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

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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 healthcare 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-
tional patients. Of the international patients, 60% were resident expatriates and 40% were ‘health tourists’ who came from abroad. Surprisingly enough, Bangladeshi patients make up the largest ‘health tourist’ geographic segment for BH (www.thaistock.com). Bangladeshi patients in the two major private hospitals in 2005 were 32,417 and in 2006 were 27,813. Up to May 2007, approximately 15,195 Bangladeshi patients visited these two private hospitals.

RESEARCH OBJECTIVES

In the competitive market of health care, Thai hospitals need to understand the key factors of Bangladeshi patient satisfaction which will enable them to achieve a competitive advantage over Singaporean and Indian hospitals. In this study, the researcher sought to construct a predictive model of satisfaction of Bangladeshi Patients in two selected private hospitals in Thailand. In order to do that, the researcher sought to identify the main dimensions of service quality of Thai private hospitals affecting Bangladeshi patient satisfaction.

The objectives of the research are:

1. To identify the key service quality factors of Thai private hospitals that affect Bangladeshi patients’ satisfaction.
2. To assess how Bangladeshi patients’ rate the service quality dimensions of Thai private hospitals.

The research focused on rating all the dimensions of service quality, reliability, responsiveness, assurance, tangibles, communication, empathy, process features, cost, access, billing services, and treatment outcomes, of two selected Thai private hospitals by Bangladeshi patients to identify the key factors of a predictive model of their (patient) satisfaction.

LITERATURE REVIEW

The SERVQUAL instrument has been empirically evaluated in the hospital environment and has been shown to be a reliable and valid instrument in that setting (Babakus and Mangold, 1992). Other studies of Health care quality measurement (Canel and Fletcher, 2001; Lam, 1997; Donthu, 1991; Sohail, 2003) have also used SERVQUAL. Despite controversies regarding the validity and reliability of SERVQUAL (Teas, 1994; Newman, 2001), the application of SERVQUAL, with or without modification, can be found in healthcare. The extent of modification or addition to the SERVQUAL dimensions varies from researcher to researcher. In Bangladesh, few studies were done to evaluate quality and patient satisfaction. SERVQUAL was used in all of them. The SERVQUAL framework was refined for the Bangladeshi context by Andaleeb (2000a, 2001, 2007). Mittal and Baldasare (1996) agreed that attributes of a service or product affect the position of an organization in terms of overall satisfaction. They also mentioned that different attributes of a product/service might influence overall satisfaction differently depending on their salience. In the health care context, the consumer - the patient - participates in the production of the service, and therefore performance and quality can be affected by patient actions, moods and cooperativeness (Zeithaml, 1981). The idea that perceived service quality results from a comparison of expectations with perceptions of performance would seem to imply that perceived quality equates with satisfaction. That is, if a customer is satisfied then there is quality of service.

Hypotheses 1: Reliability of Thai private health care providers has an impact on Bangladeshi patients' satisfaction.

Reliability refers to a providers' ability to perform the promised service dependably and accurately. For instance, in Bangladesh, reliability of the provider is often perceived as low for various reasons, such as the accusation that doctors recommend unnecessary medical tests, there is an irregular supply of drugs at the hospital premises, supervision of patients by care providers is irregular, and specialists are unavailable. Perceptions of reliability are also attenuated when doctors do not provide correct treatment the first time.

Hypotheses 2: Responsiveness of Thai private health care providers has an impact on Bangladeshi patients' satisfaction.

Patients expect hospital staff to respond promptly when needed. They also expect the required equipment to be available, functional and able to provide quick diagnoses of diseases.

Hypotheses 3: Assurance from Thai private health care providers has an impact Bangladeshi patients' satisfaction.

Knowledge, skill and courtesy of the doctors and nurses can provide a sense of assurance that they have
the patient's best interest in mind and that they will deliver services with integrity, fairness and beneficence. For a service that is largely credence based (Zeithaml and Bitner 2000), where customers are unable to evaluate the quality of the services after purchase and consumption, the sense of assurance that is engendered can greatly influence patient satisfaction. In the health care system, assurance is embodied in service providers who correctly interpret laboratory reports, diagnose the disease competently, provide appropriate explanations to queries, and generate a sense of safety.

**Hypotheses 4:** Physical appearance (tangibility) of the Thai private hospitals has an impact on Bangladeshi patients' satisfaction.

Physical evidence that the hospital will provide satisfactory services is very important to patient satisfaction judgments. Generally, good appearance (tangibility) of the physical facilities, equipment, personnel and written materials create positive impressions. A clean and organized appearance of a hospital, its staff, its premises, restrooms, equipment, wards and beds can influence patients' impressions about the hospital.

**Hypotheses 5:** The quality of communication perceived by the Bangladeshi patient has an impact on Bangladeshi patients' satisfaction.

Communication is also vital for patient satisfaction. If a patient feels alienated, uninformed or uncertain about his/her health status and outcomes, it may affect the healing process. When questions of concern can be readily discussed and when patients are consulted regarding the type of care they will be receiving, it can alleviate their feelings of uncertainty. Also, when the nature of the treatment is clearly explained, patients' awareness is heightened and they are better sensitized to expected outcomes. Appropriate communication and good rapport can, thus, help convey important information to influence patient satisfaction. In particular, patients expect doctors and nurses to communicate clearly and in a friendly manner regarding laboratory and other test results, diagnoses, prescriptions, health regimens, etc. Similarly, nurses are expected to understand patient problems and to communicate them to the doctor properly.

**Hypotheses 6:** Empathy received from Thai Hospitals has an impact on Bangladeshi patients' satisfaction.

Health care providers' empathy and understanding of patients' problems and needs can greatly influence patient satisfaction. Patients desire doctors to be attentive and understanding towards them. Similarly patients expect nurses to provide personal care and mental support to them. This reflects service providers' empathy.

**Hypotheses 7:** The process features of Thai hospitals have an impact on Bangladeshi patients' satisfaction.

Process features refer to an orderly management of the overall health care service process. This constitutes patients' expectation that doctors will maintain proper visiting schedules and that there will be structured visiting hours for relatives, friends, etc. Updated patient records and standard patient release procedures also facilitate patient care. Process features in Thai healthcare includes the interpreters, who guide the Bangladeshi patients through the whole process of getting treatment.

**Hypotheses 8:** The perceived overall cost of Thai Hospitals has an impact on Bangladeshi Patients' satisfaction.

In addition to service factors, perceived treatment cost is another factor that patients may perceive as excessive. In the more affluent western world, Schlossberg (1990) and Wong (1990) suggest that health care consumers have become much more sensitive to costs, despite health insurance coverage. Andaleeb (2001, 2001) and Hasin et al., (2001), used cost in the SERVQUAL dimensions. Wong (1990) also predicts that consumers will shop for the best value. In the developing world, especially Bangladesh, cost is a perennial concern among those seeking health care service, given their low earnings. Such costs include consultation fees, laboratory test charges, travel, drugs and accommodation.

**Hypotheses 9:** The Bangladeshi patients' access to the Thai private Hospitals has an impact on Bangladeshi patients' satisfaction.

Availability of doctors, nurses and hospital beds round the clock is of concern to patients in defining the level of access they have to health care. In Bangladesh hospital beds and cabins are hard to avail. Most of the hospitals have to deal with over capacity. To access a foreign hospital, visa processing matters and arranging for accommodation and food are major concerns; patients usually prefer countries with minimum hassle in this regard. Therefore, it is hypothesized that when a hospital has easy physical access, where doctors, nurses, beds/cabins, etc. are available and when visa processing is simple, patients will
be more satisfied.

**Hypotheses 10:** The billing services of Thai Private Hospitals have an impact on Bangladeshi Patient satisfaction

Hughes (1991) used billing services in his attribute based model to measure patient satisfaction. For Bangladeshi patients it is an important factor. In most hospitals, billing services are crude and some times insensitive. In most hospitals, the billing services cause a lot of tension. So, billing services have a big impact on Bangladeshi patient satisfaction.

**Hypotheses 11:** Treatment outcome of Thai Private Hospitals has an impact on Bangladeshi patient satisfaction.

Treatment outcome is an important factor for patient satisfaction. In a hospital’s view, outcome is defined by "hard" data such as length of stay or mortality. From the patients’ point of view, if they do not feel cured in their mind, indeed they have not been cured. Hughes (1991) used it to measure patient satisfaction. For Bangladeshi patients it is an important factor.

**METHODOLOGY**

**Questionnaire design**

The questionnaire is patterned on previous studies, i.e., "Patient satisfaction with Bangladeshi Health services" (Andaleeb, 2007); "Quality of services research in hospitals in Malaysia" (Sadiq, 2003). The questionnaire was modified to accommodate the suggestions of the Marketing Directors of the two private hospitals. A pretest of the questionnaire was conducted with 30 Bangladeshi patients in a private hospital in Bangkok. This hospital was not among the two hospitals where the actual study was conducted. The reliability was assessed by Cronbach’s coefficient alpha analysis. The results were: Reliability 0.726, Responsiveness 0.704, Assurance 0.795, Tangibles 0.858, Communication 0.803, Empathy 0.794, Process features 0.675, Cost 0.758, Access 0.653, Billing services 0.838, Treatment outcome 0.812. All the alpha values were over 0.6 indicating a reasonable degree of reliability as recommended by Malhotra (2004).

**Data collection**

The researcher obtained authorization letters from the two hospitals to distribute self-administered questionnaire to collect data for the research. The questionnaires were distributed at the cashier's section in both the hospitals. Help was given to those patients who had problems in the interpretation of the questionnaire. Moreover, the respondents were informed that this participation was entirely voluntary, and had anonymity and confidentiality.

**Sampling method**

Bangladeshi patient numbers in the two major private hospitals in 2005 were 32,417 and in 2006 were 27,813. Up to May 2007, approximately 15,195 Bangladeshi patients visited these two private hospitals. Thus, the target population is approximately 30,000. Therefore, according to Anderson (1996), the researcher choose 5% points of error (or 95% level of confidence), the sample size is 381. However, in order to be sure of collecting at least 381 valid questionnaires with correct and complete answers, the researcher distributed 400 questionnaires among patients in the two private hospitals. Equal numbers of questionnaires were distributed in both the hospitals.

**ANALYSIS**

Of the questionnaires distributed, 390 were considered valid for analysis. To measure the levels of Bangladeshi patient satisfaction with the dimensions of service quality, the researcher calculated the means of all service quality dimensions. From the statistical data in Table 1, the researcher found that the Bangladeshi patients were satisfied most with assurance (strongly satisfied) followed by tangibles (strongly satisfied), communication (strongly satisfied), reliability (satisfied), billing services (satisfied), process features (satisfied), treatment outcome (satisfied), access (satisfied), responsiveness (satisfied), empathy (satisfied). They were neither satisfied nor dissatisfied with cost (neutral).
Table 1: Descriptive Statistics of Bangladeshi patients' satisfaction with each service quality dimension

<table>
<thead>
<tr>
<th>Service dimensions</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>reliability</td>
<td>4.0923</td>
<td>.60962</td>
<td>390</td>
</tr>
<tr>
<td>responsive</td>
<td>3.7667</td>
<td>.64487</td>
<td>390</td>
</tr>
<tr>
<td>assurance</td>
<td>4.3697</td>
<td>.47779</td>
<td>390</td>
</tr>
<tr>
<td>tangible</td>
<td>4.2248</td>
<td>.51834</td>
<td>390</td>
</tr>
<tr>
<td>communication</td>
<td>4.2009</td>
<td>.62267</td>
<td>390</td>
</tr>
<tr>
<td>empathy</td>
<td>3.6850</td>
<td>.58462</td>
<td>390</td>
</tr>
<tr>
<td>process</td>
<td>3.9987</td>
<td>.48565</td>
<td>390</td>
</tr>
<tr>
<td>cost</td>
<td>3.0790</td>
<td>.68575</td>
<td>390</td>
</tr>
<tr>
<td>access</td>
<td>3.8564</td>
<td>.53738</td>
<td>390</td>
</tr>
<tr>
<td>billing</td>
<td>4.0615</td>
<td>.46751</td>
<td>390</td>
</tr>
<tr>
<td>outcome</td>
<td>3.9936</td>
<td>.60786</td>
<td>390</td>
</tr>
</tbody>
</table>

To identify the overall level of satisfaction of Bangladeshi patients with the service quality of Thai private hospitals, the researcher used descriptive statistics to compute the means of overall satisfaction of Bangladeshi patient satisfaction. As per the results shown in table 1, the mean score is 3.8882, which belongs in the range of 3.41-4.20. Hence, according to Anderson et al. (2002), the researcher can conclude that the Bangladeshi patients who received treatment at the two private hospitals during the time of survey were satisfied with the overall service quality of the two private hospitals. According to the survey, there were 333 "satisfied" and 53 "very satisfied" Bangladeshii patients that accounted for nearly 86.2% of respondents. Three patients were neutral in their opinion, that is 0.8%. Only 1 patient was "dissatisfied", that is 0.3%.

Table 2: Regression analysis

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
<th>Collinearity Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
<td>Tolerance</td>
</tr>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>.721</td>
<td>.152</td>
<td></td>
<td>4.747</td>
</tr>
<tr>
<td></td>
<td>reliability</td>
<td>.073</td>
<td>.026</td>
<td>.130</td>
<td>2.803</td>
</tr>
<tr>
<td></td>
<td>responsive</td>
<td>.058</td>
<td>.018</td>
<td>.110</td>
<td>3.301</td>
</tr>
<tr>
<td></td>
<td>assurance</td>
<td>.019</td>
<td>.035</td>
<td>.027</td>
<td>.547</td>
</tr>
<tr>
<td></td>
<td>tangible</td>
<td>.076</td>
<td>.028</td>
<td>.116</td>
<td>2.724</td>
</tr>
<tr>
<td></td>
<td>communication</td>
<td>.060</td>
<td>.032</td>
<td>.110</td>
<td>1.856</td>
</tr>
<tr>
<td></td>
<td>empathy</td>
<td>.074</td>
<td>.028</td>
<td>.128</td>
<td>2.650</td>
</tr>
<tr>
<td></td>
<td>process</td>
<td>.138</td>
<td>.023</td>
<td>.197</td>
<td>5.963</td>
</tr>
<tr>
<td></td>
<td>cost</td>
<td>.087</td>
<td>.023</td>
<td>.176</td>
<td>3.770</td>
</tr>
<tr>
<td></td>
<td>access</td>
<td>.104</td>
<td>.026</td>
<td>.164</td>
<td>3.963</td>
</tr>
<tr>
<td></td>
<td>billing</td>
<td>.078</td>
<td>.025</td>
<td>.107</td>
<td>3.092</td>
</tr>
<tr>
<td></td>
<td>outcome</td>
<td>.046</td>
<td>.027</td>
<td>.082</td>
<td>1.727</td>
</tr>
</tbody>
</table>
Validity

The model is a valid one to explain Bangladeshi patient satisfaction. The R value is 0.843 and R2 is 71.11%. The Durbin Watson value is 1.506. Value between 1 and 3 is good (Durbin & Watson, 1951). The model has no multicollinearity and singularity. Tolerance statistic shows that all the values are greater than 0.2. If the value is above 0.1 then it is acceptable, although above 0.2 is better (Field, 2005). Variance Inflation Factor (VIF) values are less than 10. VIF values should be less than 10 (Field, A., 2005).

Equation:

\[ Y = a + b_1X_1 + b_2X_2 + b_3X_3 + b_4X_4 + b_5X_5 + b_6X_6 + b_7X_7 + b_8X_8 + b_9X_9 + b_{10}X_{10} + b_{11}X_{11} \]

Where

- \( Y \) = Bangladeshi Patient satisfaction (Dependent variable)
- \( X_1 \) = Reliability (Independent Variable); \( X_2 \) = Responsiveness (Independent Variable);
- \( X_3 \) = Assurance (Independent Variable);
- \( X_4 \) = Tangibility (Independent Variable);
- \( X_5 \) = Communication (Independent Variable);
- \( X_6 \) = Empathy (Independent Variable);
- \( X_7 \) = Process features (Independent Variable);
- \( X_8 \) = Cost (Independent Variable);
- \( X_9 \) = Access (Independent Variable);
- \( X_{10} \) = Billing services (Independent Variable);
- \( X_{11} \) = Treatment outcome (Independent Variable)

\[ Y = 0.721 + 0.073X_1 + 0.058X_2 + 0.019X_3 + 0.076X_4 + 0.060X_5 + 0.074X_6 + 0.138X_7 + 0.087X_8 + 0.104X_9 + 0.078X_{10} + 0.046X_{11} \]

From table 2, it can be observed that Bangladeshi Patient satisfaction have high positive relationships with treatment outcome, responsive, billing, process, tangible, assurance, access, reliability, cost, empathy, communication as R is equal to 0.843 which is close to "1=strong relationship". Moreover, Bangladeshi patient satisfaction was explained by all independent variables equal to 71.1% (R² = 0.711). From the F-test, the Alternative hypothesis can be accepted, which means that at least one of independent variables (outcome, responsive, billing, process, tangible, assurance, access, reliability, cost, empathy, communication) has an influence on Patient (Bangladeshi) satisfaction (F = 84.342, Sig. = 0.000) at 0.05 confidence levels.

**Impact of the service quality dimensions:**

From the beta value from Table 2, it can be observed that, process features have the greater impact on patient satisfaction, followed by cost, access, reliability, empathy, tangible, responsiveness, and billing services. Hence, based on the beta values the dimensions can be ranked as: 1. Process features; 2. Cost 3. Access 4. Reliability 5. Empathy 6. Tangible 7. Responsiveness 8. Billing services.

**DISCUSSION AND CONCLUSION**

The research was conducted to construct a predictive model of satisfaction of Bangladeshi patients in two selected private hospitals in Thailand. In order to satisfy the research objectives, the researcher focused on identifying the key service quality dimensions that affect patient satisfaction and assessed how Bangladeshi patients rate the service quality dimensions of two selected private hospitals in Thailand. The study revealed that 8 dimensions of the service quality of two selected Thai private hospitals including reliability, responsiveness, tangibles, empathy, process features, cost, access and billing services have positive impacts on the patient (Bangladeshi) satisfaction. Assurance, communication and treatment outcome have no impact on patient (Bangladeshi) satisfaction. As the study revealed, process feature has the strongest impact on Bangladeshi patient satisfaction. The beta value is equal to 0.197.

Bangladeshi patients travel to Thailand for better treatment and they go to private hospitals for better services and care. The study indicated that the Bangladeshi patients were satisfied with process feature as the mean score is 3.9987. As the process feature includes the willingness of the admission staff of helping and providing information, the survey participants included the service of the interpreters. The interpreters generally assist the patients with the process feature. The Bangladeshi patients perceived them as part of the staff. So, the performance of the interpreters impacts the satisfaction. The better the performance of the interpreters, the higher the satisfaction will be.

According to the study, cost has the second strongest impact on satisfaction. The beta value is equal to 0.176. The study indicated that the Bangladeshi patients were neither satisfied nor dissatisfied with cost as the mean was 3.0790. The mean of "Cost of medi-
"cine" is 2.07, which falls in the range of dissatisfaction.

The study revealed that access has strong impact on Bangladeshi patient satisfaction as the beta value is equal to 0.164. The mean value is 3.8564, hence it falls in the "satisfied" range. Access includes the operating hours of the hospital and telephone inquiry service. On Saturdays and Sundays, the hospital does not operate in full capacity. Some of the patients traveling to Thailand on Fridays face some problems. Unanswered telephone inquiries are also a cause for decrease in satisfaction. These features clearly impacts satisfaction.

The study revealed that empathy has a positive impact on the satisfaction as the beta value equals to 0.128. Empathy includes the nurses understanding the patients' problems; the mean score is 2.96, that is "neutral". Communication, more specifically the language barrier, impacts the satisfaction level. Interestingly, communication, treatment outcome and assurance had no impact on patient satisfaction. The study indicated that the mean of communication is 4.2009. Bangladeshi patients were strongly satisfied with communication. The mean of treatment outcome was 3.9936, indicating "satisfaction".

Assurance falls in the range of "strongly satisfied" as the mean was 4.3697. Bangladeshi patients are attracted to Thai private hospitals because of the skills of doctors, so assurance does not have an impact. Most of the Bangladeshi patients come to Thailand after initial treatments in Bangladesh. Treatment outcome appears to be assured as most of the patients surveyed are not first timers. They are frequent patients of the Thai private hospitals.

**RECOMMENDATIONS**

The study suggests that the managers of Thai private hospitals should pay adequate attention to the service quality dimensions which will increase the satisfaction of Bangladeshi patient, eventually increasing the number of Bangladeshi patients. The Bangladeshi patients perceive the Bangladeshi interpreters as part of the staff. The current workforce should be monitored as the interpreters are linked with the process feature and the overall service of the hospital. The interpreters handle the communication between Bangladeshi patients and hospital personnel. They guide the patients though all the steps of treatment.

The nurses, pharmacy and billing section are weak in communication. Without the interpreters, there will be a communication gap and misunderstanding which will eventually reduce the satisfaction and result in loss of patients. If the interpreters are not active, the Bangladeshi patients will not get the full extent of service provided by the hospital. Their negligence may result in losing valuable patients for the hospital. The job description of the interpreters can be modified. Their job currently is only limited to interpretation but the patients perceive them as an important part of the hospital service. The interpreter work force should be more trained, efficient and professional. An evaluation of the current workforce should be done.

The price of medication is perceived as very costly even in comparison to other places in Thai market. The hospitals can look into the matter. They can offer promotions to give discounts for medicines to the frequent visitors or collaborate with Bangladeshi sponsors to offer discounts. In collaboration with Bangladeshi service providers such as mobile companies, banks and airlines, the hospitals can offer discounted rates on medicines. The Bangladesh offices should make the patients aware that Saturdays and Sundays are weekends unlike Bangladesh where Thursdays and Fridays are weekends. They should inform the patients to arrange their traveling plans to avail the services during week days and avoid the unnecessary discomfort of visiting the hospitals on weekends. The Bangladesh office should inform the patients of the cost in advance to reduce confusion. In general, cost of medical tests and medicine cost should be informed in advance, so the patients can be mentally ready. Increase in advertising budgets for this purpose would be a good solution.

Though some of the hospitals have multi-lingual telephone service, the efficiency should be increased. The hospitals can outsource this service. Otherwise, they can increase they service quality by hiring more efficient workforce. The hospitals should increase the comfort of the waiting rooms. The waiting area seats can be made more comfortable, may be the color of the room can be modified to increase the patients' comfort. Relaxing music may be played to reduce the tension of the patients. By consulting human behavior psychiatrists the waiting rooms can be rearranged to increase the physical and mental comfort of the patients. Nurses pose some problems related to empathy factor. So, their English proficiency can be increased. New recruitments can be screened for that.
If the number of interpreters is increased they can solve this problem. More interpreters or more active personnel can solve the problem.

LIMITATIONS OF THE STUDY

The study has some limitations. Firstly, only two private hospitals in Bangkok were targeted. Secondly, only Bangladeshi patients visiting the two hospitals were surveyed. Thirdly, only outpatients are targeted. The results may not be representative of inpatients in the hospitals or generalizable to all the Bangladeshi patients in other Thai private hospitals. Fourthly, the study was conducted from September 2007 to October, 2007. In this case, it becomes a limitation of this study in that the findings can not be generalized to the Bangladeshi patients visiting at other times in the year. Despite these limitations, the researcher believes this study could provide some valuable insights to Bangladeshi patient satisfaction with Thai private hospitals and hopefully such limitations could encourage further studies.

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