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EDITOR’S INTRODUCTION

Welcome to the Vol.2, No.2 (December, 2012) issue of the SIU Journal of Management. This issue marks the fourth issue of the journal and the completion of the second year of publication. I am particularly glad to welcome research papers in this issue with authors based in Bangladesh, Laos, Saudi Arabia and India: this geographical diversity meets the expectations set at the launching of the journal as a resource for researchers across Asia. I am also pleased to welcome the invited paper from Dr Nittana Southiseng, who is now SME Specialist at the Mekong Institute in Khon Kaen. Dr Southiseng was an outstanding PhD candidate here at Shinawatra University and I am gratified by her subsequent career and achievements. The next issue is due in June, 2013 and I welcome submissions in any aspect of management for possible publication.

John Walsh, Editor, SIU Journal of Management
INVITED PAPER
SME Development in the CLMV Region

Nittana Southiseng

Abstract

Small and medium-sized enterprises (SMEs) represent vital elements within any country, particularly developing economies such as are found in the Cambodia, Laos, Myanmar and Vietnam (CLMV) region. The Mekong Institute conducted a study to identify business opportunities and challenges facing SMEs in CLMV during November 2011–February 2012 in order to assess the capacities of SMEs and to build up their readiness for integration into the ASEAN Economic Community (AEC) in 2015. The study revealed that the prospect for SMEs in the four countries for an integration of SMEs into regional and global value chains in 2015 was very high, and they had in common marketable products, such as fruit and vegetables, garments, footwear and wood furniture. However, promotional activities for those SMEs remained relatively weak, especially in Laos, Myanmar and Cambodia, mostly due to lack of knowledge and support services. This paper provides more details of this research study and focuses in particular on the promotion of SMEs by the public sector and its partners.

Keywords: Cambodia, Laos, Myanmar, SME Development, Vietnam

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1. Introduction

Cambodia, Laos, Myanmar [Burma] and Vietnam are four countries that are part of the Mekong Region, together with Thailand and Yunnan Province of China. Known collectively as CLMV, these
countries are less developed economically than their neighbours but are otherwise diverse in nature. Vietnam and Myanmar are quite large in population but while the former has spent two decades of rapid economic development, the latter has only just begun to enter this process – a process characterised by the creation of special economic zones, building of factories using domestic and international capital and promotion of low-cost manufacturing for exporting that may be referred to as ‘the factory age.’ Laos and Cambodia are smaller, though the former is comparatively rich in mineral resources and potential (and actual) hydroelectric generative power. All four countries are similar in that they have committed themselves to rapid industrialisation and modernisation but which lack the technical capacity and resources to provide necessary support to would-be entrepreneurs.

Within the CLMV region, the commercial sector is dominated by micro-level (or ‘own account’) ventures which are necessarily small scale nature and, hence, vulnerable to shocks in the external environment. From a marketing perspective, it is evident that the majority of these ventures depends on utilities of time and place in order to obtain income: that is, a typical venture involves an individual obtaining goods from a market or some other source and taking them to where a consumer is willing to pay a marked-up price for those goods. A noodle seller at the gates of a factory is an obvious example of this approach. These kinds of activity are vulnerable to change, as mentioned above, and are also problematic in that they add little value to the basic goods, are so small in size that they can easily be driven out of business and are concentrated in urban areas in such a way that new arrivals can find themselves increasingly in competition with newcomers to the urban environment. Successful entrepreneurs are able to identify market opportunities where there is not such intense competition and so they are able, as long as they can satisfy their stakeholders, have better prospects for profitability. Better quality entrepreneurial ventures would be beneficial to the economy as a whole because they are more stable, thereby offering better
employment opportunities and the scope for upgrading. Such ventures would be more likely to be able to become part of supply chains which might be required by inwardly investing companies. This is particularly important because it would facilitate inwards technology and skills transfer and these processes are of considerable importance in accelerating the processes of industrialisation. Clearly, therefore, it would be beneficial for the economy as a whole if the respective governments could find some means by which they would be able to increase the quality of their small and medium-sized enterprises (SMEs). SMEs have played significant roles worldwide both in developed and developing countries. Their contribution to the national economies of the Association of Southeast Asian Nations (ASEAN – the group of ten principal countries of the region) member states has also been quite significant. In the ASEAN region, SMEs comprise about 99% of all enterprises, account for 50% of manufacturing output and from 44-70% of employment, while the contribution of SMEs to exports is between 19-31% and play an especially important role in employment generation (ASEAN, 2012). The contribution of SMEs to GDP is between 30-53%. SMEs are the backbone of ASEAN and SME development is integral to achieving long-run sustainable economic growth of the region.

Despite the large proportion of local and regional business accounted for by SMEs in the ASEAN region, their integration has been relatively fragmented. SMEs in developing countries suffer from a number of major internal barriers to export relating to their limited endowment of resources and capabilities to meet the challenges of the business environment. This is particularly true of CLMV, which face many constraints to competing effectively in global markets since they often lack necessary knowledge and financing. Numerous market failures prevent domestic enterprises in the CLMV region from building competitive advantages in the regional and international markets mainly due to the lack of industry clusters and facilities that can provide SMEs access to regional and global value chains.
The purpose of this paper is to identify the situation facing SMEs in the CLMV region and the prospects for their development and
integration into regional and global production chains. The paper is based on a series of personal interviews with relevant government officials and executives combined with intensive secondary data research. This research project was conducted by a multinational team organized by the Mekong Institute, which is “…an Intergovernmental Organization (IGO) which provides, implements, and facilitates integrated human resource development (HRD) and capacity building programs and development projects related to regional cooperation and integration issues in the Greater Mekong Subregion (GMS) (Mekong Institute, 2012).”

The team was constructed so as to have language abilities suitable for all the countries visited for intensive personal interviews with representatives of a variety of important stakeholders (see Table 1). Question areas were initially created with respect to the research question (‘how can SMEs benefit economic development in the Mekong Region?’) and after careful consideration of the secondary literature. The question agenda was composed in English and, although interviews took place in a variety of languages, the transcripts were converted to English for subsequent analysis. Interviews took place at the end of 2011 and the beginning of 2012. A total of 30 organizational interviews was completed and the results collated for subsequent analysis. They took place in Hanoi, Vientiane, Naypidaw and Phnom Penh. Clearly, research projects of this sort are limited in terms of the time and space in which samples are drawn.

2. Characteristics of CLMV Businesses

Businesses in the CLMV region tend to be very small in size and scope; micro-businesses (or ‘own account workers’) predominate and very often their activities are restricted to a very small scale. Common activities, especially for women, include street vending and market-trading, home-based handicraft manufacturing and petty trading. Most such businesses rely on basic business techniques such as adding a small amount of utility of time or place, offering items at a smaller-
scale than available from formal shops or else taking advantage of arbitrage opportunities in cross-border movements of goods and services. Entrepreneurs taking part in these activities need to be flexible enough to recognise changes in the environment and understand how they will need to vary their business practices to deal with any such changes. For example, new sources of supply of goods, particularly from China, have drastically changed many market places and vendors must either acquire supplies themselves or learn how to sell the products they do have as value-added items. In any case, the low levels of capital available to entrepreneurs is such that all businesses are vulnerable to the entry of new entrants with access to more capital who can, therefore, take advantage of economies of scope and scale thereby obtain competitive advantage over market incumbents.

Owing to the mobility of many women in the Mekong Region, a level of mobility that is increasing as transportation infrastructure improves and expands and as personal incomes allow more people to obtain access to cars and motor cycle, women entrepreneurs have often been involved in episodes of migration. There may also be multiple instances of interaction with migrant experiences, since it is known that cross-border migration of workers in the Mekong region tends to involve repeat ventures, sometimes in the short-term and sometimes for more extended periods. Opportunities for entrepreneurial activities or for improving the ability to act as an effective entrepreneur might be stimulated by such episodes.

SMEs are the largest source of domestic employment across all economic sectors in both rural and urban areas. They provide opportunities for women and youth to participate in economic development. There has been evidence in many research studies that SMEs in the CLMV countries share some commonalities in nature. They can be found in virtually every field of socio-economic activities and services. They have intensive labour and deploy simple technologies in their business operation and low levels of marketing.
Most of them are owned and operated by the (founding) entrepreneurs and members of their extended families, and largely cater for local markets. Some of their common characteristics have also been found by Abe (2011), such as (i) born out of individual initiatives, knowledge and skills; (ii) greater operational flexibility; (iii) low cost of production; (iv) high propensity to adopt technology; (v) high capacity to innovate; (vi) high employment orientation; (vii) utilization of locally available human and material resources; and (viii) reduction of geographical imbalances.

Table 1: SME Definitions in the CLMV Countries

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<th>Definition of SME in CLMV</th>
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<td>Size</td>
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<td>Cambodia</td>
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<td>Laos</td>
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<tr>
<td>Vietnam</td>
<td>SME</td>
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<tr>
<td>Agriculture, forestry &amp; fishery</td>
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<td>Industry &amp; construction</td>
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<td>Trade &amp; service</td>
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Table 2: Definitions of SMEs in CLMV Countries: source: various
Country | SME Features in CLMV
--- | ---
Cambodia | The study revealed that there were 376,761 recorded enterprises in Cambodia. Of these, 93 percent were categorized as SMEs. These SMEs were largely dominated by family businesses with fewer than 10 employees, and engaged in processing primary products for the domestic market.
Laos | According to SMEPDO (2010), 99% of enterprises (around 125,616 small enterprises and 1,081 medium enterprises) in Laos. The majority of SMEs are family-owned businesses. They largely engaged in wholesale, retail trade and services, and semi-processing businesses (National Statistics Center, 2006).
Myanmar | The data in 2007 shows 92% of enterprises in Myanmar were SMEs (33,504 small enterprises and 6,516 medium enterprises).
Vietnam | Approximately 400,000 enterprises were recorded as SMEs and 99% represented as SMEs; employed 77 percent of the workforce and accounted for 80% of the retail market.

Table 3: Summary of SME Conditions in the CLMV; source: original research

3. Relationship between Private and Public Sectors

Mekong region governments generally are patriarchal and hierarchical in nature: that is, agencies assume a leading role in any relationship with stakeholders and anticipate that rules which they have put in place will be followed by others, even though they themselves might regard those rules to apply to them on only a discretionary guideline basis. The result has been that people tend to look first to the government to provide services and resources, including the kind of assistance that SMEs require to improve their competitiveness and sustainability. These services and resources include the need for greater access to capital, better training and education, more market development and enforcement of the level playing field – these issues would be common to SMEs in any part of the world. The problem comes when governments are unable or unwilling to provide their assistance, perhaps through lack of technical capacity, funds or other resources. To some extent, the shortfall in resources and technical
capacity can be and is being met by non-governmental organizations (NGOs); however, NGOs are unlikely ever to be able to provide the universal coverage required of governments. In some cases, then, national or regional organizations can work with NGOs and government to try to fill the gaps by learning skills and then transferring them to other members locally. A number of these organizations in each of the four countries are considered in this chapter.

4. Case Study of Business Environment: Myanmar

Myanmar is currently re-evaluating its business administration processes as part of the movement towards democracy and different modes of governance in various other fields. Business administration is currently managed by the Directorate of Investment and Company Administration (DICA) (www.dica.gov.mm). These are four basic structures which may be adopted: partnerships, companies limited by shares (including joint venture companies, local companies and foreign companies); the branch or representative offices of a foreign company or else associations intended to be not-for-profit.

There are four laws intended to regulate foreign investment in Myanmar, two of which were passed in January, 2011 in order to manage special economic zones (SEZs) in the country. These are the Myanmar Special Zone Law and the Dawei Special Economic Zone. They supplement the November, 1988 Foreign Investment Law, which prescribes the Procedures and Types of Economic Activities for which foreign investment is permitted, and the Myanmar Citizens Investment Law of November, 1994, which specifies the procedures which are to be followed.

The SEZ laws specify the incentives that are provided for companies or individuals wishing to invest in such an area, including allowances or reductions in corporate and income tax levels, exemptions from taxes on imported capital goods and on imported raw materials, as
well as a variety of grants, loans and subsidies. The laws aim to provide some transparency to an area which has had a tendency to be opaque in the past. The laws are principally concerned with regulating the power and oil and gas sectors, since these represent 46.7% (US$18,900 million) and 34.2% (US$13,800 million) of total investment respectively. The leading investor is now China (34.5%), followed by Thailand (23.7%) and Hong Kong (15.6%); some proportion of the latter is likely to be a hangover of the round-tripping phenomenon of the past.

4.1. SMEs in Myanmar

In common with all SMEs in the GMSR, SMEs predominate in Myanmar, representing 95% of the overall economy and 92% of the manufacturing sector. Further, 70% of employment overall is accounted for by SMEs, which with the opening of the economy now offer augmented opportunities for taking advantage of working in major resource sectors and as part of cross-border supply chains and value chains.

However, there are some important problems relating to the operation of SMEs in Myanmar: there is no clear definition of what an SME is in law and these laws, too, are in the process of drafting and change. SMEs face problems with respect to access to finance and to modern technology; the low capacity of available human resources, the limited application of information communications and technology (ICT), market access and the problems with limited infrastructure and utilities. There is also the overall problem of potential and actual political instability.

A variety of state-level organizations exist to administer SMEs, including the Ministry of Industry Development (MD) committees and working committees, while at the Ministry level the Ministry of Industry (MoI), the Ministry of Commerce (MoC), the Ministry of Science and Technology and the Ministry of Manpower are involved.
However, there is some concern that responsibilities of ministries overlap to some extent, while no single agency is responsible for SME development at the level of implementation. With particular respect to adding the capacity to expand market opportunities and to provide both capital and export financing skills, there is an intention to establish a specific Import/Export Bank with assistance from ASEAN, under the MoC. It is anticipated that this will be particularly required in the case of agricultural production since such products have proven to be popular in export markets but farmers lack capital to regularize and expand goods for market and to improve efficiency and productivity of inputs.

Most products (74%) currently go to ASEAN markets, although there is a notable market sector for handicrafts in Europe. Clearly, given Myanmar’s past record of diplomacy, there is scope both within ASEAN and beyond for expanding opportunities for exporting. Free Trade Agreement (FTA) status among ASEAN countries with the ASEAN+6 concept offer the most likely short- and medium-term opportunities for Myanmar in this respect. Currently, the best available model for SME development in the country appears to be the Commodity Agent Centre established in 2009. This Centre assists with product development in the agriculture industry, organizes business matches and small rice mill associations for greater cooperative efficiency. Businesses can work with this association to provide capital and expertise, as well as networking support.

4.2. Overview of Myanmar SME Environment

The underdevelopment of Myanmar has inhibited the presence and growth of SMEs in the country, particularly during the period of the military junta. However, opening the economy represents opportunities entrepreneurs to take advantage of the extensive amounts of under-utilized land and its productivity in terms of agriculture and related items. The population is mostly poor but of a large enough size (approximately 55 million) that an increase in living
standards brought about by, for example, the creation of industrial estates and opening factories would help to generate domestic demand that could support SME development and present an alternative to exporting.

However, it should be pointed out that a great deal of Myanmar’s territory, especially away from the low land areas surrounding the former capital Yangon (previously Rangoon) and extending to the current capital of Naypyidaw, is closely correlated with the presence of a variety of ethnic minorities with whom the central government has long had problematic relationships: any initiatives coming from the government or from external investors and apparently aimed at moving people off the land or changing their self-determined agricultural production methods are likely to be viewed with considerable suspicion.

It might also be noted that each of the ethnic minorities has its own specific set of gender division procedures with respect to work, production and consumption and, as a result, it would be inappropriate to assume that all women will have the same experiences and motivations for becoming involved with entrepreneurialism.

5. SME Development Strategies

Each of the four countries in the CLMV region has, together with external partners, identified SMEs as an important part of overall state-level economic development. Each state has, with varying degrees of formality and transparency, constructed its own state of policies for SME development, which reflect the specific locational, geographic, historical and institutional factors that are in place in the countries concerned. This has led to some distinctive differences between policies established for each country, as the following sections demonstrate.
5.1. SME Development in Cambodia

Priorities for SME development in Cambodia include support for export promotion, adding value and cluster formation. The country suffers from a continued lack of business infrastructure – partly a result of the war-torn past – which means that it is difficult to implement national policies evenly around the country. For example, there are Chambers of Commerce in only 11 out of a total of 24 priorities and these organizations have an important role in linking national level policies and SMEs on the ground. As noted previously, SMEs in the Mekong Region suffer from lack of access to information, capital and government services and, therefore, have a particular need for intermediaries to assist them. The government has, through the Ministry of Commerce, attempted to provide value chain support but has found it difficult to enact it evenly across the country. The areas that have benefited tend to be those in or near the capital Phnom Penh or else important border regions – the borders with Thailand and Vietnam are relevant in this regard. SME clusters that have been established in the country are based on silk and are located at Takeo, Koh Dach and Siem Reap regions – which are also areas close to border regions. A total of 19 priority sectors have been established at the national level and 24 products have been nominated for receiving export promotion support. These tend to be quite low value-added products and even the Certificate of Origin scheme has been struggling because of the lack of appropriate province-level institutions.

5.2. SME Development in Laos

Lao SMEs suffer from limited access to capital, government and NGO funds, sources of information (particularly with respect to relevant knowledge about export procedures, business incentives and market information), as well as lack of skills and education with regard to business competencies such as general management, accountancy and product development. Unskilled labour tends to be genuinely
unskilled and require assistance before they can function within a commercial environment. In addition to the very high and increasingly high levels of competition from Chinese and Vietnamese rivals, Lao products are hampered by poor logistics and, as a result, the very high level of costs of transportation.

Additional problems faced by SMEs include the rising price of commodities – much of the most effective industry in Laos is related to the extractive sectors (e.g. mining) and this has led to the appreciation of the Lao kip, which has given rise to a form of the economic phenomenon known as Dutch Disease (Corden, 1984). In this, the negative effects of currency appreciation spread across the whole economy and are particularly problematic (as in the case of Laos) for the other sectors which have not experienced gains in productivity and are not, in any case, very competitive. The fact that there is almost no processing industry in the country also contributes to this problem. It means extracted resources are simply exported in their basic forms and the value to be obtained by processing the resources is captured by international interests.

The government has made efforts to try to overcome these problems, working through institutions such as SMEPDO. However, attempts to improve products by adding value and creating brands have not been particularly successful because of the lack of adequate technology or technical skill in the public and private sectors, meaning products cannot achieve the elevated requirements placed upon them for example, in the case of food certificates issued by the Ministries of Agriculture and Health which, even so, do not meet international standards. Even if standards were reached, producers become demotivated because consumers consider only the single criterion of price when making a purchasing decision – there are many anecdotes of people preferring to buy food products which have passed their expiry dates as long as they are cheaper than alternatives that have been more recently produced and do not pose a threat to health.
5.3. SME Development in Myanmar

As described above, Myanmar is passing through profound political and economic change and this has added a new level of complexity to SMEs wishing to do business in what is already a very opaque environment. Policies and laws are still mostly in draft format and there is no clear definition of what an SME is and what regulations affect them. A variety of agencies is involved in drafting regulations and will, also, presumably be involved in implementing and regulating them. These agencies include the Ministries of Industry, Commerce, Science and Technology and Manpower. The Myanmar Industry Development Committee, an inter-agency body, has specific responsibility for SME promotion at the policy level but no agency has been designated to assist SMEs at the level of implementation. As a result, SMEs in the country continue to suffer from lack of access to capital and technology (particularly Information Communications Technology – ICT), market access, limited infrastructure and power supplies and generally low levels of human resource capabilities (i.e. skilled labour).

The government would like to promote exports as a means of driving economic growth as a whole and plans to introduce an Import-Export ASEAN Bank as a means of facilitating this. However, until this happens, would-be exporters are struggling with the lack of capital and finance capabilities, which means that even potentially popular agricultural products are simply shipped as they are harvested and this restricts the level of profits available. One model of what might be achieved at a larger level is in the form of commodity agent centres: one such was established in 2009 to gather together 53 small rice mills, which has enabled the initiatives for product development, business matching and post-harvest technology development. There is a great deal of scope for further developments of this nature.
5.4. SME Development in Vietnam

Vietnamese SMEs suffer from many of the same constraints as the colleagues in other Mekong Region countries. That is, they have limited ability to access capital, as well as lack of working capital and unclear government regulations when it comes to export promotion support and, particularly, the application of Value Added Tax (VAT) to goods for export. Investment in technology is at a lower level than is required to meet developmental goals. It is difficult to find information about foreign markets and the procedures to be followed in international trade. SMEs are unsure about how they can find out about alternative suppliers and buyers. They are unsure about international standards and local markets lack the sophistication that would provide meaningful incentives to upgrade the quality of production and the amount of value-added embedded in it. This problem is exacerbated by the high level of reliance on imported products to become constituent parts of goods for subsequent export, which also restricts the potential for profits, as too does limited domestic production capabilities, which make profits from economies of scope and scale presently unattainable.

Government support for the SME sector is constrained by the lack of capacity: although policies are proposed and enacted, they are most commonly introduced as top-down prescriptions which are often inappropriate for the needs of SMEs. Recognition of the importance of the profit motive has not been fully embraced.

When Vietnamese SMEs have prospered, it has tended to be in economic activities which have had a long-standing presence in the economy (e.g. agro-industrial foods and processed goods, fisheries and processed seafood items) or in export-based sectors relying on diffused technology and low labour costs (e.g. electronics and wooden furniture). There is also scope for SMEs to become involved in the value chains related to the extraction of hydrocarbons (i.e. oil and gas) from the seabed to the south of Vietnam and around the centre of
Vung Tau. This town, Vung Tau, is also a noted tourism centre for domestic and international travellers and the tourism industry as a whole offers significant opportunities for SMEs. Vietnam has recently approved casinos based in border regions and elsewhere for the specific target of Chinese tourists who are transported to integrated casino resorts directly.

6. Cluster Development in CLMV

The idea that placing different types of business in close proximity to each will produce positive externalities has been discussed within economics since the time of Marshall (1890). The proximity provides incentives for other stakeholders to locate within the same area, for firms to be able to exchange important resources and inputs and for intensified local knowledge of supply and demand conditions to reduce the risk of market failures. The vocabulary of the concept of proximity has changed such that discussion now concerns ‘clusters’ of firms or organizations, which have been discussed so widely and regularly that the core meaning of non-random distribution of firms with similar or closely complementary capabilities has been overlaid with a heavy freight of different meanings and connotations (Maskell and Kebir, 2006).

Nevertheless, the concept has become very popular within the CLMV region and moves have been made to try to amalgamate different SMEs on a geographic basis so as to enhance their market power and their ability to export competitive products. Cluster development has largely taken place to date within the agricultural sector (see Table 4) and related activities since these already exist within the country to some extent and there is hope that competitive advantages may be derived from these products. However, the record with regard to cluster formation has been mixed. For example, SMEPDO in Laos organized a workshop on cluster development and then tried to encourage the creation of a furniture manufacturing cluster. The results have been poor as very few entrepreneurs have shown any
interest in joining. In Vietnam, on the other hand, a combination of the United Nations Industrial Development Organization (UNIDO), the Ministry of Planning and Investment and the Italian government has created a more successful three-year plan to strengthen existing and emergent clusters in garment, textiles, footwear and leather industries in Ho Chi Minh City and furniture and wood industries in Bing province. Technical assistance is provided to firms and to industry associations and this has received more support from the business community, presumably at least to some extent because the clusters represent already existing and viable firms. It is a great deal more difficult to create clusters from scratch or when promising initial conditions are not met.

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<tr>
<th>Country</th>
<th>Potential Products</th>
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<tr>
<td>Cambodia</td>
<td>• Fisheries products</td>
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<tr>
<td></td>
<td>• Agri-products: beans, pepper, oranges, pineapples, honey, sugar cane, sesame and organic rice</td>
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<tr>
<td></td>
<td>• Handicraft: rattan, bamboo, Khmer scarves and tiles, wooden products</td>
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<tr>
<td></td>
<td>• Salt, marble, stone carving, palm sugar and palm wine</td>
</tr>
<tr>
<td>Laos</td>
<td>• Agri-products: rice, bananas, cassava powder, coffee, sugar, sweet corn and maize</td>
</tr>
<tr>
<td></td>
<td>• Decor products: dyed cotton, silk textiles, and handicraft and bamboo products and wooden products</td>
</tr>
<tr>
<td>Myanmar</td>
<td>• Forestry products, teak, mineral products, marine products</td>
</tr>
<tr>
<td></td>
<td>• Livestock products</td>
</tr>
<tr>
<td></td>
<td>• Agri-products: sugar, beans, mangoes</td>
</tr>
<tr>
<td></td>
<td>• Garments, footwear</td>
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Table 4: Potential Product Development Areas for CLMV SMEs; source: original research
7. Conclusion

The study revealed that the prospect for SMEs in the four countries for integration into regional and global value chains in 2015 was very high, and they all had marketable products, such as fruit and vegetables, garments, footwear, wooded furniture, handicrafts and silks, agri-products etc. However, the promotion activities for those SMEs remained relatively weak, particularly in Laos, Myanmar and Cambodia, mostly due to lack of knowledge and support services. Although several FTAs and bilateral agreements in CLMV, mostly through ASEAN, have been signed, their advantages had not yet been fully utilized by export-oriented SMEs. The awareness of FTAs and related policies in both governments and private sectors was relatively low and very few if any initiatives on those issues had been conducted and the number of SMEs engaged was also limited.

8. References


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PEER REVIEWED RESEARCH PAPERS
Exploring the Relationships between Emotional Intelligence, Leadership Styles and Gender: An Empirical Study

Md. Sahidur Rahman, Shameema Ferdausy and Md. Aftab Uddin

Abstract

The purpose of this study is to explore the relationships between emotional intelligence (EI) and leadership styles (transformational and transactional) of university students. The study also attempts to determine differences in levels of EI between male and female students. The research sample comprised of 225 students enrolled in MBA programs under the Faculty of Business Administration in a public university of Bangladesh. Emotional intelligence was measured by the Assessing Emotions Scale, while leadership styles were assessed by the Multifactor Leadership Questionnaire. In data collection, this study used a convenience sampling technique. Data collected were analyzed using descriptive statistics, bivariate correlation and regression analysis. The findings indicate a strong correlation \( r = 0.66 \) between EI and transformational leadership style and a weak correlation \( r = 0.27 \) between EI and transactional leadership style. No significant differences in EI between male and female students were found. The key implication is that, given proper training concerning EI and leadership, these students can build a strong future career. One of the limitations of this study is the use of a convenience sample that might limit the generalisability of the findings. Further research directions are discussed.

Keywords: Assessing Emotions Scale, emotional intelligence, Multifactor Leadership Questionnaire, transactional leadership, transformational leadership
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1. Introduction

Emotional intelligence (EI) is a topic of growing interest among academics and researchers in the field of organizational behaviour (OB). Although it was discussed principally within the discipline of psychology until 1990, it has subsequently been studied intensively in the field of OB (e.g. Clarke, 2006; Dulewicz & Higgs, 2005; Gardner & Stough, 2002; George, 2000; Higgs & Aitken, 2003; Leban & Zulauf, 2004; Miller, 1999; Palmer et al., 2001; Rahim et al., 2006; Rahman et al., 2012; Rosete & Ciarrochi, 2005; Singh, 2007). Goleman (1995) made the concept popular among researchers, practitioners, psychologists, and general readers with the publication of his best-selling book Emotional Intelligence. However, it was Salovey & Mayer (1990) who first coined the term “emotional intelligence” by drawing on research such as Gardner’s (1983) concepts of intrapersonal and interpersonal intelligences, Wechsler’s (1940) proposition of non-intellective abilities and Thorndike’s (1920) concept of social intelligence.

A review of the literature shows that emotionally intelligent leaders perform better in the workplace (Goleman, 1998a; 1998b; 2000; Watkin, 2000). It also reveals that leaders with high EI use positive emotions to improve their decision-making and leadership in organizational settings (George, 2000). Druskat & Wolff (2001) reported that EI is essential for executives to develop their effectiveness. Goleman et al. (2002) argued that EI is twice as
important as IQ and technical skills. Dulewicz et al. (2005) argued that EI made a significant contribution to overall performance, to leadership appraisal and to leadership styles. Bennis (1990) observed that EI is much more powerful than IQ in determining who expects to become a leader. The literature also reveals that EI is a vital factor for developing effective leaders for twenty-first century organizations (Dulewicz & Higgs, 2003). Gill (2002) stated that managers require managerial skills such as planning, organizing and controlling while leaders need to have EI and behavioural skills. Ciarrochi et al. (2006) reveal that EI plays an important role in managerial and leadership effectiveness. Several studies have reported that EI and leadership effectiveness are positively correlated (Boyatzis, 1999; Barling et al., 2000; Gardner & Stough, 2002).

Accordingly, Ashkanasy & Tse (2000) and Lewis (2000) have claimed that effective leaders are recognized as using emotion to communicate a vision and to elicit responses from their subordinates. It has been found that leaders with high EI use positive emotions to improve their decision-making leading to major improvements in organizational settings (George, 2000). Leadership researchers have demonstrated that effective leaders should have good EI because it is considered vital in inspiring subordinates and building strong relationships (Bass 1997; Goleman, 1998a). According to Bass (1985), charismatic leaders must possess strong emotional convictions regarding their values and beliefs in their communication with followers. A number of studies found that all components of transformational leadership (TFL) and some components of transactional leadership (TSL) are positively related with EI in their research studies (Palmer et al., 2001; Bass, 1998; Sivanathan & Fekken, 2002; Duckett & MacFarlane, 2003; Butler & Chinowsky, 2006).

Research on gender differences in EI has been limited. While Mayer et al. (1999), Schutte et al. (1998) and Mayer & Geher (1996) indicated that women might have a slight advantage over men in using
EI, Bar-On (2000) and Goleman (1998b, 2000) found no significant differences between males and females in this regard. Goleman (1995) considered men and women to have their own personal profiles of strengths and weaknesses in terms of EI capacity. Although Petrides & Furnham (2000) found a significant difference on the “social skills” factor of EI, where women scored higher than men, they did not report a significant gender difference in the overall measurement of EI. Mandell & Pherwani (2003) suggested that women might be better at managing their emotions and the emotions of others than men.

The above discussion indicates that there has been relatively little empirical research examining the relationships between EI, leadership styles and gender in the context of Bangladesh. Although EI has recently become a key interest of Bangladeshi scholars, research on this issue is largely absent. The major justification for the current study is to fill the gap between knowledge and practice regarding these issues in Bangladesh. Thus, the aim of the paper is to explore the relationships between EI, TFL and TSL on the one hand and, on the other, to investigate the relationship between EI and gender of the respondents.

2. Literature Review

2.1. Emotional Intelligence and Its Components

There is no universally accepted definition of EI and different authors have taken different directions to definition. Salovey & Mayer (1990:189) defined EI as “a form of social intelligence that involves the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them, and to use this information to guide one’s thinking and action.”

Subsequently, Bar-On (1997:14) portrayed EI as “an array of emotional, personal, and social abilities and skills that influence an individual’s ability to cope effectively with environmental demands
and pressures.” A similar definition was given by Goleman (1998b:317): "... the capacity for recognizing our own feelings and those of others, for motivating ourselves, and for managing emotions well in ourselves and in our relationships.” It indicates that EI is related to a number of non-cognitive skills, abilities or competencies that can influence an individual’s capacity.

A recent definition of EI is provided by Mayer et al. (2004:197), who wrote that it is “… the capacity to reason about emotions to enhance thinking. It includes the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth.” Consequently, EI is involves the ability to perceive and understand emotions, to regulate and organize emotions and to generate and manage emotions so as to enhance thinking and promote intellectual growth.

It is noted that the EI of an individual can be measured by using different scales available in the literature, such as EQ-i (Bar-On, 1997), ECI (Boyatzis et al., 1999), EIQ (Dulewicz & Higgs, 2000), SUEIT (Palmer & Stough, 2001), MSCEIT (Mayer et al., 2002), EQI (Rahim et al., 2002), WEIP (Jordan et al., 2002), TEIQue (Petrides & Furnham, 2003), EIS (Wong et al., 2004) and AES (Schutte et al., 2009). Among the various measures of EI, the current study proposes to use the “Assessing Emotions Scale” (AES) developed by Schutte et al. (1998, 2009) to measure the four branches of EI. The AES, also referred to in the literature Emotional Intelligence Scale, the Self-Report Emotional Intelligence Test and the Schutte Emotional Intelligence Scale, is based on Salovey & Mayer’s (1990) original model of EI. The four branches of AES are: i) perception of emotions, ii) managing own emotions, iii) managing others’ emotions and iv) utilisation of emotions. The AES is a 33-item instrument designed to measure respondents’ own perceptions about their EI. Descriptions of these four branches follow:
2.1.1. Perception of Emotion

Emotional perception involves paying attention to and accurately decoding emotional signals in individuals and objects (Mayer et al., 2004). The perceiving emotions branch of the AES includes items that require the respondent to identify how much of a particular emotion is expressed in a picture of a face, a natural landscape or a coloured pattern. It is found that an individual’s perception of emotion is related to their ability to assess emotions in others (Zuckerman et al., 1975; Papadogiannis et al., 2009).

2.1.2. Managing Own Emotions

Individuals try to maintain a positive mood and avoid negative moods by seeking information that helps maintain a positive view of themselves. It reveals the extent to which individuals hold their own emotions in check, whether they are positive or negative (Mayer et al., 2004). This branch is examined through items addressing the individual’s ability to maintain emotions, repair emotions and generate emotions appropriate for a given situation (Papadogiannis et al., 2009).

2.1.3. Managing the Emotions of Others

This aspect implies the extent to which individuals hold the ability to regulate, alter, withhold or neutralise the reactions of others (Salovey & Mayer, 1990). Instead of telling someone to do something, which is rarely a successful strategy, it is better to try to understand what deters a person back from doing it autonomously. It relates to the means of directing peoples’ unintended and unstable emotional states to become stable so as achieve objectives through consensual agreement (Mayer et al., 2004).
2.1.4. Utilisation of Emotion

The using emotions branch examines an individual’s ability to use emotions to affect the cognitive processes of other people. This branch requires the ability to mobilise appropriate emotions and feelings to assist in certain cognitive activities such as reasoning, problem-solving and decision-making (Mayer et al., 2004). The ability to match the affective response to a given situation can directly influence an individual’s cognitive organization, thereby allowing information to become more easily accessible, as well as helping the cognitive system to attend to information that is important (Simon, 1982).

2.2. Transformational Leadership and Its Components

According to Bass & Riggio (2006:4) “… transformational leaders motivate others to do more than they originally intended and often even more than they thought possible. They set more challenging expectations and typically achieve higher performances. Transformational leaders also tend to have more committed and satisfied followers.” Luthans & Doh (2009:474) explained that there are four components of TFL, as follows.

2.2.1. Idealized Influence

Transformational leaders are a source of charisma and enjoy the admiration of their followers. They enhance pride, loyalty and confidence in their people and they align these followers by providing a common purpose or vision that the latter willingly accept. This aspect is viewed in two perspectives, which are idealized influence attributes and idealized influence behaviour. Leaders with idealized influence attributes serve as models and the followers want to be like them. Leaders with idealized influence behaviour demonstrate the ability to change employees’ behaviour (Bass & Riggio, 2006).
2.2.2. Inspirational Motivation

These leaders are extremely effective in articulating their vision, mission and beliefs in clear-cut ways, thus providing an easy-to-understand sense of purpose regarding what needs to be done. They effectively give meaning and purpose to followers’ thoughts and perspectives. This aspect has enabled leaders to envision the future of all concerns, which ultimately serves the vision of TFL as well (ibid.).

2.2.3. Intellectual Stimulation

Transformational leaders are able to cause their followers to question old paradigms and to accept new views of the world regarding how things now need to be done. Mistakes are not criticized but encouragement is provided to people to solve problems in new ways. New ideas and creative problem solutions are solicited from followers, who are included in the process of addressing problems and finding solutions. Followers are encouraged to try new approaches and their ideas are not criticized in the event that they differ from those of leaders (ibid.).

2.2.4. Individual Consideration

Each employee is considered on an individual basis. TFL pays attention to each individual’s needs, wants and expectations in the same way that a coach or a mentor would do. These leaders are able to diagnose and elevate the needs of each of their followers through individualized consideration, thus furthering the development of the people concerned. The behavior of leaders here demonstrates acceptance of individual differences (ibid.).

2.3. Transactional Leadership and Its Components

According to Yukl (2007: 280), “… transactional leadership involves an exchange process that may result in follower compliance with
leader requests but is not likely to generate enthusiasm and commitment to task objectives.” TSL occurs when the leader rewards or disciplines the followers, depending on the adequacy of the follower’s performance (Bass & Riggio, 2006). Luthans & Doh (2009:474) described the three components of TSL as follows.

2.3.1. Contingent Reward

Contingent reward leadership involves the leader assigning or obtaining follower agreement on what needs to be done with promised or actual rewards offered in exchange for satisfactorily carrying out the assignment. A sample contingent reward item is “The leader makes clear what one can expect to receive when performance goals are achieved (Bass & Riggio, 2006).” Contingent reward is transactional when the reward is a material one, such as a bonus. However, it can be transformational when the reward is psychological, such as, praise (Antonakis et al., 2003).

2.3.2. Management by Exception-Active

In active management by exception (MBE), the leader arranges actively to monitor deviations from standards, mistakes and errors in a follower’s assignments and to take such corrective action as may be required. Active MBE may be necessary and effective in some situations, such as when safety is of paramount importance. A sample item for MBE active is “The leader directs attention toward failures to meet standards (Bass & Riggio, 2006).”

2.3.3. Management by Exception-Passive

This approach implies waiting passively for mistakes and errors to occur and then taking corrective action. It is called for when, for example, a large pool of followers is directed to report their performance to their respective supervisor. A sample item for MBE
passive is “The leader takes no action until complaints are received (ibid.).”

3. Development of Research Hypotheses

3.1. Emotional Intelligence and Transformational Leadership

A number of studies (e.g. Barling et al., 2000; Palmer et al., 2001; Gardner & Stough, 2002; Leban & Zulauf, 2004; Barbuto & Burbach, 2006) have revealed that EI is an antecedent of TFL. TFL is described as that type of leadership where a leader emotionally stimulates individuals to take collective action and employ emotions to foster their emotional attachments and commitment to the leader, as well as utilizing empathy to understand their needs and values (Burns, 1978:4). This leadership increases the confidence of individuals and helps persuade them to reach levels of performance beyond normal expectations (Bass & Avolio, 2000). Ashkanasy & Tse (2000) and Lewis (2000) claim that TFL leaders are recognized as using emotions to communicate a vision and to elicit responses from their employees. These leaders are thought to arouse dormant needs in their followers and motivate them to perform beyond baseline expectations. In order to be able to tap into their followers’ emotional states, it is believed that these leaders need to have good emotion perception and recognition skills (Weinberger, 2003); hence the first hypothesis has been developed as follows:

H1: There is a positive relationship between EI and TFL perceived by the MBA students of a public university in Bangladesh.

3.2. Emotional Intelligence and Transactional Leadership

TSL is considered to be a form of leadership that can be witnessed on a daily basis. This type of leadership involves managing in the
conventional sense of clarifying subordinates’ responsibilities, rewarding them for meeting objectives and correcting them should they fail to meet objectives (Eagly & Carli, 2003). It is believed that this type of leadership is not emotional in nature. TSL leaders guide or motivate their followers in the direction of established goals by clarifying role and task requirements (Robbins & Judge, 2009). It is reported by Barling et al. (2000), Palmer et al. (2001) and Gardner and Stough (2002) that contingent reward was positively associated with EI. However, it was also found that there was a negative relationship between MBE passive and EI as a whole (Gardner & Stough, 2002, Palmer et al., 2001). A non-significant relationship between MBE active and total EI was also reported. Consequently, the second hypothesis is as follows:

H2: There is a negative relationship between EI and TSL perceived by the MBA students of a public university in Bangladesh.

3.3. Emotional Intelligence and Gender

A review of the literature shows that the treatment of gender differences in EI is mixed. It is reported that women might have a trifling lead over men in the domain of EI (Mayer et al., 1999; Schutte et al., 1998). According to Bar-On (2000), there were no significant differences between males and females regarding overall EI. He reported that some gender differences were found for a few factorial components of the EI construct, while Goleman (1998b) found no differences at all. In a study conducted by Mandell & Pherwani (2003), it was found that there was a significant difference in EI scores of men and women. It is reported that females scored higher on the EI test than their male counterparts. On the other hand, Petrides & Furnham (2000) conducted a study to investigate whether gender functions as a significant independent variable in measuring an EI score. The result indicated that there was not a significant gender difference in actually measured EI. Hence, the third hypothesis has been proposed as follows:
H3: There is no difference between male and female MBA students’ mean scores of AES, TFL, and TSL.

4. Research Methods

4.1. Participants

Primary data for this study were collected from 225 full-time MBA students studying at different academic departments under the Faculty of Business Administration in a public university of Bangladesh. The sample comprised 96 women (42.7%) and 129 men (57.3%). The sample’s age ranged from 22 years to 27 years, with a mean of 23.99 years and a standard deviation of 0.92 years. Respondents were assured that any information provided would be confidential and used for only academic purposes. The students were asked to rate themselves on the AES and Multifactor Leadership Questionnaire (MLQ) 5X items.

4.2. Survey Instruments

4.2.1. Assessing Emotions Scale

EI was measured using the AES developed by Schutte et al., (1998, 2009). The AES is based on Salovey & Mayer’s (1990) original model of EI. It is a 33-item self-reporting inventory focusing on typical EI that measures four branches: i) perception of emotions, ii) managing own emotions, iii) managing others’ emotions and iv) utilization of emotions. Respondents rate themselves on the items using 5-point Likert scales ranging from 5 (strongly agree) to 1 (strongly disagree). A mean score is calculated from the total of all items and a higher score indicates a higher level of EI for the respondent concerned.
In the development sample of 346 participants, Schutte et al., (1998) found the internal consistency of the AES, as measured by Cronbach’s alpha, to be 0.90. Numerous studies have reported the internal consistency of the 33 item scale and, although it varies from country to country, the mean alpha across samples was reported as 0.83. However, the alpha reliability of the AES for the current study was slightly lower at 0.78. It may be mentioned that Cronbach’s alpha value ranges from 0 to 1 and a score of higher than 0.60 is required for the scale to be considered to be reliable (Malhotra, 2002; Cronbach, 1951).

Reasons for using the AES inventory include the following: i) it is easy and quick to administer as respondents are more willing to complete a short questionnaire; ii) it has been used in many studies of EI and has been much written about, as indicated by over 200 publications listed in the PsycINFO database (Schutte et al., 2009); iii) it is reported that the convergent and divergent validity of the AES was acceptable as it was substantially related to greater attention to emotions, greater clarity of emotions and lower levels of alexithymia (i.e. inability to self-describe emotional states) (Brackett & Mayer, 2003).

Sample items for the AES instrument were “I am aware of my emotions as I experience them” (perception of emotions), “I expect that I will do well on most things I try” (managing own emotions), “I know when to speak about my personal problems to others” (managing others’ emotions) and “When my mood changes, I see new possibilities” (utilisation of emotions). The mean score of AES was obtained by totalling the four AES component scores and dividing them by the number of components. For the purpose of this study, only the AES mean score was used.
4.2.2. Multifactor Leadership Questionnaire 5X

The MLQ 5X (Bass & Avolio, 2000) is the most recent version available of the original MLQ form. There are two types of form in this instrument: self form and rater form. Both forms measure three types of leadership styles and three outcome components. In this study, the self form was used which measured the respondents’ perceptions about their own leadership styles. The items were measured on a 5-point Likert scale ranging from 0 (not at all) to 4 (frequently, if not always). As mentioned, for the purpose of this study, only the items of TFL and TSL were used.

The TFL consists of five components namely: i) idealized influence (attributes), ii) idealized influence (behavior), iii) inspirational motivation, iv) intellectual stimulation, and v) individualized consideration are measured by the MLQ 5X (ibid.). The alpha reliability of the TFL for the current study was 0.79.

Sample items for the TFL component were “I act in ways that build others’ respect for me” (idealized influence attribute), “I consider the moral and ethical consequences of decisions” (idealized influence behavior), “I talk enthusiastically about what needs to be accomplished” (inspirational motivation), “I re-examine critical assumptions to question whether they are appropriate” (intellectual stimulation) and “I consider an individual as having different needs, abilities and aspirations from others” (individualized consideration). The mean score of TFL was obtained by totalling the five TFL components scores, consisting of four items each and dividing them by the number of components.

TSL consists of three components, namely: i) contingent reward, ii) management-by-exception (active) and iii) management-by-exception (passive), which are measured by the MLQ 5X (ibid.). The alpha reliability of TSL for the current study was 0.76, which is considered to be acceptable.
Sample items for the TSL component were “I discuss in specific terms who is responsible for achieving performance targets” (contingent reward), “I focus attention on irregularities, mistakes, exceptions and deviations from standards” (management-by-exception active) and “I wait for things to go wrong before taking action” (management-by-exception passive). The mean score of TSL was obtained by totalling the three TSL components scores, consisting of four items each and dividing them by the number of components.

4.2.3. Data Collection Procedure

For selecting respondents, a convenience sampling technique was used. Four MBA classes from four academic departments under the Faculty of Business Administration in a public university of Bangladesh were selected. Each department offers different and separate MBA programs. As each MBA class generally consists of 100 full-time students, that means there were 400 full-time MBA students available for data collection. The authors spent four separate days collecting data from those MBA students identified. Entering the different MBA classrooms on various occasions during this period, the authors at first briefed the students about the purpose of the survey and then the procedures to complete the printed materials. The students took forty minutes on average to complete the survey. Although it was not possible to collect an equal number of responses from each classroom, a total of 225 (56.25%) usable responses were received. Then, the raw data were entered into an Excel file for summarization and then imported into the SPSS statistics 16.0 data editor for statistical analysis.

5. Results

The mean (M) and standard deviation (SD) calculated for the AES, TFL and TSL are presented in Table 1. The M and SD for AES were consistent with the previous research (Thingujam & Ram, 2000; Carmeli & Josman, 2006; Brown & Schutte, 2006). It should be
mentioned that the M and SD for TFL and TSL were also consistent with previous research findings (Avolio et al., 1995; Bass & Avolio, 1995; 2000; Rahman, 2010). Correlations between AES, TFL and TSL are also shown in Table 1.

<table>
<thead>
<tr>
<th>Variables/Components</th>
<th>M</th>
<th>SD</th>
<th>α</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
<tr>
<td>1. AES</td>
<td>3.93</td>
<td>0.33</td>
<td>0.78</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. TFL</td>
<td>2.85</td>
<td>0.42</td>
<td>0.76</td>
<td>0.58**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. TSL</td>
<td>2.02</td>
<td>0.34</td>
<td>0.73</td>
<td>0.27**</td>
<td>0.41**</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>4. POE</td>
<td>3.84</td>
<td>0.46</td>
<td>-</td>
<td>0.72**</td>
<td>0.58**</td>
<td>0.15*</td>
<td>1</td>
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<tr>
<td>5. MOE</td>
<td>3.92</td>
<td>0.39</td>
<td>-</td>
<td>0.74**</td>
<td>0.59**</td>
<td>0.28**</td>
<td>0.63**</td>
<td>1</td>
<td></td>
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<td>6. MTE</td>
<td>3.96</td>
<td>0.49</td>
<td>-</td>
<td>0.71**</td>
<td>0.57**</td>
<td>0.18*</td>
<td>0.62**</td>
<td>0.64**</td>
<td>1</td>
<td></td>
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<td>7. UOE</td>
<td>3.94</td>
<td>0.48</td>
<td>-</td>
<td>0.69**</td>
<td>0.61**</td>
<td>0.15*</td>
<td>0.59**</td>
<td>0.55*</td>
<td>0.58**</td>
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<tr>
<td>8. II</td>
<td>2.85</td>
<td>0.51</td>
<td>-</td>
<td>0.55**</td>
<td>0.85**</td>
<td>0.28**</td>
<td>0.52**</td>
<td>0.54**</td>
<td>0.57**</td>
<td>0.56**</td>
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<tr>
<td>9. IM</td>
<td>2.88</td>
<td>0.64</td>
<td>-</td>
<td>0.53**</td>
<td>0.74**</td>
<td>0.26**</td>
<td>0.51**</td>
<td>0.53**</td>
<td>0.50**</td>
<td>0.49**</td>
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<tr>
<td>10. IS</td>
<td>2.89</td>
<td>0.65</td>
<td>-</td>
<td>0.54**</td>
<td>0.75**</td>
<td>0.21**</td>
<td>0.54**</td>
<td>0.49**</td>
<td>0.53**</td>
<td>0.54**</td>
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<tr>
<td>11. IC</td>
<td>2.84</td>
<td>0.72</td>
<td>-</td>
<td>0.52**</td>
<td>0.69**</td>
<td>0.18*</td>
<td>0.49**</td>
<td>0.51**</td>
<td>0.55**</td>
<td>0.52**</td>
</tr>
<tr>
<td>12. CR</td>
<td>2.33</td>
<td>0.56</td>
<td>-</td>
<td>0.26*</td>
<td>0.25*</td>
<td>0.62**</td>
<td>0.11*</td>
<td>0.21*</td>
<td>0.18*</td>
<td>0.16*</td>
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<td>13. MBEA</td>
<td>2.07</td>
<td>0.76</td>
<td>-</td>
<td>0.15*</td>
<td>0.16*</td>
<td>0.61**</td>
<td>0.17*</td>
<td>0.15*</td>
<td>0.14*</td>
<td>0.13*</td>
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<tr>
<td>14. MBEP</td>
<td>1.63</td>
<td>0.78</td>
<td>-</td>
<td>0.02</td>
<td>0.05</td>
<td>0.60**</td>
<td>-0.03</td>
<td>0.04</td>
<td>0.06</td>
<td>-0.02</td>
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8 9 10 11 12 13 14
Examination of Table 1 shows that there was a significant and positive correlation between AES and TFL, while a positive but very weak correlation was found between AES and TSL. AES was found to relate significantly with TFL ($r = 0.66$, $p < 0.01$) (transformational leaders motivate others to do more than they originally intended and often even more than they thought possible). On the other hand, there was found to be a weak and positive correlation between AES and TSL ($r = 0.27$, $p < 0.01$) (transactional leadership involves an exchange process that may result in follower compliance with leader requests but is not likely to generate enthusiasm and commitment to task objectives). Although the first hypothesis was supported by the results, the second hypothesis was not sustained.

Review of Table 2 indicates that about 31%, 29%, 30% and 28% of the variance in II, IM, IS and IC (the components of TFL) was explained by AES respectively, while only 6% and 2% of the variance in CR and MBEA (components of TSL) was explained by AES. It is noted that no variance was explained in MBEP by AES. It is, therefore, suggested that AES exclusively can be a significant predictor in explaining TFL.
Components of TFL and TSL (Explained Variables) | AES (Predictor)  
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</thead>
<tbody>
<tr>
<td>Co-efficients (β)</td>
<td>S.E. (β)</td>
<td>Value of t-statistic</td>
<td>Value of $R^2$</td>
<td>Value of F-statistic (ANOVA)</td>
</tr>
<tr>
<td>II</td>
<td>0.72</td>
<td>0.09</td>
<td>7.79**</td>
<td>.31</td>
</tr>
<tr>
<td>IM</td>
<td>0.78</td>
<td>0.12</td>
<td>6.47**</td>
<td>.29</td>
</tr>
<tr>
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<td>0.11</td>
<td>4.87**</td>
<td>.30</td>
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<tr>
<td>IC</td>
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<td>0.13</td>
<td>4.93**</td>
<td>.28</td>
</tr>
<tr>
<td>CR</td>
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<td>0.10</td>
<td>4.01**</td>
<td>.06</td>
</tr>
<tr>
<td>MBEA</td>
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<td>0.08</td>
<td>3.01**</td>
<td>.02</td>
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<tr>
<td>MBEP</td>
<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>

Table 2: Summary of Regression Analysis Regarding AES and Components of TFL and TSL

Note: **. Correlation is significant at the 0.01 level (2-tailed); N=225; AES= Assessing Emotions Scale; II= Idealized Influence; IM= Inspirational Motivation; IS= Intellectual Stimulation; IC= Individualized Consideration; CR= Contingent Reward; MBEA= Management by Exception- Active & MBEP= Management by Exception-Passive.

To address the third hypothesis, a non-parametric test (Mann-Whitney U test) was carried out to identify the significant difference between the male and female respondents’ perceptions on the median score of AES, TFL and TSL.

Examination of Table 3 shows that male students had a mean rank of AES (=107.01), TFL (=115.01), and TSL (=112.13), while female students had a mean rank of AES (=121.05), TFL (=110.30) and TSL (=114.17). The test statistics showed that there was no significant difference between male and female students’ perceptions on the median score of AES, TFL and TSL.
### Table 3: Mann-Whitney U Test Regarding Gender Perceptions of AES, TFL and TSL

<table>
<thead>
<tr>
<th>Gender</th>
<th>Value of Mann-Whitney Test Statistic</th>
<th>Effect Size</th>
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<tbody>
<tr>
<td>AES</td>
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<tr>
<td>Male</td>
<td>5419.5&lt;sup&gt;ns&lt;/sup&gt;</td>
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<tr>
<td>Female</td>
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<tr>
<td>TFL</td>
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<tr>
<td>Male</td>
<td>14836.5</td>
<td></td>
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<tr>
<td>Female</td>
<td>10588.5</td>
<td></td>
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<tr>
<td>TSL</td>
<td>6079.5&lt;sup&gt;ns&lt;/sup&gt;</td>
<td>-0.02</td>
</tr>
<tr>
<td>Male</td>
<td>14464.5</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>10960.5</td>
<td></td>
</tr>
</tbody>
</table>

Note: N= 225; AES=Assessing Emotions Scale; TFL=Transformational leadership; TSL=Transactional leadership; ns=non-significant

### 6. Discussion

This study has aimed to explore the relationships between EI, TFL, TSL and gender of the full-time MBA students of a public university in Bangladesh. The first purpose of this study was to explore the relationship between EI and TFL as perceived by the MBA students. Hypothesis one stated that there was a positive relationship between EI and TFL. The result of the current study supported this assertion (i.e. the null hypothesis was rejected). Consequently, it is suggested that students who are higher in EI are more likely to be transformational leaders. This positive relationship is consistent with the findings of previous studies (Ashkanasy & Tse, 2000; Lewis, 2000; Barling et al., 2000; Palmer et al., 2001; Gardner & Stough, 2002; Leban & Zulauf, 2004; Barbuto & Burbach, 2006; Rahman, 2010). The finding of the current study also provides support for the theoretical argument that EI is a significant element in determining transformational leaders (Goleman, 1995; 1998b; Shamir et al., 1993).
The second purpose of the study was to investigate the relationship between EI and TSL. The findings of the current study provide interesting evidence compared to Barling et al., (2000), Palmer et al., (2001) and Gardner & Stough (2002). While these researchers centred their study on the components of TSL, the current study considered the totality of TSL because it provides a holistic picture of operational leadership as against the approaches used by the previous researchers. The previous studies found no relationship between EI and two components (MBEA and MBEP) of TSL while the current study found a positive but weak relationship between EI and the whole TSL which was inconsistent with the second hypothesis. On the other hand, the present findings contradict those of Weinberger (2003), who found no relationship between EI and TSL.

The third purpose of the study was to determine whether any significant difference exists between male and female MBA students’ perceptions of the mean score of AES, TFL and TSL. Hypothesis three concerned differences between male and female MBA students’ perceptions on the mean score of AES, TFL and TSL. The result of the current study supported this hypothesis (i.e. the null hypothesis was rejected) and reports empirical support of previous research findings (e.g. Bar-On, 2000; Petrides & Furnham, 2000; Mandell & Pherwani, 2003; Rahman, 2010) that identify no significant differences between male and female respondents’ perceptions on the mean score of EI. Similarly, the current study offers empirical support of previous research findings that identify no significant differences between male and female respondents’ perceptions regarding TFL and TSL (e.g. Mandell & Pherwani, 2003; Carless, 1998; Craven & Kao, 2006; Rahman, 2010).

6.1. Implications for Management

The implication of this study is that full-time MBA students (both male and female) are encouraged to improve their own EI to enhance their own form of leadership behaviour. Emotionally intelligent
students contribute more to inspire others via their own EI. Consequently, academic institutions should focus on improving the EI of those students who would like to exhibit the TFL style. In addition, smart and dynamic business schools should offer positive reinforcements for learning and improving MBA students’ (both male and female) EI required for performing challenging jobs. Goleman (1998b:251) “focuses on the EI competencies needed most for excellence in a given job or role.” In this regard, innovative business schools may have to adapt the policy of recruiting MBA students (both male and female) with TFL characteristics who are likely to have high EI scores. Recent literature (Jordan et al., 2002) shows that learning organizations are using EI tools for selecting their supervisors. Some changes in the academic institutions that offer incentives for learning new competences, like EI skills, should be established with a view to utilizing leadership components. The knowledge gained from the research into EI and leadership increases the understanding and effectiveness of MBA students (both male and female) in developing appropriate instruments for recruiting and selecting new MBA students. While the opportunity to select MBA students (both male and female) with appropriate EI exists, business schools must also consider the aptitude for development of such competencies.

6.2. Limitations

Some limitations of this study should be noted when explaining its findings. The most important limitation was to use convenience samples that might limit the generalisability of the results. A random sampling procedure could be a better alternative to assure the generalisability of the findings. The sample size (N = 225) represented another limitation of this study. Larger and more representative samples are needed to investigate further the relationships between EI, TFL and TSL. The presence of common method variance (CMV) in the measures may have caused inflated relationships between the measures. One way to overcome this problem would be to split the
measures of variables by time (Rahim et al., 2006). For the purposes of this study, only TFL and TSL were used to examine the relationships with EI. If it were possible to use another construct of the MLQ 5X employed in this study, then it might have provided further insight into the study. Finally, it should be noted that the current study used the AES to measure the EI of the respondents, which is not as extensive an approach as the 360° assessments in which teachers, parents, friends and siblings rate the concerned participants with respect to the relevant characteristics. In addition, the structural equations model (SEM), which requires large samples, generates more reliable conclusions in terms of the construct validity of the instrument used.

6.3. Directions for Future Research

Further research is needed to enhance our understanding of the relationships of EI to the effectiveness of various leadership styles. Other dependent variables for future research include students’ learning styles, performance and commitment. An important area of future research should be the attempt to examine the relationships between EI and leadership behaviours on a longitudinal basis. It will also be useful to investigate the differences in the perceptions of observers regarding the leadership performance of students with high and low EI. More research is needed to test the relationship between EI and other leadership styles, such as democratic leadership, autocratic leadership, situational leadership, authentic leadership and team leadership.

7. References


Weinberger, L. (2003). *An Examination of the Relationship between Emotional Intelligence, Leadership Style, and Perceived Leadership*


Techniques for Brand Image Dimensionality and the Use of Various Tools to Investigate and Improve Brand Personality

Makarand Upadhyaya and Vinita Mohindra

Abstract

This paper is an attempt to study the effectiveness of projective techniques in exploring the brand image of ego-sensitive brands possessing minimal functional differentiation. The paper examines four fine perfume brands. Two metaphor-based personification methods - mood-boards and job-sorting - are employed to study associations that participants have with the brands. Both the methods are open-ended assignments to decipher how participants think or feel about the research object in question. The study analyses the congruent validity of the two methods and differences in their ability to personify the chosen brands of perfume. Both the methods yielded almost similar outcomes, thereby reiterating that the two methods possess congruent validity. The latter part of the paper analyses the brand personality characteristics that were connected to the celebrities and jobs thus connected, as identified in the mood-boards and job-sorting exercise respectively. The SWOCC Brand Personality Scale, which is a further elaboration of Aaker’s brand personality research, was used to provide a list of the personality characteristics. However, the study faces the limitation of the failure of the translation from the projective results into personality scores dimensions. This raises a serious concern if it is at all possible to translate validly overall projective data into analytical scores and, if it is possible, then what would be the ideal procedure to do this.

Keywords: projective techniques, consumer behaviour, brand, brand personality, qualitative research
1. Introduction

Brands exercise an overwhelming influence on consumers. Consumers use a mix of both rational and emotional considerations in eventually deciding on the brand to purchase. Many consumer choices are governed by the right side of the brain, which has comparatively little to do with reason and logic and comparatively much to do with feelings and emotions. Most people purchase products from time to time based on their performance level from a strictly functional or utilitarian standpoint. Effective branding should thus appeal to both the right and left sides of the brain. This emotional consideration is what marketers need to identify, explore and develop. This necessitates a rigorous investigation on the emotional aspects of a brand, including both Brand Image and Brand Personality.

Qualitative research may be the most appropriate technique for uncovering the feelings, attitudes, emotions and motivations associated with the purchase of brands, since quantitative research, using pre-structured questionnaires, often fails to capture the entire gamut of reasons and intentions-to-buy. A still more complicating fact is the inability of respondents to express their views on image or personality of a certain brand using a standard vocabulary on a structured scale. Projective techniques help to overcome this problem and these are used within a framework of quantitative research.

2. Literature Review
Morrison et al. (2002) define projective research in this way: “Projective techniques involve the use of stimuli that allow participants to project their subjective or deep-seated beliefs on to other people or objects.” Projective techniques “… provide verbal or visual stimuli which, through their indirection and concealed intent, encourage respondents to reveal their unconscious feelings and attitudes without being aware that they are doing so” (Will et al., 1996). Projective techniques are usually sub-divided into five categories of methods-association, completion, construction, choice-ordering and expressive (Gordon and Longmaid, 1988; Will et al., 1996; Donoghue, 2000; Morrison et al., 2002; Boddy, 2007). In each of these methods, respondents are provided with an incomplete stimulus which they need to complete by associating, completing, constructing, choosing or expressing the complement. The categorization is based on the tasks given to participants. Association tasks require respondents to respond to a stimulus with the first image or thought elicited by the presentation of stimulus (Donoghue, 2000; Will et al., 1996). Completion tasks require participants to complete an incomplete stimulus which may be a story, sentence, argument or conversation. Third person questioning and bubble drawings are typical construction techniques that help in exploring feelings and attitudes without people becoming being defensive or having to feel personal accountability for the responses. Expressive tasks require participants to draw, enact or role play a specific concept or situation (Donoghue, 2000; Gordon and Langmaid, 1988; Will et al., 1996). Projective techniques are often categorized as disguised and unstructured because the respondents are unaware of the purpose of the research and the researcher does not determine or limit the response alternatives (Klofper and Taulbee, 1976).

The use of metaphor is a method that is truly projective in nature. Participants are asked to connect the research object to a phenomenon from an entirely different domain. This involves a combination of associative and expressive methods. The literature abounds in examples of the use of metaphors for research purposes. Oswick and
Montgomery (1999), for example, asked managers to compare their organizations to animals and car parts, while Grady et al. (1996) developed a metaphor-based questionnaire called Images of Schools through Metaphors (ISM) to determine the image of a school. Grady’s questionnaire stems from the work of Steinhoff and Owens (1989) and Owens and Steinhoff (1989) and was developed by assembling a set of metaphors in the form of simple questionnaires through workshops consisting of teachers and students.

A special class of the metaphor-based research technique is the personification method. Personification methods require respondents to compare the research objects with people rather than with cars, trees, animals and so forth. Photosort is the most commonly employed personification method, in which participants are shown a large number of photographs of a wide range of people in varied settings and they are required to connect the photographs to the objects of research, which may be brands or organizations (Van Riel et al., 1998).

2.1. Projective Techniques in Practice

Haire’s shopping list study was the first published study on projective technique in consumer literature (Haire, 1950). The prime focus of the study was consumers’ image of Nescafe instant coffee, then an innovative product in households which had traditionally used drip coffee products. Marketers speculated that the product would not receive unequivocal acceptance from consumers because of apprehension that the ease of making instant coffee might challenge the image of the women of the house responsible for domestic labour as a caring, nurturing, committed, competent and doting housewife, mother and wife. The objective of Haire’s study was thus to explore consumers’ attitudes towards the innovative yet controversial product. Consequently, he tried using the indirect approach of questioning with projective technique so as to avoid the emotional subtext to adoption of the product. For the conduct of his study, he prepared two shopping
lists (A and B) which were identical in all respects except that one contained the innovative product Nescafe instant coffee while the other list had its traditional alternative, that is the Maxwell Coffee House (Maxwell drip ground). The lists were administered to alternate subjects and individuals had no awareness that another list existed. Total participants for the study were 100 women from the Boston area, 50 of them were subjected to list A and 50 were administered list B. The participants were required to read the shopping list and try to draw a profile of the women shopping for the items on the list. The findings suggested that the Maxwell Coffee House shopper was described in a positive manner whereas the Nescafe shopper was described in a rather negative way. The Nescafe shopper was viewed as being indolent, callous, inefficient and a poor planner, scheduler and organizer. By contrast, the Maxwell Coffee House shopper was viewed as being loving, affectionate, committed and as having concern for her family. Haire (1950) conducted two more studies to try to examine further the findings from the initial Nescafe instant coffee experiment. This shopping list study has been replicated several times since its first publication in the marketing research literature (e.g. Anderson, 1978; Arndt, 1973; Fram & Cibotti, 1991; Hill, 1960, 1968; Lane & Watson, 1975; Robertson & Joselyn, 1974; Webster & von Penchmann, 1970; Westfall et al., 1957). These replications have given useful insights into the methodology, validity, reliability and utility of projective techniques in consumer behaviour and marketing research. A few other published studies on projective techniques have examined the meaning of gift giving (McGrath et al., 1993), while other studies have emphasized the need for marketers to connect with consumers and to evaluate the measurement capabilities of lifestyle typologies (Lastovicka et al., 1990). Projective techniques enable the researcher to explore otherwise unreachable beliefs, attitudes, values, motivations, personality, cognitions and behaviours (Donoghue, 2000; Fram & Cibotti, 1991; Will et al., 1996). Being disguised interventions, they prevent respondent bias from distorting the results.
Another advantage of projective technique lies in their ability to explore the situation and generate, supplement and verify hypotheses in consumer behaviour studies. The hypotheses thus generated can later be tested through methodologies like panel studies, surveys and causal research.

The third advantage arises from the fact that the technique places only very nominal cognitive demands on the respondents. Reading, comprehending and responding to instructions is not needed and so data collection is not limited by the cognitive abilities of the respondents and this permits the researchers to measure beliefs, attitudes, knowledge, feelings and motivations of the respondents better than by employing the direct questioning used in quantitative research.

On the disadvantages side lies the complexity of interpretation of what is largely unstructured data. The researcher should be adept at decoding the data culled from the projective stimuli and probably needs to be specially trained in conduct of projective technique and the analysis of the emerging data (Donoghue, 2000). Respondents’ comfort levels also affect the effectiveness of the technique. Some respondents might not find themselves comfortable with role-playing and other expressive techniques. Another disadvantage of projective techniques is the reliability of the instruments (Donoghue, 2000; Kline, 1983). Reliability refers to the general consistency of the instrument (Churchill & Iacobucci, 2002). Test-retest reliability refers to the stability with which a technique yields information over time. In certain situations, subjects’ responses should remain similar and highly correlated from when they are first tested to when they are later re-tested. However, in other instances, the researcher might expect responses to be affected by situational factors (Churchill & Iacobucci, 2002; Donoghue, 2000). Test-retest reliability is contingent upon the goals of the projective research and is a consideration when using projective techniques. There is much debate about whether repeated administrations of projective techniques should correlate or differ
(Donoghue, 2000). A second form of reliability is coder or inter-rater reliability. Inter-rater reliability refers to the extent to which two (or more) interpreters code the data in the same manner. If equally competent researchers interpret the data in a different manner, then inter-rater reliability may be suspected. Interpreting subjects’ responses to the projective stimuli requires a high level of subjectivity on the part of the researchers and they may disagree about the underlying meanings of responses. Consequently, inter-rater reliability is one of the major issues of using projective techniques and is often the target of criticism (Churchill, 1991).

This paper describes the development and comparison of two personification-based projective techniques for brand image research - the mood-board approach and the job-sorting task. The brands chosen for investigation were four brands of perfume. The intent of the study was to distinguish the brands under study. It was expected that functional characteristics would be inappropriate differentiators for ego-sensitive products like perfumes where the purchase behaviour is substantially connected with and affected by image.

The study employed two methods for investigation – the mood-board approach and the job-sorting task. The study analyses the differences between the two methods and their ability to personify the chosen brands of perfume. The analysis involved two stages and the first of these was an intermediate analysis for gathering an impression of the four perfume brands. For this, we compared the types and number of celebrities (mood-boards) and jobs (job-sorting task) associated with each brand. The second was an analysis of brand personality characteristics that were connected to the celebrities and jobs thus connected with each brand chosen for study. The SWOCC Brand Personality Scale (Van den Berge, 2002), which is a further elaboration of Aaker’s (1997) brand personality research, was used to provide a list of the personality characteristics (see Table 1). The scale has 73 different personality items, divided into six dimensions, some of which are further divided into facets.
3. Methodology

3.1. Mood-Boards

Mood-boards are posters, collages or any design that may consist of images, text, clippings of objects in a composition of the choice of the mood-board creator. It is an open-ended assignment to decipher how participants think or feel about the research object in question. The participants are free to clip whatever seems appropriate to them. There is essentially a non-verbal rationale behind the method. For the purpose of the current study, we tried to structure the responses by asking the participants to identify the celebrities that in their view were typical of the four perfume brands.

<table>
<thead>
<tr>
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<th>Facets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence</td>
<td>Confidence</td>
</tr>
<tr>
<td></td>
<td>Sympathy</td>
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<tr>
<td></td>
<td>Preciseness</td>
</tr>
<tr>
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<td>Solidity</td>
</tr>
<tr>
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<td>Cheerfulness</td>
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<tr>
<td></td>
<td>Activity</td>
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<tr>
<td></td>
<td>Creativity</td>
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<td>Gentleness</td>
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<td>Ruggedness</td>
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<tr>
<td>Annoyance</td>
<td>Unfriendliness</td>
</tr>
<tr>
<td></td>
<td>Childishness</td>
</tr>
<tr>
<td>Distinctiveness</td>
<td>Distinctiveness</td>
</tr>
</tbody>
</table>

Table 1: SWOCC Personality Scale; Source: Van den Berge (2002)

Each participant was provided with ten magazines, two each of five different genres - lifestyle, sports, entertainment, politics and films. Also provided to them were four large sheets of paper bearing the
name and logo of one of the four perfume brands under observation. The participants were required to go through each magazine and identify an appropriate celebrity or person with which they could identify the perfume brand and then paste it on the sheet of paper of that particular brand. The collage had to be adequately filled. This phase of the research resulted in four collages per participant, which meant one for each brand of perfume.

In the second stage of the session, the participants were required to assign each celebrity appearing on the mood-board to a dominant personality characteristic. They were to assign an item from the earlier mentioned SWOCC Personality Scale for each celebrity with which they had identified a particular perfume brand.

The above exercise was conducted with 16 participants belonging to the age group of 20-35, who are all potential buyers of fine perfume brands. The male:female ratio within the group of participants was 1:1, so as to remain consistent with the overall consumer population.

3.2. The Job-Sorting Assignment

Eight jobs were selected and based on a 3D grid, with the axes representing physical effort, intellectual effort and salary drawn, one for each combination of extremes on the three axes. Cards were used to represent the various jobs

1. Gardener
2. Window cleaner
3. Artist
4. Gym teacher
5. Professor/researcher
6. Stockbroker
7. Minister
8. Lieutenant-colonel
Corresponding to each job was a laminated card bearing the picture and name of the profession which had been constructed for this purpose. A well-known cartoon character (i.e. Mickey Mouse) was used to portray the person doing the job on the cards, so that the participants judged exclusively on the characteristics of the job and not on the looks, gender or expression of the person depicted doing the job. Four additional cards were also made bearing the logo and name of the perfume brands.

As with the mood-board session, the participants were offered the alphabetical list of 73 personality characteristics and were asked to assign each job to a dominant personality characteristic. The participants were then required to select three personality items for each job that is presented in a random order. They were free to use the personality items in both positive and negative ways. In the second part of the session, they were given the four perfume brand logo cards and were asked to match every brand with one of the job cards.

The number of participants for this job sorting session was 100 potential buyers of fine perfume brands, with a male:female ratio of 1:1.

4. Findings

4.1. Findings of the Mood-Board Study

The mood-boards study resulted in 64 collages. The number and types of celebrities selected by the participants and a general impression of their associated activities was made. The following are the observations resulting from the mood-board study.

- It was not very difficult for participants to connect celebrities quite emphatically and exclusively with one brand compared to the other three brands. This thereby implied that the four perfume brands enjoyed distinctively different associations and images.
The mood-boards for brand B were inadequately filled. Two participants had left the entire mood-board empty and this indicates that brand B has quite a weak and meaningless image and at least some participants cannot easily associate meaning with this brand.

There were astounding differences between the types of celebrities associated with the given three brands. The mood-board for brand A typically had local celebrities and this conforms to the plain, simple, ordinary, local and accessible associations for which Brand A is known. The mood-boards for brand B were not filled enough to connote any meaningful association. Brand C included stars, singers both rock and pop, artists and a few icons from diverse walks of life. This refers to a quite exclusive, creative, artistic, highly aesthetic, independent and an achiever’s association with the brand. Brand D had versatile associations both in terms of age and types. It had athletes, members of the royal family and popular singers. This indicates that brand D is a broadly accepted brand enjoying patronage across all ages and lifestyles. Brand D may thus be considered to be an established, prominent and broadly accepted brand.

4.2. Findings of the Job Sorting Study

The job sorting study yielded a frequency score of the different jobs connected to the four perfume brands. The job scores per brand ranged from 0-100. In a hypothetical situation, where all participants connect the same job to the same perfume brand, a maximum score of 100 is reached.

One of the jobs that was hardly associated with perfume at all was that of a researcher/professor, which in fact received very low scores with respect to all four brands.

Brand A was quite often associated with the gardener (25 times), window–cleaner (23 times) and gym instructor (15 times) but never with any other job categories. This refers to the simple,
ordinary, little promoted but accessible associations with Brand A and is consistent with the findings of the mood-board study. Brand B had no associations with high or low scoring jobs in particular, which indicates the existence of weak and low meaning associations with the brand, as also found in the mood-boards study. Brand C received especially high scores in terms of artist (30 times) and very low scores for minister (5 times) and this indicates its artistic and exclusive image. Finally, brand D was often associated with stockbrokers (30 times) but rarely with artists (3 times), which suggests the brand’s established and prominent position.

The two methods described above have provided appreciable insights into the image of the four perfume brands. They have been able to highlight the differences between the four brands and the results of both the methods are broadly consistent with each other; that is, they point in the same direction. This indicates that there is a degree of congruent validity between the two methods.

4.3. Personality Characteristics

Both the studies employed a 73 item personality scale, which had six underlying dimensions: competence; excitement; gentleness; ruggedness; annoyingness and distinctiveness. In the mood-boards study, the participants were asked to assign one personality item to each celebrity with which they had identified the brand and mark it on their collages. In our analysis, we totaled the number of personality items per dimension for each perfume brand. To simplify the comparison process, percentage scores of the six dimensions were computed by dividing them by the total number of personality items mentioned and transforming the results into percentages.

Similarly, with the job-sorting study, the participants had to assign three personality items to each job. Each perfume brand was connected to one of the eight jobs and a total of 300 personality items
were attached to each brand. Percentage scores for each dimension were calculated for each brand.

Tables 2 and 3 represent the six personality dimensions for the four perfume brands chosen for the current study. The degree of overlap between the two studies is established by computing the correlation scores through comparing the mood-boards and the job-sorting distribution for each perfume brand. In all the four cases, the correlation was very high, ranging from 0.84 (brand D, p<0.05) to 0.91 (Brand C, p<0.005). This is an indication that the two methods possess congruent validity, that is, despite using different personification methods and procedures, the results are quite consistent.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Brand A</th>
<th>Brand B</th>
<th>Brand C</th>
<th>Brand D</th>
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<td>41</td>
<td>40</td>
<td>39</td>
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<tr>
<td>Distinctiveness</td>
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<td>29</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>Annoyance</td>
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<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Ruggedness</td>
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<td>-2</td>
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<td>5</td>
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<tr>
<td>Gentleness</td>
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<td>3</td>
</tr>
<tr>
<td>Competence</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>0</td>
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</table>

Table 2: Brand personality scores (percentages) based on mood-boards; source: original research

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Brand A</th>
<th>Brand B</th>
<th>Brand C</th>
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<td>Excitement</td>
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<td>49</td>
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<tr>
<td>Distinctiveness</td>
<td>27</td>
<td>29</td>
<td>32</td>
<td>26</td>
</tr>
<tr>
<td>Ruggedness</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Gentleness</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Competence</td>
<td>5</td>
<td>8</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Annoyance</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 3: Brand personality scores (percentages) based on job-sorting; source: original research
The only consistent difference between the two methods lies on the annoyance dimension: in the mood-boards results, annoyance invariably ended up in the third place of the often-mentioned personality dimension; in the job-sorting results, annoyance was always last.

Looking at the personality scores, it becomes evident that the similarities between the brands are more sharply defined than the differences between them. For all the four brands under observation, both the methods indicate that excitement and distinctiveness are the most important personality dimensions of perfume brands. The remaining four dimensions were relatively less significant. Differences between the brands were intermittent and not always consistent between the two methods. For example, in the mood-boards results, brand A scored relatively poorly on excitement as compared to the other three brands. Both methods reveal low scores for brand B on ruggedness, to the extent of being negative in the mood-boards study. Consequently, it may be said that the translation of results of the two methods on the personality dimensions dilutes the discriminating value of the holistic results. The personality scores, though they do present an overall image of the perfume brands, appear to be less effective for highlighting the differences between the brands.

5. Conclusion

The paper attempts to use two different personification methods - mood-boards and job-sorting - to investigate and compare the image of four perfume brands. It was also intended that there should be analysis of the similarities and dissimilarities in the results of the two personification techniques used in the context of brand image research. The results were evaluated using two criteria:

1. the similarity or convergence between the two methods; and
2. the discriminating value of the two methods
The results were analysed on two levels. On the level of holistic analysis, the two methods yielded largely similar outcomes, which helped articulate the differences in image between the four brands. The differences have some face validity too, as they very well reflect the differences in the advertising strategies of the four chosen brands. Referring to the next level of analysis at the personality dimensions level, the results of the two methods are quite approximate but less sensitive to the differences between the four brands. Despite this limitation, the paper highlights the practical implications of projective research techniques, especially personification, for brand image research. The participants for both the studies provided meaningful and sharp insights which could not have been generated easily using traditionally accepted methodologies using questionnaires or interviews.

However, the research revealed a serious limitation of projective techniques by highlighting a significant difference between the two methods on the annoyance dimension. A plausible explanation for this appears to be the specific stimulus domain used for the study. This needs to be explored further as it can pose a serious threat to the validity of projective techniques. The second concern is about the holistic interpretation of results. It is not at all difficult to analyse the types of celebrities associated with the brand or count how frequently certain jobs are associated with the brand but translating these holistic interpretations into judgments concerning brand image appears to be a big leap. The third concern is the failure of the translation from the projective results into personality scores dimensions. This raises a serious question concerning whether it is at all possible validly to translate overall projective data into analytical scores and, if it is so, then what would be the ideal procedure to do this.

These concerns call for a systematic research attention for projective research techniques. It needs to be explored as to what extent these techniques and other possible measurement techniques produce comparable results and, also, whether there are aspects of the brand
image that can only be deciphered or better deciphered using projective techniques. It is, indeed, a highly creative research approach but more has to be learnt about its inherent strengths, weaknesses and limitations.

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Service Quality of Metropolitan Public Hospitals in Lao PDR

Phokham Phommavong and Sysomphet Khanophet

Abstract

This paper attempts to apply the model of service quality gaps from a survey of healthcare service providers’ expectations and perceptions by using the SERVQUAL scale and methodology developed by Parasuraman et al. (1985; 1988) and five broad dimensions of service quality (tangibility, reliability, responsiveness, assurance and empathy). The research study aims to provide a review of the SERVQUAL research on service quality in the following areas: (1) definition and measurement of service quality, (2) testing the reliability of a customized SERVQUAL scale and (3) providing a substantial critique of the approach in order to use this instrument and expand the knowledge of Lao researchers in the context of the overall service quality of Metropolitan Public Hospitals in Lao PDR.

Keywords: expectations, perception, SERVQUAL, healthcare service providers

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1. Introduction

Defining and measuring the quality of service has been a major challenge for healthcare marketers (Emin Babakus and W. Glynn Mangold 1991). In Lao People’s Democratic Republic (Lao PDR), healthcare quality has drawn considerable attention from both
academics and practitioners over the past two decades. With the reform of the Lao public health care system, health-care providers are being forced to drive up service quality, while at the same time maintaining acceptable levels of good quality healthcare. These pressures are especially acute for public hospitals, which must survive and compete with modernized and high quality hospitals in neighbouring countries, especially Thailand, Vietnam and China.

Since 1990, the Ministry of Health as well as public health facilities and cooperative health centres have been the only official providers and regulators of health services. The number of private pharmacies and clinics has mushroomed but the quality of their services is questionable. Additionally, government health facilities are frequently underutilized, probably due to a combination of poor accessibility, lack of knowledge about the advantages of health services and a lack of confidence in health services overall.

To overcome these pressures, the Lao government defined clearly the general goal of health development up to the year 2020 as follows: “To free the healthcare services in Lao PDR from the state of underdevelopment and to ensure full healthcare services coverage, justice and equity in order to increase the quality of life of all Lao ethnic groups.” However, Lao health care is a long-term commitment, requiring expansion of the health system and improvements in the quality of service. The increased emphasis on quality in healthcare is partly due to the benefits which both patients and health care organizations can obtain from high quality health care services (Turner & Pol, 1995).

Recently, the importance of healthcare quality in Lao PDR has received more recognition and some researchers have developed a conceptual framework for quantifying measurements of hospital service quality. Although there have been various attempts to use various quantitative and qualitative methods in assessing service quality measurement, this has not previously been attempted in Lao
PDR; consequently, this study will apply a new approach to assess the service quality of the Lao healthcare sector. Lao policy-makers hope their means of creating healthcare development strategies will be really effective when developing service quality related measures and it is hoped that this paper will help in realizing these objectives. This research adapts a model of service quality gaps (Parasuraman et al., 1985; Curry, 1999; Luk & Layton, 2002) to the Lao healthcare sector by identifying and measuring healthcare providers’ expectations and perceptions at Mahosot Hospital, Friendship Hospital and Sethathirath Hospital in Vientiane Municipality, Lao PDR. These are public hospitals located in a central political and administrative (‘metropolitan’) area which is a leading region for economic development.

2. Literature Review

Service managers and researchers are interested in service quality as customers’ perception of service quality can have a substantial impact on satisfaction, customer loyalty, brand equity and profitability. Practitioners are keen on accurately measuring service quality in order to understand better its essential antecedents and consequences and, ultimately, establish methods for improving quality to achieve competitive advantage (Palmer & Cole, 1995; Zahorik & Rust, 1992).

2.1. Service Quality

Lee Pui-Mun (2004) defined service as a deed, a performance and an effort. The differentiation between a pure service and a product is seldom a clear distinction in many industries. While there have been efforts to study service quality, there has been no general agreement on the measurement of the concept. The majority of the work to date has attempted to use the SERVQUAL (Parasuraman et al., 1985; 1988) methodology in an effort to measure service quality (e.g. Brooks et al., 1999; Chaston, 1994; Edvardsson et al., 1997; Lings &
Brooks, 1998; Reynoso & Moore, 1995; Young & Varble, 1997; Sahney et al., 2004).

There are a number of different "definitions" as to what is meant by service quality. One that is commonly used defines service quality as the extent to which a service meets customers’ needs or expectations (Lewis & Mitchell, 1990; Dotchin & Oakland, 1994a; Asubonteng et al., 1996; Wisniewski & Donnelly, 1996). Service quality can thus be defined as the difference between customer expectations of service and perceived service received. If expectations are greater than performance, then perceived quality is less than satisfactory and hence customer dissatisfaction occurs (Parasuraman et al., 1985; Lewis & Mitchell, 1990).

There always exists an important question: why should service quality be measured? Measurement allows for comparison before and after changes, for the location of quality related problems and for the establishment of clear standards for service delivery. The model created by Grönroos (1984b) attempts to understand how the quality of a given service is perceived by customers. It divides healthcare service providers’ perception of any particular service into two dimensions: (1) Technical quality: this describes what customers get and when they get the service and (2) Functional quality: describes how they get service. Grönroos (1984b) further suggested that, in the context of services, functional quality is generally perceived to be more important than technical quality, assuming that the service is provided at a technically satisfactory level. He also points out that the functional quality dimension can be perceived in a very subjective manner. Grönroos’s model is important because it reminds us that service quality must include the manner in which it is delivered.

Technical quality can be characterized by access, security and tangible dimensions; functional quality by responsiveness, courtesy, creditability, competence and understanding the customers. The dimensions of reliability and security are associated with both
technical and functional aspects. That is, quality is not a singular but a multi-dimensional phenomenon. It is not possible to ensure product or service quality without determining the prominent aspects of quality. The utility value of these dimensions is situation-dependent. The importance and the utility value of each dimension of quality are dependent on the nature of the service.

2.2. Models of Service Quality Gaps

Today, there are two popular models of service quality in use. One is the model created by Grönnroos (1984b), which attempts to illustrate how the quality of a given service is perceived by customers and the second is provided by Parasuraman et al. (1985).

In the extension model of Parasuraman et al. (1985), there are seven major gaps in the service quality concept (see below). According to the following explanations (ASI Quality Systems, 1992; Curry, 1999; Luk & Layton, 2002), the three important gaps which are more associated with the external customers are Gap 1, Gap 5 and Gap 6, since they have a direct relationship with customers.

**Gap 1: Customers’ expectations versus management perceptions:** a result of the lack of a marketing research orientation, inadequate upward communication and too many layers of management.

**Gap 2: Management perceptions versus service specifications:** a result of inadequate commitment to service quality, a perception of unfeasibility, inadequate task standardization and an absence of goal setting.

**Gap 3: Service specifications versus service delivery:** a result of role ambiguity and conflict, poor employee-job fit and poor technology-job fit, inappropriate supervisory control systems, lack of perceived control and lack of teamwork.
Gap 4: Service delivery versus external communication: a result of inadequate horizontal communications and propensity to over-promise.

Gap 5: The discrepancy between customer expectations and their perceptions of the service delivered: a result of the influences exerted from the customer side and the shortfalls (gaps) on the part of the service provider. In this case, customer expectations are influenced by the extent of personal needs, word of mouth recommendation and past service experiences.

Gap 6: The discrepancy between customer expectations and employees’ perceptions: a result of the differences in the understanding of customer expectations by front-line service providers.

Gap 7: The discrepancy between employee’s perceptions and management perceptions: a result of the differences in the understanding of customer expectations between managers and service providers.

According to Brown and Bond (1995), "… the gap model is one of the best received and most heuristically valuable contributions to the services literature." The model identifies seven key discrepancies or gaps relating to managerial perceptions of service quality, and tasks associated with service delivery to customers. The first six gaps (Gap 1, Gap 2, Gap 3, Gap 4, Gap 6 and Gap 7) are identified as functions of the way in which service is delivered, whereas Gap 5 pertains to the customer and as such is considered to be the true measure of service quality. The Gap on which the SERVQUAL methodology has influence is Gap 5.
2.3. SERVQUAL Methodology

Parasuraman et al. (1994) defined measurement of service quality in terms of perceived performance (P) and customer expectations (E) which lead to the development of the famous service quality measurement tool, SERVQUAL. The equation below depicts the gaps model, in which gap 5 is the difference between consumer expectations and perceptions (P-E). A higher P value and a lower E value mean a higher gap or in other words the maximum quality (Q).

\[ Q = P - E \]

Where:

- Q = Service quality
- P = Perception of service
- E = Expectation of service

Parasuraman et al. (1988) also tests the SERVQUAL scale for reliability and validity. The major test of reliability was coefficient alpha, a measurement of the extent of internal consistency between, or correlation among, the set of questions making up each of the five dimensions, such as the five reliability questions. If reliability is low, such as below 0.60, one is faced with the choice of investing time and money in additional research in an attempt to develop a revised measure with greater reliability. High reliability measures, such as 0.60 or above, are desirable. The validity of a measure of service quality is difficult to test as proven criterion is not available. Parasuraman et al. (1988) provided evidence of convergent validity as they measured agreement between the SERVQUAL score and a question that asked customers to rate the overall quality of the firm being judged and also concurrent validity, whether the respondent would recommend the firm to a friend.


2.4. Characteristics of Healthcare Service

Services are deeds, processes, and performances. Service sector includes all economic activities whose output is not a physical product or construction, is generally consumed at the time it is produced, and provides added value in forms (such as convenience, amusement, timeliness, comfort or health) that are essentially intangible concerns of its first purchaser (Zeithaml & Bitner, 1996).

Health services consists of tangible elements such as buildings and facilities, staff, patient information, and intangible elements such as the atmosphere, the way in which patients are spoken to, sense of security and trust and so forth. Both these tangible and intangible elements are important to patients and to service providers and are linked in any patients assessment of the quality of the service they receive (Laing et al., 2002).

Service differs from products in that the customer (patient) is involved in the process of service delivery, they are intangible, heterogeneous, and perishable, involve simultaneous production and consumption. Of these characteristics, one particularly important one is the degree of human involvement in health service delivery, in terms of input from the service provider and from the consumer. It is the characteristics that often cause variability in service provision (Ibid.).

**Intangible:** They cannot be seen or touched. For example: healthcare services are actions (such as surgery, diagnosis, examination and treatment) performed by providers and directed toward patients and their families. These services cannot be touched or seen by the patients. Although the patient may be able to see and touch certain tangible components of services (like the equipment or hospital room), health care services are difficult for the customers to grasp even mentally (Zeithaml & Bitner, 1996). Intangibility presents several marketing challenges. Services cannot be patented. They cannot be readily displayed or communicated. Pricing is difficult in
services. This poses great problems the vendors in communicating to the buyer exactly what is on offer. Also consumers cannot really evaluate a service until it has been consumed. For example, even after the diagnosis or surgery has been completed the patient may not fully comprehend the service performed. Intangibility is the prime source of performance ambiguity. One solution is to focus customer on the role of communication channels as a means to clarity the character of the service (Zeithaml & Bitner, 1996).

**Heterogeneous:** since services are performances, frequently produced by humans, no two services will be precisely alike. Heterogeneity also results because no two customers are precisely alike; each will have unique demands or experience the service in a unique way. As services are heterogeneous across time, organizations and people, ensuring consistent service quality is challenging. Quality actually depends on factors that cannot be fully controlled by the service supplier. Also there is no sure knowledge that the service delivered matches what was planned and promoted (Zeithaml & Bitner, 1996).

**Simultaneous Production and Consumption:** Frequently, the customer is present while the service is being produced and may even take part in the production process. This also means that frequently customers will interact with each other during the service production process and this may affect each other experiences. Another outcome of simultaneous production and consumption is that service producers find themselves playing a role as part of the product itself and as an essential ingredient in the service experience for the consumer (Zeithaml & Bitner, 1996). Since services are often produced and consumed at the same time, mass production is difficult if not impossible. The quality of service and customer satisfaction will be highly dependent on what happens in "real time," including the actions of employees and the interactions between employees and customers. Similarly, it is not usually possible to gain significant economies of scale through centralization. Usually operations need to
be relatively decentralized so that the service can be delivered directly to the consumer in convenient locations (Zeithaml & Bitner, 1996).

**Perishable:** Services cannot be saved, stored, resold or returned. This is in contrast to goods that can be stored in inventory, resold another day or even returned if the consumer is unhappy. If a service is not consumed, it disappears (or more accurately has never existed). This is the economic cost to the organization that cannot be recovered and which is critical to the very survival of the organization. An important issue that marketers face in relation to service perishability is the inability to inventory. Demand forecasting and creative planning for capacity utilization are therefore important and challenging decision areas. There is a need for strong recovery strategies when things do go wrong because services cannot typically be returned or resold (Zeithaml & Bitner, 1996).

Regarding SERVQUAL in healthcare, many researchers have attempted to employ SERVQUAL as an instrument to assess service quality in both private and public healthcare organizations. According to Wisniewski & Donnelly (1996), organizations operating within the public sector, including healthcare, local government, police and emergency services, have also come to realize that customer service and quality are critical strategic issues. Boyce *et al.* (1997) state that while there are multiple dimensions to healthcare quality, only some of these are experimentally verifiable. Their study looks at the following indicators: access; efficiency; safety; effectiveness; acceptability: continuity; technical proficiency and appropriateness. These dimensions would seem to be logical and, in as sense, they seem like a list of dimensions of service quality. Indeed, they could be considered to be a link to SERVQUAL in a healthcare context.

Additional research on SERVQUAL in healthcare was done by Curry & Sinclair (2002), who stated that the SERVQUAL model is being increasingly applied to the measurement of service quality in the healthcare context. When respondents were asked to rank the five
attributes, tangibles came out as less important than other aspects. The authors argue that the SERVQUAL instrument has powerful potential applications for achieving quality in NHS hospitals, such as by understanding quality through training and development of executives and contact staff; providing a systematic framework for carrying out market research to understand real quality for patients; auditing quality by comparing and evaluating progress made by different hospitals; setting standards and developing specifications for consultations, treatments and operations; measuring performance using standards and specifications. Curry & Sinclair go on to give emphasis to the importance of understanding the service user/service deliverer encounter from the consumer perspective in the healthcare context. They state that if the differences in expectations and perceptions are made clearer, healthcare providers can then begin to establish more of a partnership rather than a 'paternalistic' approach to their patients. This study indicated some problems relating to SERVQUAL: the length of the questionnaire; ranking procedure and the propensity of some respondents to give a maximum 7 to all scores. Use of the word 'excellent' encourages patients to put '7' in expectations.

According to this study, patients expect a good therapist to be competent, courteous, empathetic and able to relate well to patients. In a patient's eyes, a failure in any one of these dimensions represents poor quality. Patients gave particularly high perception scores to empathy. The instrument was useful in assessing patient views of the service and isolating important gaps. Youseff et al., (1996) performed a study in the UK of NHS hospitals using SERVQUAL. Their results confirmed that reliability is considered by far the most important dimension, followed closely by empathy and responsiveness. On the other hand, Tucker & Adams (2001) state that patients' valuations of the quality of the care received often deviate significantly from clinically-based measures of quality assessments. Nilubon et al. (2005) explored the relationship between technology usage and quality management for enhancing Thai hospital service quality. It
showed that hospitals can develop an appropriate approach to their advantage, which can yield sustainable improvement in service quality as perceived by patients and professionals. Hospitals can make better quality decisions based on structured measurement and knowledge.

2.5. The Context of Healthcare in Lao PDR

According to a strategic assessment of reproductive health in the Lao PDR, Department of Reproductive Health and Research, World Health Organization (2000) states that health services at all levels are under-utilized, which in turn compromises their ability to provide quality health care, including for reproductive health. It is widely acknowledged that overall program management capacity needs to be strengthened. It proposed a focus on client-centered quality of care and observed that there is a well-defined need to improve clinical practices, counseling and interpersonal relations between clients and providers. This would require: developing and implementing standards and norms; periodic retraining of staff; technical supervision of on-the-job training; enhancement of professional competence through medium- to long-term training; provision of necessary equipment and supplies (World Health Organization, 2001). The main findings of a comparison between two population groups with high and low socioeconomic status (with a total of 356 people) showed that private health services were the first choice for groups, although procedural barriers and the unwelcoming attitudes of staff at public hospitals led both groups to turn to private health services; public health services were used only in extremely severe cases by the poor and access to private health services was limited by ability to pay. While the rich had unlimited access to health services as they were able to pay for private clinics and obtain treatment abroad, the poor were only able to pay for drugs, often with no examination or diagnosis and only limited advice. Further, limited financial resources often meant the poor received insufficient and inappropriate medication.
Phommavong (2006) conducted a survey of patients’ expectation and perceptions in the three metropolitan public hospitals in Lao PDR stated and found that patients’ expectations are higher than their perceptions. There were gaps in all SERVQUAL dimensions and the largest gap was in terms of reliability. This means that the service quality of the hospitals was lower than the expectation of their patients.

Bertrand & Choulamany (2006) conducted a Mental Health Situation Analysis in Lao PDR which stated that economic and social changes are influencing the values, beliefs and way of life of Lao people, most rapidly in urban areas, while life in remote mountainous areas changes more slowly. With the increase of purchasing power, people may have started to become more materialistic and consumerist. The JICA study team (2002), investigating the improvement of health and medical service in Lao PDR, identified some major problems in Lao health care sector, including the low level of health services; insufficient expenditure and wasteful resource utilization, unsustainable development and operation of health infrastructure, weakness of the health finance system and dependency on foreign assistance, uneven geographical distribution of health personnel, shortages and poor distribution of well-trained hospital and community nurses, budget allocation skewed in favour of hospitals and medical doctor training, lack of incentives to promote improvements by government health staff, poor development of job descriptions of health staff, undifferentiated strategies of health sector development for remote areas, budget shortage and disparities among district health offices due to excessive decentralization to the district level, low capacity of provincial and district health offices, unclear and opaque decision-making systems, shortage of human resources and budgets at the district level, weak people's participation in the health sector, weak health service delivery in terms of nutrition and health education and insufficient infectious disease control activities.
Phommavong (2008) conducted a survey of customers’ expectations and service providers’ perceptions in the hotel and guesthouse industry in Lao PDR and found again that expectations are higher than perceptions. The highest gap here was in terms of the tangibles dimension. It is important, therefore, for service providers to improve on such gaps as G5 “Service providers are well dressed and appear neat,” 2nd G1 “Hotel or guesthouse has up-to-date service equipment,” 3rd G2 “Hotel or guesthouse environment inside and outside is very clean,” 4th G4 “Hotel or guesthouse has understandable signs for direction,” 5th G3 “Hotel or guesthouse facilities are visually appealing” and 6th G6 “Service providers are polite, friendly and kind.”

From the above reviews, it is apparent that in-depth service quality assessment of SERVQUAL application is still lacking among Lao practitioners. Consequently, the literature review of the research has focused on the background, concept and model measurement of service quality in particular for the healthcare sector.

3. Research Methodology

In this study, SERVQUAL was used to measure service quality and was distributed to 293 healthcare providers, i.e. doctors, nurses, internship students and other staff members related to hospital services.

The survey instrument consisted of three sections: (1) items focusing on healthcare service providers’ expectation of service quality, (2) demographic data about the respondents (name of hospital, gender, status, age, income, education level, type, department and position of healthcare service providers and (3) items focusing on healthcare service providers’ perceptions of service quality.

The items in the questionnaire were measured on a 5-point Likert scale ranging from “strongly agree,” coded as five, to “strongly
disagree,” coded as one. To complete their answers, respondents were asked to tick the number that best matched their opinion. The items of the scale were pre-tested for wording, layout and comprehension.

The random sample of 293 healthcare service providers were requested to complete the survey questionnaire regarding their expectations and perceptions of the service quality of their hospital circumstances. Data collection took place during August to September, 2010.

Of the overall sample of 293 respondents, 37% were from Mahosot Hospital, 32% from Mitthaphab Hospital and 31% from Setthathirath Hospitals. Most of the respondents were female (75%), 62% were married and 78% had income of below 1,000,000 Kip (approximately US$125). Furthermore, the majority of the respondent education was reasonably well-educated, as would be expected from this sector, with 88% having achieved secondary school or undergraduate degree, with only 2% having only primary school level of education. Finally, 67% of respondents were nurses, 27% were doctors and the remaining 6% were internship students or others. Some survey items have been omitted because respondents did not provide information.

Collected questionnaires were checked for completeness and then transformed into spreadsheet data for analysis by SPSS. Data were analysed using descriptive statistical tests to determine perception and expectation mean scores. This led to a calculation of the gaps between expectations and perceptions on various dimensions. This method of analysis of data is called Dimension-by-Dimension Analysis in which the items in each dimension are averaged and the subtraction calculated according to: “\( (G1+G2+G3+\ldots+GN) = \left\{(P1+P2+P3+\ldots+PN)/N\right\} - \{((E1+E2+E3+\ldots+PN)/N)\} \).” The result is shown in Appendix III.

Factor analysis was subsequently conducted on the 24 service quality variables in relation to their gap scores (perceptions minus
expectations) to determine the existence of underlying dimensions of service quality. A principal component analysis with VARIMAX rotation was conducted only on the 24 perception items measuring the service quality of the public hospital service. The objective of the analysis was to summarise the information contained in the 24 variables into smaller sets of explanatory composite factors, which define the fundamental constructs assumed to underline the variables. Factors with an Eigenvalue equal to or greater than 1 were chosen for interpretation. Only variables with factor loading coefficients of 0.45 were considered; that is, items with less than 0.45 were excluded. A reliability analysis (Cronbach’s alpha) was performed to test the reliability and internal consistency of each of the perception attributes. Alpha scores range from 0 to 1 and measure the internal consistency of multi-item scales. The closer that the Alpha score is to 1, the more reliable the results are considered to be. A coefficient alpha of 0.7 or higher is considered to be reliable for group data purposes.

4. Findings

4.1. Reliability and Validity Tests

SPSS was used to perform the analysis using principal component procedure including a transformation with varimax rotation similar to comparable studies (see Appendix II). The test results were acceptable with a significance level of 0.01.

4.1.1. Reliability

Cronbach’s Alpha in extraction factors was calculated to be almost exactly 0.6, which was considered to be an acceptable basis for reliability and refers to the degree of dependability, consistency and stability of a scale. The internal consistency of the scales used was confirmed by Cronbach Alpha’s (Cronbach, 1951) value of more than 0.6, which is considered to be acceptable (Nunally, 1978) (see also Appendix II).
4.1.2. Exploratory Factor Analysis

Most of the perception and expectation SERVQUAL items are considered to be an appropriate basis for using the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy, which was calculated to be 0.9494 for perception and 0.9491 for expectation. This is an index that is used to examine the appropriateness of factor analysis. High values lie between 0.5 and 1 and indicate that the factor analysis is appropriate. The Bartlett’s test for Sphericity was significant at the 0.05 level, indicating that factor analysis was appropriate (see Appendix 2 for more details).

4.2. Findings for Expectations

In order to discover the critical attributes expected by customers from excellent healthcare service providers, healthcare service providers were asked to give ratings of Likert scale 1 to 5 point on each of the 24 items. The reason for asking the healthcare service providers’ expectation about the best healthcare service is to determine the attributes that they expect from excellent healthcare service and this can be used to compare with the healthcare service providers’ perceptions to improve services to meet requirements.

By using SPSS software, mean and standard deviation for each of 24 items (see Appendix 3) and each of the five service dimensions of the hospital services were calculated and ranked. The mean expectation scores of the healthcare service were high, ranging from 4.25 in the empathy dimension to 4.44 in tangibles. The overall mean customers expectation score was 4.36, which suggested that healthcare service providers need high service quality to be provided.

Among the hospital services, the highest mean expectation score was 4.40 for Friendship Hospital and the lowest was 4.33 for Setthathirath Hospital, with 4.34 for Mahosot Hospital. The expectation mean scores for each of the items were ranked and the highest mean was
4.60 for item E1 (Hospital should have up-to-date medical equipment) to the lowest of 3.67 for item E21 (The facilities of this hospital should be convenient for families and visitors). The highest expectation mean of healthcare service suggested that healthcare service providers expect services in areas regarding tangibles, reliability and assurance to be high, with neutral expectation for responsiveness and low expectation areas for empathy.

4.3. Findings for Perceptions

Similar to expectation scores, the critical attributes perceived by healthcare service providers from excellent hospital service providers were given ratings on a Likert scale of 1 to 5 points on each of the 24 items. By using the SPSS software, means and standard deviations for each of the 24 items (see Appendix III) and five service dimensions of the healthcare services were calculated and ranked. Mean perception scores of the healthcare services were ranged from 4.10 for the assurance dimension to 3.78 for the tangibles dimension. The overall mean perception score was 3.99, which suggested that the healthcare service providers accepted the quality of service at the provided service level. The highest mean perception score was 4.13 for Setthathirath Hospital, followed by 4.00 for Mahosot Hospital and 3.89 for Friendship Hospital.

The mean perception score of each item was ranked from the highest perception mean of 4.43 for item P19 (Hospital has 24 hours availability) and lowest of 3.66 for item P3 (Hospital facilities are visually appealing). The results indicate the importance of assurance, with high marks given to responsiveness, reliability and empathy and lower ones for tangibles.
4.4. Findings for Gaps between Expectations and Perceptions

Information on service quality gaps can help healthcare service providers, e.g. public health policy makers, directors, administrators and doctors diagnose where performance improvement can best be targeted. The largest negative gaps, combined with assessment of where expectations are highest, facilitate prioritization of performance improvement. The overall service quality gap for the healthcare service was -0.37. Friendship Hospital had the highest total service negative gap -0.51, the lowest was for Mahosot Hospital with -0.34, while Setthathirath Hospital had a slightly negative gap -0.20. There were negative service gaps in all five dimensions, with the highest being -0.66 for the tangibles dimension and the lowest -0.22 for the responsiveness dimension, while the remainder had negative gaps ranging from -0.35 to 0.24. Within the tangibles dimension, the highest was -0.85 for G1 (Hospital has up-to-date medical equipment) and lowest at -0.45 for G5 (Doctors, nurses, and staff are well dressed and appear neat).

The item gaps of the responsiveness dimension were highest at -0.34 for G11 (Doctors, nurses, and staff deal with emergencies quickly and effectively e.g. making an appointment, returning phone call, resolving problem etc.) and lowest at -0.17 for G14 (Hospital provides good health education).

Generally, these findings of the smallest gaps or positive gaps to the highest gap imply that those healthcare services of the public hospitals performed very well on service areas such as responsiveness, empathy and assurance, and their performance matched healthcare service providers’ expectation. However, the performance on tangibles and reliability were much higher and could not reach healthcare service providers’ expectations and, therefore, needed improvement.
In addition, the 24 service items were ranked from highest negative gap to positive gap (Appendix III) and it was found that all 24 items had negative gaps which need improvement in services provided by the metropolitan public hospitals. The top five highest negative gaps were -0.85 for G1 (Hospital has up-to-date medical equipment), -0.78 for G2 (Hospital environment inside and outside are very clean), -0.71 for G4 (Hospital has understandable signs for direction), -0.65 for G3 (Hospital facilities are visually appealing) and -0.54 for G6 (Doctors, nurses, and staff are polite, friendly and kind). Those items were in the tangible dimension, which is highly prioritized for improvement.

Furthermore, there were 19 negative items in hospital service which, ranked from the highest negative gap to the lowest, were G5, G20, G10, G16, G7, G8, G11, G22, G9, G21, G24, G15, G12, G14, G13, G19, G23 and G18. These also require improvement in service delivery.

The expectation and perception mean scores were higher than the mean of Likert scales, which were mostly above 3 (neutral). This suggested that healthcare service providers generally agreed with the service items of the metropolitan public hospitals. However, there were negative gaps in all of the SERVQUAL items and, therefore, those hospitals did not match the healthcare service providers’ expectations in all service items investigated.

5. Discussion of Findings

This study found that, in general, there was a negative gap difference between the expectation and perception in cases of all the three metropolitan public hospitals. Consequently, they should focus more on hospital services for patients. Based on these findings, the dimensions that need to be considered to develop the service quality are discussed in detail below.
5.1. Tangibles

Healthcare service providers’ perceptions and expectations concerning tangibles were significantly higher than the average scores of their service quality. The healthcare service providers expected and perceived quite highly on hospital’s service dimension items. However, there were some expectation mean scores that were higher than perception mean scores. As a result, there was a negative service quality from the point of view of the tangibles dimension. There were significant negative gaps in four items. Besides these, there were negative gaps that the public hospital providers should take into consideration concerning the following three critical issues:

1st G1: Hospital should have up-to-date medical equipment.

2nd G2: Hospital environment inside and outside should be very clean.

3rd G4: Hospital should have understandable signs for direction.

5.2. Reliability

Healthcare service providers’ expectation on reliability was significantly higher than average scores of its expected service quality and its perception. In addition, healthcare service providers’ perceptions were below the mean score. It seems that healthcare service providers expected higher than their perceptions on hospital service dimension items. There was negative service quality from the point of view of the reliability dimension. This also shows that there was a significant negative gap in all the items of the reliability dimension, which were G7, G8, G10 and G9. This suggested that the public hospital providers should take into consideration the following three critical service areas:
1st G7: Doctors, nurses and staff should have excellent medical skills.

2nd G8: Hospital facilities should be visually appealing.

3rd G10: Doctors, nurses and staff should be sincere in solving patient's problems.

5.3. Responsiveness

Healthcare service providers’ expectations for responsiveness were significantly lower than its average scores of expected service quality and higher than its perception. Also, the healthcare service providers’ perceptions were below the perceived mean scores. Healthcare service providers also expected higher scores than their perception concerning the service dimension and there was a negative service quality from the point of view of the responsiveness dimension. Public hospital providers should take into the consideration the following three critical service areas:

1st G11: Doctors, nurses and staff should deal with emergencies quickly and effectively (e.g. making an appointment, returning phone call, resolving problems etc.).”

2nd G12: Doctors, nurses and staff should always be willing to help patients (e.g. be willing to answer questions, provide advice etc.).”

3rd G13: Doctors, nurses and staff should be available to respond to patients’ requests (e.g. be responsive to complaints and provide patients with information).”
5.4. Assurance

Healthcare service providers’ expectations on assurance met average scores of service quality and were higher than perceptions. Consequently, healthcare service providers’ perceptions were below the mean score of perceptions and healthcare service providers expected higher than their perceptions of the hospital’s service dimension or there was a negative service quality from the point of view of the assurance dimension, which was similar to the other dimensions. This indicated that the public hospital providers should take into the consideration the following three critical service providers:

1st G16: Doctors, nurses and staff should make patients feel confident.

2nd G17: Hospital environment inside and outside should make patients feel safe and confident.

3rd G15: Patients should feel secure in receiving medical care.

5.5. Empathy

The healthcare service providers’ expectations for empathy were lower than the average scores of expected service quality and higher than perceptions. In addition, healthcare service providers’ perceptions were below the mean scores of perceptions. Consequently, healthcare service providers expected higher than their perceptions of hospital’s service dimension or there was a negative service quality from the point of view of the empathy dimension, in common with other dimensions. This suggested that the public hospital providers should take into the consideration the following three critical service issues:

1st G20: Hospital registration procedure should be very quick.
2nd G22: Hospital should build long term relationship with the patients.

3rd G21: Hospital facilities hospital should be convenient for families and visitors.

6. Conclusion and Recommendations

The study was conducted to assess organizational factors that weight perception and expectation of service delivery by healthcare service providers of service quality through the data obtained. This has led to the following conclusions.

This study has attempted to identify the service quality by using the SERVQUAL gap model \(Q = P - E\) and also to compare service delivery of the metropolitan public hospitals in Lao PDR (i.e. Mahosot, Friendship and Setthathirath Hospitals). The findings of the study can be summarized as follows:

- Healthcare service providers perceived the tangibles dimension as the lowest, which suggests that the key items of its dimension have to be prioritized for service management considerations: these were P3 (Hospital facilities are visually appealing), P2 (Hospital environment inside and outside are very clean) and P1 (Hospital has up-to-date medical equipment). The comments of the respondents were mainly on the cleanliness of facilities (rest room, bedroom and utilities supply) as well as more special rooms and faster service procedures.

- Healthcare service providers had lowest expectations for the empathy dimension, suggesting that the key items of its dimension should be prioritized in service management improvements: E21 (The facilities of this hospital should be convenient for families and visitors), E23 (Hospital should give patients individual attention e.g. learning a patients’
specific medical history, flexibility to accommodate individual patients’ requirement, preference, dislikes) and E20 (The registrations of the hospital should be very quick). This indicates the fact that the metropolitan public hospitals lack a motivation system for government health staff, since the salaries of health staff are too low and frequently delivered late, often by several months. Furthermore, there is no incentive system for health staff as well as lacking some tools for relationships and disorganized service procedures. As a result, health staff do not perform to their best.

- From the point of view of healthcare service providers’ expectations and perceptions, the average scores of each dimension were equal. However, there was a huge gap in the tangibles dimension. From the results, the healthcare service providers’ perception was lowest in the tangible dimension of the metropolitan public hospital service. This is due to the fact that the majority of healthcare service providers expected the highest in the tangible dimension items, i.e. E1 (Hospital should have up-to-date medical equipment), E6 (Doctors, nurses and staff are polite, friendly and kind), E5 (Doctors, nurses and staff are well dressed and appear neat.) and E2 (Hospital environment inside and outside should be very clean).

- Overall, the healthcare service of the metropolitan public hospitals in Lao PDR has not met the standard of healthcare service providers’ expectations due to the perception of the healthcare service providers being lower than expectations, which has led to negative feedback on service quality. Concerning the health sector, it is normal to have much higher expectation than perception. Consequently, healthcare service administration needs to take into consideration all SERVQUAL dimensions, which include (1) tangibles, (2) reliability, (3) assurance, (4) empathy and (5) responsiveness.
As a result, knowing how healthcare service providers perceive service quality and their expectation as well as the ability to measure service quality can benefit healthcare service providers to determine the means of service improvement both quantitatively and qualitatively.

6.1. Recommendations

Focussing on problem areas, recommendations can be made that metropolitan public hospitals should focus on two critical service dimensions: tangibility and reliability. In general, the service quality in hospitals is based on three perspectives of service quality management:

- The patient’s personality, level of knowledge and service experiences, should be learned so that they are given individual attention, e.g. learning a patient’s specific medical history, flexibility to accommodate individual patient’s requirements, preferences and dislikes and so forth.

- External service quality in public hospitals compared to other private hospitals is highly mediated by news and media communications from international sources.

- Internal service delivery comprises two areas, namely functional care and the technical care of the hospital officials. It has been observed that the overall performance of the Lao public hospitals can be improved through the assistance of various donors. However, human resource management plays a crucial role in this task because healthcare services are employee intensive and the quality of the employees influences the service quality as well as patient satisfaction (Aye, 2004).
The hospitals’ ineffective performance is mainly due to three fundamental causes or the 3Is, which are Innocent staff, Ignorant staff and Intentional staff.

- Innocent staff refers to the staff with lack of knowledge, education and work experience on service delivery to meet the hospital service requirements in their functional and technical care. This also means that the staff has not been received any work orientation.

- Ignorant staff refers to the staff with sufficient knowledge and education in hospital service requirement but their performance is low due to lack of poor job descriptions of health staff, poor management infrastructure, systems and design.

- Inert staff refers to the inappropriate performance of the staff due to the lack of motivation for government health staff. The salaries of health staff are too low and, moreover, frequently delivered late, often by several months.

In addition, problems of hospital service quality were mentioned by patients due to the higher service charges in the hospital itself such as cleanliness of specific areas such as rest rooms, adequate patient rooms, equipment and so forth.

Based on the study findings and analysis, the following measures are suggested to improve the service quality of the three hospitals concerned. There are still some good points in the Lao hospital service capability which should be shown, like the cost of surgery, which compared to neighbouring healthcare services. However, the above stated problems need to be solved and there is a concept called the “4Es” that should be applied by the hospital administrators: Education, Engineering, Enforcement and Empowerment.
Education refers to the training of the staff in terms of both medical and technical care as well as understanding service concepts and the management of quality.

Engineering refers to the design of regulation, policy, working process and management systems such as job descriptions, job specifications and rewarding, promoting and working environment. Top managers actively participate in efforts to improve quality. For instance, directors actively stress quality improvement efforts at orientations for new employees. Also, adaptation of IT in public hospitals is required to fasten service delivery accurately.

Enforcement refers to the measure of staff performance, which is transparent based on the clear statement of their job specification and description.

Empowerment refers to the motivation and incentive systems, as well as the environmental system.

In practice, there are various types of service quality attributes that are not completely controlled by the service providers. However, based on survey results, it is critically highlighted that reliability should be given highest priority. It highly involves the ability to perform the promised service accurately. Consequently, hospital managers should take the following actions:

- Centralized data analysis combined with decentralized development and implementation of action plans.
- A multi-step collaborative quality improvement process that utilizes internal data and evidence-based practice guidelines, which emphasizes volume to outcome relationships and has a strong participatory nature.
- Use of multidisciplinary teams to identify solutions.
- A good understanding of what motivates staff.
- A heavy use of objective data, comparing physicians to their institutional peers, as well as to the norms of the region.
- A focus on standardization to improve efficiency and safety.
To be clearer on healthcare service quality and the benefits of using SERVQUAL, surveys should be carried out annually so that yearly comparisons can be made to determine how service improvements have affected perceptions and expectations of the service over time and determine the effectiveness of service development and improvement initiatives in targeted dimensions. Application of SERVQUAL can be applied only to functional quality. Functional quality cannot be sustained without accurate diagnosis and procedures. Technical quality is an issue in research as well. For long-term success of the healthcare organization, both functional quality and technical quality have to be monitored and managed effectively.

7. References


Management, 6(3), 64-83.


Appendices

Appendix I: The 22 Statements of the SERVQUAL Instrument

<table>
<thead>
<tr>
<th>No.</th>
<th>Dimensions</th>
<th>Expectations</th>
<th>Perceptions</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tangibles:</td>
<td>E1, E2, E3, E4, E5</td>
<td>P1, P2, P3, P4, P5</td>
<td>G1, G2, G3, G4, G5</td>
</tr>
<tr>
<td>2</td>
<td>Reliability:</td>
<td>E6, E7, E8, E9</td>
<td>P6, P7, P8, P9</td>
<td>G6, G7, G8, G9</td>
</tr>
<tr>
<td>3</td>
<td>Responsiveness:</td>
<td>E10, E11, E12, E13</td>
<td>P10, P11, P12, P13</td>
<td>G10, G11, G12, G13</td>
</tr>
<tr>
<td>5</td>
<td>Empathy:</td>
<td>E18, E19, E20, E21, E22</td>
<td>P18, P19, P20, P21, P22</td>
<td>G18, G19, G20, G21, G22</td>
</tr>
</tbody>
</table>

Table 1: Dimension Codes
<table>
<thead>
<tr>
<th>Code</th>
<th>Perceptions Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>XYZ has up-to-date equipment.</td>
</tr>
<tr>
<td>P2</td>
<td>XYZ's physical facilities are visually appealing.</td>
</tr>
<tr>
<td>P3</td>
<td>XYZ's employees are well dressed and appear neat.</td>
</tr>
<tr>
<td>P4</td>
<td>The appearance of the physical facilities of XYZ is in keeping with the type of services provided.</td>
</tr>
<tr>
<td>P5</td>
<td>When XYZ promises to do something by a certain time, it does so.</td>
</tr>
<tr>
<td>P6</td>
<td>When you have problems, XYZ is sympathetic and reassuring.</td>
</tr>
<tr>
<td>P7</td>
<td>XYZ is dependable.</td>
</tr>
<tr>
<td>P8</td>
<td>XYZ provides its services at the time it promises to do so.</td>
</tr>
<tr>
<td>P9</td>
<td>XYZ keeps its records accurately.</td>
</tr>
<tr>
<td>P10</td>
<td>XYZ does not tell customers exactly when services will be performed.</td>
</tr>
<tr>
<td>P11</td>
<td>You do not receive prompt service from XYZ's employees.</td>
</tr>
<tr>
<td>P12</td>
<td>Employees of XYZ are not always willing to help customers.</td>
</tr>
<tr>
<td>P13</td>
<td>Employees of XYZ are too busy to respond to customer requests promptly.</td>
</tr>
<tr>
<td>P14</td>
<td>You can trust employees of XYZ.</td>
</tr>
<tr>
<td>P15</td>
<td>You feel safe in your transactions with XYZ's employees.</td>
</tr>
<tr>
<td>P16</td>
<td>Employees of XYZ are polite.</td>
</tr>
<tr>
<td>P17</td>
<td>Employees get adequate support from XYZ to do their jobs well.</td>
</tr>
<tr>
<td>P18</td>
<td>XYZ does not give you individual attention.</td>
</tr>
<tr>
<td>P19</td>
<td>Employees of XYZ do not give you personal attention.</td>
</tr>
<tr>
<td>P20</td>
<td>Employees of XYZ do not know what your needs are.</td>
</tr>
<tr>
<td>P21</td>
<td>XYZ does not have your best interests at heart.</td>
</tr>
<tr>
<td>P22</td>
<td>XYZ does not have operating hours convenient to all their customers.</td>
</tr>
</tbody>
</table>

Table 2: Perception Details
<table>
<thead>
<tr>
<th>Code</th>
<th>Expectations Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>They should have up-to-date equipment.</td>
</tr>
<tr>
<td>E2</td>
<td>Their physical facilities should be visually appealing.</td>
</tr>
<tr>
<td>E3</td>
<td>Their employees should be well dressed and appear neat.</td>
</tr>
<tr>
<td>E4</td>
<td>The appearance of the physical facilities of these firms should be in keeping with the type of services provided.</td>
</tr>
<tr>
<td>E5</td>
<td>When these firms promise to do something by a certain time, they should do so.</td>
</tr>
<tr>
<td>E6</td>
<td>When customers have problems, these firms should be sympathetic and reassuring.</td>
</tr>
<tr>
<td>E7</td>
<td>These firms should be dependable.</td>
</tr>
<tr>
<td>E8</td>
<td>They should provide their services at the time they promise to do so.</td>
</tr>
<tr>
<td>E9</td>
<td>They should keep their records accurately.</td>
</tr>
<tr>
<td>E10</td>
<td>They shouldn't be expected to tell customers exactly when services will be performed.</td>
</tr>
<tr>
<td>E11</td>
<td>It is not realistic for customers to expect prompt service from employees of these firms.</td>
</tr>
<tr>
<td>E12</td>
<td>Their employees don't always have to be willing to help customers.</td>
</tr>
<tr>
<td>E13</td>
<td>It is okay if they are too busy to respond to customer requests promptly.</td>
</tr>
<tr>
<td>E14</td>
<td>Customers should be able to trust employees of these firms.</td>
</tr>
<tr>
<td>E15</td>
<td>Customers should be able to feel safe in their transactions with these firms' employees.</td>
</tr>
<tr>
<td>E16</td>
<td>Their employees should be polite.</td>
</tr>
<tr>
<td>E17</td>
<td>Their employees should get adequate support from these firms to do their jobs well</td>
</tr>
<tr>
<td>E18</td>
<td>These firms should not be expected to give customers individual attention</td>
</tr>
<tr>
<td>E19</td>
<td>Employees of these firms cannot be expected to give customers personal attention.</td>
</tr>
<tr>
<td>E20</td>
<td>It is unrealistic to expect employees to know what the needs of their customers are</td>
</tr>
<tr>
<td>E21</td>
<td>It is unrealistic to expect these firms to have their customers' best interests at heart.</td>
</tr>
<tr>
<td>E22</td>
<td>They shouldn't be expected to have operating hours convenient to all their customers.</td>
</tr>
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</table>

**Table 3: Expectation Details**
<table>
<thead>
<tr>
<th>No</th>
<th>The Statements of SERVQUAL items and dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hospital has up-to-date medical equipment.</td>
</tr>
<tr>
<td>2</td>
<td>Hospital environment inside and outside are very clean.</td>
</tr>
<tr>
<td>3</td>
<td>Hospital facilities are visually appealing.</td>
</tr>
<tr>
<td>4</td>
<td>Hospital has understandable signs for direction.</td>
</tr>
<tr>
<td>5</td>
<td>Doctors, nurses, and staff are well dressed and appear neat.</td>
</tr>
<tr>
<td>6</td>
<td>Doctors, nurses, and staff are polite, friendly and kind.</td>
</tr>
<tr>
<td>7</td>
<td>Hospital has an excellent medical skill.</td>
</tr>
<tr>
<td>8</td>
<td>Doctors, nurses, and staff are sincere interest in solving patient’s problem.</td>
</tr>
<tr>
<td>9</td>
<td>Hospital provides services at the time promised (e.g. time of the operation, investigation, medicine).</td>
</tr>
<tr>
<td>10</td>
<td>Medical procedures are quick and accurate. (e.g. laboratory result, progress of care, date of operation, etc.).</td>
</tr>
<tr>
<td>11</td>
<td>Doctors, nurses, and staff deal with emergencies quickly and effectively. (e.g. making an appointment, returning phone call, resolving problem etc.).</td>
</tr>
<tr>
<td>12</td>
<td>Doctors, nurses, and staff are always willing to help patients (e.g. willing to answer the question, provide advice, etc.).</td>
</tr>
<tr>
<td>13</td>
<td>Hospital is never busy to respond to patients’ requests (e.g. be responsive to complaints, provide patient information).</td>
</tr>
<tr>
<td>14</td>
<td>Hospital provides good health education.</td>
</tr>
<tr>
<td>15</td>
<td>Patients feel secure in receiving medical care.</td>
</tr>
<tr>
<td>16</td>
<td>Doctors, nurses, and staff make patients feel confident.</td>
</tr>
<tr>
<td>17</td>
<td>Hospital environment inside and outside make patients feel safe and confident.</td>
</tr>
<tr>
<td>18</td>
<td>Hospital has the good word of mouth and reputation.</td>
</tr>
<tr>
<td>19</td>
<td>Hospital has 24 hours availability.</td>
</tr>
<tr>
<td>20</td>
<td>The registrations of the hospital are very quick.</td>
</tr>
<tr>
<td>21</td>
<td>The facilities of this hospital are convenient for families and visitors.</td>
</tr>
<tr>
<td>22</td>
<td>Hospital has built long term relationship with the patients</td>
</tr>
<tr>
<td>23</td>
<td>Hospital gives patients individual attention (e.g. learning a patients’ specific medical history, flexibility to accommodate individual patients’ requirement, preference, dislikes, etc.).</td>
</tr>
<tr>
<td>24</td>
<td>Doctors, nurses, and staff have your best interests at heart.</td>
</tr>
</tbody>
</table>

**Table 4: The Extension of SERVQUAL Statements**
<table>
<thead>
<tr>
<th>Service</th>
<th>Respondent Profiles</th>
<th>N</th>
<th>Percent</th>
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<td>Hospitals</td>
<td>Mahosot</td>
<td>109</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>Friendship</td>
<td>94</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Setthathirath</td>
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<tr>
<td></td>
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<td></td>
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<td>Age group</td>
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</tr>
<tr>
<td></td>
<td>From 26 to 35</td>
<td>99</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>From 36 to 45</td>
<td>58</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>From 46 to 55</td>
<td>41</td>
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</tr>
<tr>
<td></td>
<td>Above 55</td>
<td>14</td>
<td>5%</td>
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</tr>
<tr>
<td></td>
<td>3,000,000 - 5,000,000 Kip</td>
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<td>7%</td>
</tr>
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<td></td>
<td>Above 5,000,000 Kip</td>
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<td></td>
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<td>Doctor</td>
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</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td>Number</td>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
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<tr>
<td>Intership Student</td>
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<td>3%</td>
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Total Respondents            | 293    |            |

**Table 5: Summary of Respondent Demographic Profiles**
### Appendix 2: Reliability Test

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**Table 6: Cronbach Alpha Test**
### KMO and Bartlett's Test

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**Table 1: Reliability Analysis-Scale (Alpha) of Expectation and Perception**
### Appendix III: Summary of Findings

#### Perception | Expectation | SERVQUAL Gap | Paired Samples Test |
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<tr>
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Overall SERVQUAL gap: **-0.37**
Table 2: SERVQUAL Gap in Public Central Hospitals in Lao PDR

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<th>Tangibles</th>
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<th>Responsiveness</th>
<th>Assurance</th>
<th>Empathy</th>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean of each dimension</td>
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</tr>
<tr>
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<td>Mean</td>
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<td>Total</td>
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<td>4.39</td>
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<td>4.42 4.39 4.25</td>
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</table>

Table 3 Customers’ Expectation Summary

A negative score shows that healthcare service providers’ expectations of service in Public Central hospitals in Lao PDR were exceeding their perceptions. Expectations and perceptions score are measured on a 5-point Likert scale with higher numbers indicating higher levels. The SERVQUAL gap is the difference between the perception and expectation scores. Paired sample test: (p<0.05).
Table 4 Healthcare Service Providers’ Perception Summary

Table 5 the Gap Different between Expectation and Perception Findings
COMMENTARY
Commentary: Women Entrepreneurs in the Mekong Region

John Walsh

Abstract

The experience of women entrepreneurs varies significantly from that of men and this is particularly true of the Mekong Region: in some ways, the experience of male and female entrepreneurs in the Mekong Region is similar to that in other parts of the world but in other respects there are notable differences. This brief commentary article introduces some of the differences and suggests how they might be affected by changes foreseen to be forthcoming.

Keywords: Mekong region, women entrepreneurs, ASEAN Economic Community, infrastructure

Author: Dr. John Walsh is editor of the *SIU Journal of Management* and Assistant Professor at the School of Management, Shinawatra University.

1. Introduction

It has become increasingly realised in practitioner, academic and policy-making circles that female entrepreneurialism is an essential part of social and economic development. Women who create and run businesses have a crucial role to play in tackling poverty through providing additional incomes to larger households or sustaining dependants in single parent households. Entrepreneurialism is a means of finding work with a low entry barrier and in which few if any formal skills or qualifications are required. As research among street vendors has demonstrated, this kind of work may be picked up
quickly and easily by women and that might be particularly relevant for women accompanying male migrant workers. It is also an occupation which can be easily relinquished once the appropriate circumstances are met – that is, when a certain amount of time has passed or a certain amount of income accumulated. The very low entry and exit barriers in operation are appropriate for the informal economy, in which so much small-scale entrepreneurialism takes place. However, it does also lead to increased vulnerability and problems with accessing services.

Service access is particularly problematic for women, especially in societies in which they may face discrimination on a structural or systemic basis. The problems include obtaining finance and training. It can also be the case that it is difficult for women to access business networks and membership of them by virtue of their gender. The problems of obtaining access to the resources of the formal sector without demonstrated ownership of assets has been discussed by De Soto (2001) and, while microfinance can offer a solution to some, coverage is not universal in the Mekong Region and is not suitable in all cases. In Cambodia, for example, access to a loan requires collateral in the form of a piece of land or a house. Without collateral, it is necessary to resort to informal schemes which exist at a small scale and may charge 3-5% interest a month even to those individuals considered sufficiently trustworthy to be accepted as part of the scheme. In this case, social status is more important than gender in determining access to capital and the principal issue is ownership of the assets and this, in part, varies from family to family. However, women are nevertheless less likely to be permitted to own family assets than men are.

2. Characteristics of Female Entrepreneurs

Women’s work and particularly women in entrepreneurialism is regularly accompanied by concerns about lack of education, mobility and discrimination. Owing to family issues, women are also found to predominate in unpaid service work. These factors tend to restrict the
extent to which women, particularly in the Mekong Region where education and mobility issues have been particularly important, have been able to add value to the goods they sell and, therefore, the ability of their business ventures to make significant differences to the income they are able to generate. There are always, of course, exceptions to this. There are, for example, very successful Chinese women entrepreneurs, who have succeeded in part because of government support and in part because of other factors, including their own personal skills and qualities (Kitching and Jackson, 2002; Chu, 2000). The same may be said for successful women executives in Thailand and Cambodia, some of whom owe the bulk of their success to their personal abilities and some of whom (together with overlap between the two categories) to their initial familial starting conditions, educational opportunities and so forth. However, when speaking of women entrepreneurs in the Mekong Region, it is usually the lower level of activities that is concerned. It is, therefore, true that there is not one single model of female entrepreneurship; often, it relies on small-scale and geographically local arbitrage: cross-border trading has become an approach that has been taken by a set of women in north-western Laos, for example, although this method may not survive changes in infrastructure and the greater prominence of Chinese traders (Walker, 1999). The success of these traders has relied to a certain extent on their ability to create and maintain networks of connections which can be mobilized to pass information and coordinate activities among members and members of other networks. The use of networking has, it has been argued, been characteristic of women entrepreneurs and is particularly effective in transition economies, where recognizable commercial institutions have not yet been developed (Scheela and Hoa, 2004). The same may be said of men in the same situations but they are more likely to be involved with work that is organized and structured in different ways.

A second point of difference about women compared to men entrepreneurs is the importance attached to the former being able to use the means by which they obtain better economic opportunities to
improve their own positions within the family and within society (Ardrey, Pecotich & Schultz, 2006). At low levels, this might be an area in which microfinance might make a significant difference for women in that they can leverage their existing skills and competencies and overcome capital limitations (Milgram, 2001). In some cases, these opportunities can help overcome particular problems for women in single parent households or for whom the need to care for dependants restricts mobility.

3. Changing Environmental Conditions

The Mekong region is facing a number of changes that will not only affect business conditions but will have a differential impact on gender lines. The ASEAN Economic Community (AEC), which is scheduled to be introduced in 2015, will make it easier for some categories of skilled workers to move within the ten members of the ASEAN and work wherever they please. Clearly, the impacts and pressures that give rise to international migrant labour will be present as a result of this and are likely to be intensified. Increasing transportation links have made it much more possible to join together places of production and consumption, which encourages long-distance trading and eliminates some of the small-scale arbitrage possibilities from which women have been benefiting, e.g. border trade. The intensification of capitalism across the Mekong region – in a process similar to what Polanyi (2002) called the ‘great transformation’ – has also accelerated the nature of creative destruction, providing opportunities for those with capital and freedom of movement and action to take advantage of them. These factors together represent significant changes in the economic geography of the region and will link together areas which had previously been remote from each other and undercut the importance of some other longer standing transportation and infrastructure links. Again, this will lead to change and the provision of benefits to those capable and willing to take advantage of such changes.
4. References


BOOK REVIEWS
Facing the Torturer: Inside the Mind of a War Criminal

François Bizot


214 pp.

Translated by Charlotte Mandell and Antoine Audouard.

Reviewed by John Walsh, Editor, *SIU Journal of Management*, School of Management, Shinawatra University, Thailand.

Readers interested in the modern history of the Mekong Region will be familiar with François Bizot’s previous work, *The Gate*, which described the author’s experiences in Cambodia during the rise of the Khmer Rouge and his own arrest and incarceration. Elements of that experience are reflected in the film *The Killing Fields*, as too are elements from Jon Swain’s *The River of Time*, which covers the same period and events. What sets Bizot’s book apart is the combination of unworldliness he portrays – he was, after all, an academic researching Khmer Buddhism and society in the rural regions of the country – together with a simultaneous depth of understanding and empathy with the people of Cambodia. It was, of course, the desire to break the link with the history of the country that motivated so many members
of the Khmer Rouge and their hopes for a better and more equitable future for all members of the country.

In *Facing the Torturer*, Bizot returns to Cambodia to face Comrade Duch, who had after many years been called upon to face charges at an international trial. During his imprisonment, when he had been condemned to death by virtue of who he was rather than anything he might individually have done, Bizot met and spoke to Duch – as a result of discussions, it was Duch who was responsible for having the author freed. It was not until some time later that Bizot came to understand Duch’s role at the S-21 Concentration Camp in Phnom Penh and his responsibility for the deaths of thousands of Khmer people. Clearly, then, Bizot’s return to the city to participate in the trial represented an event of considerable emotional complexity and turmoil, which he attempts to describe in this extraordinary book with a combination of emotion recollected in such tranquility as he could muster and a documentation of the events in which he was participating. Beyond his own condition, he also tries to identify the means by which it might be possible to understand what goes on inside the head of the eponymous torturer without having to conclude that all of humanity is equally capable of such actions. As a Frenchman, Bizot and his family had previously confronted the evils of fascism and, when such evil recurred in his own life, it reinforced the understanding that such phenomena are not unique in character.

Bizot writes in straightforward language of these events: he uses no academic arguments or theories and scarcely any artifice at all – he portrays himself as a man doing his best to remember what had happened, what his role in it had been and what meaning it might have:

“I am no longer possessive. Before Cambodia I had nothing, afterwards I had nothing left. I freed myself from the ties that long-loved things had imposed on me – because of their beauty, their past, and the memories attached to them. On the other hand, I have never rid myself of the presence of places –
of the idea that as the years went by, places stored up wells of tears, the memory of certain moments, events that happened there, as well as the memory of the thousands of beings who had walked across these spears before they died (p.69).”

There are many resonances in this passage and in many more spread throughout the book – it would appear that translators Charlotte Mandell and Antoine Audouard have done well to retain these nuances in the text without being too heavy-handed about it. In this case, Bizot alludes to a Buddhist-inspired relinquishing of the concept of possession and, hence, the annihilation of the ego, while also illuminating the contradictions of such approaches: we may seek to relinquish control of others but it is others who may not be so willing or able to relinquish us in turn. After all, by moving through history and places where it is enacted, we both affect that history and are in our turn affected by it. Only enlightenment – that is, escaping altogether from this universe – can such a contradiction be resolved.

The relationship between Bizot and Duch has been created, therefore, and will persist irrespective of whether the author wishes it or not. The situation is, presumably, reversed in the case of the torturer who, true to Khmer Rouge methodology, avoids providing any information that would reveal details about any aspect of his private life or feelings. Nevertheless, while he may refer to Bizot as his ‘friend,’ it is with the almost mute crowd of Khmer witnesses with whom he maintains unbreakable relationships forged by the torture and murder of their relatives in the prison. The result is that both author and reader are ultimately shut out of the revelations of what does lie inside the torturer’s mind: we should, therefore, use other methods to try to understand what unites us with him and what divides us from him.
Democracy under Stress: Civil-Military Relations in South and Southeast Asia

Paul Chambers and Aurel Croissant, eds.


IX + 221 pp

Reviewed by John Walsh, Editor, SIU Journal of Management, School of Management, Shinawatra University, Thailand.

The 2006 military coup in Thailand and subsequent attempt by the army to govern the country through a proxy administration has been just one reminder of the persistent significance of the military in developing Asia. In nearly every country of South and Southeast Asia, which is the geographical area covered by the papers in this volume, elements within the military continue to return to prominence while retaining considerable behind-the-scene influence, as made evident in the substantial discretionary budgets they are able to deploy as a means of creating and sustaining patronage networks that are then used in extra-democratic and often extra-judicial means of ensuring
the desired status quo in terms of distribution of power and resources. How can analysis of such situations be analysed from an academic perspective? Several attempts to answer this question are provided: in the introductory chapter of eight in total, the editors together with noted Thai political scientist Thitinan Pongsudhirak refer to the work of Robert Dahl, in whose Polyarchy, Participation and Opposition\(^2\) eight procedural and institutional considerations are provided as a framework for determining the extent to which people enjoy genuine democracy, including freedom of association and opinion, existence of alternative, pluralistic sources of information, free and fair elections and so forth. This is then used to posit a continuum of decision-making control, ranging from overwhelming military control towards one end (e.g. the Myanmar of 2010) and overwhelming civilian control at the other end (e.g. Japan). This is then further developed by dividing between the institutionalized and informal dimensions within categories of mostly military and civilian control or in a situation in which there is some equilibrium between civilian and military bases of power. Additional frameworks are also devised and it is a little unfortunate, albeit an occupational hazard when it comes to collections of papers deriving originally from a workshop or conference such as this, that more of the papers do not engage with these frameworks so that it would be possible to develop a richer and deeper understanding of how the circumstances within states compare with each other. Instead, the diversity of epistemological approaches, one of the hazards of the social sciences, provides the reader with a series of striking portraits of the countries covered (Thailand, Myanmar, the Philippines, Indonesia, Pakistan and Bangladesh)

without actually making it convenient to try to picture the relationship between experiences in the different states.

From a conceptual perspective, the central chapter is the second one, written by Aurel Croissant and David Kuehn and entitled ‘Civilian Control of the Military and Democracy: Conceptual and Theoretical Perspectives.’ This is an extensive and detailed treatment of the subject that serves both as analytical literature review and a means of adapting international frameworks to the specific conditions of South and Southeast Asia it is the task of the subsequent chapters to relate local conditions to a broader framework such as has been laid down in the second chapter. The better of the remaining chapters do attempt to do this and a particularly valiant approach is provided in the third chapter by Paul Chambers, with a paper entitled ‘U-Turn to the Past? The Resurgence of the Military in Contemporary Thai Politics.’ This paper benefits from drawing upon a range of different data sources in constructing an argument about the waxing and waning of the relative power of the military in contemporary Thai society.

Overall, the papers tend to adopt a pluralist, essentially liberal understanding of what a democratic state should be and how its constituent actors should behave. Together, they represent an interesting and informative approach to trying to integrate the experiences of neighbouring states into a larger picture of how military forces insinuate themselves into the fabric of societies and of their governance. It will be interesting to observe over forthcoming years whether the apparent resurgence of military power can be controlled by the forces of civilian governments and, if so, how this will have been achieved.
Capital Accumulation and Women’s Labour in Asian Economies

Peter Custers


XXV + 401 pp.

Reviewed by John Walsh, Editor, *SIU Journal of Management*, Assistant Professor, School of Management, Shinawatra University

With a new wave of rapid, factory-based industrialization taking place in countries such as Cambodia and Laos, with prospects for the same to occur in Myanmar, which is associated with an intensification of the use of women in advanced capitalist occupations, it is very welcome to see a new issue of Peter Custers’s ground-breaking work on the nature of capital accumulation in such economies and its interactions with the labour of women. His original work, which was first published in 1997 when the Asian Financial Crisis was striking, has now been reissued with a penetrating introduction by noted developmental expert Professor Jayati Ghosh, although the main text remains unaltered. The introduction helps the reader to appreciate how innovative the original work was and how useful in understanding the
nature of women’s work it was. Based on extensive fieldwork in India, Bangladesh and Japan, Custers has laid bare the double oppression of patriarchy and capitalist exploitation of workers which women face in the circumstances described. Since Custers is so careful to lay a theoretical framework, even though the specific details of the work and its conditions may have varied in the course of time, the underlying relationships – that is, the social relations of production – have not.

In the first part, Custers is occupied with an outlining of the development of feminist thinking up until the time he was writing. Pointing out the flaws in each school of thought that had attempted to address the issue, Custers explains clearly the need for Marxist thinking to incorporate the role of women and women’s labour within its framework. If, after all, value derives ultimately from socially-useful labour, then surely the domestic labour provided by women (and very commonly a much more lengthy period of labour than that provided by men outside the house) should be incorporated into the analysis of who is doing what kind of work and how and to what extent this should be recompensed. To date, of course, no modern society anywhere in the world has appropriately or extensively dealt with the issue of remunerating women at a competitive rate for conducting domestic and emotional labour: indeed, the whole issue of valuing such work above and beyond basic exploitation has yet to be considered in most Asian societies, which results from the continued presence of still untapped supplies of low income women willing to be drawn into domestic service and, thereby, help liberate middle-class women mostly in urban environments to take a more prominent role outside the house.
Part 2 considers ‘The Industrial Work of Women in India and Bangladesh’ and provides detailed descriptions of the working conditions of women toiling at home or in the factory in the garment industry. This section is the heart of the book, especially when it is being applied to the industrialization processes taking place in the Mekong Region. It shows how women’s work is on the one hand universally treated as unskilled or semi-skilled in nature when compared with men’s work (often without any coherent logical support for such a division) and how the work is further sub-divided on a hierarchical basis among women who stitch, women who prepare, women who wash out the stains and so forth. Class distinctions such as this within the overall labour force of women help to restrict solidarity and prevent effective resistance to the dangerous, violent or exploitative treatment that is so commonly found. One issue that all the women faced was that the wages they were paid were insufficient to support them; no matter how hard they worked, therefore, they were never able to free themselves from either wage slavery or their reliance on male members of the family. Custers shows how the individual systems practiced in different cities and in different parts of the same city may vary, the same basic principles are created and recreated: divisions within work and within and between classes, the privileging of men above women, differential rates of pay to reinforce such differences, violence inherent in the system as a constant threat to any dissent.

As Custers moves into the third section, ‘Women’s Role as Agricultural Producers,’ the focus shifts more squarely on to the position of women within rural households with, most typically, a rigidly patriarchal hierarchy firmly in place. Agricultural production tends to be a more primitive form of production than manufacturing, especially when markets are remote objects which are only
occasionally accessed – that is, before the society concerned has passed through Polanyi’s Great Transformation. The role of development feminists in providing theoretical understanding of the issues in this case is assisted by the inability of Marxist thought to move satisfactorily from the factory to the field. What is also true is that a large amount of useful empirical work has taken place in rural Asian communities aimed at finding solutions to insufficient income among many people and, along the way, this work has provided many useful insights into how gender relations might change as the result of the introduction of policies at a micro-level. However, as Custers summarizes the situation, developmental feminism is not able to capture the correct scale of analysis required:

“During the decades since Bangladesh’s independence, the process of original accumulation has involved the eviction of peasant proprietors from their land on a massive scale, and the appropriation of common water and fish resources to the detriment of peasant women and men. Since developmental feminism does not embark on a critical investigation of modernization, it is incapable of providing a truly comprehensive analysis (p.224).”

In the final section, ‘Japanization and Women’s Labour,’ Custers uses the fieldwork to address two specific issues: the nature of the Japanization of work and its impact on gender relations and on the nature of Japanese women, particularly older women, as constituting a form of what Marx termed the ‘industrial reserve army.’ Indeed, recent research that has taken place in the depressed economies of Europe perpetuated principally by the self-inflicted crisis of austerity, has indicated that it is older women who are commonly among the first to be sacrificed when redundancies are called for, which supports
the contentions made by Custers that their supposed docility and sense of self-effacement brought about by years of domestic and emotional labour makes women in this category ideal victims of corporate retrenchment. In terms of Japanization, Custers astutely points out that various innovative techniques, including quality circles and just-in-time supply schemes, have the effect of transferring additional responsibilities to the workers, without of course concomitant compensation, while also introducing new class gradations within the overall working class that conforms to the concept of recreating the labour aristocracy that has done so much to undermine class solidarity and, in particular, the formation of effective trade unions for more than a century.

In conclusion, Custers has very thoroughly achieved his goal, which was to illuminate the specific conditions facing women across a broad range of societies:

“… in Asia women are … considered to be a convenient target for exploitation, in particular in the initial processes of industrialization. Yet, until feminist researchers started taking an interest in women’s roles, the analysis of the existing recruitment and employment policies was severely neglected by economists (p.16).”

That women are treated in this way will be self-evident to most people with any experience of the areas concerned. What Custers has achieved is to help link this reality with a powerful theoretical framework that helps in explaining why this is so and what it means and, by doing so, offers some hope for formulating strategies that will bring an end to the system.
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