

Research Article

Drivers of medical tourism intention toward private hospitals in Bangkok

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Abstract: Medical tourism has re-emerged as a dynamic segment of the global healthcare and tourism industries, particularly in leading Asian hubs such as Bangkok. This study aims to examine the determinants of Medical Tourism Intention (MTI) toward private hospitals in Bangkok by developing and empirically validating an integrated structural model. Drawing upon service quality theory, destination image literature, and value-based consumer behavior frameworks, the conceptual model incorporates Healthcare Service Quality (HSQ), Destination Image (DI), Cost Advantage (CA), Trust in Medical Provider (TR), Perceived Value (PV), and Medical Tourism Intention (MTI). A quantitative research design was employed using a cross-sectional survey of 520 international medical tourists and prospective foreign patients who had received, or intended to receive, treatment at private hospitals in Bangkok. Data were analyzed using covariance-based Structural Equation Modeling (SEM) to assess both measurement and structural components. Confirmatory factor analysis (CFA) demonstrated strong convergent validity, discriminant validity, and internal consistency across all constructs, with standardized factor loadings ranging from 0.71 to 0.91. The measurement and structural models exhibited satisfactory goodness-of-fit indices ($\chi^2/df = 2.34$, GFI = 0.91, CFI = 0.95, TLI = 0.94, RMSEA = 0.053, SRMR = 0.046), confirming model adequacy. Structural path analysis revealed that Healthcare Service Quality ($\beta = 0.42$), Destination Image ($\beta = 0.31$), and Cost Advantage ($\beta = 0.18$) exert significant positive direct effects on Trust in Medical Provider. Trust, in turn, demonstrated a strong direct effect on Perceived Value ($\beta = 0.63$), establishing it as a critical mediating mechanism. Perceived Value emerged as the most proximal determinant of Medical Tourism Intention ($\beta = 0.72$), fully mediating the relationships between trust and behavioral intention. Indirect effect analysis further indicated that Healthcare Service Quality exerts the strongest total influence on Medical Tourism Intention through sequential mediation (TR $\rightarrow$ PV), followed by Destination Image and Cost Advantage. The findings contribute to medical tourism theory by integrating healthcare performance attributes and destination-related factors within a unified SEM framework at the urban level. Practically, the results highlight the strategic importance of enhancing service quality and institutional trust to strengthen perceived value and reinforce Bangkok's competitiveness in the global medical tourism market.

Keywords: Medical Tourism; Healthcare Service Quality; Destination Image; Cost Advantage

1. Introduction

Medical tourism has become an important component of the global healthcare and tourism industries, driven by cross-border patient mobility in search of affordable, high-quality, and timely medical services. Recent studies indicate that international medical travel has rebounded strongly in the post-pandemic period as healthcare systems in high-income countries continue to face rising costs, long waiting times, and capacity constraints [1,2]. Within this global context, Bangkok has emerged as a leading urban medical tourism destination, frequently compared with Singapore, Seoul, and Kuala Lumpur, due to its dense concentration of private hospitals, internationally trained medical professionals, and integrated medical-tourism infrastructure [3].

From a comparative perspective, medical tourists' intentions are shaped by multiple factors, including cost advantage, perceived medical quality, destination image, and perceived value. Empirical

evidence shows that treatments in Asian medical tourism hubs remain significantly less expensive often by 40–70% than comparable procedures in Western countries, while achieving similar levels of patient satisfaction and clinical outcomes [1,2]. Bangkok is frequently highlighted as a destination where advanced healthcare services and hospitality-oriented care coexist within a single metropolitan setting, enhancing its competitiveness relative to destinations that focus primarily on either healthcare or tourism [3].

In Thailand, medical tourism is largely driven by the private healthcare sector, with Bangkok accounting for the largest share of international patients due to its accessibility, multilingual services, and internationally accredited hospitals [4,5]. However, Bangkok's private hospitals now operate in an increasingly competitive global environment. Recent studies suggest that while Bangkok remains strong in price competitiveness and service experience, it faces rising competition from regional hubs in areas such as technological sophistication, digital engagement, and global brand perception [2].

The recent literature identifies several key determinants of medical tourism intention, including perceived service quality, destination image, perceived value, trust, perceived risk, and behavioral control factors such as accessibility and information availability [6,7]. Many studies extend the Theory of Planned Behavior to the medical tourism context, emphasizing the role of attitudes, subjective norms, and perceived behavioral control, while incorporating healthcare-specific variables such as hospital reputation and perceived risk [8,9].

Despite growing scholarly attention, several gaps remain. First, empirical studies focusing specifically on medical tourism intention toward private hospitals in Bangkok, rather than Thailand as a whole, remain limited. Second, existing research often examines individual determinants in isolation, with insufficient integration of healthcare and destination-related factors within a single analytical framework. Third, there is a lack of urban-level comparative analysis that positions Bangkok within the global medical tourism market while empirically testing intention formation at the individual level. Addressing these gaps is essential for advancing theory and providing evidence-based insights for private hospitals seeking to strengthen Bangkok's competitiveness in the global medical tourism market.

2. Research Objectives

1. To examine the measurement model of Health Service Quality (HSQ), Digital Inclusion (DI), Cognitive Ability (CA), Trust (TR), Perceived Value (PV), and Motivation to Intention (MTI)
2. To analyze the structural equation model (SEM) in order to examine the direct and indirect relationships among Health Service Quality (HSQ), Digital Inclusion (DI), Cognitive Ability (CA), and Trust (TR) on Perceived Value (PV) and Motivation to Intention (MTI)

3. Review of the Literature

The Theory of Planned Behavior developed by Icek Ajzen posits that behavioral intention is the most immediate predictor of actual behavior and is primarily shaped by attitudes [1]. Attitudes arise from beliefs regarding expected outcomes of a behavior. In medical tourism, Healthcare Service Quality (HSQ), Destination Image (DI), and Cost Advantage (CA) represent salient cognitive beliefs. When tourists perceive high professional competence, safety, favorable destination conditions, and financial benefits, they form positive evaluations of seeking treatment abroad. These evaluations are reflected in Perceived Value (PV) and Trust (TR), which strengthen Medical Tourism Intention (MTI). Thus, TPB provides the overarching mechanism linking cognitive assessments to behavioral intention.

The relational dimension of the model is explained by the Commitment–Trust Theory proposed by [2]. The theory argues that trust is a central determinant of relational commitment and future behavioral intention. Medical tourism involves high uncertainty and perceived risk. Trust in medical providers reduces vulnerability and increases confidence in service reliability and ethical standards. HSQ and DI signal competence and institutional credibility, while transparent cost structures enhance relational confidence. Consequently, Trust (TR) acts as a key mediator between service perceptions and Medical Tourism Intention (MTI).

Moreover, perceived value functions as a critical mediator that translates trust into behavioral outcomes. When individuals perceive higher value, they are more likely to develop stronger motivation and intention toward medical tourism [10]. Therefore, trust indirectly influences motivation to intention through perceived value ($TR \rightarrow PV \rightarrow MTI$), providing a coherent and integrated explanation beyond isolated pairwise relationships.

Relation between Healthcare Service Quality (HSQ) and Trust in Medical Providers (TR)

Healthcare Service Quality (HSQ) is a fundamental predictor of patient trust in private healthcare settings. HSQ reflects patients' perceptions of service reliability, responsiveness, professional assurance, empathy, and tangible facilities [11]. In private hospitals in Bangkok, where competition and patient expectations are high, service quality extends beyond clinical outcomes to include communication effectiveness, safety standards, and efficient service processes [12]. Trust in Medical Providers (TR) refers to patients' confidence in physicians' competence, integrity, and benevolence. Due to information asymmetry and perceived risk in healthcare decisions, trust becomes a critical relational outcome [13]. Empirical studies confirm that higher perceived healthcare service quality significantly enhances patient trust, as quality signals professionalism and ethical commitment [14].

H1: Healthcare Service Quality (HSQ) positively and significantly influences Trust in Medical Providers (TR) among patients in private hospitals in Bangkok

Relation between Destination Image (DI) and Trust in Medical Providers (TR)

Destination Image (DI) plays a crucial role in shaping Trust in Medical Providers (TR). DI refers to patients' overall cognitive and affective perceptions of Bangkok as a medical destination, including perceptions of safety, healthcare standards, infrastructure, and service professionalism [7]. In medical tourism contexts, a favorable destination image reduces perceived risk and strengthens confidence in healthcare institutions operating within that location. Trust in Medical Providers (TR) reflects patients' belief in physicians' competence, integrity, and benevolence. Because healthcare decisions involve uncertainty and information asymmetry, trust is a critical relational outcome [10]. Empirical research indicates that positive destination image significantly enhances trust by signaling institutional reliability and systemic healthcare quality [15].

H2: Destination Image (DI) positively and significantly influences Trust in Medical Providers (TR) among patients in private hospitals in Bangkok

Relation between Cost Advantage (CA) and Trust in Medical Providers (TR)

Among patients receiving treatment in private hospitals in Bangkok, Cost Advantage (CA) refers to patients' perceptions that medical services are reasonably priced, transparent, and deliver value relative to the quality received. In healthcare settings, perceived cost fairness significantly influences relational evaluations because patients often associate fair pricing with provider integrity and ethical conduct [16]. When medical costs are perceived as excessive or unjustified, patient trust tends to decline due to concerns about profit orientation over patient welfare [16]. Furthermore, trust in healthcare relationships is strengthened when service providers demonstrate transparency and fairness in pricing, as these factors signal credibility and benevolence [17]. In a competitive metropolitan healthcare market such as Bangkok, perceived cost advantage may therefore function as a positive signal that reinforces Trust in Medical Providers (TR), particularly among patients who directly bear healthcare expenses.

H3: Cost Advantage (CA) positively and significantly influences Trust in Medical Providers (TR) among patients in private hospitals in Bangkok

Relation between Trust in Medical Providers (TR) and Perceived Value (PV)

In private hospitals in Bangkok, where patients frequently bear direct medical expenses and face multiple provider choices, Trust in Medical Providers (TR) significantly shapes patients' Perceived Value (PV) of healthcare services. Trust reflects patients' confidence in physicians' competence, integrity, and benevolence, particularly under conditions of uncertainty and information asymmetry [18]. When patients trust their medical providers, they are more likely to believe that treatment decisions are made in their best interest, thereby increasing their evaluation of service benefits relative to monetary and non-monetary costs [19]. Empirical evidence further supports the positive linkage between trust and perceived value in healthcare contexts. [19] found that trust significantly enhances perceived value and relational commitment, which subsequently strengthens patient loyalty. Likewise, [20] demonstrated that trust contributes to higher perceived value by reinforcing patients' confidence in service outcomes and provider credibility.

H4: Trust in Medical Providers (TR) positively and significantly influences Perceived Value (PV) among patients in private hospitals in Bangkok

Relation between Perceived Value (PV) and Medical Tourism Intention (MTI)

Among international and domestic patients receiving treatment at private hospitals in Bangkok, perceived value (PV) is a critical determinant of medical tourism intention (MTI). Perceived value reflects patients' overall evaluation of the benefits gained particularly clinical quality, service excellence, physician competence, and advanced medical technology relative to the financial and non-financial sacrifices involved [21,22]. Empirical evidence confirms that perceived value significantly predicts medical tourism behavioral intention. [21] demonstrated that perceived value has a direct positive effect on behavioral intention ($\beta > 0$, $p < .001$), indicating that patients who perceive higher value are more willing to select or revisit a medical destination. Further support is provided by [23], who found that perceived value significantly enhances medical tourism intention while simultaneously reducing perceived risk. This suggests that when patients evaluate healthcare services as offering superior value compared with cost, their intention to travel for treatment increases. In the competitive context of private hospitals in Bangkok an established regional medical tourism hub—higher perceived value is therefore expected to significantly strengthen patients' medical tourism intention.

H5: Perceived Value (PV) positively and significantly influences Medical Tourism Intention (MTI) among patients in private hospitals in Bangkok

Based on the literature, these relationships are integrated into the conceptual framework presented in Figure 1.

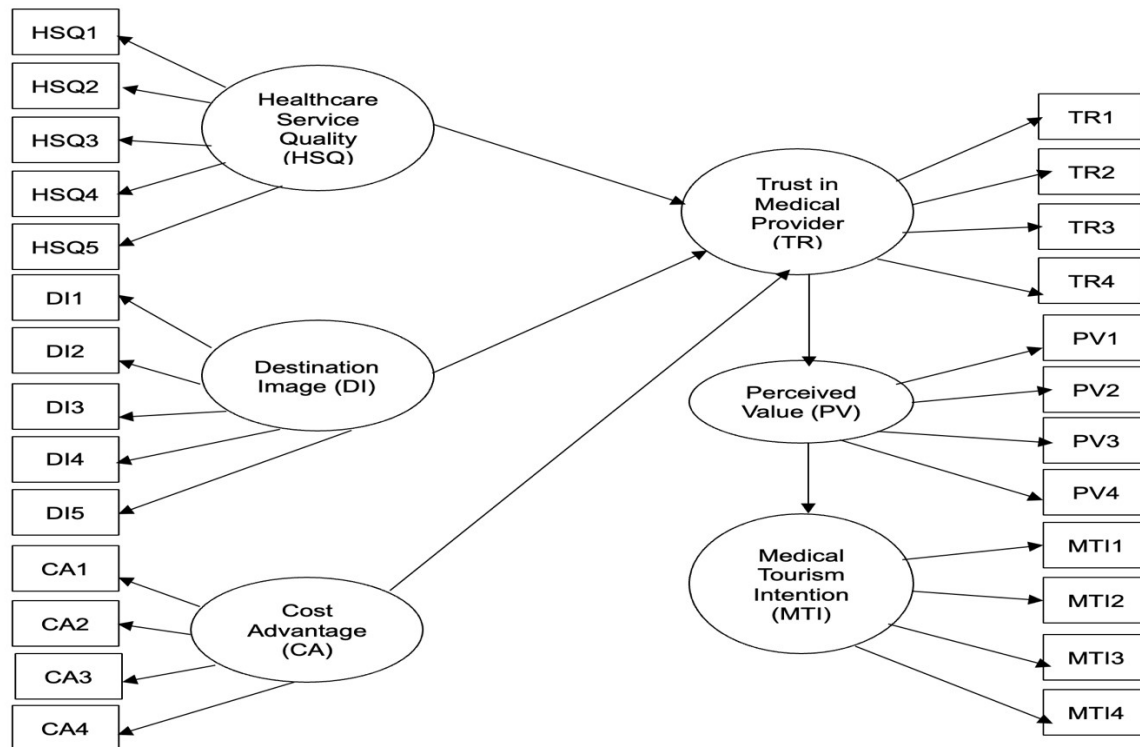


Figure 1. Conceptual Framework

4. Research Methodology

This study employed a quantitative research design using a cross-sectional survey approach to examine the drivers of Medical Tourism Intention (MTI) toward private hospitals in Bangkok, Thailand. A structural equation modeling (SEM) technique was adopted to simultaneously assess both the measurement and structural models, as SEM is widely recognized as an appropriate analytical method for testing complex relationships among latent constructs in behavioral and tourism research [24, 25]. The conceptual framework integrates Healthcare Service Quality (HSQ), Destination Image (DI), Cost Advantage (CA), Trust in Medical Provider (TR), Perceived Value (PV), and Medical Tourism Intention (MTI), consistent with prior medical tourism and consumer behavior studies [26,21].

The target population consisted of international medical tourists and prospective foreign patients who had received medical services from, or intended to seek treatment at, private hospitals in Bangkok. Bangkok was selected due to its global recognition as a leading medical tourism destination characterized by internationally accredited hospitals and competitive healthcare services [27,28]. Respondents were required to be at least 18 years old and to have prior experience with or intention to use private healthcare services in Bangkok.

The sample size was determined based on established SEM guidelines recommending a minimum of 10–20 respondents per observed variable to ensure statistical power and model stability [24]. Given that the research model included 26 observed indicators, the required minimum sample size was calculated as $26 \times 20 = 520$ respondents. Accordingly, 520 valid questionnaires were collected and retained for analysis. This sample size satisfies methodological recommendations for covariance-based SEM and enhances parameter estimation reliability [25].

A purposive sampling technique was employed to ensure that respondents met predefined screening criteria relevant to medical tourism behavior. Data were collected through both online and onsite survey distribution. Online questionnaires were disseminated via international patient networks and hospital communication channels, while onsite data were gathered at selected private hospitals in Bangkok that serve international patients. Participation was voluntary, and confidentiality and anonymity were assured prior to survey completion, consistent with ethical standards in social science research [29].

A screening process was implemented to ensure that all respondents met the inclusion criteria. At the beginning of the questionnaire, respondents were required to confirm that they were (1) non-Thai nationals, (2) aged 18 years or older, and (3) had either prior experience with private healthcare services in Bangkok or a clear intention to use such services in the future. Responses that did not meet these criteria were automatically excluded from the analysis.

The latent constructs using multi-item scales adapted from established studies. Health Service Quality (HSQ) was adapted from SERVQUAL and healthcare service quality literature [30,11]. Digital Inclusion (DI) was measured based on digital access and inequality frameworks [31]. Cognitive Ability (CA) was adapted from cognitive processing and healthcare-related cognition studies [12]. Trust (TR) was measured using relationship marketing and healthcare trust literature [32,10,13]. Perceived Value (PV) was adapted from value perception theory and its applications in healthcare and tourism [33,19,23]. Finally, Medical Tourism Intention (MTI) was adapted from medical tourism behavioral intention studies [21,26,7]. All items were measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), which is widely applied in tourism and healthcare perception research [24].

Healthcare Service Quality was measured using four observed indicators adapted from healthcare service quality literature emphasizing reliability, responsiveness, and professional competence [30]. Destination Image was operationalized using five indicators reflecting both cognitive and affective dimensions of destination perception [34]. Cost Advantage was measured using four items capturing perceived financial benefits and affordability, consistent with prior medical tourism studies [26]. Trust in Medical Provider was assessed using four indicators reflecting credibility and confidence in healthcare institutions [21]. Perceived Value was measured with four items representing the trade-off between perceived benefits and costs [33]. Medical Tourism Intention was measured using four indicators assessing the likelihood of choosing private hospitals in Bangkok for treatment, consistent with behavioral intention research grounded in the Theory of Planned Behavior [8].

Prior to full-scale data collection, content validity was established through expert review by three scholars specializing in healthcare management and tourism research. A pilot test with 30 respondents was conducted to assess clarity, wording, and internal consistency. Reliability was evaluated using Cronbach's alpha, with values exceeding the recommended threshold of 0.70 indicating acceptable internal consistency [24]. the Index of Item-Objective Congruence (IOC). The questionnaire items were reviewed by a panel of experts, and IOC values ranged between 0.67 and 1.00, exceeding the acceptable threshold of 0.50, indicating satisfactory content validity.

Confirmatory factor analysis (CFA) was performed to evaluate the measurement model. Convergent validity was assessed through standardized factor loadings, composite reliability (CR), and average variance extracted (AVE), with recommended thresholds of 0.70 for CR and 0.50 for AVE [24]. Discriminant validity was examined using the Fornell–Larcker criterion [35] and the heterotrait–mono-

trait ratio (HTMT). Subsequently, structural equation modeling (SEM) was employed to test the hypothesized relationships among the latent constructs, including both direct and indirect effects, in accordance with the proposed conceptual framework.

5. Research Results

5.1 Demographic Results

The demographic profile of the 520 respondents (Table 1) indicates a relatively balanced gender distribution, with 53.5% female and 46.5% male participants. The majority of respondents were aged 18–30 years (32.7%), followed by those aged 31–40 years (27.9%) and 41–50 years (22.1%). Smaller proportions were observed among respondents aged 51–60 years (11.5%) and those aged 60 years and above (5.8%). These findings suggest that young to middle-aged adults constitute the primary segment of medical tourists seeking services at private hospitals in Bangkok, while older age groups are also represented to a lesser extent.

In terms of regional origin, most respondents were from Asia (38.5%) and the Middle East (24.2%), followed by Europe (18.3%), North America (11.5%), and other regions (7.5%). Regarding income level, the largest proportion earned between USD 3,001–5,000 (29.6%), with 48.9% reporting monthly income above USD 5,000, indicating that medical tourists generally belong to middle- to high-income groups. Furthermore, 61.3% of respondents had prior experience with medical tourism, while 38.7% were first-time international patients. Overall, the sample reflects experienced, economically capable international patients, consistent with the profile of medical tourists in Bangkok's private healthcare sector.

Table 1. Demographic Profile of Respondents (n = 520).

Variable	Category	Frequency	Percentage (%)
Gender	Male	242	46.5
	Female	278	53.5
Age	18–30 years	170	32.7
	31–40 years	145	27.9
	41–50 years	115	22.1
	51–60 years	60	15.6
	Above 60 years	30	11.5
Region	Asia	200	38.5
	Middle East	126	24.2
	Europe	95	18.3
	North America	60	11.5
	Others	39	7.5
Monthly Income (USD)	Below 3,000	112	21.5
	3,001–5,000	154	29.6
	5,001–8,000	137	26.3
	Above 8,000	117	22.6
Prior Medical Tourism Experience	Yes	319	61.3
	No	201	38.7

5.2 Convergent and Discriminant Validity

The assessment of convergent and discriminant validity (Table 2) was conducted using confirmatory factor analysis (CFA) within the structural equation modeling framework. Convergent validity was

evaluated through composite reliability (CR) and average variance extracted (AVE), while discriminant validity was assessed using the Fornell–Larcker criterion. In addition, mean (M) and standard deviation (SD) values were calculated to provide descriptive insights into respondents' perceptions of each construct.

The results indicate that all constructs achieved satisfactory internal consistency, with composite reliability values ranging from 0.88 to 0.93, exceeding the recommended threshold of 0.70. The AVE values ranged between 0.64 and 0.77, surpassing the minimum requirement of 0.50, thereby confirming adequate convergent validity. The mean scores ranged from 3.74 to 4.12, reflecting generally positive evaluations of private hospitals in Bangkok among international respondents. Standard deviation values ranged from 0.61 to 0.74, suggesting moderate variability in perceptions without excessive dispersion.

Table 2. Convergent and Discriminant Validity Result.

Construct	Mean	SD	CR	AVE	HSQ	DI	CA	TR	PV	MTI
Healthcare Service Quality (HSQ)	4.08	0.63	0.91	0.72	0.85					
Destination Image (DI)	3.95	0.68	0.92	0.69	0.62	0.83				
Cost Advantage (CA)	3.89	0.72	0.88	0.64	0.55	0.59	0.80			
Trust in Medical Provider (TR)	4.12	0.61	0.93	0.77	0.71	0.65	0.58	0.88		
Perceived Value (PV)	3.98	0.66	0.90	0.69	0.66	0.63	0.61	0.69	0.83	
Medical Tourism Intention (MTI)	3.74	0.74	0.89	0.67	0.60	0.64	0.57	0.72	0.70	0.82

5.3 Confirmatory Factor Analysis

All observed variables loaded significantly (Table 3) on their respective constructs ($p < 0.001$). The standardized factor loadings ranged from 0.71 to 0.91, exceeding the recommended threshold of 0.70, thereby confirming adequate indicator reliability.

Healthcare Service Quality (HSQ), conceptualized as a five-dimensional construct, demonstrated strong standardized loadings ranging from 0.76 to 0.89, indicating that the observed indicators adequately represent the multidimensional nature of healthcare performance in private hospitals. Destination Image (DI) exhibited factor loadings between 0.72 and 0.88, confirming that perceptions related to reputation, safety, accessibility, and attractiveness coherently reflect the underlying construct. Cost Advantage (CA) showed satisfactory loadings (0.71–0.85), supporting the measurement of perceived price competitiveness and financial attractiveness. Trust in Medical Provider (TR) demonstrated particularly strong loadings (0.79–0.91), suggesting high internal consistency and strong explanatory power of the indicators. Perceived Value (PV) and Medical Tourism Intention (MTI) also met recommended thresholds, with loadings ranging from 0.74 to 0.87 and 0.73 to 0.86, respectively.

The overall measurement model demonstrated a satisfactory fit to the empirical data. The chi-square to degrees of freedom ratio (χ^2/df) was 2.28, indicating acceptable model parsimony. The Comparative Fit Index (CFI = 0.96) and Tucker–Lewis Index (TLI = 0.95) exceeded the recommended cut-off value of 0.90. Additionally, the Root Mean Square Error of Approximation (RMSEA = 0.049) and the Standardized Root Mean Square Residual (SRMR = 0.041) were below the threshold of 0.08, indicating good model fit.

Table 3. Confirmatory Factor Analysis Results.

Construct	Observed Variable	Standardized Loading	χ^2/df	CFI	TLI	RMSEA	SRMR
Healthcare Service Quality	HSQ1	0.76	2.05	0.97	0.96	0.045	0.034
	HSQ2	0.81					
	HSQ3	0.84					
	HSQ4	0.87					
	HSQ5	0.89					
Destination Image	DI1	0.72	2.18	0.96	0.94	0.047	0.036
	DI2	0.77					
	DI3	0.81					
	DI4	0.84					
	DI5	0.88					
Cost Advantage	CA1	0.71	2.29	0.95	0.94	0.050	0.039
	CA2	0.75					
	CA3	0.80					
	CA4	0.85					
Trust in Medical Provider	TR1	0.79	1.92	0.98	0.96	0.041	0.030
	TR2	0.85					
	TR3	0.88					
	TR4	0.91					
Perceived Value	PV1	0.74	2.12	0.96	0.95	0.046	0.035
	PV2	0.78					
	PV3	0.83					
	PV4	0.87					
Medical Tourism Intention	MTI1	0.73	2.08	0.97	0.95	0.044	0.033
	MTI2	0.77					
	MTI3	0.82					
	MTI4	0.86					

5.4 Structural Equation Analysis

The structural model (Figure 2) demonstrated a satisfactory and theoretically coherent fit to the empirical data. Although the chi-square statistic was statistically significant ($\chi^2 = 756.84$, $df = 324$, $p < 0.001$), this result is expected due to the sensitivity of the chi-square test to sample size. Therefore, greater emphasis was placed on alternative fit indices. The normed chi-square ($\chi^2/df = 2.34$) fell below the recommended threshold of 3.00, indicating acceptable model parsimony. The Goodness-of-Fit Index (GFI = 0.91) exceeded the conventional cut-off value of 0.90, suggesting that the model adequately reproduces the observed variance–covariance matrix. Incremental fit indices further supported model

adequacy, with the Comparative Fit Index (CFI = 0.95) and Tucker–Lewis Index (TLI = 0.94) both surpassing the recommended threshold of 0.90, thereby indicating substantial improvement over the null model. In addition, residual-based indices confirmed satisfactory model fit, as evidenced by RMSEA = 0.053, which indicates close approximate fit, and SRMR = 0.046, reflecting minimal standardized residual discrepancies. Collectively, these goodness-of-fit statistics provide strong evidence that the structural framework offers a robust and empirically defensible representation of the data.

With respect to the measurement component, all observed indicators loaded significantly onto their respective latent constructs at $p < 0.001$. The standardized factor loadings ranged between 0.72 and 0.91, exceeding the recommended minimum threshold of 0.70 and thereby confirming strong indicator reliability. Importantly, all associated t -values ranged from 13.88 to 21.04, substantially exceeding the critical value of ± 1.96 required for statistical significance at the 0.05 level, and even surpassing the more stringent threshold of ± 3.29 for significance at the 0.001 level. These high t -values indicate that each loading is statistically different from zero and that the relationships between observed indicators and their underlying latent constructs are stable and unlikely to have occurred by chance.

Specifically, Healthcare Service Quality demonstrated standardized loadings between 0.77 and 0.89, with corresponding t -values ranging from 15.84 to 20.11, confirming the strong representation of service-related attributes—including reliability, responsiveness, and professional competence within the construct. Destination Image exhibited loadings between 0.73 and 0.87 ($t = 14.96$ – 19.54), indicating coherent and statistically robust measurement of destination-related perceptions, such as reputation, attractiveness, and perceived safety. Cost Advantage showed loadings between 0.71 and 0.84 ($t = 13.88$ – 17.62), reflecting reliable assessment of perceived financial competitiveness and value-for-money considerations. Trust in Medical Provider demonstrated particularly strong loadings between 0.80 and 0.91, accompanied by the highest t -values (16.92–21.04), underscoring not only the central theoretical role of trust within the model but also its empirical stability and measurement strength.

For the endogenous constructs, Perceived Value exhibited standardized loadings between 0.75 and 0.88 ($t = 15.36$ – 19.67), suggesting that respondents consistently evaluated the trade-off between benefits received and sacrifices incurred in a coherent manner. Medical Tourism Intention ranged between 0.74 and 0.86 ($t = 14.88$ – 18.94), indicating that the behavioral intention construct is well operationalized and reliably captured through its respective indicators. The consistently high standardized loadings and substantial t -values across all constructs provide compelling evidence of convergent validity, as each indicator shares a high proportion of variance with its underlying factor.

Overall, the measurement results demonstrate strong internal consistency, statistical significance, and construct reliability across both exogenous and endogenous variables. The convergence of high factor loadings, substantial t -values, and satisfactory global fit indices confirms that the proposed SEM model is psychometrically sound and theoretically aligned, thereby providing a solid foundation for subsequent hypothesis testing and structural path interpretation.

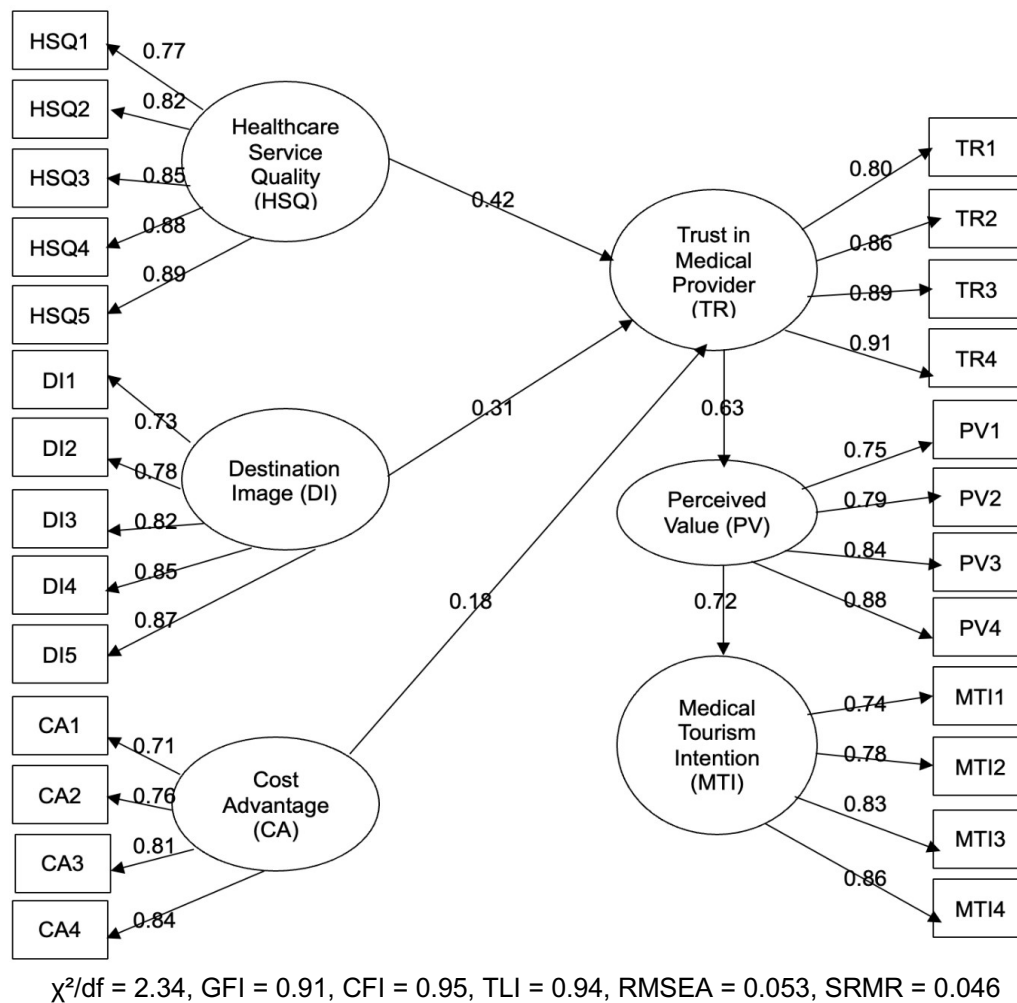


Figure 2. Finalized Model

5.5 Hypothesis testing

The structural path analysis (Table 4) revealed that Healthcare Service Quality exerted a significant positive effect on Trust in Medical Provider ($\beta = 0.42$, $p < 0.001$). This finding indicates that superior perceptions of service performance strengthen patients' confidence in medical professionals and institutions.

Destination Image also demonstrated a positive and statistically significant effect on Trust in Medical Provider ($\beta = 0.31$, $p < 0.001$), suggesting that favorable perceptions of Bangkok as a medical destination enhance institutional credibility. Cost Advantage had a smaller yet significant positive effect on Trust in Medical Provider ($\beta = 0.18$, $p < 0.01$), confirming that perceived financial attractiveness contributes to trust formation, albeit to a lesser extent than service quality and destination image.

Trust in Medical Provider subsequently exerted a strong positive influence on Perceived Value ($\beta = 0.63$, $p < 0.001$), indicating that trust functions as a pivotal mechanism through which evaluations of service, destination, and cost are translated into value perceptions.

Perceived Value, in turn, had a substantial positive effect on Medical Tourism Intention ($\beta = 0.72$, $p < 0.001$), representing the strongest structural relationship in the model. This result suggests that behavioral intention is primarily driven by patients' holistic evaluation of benefits relative to sacrifices.

Table 4. Hypothesis Testing Result

Hypothesis	Structural Path	Standardized Coefficient (β)	S.E.	t-value	p-value	Result
H1	Healthcare Service Quality → Trust in Medical Provider	0.42	0.052	8.08	< 0.001	Supported
H2	Destination Image → Trust in Medical Provider	0.31	0.049	6.33	< 0.001	Supported
H3	Cost Advantage → Trust in Medical Provider	0.18	0.061	2.95	< 0.01	Supported
H4	Trust in Medical Provider → Perceived Value	0.63	0.047	13.40	< 0.001	Supported
H5	Perceived Value → Medical Tourism Intention	0.72	0.044	16.36	< 0.001	Supported

5.6 Direct and Indirect Relation

Table 5 presents the decomposition of direct effects (DE), indirect effects (IE), and total effects (TE) among Healthcare Service Quality (HSQ), Destination Image (DI), Cost Advantage (CA), Trust in Medical Provider (TR), Perceived Value (PV), and Medical Tourism Intention (MTI). The analysis provides a comprehensive understanding of the mediating mechanisms operating within the structural model.

With respect trust in Medical Provider (TR), the results indicate that HSQ (DE = 0.42), DI (DE = 0.31), and CA (DE = 0.18) exert direct positive effects on trust formation. Among these antecedents, Healthcare Service Quality demonstrates the strongest total effect on TR (TE = 0.42), followed by Destination Image (TE = 0.31) and Cost Advantage (TE = 0.18). Since no mediating variable precedes TR in the model, the total effects on TR are equivalent to their direct effects. Regarding Perceived Value (PV), Trust in Medical Provider has a substantial direct effect (DE = 0.63; TE = 0.63), confirming its pivotal mediating role. In addition, HSQ, DI, and CA influence PV indirectly through TR. Specifically, HSQ shows an indirect effect of 0.26 (TE = 0.68), DI demonstrates an indirect effect of 0.19 (TE = 0.50), and CA exhibits an indirect effect of 0.11 (TE = 0.29). These findings indicate that Healthcare Service Quality exerts the strongest overall influence on Perceived Value, primarily through the mediating mechanism of trust. For Medical Tourism Intention (MTI), Perceived Value represents the only direct predictor (DE = 0.72; TE = 0.72), underscoring its role as the most proximal determinant of behavioral intention. Trust in Medical Provider does not directly influence MTI but exerts a strong indirect effect through PV (IE = 0.45), resulting in a substantial total effect (TE = 1.08). This pattern confirms full mediation of the TR → MTI relationship by Perceived Value. Similarly, HSQ, DI, and CA affect MTI entirely through sequential mediation (TR → PV). Healthcare Service Quality shows an indirect effect of 0.19 (TE = 0.61), Destination Image demonstrates an indirect effect of 0.14 (TE = 0.45), and Cost Advantage exhibits an indirect effect of 0.08 (TE = 0.26). Among these exogenous constructs, HSQ produces the strongest overall impact on Medical Tourism Intention.

Table 5. Direct and Indirect Relation Results

	TR			PV			MTI		
	DE	IE	TE	DE	IE	TE	DE	IE	TE
HSQ	0.42		0.42	0.42	0.26	0.68	0.42	0.19	0.61
DI	0.31		0.31	0.31	0.19	0.50	0.31	0.14	0.45
CA	0.18		0.18	0.18	0.11	0.29	0.18	0.08	0.26
TR				0.63		0.63	0.63	0.45	1.08
PV							0.72		0.72

* DE=Direct effect, IE= Indirect effect, TE= Total effect

6. Discussion

The structural results indicate that Healthcare Service Quality (HSQ), Destination Image (DI), and Cost Advantage (CA) significantly influence Trust in Medical Provider (TR), which subsequently enhances Perceived Value (PV) and ultimately strengthens Medical Tourism Intention (MTI). Among these antecedents, Healthcare Service Quality exerts the strongest influence on trust formation. This finding is consistent with service quality theory [11], which posits that reliability, responsiveness, assurance, empathy, and tangibles function as primary evaluative dimensions shaping consumer confidence. In healthcare contexts characterized by high uncertainty and information asymmetry, superior service performance signals professional competence and ethical commitment, thereby strengthening trust [14,13]. Within Bangkok's competitive private hospital market, where patients often compare multiple providers, service excellence becomes a critical determinant of relational confidence.

Destination Image also significantly enhances Trust in Medical Provider, supporting prior research suggesting that favorable perceptions of safety, healthcare standards, and institutional reputation reduce perceived risk in medical tourism decisions [7,15]. Medical tourism decisions extend beyond hospital-level attributes to include country-level evaluations of healthcare infrastructure and regulatory credibility. In ASEAN contexts, national healthcare branding plays a pivotal role in strengthening destination competitiveness. For example, Thailand's positioning as a regional medical hub, Malaysia's emphasis on cost-effective yet quality healthcare, and Singapore's reputation for advanced medical technology collectively reflect the importance of systemic credibility in trust formation. The present findings empirically confirm that destination-level perceptions function as trust-enhancing signals in cross-border healthcare selection.

Although Cost Advantage demonstrates a comparatively smaller effect, it remains statistically significant in influencing trust. This aligns with [16], who argued that perceived price fairness contributes to relational trust, particularly in service industries where pricing transparency signals integrity. Similarly, [3] emphasized that transparent and fair pricing enhances perceptions of benevolence and reduces suspicions of opportunistic behavior. In ASEAN medical tourism markets where price differentials between countries influence patient mobility—perceived financial attractiveness remains an important, though secondary, determinant of relational confidence.

Trust in Medical Provider significantly enhances Perceived Value, confirming that relational confidence strengthens benefit–sacrifice evaluations. When patients trust physicians' competence and benevolence, they are more likely to perceive higher overall value in healthcare services [19,20]. This finding supports Commitment–Trust Theory [32], which posits that trust serves as a central mediating mechanism linking service evaluations to long-term relational outcomes. In medical tourism, where perceived risk is inherently high, trust reduces vulnerability and facilitates positive value assessments.

Perceived Value emerges as the strongest predictor of Medical Tourism Intention, reinforcing prior empirical findings that value perception directly drives healthcare travel decisions [21,23]. [21] demonstrated that perceived value significantly predicts behavioral intention in medical tourism contexts, while [23] found that value perception enhances intention and reduces perceived risk. These results are consistent with the Theory of Planned Behavior [8], which posits that behavioral intention is shaped by evaluative beliefs regarding expected outcomes. In this study, Perceived Value represents the culmination of cognitive and relational evaluations that ultimately determine intention.

Importantly, the findings confirm a sequential mediation mechanism: HSQ, DI, and CA influence MTI indirectly through TR and subsequently through PV. This pattern indicates that service and destination attributes do not directly translate into behavioral intention; rather, their effects operate through psychological mechanisms of trust formation and value evaluation. Trust reduces uncertainty and strengthens relational assurance [32], while perceived value transforms these relational assessments into actionable behavioral intention [8].

From a broader ASEAN perspective, the results suggest that sustainable competitiveness in regional medical tourism depends on three interconnected pillars: high-quality healthcare services, strong national healthcare reputation, and transparent cost structures. ASEAN countries such as Thailand, Malaysia, and Singapore compete not only on price but also on institutional credibility and service professionalism. The present findings highlight that long-term regional success requires building patient trust and enhancing perceived value, rather than relying solely on cost advantage. As ASEAN economic integration continues to facilitate cross-border healthcare mobility, understanding these relational and evaluative mechanisms becomes increasingly important for policymakers and healthcare managers seeking to position their countries as trusted medical destinations.

Overall, this study integrates the Theory of Planned Behavior [8] and Commitment–Trust Theory [32] into a unified explanatory framework for medical tourism decision-making in Bangkok and the broader ASEAN region. By demonstrating that trust and perceived value sequentially mediate the effects of service quality, destination image, and cost advantage on behavioral intention, the study contributes theoretically and empirically to the growing body of literature on medical tourism competitiveness in emerging healthcare hubs.

7. Conclusions

This study examined the determinants of Medical Tourism Intention (MTI) by integrating service-related, relational, and evaluative constructs within a structural framework. The findings indicate that the measurement model demonstrated satisfactory validity and reliability, confirming the appropriateness of the constructs for subsequent structural analysis.

The structural model provided strong empirical support for the proposed relationships. Healthcare Service Quality (HSQ), Destination Image (DI), and Cost Advantage (CA) were found to significantly influence Trust in Medical Provider (TR). In turn, trust significantly affected Perceived Value (PV), which emerged as the most influential predictor of Medical Tourism Intention. Among the antecedents, Healthcare Service Quality exerted the strongest effect on trust formation, highlighting the importance of service excellence in shaping patient confidence in cross-border healthcare contexts.

Importantly, the results revealed a significant sequential mediation mechanism. The effects of Healthcare Service Quality, Destination Image, and Cost Advantage on Medical Tourism Intention were transmitted through Trust and Perceived Value. This finding suggests that service and destination attributes influence behavioral intention indirectly through psychological processes, particularly trust-building and value evaluation, rather than exerting direct effects.

From a theoretical perspective, this study contributes to the medical tourism literature by integrating relational and cognitive evaluation mechanisms into a unified framework, demonstrating the central roles of trust and perceived value. From a practical standpoint, the findings suggest that healthcare providers and policymakers should prioritize enhancing service quality, strengthening destination reputation, and maintaining transparent pricing structures. Sustainable competitiveness in medical tourism depends not only on cost advantages but also on the ability to build patient trust and deliver superior perceived value.

8. Recommendations

Based on the empirical findings derived from Confirmatory Factor Analysis (CFA) and Structural Equation Modeling (SEM), this study proposes recommendations at three levels: managerial, policy, and academic.

8.1 Managerial Recommendations

First, healthcare administrators particularly in private hospitals serving international patient should prioritize Healthcare Service Quality (HSQ) as the primary strategic driver of competitiveness. Since service quality demonstrated the strongest effect on Trust in Medical Provider (TR), hospitals

should continuously invest in physician competence, international accreditation, multilingual communication skills, and patient-centered service systems. Training programs that enhance responsiveness, empathy, and assurance can directly strengthen patient confidence, which subsequently enhances perceived value and intention.

Second, hospitals should actively manage and communicate Destination Image (DI) in collaboration with tourism authorities. Because destination-level perceptions significantly influence trust, marketing strategies should highlight national healthcare standards, safety regulations, technological advancement, and international certifications. In the ASEAN context, coordinated branding between healthcare providers and national tourism boards can strengthen the credibility of the country as a trusted medical hub.

Third, although Cost Advantage (CA) has a smaller effect compared to service quality and destination image, transparent and fair pricing remains essential. Hospitals should clearly communicate treatment packages, cost breakdowns, and comparison advantages relative to competing countries. Transparent pricing reduces uncertainty and supports trust formation, which ultimately enhances perceived value.

8.2 Policy Recommendations

At the policy level, governments particularly in ASEAN medical tourism destinations such as Thailand, Malaysia, and Singapore should focus on strengthening institutional credibility and regulatory transparency. National accreditation systems, international partnerships, and cross-border healthcare agreements can reinforce systemic trust.

Policymakers should also encourage integration between healthcare and tourism sectors to develop holistic medical tourism ecosystems. This includes visa facilitation for medical travelers, standardized service protocols, digital health information systems, and regional cooperation frameworks within ASEAN. Sustainable competitiveness requires not only price competitiveness but also long-term reputation building.

Furthermore, governments should promote quality benchmarking and international certification standards to ensure consistent service excellence. Since perceived value is the strongest predictor of Medical Tourism Intention (MTI), policies must ensure that service benefits clearly outweigh financial and psychological sacrifices.

8.3 Academic Recommendations

For future research, scholars should consider expanding the model by incorporating additional psychological constructs such as perceived risk, satisfaction, word-of-mouth intention, or cultural distance. Longitudinal research designs could provide stronger causal validation beyond cross-sectional SEM analysis. Comparative studies across ASEAN countries would also enrich understanding of regional differences in trust formation and value perception. Multi-group SEM analysis could examine whether structural relationships differ across nationality, age groups, or treatment types. Finally, future studies may integrate qualitative approaches such as in-depth interviews to complement quantitative findings and provide deeper insights into patient decision-making processes.

9. New Contribution

First, the study develops and empirically validates a sequential mediation mechanism that explicates the underlying causal process linking trust (TR), perceived value (PV), and medical tourism intention (MTI). While prior literature has predominantly examined these constructs in a fragmented or pairwise manner, this research advances theoretical clarity by demonstrating that trust operates as a foundational cognitive mechanism that enhances patients' perceived value, which subsequently translates into behavioral intention. This integrative causal chain contributes to the refinement of value-based decision-making theories and strengthens the explanatory power of mediation models in high-risk service contexts such as healthcare.

Second, this study contributes to the emerging field of value-based healthcare marketing by bridging the gap between theoretical constructs and strategic implications. By empirically validating the mechanism through which trust and perceived value shape medical tourism intention, the study offers a refined conceptual foundation for designing patient-centered marketing strategies. It highlights the importance of relational and experiential factors in enhancing international patient engagement and sustaining competitive advantage in global healthcare markets.

10. Future Research Directions

Future studies should extend this research in several important ways. First, researchers may incorporate additional constructs such as perceived risk, patient satisfaction, word-of-mouth intention, or cultural distance to enrich the explanatory power of the model. Second, comparative studies across ASEAN countries would help identify structural differences in trust formation and value perception within diverse healthcare systems.

Third, longitudinal research designs are recommended to better capture changes in trust and behavioral intention over time, thereby strengthening causal inference beyond cross-sectional data. Finally, future research could apply multi-group Structural Equation Modeling (SEM) to examine whether relationships differ across demographic groups, types of medical treatment, or levels of prior international healthcare experience.

11. Patents

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