A STUDY OF INTERNATIONAL PATIENTS’ PERCEPTION TOWARDS SERVICE QUALITY OF PRIVATE HOSPITALS IN BANGKOK

Bunchapattasakda, Chanchai. and Mon Nang, Ei*

Master of Business Administration in Management, School of Management, Shinawatra University, Bangkok, Thailand

INTRODUCTION

In the last decade, it has come to be realized that understanding, meeting and anticipating patient needs are probably the most significant source of sustained competitive advantages for a hospital (Vilares & Coelho, 2003). Excellent customer service may indeed be the best answer to increasing competitions in the health care industry to assure the provision of quality service, and accordingly, assessments of service quality have become critical for hospitals.

1. Statement of Problem

Patient satisfaction and service quality is becoming a critical objective in the strategic planning process. Patients demand more information than ever and do not hesitate to switch to another health care provider if they don’t obtain satisfaction (Ramsaran-Fowdar, 2008). As a result, the provision of quality service and improving patient satisfaction are key strategies and are crucial to the long-run success and profitability of health care providers (Gilbert, Lumpkin, & Dant, 1992).

In 2006, total market value of all private hospitals in Thailand was over 49,000 million baht ($1.5 billion) and this business is both globalizing and growing rapidly (Thansettakij, 2008). Ministry of Public Health, Thailand, (2008) announced that private hospital’s customers accounting for 94.6% of total patients or 45.3 million in 2006.

For these reasons, this study focuses to find out the relationship between the service quality and customer satisfaction in the context of international outpatients to get medical treatments in private hospitals, Bangkok.

LITERATURE REVIEW

2.1 Conceptualization of Service quality

Service quality is a central issue in services marketing and has been discussed in a number of writings even before the well-known SERVQUAL research by Parasuraman et al. (1985). According to Zeithaml and Bitner (1996) service quality is “the delivery of excellent or superior service relative to customer expectations”. Service quality is recognized as a multi-dimensional construct (Pollack, 2008) and researchers have listed a variety of service quality determinants (Albrecht & Zemke, 1985; Parasuraman et al., 1985; Gro¨nroos, 1990; Johnston, 1997). Gro¨nroos (1984) postulated two types of service quality: technical quality (i.e. what the customers actually received from the service), and functional quality (i.e. the manner in which the service is delivered). More recently, he proposes that service quality can be described in terms of professionalism and skills, attitudes and behaviour, accessibility and flexibility, reliability and trustworthiness,
service recovery, service scape, reputation and credibility (Groˇnroos, 2000).

The most popular conceptualization of service quality SERVQUAL features five dimensions: tangibles, reliability, responsiveness, empathy and assurance (Parasuraman et al., 1988).

Choi et al. (2005) developed the measurement of perceived service quality through modifying SERVQUAL’s dimensions and scales (Parasuraman, Zeithaml, & Berry, 1985, 1988; Parasuraman, Berry, & Zeithaml, 1990) in order to fit with Korean health care system. This quality composed of four dimensions: physician concern, staff concern, convenience of care process, and tangibles.

According to the model, the SERVQUAL is modified to fit with service quality of hospital in Korea where health care system is different from U.S. and Europe. Patients in the Korean health care system have the freedom to select the hospital (Choi et al., 2005), which is similar to the Thai health care system where patients have the right to change medical service providers and medical service.

2.2 Perceived Service Quality

Groˇnroos (1984) defined perceived service quality as the outcome of an evaluation process, whereby the consumer compares his expectations with the service he has received, i.e. he puts the perceived service against the expected service. The result of this process will be the perceived quality of service. Perceived quality thus differs from objective quality, which involves an objective assessment of a thing or an event on the basis of predetermined standards that are measurable and verifiable (Zeithaml, 1988). Perceived quality is a global judgment, or attitude relating to the service. In short, perceived quality involves the subjective response of people and is therefore highly relativistic. It is a form of attitude, related but not equivalent to satisfaction, and results from a comparison of expectations with perceptions of performance (Parasuraman et al., 1988; Zeithaml, 1988; Lim & Tang, 2000; Sureshchandar et al., 2002). According to Parasuraman et al. (1985), customers’ perceptions of service quality are influenced by five “gaps.

2.3 Quality in Healthcare

Healthcare quality is more difficult to define than other services because it is the customer himself and the quality of his life being evaluated (Eiriz & Figueiredo, 2005). Some authors suggest that taking into account observer, i.e. friends and family perceptions can assess healthcare quality. Moreover, these observer groups represent potential future customers – major influencers of patient healthcare choices (Strasser et al., 1995; Naidu, 2009). Quality has been defined as perceived satisfaction (Smith & Swinehart, 2001). Koch (1991) defined Quality as continually satisfying patient requirements. Lim et al. (1999) postulated two aspects of healthcare quality:

1. The technical aspect of care, which refers to the competence of the providers as they go about performing their routines. These include thoroughness, clinical and operating skills of the doctors, clinical outcomes.

2. The interpersonal aspect of care, which represents the humane aspect of care and the socio-psychological relationships between the patient and the health care providers. This involves explanations of illness and treatment, the availability of information, courtesy and the warmth received.

Internal checks on quality are not evident to patients. Patients cannot judge the technical competence of the hospital and its staff; i.e patients have no “skill” to evaluate exactly the service’s technical reliability (Vinagre & Neves, 2008). This result is also consistent with Donabedian’s (1989) statement that patients often are in no position to assess care process technical quality and they are sensitive to interpersonal relationships. Hence, a patient makes a judgment of a hospital based on the interpersonal aspect of care that he receives, the manner in which medical care is delivered. Therefore, patient may use non-technical characteristics (such as the length of time waiting for a procedure or the pain they experience) to evaluate service quality. These aspects of the service are directly experienced, and their evaluation requires no technical expertise.

2.4 Patient satisfaction

Patient satisfaction considered as one of the most important quality dimensions and key success indicators in health care (Pakdil & Harwood, 2005). Zineldin (2006) defined satisfaction as an emotional response. Despite seemingly alike, perceived service quality and consumer satisfaction are distinct constructs that may be defined and evaluated in different ways. "While service quality and consumer satisfaction have certain things in common, satisfaction is generally viewed as a broader concept while service quality assessment focuses on dimensions of service" (Zeithaml & Bitner, 2000).

Patient's satisfaction can be studied in the context of their overall experience in a healthcare setting. As Priporas, et. al. (2008) stated a patient’s expectations and perceptions are not simply related because a medical or health service is not technically comprehensive. Patients are therefore unable to have a clear idea of their expectations in a clinical setting. Patient satisfaction constitutes a crucial aspect of quality of care. The earliest studies of patient satisfaction date from the mid-1950s such as: Soulem (1955) and Klopf (1956). The depth and richness of this stream of literature provides physicians and their administrators with adequate knowledge of the measurement of quality of care (Lin & Kelly, 1995; Woodside et al., 1989).

Patient satisfaction is defined as an evaluation of distinct healthcare dimensions (Linder-Pelz, 1982). It may be considered as one of the desired outcomes of care and so patient satisfaction information should be indispensable to quality assessments for designing and managing healthcare (Turner & Pol, 1995; Naidu, 2009). Patient satisfaction with
health care has been argued as a subjective and dynamic perception of the extent to which expected health care is received (Senarath et al., 2006).

Many studies used separate constructs (or factors) to represent "satisfaction" (see for example, Rosenheck et al., 1997; Weiss & Senf, 1990; Ygge & Arnetz, 2001). While others incorporated satisfaction into their survey instrument by asking participants directly to reveal their satisfaction with care for each item that represented healthcare quality (Badri et al., 2009). Woodside et al. (1989) identified other primary patient satisfaction determinants: Admissions; Discharge; Nursing care; Food; Housekeeping; and technical services.

2.5 Healthcare Quality and SERVQUAL Scale

Research indicates that perceived service quality is contingent upon service type, which implies that one generic service quality measure is inappropriate for all services (Ramsaran-Fowdar, 2008). Authors used different healthcare quality indicator terms. Even though they were not unique, many commonalities could be identified: care process convenience; concern; satisfaction; value; communication; cost; facility and tangibles; competence; empathy; reliability; assurance; and responsiveness (Choi et al., 2004). The best known and most widely accepted measurement scale for service quality is "SERVQUAL", which was originally developed by Parasuraman et al. (1985, 1988) and subsequently refined by Parasuraman et al. (1991, 1994) (Ladhari, R., 2009). The studies show that the SERVQUAL dimensions have been found to be useful and relevant in studying service quality in the healthcare industry. However, they focus largely on the measurement of service quality for service improvement purposes.

The research literature on service quality and satisfaction is copious, with various contributions from numerous researchers across the world over two decades (Cronin & Taylor, 1992, 1994; Parasuraman et al., 1985, 1988, 1991, 1993, 1994; Teas, 1993, 1994; Zeithaml et al., 1985, 1990, 1993, 1996). However, all of them have been primarily built on the SERVQUAL scale, which forms the keystone for all the other works. There is a general agreement that the 22 items are reasonably good predictors of service quality in its entirety. Although, it has been subject to criticisms conceptually and methodologically (Arasli et al., 2005; Badri et al., 2005; Jabnoun & Khalifa, 2005; Landrum et al., 2007; Babakus & Mangold, 1989; Brown et al., 1993; Carman, 1990; Cronin & Taylor, 1992, 1994; Spreng & Singh, 1993; Teas, 1993; Sureshchandar, 2001; Ramsaran-Fowdar, 2008).

The study of Ladhari, (2009) provided a review of 20 years (1988-2008) of SERVQUAL applications. The study summarized a selection of 30 applications of SERVQUAL according to several methodological aspects. SERVQUAL research over 20 years has been found appropriate in healthcare settings (i.e. Babakus & Mangold, 1992; DeMan et al., 2002; Canel & Fletcher, 2001; Lim & Tang, 2000; Andaleeb, 1998; Jabnoun & Chaker, 2003; Pakdil & Harwood, 2005).

Bowers et al. (1994), on the other hand, reported two major additional dimensions not captured by SERVQUAL: caring and patient outcomes. Brown and Swartz (1989) identified “professional credibility”, “Professional competence” and “communications” as factors significant for both physicians and patients in service quality evaluation. One of the most important elements of the SERVQUAL analysis is the ability to determine the relative importance of the five dimensions in influencing patients' overall quality perceptions (Lim et al., 1999). The researchers measured quality dimensions including access, personnel, clinical outcome and patient satisfaction. Thus, the model brings out patient satisfaction as a multi-dimensional concept needing to be operationalized and considered under the relevant contexts (Turner & Pol, 1995).

The structure of the dimensions of perceived service quality for this research share some common elements with the original five dimensions SERVQUAL research, but there are some modification and included an additional item.

2.6 Healthcare Quality and Patient Satisfaction

Research indicated that service quality is an antecedent of the broader concept of customer satisfaction (Gotlieb et al., 1994; Buttle, 1996; Zeithaml & Bitner, 1996; Lee et al., 2000). and the relationship between service quality and loyalty is mediated by satisfaction (Caruana, 2002; Fullerton & Taylor, 2002). Most commonly, the nature of this service quality and satisfaction link is viewed as linear, indicating that higher levels of service quality lead to higher levels of satisfaction (Pollack, B.L., 2008). Vinagre and Neves (2008) showed empirical evidence about the effect of service quality on patient's satisfaction with healthcare services. Priorsa et al., (2008) aimed to assess the quality of Greek hospitals by focusing on patients' perceptions. Hospitals' performance was measured using the patient satisfaction survey approach including four dimensions: tangibles, reliability / assurance, interpersonal communication and responsiveness.

Research performed by Andleeb (1998) stressed how the public is inclined to pay more for care from quality institutions with which they were satisfied. His argument postulates that a positive association exists between patient satisfaction and patronage (Messina et al., 2009). Woodside, Frey, and Daly (1989) provided early evidence to support the premise that patient satisfaction may directly affect volume. Rust and Zahorik (1993) identified elements of service satisfaction that may significantly affect customer loyalty and market share; however, the focus of their research was on the retention of existing business versus new customer development. Naidu, A., (2009) find empirical support that patient satisfaction is a multi-dimensional healthcare construct affected by many variables. Furthermore he found that healthcare quality affects
patient satisfaction, which in turn influences positive patient behaviors such as loyalty.

**RESEARCH AND METHODOLOGY**

This study collected data from 400 samples from international outpatients who came to private hospitals in Bangkok. The four largest private hospitals were selected based on the judgment sampling technique by using the number of beds as a criterion. Thereafter, quota sampling is applied to equally distribute 100 questionnaires to each one of the four hospitals.

**3.1 Research Variables**

Independent variables in this study are perceived service quality dimensions, which included tangibility, reliability, responsiveness, assurance, empathy, communication, and service charges, are created because the researcher thinks that by the time the survey is carried out, the patients, whether new or repeat patient, will have some perceptions formed towards the hospital service that they already experience and the researcher intended to find out about this satisfaction level which form their perceptions.

**3.2 Research Hypotheses**

H1: There is a significant relationship between perceived service quality (reliability, assurance, tangibles, empathy, responsiveness, communication, and service charges) and customer satisfaction (repeat visits) in private hospitals, Bangkok.

H2: There is a significant relationship between perceived service quality (reliability, assurance, tangibles, empathy, responsiveness, communication, and service charges) and customer satisfaction (repeat visits) in private hospitals, Bangkok.

H3: There is a significant relationship between perceived service quality (reliability, assurance, tangibles, empathy, responsiveness, communication, and service charges) and customer satisfaction (intention to repurchase) in private hospitals, Bangkok.

**3.3 Sample Sizes**

The sample group of this study is international outpatients from June 1st to July 31st, 2011 in four largest private hospitals in Bangkok.

**RESULTS**

Out of 400 sets of survey questionnaires distributed to sample groups, only 258 (accounted for 64.4 percent of total) were completed and returned. Therefore, the analysis of data variables in this study was based on the respond rate of 64.5 percent.

**4.1 Demographic Characteristics of Respondents**

Majority of the respondents are female (52.7%), ages are between 41-50 years old (50.4%), hold bachelor degrees (59.3%), occupation backgrounds are employees (64%), and having family income above 5,000$ per month (75.6%).

**4.2 Perceived Service Quality**

Perceived service quality of the respondents obtained from the questionnaires were analyzed and presented in the following details.

Interpretation of measurement was used to evaluate levels of variables by separating into five levels following Likert Scale and the results from the descriptive statistic analysis are summarized and shown in the following tables.

**Interpretation of measurement result:**

- 4.21 – 5.00 = Strongly agree
- 3.41 – 4.20 = Agree
- 2.61 – 3.40 = Neutral
- 1.81 – 2.60 = Disagree
- 1.00 – 1.80 = Strongly disagree

**4.2.1 Reliability.**

The findings revealed that majority of the respondents agreed that the hospital always fulfills its services at the promised time ( \( \bar{x} = 3.94 \) ), waiting time associated with service is acceptable ( \( \bar{x} = 3.86 \) ), personnel at the hospital always show a sincere interest in solving the patients’ problems ( \( \bar{x} = 3.90 \) ), the hospital insists on error-free records ( \( \bar{x} = 4.12 \) ), and the hospital usually gets things right at the first time ( \( \bar{x} = 4.14 \) ) respectively.

**4.2.2 Assurance.**

The results showed majority respondents agreed highly on which the personnel in the hospital are consistently courteous with patients ( \( \bar{x} = 4.17 \) ), followed by the behavior of personnel in the hospital instills confidence in patients ( \( \bar{x} = 3.91 \) ), patients feel safe in their dealings with the hospital ( \( \bar{x} = 3.93 \) ), and the personnel in the hospital have the knowledge to answer patients’ questions ( \( \bar{x} = 3.89 \) ) respectively.

**4.2.3 Tangibles.**

Findings revealed results regarding tangibles factors that customers were strongly satisfied with the overall hospitals environment ( \( \bar{x} = 4.26 \) ). The results also showed that customers strongly agreed that the hospital seems to have the latest equipment ( \( \bar{x} = 4.45 \) ), the physical facilities at the hospital are visually appealing and clean ( \( \bar{x} = 4.57 \) ), easy to use the amenities (such as public telephone, cafeteria, etc.) in the hospital ( \( \bar{x} = 4.32 \) ), and easy to find care facilities (such as lab, doctor’s office) ( \( \bar{x} = 4.33 \) ) respectively. Also customers agreed on that the location of the hospital is convenience ( \( \bar{x} = 4.20 \) ).

**4.2.4 Empathy.**

The findings found that respondents agreed with all empathy factors which are the personnel at the hospital always give individual attention to patients ( \( \bar{x} = 4.04 \) ), the
personnel at the hospital usually understand the specific needs of the patients ($\chi = 4.03$), the medical personnel in the hospital allow the patients to ask many questions ($\chi = 4.02$), and the medical personnel in the hospital pay enough consideration to decide medical procedure ($\chi = 4.10$) respectively.

4.2.5 Responsiveness.

The findings found that respondents agreed that they are satisfied with which the personnel at the hospital are capable as patients’ expectations ($\chi = 3.90$), the personnel at the hospital are always willing to help patients ($\chi = 4.15$), the hospital provides prompt service to patients ($\chi = 3.88$), and the personnel at the hospital are capable as patients’ expectations ($\chi = 4.05$) respectively.

4.2.6 Communication.

The results showed that the respondents strongly agreed with that the hospital provides translators for international patients ($\chi = 4.43$), and neutral with that the hospital networks with other leading hospitals as well (in case of referral for the case that is beyond their capability) ($\chi = 3.39$). The findings also indicated that respondents agreed that the doctors at the hospital can communicate very well with the patients ($\chi = 4.17$), and the nurses and admin personnel at the hospital can communicate very well with the patients ($\chi = 4.15$).

4.2.7 Service charges.

The results indicated that the respondents strongly agreed with that the doctor’s service fees are appropriate ($\chi = 4.24$). Also the results showed that customers agreed that the nursing and outpatient care charges are appropriate ($\chi = 4.04$), the medication charges are worth to pay ($\chi = 3.92$), the food charges in hospital canteen are not expensive ($\chi = 3.70$), and patients are satisfied with overall charges and fees ($\chi = 3.92$) respectively.

CONCLUSIONS

The following is the summary of findings that are based on the research problem and hypotheses.

5.1 Relationship between perceived service quality dimensions and customer satisfaction

The data collected shows that the respondents agreed that service quality factors have a significant relationship with customer satisfaction. From descending order, the respondents found that among the 7 perceived service quality factors, tangible factors ($\chi = 4.36$) is the most satisfied one, followed by empathy factors ($\chi = 4.05$), communication factors ($\chi = 4.04$), responsiveness factors ($\chi = 4.00$), reliability factors ($\chi = 3.99$), and assurance factors ($\chi = 3.98$) respectively. Surprisingly, service charges factors ($\chi = 3.96$) is the least satisfied factor among them.

5.2 Testing of Hypotheses

1) Hypothesis 1

Table 5.1 showed the summary test result of Hypothesis 1.

<table>
<thead>
<tr>
<th>No.</th>
<th>Hypothesis</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$H_0$ = There is not a significant relationship between reliability perception of service quality and customer satisfaction (repeat visits) of private hospitals in Bangkok.</td>
<td>Accept</td>
</tr>
<tr>
<td>2</td>
<td>$H_0$ = There is not a significant relationship between assurance perception of service quality and customer satisfaction (repeat visits) of private hospitals in Bangkok.</td>
<td>Reject</td>
</tr>
<tr>
<td>3</td>
<td>$H_0$ = There is not a significant relationship between responsiveness perception of service quality and customer satisfaction (repeat visits) of private hospitals in Bangkok.</td>
<td>Accept</td>
</tr>
<tr>
<td>4</td>
<td>$H_0$ = There is not a significant relationship between empathy perception of service quality and customer satisfaction (repeat visits) of private hospitals in Bangkok.</td>
<td>Accept</td>
</tr>
<tr>
<td>5</td>
<td>$H_0$ = There is not a significant relationship between responsiveness perception of service quality and customer satisfaction (repeat visits) of private hospitals in Bangkok.</td>
<td>Reject</td>
</tr>
<tr>
<td>6</td>
<td>$H_0$ = There is not a significant relationship between communication perception of service quality and customer satisfaction (repeat visits) of private hospitals in Bangkok.</td>
<td>Reject</td>
</tr>
<tr>
<td>7</td>
<td>$H_0$ = There is not a significant relationship between service charges perception of service quality and customer satisfaction (repeat visits) of private hospitals in Bangkok.</td>
<td>Reject</td>
</tr>
</tbody>
</table>

According to the results, it could be concluded that assurance, responsiveness, communication, and service charges perceptions had significant relationships with customer satisfaction (repeat visits) of private hospitals in Bangkok. However, reliability, tangibles, and empathy had no significant relationship with customer satisfaction (repeat visits) of private hospitals in Bangkok at a statistically significant level (0.05) because their null hypotheses $H_0$ were accepted.

2) Hypothesis 2

Table 5.2 showed the summary test result of Hypothesis 2.

<table>
<thead>
<tr>
<th>No.</th>
<th>Hypothesis</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$H_0$ = There is not a significant relationship between reliability perception of service quality and customer satisfaction (customer loyalty) of private hospitals in Bangkok.</td>
<td>Accept</td>
</tr>
<tr>
<td>2</td>
<td>$H_0$ = There is not a significant relationship between assurance perception of service quality and customer satisfaction (customer loyalty) of private hospitals in Bangkok.</td>
<td>Accept</td>
</tr>
</tbody>
</table>
Hypothesis 3 Summary of Testing

<table>
<thead>
<tr>
<th>No.</th>
<th>Hypothesis</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$H_0$: There is not a significant relationship between reliability perception of service quality and customer satisfaction (intention to recommend to others) of private hospitals in Bangkok.</td>
<td>Accept</td>
</tr>
<tr>
<td>2</td>
<td>$H_0$: There is not a significant relationship between assurance perception of service quality and customer satisfaction (intention to recommend to others) of private hospitals in Bangkok.</td>
<td>Accept</td>
</tr>
<tr>
<td>3</td>
<td>$H_0$: There is not a significant relationship between tangibles perception of service quality and customer satisfaction (intention to recommend to others) of private hospitals in Bangkok.</td>
<td>Reject</td>
</tr>
<tr>
<td>4</td>
<td>$H_0$: There is not a significant relationship between empathy perception of service quality and customer satisfaction (intention to recommend to others) of private hospitals in Bangkok.</td>
<td>Accept</td>
</tr>
<tr>
<td>5</td>
<td>$H_0$: There is not a significant relationship between responsiveness perception of service quality and customer satisfaction (intention to recommend to others) of private hospitals in Bangkok.</td>
<td>Reject</td>
</tr>
<tr>
<td>6</td>
<td>$H_0$: There is not a significant relationship between communication perception of service quality and customer satisfaction (intention to recommend to others) of private hospitals in Bangkok.</td>
<td>Reject</td>
</tr>
<tr>
<td>7</td>
<td>$H_0$: There is not a significant relationship between service charges perception of service quality and customer satisfaction (intention to recommend to others) of private hospitals in Bangkok.</td>
<td>Reject</td>
</tr>
</tbody>
</table>

According to the results, it could be summarized that only service charges perception had a significant relationship with customer satisfaction (customer loyalty) of private hospitals in Bangkok. Other service quality perceptions which are reliability, assurance, tangibles, empathy, responsiveness, and communication, had no significant relationship with customer satisfaction (customer loyalty) of private hospitals in Bangkok at a statistically significant level (0.05) because their null hypotheses $H_0$ were accepted.

3) Hypothesis 3

Table 5.3 showed the summary test result of Hypothesis 3.

According to the results, it could be summed up that tangibles, responsiveness, communication, and service charges perceptions had significant relationships with customer satisfaction (intention to recommend to others) of private hospitals in Bangkok. However, reliability, assurance, and empathy perceptions had no significant relationship with customer satisfaction (intention to recommend to others) of private hospitals in Bangkok at a statistically significant level (0.05) because their null hypotheses $H_0$ were accepted.

5.3 Research Discussion

Regarding assurance dimension, the behavior of the medical personnel in the hospital had a significant relationship with customer satisfaction which is compatible with a study by Lovdal and Peerson (1989) stating that the medical personnel’s behaviors were central determinants of patients’ attitudes about a hospital as a whole. They also confirmed in earlier studies that patients look for behavior that is supportive, friendly, caring, helpful and attentive.

While considering responsiveness dimension, Gilbert et al. (1992) stated that physician friendliness, competence, amount of time spent with the customer and the amount of information provided were the most important influences on patient’s expectation. Therefore, it is clear that responsiveness dimension significantly affect customer satisfaction and loyalty (intention to repurchase) of international patients coming to get treatment in private hospitals, Bangkok.

The results from current study also revealed that communication dimension also significantly affect with customer satisfaction and customer involvement (intention to recommend to others) of international patients coming to private hospitals in Bangkok. Tucker (2002) explained that communication is the degree to which the patient is heard, kept informed with apprehensible terms during consultation providing psychological support. If communication is good, which includes information from the service provider to the patient on the type of care he or she will receive, thereby alleviating uncertainty that increases his or her awareness and sensitivity about what to expect, then patient satisfaction is higher (Andaleeb, 1988).
The results also support a previous study by Boshoff and Gray (2004) in that assurance and service charges affected loyalty positively. The findings also revealed that service charges dimension is the only one that had significant relationships with customer satisfaction (repeat visits, intention to repurchase, and intention to recommend to others).

In sum, among 7 perceived service quality dimensions examined in this study, only four dimensions (assurance, responsiveness, communication, and service charges) had significantly related with customer satisfaction and also only four dimensions (tangibles, responsiveness, communication, and service charges) for customer involvement. There was only one dimension, which is service charges, associated with customer satisfaction, and behavioral intention (customer loyalty and customer involvement) of international patients coming to get treatment in private hospitals, Bangkok. The findings also can be interpreted to explain the importance of perceptions of international patients towards service quality regarding customer satisfaction and behavioral intention.

REFERENCES


