An Examination Of Tourists' Loyalty Towards Medical Tourism In Pattaya, Thailand

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ABSTRACT

The purpose of this study is to explore the antecedents of tourists' attitudinal loyalty towards medical tourism in Pattaya (a major tourist destination in Thailand). Multiple regression analysis indicated that attitudinal loyalty towards medical tourism was mainly driven by satisfaction, trust, perceived value, destination familiarity, as well as destination image, respectively. When examining these antecedents between hospital tourists and clinic tourists, the results indicated that trust becomes the most important driver for hospital tourists whereas satisfaction becomes the most important driver for clinic tourists.

Keywords: loyalty, perceived value, satisfaction, trust, destination image, destination familiarity, medical tourism

RESEARCH BACKGROUND AND SIGNIFICANCE

*I*n 2003, approximately 350,000 patients from industrialized nations traveled to less developed countries for healthcare. It is projected that 750,000 Americans will go offshore for medical care in 2007 (Horowitz and Rosenweig, 2007). Medical tourism in Asia is currently generating US$1.3 billion in revenue and is expected to grow to US$ 4.4 billion by 2012 (Teh, 2007). Horowitz and Rosenweig (2007) has summarized that major reasons for seeking medical tourism are (1) low cost, (2) avoid waiting lists, (3) procedure not available in home country, (4) tourism and vacations, (5) privacy and confidentiality.

The major countries competing for medical tourists in Asia are Thailand, Singapore and Malaysia. Thailand has presented itself as a leader in medical tourism in this region with more than a million patient visits in 2005, generating revenues of US$615million. Till the recent military coup, Thailand has an edge over other countries in this region in attracting medical tourists. The country has a relatively low-cost of living, friendly tourist culture and relaxing environment for recuperating patients. Thailand's medical tourism services are focused on cosmetic surgery, dentistry, LASIK and general medical check (Teh, 2007).

Is this growth sustainable? Should Thailand focus on costs alone or focus on customer satisfaction and loyalty? Attracting or finding new customers is essential, however, as it is more desirable and much less expensive to retain current customers. Research has shown that in the short run, loyal customers are more profitable because they spend more and are less price sensitive (O'Brien and Jones, 1995). Loyal customers can lead to increased revenues for the firm, resulting in predictable sales and profit streams (Reicheld, 1996). Loyal customers produce positive word of mouth advertising at no extra cost to the service provider (Shoemaker and Lewis, 1999). In terms of profitability for the firm, a 5% increase in customer retention can result in a company's profits rising 25%-95% over the life time of a customer (Reicheld, 1996).

CONCEPTUAL FRAMEWORK AND RESEARCH OBJECTIVES

Given the importance of medical tourism in Thailand and critical role of loyalty, this research attempts to explore the antecedents of tourists' attitudinal loyalty towards medical tourism in Pattaya, Thailand, as well as to examine whether the relative importance of each antecedent is consistent between hospital and clinic settings.
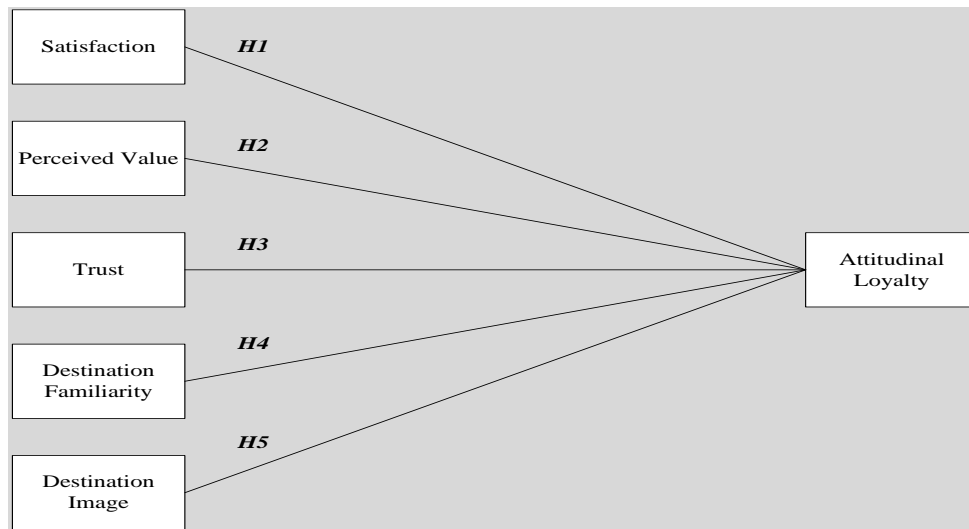

Figure 1: Conceptual Framework

LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT

What is loyalty?

Oliver (1999, p. 34) has defined loyalty as 'a deeply-held predisposition to repatronize a preferred brand or service consistently in the future, thereby causing repetitive same brand purchasing, despite situational influences and marketing efforts having the potential to cause switching behavior. When a customer is loyal, he or she continues to buy the same brand, tends to buy more and is willing to recommend the brand to others (Hepworth and Mateus 1994).

Loyalty has been measured in the following ways: (1) the behavioral approach, (2) the attitudinal approach, and (3) the composite approach (Jacoby and Chestnut, 1978). The behavioral perspective defines loyalty as actual consumption, as a sequence of purchase (Brown, 1952), as proportion of market share (Cunningham, 1956), as probability of purchase (Frank, 1962), as duration, as frequency and as intensity (Se-Hyuk, 1996; Brown, 1952). This behavioral approach was viewed as producing only static outcome of a dynamic process (Dick and Basu, 1994). In contrast, the attitudinal approach goes beyond overt behavior and expresses loyalty in terms of consumers' strength of affection toward a brand (Backman and Crompton, 1991a). Finally, composite measures of loyalty integrate both behavioral and attitudinal dimensions. Day (1969) argues that to be truly loyal, a consumer must both purchase the brand as well as have a positive attitude toward it. This composite approach has been used a number of times in leisure settings (Backman and Crompton, 1991b; Pritchad and Howard, 1997). While this composite measurement seems to be the most comprehensive, it is not necessarily the most practical. It has serious inherent limitations, simply because of the weighting applied to both behavioral and attitudinal components.

Loyalty towards medical tourism

The measurement of loyalty in a tourism context is particularly difficult, since the purchase of a tourism product is a rare purchase (Oppermann, 1999). It does not occur on a continuous basis but rather infrequently (Jago

and Shaw, 1998). It can also be covert behavior as reflected in intention to revisit in the future (Jones and Sasser, 1995). Hence, in this study, attitudinal loyalty is employed which refers to committed behavior that is manifested by propensity to participate in a particular recreation service (Backman and Crompton, 1991a), that is tourists' intention to revisit and their recommendations to others (Oppermann, 2000; Yoon and Uysal, 2005). This definition is supported by Jones and Sasser (1995) who argued that intent to repurchase is a very strong indicator of future behavior. Apart from using intent to revisit, many tourism researchers have used tourists' recommendation to others as a measure of attitudinal loyalty (Chen and Gursoy, 2001; Oppermann, 2000).

Antecedents of Loyalty

Satisfaction

Past research has suggested that satisfaction is an excellent predictor of repurchase intentions (Petrick, 2002). Rust and Oliver (1994) stated that satisfaction reflects the degree to which one believes that an experience evokes positive feelings. Thus, satisfaction is an overall affective response due to the use of product or service (Oliver, 1981). An assessment of satisfaction has been attempted using various perspectives and theories, e.g., expectation/disconfirmation model, equity, norm and perceived overall performance. According to Oliver (1980), there are four essential constructs in the expectation-disconfirmation model (Oliver, 1980): expectation, performance, disconfirmation and satisfaction. Customers can develop their expectations of a product/service performance from various sources of communication. After consumption, three possibilities can occur: zero disconfirmation can result when product performs as expected; positive disconfirmation can occur when product perform better than expected and negative disconfirmation can occur when the product perform below expectation. However, the use of expectations to measure satisfaction has been argued (Petrick and Backman, 2002; Spreng *et al.,* 1996). According to Barsky (1992), expectations have been frequently accepted as affecting satisfaction, yet there is inconclusive evidence that they directly lead to satisfaction or dissatisfaction. One problem with the model is that if one's expectations are decreased, their satisfaction must inevitably increase. Thus the model would suggest that consumers who expect and receive poor performance will be satisfied (Latour and Peat, 1979). Furthermore, based on the intangible nature of service, expectation on service are relatively weak. This makes information on expectations less concrete and less useful (Johnson, 1998). Thus, while expectations may assist in the understanding of satisfaction formation, they have been found to be detrimental in trying to predict future purchase intentions (Petrick and Backman, 2002). In this study, we have employed perceived performance model developed by Tse and Wilton (1988). According to this model, consumer dissatisfaction is only a function of the actual performance regardless of consumers' expectations. This model is effective when customers do not know or not have enough knowledge about service performance, and only their actual experiences are evaluated to assess their satisfaction (Petrick, 2004; Caruana and Fenech, 2005).

It is well established in the packaged goods and service markets that the major determinant of customer loyalty is satisfaction (Rust and Zahorik, 1993; Cronin and Taylor, 1994; Oliver, 1999). In particular, research evidence also supports that satisfaction is a precursor of trust, retention and repeat purchase intention (Fornell, 1992; Zeithaml *et al*., 1996; Olsen, 2002). However, the relationship between satisfaction and behavioral intention is non-linear, indicating that when satisfaction rises above a certain threshold, loyalty climbed rapidly vice versa (Oliva *et al*., 1992). If they are satisfied, they will be more likely to continue to purchase. Similarly, if they are dissatisfied, they will be more likely to switch to another alternative (Oliver and Swan, 1989). However, it is important to note that the degree of satisfaction impact on loyalty is not the same for all industries or all situations (McCleary *et al*., 2003; Kozak and Rimmington, 2000; Fornell, 1992). Based on the above discussion, the hypotheses are developed as follows:

H1:   Tourists' satisfaction towards medical tourism will exert a direct influence on tourists' attitudinal loyalty

Perceived value

Zeithaml (1988, p. 14) has defined perceived value as 'the consumers' overall assessment of the utility of a product based on perceptions of what is received and what is given'. Its meanings can be further identified in four ways: (1) value is low price, (2) value is whatever one wants in a product, (3) value is the quality that the consumer

receives for the price paid, and (4) value is what the consumer gets (quality) for what they give (price). The majority of tourism research has focused on the fourth meaning of value (Petrick and Backman, 2001). Briefly defined, perceived value is the result or benefits customers receive in relation to total costs (which include the price paid plus other costs associated with the purchase) (Woodruff, 1997).

The construct of perceived value has been identified as one of the most important measures for gaining a competitive edge (Parasuraman, 1997), and the most important indicator of repurchase intentions (Oh, 2000). Research has suggested that perceived value may be a better predictor of repurchase intentions, than either satisfaction or quality (Cronin *et al*., 2000). Perceived value together with past behavior and satisfaction were found to be good predictors of entertainment vacationers' intention to revisit a destination (Petric *et al*., 2001). Bolton and Drew (1991) have shown that future intentions are determined in part by perceived value. In making the decision to return to the service provider, customers are likely to consider whether or not they received value for money (Zeithaml, 1988). As a result, the next hypotheses are formulated as follows:

H2:   Tourists' perceived value of medical tourism will exert a direct influence on tourists' attitudinal loyalty

Trust

Trust is defined as the expectation held by the consumer that the service provider is dependable and can be relied on to deliver its promises (Sirdeshmukh *et al*., 2002, p.17). Previous studies have suggested that trust is composed of three variables. The first variable concerns the consumer notion regarding the company's competence (Barclay and Smith, 1997). They define competence as the degree to which partners perceive each other as having skills, abilities and knowledge necessary for effective performance. Sake(1992) has stated that competence trust is a prerequisite for any repeated transaction. The second variable is the perception of the benevolence (Ganesan and Hess, 1997), which is defined as behaviors that reflect an underlining motivation to place the consumers' interest ahead of self-interest. Benevolent behaviors are displayed in terms of pro-consumer motivation, restraint on self-serving opportunism and a willingness to assume fiduciary responsibility (Ganesan and Hess, 1997; Morgan and Hunt, 1994). As a result, benevolent behaviors are often regarded as extra-role behaviors that are performed at a cost to the service provider with or without commensurate the benefits. Finally, the third variable is the consumer's evaluation of the company's orientation toward problem solving (Sirdeshmukh *et al*., 2002), the degree to which they anticipate and satisfactorily resolve problems that may arise during and after the service exchange. It is recognized that problems often arise during service delivery due to heterogeneity nature of the service (Bitner *et al*., 1990). Furthermore, the way the service provider handles the problem in terms of nature and promptness of company effort can be good opportunity to prove commitment to service, which in turn create customer satisfaction and trust (Hart *et al*., 1990). Previous researchers have found that two dimensions of trust: credibility and benevolence are highly correlated and operationally inseparable in practice (Ganesan, 1994; Kumar *et al*., 1995). Furthermore, the trust scale exhibited unidimensionality as a single factor emerged from the factor analysis (Doney and Cannon, 1997). Thus, trust was treated as unidimensional construct in this study.

Relationship marketing literature has documented trust as an important determinant of commitment (Sanchez-Garcia *et al*., 2007; Ganesan, 1994; Morgan and Hunt, 1994). It is essential for a brand to be perceived as being reliable and dependable, and the firm to be honest, trustworthy (Wang 2002). Consumers will choose to purchase only reliable brand from trustworthy companies; mistrust will decrease customer commitment and the likelihood of purchase. Kramer (1999) considers that trust reduces the transaction costs of searching information on prices and alternatives available in the market. The higher the level of trust is hold by customers, the lower the transaction costs, and the greater commitment to service provider. Additionally, trust is a feeling of security, based primarily on the belief that one party's behavior is guided by favourable intention towards the best interests of the other, and secondly on the competence of a business to keep promises (Delgado-Ballester and Munuera-Aleman, 2001; Lewis and Soureli, 2006). Because of emotional nature of loyalty and the credence nature of medical service, trust in service provider's reliability and integrity is very important (Bejou and Palmer, 1998) As a result, we hypothesize that

H3:   Tourists' trust towards medical tourism will exert a direct influence on tourists' attitudinal loyalty

Destination Familiarity

In this study, destination familiarity is regarded as the consumer's perception of how much he or she knows about the attributes of various choice alternatives being considered (Moorthy *et al*., 1997). Researchers found that familiarity affects travelers' information search behavior (Gursoy and McCleary, 2004; Fodness and Murray, 1999) and assists them in the decision-making process (Bettman and Park, 1980). If travelers are highly familiar with a destination, they may not need to collect any additional information from external sources (Snepenger and Snepenger, 1993). However, travelers who are low in familiarity are more likely to rely on external information sources to make their vacation decisions than familiar travelers (Snepenger *et al*., 1990).

Moreover, familiarity influences tourists' perceptions and the attractiveness of a place (Reid and Reid 1993,; Hu and Ritchie, 1993). In Baloglu's study (2001), he found that the higher the familiarity, the more positive the image. The majority of the studies found a positive relationship between familiarity and the destination's image. With familiarity, one perceives a place differently than before, feels differently about it, and develops a person-place image (Hammitt *et al.*, 2006). This perception can influence tourists' choice of destination (Chen, 1997). Milman and Pizam (1995) found that familiarity has a positive impact on interest and likelihood of visiting. Laroche *et al*. (1996) showed that familiarity of a brand influences a consumer's confidence toward the brand, which in turn affects intentions to buy the same brand. Final proposition of familiarity suggested that some segments of tourists are risk averse, specifically those who want to reduce the risk of dissatisfaction (Gitelson and Crompton, 1984). Their criterion in destination selection is based on their familiarity with the place. Thus, risk-averse tourists will stay with familiar destinations, even if they are somewhat dissatisfied (Oppermann, 1998). In summary, familiarity with a destination can positively influence the perception of that destination or products/services provided by particular destination. Hence, the next hypotheses are:

H4:   Tourists' familiarity with destination will exert a direct influence on tourists' attitudinal loyalty

Destination Image

Destination image is defined as an attitudinal concept of the sum of beliefs, ideas and impressions that a tourist hold of a destination (Crompton, 1979). An increasing number of research supports the view that destination image consists of two dimensions: cognitive and affective (Lawson and Band-Bovy, 1977; Hosany *et al*., 2006). The cognitive component can be interpreted as beliefs and knowledge about physical attributes of a destination, while the affective component refers to the feelings towards the attributes and environments (Baloglu and McCleary, 1999).

According to literature review, we have found that product awareness is a first and necessary step to repeat purchase, it is not a sufficient one. Awareness may not always lead to purchasing behavior. Fesenmaier *et al*. (1993) found that information collected by travelers at welcome center information did not actually influence travel behavior. Awareness results in curiosity that leads to trial. Therefore for a tourism destination to be successful it must first have awareness and positive image (Milman and Pizam, 1995). Furthermore, several studies have illustrated that destination images influence tourist behavior (Pearce, 1982). That is, destinations with strong positive images are more likely to considered in the travel decision process (Woodside and Lysonski, 1989). Many studies found that positive images of destination influence destination loyalty (Hernandez-Lobato *et al*., 2006), and intention to revisit (Gibson *et al*., 2008; Kaplannidou and Vogt, 2007). Additionally, literature in product branding also indicates that image of a country can influence product preference and influence behavior in relation with the products originating in that country (Parameswaran and Pisharodi, 2002; Montesinos *et al*., 2006; Knight and Calantone, 2000; Laroche *et al*., 2005). As a result, medical tourists who possess positive images of Pattaya, are more likely to process information about medical services favorably and to display relatively higher loyalty toward medical tourism industry in Pattaya. As a consequence, we hypothesize that

H5:   Tourists' destination image will exert a direct influence on tourists' attitudinal loyalty

RESEARCH METHODOLOGY

This study selected Pattaya, Chonburi Province because it is rated as one of the top five major destinations in terms of tourist revenue in Thailand (www.tat.or.th). Target populations are international tourists who have spent their vacation or holiday in Pattaya for medical tourism. Total sample size for this study is 520. The sampling method is purposive in that only tourists who visited Pattaya for medical purpose were included in the study. Also, quota sampling was employed by allocating number of medical institutions into two groups: hospital and clinic, as shown in Table 1. Three hospitals and 19 clinics were randomly sample. Then, convenience sampling was applied in selecting sample size from each institution. Total sample size from hospital were 220 and from clinic were 300, resulting in a total of 520 sample size for this study. Total duration for collecting data was one month. Total respondents for pretest were 60.

Table 1: Numbers of Medical Institutions in Pattaya, Thailand

Medical Institution	Hospitals	Clinic	Total
Population	3	89	92
Sample	1	19	20

Remark: Number of Medical Institution is collected by researcher team

Measures

All measurement items of each construct and its Cronbach alpha level are summarized in Table 2. All measures achieved Cronbach alpha level beyond the recommended level of 0.60 passing the minimum requirement.

The scale for measuring perceived value was adapted from Lassar *et al*. (1995) which was measured by a 3-item seven point rating scale (1 = strongly disagree and 7 = strongly agree). Satisfaction was assessed using a three-item scale based on Oliver and Swan (1989) and Patterson *et al*. (1997) with seven-point Likert rating scale. Trust was measured using a four-item scale adapted from previous studies by Crosby et al. (1990) and Doney and Cannon (1997). The scale reliability in these studies was quite high with alpha coefficients at 0.89-0.94. Regarding loyalty, this study focuses on attitudinal loyalty which was operationalized using the four-item scale developed by Muncy (1983). This four-item scale asked questions about brand preference, consumer willingness to repatronage as well as to recommend the service provider to others. The scale demonstrated substantial internal consistency with reliability estimates of 0.91 in the previous study of Pritchard *et al*. (1999). In terms of destination familiarity, literature has shown that familiarity comprised three dimensions: familiarity, expertise and past experience. However, the result showed that familiarity and expertise are strongly correlated to each other. Therefore, he concluded that familiarity is composed of two dimensions: familiarity/expertise and past experience. In this study, destination familiarity was measured by 4-item seven-point rating scale with 1 = not at all familiar and 7 = extremely familiar. Several authors have used self-reported familiarity measure in travel and tourism (Fridgen, 1987).

With regards to destination image, researchers suggested two ways of measuring image which are: (1) attribute-based component and (2) holistic component. In addition, some images of destinations could be based upon directly observable characteristics (scenery, attractions, accommodation facilities, price levels), while others could be based upon intangible characteristics (friendliness, safety, atmosphere). Echtner and Ritchie (2003) have summarized the attributes used by researchers to measure destination image as shown in Table 3. Some of these attributes that are applicable to Pattaya, Thailand were applied to employed in the current study. Total measurement items of Pattaya image in this study was 20.

Table 2: Reliability of Measures used in the current study

Scale Items	Cronbach's Alpha
Overall Satisfaction , 7–point Likert rating scale	.95
1. Choosing medical tourism service from this hospital/clinic in Pattaya is the right decision	
2. I'm happy with medical tourism service from this hospital/clinic in Pattaya.	
3. I feel good about my decision to use medical tourism from this hospital/clinic in Pattaya	
Perceived Value , 7–point Likert rating scale	.93
1. Spending your vacation for health tourism in Pattaya is well priced	
2. Considering what you would pay for health tourism in Pattaya, you will get benefit more than your spending	
3. You consider traveling to health tourism in Pattaya a good value compared with the benefits you receive	
Trust , 7–point Likert rating scale	.97
1. This hospital/clinic can be trusted	
2. This hospital/clinic solves your problem honestly	
3. This hospital/clinic is very honest	
4. This hospital/clinic cares for your benefit and your welfare	
5. You strongly believe that this hospital/clinic can satisfy your needs with understanding	
6. You strongly believe that the health service provided by this hospital/clinic is good to you	
Destination familiarity , 7–point Semantic differential scale	.89
1. In general, would you consider yourself familiar or unfamiliar with Pattaya? In general, would you consider yourself familiar or unfamiliar with Pattaya?	
2. Would you consider yourself informed or uninformed about Pattaya?	
3. Would you consider yourself knowledgeable about Pattaya?	
Destination image , 7–point Likert rating scale	.92
1. Beautiful beaches	
2. Modern health resort	
3. Lovely town	
4. Pleasant weather	
5. Good shopping facilities	
6. Good recreational facilities	
7. Good nightlife and entertainment	
8. Good opportunities for adventure	
9. Pattaya is a safe place to visit	
10. Pattaya has a well-developed transport system	
11. There are many restful and relaxing places in Pattaya	
12. There are lots of natural scenic beauty in Pattaya	
13. There are many interesting events and festivals in Pattaya	
14. Food is varied and exotic in Pattaya	
15. Local people are friendly	
16. Local people are honest	
17. Local people are courteous	
18. Hospitality of local people	
19. Pattaya is clean	
20. Convenient proximity of Pattaya from Bangkok	
Loyalty , 7–point Likert rating scale	.96
1. I will recommend others to use medical tourism from this hospital/clinic in Pattaya.	
2. I will tell other positive things about medical tourism provided by this hospital/clinic in Pattaya	
3. I consider myself to be a loyal customer of this hospital/clinic	
4. If I had to do it over again, I would choose this hospital/clinic	
5. I try to deal with this hospital/clinic again because it is the best choice for me.	

Table 3: Attributes Used by Researchers to Measure Destination Image

Functional (physical, measurable)	Number of studies measuring the attribute
Scenery/Natural Attractions *	13
Costs/Price Levels	9
Climate *	8
Tourist Sites/Activities	8
Nightlife and Entertainment *	8
Sports Facilities/Activities *	8
National Parks/Wilderness Activities	7
Local Infrastructure/Transportation *	7
Architecture/Buildings	7
Historic Sites/Museums	6
Beaches *	6
Shopping Facilities *	5
Accommodation Facilities *	5
Cities *	4
Fairs, Exhibits, Festivals *	2
Facilities for Information and Tours	1
Crowdedness	4
Cleanliness *	4
Personal Safety *	4
Economic Development/Affluence	3
Accessibility *	2
Degree of Urbanization	1
Extent of Commercialization	1
Political Stability	1
Hospitality/Friendliness/Receptiveness *	11
Different Customs/Culture	7
Different Cuisine/Food and Drink *	7
Restful/Relaxing *	5
Atmosphere (Familiar versus Exotic)	4
Opportunity for Adventure *	3
Opportunity to Increase Knowledge	2
Family or Adult Oriented	1
Quality of Service	1
Fame/Reputation	1
Psychological (abstract)	

Source: Adapted from Echtner and Ritchie (2003), Total number of studies referenced is 14

DATA ANALYSIS

Respondent profile

For the purpose of this study, only medical tourists are interviewed. The results of total respondent showed that the majority of tourists (63%) are male, 63% of them are between 35-64 years old. They are mostly married (57%) and have bachelor degree (76%). The majority of them are professionals, manager or commercial personnel (52%). 61% of them have monthly household income between 1,626 US$ or higher. The majority of them come from Europe (32%), and The Americas (29%).

For the medical tourists of clinics, the majority of them were (63%) are male, 58% of them are between 35-64 years old. They are mostly married (49%) and have bachelor degree (75%). The majority of them are professionals, manager or commercial personnel (51%). 61% of them have monthly household income between 1,626 US$ or higher. The majority of them come from Europe (35%), and The Americas (20%).

Table 4: Respondent Profile of Medical Tourists

Demographic Profile	Medical Tourists					
	Total Tourist		Clinic		Hospital	
Gender	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Male	328	63.08	190	63.3	138	62.7
Female	192	36.92	110	36.7	82	37.3
Total	**520**	**100**	**300**	**100**	**220**	**100**
Age	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Under 25 years	40	7.69	24	8	16	7.3
25–34 years	101	19.42	62	20.7	39	17.3
35–44 years	110	21.15	65	21.7	45	20.5
45–54 years	104	20.00	54	18	50	22.7
55-64 years	111	21.35	54	18	57	25.9
65 years and over	54	10.38	41	13.7	13	5.9
Total	**520**	**100**	**300**	**100**	**220**	**100**
Marital Status	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Single	150	28.85	97	32.3	53	24.1
Married/Living together	295	56.73	148	49.4	147	66.8
Divorced/separate/widowed	75	14.42	55	18.3	20	9.1
Total	**520**	**100**	**300**	**100**	**220**	**100**
Education level	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Lower than Bachelor degree	51	9.81	32	10.7	19	8.6
Bachelor degree	393	75.58	224	74.7	169	76.8
Higher than Bachelor degree	76	14.61	44	14.6	32	14.5
Total	**520**	**100**	**300**	**100**	**220**	**100**
Occupation	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Professionals	103	19.81	66	22	37	16.8
Administrative and Management	81	15.58	54	18	27	12.3
Commercial	84	16.15	33	11	51	23.2
Laborers	33	6.35	30	10	3	1.4
Agricultural workers	18	3.5	7	2.3	11	5.0
Government/State enterprise	82	15.8	46	15.4	36	16.4
Housewives	32	6.2	15	5	17	7.7
Students	19	3.7	10	3.3	9	4.1
Retired/unemployed	13	2.5	3	1	10	4.5
Entrepreneurs	30	5.8	23	7.7	7	3.2
Employed	0	0	0	0	0	0
Other, Please specify	25	4.8	13	4.3	12	5.5
Total	**520**	**100**	**300**	**100**	**220**	**100**
Monthly Household Income	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
501-875 US$.	16	3.08	4	1.3	12	5.5
876-1,250 US$.	67	12.88	49	16.3	18	8.2
1,251-1,625 US$.	120	23.08	63	21	57	25.9
1,626-2,000 US$.	183	35.19	99	33	84	38.2
2,001 US$. or higher	134	25.77	85	28.4	49	22.3
Total	**520**	**100**	**300**	**100**	**220**	**100**
Country of Residence	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
East Asia	88	16.92	60	20	28	12.7
Europe	167	32.12	105	35	62	28.2
The America	151	29.04	60	20	91	41.4
South Asia	54	10.38	29	9.7	25	11.4
Oceania	18	3.46	13	4.3	5	2.3
Middle East	19	3.65	15	5	4	1.8
Africa	20	3.85	18	6	2	0.9
Others, please specify	3	0.58	0	0	3	1.4
Total	**520**	**100**	**300**	**100**	**220**	**100**

For the medical tourists of hospital, the majority of them were (63%) are male, 69.1% of them are between 35-64 years old. They are mostly married (66%) and have bachelor degree (77%). The majority of them are professionals, manager or commercial personnel (52%). 61% of them have monthly household income between 1,626 US$ or higher. The majority of them come from The Americas (41%), and Europe (28%).

Their main reasons for choosing medical tourism in Pattaya, Thailand in order of average mean are (1) beautiful country, (2) Thai hospitality and (3) having previous good experience in Thailand.

Table 5: Reasons for Choosing Medical Tourism in Pattaya, Thailand

Criteria	Mean	Standard Deviation	Ranking
1. Medical costs	5.10	1.358	(6)
2. Ease of travel	5.04	1.332	(7)
3. Reputation of medical expertise	5.28	1.210	(4)
4. Beautiful country	5.56	1.113	(1)
5. Thai Hospitality	5.41	1.189	(2)
6. Recommendation from friends	5.21	1.264	(5)
7. Previous good experience in Thailand	5.34	1.238	(3)

RESULTS AND DISCUSSION

Antecedents of Attitudinal Loyalty

Regarding whole samples, the data supported all hypotheses indicating that satisfaction, perceived value, trust, destination familiarity and destination image have influence on tourists' attitudinal loyalty toward medical tourism in Pattaya, Thailand. Having the strongest impact on attitudinal loyalty, the result is consistent with literature showing the formative role which satisfaction plays in explaining attitudinal loyalty (Kozak, 2002). Followed by the effect of trust, the results confirm that trust in service provider's competence and benevolence is prerequisite for any repeated transaction (Ganesan and Hess, 1997). Additionally, the effect of perceived value on loyalty is undeniable. As postulated by Yang and Peterson (2004) that high value is primary motivation for repatronage; and by Sirdeshmukh *et al.* (2002) that customer value is superordinate goal and customer loyalty is subordinate goal as it is behavioral intention.

The effect of familiarity is also remarkable. Researchers found that familiarity affects travelers' information search behavior (Gursoy and McCleary, 2004) and assists them in the decision-making process (Bettman and Park, 1980), as well as perception and attractiveness of a place and likelihood of revisiting (Hammitt *et* al., 2006; Milman and Pizam, 1995). Additionally, some tourists are risk averse, specifically those who want to reduce the risk of dissatisfaction (Gitelson and Crompton, 1984). They are more likely to base their decision on familiar alternative. As a result, familiarity with destination may affect their decision to patronage medical tourism in Pattaya. The least powerful predictor in this study is destination image. The results confirm literature image of a country can influence preference and behavior in relation with the products originating in that country (Parameswaran and Pisharodi, 2002; Montesinos *et al.*, 2006; Laroche *et al.*, 2005). As a result, medical tourists who possess positive images of Pattaya, are more likely to process information about medical services favorably and to display relatively higher loyalty toward medical tourism industry in Pattaya.

With regards to hospital subsample, destination image is statistically insignificant. The reason can be explained as follows. Medical services provided by hospitals could be more sophisticated than services provided by clinics, as a result, trust in service provider's competence and benevolence become strongest powerful not the image of that destination. In terms of clinic subsample, trust is statistically insignificant. The rationale can be explained as follows. Clinics in Pattaya are relatively smaller in size, number of physicians, and facilities. As a result, tourists cannot base their decision on trust and must base their decision on other criteria such as satisfaction or perceived value.

CONCLUSION

It can be concluded that attitudinal loyalty towards medical tourism in Pattaya, Thailand, is mainly driven by satisfaction, trust, perceived value, destination familiarity and destination image, respectively. However, the relative importance of each antecedent is changed to a certain degree. Destination image is statistically insignificant in hospital subsample whereas trust is statistically insignificant in clinic sample. It can be implied that key success factors of medical tourism in Pattaya, Thailand mainly come from performance of medical institution in creating satisfaction, providing value and building trust, while, the role of destination in terms of building familiarity and creating positive image is quite moderate.

Table 6: Regression Analysis Results

	All Samples	Hospital Sample Only	Clinic Sample Only
Attitude	**D (β)**	**I(β)**	**D(β)**
1. Satisfaction with medical tourism	.36**	.10*	.54**
2. Perceived value with medical tourism	.20**	.23**	.13**
3. Trust with medical tourism	.25**	.56**	ns
4. Destination familiarity	.11**	.13**	.09**
5. Destination Image	.09**	ns	.08*
n	520	300	220
R^2 (%)	75.1	79.8	46.0
Adj. R^2 (%)	74.8	79.3	45.1

Remark: **Significant at 0.05 level, *Significant at 0.10 level, All β are standardized.

MANAGERIAL IMPLICATIONS

To gain competitive advantage, medical institutions should focus their strategies on achieving satisfaction, providing value and building trust; while tourism marketers should create destination familiarity and positive image among targeted tourists. Satisfaction can be achieved by delivering service beyond tourist's expectation, providing superior technical and functional performance, assuring tourists that they have made the right decision. Trust can be created before/during/after service encounter. Before service encounter, trust can be created through advertising and public relations. During service encounter, trust can be created through competency (results of medical treatment), honesty, and benevolence. When there is service failure, it is a challenging opportunity for service provider to gain back trust. In that case, trust is built by the way the service provider handles the problem. According to cognitive dissonance theory, tourists' confidence in medical treatment can be assured after service encounter.

Tourism marketers can play vital role in promoting familiarity and positive image. Enhancing tourists' familiarity with destination: In this study, destination familiarity is regarded as the consumer perception of how much he or she knows about the attributes of various choice alternatives being considered (Vogt and Fesenmaier, 1998). Consumers can gain product knowledge from their previous experiences with the product, from the experiences of others, and by means of visual, verbal, and sensory stimuli such as advertisements, newspaper / magazine articles, and television programming (Brucks, 1985). Thus, prior product knowledge enhances one's internal memory and assists in the decision-making process (Gursoy and McCleary, 2004). Apart from advertising, tourism marketer or TAT should establish a 'Tourist information center' at every major tourist attraction. Upon visiting, tourists will be provided with all materials and information essential for them to benefit from their visit. Tourists should be able to access tourist information easily and free of charge, meaning that airports, bus terminals, and train station should be fully equipped with such information. Information staff should be friendly, helpful, and able to provide relevant and useful information, putting tourists' interest at heart. When tourists have useful and sufficient information, they are more confident and are more satisfied with their choice and are more likely to revisit. Additionally, when they are confident with their choice or familiar with the destination, they may want to introduce the destination to others.

Gursoy (2004) suggested that familiar and unfamiliar tourists are different in their information search behavior. Communication strategies developed for unfamiliar travelers should provide simple information about the

overall destination, and a comparison between the destination and other destinations. Experienced travelers are more likely to utilize external information sources to gather information about the attributes of the destination than to use personal external information sources. Communication materials for such travelers should include detailed information about the destination and its key attributes.

Tourists can form destination image before and after their travel (Echtner and Ritchie, 2003). Before travel, images are formed by many sources of information including promotional literature, the opinion of others and the general media. Furthermore, by actually visiting the destination, images are modified and become more complex.

Descriptive results have shown that the reasons for choosing medical tourism in Thailand are beautiful country, Thai hospitality and previous good experience, thus, tourism marketers in Pattaya should promote these images and encourage the locals to be completely a good host by being helpful, being honest, not taking advantage of tourists, respecting their privacy by stop using hard selling.

LIMITATION AND SUGGESTION FOR FUTURE RESEARCH

First, the ability to generalize the findings are limited since this study was conducted in one destination only. Second, based on the value of Adj.R^2 (45%), the percentage of variance accounted for by attitudinal loyalty in clinic subsample, future research may investigate the effect of factors such as convenience, price of medical service, and so on. Third, according to the profile of international tourists, the majority of them come from Europe, followed by the American continent. Future research should target each group of tourists based on their country of residence in order that the result be more specific and meaningful to tourism marketers. Fourth, future research should examine how familiarity can be developed in a tourism context so that tourism marketers can become more efficient in developing and maintaining loyalty. Finally, future research should examine comprehensively the dimensions of destination images contributing to loyalty towards medical tourism

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