Intention towards of Medical Tourism Information through Electronic Word-of-Mouth (EWOM): Assurance, Trust and Satisfaction

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ABSTRACT

The objective of this research is to study the intention of medical tourism information through Electronic Word-of-Mouth (EWOM). The factors studied were the assurance factors of medical tourist, hospital trust and satisfaction. Data were collected and analyzed from a sample of 255 foreign medical tourists traveling to Thailand using questionnaires as a tool for data collection. The data were analyzed using descriptive statistics: mean and standard deviation. A linear structural equation model (SEM), using Mplus was used to test the path and to test the correlation at a statistically significant level of 0.05. The results showed that the developed correlation model was consistent with the empirical data. The SRMR is 0.041, CFI is .937, TLI is. 922. According to the results of this structural equation test, it was found that the direct influencing factor in information sharing via electronic media was satisfaction, and the indirect influencing factor was Assurance and Trust.

1. INTRODUCTION

Medical tourism refers to the act of traveling to a destination to receive specialized medical treatments and care services for improving health [1]. Medical tourism is a subset of health tourism that follows a range of treatments: cosmetic surgery, dentistry, cardiac surgery, orthopedic surgery, bariatric surgery, fertility/reproductive system, organ, cell and tissue transplantation [2], eye surgery, and diagnostics and checkup [3].

Medical tourism awareness has affected the preferences of prospective medical tourists for medical treatments with higher levels of affordability across the globe. As a result, the global medical tourism industry has changed and many national health systems are being widely available to patients [4]. This is because international patients tend to consider medical costs and the quality of healthcare services in their decision-making and selection of the destination choices for their medical treatments.

because the government has implemented additional measures such as visa exemption and cooperation agreements)MOUs(to attract foreign patients and older adults. The Thai government has been expanding the market to foreigners who are more likely to have higher purchasing power and can therefore spend more on medical treatment in Thailand [5].

The success of Thailand as a healthcare destination has been related to high medical quality in the fields such as cardiac operation, cosmetic surgery and hip and joint surgery, as well as its large pool of western-trained medical specialists and the friendliness of its people [6].

More importantly, Thailand has set a national strategy to support medical tourism, aiming to make the country to be a Medical Hub between the years 2017 – 2026. The main groups of medical tourists are from Burma, Japan, the Middle East, and Europe, including new market segments such as Cambodia, Laos, Myanmar, Vietnam and China. The medical tourism can generate more income than other types of tourism. Thus, tourism in this form is increasingly supported and promoted by the Thai government [7].

Factors affecting intention to use the service of medical travelers is caused by the awareness of medical services that the hospital can meet the needs and expectations. Then, Medical users will continue to refer information to other users [8-9].

The COVID-19 situation that the world is facing right now, is indeed a factor affecting the decision to use the medical tourism service and this incident affects the number of medical tourists entering Thailand. The COVID-19 situation that the world is facing right now, is indeed a factor affecting the decision to use the medical tourism service and this incident affects the number of medical tourists entering Thailand. The factor that tourists decide to come for medical treatment is partly from searching for information through various channel, especially electronic channels that are very popular. The tourists will read the messages that the previous tourists posted to decide on the service. Therefore, electronic word-of-mouth is an

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important communication channel with low advertising costs.

A review of past literature found that assurance, trust, and satisfaction were the factors influencing foreign medical tourists who use medical services to share information via electronic channels. If foreign medical tourists have a high level of assurance, trust, and satisfaction, they will generate positive referrals. Therefore, the researcher is interested in studying about Assurance, Trust and Satisfaction towards the Intention of Medical Tourism Information through Electronic Word-of-Mouth (EWOM) through a relationship model that developed with empirical data to benefit government organizations in planning and formulating policies. This is a guideline for private hospitals in order to further determine the appropriate marketing strategy for medical tourists.

2. LITERATURE REVIEW

Assurance

SERVQUAL, developed by Parasuraman et al. [10,11] has been used to provide a generic instrument for measuring service quality across a broad range of service categories. However, the SERVQUAL approach is considered a major departure from the traditional way of using the perception-based measure as a customer satisfaction predictor. SERVQUAL is primarily concerned with measuring service quality's functional dimensions and remains a preferred model for measuring service quality across different sectors. It begins with an assumption that service quality is the difference between overall sector service expectations and perception of a particular service provider in that particular sector. The services quality perception gap predicts customer satisfaction with a service provider. The literature review of Satchabut [12] states that the SERVQUAL model is introduced into business operations to attract customers. and make customers satisfied.

Parasuraman et al. [11] explain that service quality, that is, a comparison between expectations and performance in achieving quality of services, has become a key issue. There is a gap between consumer expectations and perceived management expectations that affect consumer evaluations. They propose that overall service quality be evaluated on five underlying dimensions: tangibility, reliability, responsiveness, assurance, and empathy.

In this study we will focus on assurance as it is a key factor in the study of medical services [13-16]. Pena [17] defined assurance as a courtesy service, having the skills and the ability to perform the job. It is resulting in the safety of the service and creates trust with service users. If the medical user has confidence in the service provider (assurance), it will result in a positive direction of satisfaction as well.

Results from research by Chou et al. [16] indicated that assurance was more important than any other dimension in receiving medical services. However, it must depend on the type of service as well. The service provider must have confidence, work safely, have service knowledge, and be polite [16, 18].

Trust

Iranmanesh et al. [19] concluded that trust is the client's confidence in the service provider. The trust comes from the performance of the contract and fulfilling the obligations set forth in the provision of services, especially in the context of healthcare. Trust has become one of the most important and relevant dimensions to consumer perception arising from healthcare. Consequently, a patient's concern about their safety could lead to a refrain from attending that hospital to another hospital and continue to tell the negative information.

Regarding the importance of patient trust in medical care, Chang et al. [20] found that the perception of the patient's trust had a positive effect on positive satisfaction. Factors show when the trust of the patient increased, this will affect the relationship you have with doctors who treat and trust your organization. This is in line with Shabbir et al. [21] who found that credibility has a positive and significant relationship to patient satisfaction in the healthcare business.

Trust consists of two aspects: trust in employees and trust in the organization. This trust plays a key role in determining customer intentions of positive word of mouth and repeat buying behavior. Han & Hyun [8] discovered that trust in the clinic outweighs the reliance on employees. The findings indicate that international medical tourists will consider the quality of their medical treatment and health care at the clinic offers more than just employee service. In this study, the patient's trust in satisfaction and impact on speaking through EWOM will continue.

Satisfaction

Satisfaction refers to the satisfaction of the medical traveler arising from obtaining a response to their needs. This results in medical tourists feeling love, like, delight, and showing behavioral willingness to use a tourist's medical service [14].

Patient satisfaction with healthcare is a multidimensional concept. Most of them correspond to the main characteristics of the service provider such as service techniques, operator work, infrastructure, interaction, atmosphere, and service. Patient satisfaction influences patient confidence positively enhancing the image of the hospital which affects the use of the service and increasing market share to gain a competitive advantage. Therefore, providers, including hospitals, should focus on achieving satisfaction and building customer loyalty. This will make satisfied customers more likely to show good behavioral

intentions. This is a long-term success of healthcare providers. However, for general tourism found that the personal characteristics of tourists affect to levels of satisfaction [22].

Sahijan et al. [23] and Kitapci et al. [24] stated that satisfaction results in positive behavior. Achieving a high level of satisfaction often results in a positive WOM including the behavioral intention of returning to use the service repeatedly, along with recommending travel destinations to others. This is the most effective and cost-effective form of marketing promotion.

The intention of Medical Tourism Information through Electronic Word-of-Mouth (EWOM)

Wardi et al. [25] argued that WOM is an important measure of effective traveler loyalty in promoting a product or service. It is because WOM is a component of the tourists' loyalty. If a traveler wants to recommend a product or service to others, then they are loyal to that product or service. Kim et al. [26] found that one aspect of post-purchase behavior is word of mouth. It is a verbal communication where people share experiences from the perceptions and assessments of both positive and negative services that influence others' purchases.

Today the Internet has grown, expanding its concept to an online context known as the Electronic Word of mouth: eWOM by sharing information via E- mail, Facebook, Blogger, Twitter, Instagram, Website and YouTube or using individuals who influence consumers, including experts, to educate themselves in the channel. This makes it possible to reach a large audience within a short time. EWOM has become an essential resource for travelers. Lee at el. [27] stated that Japanese tourists' decisions to seek medical treatment in Korea are based on information from the word-of-mouth communication on electronic media which will be studied to be used as a reference for the decision of treatment.

The impact of EWOM on consumer behavioral intent is more effective than traditional WOM. Marketers are therefore able to accelerate the development of online platforms to improve product/service quality, innovation and future product characteristics. through building trust in the hearts of consumers

EWOM influences recipient perception. Intention to use the service and future service usage behavior The perception of information through EWOM leads to a positive brand attitude, thus increasing the marketing channel. When satisfied customers also share information via EWOM. Sharing this information for medical tourism is very meaningful as it relates to safety. So, EWOM communication has gained a lot of attention in recent years from medical tourists themselves. The direct information from the service users is therefore another important part in building the image and expanding the customer base who are foreign medical tourists.

Therefore, this research will study the referral intent of medical tourists to share experiences from receiving medical services, both positive and negative, arising from using the service through electronic medias, since the dissemination of information is widely and quickly.

From the literature review, it is possible to summarize the concepts corresponding to the quantitative research leading to the hypothesis of this research as follows:

H1: Assurance (ASS) of the medical service provider has a direct relationship with the trust (TRU). in the medical service provider.

H2: Assurance (ASS) of medical service users has a direct relationship with satisfaction (SAT).

H3: Trust (TRU) in the healthcare provider has a direct relationship with satisfaction (SAT).

H4: Satisfaction (SAT) is directly related to Intention towards of Medical Tourism Information through Electronic Word-of-Mouth (IEWOM).

H5: Assurance (ASS) of the Medical Service User is directly related to the Intention towards Medical Tourism Information through Electronic Word-of-Mouth (IEWOM).

H6: Trust (TRU) towards Medical Service Providers is directly related to Intention towards of Medical Tourism Information through Electronic Word-of-Mouth (IEWOM).

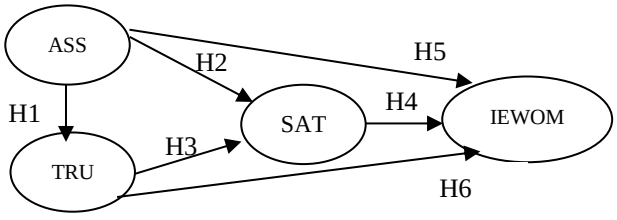

Fig. 1. Proposed conceptual model.

Note 1. ASS = Assurance, TRU = Trust, SAT = Satisfaction, IEWOM=Intention towards through Electronic Word-of-Mouth

3. METHODS

This research is quantitative research. The purpose of this research was to study the relationship of Assurance Trust and Satisfaction affecting the spread of medical information through electronic channels of medical tourism in the southern region of Thailand in all 4 provinces, Phuket Province Krabi Province Surat Thani Province, and Songkhla Province. In normal circumstances, these 4 provinces have the highest number of tourists in the southern region.

3.1. Sample preparation

The population used in this research was medical tourists who came to use services in hospitals and medical establishments in Thailand where the tourism areas of the southern region who have used services from hospitals in the area which is a private hospital accredited by joint Commission International (JCI). Data were collected in the

area where tourists use the service with a focus on keeping the accommodation near the hospital, mainly in front of the hospital.

3.2 Data Collection and Analysis

Determination of sample groups used in this research for Structural Equation Modeling (SEM) was mainly taken into account in order to estimate the parameters by using the maximum likelihood method, the minimum criteria for determining the sample size for analyzing the structural equation model (SEM), 5 to 10 respondents are used for each parameter to be estimated [28]. In this study, data were collected between the boundaries of 2019 and the year 2020, during the COVID-19 pandemic. Therefore, the sample population who is willing to answer questions is quite limited. In this study, were able to collect data from a sample that most complete questionnaires were 255 people, which is still 10 times higher than the observed variables. As a result, this sample number can be accepted and considered sufficient to analyze the data according to the structural equation.

Conducting this research is obtained with the written consent of the participants. Each participant's personal information is kept confidential and is used for research purposes only, in which data collection is recommended. A self-contained questionnaire to explain the purpose of the study and to ensure that respondents receive confidential information. The research instrument was a questionnaire developed from the study of concepts, theories, and research papers which consisted of 4 parts: Part 1 Questions are X1 That is, the doctors and staff have enough time to provide care throughout the treatment, X2 is that the doctors and staff are professional in their work, X3 Doctors and staff are able to deliver on their promises to their clients and X4 Physicians and staff provide clients with confidence throughout their treatment.

Part 3 Questionnaire on the perception of the Trust evolved from [8, 19] There are 3 questions: X5 Can you trust doctors and staff in medical treatment, X6 Trust in making important decisions about the treatment process, X7 Trust the results of the diagnosis honestly.

Part 4 questionnaire about satisfaction developed from [23, 32, 33] There were 4 questions in total: X8 All the services of the hospital made me feel happy, X9 Choosing this hospital was the right decision, X10 Very satisfied with all the services of this hospital, X11 the medical tourism experience was to be expected.

Part 5 Questionnaire on Dissemination of medical information through electronic channels [35, 36] There are 4 questions, namely X12. Intends to share good experiences about receiving services via electronic channels. X13 introduce people to this hospital via electronic channels. The X14 introduces information about the treatment via electronic channels and the X15 intentionally informs the treatment process via electronic channels.

The nature of the questions is a 5-level estimation scale, with the answer criteria on a scale of 1 to 5. There are scoring criteria from 5, 4, 3, 2, and 1, with 1 being the lowest to 5 the most, respectively. Instrument quality checks use internal conformity with Cronbach's Alpha Coefficient in the confidence test.

From the results of the analysis of the confidence of the whole date, it was found that the value was .917, which is greater than .70, which is within the acceptable range. The basic statistical analysis in the questionnaire used descriptive statistics to describe the characteristics of the samples and variables used in research. In this data analysis, the structural equation model analysis process was used which consisted of 1) confirmatory component analysis and 2) Data analysis by Structural Equation Modeling.

4. RESULTS AND DISCUSSION

4.1. Results

For the respondents who are medical tourists, the majority are male (60.8%) with mean scores in the highest level in all aspects. The respondents agreed on confidence in the intention of communicating medical tourism information through electronic channels (EWOM) ($\bar{X}$ = 4.59, S.D = .444) followed by assurance ($\bar{X}$ = 4.57, S.D = .454), satisfaction ($\bar{X}$ = 4.55, S.D = .501) and trust ($\bar{X}$ = 4.54, S.D =.537).

For each aspect mean of the 4 latent variables, the mean was also the highest in the criteria before being introduced into the process of further analysis of the structural equation model. There are 4 latent variables and 15 observable variables through average analysis standard deviation Skewness and kurtosis of observable variables. It was found that the skewness and kurtosis values were not more than – 1.96, + 1.96, considered normal distribution as shown in Table 1.

From Table 1, the Assurance found that it has the greatest perceived in all issues with means average between 4.56 – 4.59. The highest mean is That is, doctors and staff have enough time to provide care throughout the treatment. This is followed by is that the doctors and staff are professional in their work and the doctors and staff give patients confidence throughout the treatment that they are of the same average and that the doctors and staff are able to deliver on the promises they make to their clients. in order. It has a standard deviation between .307 and .364, a skew between -1.021 and - .858, and kurtosis between -.312 and .033.

Table 1. Basic statistical values of observable variables

Symbol	Mean	Opinion Level	Std. Dev.	Skewness	Kurtosis
Assurance ($\bar{X}$ = 4.57, S.D = .454)					
X1	4.59	Strongly agree	.312	-.975	-.068
X2	4.58	Strongly agree	.307	-.858	-.312
X3	4.56	Strongly agree	.364	-1.021	.017
X4	4.58	Strongly agree	.338	-1.017	.033
Trust ($\bar{X}$ = 4.54, S.D =.537)					
X5	4.57	Strongly agree	.356	-1.027	.040
X6	4.53	Strongly agree	.445	-1.098	-.030
X7	4.53	Strongly agree	.374	-.949	-.127
Satisfaction ($\bar{X}$ = 4.55, S.D = .501)					
X8	4.56	Strongly agree	.340	-.948	-.101
X9	4.58	Strongly agree	.329	-1.018	.036
X10	4.43	Strongly agree	.434	-.748	-.522
X11	4.60	Strongly agree	.365	-1.240	.412
Intention towards through Electronic Word-of-Mouth ($\bar{X}$ = 4.59, S.D = .444)					
X12	4.59	Strongly agree	.328	-1.036	.073
X13	4.65	Strongly agree	.242	-.849	-.795
X14	4.59	Strongly agree	.321	-1.156	.891
X15	4.57	Strongly agree	.378	-1.138	.223

It was found that the Trust was the highest in all aspects, with an average of between 4.53 – 4.57 in order of mean as follows: They can trust doctors and staff in the treatment process, followed by trust in making important decisions in the treatment process and trust in the outcome of the diagnosis honestly, respectively. It has a standard deviation between .356 and .445, a skew between -1.098 and - .949, and kurtosis between -.127 and -.040.

Satisfaction was found to have the highest level of satisfaction. Particularly, the medical tourism experience is to be expected. This is followed by Choosing this hospital is the right decision, all the services of the hospital make me feel very happy and satisfied with all the services of this hospital respectively. with a mean satisfaction score between 4.43 – 4.60. It has a standard deviation between .329 and .434, a skew is between -1.240 and - .748, and kurtosis between -.522 and .412.

Intention towards through Electronic Word-of-Mouth was the highest in all aspects, with an average of between 4.57 – 4.65 in order of mean as follows: Introduce others to this hospital through electronic channels, intending to share good experiences about receiving services via electronic channels. x14 introduces information about treatment via electronic channels and x15 intended to inform the treatment process via electronic channels respectively. It has a standard deviation between .242 and .378, a skew is between -1.156 and - .849, and kurtosis between -.795 and .891.

The results of the Pearson correlation coefficient were analyzed to determine the preliminary consensus of the structural equation model analysis, that is, the variables must be related. The researcher was able to find the relationship between 15 observable variables and the correlation coefficient between the variables was analyzed to see the relationship and any variable greater than .90 will have multicollinearity problems as shown in Table 2.

The correlation coefficient analysis between the variables found that all observable variables were related and no variable higher than .90 will cause a multicollinearity problem. In conclusion, there were four latent variables that were imported into the equation, namely, the Assurance, Trust, satisfaction and intention towards through Electronic Word-of-Mouth. This has a total of 15 observable variables and leads to the process of analyzing the measurement model and further analysis of the structural equation model.

The results of the measurement model analysis in the corroborative component analysis revealed that $\chi 2$ = 203.015, df = 84, $\chi 2$ / df = 2.416, CFI = 0.937, TLI = 0.922, RMSEA = 0.075, SRMR = 0.041. The straightness analysis of the measurement model examines the component weights of the observed variables, which should be greater than 0.50, and if greater than 0.70 is very good. In terms of confidence structurally, it was found that the mean extractable variance (AVE) should be greater than 0.05 and the latent variable component confidence (CR) should be greater than 0.07. This means that the indicators in the measurement model can be true representations of latent variables. When testing for validity, the component weights of all observed variables were greater than 0.50 and the statistical significance level of 0.001 was meet the criteria that can be described in Table 2 It showed that the relationship between an observable variable and a latent variable was at a good level. Therefore, the measurement model was tested for further structural equation analysis.

Table 2. Analysis of the relationship between the observed variables studied and results of the validity analysis of the latent variable in the model

	X1	X2	X3	X4	X9	X10	X11	X13	X14	X15	X16	X17	X18	X19	X20	standard loading	R^2
Assurance (AVE= .516, CR.=810)																	
X1	1															0.739	0.490
X2	.709**	1														0.724	0.424
X3	.511**	.506**	1													0.722	0.521
X4	.398**	.368**	.504**	1												0.686	0.421
Trust (AVE= .525, CR.=768)																	
X5	.468**	.415**	.368**	.271**	1											0.717	0.514
X6	.390**	.384**	.349**	.335**	.638**	1										0.762	0.581
X7	.418**	.377**	.396**	.348**	.518**	.653**	1									0.692	0.479
Satisfaction (AVE= .548, CR.=829)																	
X8	.487**	.445**	.465**	.354**	.526**	.411**	.408**	1								0.654	0.427
X9	.450**	.419**	.446**	.358**	.442**	.439**	.446**	.582**	1							0.755	0.570
X10	.492**	.489**	.395**	.377**	.463**	.447**	.481**	.538**	.634**	1						0.781	0.610
X11	.480**	.389**	.447**	.312**	.485**	.478**	.526**	.541**	.558**	.668**	1					0.765	0.586
Intention towards through Electronic Word-of-Mouth (AVE= .554, CR.=832)																	
X12	.430**	.298**	.383**	.325**	.317**	.270**	.260**	.437**	.403**	.446**	.442**	1				0.670	0.448
X13	.399**	.369**	.361**	.244**	.352**	.421**	.362**	.511**	.417**	.424**	.408**	.546**	1			0.725	0.526
X14	.383**	.240**	.324**	.283**	.380**	.322**	.345**	.352**	.479**	.458**	.502**	.472**	.429**	1		0.792	0.627
X15	.366**	.337**	.360**	.299**	.385**	.461**	.360**	.391**	.394**	.432**	.464**	.441**	.390**	.550**	1	0.784	0.614

** Correlation is significant at the 0.01 level (2-tailed)

Analysis of the structural equation model the researchers analyzed both direct and indirect influence pathways. The researcher would like to present the results of the following tests which are shown in Table 3 as follows:

From Table 3, the results of the analysis of the direct influence coefficient (DE: Direct Effects) based on the assumptions can be summarized as follows.

Hypothesis No. 1 Assurance has a direct correlation with trust. Trust was 0.690(Z = 13.235, p = 0.000), which was statistically significant from the test results according to the given assumptions.

Hypothesis number 2 Assurance has a direct relationship with Satisfaction found that Assurance had a direct influence coefficient on Satisfaction was 0.595(Z = 7.059, p = 0.000), which was statistically significant from the test results according to the given assumptions.

Table 3: The results of the analysis of direct and indirect influence coefficients of research hypothesis

Hypothesis	Influence path	Coefficient of influence	**Z**	**p**	Accept /Reject hypothesis
1	ASS → TRU	.690	13.235***	.000	Accept
2	ASS →SAT	.595	7.059***	.000	Accept
3	TRU→ SAT	.308	3.553***	.000	Accept
4	SAT→IEWOM	.745	6.395***	.000	Accept
5	ASS→IEWOM	.083	0.6770	.503	Reject
6	TRU→IEWOM	.014	1.609	.108	Reject
A	ASS→TRU→ SAT→ IEWOM	.158	3.174***	.000	Accept

Hypothesis number 3 Trust has a direct relationship with Satisfaction found that Trust has a direct influence coefficient on Satisfaction was .308(Z = 3.553, p = 0.000), which was statistically significant from the test results in accordance with the given hypothesis.

Assumption 4, Satisfaction had a direct relationship, Intention towards through Electronic Word-of-Mouth, and Satisfaction had a direct influence coefficient of Intention towards through Electronic Word-of-Mouth of .745(Z = 6.395, p = 0.000.), which is statistically significant from the test results according to the given assumptions

Hypothesis number 5 Assurance has a direct relationship Intention towards through Electronic Word-of-Mouth. Assurance has a direct influence coefficient of Intention towards through Electronic Word-of-Mouth of .083(Z = 0.670, p = 0.503), which does not the statistical significance of the test results did not conform to the given assumptions.

Assumption 6, Trust has a direct relationship, Intention towards through Electronic Word-of-Mouth, it was found that Trust has a direct influence coefficient of Intention towards through Electronic Word-of-Mouth of .014(Z = 1.609, p = 0.108), which was not statistically significant as the test results did not meet the established assumptions.

The results of the indirect effect coefficient analysis (IE: Indirect Effects) consisted of

Assumption A, Trust and Satisfaction were the transmission variables between Assurance and Intention towards through Electronic Word-of-Mouth. 7 Trust and Satisfaction were the transmission variables between Trust and Satisfaction with an indirect coefficient of .698(Z = 6.874, p = 0.000), which is statistically significant from the test results in accordance with the given assumptions.

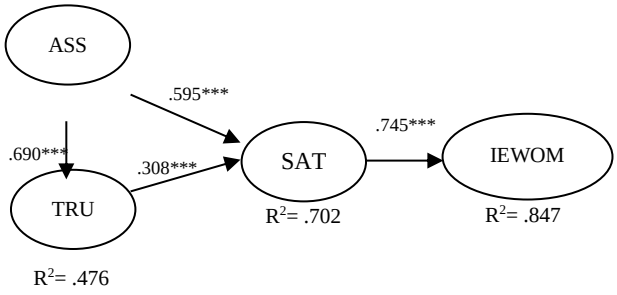

Fig. 2. Test results according to the hypothesis line.

From both direct and indirect influence paths the results of the aggregate influence analysis can be summarized as shown in Table 4.

Table 4. The results of the coefficient analysis of the direct influence, indirect influence, and total influence

Causal variable	Influence	Effect variable		
		TRU	SAT	IEWOM
ASS	DE	.690***	.595***	.083
	IE	-	-	.698**
	TE	.690***	.595***	.781***
TRU	DE	-	.308***	.014
	IE	-	-	-
	TE	-	.308***	.014
SAT	DE	-	-	.745***
	IE	-	-	-
	TE	-	-	.745***
R^2		**.476**	**0.702**	**0.847**

TE: Total Effects of the structural equation model, the influence of the transmission variable on Intention towards through Electronic Word-of-Mouth The test results were assumptions that the total influence curve was statistically significant.

From the research hypothesis testing results in collecting this data, it can be concluded that which factors affect the referrals of medical tourists in the southern coast consists of factors that directly affect and affect the factors indirectly influenced through transmission variables

Factors directly influencing the word-of-mouth of electronic medical tourists are satisfaction. Factors indirectly affecting the intention of communicating on electronic media include Assurance and Trust It relies on the transmission variable, which is the satisfaction when tourists perceive it. Assurance and Trust, and then satisfied, will have the intention to communicate word of mouth on electronic media.

4.2 Discussion

Medical tourism is a form of tourism that can bring a lot of revenue into the country. Therefore, if those who have used medical services in Thailand have forwarded the information via electronic channels to the user groups it will create a reputation, both positive and negative. Therefore, the main objectives of the study were mainly to study the intention of communicating electronic medical tourism information (EWOM) by considering the confidence in the use of medical services, hospital trust and the satisfaction of foreign medical tourists. It also examined the relationship with the study of intention to refer to medical tourism information via the electronic channel (EWOM).

Confidence in the use of medical services has a significant positive effect on satisfaction, especially if the

confidence is higher, the intention will be to use the service [13]. For a study in Thailand, Veerasoontorn & Beise-Zee [6] stated that medical quality assurance was an important factor in leading foreigners to leave the country for treatment in Thailand. This is in line with this research, regarding confidence in the use of medical services. For example, the doctors and nurses were professionals at work. There was good care by doctors and nurses throughout the treatment, checking carefully at every step until it made patients feel safe to use the service which led to their satisfaction.

The findings in this study that did not conform to the research hypothesis found that the assurance of the service provider (assurance) and the trust in the healthcare provider (Trust) had no effect on Direct Intention towards of Medical Tourism Information through Electronic Word-of-Mouth. However, it has an indirect influence by passing through variables like satisfaction. It is possible that although foreign medical tourists have confidence and trust in receiving medical services, they are still unsatisfied enough. There will be no information about receiving services via online media immediately. On the other hand, there may be limitations in this study that make the test unconfirmed. This is due to gender-specific personal factors that may affect information sharing via electronic channels as well. It is because most of the respondents were male rather than female. Therefore, the personality traits of men may share less information online than females which resulted in inconsistent results as set.

This research found that trust in hospitals, whether it is the patient care system of hospitals in Thailand or the patient confidentiality of hospitals in Thailand, both have an impact on total satisfaction. Building trust is, therefore, a key factor in maintaining relationships between healthcare facilities and the satisfaction of the patient. This approach will serve as a channel for healthcare institutions to develop relationships with patients. This is consistent and in line with the findings in Chang et al. [20] that indicate the level of trust positively influences satisfaction.

Satisfaction had a positive influence on word-of-mouth. Chantra-ari et al. [35] found that if the hospital has good management until making the service recipient satisfied with the service received, it will impress the service recipient. Then they will tell information further or talk about good experiences, as well as introduce family, relatives, and colleagues or others to choose to use services in that hospital. This is in line with this research which found that medical tourists feel good to decide to seek medical care. As well, it was considered that the decision to use Thai medical services was an excellent decision. It will bring good experiences that happen to your family, friends, and social groups via electronic channels. They were ready to introduce the medical services of hospitals in Thailand via electronic channels. On the other hand, if the medical traveler is dissatisfied with the service or experiencing problems with medical services at hospitals in Thailand, they complain about what happened to others through electronic channels as well. The forwarding of information in this system is distributed quickly and widely. Hence, hospitals in Thailand have to pay more attention to the quality of their services.

5. CONCLUSIONS

This study with a sample of foreign tourists found that satisfaction directly affected the willingness to communicate via electronic channels to foreign tourists. As a result, Trust and Assurance have no direct effect but indirect influence. Through satisfaction, there will be word-of-mouth through electronic channels. Most medical tourists have concerns about the reliability of the health care providers they face. Therefore, the hospital must build the mental confidence of the service recipients by providing the information and knowledge necessary for treatment.

Healthcare professionals play an important role in how patients tell stories. Therefore, it is very important to build a relationship of trust with patients. and will enable service providers to compete in the medical services industry. So, the researcher has recommendations for hospital administrators. Hospital administrators have to create and increase satisfaction in the service process. However, the results of treatment and the personal behavior of physicians are difficult to control. Therefore, the senior management of the hospital should recruit ethical and skilled doctors into the hospital. This is because the sustainable operation of the hospital can be achieved by maintaining the quality of medical services, especially in the aspect of Assurance, in order to continue to lead to Trust.

The results of the research show that foreign medical tourists are a group that perceives service quality in terms of high confidence and trust in service providers. Building trust of service users is the heart of the service and leads to satisfaction, especially after the epidemic situation of COVID-19. The hospital needs to retrieve this as soon as possible after the opening of the country, where the provider may add physical services for the elderly who are another target group that could grow in the future. In the next study, there should be studies in all dimensions of the quality of medical services. It also should study differences in personal factors such as gender, nationality of medical users to be able to present a marketing plan approach and create a strategy for spreading information about the use of medical services via electronic channels to be more relevant to the target group. It leads to a decision to use medical services in the future.

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