

# The Scenario Model of Aesthetic Plastic Surgery Business for Preparing a Thai Popular Culture Wave on Medical Tourism

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## Abstract

Presentably, the rapid growth, medical tourism generated to improve insight into aesthetic plastic surgery business and cross-border care present opportunities for unprecedented economic growth. Advanced in the success in exporting a popular culture as export business or marketing mix for service marketing such as Korean wave, Japanese wave etc. The revenue and the countries image include nation brand generated from medical and aesthetic plastic surgery travelers is very important economic incentive for the firm, the popular scenario model and governments to pursue these activities. Its impact on medical tourism and aesthetic plastic surgery services to establish the popular culture scenario model as practicing model benefits, Thailand also need. Relevantly, both medical tourism and aesthetic plastic surgery business need to design a Thai popular culture wave related the country image or nation branding by using influencing conceptual framework as follows 1) related to trends towards the factor conditions 2) ideal-typical scenario model imperative United Nations Environmental Programme (UNEap-GEO-3) and the influence of awareness and acceptance of brand resilience for managing risk and recovery in a high-speed of the rapid growth of medical tourism and aesthetic plastic surgery business. So far, regarding the success in a Thai popular culture of medical tourism and aesthetic plastic surgery business. Absolutely, the aims of this study is to identify, analyze and syntheses these influencing conceptual framework of their results can be designed the scenario model in order to establish a Thai popular culture wave it's strongly acceptance relies on the Delphi expert consensus and using Index of Congruence (IOC) to test expert consensus from another group for content validity acceptance in this visionary scenario model. Respectively, it could be used to design and development to the practicing scenario model suggested that originality conceptual model to strengthening existing for seeding Thailand branding.

**Keywords:** Scenario Model, Aesthetic Plastic Surgery, Medical Tourism

## Introduction

Nowadays, medical tourism and cross-border care defined as involving people who travel to another country for medical treatment and their own volition (Keckley & Underwood, 2008).

Medical tourism here refers to medical care include aesthetic plastic surgery care sought by cross-border care defined as the movement of patients, customers, and users across national boundaries for the expressed purpose of seeking out medical care and aesthetic plastic surgery care (McMahon, 2013: 1-5).

Giving greater reason to the rapid growth, extent and diversity of medical travel and aesthetic plastic surgery business as well as on going feminine's beauty and a growing number of aesthetic plastic surgery since year 2000. It has been rising according to medical or medical, health, and beauty care services as the main point of medical tourism and cross-border care (Cohen, 2012: 9-20; Kumar, Chattaraman, Neghina, Skiera, Aksoy, Buoye & Henseler, 2013: 310-352; Ching, Thoma, Randi, McCabe & Antony, 2002: 469-477; Calogero, Pina, Park & Rahemtulla, 2010: 32-41). Moreover, the reputations of the excellent hospitals, medical care centers including the expert surgeons. They have been recognized not only to the population itself in their countries but also the rest of the world (adapted from Singh, 2014: 1-10). Consequently, Thailand is on the top ranking of countries that have been popular over the world about medical tourism and aesthetic plastic surgery businesses that generates revenue for the country each year. In fact, Thailand medical tourism market was estimated to estimated exceed more 100 billion bath within 2019 (K Research, 2015; TMR, 2013-2019). As global tourism competition arises, it is important that Thailand need to create nation brand in order to a Thai popular culture for the successful outcome in exporting a Thai popular culture as a Thai export product, business or marketing mix for service marketing. Thus, creating a Thai popular culture wave as same as Korean and Japanese wave on medical tourism and aesthetic plastic surgery business is the key function of synergic innovation in terms of the scenario model according to Lundvall (1982) regarded synergic innovation as a whole scenario applied to trends toward the factor (Boom & Bitner, 1981; McMahon, 2013: 1-15). That outcomes trend examines the end results of these various factors condition related to Ideal-Typical Scenario Model imperative. According to various factors condition have been used to assess outcomes revealed that 1) strategic factor condition consisted of 7Ps or marketing mix for service marketing (Booms & Bitner, 1981 applied to Kotler, Armstrong & Grey, 2006; Kantara & Jitmanee, 2008, including Lundvall, 1982; Persaud, 2025: 412-429; Schaar, 2013: 1-9) 2) the service quality factor condition consisted of medical tourism and cross-border care related to the market first scenario, the policy first scenario, the security first scenario, included the sustainable first scenario 3)the critical successful factor condition consisted of building a resilient brand for managing brand risk and recovery are one of the most important means for rising competitive advantage of products and services applied to medical and cross-border care, including aesthetic plastic surgery. It mainly concerns assuring, improving and developing 1) blatantly excessive service outcome 2) undue influence on popular culture 3) unseeking for affecting government officials and regulators 4) ill-fated from risking service and unsafety, including the marketing-as-warfare metaphor and non-preparing for the anatomy of a brand shock (adapted from Cohen, 2008: 24-36; Keckley, 2009; Copulsky, 2011; Kotler & Singh, 1981: 30-42, Rise & Trout, 1986; Early, 2002: 61; McMahon, 2013: 1-15; Schumpeter, 1934; Wendt, 2012, and connected to United Nations Global Business Environmental Outlook UN-GEO-3).

Concretely, in concluding this introduction section was supported by three factors condition. Let's start with ideal-typical scenario model imperative can be stated that 1) pessimistic-realistic scenario model 2) optimistic-realistic scenario model and 3) most-probable scenario model. These scenario model can be applied the trends of three factors condition. It as the key elements of this research results from the Delphi expert consensus that led to design and test this research model of the scenario model of aesthetic plastic surgery for preparing a Thai popular culture wave on medical tourism. Furthermore, this scenario model to suit to the successful outcome in exporting a Thai popular culture approaches to suggested in Thailand

4.0 or Digital Thailand in strengthening existing medical tourism and cross-border care, including aesthetic plastic surgery in seeding medical hub and Bio-Med and concurrent to creative culture for high value services (adapted from Schaar, 2013: 1-9; McMahan, 2013: 1-15; Enderwick & Nagar, 2011: 329-350; Malik, 2012; February, Mathew & Jagonnathan, 2015; Schaar, 2013: 1; Susilo & Suryaty, 2015: 165-171; Parasuraman, Zeithmal & Berry, 1994: 111-124; Pham, 2015). Finally the researchers opines that the results suggest that these are concept of origin of nation branding. It can play crucial role in strengthening existing for seeding Thailand branding.

### **Purpose of Study**

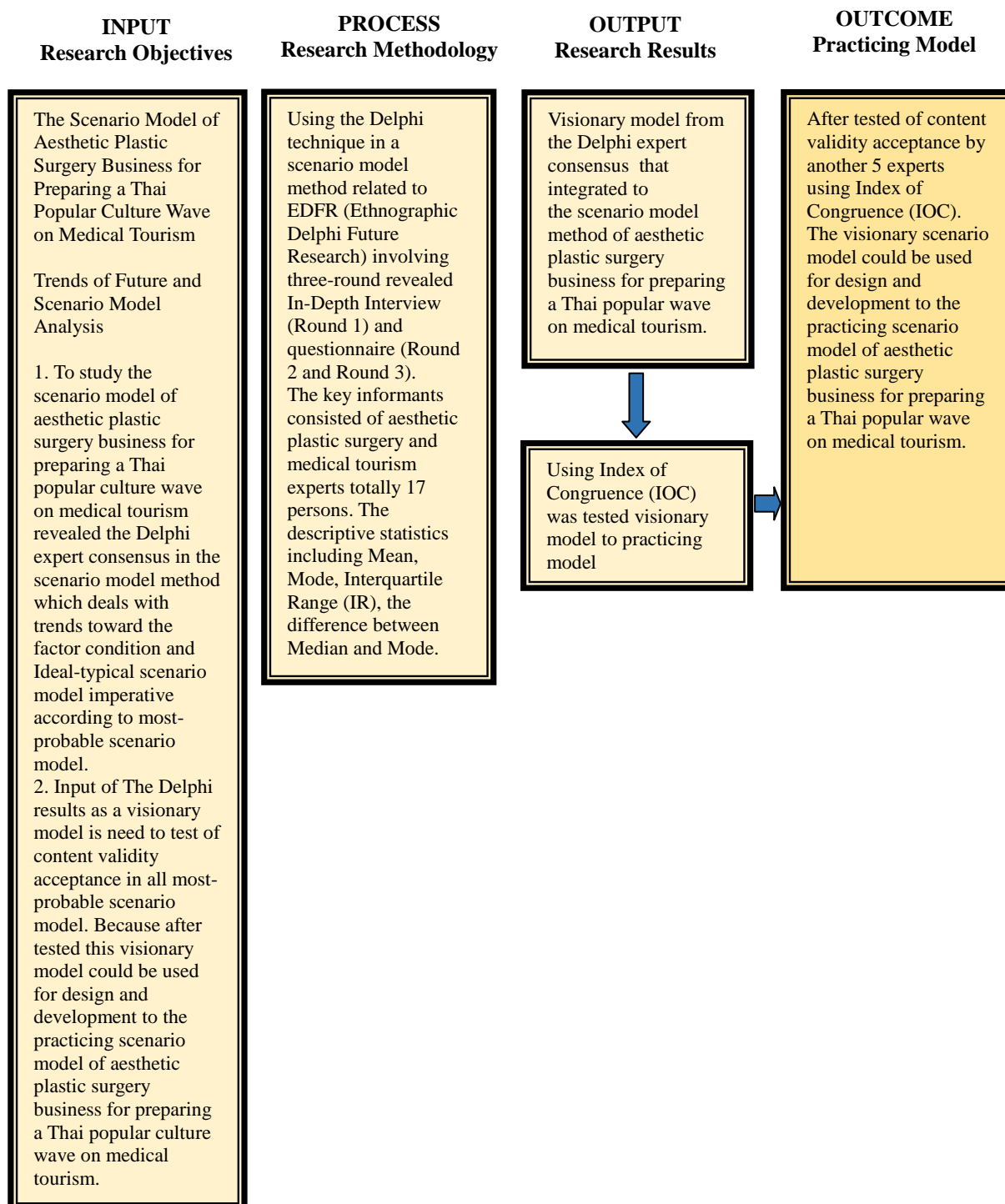
1. To study the scenario model of aesthetic plastic surgery business for preparing a Thai popular culture wave on medical tourism.
2. To design and test the scenario model of aesthetic plastic surgery business for preparing a Thai popular culture wave on medical tourism.

### **Methodology**

This research is conducted by using the Delphi technique in a scenario model process related to EDFR (Ethnographic Delphi Future Research) involving three-round consisted of In-Depth Interview (Round 1) and questionnaires (Round 2 and Round 3). The Delphi expert consensus from 17 experts as the key professional informants of this research with the selection through purposive sampling from government agencies, private sector, and the experts who have experience in aesthetic plastic surgery and medical tourism. The descriptive statistics including Percentage, Mean, Median, Mode, Interquartile Range (IR), the difference between Median and Mode were used to analyze the Delphi data including Index of Congruence (IOC) was used to test the scenario model.

### **Research Conceptual Framework**

The research conceptual framework was conducted using three stage of the Delphi technique in a scenario process consisted of input, process, output and outcome and concept of visionary scenario model could be used to design and development to the practicing scenario model (adapted from Linstone & Turoff, 2002). (see Figure 1)



**Figure 1** Research Conceptual Framework

**Source** adapted from Linstone & Turoff (2002); Parson (1995: 1855-1863); Johnston, Crooks, Synder & Kingsbury (2010: 1-23); Textor (1980).

## Results and Discussions

The research results and discussion according to purpose of study 1 revealed that

1. Trends toward the factor conditions and ideal-typical scenario model imperative from the Delphi expert consensus method has been used to develop their visionary model guidelines for the practicing scenario model of aesthetic plastic surgery business for preparing a Thai popular culture wave on medical tourism as follows

1.1 Trends toward the factor condition indicated that three trends were

1.1.1 Strategic factor condition consisted of 1) product and service 2) price 3) place 4) promotion 5) people 6) process and 7) physical evidence according to 7 Ps or marketing mix for service marketing. This result can be discussion according to influencing conceptual framework of strategic marketing management related to marketing mix for service marketing adapted from Booms & Bitner (1981), applied to Kotler, Armstrong & Grey (2006); Kantara & Jitmanee (2008); Persand (2015: 412-429); Schaar (2013: 1-9); Dinnie (2008); Edelheit (n.d.); Enderwick & Nagar (2011: 329-350).

1.1.2 The service quality factor condition consisted of 1) customer expectation before service and 2) customer perception after service consumption based on the expectation-confirmation theory. This result were intended to provide discussion with influence concept of Oiver (1980, 1993) and the Gap Model from Parasuman, Zeithnal & Berry (1998, 1991, 1994a, 1994b). The model conceptualizes as key concepts strategies and decisions which are essential for the service quality offer according to starts from the consumers, identities necessary actions for the firm to strategic service activities, and go back to the customer the comparison between expectations and perceptions (Mauri, Minazzi & Maccio, 2013: 136; Freshwater, 2011: 839-841; McMahon, 2013: 1-14; Putra, 2016: 0322-0325).

1.1.3 The critical successful factor condition consisted of building a resilient brand for managing brand risk and recovery. This result has been involved to mainly on the discussion concept of Copulsky (2011); Kotler & Gertner (2002: 249-262); Kotler & Singh (1981, 30-42); Rise & Trout (1986); Putra (2016: 322-325); Kanittin, Suttitong (2015: 24-30); Wendt (2012); Susilo & Suryaty (2015: 165-171). In spite of these concepts reflect on building a great brand today means building resilience, the ability to quickly spot trouble coming and bounce back from it stronger than before (Copulsky, 2011).

1.2 Ideal-typical scenario model imperative can be stated as follows (adapted from Textor, 1980).

1.2.1 Pessimistic-realistic scenario model applied in this study include 1) strategic factor condition consisted of price war and risky business, over simplifying campaign, exaggerated advertising and sales promotion, fluctuated and fuzzy service, non-global or regional standard to pay no customer complains, non-convenient access to service, and non-professional business and entrepreneur etc. These results concerning with discussion these results has presented due to measuring the impact of customer satisfaction on the perceived quality of aesthetic plastic surgery and medical tourism experience. For this they conclude with the Gaps Model speculation on how these 7Ps marketing for service marketing may illuminate of the complexities of customers' needs. (Discussion result seek to applied to Kar, 2011; Parasuraman & Berry, 1994b: 111-124; McMahon, 2013: 1-5; Shaar, 2013: 1; Parasuraman, Zeithmal & Berry, 1988: 12-40; Kar, 2011).

1.2.2 The service quality factor condition consisted of 1) lack of customer's knowledge and rising expectations before service 2) the customer's knowledge of pinpointing and risk for customer's decision making before service 3) non-convenient access to after service 4) non-responsibility and quality assurance after service, and poor the expertise of doctors, surgeons, and therapists. These results showed that national competitive advantages must compete by demand condition in measuring country image. It can be divided into two major parts, which are aesthetic plastic surgery and medical before and after service need (this results could be discussion on summarized and compromise of National Competitive Advantage Theory (Porter & Linde, 1995: 97-118) and related to theories of tourism and medical services, including aesthetic plastic surgery services based on Cohen (2008: 24-26); Cohen (2012: 9-20); Keckley (2008); Mihailovich (2006: 229-47); Pullawan & Sinhaneti (2010: 4-9.). For instance, the economic impact of tourism coupled with increasing competition makes effective destination marketing essential. It is to explore one particular marketing strategy,

destination branding (Murphy, Moscardo & Benckendorff, 2007: 333-354; Schaar, 2013: 1). Furthermore, foundation of an extended approach to the concept of nation branding.

1.2.3 The critical successful factor condition consisted of building a resilient brand for managing brand risk and recovery are one of the most important means for rising competitive advantage of products and services of aesthetic plastic surgery and medical tourism. It mainly concerns assuring, improving and developing of 1) the enemy within customerage to outlined in (1) perceived mistreatment i.e. (1.1) blatantly excessive service outcome (1.2) undue influence on popular culture (1.3) unseeking for affecting government officials and regulators (1.4) ill-fated from risking service and unsafety (2) the marketing-as-warfare metaphor, the old model of warfare i.e. (2.1) the marketing mix for service marketing-as-warfare (2.2) weapons evolve along predictable paths and trajectories (2.3) uncarefully manage the mix of weapons was a zero sum game against knows enemies (2.4) misidentified the enemy is reviewers on social media, good war propagandists dehumanize and demonize the enemy in an effort to gain popular culture support for the war, war of popular culture wave effort. Thus, this research discussion findings pertaining to concept of Copulsky (2011); Kotler & Singh (1981: 30-42); Rise & Trout (1986). (3) non-preparing for the anatomy of a brand shock revealed that (3.1) the actual event (3.2) affected parties (3.3) excessively rigid interpretation of policies, rules strategies, and leaks of valuable and/or embarrassing information (3.4) high nature and severity of the damage (3.5) brand resonance with high due to multiple times of customer problems (3.6) price or values attacks from competitors (3.7) product or service quality attacks from competitors and (3.8) likelihood for aftershocks with high brand shock may stimulate other competitors not consumers to articulate similar concerns. In this result related discussion on this section relies on risk intelligence of the following behaviors ignores velocity and momentum, unverified source of information, lacks operational discipline and focuses exclusively on the short term, including is unable to scenario failure (adapted from Funston, Wagner & Ristuccia, 2010).

1.2.4 Optimistic-realistic scenario model primarily focused on finding an important way for the firm to build awareness and promoting a popular culture issue. By positioning their brand rilience related to managing risk and recovery include 1) strategic factor condition that could affect the fundamental for expectations and perception development as well as for the identification of service quality standards and for the firm actual performance. Then discussion according to Enderwick & Nagar (2011: 329-350); Gilman (1999); Mauri, Minazzi & Muccio (2012: 231-254); Zeithmal (1988); Brucks, Zeithmal & Naylor (2000); Bloch & Bugge (2017: 11-18); Becko (2000: 9-26). Implication to the concept of expectations and the use of the expectation-confirmation theory, generally employed in the study of customer satisfaction according to the marketing mix for service marketing, including

1.1) Product and service, these two together with place concerned, an image of a country is created in the mind of the customer taking into a popular culture. In addition a useful of area or place destination applied to this research results were aesthetic plastic surgery business and medical tourism according to Thailand is on the top ranking of countries that have been popular over the world about aesthetic plastic surgery and medical tourism business. Especially, in the present day on country image strongly relies on influenced customer in sex change and elderly or retiree medical tourism including to express, to repair, to stem cell embodiment. (adapted from Tourism Authority of Thailand, 2016; Cohen, 2008: 24-36; Keckley, 2009; Malik, 2012: 68-76; Wendt, 2012: 1-51).

1.2) Price and promotion, including place, this limited explanation results may be appropriate for study of destinations drawing primarily from foreign markets. As medical tourism grows, it is likely that aesthetic plastic surgery segmentation will occur and agreed-upon to narrow the explanation of medical tourism applied to cross-border care include 1.2.1) Outbound: refers to patients, or customers, including service users traveling out of a country. 1.2.2)

Inbound: refers to patients, or customers, including service users coming into a country.  
 1.2.3) Intrabound: refers to patients, or customer, including users traveling within a country (also referred to as “domestic medical tourism” and patients or customers, including service users referred to foreigners who working in Thailand or living with their families) (This result related to discussion from Edelhelt, n.d.). Actually, research on medical tourism often focused only on those who travel outside their home country for care, health care, and dental travel, including aesthetic plastic surgery as well as seasonal residents and expatriates. Expatriates may gain insight into medical tourism market and business. Because they may select a destination based on the quality and word of mouth of medical services, including aesthetic plastic surgery available in that country or the ability to use global region and international health insurance and aesthetic plastic surgery assurance in that location (applied to Riaz, Rowe & Beamish, 2014: 1-11; Thayarnsin & Douglas, 2016: 1-8; Wendt, 2012: 6-7).

1.3) Moreover, related and supporting business strategy related of other Ps were further accepted to people, process and physical evidence can be expressed the service quality factor condition.

2. The service quality factor condition indicated that this results made it profitable for the critical successful factor of most-probable scenario model concepts according to Global Business Environmental Outlook (GEO-3) Scenarios United Nations Environmental Programme (UNEP-GEO-3). UNEP-GEO-3 produced four alternative scenarios to the year 2032 with both global and regional attention applied to medical tourism and aesthetic plastic surgery sets are: (Gordon, 1993; Glen, 2006).

2.1 The market first scenario envisages a world in which market driven process developments coverage on the value of the marketing mix for service business, service quality value, and customer expectations that prevail in the national competitive advantage, including country image and nation branding.

2.2 The policy first scenario implemented to the firm or the nation including business strategy was driven by strong service quality and the image of a country act two distinct categories of factors: Stimuli-factor and physical evidence. Related to stimuli-factor are linked to external stimuli that individual customers receives in relation to the marketing mix for the business, communication of the business information, individual techniques, popular culture-typical fashionable service, toolkits for the practical implementation of before, during and after service.

Subsequently to can connect with physical evidence, then according to physical evidence, the gaps model concept of Parasuraman, Leithmal & Berry (1988, 1991, 1994a, 1994b), originally groups aspects of tangible referred physical evidence consisted of aspect of physical facilities such convenient access, convenient facilities to before, during, and after service, convenient language facilities center and call center concerned, personal factors are related to social and psychological popular culture. It has highlighted a Thai popular culture characteristics concerns and influences on the point of contact refer to the practice of practicing-firm personnel performance in the service quality delivery. Based on when quality benefits conveyed to customer, patient, or service users through external communication (i.e., advertisement, personal selling, etc.) (adapted from Greger, Wolf & Krcmer, 2017). Understand this result can discussion on consumers chains as fast as possible with popular program marketing of consumers instant and can communicate be an extraordinary valuable to the firm and business (adapted from Pham, 2015; Susilo & Suryaty, 2015: 165-170; Susilo & Yulius, 2013; Baloglu & McCleary, 1999: 868-97; Becko, 2000: 9-26; Mauri, Minazzi & Muccio, 2012: 231-254.).

2.3 The security first scenario assumes a world of great disparities, brought about by socio-economic and business environmental differences and similarities in order to country image and country brand concept. The main point of this scenario require a redefinition of place-

generally speaking, including here cities, countries, regions and countries-try to attract outbound, inbound, and intrabound, business companies, investors and internal and external threats to brands. In order to build and provide them a viable nationwide-through customer expectations and perceptions. Thereby, this result for discussion described scenario is the result of the unsafe service quality as the capability to satisfy customer expectations. According to a set of essential for this risky components, this scenario was revised on considering the 5 gaps of expected outlined in 1) the "customer gap" is the main one as it identifies the discrepancy between expectations and actual perception of service quality by the customer, by the firm management and in the activities connected with its delivery 2) the management wrongly assesses customer quality expectations as a consequence of the lack of inequality and conflict prevail, market research, or the lack of upward communication within the firm 3) the discrepancy between management perception of customer expectations and the settlement of appropriate standards of service and safety quality 4) the results of in appropriate horizontal communication among divisions and inconsistent external communication 5) to remove the "customer gap" have to strive for a reduction of the "marketer gap" from 1 to 4 (adapted from Parasuraman, Zeithmal & Berry, 1988: 12-40, 1994: 111-124; Mathew & Jagannathan, 2015: 1-13; Bloch & Bugge, 2017: 1-18).

2.4 The sustainability first scenario provides the main objective of this research results is to critical successful factor condition for drawing pictures a world in which a new development scenario model for emerges in response to the challenge of sustainability. This concept supported by new more equitable values, the firm, and business organizations revealed these awareness. There are 1) customer awareness and acceptance 2) professional or business awareness 3) believed that sustainable innovation as progressive service awareness and acceptance.

Relate to these results, in confirmed furthermore the influence of awareness and acceptance on discussion section may acceptance of brand resilience for managing risk and recovery in a high-speed rapid growth of medical tourism and aesthetic plastic surgery of the business as follows

1) customer awareness and findings shows confirmatory UNEP-GEO-3 and related to this above results and discussion included 1.1) aware of a green and clean product and service material, including instrument 1.2) aware of the medical tourism and the aesthetic plastic surgery option, many misconceptions and fears of low quality, risk exposure, cultural and language barriers exit. 1.3) aware of many anecdotal stories of bad medical tourism and the aesthetic plastic surgery experiences persist in the external communication. In the media, social media, and tourism advertising often includes too-good-too-be-true messages regarding cost and quality that fail to add credibility to the medical tourism and aesthetic plastic surgery market 1.4) aware of service quality and safety service. (adapted from Lunt et.al., 2011)

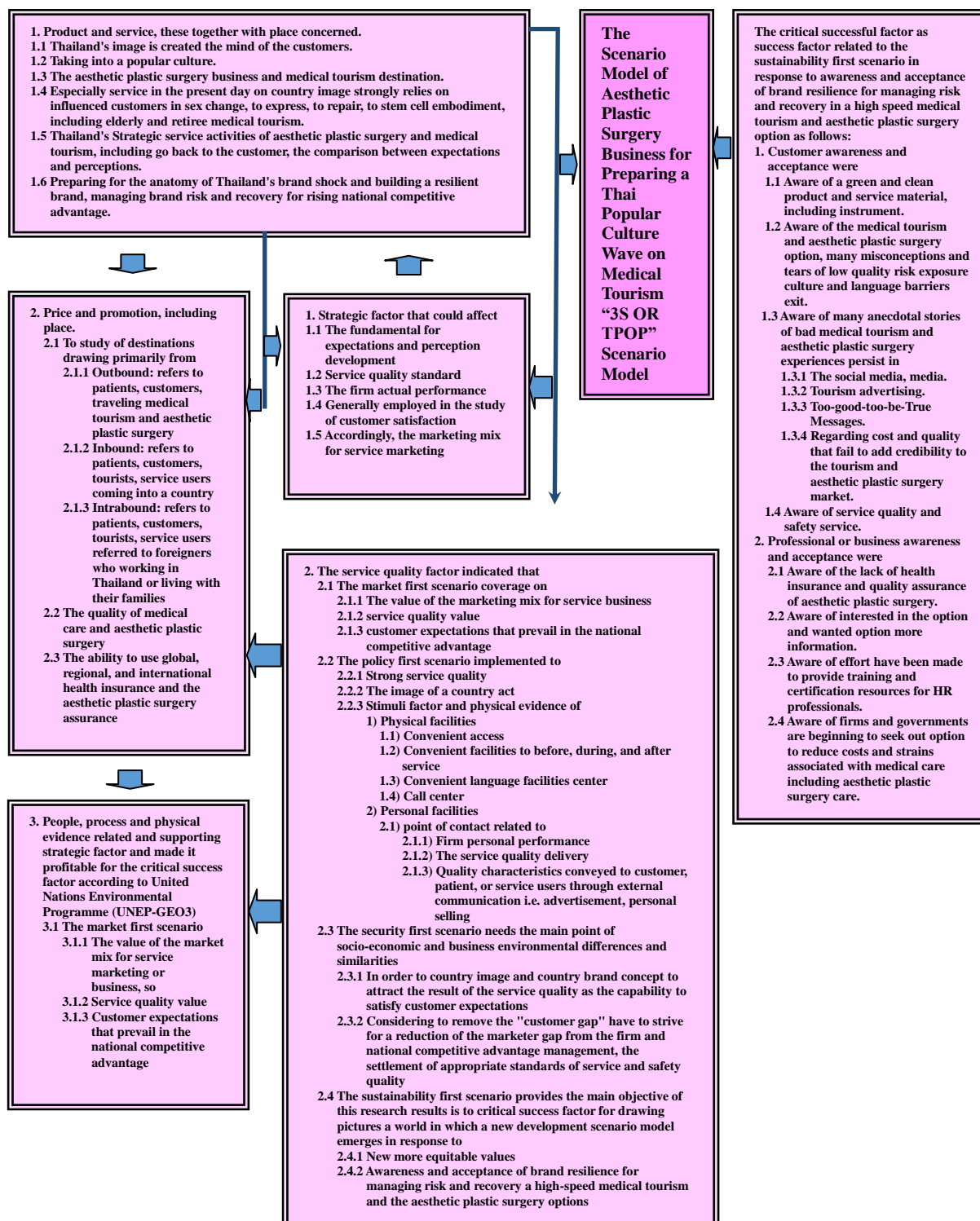
2) professional or business awareness and acceptance were 2.1) aware of the lack of health insurance and quality assurance professionals who sell medical tourism service offerings health insurance products, including aesthetic plastic surgery assurance 2.2) aware of interested in the option and wanted to obtain more information 2.3) aware of efforts have been made to provide training and certification resources for HR professionals, in order to increase awareness of the medical tourism and aesthetic plastic surgery option, and benefits by increased total service quality and safety by employers as well these efforts are crucial to growing a Thai popular culture wave market 2.4) aware of firms and governments are beginning to seek out option to reduce costs and strains associated with medical care, including aesthetic plastic surgery care-this is a perfect time to reach out to decision maker within organizations and governments (local, state, countries and cities) to shown them what the business can provide (adapted from Wendt, 2012; Putra, 2016: 322-327; Fried & Harris, 2004: 3-18; Mutalib, Ming, Yee, Wong & Soh, 2016: 261-268).

3) believed that sustainable innovation as progressive service awareness and acceptance consisted of 3.1) using credit ability of a Thai popular culture as it symbol friendly to enable consumers to many choose products and services have gained importance in medical tourism and aesthetic plastic surgery business as well as in a Thai popular culture wave throughout the world 3.2) aware of patient, customer, and service user now insists on joining together to form reviewers on social media 3.3) preparing for the anatomy of a brand shock is the key to future profitability and is vital for building a resilient brand. Discussable rendering on this result use to force can generate a series of brand resilience reaction. This brand value may be managing risk and recovery in a high speed world to establish a popular culture for competitive advantage in nation brand. So, think of this above awareness and preparing for the anatomy of a brand shock the firm need to consider.

The research results according to purpose of study 2 revealed that

Relevantly, from the above finding, according to purpose of study 2 revealed that the visionary scenario model of aesthetic plastic surgery business for preparing a Thai popular culture wave on medical tourism as a Thai popular culture wave mindset model in terms of a scenario model that reflect mental constructs perspective on the concept of "mental map or mindset model" (in accordance with Kosow & GaBner, 2008; Bloch & Bugge, 2017: 1-18).

This mindset model was called 3s model or TPOP consisted of most-probable scenario model consisted of the first "S" strategic factor condition the second "S" the service quality condition, and the last "S" or the third "S" the critical successful factor condition. It was tested by another 5 experts using Index of Congruence (IOC) which showed consensus of content validity acceptance in all most-probable scenario model ( $IOC \geq 0.50$ ). Hence, the visionary scenario model could be used for design and development to the practicing scenario model as prototype model of esthetic plastic surgery business for preparing a Thai popular culture wave on medical tourism. (see Figure 2)



**Figure 2** "3S" or "TPOP" Scenario Model as the scenario model of aesthetic plastic surgery business for preparing a Thai popular culture wave on medical tourism.

Source: Adapted from Hong, Kwak & Kwak (2016: 293-304); Pham (2015); Mathew & Jagannathan (2015: 1-3); Kotler & Gerther (2002: 249-261); Kotler & Singh (1981: 30-41); Kosow & GaBner (2008); Dinnie (2008); Oliver (1993: 65-85); Parasuraman, Berry, & Zeithmal (1991); Parasuraman, Zeithmal, & Berry (1985,1988,1994a,1994b); Glen (2006); Kanittinsuttitong (2015: 24-36); UNEP-GEO-3 and Gordon (1993); Glen (2006); Copulsky (2011); Janes (2012); Bloch & Bugge (2017: 1-18); Mutalib, Ming, Yee, Wong & Soh (2016: 261-268).

## Conclusion and Suggestion

Considering the fact of the above practicing scenario model from most-probable scenario model to suggested that Thailand 4.0 or Digital Thailand in strengthening existing affluent and wellness tourism, and seeding medical hub and Bio-Med, including creative culture for high value services. So medical tourism and aesthetic plastic surgery business related to cross-border care are now needs an actual nation strategy that can be able to adopt the way of Korean wave or Japanese wave. Additional Korean wave or Japanese wave to share the most popular Thai culture for the rapid growth of medical tourism, including aesthetic plastic surgery business and cross-border care. Especially, cross-border care is defined as the movement of patients, customers, or users across national boundaries for the expressed purpose of seeking out medical care, including aesthetic plastic surgery care through their own expectations. Finally, cross-border care is very important and growing a Thai popular culture as a Thai export culture.

This approach go-ahead to the success in exporting a Thai popular culture i.e. life styles and trend such as face and beauty make up style, body slim style, cosmetic surgery, medical care, dental care, including sex change or stem cell embodiment. These can support that Thailand also received a pleasing a Thai popular culture wave (TPOP) outcome that could enhance the successful of economic status to become stronger, Thailand GDP rate will higher and Thai country's as well as Thai nation brands image are improved to the better profile. Accordingly, this success doesn't stop only in Asian countries but it is also successful in other countries and regions such as Europe, America or South of Africa, including throughout the world (adapted from Liljefors, Ettebrandt, Polipan & Worrawutteearakul, 2010; Jiang & Wang, 2006: 211-218; Pullawan & Sinhaneti, 2010: 4-9; Ravina, 2009: 3-9; Kanittinsuttitong, 2015: 24-36; Bloch & Bugge, 2017: 1-18).

## References

- Baloglu, S., & McCleary, K. 1999. "A Model of Destination Image Formation." **Annals of Tourism Research** 26 (4): 868-897.
- Becko, C. 2000. "Service Intangibility and its Impact on Consumer Expectations of Service Quality." **Journal of Service Marketing** 14 (1): 9-26.
- BlochA, C. & Bugge, M. 2013. "Public Sector Innovation-From Theory to Measurement." **Structural Change and Economic Dynamics** 27: 133-145.
- Booms, B., & Bitner, M. 1981. "Marketing Strategies and Organization Structures for Service Firms." In J. Donnelly & W. George (eds.). **Marketing of Services**. Illinois: American Marketing Association, pp. 47-51.
- Calogero, R., Pina, A., Park, L. & Rahemtulla. Z. 2010. "Objectification Theory Predicts College Women's Attitudes Toward Cosmetic Surgery." **Sex Roles** 63 (1): 32-41.
- Ching, S., Thoma, A., McCabe, R. & Antony, M. 2003. "Measuring Outcomes in Aesthetic Surgery: A Comprehensive Review of the Literature." **Plast Reconstr Surg** 111 (1): 469-480.
- Cohen, E. 2008. "Medical Tourism in Thailand." **AU-GSB e-Journal** 1 (1): 24-36.
- Cohen, I. 2012." How to Regulate Medical Tourism (and Why It Matters for Bioethics)." **Journal of Developing World Bioethics** 12 (1): 9-20.
- Dinnie, K. 2008. **Nation Branding: Concepts, Issues, Practice**. Oxford: Butterworth-Heinemann.
- Edelheit, J. 2012. **US Healthcare Reform's Effect on the US Medical Tourism Industry**. Retrieved from [www.medicaltourismmag.com/webinar/us-healthcare-reforms-effect-on-the-medical-tourism-industry-by-Jonathan-edelheit-html](http://www.medicaltourismmag.com/webinar/us-healthcare-reforms-effect-on-the-medical-tourism-industry-by-Jonathan-edelheit-html).

- Edelheit, J. n.d. **Opportunities in medical tourism & health and wellness for Las Vegas.** Retrieved from [snmic.com/medicaltourism](http://snmic.com/medicaltourism).
- Eltebrandt, T., Liljefors, O., Potipan, P., & Worrawutteearakul, N. 2015. **A Study of the Korean Wave in Order to be a Lesson to Thailand for Establishing a Thai Wave.** Master Thesis, Mälardalen University.
- Eltebrandt, T., Sinhaneti, K., & Pullawan, J. 2008. **Thailand a Beauty Hub for Everyone?.** International Marketing Master Thesis, Mälardalen University.
- Enderwick, P., & Nagar, S. 2011. "The Competitive Challenge of Emerging Markets: The Case of Medical Tourism." **International Journal of Emerging Markets** 6 (4): 329-350.
- Freshwater, M. 2011. "The Four C's for a Journal Club-Ingredients for Success or Failure." **Journal of Plastic Reconstructive and Aesthetic Surgery** 64: 839-841.
- Fried, B. & Harris, D. 2006. "Managing Healthcare Services in the Global Marketplace." **Frontiers of Health Services Management** 24 (2): 3-18.
- Funston, F., Wagner, S. & Ristuccia, H. 2010. **Risk Intelligent Decision-Making: Ten Essential Skills for Surviving and Thriving in Uncertainty.** New York: Deloitte.
- Gilman, S. 1999. **Marketing the body beautiful: A Cultural History of Aesthetic Surgery.** New Jersey: Princeton University Press.
- Glenn, J. & Gordon, T. 1994. **Futures Research Methodology Version 2.0: The Millennium Project.** Washington: American Council for the UNU.
- Glenn, J. 2006. **Global Scenarios and Implications for Constructing Future Livestock Scenarios.** Nairobi: The International Livestock Research Institute.
- Hong, J., Kwak, Y., & Kwak, Y. 2016. "The Effect of Diffusion of Online Culture Content on Medical Tourism: Analysis of Keyword." **International Journal of Database Theory and Application** 9 (11): 293-304.
- Jiang, Y. & Wang, C. 2006. "The Impact of Affect on Service Quality and Satisfaction: The Moderation of Service Contexts." **Journal of Services Marketing** 20 (4): 211-218.
- Johnston, R., Crooks, V., Snyder, J. & Kingsbury, P. 2010. "What is Known about the Effects of Medical Tourism in Destination and Departure Countries? A Scoping Review." **International Journal for Equity in Health** 3 (9): 24.
- Kanittinsuttitong, N. 2015. "Motivation and Decision on Medical Tourism Service in Thailand." **ASEAN Journal of Management & Innovation** 2 (2): 24-36.
- Kar. 2011. **The 8 Ps of Services Marketing.** Retrieved from [business-fundas.com/2011/the-8-ps-of-services-marketing](http://business-fundas.com/2011/the-8-ps-of-services-marketing).
- Keckley, P. & Underwood, H. 2008. **Medical Tourism: Consumers in Search of Value.** Washington: Deloitte Center for Health Solutions.
- Klatsky, S. 2001. "What is Aesthetic Surgery Anyway?." **Aesthetic Surgery Journal** 21 (6): 532-533.
- Kotler, P. & Gertner, D. 2002. "Country as Brand, Product, and Beyond: A Place Marketing and Brand Management Perspective." **Journal of Brand Management** 9 (4-5): 249-261.
- Kotler, P., Kartajaya, H., & Setiawan, I. 2010. **Marketing 3.0: From Products to Customers to the Human Spirit.** New Jersey: Wiley.
- Kotler, P. & Armstrong, G. 2006. **Principles of Marketing.** 9<sup>th</sup> ed. New York: Prentice Hall.
- Kotler, P. & Singh, R. 1981. "Marketing Warfare in the 1980s.. **Journal of Business Strategy** 1: 30-41.
- Kosow, H. & Gabner, R. 2008. **Methods of Future and Scenario Analysis: Overview, Assessment, and Selection Criteria.** Bonn: German Development Institute.
- K Research. 2015. **K Research-Private Hospitals.** Bangkok: Kasikorn Research Center.

- Kumar, V., Chattaraman, V., Neghina, C., Skeira, B., Aksoy, L., Bouye, A. & Henseler, J. 2013. "Data-Driven Services Marketing in a Connected World." **Journal of Service Management** 24 (3): 330-352.
- Lundvall, B. 1992. **National Systems of Innovation: Towards a Theory of Innovation and Interactive Learning**. London: Pinter Publishers.
- Malik, S. 2012. "Customer Satisfaction, Perceived Service Quality and Mediating Role of Perceive Value." **International Journal Marketing Studies** 4 (1): 68-76.
- Mathew, J. & Jagannathan, L. 2015. "Study Based on Servqual Dimensions in Service Industry-A Literature Review." **Industrial Engineering & Management** 4 (1): 1000167.
- Mauri, A., Minazzi, R. & Muccio, S. 2012. "Communication and Competition due Element of Reinterpretation to Gap Model Quality on the Desired Service." **Sinergie: Italian Journal of Management** 89: 231-254.
- McMahon, D. 2013. **Medical Tourism and Cross-Border Care**. Toronto: Nuffield Council on Bioethics.
- Mutalib, N., Ming, L., Yee, S., Wong, P. & Soh, Y. 2016. "Medical Touriwm: Ethics, Risks and Benefits." **Indian Journal of Pharmaceutical Education and Research** 50 (2): 261-268.
- Murphy, L., Moscardo, G. & Benckendorff, P. 2007. "Using Brand Personality to Differentiate Regional Tourism Destinations." **Journal of Travel Research** 46 (1): 5-14.
- Oliver, R. L. 1993. **A Conceptual Model of Service Quality and Service Satisfaction: Compatible Goals, Different Concepts**. Advances in Service Marketing and Management. Greenwich: JAI Press, 2: 65-85.
- Parasuraman, A., Berry, L. L. & Zeithaml, V. A. 1991. **Perceived Service Quality as a Customer-Based Performance Measure: An Empirical Examination of Organization Barriers Using an Extended Service Quality Model**. Human Resource Management 30(3): 335-364.
- Parasuraman, A., Zeithmal, V. & Berry, L. 1985. "A Conceptual Model of Service Quality and its Implications for Future Research." **American Marketing Association Journal of Marketing** 49 (4): 41-50.
- Parasuraman, A., Zeithmal, V. & Berry, L. 1988. "SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perception of Service Quality." **New York University Journal of Retailing** 64 (1): 12-40.
- Parasuraman, A., Zeithmal, V. & Berry, L. 1994a. "Alternative Scale for Measuring Service Quality: A Comparative Assessment Based on Psychometric and Diagnostic Criteria." **New York University Journal of Retailing** 70 (3): 201-230.
- Parasuraman, A., Zeithmal, V. & Berry, L. 1994b. "Reassessment of Expectations as a Comparison Standard in Measuring Service Quality: Implications for Further Research." **American Marketing Association Journal of Marketing** 58 (1): 111-124.
- Pham, T. 2015. **A study of the determinants Influencing Customer Satisfaction in Medical Tourism Industry in Singapore**. Lismore: Southern Cross University.
- Potter, M. 1990. **The Competitive Advantage of Nations**. New York: Free Press.
- Porter, M. & Linde, C. 1995. "Toward a New Conception of the Environment-Competitiveness Relationship." **Journal of Economic Perspectives** 9 (4): 97-118.
- Pullawan, J. & Sinhaneti, K. 2008. **Thailand, A Beauty Hub for Everyone? (Internationalizing Thai Aesthetic Surgery)**. Västerås: Malardalen University.

- Putra, F. 2016. "Implementation of HISTOQUAL Model Measure Visitors' Expectations and Perceptions in Museum Geology Bundung." in **Proceedings of the Asia Tourism Forum 2016-the 12<sup>th</sup> Biennial Conference of Hospitality and Tourism Industry in Asia**. Paris: Atlantis Press.
- Ratner, C. 2009. **Marketing Your Hospital to Medical Tourists**. Retrieved from [www.imtj.com/articles/2009/hospital-marketing-30010](http://www.imtj.com/articles/2009/hospital-marketing-30010).
- Ravina, M. 2009. "Introduction: Conceptualizing the Korean Wave." **Southeast Review of Asian Studies** 31: 3-9.
- Riaz, S., Rowe, W. & Beamish, P. 2014. "Expatriate-Deployment Levels and Subsidiary Growth: A Temporal Analysis." **Journal of World Business** 49 (1): 1-11.
- Ries, A. & Trout, J. 1986. **Marketing Warfare**. New York: New American Library.
- Sargeant, W. 1949. "One Look at the Sheer Mass and Volume of what we Euphemistically call our Popular Culture Suffices." **LIFE Magazine** 11 (2): 102.
- Schaar, R. 2013. "Destination Branding: A Snapshot." **UW-L Journal of Undergraduate Research** 16: 1-10.
- Scott, D. & Pratt, S. 2011. **The New Rules of Marketing & PR**. 4<sup>th</sup> ed. New Jersey: John Wiley & Sons.
- Singh, L. 2014. "An Evaluation of Medical of Medical Tourism in India." **African Journal of Hospitality, Tourism and Leisure** 3 (1): 1-10.
- Susilo, W. & Yulius, Y. 2013. **Business Marketing Services, Role Orientation Customers, Building Character On The Level of Competitiveness Institutions: Theory and Application of SPSS and LISREL in Marketing Research**. Jakarta: IN Media.
- Susilo, W. & Suryaty, H. 2015. "Anaylis Hybrid Model: An Influencing Marketing 3.0 to Purchasing on Post Graduate Program Institutions in Jakarta." **International Journal of Economic and Financial Issues** 5: 165-171.
- Schumpeter, J. 1934. **The Theory of Economic Development: An Inquiry into profits, Capital, Credit, Interest and the Business Cycle**. Massachusetts: Harvard University Press.
- Textor, R. 1980. **A Handbook on Ethnographic Future Research**. 3<sup>rd</sup> ed. California: Stanford University.
- Thayarnsin, S. & Douglas, A. 2016. "A Systematic Review of Challenges in Medical Tourism Destination Management." **Tourism Travel and Research Association: Advancing Tourism Research Globally** 9: 1-8.
- Wendt, K. 2012. **Medical Tourism: Trends and Opportunities**. Master of Science Professional Papers, University of Nevada.