Thailand’s perceived medical tourism service quality: a content analysis of international patients’ online testimonials

Michael Guiry* and Theresa Ann Vega

H-E-B School of Business and Administration, University of the Incarnate Word, 4301 Broadway, CPO #109, San Antonio, TX 78209, USA
Fax: +1-210-805-3564
Email: guiry@uiwtx.edu
Email: vega.theresa@gmail.com
*Corresponding author

Abstract: This research analyses medical tourists’ perceptions of Thailand’s medical tourism service quality. A content analysis of international patients’ online testimonials from the Tourism Authority of Thailand’s official medical tourism website shows that medical tourists have distinct perceptions of Thailand’s medical tourism service quality, with the SERVQUAL dimensions assurance and reliability being mentioned most frequently. Service quality perceptions varied depending on patients’ home country region, type of medical treatment received, if healthcare provider personnel were referred to in the testimonials, and whether Thailand was recommended as a medical tourism destination. Marketing communication implications of the results are discussed, including using assurance and reliability as risk-reducing cues, and future research ideas are submitted.

Keywords: medical tourism; medical tourists; service quality; SERVQUAL; international patient testimonials; content analysis; medical care; healthcare; health tourism.


Biographical notes: Michael Guiry is an Associate Professor of Marketing at the University of the Incarnate Word. He earned his PhD in Marketing from the University of Florida, an MBA from Duke University, and a BS in Agricultural Business Management and Marketing from Cornell University. His research interests include medical tourism brand positioning and service quality, recreational shopping, and cross-cultural consumer behaviour. His research has been published in journals such as the Journal of the Academy of Marketing Science, Journal of International Consumer Marketing, International Journal of Behavioral and Healthcare Research, International Journal of Health Care Quality Assurance, International Journal of Leisure and Tourism Marketing, and Health Marketing Quarterly.
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Theresa Ann Vega is a Research Assistant at the University of the Incarnate Word. She earned her MBA in Marketing from the University of the Incarnate Word and BBA in Marketing from the University of Texas at San Antonio. Her research interests include medical tourism service quality and online marketing communication.

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1 Introduction

The medical tourism industry is growing, diversifying and becoming more competitive (Connell, 2013; Han and Hyun, 2015; KPMG International, 2011) with over 50 countries having identified medical tourism as a national industry (Rad et al., 2010). Although reliable figures about the size of the industry are uncommon due to the lack of an internationally agreed definition of what qualifies as medical tourism and the absence of methods to collect data (Connell, 2013; Helble, 2011), recent estimates put the worldwide medical tourism market at anywhere between US $40 billion and US $60 billion at present, and with annual growth rates of about 20% a year (ITB Berlin, 2012). It is estimated that 3–4% of the world population already travels abroad for medical treatment (ITB Berlin, 2012). With this trend, research on medical tourism has increased significantly in recent years (An, 2013; Lee et al., 2014). However, the research has focused more attention on the growing supply side of the industry than the demand side (Gan and Frederick, 2013). Hence, there is a need for more research to better understand the demand aspects of this growing industry.

Most of the research on medical tourism consumers focuses on two main factors for deciding to travel abroad for medical care: cost and quality of the service (Gan and Frederick, 2013; Lunt et al., 2011). Regarding the quality of service received, both technical quality (quality of medical care outcome) and functional quality (quality of process of delivering medical care) remain a concern for medical tourists (Gan and Frederick, 2013; Lunt et al., 2011; Turner, 2011). Given these continuing service quality concerns, medical tourism providers need to better understand medical tourists’ perceptions of their international patient experiences (Cook, 2012; Guiry and Vequist, 2011). Therefore, this research aims to determine the perceived service quality (SERVQUAL) dimensions, i.e., tangibles, reliability, responsiveness, assurance, and empathy (Parasuraman et al., 1988), conveyed in online testimonials of medical tourists who travelled to Thailand, one of the leading medical tourism destinations for medical care. SERVQUAL is deemed a suitable framework for this study because it was developed to measure consumer perceptions of service quality and past research has indicated that the criteria represented by the five SERVQUAL dimensions are those that are considered by consumers when assessing service quality (Day, 1992; Green, 1998). Online patient testimonials are judged an appropriate medical tourist data source since consumers are inclined to rely on word-of-mouth communication, including online testimonials, when making medical tourism decisions (Crooks et al., 2010, 2011a;
By content analysing medical tourists’ testimonials through a service quality lens, our research provides a first-person perspective of Thailand’s medical tourism service quality. We have not identified any studies in the medical tourism literature that have used this approach to investigate perceived medical tourism service quality. In the following sections of the paper, first, an overview of the Thailand medical tourism industry is provided. Second, the concepts of service quality, SERVQUAL, and word-of-mouth communication are discussed. Third, the research methodology is explained. Fourth, the results are reported and the implications of the findings are discussed. Finally, the paper ends by identifying the limitations of the study and opportunities for future research.

2 Medical tourism in Thailand

It is generally agreed that Asia is the largest and fastest growing region for medical tourism with Thailand, India, Singapore, and Malaysia being the top four destination countries (Connell, 2011; Reddy et al., 2010). Although statistics are unreliable, Thailand probably draws the most medical tourists in Asia (Connell, 2011; Renub Research, 2012), with an estimated 2.5 million international patients arriving in 2012, up from around 1.4 million foreign patients in 2006 (MyMedHoliday, 2013a; Pocock and Phua, 2011). The largest number of patients comes from Japan, followed, in descending order, by the US, UK, Gulf Cooperation Council member states, and Australia (MyMedHoliday, 2013a; Pocock and Phua, 2011). While medical tourists come to Thailand for a wide variety of medical treatments, it is known primarily for its cosmetic surgery, gender reassignment and dental procedures (Jones, 2011; Whittaker, 2008). Thailand markets itself as the ‘land of smiles’ and many medical tourism providers emphasise its high quality care, reasonable prices, the gracious hospitality of its people, tropical climate, and positive tourism characteristics (Jones, 2011; Rerkrujipimol and Assenov, 2011). Thailand has 31 hospitals with Joint Commission International (JCI) accreditation – the most in Southeast Asia (MyMedHoliday, 2013b). Importantly, the Thai Government actively supports and markets the Thai medical tourism industry (Connell, 2011; Jones, 2011; Pocock and Phua, 2011), and in 2010 the Tourism Authority of Thailand launched a medical tourism website ThailandMedTourism.com providing pertinent information such as the types of medical treatments available, locations of hospitals/clinics, destination guides, packages and promotions from both medical service providers and travel agents, up to date articles and news, and patient testimonials (PRLog, 2010; Tourism Authority of Thailand, 2010d). The medical treatments listed on the website are categorised into nine categories:

1. cosmetic/plastic surgery
2. dermatology
3. dental
4. LASIK
5. holistic/anti-aging (e.g., acupuncture, detoxification, and hydrotherapy)
In light of the types of medical treatments the Tourism Authority of Thailand categorises under medical tourism, for the purpose of this research medical tourism is defined as: “travel with the express purpose of obtaining health services abroad” [Ramirez de Arellano, (2007), p.193]. This definition includes both medical procedures (e.g., cosmetic/plastic surgery, dental, and general treatments) and health and wellness treatments (e.g., holistic/anti-aging and medical and wellness spa).

### 3 Service quality

Service quality has been described as a global judgment, or attitude, related but not equivalent to satisfaction, which results from the comparison of expectations with perceptions of service performance (Parasuraman et al., 1988). Expectations provide a standard of comparison against which consumers anticipate and judge a service firm’s performance (Zeithaml et al., 2013). Zeithaml et al. (2013) have suggested that consumers do not perceive service quality as a one-dimensional concept. Instead, their assessment of service quality includes their expectations and perceptions of multiple factors. More specifically, Parasuraman et al. (1988) have defined the service quality concept in terms of five major dimensions:

- **tangibles**: appearance of physical facilities, equipment, personnel, and communication materials
- **reliability**: ability to perform the promised service dependably and accurately
- **responsiveness**: willingness to help customers and to provide prompt service
- **assurance**: knowledge and courtesy of employees and their ability to convey trust and confidence
- **empathy**: providing caring, individualised attention to customers.

All five dimensions are important in assessing service quality. However, the relative importance of each dimension varies as reliability has been consistently shown to be the most important determinant of service quality, followed by assurance and responsiveness, with tangibles and empathy having the weakest influence on perceptions of service quality (Parasuraman et al., 1988; Zeithaml et al., 2013).

### 4 SERVQUAL

Parasuraman et al. (1988) developed the SERVQUAL scale to measure service quality along the five dimensions. In spite of criticism in the service quality literature regarding the theoretical aspects of the scale (e.g., Cronin and Taylor, 1992; Taylor and Cronin, 1994; van Dyke et al., 1997), SERVQUAL has been widely applied, is highly valued, and
continues to be the preferred service quality measurement model (e.g., Atilgan et al., 2003; Butt and de Run, 2010; Ladhari, 2009), and there is general agreement that the SERVQUAL items are reliable predictors of overall service quality (Bakar et al., 2008; Butt and de Run, 2010; Khan, 2003).

The SERVQUAL scale and derivations from it have been used extensively in both travel and tourism (e.g., Atilgan et al., 2003; Chand, 2010; Khan, 2003) and healthcare (e.g., Bakar et al., 2008; Butt and de Run, 2010; Wisniewski and Wisniewski, 2005) research. In a medical tourism context, SERVQUAL has been used to compare medical tourists’ expectations and perceptions of overseas medical care service quality (Guiry and Vequist, 2011; Jyothis and Janardhanan, 2009) with results showing that medical tourists’ perceptions of the service quality they received fell short of their expectations. In another study applying the SERVQUAL model, Guiry et al. (2013) found experienced medical tourists, i.e., consumers who have travelled abroad for medical care, had significantly lower expectations than potential medical tourists, i.e., consumers who have not travelled abroad for medical care but are interested in doing so, for all five SERVQUAL dimensions.

Although the principal use of SERVQUAL is to identify potential service quality gaps for service providers, Day (1992, p.54) proposed that “since the scale was developed to measure service quality perceptions from the consumer’s point of view, rather than from a more ‘objective’, detached perspective it provides a useful framework for evaluating service marketers’ efforts to communicate service quality through their advertising”. Accordingly, Day (1992) and Bang et al. (2005) used the SERVQUAL dimensions to analyse the service quality dimensions conveyed in magazine advertising for B-to-C services. Day (1992) found that the communication of service quality dimensions varied by the type of services advertising (e.g., airlines, financial, and hotel) while Bang et al. (2005) ascertained that the service quality dimensions conveyed in services advertising differed between the USA and Korea.

Since the SERVQUAL dimensions have been shown to be a suitable framework for analysing the communication of service quality in advertising, it follows that the dimensions can be used to analyse other forms of service quality-related communication, such as word-of-mouth, seeing as consumers’ evaluation of service quality can be influenced by word-of-mouth communication (Parasuraman et al., 1991, 1985). Moreover, given the tendency of consumers to rely on word-of-mouth, including online testimonials, when searching for and evaluating medical tourism-related information in their medical tourism decision making process (Crooks et al., 2010, 2011a), as well as the prevalence of patient testimonials on medical tourism websites (Lee et al., 2014; Mason and Wright, 2011), it seems productive in the present research to analyse medical tourists’ online testimonials to determine which SERVQUAL dimensions are being communicated most frequently.

5 Word-of-mouth communication

Word-of-mouth, defined as “all informal communications directed at other consumers about the ownership, usage, or characteristics of particular goods and services or their sellers” [Westbrook, (1987), p.261], is an important determinant of consumer behaviour,
influencing consumers’ choices and purchase decisions, consumer expectations, preusage attitudes, and even post-usage perceptions of a good or service (De Bruyn and Lilien, 2008). Word-of-mouth communication is especially important within a services context (e.g., healthcare and hospitality and tourism industries), whose intangible products are difficult to evaluate prior to their consumption given their intangibility and higher associated risk (Murray and Schlacter, 1990; Gelb and Johnson, 1995; Litvin et al., 2008). Murray and Schlacter (1990) argued that consumers seek information from other individuals who have experienced the service as it reduces the prospective consumer’s uncertainty via vicarious learning and indirect experience.

With the growth and development of the internet, consumers are able to obtain information related to goods and services not only from friends, acquaintances, and colleagues, by means of personal communication, but also from a myriad of other people, otherwise unknown to them, who have had experience with the relevant products (Ratchford et al., 2001; Hennig-Thurau and Walsh, 2004; Cheung and Dimple, 2010). As a result, traditional word-of-mouth has evolved into a new form of communication, namely electronic word-of-mouth (eWOM). eWOM communication refers to “any positive or negative statement made by potential, actual, and former customers about a product or a company, which is made available to a multitude of people and institutions via the internet” [Hennig-Thurau et al., (2004), p.39]. The advances of the internet offer a fertile ground for eWOM communication. More and more consumers use Web 2.0 tools (e.g., online discussion forums, consumer review sites, blogs, social network sites, etc.) to exchange product information (Lee et al., 2008; Cheung and Dimple, 2010). There is a high level of acceptance and reliance on eWOM, and eWOM can increase product sales (Hennig-Thurau and Walsh, 2004; Davis and Khazanchi, 2008). Research has revealed the importance of online word-of-mouth in the consumer decision making process as 63% of consumers are more likely to purchase from a supplier, if it has online ratings and reviews, 77% of online shoppers use reviews and ratings when purchasing, and 82% of those who read reviews say that their purchasing decisions are directly influenced by those reviews (Pollard, 2008).

Having access to information while making decisions about medical tourism is vital given the range of factors that potential medical tourists need to take into account before committing to going abroad, such as the quality of care, service, and hospital facilities, treatment options, and credentials of doctors (Crooks et al., 2010). The internet and word-of-mouth are critical information sources for potential medical tourists as they are the most common initial sources of information, while additional information is almost exclusively collected from the internet (Crooks et al., 2011a; Johnston et al., 2012). Firsthand accounts provided by experienced medical tourists, whether through traditional or eWOM, are particularly valued and trusted due to the limited availability of information outside the medical tourism industry (Crooks et al., 2011a; Johnston et al., 2012). Satisfied patients who spread positive information about facilities and destination countries can serve as a motivator for potential medical tourists and influence those at the decision-making stage (Crooks et al., 2010). In this fashion, these experienced medical tourists may become ‘brand ambassadors’ for destination countries and hospitals over time after returning home (Crooks et al., 2010). Given the importance of word-of-mouth communication within the medical tourism decision-making process, it is prudent to examine how online patient testimonials communicate service quality perceptions.
6 Methodology

This study employed content analysis, which is an appropriate method for examining online communication (Ma, 2013; Nimrod, 2010) to investigate the communication of the SERVQUAL dimensions in medical tourists’ online testimonials. Content analysis is commonly used in medical tourism research (e.g., Cormany and Baloglu, 2011; Crooks et al., 2011b; Penney et al., 2011) since medical tourists are not a readily available and easy population to sample (Cormany and Baloglu, 2011; Reddy et al., 2010).

6.1 Sample

The sample is comprised of 133 medical tourists’ testimonials posted on ThailandMedtourism.com, the Tourism Authority of Thailand’s official medical tourism website. Testimonials from Thailand’s medical tourism website served as the study’s data since Thailand is often cited as a leading medical tourism destination (Connell, 2011), and the Thai Government has made a concerted effort to promote its medical tourism industry (Pocock and Phua, 2011). The data were collected from the website in 2013. No information was provided about when the testimonials were posted but the year the treatment occurred in Thailand was noted in 55% of the testimonials. In these testimonials, 26% of the treatments happened in 2009, 23% in 2010, 19% in 2007, 12% in 2008, and 8% in 2011.

6.2 Medical tourist testimonial coding

The testimonials were coded using the coding method devised by Day (1992) to examine how the SERVQUAL dimensions were communicated in service providers’ print advertisements, and later used by Bang et al. (2005) when they examined the service quality dimensions conveyed in services advertisements in the USA and Korea. When Day developed her SERVQUAL dimension coding scheme (see Table 1), she expanded Parasuraman et al.’s (1988) definition of each dimension to provide more definitive coding information. Each testimonial in the sample was scrutinised multiple times by the authors, who coded separately, to determine if any of the dimensions were being expressed in the testimonial based on Day’s guidelines. If evidence of a dimension was found in a testimonial, the observation was recorded in separate coding sheets under the corresponding SERVQUAL dimension. After coding independently, the authors met to compare their coding results. When disagreements occurred the items were re-examined and discussed together by the authors to determine the coding. Following the approach used by Bauer (2002), the quality of the content analysis was tested by having a random sample of 25% of the testimonials reanalysed by an independent colleague. Subsequently, coding discrepancies were reviewed and discussed among the authors and colleague to decide on the coding. Inter-judge reliability for the three coders (two authors and independent colleague) was then calculated by using a per-item agreement method suggested in the literature (Kassarjian, 1977). The inter-judge reliability score was 87%, which is considered satisfactory (Kassarjian, 1977).
Table 1  Day’s (1992) quality cues coding scheme

<table>
<thead>
<tr>
<th>SERVQUAL dimension</th>
<th>Determinants (evidence) of service quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangibles</td>
<td>Physical facilities, equipment, and appearance of personnel e.g., verbal descriptions or photographic evidence of physical facilities, equipment, appearance of personnel, as well as of service promised</td>
</tr>
<tr>
<td>Reliability</td>
<td>Ability to perform the promised service dependably and accurately e.g., direct/indirect references to reliability, dependability, or accuracy; also references to procedures or equipment that suggest ability to deliver on explicit/implicit promises</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>Willingness to help customers and provide prompt service e.g., references to personnel being ‘ready,’ ‘willing’, or ‘eager’ to serve; also references to prompt service or quick turn-around</td>
</tr>
<tr>
<td>Assurance</td>
<td>Knowledge and courtesy of employees, and their ability to convey trust and confidence e.g., references to competence of employees, references to courtesy service; references to affiliation/membership in trade associations, certification, accreditation, awards; also references to length of time firm has been in business</td>
</tr>
<tr>
<td>Empathy</td>
<td>Caring, individualised attention the firm provides its customers e.g., references to ‘caring’, ‘personalised’ service; also references to special services offered to particular customer segments</td>
</tr>
</tbody>
</table>

6.3 Analysis

Frequencies analysis was used to produce frequency counts and percent distributions of the SERVQUAL dimensions occurring in medical tourists’ online testimonials. Frequency tabulations resulting from this type of analysis facilitate identification and comparisons of patterns across the SERVQUAL dimensions. Crosstabs with chi-square tests were used to investigate the relationship between the SERVQUAL dimensions cited and medical tourists’ characteristics determined via the testimonials (e.g., gender, home country geographic region (Asia, Australia/New Zealand, Canada/USA, and Europe), type of medical care received, mentioned healthcare provider personnel in the testimonial, stated a willingness to return to Thailand for medical care in the testimonial, and recommended Thailand as a medical tourism destination).

7 Results

7.1 Testimonial characteristics

All of the testimonials are positive with the majority of them being highly positive using words such as very happy, wonderful, fantastic, great, excellent, delighted, and amazing to describe the medical tourist’s experience. The medical tourist’s gender could be determined for 118 of the testimonials. Of these testimonials, 67% were written by males and 33% by females. The patient’s age and occupation were mentioned in a limited number of postings, 37 (28%) and 26 (20%) respectively. The medical tourist’s home country could be ascertained for 104 of the testimonials with Australia (29%), USA (14%), UK (12%), Japan (7%), and Singapore (7%) being the most frequently cited of the 23 different home countries noted in the testimonials. Geographically, based on world
region, 30% of the medical tourists were from Australia/New Zealand, 27% from Asia, 26% from Europe, and 17% from Canada/USA. The type of medical treatment received was mentioned in 128 of the testimonials with the four most common treatments being dental (43%), cosmetic surgery (23%), LASIK (13%), and medical and wellness spa (9%). These groupings are defined based on the categories of medical treatment delineated at ThailandMedTourism.com. The most common medical treatment for males was dental (58%) followed by LASIK (14%) and cosmetic surgery (10%). While for females, cosmetic surgery (33%) was the most frequently cited treatment followed by dental (25%) and LASIK and holistic/anti-aging (both 17%). Healthcare provider personnel were mentioned in 77% of the testimonials with doctors (59%) being mentioned most often followed by staff (38%). Twenty-six percent of the testimonials stated a willingness to return to Thailand for medical care while 35% of the testimonials recommended Thailand as a medical tourism destination.

7.2 SERVQUAL dimensions

Of the five SERVQUAL dimensions, assurance and reliability were most frequently mentioned by medical tourists with 62% and 61% of the testimonials, respectively, conveying these facets. The other three dimensions, i.e., tangibles (13%), empathy (10%), and responsiveness (5%), were referred to less often. Example testimonials for each SERVQUAL dimension are shown in Table 2.

<table>
<thead>
<tr>
<th>SERVQUAL dimension</th>
<th>Testimonial example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangibles</td>
<td>“The environment is very relaxing and inspiring.”</td>
</tr>
<tr>
<td></td>
<td>“Then I got transferred to a private room comparable to a very nice hotel: balcony, fridge, cable TV and sofa to welcome visitors.”</td>
</tr>
<tr>
<td>Reliability</td>
<td>“I removed the protective bandages from my eyes and I could already see so well that I was reading the newspaper.”</td>
</tr>
<tr>
<td></td>
<td>“I can see a noticeable difference in my hair’s growth, and am very excited about the progress that has been made. It’s a dream come true to think that within a few months I shall never have to use any hair removal methods ever again results are very pleasing and long lasting.”</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>“They do not have long waiting lists and are very flexible with appointments.”</td>
</tr>
<tr>
<td></td>
<td>“Special mention to the ‘nursing care’. Everyone was very prompt and helpful.”</td>
</tr>
<tr>
<td>Assurance</td>
<td>“The dentists are all of the highest standard, very professional and highly skilled with great attention to detail.”</td>
</tr>
<tr>
<td></td>
<td>“I was treated with a lot of courtesy, very polite dentist, and very understanding and reassuring.”</td>
</tr>
<tr>
<td>Empathy</td>
<td>“The doctor is a gifted young man who gives his undivided attention to your dental needs.”</td>
</tr>
<tr>
<td></td>
<td>“The doctor and his staff were very attentive and patient in explaining my options enabling me to make the right decision in regard to my plastic surgery.”</td>
</tr>
</tbody>
</table>

Note: Underlined text highlights the dimension being communicated.
7.3  Crosstabs with chi-square tests

As previously noted, crosstabs with chi-square tests were run to examine the relationship between the SERVQUAL dimensions cited in the testimonials and medical tourists’ discernible characteristics (e.g., gender, home country geographic region, type of medical treatment, referred to healthcare personnel, stated a willingness to return to Thailand for medical treatment, and recommended Thailand as a medical tourism destination). The results reported below focus on the significant relationships found in the analysis for four of the five SERVQUAL dimensions, i.e., tangibles, reliability, assurance, and empathy. No significant relationships were found between responsiveness and medical tourists’ characteristics.

7.3.1  Tangibles

Medical and wellness spa patients were the only medical treatment group to more likely refer to tangible aspects of their patient experience in their testimonials than not mention this dimension ($\chi^2 = 30.33, p = .000$). No other significant relationships were found between testimonials touching on tangibles and medical tourists’ characteristics.

7.3.2  Reliability

Cosmetic surgery, dental, and LASIK patients were more likely to mention reliability characteristics than not mention this dimension in their testimonials. In contrast, medical and wellness spa patients were more likely to not refer to reliability qualities. ($\chi^2 = 25.89, p = .000$). The other significant relationship found for reliability was testimonials from European medical tourists were more likely to have reliability comments than not have comments related to this dimension ($\chi^2 = 8.65, p = .034$). Testimonials from medical tourists from the other three home country geographic regions (Asia, Australia/New Zealand, and Canada/USA) were equally likely to contain or not contain reliability remarks.

7.3.3  Assurance

Dental and LASIK patients were more likely to comment on assurance qualities than not refer to this dimension whereas medical and wellness spa patients were more likely to not mention this aspect of service quality ($\chi^2 = 29.88, p = .000$). Also, testimonials referring to healthcare personnel (e.g., doctor, nurse, and staff) who were involved in providing medical treatment were more likely to contain assurance references than not touch upon this dimension ($\chi^2 = 26.40, p = .000$). In contrast, testimonials that did not mention healthcare personnel were more likely to not have assurance remarks than mention this dimension. The last significant relationship found for assurance was testimonials including a word-of-mouth recommendation were more likely to include assurance remarks than not refer to this dimension ($\chi^2 = 9.02, p = .003$). Testimonials without word-of-mouth recommendations were equally likely to have or not have assurance comments.
7.3.4 Empathy

Cosmetic surgery and dental patients were more likely to not cite empathy qualities in their testimonials than to mention this dimension ($\chi^2 = 11.70, \ p = .02$). No other significant relationships were found between testimonials mentioning empathy traits and medical tourists’ characteristics.

8 Discussion

The purpose of this study was to provide a first-person perspective of Thailand’s perceived medical tourism service quality by analysing medical tourists’ online testimonials to determine the primary SERVQUAL dimensions associated with travelling to Thailand for medical care. The study’s results indicate that medical tourists have distinct perceptions of Thailand’s medical tourism service quality. Based on the number of observations in the medical tourists’ testimonials, assurance and reliability are the strongest service quality associations followed by tangibles, empathy, and responsiveness in that order. This pattern differs from previous SERVQUAL-based service quality research that has found reliability to be the most important determinant of service quality followed by assurance, responsiveness, tangibles, and empathy, respectively (Parasuraman et al., 1988; Zeithaml et al., 2013). It also varies from prior medical tourism service quality research using the SERVQUAL scale that found empathy had the highest perception score followed by assurance, responsiveness, reliability, and tangibles respectively (Guiry and Vequist, 2011). Comparing our findings with past SERVQUAL-based healthcare service quality research is problematic since there is no consistent pattern regarding the relative importance or perception ranking of the SERVQUAL dimensions across these studies (e.g., Abuosi and Atinga, 2013; Ramsaran-Fowdar, 2008; Suki et al., 2011) due to the research being conducted in different countries and health/medical care contexts, in addition to the research-specific modifications (e.g., number of items, wording of the items, and number of scale points) that were made to the SERVQUAL scale in most of the studies. For example, Dean (1999) found assurance was the most important dimension in a healthcare environment (i.e., maternal and child health centres) followed by empathy, reliability/responsiveness, and tangibles respectively, while reliability/responsiveness came first in a medical care context (i.e., medical centres) followed by empathy, assurance, and tangibles in that order. Differences in the ordering of the dimensions between our study and previous service quality research may be attributed to our research being a qualitative study of international patient testimonials whereas service quality research for the most part uses survey design with closed-ended scales, e.g., SERVQUAL.

This study also showed that testimonials from dental and LASIK patients, ones mentioning healthcare personnel, or recommending Thailand as a medical tourism destination were more likely to contain assurance comments than not refer to this dimension. In the case of reliability, cosmetic surgery, dental, and LASIK patients as well as medical tourists from Europe were more likely to bring up this dimension than not mention it.

For the other three SERVQUAL dimensions, medical and wellness spa patients were more likely to describe tangible features in their testimonials than not mention them, which is consistent with the nature of a spa experience (Lo et al., 2014; Wakefield and
Blodgett, 1994), while cosmetic surgery and dental patients were more likely to not comment on empathy traits than to allude to them. Since empathy does influence service quality perceptions, the latter result may be due to these patients concentrating their comments on more important or memorable dimensions concerning their medical tourism experience, i.e., reliability for cosmetic surgery patients and assurance and reliability for dental patients. Lastly, medical tourists’ characteristics were not related to referring to the responsiveness dimension. Again, this may be due to the pervasiveness of assurance and reliability comments within the testimonials.

The prevalence of the assurance and reliability dimensions may be the result of medical care being high in credence and experience qualities (Parasuraman et al., 1985; Ramsaran-Fowdar, 2005; Zeithaml, 1981), and consumers tending to rely on the functional aspects of the service delivery process (e.g., knowledge and courtesy of healthcare personnel and their ability to convey trust and confidence) and patient/medical outcomes (e.g., positive outcome of medical treatment and feeling good emotionally or psychologically) when evaluating healthcare service quality since, in general, they lack the expertise to evaluate technical quality (e.g., accuracy of a medical diagnosis) (Babakus and Mangold, 1992; Ramsaran-Fowdar, 2005; Wong, 2002). Given the various risks associated with being a medical tourist (Crooks et al., 2010; Penney et al., 2011), the pervasiveness of the assurance and reliability dimensions in the testimonials may also be due to these dimensions being linked to patients’ risk perceptions before receiving medical care (Etgar and Fuchs, 2009). Past research in a healthcare context showed that among the five SERVQUAL dimensions assurance had the largest impact on perceived risk reduction followed by reliability (Clow et al., 1998). Hence, if medical tourists describe their patient experiences as providing more assurance and as more reliable then they may perceive these experiences as less risky (Etgar and Fuchs, 2009).

9 Implications

The SERVQUAL dimensions represent criteria consumers use in selecting and evaluating service providers (Day, 1992). Hence, medical tourism providers need to consider the medical tourism service quality perceptions of the destination country when planning marketing communication programs to design messages that not only reflect the service quality the destination has to offer but also resonate with their target markets. The results also suggest medical tourism providers should recognise the importance of medical tourists’ desire to reduce risk before, during, and after treatment, and the potential use by medical tourists of service quality perceptions as indicators of such risks (Etgar and Fuchs, 2009). Therefore, they should incorporate risk-reducing cues in the methods and facilities in which medical tourism services are provided, in the ways in which healthcare personnel interact with patients, in websites and other forms of marketing communication, and even in the tangible aspects of the provision of these medical services (Etgar and Fuchs, 2009). The focus on assurance and reliability in medical tourists testimonials suggest that these two dimensions should be concentrated on when providing risk-reducing cues. We therefore suggest that the Thai government and medical tourism providers focus on communicating these two dimensions when marketing Thailand’s medical tourism services. Specifically, assurance should be stressed when marketing dental and LASIK treatments, the qualities of Thai healthcare provider personnel, and using medical tourist testimonials in advertising and other forms of
marketing communication. Reliability should be emphasised when targeting cosmetic surgery, dental, and LASIK patients as well as European medical tourists.

Assurance, i.e., the knowledge and courtesy of employees, and their ability to convey trust and confidence, can be communicated in several ways. Highlighting healthcare providers’ professional competence and credibility increases assurance (Clow et al., 1998). Competence can be demonstrated by emphasising professional credentials, the school from which they graduated, other training courses attended (Clow et al., 1998), and personal performance statements (Choi et al., 2012). In the case of Thailand, ThailandMedTourism.com has a section called Thailand Medical Hall of Fame that features Thai hospitals and clinics that have won awards for their outstanding facilities, service, and/or highly praised medical staff, including distinguished Thai doctors and surgeons (Tourism Authority of Thailand, 2010c). There is also a Physician’s section that showcases Thailand’s most prominent medical professionals: physicians, surgeons, and other medical professionals such as academics and scientific researchers who have received local and/or international awards for outstanding service or achievements in the medical profession (Tourism Authority of Thailand, 2010a). Credibility and trustworthiness can be increased using testimonials of medical tourists that state assurance qualities and through accreditation/certification by professional associations (e.g., JCI accreditation and JCI Clinical Care Program Certification). In this study, testimonials which recommended Thailand as a medical tourism destination were more likely to comment on assurance qualities than not mention this dimension. Displaying photographs of healthcare providers can also enhance assurance provided that the pictures serve as an additional component of identification and an indication of trustworthy service (Choi et al., 2008). Assurance can also be conveyed through words such as professionalism, expertise, experience, proficiency, trust, reassuring, calming, comforting, courteous, and considerate when referring to healthcare personnel and the process of delivering the medical care.

Our findings suggest reliability, i.e., the ability to perform the promised service dependably and accurately, is the second most important service quality cue, which concurs with Clow et al.’s (1998) results. Communicating the concepts of being dependable with highly competent medical care will help reduce perceived risk (Clow et al., 1998). Reliability can be conveyed to prospective medical tourists through testimonials from satisfied international patients (Clow, 1995) that address positive outcomes. The following testimonials posted in ThailandMedTourism.com’s Testimonial section illustrate communicating reliability (Tourism Authority of Thailand, 2010b):

- “It’s been 7 months now since my hair procedure and I am very happy with the results.”
- “I have been to the clinic on several occasions and have always received excellent treatment.”
- “When she saw the results once I was back home, she agreed that my breasts looked natural and proportionate to my body... that I had made a good choice.”
- “After the operation, simply WOW! Never felt so good! Getting your vision back in such an instant way was something that positively impressed me.”
- “I did not fully appreciate how good your treatment was until I returned home. My own dentist was really amazed at the standard of work carried out.”
In sum, consistent with previous findings in a professional services context (Choi et al., 2012), we suggest it is critical that medical tourism providers communicate assurance and reliability of service quality to lower perceived risk when persuading prospective medical tourists to utilise their services. As noted by Choi et al. (2012), Clow et al. (1998) also proposed that service quality cues make consumers anticipate that quality service will be delivered, thereby leading to stronger behavioural intentions.

10 Limitations and future research

There are several inherent limitations to this study resulting from using online international patient testimonials as the data source and content analysis to analyse the data. First, content analysis is exploratory in nature and relies on subjective judgments to some degree (Kassarjian, 1977; Kolbe and Burnett, 1991). Second, the testimonials were written by medical tourists from different countries and cultural backgrounds while the testimonials were coded based on the cultural vantage point, i.e., USA, of the researchers. Thus, there may be discrepancies between the intended meaning of words written in the testimonials by non-US medical tourists and the interpretation of these words by the researchers. Third, the generalisability of the findings is limited due to the nature of the data. The study examined the medical tourist testimonials of one country’s medical tourism website; thus, the research results may extend only in regard to Thailand. All of the analysed testimonials were found to be repeatedly positive in their individual portrayal of being a medical tourist in Thailand with the bulk of them being very positive. As such, the true objectivity of the patient testimonials was unknown. Also, complete information regarding each patient’s gender, age, occupation, home country, type of medical treatment received, and date of the treatment was not consistently available. Consequently, this study was conducted on the basis of the information provided by international patients at ThailandMedTourism.com. Assuming patient testimonials are regularly added to ThailandMedTourism.com, the website could be monitored to track any changes in service quality perceptions as well as the characteristics of the patients writing the testimonials.

Future research should consider analysing online medical tourist patient testimonials from other country/government sponsored medical tourism websites. Doing so would offer further insight in the SERVQUAL dimensions projected through medical tourism across different countries. In conjunction, seeing that patients’ evaluations of hospital service quality vary from country to country (Bakar et al., 2008), and culture influences perceptions of service quality (e.g., Etgar and Fuchs, 2011; Furrer et al., 2000; Ladhari et al., 2011), the examination of cultural differences would also provide additional awareness into the perception of the SERVQUAL dimensions through the discernment of culturally relevant and acceptable medical tourism service quality perceptions. In addition, the study of testimonials in other online venues (e.g., blogs, virtual communities, and social networking sites) independent from medical tourism providers’ (e.g., medical tourism hospitals and facilitators) websites should be considered for future research surrounding the SERVQUAL dimensions within a medical tourism context. Given the nature of these online venues, the potential influential abilities of outside sources (e.g., medical tourism firms) may be minimised and allow for ‘genuine and untainted consumer feedback’ and commentary [Litvin et al., (2008), p.464]. Lastly, future research should analyse online medical tourist testimonials to ascertain the service
quality perceptions of different kinds of medical tourism firms (e.g., hospitals and medical tourism facilitators) in and outside Thailand in order to examine the interrelated nature of the SERVQUAL dimensions within various types of medical tourism providers and across countries.

11 Conclusions

This research was conducted to investigate international patients’ perceptions of Thailand’s medical tourism service quality by content analysing their online testimonials at ThailandMedTourism.com. The research results show that medical tourists have distinctive service quality perceptions of Thailand, with assurance being the strongest service quality association followed in turn by reliability, tangibles, empathy, and responsiveness. The frequency of assurance and reliability comments in medical tourists’ testimonials suggest that these two dimensions should be concentrated on when designing marketing communication messages to attract medical tourists to Thailand. Emphasising these two dimensions will help lower perceived risk and strengthen behavioural intentions. The descriptive data from the content analysis provided insight on the medical tourist’s patient experience from a first-person perspective adding to the growing body of medical tourism knowledge. We hope our study will help stimulate further research on medical tourism service quality perceptions.

References


Thailand’s perceived medical tourism service quality


