Snyder, M. (1975). Dimensions of patient attitudes regarding doctors and medical services. *Medical Care*, 26, 669-673.
- Wu, C.-C. (2011). The impact of hospital brand image on service quality, patient satisfaction and loyalty. *African Journal of Business Management* 5, 4873-4882.

- Yuksel, A., Yuksel, F., & Bilim, Y. (2010). Destination attachment: effects on customer satisfaction and cognitive, affective and conative loyalty. *Tourism Management*, 31(2), 274-284.
- Zamil, A. M. (2011). The Impact of Word of Mouth (WOM) on the Purchasing Decision of the Jordanian Consumer. *Research Journal of International Studies*, 20, 24-29.
- Zeithaml, V. (1988). Consumer perceptions of price, quality and value: a means-end model and synthesis of evidence. *Journal of Marketing*, 52, 2-11.
- Zeithaml, V., Berry, L., & Parasuraman, A. (1996). The behavioral consequences of service. *the Journal of Marketing*, 31-46.
- Zeithaml, V., Parasuraman, A., & Berry, L. (1990). *Delivering Quality Service*. New York: The Free Press.

Appendix (1)

Questionnaire on Hospital Brand Image, Percieved Service Quality and Satisfaction of Medical Tourists

Dear Sir/Madam,

I am a student at the MBA programme of the Department of Management Studies, Yangon University of Economics. Recently, I am conducting a master thesis about Behavioral Intention of Medical Tourists from Myanmar. To investigate my study topic further it is important to get response from you. I respectfully request you to spend a few minutes of your precious time to complete the questionnaire set. This questionnaire is anonymous and the data will only be used for research purpose.

If you have any questions, you can contact me to dr.aungkoko.ivanhou@gmail.com.

Thank you for your kind participation and cooperation.

Section (A): Demographic Information

1. Gender: Male Female

2. Marital Status:

 Single Married Divorced Widowed

3. Age:

 ≤ 20 years 21-30 years 31-40 years
 41-50 years 51-60 years ≥ 61 years

4. Education Level:
 Lower than Bachelor's Degree Bachelor's Degree
 Master's Degree Higher than Master's Degree

5. Monthly Income:

 300000 – 500000 kyats 500001 – 800000 kyats
 800001 – 1000000 kyats 1000001 – 1500000 kyats
 1500001 kyats and above

6. Have you ever traveled to Thailand before? Yes No

Section (B): Social Factors Influencing on Hospital Brand Image, Hospital Brand Image, Perceived Service Quality, Patient Satisfaction and Behavioral Intention

Please indicate the most appropriate response with the scale give below for each question.

- 1 = Strongly Disagree 2 = Disagree 3 = Neutral
 4 = Agree 5 = Strongly Agree

Social Factors Influencing on Hospital Brand Image

Sr	Hospital-created social media	Strongly agree	Agree	Neutral	Disagree	Totally disagree
1	The level of respective hospital's social media communications for its brand meets my expectations					
2	Compared with the very good social media communications of other competing hospitals, respective hospitals' social media communication for its brand performs well.					
3	I am satisfied with respective hospital's social media communications for its brand					
Sr	User-generated social media					
4	The level of the social media communications feedback expressed by other users about respective hospital's brand meets my expectations					
5	The level of the social media communications feedback expressed by other users about respective hospital's brand meets my needs					
6	Compared with the very good social media communications of other users' feedback about other competing hospital brands, the social media communications of users' feedback about respective hospital's brand performs well					
7	I am satisfied with the social media communications feedback expressed by other users about					

	respective hospital's brand					
Sr	Word of mouth communication					
8	My family/friends positively influenced my attitude towards respective hospital's brand					
9	My family/friends provided me with positive ideas about respective hospital's brand					
10	My family/friends positively influenced my evaluation of respective hospital's brand					
11	My family/friends helped me make the decision in selecting respective hospital's brand					

Hospital Brand Image

Sr.	Brand Image	Strongly agree	Agree	Neutral	Disagree	Totally disagree
12	Respective hospital's brand possesses complete medical services					
13	Respective hospital has adequate modern medical facilities.					
14	Respective hospital's brand possesses a positive symbolic meaning (good reputation, credibility and positive image).					
15	I feel that respective hospital's brand can provides me with pleasant service experience.					

Perceived Service Quality

Sr	Perceived Service Quality	Strongly agree	Agree	Neutral	Disagree	Totally disagree
16	The physical facilities of the hospital are visually appealing.					
17	The staffs of the hospital provide dependable services as promised.					
18	The staff of the hospital provide prompt services whenever I require or request.					

19	The staff of the hospital have sufficient knowledge to answer my questions.					
20	The staff of this hospital understand my specific needs and give individual attention to me.					

Patient Satisfaction

Sr	Patient Satisfaction					
21	I am satisfied with my decision to use the service at respective hospital.					
22	My choice to come to respective hospital is a wise decision.					
23	My experience at respective hospital is satisfactory.					
24	I am not disappointed to use respective hospital's service.					

Behavioral Intention

Sr.	Behavioral intention					
25	I intend to recommend other people to engage the medical services of respective hospital whenever the opportunity arises.					
26	I will recommend that other people to use respective hospital.					
27	I need medical services in the future outside my country of residence, I would consider respective hospital as my first choice.					
28	I will tell other people good things about respective hospital.					

Thank you very much for your kind participation.

Appendix (2)

Regression Analysis of the effect of Social Factors Influencing on the Hospital Brand Image

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin - Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.779 ^a	.606	.602	.57835	.606	135.101	3	263	.000	2.003

a. Predictors: (Constant), WOM, Hospital_Social, User_Social

b. Dependent Variable: Brand_Image

ANOVA^a

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	135.569	3	45.190	135.101	.000 ^b
Residual	87.970	263	.334		
Total	223.539	266			

a. Dependent Variable: Brand_Image

b. Predictors: (Constant), WOM, Hospital_Social, User_Social

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1 (Constant)	.219	.180		1.213	.226	-.136	.574		
Hospital_Social	.155	.042	.169	3.703	.000	.073	.238	.717	1.395
User_Social	.211	.063	.187	3.347	.001	.087	.336	.480	2.082
WOM	.584	.063	.530	9.207	.000	.459	.709	.452	2.213

a. Dependent Variable: Brand_Image

Regression Analysis on the effect of Hospital Brand Image on Perceived Service Quality

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.470 ^a	.221	.218	.73742	.221	75.187	1	265	.000	2.061

a. Predictors: (Constant), Brand_Image

ANOVA^a

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	40.885	1	40.885	75.187	.000 ^b
Residual	144.103	265	.544		
Total	184.988	266			

a. Dependent Variable: Service_Quality

b. Predictors: (Constant), Brand_Image

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1 (Constant)	1.615	.189		8.543	.000	1.243	1.987		
Brand_Image	.428	.049	.470	8.671	.000	.331	.525	1.000	1.000

a. Dependent Variable: Service_Quality

Regression Analysis of the effect of Perceived Service Quality on Patient Satisfaction

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.765 ^a	.585	.584	.54579	.585	374.072	1	265	.000	1.857

a. Predictors: (Constant), Service_Quality

b. Dependent Variable: Satisfaction

ANOVA^a

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	111.431	1	111.431	374.072	.000 ^b
Residual	78.940	265	.298		
Total	190.371	266			

a. Dependent Variable: Satisfaction

b. Predictors: (Constant), Service_Quality

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1 (Constant)	1.081	.133		8.134	.000	.820	1.343		
Service_Quality	.776	.040	.765	19.341	.000	.697	.855	1.000	1.000

a. Dependent Variable: Satisfaction

Regression Analysis of the effect of Patient Satisfaction on Behavioral Intention

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.769 ^a	.591	.589	.52043	.591	382.662	1	265	.000	2.124

a. Predictors: (Constant), Satisfaction

b. Dependent Variable: Intention

ANOVA^a

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	103.642	1	103.642	382.662	.000 ^b
Residual	71.774	265	.271		
Total	175.416	266			

a. Dependent Variable: Intention

b. Predictors: (Constant), Satisfaction

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
1 (Constant)	1.034	.138		7.474	.000	.762	1.307		
Satisfaction	.738	.038	.769	19.562	.000	.664	.812	1.000	1.000

a. Dependent Variable: Intention