

The Effects of Service Marketing Mix (7Ps) on Customer Satisfaction and Customer Loyalty of Medical Aesthetic Clinics.

Phusist Khumnualthong

A Thesis Submitted in Partial Fulfillment of the Requirements

For the Degree of Master of Business Administration

International College

University of the Thai Chamber of Commerce

2015

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THESIS APPROVAL
INTERNATIONAL COLLEGE

Master of Business Administration

Degree

International Business

Major Field

Title The effects of service marketing mix (7Ps) on customer satisfaction and customer loyalty of medical aesthetic clinics.

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ABSTRACT

This research aimed to investigate the factors impacting on customer satisfaction and customer loyalty toward medical aesthetic clinics in Bangkok. There were two objectives developed under this aim. These objectives were 1) to explore how the service marketing mix (7Ps) has an effect on customer satisfaction of medical aesthetic clinics, and 2) to explore how the customer satisfaction has an effect on customer loyalty to medical aesthetic clinics. There were also two research questions developed to achieve this aim as well. These questions were 1) how does service marketing mix (7Ps) have an effect on customer satisfaction of medical aesthetic clinics, and 2) how does customer satisfaction have an effect on customer loyalty to medical aesthetic clinics?

This research was designed based on quantitative study. The survey questionnaire was used as research instrument for collecting data in this research. The data were collected from 400 participants who have experienced aesthetic clinic

services. Moreover, the data were collected from 15 aesthetic clinics in Bangkok, which were Wuttisak, Nitipon, Pan Clinic, Ratchathewi, Romrawin, Paweerata, Patama, Absolute Beauty, Thonglor, Khong Kwang, S-Mart, Pewdee, The Premium, Tanaporn, and Neo Laser. The data were tested using descriptive and inferential statistical analysis tools. The descriptive tools used in this research were frequency, percentage, mean and standard deviation, while the inferential tools used in this research were regression and chi square.

The results showed that three factors, namely Promotion, People, and Physical Evidence, had a significant positive influence on Customer Satisfaction. However, four factors, which are Product, Price, Place, and Process, did not. The results also showed that the relationship between customer satisfaction and customer loyalty was relatively weak, but statistically significant. Finally, chi square tests showed that there was no difference between genders in their use of the clinic. However, different age groups and income groups did show different patterns in terms of frequency of visits, services used at the clinic, and the average amount spent (at the clinic) for each visit. This implied that clinics should not be tempted to compromise their service level in order to offer a promotional or cheap prices to new customers. While promotion was significant to customer satisfaction, people and physical evidence of the service had much more impact on customer satisfaction. This means that a well trained staff who can provide the service properly, along with clean and attractive physical surroundings, will have much more long-term benefit for the aesthetic clinics.

ACKNOWLEDGEMENTS

This research would not be completed without the help of several people. First, I would like to thank my supervisor, Dr. Theeranuch Pusaksrikit (Thesis Advisor) for all the support.

I also would like to thank my family who always encourage and support me during the research process.

Finally, my thanks also go to the owners of private clinics (Paweerata, Patama, Absolute Beauty, Thonglor, Khong Kwang, S-Mart, Pewdee, The Premium, Tanaporn, and Neo laser) for supporting the collection of questionnaire from their patients.

TABLE OF CONTENTS

Abstract	III
Acknowledgements	V
Table of Contents	VI
List of Tables	VIII
List of Figures	IX
Chapter 1: Introduction	1
1.1 Background	1
1.2 Statements of the Problem	7
1.3 Research Objectives	8
1.4 Research Question	8
1.5 Scope of the Study	8
1.6 Significance of the Study	9
1.7 Operational Definition	9
Chapter 2: Literature Review	12
2.1 Service Marketing Mix 7Ps	12
2.2 Customer Satisfaction	21
2.3 Customer Loyalty	24
2.4 The Relationship between Customer Loyalty and Customer Satisfaction	28
2.5 Conceptual Framework	30

TABLE OF CONTENTS (Continued)

Chapter 3: Research Methodology	32
3.1 Research Design	32
3.2 Sampling Plan	33
3.3 Research Instrument	35
3.4 Data Collection	36
3.5 Data Analysis Method	36
Chapter 4: Results	38
4.1 Reliability Testing Results	38
4.2 Questionnaire Results	41
4.3 Hypothesis Testing Results	48
4.4 Chi Square Testing Results	51
Chapter 5: Conclusion and Discussion	57
5.1 Conclusion	57
5.2 Discussion	59
5.3 Implication for Business	62
5.4 Recommendation	64
5.5 Limitation and Further Research	64
REFERENCES	66
APPENDICES	79

LIST OF TABLES

TABLES

2.1 The marketing mix.....	15
4.1 Cronbach’s Alpha Scores.....	40
4.2 Demographics.....	42
4.3 Descriptive results.....	47
4.4 Summary of hypothesis outcomes.....	48
4.5 Regression analysis results for H1-H7.....	50
4.6 Regression analysis results for H8.....	51
4.7 Cross-tabulation for differences in frequency of service use by age.....	52
4.8 Cross-tabulation for differences in type of treatment by age.....	53
4.9 Cross-tabulation for differences in cost of treatment by age.....	54
4.10 Cross-tabulation for differences in frequency of clinic visits by income.....	55
4.11 Cross-tabulation for differences in type of service by income level.....	56
4.12 Cross-tabulation for differences in cost of services by income level.....	56

LIST OF FIGURES

FIGURE

1.1 Number of main brand medical aesthetic clinics branches.....	6
2.1 Conceptual framework.....	30
4.1 Percentage of aesthetic clinics visited by participant.....	43
4.2 Frequency of use of aesthetic clinic services per year.....	44
4.3 Service that most often used from aesthetic clinic.....	44
4.4 Average cost to receive service per time.....	45

CHAPTER 1

INTRODUCTION

1.2 Background

The business environment of medical aesthetic clinics is highly competitive. During the last decade, the number of medical aesthetic clinics was growing while the number of customer was limited. They are now zealously competing on price, quality, quantity, value and brand image. In addition, in this competitive environment medical service business is more intense due to high fixed costs, growing personnel expenses, limited insurance benefits (e.g. Dermatologist treatment cannot be reimbursed from Social Security) and frequent medical malpractice claim. In order to solve the problems mentioned above, medical aesthetic clinics industry need to realize what differentiates one provider from another and make efforts in upgrading the medical service quality, especially, customer-oriented value. By doing so, they can create their niches and competitive edges.

Medical aesthetic clinics providers belong to tertiary sector that focuses on interaction with people. Nowadays, in all industries, customer is king since they have many options. Therefore, the priorities of medical service providers are to realize what patient-oriented value is, to increase patient satisfaction which will lead to the patients revisiting, and to achieve their ultimate goal of sustainable development.

How to make patients satisfied is medical providers' priority because the customer is always right in today's business world. Therefore, customer orientation should be internalized into the nature of enterprises. The existence of enterprises is to create customers and try its best to meet customers' demand. Customer satisfaction is one of the key factors for creating competitive edge.

The relationship between patient and provider is a relevant issue in clinical practice. In Dermatology, it is particularly important since psychological problems are often associated to skin conditions, thus they are relevant aspects of a comprehensive clinical assessment of the disease. However, research data suggest that the detection of psychiatric disorders by dermatologists is not completely satisfactory and also that quality of life aspects are differently evaluated by patients and dermatologists (Picardiet al., 2000; Lewis and Wessely, 1990).

Discrepancies between patients and aesthetic clinic opinions about severity and impact of disease may have important consequences, as it has been shown that they are associated with patients' lower satisfaction with care (Sampogna et al., 2003). At the basis of the reciprocal satisfaction of patients and dermatologists, there is a good-quality communication. To achieve a good communication between patients and dermatologists, a good-quality clinical consultation is necessary. (Renzi et al., 2002).

Patient satisfaction or dissatisfaction is often used as an indicator of the quality of a medical consultation. However, satisfaction is an ambiguous outcome variable, since patients tend to give positive answers, despite the anonymous questionnaires. However, studies may be useful to understand which aspects contribute to the overall

satisfaction for taking care of patients, beyond healing. A U.S. study of 500 difficult patients in aesthetic clinics revealed that one patient out of two was satisfied after leaving the doctor's office (Jackson and Kroenke, 1999). The percentage increased to 63% when the same patients were asked about satisfaction three months later. The most satisfied customers were the ones over the age of 60 who experienced improvements in health. However, there were other variables that predicted immediate satisfaction following a consultation, such as receiving information about the probable cause of the illness and the duration of the symptoms. Between two weeks and three months afterwards, satisfaction increased if the symptom regressed, but decreased if additional consultations were needed for the same symptom.

An Italian study carried out on patients showed that patient dissatisfaction and psychiatric morbidity were significantly and independently correlated with the patient's refusal to stick to the treatment (Renzi et al., 2002). The study stressed the importance of the dermatologist's personal abilities, and the proper handling of psychiatric pathologies during dermatology consultations. It is thus of utmost importance that dermatologists can deal with psychiatric patients coming to them with problems like delusion of parasitosis, dysmorphic syndromes or self-mutilation. Those conditions are often associated with events of major psychological suffering (death of a child, abandonment, abuse, etc.), and it is important for a dermatologist to be aware of this suffering when treating such patients.

Thailand's Medical Aesthetic Clinic Industry

Present competition in medical aesthetic clinics increased and received attention from foreigners in the field of medical expertise and skill of Thai physicians. Thailand is one of the market leaders in beauty business, ranked third behind only South Korea and Japan. Over the past years, the patient growth rate has been higher among Thai population as they are dedicated to skin health and beauty. Due to the pollution, the tropical climate and strong sunlight, Thais are concerned about their skins even more. This has resulted in a significant growth of medical aesthetic clinics regardless of the growth in economy. It allows medical aesthetic clinics to use this channel for doing a promotion to the public especially women who are concerned with being old. The selling point is slowing down aging and reducing wrinkles.

According to the Positioning Magazine (2010), Thailand's leading marketing magazine, the market value of aesthetic industry in 2011 was 11.5 billion baht, increasing 15 percent increased from 10 billion baht in 2010. Furthermore, for the market of 18-25 years old customers, it had 100% growth which could be categorized into 70% dermatological and skincare and 30% aesthetic surgery. During the past few years, the market value of all the aesthetic industry was approximately 10- 30 billion baht per year. Medical aesthetic clinics had 35% market share totaling 3.5 billion baht and average growth rate of 15-20 per cent per year (National Statistical office, 2012).

Nowadays, Thailand's aesthetic industry, especially the business of acne treatment and aesthetic clinics, are facing more intense competition. There are around ten popular clinic brands that have expanded to more than 300 branches across the country. The major Thailand's medical aesthetic providers' brands are Pan Clinic, Wuttisak

Clinic, Nitipon Clinic, Ratchathewi Clinic, Romrawin Clinic, Pewdee Clinic, APEX and Pornkasem clinic. Marketing for this type of business is imperfect and the proportion of market share is not different. Aesthetic business classifies customers by revenue per month into 5 groups as follows: group A is for those who earn over 50,000 baht; group B+ is for revenue from 30,001 up to 40,000 baht; group B is for revenue from 20,001 to 30,000 baht; group C+ is for revenue 10,001-20,000 baht and group C is for revenue lower than 10,000 baht. Wuttisak and Nitipon clinic focus on teenager from group B to C that help them occupy the market by offering promotion as well as using media in creating Brand Awareness. This strategy has become a popular role model for new clinical use. Whereas Romrawin clinic and APEX target on group A and B+, thus, they aim at offering customer satisfaction and service quality. According to the survey of Manager 360, Wuttisak clinic, which has expanded to 74 branches in 2013, currently hold the biggest market share of this business. Number of branches and locations in many areas make customers convenient and also build credibility (Manager 360, 2012).

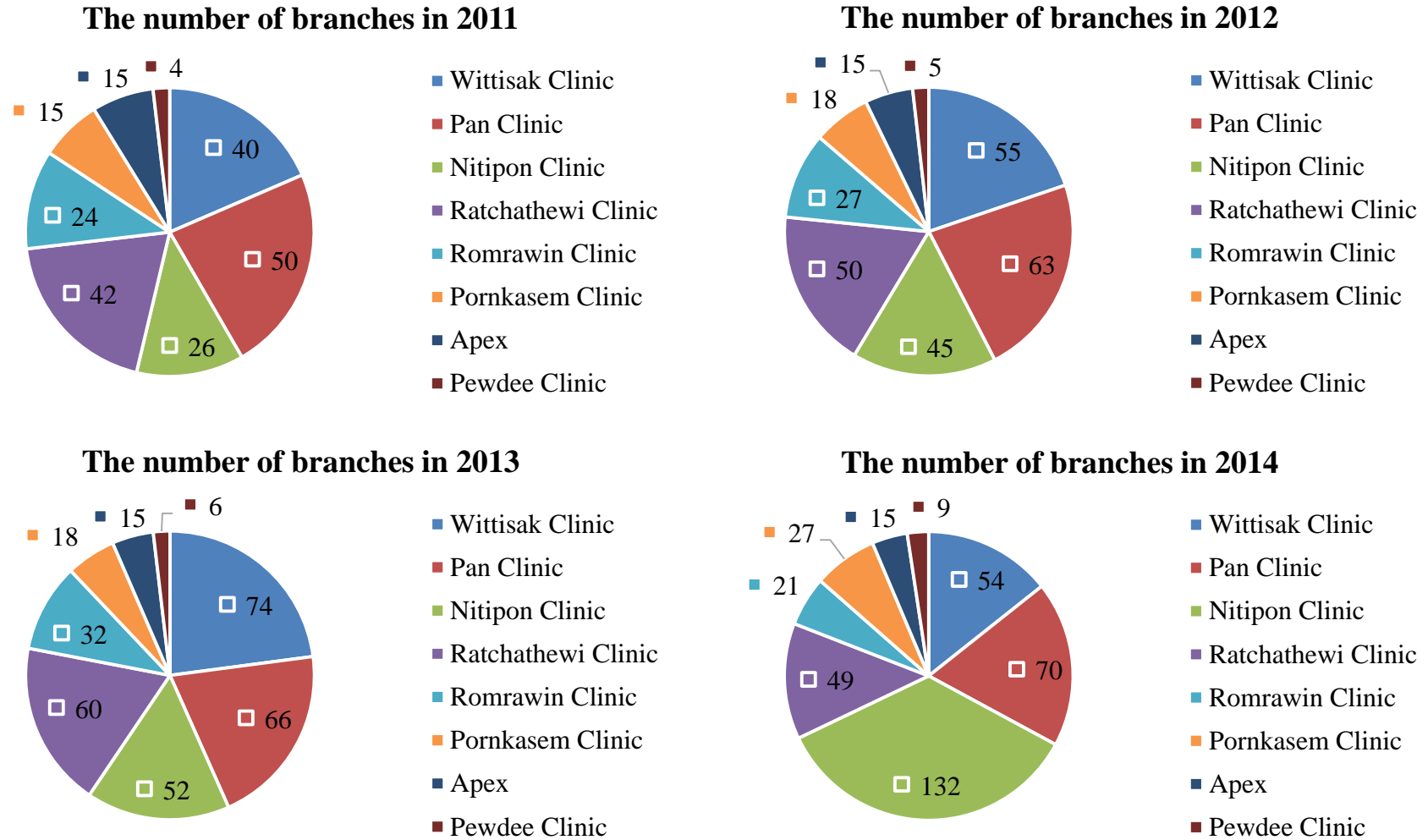


Figure 1.1: Number of Main Brand Medical Aesthetic Clinics Branches year 2011-2014

Making a decision to choose medical aesthetic clinics depends on many factors such as customer care service, reputation of physician, brand image, convenience and branch location. For the above reasons, clinics start to open branches in department stores to increase accessibility and decorate them in a modern style to attract teenage customers and create value of service. (Manager Weekend, 2005). Likewise, brand image possibly affects how customers perceive the brand through the product image. Most customers believe that the brand image can represent their identity and social status. Therefore, customers are likely to be influenced by the first impression of the image (Manchainimit, 2013).

1.2 Statements of the Problem

Nowadays, Thai consumers care more about their appearance with the attitude that it is the first thing that will impress other people. People are trying to find ways to improve their appeal. Medical aesthetic clinics seem to be the answer for those people since they have technology of therapy that gives good results to improve their appearance under short-term treatment.

Most providers come with a price cutting strategy, promotion and advertising to gain advantage over their competitors. This strategy give benefits to consumers while the profit of providers decreases, This makes provider start to reduce costs such as quality of medicine, equipment and employing unskilled staff. Due to price reduction, it causes customer' dissatisfaction and it is hard to keep customer retention. Some service providers try to differentiate themselves by focusing on niche market instead of price cuts by specializing in particular type of treatment, but keeping customer coming back is not an easy job. Many studies suggest that service marketing mix is a significant

positive relationship between customer satisfaction and customer loyalty (Anderson and Sullivan, 1993; Cronin, Brady & Hult, 2000; Taylor & Baker, 1994). Therefore, this study will explore the effect of service marketing mix (7Ps) on customers' satisfaction and customers' loyalty to medical aesthetic clinics.

1.3 Research Objectives

This research aims to explain the influence factors on customer satisfaction and customer loyalty to Medical aesthetic clinics as follows:

1. To explore how the service marketing mix (7Ps) has an effect on customer satisfaction of medical aesthetic clinics.
2. To explore how the customer satisfaction has an effect on customer loyalty to medical aesthetic clinics.

1.4 Research Questions

1. How does service marketing mix (7Ps) have an effect on customer satisfaction of medical aesthetic clinics?
2. How does customer satisfaction have an effect on customer loyalty to medical aesthetic clinics?

1.5 Scope of the Study

In this study, our main purpose is to examine the service marketing mix (7Ps) which influenced customer satisfaction of medical aesthetic services. The participants of this study were customers and clinics of medical aesthetic service who live in Bangkok Metropolitan area because 21.58% of 18,828 clinics in Thailand are located

in Bangkok (Bureau of Sanatorium and Healing Arts, 2011). The research aimed to study the service marketing mix (7Ps) which influenced customers' satisfaction and customers' loyalty to medical aesthetic clinics.

The primary data were collected by distributing 400 questionnaires to customers of aesthetic clinics who live in Bangkok Metropolitan.

1.6. Significance of the Study

1. The results of the research can be used as a guideline to develop and increase customers' satisfaction of the medical aesthetic clinics to gain customer loyalty and meet the needs of consumers.
2. The results of the research are useful for new entrepreneurs who want to enter the medical aesthetic business. This is useful in determining the product development and marketing strategy to meet the needs of customers.

1.7. Operational Definitions

This paper defines the keyword for the research as follows:

1.7.1 **Medical Aesthetic Clinic** is an establishment with a permission to provide special skin medical treatment and to provide beauty and skin care treatment to people who care about beauty with an intention to make a profit.

1.7.2 **Customer Satisfaction** is the number of aesthetic clinic customers, or percentage of total customers, whose reported experience with a firm, its products, or its services.

1.7.3 Service Marketing mix (7Ps) is a selection of services developed to offer customer a choice within a particular range. 7Ps are with price, place, product, promotion, people, physical evidence, process

1.7.4 Price is being used to attract customers to the clinic. A product is only worth as much as people are prepared to pay for it. The amount the target markets are prepared to pay for the products/services depends on product features and the target market's budget.

1.7.5 Place is where the product is made, and how convenient and accessible it is for the customer and the business. The place for each of these things should ensure that the product gets to the right place at the right time without damage or loss.

1.7.6 Product is the service being sold to the customer, or the thing that will bring in money. Its features and design need careful consideration. Clinics need to determine what product features will attract their target market when they are is considering introducing a product into a market

1.7.7 Promotion is any activity to raise awareness of a product or to encourage customers to purchase a product. Advertising is a form of promotion but not all promotions are advertisements.

1.7.8 People are an essential ingredient in service provision; recruiting and training the right staff is required to create a competitive advantage. Customers make judgments about service provision and delivery based on the

people representing the clinic. This is because people are one of the few elements of the service that customers can see and interact with.

1.7.9 Physical Evidence is where the service is being delivered from. It is particularly relevant to retailers operating outside clinics. This element of the marketing mix will distinguish a company from its competitors. Physical evidence can be used to charge a premium price for a service and establish a positive experience. For example, if you walk into a clinic, you expect a clean and friendly environment. If the clinic is smelly or dirty, customers are likely to walk out, even before they have received the service.

1.7.10 Process is the systems to delivered services. All services need to be underpinned by clearly defined and efficient processed. This will avoid confusion and promote a consistent service. In other words, processes mean that everybody knows what to do and how to do it. For example, clinics make a follow-up call automatically when their customers have appointment with clinics. An efficient follow-up call will foster consumer loyalty and confidence in the clinics.

1.7.11 Customer Loyalty is likelihood of previous customers to continue to buy from medical aesthetics clinics. Great attention is given to marketing and customer service to retain current customers by increasing their customer loyalty. Regarding the attitude of the customers towards the products and services of the medical aesthetic clinics, if customers have a positive attitude towards the products and services, which results in long-term relationships between customers and medical aesthetic clinics, this will result in consistent purchase behaviors.

CHAPTER 2

LITERATURE REVIEW

The purpose of this chapter is to review the literature in order to establish basic concepts which underlie this study. These are divided into five sections:

2.1 Service Marketing Mix 7Ps

2.2 Customer Satisfaction

2.3 Customer Loyalty

2.4 The Relationship between Customer Loyalty and Customer Satisfaction

2.5 Conceptual Framework

2.1 Service Marketing Mix 7Ps

The marketing mix is one of the core concepts of marketing theory. In recent years, the popular version of this concept by McCarthy's (1964) 4Ps (product, price, place and promotion) has increasingly come with many results. Different marketing mix has been put forward for different contexts. While a number of modification to 4Ps frame work has been proposed (Kotler, 1986; Mindak and Fine, 1981; Waterschoot and Bulte, 1992), the most concerted comment has come from the service marketing area. Boom and Bitner's (1981) extension of the 4Ps framework to

include process, physical, evidence and participant has gained widespread acceptance in the service marketing literature.

More recently, McCarthy and Perreault (1987) have defined the marketing mix as the controllable variables that an organization can co-ordinate to satisfy its target market. This definition (with minor changes) is widely accepted as it can be seen from Kotler and Armstrong's definition of the marketing mix as:

“the set of controllable marketing variables that the firm blends to produce the response it wants in the target market” (1989, p. 45).

However, the most popular and most enduring marketing mix framework has been that of McCarthy who reduced Borden's 12 elements to the now popular 4Ps, namely product, price, promotion and place (McCarthy, 1964, p.38). Each of these categories consists of a mix of elements in itself and hence one can speak of the “product mix”, “the promotion mix”, and so forth. Kotler and Armstrong (1989) listed advertising, personal selling, sales promotion and publicity under the heading of promotion. The 4Ps formulation is so popular, in fact, that some authors of introductory textbooks define the marketing mix synonymously with the 4Ps (Pride and Ferrell, 1989, p. 19; and Stanton et 1991, p. 13)

While McCarthy's 4Ps framework is popular, there is by no means a consensus of opinion as to what elements constitute the marketing mix, In fact, the 4Ps framework has been subjected to much criticism. Kent (1986) argued that the 4Ps framework is too simplistic and misleading, Various other authors have found the 4ps framework and have suggested their own changes. For instance, Nickels and Jolson (1976) suggested the addition of packaging is the fifth P in the marketing mix.

Mindak and Fine (1981) suggested the inclusion of public relations as the fifth P. Kotler suggested the addition of Power as well as public relations in the context of “mega marketing” (1986). Payne, and Ballantyne (1991) suggested the addition of people, processes, and customer service for relationship marketing. Moreover, Judd(1987) suggested the addition of people as a method of differentiation in industrial marketing

Development of 4Ps to 7Ps

The most influential of the alternative frameworks is Booms and Bitner’s 7Ps mix where they suggested that the traditional 4Ps need not only to be modified for service (see Table I) but also to be extended to include participants, physical evidence and process. Their framework is discussed below. The Booms and Bitner framework (1981), participants are all in human actors who play a part in service delivery.

Table 2.1: The Marketing Mix

Product	Price	Place	Promotion	Participants	Physical evidence	Process
<i>Traditional</i>						
Quality	Level	Distribution channels	Advertising			
Feature and quality Style	Discount and allowances Payment terms	Distribution converge Outlet location	Personal selling Sales promotion			
Brand name		Sales territories	Publicity			
Packaging		Inventory levels				
Product line		Location				
Warranty		Transport carriers				
Service level						
Other services						
<i>Source : Kotler (1976)</i>						
Modified and expanded for services						
Quality	Level	Location	Advertising	Personal:	Environment:	Policies
Brand name	Discounts and allowances	Accessibility	Personal Selling	Training	Furnishings	Procedures
Service line	Payment terms	Distribution channels	Sales promotion	Discretion	Color	Mechanization
Warranty	Customer's own perceived value	Distribution coverage	Publicity	Commitment	Layout	Employee discretion
Capabilities	Quality/Price interaction		Personnel	Incentives	Noise level	Customer involvement
Facilitating goods	Differentiation		Physical environment	Appearance	Facilitating goods	Customer direction
Tangible clues			Facilitating goods	Interpersonal behavior	Tangible clues	Flow of activities
Price			Tangible clues	Attitudes		
Personnel			Process of service delivery	Other customers		
Physical environment				Behavior		
Process of service delivery				Degree of involvement customer		
				Customer contact		
<i>Booms and Bitner (1981)</i>						

In services, especially “high contact” service, such as restaurants and airlines, the firm’s personnel of product quality because of the consumption, the firm’s personnel occupy a key position in influencing customer perceptions of product quality consumption. They are parts of the product, hence framework product quality is inseparable from the quality of the service provider (Berry, 1984). It is important, therefore, to pay particular attention to the quality of employees and to monitor their performance. This is crucially important in service because employees tend to be inconsistent in their performance, which can lead to unstable quality.

However, Booms and Bitner (1981) argued that product decisions should involve the three new elements in their proposed mix (see table I). Nevertheless, while accepting that physical evidence, participants and process could be incorporated into traditional 4Ps framework, Bitner argued that separating them out draws attention to factors that are of “expressed importance” to service-firm managers (Bitner,1990, p. 70).

Furthermore, Booms and Bitner argued that these new elements are essential to “the-definition and promotion of services in the consumers’ eyes both prior to and during the-service experience” (Booms and Bitner, 1981, p. 48) Furthermore, these elements can be controlled by the firm and used to influence buyer behavior, and hence should be included in the expended marketing mix:

“The potential power of these elements results from the large degree of direct contact between the customer, the highly visible nature of the service assembly process and the simultaneity of production and consumption” (Booms and Bitner, 1981, p. 48).

Product: Wilson suggested that a panoramic or holistic approach to new service development and a high level of precision at the micro level will lead to a more successful service design and new service development process (Anne et al., 2007). Moreover, Michael (1987) proposed that hospitals should facilitate market driven services and Naiduet al. (1993) examined the result of the study on product-line management (PLM) as management tool on health care industry. Burgeret al.(1991), in their exploratory study of managing change, presented an abstract of product line management in hospitals. According to this article, product line management is a system in which one manager is responsible for all aspects of marketing and delivery of one particular product or service bundle.

Price: Dean and Christopher (1985) said that hospitals may be able to reduce their costs by limiting the breadth of services they provide. Zallocco (1993) discussed the relationship between quality and profitability. He studied the relationship between quality and profit levels on one hand and price, occupancy levels, and costs per patient on the other hand. The conclusions were: First, low quality hospitals have much lower levels of profitability than high quality hospitals. Second, low profit and quality does not result in lower demand. Third, poor quality hospitals are understaffed and have inadequate investment in capital assets.

Place: Wilbur and James(1982) identified market segments within a health care delivery system applied two-stage methodology. Marie Odile (2010) examined the role of Internet atmospherics cues on the behavior of surfers and their impact on variables such as site attitudes, site involvement, exploratory behavior, pre purchase and purchase intentions. Sreenivas et al. (2013) argued that hospitals should be easily accessible to the patients and be adequately protected from pollution. Every hospital

should try to make services available and accessible to its target consumers. While distributing health care accessibility with physicians, hospital administrators, donors, government, insurance companies, employers are needed. Thus hospitals have to take three major distribution decisions. They include physical access (channels, location, and facilities), time access and promotional access.

Promotion: The activities in hospitals build a strong services brand. Leonard and Kent, (2008) explained the branding services model by showing how one organization has created, extended, and protected a powerful brand through an unwavering commitment to the well-being of its customers. Kyung et al. (2008) identified five factors that influence the creation of brand equity through successful customer relationships. Menon et al. (2006) have designed a tool to measure advertising content based on the cognitive and affective elements of informational in term of information processing and transformational (experiential) content. Tudor and Kanth(1994) studied the influence of perceptual and demographic factors on consumer dispositions and the perceptions of consumers towards hospital advertising. Erdem and Harrison (2006) explained the importance of Internet in building physician-patient relationship in their marketing activities of health care units. Wan-I Lee et al. (2013), explained the application of neural network to classify consumers' behavior in choosing hospitals.

People: People in a hospital consist of doctors, nurses, paramedical staff, supporting staff and front office executives. Firms manage their personnel, by developing and enhancing a systematic service culture. Human resource department hires eminent people in the concerned field. This department attends different functions like man power planning, training, and motivation, evaluating, and rewarding for building

competent personnel. A firm's staff are classified as high contact people and low contact people. High contact service people include doctors and nursing staff who are engaged in providing the services to the patients round the clock. The administrators, supportive service people come under low contact. Firms should try to attract and retain doctors with knowledge and skills by motivating their satisfaction. That will prove whether hospitals have good HR practices or not (Sreenivas et al. 2013).

Physical evidence: Sreenivas et al. (2013) explained that the physical evidence includes admission office, signs, patient care room, medical equipment, recovery room, building exterior, employee uniforms, reports and stationary, billing statements, website etc. Physical evidence of hospital can be witnessed through entrance, lobby area, parking area, waiting area, public toilet facilities, signage system, gift, book and florist's shops, coffee shop-cum-snack bar, interior decoration, lighting and ventilation, uninterrupted power supply, drinking water facilities, sewerage, telephone and communication facilities, transportation facilities, security and display of awards and certificates won by doctors and hospital etc.

Process: Sreenivas et al. (2013) explained that a process is an essential ingredient in the production and delivery of service. Since the inseparable nature of services does not allow any differences in the production and delivery of a service, process becomes an all-inclusive 'P' for service marketers. Apollo hospital has simplified the procedure for admission for treatment. It has taken all measures to extend medical treatment in single premises, which has created easy accessibility to all patients to avail the services of various specialized doctors. Apollo has instituted several registration centers at different places in the state. The patients, who want to take appointment may consult these centers and can get appointments for the consultation. The process

followed at CARE is simple, patient friendly and time saving. The out patients who want to take treatment in CARE have to take prior permission or appointment from registration department in consultation with the doctor concerned. To avoid congestion and to save the time of patients/visitors, CARE has made arrangements to get appointment through e-mail, phone.

Christopher et al. (2001) concluded that patients are becoming increasingly involved in making healthcare choices as their burden of healthcare costs continues to escalate. Weng. (2013) investigated the behavior and a patient's choice of hospitals. Feng & Chuan. (2013) precisely conducted a research on the value attributes perceived by customers. Sreenivas et al. (2013) examined the factors affecting hospital choice decisions of 869 patients in three public and one private hospital polyclinics in Turkey and attempted to determine their important levels. This study highlighted the importance of accessibility of hospital services to consumers in hospital, physical appearance, and technological capabilities in informing choices. These findings are useful for managers to understand how patients make choices related to health care facilities and to develop marketing strategies that may more effectively market their facilities. Moreover, Laing and McKee (2000) explained the importance of process in success of hospital. They examined the organizational solutions adopted by self-governing hospitals in managing the marketing function. The core theme that emerges from the research is the imperative for such professional service organizations to facilitate the development of flexible project focused on marketing teams, effectively mirroring the notion of the buying center, capable of integrating core technical professionals directly into marketing process.

H1: Product is positive related to customer satisfaction

H2: Price is positive related to customer satisfaction

H3: Place is positive related to customer satisfaction

H4: Promotion is positive related to customer satisfaction

H5: People is positive related to customer satisfaction

H6: Physical evidence is positive related to customer satisfaction

H7: Process is positive related to customer satisfaction

2.2 Customer Satisfaction

Most researchers agree that satisfaction is an attitude or evaluation that is formed by the customer comparing their pre-purchase expectations of what they would receive from the product to their subjective perceptions of the performance they actually did receive (Oliver, 1980). Kotler (2000, p.36) defined that satisfaction is a person's feelings of pleasure or disappointment resulting from comparing a product's perceived performance (or outcome) in relation to his or her expectation. Additionally, Yi (1990) also stated that customer satisfaction is a collective outcome of perception, evaluation and psychological reactions to the consumption experience with a product or service.

Service quality perception and satisfaction assessment depend on the function of the variation between consumer's perception and expectation of service levels.

Therefore, these two terms were interchangeable in some previous studies until Parasuraman, Zeithaml and Verry (1994) provided clear definitions for consumer satisfaction and service quality.

In an industrial context, satisfaction has been analyzed by various authors (Wilson, 1995; Nevin, 1995; Olsen and Johnson, 2003; Hewett, Money and Sharma, 2002; Brenann, Turnbull and Wilson, 2003; Nijssen, Singh, Sirdeshmukh and Holzmüeller, 2003). Outstanding among them are the contributions by Gaski and Nevin (1985) and Frazier, Gill and Kale (1989) which explain that satisfaction is the consequence of a plural valuation of many aspects that affect their working relationship with another agent or firm or within a more plural relationship. For these authors, satisfaction has two facets: economic and social satisfaction. Economic satisfaction would include the positive affective response of a member to the economic rewards to be derived from the relationship in which he or she is immersed. Social satisfaction, for its part, implies a positive affective response to the psychological aspects of the relationship. In this sense, a member decides to remain in the relationship, i.e. is satisfied, because he or she appreciates the contacts with the other party and likes working with them. It is due to his/her belief that the other party will be concerned, and willing to exchange ideas (Nevin, 1995; Geyskens, Steenkamp and Kumar, 1999).

Satisfaction in an industrial context is, therefore, directly or indirectly linked to the establishment of alliances or agreements between firms, and with the purpose of achieving a source of competitive advantages for the firms involved (Eriksson, Majkgard and Sharma, 1999; Mohr and Spekman, 1994; Brennan, Turnbull and Wilson, 2003). The fact of working together permits a broader outlook, and

recognition of mutual dependence, which motivate the parties to work for the survival of the relationship. Opportunistic behavior by one of the parties will negatively affect the other, and the relationship as a whole. On the contrary, cooperative behavior will increase the results of the relationship more than when each of the parties acted separately. The success of the relationship will depend on the behavior of one to the other, and the success of one depends partly on the other. Their efforts to co-operate will allow them to share information, opportunities and processes so as to facilitate the achievement of competitive advantages.

Thus, in the general field of industrial relationships, satisfaction is an affective state resulting from the overall valuation of all aspects of a working relationship between one firm and another (Anderson & Narus, 1984; Gaski & Nerven, 1985; Walter, Ritter & Gemünden, 2001).

The study on patient satisfaction can be used for all businesses and careers. Nowadays, many scholars and researchers apply satisfaction concept to medical aesthetic services; therefore, the term customer satisfaction is created. Donabedian, (1996) found that patient satisfaction is an important indicator for medical service industry. For hospitals, patient satisfaction is an effective indicator to evaluate medical service quality. For patients, patient satisfaction is an indicator to choose medical service provider (Hansagi et al., 1992). Furthermore, patient satisfaction can help hospitals change the medical process to satisfy more patients (Abramowitz & Kyle, 1988).

According to previous literature, we can realize that service quality perception and medical care's value are important factors to influence patient satisfaction.

Medical service providers need to understand patients and try to satisfy them. To achieve this goal, customer satisfaction can be used as a tool to evaluate medical service quality. Scholars also suggest that, medical service quality can be told from patient satisfaction (Mahonet al., 1996). They reiterated on how important patient satisfaction is for medical service quality.

Instruments for Measuring the Customer Satisfaction is one of the important roles in this research. Customer satisfaction determination includes total satisfaction of service performance as well as the consumer views and national conditions (Singh, 1991; Manfred & Grund, 2000; Dermanov & Eklöf, 2001; Chang & Yuan, 2002). David & Dominiek (2008) studied the retirement community resident satisfaction, and concluded that satisfaction contains five different domains, including the built environment, the financial environment, the service delivery environment, the social environment, and the spiritual environment. Combining the above literature, this research adopted four aspects to determine customer satisfaction, namely; the personnel service standard, medical devices equipment, location and atmosphere, and whole experience feeling (Singh, 1991; Dermanov & Eklöf, 2001; David & Dominiek, 2008).

2.3 Customer Loyalty

For all business strategies, maintaining customer loyalty is definitely the most important factors (Reichheld, 1996). Customer loyalty is the customer continuous purchasing behaviors of the merchandise or services of a certain company (Griffin, 1996). Reichheld (1996) claimed that if a customer was satisfied with companies'

commodities or services, they would want to offer positive word-of-mouth promoting that company. Regarding evaluation of customer loyalty, Parasuraman et al. (1994) thought that items, which should be included, were behaviors, intent to repurchase, people's recommendations through positive word-of-mouth.

Customer loyalty is a multidimensional concept with a wider meaning than the concept of customer retention or cooperation, which only refers to the behavioral aspect of loyalty. It emerges dynamically as the optimal stage of evolution of the relationship between a customer and a supplier or a brand. The multidimensionality of the concept seems to be demonstrated in studies such as Dick and Basu (1994) and Zeithaml, Berry and Parasuraman (1996).

Griffin (1996) sorted customer loyalty to four main categories: intent to repurchase, purchase frequency, recommendation product wish, and times of participation product activity. These dimensions thus seem to be indicators of the existence of a feeling of loyalty of one party to the other.

On the basis of these considerations, within the scope of relationship marketing, loyalty can be defined as the future behavior commitment to purchase a product or service (Bennett, Härtel and McColl-Kennedy, 2005), or "a deeply held commitment to rebuy or indorsement a preferred product or service consistently in the future, despite situational influences and marketing efforts having the potential to cause switching behavior" (Oliver, 1997, p. 392). From this perspective, loyalty can be measured directly, through purchase behavior, by observation of a higher frequency of purchase or the concatenation of a set of purchases of a product or

service as against others where this does not occur; and indirectly, by measuring the attitude or intention to repurchase (Yi and Jeon, 2003).

Customer loyalty is one of the most important customer metrics in marketing due to the profit impact of maintaining a loyalty customer base (Oliver 1999). Customer loyalty leads to firm profitability because customer loyalty positively influences firm product-marketplace performance (Anderson and Mittal 2000; Fornell 1992) and financial performance (Anderson et al. 1994; Gupta and Zeithaml 2006) and creates shareholder wealth (Anderson 2004). The literature explains this positive loyalty-firm profitability link for several reasons. First of all, according to Pfeifer (2005), Loyalty reduces customer acquisition cost, which in turn, reduces firm cost or expenses.

Second, customer loyalty can indicate customer retention, the most important customer metric for firm profitability because loyalty measures customer intention to repurchase a product or service. In traditional marketing, academics and practitioners have underline the consequences of market-base asset on success within the product marketplace, as illustrated in product sales and market shares that the significance of the effect of market-base asset on financial performance has appeared in the past decade as top management has begun seeing the final objective of marketing as contributing to the favorable status of shareholder return (Day and Fahey 1988). Top management has begun to realize that not only tangible assets, such as plant and equipment, raw material and finish products but also intangible market-base assets such as brands, customer channel and partner relationship. Moreover, Internet firms (e.g. Amazon, eBay, Google and Facebook) are commonly present in contemporary digital economy and these firms generally do not hold tangible assets as opposed to

traditional firms. There are also quite a few subscription-drive firms (e.g. Verizon Wireless and Cable companies) in contemporary digital economy to make relationship with customer for their survival (Kim and Bae 2010).

Marketing academics and practitioners have examined linkages between customer loyalty and firm financial performance (Rust, Lemon and Zeithaml 2004). Especially, studies demonstrate a strong and positive link between customer loyalty and firm profitability (Ittner and Larcker 1998; Anderson 2004). Various studies (Gupta, Lehmann and Stuart 2004; Reichheld and Sasser 1990; Reinartz, Thomas and Kumar 2005; Thomas, Reinartz and Kumar 2004) demonstrate that customer retention instead of customer acquisition or cross-selling is the key driver of customer lifetime value, hence firm financial profitability and- customer acquisition is the key drive in a rapidly growing market such as China (Keiningham et al. 2005). Customer loyalty is likely to be the key driver of firm financial performance and firm value but the linkage between loyalty and firm profitability depends on the industries or categories in which a firm operates (Kim and Bae 2010).

Direct measurement involves a series of difficulties, as it is difficult to obtain information relating to a customer's sequence of purchases. If this is added to the fact that simple repetition of purchase is not a good indicator of loyalty, as not everybody who repeats a purchase can be considered a loyal customer, it seems that indirect measurement offers more reliable elements for the measurement of loyalty (Reichheld, 1996; Cronin, Brady and Hult, 2000; Hennig-Thurau and Hansen, 2001; Yi and Jeon, 2003). Indeed, the behavioral perspective is characterized by its purely mechanical view, which prevents it from providing valuable elements to explain the reasons for the adoption of a particular behavior, and what researchers do is to register

what the customer does but not what has led him/her to do it (Dick and Basu, 1994; Lacoeyuilhe, 1997; Oliver, 1999; Rowley and Dawes, 2000; Diller, 2000).

This research adopted four observed variables as indicators to determine the customer loyalty of aesthetic clinic in Thailand (Griffin, 1996; Jones & Sasser, 1995).

2.4 The Relationship between Customer Loyalty and Customer Satisfaction

The relationships between customer satisfaction and customer loyalty can be divided into two groups. First, customer satisfaction influences customer loyalty, which in turn affects profitability. Proponents of this theory include researchers such as Anderson and Fornell (1994); Gummesson (1993); Heskett et al.(1997); Heskett et al. (1994); Reicheld and Sasser (1990); Rust, et al.(1995); Schneider and Bowen (1995); Storbacka et al. (1994); and Zeithaml et al.(1990). These researchers discussed the links between satisfaction, loyalty, and profitability. Statistically-driven examination of these links has been initiated by Nelson et al. (1992) who demonstrated the relationship of customer satisfaction to profitability among hospitals, and Rust and Zahorik (1993), who examined the relationship of customer satisfaction to customer retention in retail banking. The Bank Administration Institute has also explored these ideas, in particular Roth and Van de Velde (1990, 1991).

The customer satisfaction is the result of a customer's perception of the value received in a transaction or relationship where value equals perceived service quality relative to price and customer acquisition costs (see Blanchard and Galloway, 1994) and relative to the value expected from transactions or relationships with competing vendors (Zeithaml et al., 1990). Loyalty behaviors, including relationship continuance, increased scale or scope of relationship, and recommendation (word of

mouth advertising) result from customers' beliefs that the quantity of value received from one supplier is greater than that available from other suppliers. Loyalty, in one or more of the forms noted above, creates increased profit through enhanced revenues, reduced costs to acquire customers, lower customer-price sensitivity, and decreased costs to serve customers familiar with a firm's service delivery system (Reicheld and Sasser, 1990).

The second relevant literature is found in the marketing domain. It discusses the impact of customer satisfaction on customer loyalty. Yi (1990, p. 104) found that customer satisfaction influences purchase intentions as well as post-purchase attitude. Jacoby and Kyner (1973) explained that the customer loyalty can be defined in two distinct ways. The first definition describes loyalty as an attitude. Different feelings create an individual's overall attachment to a product, service, or organization (see Fornier, 1994). These feelings define the individual's (purely cognitive) degree of loyalty. The second definition is behavioral. Examples of loyalty behavior include continuing to purchase services from the same supplier, increasing the scale and or scope of a relationship, or the act of recommendation (Yi, 1990). The behavioral view of loyalty is similar to loyalty defined in the service management literature. This study examined behavioral, rather than attitudinal, loyalty (such as intent to repurchase). This approach is intended, first, to include behavioral loyalty in the conceptualization of customer loyalty that has been linked to customer satisfaction, and second, to make the demonstrated satisfaction/loyalty relationship immediately accessible to managers interested in customer behaviours related to firm performance. Both the service management and the marketing literatures suggest that there is a strong theory underpinning for an empirical exploration of the related among customer satisfaction,

customer loyalty, and profitability. To date, the relatively small quantity of empirical research performed on these relationships to date (Storbacka et al., 1994) is probably the result of the paucity of organizations' measuring "soft" issues, such as customer satisfaction and customer loyalty, in meaningful ways.

H8: Customer satisfaction is positive related to customer loyalty

2.5 Conceptual Framework

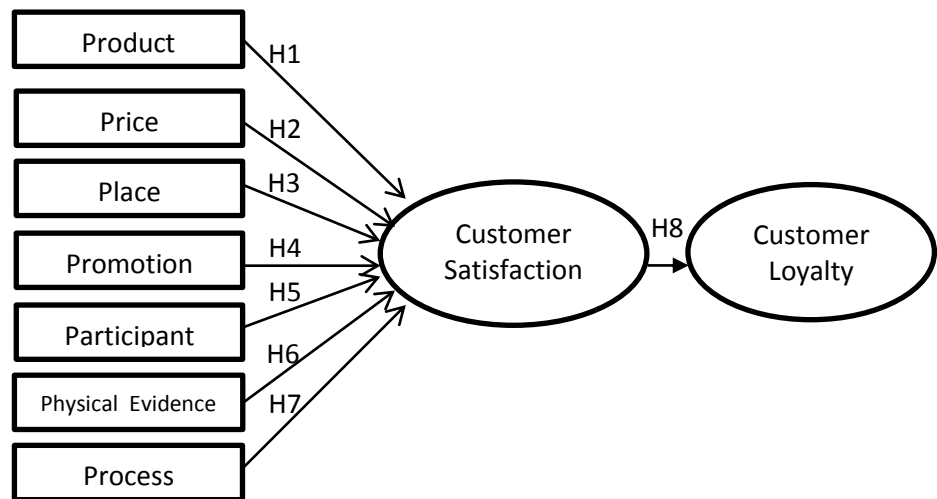


Figure 2.1: Conceptual Framework

This framework, as shown in Figure 2, expressed the causality relationships among service marketing mix, customer satisfaction, and customer loyalty. The structural framework explored the relationships of two dependent variables and seven independent variables. The two dependent variables were customer satisfaction, and customer loyalty. The seven independent variables were product, price, place, promotion, participants, physical evidence, and process.

The framework supposes that Service Marketing Mix has direct influence on customer satisfaction and customer satisfaction directly influences customer loyalty.

CHAPTER 3

METHODOLOGY

This chapter is to present the hypotheses development and research methodology of the study. The research methodology includes research design, location of the study, population and sample size, questionnaire design and data analysis methods.

The relationship among these components would be explained within the scope of hypotheses for this research as follows:

Research Design

This study used second source library and other recorded observation data. First, the literature of service marketing mix 7Ps, customer satisfaction, customer loyalty and SPSS were reviewed. After extracting criteria, questionnaires were used for gathering information from clinic customers. Finally, SPSS analysis was employed to prove hypotheses and framework. The results were discussed in the conclusion and discussion parts. Similarly, McBurney (1994) defines the survey assessing public opinion or individual characteristics by the use of questionnaire and sampling methods.

Sampling Plan

- Target Population

The target population of this research were customers of medical aesthetic clinics in Bangkok. The questionnaires were distributed to customers of the following aesthetic clinics in Bangkok.

1. Wuttisak clinic: 35 branches
2. Nitipon clinic: 51 branches
3. Pan clinic: 16 branches
4. Ratchathewi clinic: 20 branches
5. Romrawin clinic: 19 branches
6. Paweerata clinic: 5 branches
7. Patama clinic: 9 branches
8. Absolute Beauty clinic: 4 branches
9. Thonglor clinic: 1 branch
10. Khong Kwang clinic: 12 branches
11. S-Mart clinic: 1 branch
12. Pewdee clinic: 9 branches
13. The Premium clinic: 1 branch
14. Tanaporn clinic: 12 branches
15. Neo Laser clinic: 2 branches

The data were collected from two sampling groups. The first group consisted of customers of franchised aesthetic clinics listed number 1-5. Three hundred respondents were asked to fill in the questionnaires in public such as at shopping malls and super stores. The second group consisted of customers of private aesthetic

clinics listed number 6-15. One hundred respondents were asked to fill in questionnaires when they entered the clinic. Thus, there were 400 respondents in total.

- **Sample Size Determination**

Taro Yamane provides a simplified formula to calculate sample sizes. This simplified formula assumes a 95% confidence level and the maximum variance ($p = 0.05$). The formula is shown below:

$$n = \frac{N}{1+N(e^2)} \quad (1)$$

Where

n is the sample size.

N is the population size

e specifies the desired level of precision, where $e = 1$ -precision

Target population in Bangkok can be approximately counted for 8,305,218 persons (referred to Bangkok Metropolitan Administration data center, 2014) which precision level can be expected at 5 %. Therefore, our optimal number of sample was 400, according to Yamane Formula.

$$n = \frac{N}{1+N(e^2)}$$

Where

n is the sample size.

N is 420000

e specifies the desired level of precision, where $e = 1-95\% = 0.05$

$$n = \frac{8305218}{1+8305218 (0.05^2)} = 399.996 \approx 400 \text{ Samples}$$

From the calculation, the sample size (n) was approximately 400 samples.

Therefore, the appropriate sample size for the research was 400.

Research Instrument

The questionnaires were personally distributed and administered by the researcher to the participants. The questionnaire consisted of three sections. The first section listed the medical aesthetic clinics which are circled by the participants. The second section provided specific statements for each dimension covering customer satisfaction, customer loyalty and service marketing mix 7Ps. Customer loyalty was measured on a five items scale of Lam et al. (2004). Customer satisfactions were composed of four items scale (Anderson, & Sullivan, 1993; Fornell, 1992; Levesque, & McDougall, 1996). Service marketing mix 7Ps were composed of eighteen item scale (Fisher, 2010, p. 209-212) and nine item scale (Ala'Eddin, & Najla Kadi, 2013). The scale was developed to measure the impact of customer satisfaction on customer loyalty using five point liker scale with responses ranging from 1 to 5, where 1 = Strongly Disagree, 2 = Disagree, 3 = Indifferent, 4 = agree and 5 = strongly agree. The demographic information was the final section of the questionnaire.

Data Collection

After the pilot testing and all necessary modifications were implemented, the questionnaires were administered directly to the chosen sample of the study. 400 copies of the questionnaire given out to target area were successfully completed and returned. The retrieval of all the questionnaire was assisted by the researcher's colleagues who offered a helping hand at aesthetic clinics.

Data Analysis Method

In this research, there were 3 variables related to customer satisfaction, 5 variables related to customer loyalty and 18 variables related to service marketing mix 7Ps through factor analysis method. The relationships among variables were identified using exploratory factor analysis and then the factoring was implemented.

The result was fed into SPSS used in confirmatory factor analysis. The variables were properly factored during the exploratory factor analysis. Through confirmatory factor analysis in SPSS factoring was either accepted or rejected. The software was used for this research.

Descriptive and inferential statistics were used in this research. Descriptive statistics were used to explain and describe each variable, for example mean and standard deviation for Likert variables and frequency distributions for categorical variables (Black, 2011). This choice was made to demonstrate trends and issues in the data, but could not be used for hypothesis testing. Chi square tests were also used in this research. Chi square tests were useful for understanding differences in distribution of categorical responses between different groups (Black, 2011). In this

case, the chi square test was used to determine if there were differences in service use, for example different types of services or service frequency, between different demographic groups. This helped determine whether different groups used the clinic differently. Finally, regression was used for hypothesis testing. Regression was used to determine the nature and strength of a mathematical relationship between one or more predictor variables (X) and a single outcome variable (Y) (Black, 2011). Regression testing was typically used to determine whether there may be a causal relationship between a set of variables and/or whether predictor variables can be used to predict outcomes (Black, 2011). Regression is a standard technique for hypothesis testing, as it can identify these relationships.

CHAPTER 4

Results and Discussion

The purpose of this chapter is to present the analysis conducted as a part of the primary study. The analysis was conducted in SPSS on the data collected from aesthetic center customers (n = 400). The analysis began with reliability testing on the multi-item questionnaires, which ensured that the questionnaire scales were reliable enough for being used in this study. Then, descriptive statistics were applied for each of the variables, using appropriate approaches. Finally, the hypothesis tests and chi square tests were used.

The chapter begins by discussing the reliability testing results. It then presents the descriptive results from the questionnaire. The third and fourth sections present the outcomes of the hypothesis tests and chi square tests.

Reliability Testing Results

The multiple item scales in the questionnaire were tested using Cronbach's alpha in order to assess their internal consistency. Cronbach's alpha calculated the sum of all possible split-half correlations in a scale (Bryman & Bell, 2011). The outcome of the calculation was a coefficient ranging from 0 to 1, with 1 indicating full redundancy between items and 0 indicating completely unrelated. A minimum value of $\alpha = 0.7$ was used by most authors for reliability testing (Bryman & Bell, 2011). Table 2 shows the outcome of the Cronbach's alpha test for nine scales, including seven Product Mix scales (Products, Price, Place, Promotion, Physical Evidence, People, and Process) and two outcome variables (Customer Satisfaction and Customer

Loyalty). All scales were above the minimum threshold, with the lowest scale being Promotion ($\alpha = 0.728$). As a result, all scales were accepted as proposed and no changes were made.

Table 4.1: Cronbach's Alpha Scores

Variable	Question Items	Cronbach's Alpha Scores
Products	1. I buy products because of the quality of clinic. 2. I buy products because they offer a signature product (only at this store). 3. I buy products because they offer varieties of service types. 4. The clinic has up-to-date medical equipment. 5. I buy products because they put their logo on the product.(Trust brand quality)	0.838
Price	6. The products value for money in terms of quality. 7. The products value for money in terms of quantity.(Home face care size, Medicine) 8. The clinic offers services in fair prices.	0.883
Place	9. I go to this clinic because it is easy and convenient for me. 10. I go to this clinic because of a number of branches they provide. 11. I go to this clinic because the location makes me feel secured doing business here. (near community not secluded) 12. I go to this clinic because they provide parking lots.	0.881
Promotion	13. I buy products because of the redeem voucher (e.g., coupons). 14. I buy products because they offer a brochure advertising new products.(T.V., Radio) 15. I buy products because i have a membership card.	0.728
Physical Evidence	16. I go to this clinic because the place is well –decorated. 17. I go to this clinic because they have waiting zone (e.g., beverage, T.V. and magazine)	0.834
People	18. I go to this clinic because the staffs have nice and neat appearance. 19. I go to this clinic because the staffs greet and acknowledge me promptly 20. I go to this clinic because of the speed of the service provided by the staffs. 21. I go to this clinic because the staff provide clear explanation of their services. 22. I go to this clinic because the staff ensure effective problem solution 23. I go to this clinic because the staff can solve the problem of beauty and skin.	0.839
Process	24. I go to this clinic because the opening and closing time suit my life style. 25. I go to this clinic because the service offering process meets the hospital and clinic standards. 26. I go to this clinic because the service is always on time. 27. I go to this clinic because I do not have to wait for a long time.	0.855
Customer Satisfaction	28. I am satisfied with staff's response and prompt services. 29. I am satisfied with result after receiving services. 30. I am satisfied with products and services offered by clinic 31. I am satisfied with image and reputation of this clinic.	0.758
Customer Loyalty	32. I consider this clinic as my first choice. 33. I will continue making use of this clinic service. 34. I have said positive things about this clinic to other colleagues. 35. I have recommended this clinic to colleagues who seek my advice. 36. I have encouraged others to patronize this clinic.	0.873

Questionnaire Results

Descriptive statistics for the questionnaire were assessed in three sections, based on sections of the questionnaire. Items in Parts 1 and 2 were assessed using frequency distributions and appropriate graphs, because these were primarily categorical variables. Items in Part 3, which were based on Likert scale items, were assessed using mean and standard deviation.

Part 1: Demographic data

Demographic data was collected from participants in several categories, including gender, age, education, status, occupation, and income. Table 3 summarizes the frequency distributions for these items. The majority of participants (73.5%) were female, and the largest group was between 26 to 35 years of age (44.3%). Only 27% were over the age of 35. Education level was split between secondary and tertiary education. 51.8% had a Bachelor degree or higher, while 48.2% had education of High School/GED or below. The largest group of participants was single (58.5%), though a relatively large group was married (37.3%). Participants were employees (28%), private business owners (27.3%), and students (22.5%). Most participants had relatively low incomes, with 69.8% having income below 20,000 baht/month. In summary, participants in general were young (35 or under), female, single, and employed but relatively low paid. They might have a relatively high or relatively low level of education.

Table 4.2: Demographics

Gender	Frequency	Percentage
Male	106	26.5
Female	294	73.5
Age		
below 15	1	0.3
16 - 25	114	28.5
26 - 35	177	44.3
36 - 45	84	21.0
over 46	24	6.0
Education		
Below high school	6	1.5
High school	106	26.5
GED	81	20.3
Bachelor degree	183	45.8
Master degree or over	24	6.0
Status		
Single	234	58.5
Married	149	37.3
Divorce or separate	14	3.5
Other	2	0.5
Data Error	1	0.3
Occupation		
Student	90	22.5
House wife	30	7.5
Government officer	47	11.8
Private business	109	27.3
Employee	112	28.0
Other	12	3.0
Income		
Below 15,000	129	32.3
15,000 - 20,000	150	37.5
20,001 - 25,000	60	15.0
25,001 - 30,000	33	8.3
More than 30,000	28	7.0

Part 2: Information about the aesthetic clinic

The questionnaire also collected information about the aesthetic clinic and how participants used it. This section included four items that assessed which clinics

the participants visited, how frequently they visited, the services they used and how much they spent.

Figure 4.1 shows most likely to visit clinics. Participants visited a relatively large number of clinics. The most frequently visited clinics included Wuttisak (22% of participants), Nitipon (19%), and Ratchathewi (15%). However, 23% of participants actually visited other clinics most frequently.

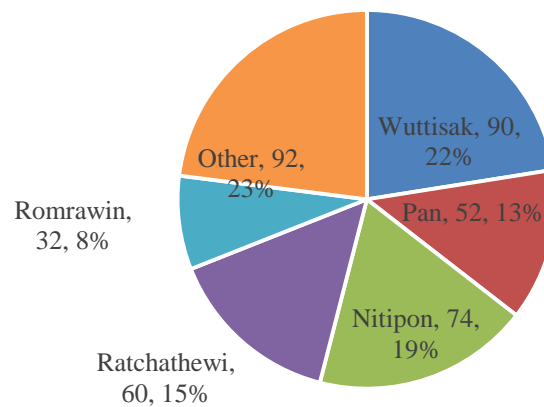


Figure 4.1: Percentage of Aesthetic Clinics Visited by Participants

Figure 4.2 shows the frequency participants made use of the aesthetic clinic services, based on their experience over the past year. The majority of participants (58%) were relatively infrequent visitors, visiting five or fewer times a year. 31% were moderately frequent visitors, with six to ten visits a year, or in other words, once every one or two months. Only 11% visited the clinic more than ten times a year, and could be classified as very frequent visitors.

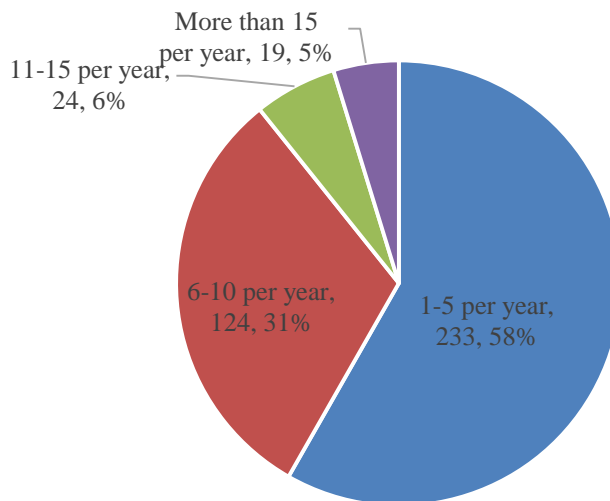


Figure 4.2: Frequency of use of aesthetic clinic services per year

Figure 4.3 shows services the participants most frequently obtained from the aesthetic clinics they visited. The most frequent service was acne treatment (28%), followed by injections (27%) and other facial treatments (21%). Creams and medications (15%), laser treatments (7%), and body treatments (2%) were much less frequent needed.

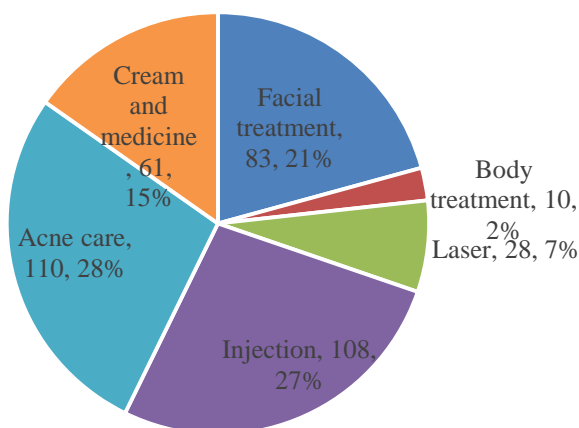


Figure 4.3: Service that most often obtained from aesthetic clinic

The final question was about the amount of money participants spent at the clinics at each visit. Most participants (53%) spent below 5,000 baht per visit, followed by 34% of participants spent 5,000 to 10,000 baht per visit, and 13% spent over 10,000 baht. Given that most participants had incomes of only 20,000 baht or less, this indicates that the services at aesthetic clinic may cost a substantial expenditure for some participants compared to their incomes. This is probably why most participants are relatively infrequent visitors to the clinics.

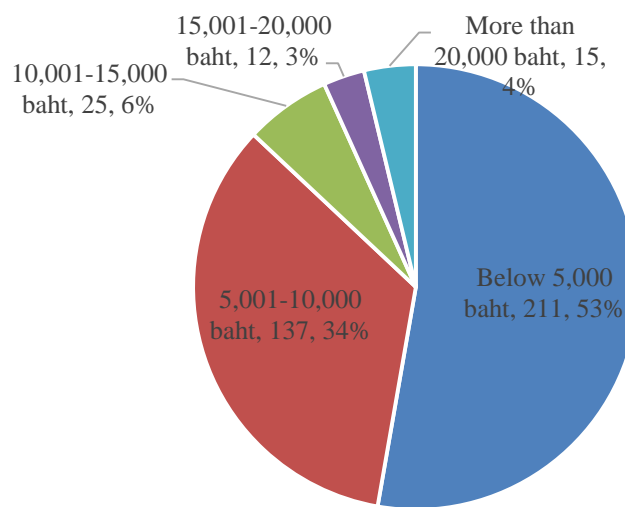


Figure 4.4: Average cost to receive service per time

Part 3: Attitudes Toward the Aesthetic Clinics

The final part of the questionnaire assessed the attitudes toward the aesthetic clinic. This included the seven service marketing mix variables (Product, Price, Place, Promotion, People, Physical Evidence, and Process), as well as two outcome variables (Customer Satisfaction and Customer Loyalty). These variables had means and standard deviations calculated for each variable. In addition, an interpretive approach

was used where each variable was placed on the original interpretation scale. A width of 0.8 for each interpretation was used (range/number of interpretations). These interpretations were:

- 1.00 to 1.79 – Strongly disagree
- 1.80 to 2.59 – Disagree
- 2.60 to 3.39 – Neutral
- 3.40 to 4.19 – Agree
- 4.20 to 5.00 – Strongly agree

Results are shown in Table 4. For the service marketing mix variables, on average Promotion (M = 3.62), Price (M = 3.94), Process (M = 4.12) and Product (M = 4.13) are classified as “Agree”, indicating that the participants on average view these variables as moderately important or agree to a moderate extent. Three variables, including Place (M = 4.20), People (M = 4.21), and Physical Evidence (M = 4.23), are classified as “Strongly agree”, indicating that these are somewhat more important. However, this should be interpreted carefully, since the means are not much higher than the other four variables. Except for Promotion, this set of variables is relatively close in terms of means. The final two variables were relatively close as well, both falling into the “Agree” category. These included Customer Service (M = 4.10) and Customer Loyalty (M = 3.73). This indicates that customers are relatively satisfied with their aesthetic center experience, though customer loyalty is somewhat lower. This is a normal situation since not all customer satisfaction turns to loyalty.

Table 4.3: Descriptive Results

Service Marketing Mix 7Ps	Mean	Std. Deviation	Mean interpretation
1. I buy products because of the quality of clinic.	4.21	.787	Strongly Agree
2. I buy products because they offer a signature product (only at this store).	4.00	.844	Agree
3. I buy products because they offer varieties of service types.	4.09	.774	Agree
4. The clinic has up-to-date medical equipment.	4.21	.751	Strongly Agree
5. I buy the products because they put their logo on the product.(Trust brand quality)	4.16	.796	Agree
Product	4.13	.65929	Agree
6. The products value for money in terms of quality.	4.00	.869	Agree
7. The products value for money in terms of quantity. (Home face care size, Medicine)	3.93	.840	Agree
8. The clinic offers services in fair prices.	3.91	.868	Agree
Price	3.94	.78232	Agree
9. I go to this clinic because it is easy and convenient for me.	4.27	.779	Strongly Agree
10. I go to this clinic because of a number of branches they provide.	4.16	.878	Agree
11. I go to this clinic because the location makes me feel secured doing business here. (near community not secluded)	4.24	.765	Strongly Agree
12. I go to this clinic because they provide parking lots.	4.11	.869	Agree
Place	4.20	.69037	Strongly Agree
13. I buy products because of the redeem voucher (e.g., coupons).	3.69	1.007	Agree
14. I buy products because they offer a brochure advertising new products.(T.V., Radio)	3.67	1.065	Agree
15. I buy products because I have a membership card.	3.50	1.115	Agree
Promotion	3.6183	.94245	Agree
16. I go to this clinic because the place is well –decorated.	4.24	.792	Strongly Agree
17. I go to this clinic because they have waiting zone (e.g., beverage, T.V. and magazine)	4.23	.833	Strongly Agree
Physical Evidence	4.23	.75076	Strongly Agree
18. I go to this clinic because the staffs have nice and neat appearance.	4.34	.775	Strongly Agree
19. I go to this clinic because the staffs greet and acknowledge me promptly	4.22	.814	Strongly Agree
20. I go to this clinic because of the speed of the service provided by the staffs.	4.14	.803	Agree
21. I go to this clinic because the staff provide clear explanation of their services.	4.20	.816	Strongly Agree
22. I go to this clinic because the staff ensure effective problem solution	4.17	.815	Agree
23. I go to this clinic because the staff can solve the problem of beauty and skin.	4.20	.844	Strongly Agree
People	4.21	.67638	Strongly Agree
24. I go to this clinic because the opening and closing time suit my life style.	4.15	.750	Agree
25. I go to this clinic because the service offering process meets the hospital and clinic standards.	4.27	.774	Strongly Agree
26. I go to this clinic because the service is always on time.	4.07	.790	Agree
27. I go to this clinic because I do not have to wait for a long time.	3.98	.887	Agree
Process	4.12	.65052	Agree
28. I am satisfied with staff's response and prompt services.	4.11	.840	Agree
29. I am satisfied with result after receiving services.	4.09	.809	Agree
30. I am satisfied with products and services offered by clinic	4.05	.817	Agree
31. I am satisfied with image and reputation of this clinic.	4.16	.866	Agree
Customer Satisfaction	4.10	.70905	Agree
32. I consider this clinic as my first choice.	4.06	.868	Agree
33. I will continue making use of this clinic service.	3.94	.929	Agree
34. I have said positive things about this clinic to other colleagues.	3.57	1.004	Agree
35. I have recommended this clinic to colleagues who seek my advice.	3.57	1.038	Agree
36. I have encouraged others to patronize this clinic.	3.50	1.150	Agree
Customer Loyalty	3.73	.81670	Agree

Hypothesis Testing Results

The second stage of analysis was the hypothesis testing. There were eight hypotheses proposed for the research, which were based on the literature. Hypotheses 1 through 7 proposed that the seven factors of the service marketing mix (Product, Price, Place, Promotion, People, Physical Evidence, and Process) were positively related to the formation of Customer Satisfaction. The eighth hypothesis proposed that Customer Satisfaction was positively related to Customer Loyalty. The first seven hypotheses were tested together using multiple regression, while the eighth hypothesis was tested using single regression. Table 4.4 summarizes the outcomes of the hypotheses, which are discussed below.

Table 4.4: Summary of hypothesis outcomes

Hypothesis	P-Value	Results
H1: Product is positive related to customer satisfaction	.199	Rejected
H2: Price is positive related to customer satisfaction	.486	Rejected
H3: Place is positive related to customer satisfaction	.149	Rejected
H4: Promotion is positive related to customer satisfaction	.024	Accepted
H5: People is positive related to customer satisfaction	.000	Accepted
H6: Physical evidence is positive related to customer satisfaction	.000	Accepted
H7: Process is positive related to customer satisfaction	.899	Rejected
H8: Customer satisfaction is positive related to customer loyalty	.000	Accepted

Factors in Customer Satisfaction (H1 through H7)

The first hypothesis test was the factors in customer satisfaction. This test examined seven predictor variables (Product, Price, Place, Promotion, Physical Evidence, People, and Process). Table 6 summarizes the regression results from the multiple regression analysis. The outcome (adj. R-square = 0.598) indicates that

59.8% of variance in Customer Satisfaction could be predicted from the variance in the seven predictor variables. The ANOVA test ($F = 85.888$, $p = 0.000$) does indicate that this regression was significant. In order to determine the significance of the factors, the t-test significance is assessed at a level of $p < 0.05$ (Confidence level = 95%). This shows that three variables are significant, including Promotion ($t = 2.271$, $p = 0.024$), Physical Evidence ($t = 4.940$, $p = 0.000$), and People ($t = 10.122$, $p = 0.000$). However, four variables are not significant, including Product ($t = 1.287$, $p = 0.199$), Price ($t = 0.697$, $p = 0.496$), Place ($t = 1.447$, $p = 0.149$), and Process ($t = 0.126$, $p = 0.899$). The regression equation for this regression is:

$$\begin{aligned}
 Y_{\text{Customer Satisfaction}} &= 0.162 + 0.070_{X1(\text{Product})} + 0.026_{X2(\text{Price})} + 0.065_{X3(\text{Place})} \\
 &+ 0.057_{X4(\text{Promotion})} + 0.203_{X5(\text{Physical Evidence})} + 0.518_{X6(\text{People})} \\
 &+ 0.007_{X7(\text{Process})}
 \end{aligned}$$

These findings show that three hypotheses can be supported. These include Hypothesis 4 (Promotion), Hypothesis 5 (People), and Hypothesis 6 (Physical Evidence). Of these variables, people had the strongest effect, followed by Physical Evidence and Promotion. However, four hypotheses cannot be supported. These include Hypothesis 1 (Product), Hypothesis 2 (Price), Hypothesis 3 (Place), and Hypothesis 7 (Process). Thus, the service marketing mix is partly supported as a theoretical framework to predict Customer Satisfaction for aesthetic clinics.

Table 4.5: Regression analysis results for H1-H7

Factors	R²	P-Value
(Constant)	0.162	.354
Product	0.070	.199
Price	0.026	.486
Place	0.065	.149
Promotion	0.057	.024*
Physical Evidence	0.203	.000**
People	0.518	.000**
Process	0.007	.899
Customer Satisfaction	0.605	.000**

Notes: * P < 0.05, ** P < 0.01

Customer Satisfaction and Customer Loyalty (H8)

The final hypothesis proposed that Customer Satisfaction was related to Customer Loyalty. This hypothesis was tested using single regression analysis. The results of this analysis are shown in Table 4.6. The r-squared (adj. r-squared = 0.2120) is a moderate relationship, showing that 21.2% of the variance in Customer Loyalty can be predicted from variance in Customer Satisfaction. This is a relatively weak result for a regression (Bryman & Bell, 2011). However, the result of the ANOVA test does indicate it is a significant relationship (F = 108.329, p = 0.000). The regression equation for this relationship is:

$$Y_{Customer\ Loyalty} = 1.542 + 0.533X_1(Customer\ Satisfaction)$$

Based on this result, Hypothesis 8 is accepted. Customer Satisfaction does have a positive, significant relationship to Customer Loyalty. However, given that this is a

relatively weak relationship, it is likely that there are other factors involved in the formation of Customer Loyalty that were not tested.

Table 4.6: Regression analysis results for H8

Factors	R²	P-Value
(Constant)	1.542	0.000**
Customer Satisfaction	0.533	0.000**
Customer Loyalty	0.214	0.000**

Notes: * P < 0.05, ** P < 0.01

Chi Square Testing Results

The final stage of analysis was using chi square tests to identify relationships between demographic groups (gender, age, and income) and behavior toward the aesthetic clinics (frequency of use, type of service used, and amount of money spent per visit).

Differences in Gender

Differences in gender groups were tested for two items, including frequency of clinic service use throughout the year and average amount of money spent on services each time. The chi-square test outcome for frequency of clinic service use did not support a significant difference in these two factors ($\chi^2 = 4.201$, $df = 3$, $p = 0.241$). The result for the average amount of money spent on services each visit also did not show a significant difference ($\chi^2 = 5.479$, $df = 4$, $p = 0.242$). These results suggest that there is no significant difference in distribution of frequency of clinic use or the amount of money spent between visitors of different genders.

Differences in age

There were three chi square tests performed to identify differences in age. These included frequency of service use, services most frequently used at the clinic, and the amount of money spent per visit at the clinic.

The chi-square test for frequency of service use did show a significant difference ($\chi^2 = 47.035$, $df = 9$, $p = 0.000$). The cross-tabulation for this test is shown in Table 8. This shows that participants aged 25 and younger were more likely to visit infrequently (1 to 5 times a year) than either the average or the other two groups. Similarly, the 36 years of age and over group was more likely to visit frequently (six times a year or more) than other groups. It can be concluded that age does make a difference in how frequently users visit the clinic.

Table 4.7: Cross-tabulation for differences in frequency of service use by age

Age	Frequency of use service from aesthetic clinic that in one year				Total	χ^2	P-Value
	1 - 5 per year	6 - 10 per year	11 - 15 per year	more than 15 per year			
25 and younger	84(73.0)	21(18.3)	8(7.0)	2(1.7)	115	47.035	0.000
26 - 35	102(57.6)	52(29.4)	14(7.9)	9(5.1)	177		
36 and over	47(43.5)	51(47.2)	2(1.9)	8(7.4)	108		
Total	233(58.3)	124(31.0)	24(6.0)	19(4.7)	400		

The chi-square test for types of treatment also showed a significant difference between age groups ($\chi^2 = 70.857$, $df = 15$, $p = 0.000$). The cross-tabulation (Table 9) shows the differences in treatment preference between age groups. This shows that the most common treatment for those aged 25 and younger is acne care (47.8%), followed by creams and medicines (18.3%). For those aged 26 to 35, the most common treatment is injections (26.6%), followed by acne care (24.3%, or about half

of the younger group). For those aged 36 and over, concerns shift to injections (43.5%), followed by facial treatments (25%). This shows that those of different ages do have different treatment needs.

Table 4.8: Cross-tabulation for differences in type of treatment by age

Age	Service often used from aesthetic clinic						Total	χ^2	P-Value
	facial treatment	body treatment	laser	Injection	Acne care	cream and medicine			
25 and younger	18(15.7)	1(0.9)	6(5.2)	14(12.2)	55(47.8)	21(18.3)	115	70.857	0.000
26 - 35	38(21.5)	4(3.5)	11(6.2)	47(26.6)	43(24.3)	34(19.2)	177		
36 and over	27(25.0)	5(4.6)	11(10.2)	47(43.5)	12(11.1)	6(5.6)	108		
Total	83(20.8)	10(2.5)	28(7.0)	108(27.0)	110(27.5)	61(15.3)	400		

Finally, the chi-square test for cost of treatment each time also showed significant variance by age ($\chi^2 = 40.765$, $df = 12$, $p = 0.000$). Table 10 shows the cross-tabulation for this analysis. In general, younger respondents spent less. 68.7% of those aged 24 and under spent below 5,000 baht, compared to only 36.1% of those aged 36 and over. Only 6.9% of those aged under 25 spent over 10,000 baht per visit, compared to 16.4% of those aged 26-35 and 13.9% of those aged 36 and over.

Table 4.9: Cross-tabulation for differences in cost of treatment by age

Age	Average cost to receive service per time					Total	χ^2	P-Value
	below 5,000	5,001 - 10,000	10,001 - 15,000	15,001 - 20,000	more than 20,000			
25 and younger	79(68.7)	28(24.3)	5(4.3)	2(1.7)	1(0.9)	115		
26 - 35	93(52.5)	55(31.1)	16(9.0)	4(2.3)	9(5.1)	177		
36 and over	39(36.1)	54(50.0)	4(3.7)	6(5.6)	5(4.6)	108	40.765	0.000
Total	211(52.8)	137(34.3)	25(6.3)	12(3.0)	15(3.8)	400		

Differences in Income

The final three chi square tests examined differences in income.

The chi-square test for frequency of visits to the clinic showed a significant difference by income level ($\chi^2 = 27.653$, $df = 12$, $p = 0.006$). The cross-tabulation (Table 4.10) shows that variation is inconsistent between income groups as both the lowest and highest income groups are most likely to visit five times or less. Thus, while there are differences, there is no obvious relationship.

Table 4.10: Cross-tabulation for differences in frequency of clinic visits by income level

Income	Frequency of use service from aesthetic clinic that in one year				Total	χ^2	P-Value
	1 - 5 per year	6 - 10 per year	11 - 15 per year	more than 15 per year			
below 15,000	89(69.0)	25(19.4)	8(6.2)	7(5.4)	129		
15,000 - 20,000	74(49.3)	66(44.0)	6(4.0)	4(2.7)	150		
20,001 - 25,000	33(55.0)	17(28.3)	6(10.0)	4(6.7)	60	27.653	0.006
25,001 - 30,000	17(51.5)	12(36.4)	2(6.1)	2(6.1)	33		
more than 30,000	20(71.4)	4(14.3)	2(7.1)	2(7.1)	28		
Total	233(58.3)	124(31.0)	24(6.0)	19(4.8)	400		

The chi-square for differences in service types by income level also showed a significant difference ($\chi^2 = 68.853$, $df = 20$, $p = 0.000$). The cross-tabulation showed there were differences, but again no clear pattern, except that acne care was more popular among lower income participants than higher income ones. This could be because lower income participants are also younger and, as shown above, more likely to have acne treatments.

Table 4.11: Cross-tabulation for differences in type of service by income level

Income	Service often used from aesthetic clinic						Total	χ^2	P-Value
	facial treatment	body treatment	laser	Injection	Acne care	cream and medicine			
below 15,000	20(15.5)	1(0.8)	6(4.7)	23(17.8)	50(38.8)	29(22.5)	129		
15,000 - 20,000	30(20.0)	4(2.7)	9(6.0)	48(32.0)	40(26.7)	19(12.7)	150		
20,001 - 25,000	15(25.0)	3(5.0)	2(3.3)	20(33.3)	12(20.0)	8(13.3)	60	68.853	0.000
More than 25,000	18(29.5)	2(3.3)	2(3.3)	17(27.9)	8(13.1)	5(8.2)	61		
Total	83(20.8)	10(2.5)	28(7.0)	108(27.0)	110(27.5)	61(15.3)	400		

Finally, the chi square for differences in cost of services by income level also showed a significant difference ($\chi^2 = 77.458$, $df = 16$, $p = 0.000$). Table 4.12 shows the cross-tabulation. This shows that, those with income below 15,000 baht/month chose cheaper services (5,000 baht or less), while those earning more than 15,000 did spend slightly more.

Table 4.12: Cross-tabulation for differences in cost of services by income level

Income	Average cost to receive service per time					Total	χ^2	P-Value
	below 5,000	5,001 - 10,000	10,001 - 15,000	15,001 - 20,000	more than 20,000			
below 15,000	91(70.55)	28(21.7)	6(4.66)	1(0.77)	3(2.32)	129		
More than 15,000	120(44.28)	109(40.23)	19(7.0)	11(4.06)	12(4.43)	271	77.458	0.000
Total	211(52.75)	137(34.25)	25(6.25)	12(3)	15(3.75)	400		

CHAPTER 5

CONCLUSION AND RECOMMENDATION

Conclusion

The purpose of this study was to study the impact of the services marketing mix (7Ps) on customer satisfaction and customer loyalty in the Thai medical aesthetic services clinics. These clinics are increasingly important to Thai people, who are spending more money on appearance and correction of aesthetic and dermatological problems. However, the business approach could be negatively affecting the company. Many clinics begin with a cost leadership strategy, which requires them to lower their prices to compete with their competitors. This forces them to reduce their service costs, including choices like poorly trained or untrained personnel, poor equipment, or poor physical environments for the service. Unfortunately, these factors are likely to negatively affect the company in the long term, because customer satisfaction is affected by these dimensions of the service marketing mix. If the company is not delivering a good customer service mix, then it will have trouble gaining customer satisfaction and customer loyalty. This means it could also have trouble in its long-term financial performance.

The study's objectives were to explore how the service marketing mix affected customer satisfaction in Thai aesthetic clinics and to explore how customer satisfaction was related to customer loyalty. The study was conducted as a quantitative survey of customers of several Bangkok aesthetic clinics (n = 400). Analysis was conducted using descriptive statistics and regression. Additionally, a chi

square test was used to determine if there were any significant differences in demographic groups (gender, age, and income level) on their use of the clinics.

The study's sample population was mainly female, young (aged under 26), and relatively with low income (mostly under 15,000 baht/month). The participants had a range of incomes, and were mostly employed or students. The most frequent services obtained at the clinic were acne treatments and injections, and the majority of participants visited the clinic fewer than six times a year, spending less than 5,000 baht per treatment.

There were eight hypotheses proposed. The first seven hypotheses were about the relationship between the services marketing mix (7Ps) and customer satisfaction. Analysis showed that three factors, including promotion, people, and physical evidence, had a significant positive influence on customer satisfaction. However, four factors, including product, price, place, and process, did not. The final hypothesis was about the relationship between customer satisfaction and customer loyalty. There was a relatively weak, but statistically significant, relationship between these two factors. Finally, chi square tests showed that there was no difference between genders in their use of the clinic. However, different age groups and income groups did show different patterns in terms of frequency of visits, services used at the clinic, and the average amount of money spent for the clinic for each visit. While some of these differences are obvious (for example, younger visitors being more likely to receive acne treatment), some are less obvious. This is one of the main contributions of this study, along with the importance of service marketing mix factors in customer satisfaction in the aesthetic clinic.

Discussion

The previous sections presented the statistical results of the study. In this section, these results are compared to the existing literature reviewed in Chapter 2. The review focuses on three areas, including the efficacy of the service marketing mix, the relationship between customer satisfaction and customer loyalty, and the importance of demographic data.

The Services Marketing Mix

Hypotheses 1 to 7 showed that only three components of the services marketing mix (promotion, physical evidence, and people) were significant to customer satisfaction, while four components (product, place, price, and process) were not. The significant factors included two out of the three extension factors proposed by Boom and Bitner (1981), as well as one of the original factors (Promotion). Berry (1984) proposed that the people aspect of the service is actually inseparable from the product aspect, since people provide the service and people perceive the personal aspect of service provision as one of the most important aspects.

Previous studies have supported the importance of promotion to services marketing of healthcare (Kyung, et al., 2008; Leonard and Kent, 2008; Menon, et al., 2006; etc.) As a result, it was not surprising that there was an impact of promotion on customer satisfaction. However, there was not as much evidence for the people aspect of service provision in a medical setting (Sreenivas et al. 2013). Even though people are clearly very important in customer service provision, the previous research has not made it clear whether this is an important factor. However, Leonard and Kent (2008) have suggested that the stronger the reputation for customer care is, the stronger the

brand of the hospital will be, based on their study of the famous American hospital, the Mayo Clinic. Physical evidence of a medical setting is also seen as very important, since it portrays the image of the hospital to the customer (Sreenivas et al. 2013).

One of the reasons that only a few of the factors were stylistically significant is that the 7Ps marketing mix is actually intended as a pragmatic framework to develop marketing strategies, and consumers may not be aware of or respond to all of its elements (Booms & Bitner, 1981). This is consistent with the 4Ps, which is also more about marketing strategy than about consumer views (Kotler, 1976). People were probably important because of the intrinsic role that people have in providing a service, since they are inseparable from the service itself (Berry, 1984). Physical evidence is likely important because of the health context of the location (Sreenivas, et al., 2013). Finally, Promotion is probably important because of the relatively high cost of the service compared to incomes.

Overall, the services marketing model was not very successful at capturing customer satisfaction, although the three factors that it did find significant predicted about 60% of the variance. This suggests that there are other factors that also play a role that were not identified. Future research could focus on identifying factors in customer satisfaction for aesthetic clinics and other medical service settings.

Customer Satisfaction and Customer Loyalty

Several researches suggested that customer satisfaction was a significant component in customer loyalty (Anderson and Fornell, 1994; Gummesson, 1993; Heskett et al., 1994; Parasuraman, et al., 1994; Reicheld and Sasser, 1990; Rust, et al., 1995; Schneider and Bowen, 1995; Storbacka et al., 1995; Zeithaml et al., 1990). For

example, Parasuraman, et al.'s (1994) model of customer satisfaction states that customer satisfaction is one of the components in developing customer satisfaction. Because of the strength of various findings on customer satisfaction and customer loyalty, the result of this study was surprising. Although the hypothesis was accepted, it was relatively weak and did not show a strong relationship between customer satisfaction and customer loyalty. Potentially, this is because of the failure of the model to capture elements of customer satisfaction, which could make it harder to reflect customer loyalty. However, it is also possible that there are other factors involved in this relationship. For example, it is possible that the services of an aesthetic clinic are related more to frequency of need than other factors of customer loyalty (Griffin, 1996). This could mean that customers are motivated by outside factors, instead of internal factors, to pursue treatment at the center. This could result in a lowered customer loyalty, even if the customer was satisfied with their experience. There are a number of other aspects that are associated with customer loyalty other than customer satisfaction (Gaskin & Nevin, 1985; Fraizer, et al., 1989). For example, the personal nature of the service could mean that positive responses to individual service providers could be as important as overall satisfaction with the service offered. Patient satisfaction does influence the choice of provider (Hansagi et al., 1992). However, it is also likely that total satisfaction would result in elimination of a skin condition, removing the need to visit again. This shows that more research is needed in what customer loyalty means in the context of medical treatments.

Impact of Demographics

One of the original contributions of this study was examining the impact of demographics (including gender, age, and income level) on the frequency, choice, and costs of services at the clinic. This study found that although gender did not have significant impact, age and income level did. Some of the findings were obvious, including that younger participants were more likely to choose acne treatments and higher income people were likely to spend more, but others (such as distribution of treatments by income) are not as obvious. This is an area that requires more studies.

Implication for Business

There are some practical implications for aesthetic clinics and similar services that derive from these findings. One of these implications is that clinics should not be tempted to compromise their service level in order to offer promotional or cheap prices to new customers. Moreover, there are several types of promotions that aesthetic clinics can consider such as free gift, buy one get one free, half price for buying second program, or seasonal promotion. While promotion was significant for customer satisfaction, people and physical evidence of the service had much more impact on customer satisfaction. This means that a properly trained staff who can provide the service properly, along with clean and attractive physical surroundings, will have much more long-term benefit to the aesthetic clinic. In this case, aesthetic clinics should train their staffs to have service mind and acknowledge their staffs about products and services available in the clinics. The clinics should also pay attention to decoration to ensure that the clinic is clean and well decorated to attract more customers.

Another implication of the findings for the clinic is that it needs to consider the needs of different demographic groups when setting up and promoting its services. This study showed that factors including age and income level did make a difference in what kinds of services the customer wanted from the clinic and how much they were willing to pay. Although the services examined in this study did not show a significant difference by gender, it is possible that other services may also show this difference. The 4Ps and 7Ps marketing model shows that different customers have different expectations, and that customers may want different products, prices, and so on (Boom & Bitner, 1981; Kotler, 1976). Thus, when the aesthetic clinic establishes its service menu and price list, it should consider who its customers are as well as what their needs are.

A final implication of this study is that customer satisfaction is important, but it may not lead to a long-term loyalty. The study showed a relatively weak relationship between customer satisfaction and customer loyalty (although it is there). The reasons for this are uncertain. They may have to do with the personal component of services, particularly personal services like aesthetic treatments, which mean that satisfaction with and personal liking for the service provider can have as much of an effect on loyalty as customer satisfaction with the service quality (Berry, 1984). The clinic should consider what kinds of relationships are formed between customers and service providers in order to understand the reasons for differences in customer loyalty. For example, if a customer receives a technically correct service, but does not feel welcomed by the service provider, this may result in a failure to form loyalty. The clinic should consider this factor when it trains and evaluates its employees for maximum benefit.

Recommendations

The researcher would like to recommend that the aesthetic clinic should conduct its own research on what kinds of services its customers are looking for. This study has shown that customer groups have different preferences in terms of visit frequency, the services they seek out, and the amount of money they are willing to spend per visit. A clinic could use its knowledge of its customers to improve services and customer satisfaction; for example, reducing prices or offering promotions on acne treatments to draw younger customers to the clinic more frequently. This could help improve customer satisfaction while supporting the clinic's financial performance.

Limitations and Further Research

There are also some recommendations for further research. The previous studies did not reveal much research findings specifically in aesthetic or dermatological clinics because many of these services are optional, perhaps they are considered to be frivolous or not worth considering as a medical or customer service. However, they are a growing market, not just in Thailand but also in other areas around the globe. This means it is worth considering how aesthetic clinic visitors make their decisions and how they form customer loyalty to a particular clinic. This study has provided some exploratory information about the relationship of demographics and use of the clinic, but this was only preliminary information from a relatively small and geographically limited sample. By extending this research and examining the use of aesthetic services and clinics on a wider scale, it would be possible to understand how much of an impact these services make on their client

bases. Further study would also help develop a model for understanding the marketing of medical services, which is currently not very strong in the literature. These studies could be conducted as exploratory studies, and then further developed through large scale surveys. This would provide more reliable results and theoretical model for medical services.

REFERENCES

- Abramowitz, A., & Kyle, L. (1998). Ideological Realignment in the U.S. Electorate. *Journal of Politics*, 60, 634-652.
- Ala'Eddin M. K. A., Al-Qarni A. A.; Alsharqi O. Z., Qalai, D. A. & Najla K. (2013). The Impact of Marketing Mix Strategy on Hospitals Performance Measured by Patient Satisfaction: An Empirical Investigation on Jeddah Private Sector Hospital Senior Managers Perspective. *International Journal of Marketing Studies*, 5(6).
- Anderson, J.C., & Narus, J.A. (1984). A model of the distributor's perspective of distributor-manufacturer working relationships. *Journal of Marketing*, 48(4), 62-74.
- Anderson, & Sullivan., M. W. (1993). The Antecedents and Consequences of Customer Satisfaction. *Marketing Science*(12), pp. 125-143.
- Anderson, E. W., & Fornell. (1994, October). The American customer satisfaction index: nature, purpose, and findings. *Journal of Marketing*(60), 7-18.
- Anderson E. (2004). Measuring service quality in a university health clinic. *International Journal of Health Care Quality Assurance*, 8(2), 32-37.
- Anne, E., Bennett, K., Patton, G. C., Sanci, L. A., & Sawyer, S. M. (2007). Assessment of Youth-Friendly Health Care. *Journal of Adolescent Health*.
- Bangkok Metropolitan Administration data center. (2014). Retrieved from <http://www.bangkok.go.th>
- Bennett, Rebekah, Hartel, J., C. E., & McColl-Kennedy, J. R. (2005). Experience as a moderator of involvement and satisfaction on brand loyalty in a business-to-business setting. *Industrial Marketing Management*, 34(1), 97-107.

- Berry, L.L. (1984). *Services marketing is different*. (C. Lovelock, Ed.) Englewood Cliffs, NJ: Prentice-Hall.
- Bitner, M. (1990). Evaluating service encounters: the effect of physical surroundings and employee responses. *Journal of Marketing*, 54, 69-82.
- Black, K. (2011). *Business statistics for contemporary decision making*. London: John Wiley and Sons.
- Blanchard, R., & Galloway, R. (1994). Quality in Retail Banking. *International Journal of Service Industry Management*, 5(4), 5-23.
- Booms, B., & Bitner, M. (1981). Marketing strategies and organization structures for service firms. (J. G. Donnelly, Ed.) *Marketing of Services*, 47-51.
- Brenann R., P.W., Turnbull & D.T. Wilson, 2003. (2007). Dyadic adaptation in Business to Business markets. *European Journal of Marketing*, 37(11), 1636-1665.
- Bryman, A., & Bell, E. (2011). *Business research methods* (3rd ed.). New York: Oxford University Press.
- Bureau of Sanatorium and Healing Arts. (2011). *Number of Hospital and clinic located in Thailand*. Retrieved 2013, from <http://www.hss.moph.go.th>
- Burger, C, P., Malhotra, & Naresh.K. (1991). Product Line Management In Hospitals; An Exploratory Study Of Managing Change. *Journal of health care marketing*, 11(3), 82.
- Chang Y.H. & Yuan C.H. (2002). The national health insurance scheme improved hospital efficiency. *Journal of Business Management*, 4(17), 3752-3760.
- Christopher, C., Kelley, S. W., & Schwartz, R. W. (2001). Concepts In Service Marketing For Healthcare Professionals. *The American Journal of Surgery*, 1-7.

- Cronin, J. J., Brady, M. K., & Hult, G. T. (2000). Assessing the Effects of Quality, Value, and Satisfaction on Consumer Behavioral Intentions in Service Environments. *Journal of Retailing*, 76(2), 193-218.
- David, J., & Dominiek, C. (2008). Retirement village resident satisfaction in Australia: A qualitative enquiry. *Journal of Housing for the Elderly*, 22(4), 311-334.
- Day, G., & Fahey, L. (1988). Valuing market strategies. *Journal of Marketing*, 52(3), 45-57.
- Dean, F., & Christophe, H. (1985). Mix specialization in the market for hospital services. *Health Services Research Journal*, 25(5), 757-783.
- Dermanov & Eklöf. (2001). Using aggregate customer satisfaction index: challenges and problem of comparisons with specific reference to Russia. *Total Quality Management*, 12, 1054-1063.
- Dick, A. & Basu, K. (1994). Customer loyalty: towards. *Journal of the Academy of*, 22(2), 99-113.
- Diller, H. (2000). Customer Loyalty: Fata Morgana or Realistic Goal? Managing Relationships with Customers. *Relationship Marketing*, 29-48.
- Donabedian, A. (1996). The effectiveness of quality assurance. *International journal quality health care*, 8(4), 401 – 407.
- Erdem, S. A., & Harrison, L. J. (2006). The Role of the Internet in Physician Patient Relationships. *Business Horizons*, 49, 387-393.
- Eriksson, K., Johanson, J., Majkgard, A., & Sharma, D. (1999). Creating Value Through Business Relationships and Networks. *Strategic Management Journal*, 20, 467-486.

- Feng, C. P., & Chuan, C.-S. (2013). Enhancing Competitive Advantage Of Hospitals Through Linguistics Evaluation On Customer Perceived Value. *Journal of American Academy of Business*, 5, 481-485.
- Fisher, C. (2010). Hospital Advertising: Does It Influence Consumers? *Journal of Health Care*, 209-212.
- Fornell C. (1992). A National Customer Satisfaction Barometer: The Swedish Experience. *Journal of Marketing*, 56, 6-21.
- Frazier, G. L., Gill, J. D., and Kale, S. H.,. (1989). Dealer dependence levels and reciprocal actions in a channel of distribution in a developing country. *Journal of Marketing*, 53, 50-69.
- Gaski, John F. & John R. Nevin. (1985). The Differential Effects of Exercised and Unexercised Power Sources in a Marketing Channel. *Journal of Marketing Research*, 22, 130-142.
- Geyskens, Inge, Jan-Benedict E.M. Steenkamp, & Nirmalya Kumar. (1999). "A Meta-Analysis of Satisfaction in Marketing Channel Relationships. *Journal of Marketing Research*, 36, 223-238.
- Griffin, J. (1996). Value Judgement. *Oxford University Press*, 1(4), 479-480.
- Gummesson, E. (1993). *Quality Management in Service Organizations*. New York: ISQA - International Service Quality Association.
- Gupta, S., Lehmann, D. R., & Stuart, J. A. (2004). Valuing Customers. *Journal of Marketing Research*, 7-18.
- Gupta, S., & Zeithaml., V. (2006). Customer metrics and their impact on financial performance. *Marketing Sciences*, 718-739.

- Hansagi, H., Carlsson, B., & Brismar, B. (1992). The urgency of care need and patient satisfaction at a hospital emergency department. *Health Care Manage*, 17, 71-75.
- Hennig-Thurau, T., & Hansen, U. (2001). Modeling and Managing Student Loyalty An Approach Based on the Concept of Relationship Quality. *Journal of Service Research*, 3(4), 331-344.
- Heskett, J. L., Jones, T. O., Loveman, G. W., W. Earl Sasser, J., & A.Schlesinger, L. (1994). Putting the Service-Profit Chain to Work. *Harvard Business Review*, 72(2), 167-174.
- Heskett, J. L., W. Earl Sasser, J., & Schlesinger, L. A. (1997). Service Profit Chain. *Free Press*.
- Hewett, Kelly, Money, B., & Sharma, S. (2002). An Exploration of the Moderating Role of Corporate Culture in Industrial Buyer - Supplier Relationships. *Journal of the Academy of Marketing Science*, 30(3), 229-239.
- Ittner, C. D., & Larcker, D. (1998). Are Nonfinancial Measures Leading Indicators of Financial Performance? An Analysis of Customer Satisfaction. *Journal of Accounting Research*.
- Jackson, J., & Kroenke, K. (1999). Difficult patient encounters in the ambulatory clinic: clinical predictors and outcomes. *Arch Intern Med*, 159, 1069-1075.
- Jacoby, J. & Kyner, D. (1973). Brand loyalty v. repeat purchase behaviour. *Journal of Marketing Research*, 10-19.
- Jones, T. O., & Sasser, W. E. (1995). Why Satisfaction Customer Defect. *Harvard Business Review*, 73, 88-99.
- Judd, V.C. (1987). Differentiate with the 5th P: people. *Industrial Marketing Management*, 16, 241-247.

- Kent, R. (1986). Faith in the four Ps: an alternative. *Journal of Marketing Management*, 2(2), 145-154.
- Kim, B.-S., & Bae, M.-E. (2010). A Study on the influence of e-Service Quality of Internet Open-Market as Perceived Value, Customer Satisfaction and e-Loyalty. *Journal of the Korea Industrial Information System Society*, 15(4), 88-101.
- Kotler, P. (1976). *Marketing Management : Analysis, Planning and Control*. Prentice-Hall.
- Kotler, P. (1986). Megamarketing. *Harvard Business Review*, 64(2), 117-125.
- Kotler, P., & Armstrong, G. (1989). *Principles of Marketing 4th ed.* Englewood Cliffs, N.J.: Prentice-Hall.
- Kotler, P. (2000). *A Framework for Marketing Management*. New Jersey: Prentice Hall.
- Kyung, H. K., Kim, K. S., Kim, D. Y., Kim, J. H., & Kang, S. H. (2008). Brand Equity In Hospital Marketing. *Journal of Business Research*.
- Lacoeuilhe J. (1997). Le rôle du concept d'attachement dans la formation du comportement de fidélité. *Revue Française du Marketing*, 165(5), 29-42.
- Laing, A. W., & McKee, L. (2000). Structuring the marketing function in complex professional service organizations. *European Journal of Marketing*, 34(5), 576-597.
- Lam, S. Y., Shankar, V., Erramilli, M. K., & Murthy, B. (2004). Customer value, satisfaction, loyalty, and switching costs: An illustration from a business-to-business service context. *Journal of the Academy of Marketing Science*, 32, 293-311.

- Leonard, L. B., & Kent, S. D. (2008). Building A Strong Services Brand: Lessons From Mayo Clinic. *Business Horizons*, 50, 199-209.
- Levesque, T., & McDougall, G. H. (1996). Determinants of Customer Satisfaction in Retail Banking. *International Journal of Bank Marketing*, 14(7), 12-20.
- Lewis, G., & Wessely, S. (1990). *Comparison of the General Health Questionnaire and the Hospital Anxiety and Depression Scale*.
- Mahon, A., Glendinning, C., Clarke, K., & Craig, G. (1996). Methods and ethics. *Children and Society*, 10(2), 145-154.
- Manager 360. (2012). *Compete for the business of beauty compact "The hidden area"*. Retrieved February 1, 2012, from <http://www.manager.co.th/mgrWeekly/ViewNews.aspx?NewsID=9550000014355>
- Manager 360. (2013, April 22). *Competing cake worth 10,000 billion Wuttisak won number one*. Retrieved 2012, from <http://www.manager.co.th/mgrWeekly/ViewNews.aspx?NewsID=9540000049687>
- Manager Weekend. (2005, October 29). *Acne Clinic - Beauty impasse compression all forms of strategy to fight with competitor*. Retrieved from <http://www.manager.co.th/iBizChannel/ViewNews.aspx?NewsID=9480000149045&TabID=3&Page=ALL>
- Manchainimit, S. (2013, January). *Korean style beauty clinic billion wracked city*. Retrieved from Positioning Magazine: <http://www.positioningmag.com/magazine/details.aspx?id=90752>

- Manfred, B., & Grund, M. A. (2000). Theory Development and Implementation of National Customer Satisfaction Indices: The Swiss Index of Customer Satisfaction. *Total Quality Management, 11*, 1017-1028.
- McBurney, D. H. (1994). *Research methods* (3 ed.). Pacific Grove, CA: Brooks Cole.
- McCarthy, E. (1964). *Basic Marketing*. (R. D. Irwin, Ed.) Homewood, IL.
- McCarthy, E., & Perreault, W. J. (1987). *Basic Marketing 9th ed.* (R. D. Irwin, Ed.) Homewood, IL.
- Menon, K., Goodnight, M., Wayne, J., & J., R. (2006). Assessing Advertising Content In A Hospital Advertising Campaign: An Application of Puto And Wells Measure Of Informational And Transformational Advertising Content. *Journal of Hospital Marketing & Public Relations, 17*, 27-44.
- Michael, R., Bowers, & MirtMng. (1987). Developing New Services For Hospitals: A Suggested Model. *7*(2), 38-48.
- Mindak, W., & Fine, S. (1981). A fifth 'P': public relations. (J. Donnelly, & W. George, Eds.) *Marketing of Services*, 71-73.
- Mohr, J., & Speakman, R. (1994). Characteristics of Partner Success. *Strategic Management Journal, 15*, 135-152.
- Naidu, G., Klemenhager, Pillari, & George.D. (1993). Is Product-Line Management Appropriate For Your Health Care Activity. *Journal of health care marketing, 13*, 6-17.
- National Statistical office. (2012). *The market value of aesthetic industry*. Retrieved from <http://web.nso.go.th>
- Nelson. C., Treichler, P. A., & Grossberg, L. (1992). *Cultural studies*. New York: Routledge.

- Nevin, J.R. (1995). Relationship marketing and distribution channels: exploring fundamental issues. *Journal of the Academy of Marketing Science* , 327-334.
- Nickels, W.G. & Jolson M.A. (1976). Packaging – the fifth P in the marketing mix. *Advanced Management Journal*, 13-21.
- Nijssen, E., Singh, J., Sirdeshmukh, D., & Holzmüller, H. (2003). Investigating industry context effects in consumer-firm relationships: preliminary results from a dispositional approach. *Journal of the Academy of Marketing Science*, 31(1), 46-60.
- Odile, M., Charles, J., Zhiyong, Y., & Sanjay, P. (2010). A proposed model of online consumer behavior: Assessing the role of gender. *Journal of Business Research*, 926-934.
- Oliver, R. L. (1980). A Cognitive Model of the Antecedents of Satisfaction Decisions. *Journal of Marketing Research*, 46-49.
- Oliver, L. R. (1997). *Satisfaction a behavioral perspective on the consumer*. New York: The McGraw-Hill Companies.
- Oliver, R.L. (1999). Whence customer loyalty? *Journal of Marketing*, 63, 34-44.
- Olsen, L.L. & M.D. Johnson. (2003). Service equity, Satisfaction and Loyalty. *Journal of Service Research*, 5(3), 184-195.
- Parasuraman, A., Zeithaml, V., & Berry, L. (1994). Alternative scales for measuring service quality; A comparative assessment on psychometric and diagnostic criteria. *Journal of marketing*, 70(3), 201-230.
- Payne, C.M.A. & Ballantyne, D. (1991). *Relationship Marketing: Bringing Quality, Customer Service and Marketing Together*. Oxford: Butterworth-Heinemann.

- Picardi, A., Abeni, D., Melchi, C., Puddu, P., & Pasquini, P. (2000). Psychiatric morbidity in dermatological outpatients. *British Journal of Dermatology*, 920-921.
- Positioning Magazine. (2010, April 3). *Aeon cooperate with Wuttisak*. Retrieved from <http://positioningmag.com/prnews/prnews.aspx?id=95955>
- Pride, W.M.& Ferrell O.C. (1989). *Marketing: Concepts and Strategies, 6th ed.* (Houghton-Mifflin, Ed.) Boston, MA.
- Reichheld, F., & Sasser, W. (1990, September). Zero defections: quality comes to services. *Harvard Business*, 105-111.
- Reichheld, F.F. (1996). *The Loyalty Effect*. Harvard Business School Press.
- Reinartz, W., Thomas, J. S., & Kumar, V. (2005). Balancing Acquisition and Retention Resources to Maximize Customer Profitability. *Journal of Marketing*, 69, 63-79.
- Renzi, C., Picardi, A., Abeni, D., Agostini, E., Baliva, G., Pasquini, P., et al. (2002). Association of dissatisfaction with care and psychiatric morbidity with poor treatment compliance. *Arch Dermatol*, 138, 337-342.
- Roth, A.V. & van ser Velde, M. (1990). *Retail Banking Strategies Opportunities for the 1990*. Chicago, IL: Bank Administration Institute.
- Roth, A.V. & van ser Velde, M. (1991). Operations as marketing: A competitive service strategy. *Journal of Operation Management*, 10(3), 303-328.
- Rowley, J., & Dawes, J. (2000). Disloyalty: a closer look at non-loyals. *Journal of Consumer Marketing*, 17(6), 538-547.
- Rust, R. T., & Zahorik., A. J. (1993). Customer satisfaction, customer retention, and market share. *Journal of Retailing*, 69(2), 193-215.

- Rust, R., Zahorik, A., & Keiningham, T. (1995). Return on Quality: making service quality financially accountable. *Journal of Marketing*, 58(2), 58-70.
- Rust, R., Lemon, K., & Zeithaml, V. (2004). Return on marketing: using customer equity to focus marketing strategy. *Journal of Marketing*, 68(1), 108-127.
- Sampogna, F., Picardi, A., Melchi, C., Pasquini, P., & Abeni, D. (2003). *The impact of skin diseases on patients: comparing dermatologists' opinions with research data collected on their patients.*
- Schneider, B., & Bowen, D. E. (1995). *Winning the service game.* Boston: Harvard Business School Press.
- Singh, J. (1991). Understanding the structure of consumers satisfaction evaluation of service delivery. *Journal of the Academy of Marketing Science*, 19(3), 223-234.
- Sreenivas, T., Srinivasarao, B., & Rao, U. S. (2013). An analysis on marketing mix in hospital introduction. *International Journal of Advanced Research in Management and Social Sciences*, 2(4), 187-207.
- Stanton, W., Etzel, M., & Walker, B. (1991). *Fundamentals of Marketing.* New York: McGraw-Hil.
- Storbacka, K., T, S., & Grönroos C. (1994). Managing Customer Relationships for Profit: The Dynamics of Relationship Quality. *International Journal of Service Industry Management*, 5(5), 21-38.
- Taylor, S., & Baker, T. (1994). An Assessment of the Relationship Between Service Quality and Customer Satisfaction in the Formation of Consumers Purchase Intentions. *Journal of Retailing*, 163-178.
- Thomas, JS., Reinartz, W. & Kumar, V. (2004). Getting the most out of all your customers. *Harvard Business Review*, 82, 116-123.

- Tudor, & Kanth. (1994). Hospital Advertising: The Influence of Perceptual and Demographic Factors on Consumer Dispositions. *Journal of health care marketing, 14*(4), 51.
- Walter, A., Ritter, T., & Gemünden, H. (2001). Value-creation in buyer-seller relationship: theoretical considerations and empirical results from a supplier's perspective. *Industrial Marketing Management, 30*(4), 365-377.
- Wan, I.-L., Shih, B.-Y., & Chung, Y.-S. (2013). *The Exploration Of Consumers' Behavior In Choosing Hospital By The Application Of Neural Network*. Retrieved from doi:10.1016/j.eswa.2006.10.020.
- Waterschoot, W. V., & Bulte, C. v. (1992). The 4P classificatio of marketing mix revisited. *Journal of Marketing, 56*(4), 83-93.
- Weng, H.-C. (2013). Consumer Empowerment Behavior and Hospital Choice. *Journal of Health Care Managemen, 31*(4), 197-204.
- Wilbur, S., & Jame, M. (1982). Identifying Market Segments Within A Health Care Delivery System: A Two Stage Methodology. (W. J, Ed.) *Health Care Market, 2*(3), 10.
- Wilson, D.T. (1995). An integrated model of buyer-seller relationships. *Journal of the Academy of Marketing Science, 23*(4), 335-345.
- Yi. Y. (1990). *A Critical Review of Consumer Satisfaction*. (V. A. Zeithaml, Ed.) Chicago: American Marketing Association.
- Yi, Y., & Jeon, H. (2003). Effects of Loyalty Programs on Value Perception, Program Loyalty, and Brand Loyalty. *Journal of the Academy of Marketing Science, 229-240*.
- Zallocco RL. (1993). Is there a link between hospital profit and quality? *Journal of Health Care Mark, 13*, 68.

Zeithaml, A., V., Parasuraman, A., & Leonard, B. (1990). *Delivering Quality Service. The Free Press.*

Zeithaml, V., Berry, L., & Parasuraman, A. (1994). Alternative scales for measuring service quality; A competitive assessment based on psychometric and diagnostic criteria. *Journal of marketing, 70(3)*, 201-230.

Zeithaml, V., Berry, L., & Parasuraman, A. (1996). The behavioral consequences of service quality. *Journal of Marketing, 60*, 31-46.

APPENDICES

Please respond to the following questions by circling the best fitting choice. There are no right or wrong answers for these questions. All the information collected through the questionnaire will be used only for contribution to knowledge and kept in secret/ confidential. Please ensure that you mark all the given statements as incomplete responses will not fulfill researcher's requirements. **Thank you.**

I. The following questions purport to obtain the demographic data. Please choose at each question. The information below is strictly confidential and will only be used for research purposes.

1. Gender

1. Male 2. Female

2. Your age range

1. 15 or below 2. 16 - 25
 3. 26 -35 4. 36 - 45
 5. 46 or above

3. Your level of education

1. Below high school diploma 2. High school or Vocational Certificate
 3. High Vocational Certificate 4. Bachelor's degree
 5. Master degree or above

4. Marital status

1. Single 2. Married
 3. Widowed / Divorced 4. Other

5. Occupation

1. Student 2. Housekeeper
 3. Government Officer 4. Business owner / Self-employed
 5. Private company officer 6. Other, please specify.....

6. What is your personal income range?

1. Lower than 15,000 Baht 2. 15,000 – 20,000 Baht
 3. 20,001 – 25,000 Baht 4. 25,001 – 30,000 Baht
 5. More than 30,000 Baht

**II. The following questions purport to obtain the information of aesthetic clinic.
Please choose at each question.**

1. Please circle one aesthetic clinic that you have visited most often in this year.

- | | | | |
|--------------------------|--------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | 1. Wuttisak Clinic | <input type="checkbox"/> | 2. Pan Clinic |
| <input type="checkbox"/> | 3. Nitipon Clinic | <input type="checkbox"/> | 4. Ratchathewi Clinic |
| <input type="checkbox"/> | 5. Romrawin Clinic | <input type="checkbox"/> | 6. Other please |

specify.....

7. Never used Aesthetic clinic

2. Frequency of obtained service at aesthetic clinic in one year

- | | | | |
|--------------------------|------------|--------------------------|-----------------|
| <input type="checkbox"/> | 1. 1 – 5 | <input type="checkbox"/> | 2. 6 – 10 |
| <input type="checkbox"/> | 3. 11 – 15 | <input type="checkbox"/> | 4. More than 15 |

3. What kind of service you most often obtain from aesthetic clinic

1. Facial Treatment (Ionto, Phono, Peeling, Thermage, Ulthera etc.)
2. Body Treatment (RF, Vaser, Cool Sculpture etc.)
3. Laser (IPL, Hair removal, Fractional etc.)
4. Injection (Botox, Filler, Meso Therapy, Thread Lifting, Stem cell)
5. Acne care
6. Cream and medicine

4. Average expenses spent per time.

- | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | 1. Below than 5,000 Baht | <input type="checkbox"/> | 2. 5,001 – 10,000 Baht |
| <input type="checkbox"/> | 3. 10,001 – 15,000 Baht | <input type="checkbox"/> | 4. 15,001 – 20,000 Baht |

5. Above than 20,000Baht

III. Please check mark **(1)** Strongly Disagree **(2)** Disagree **(3)** Indifferent **(4)** Agree **(5)** Strongly Agree

Service Marketing Mix 7Ps	Priority level				
	Strongly Agree (5)	Agree (4)	Indifferent (3)	Disagree (2)	Strongly Disagree (1)
Product					
1. I buy products because of the quality of clinic.					
2. I buy products because they offer a signature product (only at this store).					
3. I buy products because they offer varieties of service types.					
4. The clinic has up-to-date medical equipment.					
5. I buy the products because they put their logo on the product.(Trust brand quality)					
Price					
6. The products value for money in terms of quality.					
7. The products value for money in terms of quantity. (Home face care size, Medicine)					
8. The clinic offers services in fair prices.					
Place					
9. I go to this clinic because it is easy and convenient for me.					
10. I go to this clinic because of a number of branches they provide.					
11. I go to this clinic because the location makes me feel secured doing business here. (near community not secluded)					
12. I go to this clinic because they provide parking lots.					
Promotion					
13. I buy products because of the redeem voucher (e.g., coupons).					
14. I buy products because they offer a brochure advertising new products.(T.V., Radio)					
15. I buy products because I have a membership card.					
Physical Evidence					

16. I go to this clinic because the place is well – decorated.					
Service Marketing Mix 7Ps	Priority level				
	Strongly Agree (5)	Agree (4)	Indifferent (3)	Disagree (2)	Strongly Disagree (1)
17. I go to this clinic because they have waiting zone (e.g., beverage, T.V. and magazine)					
People					
18. I go to this clinic because the staffs have nice and neat appearance.					
19. I go to this clinic because the staffs greet and acknowledge me promptly					
20. I go to this clinic because of the speed of the service provided by the staffs.					
21. I go to this clinic because the staff provide clear explanation of their services.					
22. I go to this clinic because the staff ensure effective problem solution					
23. I go to this clinic because the staff can solve the problem of beauty and skin.					
Process					
24. I go to this clinic because the opening and closing time suit my life style.					
25. I go to this clinic because the service offering process meets the hospital and clinic standards.					
26. I go to this clinic because the service is always on time.					
27. I go to this clinic because I do not have to wait for a long time.					
Customer Satisfaction					
28. I am satisfied with staff's response and prompt services.					
29. I am satisfied with result after receiving services.					
30. I am satisfied with products and services offered by clinic					
31. I am satisfied with image and reputation of this clinic.					
Customer Loyalty					
32. I consider this clinic as my first choice.					
33. I will continue making use of this clinic service.					

34. I have said positive things about this clinic to other colleagues.					
Customer Loyalty	Priority level				
	Strongly Agree (5)	Agree (4)	Indifferent (3)	Disagree (2)	Strongly Disagree (1)
35. I have recommended this clinic to colleagues who seek my advice.					
36. I have encouraged others to patronize this clinic.					

เรื่อง ส่วนประสมทางการตลาด และความพึงพอใจ ต่อการเลือกใช้บริการคลินิกเสริมความงาม

ในเขตกรุงเทพมหานคร

คำชี้แจง สำหรับผู้ตอบแบบสอบถาม

1. แบบสอบถามนี้มี 3 ส่วน รวมทั้งหมด 4 หน้า
2. ให้ท่านตอบแบบสอบถามทุกส่วน ทุกข้อ ตามความเป็นจริง ทุกคำถามไม่คำตอบที่ถูกต้อง หรือ ผิด
3. เมื่อตอบแบบสอบถามเรียบร้อยแล้ว ให้ตรวจดูว่า ตอบครบถ้วนหรือไม่
4. ไม่ต้องบันทึก ชื่อ ที่อยู่ เพราะข้อมูลที่ได้ จะใช้ประโยชน์เพื่อสนับสนุนการศึกษาวิจัยเท่านั้น และจะถือเป็นความลับ

ส่วนที่ 1 ข้อมูลทั่วไป ของผู้ตอบแบบสอบถาม

คำชี้แจง ให้ขีดเครื่องหมาย ลงใน หน้าข้อความที่ต้องการตอบ

1. เพศ

1. ชาย 2. หญิง

2. อายุของท่าน ปี, อยู่ในช่วงอายุ

1. อายุ 15 ปี หรือน้อยกว่า 2. อายุ 16 - 25 ปี
 3. อายุ 26 - 35 ปี 4. อายุ 36 - 45 ปี
 5. อายุ 46 ปี หรือมากกว่า

3. ท่านจบการศึกษาสูงสุด

1. ประถมศึกษา 2. มัธยมศึกษา/ ปวช.
 3. อนุปริญญา/ ปวส. 4. ปริญญาตรี
 5. ปริญญาโท หรือ สูงกว่า

4. สถานภาพสมรส

1. คู่ 2. โสด
 3. หม้าย / หย่าร้าง 4. อื่น ๆ

5. อาชีพของท่าน

1. นักศึกษา 2. แม่บ้าน
 3. ข้าราชการ 4. ธุรกิจส่วนตัว / รับจ้าง
 5. พนักงานบริษัทเอกชน 6. อื่นๆ ระบุ

6. ท่านมีรายได้ต่อเดือน

- | | | | |
|--------------------------|------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | 1. น้อยกว่า 15,000 บาท | <input type="checkbox"/> | 2. 15,000 – 20,000 บาท |
| <input type="checkbox"/> | 3. 20,001 – 25,000 บาท | <input type="checkbox"/> | 4. 25,001 – 30,000 บาท |
| <input type="checkbox"/> | 5. มากกว่า 30,000 บาท | | |

ส่วนที่ 2 ข้อมูลการใช้บริการคลินิกเสริมความงาม

คำชี้แจง ให้ขีดเครื่องหมาย \surd ลงใน หน้าข้อความที่ตรงกับตัวท่านมากที่สุด

1. คลินิกเสริมความงามด้านผิวพรรณที่คุณใช้บริการบ่อยที่สุดในปีนี้

- | | | | |
|--------------------------|---------------------|--------------------------|------------------|
| <input type="checkbox"/> | 1. วุฒิสักดิ์คลินิก | <input type="checkbox"/> | 2. แพนคลินิก |
| <input type="checkbox"/> | 3. นิตีพลคลินิก | <input type="checkbox"/> | 4. ราชเทวีคลินิก |
| <input type="checkbox"/> | 5. รมย์รวินท์คลินิก | <input type="checkbox"/> | 6. อื่นๆ ระบุ |
| | | | |
| <input type="checkbox"/> | 7. ไม่เคยใช้บริการ | | |

2. ความถี่ในการใช้บริการคลินิกเสริมความงามด้านผิวพรรณใน 1 ปี

- | | | | |
|--------------------------|---------------------|--------------------------|------------------------|
| <input type="checkbox"/> | 1. 1 – 5 ครั้ง/ปี | <input type="checkbox"/> | 2. 6 – 10 ครั้ง/ปี |
| <input type="checkbox"/> | 3. 11 – 15 ครั้ง/ปี | <input type="checkbox"/> | 4. มากกว่า 15 ครั้ง/ปี |

3.. ประเภทของบริการที่คุณใช้บริการบ่อยที่สุดจากคลินิกความงามด้านผิวพรรณ

- 1. ทรีทเมนต์หน้า (ไอบีออนโต, โฟโน, ผลัดผิว, เทอร์มาจ, อัลเทอร์ร่า, อื่นๆ)
- 2. ทรีทเมนต์ตัว (อาเอฟ, เวเซอร์, คูสคัปเจอร์, อื่นๆ)
- 3. เลเซอร์ (ไอพีแอล, กำจัดขน, เฟิร์กเซล, อื่นๆ)
- 4. การฉีด (โบท็อก, ฟิลเลอร์, เมโส, ร้อยไหม, สเต็มเซลล์)
- 5. รักษาสิว
- 6. ครีมหรือยาอาหารเสริม

4. ค่าบริการเฉลี่ยต่อครั้ง

1. ต่ำกว่า 5,000 บาท 2. 5,001 – 10,000 บาท
3. 10,001 – 15,000 บาท 4. 15,001 – 20,000 บาท
5. มากกว่า 20,000 บาท

ส่วนที่ 3 ปัจจัยส่วนประสมทางการตลาด และความพึงพอใจ มีผลต่อการเลือกใช้บริการคลินิก
เสริมความงาม

คำชี้แจง ให้ขีดเครื่องหมาย ✓ ลงในช่องว่าง

- (1) ไม่เห็นด้วยอย่างยิ่ง (2) ไม่เห็นด้วย (3) ไม่แน่ใจ (4) เห็นด้วย (5) เห็นด้วยอย่างยิ่ง

ส่วนประสมทางการตลาดสำหรับธุรกิจบริการ 7Ps	ระดับความสำคัญ				
	เห็นด้วย อย่างยิ่ง (5)	เห็น ด้วย (4)	ไม่แน่ใจ (3)	ไม่เห็น ด้วย (2)	ไม่เห็นด้วย อย่างยิ่ง (1)
ด้านผลิตภัณฑ์					
1. ฉันซื้อเพราะคุณภาพผลิตภัณฑ์และบริการของคลินิก นี้					
2. ฉันซื้อเพราะผลิตภัณฑ์และบริการนั้นไม่เหมือนใคร					
3. ฉันซื้อเพราะผลิตภัณฑ์และบริการที่หลากหลาย					
4. ฉันซื้อเพราะอุปกรณ์ในการให้บริการที่ทันสมัย					
5. ฉันซื้อเพราะเครื่องหมายการค้าผลิตภัณฑ์ หรือ ตรา สินค้า(Logo,Brand) น่าเชื่อถือ					
ด้านราคา					
6. ราคาเหมาะสมกับคุณภาพบริการ					
7. ราคาคุ้มค่ากับบริการที่ได้รับ (ขนาดครีม, จำนวนยา, ระยะเวลาการให้บริการที่รีทเมนต์)					
8. อัตราค่าบริการต่อครั้งเหมาะสม					
ด้านสถานที่ตั้งคลินิก					
9. ฉันไปคลินิกไปแห่งนี้เพราะสะดวกในการเดินทาง					
10. ฉันไปคลินิกไปแห่งนี้เพราะมีจำนวนสาขาที่ ให้บริการหลายแห่ง					

11. ฉันไปคลินิกไปแห่งนี้เพราะตั้งในแหล่งชุมชน สะดวก ปลอดภัย					
ส่วนประสมทางการตลาดสำหรับธุรกิจบริการ 7Ps	ระดับความสำคัญ				
	เห็นด้วย อย่างยิ่ง (5)	เห็น ด้วย (4)	ไม่แน่ใจ (3)	ไม่เห็น ด้วย (2)	ไม่เห็นด้วย อย่างยิ่ง (1)
12. ฉันไปคลินิกไปแห่งนี้เพราะมีสถานที่จอดรถคอยให้บริการ					
ด้านส่งเสริมการขาย					
13. ฉันซื้อเพราะจัดโปรโมชั่น คุ้มครองส่วนลด และของแถม					
14. ฉันซื้อเพราะมีการโฆษณาสินค้าใหม่ผ่านสื่อต่างๆ TV,วิทยุ, ใบปลิว					
15. ฉันซื้อเพราะมีการจัดโปรโมชั่นซื้อผลิตภัณฑ์และบริการผ่านระบบสมาชิก					
ด้านลักษณะทางกายภาพ(บรรยากาศภายในคลินิก)					
16. ฉันไปคลินิกไปแห่งนี้เพราะการตกแต่งสะอาด และสวยงาม					
17. ฉันไปคลินิกไปแห่งนี้เพราะมีพื้นที่สำหรับนั่งคอยเพียงพอ และผ่อนคลาย อาทิ ทีวี นิติสาร เครื่องดื่มและขนม					
ด้านพนักงาน					
18. ฉันไปคลินิกไปแห่งนี้เพราะพนักงานมีความเป็นกันเองและแต่งกายสุภาพ					
19. ฉันไปคลินิกไปแห่งนี้เพราะพนักงานกล่าวทักทายและจดจำฉันได้ทันทีที่มาถึง					
20. ฉันไปคลินิกไปแห่งนี้เพราะพนักงานให้บริการด้วยความรวดเร็ว					
21. ฉันไปคลินิกไปแห่งนี้เพราะพนักงานมีความรู้และ					

อธิบายขั้นตอนก่อนให้บริการได้					
ส่วนประสมทางการตลาดสำหรับธุรกิจบริการ 7Ps	ระดับความสำคัญ				
	เห็นด้วย อย่างยิ่ง (5)	เห็น ด้วย (4)	ไม่แน่ใจ (3)	ไม่เห็น ด้วย (2)	ไม่เห็นด้วย อย่างยิ่ง (1)
22. ฉันไปคลินิกไปแห่งนี้เพราะพนักงานเข้าใจปัญหา และความต้องการของลูกค้า					
23. ฉันไปคลินิกไปแห่งนี้เพราะพนักงานสามารถ แก้ไข ปัญหาความงาม และผิวพรรณ ได้					
ด้านกระบวนการทำงาน					
24. ฉันไปคลินิกไปแห่งนี้เพราะเวลาเปิด ให้บริการ เหมาะสม					
25. ฉันไปคลินิกไปแห่งนี้เพราะผ่านมาตรฐานการ ให้บริการทางการแพทย์					
26. ฉันไปคลินิกไปแห่งนี้เพราะการให้บริการแต่ละ กิจกรรม ตรงตามเวลาที่แจ้งไว้					
27. ฉันไปคลินิกไปแห่งนี้เพราะใช้เวลาคอยไม่นาน					
ด้านความพึงพอใจของลูกค้า					
28. ฉันพึงพอใจกับการให้บริการของพนักงานที่รวดเร็ว					
29. ฉันพึงพอใจกับผลภายหลังรับบริการ					
30. ฉันพึงพอใจกับผลิตภัณฑ์ และบริการที่ทางคลินิก นำเสนอ					
31. ฉันพึงพอใจกับภาพพจน์ และชื่อเสียงของคลินิก					
ความภักดีของลูกค้า					
32. ฉันเลือกคลินิกแห่งนี้เป็นตัวเลือกแรก					
33. ฉันใช้บริการจากคลินิกแห่งนี้ต่อเนื่อง					
34. ฉันพูดชื่นชมคลินิกแห่งนี้ให้เพื่อนฟัง					

35. ฉันแนะนำ คลินิกแห่งนี้ให้เพื่อนที่มาขอคำปรึกษา					
ความภักดีของลูกค้า	ระดับความสำคัญ				
	เห็นด้วย อย่างยิ่ง (5)	เห็น ด้วย (4)	ไม่แน่ใจ (3)	ไม่เห็น ด้วย (2)	ไม่เห็นด้วย อย่างยิ่ง (1)
36. ฉันช่วยประชาสัมพันธ์ให้ผู้อื่น รับบริการคลินิกแห่งนี้					