THE RESEARCH OF BANGKOK'S CONSUMER SATISACTION WITH TRADITIONAL CHINESE DOCTOR AND MEDICINE

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AN INDEPENDENT STUDY SUBMITTED IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR

THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION

GRADUATE SCHOOL OF BUSINESS

SIAM UNIVERSITY

2018

THE RESEARCH OF BANGKOK'S CONSUMER SATISACTION WITH TRADITIONAL CHINESE DOCTOR AND MEDICINE

Thematic Certificate

To

JIANG YUDAI

This Independent Study has been approved as a Partial Fulfillment of the Requirement of International Master of Business Administration in International Business Management

Advisor: Li, Chiao-Ming Date: 2018 / 6 / 2

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Date: 13 / 06 / 2018

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ABSTRACT

Title: The research of bangkok's consumer satisaction with traditional chinese doctor and medicine

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Degree: Master of Business Administration

Major: Business Administration

Advisor: Li, Chiao-Ming

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2018 / 6 / 2

Chinese medicine is a valuable asset of the Chinese nation and has made tremendous contributions to the prosperity and prosperity of the Chinese nation. In many countries and regions of the world, the demand for traditional Chinese medicine is increasing. The therapeutic concept of traditional medicine is gradually being accepted by the world, providing a vast space for the development of Chinese medicine, in order to allow Chinese medicine to go out better. Good for human health services, this article starts with a survey in Bangkok, Thailand,Because Thailand is a country with more overseas Chinese accounting for about one-fifth of Thailand's total population. Thailand was also an early developing country for Chinese medicine. In 2000, It is the first country in the world to legalize traditional Chinese medicine! This is a very successful example and it is very instructive. This study conducted a study of patients with TCM within three months of the Chinese Hospital of Bangkok in order to understand TCM patients' medical motivation, satisfaction, loyalty, and cognitive relationship of TCM. The results of the study are expected to be managed by TCM Hospital. help. In this study, patients with TCM treatment were selected as subjects. A total of 470 questionnaires were sent out, 458 valid questionnaires were recovered, and the recovery rate was 94.4%. The data analysis methods were descriptive statistical analysis, project analysis, reliability analysis, and independent sample t verification. One-factor analysis of variance and regression analysis.

The results showed that the patient's medical motivation was the highest in the "social-psychological" structure average, the lowest in the "economic factor" structure average, highest in the "service" structure average of satisfaction, and lowest in the "product" structure mean, showing patients The factors for the visit to TCM are not cheap but they are effective and safe. Patient loyalty was the highest in the "recommended"

but they are effective and safe. Patient loyalty was the highest in the "recommended" structure average, and the "review" structure was slightly lower. In Chinese medicine, the mean value of the “instrument” structure is high, but the mean value of the “object and efficacy” structure is the lowest, indicating that the general patient’s concept of treating Chinese medicine has not yet been opened. This study takes a deeper understanding of the diagnosis and treatment of Chinese medicines by patients and the quality of service of hospitals of traditional Chinese medicine. One-way measurement of patients' perceptions of patients' perceptions, satisfaction, loyalty, and medical motivation of traditional Chinese medicine can be used to manage hospitals and diseases. The basis of the patient's illness is for the reference of the operator.

Keywords: medical motivation, satisfaction, loyalty, Chinese medicine recognition, Chinese medicine, patients.

摘 要

题目: 曼谷消费者对中医药满意度研究

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2018 6 12

中医药是中华民族的宝贵财富，为中华民族的繁衍昌盛作出了巨大贡献。世界上很多国家和地区对中医药的需求越来越大，传统医学的治疗理念正逐渐被世界所接受，为中医药的发展提供了广阔的空间，为了让中医药更好的走出去，更好的为人类的健康服务，本文从泰国曼谷入手调查，因为泰国是华侨比较多的国家，约占泰国总人口的五分之一，泰国也是中医药事业发展较早的国家，在 2000 年，是世界上第一个中医合法化的国家！这很成功的一个典范，极有指导意义。本研究透过在曼谷华侨中医院三个月内就诊中医患者进行研究，旨在了解中医患者其就医动机、满意度、忠诚度、中医认知之关系，研究结果期待对中医院所经营有所帮助。本研究以就诊中医的病患为受测对象，总计发出 470 份问卷，回收有效问卷 458 份，回收率达 94.4%数据分析方法为描述性统计分析、项目分析、信度分析、独立样本 t 检定、单因子变异数分析及回归分析。

结果发现病患之就医动机在「社会心理」结构平均值最高、「经济因素」结构平均值最低，在满意度之「服务」结构平均值为最高，「产品」结构平均值最低，显示病患对中医就诊的因素不在便宜而在有效果且安全为考察。病患的忠诚度以「推荐」结构平均值为最高，「再次看诊」结构平均值稍低。在中医认知「仪器」结构平均值较高，但在「对象及功效」结构平均值最低，显示一般患者对中医能治病的观念还没有开通。本研究借此深入了解病患对中医的诊治、中医的医院的服务质量等作单向测知得到病患对中医认知、满意度、忠诚度、就医动机之看法，可作为经营医院与病患间之依据，供经营业者参考。

关键词：就医动机；满意度；忠诚度；中医认知；中医；病患

ACKNOWLEDGEMENT

Time flies, graduating unconsciously. In the past two years, I have learned a lot. I would like to thank my dear teachers and my classmates who have been with me. It is your enrichment and enrichment of the life of studying abroad.

Thank you to the teachers of the University of Siam who accompanied us for two years. You are responsible and caring for your students. They are good teachers and friends in your studies and life. They help us solve difficulties in our studies and life. Thanks to the teachers also taught us rigorous scholarship and positive attitude towards life.

Thanks to Li Chiao-Ming, the mentor and mentee who helped us with patience and guidance, she has extensive knowledge of academics, rigorous scholarship, and meticulous teaching. At the time of writing this article, the teacher gave great help and expressed her deep gratitude.

Thanks to all the teachers at Siam who have taught me, and you have deep academic background. Vivid classroom teaching is the great spiritual wealth I have acquired in Siam and I am grateful to teachers for their gracious teachings.

Finally, I would also like to thank my family for their understanding, support and encouragement so that I can concentrate on my studies and learn from them!

In addition, I would also like to thank Mr. Li Gang and Miss .Yaoyao for thanking you for helping me, encouraging me, and accompany me when I wrote a essay on the bottleneck. Thank you, I hope you will all be able to go smoothly.

JIANG YUDAI

At Siam University on April 23, 2018

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CHAPTER ONE
INTRODUCTION

1.1 Research Background

Traditional Chinese medicine (TCM), with a history of thousands of years, is the crystallization of the ancient Chinese people's experience in their struggle against diseases. It is also an integral part of the splendid Chinese culture. Under the influence and direction of classical Chinese philosophies, it has undergone long-term medical practice and infiltrated into, as well as absorbed from, other subjects at that time, thus gradually evolving into a unique medical theoretical system that contributed significantly to the health care of the Chinese people and the prosperity of the Chinese nation. The basic theories of TCM are the theoretical foundations for guiding traditional Chinese preventive medicine and clinical medicine, and encompass such aspects as the philosophical foundation for TCM, the understandings of TCM on the physiology and pathology of the human body, and the principles in TCM for life-cultivation, rehabilitation, diagnostics, and therapeutics.

Chinese medicine is also called Han medicine. It is a valuable asset of the Chinese nation and has made tremendous contributions to the prosperity and prosperity of the Chinese nation. The therapeutic concept of traditional medicine is gradually being accepted by the world. Traditional medicine has received more and more attention from the international community. The demand for Chinese medicine in the world is increasing day by day. This provides a broad space for the development of Chinese medicine. China promotes the global development of TCM, supports the development of international traditional medicine, promotes the standardized management of international TCM, and carries out foreign aid for TCM.

At present, Chinese medicine has spread to 183 countries and regions in the world. The Chinese government has signed 86 Chinese medicine cooperation agreements with foreign governments, international organizations, and regional authorities to promote the establishment of 17 overseas Chinese medicine centers. At present, there are at least 100,000 Chinese medicine clinics and 300,000 employees around the world. However, due to the cultural differences between China and the West, there are still some obstacles to the international Huai's entry of Chinese medicine. There is still a long way to go for Chinese medicine to go abroad.

Through non-medicine forces such as Chinese medicine clinics, Chinese hospitals,

and other non-pharmaceutical methods such as acupuncture and massage, we will go through the government and the private sector to bring more complex medical systems including Chinese medicines to overseas. Wang Guoqiang, director of the Chinese Traditional Medicine Administration, mentioned an important part of the overseas development strategy of Chinese medicine

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The World Health Organization has solemnly recommended that acupuncture and moxibustion can cure 43 kinds of illnesses. Wu Yiguo's Physician Acupuncture and moxibustion is an ancient science. As early as the sixth century AD, acupuncture and moxibustion began to spread abroad. At present, in Asia, Western Europe, Eastern Europe, and Latin America, more than 120 countries and regions have used acupuncture to treat their own people, and many countries have established acupuncture academic groups, acupuncture education institutions and research institutes. The University of Paris Medical School also offers acupuncture courses. According to research reports, acupuncture and moxibustion treatment has reached 300 kinds of effective diseases, of which more than 100 have significant effects.

People all over the world are becoming more health-conscious. Besides taking regular exercises they are paying more attention to what they eat in order to maintain a healthy body. Herbal products, in the form of food supplements and health drinks, have gained increasing popularity among consumers of all ages. Likewise, traditional herbal remedy is now looked upon by more and more people as the alternative to modern drugs. Indeed, many herbal medicine, have been found to cause less side effects.

Due to the increasing interest in herbs and the availability of a wide variety of herbal plants in Thailand, the market prospects for herbal products, both domestic and export, look bright. At the same time, however, competition in the global trade of herbs is expected to intensify too. If Thailand's herbal industry wants to register a steady growth, the standardization of production and good market management are two key factors which need to be implemented.

1.2 Current Status Of Thai Traditional Chinese Medicine

As early as seven hundred years ago during the Sukhothai dynasty, Chinese medicine spread to Thailand with the Chinese emigration. In the beginning, both Chinese and Thai medicines were incompatible, but as more and more Chinese migrated to Thailand, the exchanges between the two countries' personnel became more and more frequent, and physicians from both countries began to learn from each other. As a result, Chinese medicine has gradually flourished in Thailand. According to the records of “Ancient Siamese Overseas Chinese”, not only Chinese people sell Chinese herbal medicines in the city of Ayudhuo. Among the local prestigious doctors are Chinese, and even the king’s doctors are Chinese. Li Qingsong is a well-accepted first-in-a-kind

Chinese herbal medicine practitioner who gave medicines to doctors. He founded the “Li Tianshuntang Herbal Medicine Store” and sold a variety of Chinese herbal medicines. Since then, the number of Chinese medicine shops and Chinese medicine clinics has continued to increase, and Chinese medicine has achieved initial development in Thailand.

Thailand is a relatively large number of overseas Chinese, with more than 10 million overseas Chinese out of a population of more than 65 million. Therefore, Thailand is also an early developing country for Chinese medicine. As early as 400 years ago, in the pharmacopoeia of King Naray of the Ayutthaya Dynasty in Thailand, there was a record of some Chinese herbs. In 1903, Thailand established an overseas Chinese charity hospital, Tianhua Hospital, in Bangkok, and began to use Chinese medicine for free treatment for overseas Chinese and Thai consumers. AD 2000. With the joint efforts of the Thai government’s Ministry of Health, the Thai Parliament, the majority of Chinese herbalists in Thailand, and the Chinese medicine community, the Thai Kings signed the decree and Thailand announced the legalization of Chinese medicine. In other words, Thailand is the first country in the world to legalize traditional Chinese medicine!

In 2008, it was approved by the Thai Higher Education Commission and the Chinese Medicine Management Committee of the Ministry of Health to be the third comprehensive university in Thailand to carry out TCM teaching, which is also the only university in the northeast that has opened the Chinese Medical College. It is an important part of Thai TCM education. The Institute has been established for more than four years and has been adhering to the idea of “promoting Chinese medicine, serving the northeast, and radiating the whole country”. It has carefully studied theories, flexibly changed teaching, and effectively grasped clinically, and sincerely serves patients. At the same time, in order to promote the development of Chinese medicine and improve the quality of teaching, we have long-term exchanges and cooperation with Beijing, Kunming, Chengdu and other places. We have invited Chinese experts and professors to give lectures in Thailand, and sent students to Chinese language practice and clinical practice in Chinese medicine. Students in this college have a broad employment prospect and can work in government hospitals, private hospitals, Chinese medicine shops, traditional Chinese medicine clinics, and traditional health care and health departments.

As of 2017, Thailand has established the 8th TCM College, and there are more than 900 legitimate Chinese medicine practitioners, and it has increased at a rate of more than 100 each year.

In 1987, the Thai Parliament officially approved the use of Chinese herbal medicine. On July 1, 2000, Thailand's Deputy Prime Minister and Minister of Health Gong Tapalam announced the legalization of Chinese medicine in Thailand. In July 2001, in Thailand, practitioners may receive a license for practicing medicine after passing the examination. The legalization of the law has stimulated the development of the Chinese medicine

market in Thailand, and Thailand has become the first country outside China to declare the legality of Chinese medicine. At present, Thai medicine has formed a three-legged situation of West, China and Thailand. Together, it serves the Thai people's health. Chinese medicine hospitals and Chinese medicine clinics are spread throughout Thailand. From January to June 2016, China imported 2.0 tons of Chinese medicinal materials, and the import volume was US$53.387 million, which was a year-on-year decrease of 2.4% and 36.1% respectively, of which Thailand accounted for 7%.

Thus, Thailand has great potential for market development in the import of Chinese herbal medicines. In recent years, Thailand's imports and exports of Chinese herbal medicines and trade volume have increased year by year and have gradually become a new market for Chinese medicine exports.

1.3 Research Purposes

The study of Bangkok consumers mainly includes the following points:

First, understand consumer awareness of traditional Chinese medicine. Second, understand the consumer's medical motivation in Chinese medicine. Third, understand the degree of consumer satisfaction after the Chinese medical treatment. Fourth, understand consumer loyalty to Chinese medicine diagnosis and treatment. Fifth, understand the differences in demographic variables in cognition, motivation, satisfaction and loyalty. 6. Understand the relationship between Chinese medicine recognition, medical motivation, satisfaction and loyalty.

Since Chinese medicine is going to take the world, we must first understand the place we want to go to. How do people think about her awareness and satisfaction, what factors affect recognition and satisfaction, and analyze the results? Design a plan that can go out well.

1.4 Research Significance

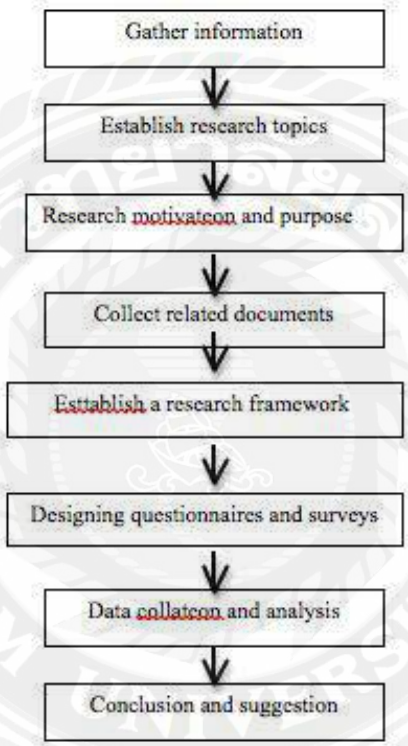
Through research, we can grasp the current development of Chinese medicine in Thailand. For a long time, Thailand has always faced a shortage of medical personnel. The development and improvement of the public health system also contributed to the improvement of Thai people's health status. As a part of it, Chinese medicine is also worthy of in-depth research, discussion, and development. Make a contribution to the health of people in Bangkok and Thailand.

As the capital, Bangkok is the nation’s medical center, cultural center, rich Chinese medicine culture, academic atmosphere, reliability, and validity are all authoritative and representative. Therefore, Bangkok's consumers are the subject of research and have certain authority. Representativeness.

1.5 Research Framework

First, establish the purpose and scope of the entire study; secondly, discuss the domestic and foreign literature related to the topic, find applicable concepts from it, and then conduct interviews, questionnaires, modify questionnaires, and conduct interviews with teachers, experts, and students. Questionnaire surveys and statistical analysis of collected data were used as a theoretical basis for Chinese medicine to go out better.The process is shown in Figure 1-1.

Figure 1-1 Research flowchart



1.6 Overview Of Overseas Chinese Hospital In Bangkok

In the 1990s, the Ministry of Health of Thailand relaxed the policy of alternative medicine (other than western medicine) treatment services. As a result, traditional Chinese medicine has grown as a long-term drought. Therefore, on July 5, 1995, De Shantang established the "Taizhong Medical Center", which was registered and established in the name of "Overseas Chinese Medicine Hospital" and began to provide Chinese medicine services to the Thai people. Today, Huaqiao Chinese Medicine Hospital has set up internal medicine, acupuncture and moxibustion departments, massage and orthopaedics, health care, and oncology departments. According to Ant Jin Tong, “When we were founded 20 years ago, we had only 3 doctors. Today, the number of outpatient visits has reached 600, and it has also become a pilot unit of the Thai

Ministry of Health. The total number of hospitals is more than 160 people, including 10 seniors. Professional titles, many of which were imported from China." Dr. Lin Danqian and his son Dr. Pei Peichuan from the Massage Division all came from China, and now the family has settled in Bangkok. Other experts have worked here for seven or eight years, contributing to the development of the hospital and the development of Chinese medicine in Thailand.

CHAPTER TWO
LITERATURE REVIEW AND THEORETICAL BASIS

2.1 Research Overview

Traditional Chinese medicine generally refers to traditional Chinese medical medicine created by the working people of Chinese Han nationality. It is also called Chinese medicine. It is a discipline that studies human body physiology, pathology, and disease diagnosis and prevention. Traditional Chinese medicine refers to a discipline that specializes in studying the basic theories of traditional Chinese medicine and the origin, origin, collection, processing, performance, efficacy, and clinical application of traditional Chinese medicine. Chinese medicine is a backbone discipline of TCM colleges and an important part of Treasury of Traditional Chinese Medicine.

Chinese medicine adopts yin and yang as the theoretical basis and regards the human body as a unified body of Qi, shape, and divine. Through the method of “seeing and asking to cut” four consultations, the cause, disease, disease location, disease analysis, and internal organs of the human body are explored. The changes of Liuluo, Meridian joints, blood and body fluids, judgment of evils and positive growth, and then the name of the disease, the induction of syndromes, the principle of syndrome differentiation and treatment, the formulation of "Khan, spit, Xia, and, Wen, Qing, Bu, Xiao," etc. Laws, use of traditional Chinese medicine, acupuncture, massage, massage, cupping, Qigong, diet and other treatment methods, make the body reach the yin and yang to reconcile.

"Basic Theory of Traditional Chinese Medicine" introduced: Chinese medicine has a history of thousands of years. It is a valuable experience for the Chinese people to recognize life, maintain health, and overcome disease in long-term production and living practices. It is the crystallization of Chinese traditional culture. In the long-term medical practice, TCM has accumulated rich experience in disease prevention and treatment, and on this basis formed a unique theoretical system.

“Chinese Medicine”introduced: The invention and application of traditional Chinese medicine has a long history, has a unique theoretical system and application form, and fully reflects the characteristics of our country’s history and culture and natural resources, so people are accustomed to the general Traditional medicine theory guides collection, processing, and preparation, explains the mechanism of action, and guides clinically applied drugs, collectively referred to as traditional Chinese medicine. In short, Chinese medicine refers to substances that are used for the prevention, treatment, diagnosis, and rehabilitation and health care under the guidance of TCM theory. It has made important contributions to safeguarding people's health and promoting the prosperity of the Chinese nation.

2.2 TCM Cognition

The KAP theory (Ibrahim, 1995) refers to knowledge that affects attitudes, attitudes that influence behaviors, and knowledge, attitudes, and behaviors that influence one another. The KAP theory refers to the ability to pursue and use information. It consists of understanding, experience, recognition, and technology. Attitude is a tendency to react to certain situations. When people have a concept, they will have an attitude and then act. To make a person identify, one must first let him know. Cognition is a process in which individuals use their perceptual processes to select and organize a proper image from many stimuli in their environment, and to make a reasonable explanation of what happens in the image. Personal cognition becomes the basis of its learning, attitude formation and decision-making process. Therefore, human cognition leads to its behavior (Li , 2003)

TCM has existed in China for more than 2,000 years. It is the earliest natural medicine in the world, and it is also an empirical medicine. Its theory is constructed on the yin and yang, the five elements, the five elements, and the six elements. It is inferred by observing the relationship between man and nature. A set of physiology and pathology theory, based on this argument, invented a variety of health and treatment methods. Chinese medicine cures diseases and attaches importance to overall conditioning. Through diagnosis, the four processes of senses, smells, questions, and cuts, and the four thinking integrations of internal thinking, discrimination, differentiation, and integration TCM article. Western medicine is a set of academic research that has been developed empirically in the laboratory. Regardless of physiology, pathology or pharmacology, it is first used in the laboratory to succeed in animal experiments, and then used again in the human body to observe and summarize with traditional Chinese medicine. Different reasoning.

Early healers accumulated empirical data which indicated that specific herbs could cure specific diseases of the body. Because of advances in modern chemistry, Western medicine employs more and more synthetic chemicals to replace natural herbs; dissimilarly, TCM does not use synthetic drugs or chemicals, but tries instead to identify more and more herbs (including natural minerals, animal parts, etc.) for different disorders.

TCM methods focus on macroscopic symptoms of disorders, i.e., the body's own alarms or reactions to malfunctions. Through the use of acupuncture and natural herbs derived from empirical data, disorders are often cured when all of the patient's symptoms have abated, even without knowing the precise causes of the disorder. This indicates that the selfhealing capability of any living organism can be activated via the normalization and balance of body functions and central nervous system. However, the TCM macroscopic approach is less effective if the true causes are well understood, and antigens, drugs, or surgical methods have already been developed in Western medicine; or for health problems with hidden or no apparent symptoms.

Other terms in TCM, even same as those in modern medicine, have completely different meanings. It is believed that to understand the physiology of TCM, to some extent, should have some knowledge about Chinese philosophy. During the formation and development of TCM, there are two ideological ideas that fully penetrate into the whole process. The first is the homeostasis idea that focuses on the integrity of human body, and emphasizes the close relationship between human body and its social and natural environment (integrity between human and cosmos). The second is the dynamic balance idea that takes emphasis on the movement in the integrity. Physiologically TCM recognizes human body by system discrimination and cybernetic way. In system discrimination approach, the intrinsic activities of human body can be clarified by analyzing the audio-visual information. The human body, a complicated system, could be identified as different closely related systems that form a network (integrity). The external information should reflect something intrinsic because of the integrity between human body and its social and natural environment.

Traditional medicine has strong historical and cultural roots. Particularly in developing countries, traditional healers or practitioners would often be wellknown and respected in the local community. However, more recently, the increasing use of traditional medicines combined with increased international mobility means that the practice of traditional medicines therapies and treatments is, in many cases, no longer limited to the countries of origin. This can make it difficult to identify qualified practitioners of traditional medicine in some countries.

2.3 Consumer Awareness

Bell (1998) believes that cognition is an inferential judgement that can be used to understand facts. It is an entire experience transfer that uses tools to convey information to others. Zhang (1995) believes that cognition refers to a psychological process in which an individual learns and understands something through consciousness activities, and includes complex psychological reactions such as perception, judgment, thinking, and reasoning. Consumer cognition has adjustment temptation factors in the purchase behavior of consumer behavior (Sen, 1998) and will influence consumer decision making (Alba & Hutchingson, 1987). In its research, it is mentioned that every consumer behavior is closely related to the consumer's cognitive status; without adequate consumer knowledge, consumers will have no way to make wise choices and purchases; without rich consumer knowledge, consumers The sense of pursuing consumer rights will also be meaningless. Therefore, it is necessary to cultivate consumers' attitudes towards good consumer behavior and strengthen the transfer of consumer knowledge. It can be seen that individual consumer perception will affect their consumer behavior.

2.4 Consumer Behavior

Analyzing the patient's medical behavior is the starting point of the medical service marketing program. It refers to the various behaviors that the patient may take in the process of seeking medical treatment and using various medical services. Understanding the patient's medical behavior can understand the main patient's object and characteristics; grasp the trend of patient behavior to adjust the marketing mix strategy; establish medical goal market segmentation to formulate service plan; plan patient differentiation service and market segmentation Strategies to meet the medical needs of each target group (Zhang , Zhang,2002). To understand the process of consumer black-box decision-making transformation, we can start from two aspects of consumer characteristics and decision-making process. Kotler (2003) believes that consumers' purchasing decisions are influenced by four major factors: cultural, social, personal, and psychological.

2.5 Medical Behavior

Kotler (1994) pointed out that medical behavior is a kind of purchasing behavior. Consumers are also in the decision-making mode applied to purchasing behavior when evaluating medical decision-making. The following illustrates different patterns of medical behavior:

(I) Use of medical service behavior model

Anderson & Newman proposed the behavioral pattern of consumers' use of medical services in disease behavior, which is the first stage of the comprehensive behavior pattern. The development concept of this model mainly focuses on the related factors of personal use of medical services, including three factors: tendency, ability and demand.

1. Preferential factors: refers to individual consumer factors, including demographic characteristics (eg, age, gender), socioeconomic status (eg, occupation, education, ethnicity), and health beliefs (eg, attitudes, values, knowledge of health and medical services). , Different external characteristics affect the individual's tendency to use medical services.

2. Ability factors: In the external environment, factors that may increase or hinder individuals from using medical service resources, such as family resources (such as personal income, whether health insurance, presence of fixed medical sites, etc.) and social resources (such as medical facilities) Quality, accessibility to medical resources, etc.) Two parts.

3. Demand factor: It is an individual's demand for health. It is divided into two parts: the individual's subjective feelings about the disease (what kind of medical treatment he needs to evaluate) and the clinical evaluation of the disease Revisiting the behavioral model and access to medical care: does it matter?" by Andersen (1995).

"A study of consumer attitud e about health care: The delivery of ambulatory aervice." by Stratmann (1975).

The patient, while deciding on the choice of medical services, also included several criteria for investigation:

1. Economic factors, 2. Time factors, 3. Convenience factors, 4. Social psychological factors, 5. Medical service quality.

Based on the above-mentioned pattern of medical behavior, when consumers make medical decisions, they will be influenced by the external environment, personal culture, social, and psychological aspects of the above-mentioned consumer behavior model, which will dictate the choice of medical treatment. Therefore, many domestic and foreign scholars have investigated the different care systems and regions, and proposed different considerations for consumers to choose the hospital.

2.6 Satisfaction Theory

Since the theory of satisfaction has been developed so far, the arguments put forward by various scholars are different. Among them, the theory of inconsistent expectations has been applied most widely. "Inconsistent Expectations" Theory In the 1970s, the topic of customer satisfaction was widely studied, and the focus of the study was mostly on the relationship between inconsistency point detection and satisfaction. The consumer's pre-purchase expectations are compared with the performance after the purchase of the product or service, resulting in a positive or negative inconsistency as a judgement of satisfaction or dissatisfaction (Oliver, 1980). When expectations exceed actual performance, consumers will feel unsatisfied; if actual performance equals expected performance, they are satisfied; but if actual performance is better than prior expectations, consumers will feel very satisfied.

2.7 Loyalty Theory

Reichheld and Schefter (2000) pointed out that loyalty is the trust of investing customers, which means that they strive for worthy investors and win the customer's commitment; loyal customers are those who actively support the company's products and services. A customer is loyal, and the purchase behavior he shows is through a certain decision-making unit, and it is purposely repeated. Andersen (1995)integrated the concepts of Evan, Scoddart, and Partrick, and put forward the revised use of medical service behavior. Its characteristic is that the medical use behavior is regarded as a dynamic and cyclical concept, emphasizing the interactive influence of various factors, and the results produced by individuals after using medical services will affect the next medical behavior and generate feedback.

Satisfaction drives loyalty, and customer loyalty includes the commitment of the customer to maintain a long-standing relationship with a brand or company, and is ultimately represented by a combination of attitude and behavior. Its attitude includes the intention to buy or purchase other products of the company again, the willingness to recommend to others, and the immunity to competitors. Its behavior includes repeated purchases, purchases of other products of the company, and recommendations to others.

There are two kinds of customer loyalty, one is long-term loyalty, which is true customer loyalty; the other is short-term loyalty. Short-term loyal customers will go away once they have better choices.

Look at the same hospital or physician. Loyalty refers to the quantification of patient loyalty behavior toward the hospital.

With reference to the definition of loyalty from all walks of life, this study refers to the insights of Kotler (2000) and MacStravic (1987) and defines the medical loyalty as re-evaluation and recommendation.

2.8 Consumer Motivation

Wells and Prensky pointed out that the generation of human behavior mainly stems from the individual's intrinsic motivation, while consumption motivation is the starting point of consumer behavior and the most important factor in determining consumer behavior. Under normal circumstances, Opportunities guide consumer behavior toward the desired goal, and people's motivation is the inability to see or contact the needs and desires, but if we can understand the consumer's motivation, we can have a better understanding of people's consumer behavior. Tauber (1972) argues that when people shop, their shopping motives should come from the shopping activity itself rather than from the motivation of the product's utility. Tauber's argument is mainly that consumers' shopping motives come from the consumers themselves.

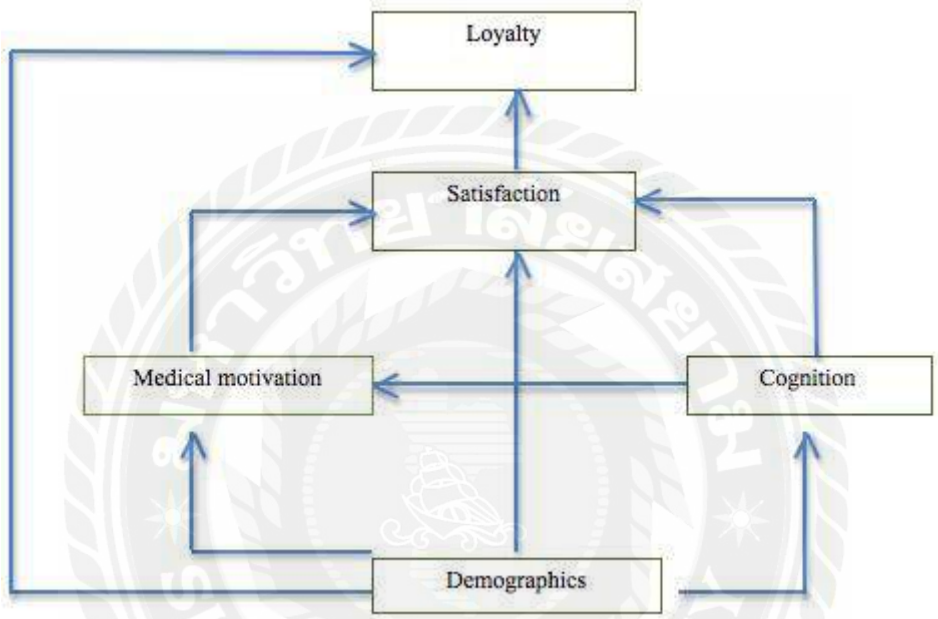
Based on the above, satisfaction can affect loyalty, which is the degree to which customers affirm and trust you. Loyalty allows consumers to buy again or even recommend relatives and friends to buy, and the frequency, frequency, and amount of purchases of a product or service can all be loyal to it through such performance, and it will not be arbitrarily changed. Loyalty and sincerity. Therefore, this study uses re-evaluation and referral as a measure of hospital loyalty.

CHAPTER THREE
RESEARCH METHODS

3.1 Research Framework

This study explores the relationship between consumers' perceptions of TCM and behaviors of seeking medical care, and the relationship between medical motivation, TCM cognition, satisfaction and loyalty. The research framework is shown in Figure 3-1.

Figure 3-1Research Framework



TCM was formed two thousand years ago, and developed in the following centuries. TCM recognizes human body by system discrimination and cybernetic way. TCM can be characterized as holistic with emphasis on the integrity of the human body and the close relationship between human and its social and natural environment. TCM focuses on health maintenance and in the treatment of disease emphasizes on enhancing the body's resistance to diseases. For improving health, TCM applies multiple natural therapeutic methods. Zheng (syndrome) is the basic unit and key term in TCM theory. Zheng is an outcome after analyzing all symptoms and signs. All therapeutic methods in TCM come from the differentiation of Zheng. The methods have been used for thousands of years, which proves that TCM therapeutic approach is effective. From this point of view, Zheng should play an important role in determining the effect. Combined with modern medicine, Zheng should have an impact on disease pathogenesis that directly influences the therapeutic effect.

3.2 Research Hypothesis

Based on the framework, this study establishes the following assumptions:

H1: Different socio-economic backgrounds have significant differences in the

perception of Chinese medicine.

H2: Different socio-economic backgrounds have significant differences in medical motivation.

H3: Different socio-economic backgrounds have significant differences in satisfaction.

H4: Different social and economic backgrounds have significant differences in loyalty.

H5: Cognition of Chinese medicine has a significant impact on medical motivation.

H6: Satisfaction has a significant effect on loyalty.

H7: Cognition of Chinese medicine has a significant effect on satisfaction.

H8: Medical motivation has a significant effect on satisfaction.

3.3 Research Variables and Questionnaire Design

3.3.1 TCM cognitive

According to the literature review, Cognition of Traditional Chinese Medicine is defined as the consumer's knowledge of TCM treatment concepts, efficacy, and instrument usage, and four structural scales are formulated. The Cognitive TCM consists of concepts, methods, objects and effects. instruments, folk therapy and other four structures.

3.3.2 medical motivation measurement questionnaire design

Medical behavior will vary with different diseases and different hospitals. However, factors such as medical skills, medical ethics, word-of-mouth, convenient transportation, proximity to home, service attitude and equipment, and modernization are all factors that customers value. The most important considerations for customers in selecting hospitals are medical skills, medical ethics, and attitudes of medical staff (Berkowitz & Flexner, 1981). and the main considerations are medical equipment and convenient transportation, close to home, and convenient parking . This study refers to the above research to define TCM motivation as the traditional Chinese social psychology, economic factors, service quality and convenience of traditional Chinese medicine, examine the choices made after medical treatment, and organize four structures, dividing the medical motivation into social There are four structures: psychological factors, economic factors, service quality, and convenience.

3.3.3 Satisfaction Measurement Questionnaire Design

Parasuraman, Zeithaml and Berry thought that satisfaction is also the psychological and emotional state of individuals after experience. This study defined the degree of satisfaction according to the literature as the degree of satisfaction with the facilities,

quality of service, and the effectiveness of the diagnosis and treatment of TCM attendance. The degree of satisfaction was deemed to consist of hardware, services, and effects to measure patient satisfaction.

3.3.4 Loyalty Measurement Questionnaire Design

MacStravic (1987) believes that patient loyalty is very strong in favor of a particular hospital, over any other medical institution and behavior. Narrow-sense patient loyalty is a commitment to the special medical institutions that they trust. Broad patient loyalty is the intention and love of returning to a specific institution. Therefore, this study defines the loyalty of literature as the willingness of Chinese medicine practitioners to be revisited and recommended to others after their visits. It also considers loyalty as a combination of referral and referral to measure patient loyalty.

3.4 Study Object, Scope and Data Collection Process

3.4.1 Research Object and Scope

The main research subjects of this study were TCM patients. The samples were taken within three months of Bangkok Huaqiao Chinese Hospital.

3.4.2 Questionnaire Collection Process

1. Pre-release payment

Pre-test questionnaires were issued from January 18 to January 20, 2018. Within three months, consumers who had seen the Chinese medicine before the visit usually issued the pre-test release. For the pre-test questionnaires, a total of 40 questionnaires were issued, and 40 valid questionnaires. After carrying out reliability analysis and project analysis, the questions were revised and formulated as formal questionnaires on whether or not the semantics were ambiguous, whether there were typos, whether or not to use words.

2. Formal release

The formal questionnaires were conducted from January 23 to January 30, 2018. The Chinese medicine clinics and consumers who have general experience in the treatment were issued. The patients sent questionnaires outside the clinic to fill in the patients. The questionnaire was issued on-site to allow patients to fill out the form. Through the official test results, a total of 470 questionnaires were issued, 12 samples that were incompletely filled or inaccurate were deducted, 458 valid questionnaires were available, and the effective recovery rate was 97%.

3.5 Questionnaire Reliability and Project Analysis 3.5.1 Questionnaire Reliability Analysis

The pre-test questionnaire uses SPSS 20 statistical software for reliability and project analysis. The reliability test method for the Liker 5-point scale is the “Cronbach's α” coefficient. The higher the reliability of the scale, the more stable the representative scale is. . This study used Cronbach's alpha coefficient to understand the degree of consistency of consumer questionnaire responses to questionnaires used by consumers on the cognitive and medical behavior questionnaires. The higher the alpha coefficient, the better the internal consistency of the representative scale.

CHAPTER FOUR
RESEARCH RESULTS AND ANAIYSIS

The study questionnaire was conducted from November 23 to November 30, 2015. A total of 470 questionnaires were distributed. 458 valid questionnaires were available and the effective recovery rate was 97.4%. In order to have a general understanding of the questionnaire for recovery, this chapter will provide background information on the socio-economic background of the questionnaire, including gender, marital status, occupation, educational level, and monthly income; “awareness of Chinese medicine”, “satisfaction”, and “loyalty "Degree" and "Medical Motivation" are used for narrative statistical analysis, factor analysis, independent sample t-test, single-factor variance analysis, and regression analysis.

4.1 Sample Characteristics Analysis

1. In terms of “gender”, 156 male respondents accounted for 34.1%; 302 female respondents accounted for 65.9%. In terms of "marriage", 218 of the respondents were married, accounting for 47.6%; 240 of the unmarried respondents were 52.4%. In terms of “age”, a total of 117 people accounted for 25.5% of “31-40 years old”; followed by “21-30 years old”, a total of 105 people accounted for 22.9%. In terms of "professionals", a total of 108 students account for 23.6% of the total. In terms of "monthly income", the number of "less than 20,000 yuan" is the highest, with a total of 144 people accounting for 31.4%, followed by "20,001 to 30,000 yuan". A total of 97 people accounted for 21.2%. In the "educational level", there were at most 305 "universities". 66.6%, followed by high school graduates accounted for 20.5%. The detailed analysis results are shown in Table 4-1.

Table 4-1 Sample Characteristics

composition	Number of items	frequency	%
gender	male	156	34.1
	Femalei	302	65.9
marriage	M arried	218	47.6
	Not married	240	52.4
age	Below 20	62	13.5
	21-30、	105	22.9
	31-40	117	25.5

	41-50	80	17.5
	51-60	60	13.1
	Over 60	34	7.4
Career	Student	108	23.6
	Industry	20	4.4
	Business	51	11.1
	Service	79	17.2
	Agriculture and Forestry	4	0.9
	Military Training	78	17.0
	Free industry	19	4.1
	housewife	39	5.0
	Retirees	23	
	other	37	8.1
Monthly income	THB 10,000 or less	144	31.4
	10,001~20,000 Thai baht	97	21.2
	20,001~30,000 Thai baht	82	17.9
	30,001~40,000 Thai baht	54	11.8
	40,001~50,000Thai baht	49	10.7
	50,001Baht and above	32	7.0

Education level	Below junior high school	17	3.7
	High school	94	20.5
	the University	305	66.6
	Graduate or above	42	9.2

4.2 Satisfaction, loyalty, narrative statistics of traditional Chinese medicine

4.2.1 Satisfaction Narrative Statistics

From Table 4-3, we can see that patients' satisfaction with the TCM visit to the hospital has a three-level average score in order of: service quality> effectiveness> hardware. The average of the overall scale was between "3.54" and "3.83". The mean value of patient satisfaction was the highest with the "service quality" average of 3.83 and the lowest with the "hardware" average of 3.54.

The average value of the “hardware” structure items is generally average. The mean value of the “waiting facilities” is high (average 3.74). It shows that the patients feel comfortable with the environment of the “waiting facilities” of the Chinese medicine hospitals they visit. However, the average value of “parking traffic” is 3.34, which indicates that the patient does not agree with the parking traffic of the Chinese medicine hospital where he visits.

The average of the items of the “Quality of Service” structure is generally relatively high, with the highest mean value of the “Physician's professional ability” (average 4.22). This shows that the patient is satisfied with the professionalism of the doctors in the Chinese medicine hospitals where he visits.

The average of the items in the “effects” structure was generally high, with the highest mean “improved degree of illness” (average 3.82), indicating that the patients were satisfied with the degree of improvement of the Chinese medicine hospitals they visited. As shown in Table 4-2.

Table 4-2 Satisfaction, Narrative Statistics, Customer Satisfaction

Customer satisfaction

composition	Items	Average	Standard deviation
Hardware facilities	1、Parking traffic	3.34	0.844
	2、Waiting facilities	3.74	0.711
	Product structure average3.54		
service quality	3、Medical staff attitude	4.04	0.724
	4、Physician professional ability	4.22	0.682
	5、Used mechanical equipment	3.67	0.717
	6、Waiting for the visit	3.48	0.808
	7、Appointment registration is convenient	3.85	0.765
	8、Receiving drug pricing time	3.71	0.774
	Average service structure3.83		
	9、Condition of improvement	3.82	0.756
	10、price	3.71	0.770
	Average environmental structure3.76		

4.2.2 Loyalty Description New Statistics

From Table 4-4, it can be seen that the average loyalty scores of the patients of the TCM hospitals visited by the patients are in order: seeing the doctor again and

recommending. The average is "3.78" to "3.91." The average of the recommended structure is 3.91

The average value of the “re-visiting” structure item is generally high. The “average of my doctor will choose this medicine as the first choice” with an average of 3.80 is the highest. It shows that the patient agrees with the Chinese medicine hospital where the patient is seen, and sees the doctor. The Chinese medicine will be the first choice. In the structure, "If this Chinese medicine treatment needs to be partly self-financed, I'm still willing to visit this doctor," the average value is 3.76, which means that the patient's willingness to revisit the disease will be affected to a certain extent when the patient's hospital price increases.

The “Recommendation” structure item is generally high, with an average of 3.91 for “I would recommend this Chinese medicine to others”. This shows that the patient is quite agreeable with the Chinese medicine hospital where he is attending and is willing to recommend it to others. As shown in Table 4-3.

Table 4-3 Loyalty Descriptive Statistics Table Loyalty

loyalty			
composition	Items	Average	Standard deviation
Visit again	1、If this Chinese medicine treatment needs to be partially increased at its own expense, I am still willing to visit this Chinese medicine.	3.76	0.789
	2、Even if some other Chinese medicine clinics have a relatively inexpensive self-paying part, I am still willing to visit this doctor for medical treatment.	3.79	0.793
	4、My doctor will make this Chinese medicine the first choice	3.80	0.819

	Revisit structure average3.78		
	3、I will recommend this to other people	3.91	0.745
recommend	Recommended structure average3.91		

4.2.3 Narrative Statistics Of Tcm Cognition

From Table 4-4, we can see that the average score of the four structures is: instrument> concept and method> folk medicine> object and efficacy. The average of the overall scale was between “3.92” and “4.01”. The comparison of the mean values of cognitive structures in Chinese medicine was the highest with the “instrument” average of 4.01, and the average of “object and efficacy” was 3.92.

The average value of the “ideology and method” structure item is generally high. Among them, “the treatment of Chinese medicine is mainly based on natural remedies, focusing on the restoration of the body's self-regulation function” and “the preventive maintenance of Chinese medicine is better than treatment”. The highest (average number is 4.09) indicates that the patient's recognition of Chinese medicine hospitals with the most common recognition in TCM is a factor in natural rearing.

The average value of the “Object and Efficacy” structure item is generally high. Among them, the “Chinese medicine is suitable for the treatment of chronic diseases” has the highest mean value (average 3.94). It shows that the patient’s understanding of traditional Chinese medicine hospital for treatment is The most agreed with the “Treatment of Chronic Diseases in Traditional Chinese Medicine” factor.

The average value of the items in the "instrument" structure is generally higher, with the highest average (4.07 in average) for the "traditional Chinese medicine for traumatic and physical therapy instruments" results, showing the patient's hospital for treatment. Cognition in Chinese medicine is the most commonly used in the auxiliary use of therapeutic instruments.

The mean value of the items in the folk-custom therapy structure is generally high. Among them, “Chinese medicine massage can dredge the meridians and help to treat diseases” has the highest average value (average of 4.09). The hospital's understanding of Chinese medicine is the most recognized factor in the effect of Chinese massage can dredge the meridians and help cure the disease. As shown in Table 4-4.

Table 4-4 Narrative Statistics of TCM Cognition

Traditional Chinese medicine cognition			
composition	Items	Average	Standard deviation
Ideas and methods	1. The treatment of traditional Chinese medicine is based on natural remedies, focusing on the restoration of the body's self-regulating function	4.09	.629
	2. Treatment of traditional Chinese medicine focuses on preventive care	4.03	.670
	3. The use of dialectical treatment in Chinese medicine treatment can improve and restore the overall balance of the human body	4.02	.666
	4、Chinese medicine preventive treatment is better than cure	4.09	.660
	5、The observation and treatment of Chinese medicine can correctly and effectively diagnose the illness	3.83	.759
	Idea and method structure average	4.01	
Object and efficacy	6、Chinese medicine is suitable for the treatment of chronic diseases	3.94	.811
	7、Traditional Chinese medicine treatments such as scraping, massage and cupping are effective	3.93	.767
	8、Using Chinese medicine after surgery can reduce physical discomfort and accelerate physical rehabilitation	3.90	.803
	Object and power structure surface mean	3.92	
instrument	9、The use of X-ray equipment examination will help Chinese medicine to correct treatment	3.98	.770

	10、Blood test helps Chinese doctors accurately	3.99	.776
	11、Surgical treatment of Chinese medicine plus physical therapy equipment will be more effective	4.07	.737
	Instrument Structure Average	4.01	
Folk therapy	12、Acupuncture treatment of Chinese medicine contributes to improvement of illness	4.08	.732
	13、Chinese medicine's chiropractic is effective for the recovery of bone misalignment	3.91	.814
	14、Chinese medicine massage can clear the meridians and help cure the disease	4.09	.690
	15、Scrapping can cure qi stagnation and blood stasis	4.00	.726
	16、Cupping can be used to eliminate poisoning	3.84	.752
	17、Foot bath can improve the size of circulation and lymphatic circulation	3.92	.728
	The average number of folk treatment structures	3.97	

4.3 Medical Motivation, Satisfaction, Loyalty, Cognitive Factors Of Traditional Chinese Medicine

This section interviews the patients through questionnaires to analyze the factors of TCM recognition, satisfaction, loyalty, and medical motives of the TCM hospitals in which they seek treatment, extracting common factors, and extracting more difficult to explain factors. Too many related variables change into a few conceptual meanings. In order to ensure the stability and consistency of the extracted factors, the reliability of the extracted factors needs to be analyzed. In this study, the value of Cronbach's alpha is greater than 0.6, indicating that the factor extracted is a level of trust.

Whether the questionnaire subject is suitable for factor analysis can be judged from the size of sampling appropriateness quantity KMO value to determine whether the

research structure, research variables and research items are suitable for factor analysis; Bartlett ball type test, if the correlation coefficient between variable items is higher, It represents the existence of common factors and is suitable for factor analysis. The criteria for the determination of the KMO value by discriminating factors are as follows:

> 0.90 is ideal for factor analysis
0.80~0.89 is suitable for factor analysis
0.70~0.79 is still available for factor analysis
0.60~0.69 is barely available for factor analysis
0.50~0.59 is not suitable for factor analysis
<0.50 is not very suitable for factor analysis

The analysis results showed that the patient's medical motivation, satisfaction, loyalty, and Bartlett's cognition of Chinese medicine were all 0.001, which was significant, indicating that the questionnaires were related to each other and the KMO test statistics were The values of 0.906, 0.788, and 0.939 indicate that the TCM hospital's medical motivation, satisfaction, loyalty, and TCM cognitive willingness scales can all be used for factor analysis.

4.3.1 Factor Analysis Of Medical Motivation

This section discusses the patient's medical motivation factors for the visiting TCM hospitals, using the main cost analysis method to extract factors, retain the eigenvalues .

greater than 1 factor, and use the orthogonal rotation axis of the maximum variation method for factor analysis, conducted by SPSS20.0 By factor analysis, the quality of service was reduced to three factors. The total variance explained was 61.629%, which is summarized in Table 4-5.

Factor 1:

The explanatory variance of the factor was 24.532%. Among them, there were a total of 4 items with good hospital prestige, good hospital service attitude, convenient transportation, and advanced medical equipment. The value of Cronbach's alpha was 0.834, indicating that the extraction factor reached The level of trust; therefore, a factor named "hospital image".

Factor 2:

The explanatory variance of the factors was 18.578%. There were a total of 4 items that were medical experience in previous Chinese medicine, internal medicine or chronic diseases, Chinese medicine was better, advertisements or relatives and friends recommended, and there were no side effects when taking traditional Chinese medicines. The value of Cronbach's alpha was 0.733. , It shows that the extracted factors have reached the level of trust;

Factor 3:

The explanatory variance of the factors was 18.519%. There were 4 items in total, including cheaper hospital visits, higher hospital awareness, well-known physicians, and insurance payments. The value of Cronbach's alpha was 0.759, indicating that the factors extracted were reliable. The standard; therefore, three factors named "seeing value." As shown in Table 4-5.

Table 4-5 Factor analysis of medical motivation

composition	Items	Factor load		
		1	2	3
Hospital image	9、Hospital reputation is good	0.830	0.229	0.177
	8、Good hospital service	0.814	0.188	0.115
	10、Convenient transportation	0.734	0.123	0.168
	11、Medical equipment advanced	0.670	0.054	0.397
TCM efficacy	1、Previous medical experience in traditional Chinese medicine	0.259	0.746	0.009
	2、Ad or friends' recommendations	0.098	0.737	0.240
	3、Internal medicine or chronic diseases, Chinese medicine is better	0.160	0.723	0.121
	4、There are no side effects when taking Chinese medicine	0.017	0.615	0.409
Visit value	5、It is cheaper to see a doctor	0.028	0.197	0.758
	7、High reputation of the hospital	0.477	0.154	0.665
	6、Physicians have popularity	0.344	0.225	0.660
	12、With insurance payment	0.394	0.097	0.547
Explanatory variables%		24.532	18.578	18.519
Cumulative explanatory variables%		24.532	43.110	61.629
Cronbach’a value		0.834	0.733	0.759

Gross Table Cronbach'a Value	.759
Kaiser-Meyer-Olkin Sampling Tangential Measurements	.851

4.3.2 Factor Analysis Of Satisfaction

Hs study examines the patient's satisfaction with overseas Chinese medicine hospitals for treatment. The main cost component analysis method is used to extract factors, and the factors with eigenvalues greater than 1 are retained. The factor analysis is performed using the maximum variation method of the orthogonal shaft, via SPSS 20.0. By factor analysis, patient satisfaction was reduced to two factors, explaining that the total variation was 63.457%. The factor load of the "parking traffic" item of the patient satisfaction scale item was less than 0.5, so it was deleted. "Parking traffic" items are summarized in Table 4-7.

Factor 1:

The explanatory variance of the factor was 32.180%. There were 4 items in total: the doctor's professional ability, the attitude of the medical staff, the equipment used, and the waiting facilities. The value of Cronbach's alpha was 0.833, which showed that the extracted factor reached the level of trust. Therefore, the factors are named "quality of service."

Factor 2:

The explanatory variance of the factor was 31.277%. There were 5 items in total, including the time for receiving the drug, the time for waiting for the visit, the price, the convenience of reservation and registration, and the degree of improvement of the disease. The value of Cronbach's α was 0.828, indicating that the extracted The factor reached the level of trust; therefore, the factor 2 was named "time and effect of the visit." As shown in Table 4-6.

Table 4-6 Satisfaction Factor Analysis Structure Item

composition	Items	Factor load	
		1	2
service quality	4, physician professional ability	0.838	0.189
	3, attitude of medical staff	0.835	0.227
	5、Using equipment	0.677	0.374
	2、Waiting facilities	0.654	0.394

Treatment time	8、Receiving drug pricing time	0.160	0.820
	6、Waiting for the visit	0.252	0.788
	10、price	0.323	0.681
	7、Appointment registration is convenient	0.401	0.624
	9、Condition of improvement	0.506	0.534
Explanatory variables%		32.180	31.277
Cumulative explanatory variables%		32.180	63.457
Cronbach'a value		0.833	0.828
Gross Table Cronbach'a Value			0.886
Kaiser-Meyer-Olkin Sampling Tangential Measurements			0.906
Balltlett's Spheroid Accreditation (Saliency)			0.000***

4.3.3 Loyalty Factor Analysis

This section discusses the patient's loyalty to the visiting Chinese overseas Chinese medicine hospital. It uses the main cost analysis method to extract factors, retains the factors with eigenvalues greater than 1, and uses the maximum variation method of the orthogonal shaft for factor analysis via SPSS 20.0. By factor analysis, the quality of service was simplified to two factors. The total variance of the explanation was 85.331%, which is summarized in Table 4-7.

Table 4-7 Loyalty Factor Analysis

composition	Items	Factor load	
		1	2
Visit again	1、If this Chinese medicine treatment needs to be partially increased at its own expense, I am still willing to visit this Chinese medicine.	0.889	0.301

	2、Even if some other Chinese medicine clinics are less expensive at their own expense, I am still willing to visit this doctor for treatment.	0.853	0.367
	4、My doctor will make this Chinese medicine the first choice	0.449	0.766
recommend	3、I will recommend to others	0.262	0.902
Cronbach'Alpha value		0.857	0.789
Explanatory variables%		44.713	40.618
Cumulative explanatory variable %		44.713	85.331
Overall Cronbach'Alpha value			0.868
Kaiser-Meyer-Olkin Sampling Tangential Measurements			0.788
Balltlett's Spheroid Accreditation (Saliency)			0.000***

Note: *P<0.05, **P<0.01, ***P<0.001

4.3.4 Tcm Cognitive Factor Analysis

This section discusses the factors of patients' perceptions of Chinese medicine in overseas Chinese medicine hospitals. The factors are extracted using the main cost analysis method. The factors with eigenvalues greater than 1 are retained, and the factor analysis is performed using the maximum variation method of the orthogonal shaft, via SPSS 20. 0 The factor analysis was used to obtain two factors that simplified the understanding of traditional Chinese medicine. The total variance explained was 66.786%, of which "8. The use of Chinese medicine after surgery can reduce physical discomfort, accelerate physical recovery, and 11. Physiotherapy equipment will be more effective. If the factor load of the two questions is less than 0.5, it will be deleted. This is summarized in Table 4-8.

Table 4-8 TCM cognitive factor analysis items

composition	Items	Factor load		
		1	2	3
Folk therapy	16、Cupping can be used to excrete purulent winds	0.852	0.184	0.177

	15、Scrapping can cure qi stagnation and blood stasis	0.821	0.182	0.216
	14、Chinese medicine massage can clear the meridians and help cure the disease	0.793	0.241	0.231
	17、Foot bath can improve the size of circulation and lymphatic circulation	0.699	0.302	0.148
	13、Chinese medicine's chiropractic is effective in recovery of skeletal heterotopia	0.685	0.292	0.210
	7、Traditional Chinese medicine such as scraping, massage, cupping is effective	0.673	0.322	0.244
	12、Acupuncture treatment of Chinese medicine contributes to improvement of illness	0.596	0.322	0.244
treatment effect	1、The treatment of traditional Chinese medicine is based on natural remedies, focusing on the restoration of the body's self-regulating function	0.251	0.812	0.135
	3、Chinese medicine treatment uses discriminatory treatment to improve and restore the balance of the human body as a whole	0.250	0.790	0.166
	2、Treatment of Traditional Chinese Medicine Focuses on Preventive Care	0.173	0.786	0.181
	4、Chinese medicine preventive treatment is better than cure	0.194	0.780	0.165
	5、The observation and treatment of Chinese medicine can correctly and effectively diagnose the illness	0.333	0.668	0.165
	6、Chinese medicine is suitable for the treatment of chronic diseases	0.268	0.558	0.346
instrument	9、The use of X-ray equipment examination will help Chinese medicine to correct treatment	0.196	0.186	0.867
	10、Blood test helps Chinese doctors accurately	0.198	0.183	0.855
Cronbach's Alpha value		0.915	0.886	0.863
Cronbach's Alpha value		26.901	23.393	16.492
Overall Cronbach's Alpha Value		26.901	50.294	66.786

Cumulative explanatory variance 0.936
Kaiser-Meyer-Olkin sampling fit measure 0.939
Balltlett's Spheroid Accreditation (Saliency) 0.000***

Note: *P<0.05, **P<0.01, ***P<0.001

4.4 Analysis Of Differences In Medical Motivation, Satisfaction, Loyalty, And Cognition Of Traditional Chinese Medicine

4.4.1 Verification Of Demographic Variables On Medical Motivation, Satisfaction, Loyalty, And Tcm Cognition

I. Demographic variables to the independent sample t verification of medical motivation

According to an independent sample t-test analysis, there was a significant difference in the gender of the medical motivation (P value <0.01) and TCM efficacy (P value <0.05) in the hospital image (P value <0.05). The results showed that the hospital image and TCM efficacy The average female is higher than male, as shown in Table 4-9.

Table 4-9 Sex on medical motivation test

project		male	Female	t value	P value
Hospital image	Average	3.647	3.818	2.658	0.008**
	Standard deviation	0.651	0.650		
TCM efficacy	Average	3.787	3.929	2.345	0.019*
	Standard deviation	0.664	0.586		
Visit value	Average	3.418	3.516	1.482	0.154
	Standard deviation	0..722	0.677		

Note: *P<0.05, **P<0.01, ***P<0.001

In terms of marital status, there was a significant difference in the hospital's image of the medical motivation (P value <0.01) and the value of medical consultation (P value <0.01). The results showed that the average value of the hospital image and the value of the consultation was higher than that of the married person. Unmarried, as shown in Table 4-10.

Table 4-10 Marriage's motivation for seeking medical care motives

Project	married	unmarried	t value	P value

Hospital image	Average	3.845	3.682	2.678	.008**
	Standard deviation	0.652	0.649		
TCM efficacy	Average	3.914	3.850	1.109	0.268
	Standard deviation	0.628	0.606		
Visit value	Average	3.592	3.383	3.247	0.001**
	Standard deviation	0.733	0.640		

Note: *P<0.05, **P<0.01, ***P<0.001

Second, demographic variables to the satisfaction of independent samples test.

According to the independent sample t test, no significant difference was found in the quality of service, time, and the results (P < 0.05). The results showed that women were higher than men in all structures. See Table 4 for details. -11 shows.

Table 4-11 Gender on Medical Motivation Motive Test

Project		male	Female	t value	P value
service quality	Average	3.859	3.947	1.547	0.123
	Standard deviation	0.612	0.558		
Time and effect of consultation	Average	3.665	3.742	1.311	0.191
	Standard deviation	0.621	0.582		

Note: *P<0.05, **P<0.01, ***P<0.001

In terms of marital status, there was no significant difference in customer satisfaction in the quality of service, time and effectiveness of the visit (P value < 0.05). The results showed that married in all structures, are higher than unmarried, but did not reach significant differences See Table 4-12 for details.

Table 4-12 Marriage Satisfaction Test

project		married	unmarried	t value	P value
service quality	Average	3.956	3.881	1.391	0.165
	Standard deviation	0.567	0.587		
Time and effect of consultation	Average	4.13	4.10	0.577	0.565
	Standard deviation	0.59	0.66		

Note: *P<0.05, **P<0.01, ***P<0.001

Third, the demographic variables of loyalty independent sample t test.

According to the independent sample t-test analysis, there was a significant

difference in gender loyalty between re-testing (P value <0.05) and recommendation (P value <0.05). The results showed that women who were re-evaluated and recommended average were higher than men. See Table 4-13 for details.

Table 4-13 Gender Pair Loyalty Test

Project		male	Female	t value	P value
Re-evaluation	Average	3.756	3.909	2.124	0.034*
	Standard deviation	0.744	0.720		
recommend	Average	3.660	3.828	2.377	0.018*
	Standard deviation	0.760	0.691		

Note: *P<0.05, **P<0.01, ***P<0.001

In terms of marital status, there was a significant difference in the loyalty structure of the marriage (P-value < 0.01). The results showed that the mean value of the re-evaluation married is greater than unmarried, as shown in Table 4-14.

Table 4-14 Marital Loyalty Test

Project		married	unmarried	t value	P value
Re-evaluation	Average	3.961	3.763	2.925	0.004**
	Standard deviation	0.702	0.746		
recommend	Average	3.817	3.729	1.300	0.194
	Standard deviation	0.698	0.736		

Note: *P<0.05, **P<0.01, ***P<0.001

IV. Demographic Variables on TCM Cognitive Independent Sample t Verification

According to an independent sample t-test analysis, there was no significant difference in the gender recognition of traditional Chinese medicine in folk therapy, treatment effects and instruments (P value < 0.05). See Table 4-15 for details.

Table 4-15 Gender Versus TCM Cognition

Project		male	Female	t value	P value
Folk therapy	Average	3.893	4.007	1.918	0.056
	Standard deviation	0.622	0.594		
treatment effect	Average	3.947	4.030	1.530	0.127
	Standard deviation	0.564	0.551		
instrument	Average	3.923	4.017	1.310	0.191

	Standard deviation	0.739	0.716		

Note: *P<0.05, **P<0.01, ***P<0.001

In terms of marital status, marriage only had a significant difference in the perception of Chinese medicine (P-value < 0.05). The results showed that married couples were higher than non-married for cognitive instruments of Chinese medicine, as shown in Table 4-16.

Table 4-16 Examination of Marriage for Chinese Medicine

Project		married	unmarried	t value	P value
Folk therapy	Average	3.974	3.963	0.208	0.835
	Standard deviation	0.613	0.600		
treatment effect	Average	4.005	3.999	0.129	0.897
	Standard deviation	0.573	0.542		
instrument	Average	4.115	3.867	3.709	0.000***
	Standard deviation	0.679	0.745		

Note: *P<0.05, **P<0.01, ***P<0.001

4.5 Single Factor Variation Analysis Of Medical Motivation, Satisfaction, Loyalty, And Traditional Chinese Medicine

I. Analysis of single factor variation of demographic variables to medical motivation

In terms of age, there are significant differences in the “hospital image” and “visiting value” structures for different ages of Chinese medical practitioners (P value < 0.05). After further comparison with Scheffe's method, the image structure of the hospital was found to be 31 to 40 years old, 41 to 50 years old, 51 to 60 years old, 60 years old and above are all higher than 20 years old, and 31 to 40 years old 41 to 50 years old and 51 to 60 years old. The value of the visit is also higher than 20 years old. See Table 4-17 for details.

Table 4-17 Analysis of single-factor variation of age-to-care motivation

	Hospital image	TCM efficacy	Visit value
Under 20（A）	3.427	3.790	3.125
21-30 years old (B)	3.705	3.824	3.326
31-40 years old（C）	3.782	3.910	3.615

41-50 years old（D）	3.806	4.031	3.641
51-60 years old（E）	4.012	3.867	3.621
60+（F）	3.904	3.787	3.544
F value	5.870	1.627	7.024
P value	0.000***	0.152	0.000***
Scheffe Certification	A<C;A<D; A<E; A<F	n.s.	A<C;A<D; A<E

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

In terms of occupation, there are significant differences in the "hospital image" and "visiting value" structures of different occupational care motives (P value < 0.05). Further comparisons with the Scheffe method found that the quality of service in housewives is higher than that of students and the military. Catholics; Housewives and military teachers are higher than the students in the value of the visits, as shown in Table 4-18.

Table 4-18 Single Factor Variation Analysis of Occupational Medical Motivation

	Hospital image	TCM efficacy	Visit value
student (A)	3.509	3.789	3.206
industry (B)	3.875	3.863	3.638
Business (C)	3.789	3.976	3.422
Service industry (D)	3.861	3.927	3.506
Agriculture and Forestry Fisheries (E)	3.875	4.000	4.000
Soldiers, civil servants, teachers (F)	3.638	3.888	3.708
Freelance (G)	3.961	3.750	3.513
housewife (H)	4.167	3.930	3.756
Retirees (I)	3.902	3.750	3.457
other (J)	3.797	3.993	3.419
F value	4.686	0.837	4.211
P value	0.000***	0.582	0.000***
Scheffe Certification	H>A; H>F		

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

In terms of income, there were no significant differences in the "Hospitality Image", "TCM Efficiency", and "Seeing-Value" structure of differently-acquired customers for

medical motivation (P-value < 0.05). See Table 4-19 for details.

Table 4-19 Analysis of One-factor Variation of Medical Motivation

	Hospital image	TCM efficacy	Visit value
Below 10,000 baht (A)	3.726	3.852	3.379
10,001~20,000 Baht (B)	3.825	3.876	3.497
20,001~30,000 Baht (C)	3.777	3.878	3.531
30,001~40,000 Baht (D)	3.829	3.912	3.537
40,001~50,000 Baht (E)	3.628	3.985	3.653
50,001 Baht or more (F)	3.758	3.813	3.430
F value	0.799	0.444	1.440
P value	0.551	0.818	0.208
Scheffe Certification	n.s	n.s	n.s

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

In terms of education, different levels of education have a significant difference in the “hospital image” and “visiting value” structure of customers' medical motivation (P value < 0.05). Further comparison by Scheffe method found that in the hospital image junior high school (inclusive) is higher than the university (including specialties), research institutes; high school education is greater than the university (including specialist) in the value of the visits in the country (inclusive) below the university (Including specialties) and research institutes; high school or university level (including specialties), as shown in Table 4-20.

Table 4-20 Single Factor Variation Analysis of Education for Medical Motivation

	Hospital image	TCM efficacy	Visit value
Junior high school and below (A)	4.338	4.162	4.029
High school (B)	3.9997	3.899	3.678
University (including specialties）(C)	3.646	3.852	3.399
graduate School (D)	3.821	3.935	3.429
F value	12.651	1.542	7.922
P value	0.000***	0.203	0.000***
Scheffe Certification	A>C; A>D; B>C	n．s．	A>C; A>D; B>C

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

Second, analysis of single factor variation of satisfaction of demographic variables

In terms of monthly income, different incomes have a significant difference in the “service quality” structure of TCM satisfaction (P value < 0.05). Further comparison with Scheffe's method found that in the service quality structure, consumers with different incomes are shown in detail. See Table 4-21.

Table 4-21 Analysis of single factor variation for satisfaction

	service quality	Time and effect of consultation
Below 10,000 baht (A)	3.873	3.635
10,001~20,000 Baht (B)	4.021	3.744
20,001~30,000 Baht (C)	3.909	3.734
30,001~40,000 Baht (D)	4.046	3.893
40,001~50,000 Baht (E)	3.663	3.735
50,001 Baht or more (F)	3.992	3.625
F value	3.416	1.713
P value	0.005**	0.130
Scheffe Certification	B> E;D>E	n.s.

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

In terms of education, different levels of education have a significant difference in the "service quality" and "time and effect" structure of TCM satisfaction (P < 0.05). Further comparison with the Scheffe method found that different levels of education are "Quality of service" is lower than junior high school (inclusive), high school or middle school is higher than that of university; the time and effect of attending a doctor is higher than that of university in high school, as shown in Table 4-22.

Table 4-22 Analysis of Single Factor Mutation of Education Degree to Satisfaction

	service quality	Time and effect of consultation
Junior high school and below (A)	4.250	3.871
High school (B)	4.130	3.906
University (including specialties）(C)	3.838	3.675
graduate School (D)	3.881	3.657
F value	8.514	4.882
P value	0.001***	0.003**
Scheffe Certification	A>C;B>C	B>C

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

Third, analysis of single factor variation of demographic variables of demographic variables

In terms of age, different ages had significant differences in the re-advice and recommendation structure of TCM loyalty (P value < 0.05). Further Scheffe's method was used for post-hoc comparisons and found that there was a significant difference only in the re-testing structure, and the 51-60-year-old customers were higher. Below the age of 20, see Table 4-23 for details.

Table 4-23 Single-Factor Variance Analysis of Age-Dependent Loyalty

	Re-evaluation	recommend
Under 20（A）	3.565	3.524
21-30 years old (B)	3.738	3.729
31-40 years old （C）	3.906	3.880
41-50 years old （D）	3.969	3.881
51-60 years old （E）	4.025	3.800
60+（F）	4.029	3.662
F value	4.169	2.680
P value	0.001** *	0.021* **
Scheffe Certification	E>A	n．s．

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

In terms of occupation, there were significant differences in the re-advice and recommendation structure of TCM loyalty among different occupations (P value < 0.05). Further comparison with Scheffe's method found that there were significant differences in the re-experiences of different occupations. The results show that the military parents and housewives are higher than students. See Table 4-24 for details.

Table 4-24 Analysis of single factor variation of occupational loyalty

	Re-evaluation	recommend
student (A)	3.528	3.546
industry (B)	3.975	3.700
Business (C)	3.980	4.000
Service industry (D)	3.962	3.892
Agriculture and Forestry Fisheries (E)	3.500	3.625
Soldiers, civil servants, teachers (F)	4.019	3.801

Freelance (G)	3.974	3.763
housewife (H)	4.077	3.859
Retirees (I)	3.913	3.652
other (J)	3.730	3.824
F value	4.199	2.268
P value	0.000***	0.017*
Scheffe Certification	F>A; H>A	n.s.

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

In terms of income, there was no significant difference in the re-advice and recommendation structure of loyalty from different sources (P-value < 0.05). See Table 4-25 for details.

Table 4-25 Analysis of Single Factor Mutation for Loyalty

	Re-evaluation	recommend
Below 10,000 baht (A)	3.747	3.736
10,001~20,000 Baht (B)	3.840	3.691
20,001~30,000 Baht (C)	3.854	3.811
30,001~40,000 Baht (D)	4.037	3.991
40,001~50,000 Baht (E)	4.020	3.766
50,001 Baht or more (F)	3.859	3.688
F value	1.828	1.465
P value	0.106	0.200
Scheffe Certification	n.s.	n.s.

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

In terms of education, different levels of education have a significant difference in TCM loyalty in the structure of re-admission (P value < 0.05). Further comparison with Scheffe's method afterwards found that different levels of education have significant differences in re-testing. See Table 4-26. As shown.

Table 4-26 Analysis of Single Factor Mutation of Education Degree vs. Loyalty

	service quality	Time and effect of consultation
Junior high school and below (A)	4.250	3.871
High school (B)	4.130	3.906
University (including specialties）(C)	3.838	3.675
graduate School (D)	3.881	3.657
F value	8.514	4.882
P value	0.001***	0.003**

Scheffe Certification	A>C;B>C	B>C

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

Fourth, the analysis of single factor variation in demographic variables of traditional Chinese medicine

In terms of age, there was a significant difference in the "instrument" structure for different ages of Chinese medicine practitioners (P value < 0.05). Further comparison with Scheffe's method was found in the instrument, 31~40 years old, 41~50 years old, 51~ The age of 60 is higher than the age of 20 and the age of 51-60 is also higher than the age of 21 to 30 in the "instrument". See Table 4-27 for details.

Table 4-27 Analysis of single factor variation in age for traditional Chinese medicine

	Re-evaluation	recommend
Under 20（A）	3.565	3.524
21-30 years old (B)	3.738	3.729
31-40 years old（C）	3.906	3.880
41-50 years old（D）	3.969	3.881
51-60 years old（E）	4.025	3.800
60+（F）	4.029	3.662
F value	4.169	2.680
P value	0.001** *	0.021* **
Scheffe Certification	E>A	n．s.

Note: *P<0.05, **P<0.01, ***P<0.001

4.6 Regression Analysis On Tcm Cognition, Satisfaction, Loyalty And Medical Motivation

4.6.1 Regression Analysis Of Tcm Cognition To Medical Motivation

Taking medical motivation as a variable, the three structures of "folk therapy", "treatment effect", and "instrument" recognized by Chinese medicine are used as predictive variables for regression analysis. The results of the analysis are shown in Table 4-28. The adjusted coefficient (R2) of the three structures of TCM recognition for medical motivation is 0.984, indicating that the predictive variable can account for 98.4% of the total variation of the variant items. See Table 4-28 for details.

Table 4-28 Regression Analysis Of Tcm Cognition To Medical Motivation

constitute	R^2	adjustedR^2	Normalization coefficientβ	T value	P value
Folk therapy	0.985	0.984	0.223	4.303	0.000***
Medical effect			0.624	12.403	0.000***
instrument			0.147	3.826	0.000***

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

4.6.2 Regression Analysis Of Satisfaction With Loyalty

Using loyalty as a variable item, the two structures of "service quality" and "time and effect of visit" of satisfaction were used as regression variables for regression analysis. The results of the analysis are shown in Table 4-28. The adjusted coefficient (R2) of the two structures of satisfaction after the adjustment to loyalty is 0.978, indicating that the predictive variable can account for 97.8% of the total variation of the dependent variable.

To further examine the standardized regression coefficients of the single predictive variable, the cognitive variables of Chinese medicine to the medical motivation.

Do not explain the power and found that "quality of service" and "time and effect of attendance" all have significant positive influence. From the standardized regression coefficient (β value), it can be seen that the service quality (β value = 0.558) is higher than the time and effect (β value = 0.433), indicating that if the service quality level is enhanced, patients' loyalty to TCM can be improved. degree. See Table 4-29 for details.

Table 4-29 Regression Analysis of Satisfaction to Loyalty

constitute	R^2	adjustedR^2	Normalization coefficientβ	t value	P value
service quality	0.978	0.978	0.558	9.513	0.000***
Time and effect of consultation			0.433	7.385	0.000***

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

4.6.3 Regression Analysis Of Cognition Of Chinese Medicine On Satisfaction

With satisfaction as a variable item, the three structures of “folk therapy,” “treatment effect,” and “instrumentation” recognized by Chinese medicine practitioners were used as predictive variables for regression analysis. The results of the analysis are shown in Table 4-36. The adjusted coefficient of determination (R2) of the three structures of TCM recognition for medical motivation is 0.983, indicating that predictive variables can account for 98.3% of the total variation of dependent variables.

By further examining the standardized regression coefficients of the single predictive variable, Chinese medicine recognizes the individual explanatory power of various variables in seeking medical motivation and finds that “folk therapy”, “treatment effect”, and “instrument” all have significant positive influence. From the standardized regression coefficient (β value), it can be seen that the treatment effect (β value = 0.623) is higher than that of folk therapy (β value = 0.235) and instrument (β value = 0.136), indicating that if it strengthens its therapeutic effect, folk therapies, instruments The level will improve patient satisfaction with TCM, as shown in Table 4-30.

Table 4-30 Regression Analysis on Cognitive Satisfaction of Traditional Chinese Medicine

constitute	R^2	adjustedR^2	Normalization coefficientβ	t value	P value
Folk therapy	0.983	0.983	0.235	4.346	0.000***
Medical effect			0.623	11.856	0.000***
instrument			0.136	3.391	0.000***

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

4.6.4 Regression Analysis On Satisfaction Of Medical Motivation

Satisfaction was used as a variable item, and the three structures of “medical image”, “efficacy of TCM”, and “visiting value” of medical motivation were used as predictive variables for regression analysis. The results of the analysis are shown in Table 4-30. The adjusted coefficient (R2) of the three structures of TCM recognition for medical motivation is 0.987, indicating that predictive variables can account for 98.7% of the total variation of the variant items.

Further, the standardized regression coefficients of the single predictive variables were examined. Individual variables of the satisfaction variables on individual motivation for medical treatment were found to have significant positive influence on “hospital image”, “Chinese medicine efficacy” and “visiting value”. From the standardized regression coefficient (β value), it can be seen that the hospital image (β value = 0.525) is higher than that of Chinese medicine (β value = 0.366) and the value of visits (β value = 0.107), indicating that if it strengthens its "hospital image," The “Chinese medicine efficacy” and “visiting medical care” levels will enhance the motivation for patients to travel to TCM. See Table 4-31 for details.

Table 4-31 Regression Analysis on Satisfaction of Medical Motivation

constitute	R^2	adjustedR^2	Normalization coefficientβ	t value	P value
Hospital image	0.983	0.983	0.235	4.346	0.000***
TCM efficacy			0.623	11.856	0.000***
Visit value			0.136	3.391	0.000***

Note: *P<0.05, **P<0.01, ***P<0.001, n.s indicates no significant difference

4.7 Summary

The first official TCM school, the Imperial Medical School (Tai Yi Shu), was founded in China in 624 AD. The school consisted of eight dispensers (Zhu Yao) and 24 assistant dispensers (Yao Tong) of TCM who were responsible for Chinese Materia Medica processing and dispensing. From the Song to Yuan Dynasties (960 – 1368 AD), the specific pharmaceutical affairs agencies were set up and an “Exchange Act” (Shi Yi Fa) was developed to regulate the Chinese Materia Medica trade and national patents/registrations. According to this Act, the national pharmaceutical administration developed regulations for quality testing, distribution, and the application of TCM.

Over the last 100 years, a number of TCM textbooks and monographs on processing, preparation, identification, pharmacology and toxicology have been compiled and published. Higher education is now available in TCM universities/colleges throughout China. Education and research on TCM in China has been well documented.

Traditional Chinese medicines include not only medicinal plants, but also minerals and animal products. Their dispensing and distribution are guided by TCM theory and many require preparing and processing prior to clinical application. The processing and preparation procedures may influence the therapeutic properties and reduce toxicity。 ---

-Benchmarks for Training in Traditional Chinese Medicine.

Hypothesis verification results

Consumers made six research hypotheses about the cognitive and medical behavior of Chinese medicine. The results of the verification are shown in Table 5-1.

H1 differs in the social and economic background, and the differences in the knowledge of traditional Chinese medicine are assuming that the results are partially established.

1. The results of the analysis of the differences in the “instrument” structure of the marital status indicate that married people are more likely than unmarried people to show that married respondents are more likely to approve the effectiveness of hospital-assisted instruments.

2. The results of the analysis of differences in the "instrument" structure of age indicate that 51 to 60 years of age are higher than 21 to 30 years old, and the older persons are more satisfied with instrumental treatment equipment than young adults.

3. Occupational differences in the analysis of the “instrument” structure pointed out that it was found that the service industry and the military procurator were higher in “instrument” than students, and the effect of the use of instrument therapy in the service industry and military education was considered to be higher.

H2: Different socio-economic backgrounds. Differences in motivation for seeking medical treatment. Hypothetical results are partially established.

1. The results of the analysis of gender differences in “medical motivation” pointed out that the results of structural studies on “hospital image, Chinese medicine efficacy, and seeing value” showed that women were higher than men in “hospital image, Chinese medicine efficacy, and seeing value”. Respondents were more likely to identify with female respondents that they had “a good hospital reputation, good hospital service attitude, and cheaper medical expenses”.

2. Marital status The results of the analysis of the differences in the structure of “hospital image, Chinese medicine efficacy, and seeing value” indicate that married people are more than unmarried people, showing that married respondents are more likely to agree with the hospital’s attitude and professionalism.

3. The results of the analysis of the differences in the structure of "hospital image and consultation value" at the age point indicate that 51 to 60 years old are higher than 31 to 40 years old. It is concluded that senior citizens are more satisfied with their environment, services and products than young adults. high.

4. The analysis of the differences in the structure of “hospital image and consultation value” in occupations pointed out that the image of housewives found in hospitals was higher than that of students and military parents. The value of housewives and military prostitutes at the time of the visit was higher than that of students. The concept of housewives attending Chinese medicine and the trust of military mentors for visiting Chinese medicines are highly valued.

5. The results of the analysis of the differences in the structure of “hospital image and value of hospital visits” in the educational level indicated that the following high school grades are higher than those of universities, deducing that senior high school students prefer the relaxed atmosphere, service content, and reasonable prices of traditional Chinese medicine hospitals. Visiting doctors will give a higher rating.

H3: Different socio-economic backgrounds. Differences in satisfaction. Hypothetical results are established.

1. The results of the analysis of the differences in the structure of “quality of service, time and effectiveness of attendance” of marital status indicated that married people were more than unmarried but did not reach significant differences, indicating that married respondents were more satisfied with the services of hospitals.

2. The differences in the structure of “quality of service, time and effectiveness of consultation” in occupations, and the evaluation of the degree of satisfaction of the service industry and housewives in the treatment of traditional Chinese medicine are relatively high.

3. The results of the analysis of the differences in the quality of service in the “service quality” structure pointed out that it was found that in the service quality structure, it was inferred that consumers with lower incomes received relatively higher evaluation of Chinese medicine treatment satisfaction.

4. The education level stated in the analysis of the differences in the quality of service, time spent on consultation, and effect structure pointed out that different levels of education are higher than “university” in terms of “quality of service” in high school or secondary school, deducing that senior high school education prefers a relaxed atmosphere in Chinese medicine hospitals. The content of the service, and the reasonable price for treatment, will give a higher rating.

H4: Different social economic backgrounds. Differences in loyalty. Assumed results are partially established.

1. The results of the gender analysis on “re-reviewed, recommended” pointed out that women’s “reviewed and recommended” structure results were higher than men,

indicating that the respondents had higher female loyalty than men.

2. The results of the analysis of the difference in the "re-information" structure of the marital status indicated that married people were higher than unmarried persons, indicating that the married respondents were more likely to be loyal again.

3. The results of the differential analysis of the “re-evaluation and recommendation” structure at the age point indicated that only significant differences were found in the re-evaluation structure. The patients aged 51 to 60 were more than 20 years of age. It was deduced that the elderly had more loyalty than young adults. Higher.

4. In the occupational aspect, the results of the analysis of the differences in the structure of “re-evaluation and recommendation” indicated that the re-visited housewives and military teachings were higher than the students. It was concluded that housewives and military mentors were loyal to TCM.

5. Differences in the degree of education in the “re-informed” structure indicate that higher education levels are higher than those of universities, and it is inferred that senior high school students prefer to visit the traditional Chinese medicine hospital for a relaxed atmosphere, service content, and reasonable prices. Give a higher rating.

H5: There are some significant differences in the return of Chinese medical practitioners' motivation for seeking medical treatment.

Cognition of Chinese medicine has a significant impact on the return of medical motivation. Assuming that the results are partially supported, after a regression analysis of the motivation of seeking medical treatment through the recognition of Chinese medicine, we learn that: “Cognition of Traditional Chinese Medicine” is a “folk therapy” and “treatment” for medical motivation. "Effective" and "instrument" all have significant influence.

H6: There are some significant differences in satisfaction with loyalty.

Satisfaction has a significant impact on the return of medical motivation. Assuming that the results are partially supported, after a regression analysis of satisfaction with medical care through satisfaction, it is learned that “satisfaction” has “service quality” and “time and effect All have significant influence.

H7: There are some significant differences in the regression of satisfaction in Chinese medicine.

Cognition of Chinese medicine has a significant impact on the return of satisfaction. Assuming that the results are partially supported, after a regression analysis of satisfaction through TCM cognition, it is learned that the therapeutic effect of “TCM cognition” is higher than that of folk medicine and instruments. The "quality of service"

of satisfaction is higher than the "time and effect of the visit." It means that if the therapeutic effect, folk therapies, and instrumentation are strengthened, patients' satisfaction with traditional Chinese medicine can be improved.

H8: There are some significant differences in the return of satisfaction with medical motivation.

The medical motivation has a significant impact on the return of satisfaction. Assuming that the results are partially supported, after a regression analysis of satisfaction with medical motivation, it is learned that the “medical motivation” is that the image of the hospital is higher than that of traditional Chinese medicine and the value of medical consultation. He said that if it strengthens its statement, if it strengthens its “hospital image”, “Chinese medicine efficacy”, and “visiting clinic value” standards, it will enhance the motivation for patients to go to Chinese medicine.

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

This chapter integrates the data of the empirical findings, draws conclusions based on the purpose of the survey and study, and the results of the analysis, and provides suggestions and directions for follow-up academics. I. Overview of consumer awareness and medical behaviors of Chinese medicine in Bangkok

According to the findings of this study, in the investigation of medical motivation, the average service structure in satisfaction was the highest. In the service analysis, the respondent's degree of consent for “medical staff”, “attitude physician professional ability” and “convenient appointment registration” The average is higher; the average value of the recommended structure in loyalty is the highest. In the recommendation analysis, the respondents have a higher average level of consent for “I would recommend this Chinese medicine to other people”, but they will see the loyalty again. The structure “If this Chinese medicine treatment is subject to an increase in self-paying costs, I am still willing to visit this doctor”, the average is the lowest, indicating that the respondent’s “If this Chinese medicine treatment needs to be partially self-financed, I’m still willing to visit this doctor for treatment. Less agree.

Integration of traditional medicine into national health systems

Traditional Chinese medicine (TCM) has been in use in China for over two thousand years. It has its own unique theories for treating disease and to enhance health. There are many modalities included in TCM, such as Chinese herbal medicine, moxibustion, acupuncture, or Tuina.1 TCM uses traditional Chinese medicines; these include herbs, herbal materials, herbal preparations and finished herbal products which have been documented in classical and modern literature on TCM. These Chinese Materia Medica may contain non-plant substances, such as animal and mineral materials.

5.2 Suggestions

1. women account for more than half of Chinese medicine practitioners. To improve service quality, it is recommended that more magazines or periodicals related to TCM health should be placed in the waiting area, and facilities with better security and high confidentiality should be added in the clinics and treatment areas.

1. in the mean value of seeking medical treatment, it was found that “the experience of previous medical practitioners in the treatment of traditional Chinese medicine” “the hospital has a good service attitude” and “there are no side effects when taking traditional Chinese medicines”. The items in the first three items are most agreeable, but “the cost of

seeing a doctor is cheaper” The average value is lower. From the results of the study, it is found that the cost of seeing a doctor is not cheaper than that of Western medicine. The hospital must give substantial gains to get more customers.

2. In the mean value of satisfaction, "medical professional competence,""health care worker attitude," and "convenient booking and registration" were found. The top three items were most agreeable, but the average value of "use of equipment" was lower. The study found that it is generally believed that Chinese medicine hospitals use less instruments than Western medicines and they do not see auxiliary products that are helpful to them. It is recommended to introduce modern instruments that are conducive to treatment to increase the needs of patients.

3. In the loyalty average, I discovered that "I would recommend this Chinese medicine to other people." I was most sympathetic to the first three items, but "If this Chinese medicine treatment needs to increase some of my own expenses, I would still like to The average value of this Chinese medicine is low. From the results of the study, it is found that some consumers still care about price changes. It is suggested that there is a need to increase service and treatment items when changes are needed.

4. In the cognitive average of Chinese medicine, it was discovered that "the treatment of Chinese medicine is mainly based on natural remedies, focusing on the restoration of the body's self-regulating function."The preventive maintenance of Chinese medicine is better than treatment." Chinese medicine massage can dredge the meridians and help cure the disease. The results of the first three items were most agreeable, but the "average and effective diagnosis of the disease" in "Chinese medicine can be used to diagnose the disease correctly." Patients do not agree with the intangible diagnosis to meet the need for tangible diagnosis and treatment. Therefore, the study suggests that the addition of X-ray film and blood tests can increase the credibility and service of the diagnosis.

5.3 Future Research Directions

First, the study only confirms the relevance of the visit process and results with unidirectional studies, but the decision-making process and results that did not join the consumer behavior model are mutually influential. Therefore, this study suggests that the researchers can make decisions in both directions and outcomes. The mutual influence process will be more conducive to explaining the behavior of Chinese medicine practitioners and consumers' understanding of Chinese medicine.

Second, this study adopts a questionnaire survey. If it can be partially supplemented by the interview method, the obtained data and research results will be more complete.

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