



**The Antecedent Factors Affecting Medical Tourists' Intention to Visit Thailand
for Medical Tourism:
A Focus on Myanmar Patients**

Tun Lin Aung

6617190039

**AN INDEPENDENT STUDY SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF BUSINESS ADMINISTRATION
GRADUATE SCHOOL OF BUSINESS
SIAM UNIVERSITY**

2026



**The Antecedent Factors Affecting Medical Tourists' Intention to Visit Thailand
for Medical Tourism:
A Focus on Myanmar Patients**

Tun Lin Aung

This Independent Study has been approved as a Partial Fulfillment of the Requirement for the
Degree of Master of Business Administration

Advisor.....

(Dr. Warangrat Nitiwanakul)

Date..... 6 August 2021

.....
(Associate Professor Dr. Jomphong Mongkhonvanit)

Dean, Graduate School of Business

Siam University, Bangkok, Thailand

Date..... 6 Aug 2021

Research Title: The Antecedent Factors Affecting Medical Tourists' Intention to Visit Thailand
for Medical Tourism: A Focus on Myanmar Patients

Researcher: Tun Lin Aung

Degree: Master of Business Administration

Advisor:

ABSTRACT

The medical tourism industry has developed rapidly in recent years, with Thailand developing as a main destination in Asia for many medical tourists. This study aimed to investigate the factors influencing Myanmar medical tourists' intention to travel to Thailand for the purpose of medical tourism. By reviewing insights from literature, perceived health risk, perceived service quality, perceived medical cost, social network influence, perceived information, perceived ease of travel, perceived subjective norm, and perceived behavioral control are identified as key factors and the relationships between these key factors and the behavior intention of Myanmar's medical tourists are examined.

This study adopted a quantitative research design. Data were collected from 386 Myanmar medical tourists who had previous experience in medical tourism by using a questionnaire and a convenience sampling method. Participants were chosen based on their willingness to take part in the study. The data were analyzed using SPSS software, where KMO and Bartlett's Sphericity tests were calculated and reliability, validity and correlation were analyzed. The results show that the intention to seek medical care in Thailand is positively influenced by social network influence, perceived ease of travel, perceived medical cost, and perceived service quality.

This study highlights the significant factors influencing Myanmar patients' intention for medical tourism in Thailand, which also contributes valuable insights for other academic studies. Healthcare providers and policy marketers can customize strategies to Myanmar medical tourists' preferences by analyzing these key factors influencing their intention to travel. Targeted improvements in the service quality, social media interaction, pricing, traveling and comfort can have a favorable impact on patient decisions and attract more medical tourists to Thailand.

Keywords: medical tourism, Myanmar patients, social influence, travel intention, Thailand

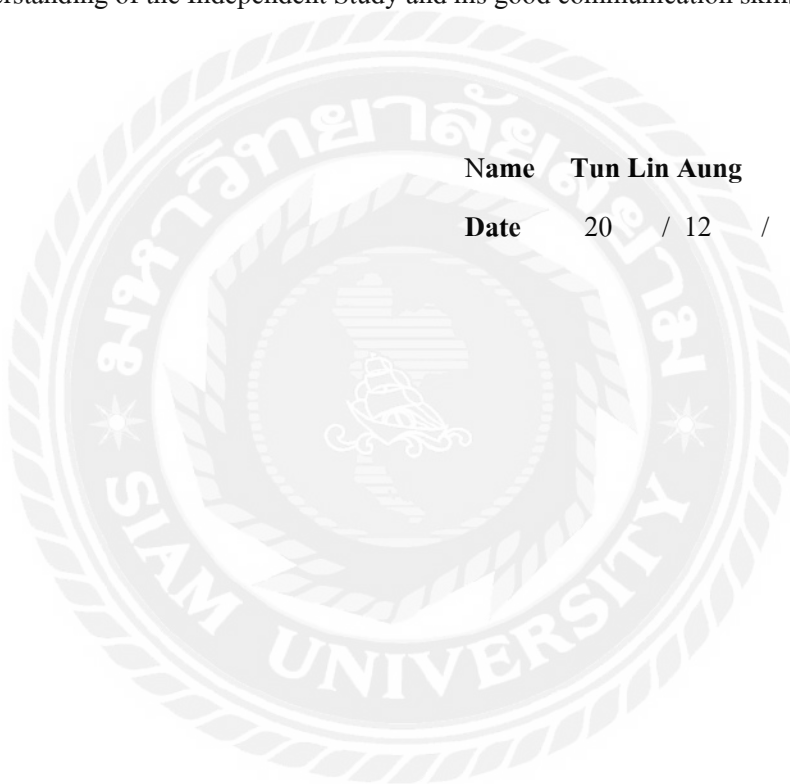
ACKNOWLEDGEMENT

I would like to express my gratitude to my advisor, Dr. Warangrat Nitiwanakul, for her invaluable guidance, support, and encouragement throughout my master's Independence Study.

Additionally, I'm grateful to Associate Prof. Dr. Jomphong Mongkhonvanit, Dean, Graduate School of Business, Siam University, Bangkok, Thailand for his thoughtful and caring supervision by means of his educational excellence. I am most grateful to him, especially for his deep understanding of the Independent Study and his good communication skills.

Name **Tun Lin Aung**

Date 20 / 12 / 2024

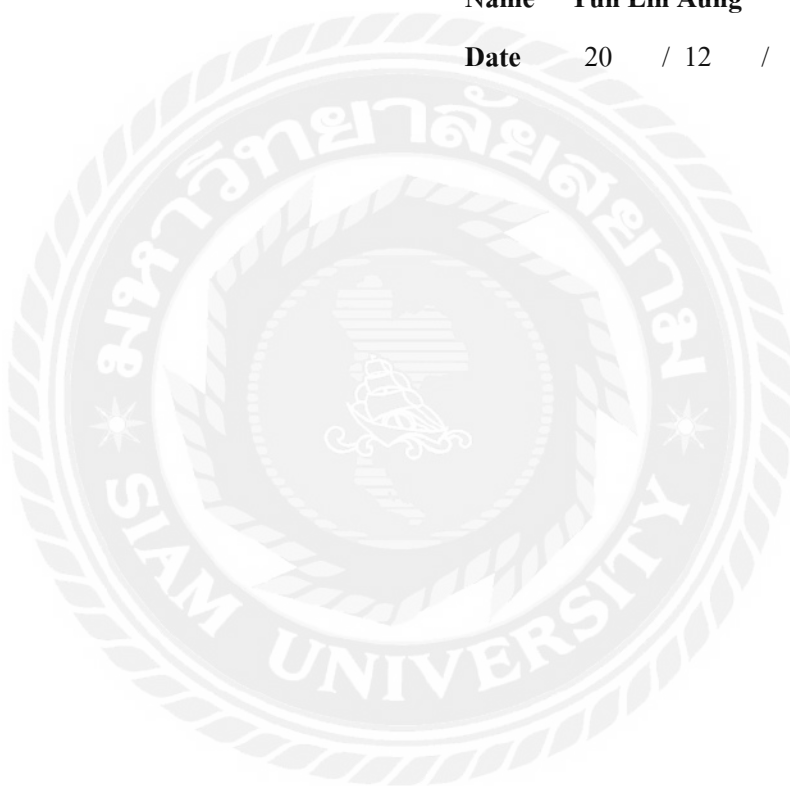


DECLARATION

I, Tun Lin Aung, hereby certify that the work embodied in this independent study entitled “The Antecedent Factors Affecting Medical Tourists’ Intention to Visit Thailand for Medical Tourism: A Focus on Myanmar Patients” is result of original research and has not been submitted for a higher degree to any other university or institution.

Name Tun Lin Aung

Date 20 / 12 / 2024

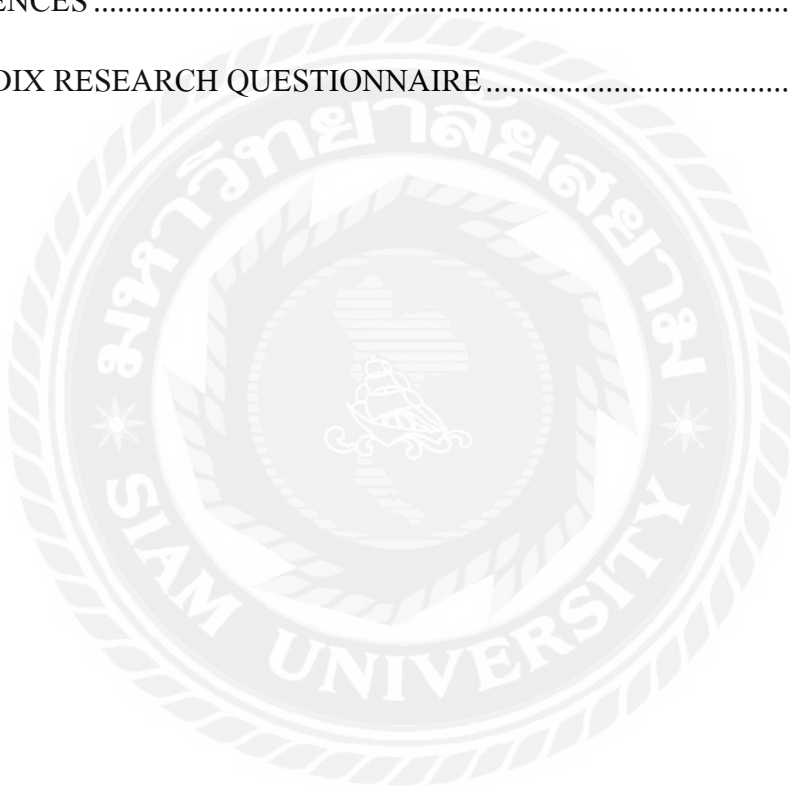


CONTENTS

ABSTRACT	I
ACKNOWLEDGEMENT	II
DECLARATION	III
CONTENTS	IV
LIST OF TABLES.....	VII
LIST OF FIGURES	VIII
CHAPTER 1 INTRODUCTION	1
1.1 Background of the Study	1
1.2 Problem of the Study	3
1.3 Objective of the Study	4
1.4 Significance of the Study	4
1.5 Scope of the Study	4
CHAPTER 2 LITERATURE REVIEW	6
2.1 Theoretical Foundation.....	6
2.1.1 Theory of Reasoned Action	6
2.1.2 Theory of Planned Behavior	7
2.2 Review of Variables.....	8
2.2.1 Perceived Health Risks and Behavioral Intention.....	8
2.2.2 Perceived Service Quality and Behavioral Intention	10
2.2.3 Perceived Medical Cost and Behavioral Intention	11
2.2.4 Social Network Influence and Behavioral Intention	13
2.2.5 Perceived Information and Behavioral Intention	14
2.2.6 Perceived Ease of Travel and Behavioral Intention	15

2.2.7 Perceived Subjective Norm and Behavioral Intention	16
2.2.8 Perceived Behavioral Control and Behavioral Intention.....	17
2.3 Research Framework	19
2.4 Hypotheses.....	19
CHAPTER 3 RESEARCH METHODOLOGY.....	21
3.1 Introduction.....	21
3.2 Research Design	21
3.3 Research Instrument	22
3.4 Population and Sampling Procedures.....	26
3.4.1 Target Population.....	26
3.4.2 Sampling Unit.....	26
3.4.3 Sample Size	26
3.4.4 Sampling Procedure: Convenience Sampling.....	27
3.5 Data Collection	27
3.6 Data Analysis.....	27
3.6.1 Reliability.....	27
3.6.2 Validity	26
3.6.3 Descriptive Statistics.....	32
3.6.4 Correlation Analysis	33
CHAPTER 4 FINDINGS.....	34
4.1 Introduction.....	34
4.2 Descriptive Statistical Analysis of Demographic Profile of Medical Tourists.....	34
4.3 Demographic Factors	34
4.4 Correlation Analysis	36
4.4 Hypothesis Test Results.....	38
CHAPTER 5 CONCLUSION AND RECOMMENDATION	40

5.1 Conclusion	40
5.1.1 Factors Influencing Behavioral Intetnion.....	40
5.1.2 Summary	43
5.2 Recommendation	43
5.3 Limitation and Direction for Future Research	46
5.4 Future Research	47
REFERENCES	48
APPENDIX RESEARCH QUESTIONNAIRE.....	55



LIST OF TABLES

Table 3.1 Questionnaire on Medical Tourist Intention to Visit Thailand	24
Table 3.2 Cronbach's Alpha Value for Dependent Variable & Independent Variables	28
Table 3.3 KMO and Bartlett's Spherical Tests of Perceived Health Risk	29
Table 3.4 KMO and Bartlett's Spherical Tests of Perceived Service Quality	29
Table 3.5 KMO and Bartlett's Spherical Tests of Perceived Medical Cost	30
Table 3.6 KMO and Bartlett's Spherical Tests of Social Network Influence	30
Table 3.7 KMO and Bartlett's Spherical Tests of Perceived Information	31
Table 3.8 KMO and Bartlett's Spherical Tests of Perceived Ease of Travel	31
Table 3.9 KMO and Bartlett's Spherical Tests of Perceived Subjective Norm	31
Table 3.10 KMO and Bartlett's Spherical Tests of Perceived Behavioral Control	32
Table 3.11 KMO and Bartlett's Spherical Tests of Behavioral Intention to Visit	32
Table 4.1 Demographic Characteristics of Sample	34
Table 4.2 Correlation between Variables and Behavioral Intention	37
Table 4.3 Results of Research Hypotheses Testing	38

LIST OF FIGURES

Figure 1. Conceptual Framework.....	19
Figure 2. Overview of Research design	22
Figure 3. Final Model	42



Chapter 1. Introduction

1.1 Background of the Study

Medical tourism, also known as health tourism, has seen a significant rise in popularity and rapid growth over the past few years. The concept and definition of medical tourism remain undefined precisely. The term “health tourism” and “wellness tourism” are widely used in many books and paper and it can be defined as the practice of traveling to another country to obtain healthcare treatments and wellness-related services (Smith & Puczko, 2008). This includes a wide range of treatment and services, including the most essential treatments, such as heart surgery and cancer treatment, elective surgeries, such as cosmetic surgery or dental care, and a wellness services, focused on the well-being of person. People frequently decide for medical tourism to get high-quality healthcare services at lower costs, or to receive advanced treatments that are not available in their home country, or to combine medical care with a vacation. Nowadays, the development of advanced medical technology, the rise of globalization, and the cost of the healthcare and treatments in developed countries has become the factors for contributing the rapid growth of medical tourism industry. Moreover, the health care issues in industrialized countries such as long waiting time at home country and the cost of the treatment also directly related to the growth of MT industry in less developed countries. For example, travelling to less developed country and received medical treatment of same procedure cost less about 60% to 80% than in US. (Liang et al., 2019). In 2013, approximately 14% of global tourism is driven by medical tourism industry and it has estimated that 436 billion USD was earned. (199IT Data Center, 2014). Health tourism industry is very important channel to create jobs, increase international income and develop the tourism industry.

There are two types of medical tourism into Thailand; (1) from developed countries such as Australia, Japan, and the UK, US where high-quality medical services are expensive and are not readily accessible, (2) from developing countries in Southeast Asia such as Cambodia, Myanmar, and Bangladesh and highly-income Middle East countries such as Saudi Arabia, the United Arab Emirates, where availability to advanced medical care remains limited (Cohen, 2008). This research aims to explore the dynamic behavior and intention of medical tourists mainly from developing countries, and the factors contributing to attractiveness to medical tourists. Through a

comprehensive survey and analysis, this study highlights the medical tourists' intention to visit to Thailand.

Understanding the intention of medical tourists to visit Thailand for medical tourism is very important. There are many factors such as the perceived quality of medical care, cost considerations, availability of specialized treatments, and the overall experience of visiting the destination can influence the medical tourists' intention in deciding the destination. Their intentions in medical tourism have mostly been studied using a wider perspective, with a strong focus on the Theory of Planned Behavior (TPB) as the main framework. For example, studies on Japanese medical tourists by Lee et al. (2012) indicated that attitude, subjective norm and perceived behavioral control are the main predictors for the decision making. In the study of Wang (2012), it indicates that perceived values, especially perceived medical quality, service quality, and enjoyment, are the key factors for prediction for travel abroad for medical health. Other perceived values such as customer satisfaction, cost of the treatment and trust in the hospitals and medical care providers also have significant associations affecting for decision making for destination and intention to revisit the country (Han & Hyun, 2015).

Moreover, tourist attraction has also a positive relation and is an important factor for intention to visit medical tourism (Chang et al., 2016). The effect of electronic word of mouth (eWOM), such as online reviews and recommendations, is also directly affecting the intention to visit. In the study of Abubakar and Ilkan (2016), they discovered that higher income makes eWOM more influential on people's intentions to travel but less influential on trust-intention relationships.

According to Kazemi (2008), the choice of medical tourism destination is influenced by the following key factors:

- **Government:** To implement effective policies and strategic planning by government to promote medical tourism activities.
- **Health Care Center:** To provide high-quality and advanced medical services.
- **Cross-Organizational Cooperation:** Effective communication and collaboration among the public and private hospitals, government agencies, and third-party agencies such as travel agents.
- **Cost of Medical Services:** Medical tourists tend to consider cost when deciding destination

- **Marketing and Promotion:** Global awareness activities of the medical services offered and promotional campaigns to attract medical tourists.
- **Geography:** The destination's natural landscape.
- **Safety and Security:** Providing the safety for both personal and financial security for medical tourists.
- **Cultural and Religion:** The availability of wide variety of food and the destination's status as an Islamic state for Muslim tourists.
- **Medical Tourism Experience:** The overall experience, including pre- and post-treatment interactions between medical tourists and service providers (specialists, hospitals, government, and travel agents).

When deciding on the medical tourism destination, medical tourists usually consider two main factors, the money (cost) that they must spend and the performance (benefit) that they will gain. In the study of Seow et al. (2017) they found that perceived risks and benefits influence tourists' intentions to select the medical tourist destination by using the Theory of Planned Behavior (TPB). However, they also noticed that perceived behavioral control did not predict the intention to select destination, leading to a disconnection in their study. In essence, they noticed that the risks and benefits affect the decision making, but perceived control over the behavior intention doesn't affect in predicting medical tourists' intentions. However, this study explores the influence of perceived risks and benefits as well as the perceived behavioral control on the intention of visit to Thailand for medical tourism.

1.2 Problem of the Study

Despite the growing popularity of medical tourism in Thailand, there is a limited understanding of the key factors influencing medical tourists' intentions to choose Thailand as a medical tourism destination. There is a need to explore how perceived risks, perceived benefits, and perceived behavioral control affect these intentions. Furthermore, medical tourism activities in Thailand have no clear guidelines yet. This lack of competitive strategies has an impact on government agencies and businesses in attracting international medical tourists and thus has indirect consequences like hindering growth and even long-term sustainability. Addressing these issues is

important for developing strategic plans and long-term goals that can position Thailand as a top medical tourism destination.

1.3 Objective of the Study

The purpose of this study is to explore the dynamic intention and behaviors of the medical tourists from Myanmar in choosing Thailand for medical tourism.

1. To assess the influence of key drivers of perceived health risk, perceived service quality, perceived medical cost, social network influence, perceived information, perceived ease of travel, perceived subjective norm, and perceived behavioral control on medical tourist intention to visit medical tourism destinations.

2. To provide guidelines of competitive strategy for contributing to the attractiveness of medical tourism.

1.4 Significance of the Study

The study aims to explore the key drivers influencing Myanmar medical tourist intention to visit Thailand for medical tourism focusing on perceived health risk, perceived service quality, perceived medical cost, social network influence, perceived information, perceived ease of travel, perceived subjective norm, and perceived behavioral control. By clearly understanding these factors, government and business entities can formulate more effective strategies to attract not only just medical tourists from Myanmar, but also international tourists and to maintain them as loyal customers. Furthermore, in the academic field, this study provides empirical data on medical tourists' intentions, providing a foundation for future study.

1.5 Scope of the Study

In this research, the different factors affecting Myanmar medical tourists' intention to choose Thailand for medical tourism destination were examined in detail. By implementing a quantitative analysis method and conducting a questionnaire survey targeting Myanmar medical tourists who have either visited or are considering visiting Thailand for medical purposes, key factors in the areas of medical service quality, cost-effectiveness, accessibility, customer satisfaction, and tourism attractions were explored in detail. The research also analyzed how the

healthcare sector, cultural and language barrier, and marketing and promotion strategies influenced medical tourists' intention. By focusing on Myanmar medical tourists' intention, this study aimed to provide a comprehensive understanding of travelers' preferences and in decision-making process choosing medical tourism in Thailand.



Chapter 2 Literature Review

2.1 Theoretical Foundation

2.1.1 Theory of Reasoned Action

The Theory of Reasoned Action (TRA), a psychological theory, which was developed around the late 1960s by Martin Fishbein and Icek Ajzen, is one of the best theories in exploring the relationship between behaviors and attitudes of human actions. The theory assumes that humans make rational decisions by thinking first about the possible outcome and effect of their actions before deciding to do something (Ajzen & Fishbein, 1980). Moreover, the theory also mentions that human behavior is directly influenced by their intention to carry out the action. This intention is also influenced by two main important factors: their attitude and the subjective norm. Their attitude is how humans think about something, including feelings and opinions. And the subjective norms are how much human's feelings are influenced by what others might think and the pressure they received from social expectations.

However, when applying Theory of Reasoned Action (TRA) to explore the intention of medical tourists to choose medical destinations, there are some limitations that can't be used to predict their behaviors. TRA is limited in predicting travel behaviors of medical tourists with chronic illnesses or disabilities, and individuals who have environmental issues, financial problems, and travel restrictions. Additionally, TRA only focuses on making simple decision-making process, but when deciding more complex decision such as travelling abroad for medical treatment, medical tourists also need to consider several factors such as researching hospitals, arranging travels, and dealing with legal and ethical issues. Since TRA does not fully capture this complexity, Ajzen expended the theory and developed the Theory of Planned Behavior (TPB) to address these gaps. Perceived behavioral control simply means a person's belief about how much control they have over their actions in a specific situation.

Understanding the behavior of medical tourists is important because it helps explain how confident they feel about various factors like their finances, health issues, travel plans, and cultural differences when going abroad for treatment (Khan et al., 2017). Ajzen (1991) also stated that in different settings and contexts, the attitudes, the subjective norm and perceived behaviors control can vary. To better understand the intention of medical tourists, it is important to explore the

relationship between attitude, subjective norm, and perceived behavioral control by using TBP. This theoretical framework not only demonstrates how potential medical tourists make decisions but also emphasizes the need for more research into these factors.

2.1.2 Theory of Planned Behavior

The concept of behavioral intention for decision making process, based on the Theory of Planned Behavior (TPB), has been widely studied as a predictor of actual behavior. According to Ajzen (1991), behavioral intention is influenced by three main components: attitude toward behavior, subjective norms, and perceived behavioral control. And these three factors have been widely applied in various studies, including in the medical tourism industry, to understand how medical tourists decide to seek healthcare services abroad.

In the field of medical tourism, behavioral intention is a key factor of whether potential medical tourists will engage in medical travel or not. It not only reflects the likelihood of individuals following through with their intentions but also helps researchers and practitioners understand the underlying motivations and influences that shape those intentions. Studies have shown that both internal and external factors significantly impact behavioral intention. Internal factors may include an individual's financial stability, health condition, and personal attitudes toward foreign healthcare, while external factors often involve travel factors, access to information, social influences, and cultural or language differences (Connell, 2006).

In this study, behavioral intention serves as the primary dependent variable, aiming to understand and predict whether Myanmar medical tourists will choose Thailand as a medical tourism destination. In the study of (Han & Hyun, 2015), they found that medical tourists who believe in the high quality of medical services abroad are more willing to seek treatment in foreign countries. And on the other hand, when medical tourists are concerned about the quality of care and potential risks in an unfamiliar healthcare environment, their behavior intention might change. (Lunt et al., 2014). However, for medical tourists from Myanmar, decisions are primarily impact by factors such as affordability and availability of essential health-care services, rather than by advanced technologies like robotic surgery, AI diagnostics or leisure activities included medical packages. Understanding the behavioral intention of lower-income-demographics medical tourists is important, as it provides valuable insights into the decision-making processes of these patients. This

knowledge can inform strategies for healthcare providers aiming to attract not only Myanmar medical tourists but also international. It also allows us to understand a more targeted approach in promoting the attractiveness of medical tourism destinations like Thailand to Myanmar medical tourists.

2.2 Review of Variables

2.2.1 Perceived Health Risk and Behavioral Intention

Risk and uncertainty are widely recognized as key factors influencing tourists' decision-making, particularly in the field of medical tourism, where the lack of standardized practices increases concerns about the various risks patients may face abroad. These risks can arise at all stages of the medical tourism process, before departure, during medical procedures, and in the post-treatment stage. There are mainly three different types of perceived risks, including health risks, financial risks, and travel-related uncertainties. Health risks are a major concern, and it involves the fear of complications or substandard medical care that may arise from receiving treatment. Financial risks, such as unexpected medical costs and travel costs, are a major concern for medical tourists. Medical tourists often face travel-related uncertainties such as challenges when organizing their trips, including difficulties with booking travel and accommodation. There's also the risk of encountering language barriers or cultural differences. These perceived risks significantly influence the decision-making process for potential medical tourists, often acting as barriers to seek healthcare abroad (Han & Hwang, 2013).

In previous studies, perceived risk has been defined as an undesirable outcome and uncertainty, and both of which have a negative impact on customer's intention. For example, Kim et al. (2008) defined perceived risk as the belief in the possibility of having a negative result from medical treatment and as "a function of uncertainty", because its consequence might be perceived by medical tourists differently. Therefore, in this study, perceived risk can be defined as the possible negative consequences and uncertainties that a medical tourist might occur when deciding for medical tourism.

In the study of Forsythe et al. (2006), they reviewed the product performance risks as a major concern associated with online shopping. Similarly, medical tourists are concerned about the performance of surgical procedures, as some usually lack prior experience for medical tourism.

Some medical tourists may experience a psychological risk due to concerns that their local doctors might refuse to treat them for any complications arising from surgeries performed abroad. Additionally, there are other types of risks including terrorism and political instability, physical damage, and time-related risks.

Many studies have confirmed that the decision of medical tourists is influenced more by their perception of risk rather than the actual risks associated with traveling to specific destinations. Perceived health risk is a main concern for medical tourists when deciding whether to travel abroad for medical procedures, and we can assume that perceived health risk is an inhibitor for intention to visit. Health risks related to medical tourism can be classified into 5 groups: (1) risks related to health at the destination, (2) risks related to long distance travel, (3) destination related risks, (4) medico-legal risks, and (5) pre-operative and recovery risks. Many medical procedures and treatments can create risks to the health and safety of medical tourists. As a result, medical tourists tend to choose and travel to safe destinations only, and perceived health risk can have an impact on travel decisions.

Destination-related risks, such as the political and economic stability of the country, are significant concerns for medical tourists. These factors can impact negatively on their safety and security. There can also be challenges due to language barriers, which might lead to misunderstandings with healthcare providers and delay in receiving treatment. (Wahed, 2015). Medico-legal risks are also a significant concern for them as medical regulations and standards are not the same in different countries and in different cultures. It can lead to complex legal complications and can lead to a negative impact on decision-making. Additionally, there is often uncertainty regarding patient rights and the ability to seek solutions in cases of medical malpractice, which also further complicates the medico-legal issues for medical tourists. (Wahed, 2015).

Perceived risk significantly influences the intentions of medical tourists, often preventing potential patients from seeking medical treatment abroad despite cost effectiveness, shorter waiting times, and quality health care standards. Studies have demonstrated that higher perceived risk reduces the intention of medical tourists to travel for medical procedures. Therefore, it is hypothesized that

H1: High perceived health risk has a negative impact on the behavioral intention to visit Thailand for medical tourism.

2.2.2 Perceived Service Quality and Behavioral Intention

Perceived service quality is a major factor for many medical tourists in the decision-making process, especially for those coming from countries with lower quality of healthcare services. Studies have shown that these medical tourists decide to travel to countries that provide higher service standards and patient experiences (Veerasoontorn et al., 2011).

High service quality in medical tourism is defined by factors such as the availability of professional and careful healthcare staff, state-of-the-art medical facilities, and a comprehensive patient experience. The provision of such high-quality service has the potential to attract medical tourists from worldwide. Medical tourists from lower-service-quality countries are primarily motivated by the expectation of receiving premium-service-quality abroad. They usually tend to seek countries providing advanced medical treatments and high-quality care, which may be unavailable in their home countries (Chou et al., 2012).

Recent studies have also shown that medical tourists from lower-service-quality countries usually travel to countries with better overall healthcare. This includes friendly and careful healthcare providers, premium customer services, and accurate medical procedures. For example, (Amissah et al., 2022) found that medical tourists from countries with underdeveloped healthcare services are mostly influenced by the reputation of higher service quality in destination countries. In their study, Kim and Lee (2023) found that medical tourists from lower-service-quality countries often prioritize receiving personalized health care services, choosing destinations that provide personalized patient support and follow-up care. Research done by (Aljumah et al., 2020) found that patient satisfaction plays crucial role for medical tourist and those who experienced high-quality of post-treatment care are more likely to seek treatments in countries with good quality of post-treatment care. Moreover, positive experiences with a high service standard can not only increase in patient satisfaction, but also loyalty, as well as the chance of recommending the destination to others (Joshi & Sebastian, 2022). This was also found in the study of (Farrukh et al., 2020), where medical tourists who received high-quality service are more likely to share positive feedback with others and are more likely to return for future treatments.

For medical tourists traveling from countries with lower-service-quality, the perceived quality of services is a major factor in the decision-making process. The higher quality of medical

services increases the choice of medical tourism destinations and has a positive influence on their overall satisfaction and future intentions. Therefore, it is hypothesized that

H2: High perceived service quality has a positive impact on the behavioral intention to visit Thailand for medical tourism.

2.2.3 Perceived Medical Cost and Behavioral Intention

In medical tourism, perceived benefits refer to the advantages that patients expect to gain from seeking treatment abroad. One of the most significant benefits is cost-effectiveness with better quality healthcare. Patients from lower-income countries often travel to more developed destinations where healthcare standards are higher, even if the costs are also somewhat higher than at home. The availability of specialized treatments and advanced medical technologies at an affordable price can influence medical tourists' intention. These perceived benefits can promote the attractiveness of medical tourism and encourage patients to think about the possibility of medical treatments in other countries (Connell, 2013).

The quality and customer services of the medical hotel can also influence the medical tourist's decision in deciding the destination or medical service. In the studies of Han and Hwang (2013), they examined the perceived benefits of a medical hotel at multiple dimensions by comparing international traveler from China, Japan, and Korea. They concluded that perceived benefit of medical hotels is a key driver for predicting travelers' behavioral intentions regarding medical services. Previous studies have defined the perceived benefits differently in various definitions and dimensions. For example, Forsythe et al. (2006) discovered the four keys perceived benefits of online shopping content: convenience, availability, ease of use, and enjoyment. These perceived benefits can be also applied to the medical tourism industry. Medical tourists seek overseas medical treatments for convenience (e.g., saving time), availability (e.g., access to organs or high-tech facilities), ease of use (e.g., scheduling procedures), and enjoyment (e.g., receiving better service and having a more positive overall experience).

Perceived medical cost is a major factor for medical tourists, especially from low-income countries, when seeking treatment abroad. In many previous studies, the influence of perceived medical cost on the intention to travel for medical tourism has been thoroughly researched. And it has been proved that perceived cost savings is a primary motivator for patients considering medical

tourism. For many medical tourists from Southeast Asia (SEA) countries, Thailand is a leading destination for medical tourism, due to its high-quality healthcare at an affordable price. Hospitals in Thailand provide a wide range of medical procedures at lower price compared to the hospitals from Western countries. For example, a heart bypass surgery in Thailand can cost approximately \$15,000 to \$25,000, whereas the same procedure in the United States could cost over \$120,000 (Lunt & Carrera, 2010). The health system in Thailand is recognized for its higher standards, with many international hospitals being accredited by the Joint Commission International (JCI) (Connell, 2006). This accreditation helps to ensure the quality and safety of medical care, which is a crucial factor for attracting international patients. Research indicates that medical tourists are attracted to Thailand not just because of the costs but also because they believe that they are receiving high-quality care and comprehensive services (Veerasoontorn et al., 2011). This perceived high value at a low cost promotes the attractiveness of Thailand as a medical tourism destination.

The transparency of medical costs is another factor that influences the choice of destinations for medical tourists. Clear and simple pricing in medical treatment cost can build the trust of medical tourists and encourage their decision-making process (Lee & Kwan, 2022). Most medical tourists who believe that there are no hidden fees or unexpected extra costs are more likely to consider medical tourism. Additionally, the balance between cost and quality plays a crucial role in their decision-making.

Medical tourists generally believe that paying less doesn't mean getting lower health and service quality. In fact, many are attracted to medical tourism because they expect to receive high quality treatment at a fraction of the cost they would pay at home. Research indicates that the anticipation of high standards of medical services at lower costs promotes the intention to travel for medical tourism (Veerasoontorn et al., 2011). Additionally, medical tourists do not only think of primary medical costs but other related costs such as travel, hotel, and aftercare costs. In conclusion, perceived medical cost plays a major role in choosing where to go for medical treatment. Several factors like cost savings, value for money, cost transparency, and the balance between cost and quality all positively influence medical tourists' intention for medical tourism.

Therefore, it is hypothesized that

H3: High perceived medical cost has a positive impact on the behavioral intention to visit Thailand for medical tourism.

2.2.4 Social Network Influence and Behavioral Intention

Social networks play a crucial role and have become one of the major factors in how medical tourists choose where to go for medical treatment abroad. In the past, medical tourists primarily relied on recommendations from family, friends, or their local doctors when considering medical treatment overseas. Today, online social networks have heavily expanded this influence, and some medical tourists explore Facebook groups, online forums, and review websites to research their options. Recent studies have recognized this shift and are paying more attention to how social networks, both traditional and digital, impact medical tourism choices.

There are several ways that social networks can influence medical tourists' decisions. The personal recommendations of friends and relatives can have the highest impact on the decision-making process. As medical tourists are more likely to trust experiences shared by people they know, these recommendations can strongly affect their perception of different medical tourism destinations (Han & Hyun, 2015). And these personal recommendations can provide also reassurance about the doubts on the quality of healthcare as well as on the overall experience, making it a powerful factor in decision-making.

The feedback or recommendation from online sources also impacts the intention of medical tourists. By reviewing online patient feedback, medical tourists can access various experiences and opinions shared by other patients. This information is important in accessing healthcare providers' experience and can help medical tourists make informed decisions based on the shared experiences of others. Research has shown that positive reviews and testimonials on social media can improve the perceived credibility and attractiveness of a medical destination (Yu & Ko, 2012). For example, patient testimonials and before-and-after photos from social media like Facebook and Instagram can influence medical tourists' perceptions (John et al., 2018). Studies also indicate that the nature of interactions within online communities related to medical tourism can affect medical tourists' choices. For example, discussions in specialized medical tourism groups can provide helpful information and can create a supportive environment for medical tourists (Medical Tourism Magazine, 2024). Social media influencers and bloggers who specialize in medical tourism are key drivers in promoting the destination for medical tourism. Influencers who share detailed medical tourism experiences, including information about healthcare providers and destinations, can build

the trust of medical tourists and guide medical tourists' choices. Their detailed reviews can create a positive image of destination and encourage medical tourists to consider it for their own treatments.

Social networks, both traditional and digital, play a crucial role in influencing the intention of choosing a medical tourism destination. The impact of personal recommendations, online reviews, community discussions, and influencer endorsements all contribute to how potential medical tourists perceive and select their destinations. Therefore, it is hypothesized that

H4: Social network influence has a positive impact on the behavioral intention to visit Thailand for medical tourism.

2.2.5 Perceived Information and Behavioral Intention

Perceived information in medical tourism can be defined as how medical tourists understand and interpret the information they receive. It is one of the key factors for medical tourists in deciding on destinations. The quality of detailed information about medical services offered in the destination country greatly impacts the intention of medical tourists. When deciding for health-related services, most medical tourists usually rely on detailed, clear and transparent information about the available services, treatment options, and the cost of the treatment. Accurate and detailed information can build trust and reduce uncertainty, and can promote attractiveness of medical tourism (Moslehifar et al., 2016). Moreover, the perceived credibility of the source providing information is crucial. Information from reputable and trusted sources, such as accredited medical institutions, well-known healthcare professionals, and verified patient testimonials, is generally perceived as more reliable. Research has shown that information from credible sources build trust (Lo & Yao, 2019) and can positively influence the decision-making process. In contrast, incomplete information or insufficient confusing information may lead to uncertainty and hesitation in decision making. If potential medical tourists can't find clear answers to their questions, they're likely to look elsewhere.

The presentation of information also influences its perceived value, particularly for medical tourists who are looking for high quality health-related services abroad. Information that is clear, well-organized, and easily accessible is more likely to be viewed by medical tourists. Digital platforms such as websites, mobile applications, and social media are widely sharing this kind of information. Studies have demonstrated that user-friendly digital platforms that provide easy access

information can improve user satisfaction and influence medical tourist destination choice (Kalankesh et al., 2020). For example, websites with detailed FAQs, virtual tours, and patient reviews can provide a clear and detailed view of the medical services available, thereby assisting in making decisions. Additionally, the information available on these platforms also shapes how patients view the quality of medical services. Information that highlights positive patient outcomes, advanced medical technologies, and successful case studies contributes to a positive perception of the destination.

Perceived information, including the accuracy of details, credibility of the sources, and how it is presented, all affect medical tourists' intention positively to choose the destination. The ability to access high-quality, reliable information significantly influences the choice of medical tourism destinations. Therefore, it is hypothesized that

H5: Perceived information has a positive impact on the behavioral intention to visit Thailand for Medical Tourism.

2.2.6 Perceived Ease of Travel and Behavioral Intention

Perceived ease of travel is also one of the major key drivers influencing the decision-making of medical tourists and their behavioral intention. The availability of direct flights and overall air connectivity between home country and destination plays a crucial role in their decision-making process. Having direct flights from the home country to the destination country can reduce travel time and simplify the journey for medical tourists. This travel convenience makes the destination more attractive for medical tourism. Research indicates that easy access to direct flights positively contributes to the intention of traveling. (Davtyan et al., 2024). And in their study, easy visa policies and minimal entry requirements also contribute to a positive travel experience for medical tourists. Moreover, the local transportation and various accommodation options also affect the intention of traveling. Medical tourists are more likely to visit a destination offering a wide range of accommodation options, from luxurious hotels to budget-friendly choices, suitable for various needs and preferences. Additionally, efficient local transportation, such as taxis, public transportation, and hospital shuttle services, improves accessibility and convenience for medical tourists traveling within the country. Customers services which are personalized for medical tourists, such as medical travel agencies, concierge, and multilingual staffs, are also important. These services assist medical

tourists with travel, accommodation and medical appointment arrangements, reducing unnecessary stress, and ensuring a smoother experience. Access to these services can improve the overall perception of travel ease and can contribute to positive patient experiences.

Perceived ease of travel such as direct flight, easy visa policy, minimal entry requirement, reliable transportation and suitable accommodation options all contributes to a more comfortable and efficient travel experience. Positive perceptions of these elements can promote the attractiveness of medical tourism destinations and facilitate the decision-making process for medical tourists seeking medical care. Therefore, it is hypothesized that

H6: Perceived ease of travel has a positive impact on the behavioral intention to visit Thailand for medical tourism.

2.2.7 Perceived Subjective Norm and Behavioral Intention

Perceived subjective norms refer to an individual's perception of social pressure to perform or avoid a specific behavior (Ajzen, 1991). It reflects the individual's belief about whether significant others approve or disapprove of the behavior. In the field of medical tourism, such norms reflect the influence of family, friends, and community attitudes on the intention of seeking medical treatment abroad.

Recommendations from family and close friends are the most important factors in shaping subjective norms of potential medical tourists. Positive experiences shared by relatives or trusted friends who have received successful medical care in designated countries can enhance the acceptable option for medical tourism. (Khan et al., 2016). The approval or disapproval of family and friends can significantly affect potential medical tourists' decision to pursue medical tourism. Additionally, community beliefs and cultural attitudes (Assenov & Sonpiam, 2015) also contribute in shaping subjective norms of medical tourists. If a community generally believes in seeking high-quality medical care overseas, individuals may be more likely to consider medical tourism for their own medical needs. Recommendations from friends and family, community narratives, and cultural attitudes towards medical tourism can consequently change medical tourist' decisions and influence their behavioral intentions.

The impact of social media and influencers further determines perceived subjective norms. Online forums and social media platforms can extend community beliefs and expose medical

tourists to a wider range of opinions about medical tourism destinations (John et al., 2018). For instance, positive reviews and shared experiences from other verified medical tourists who have received treatment abroad can normalize the idea of medical tourism as both desirable and attractive. Reviewing and watching these positive experiences shared online can make potential medical tourists think that choosing medical tourism is the right thing to do, as it aligns with what others are doing.

Perceived social norms, such as family expectations, community beliefs, and online influences, significantly impact the behavioral intention of medical tourists considering destination. These norms determine how individuals perceive the attractiveness of medical travel and influence their decision to seek medical care abroad. Therefore, it is hypothesized that

H7: Perceived subjective norm has a positive impact on the behavioral intention to visit Thailand for medical tourism.

2.2.8 Perceived Behavioral Control and Behavioral Intention

Perceived behavioral control (PBC) is a psychological construct referring to an individual's belief in their ability to successfully perform a specific behavior. It is a key component of the Theory of Planned Behavior (TPB) which works alongside attitudes and subjective norms to influence behavioral intentions. In this study, perceived behavioral control refers to the individual's belief in their ability to successfully engage in medical tourism. This includes financial stability, availability of support services, and cultural and language proficiency.

Financial stability is key driver, as medical tourists need to feel confident in their ability to afford the treatment and associated travel expenses. Medical tourists who are considering medical tourism often think about the cost of the trip, including medical expenses, travel, and accommodation. (Sun, 2018). If they believe they can afford it, or if they have access to financial help like loans or insurance, they are more likely to consider their medical treatment. This financial capability enhances perceived behavioral control, as medical tourists feel more confident and in control of their decision. Financial stability can strongly influence the behavioral intention of medical tourists, making them more inclined to follow through with their plans for treatment.

The availability of support services such as concierge, interpreter, and emotional support services also influences the intention of medical tourists. Research indicates that concierge

assistance such as travel arrangements and accommodation reduces anxiety of medical tourists and enhancing perceived behavioral control and encouraging medical tourists to pursue medical care abroad (Zhao, 2018). Additionally, having support with language and cultural differences can improve communication with healthcare providers, making the experience more comfortable for medical tourists (Mason, 2023). Furthermore, emotional support services, such as counseling, can boost confidence in the decision to seek treatment abroad (Kingsbury et al., 2012). Overall, comprehensive support systems significantly impact the decision-making process, fostering positive behavioral intentions toward medical tourism.

Perceived behavioral control, encompassing financial resources, concierge arrangements, and emotional support, significantly increases the confidence of medical tourists and thereby positively influence the behavioral intention of medical tourists to choose a destination. Therefore, it is hypothesized that

H8: Perceived behavioral control has a positive impact on the behavioral intention to visit Thailand for medical tourism.

2.3 Research Framework

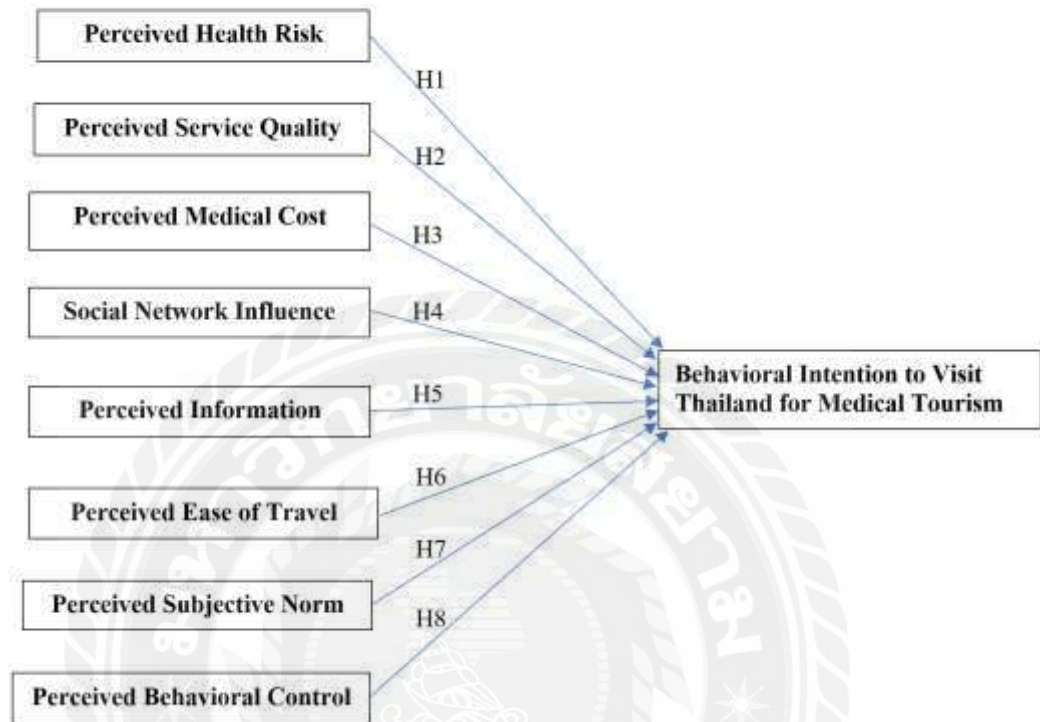


Figure 1. Conceptual Framework

Developed from Wong, Dai Di and Isa, Siti Suriawati and Bidin, Sheena and Kassim, Roslan (2022)

2.4 Hypotheses

H1: High perceived health risk has a negative impact on the behavioral intention to visit Thailand for medical tourism.

H2: High perceived service quality has a positive impact on the behavioral intention to visit Thailand for medical tourism.

H3: High perceived medical cost has a positive impact on the behavioral intention to visit Thailand for medical tourism.

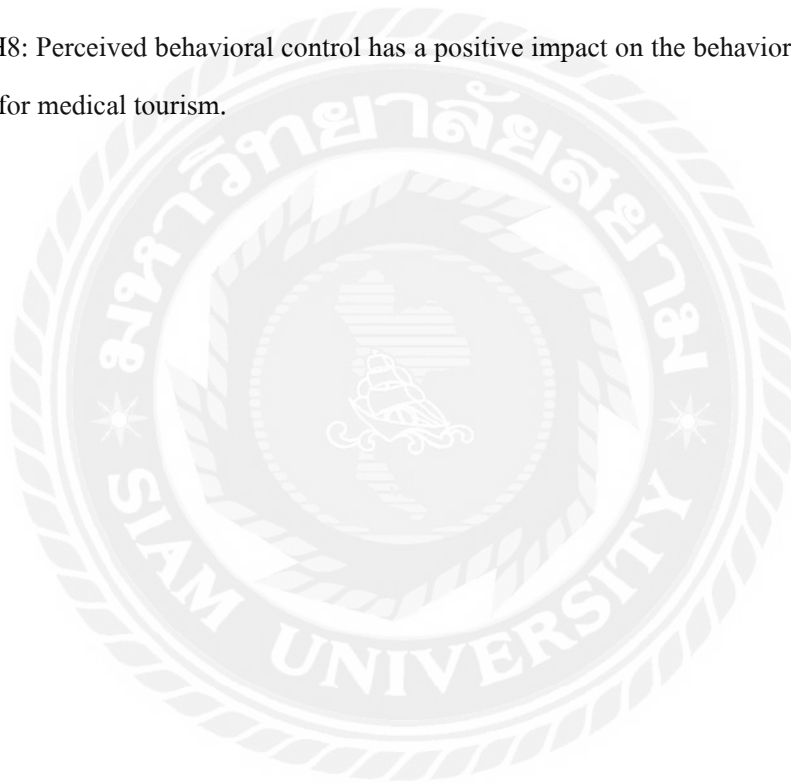
H4: Social network influence has a positive impact on the behavioral intention to visit Thailand for medical tourism.

H5: Perceived information has a positive impact on the behavioral intention to visit Thailand for Medical Tourism.

H6: Perceived ease of travel has a positive impact on the behavioral intention to visit Thailand for medical tourism.

H7: Perceived subjective norm has a positive impact on the behavioral intention to visit Thailand for medical tourism.

H8: Perceived behavioral control has a positive impact on the behavioral intention to visit Thailand for medical tourism.



Chapter 3 Research Methodology

3.1 Introduction

This chapter explains the research methodology used to investigate the factors influencing the intention of medical tourists from Myanmar for medical tourism in Thailand. It also explains how the research design, population, and sampling procedures, research instruments, data collection methods, and data analysis techniques were used. It also points out the reliability and validity of the research instruments employed.

3.2 Research Design

The study adopted a quantitative research design, using a structured questionnaire to collect data from respondents. The research design was descriptive and correlational, aiming to identify the relationship between the independent variables, Perceived Health Risk, Perceived Medical Cost, Perceived Service Quality, Social Network Influence, Perceived Information, Perceived Ease of Travel, Perceived Subjective Norm, Perceived Behavioral Control, and the dependent variables, Behavioral Intention to visit Thailand for Medical Tourism.

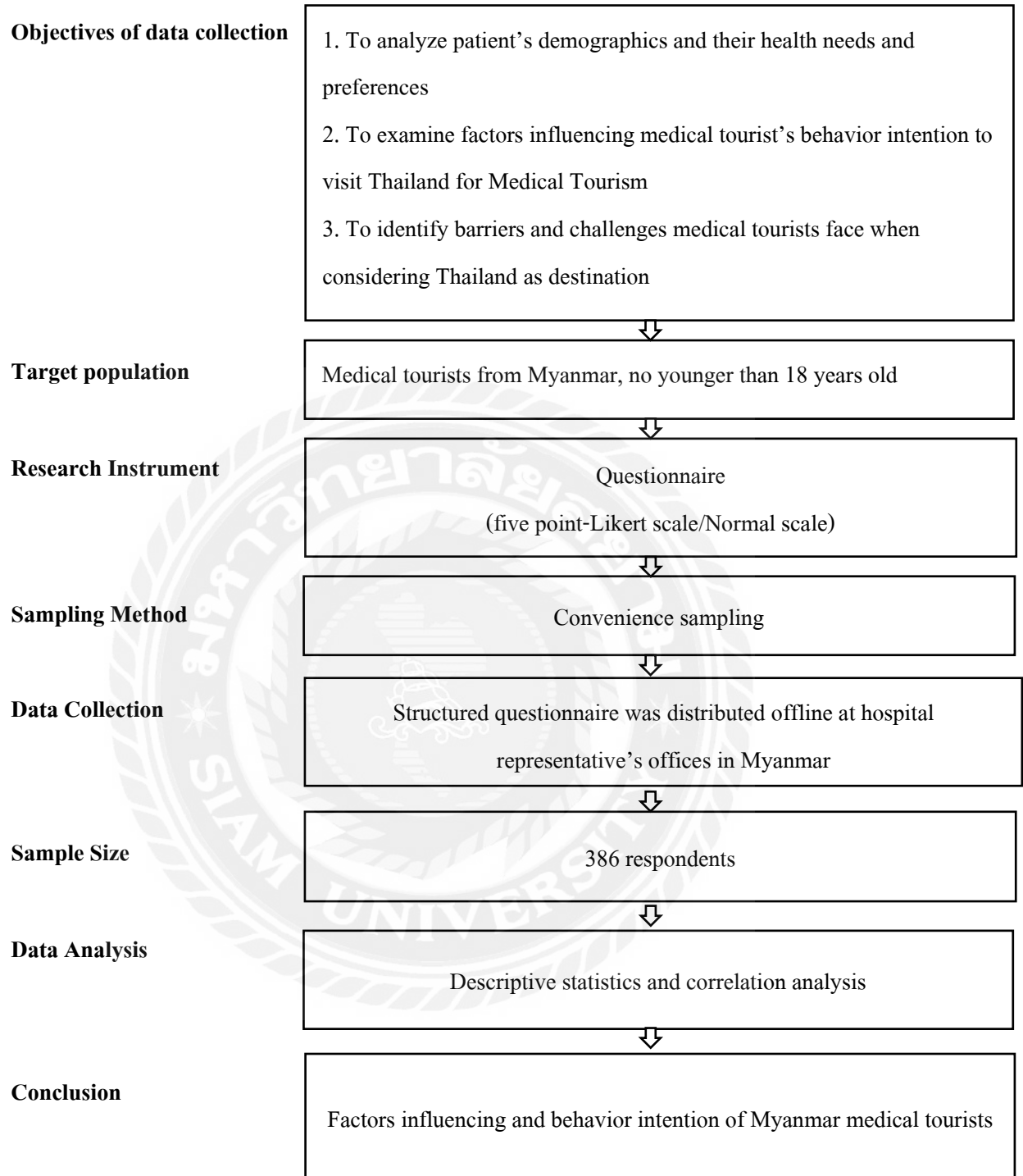


Figure 2. Overview of Research design

3.3 Research Instrument

The research instrument targeted Myanmar medical tourists. A questionnaire was carefully developed in collaboration with medical correspondents and medical tourism agents from Myanmar to ensure cultural and contextual relevance. The initial version was tested with these agents and some Myanmar medical tourists, and based on their feedback, some minor revisions were made to improve the clarity and intention of the questions. This process ensured that the questionnaire was well-suited to examine the intention of Myanmar medical tourists. The final questionnaire was distributed through social media platforms to reach potential respondents. It was provided in English language.

The questionnaire is structured into three main sections:

Part 1: Demographic Information. This section gathers essential demographic data from the respondents, including age, gender, income level, education, and prior experience with medical tourism. The demographic data can analyze the diversity of the respondent pool.

Part 2: Factors Influencing the Intention to Visit Thailand for Medical Tourism. This section focuses on the factors that influence Myanmar medical tourists' intention to visit foreign destinations for medical care. The independent variables are Perceived Health Risk, Perceived Service Quality, Perceived Medical Cost, Social Network Influence, Perceived Information, Perceived Ease of Travel, Perceived Subjective Norm, and Perceived Behavioral Control. The dependent variable is Behavioral Intention to visit medical tourism destinations, which measures the likelihood of the respondents choosing to engage in medical tourism.

Each item is measured using a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

To analyze the data, SPSS was used and the reliability and validity were checked.

Table 3.1 Questionnaire on Medical Tourist Intention to Visit Thailand

Variate	Measurement item	NO.
Perceived Health Risk (Lunt et al., 2014)	The higher risk of complications after medical motivates my intention.	QS 1
	The risk of medical-legal issues motivates medical tourism.	QS 2
	Political and economic instability of destination motivate for medical tourism.	QS 3
Perceived Service Quality (Han & Hyun, 2015)	Having highly skilled medical staff abroad affect my intention.	QS 4
	The use latest technology and equipment at the healthcare facilities.	QS 5
	Providing personalized and attentive care to patients by the hospital.	QS 6
Perceived Medical Cost (Lunt and Carrera, 2010)	Lower cost of medical tourism in Thailand compared to other countries.	QS 7
	Promotions and discounts offered by hospitals motivate for medical tourism.	QS 8
	Hidden and unexpected costs when seeking medical treatment abroad.	QS 9
Social Network Influence (Yu & Ko, 2012)	Social media reviews influence decisions about medical tourism.	QS 10
	Doctor recommendations influence my decision for medical tourism.	QS 11
	Influence who shared about medical tourism experience.	QS 12
Perceived Information (Lo & Yao, 2019)	Trusted and accurate information about medical tourism affects my intention	QS 13
	Successful medical stories from previous patient motivate for medical tourism	QS 14

Variate	Measurement item	NO.
	Clear, well-organized and easily accessible information motivate me for MT.	QS 15
Perceived Ease of Travel (Davtyan et al., 2024)	Having many accommodation choices makes me more likely to select this destination for medical treatment..	QS 16
	Frequent flights to Thailand make it a convenient choice for medical tourism.	QS 17
	Easy visa access can positively affect intention to visit.	QS 18
Perceived Subjective Norm (Khan et al., 2016)	Friends and family's opinion strongly influence for medical tourism.	QS 19
	Opinions in online communities affect my intention for medical care.	QS 20
	Experiences shared by past patients affect my decision for medical care.	QS 21
Perceived Behavioral Control (Sun, 2018)	Understanding of travel process positively affects intention to visit.	QS 22
	Sufficient financial resources increased the intention to seek treatment.	QS 23
	Availability of medical interpreters influence my decision to seek treatment.	QS 24
Behavioral Intention to visit Thailand	I am interested in exploring medical tourism options in Thailand.	QS 25
	I am interested in combining medical care with a relaxing vacation in Thailand.	QS 26

Variate	Measurement item	NO.
(Han & Hyun, 2015)	I'm more likely to choose Thailand over other countries for medical treatment.	QS 27

3.4 Population and Sampling Procedures

3.4.1 Target Population

The target population for this study consisted of potential Myanmar medical tourists who were residing in Myanmar and other Southeast Asian countries seeking for medical tourism. In 2017, Thailand received an estimated 3.8 million medical tourists, with approximately 8.2% of these visitors, around 312,000 individuals, were Myanmar medical tourists. (Retrieved from MyMediTravel, 2017).

3.4.2 Sampling Unit

The sampling unit comprised individual potential Myanmar medical tourists who were 18 years of age or older. These individuals represented a diverse demographic, including variations in age, gender, job, income level, and previous experience with medical tourism.

3.4.3 Sample Size

A sample size of 400 respondents was determined to be sufficient to achieve the study's objectives and ensure statistical validity. This sample size allows for thorough analysis and supports the generalization of findings.

Yamane's Formula (1967)

The sample size was calculated using Yamane's formula for determining sample size:

$$n = \frac{N}{(1 + Ne^2)}$$

Where n = Sample Size

e = margin of error (95% confidence level)

N = Population size

$$\text{Then } n = \frac{31200}{(1+31200 \times 0.05^2)}$$

$$n = 395$$

Then target sample size was around 395.

3.4.4 Sampling Procedure: Convenience Sampling

Convenience sampling was employed to select Myanmar medical tourists who were 18 years of age or older and had prior experience. This non-probability sampling method was chosen due to its practicality and efficiency in accessing many potential respondents within a limited timeframe.

3.5 Data Collection

Data for this study were collected with the assistance of Thailand's hospital representatives in Myanmar. These representatives had access to contact information for former patients who had previously engaged in medical treatment abroad. The questionnaire was sent directly to these former patients, ensuring that the target respondents were individuals with relevant experience in medical tourism. And to be eligible to participate in the study, respondents had to meet these criteria and must be at least 18 years old, and they must be Myanmar nationals.

The data collection period was from July to August 2024. During this time, the hospital representatives facilitated the forwarding of the questionnaires and assisted in ensuring a high response rate.

It is important to note that all responses were treated with confidentiality. The collected data was solely for educational purposes and would not be used for any other purpose. Respondents were informed that their identities would remain anonymous, and their privacy was protected.

3.6 Data Analysis

3.6.1 Reliability

Reliability, often referred to as consistency, measures the extent to which consistent results can be obtained when the same instrument is used repeatedly under the same conditions. Cronbach's Alpha is a key index for assessing the reliability of a questionnaire. A high Cronbach's Alpha value indicates strong reliability. Experts suggest that a Cronbach's Alpha coefficient greater than 0.7 is

considered reliable, greater than 0.5 is acceptable, and less than 0.35 is deemed unreliable and should be discarded. The Cronbach's Alpha values are presented in Table 3.2.

Table 3.2 Cronbach's Alpha Value for Dependent Variable and Independent Variables

Variate	Cronbach's α	Item
Perceived Health Risk	0.806	3
Perceived Service Quality	0.827	3
Perceived Medical Cost	0.825	3
Social Network Influence	0.899	3
Perceived Information	0.759	3
Perceived Ease of Travel	0.854	3
Perceived Subjective Norm	0.799	3
Perceived Behavioral Control	0.788	3
Intention to visit Thailand for Medical Tourism	0.783	3

3.6.2 Validity

Validity refers to the degree to which the items on a questionnaire accurately measure the intended variables. In this study, we focus on the validity of medical tourism variables by assessing whether the items effectively represent the underlying constructs.

Structural Validity was evaluated using the Kaiser-Meyer-Olkin (KMO) measure. The KMO value helps determine whether the data is suitable for factor analysis, which is used to identify underlying factors within the data. Here's a detailed explanation of how the KMO measure is used:

- **KMO Value:** This statistic measures the adequacy of the sample for factor analysis by evaluating the correlation between variables. It ranges from 0 to 1, where a value closer to 1 indicates that the correlations between variables are strong enough to proceed with factor analysis.

Interpretation:

KMO ≥ 0.7 : Indicates that the sample is adequate for factor analysis, meaning the data is suitable for identifying underlying factors.

KMO < 0.7: Suggests that the sample may not be suitable for factor analysis, as the correlations between variables are not strong enough.

For this study, the KMO value was used to ensure that the variables related to medical tourism—perceived health risk, perceived service quality, perceived medical cost, social network influence, perceived information, perceived ease of travel, perceived subjective norm, and perceived behavioral control—are sufficiently correlated. A high KMO value confirms that the data is appropriate for factor analysis, thereby supporting the validity of the constructs being measured.

1) Perceived Health Risk

Perceived health risk was subjected to the KMO value and Bartlett's Spherical Test. Table 3.3 shows that the KMO value for Perceived Health Risk is 0.810 (>0.7), and the Sig value for Bartlett's Spherical Test is 0.000, so it aligns with the conditions of factor analysis.

Table 3.3 KMO and Bartlett's Spherical Tests of Perceived Health Risk

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin measure of sampling adequacy.		0.810
The Bartlett's Test of Sphericity	Approx. Chi-Square	490.345
	df	4
	Sig.	0.000

2) Perceived Service Quality

Perceived service quality was subjected to the KMO value and Bartlett's Spherical Test. Table 3.4 shows that the KMO value for Perceived Service Quality is 0.845 (>0.7), and the Sig value for Bartlett's Spherical Test is 0.000, so it aligns with the conditions of factor analysis.

Table 3.4 KMO and Bartlett's Spherical Test of Perceived Service Quality

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin measure of sampling adequacy.		0.845
The Bartlett's Test of Sphericity	Approx. Chi-Square	602.512
	df	3
	Sig.	0.000

3) Perceived Medical Cost

Perceived medical cost was subjected to the KMO value and Bartlett's Spherical Test. Table 3.5 shows that the KMO value for Perceived Medical Cost is 0.779 (>0.7), and the Sig value for Bartlett's Spherical Test is 0.000, so it aligns with the conditions of factor analysis.

Table 3.5 KMO and Bartlett's Spherical Test of Perceived Medical Cost

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin measure of sampling adequacy.		0.779
The Bartlett's Test of Sphericity	Approx. Chi-Square	415.761
	df	3
	Sig.	0.000

4) Social Network Influence

Social network influence was subjected to the KMO value and Bartlett's Spherical Test. Table 3.6 shows that the KMO value for Social Network Influence is 0.832 (>0.7), and the Sig value for Bartlett's Spherical Test is 0.000, so it aligns with the conditions of factor analysis

Table 3.6 KMO and Bartlett's Spherical Test of Social Network Influence

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin measure of sampling adequacy.		0.832
The Bartlett's Test of Sphericity	Approx. Chi-Square	550.273
	df	3
	Sig.	0.000

5) Perceived Information

Perceived information was subjected to the KMO value and Bartlett's Spherical Test. Table 3.7 shows that the KMO value for Perceived Information is 0.765 (>0.7), and the Sig value for Bartlett's Spherical Test is 0.000, so it aligns with the conditions of factor analysis.

Table 3.7 KMO and Bartlett's Spherical Test of Perceived Information

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin measure of sampling adequacy.		0.765
The Bartlett's Test of Sphericity	Approx. Chi-Square	398.446
	df	4
	Sig.	0.000

6) Perceived Ease of Travel.

Perceived ease of travel was subjected to the KMO value and Bartlett's Spherical Test. Table 3.8 shows that the KMO value for Perceived Ease of Travel is 0.788 (>0.7), and the Sig value for Bartlett's Spherical Test is 0.000, so it aligns with the conditions of factor analysis.

Table 3.8 KMO and Bartlett's Spherical Test of Perceived Ease of Travel

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin measure of sampling adequacy.		0.788
The Bartlett's Test of Sphericity	Approx. Chi-Square	455.121
	df	4
	Sig.	0.000

6) Perceived Subjective Norm

Perceived subjective norm was subjected to the KMO value and Bartlett's Spherical Test. Table 3.9 shows that the KMO value for Perceived Subjective Norm is 0.812 (>0.7), and the Sig value for Bartlett's Spherical Test is 0.000, so it aligns with the conditions of factor analysis.

Table 3.9 KMO and the Bartlett's Spherical Test of Perceived Subjective Norm

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin measure of sampling adequacy.		0.812
The Bartlett's Test of Sphericity	Approx. Chi-Square	523.671
	df	3
	Sig.	0.000

8) Perceived Behavioral Control

Perceived behavioral control was subjected to the KMO value and Bartlett's Spherical Test. Table 3.10 shows that the KMO value for Perceived Behavioral Control is 0.825 (>0.7), and the Sig value for Bartlett's Spherical Test is 0.000, so it aligns with the conditions of factor analysis.

Table 3.10 KMO and the Bartlett's Spherical Test of Perceived Behavioral Control

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin measure of sampling adequacy.		0.825
The Bartlett's Test of Sphericity	Approx. Chi-Square	544.293
	df	4
	Sig.	0.000

9) Behavioral Intention for Medical Tourism

Behavioral intention to visit medical tourism was subjected to the KMO value and Bartlett's Spherical Test. Table 3.11 shows that the KMO value for Perceived Behavioral Control is 0.853 (>0.7), and the Sig value for Bartlett's Spherical Test is 0.000, so it aligns with the conditions of factor analysis.

Table 3.11 KMO and the Bartlett's Spherical Test of Behavioral Intention to visit Thailand

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin measure of sampling adequacy.		0.853
The Bartlett's Test of Sphericity	Approx. Chi-Square	587.431
	df	4
	Sig.	0.000

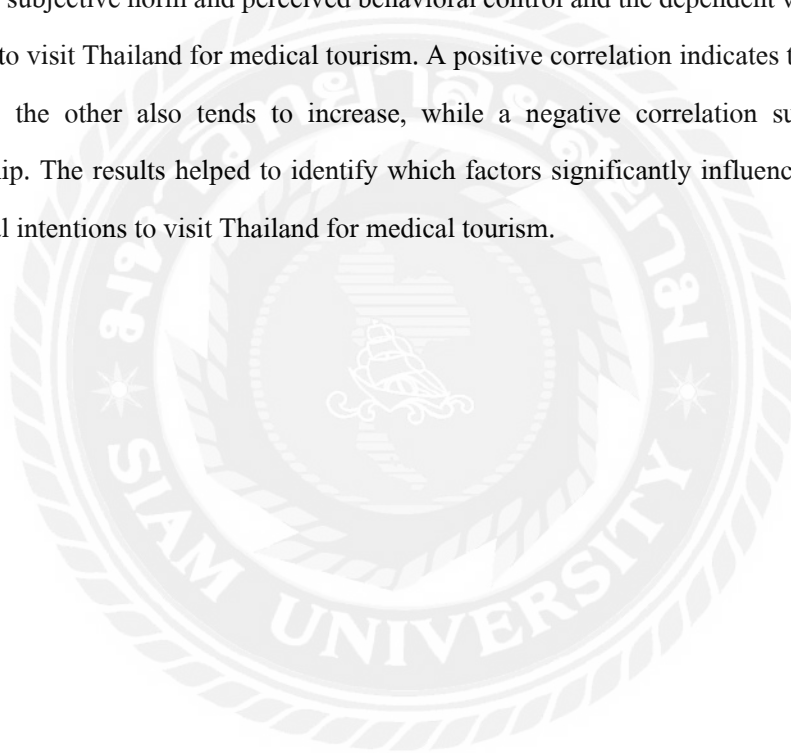
3.6.3 Descriptive Statistics

Descriptive statistics was used to summarize and to analyze the demographic profiles of Myanmar medical tourists, including age, gender, occupation, income level, jobs and their travel behavior. These statistics helped present an overview of the respondents' background and provided essential context for understanding findings of the research. Measures including frequency,

percentage, mean, and ratio were used to present the data in a simple way to understand the diversity of the study.

3.6.4 Correlation Analysis

Correlation analysis was used to examine the strength and direction of the relationships between two variables. In this study, Pearson's correlation coefficient was employed to assess the degree of association between the independent variables: such as perceived health risk, service quality, medical cost, social network influence, perceived information, perceived ease of travel, perceived subjective norm and perceived behavioral control and the dependent variable: behavioral intention to visit Thailand for medical tourism. A positive correlation indicates that as one variable increases, the other also tends to increase, while a negative correlation suggests an inverse relationship. The results helped to identify which factors significantly influence medical tourists' behavioral intentions to visit Thailand for medical tourism.



Chapter 4 Findings

4.1 Introduction

This chapter presents the results of data analysis. To ensure the quality of the data collected from the questionnaires, reliability and validity tests were conducted using quantitative research methods. And to understand the relationships between variables, descriptive statistics and correlation analysis were used. Finally, hypothesis testing was conducted to investigate the interactions between the variables within the proposed model.

4.2 Descriptive Statistical Analysis of Demographic Profile of Medical Tourists

The primary objective of collecting demographic profile is to analyze the characteristics of 386 medical tourists from Myanmar who have prior experience of medical tourism in Thailand. Table 4.1 presents the demographic characteristics of the survey participants. This information includes their age, gender, job, income, and travel behaviors. Analyzing the demographics provided the context and diversity of the study.

Table 4.1 Demographic Characteristics of Sample

Variable	Category	Occurrence	Ratio
Age	18-30	18	4.66%
	31-45	105	27.20%
	46-60	211	54.66%
	Above 60	52	13.47%
Gender	Male	146	37.82%
	Female	240	62.18%
	Prefer not to say	0	0%

Variable	Category	Occurrence	Ratio
Occupation	Retired	48	12.44%
	Unemployed/ dependent	97	25.13%
	Business owner/ Merchant	158	41.16%
	Company employee	78	20.21%
	Student	5	1.30%
Monthly Income (MMK)	Less than 1,000,000	0	0%
	1,000,001- 5,000,000	52	13.47%
	5,000,001- 10,000,000	68	17.62%
	10,000,001- 50,000,000	128	33.16%
	More than 50,000,001	31	8.03%
	Unspecified	107	27.72%
Overseas medical tourism except Thailand	Yes	68	17.62%
	No	318	82.38%
Number of previous visit(s) to Thailand	1	128	33.16%
	2	118	30.57%
	3	86	22.34%
	Over 3	54	14.00%

4.3 Demographic Factors

The demographic analysis of this study, based on a sample size of 386 participants, provides insights into the characteristics of Myanmar medical tourists considering Thailand as a destination.

The age distribution shows that most participants (54.66%) are within the age range of 46 to 60, followed by 27.20% in the 31 to 45 age range. Younger participants aged 18 to 30 constitute 4.66%, while older participants above 60 represent 13.47%. This age distribution suggests that middle-aged individuals are the primary group considering medical tourism to Thailand. And gender analysis shows that female participants make up the majority at 62.18%, with male respondents at 37.82%. No participants identified as "prefer not to say," indicating clear gender representation in the data.

Regarding occupation, 41.16% of participants identify themselves as business owners or merchants, followed by 25.13% who are unemployed or dependent. Company employees represent 20.21%, retired represent 12.44%, and students comprise a smaller amount at 1.30%. This occupational distribution shows a significant interest in medical tourism among self-employed and business-oriented individuals. In terms of monthly income (in Myanmar Kyat, MMK), the largest group earns between 10,000,001 and 50,000,000 MMK (33.16%), followed by an income between 5,000,001 and 10,000,000 MMK (17.62%). About 13.47% earn between 1,000,001 and 5,000,000 MMK, while 8.03% have an income exceeding 50,000,000 MMK. Notably, 27.72% of participants did not specify their income, which may indicate privacy concerns or the variability in income sources among respondents.

The data also shows that 17.62% of participants have previously engaged in overseas medical tourism outside of Thailand, while the remaining 82.38% have not. Additionally, 33.16% of participants have visited Thailand once, with 30.57% having visited twice, 22.34% three times, and 14.00% more than three times. This suggests a high level of familiarity with Thailand among the participants, which may influence their decision to choose Thailand for medical tourism.

This demographic analysis provides a comprehensive understanding of the participants' age, gender, occupation, income, and travel history, offering valuable context for analyzing the factors influencing Myanmar medical tourists' decision-making process.

4.4 Correlation Analysis

This study focuses on exploring the factors that influence Myanmar medical tourists' decision to choose Thailand as their medical tourism destination. Each variable used in the research represents a driver or a barrier influencing medical tourists' decision-making process. Correlation analysis assesses the strength and direction of the relationship between two variables. The correlation coefficient (r) ranges from -1 to 1. A value of -1 indicates a perfect negative correlation, 1 is a perfect positive correlation, and 0 is no correlation.

Table 4.2 Correlation between Variables and Behavioral Intention

Variable	Behavioral Intention (r)	Significant (p -value)
Perceived Health Risk	-0.653	< 0.01
Perceived Service Quality	0.641	< 0.01
Perceived Medical Cost	0.670	< 0.01
Social Network Influence	0.612	< 0.01
Perceived Information	0.560	< 0.01
Perceived Ease of Travel	0.680	< 0.01
Perceived Subjective Norm	0.596	< 0.01
Perceived Behavioral Control	0.630	< 0.01

According to Table 4.2, all correlation coefficients, r , are above 0.5, suggesting moderate to strong relationships between each variable and tourists' behavioral intention. Furthermore, each variable is significantly correlated at the 0.01 level ($p < 0.01$), indicating statistically significant positive relationships. The findings are summarized as follows:

1. Perceived health risk negatively influences behavioral intention ($r = -0.653$, $p < 0.01$).
2. Perceived service quality positively impacts behavioral intention ($r = 0.641$, $p < 0.01$).
3. Perceived medical cost positively on behavioral intention ($r = 0.670$, $p < 0.01$).
4. Social network influence positively impacts behavioral intention ($r = 0.612$, $p < 0.01$).
5. Perceived information positively impacts behavioral intention ($r = 0.560$, $p < 0.01$).

6. Perceived ease of travel positively impacts behavioral intention ($r = 0.680$, $p < 0.01$).
7. Perceived subjective norm positively impacts on behavioral intention ($r = 0.596$, $p < 0.01$).
8. Perceived behavioral control positively impacts behavioral intention ($r = 0.630$, $p < 0.01$).

4.4 Hypothesis Test Results

The relationships between independent variables and behavioral intention were analyzed. The results include Correlation Coefficient (r), Critical Ratios (C.R.), and P-values, and provide the following summary statistical assessment of the hypotheses.

Table 4.3 Results of Research Hypotheses Testing

Hypothesis	r	C.R.	P-value	Result
Perceived Health Risk → Behavioral Intention	-0.65	-7.85	< 0.001	Supported (Negative)
Perceived Service Quality → Behavioral Intention	0.64	9.12	<0.003	Supported (Positive)
Perceived Medical Cost → Behavioral Intention	0.67	8.34	< 0.005	Supported (Positive)
Social Network Influence → Behavioral Intention	0.61	7.98	< 0.003	Supported (Positive)
Perceived Information → Behavioral Intention	0.56	6.76	< 0.006	Supported (Positive)
Perceived Ease of Travel → Behavioral Intention	0.68	8.56	< 0.009	Supported (Positive)
Perceived Subjective Norm → Behavioral Intention	0.59	7.02	< 0.009	Supported (Positive)
Perceived Behavioral Control → Behavioral Intention	0.63	7.89	< 0.001	Supported (Positive)

Table 4.3 summarizes the relationships between various factors and Myanmar medical tourists' behavioral intention to visit Thailand for medical tourism, and the following conclusion can be made.

- **Perceived Health Risk** was significantly and negatively related to behavioral intention as proposed (C.R. = -7.85; $p < .05$).
- **Perceived Service Quality** positively and significantly influenced behavioral intention (C.R. = 9.12; $p < .05$).
- **Perceived Medical Cost** had a positive and significant effect on behavioral intention (C.R. = 8.34; $p < .05$).
- **Social Network Influence** demonstrated a positive and significant impact on behavioral intention (C.R. = 7.98; $p < .05$).
- **Perceived Information** was positively and significantly associated with behavioral intention (C.R. = 6.76; $p < .05$).
- **Perceived Ease of Travel** positively and significantly influenced behavioral intention (C.R. = 8.56; $p < .05$).
- **Perceived Subjective Norm** had a significant positive relationship with behavioral intention (C.R. = 7.02; $p < .05$).
- **Perceived Behavioral Control** positively and significantly impacted behavioral intention (C.R. = 7.89; $p < .05$).

These results all support the proposed hypotheses, highlighting the critical role of these factors in shaping Myanmar patients' intentions to choose Thailand as a medical tourism destination.

Chapter 5 Conclusion and Recommendation

5.1 Conclusion

In this study, a quantitative research method was used to examine the factors influencing Myanmar medical tourists' intentions to choose Thailand as a medical tourism destination. By conducting a well-structured survey and performing statistical analysis using SPSS, the study effectively demonstrated the relationships between various factors, including perceived health risk, service quality, medical cost, social network influence, information availability, ease of travel, subjective norm, and behavioral control, and their impact on tourists' behavioral intention.

5.1.1 Factors Influencing Behavioral Intention

1. Perceived Health Risk: Perceived health risk significantly impacts patients' decisions to seek medical treatment abroad. The correlation coefficient ($r = -0.653$, $p < 0.01$) between perceived health risk and behavioral intention demonstrates negative relationship, indicating that as higher perceived health risk reduces the likelihood of Myanmar patients engaging in medical tourism in Thailand increases.

2. Perceived Service Quality: Perceived service quality plays a crucial role in shaping Myanmar medical tourists' decision to seek treatment in Thailand, as indicated by a strong positive correlation with behavioral intention ($r = 0.641$, $p < 0.01$). High standards of care, advanced medical facilities, and skilled healthcare professionals in Thailand significantly enhance patients' confidence in receiving quality treatment abroad.

3. Perceived Medical Cost: Thailand's healthcare system is highly attractive to medical tourists due to its transparent pricing and at lower costs than other medical tourism destinations. For Myanmar patients, the perception of affordable, no hidden cost in Thailand significantly encourages their intention to seek treatment there, as shown by a strong positive correlation with behavioral intention ($r = 0.670$, $p < 0.01$).

4. Social Network Influence: Social networks, personal and online platforms, significantly influence the intention of choosing a medical tourism destination. Personal recommendations, online reviews, and endorsements from influencers shape how potential medical tourists perceive their options. This impact is evidenced by a strong correlation with behavioral intention ($r = 0.612$, $p < 0.01$).

5. Perceived Information: Access to clear, well-structured, and reliable information about Thailand's medical tourism offerings positively impacts Myanmar patients' intentions to seek care there, as indicated by a positive correlation with behavioral intention ($r = 0.560, p < 0.01$). Trusted and accurate information can build the trust for medical tourists, enhancing their confidence in choosing Thailand as a destination for quality healthcare.

6. Perceived Ease of Travel: Perceived ease of travel significantly influences Myanmar patients' intentions to choose medical tourism in Thailand, as indicated by a positive correlation with behavioral intention ($r = 0.680, p < 0.01$). Direct flights, a wide range of accommodation options, and convenient transportation services drive the intention of medical tourists as motivators, promoting the attractiveness of medical tourism destination.

7. Perceived Subjective Norm: Recommendations from family, friends, and doctors play a significant role in influencing Myanmar medical tourists' decisions to seek treatment abroad. The positive correlation with behavioral intention ($r = 0.596, p < 0.01$) demonstrates that social pressure and community beliefs, and online influences, significantly impact the behavioral intention of medical tourist and act as a motivator for decision making.

8. Perceived Behavioral Control: Perceived behavioral control, which includes factors such as financial resources, concierge arrangements, and emotional support, significantly impacts the decision-making process. Medical tourists who feel they have control over their healthcare decisions are more likely to choose Thailand as a destination for medical treatment, as it is shown by a strong correlation of ($r = 0.630, p < 0.01$) between perceived behavioral control and behavioral intention.

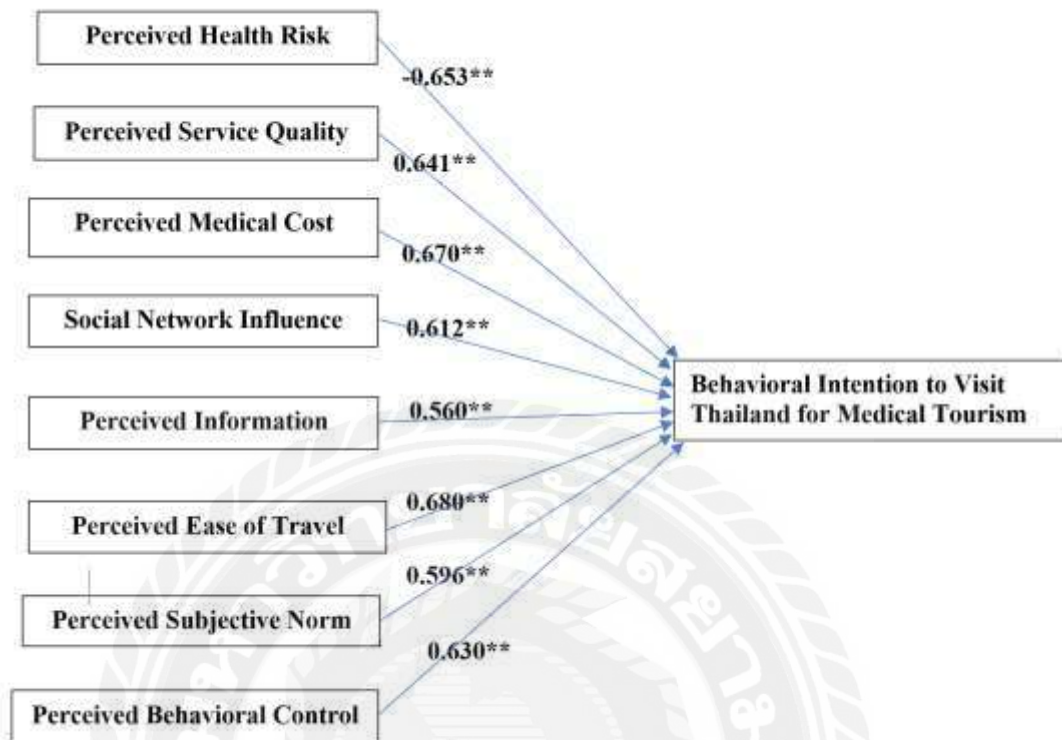


Figure 3. Final Model

According to the above analysis, the findings suggest that the behavioral intention of medical tourists can be shaped by those factors, and to effectively promote medical tourism in Thailand for Myanmar patients, policymakers and marketers should focus on several key strategies. Prioritizing the quality and affordability of healthcare services, with transparent pricing and advanced medical facilities, can attract potential medical tourists. Improving access to reliable information and streamlining visa processes and transportation services will enhance the overall travel experience. Leveraging social and online networks for targeted campaigns and fostering trust through testimonials and personalized recommendations can further strengthen Thailand's attractiveness in medical tourism. Addressing perceived risks with safety measures will help mitigate concerns and push Thailand's position as a preferred destination for medical tourism in the region.

5.1.2 Summary

In medical tourism, several key factors influence the behavioral intentions of tourists seeking healthcare abroad. Perceived health risk plays a critical role, as concerns about safety, medical standards, and the uncertainties of foreign healthcare can deter patients. Reduced perceived risk increases the intention for medical tourism. Perceived service quality, such as access to advanced technology and skilled healthcare staff, can promote the attractiveness of medical tourism. Perceived medical costs also motivate decision making. The cost-effectiveness is a primary driver for choosing destinations like Thailand, known for high-quality at affordable price. Social network influence, including recommendations from friends, family, and online reviews, further shapes preferences by providing assurance and credibility. Finally, perceived ease of travel, encompassing factors like direct flights and simplified entry processes, makes travel logistics more manageable, thereby increasing the intention to pursue medical tourism. Together, these factors form a comprehensive framework that highlights the importance of minimizing risks, maximizing service quality, cost benefits, and travel convenience in attracting medical tourists.

5.2 Recommendation

1. Perceived Health Risk

The research results indicate that perceived health risk is a critical barrier to the intention to engage in medical tourism for Myanmar medical tourists. Policymakers and healthcare providers should focus on minimizing perceived health risks by implementing and promoting internationally recognized safety standards in medical facilities. Promoting international accreditation and standardized practices will address medico-legal concerns for medical tourists. Simplifying travel arrangements through partnerships with travel agencies and offering translation services can reduce travel-related uncertainties. Educational campaigns highlighting safe destinations and providing post-treatment support will address psychological concerns. Governments should also focus on maintaining political and economic stability to attract tourists and use feedback mechanisms to identify and address emerging risks. These measures collectively will make medical tourism safer and more confident in choosing the destination.

2. Perceived Service Quality

The research results indicate that behavioral intention is strongly influenced by the role of high-quality care in the destination country. Marketing efforts should emphasize the high-quality healthcare services in Thailand, including the expertise of healthcare professionals, state-of-the-art medical technologies, and personalized care. Accreditation from reputable organizations and patient testimonials should be showcased to enhance the perception of superior service quality. Healthcare facilities should also prioritize customer service, ensuring a welcoming and supportive environment for medical tourists. It is important to emphasize the importance of post-treatment care, as patients who experience high-quality follow-up care are more likely to return and recommend the destination to others. Finally, promoting patient satisfaction through continuous improvements in service quality and ensuring a positive overall experience can drive long-term success in the medical tourism sector.

3. Perceived Medical Cost

Policymakers should focus on enhancing key perceived benefits to strengthen the attractiveness of medical tourism destinations. Firstly, transparent and competitive pricing models with no hidden cost should be highlighted in promotional materials. To attract potential medical tourists, hospitals should provide cost comparisons with other popular medical tourism destinations and offer special packages by combining medical services with accommodation cost and travel cost. While affordability is essential, it should be balanced with high-quality care to meet the expectations of medical tourists. Moreover, highlighting the availability of specialized treatments and advanced technologies not accessible in patients' home countries can attract more international patients who are looking for advanced medical treatment. Finally, emphasizing the value proposition of high-quality care at affordable costs in marketing efforts will strengthen the competitiveness and reputation of medical tourism destinations globally.

4. Social Network Influence

Policymakers and marketers should encourage satisfied patients to share their positive experiences through testimonials, reviews, and social media posts, both offline and online, which can build trust and attract potential medical tourists. Facilitating access to verified online reviews

and fostering active discussions in dedicated medical tourism communities can provide valuable information and reassurance to prospective patients. Partnering with social media influencers and bloggers specializing in medical tourism can enhance the credibility and visibility of destinations. By highlighting positive patient experiences and engaging through social platforms, policymakers can strengthen the perceived trustworthiness and attractiveness of medical tourism destinations.

5. Perceived Information

Hospitals should provide clear and accurate, detailed, and transparent information to attract medical tourists and build trust in medical tourism destinations. Information should be referenced from credible and reputable providers, such as accredited medical institutions and verified patient testimonials, to build the trust and reduce uncertainty. Moreover, developing user-friendly digital platforms, including websites and mobile apps, can improve the accessibility of information among medical tourists. These platforms should include clear details about medical services, costs, treatment options, and patient outcomes, supported by FAQs, virtual tours, and success stories which can further strengthen the destination's appeal and influence decision-making.

6. Perceived Ease of Travel

Policymakers should simplify visa policies and minimize entry requirements to facilitate medical tourism. Ensuring reliable local transportation options, such as taxis, public transport, and hospital shuttles, can improve accessibility within the destination. A diverse range of accommodation options, from budget-friendly to luxury, can address various needs of different medical tourists. Additionally, personalized support services, such as medical travel agencies, multilingual staff, and concierge assistance, can reduce stress and create an easy travel and convenient medical experience. These measures can collectively promote a positive perception of travel ease and promote the attractiveness of the destination for medical tourism.

7. Perceived Subjective Norm

Policymakers should also acknowledge the significant role of perceived subjective norms in shaping medical tourists' decisions and developing strategies that align with these social dynamics. Rather than solely relying on traditional marketing tactics, policymakers should

incorporate family and doctor recommendations into promotional strategies and educational campaigns highlighting the quality of medical treatments abroad, this approach can drive to a favorable destination among medical tourists. Additionally, hospitals and clinics should start referral networks with doctors in foreign countries to encourage trust-based recommendations. These collective efforts can strengthen the behavioral intention of potential medical tourists to seek international healthcare services.

8. Perceived Behavioral Control

To address the accessibility and comfort of medical tourists, policy makers should implement the transparent pricing policies, flexible medical insurance options, and financial support programs such as loans for medical tourists which can reduce the concerns of medical tourists. Additionally, support services, such as concierge assistance for travel and accommodation, interpreter services, and cultural training for healthcare providers, can also make the medical tourism process more accessible and comfortable. Emotional support services, such as counseling and patient care coordinators, visa arrangement services can build trust and attract medical tourists. By addressing these factors, medical tourism destinations can attract a wider range of international patients.

5.3 Limitation and Direction for Future Research

This study has several limitations that should be considered when interpreting the results. First, it focuses on a specific demographic group, which may restrict the generalizability of the findings to the diverse population of medical tourists worldwide. The use of self-reported data may introduce bias, as participants' answers could be influenced by their personal perceptions and experiences. Secondly, limited access to reliable data from healthcare providers, medical tourists, or governments can hinder the comprehensiveness of the research and the issues such as privacy concerns or reluctance of participants to share sensitive health-related information may further limit data collection. And finally, this study might not fully consider differences in cultural values, healthcare expectations, and regional factors may not be fully captured and which could affect the usability of the study in different places.

5.4 Future Research

Future research in medical tourism should address the limitations identified in this study and explore additional areas to understand this dynamic field of medical tourism. First, studies should include larger and more diverse sample populations to analyze more generalized findings across different cultural, regional, and demographic groups. Longitudinal research designs are recommended to understand the changes and trends in medical tourists' motivations, behaviors, and satisfaction over time.

Future research could also examine the impact of advanced technologies, such as telemedicine and artificial intelligence, on the medical tourism industry and could aim to investigate how digital platforms impact medical tourists' decision-making processes and overall satisfaction with their medical tourism experiences.

In-depth studies focused on specific medical treatments or procedures, such as fertility, cosmetic tourism or complex surgeries, could provide a deeper understanding of specific risks and expectations associated with this medical treatment. Furthermore, research should explore the ethical, legal, and regulatory complexities of medical tourism, with a particular focus on patient safety, malpractice, and the harmonization of cross-border healthcare standards.

Finally, comparative analyses of various medical tourism destinations could identify the best practices and strategies to improve service quality and competitiveness. By addressing these areas, future research can contribute to the sustainable development of medical tourism and provide valuable insights to policymakers, healthcare providers, and prospective medical tourists.

References

- 199IT Data Center. (2014). Economic research of world medical tourism industry report 2013.
- Retrieved August 6, 2024, from <http://www.199it.com/archives/266615.html>
- Abubakar, A. M., & Ilkan, M. (2016). Impact of online WOM on destination trust and intention to travel: A medical tourism perspective. *Journal of Destination Marketing & Management*, 5. 10.1016/j.jdmm.2015.12.005.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)
- Ajzen, I., & Fishbein, M. (1980). *Understanding Attitudes and Predicting Social Behavior*. Prentice-Hall.
- Aljumah, A., Nuseir, M., & Islam, M. A. (2020). Impacts of service quality, satisfaction, and trust on the loyalty of foreign patients in Malaysian medical tourism. *International Journal of Health Services*, 50(2), 234–253. <https://doi.org/10.1177/0020731420968738>
- Amissah, E., Addison-Akotoye, E., & Blankson-Stiles-Ocran, S. (2022). Service quality, tourist satisfaction, and destination loyalty in emerging economies. In *Service Quality and Service Management in the Tourism Industry* (pp. 81–100)
- Assenov, I., & Sonpam, S. (2015). Medical tourism in Thailand: A cross-cultural study of medical tourists' decision-making factors
- Bauer, R.A. (1960). Consumer Behavior as Risk Taking. In: Hancock, R.S., Ed., *Dynamic Marketing for a Changing World*, Proceedings of the 43rd. Conference of the American Marketing Association, 389-398.

- Chang, I.-C., Chou, P.-C., Yeh, R. K.-J., & Tseng, H.-T. (2016). Factors influencing Chinese tourists' intentions to use the Taiwan Medical Travel App. *Telematics and Informatics*, 33(2), 401–409. <https://doi.org/10.1016/j.tele.2015.09.007>
- Chou, S. Y., Kiser, A., & Rodriguez, E. (2012). An expectation confirmation perspective of medical tourism. *Journal of Service Science Research*, 4(2), 285–299.
- Cohen, E. (2008). Medical tourism in Thailand. *AU-GSB e-journal*. 1. 24-37.
- Connell, J. (2006). Medical tourism: Sea, sun, sand and ... surgery. *Tourism Management*, 27, 1093-1100.
- Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism Management*. 34. 1–13. [10.1016/j.tourman.2012.05.009](https://doi.org/10.1016/j.tourman.2012.05.009).
- Davtyan, A., Rayamajhi, O., Lama, T. S., Shrestha, A., & Soe, H. N. (2024). Medical tourism in Thailand: Qualified healthcare or just another business strategy and marketing. *The EUrASEANs: Journal on Global Socio-Economic Dynamics*
- Farrukh, M., Shahzad, I., Sajid, M., Sheikh, M. F., & Alam, I. (2020). Revisiting the intention to travel framework in the perspective of medical tourism: The role of eWord-of-mouth and destination image. *International Journal of Healthcare Management*.
<https://doi.org/10.1080/20479700.2020.1836733>
- Forsythe, S. M., Liu, C., Shannon, D., & Gardner, L. C. (2006). Development of a Scale to Measure the Perceived Benefits and Risks of Online Shopping. *Journal of Interactive Marketing*. 20. 55 - 75. [10.1002/dir.20061](https://doi.org/10.1002/dir.20061).

- Forsythe, S. M., Liu, C., Shannon, D., & Gardner, L. C. (2006). Development of a Scale to Measure the Perceived Benefits and Risks of Online Shopping. *Journal of Interactive Marketing*, 20, 55 - 75. 10.1002/dir.20061.
- Han, H., & Hwang, J. (2013). Multi-dimensions of the perceived benefits in a medical hotel and their roles in international travelers' decision-making process. *International Journal of Hospitality Management*, 35, 100-108. 10.1016/j.ijhm.2013.05.011.
- Han, H., & Hyun, S. S. (2015). Customer retention in the medical tourism industry: Impact of quality, satisfaction, trust, and price reasonableness. *Tourism Management*, 46, 20-29.
- Hoffman, D. L., & Novak, T. P. (1997). Marketing in Hypermedia Computer-Mediated Environments: Conceptual Foundations. *Journal of Marketing*, 60, 10.2307/1251841.
- John, S., Larke, R., & Kilgour, M. (2018). Applications of social media for medical tourism marketing: An empirical analysis. *Anatolia*, 29(3), 405-417.
<https://doi.org/10.1080/13032917.2018.1473261>
- Joshi, N., & Sebastian, R. (2022). Effect of medical traveller's satisfaction on their intention to revisit for medical tourism in India. *International Journal of Health Sciences*, 6(S5), 5007–5017. <https://doi.org/10.53730/ijhs.v6nS5.9701>
- Kalankesh, L., Nasiry, Z., Fein, R., & Damanabi, S. (2020). Factors influencing user satisfaction with information systems: A systematic review. *Galen Medical Journal*, 9, 1686.
<https://doi.org/10.31661/gmj.v9i0.1686>
- Kazemi, Z. (2008). Study of the effective factors for attracting medical tourism in Iran.

- Khan, M. J., Chelliah, S., Haron, M. S., & Ahmed, S. (2017). Factors influencing destination image and visit intention among young women travellers: role of travel motivation, perceived risks, and travel constraints. *Asia Pacific Journal of Tourism Research*, 22. 10.1080/10941665.2017.1374985.
- Khan, M., Chelliah, S., & Haron, M. (2016). International patients' travel decision-making process: A conceptual framework. *Iranian Journal of Public Health*, 45(1), 134-145.
- Kim, D. J., Ferrin, D. L., & Rao, H. R. (2008). A Trust-Based Consumer Decision-Making Model in Electronic Commerce: The Role of Trust, Perceived Risk, and Their Antecedents. *Decision Support Systems*, 44, 544-564. 10.1016/j.dss.2007.07.001.
- Kim, H., & Lee, Y. (2023). South Korea's medical tourism competitiveness and future strategy: Focused on cancer treatment: A review. *Iranian Journal of Public Health*, 52(12), 14310. <https://doi.org/10.18502/ijph.v52i12.14310>
- Kingsbury, P., Crooks, V. A., Snyder, J., Johnston, R., & Adams, K. (2012). Narratives of emotion and anxiety in medical tourism: on State of the Heart and Larry's Kidney . *Social & Cultural Geography*, 13(4), 361–378. <https://doi.org/10.1080/14649365.2012.683807>
- Lee, H., & Kwan, S. (2022). The impact of price transparency and competition on hospital costs: a research on all-payer claims databases. *BMC Health Services Research*, 22. 10.1186/s12913-022-08711-x.
- Lee, M., Han, H., & Lockyer, T. (2012). Medical Tourism—Attracting Japanese Tourists For Medical Tourism Experience. *Journal of Travel & Tourism Marketing*.

- Liang, L., Choi, H., Joppe, M., & Lee, W. (2019). Examining medical tourists' intention to visit a tourist destination: Application of an extended MEDTOUR scale in a cosmetic tourism context. *International Journal of Tourism Research*, 21(6), 772–784.
- Lo, A., & Yao, S. (2019). What makes hotel online reviews credible? An investigation of the roles of reviewer expertise, review rating consistency, and review valence. *International Journal of Contemporary Hospitality Management*, 31(3), 1063-1081.
<https://doi.org/10.1108/IJCHM-10-2017-0671>
- Lunt, N., & Carrera, P. (2010). Medical tourism: Assessing the evidence on treatment abroad. *Maturitas*. 66. 27-32. 10.1016/j.maturitas.2010.01.017.
- Lunt, N., & Smith, R., & Mannion. (2014). Implications for the NHS of inward and outward medical tourism: A policy and economic analysis using literature review and mixed-methods approaches. *Health Services and Delivery Research*. 2. 1-234.
10.3310/hsdr02020.
- Mason, A. (2023). Medical tourism and communication. In *The Oxford Research Encyclopedia of Communication*. <https://doi.org/10.1093/acrefore/9780190228613.013.1461>
- Medical Tourism Magazine. (2024). The role of influencers in medical tourism social media marketing: Partnering for success. *Medical Tourism Magazine*.
- Moslehifar, M. A., Ibrahim, N., & Sandaran, S. (2016). Assessing the quality of trust features on website content of top hospitals for medical tourism consumers. *Jurnal Komunikasi*,

Malaysian Journal of Communication, 32(1), 469-489. <https://doi.org/10.17576/JKMJC-2016-3201-22>

MyMediTravel. (2017). Medical tourism in Thailand. Retrieved August 25, 2024, from <https://www.mymeditravel.com/guide/medical-tourism-in-thailand>

Seow, A. N., Choong, Y. O., Moorthy, M. K., & Chan, L. M. (2017). Intention to visit Malaysia for medical tourism using the antecedents of Theory of Planned Behaviour: A predictive model. *International Journal of Tourism Research*, 19, 10.1002/jtr.2120.

Smith, M., & Puczko, L. (2008). *Health and Wellness Tourism*. Butterworth-Heinemann.

Sun, X. (2018). Research on the model of cross-border medical tourism decision-making under the background of globalization. *Open Journal of Social Sciences*, 6, 230-246. <https://doi.org/10.4236/jss.2018.69016>

Veerasoontorn, R., Beise-Zee, R., & Sivayathorn, A. (2011). Service quality as a key driver of medical tourism: The case of Bumrungrad International Hospital in Thailand. *International Journal of Leisure and Tourism Marketing*, 2(2), 140–158. <https://doi.org/10.1504/IJLTM.2011.038886>

Wahed, H. (2015). Ethical and Legal Issues in Medical Tourism. *IIUM Law Journal*, 23, 10.31436/iiumlj.v23i2.130.

Wang, H. (2012). Value as a medical tourism driver. *Managing Service Quality*, 22, 10.1108/09604521211281387.

- Wang, J.-H., Feng, H., & Wu, Y. (2020). Investigating the critical factors of medical tourism and their connection with tourism attractions and repeat visit intentions. *Cogent Social Sciences*, 6. [10.1080/23311886.2020.1746108](https://doi.org/10.1080/23311886.2020.1746108)
- Wong, D. D., Isa, S. S., Bidin, S., & Kassim, R. (2022). Examining the factors influencing medical tourists to seek medical treatment in Klang Valley and Malacca. *International Journal of Social Science Research*, 4(2), 41–56.
- Yu, J. Y., & Ko, T. G. (2012). A cross-cultural study of perceptions of medical tourism among Chinese, Japanese, and Korean tourists in Korea. *Tourism Management*, 33(1), 80-88.
- Zhang, X., Liu, Y., & Wang, H. (2021). Prevalence of posttraumatic stress disorder after infectious disease pandemics in the twenty-first century, including COVID-19: A meta-analysis and systematic review. *Molecular Psychiatry*, 26, 4982–4998.
<https://doi.org/10.1038/s41380-021-01036-x>
- Zhao, X. (2018). Factors influencing Chinese medical tourists' satisfaction with medical services in Thailand. *Journal of International Medical Tourism*, 1(1), 12-20.

APPENDIX A: Research Questionnaire



Siam University Thailand

Dear medical tourist,

This questionnaire is part of a research study conducted by a MBA student in the Business Administration Program at Siam University. The researcher aims to explore the key drivers of customer perceived value and the behavioral intention to choose medical tourism services. The results of this study will provide valuable insights for marketers in creating customer perceived value and understanding the factors that influence patients' decisions when selecting medical tourism services. These findings will be beneficial for marketers and healthcare providers to effectively position their services and attract customers in the competitive medical tourism industry, ultimately contributing to the growth of related sectors such as healthcare, hospitality, and tourism.

As a potential medical tourist, your knowledge and previous experience in selecting healthcare services abroad are crucial. Your participation and the valuable information you provide will significantly contribute to this study. Please complete the questionnaire by answering all questions based on your personal opinions. It will take approximately 15-20 minutes to complete. All responses will be kept confidential, and personal information will not be shared with others for commercial purposes. The data collected will be used solely for statistical analysis and academic research and education at Siam University.

This questionnaire consists of two parts:

Part 1: Demographic profile of medical tourist

Part 2: Factors Influencing the Intention to Visit for Medical Tourism

Thank you for your valuable time and for your contribution to this research, which makes this academic study possible. Your cooperation is greatly appreciated.

Sincerely yours

TUN LIN AUNG (MBA student)

Siam University Thailand

Behavioral intention to visit of medical tourist

Part 1: Demographic Profile

1. What is your age?

- | | | |
|-----------------------------------|-----------------------------------|--------------------------------|
| ☐ Under 18 | ☐ 18-30 | ☐ 31-45 |
| ☐ 46-60 | ☐ Above 60 | |

2. What is your gender?

- | | | |
|--|---------------------------------|--|
| ☐ Male | ☐ Female | ☐ Prefer Not to say |
| ☐ Other Please specify..... | | |

3. What is your current JOB?

Please specify.....

4. What is your monthly income level in Myanmar Kyat?

- | | | |
|---|---|--|
| ☐ Less than 1,000,000 | ☐ 1,000,001- 5,000,000 | ☐ 5,000,001- 10,000,000 |
| ☐ 10,000,001- 50,000,000 | ☐ More than 50,000,001 | |

5. Have you previously traveled abroad for medical treatment other than Thailand?

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

6. How many times have to travel to Thailand for medical tourism? _____time/s

Part 2: Factors Influencing the Intention to Visit for Medical Tourism

Please indicate your intention to visit to Thailand for the medical tourism. If the questionnaire strongly motivates you to visit Thailand, mark (✓) "Agree." If it does not motivate you, mark (✓) "Disagree."

Customer opinion	The opinion level				
	Strongly Agree <----->Strongly Disagree				
Perceived Health Risk					
1 The higher risk of complications after medical motivates my intention.					
2 The risk of medical-legal issue motivates for medical tourism.					
3 Political and economic instability of destination motivate for medical tourism.					
Perceived Service Quality					
4 Having highly skilled medical staff abroad affect my intention.					
5 The use latest technology and equipment at the healthcare facilities affect my intention.					
6 Providing personalized and attentive care to patients affect my intention.					
Perceived Medical Cost					
7 Lower cost treatment in Thailand compare to other countries affect my intention.					
8 Promotions and discounts offered by hospitals motivate for medical tourism.					
9 No hidden and unexpected costs affect my intention.					
Social Network Influence					
10 Online social media reviews about medical tourism affects my intention.					
11 Doctor recommendations or referral for medical tourism affects my intention.					
12 Influence who shared about medical tourism experience affects my intention.					
Perceived Information					
13 Trusted and accurate information about medical tourism affects my intention.					
14 Successful medical stories from previous patient motivate for medical tourism.					
15 Clear, well-organized and easily accessible information motivate me for MT.					
Perceived Ease of Travel					
16 Having the variety of places to stay nearby destination hospital motivates me.					
17 Frequent flights to Thailand make it a convenient choice for medical tourism.					
18 Easy visa access affects my intention for medical tourism.					

Customer opinion	The opinion level Strongly Agree <----->Strongly Disagree				
Perceived Subjective Norm					
19 Friends and family's opinion strongly influences for medical tourism.					
20 Opinions in online communities affect my intention for medical care.					
21 Experiences shared by past patients affect my decision for medical care.					
Perceived Behavioral Control					
22 Understanding of the whole travel process affect my intention for medical care.					
23 Having sufficient financial resources influence for medical tourism.					
24 Availability of customer support services motivates me for medical tourism.					
Behavioral Intention of medical tourist					
25 I am interested in exploring medical tourism options in Thailand.					
26 I am interested in combining medical care with a relaxing vacation in Thailand.					
27 I'm more likely to choose Thailand over other countries for medical treatment.					

Please return this questionnaire without stating your name

THANK YOU FOR YOUR VALUED TIME FOR COMPLETING THE QUESTIONNAIRE