Is Cross-Cultural Management the Key to Success in Global Healthcare Competition?

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ABSTRACT

Global competition adds yet another complex dimension to the success of a healthcare organization in an industry that is already competitive in its own right. This study focuses on a major healthcare organization in Thailand, its expansion in Southeast Asia and into the Middle East, the role of cross-cultural communication in its successful global healthcare management, and specifically which areas of management are most important to the success of that competitiveness. An inductive approach was used as a methodology for determining competitiveness as it related to cross-cultural communication and management. The resulting qualitative analysis of that data addresses issues of seeking and maintaining global competitiveness and providing superior quality care with competitive and reasonable pricing of services while working effectively through strategic alliances. Data was collected from interviews and questionnaires from a random mix of healthcare personnel and national and expatriates living and working in Abu Dhabi (United Arab Emirates) and Thailand. Subjects were varied from upper-level and middle-level management in the healthcare organization to basic company employees outside the organization. A qualitative analysis of data provided a grounded theory to support the development of effective cross-cultural management in a Thai healthcare organization to enhance global competitiveness.

Keywords: Global competition, cross-cultural management, communication, healthcare

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1. INTRODUCTION

Today, the global community is changing the way businesses and organizations think. It may also be changing societies’ ways of behaving and in fact fostering new national cultural changes. With cultures colliding in this new globalization, national, regional, and organizational cultures begin to inspire one another as they learn from one another in an intense but valued cultural exchange. Although many cultural values are kept in place by well-defined political nation states and traditional values still play an important role in the society, important roles, it is also true that multi-national corporations, global NGOs, individuals, and numerous cultural groups that travel within and beyond national boundaries have become increasingly visible agents of change in reshaping new identities of existing cultures. Maybe nowhere is this phenomenon more evident than the effect that multi-nationals such as the fast-food industry and introduction of the Internet have had on previously undeveloped or third world countries as they are exposed to the outside world and the rapid development and changes associated with the 21st century.

It is rare today that a successful business works with people from only a single culture. At almost every level, it is rare to find even a single location-based Western business that does not employ people from many diverse cultural backgrounds. In an economic context, globalization’s impact has been realized through major cost differences between regions, across borders, and between countries, globally resulting in businesses either outsourcing goods and services for parts of their business or outsourcing partners for other businesses [20].

For this reason, those who will lead the global community forward in the 21st century must be very adept at managing people from different cultures. Since culture is an important factor in shaping customer and/or employee behavior, those leaders need to understand the essence of each culture quickly and sensitively. In the process of understanding and shaping that culture, at least within their own organizations, they must ensure that the outcome of that understanding has a positive resolution and is in keeping with the final organizational direction. If this result is not possible, it may mean that their ability to do less than achieve understanding, productivity, and ultimately the final goals of the organization will fail to get the best from the individuals with whom they work. A secondary failure will be the inability to draw on the strengths that the different cultures offer.

Culture is a complex and multi-faceted issue that operates at a number of different levels [19]. Individuals are initially shaped by their ethnic, racial,
religious, and national backgrounds. They may then be influenced by the standards, ideals, values, and experience of their own teams. Finally, they may be shaped by the culture of their own organization.

Globalization has created an interesting paradox of cultural movement. On one hand, newly emerging global cultures transcend regional and national boundaries and cultures. On the other hand, indigenous cultural values and local cultures can be presented and shared with the global community easily through the Internet and modern digital technology [15].

To better understand the need for this study, it is necessary to understand some of the concepts involved in global expansion and to look at some of the factors that need to be considered when a company or organization wants to expand globally. International business management and cross-cultural communication are primary considerations in this process.

1.1. International Business Management

International business management plays a key role in determining the direction an organization will take in establishing itself globally [16]. To do this, the organization must address three major type of questions: Why? What? How? The first question an organization must ask itself is why it should go international in the first place. Subsequent questions include: What benefits will be obtained for the organization if it goes international? What type of strategy must be used to capture these benefits? What value will be created? What does the organization plan to achieve? Why evolve from a successful domestic organization serving mostly a culturally known domestic market to an international business that serves a diverse multi-cultural market? Also, what type of organization vehicle will be needed to enter the chosen market? Will it be a direct investment or strategic alliance? How can the organization be structured to achieve maximum success and benefit when dealing with cross-cultural issues? How will the organization be managed to make sure the plan that was put forth and the strategy to be used are fully implemented and the organization succeeds in its goal? How will the organization be supported in its new environment?

There are many reasons influencing an organization to go international, not just the idea of going international [14]. Development of a global market takes time and does not happen overnight. Moving into the global market requires careful planning and even that does not ensure success. There are, however, some basic steps that must be followed if success is to be even remotely achieved. First, the organization must have a clear and well-developed mission that reflects
a serious commitment to expand into global business activities. Furthermore, it must be readily adaptable and able to quickly identify the customer’s needs. It must also take advantage of opportunities to give its customer base a clear picture of the organization’s competitive advantage and abilities.

Also of major importance are understanding cultural nuances that occur with customer behavior in different cultures and being able to evaluate and deal with those changes as they take place. The organization must be able to continually deliver and maintain high-quality service in order to keep pace with or stay ahead of its closest competitors both at home and abroad [4]. Last, there must be a continual effort within the organization to create a program of business research that is effective in identifying new global markets and their specific requirements.

In this manner, the firm must be one of determined pro-activity as opposed to reactivity. It must put itself forward as a leader rather than a follower and must actively seek out opportunities rather than be satisfied with the status quo. A proactive organization must be constantly creating new or improving existing services (or both) to keep ahead of its competition. It must seek challenges rather than be content with past successes and achievements, and must be more aggressive in taking risks and investing in the future in order to better compete against its rivals. In this respect, an organization that is more aggressive is more likely to succeed in its quest to expand and be successful in a global business.

Globalization of a business actually shows the performance of an organization at its best [13]. Globalization is strategic because it forces an organization to question the way it does business on a fundamental basis. It asks the questions constantly of how to assess successes in the organization as well as how to maintain and grow those successes in the face of the competition both at home and abroad. In some cases, the move to go global may be a response to competitors doing the same thing and is shown as a defensive move to narrow the window of opportunity for those remaining competitors looking to enter the same market. It may also be looked at as a means to keep valuable assets away from rivals.

In the case of the Thai healthcare organization in this study, competitive edge in the globalized marketplace clearly comes from services that have a distinct advantage in the marketplace over its competitors both domestically and internationally. Its competitive advantage is found in the skills of its workforce, distinctive talents found in the management and marketing teams, and perhaps most important, the ability to do things in a better or more efficient manner than
the competition. These advantages must be present for an organization on the domestic front before consideration can be given to entry into the international business arena. It is often the case that success in the domestic market is the impetus for an organization to look to international markets.

Once the step is taken to go international, the organization must fully use its reputation and services to retain perceived value [17] if it is to recover its development and research costs and earn adequate profit to satisfy shareholders and attract future investment [1]. In this case, profit is the most compelling reason for a proactive organization. In the case of the healthcare organization in this study, domestic market saturation was also a compelling reason to expand internationally rather than wait until the market was saturated or in decline; therefore, opportunities were explored and researched and acted upon accordingly [personal communication]. There are a number of motives for an organization going international and seeking out global markets.

To go international is to create new opportunities for the organization. Taking advantage of changes in worldwide economic events or the development of new technologies not currently available to certain markets can have a positive impact on marketing, partnerships, or acquisitions. Based on these various motives, an organization must carefully consider its entry into an international market. No one motive can determine that entry. All motives must be considered as interrelated factors that determine the outcome of the decision to move the organization into an international market [7].

For an organization to consider internationalization, it must look at a number of environmental factors, both internally and externally. In this scenario, a PEST (political, economic, social, and technological) analysis to determine business and strategic planning, marketing planning, and business and product development, along with reports on research and the classic SWOT (strengths, weaknesses, opportunities, and threats) analysis, can be used to determine the internal environment (strengths and weaknesses) and the external environment (opportunities and threats) and help answer questions and formulate specific plans for entering the international market [26]. The PEST analysis gives an assessment of the market conditions (competition included) from the standpoint of a particular business or proposition. The SWOT analysis assesses the business or a proposition itself.

Once an organization has reviewed its environmental factors, a final decision must be made on which market to enter and how to enter the desired market. Value and timing are major considerations for entering a new market.
There are no right decisions, or wrong decisions, for entering a new market – just decisions that have different levels of risk and reward.

A study by Bartlett et al. [2] pointed out that businesses based in developing countries have to enter foreign markets and become global players. The authors stated that developing nation-based companies should learn from these larger global competitors by benchmarking their own performance and operation against them. The local company may also be able to differentiate from the global competitor by finding niche markets that the multi-national might ignore or is unable to effectively serve. In this way, an organization from a developing country may be able to build a strong international business presence.

In the case of the Thai healthcare organization in the current study, networking advantage was the goal. It reflected which market the potential client wanted it to be in because the client also had an interest in this market. To best manage and challenge its business system, it entered a leading market in the delivery of healthcare services. Especially in the Middle East, the customer was demanding and competitors were pushing for market share and creation of customer value, and the government was backing the organization’s entry to innovate as much as it could. Therefore, choice of the target market should depend on the specific objectives and benefits of the strategy to internationalize and be put in that context.

Once a specific market has been targeted, the organization must determine its entry mode. There are many different entry modes, such as export, licensing or franchising, foreign direct investment, mergers and acquisitions, or joint ventures or alliances. For the Thai healthcare organization in this study, it was determined that the most effective mode was through joint ventures and alliances because this mode took advantage of learning opportunities to create and manage knowledge of the client, as well as the market and its distinctive culture.

In direct relation to the management of an international business is control of the people in that organization [10]. In the case of the healthcare organization in the current study, the task of setting up an international business abroad focused heavily on cross-cultural communication. Since the target market is predominantly Muslim, speaks little or no Thai, and has specific cultural requirements (diet, gender issues, and religious requirements), it is of major importance that the people in the healthcare organization be well trained to provide culturally sensitive delivery of services above and beyond those of the traditional medical services currently provided by this well-recognized organization. One advantage to this sensitivity is that the population in the newly
established market of the Middle East has been using the services of this healthcare provider for a number of years. Management and staff are acutely aware of the need to respect and to attend to the care of Middle East patients in a culturally sensitive way [personal communication].

To understand this concept, it is necessary to explain some of the issues involved in cross-cultural communication. However, before a proper explanation of cross-cultural communication is presented, it is necessary to understand the complexity of communication itself. The first question is this: Exactly what is communication? There are many ways to describe the process of communication. It can be said that it is on-going, always changing, continuous, and adaptive. In one way or another, communication affects everyone. When taken in a context, communication can give the perception of a situation. Communication can be verbal (written and/or spoken) or it can be non-verbal (determined by time, space, action, physical characteristics, and expressions) [25]. Listening plays a major role in communication, and can involve more than simply hearing. What is being said verbally can be greatly affected by the manner in which the words are presented through body language and intonation [6].

Communication can also lead to conflict and the need to deal effectively with negation if those conflicts are to be resolved. In this respect, society has generated ethics of behavior that vary from society to society, but are effective within the structure of the culture to be acceptable or not. It can vary from censorship and suppression of freedom of speech to letting people express themselves in a free and open fashion. It is through the ability to effectively communicate that we form friendships, establish ties to family friends, acquaintances, and associates, and forge business relationships [3].

With cross-cultural communication, the issue is not how to get rid of cultural differences, but rather how these differences can be used to increase productivity and new ways of solving problems. Cross-cultural communication occurs when there is an understanding of the internal culture of other people. This understanding of their values, beliefs, and thought patterns allows explanation of their behavior and, more important, allows anticipation of how they will respond to what is said or done [27]. So, there must be an awareness of the process, a given perception (verbal or non-verbal), listening, ability to resolve conflict and negotiate, have a sense of ethics, and be aware of the relationships involved.
2. OBJECTIVE OF STUDY

The main objective of the current study was to determine whether cross-cultural management has any effect on enhancing the global competitiveness of a particular healthcare organization in Thailand, and, if so, whether there is a specific area of cross-cultural management that stands out as the most important issue in enhancing its global competitiveness.

This particular healthcare organization was established in 1972 by a group of physicians and pharmacists. It began with five specialists and 30 full-time nurses, and has since become the largest hospital in Thailand, with more than 400 full-time consultant physicians and 600 nurses. The one original hospital has grown to include a network of 19 hospitals, 16 specialty centers, and 15 clinics in Thailand and eight other facilities in Cambodia, Vietnam, Burma, and Bangladesh. A recent acquisition was completed in 2011, adding eight healthcare facilities to the organization’s existing network of hospitals, bringing the total number of facilities in the network to 27. With the latest acquisition, the network has an outpatient capacity of 20,000 per day.

Patients’ requirements for different cultural and personal needs are attended to through specially designed outpatient clinics. Each clinic has special facilities such as international, Japanese, and Arabic services. The clinics are divided into four groups: (1) internal medicine for acute and chronic patients who have hypertension, diabetes, ulcers, and common infectious diseases; (2) surgery that provides outpatient and minor procedures for appendicitis, thyroid diseases, wounds, varicose veins, and various related ailments; (2) obstetric and gynecology, which offers full medical consulting and treatment for such problems as high-risk pregnancy, infertility, congenital abnormalities, and gynecological-related cancer; and, (4) a special clinic to deal with psychiatric disorders such as insomnia, depression, and behavioral problems of children.

This healthcare organization is dedicated to maintaining the highest international standards of medical practice by delivering quality patient care to every patient. Its vision statement says it all: “Our patients’ complete satisfaction.” For this organization, quality care is determined based on American standard practices of medicine as well as accreditation by the Joint Commission International (JCI) whose mission is “to continuously improve healthcare for the public, in collaboration with other stakeholders, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care the safety and quality of care of the highest quality and value” [11].
3. METHODOLOGY

Qualitative research is a particular approach to inquiry, based on a particular set of assumptions about how knowledge is produced and about the nature of reality itself. In this way, it is more than a method. It is different from quantitative research, which uses scientific methods of the natural sciences and assumes that reality is measured and verified objectively based on a set of standardized methods to test understandings that are hypothetical. By using the qualitative approach in the current study, it was less important to discover what is "real" (in other words, some objectively verifiable truth) than it was to comprehend the subjective understanding of the subjects. For this reason, the qualitative approach used in this study aimed to develop an understanding of the subjects’ actual experience or reality, how those subjects interpreted the world around them, and how this influenced their actions and the subsequent effect that it had on their responses.

The qualitative approach is particularly well suited to this research in that it sought to explain and find meaning in the relationship that cross-cultural management skills play in enhancing the global competitiveness of the organization. The research builds on data gathered from this particular context until repetitive relation patterns start to emerge and a theoretical understanding of why people believe cross-cultural management skills can or cannot contribute to enhancing the organization’s global competitiveness.

The emphasis in the current research was on how people perceive and interpret their world and the many other influences that are integrated into their lives. It must be stated here that the conclusions drawn from this research can be assumed to be true only for the particular subjects and their responses in this study. It is possible that a more broad-based study could be done by testing a wider population by means of a quantitative study.

In using a qualitative analytical approach in this research, theory and investigation were interwoven in a process of induction. From the data collected, explanation and meaning were derived, instead of confirming or disconfirming a theoretical position from the data put forward as a hypothesis to be tested. Data was collected and presented as evidence for theory construction, not as evidence of a theoretical position.

Theory development began with the data. In qualitative research, grounded theory methodology is the most commonly used for developing a theory. In this case, as the data was coded and categorized, patterns began to emerge. Throughout the research process, data was collected, interpretation took place,
and comparison of that interpretation was made as new data was collected. This process would continuously ensure that an evolving theory could be supported by evidence in the collected data, whenever additional data was collected. Other existing theories and the theoretical perspective of a researcher may also influence theory development, but the important principle of grounded theory is that it tries to develop a theory by constantly comparing data gathered during the research process.

In all case studies presented in this research, data was organized and categorized, making sure that it was complete. Copies were made of all data and stored in different locations (one copy at home; one copy in the office) to prevent loss because of fire or theft, since the data could not be replicated. As previously stated, because of major shifts in global economics during the time of data collection in this research, there is no guarantee that the same data could be reassembled if the fieldwork had to be repeated.

Copies of the data were also organized into two types of files. One set of data was kept in a chronological file, enabling easy review in the order in which it was collected. A second set of data was kept in an analytical file. This was a journal that contained all the notes, thoughts, and ideas that occurred during fieldwork or data analysis. This file enabled some preliminary notes about different categories and meanings to be made during the course of the research.

All the data files were then carefully read. After a number of readings, a category system was constructed, allowing the data to be categorized in a systematic manner. In this way, a labeling system was devised ensuring that each category was homogeneous within itself while at the same time remaining heterogeneous to the total data collected. This process gave specific meaning to each category while at the same time giving clear delineation to the differences of those categories. This allowed all data to be specifically labeled into categories. By using this classification system, each segment of data fit into a category, occasionally with certain data fitting into more than one category. All data, therefore, fit somewhere, and, with the placement in a category, the data had significance, meaning, and relevance.

Each category was assembled and reviewed according to the category system. This data was then organized by coding of repetitive words or phrases before being analyzed using a manual system that seemed to work best for the author. A format was developed where an ink marker was used to separate each study; then, a colored pencil was used to delineate data into categories. Finally, the paper containing the data was cut up using scissors, and each slip of paper
was preliminarily coded and then numbered for relevance. Each piece of relevant data was placed into different files for each category.

Data is presented both descriptively as collected, and subjectively from the author’s interpretation. Reference to notes made in the field and other data sources enabled presentation of descriptive data in a way that allowed the author to gain an interpretive analysis of the data collected.

Finding linkages, determining inferences, assigning meanings, and sometimes encountering data that was contradictory were all part of the interpretive analysis, all requiring diligent and rigorous analytical work. This was probably the most challenging part of doing a qualitative research. It should be noted that the area of interpretation is many times where the validity of qualitative research is subject to the deepest scrutiny, an area where computer software is least able to help. Although software can be beneficial, its effectiveness depends on the volume of data involved and the type of analysis needed.

Inductive analysis was used through interpretation to build understanding and meaning from the data. For example, what was the main reason a person selected a particular healthcare organization when seeking medical treatment? From data interpretation, a pattern emerged of particular reasons associated with the selection process. Location, for instance, may not be the most compelling reason to select a healthcare organization. Eventually, during the course of inductive analysis, a theory may begin to formulate as to how influences of service, quality, and reputation begin to relate and strengthen certain selections. Quality of treatment may, for example, play a stronger role in influencing a person’s choice of a healthcare organization than technology or service.

Inductive analysis was used as a means to work up from the data. This involved building new understandings from descriptions, reading and rereading data records, and discovering patterns in the data collected. All of these led to the gradual emergence and construction of a theory.

A simple table was used to compile interview data and consolidate questionnaire information so that patterns among different types of responses could be determined. These examples presented the descriptive data, showing what the data said. Interpretive diagrams networking data were also constructed to help clarify how certain selections of healthcare organizations are influenced by personal or external relationships that appear in the data. For example, a network was constructed to illustrate the relationship between importance of
quality and the reputation of a healthcare organization. The interpretive diagram is shown in Figure 1. It is discussed further in Section 4 (Analysis of Data).

![Figure 1. Example of Interpretive Diagram](image)

3.1. Subjects

This study involved 50 subjects, comprising a diverse population of hospital and non-hospital personnel from the Gulf States (mainly centered in Abu Dhabi) in the immediate area of a new hospital under construction by the Thai healthcare organization in this research, and from Bangkok, Thailand. The population was composed of Gulf State nationals and Thai nationals, as well as expatriates living and working in the Gulf States and in Bangkok. A series of eight questions were presented in the questionnaire (see Appendix). Interviews were also conducted in a relaxed, informal manner so as to allow the subjects to freely express their feelings and opinions. This round of questioning focused on cross-cultural management issues as they relate to global competitiveness of healthcare in general.

Although the approach of using qualitative analysis is thought by some to be too subjective and vague, the author believes that it allows for a more in-depth look at cross-cultural approaches to management, especially in the area of healthcare today and the consequences of that management in the global arena of competition. It is the aim of this research to apply a more humanistic approach in the analysis of data and to give feeling and meaning to the development of a theory as opposed to the stark quantification of numbers. In this research, qualitative analysis was used to develop a systematic generation of theory from data (grounded theory) that contains both inductive and deductive thinking. In this research, a grounded theory was based on Glaser’s [9] emphasis on induction or emergence, and the researcher’s creativity within an inductive framework of stages.

To manage the vast amount of data collected, three basic steps were used in the qualitative analysis process: data reduction, data display, and conclusion. An inductive approach [24] was used in the qualitative analysis [8] in this study to
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As stated before and used in prior research for this study, grounded theory is a popular methodology in qualitative research and is based on an iterative inductive and deductive cycle where theory is allowed to emerge directly from data and is ultimately tested (grounded) against “the real world.” It is a “rationale of theory that was grounded, generated, and developed through interplay with data,” as Strauss and Corbin stated [23]. Strauss and Corbin took the view that grounded theory should be verificational and legitimately influenced by the researcher’s existing ideas. In this study, each round of data collection is conditioned by what has been learned in the preceding round of data analysis. This “data dance” proceeds iteratively so that theory is progressively refined, until a point of theory saturation is reached [22]; [12].

3.2. Instruments

In order to focus on why and how subjects choose their healthcare organization and in order to determine their perception of why and how a healthcare organization addresses and implements their cross-cultural management, questionnaires were administered to numerous high-level administrators, medical personnel, and staff, as well as potential patients in this study. In addition, interviews were conducted.

3.1.1. Questionnaire

The questionnaire used in this study included eight “open” questions that resembled interview scripts. As shown in the Appendix, the eight questions dealt with cross-cultural management and the subjects’ opinions on choice, organization, and operation of a healthcare organization. The most obvious differences between responses given to particular questions in face-to-face interviews, and responses given in the questionnaires returned, were that written responses were more likely to be of conscious effort and not repetitive, whereas, in an interview, interesting responses could be explored interactively in great depth. An initial questionnaire was used as a trawling device for identifying common themes that could be focused on during formal interviews. Categories derived from the questionnaire responses were combined with categories derived from interviews in grounded theory analysis, since they provided responses to the same kinds of questions. In the collection of this data, subjects in this study were
approached in a natural, unobtrusive, and non-threatening manner. In this study, it was necessary to capture precise words or descriptions within a specific context, enabling data to be analyzed subjectively through a series of processes.

3.1.2. Interviews

In the interviews, questions were not necessarily asked in the order presented here, nor were all of them always asked, as one or two were often enough to elicit all the information required. During the interviews, the discussion also addressed other important issues, as noted in the responses given. The author led the questioning and simultaneously took notes and occasionally interjected to clarify a point or followed up a line of questioning that seemed to be relevant.

3.2. Data Collection

In the collection of data, it was necessary to capture precise words or descriptions within a specific context, thus making it possible to analyze the data subjectively through a series of processes.

3.2.1. Administering the Questionnaire

In administering the questionnaire, the author first asked participants to discuss their feeling on cross-cultural management and its relationship to global competitiveness. The author wanted to understand the context in which the decision to expand globally and be competitive on that scale was made, how the markets were selected for expansion, which other options were investigated, and how the final global expansion plan was formed and activated. The questionnaire shown in the Appendix was then given to each subject to complete. The completed questionnaires were then collected by the author.

3.2.2. Conducting the Interviews

During the interviews, the author led the questioning and simultaneously took notes, occasionally interjecting to clarify a point or follow up on a point that seemed relevant. As stated earlier, questions during the interviews were not necessarily asked in the order presented the questionnaire, nor were all of them always asked, since one or two questions were often enough to elicit all the information required. During the interviews, the discussion also addressed other important issues as noted in the responses given.
3.2.3. **Validity and Reliability of the Questionnaire**

To improve the validity of the data, interview results were discussed with participants before the summary was written. The summary was then sent back to the participants to allow for additional material and corrections to the author’s interpretation, and to satisfy the promised requirements of confidentiality. This process resulted in a more accurate summary since the participants added to the summary and corrected any misinterpretations that had been made.

4. **ANALYSIS OF DATA**

An inductive approach [24] for analysis of data was initially used to consolidate and refine the data, followed by a more concise qualitative process to specifically determine conclusions of this study. Inductive steps included:

1. Summary of raw data
2. Use of the raw data to establish links between the research objectives and the summary of data
3. Development of a basic framework to structure processes that became evident in the raw data

The inductive approach was easy to use and produced reliable and valid findings. In the context of evaluating focused questions, it provided a straightforward, less complicated approach to qualitative data analysis. The conceptual framework used in the analysis of data is shown in Figure 2.

![Figure 2. Conceptual Framework for Analysis of Data](image-url)
The following process was used:

1. **Sorting Data.** Data was generated and recorded according to the question asked.

2. **Inquisitive Reading.** Data was read and mental notes were kept on expectations and surprises to expectations in responses. Questions were mentally noted on who, what, where, why, and how before going deeper into the analysis.

3. **Determining Patterned Finding.** A linear approach with emerging factors was used to discover recurring themes, subjects, and values, which led to the next process of interpretation.

4. **Interpretation.** Relationships and connections began to appear in the gathered information and data, and a direction became evident.

5. **Preliminary Feedback.** Feedback of interpretation and findings and the final conclusion were a result of the author’s own solutions and a result of the subjects’ own experience. Interim feedback from subjects resulted in better quality and higher accuracy solutions to data.

6. **Refinement.** Results of the interpretation and feedback were used to reorganize the data and draw conclusions. Overriding themes were repeated and noted in several areas linking concepts and data to reveal practical opportunities and needs. Information was generalized in line with the original intent of the study.

7. **Conclusions.** Information was organized to present an accurate picture of the data collected in an effort to promote understanding and continue to motivate subjects to further action. In this study, it was agreed with the subjects questioned that maintenance of confidentiality was both necessary and appropriate. Additional information offered at a later time will be included in a separate document [5].

Further study was conducted on how cross-cultural management affects the strategy, operations, and organization of the company in additional research. That data was ultimately combined with this study to strengthen the conclusion of this research.

**4.1. Limitations**

It should be noted that, at the time this study was conducted (prior to last quarter of 2008), the economics and strategy of the corporate organization in general had a different focus. Stock markets were generating profits, banks were
lending, and expansions in building both in scope and geography were taking place at an unprecedented rate. A reversal of those trends occurred in late 2008 with the collapse of the financial system in the United States and eventually the collapse of numerous other economies throughout the world. Therefore, although the methodology used here may be relevant to the research as it is currently presented, these radical changes in economic factors would not allow the same results as presented here.

4.2. Findings
As stated previously, 50 subjects who were a random mix of healthcare organization personnel and general population as well as nationals and expatriates living and working in Abu Dhabi (United Arab Emirates) and Thailand were given a questionnaire with eight questions related to cross-cultural management relative to the Thai healthcare organization in this study. From the eight questions, data was consolidated and set into five categories:

- Choosing a Hospital
- Consideration of Cross-Cultural Management
- Cross-Cultural Management and Its Effect on Strategy, Operations, and Organization
- Cross-Cultural Management and Its Effect on Global Competitiveness
- Cross-Cultural Management Contributing to Being Globally Competitive

Using these categories, data from the questionnaire responses was then preliminarily sorted and coded by word or phrase frequency.

**Choosing a Hospital.** The data coded for this category revealed that the majority of subjects selected a healthcare organization on the basis of service, with the expectation that it would be provided in a comfortable environment with stability and consistency of treatment. The coding process revealed that the second area of determination was quality of treatment; namely, the reputation of the physicians and staff in the chosen hospital and their cross-cultural sensitivity.

**Consideration of Cross-Cultural Management.** The vast majority of subjects acknowledged that, when choosing a healthcare facility, cross-cultural management was a consideration. With regard to this category, the coding process also revealed that quality service and cross-cultural sensitivity were important factors in choosing a facility. Except for four subjects who were
neutral in this category, the remaining subjects felt no need to consider cross-cultural management.

**Cross-Cultural Management and Its Effect on Strategy, Operations, and Organization.** In this category, the coding showed unanimously that subjects felt cross-cultural management does have an effect on a healthcare organization. A minority of subjects coded an unqualified “yes,” but the majority of subjects coded “yes” with qualifications, indicating that cross-cultural management does have an effect on a healthcare organization with the qualification that patient comfort, confidence, sensitivity, accuracy of diagnosis and treatment, respect, and awareness are positive aspects.

**Cross-Cultural Management and Its Effect on Global Competitiveness.** Coding for this category produced results similar to that for the preceding category. The majority of subjects coded “yes” to this category, indicating that cross-cultural management does have an effect on global competitiveness. The coding revealed the importance of the patient’s needs, comfort, confidence, and trust in the promotion and reputation of the healthcare organization and how that organization’s cross-cultural management would affect global competitiveness. Four subjects responded “no,” citing understanding and research as more important.

**Cross-Cultural Management Contributing to Being Globally Competitive.** Coding for this category produced results similar to that for the preceding category, in that quality, service, patient’s confidence, and ability to communicate effectively with an organization do affect that organization’s global competitiveness. Two subjects responded as neutral to this category.

In summary, the preliminary coding initially yielded the following words/phrases for each of the five categories:

- **Choosing a Hospital:** Service (environment, stability), quality of treatment, physicians/staff (reputation), cross-cultural sensitivity
- **Consideration of Cross-Cultural Management:** Yes, no, quality treatment, cross-cultural sensitivity
- **Cross-Cultural Management and Its Effect on Strategy, Operations, and Organization:** Yes, patient (comfort, confidence, sensitivity, accuracy, respect, awareness)
- **Cross-Cultural Management and Its Effect on Global Competitiveness:** Yes, patient (comfort, needs, trust/confidence, reputation, promotion)
Cross-Cultural Management Contributing to Being Globally Competitive: Yes, quality, service, patient (confidence, communication)

On the written questionnaire and during some minor interviews conducted for clarification, the subjects in this study indicated that they place a high value on quality and service provided by a healthcare organization; therefore, services rendered and quality of the staff administering those services are of critical importance. Related to that quality and service, confidence appeared to play an important role in developing a good comfort level, clear communication, and understanding and sensitivity to both the medical as well as the cultural needs of these subjects. The results showed the subjects holding quality of staff and physicians as primary importance in management of the healthcare organization. This finding was interpreted to mean that the awareness of cross-cultural management was a contributing factor in the quality of overall service and sensitivity shown the customer as a patient in this healthcare organization.

5. DISCUSSION

There can be many obstacles when conducting studies in the area of cross-cultural management. Many studies focus on variations within populations of individuals. The study may sample a range of subjects to compare one population with another or to test a theory as to possible variations within a range of individual subjects. In either case, the data from the study is based on the subjects’ experiences and responses.

In cross-cultural management, culture is a key concept. Many definitions of culture are put forth, but none of them suggests that an individual constitutes a culture of his or her own only. Culture is seen as something that is shared among people. Researchers who study cross-cultural management are mostly concerned with larger-scale groups defined by ethnicity or national identity. Cultures are made up of individuals, each influencing the other. Although individuals grow up and are socialized within a particular culture, individual actions over time may cause those cultures to change. The influence of a culture on the individual will be much stronger than the reverse.

Focusing on cross-cultural management in this study provides a broader environmental and social context for analyzing the context within which individuals are socialized. By studying this context, cross-cultural management may be better able to predict the types of socialization and cultural practices that are to be expected at a particular location. This knowledge helps researchers
understand why particular cultural aspects of management are more pronounced in some regions and not in others.

Using this same study in a different region may produce a different outcome. This fact defines the challenge faced today and in the future by cross-cultural management; that is, how to determine and deal with all cultural sensitivities in an effort to enhance global competitiveness.

Communication worldwide has become easier, allowing organizations like the healthcare organization in this study to collect data from samples drawn from different nations. The data, however, cannot be simply put together and given a cultural stamp. Data may vary in relation to numerous culture differences such as where it was collected, accuracy of language translations, acquiescent responses and biases, and types of surveys, to name a few factors. Data must also be analyzed at the individual level. This research involved the perception subjects had regarding the effectiveness of cross-cultural management in a Thai healthcare organization. Again, interviews and development of a questionnaire were the basis for data collection.

In this study, the subjects cited service with a pleasant environment and stability both in management and staff as a major determinant in choosing a hospital. The quality of treatment and the physicians and staff who built the reputation of the healthcare organization were also major factors in the choice of hospital facilities.

Although selection of a facility with good cross-cultural management was seen as a consideration by the majority of subjects, the issue of quality in treatment predominated. Some subjects indicated they had given no consideration to the cross-cultural aspect of a healthcare facility. A more secondary consideration was the sensitivity of cross-cultural communication.

Cross-cultural management and the effect it had on the strategy, operations, and organization were felt to be a major influence in the way patients were treated, thus giving patients a better level of comfort and confidence in the treatment and quality of the treatment received. Subjects also felt that a higher level of sensitivity and respect was given to the patient since there was a greater awareness of cultural nuances, hence a great feeling of quality.

With regard to the effect of cross-cultural management on global competitiveness, subjects again confirmed that they felt that cross-cultural management was important in being able to provide patients with quality services to effectively address their needs, while at the same time instilling confidence and trust through effective communication and sensitivity.
6. CONCLUSIONS

Throughout the interview process, the subject of quality and service for the customer was the main focus of conversation. That focus was directed mainly to marketing and human resource development as it relates to the international market and specific needs and wants of culture and intercultural communication. Whereas most hospitals can provide technologically advanced care, it is the way in which the customer is treated while receiving that care that was the recurring issue of why the Thai healthcare organization in this study was successful in global competitiveness. To provide that quality in service, sensitivity to customer’s cultural needs proved to be a part, but not the primary consideration for, success.

Cross-cultural management has also been experiencing a dramatic transformation from a situation where one organization gains at the expense of another to one that is a mutually beneficial collaborative effort. In the transformed situation, the joint effort creates more economic value for all parties and cross-cultural awareness and management continue to promote a more comfortable and trusting joint effort. This new cross-cultural management strategy involves an organization looking forward and positioning itself in future and possibly still undefined markets and developing markets with culturally sensitive, collaborative efforts. In today’s competitive global economy with its intensively interconnected business environment, a major challenge faced by healthcare organizations is not just about the value of how to study different habits and learning how to shake hands in different cultures. This approach is not the skill that will help develop an international business.

To communicate better with international clients, organizations need clear cross-cultural visions and an international mind set. These tools will help the organization to evaluate its international business potential in a foreign market. To be successful in cross-cultural management and to compete globally, an organization needs to be able to see things from different cultural points of view, to be increasingly adaptive to different cultures, to understand respect and professional behavior and its underlying meaning, and to be able to adjust its own behavior to meet these cultural differences without bringing communications and business to a standstill.

It is not enough today to assume that a concept such as “Thai-ness” (the hospitality and service shown by Thai people to others) is unique. The essentialist view that Thai people offer something different in the way of hospitality and/or service can be dispelled by simply traveling to neighboring
countries and beyond. Hospitality is exhibited worldwide in many different ways and styles. Much of the essentialist view of Thai hospitality has been put forth through marketing, lending no scientific proof that this is a unique phenomenon. This essentializing of Thai service as something pre-modern obscures issues such as capitalism and nationalism, which are major forces shaping the contemporary world.

Cross-cultural management also needs to be sensitive to the dichotomy between the Thai service provider and the customer. The customer may be seen as authoritative and autonomous with a greater freedom of mobility and economic leverage, therefore creating a hierarchal construct. This “Thai-ness” could also be misconstrued by foreigners as being what Said [17] referred to as “orientalism,” or as a cultural enterprise where the Thai provider is seen as static, eternal, and uniform in opposition to the customer, who may be seen as dynamic, innovative, and expansive. The provider may share the same modern cross-cultural dynamics, but, in dealing with the customer, the provider temporarily suspends its modern rationality and engages in pre-modern irrationality.

Culture and how it relates to today’s cross-cultural management is a complex issue, comprising an amalgam of behavioral shared values, meanings, and interpretations. To understand this concept adequately, we need a conceptual framework that enables us to classify how samples differ. To be successful and purposeful, that framework must be constructed on the basis of concepts that are not simply derived from one culture and imposed on others. Therefore, the concept of essentialism as possibly indicated by the term “Thai-ness” is not a valid consideration in the context of the research question posed. Valid cross-cultural concepts must be used to interpret differences in cross-cultural management phenomena. The differences among individuals within cultures and how they relate and react to cross-cultural management need to draw on measures of cultural orientation that can also be obtained from the individuals being studied. In this way, these studies can be used to test for universal effects that have a direct result on cross-cultural management and also explain why those effects are sometimes reduced or even reversed in some locations.

In conclusion, in today’s global environment, if a healthcare organization desires expansion on an international scale or hopes to compete globally, it needs to hold the human element as a primary consideration in that success. As previously stated, the world economy has changed since this research was conducted. Economies of world powers have been radically affected. The end of 2008 saw radical shifts in the wealth of nations as financial institutions collapsed.
and banking systems contracted under the weight of non-performing debt. Due in large part to this economic downturn, it is doubtful that similar responses would be elicited today in some areas of the questions posed to subjects.

The research presented here reports that grounded theory has been used effectively to investigate issues relating to the development of effective cross-cultural management to enhance global competitiveness. The theory put forth, therefore, is that effective cross-cultural management in such areas as providing quality staffing and service to instill customer confidence and trust through education, practice, and administration in a Thai healthcare organization can enhance the global competitiveness of that business.

7. FUTURE STUDIES

In future studies, it would be productive for researchers to conduct interviews with administrative staff in the marketing and human resources (both national and international) divisions to determine the effective needs and wants of current and potential customers, as well as the feasibility and requirements to support further international expansion and to enhance global competitiveness of the healthcare organization studied in the current research.

Further studies could also be directed to ascertain specifically the types of services that are most beneficial to enhancing global competitiveness in Thai business. A quantitative study could also be conducted to determine which services provide the greatest return on investment to financially benefit the organization. A third study could also be conducted to determine future markets for expansion based on the demographics of patients using this healthcare organization and on the types and frequency of services rendered to those patients.
APPENDIX
CROSS-CULTURAL MANAGEMENT QUESTIONNAIRE
USED IN THE CURRENT STUDY

Please answer the following questions as openly and with as much detail as you feel necessary. All responses will be kept strictly confidential. Thank you for your participation.

1. What is the single most important aspect of choosing a hospital for you?
2. Do you consider cross-cultural management when choosing a hospital?
3. Do you think cross-cultural management affects the strategy, operations, and organization of a hospital?
4. Do you think cross-cultural management is important for a hospital to be globally competitive?
5. Does effective cross-cultural management contribute to a hospital’s being globally competitive?
6. Are medical services from Thailand attractive to you as a patient?
7. Why are medical services from Thailand attractive to you as a patient?
8. Please add additional comments you feel are relevant.

COMMENTS:

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