

The Readiness of Medical Practitioners toward ASEAN Economic Community (AEC) Case study: Vientiane Capital

Khampheng Kingkhambang, Somwang Kidoikhammuan, Anousone Chanthilath,
and Phuangmaly Siharath

Abstract

This study investigates the readiness of medical practitioners in Laos PDR towards the ASEAN Economic Community (AEC). Using a questionnaire developed from the ASEAN Mutual Recognition Arrangement on Medical Practitioners and evidence of English proficiency (Singapore Medical Council), data was collected from 307 individuals across three hospitals in Vientiane Capital: Setthathirath, Mahosot, and Mittaphap. Data analysis employed statistical measures including percentages, averages, and frequencies. The findings revealed that while medical practitioners in Laos meet eligibility criteria in areas such as possessing medical qualifications, actively practicing as general or specialist practitioners, and maintaining ethical standards without any violations or pending legal proceedings, they face challenges regarding English proficiency. This deficiency highlights a barrier to full participation in the ASEAN Medical Community. Addressing these language proficiency gaps is crucial for enhancing the readiness of medical practitioners in Laos to integrate fully into the ASEAN Economic Community.



IJSB

Case study

Accepted 09 June 2024

Published 13 June 2024

DOI: 10.58970/IJSB.2385

ISSN: 2520-4750 (Online) 2521-3040 (Print)



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Keywords: *Medical, Labor market, ASEAN Economic Community, Healthcare, Workforce, Regional Integration.*

About Author (s)

Khampheng Kingkhambang (Corresponding author), Faculty of Economics and Business Management, National University of Laos, Laos.

Somwang Kidoikhammuan, Faculty of Education, National University of Laos, Laos.

Anousone Chanthilath, Faculty of Economics and Business Management, National University of Laos, Laos.

Phuangmaly Siharath, Faculty of Natural Sciences, National University of Laos, Laos.

I. Introduction

The Asian Economic Community (AEC) is the core pillar of ASEAN, with the objective of an Asian single market and a single product base encompassing free trade, services, investments, and the movement of labor by reducing trade taxes to a central level and removing all other barriers to trade, facilitating more movement of labor and capital (Department of Asia-Pacific, Ministry of Foreign Affairs, 2014; Government, 2016). An important aspect that directly impacts people is the free movement of labor in the eight main occupations required by many ASEAN countries: doctors, nurses, dentists, engineers, architects, accountants, surveyors, and tourism professionals. However, there are still restrictions on labor migration despite Mutual Recognition Agreements (MRAs). Workers in these eight occupations who wish to move to work in ASEAN countries still must take professional certification exams in the respective languages of the countries where they will be working and face environmental constraints, such as the ability to communicate in the language of the country where they will be working (ILO/ADB, 2014; Gamez & Borado, 2014; Ministry of Education and Sports, 2014).

The medical profession is one of those with labor exchange opportunities and can work freely in ASEAN member countries. When migrant workers are freed, it means medical professionals from countries as prosperous as Laos or more prosperous, such as Singapore, Thailand, the Philippines, Malaysia, and other countries, will immigrate to replace Lao medical experts. This could impact medical professionals who are unemployed or may not have jobs in the future and could take the form of labor or foreign investors coming to Laos. Similarly, medical professionals will have access to the ASEAN job market when they're ready. However, these laborers are a scarce resource in developing or impoverished nations and are insufficient to support the economic growth of their nation (Kingkeo, 2004; Onphanhdala, 2015; Sirinapha, 2012).

To compare the degree of preparedness of medical personnel in Laos to that of other ASEAN nations, this research aims to undertake a thorough analysis of medical personnel's preparation to enter the Lao PDR labor market. It focuses on areas where the medical field must advance to improve medical personnel's preparedness and capacity to participate in the ASEAN market. The current study examines the overall working conditions of medical professionals and determines how prepared physicians and contract physicians are to enter the labor market of the ASEAN Economic Community. It assesses physicians' and contract physicians' preparedness to enter the ASEAN Economic Community labor market in Vientiane. The study identified three primary hospitals in Vientiane: Setthathirath Hospital, Mahosot Hospital, and Mittaphap Hospital. It also identified a sample group of physicians and contract physicians with five years of work experience (Souksavath, 2005; TDRI, 2014; Vo et al., 2014).

In addition to the implications for labor mobility in the medical sector, prior studies have highlighted broader socio-economic dynamics within ASEAN and the challenges and opportunities they present. Techakanont (2014) and Phijaisanit (2017) examine the impact of regional integration on sectors like Thailand's automotive industry and the digital economy, shedding light on socio-economic implications. Similarly, Kittrakulrat et al. (2018) and Lim et al. (2015) delve into challenges and opportunities in medical education and non-communicable disease management, emphasizing the need for adaptive strategies. Law et al. (2019) and Ponanake et al. (2014) focus on regulatory frameworks and core competencies in sectors like healthcare, vital for navigating the ASEAN Economic Community. Moreover, broader regional dynamics, including ASEAN's role in East Asian economic integration (Shimizu, 2021) and evolving China-ASEAN economic cooperation (Bi, 2021), underscore the complex interplay of economic forces shaping the region. These studies collectively illuminate the multifaceted

nature of ASEAN integration and its implications for diverse sectors, offering valuable insights for policymakers and stakeholders navigating regional economic challenges (Techakanont, 2014; Phijaisanit, 2017; Kittrakulrat et al., 2018; Lim et al., 2015; Law et al., 2019; Ponanake et al., 2014; Shimizu, 2021; Bi, 2021).

II. Literature Reviews

Laos is a member of the Association of Southeast Asian Nations (ASEAN), joining nine other countries, namely Thailand, Vietnam, Malaysia, Myanmar, Singapore, Indonesia, Cambodia, the Philippines, and Brunei, under the same grouping. The objective of cooperation is to develop the economy, society, and culture by signing agreements to support cooperation in ASEAN and establishing the ASEAN Political-Security Community (APSC), ASEAN Economic Community (AEC), and ASEAN Socio-Cultural Community (ASCC), which are the three main pillars of development, with the ASEAN Charter as the legal framework. The ASEAN Secretariat and the ASEAN Coordinating Council are the coordination and follow-up agencies (Department of Asia-Pacific, Ministry of Foreign Affairs, 2014).

The ASEAN Economic Community (AEC) is one of the important pillars of the ASEAN Community, with the goal of making ASEAN a single market and a single production base. This involves reducing trade taxes to zero and removing other trade barriers, as well as facilitating the movement of skilled labor and capital flows. An important aspect that directly impacts the people is the free movement of labor in the eight main occupations required by many ASEAN countries: doctors, nurses, dentists, engineers, architects, accountants, surveyors, and tourism professionals. However, there are still restrictions on labor migration despite Mutual Recognition Agreements (MRAs). Workers in these eight occupations who want to move to work in ASEAN countries must still take professional certification exams in the language of the country where they will be working and face environmental constraints, such as the ability to communicate in the local language (ILO/ADB, 2014; Gamez & Borado, 2014; Ministry of Education and Sports, 2014). One of the goals of the ASEAN Economic Community (AEC) is the free movement of skilled workers in these eight major professional fields, including the medical field. This labor migration will have a direct impact on personnel or workers in the medical field of Laos, as well as workers in business units, including government organizations, who will have to develop professional skills to support the changes. This includes medical professional readiness, labor skills, and language skills, as well as understanding the terms and conditions of the agreement for recognizing medical professional qualifications (Kingkeo, 2004; Onphanhdala, 2015; Sirinapha, 2012). Trade in goods and services between ASEAN countries will be conducted freely, without paying taxes. Labor migration will be free, meaning that people with labor certificates from any ASEAN member country will be able to move to work in any ASEAN country. Similar to the European Union, citizens of all 27 EU countries can enter and work in any EU country without a work permit and will receive social welfare and taxes equal to the population of the host country. Family members can also receive treatment regardless of nationality, and each member state must accept each other's professional qualifications (ILO/ADB, 2014; Vo et al., 2014).

The medical profession is another profession that benefits from labor exchange and can work freely in ASEAN member countries. When migrant workers are freed, medical professionals from more prosperous countries such as Singapore, Thailand, the Philippines, Malaysia, and others will move to replace Lao medical personnel. This could impact Lao medical professionals who may face unemployment or lack of job opportunities in the future. Conversely, medical professionals in Laos, if they are prepared, will also have access to the ASEAN labor market. However, these workers are a resource that developing or

underdeveloped countries lack and are not sufficient to support the economic development of their nations (Department of Asia-Pacific, Ministry of Foreign Affairs, 2014; Souksavath, 2005; TDRI, 2014).

A comprehensive review of prior studies reveals the diverse array of research exploring different facets of ASEAN economic integration and its impact on various sectors. Studies such as those by Techakanont (2014) and Phijaisanit (2017) shed light on the socio-economic implications of regional integration, particularly in industries like Thailand's automotive sector and the broader digital economy. Moreover, investigations by Kittrakulrat et al. (2018) and Lim et al. (2015) delve into the challenges and opportunities presented by ASEAN integration in fields like medical education and non-communicable disease management. Other studies, such as those by Law et al. (2019) and Ponanake et al. (2014), offer insights into the regulatory frameworks and core competencies essential for sectors like healthcare to thrive within the ASEAN Economic Community. Additionally, scholarly works like those by Shimizu (2021) and Bi (2021) provide analyses of broader regional dynamics, including the role of ASEAN in East Asian economic integration and the evolving China-ASEAN economic cooperation. Moreover, the role of entrepreneurial marketing in the Indonesian agro-based industry cluster, as studied by Sarma et al. (2022), underscores the importance of innovation in navigating the challenges posed by ASEAN integration. Furthermore, research by Ishikawa (2021) critically evaluates the progress and challenges of ASEAN's economic integration, highlighting the significance of flexible liberalization and the need for targeted measures to address remaining barriers. Additionally, studies such as those by Collins (2007) and Snoeck et al. (2021) offer insights into broader issues like ASEAN's security community-building efforts and epidemiological trends in the region. Furthermore, Wittick et al. (2019) and Kaukab and Surwandono (2021) provide analyses of the state of medical education in Laos and the impact of foreign direct investment on human development index convergence in ASEAN, respectively. Lastly, Yaw (2018) presents a conceptual review from Malaysia's single window perspective, offering valuable insights into the readiness of ASEAN members for economic community-building initiatives. These studies collectively contribute to a nuanced understanding of the complex interplay between regional integration efforts, economic development, and broader geopolitical trends in the ASEAN region.

III. Data and Methodology

Comparing general workforce data with medical personnel's preparedness to enter the ASEAN labor market in accordance with the Medical Qualifications Recognition Agreement (MRA) and Singapore's English-language medical requirements was done through a qualitative study. (Singapore Medical Council) as a standard by which to gauge preparation. General information includes gender, age, etc. Preparation of medical personnel includes educational qualifications, experience, practical behavior, ethics, and English level, including English language tests (IELTS (International English Language Testing System), TOEFL (Test of English as a Foreign Language), and OET (Occupation English Test)). It is mostly used to assess data obtained from the most recent research materials and policies of offices, ministries, or other relevant authorities about the general state of medical staff. including workforce statistics from different industries. the Ministry of Public Health and the National Statistical Center. Regarding the preparedness of medical staff, information will be gathered from earlier studies in the field. and from a survey that uses a questionnaire, the primary source of information. Additionally, interviews with groups or associated organizations will be conducted (Key Information Interview). The medical staff and contract medical workers who have worked in Vientiane for five years or more, as identified by three major hospitals in the city, including Setthathirath Hospital, comprised the sample size employed in this study. Mittaphap Hospital and Mahosot

Hospital There are 373 doctors in total, including 114 contract doctors. The specifics are as follows.

Table 3.1: Total number of doctors and contract doctors

Hospital	Frequency	
	Doctors	Contract Doctors
Setthathirath	102	28
Mahosot	153	51
Mittaphap	118	35
Total	373	114

Source: Setthathirath Hospital, Mahosot Hospital and Mittraphap Hospital.

In determining the sample group, Taro Yamane's calculation formula will be used to calculate the size of the sample group. In the case of a small population, and of course by calculating the confidence value at the level of 95% and the probability of random sampling at 5%, the sample group of doctors will be 193 people and the total number of doctors under contract will be 114 people. Collect sample medical group data according to all contracts as follows:

$$n = \frac{N}{1 + Ne^2} = \frac{373}{1 + 373(0.05)^2} = 193.01$$

as: n = Total number of sample groups.

N = Number of populations.

e = Expectations in the selection of the sample group

The labor sample for doctors was compiled using stratified random sampling, divided into different sectors of the 3 hospitals as follows:

$$\text{Number of samples in each class group} = \frac{\text{Total samples} \times \text{population in the group}}{\text{Total number of population}}$$

1. Setthitilat hospital = $\frac{193 \times 102}{373} = 53$
2. Mahosot hospital = $\frac{193 \times 153}{373} = 79$
3. Mittaphap hospital = $\frac{193 \times 118}{373} = 61$

Collection of a sample of contract doctors overall due to the small number Therefore, the sample of all doctors and contract doctors is shown in the table 3.2.

Table 3.2: sample of all doctors and contract doctors

Hospital	Frequency	
	Doctors	Contract Doctors
Setthathirath	53	28
Mahosot	79	51
Mittraphap	61	35
Total	193	114
Total of samples	307	

After gathering questionnaires and ensuring that the data is complete, all of the data is processed to yield a range of statistical results. using statistical values Analyze the data, please. To gauge how prepared medical personnel are to enter the ASEAN Economic Community labor market in accordance with the Medical Professional Qualifications Recognition Agreement (MRA) and Singapore's English language standards, descriptive statistics are used to look up percentages, frequencies, and means (mean). The following parts comprise the six essential components that make up the ASEAN Medical Professionals (MRA) workforce readiness measure:

Table 3.3: Section by Qualification of ASEAN Medical Professionals.

No.	Qualifications of ASEAN medical professionals	Percentage that meets each criterion	Weight	Percentage meeting criteria vs. 100%
1.	Graduate medical	100%	0.1	10%
2.	Work experience	100%	0.1	10%
3.	English level (IELTS, TOEFL, OET)	100%	0.4	40%
4.	Never committed a serious technical offense	100%	0.15	15%
5.	Never commit a serious ethical offense.	100%	0.15	15%
6.	Not during the investigation of various cases.	100%	0.1	10%

In this section of the article, English is emphasized the most, giving it a high importance level of 40% versus 100% because English is an important tool used to communicate with doctors and patients when moving abroad. doctor to move to Working in an ASEAN member country requires a very good level of English and passing an English test of internationally recognized standards. Therefore, English level is an important criterion for entering the ASEAN labor market. Next, doctors who are going to work abroad must never commit serious technical and ethical mistakes to ensure the safety of patients and possible mistakes, which is considered one of the important criteria to be considered by the host country (countries in ASEAN where they will travel to work) with a priority level of 15% compared to 100%. As for other qualifications, such as completing a medical degree, Work experience and absence from work during the investigation Each aspect will be given 10% versus 100% priority. Those traveling to work in member countries must have completed medical or directly related professional education and have been certified by the Ministry of Education and Sports. (Certificate or Certification) This means that people who can treat patients must have completed a specialized course. direct treatment Doctors must have at least 5 years of actual work experience to have expertise. to be accurate in diagnosing disease and to ensure that errors that may occur are kept to a minimum. If any doctor is involved or is under investigation, he or she will not be able to work in an ASEAN member country. To prevent international problems and not cause damage to organizations and hospitals in the recipient country. For example, if everyone has never committed a serious technical offense, they will only be able to reach 15% of the total criteria, which is the maximum achievement according to weight. It means that if everyone can perform according to all the standards, they will be able to achieve 100% of the total standards.

The questionnaire used for the actual inquiry will contain general information about the worker and information on ethics and conduct assessment, which is divided into the following parts: (i) The general information of doctors and contract doctors is characterized by multiple-choice questions with differences in each sample group, such as gender, age, education level, experience in medical professional work, etc., & (ii). Ethical and behavioral assessment information that affects the level of readiness of medical professionals to access the labor market of the ASEAN Economic Community, where the respondents in this section are responsible for managing employees as well as the organization-employee sector of each hospital, such as errors in the performance of various duties, being disciplined or involved in various cases, and medical ethics.

IV. Result and Discussion

From the analysis of the sample group used in this study of 307 people, consisting of 193 doctors and 114 contract doctors, to measure the level of readiness of medical personnel to access the labor market of the ASEAN Economic Community, Lao PDR, the sample group of each hospital was Setthathirath Hospital, 81 people (53 doctors, and 28 contract doctors), Mahosot

Hospital, 130 people (79 doctors, and 51 contract doctors), and the hospital Mittaphap Hospital of 96 people (61 doctors and 35 contract doctors) by measuring readiness according to the ASEAN Medical Qualifications Recognition Agreement (MRA) and Singapore's English language standards. Divided into percentages that meet the total criteria equal to 100%.

Table 4.1: Compare the readiness of doctors in each hospital.

No.	Qualification standards for medical professionals according to the agreement to accept qualifications	Measure according to the section of the doctor.		
		Setthathirath Hospital	Mahosot Hospital	Mittaphap Hospital
1	Graduate medical	10%	10%	10%
2	Experience in medical practice (5 years)	10%	10%	10%
3	English level IELTS (level 7)	14.33%	18.39%	17.48%
	English level TOEFL (score 250)			
	English level OET (grade B)			
4	Never committed a serious technical offense	15%	15%	15%
5	Never commit a serious ethical offense.	15%	15%	15%
6	Not during the investigation of various cases.	10%	10%	10%
The percentage that met the criteria compared to 100%		74.33%	78.39%	77.48%

From table 4.1, the level of readiness of doctors who meet the total criteria is compared to 100%. It is noted that at Mahosot Hospital, 78.39% can meet the total criteria, followed by Mittaphap Hospital with 77.48%. and Setthathirath Hospital with 74.33%. The sample group of these hospitals is not yet ready to access the labor market of the ASEAN Economic Community because they cannot meet the standards of English proficiency. As for the qualification criteria for completing medical education, having experience in medical practice, never having committed serious ethical and technical crimes, and not being involved in the investigation of various cases, it is seen that all can be implemented.

Table 4.2: Comparison of the availability of contract doctors in each hospital

No.	Qualification standards for medical professionals according to the agreement to accept qualifications.	Measure according to the section of the doctor contract		
		Setthathirath Hospital	Mahosot Hospital	Mittaphap Hospital
1.	Graduate medical	10%	10%	10%
2.	Experience in medical practice (5 years)	10%	10%	10%
3.	English level IELTS (level 7)	12.85%	12.54%	14.09%
	English level TOEFL (score 250)			
4.	English level OET (grade B)	15%	15%	15%
5.	Never committed a serious technical offense	10%	10%	10%
The percentage that met the criteria compared to 100%		72.85%	72.54%	74.09%

From Table 4.2, the level of readiness of doctors who meet the overall criteria is compared to 100%. It is found that at Mittaphap Hospital, 74.09% can meet the overall criteria, followed by Mittaphap Hospital, 72.85%, and Mahosot Hospital, 72.54% of these hospital samples are not ready to access the ASEAN Economic Community labor market because they cannot meet English language proficiency standards. As for the qualification criteria for graduating with a medical degree, I have experience in the medical profession and have never committed any serious ethical or technical offenses. and is not related to the investigation of various cases, I saw that it could all be put into practice.

V. Concussions

Studying a sample group of medical professionals from Setthathirath Hospital, Mahosot Hospital, and Mittaphap Hospital, which is divided into a group of doctors (193 people) and doctors under contract (114 people), through data analysis based on the agreement to accept the qualifications of ASEAN medical professionals and Singapore's English language level standards, found that the level of readiness of doctors who meet the overall criteria compared to 100% at Mahosot Hospital can reach 78.39% according to the overall standard, followed by Mittaphap Hospital at 77.48% and Setthathirath Hospital at 74.33%. The sample group of these hospitals is not yet ready to access the labor market of the ASEAN Economic Community because they cannot meet the standards of English proficiency. As for the qualification criteria for completing medical education, having experience in medical practice, never having committed serious ethical and technical crimes, and not being involved in the investigation of various cases, it is seen that all can be implemented. As for the level of availability of doctors according to the contract at the Mittaphap Hospital, it can be reached according to the standard from 100% to 74.09%, followed by Setthathirath Hospital with 72.85% and Mahosot Hospital with 72.54%. The sample group of these hospitals is not yet ready to access the labor market of the ASEAN Economic Community because they cannot meet the standards of English proficiency. As for the qualification criteria for completing medical education, having experience in medical practice, never having committed serious ethical and technical crimes, and not being involved in the investigation of various cases, it is seen that all can be implemented.

The findings of this study have several practical applications that can inform policy, practice, and future research in the field of healthcare and labor market readiness within the ASEAN Economic Community (AEC). Firstly, policymakers can utilize the insights from this study to develop targeted interventions aimed at enhancing the readiness of medical professionals to meet the demands of the AEC labor market. By addressing specific areas of improvement identified in this research, such as language proficiency and cross-border collaboration, policymakers can implement strategies to facilitate smoother labor mobility and promote regional integration. Secondly, healthcare institutions and medical education providers can use the recommendations outlined in this study to tailor their training programs and curricula to better prepare medical professionals for the challenges of the AEC labor market. By integrating language proficiency training and cross-cultural communication skills development into medical education, institutions can ensure that graduates are equipped with the necessary competencies to thrive in a regionalized healthcare environment. Thirdly, healthcare practitioners themselves can benefit from the findings of this study by taking proactive steps to enhance their readiness for the AEC labor market. By engaging in continuous professional development activities and seeking out opportunities for cross-border collaboration, medical professionals can position themselves as competitive candidates in the regional job market. Finally, this study opens up avenues for future research exploring the broader implications of regional integration on healthcare systems and workforce dynamics within the ASEAN region. Further research could investigate the impact of labor mobility on healthcare quality, patient outcomes, and health equity, providing valuable insights into the long-term implications of ASEAN integration on public health and well-being.

VI. Recommendations

The current study has several recommendations for enhancing the readiness of medical professionals to meet the challenges and opportunities of the ASEAN Economic Community labor market. Firstly, there is a critical need to strengthen cross-border collaboration among medical institutions and healthcare providers across ASEAN member countries. This

collaboration should focus on facilitating knowledge sharing, skill development, and best practices exchange through joint training programs and workshops. Secondly, there should be a concerted effort to bolster language proficiency programs within medical education curricula. Increasing the number of English learning hours and translating medical terminology from French to English will significantly improve communication skills and better prepare medical professionals for the ASEAN labor market. Thirdly, governments, particularly the Ministry of Health, need to provide robust support and investment in initiatives aimed at improving the readiness of medical professionals. This includes funding language training programs, offering scholarships for further education, and promoting continuous professional development opportunities. Fourthly, advocating for regulatory reforms is essential to streamline the certification process for medical professionals across ASEAN countries. Harmonizing licensing requirements and implementing mutual recognition agreements will facilitate smoother labor mobility within the region. Fifthly, expanding training opportunities for medical professionals through partnerships with international medical institutions and organizations is crucial. Providing a diverse range of specialized training programs will ensure that doctors are equipped with the latest medical practices and advancements. Lastly, establishing mechanisms to monitor and evaluate the progress of these recommendations is essential. Regular assessments will help identify areas of improvement and ensure that interventions are effective in preparing medical practitioners for the ASEAN Economic Community labor market.

References

- Bi, S. (2021). Cooperation between China and ASEAN under the building of ASEAN Economic Community. *Journal of Contemporary East Asia Studies*, 10(1), 83–107.
- Collins, A. (2007). Forming a security community: Lessons from ASEAN. *International Relations of the Asia-Pacific*, 7(2), 203–225.
- Darmayani, I. G. A. S. (2023). Effectiveness of Small Group Discussions (SGD) to Improve Learning Outcome and Critical Thinking in Medical Student: a Literature Review. *Bali Medical Journal. Sanglah General Hospital*.
- Department of Asia-Pacific, Ministry of Foreign Affairs. (2014). *A survey of the skills and abilities of workers in ASEAN countries*.
- Gamez, M. B., & Borado, M. L. (2014). *The readiness of dentists in some ASEAN countries for the agreement to accept the qualifications of ASEAN professionals*.
- Government. (2016). *National human resource development strategy until 2025*.
- ILO/ADB. (2014). *ASEAN Community 2015: Managing integration for better jobs and shared prosperity*. Bangkok, Thailand: ILO and ADB.
- Ishikawa, K. (2021). The ASEAN Economic Community and ASEAN economic integration. *Journal of Contemporary East Asia Studies*, 10(1), 24–41.
- Kaukab, M. E., & Surwandono, S. (2021). Convergence of human development index: Case study of foreign direct investment in asean. *Business: Theory and Practice*, 22(1), 12–17.
- Kingkeo. (2004). *The readiness of hotel executives to enter the ASEAN Economic Community*.
- Kittrakulrat, J., Jurjai, R., Jongjatuporn, W., Jarupanich, N., Bhamani, A., & Pongpirul, K. (2018). Do Thai Medical Students Understand What Does 'AEC' Mean? A Cross-sectional Survey. *International Journal of Medical Students*, 6(1), 21–24.
- Lao-Hakosol, W., & Walsh, J. (2016). Sustainable Growth Strategies for 999 in the Era of the ASEAN Economic Community: Medical Equipment and Supplies Trading in Thailand during Changing Environmental Conditions. *South Asian Journal of Business and Management Cases*, 5(2), 136–144.
- Law, K. M. H., Te, V., & Hill, P. S. (2019). Cambodia's health professionals and the ASEAN Mutual Recognition Arrangements: Registration, education and mobility. *Human Resources for Health*, 17(1).
- Lim, J., Chan, M. M. H., Alsagoff, F. Z., & Ha, D. (2015). Innovations in non-communicable diseases management in ASEAN: A case series. *Global Health Action*, 8(1).

- Ministry of Education and Sports. (2014). *A report on his personnel's readiness to integrate into the ASEAN Economic Community*.
- Onphanhdala, P. (2015). *The level of readiness of enterprises in terms of labor in preparation for AEC in Vientiane*.
- Phijaisanit, E. (2017). AEC and the Changing Economic Landscape: Issues, Prospects, and Potentials. In *Internationalization and Managing Networks in the Asia Pacific* (pp. 7–28). Elsevier Inc.
- Ponanake, P., Limnararat, S., Pithuncharunlap, M., & Sangmanee, W. (2014). Path analysis of the core competency of Thai private hospitals in the ASEAN economic community. *Research Journal of Business Management*, 8(3), 157–172.
- Sarma, M., Septiani, S., & Nanere, M. (2022). The Role of Entrepreneurial Marketing in the Indonesian Agro-Based Industry Cluster to Face the ASEAN Economic Community. *Sustainability (Switzerland)*, 14(10).
- Shimizu, K. (2021). The ASEAN Economic Community and the RCEP in the world economy. *Journal of Contemporary East Asia Studies*, 10(1), 1–23.
- Sirinapha. (2012). *The readiness of nursing professionals in the private hospital in Pathum Thani to enter the labor market of the ASEAN Economic Community*.
- Snoeck, C. J., Evdokimov, K., Xaydalasouk, K., Mongkhoun, S., Sausy, A., Vilivong, K., ... Black, A. P. (2021). Epidemiology of acute respiratory viral infections in children in Vientiane, Lao People's Democratic Republic. *Journal of Medical Virology*, 93(8), 4748–4755.
- Souksavath, S. (2005). *Labor economics book*. Faculty of Economics and Business Management, National University of Laos.
- Techakanont, K. (2014). Managing integration for better jobs and shared prosperity in the ASEAN Economic Community the case of Thailand's automotive sector (No. 994865253402676). International Labour Organization.
- Thailand Development Research Institute Foundation (TDRI). (2014). *ASEAN Economic Community Scorecard Phase IV: Thailand* (mimeo). Bangkok: TDRI.
- Vo, T. T., et al. (2014). *ASEAN Economic Community Scorecard Phase IV: Vietnam* (mimeo). Central Institute for Economic Management (CIEM). Hanoi.
- Wittick, T. A., Boupavanh, K., Namvongsa, V., Khounthep, A., & Gray, A. (2019). Medical education in Laos. *Medical Teacher*, 41(8), 877–882.
- Yaw, W. K. (2018). Re-evaluate the Readiness of ASEAN Economic Community (AEC): Conceptual Review from Malaysia's Single Window. *Journal of Management, Economics, and Industrial Organization*, 42–75.

Cite this article:

Khampheng Kingkhang, Somwang Kidoikhammuan, Anousone Chanthilath, and Phuangmaly Siharath (2024). The Readiness of Medical Practitioners toward ASEAN Economic Community (AEC) Case study: Vientiane Capital. *International Journal of Science and Business*, 37(1), 58-67. DOI: <https://doi.org/10.58970/IJSB.2385>

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