

A PREDICTIVE MODEL OF SATISFACTION OF BANGLADESHI PATIENTS IN TWO SELECTED PRIVATE HOSPITALS IN THAILAND

by

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Abstract

The research was conducted on 390 Bangladeshi patients of Bumrungrad Hospital and Bangkok Hospital, who traveled from Bangladesh to Thailand for treatment purpose. The objective of this research was to identify key service quality factors of Thai private hospitals and assess how Bangladeshi patients' rate them. The service quality dimensions are: reliability, responsiveness, assurance, tangibles, communication, empathy, process features, cost, access, billing services and treatment outcomes. A self administered survey method was used to conduct the research with the help of a questionnaire. A non-probability judgment sampling plan was used to collect data. The analysis was done by using SPSS programs. Multiple-regression was used. Descriptive analysis indicates that Bangladeshi patients were generally satisfied with the overall service quality of the two Thai Private Hospitals.

INTRODUCTION

In the healthcare industry, hospitals provide the same types of service, but they do not provide the same quality of service (Youssef et al., 1996). Furthermore, consumers today are more aware of alternatives on offer and rising standards of service have increased their expectations. They are also becoming increasingly critical of the quality of service they experience. Patient satisfaction is an important indicator of the quality of medical care and a major determinant in the choice of a care provider in the future (Croucher, 1991). Accurate and reliable survey information provides the data basis for continuous quality improvement in the delivery of services. By meeting the needs of the patient, the institution in turn will ultimately ensure its competitive position (Curbow, 1986).

The Bangladesh government allocates \$500 million every year to the health sector. While the efforts are in the right direction, the public health sector is plagued by uneven demand and perceptions of poor quality. The private health care sector (including unqualified providers) is the largest provider of health care as about 70% of the patients seek medical care from this sector (World Bank, 2003). Absenteeism of health care providers has landed Bangladesh 2nd in

the world's lowest ranking of countries facing doctor absenteeism in healthcare (World Bank, 2003). The Institute of Health Economics, University of Dhaka, estimates that Bangladeshis spend approximately \$300 million a year on foreign healthcare services which was supported by the Bangladesh Medical Association-BMA President (World Bank, 2003). At present, unreliable test results and wrong diagnosis and a general perception of poor and unreliable services may explain why those who can afford it have been seeking health care services in other countries. A large number of Bangladeshi patients are forced to go to India, Thailand or Singapore for treatment. One report suggests that 1,200 patients travel abroad every day for treatments (Consumers Association of Bangladesh-CAB, 2003).

Thailand has secured a commanding position in the world health care arena. Though it is a third world country, it has achieved the quality of the developed countries. Foreigners flock to Thailand's private hospitals for a variety of reasons, among them accessibility, cost and quality. The kingdom is one of the three countries in the region cashing in on its ability to use cheap but highly skilled labor, affordable hospital accommodation and specialist treatments. In 2003, 60% of Bumrungrad Hospital's (BH) revenues came from Thai nationals, with the remaining 40% from interna-