Patient's Expectations and Satisfactions toward Medical School of Public Hospital in Bangkok Metropolitan

ความคาดหวังและความพึงพอใจ ของผู้ใช้บริการโรงพยาบาลรัฐบาลที่เป็นโรงเรียนแพทย์ในเขตกรุงเทพมหานคร

Noparath Phoomivuthisarn[1]

นพรัตน์ ภูมิวุฒิสาร

ABSTRACT

The objectives of this research were to study demographic factors that influence patient's expectations and satisfactions toward medical school of public hospital in Bangkok Metropolitan as well as to evaluate the service quality of those hospitals in 5 dimensions using SERVQUAL model (Parasuraman, Berry, and Zeithaml, 1994: 110-124) as a guideline. Also, this study was intended to identify the key factors that influence the patientson choosing medical school of public hospital in Bangkok. Researcher developed structured and unstructured questionnaire to be served as research instruments and were applied to 600 respondents who had been the patients of 6 large-scale medical schools of public hospitals in Bangkok. Overall, the result has shown that the patient's level of expectation does exceed the patient's level of satisfaction in 5 factors at the level of significance of 0.05. Furthermore, it was found out that the most influential factors that affect the patients on choosing medical school of public hospital in Bangkok was the convenience access to hospital, the reputation of hospital, and the health care rights. While, the least significant factor was the hospital had its own sub-specialty clinic. At the end, the researcher proposed the recommendation to the medical school of public hospital to actualize the marketing management through vary ways and medium in order to enhance the service quality.

Keywords: Patient expectation and satisfaction, Medical school, Public hospital, Service quality, Bangkok, Metropolitan.

บทคัดย่อ

งานวิจัยนี้ มีวัตถุประสงค์เพื่อศึกษาถึงปัจจัยทางด้านประชากรศาสตร์ที่มีผลต่อความคาดหวังและความพึงพอใจของผู้ใช้บริการที่มีต่อโรงพยาบาลรัฐบาลที่เป็นโรงเรียนแพทย์ในเขตกรุงเทพมหานคร รวมถึงประเมินคุณภาพงานบริการของโรงพยาบาลดังกล่าวใน 5 ปัจจัยหลัก โดยใช้เครื่องมือ SERVQUAL ที่มีการนำไปใช้อย่างกว้างขวางเพื่อเป็นแนวทาง (Parasuraman, Berry, และ Zeithaml, 1994: 110-124) โดยผู้ทำวิจัยได้ใช้แบบสอบถาม เป็นเครื่องมือในการวิจัย ด้วยวิธีการสำรวจกลุ่มตัวอย่างจำนวน 600 ตัวอย่าง นอกจากนี้ ผู้วิจัยยังได้ทำการศึกษาปัจจัยในการเลือกใช้บริการโรงพยาบาลของผู้ใช้บริการ ที่มีต่อโรงพยาบาลรัฐบาลที่เป็นโรงเรียนแพทย์ในเขตกรุงเทพมหานคร ทั้งนี้ จากผลการศึกษาพบว่าปัจจัยทางด้านประชากรศาสตร์มีผลต่อความคาดหวังและความพึงพอใจของผู้ใช้บริการ และผู้ใช้บริการมีระดับความคาดหวังสูงกว่าระดับความพึงพอใจในทั้ง 5 หัวข้อที่ระดับนัยสำคัญ 0.05 นอกจากนี้ยังพบว่าปัจจัยที่ผู้ใช้บริการเลือกบริการโรงพยาบาล

[1]Assistant professor, Faculty of Commerce and Accountancy, Chulalongkorn University

สูงสุดคือ การเดินทางสะดวก โรงพยาบาลมีชื่อเสียง มีสิทธิในการรักษา เหตุผลที่เลือกใช้บริการโรงพยาบาลน้อยที่สุดคือ มีคลินิกเฉพาะที่โรงพยาบาลอื่นไม่มี โดยผู้ใช้บริการมีความคิดเห็นส่วนใหญ่ว่าโรงพยาบาลมีแพทย์ที่เชี่ยวชาญในการรักษา ทั้งนี้ผู้วิจัยได้เสนอแนะเพิ่มเติม โดยใช้การบริหารการตลาดมุ่งให้โรงพยาบาลยกระดับคุณภาพการบริการได้มาตรฐานใน ระดับสากล เป็นผลทำให้ผู้ใช้บริการพึงพอใจ

คำสำคัญ: ความคาดหวังและความพึงพอใจ โรงเรียนแพทย์ โรงพยาบาลรัฐ คุณภาพการให้บริการ กรุงเทพมหานคร

INTRODUCTION

Thailand, a country in Southeast Asia, has the total population of around 67 million people and about 15 million of those are living in the capital city called Bangkok. On July-August 2010, Department of Industrial Promotion of Thailand was officially announced in its journal that Bangkok has been promoted by Thai's government and Ministry of Public Health to be the (Department of Industrial Promotion of Thailand, (2552): Online). Ever since, hospital health care industry in Bangkok has become more highly competitive in both domestic and international markets than before and to response to such government's policy, several important public hospitals in Bangkok, the representatives of Thai's government hospitals and the symbols of the country's health care service, have been trying to improve their service quality in order to satisfy their patients, create better image and pursue for the international hospital standards.

In Bangkok, the hospital service consists of private hospital and public hospital. A private hospital has an outstanding quality of service as well as a tremendous speed of treatment. It is usually managed by the group of large profit-organizations; some of them are listed in the stock markets. Nevertheless, with the price factor and the restrictions on the withdrawal of treatment cases so that the patients are limited to the specific group of people with high income. On the other hand, a public hospital, either runs by the

government or the university that receives the main policy from the government, has the strengths of competent physicians and medical staffs while providing the services at very low price. However, the downside is that each hospital has very large number of users so it causes a problem of service delay. Currently, in Bangkok metropolitan (not including the suburbs), there are 21 public hospitals which have a total bed of 15,599 beds while 6 of those public hospitals are the medical schools and together they have 8,714 beds which represents 57.71% of total beds in public hospitals in Bangkok (Bureau of Sanatorium and Art of Healing. n.d.:Online). The medical schools of the University or College of Medicine in the Faculty of Medicine are a tertiary medical center (so-called super tertiary care) which has the ability to provide and maintain maximum availability of treatment. These hospitals were used for teaching to medical personnel and for doing various researches. The 6 major public hospitals which also known as the medical school of public hospitals are Chulalongkorn Hospital (belongs to Chulalongkorn University), Siriraj Hospital (belongs to Siriraj University), Ramathibodi Hospital (belongs to Mahidol University), Rajavithi Hospital (belongs to Department of Medical Services), Vajira Hospital (belongs to Medical Collage and Vajira Hospital), and Phramongkutklao Hospital (belongs to Royal Thai Army Medical Department). The above-mentioned 6 hospitals have advanced technological equipment, potential to

produce physicians and nurses, ability to provide hospital services at lower cost than private hospitals and some group of patients who are employees of the registered organizations can employ a refund from the Social Security Fund and some group of patients who are employees of the government can get a refund from the social insurance.

As the competition is rising, the public hospital has established an executive in the private sector. The profits from the government are paid for the management of the hospital. As a result, the large public hospitals consequently have been marketed more because they need to expand their market, to penetrate the specific group of patients as well as to meet the needs of the service users. The objective is to provide the patients with the maximum satisfaction. Furthermore, several public hospitals have offered new services such as overtime clinic and sub-specialty clinic service (both during and outside office hours). Besides, the technical and the quality of care improvement, the competition for the quality of service is the key of success for all hospitals. However, the public hospital has rarely applied proactive marketing like private hospital has continually done. Since, this study had focused on 6 medical schools of public hospital which represented the majority of public hospital in Bangkok. It should help all public hospital in Bangkok realize what should be the proper marketing strategy and apply the concept to help increasing their service quality. Moreover, they also should be able to identify the main strengths and weaknesses learnt by the key factors that influence patients on choosing medical school of public hospital in Bangkok.

Research Objectives

(1) To study the demographic factors that influence patient's expectation and satisfaction toward medical school of public hospital in Bangkok

(2) To study patient's expectation and satisfaction of service quality toward medical school of public hospital in Bangkok

(3) To guideline the marketing management to medical school of public hospital in Bangkok

LITERATURE REVIEW

Service

"A service is an act of performance that one party can offer to another that is essentially intangible and does not result in the ownership of anything. Its production may or may not be tied to a physical product." (Philip Kotler, 2011: 421-444).

From the definition, there are 4 key characteristics of service which are;

(1) Intangibility: it is an important aspect of the service. Service cannot be seen, heard, smelt, felt or tasted before making a purchase (Armstrong and Kotler, 2009: 334-356), so sellers have to provide something different to ensure that buyers can make a purchase faster.

(2) Inseparability: Production and consumption happen simultaneously and cannot be separated from the service provider.

(3) Variability: The quality depending on the provider and on whether service takes place, when and how.

(4) Perish ability: service occurs shortly and cannot be stored or be sold later.

Expectation and Satisfaction

For care industry including services in hospitals, patients are expected to receive services that are varied by attitudes, past experiences, information from service providers, and characteristics of the individual. It was estimated that recipients must receive medical treatment as expected in terms of the treatment effect, behavior from service providers, service processes. So, if the expectation shifts from the standard of care that was expected and required, it will make patients satisfied or not satisfied (Oberst, 1984: 2366-2373).

Thus, the clients will evaluate service quality by comparing current services received with previous experiences which caused service to be expected. If the service received is equal or above expectation, it will make them have a positive feeling and will assess whether there is satisfaction with the service quality. On the other hands, if the service received is below expectations, it caused a sensation in the negative and will be assessed whether there is dissatisfaction with the service quality (Oliver, 1980: 460-469).

Satisfaction: Satisfaction refers to the person's feelings. It is the results of the comparison of performance that have been seen or understood. The factors that affect the satisfaction of customers including facility, service advisory, service providers, the environment of service, and the process or the service.

Consumer Behavior

Consumer behaviour studies the behaviour of individual, groups, or organizations in regards to acquiring, consuming and disposing of goods and services in order to meet satisfaction through the consultation process. There are 2 factors that affect consumer behaviour;

(1) Internal variable; a basic factor that control the thought processes which consists of needs, motivation, personality, and learning

(2) External variable or environmental factors; something that a person receives from the environment around them all the time. External variable including family, socioeconomic, culture, economic, reference groups. It can effect on decision-making and consumer behaviour.

Service Quality

Service quality refers to the decision of customers from the recognition of the service as a result of the evaluation process of the customer in comparison between the perceptions of that service toward the expectations (McColl-Kennedy, 2003: 113-127).

One service quality measurement model that has been widely applied is the SERVQUAL model developed by Parasuraman, Berry, &Zeithaml (1985: 41-50). SERVQUAL is designed to measure service quality as perceived by the customer. There are five generic dimensions or factors of SERVQUAL model.

1) Tangibles: Physical facilities, equipment and appearance of personnel

2) Reliability: Ability to perform the promised service dependably and accurately

3) Responsiveness: Willingness to help customers and provide prompt service

4) Assurance: Knowledge and courtesy of employees and their ability to inspire trust and confidence including competence, courtesy, credibility and security.

5) Empathy: Caring and individualized attention that the firm provides to its customers including access, communication, understanding the customer.

RESEARCH FRAMEWORKS

In the process of developing a research framework for determining the relationship between personal factors (independent variables) and patient expectations and satisfactions of service quality (dependent variables) in 5 dimensions which researcher applied the concept of SERVQUAL, the widely used quality measurement model, for a guideline. As shown in Figure 1

RESEARCH METHODOLOGY

According to the purposes of this study, researcher had determined the research process by the population, following the statistics theory, a representative samples of public hospital in Bangkok at 95% confidence level. The questionnaire was served as a research tool; it was specifically designed to cover the objectives of the
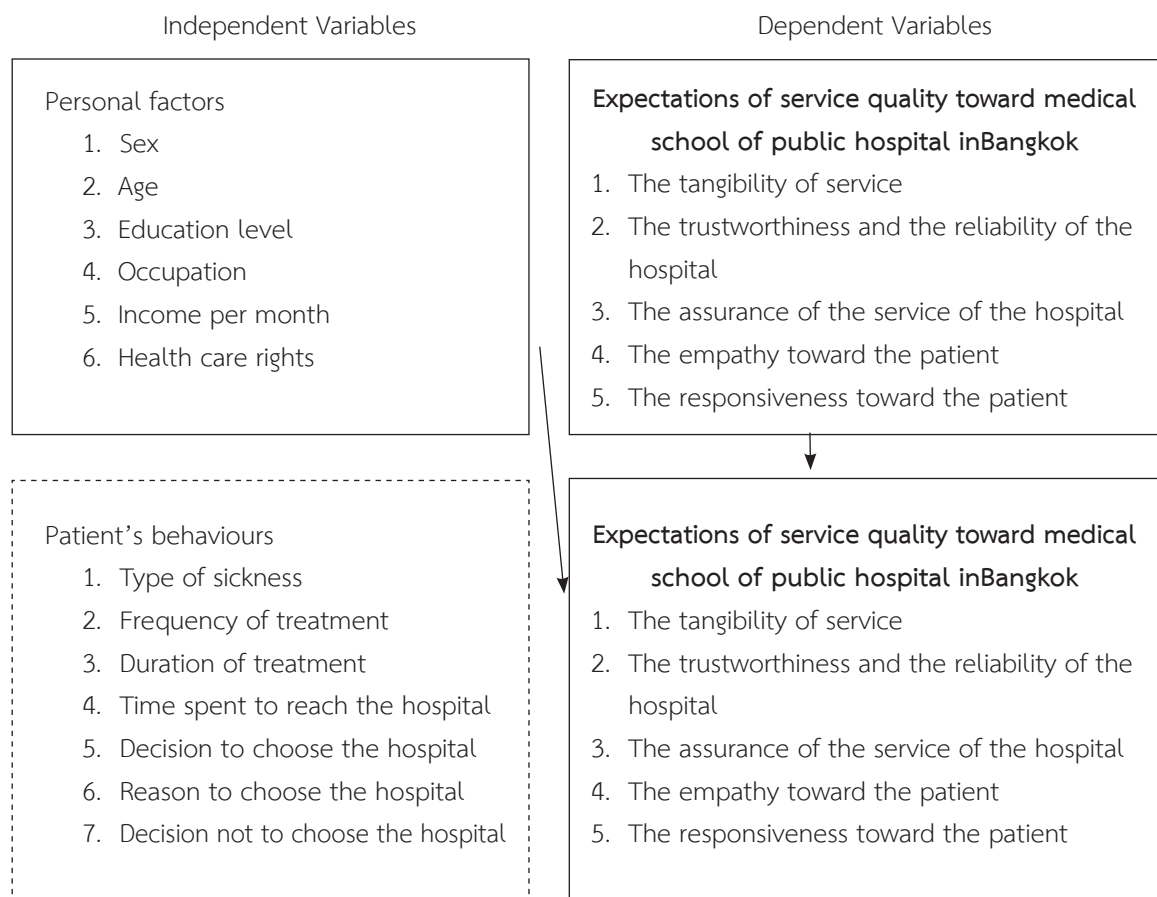
Independent Variables   Dependent Variables

Personal factors
  1. Sex
  2. Age
  3. Education level
  4. Occupation
  5. Income per month
  6. Health care rights

Expectations of service quality toward medical school of public hospital inBangkok
1. The tangibility of service
2. The trustworthiness and the reliability of the hospital
3. The assurance of the service of the hospital
4. The empathy toward the patient
5. The responsiveness toward the patient

Patient's behaviours
  1. Type of sickness
  2. Frequency of treatment
  3. Duration of treatment
  4. Time spent to reach the hospital
  5. Decision to choose the hospital
  6. Reason to choose the hospital
  7. Decision not to choose the hospital

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Figure 1 Conceptual framework of "patient's expectations and satisfactions toward medical school of public hospital in Bangkok"

However, the personal factors were correlated with the dependent variable, were defined in a research tool and data analysis via hypothesis testing.

research. Specifically, it was consisted of structured questionnaire which listed close-end questions and unstructured questionnaire with listed open-ended questions. However, before utilize

the questionnaire; researcher had done the pre-test with 40 respondents in order to ensure internal consistency through corrected tem-total correlation and Cronbach's alpha coefficient. After that, researcher identified 600 people for samplings at the confidence level of 95% with the normal distribution, 100 respondents for each hospital using purposive sampling method. The approved questionnaire was distributed to 6 important medical schools of public hospital which are Chulalongkorn Hospital, Siriraj Hospital, Ramathibodi Hospital, Rajavithi Hospital, Vajira Hospital, and Phramongkutklao Hospital. The questionnaire of 43 items asked the patients about demographic information, service behaviours, expectations and satisfactions with the quality of hospital services under 5 dimensions of service quality namely SERVQUAL Model. The SERVQUAL instruments have been the predominant method used to measure consumers' perception of service quality. Researcher then applied the SERVQUAL concept in order to assess the quality of the services in the hospital as follows

1) the tangibility and the facility of the hospital included place, equipment, symbol, client access and the concreteness of service.

2) the trustworthiness and the reliability of the hospital included people, communication material, credibility, security, and reliability

3) the assurance of the service of the hospital included people, communication material, competence, responsiveness

4) the empathy toward the patient the hospitable and access to services included people, communication material, courteous, understanding / knowing customer

5) the responsiveness toward the patient included people and responsiveness

FINDINGS

Demographic factors that influence patient's expectation and satisfaction toward medical school of public hospital in Bangkok.

From the study, the results showed that did influence patient's expectation and satisfaction toward medical school of public hospital in Bangkok;

(A) Gender difference was not affect satisfaction of hospital services quality.

(B) Age difference was not affect satisfaction of hospital services quality.

(C) Educational difference affected satisfaction of hospital services quality. It showed that patients who have less than high school education and patients who obtained Vocational Certificate/ High Vocational Certificate/ Diploma had more satisfied with the quality of service than the patients who had Bachelor's degree or higher which indicated statistical significance.

(D) Occupational difference affected satisfaction of hospital services quality. It found out that patients who are employee of private sector had less satisfied with the quality of service, the tangibility of service, and the responsiveness than patient who was student/ undergrad student which indicated statistical significance. Patient who was student/ undergrad student had more satisfied with the quality of service, the tangibility of service than patients who was housekeeper at the degree of significance. Patient who was employee of state enterprise had more satisfied with the quality of service rather than patients who was employee of private sector at the degree of significance. Patients who was merchandiser or have private business had less satisfied with the quality of service than patient who was student/ undergrad student which indicated statistical significance.

(E) Level of income per month of patients affected satisfaction of hospital services quality. Patients who had personal income per month less than or equal to 10,000 Thai Baht and patients who earned 10,001 Thai Baht to 20,000 Thai Baht per month had more satisfied with the quality of service, the trustworthiness and the reliability of the hospital, the assurance of the service of the hospital than patients who had personal income from 20,001 Thai Baht to 30,000 Thai Baht per month which indicated statistical significance. Patients who had personal income per month from 20,001 Thai Baht to 30,000 Thai Baht had more satisfied with quality of service and the trustworthiness and the reliability of the hospital than patients who earned monthly income from 30,001 Thai Baht to 40,000 Thai Baht which indicated statistical significance.

(F) The personal health care right affected satisfaction of hospital services quality. Patients who had the health care right that could get a refund from the government/state had less satisfied with the quality of service than patients who had the universal coverage health care right which indicated statistical significance. Patients who had the 30-baht coverage health care right had more satisfied than patients who do not had any health care right which indicated statistical significance.

Moreover, researcher tested the hypothesis in order to compare the satisfaction and expectation of the samples. It was found that at the significance level of 0.05, the expectation and satisfaction of patients of medical schools of public hospital in Bangkok had no different.

Patient's expectations and satisfactions toward medical school of public hospital in Bangkok.

From the collection of 600 respondents, 100 of them were divided per hospital, 5 aspects of SERVQUAL were gathered. The quality of service in 6 medical schools of public hospital in Bangkok in 5 dimensions at the level of statistical significance of 0.01 and from the level of difference between expectation and satisfaction, researcher found out that patients have higher expectations over satisfactions of quality of service. Moreover, when comparing the difference among 6 public hospitals in Bangkok, it showed that the majority (percentage 64.69) noticed no significant difference only percentage 17.31 saw that each hospital is unique.

From the hospitals surveyed, the preference was to be displayed on an opinion (scale question) which set the scale to 5 levels according to the Likert Scale; it found out that most patients are not satisfied. In order to discuss further, researcher then classified the information into 5 dimensions following the concept of SERVQUAL.

1. The tangibility of service or in another word equals to the facilities in the hospital: the samples had higher level of expectations than level of satisfactions in every topic. From the study, it found out that the patient's greatest expectations was that the information unit was easily found while the patient's greatest satisfaction was that no insect as disease vector found in the hospital. However, adequate parking lot has the least satisfaction score as well as had the most different mean scores between expectation and satisfaction.

2. The trustworthiness and the reliability of the hospital: the samples had higher level of expectations than level of satisfactions in every topic. From the study, it found out that the topic of high-skilled and very competent physicians had the patient's greatest expectation as well as greatest satisfaction. However, the topic of rea-

sonable cost and cheap when compared with other hospitals that had the same treatment service had the most different mean scores between expectation and satisfaction.

3. The assurance of the service of the hospital: the samples had higher level of expectations than level of satisfactions in every topic. From the study, it found out that the topic of the hospital's personnel fully demonstrated how to apply medicine and issued proper prescription had the patient's greatest expectation as well as greatest satisfaction. However, the topic of on-time physician for appointment had the most different mean scores between expectation and satisfaction.

4. The empathy toward the patient: the samples had higher level of expectations than level of satisfactions in every topic. From the study, it found out that the topic of physician-friendliness and sympathy had the patient's greatest expectation as well as greatest satisfaction. However, the topic of caring medical staffs and good service had the most different mean scores between expectation and satisfaction.

5. The responsiveness toward the patient: the samples had higher level of expectations than level of satisfactions in every topic. From the study, it found out that the topic of   well-managed and organized queued for treatment had the patient's greatest expectation as well as greatest satisfaction. However, the topic of waiting time at registration had the most different mean scores between expectation and satisfaction.

Besides, the survey (quantitative research) found out about the behavior of service users as following;

(A) A normal sickness was treated as the most common taint, followed by a chronic disease.

(B) The frequency of medical treatment and/or appointment had an average of one and two times per year.

(C) The service was maintained during normal business hours (the clinic office hours), followed by a sub-specialty clinic and overtime office hour clinic (special treatment).

(D) The amount of time to go to the hospital mostly spent is half an hour to an hour.

(E) The most influential person to choose medical school of public hospital was, accordingly, by one's self, family, and organization.

(F) The most influential factors on the decision of the patients on choosing medical school of public hospital was convenience access to hospital, the reputation of hospital, and the health care rights that entitled the patients with the specific hospital, correspondingly.

(G) On the other hand, the least significant factor was the hospital owns sub-specialty clinic.

Besides, the samples had further commented about the reason for using hospital services because of skilled and competency of physicians and medical staffs, technical expertise, accurate diagnosis, and hospital' personnel has reliable manner.

DISCUSSIONS & RECOMMENDTIONS

According to the results from the study, the samples who were the patients of 6 large-scale medical schools of public hospitals in Bangkok have the overall of high level of expectation as well as average high level of satisfaction. The findings demonstrated the potential to improve the quality of services, including:

(1) The tangibility of service: the samples had highest level of expectations as well as high level of satisfaction. Thus, hospitals should focus

on improving the parking system and managing the traffic in the hospital, create a taxi-stand and waiting area, and if possible, should build connecting points where patients and other users can link to the mass public transportations. Also, they should add more accommodations and facilities for patients and their relatives by increasing the number of chairs, providing free drinking water, putting television at some points that have a lot of waiting patients, reconditioning the restrooms, sparing some spaces for kiosks or mini-shops.

(2) The trustworthiness and the reliability of the hospital: the overall score for both expectations and satisfactions were in the high level. The majority of the samples very satisfied because physicians and medical staffs had high-skilled and competent as well as hospitals had advanced medical equipment and had the nation's leading medical devices. The researcher suggested that the hospitals should emphasize on the above mentioned strengths by support the academic works and project in both domestic and international stages of physicians and medical staffs. Also, providing high quality with appropriate and cheap cost of treatment, all are the good image of the hospitals. For opportunities to improve service quality to be more reliable, the hospitals should introduce the information system to be used for data management and create a service blueprint especially in dispensing process.

(3) The assurance of the service of the hospital: the overall score for both expectations and satisfactions were in the high level. Therefore, the opportunities to improve were to initiate the time management system for personnel, especially for physicians to have precise appointment schedules as well as solved long queue problem. Moreover, hospitals should offer variety of services

such as patients can choose between normal examination and medical specialty.

(4) The empathy toward the patient: had highest rating of overall expectations and had high rating of overall satisfaction. Researcher recommended that hospitals should increase the level of hospital services provided by nurses and hospitals' staffs. In addition, should initiate the information center in order to supply basic information to the patients and answer the frequency and simple questions. Hospitals should organize the training for employees and staffs by focusing on the creation of the positive attitude of service and hospitality manners. Also, hospitals may have some activities to promote quality services. Hence, top management should play significant role on the direction of the hospitals that focus on the quality of service and should do evaluations for both team and individual seriously and consistently.

(5) The responsiveness toward the patient: the overall score for both expectations and satisfactions were in the high levels. The suggestions included improve the registration system and reduce waiting time which was the problem that the samples complained the most as well as relieve crowded problem in the hospital. Also, hospitals should improve the information system so that patients can prior access to several services via internet and need not to spend much time at the hospital, for example, online self-registered in advance, view schedule and availability of the physicians, make an appointment for medical treatment.

Furthermore, researcher recommended the practices for marketing management in order to improve the service quality as following.

Products and services: according to the findings in this research, the outstanding strengths of all hospitals were the trustworthiness and the reliability of the hospital especially the very high-skilled and competent of the physicians and medical staffs. Moreover, hospitals should be required to assess the quality standards consistently such standard for quality (ISO 9001), standard for power management (ISO 50001), standard for environmental management (ISO 14001), and standard for measurements in the laboratory (ISO/IEC 17025). In addition, the study pointed out that the location of the hospitals where the services could easily accessible, if the hospitals could develop this strength by improving transportation to the hospitals. This will increase confidence in the concreteness of the hospitals.

Pricing: from the gathered data in this study, most patients had health care right. As a result; the price factor influenced the choosing of hospital only 6.38 percent. However, the top management of hospital could determine high level of service for the group that was not exercise the health care right who cannot get redeemed from government, state enterprises, or public organizations. The service may be divided into separate segments other from the general clinic during business hours. For example, there were some hospitals in Bangkok that had this kind of targeted group and could increase the price but higher service quality and high speed of treatment.

Place: in order to relax the overload of number of cases and crowded, hospitals should consider to expand their service channels (regardless of budget constraint) by open the branches or clinics near the hospitals or in the identical area. For non-emergency cases, hospitals should apply an e-marketing for scheduling appointment and registration in advance, to use of information technology systems help reduce paper works, increase information flow, and could penetrate to target group of higher education. The payment could do via both cash and credit card.

Marketing Communication (Integrated Marketing Communication): Hospitals should apply an integrated marketing communications in hospitals and sub-specialty clinics by building confidence in the service quality standards, focusing on corporate social responsibility: CSR which offers the benefits to society without expecting a return to reinforce the image of the medical schools of public hospital. It could be done through radio and television both inside and outside hospitals. Also, hospitals should create proposal to set international standards on social responsibility such as ISO 26000.

People: In addition of providing ultimate medical services, medical schools of public hospital should focus on improving the quality of service together. The hospitals should provide training for their personnel to develop skills in both academic and service (service mind concept). Moreover, hospitals should have development plans for all staffs and patients as well as they could be evaluated the quality of service by the ratings of service satisfaction. This evaluation process should be defined as a step in the process of hospital services and acts as an indicator of the ability of service for each personnel, also, incentive or/and motivation should be given for the great performance staffs, vice versa, punishments for the bad ones.

The service process: the timing of tasks provider should be set and communicated to all service users whereas hospitals could have a channel for patients who take more than the standard time or who is a special case. Hospitals

should also undertake a service blue print that separates the big sections into smaller segments and works with information systems, data storage medium to reduce the workload of a bottleneck or a single department. Timing for each process should be set as standard or should be bench-marked with other hospitals, also used it as the criteria to evaluate the improvement of the ser-vices of the hospital. Hospitals should pursue for certificate of hospital services especially the inter-national standards such as Joint Commission International Accreditation: JCIA, the International Standard Organization: ISO, Total Quality Manage-ment: TQM and Hospital Accreditation: HA. More-over, Benchmarking with famous medical schools of public hospital in global level challenges to strive for excellence, coupled with the corporate practice applications that led to excellence (Best Practices).

The physical environment: improve the service area to facilitate the patients and service users such as parking lots, beautiful gardens, food court, the seats, the stairs, elevators, clear layout, simple and plenty of signs and symbols, clean toilets and other sanitary.

Limitations and suggestions for the future research.

(A) Since this study was quantitative re-search, which surveyed and compiled an over-view of the service usage of public hospitals in Bangkok. Thus, if the management of the hospi-tals agreed to improve and/or change for the re-structuring of services in each unit to suit the needs and met the expectations of most users, they should have studied further by doing quali-tative by means of in-depth interviews and/or fo-cus group interview

(B) In addition to medical school of public hospital in Bangkok, there were many other hos-pitals that required a clear marketing plan so that the target service user group could be evidently identified. Furthermore, they could conduct com-parative research relative to other hospitals to manage effectively in a competitive market both domestic and international levels.

(C) The scope of this study was applied to Thai out-patient only in order to cover the entire users in the hospital; the data should satisfy the expectations of Thai in-patients in the targeted hospital too. However, no out-patient sample was a foreigner.

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