

# “A STUDY ON PERCEIVED LEVELS OF SATISFACTION OF MEDICAL TOURISTS ON TREATMENT AND OTHER FACILITIES PROVIDED BY DESTINATION HOSPITALS”

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## ABSTRACT

*Medical tourism is a tendency where people travel across the borders and outside their usual environment, to seek medical services which are either inaccessible, or unaffordable or non-available in their own places. Travel portion of the trip travel is called “medical travel”, and upon arrival, such person is called “medical tourist”, Hospitals who are desirous to increase their customer base and penetrate into potential market areas have acknowledged the rapid growth of medical tourism industry and striving to provide medical and services in order to ensure medical tourists’ satisfaction. But hospitals will not be much aware of these medical tourists whom they wouldn’t have met in person till the medical treatment is given. These medical tourists travel from their countries to medical tourist destination countries in search of quality healthcare at affordable prices. They differ by their demographic characteristics. Unless there is comprehensive understanding of expectations of medical tourists with respect to their demographic features, it becomes relatively difficult for health care service providers to give essential medical care treatments. Hence the present paper made an attempt to understand the association between demographic characteristics of medical tourists and their perceived levels of satisfaction on treatment and other facilities offered by hospitals based in Bangalore city.*

*(Key words: Medical tourism, Medical tourist, Health care service providers, treatment and other facilities, demographic characteristics)*

## 1. INTRODUCTION

The international healthcare marketplace emerged in the late 19th century when patients from less developed parts of the world with the necessary resources, began to travel to major medical centres in Europe and the United States to have diagnostic evaluation and treatment that was unavailable in their own countries. The situation is very different in the medical tourism model, where patients from highly developed nations travel to less developed countries, bypassing the medical care offered in their own community which is inaccessible or undesirable to them. Generally, patients would prefer to have major surgery in their hometown hospital or regional referral centre if they feel that was a feasible option. However, these patients feel depressed by their need to balance their health needs against other considerations and medical concerns may be subordinated to other issues. Modern technology enables potential medical tourists to investigate and arrange healthcare

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anywhere in the world from their home computer directly or with the advice and assistance of a medical tourism agency (Milstein and Smith).

Hence many patients popularly called Medical tourists started travelling to other neighbouring countries or developing countries, who have started offering quality health care at affordable prices. Along with those medical tourists from developed, there are other group of medical tourists who are also travelling abroad because of non-availability of quality health care in their countries. In the present era, medical tourism has emerged as major sociological, managerial and ecological factor. Incidentally health care tourism has brought in remarkable changes within the health care industry in developing countries like India. Medical Tourism has enhanced healthcare facilities and services by way of high end clinical surgeries, advanced and sophisticated equipment, highly qualified doctors, use of information technology, skilled staff, internationally reputed hospitals etc. The above facilities in turn are also utilized in order to provide quality health care to the local patients.

In medical tourism paradigm, patients' initial survey and investigation of medical tourism destinations and hospitals will materialize virtually either directly or with the help of medical tour operators/medical agents. Real contact of hospitals and doctors will be transpired only when they come to hospitals to undergo treatments. These medical tourists travel long distances to other countries, away from their home town, to seek healthcare by having complete trust on hospitals and doctors whom they have not meet in person. Hence in this medical tourism model the hospitals have to take utmost care and responsibility while extending health care treatments to foreign medical tourists.

Asian countries, who are eagerly looking for new avenues to strengthen and accelerate their economies are pitching against each other to provide conducive atmosphere and support system to promote medical tourism sector supposed to be promising sector to give fillip to their economies.

India is also thriving ahead to boost medical tourism as it offers substantial foreign exchange to the economy and assists in promoting the other industries too viz., medical equipment, hospitality, medical, nursing, pharmacy and paramedical professions, pharmaceutical, aviation, tourism, medical travel and so on.

## 2. THEORITICAL OVERVIEW

### 2.1. Indian medical tourism

Medical tourism in india is growing rapidly. Indian medical tourism sector was estimated to be worth US\$3 billion in October,2015 and According to the Confederation of Indian Industries (CII) it is projected to grow to \$7-8 billion by 2020. The *Medical Tourism Market Report: 2015* found that India was "one of the lowest cost and highest quality of all medical tourism destinations, it offers wide variety of procedures at about one-tenth the cost of similar procedures in the United States."

Medical tourism is a growing sector in India. In October 2015, India's medical tourism sector was estimated to be worth US\$3 billion. It is projected to grow to \$7–8 billion by 2020. According to the Confederation of Indian Industries (CII), the primary reason that attracts medical value travel to India is cost-effectiveness, and treatment from accredited facilities at par with developed countries at much lower cost. The *Medical Tourism Market Report: 2015* found that India was "one of the lowest cost and highest quality of all medical tourism destinations, it offers wide variety of procedures at about one-tenth the cost of similar procedures in the United States." Foreign patients travelling to India to seek medical treatment in 2012, 2013 and 2014 numbered 171,021, 236,898, and 184,298 respectively. India became the top destination for Africans, Bangladeshis and Afghans, Russians seeking medical treatment. Chennai, Kolkata, Mumbai, Hyderabad, Bangalore and the

National Capital Region received the highest number of foreign patients primarily from South Eastern countries, with Chennai having come to be known as "India's health capital".

## 2.2. Bangalore medical tourism

Cheaper and better healthcare have reinforced Bengaluru's reputation as a global medical destination. At least 88,020 foreign patients have come to the city since January 2014 for treatment. According to records, most of medical tourists come to Bengaluru for cancer care, organ transplants, cardiac care, nephrology, urology, neurosurgery and orthopaedics. Bangladesh, Iraq, Yemen, Maldives, Oman, Mauritius, Tanzania, Kenya, Nigeria and Indonesia are the top 10 countries from which the city hospitals receive maximum number of patients, the records show.

## 3. NEED FOR THE STUDY

India is known world-wide for renowned, expertise doctors, there by hospitals and respective state governments want to take the advantage of this key quotient and promote medical tourism. Indian hospitals offer quality health care at almost 1/10<sup>th</sup> cost of international costs. Therefore they receive medical tourists from many countries especially for high end surgeries. Medical treatment demands highly customized and personalized doctoring procedure. Medical tourist becomes centre head of medical tourism component and their satisfaction becomes vital. But these medical tourists differ in their demographic characteristics. Hence, the present study harps upon analysing the satisfactory levels of medical tourists, focusing on their demographic characteristics.

## 4. REVIEW OF LITERATURE

**Ivy Teh and Calvin Chu (2007)**, enunciates that foreign patients' outlook for quality of equipment and treatment supported by hardware and software investments, logistics arrangements, hospitality services with an informative website, transparent pricing schemes, and other adverting placements in medical magazines. Authors' observations establish that quality of treatment was key price determinant factor. Hence the study supports that at any point of time, quality of health care cannot be compromised for cost of health care

**Pamela C. Smith & Dana A. Forgiione (2007)**, searches for model factors that influence patients' decision to seek health care services abroad. One being the evaluation of foreign country with deliberation of its political, economical, regulatory characteristics and other is choosing the health care facility in a specific hospital in a region of that country taking into consideration cost, accreditation, quality of care, skill of doctors etc.

**Dr. Zuber Mujeb Shiak & Dr. Gazalakhan (2007)**, examines the factors which attract international patients to Hyderabad city. They analysed the levels of satisfaction among 463 medical tourists who sought medical treatments in selected super specialty hospitals in Hyderabad city. Satisfaction level measured on various variables such as medical treatment, medical services, nursing services, administrative staff, food and beverage housekeeping and overall facilities revealed that 85.6% patients rated hospital services as very good. Patients treated for important but simple procedures also preferred for relaxed trips. Detailed analytical study provided a positive opinion towards Hyderabad as one of preferred destination cities in India.

**Ravi Darla and Rashmi Gautam (2009)**, emancipated the immense potentiality of Bangalore to become a major health care hub in the near future. The analysis was made from the perspective of hospitals and medical tourists. The results revealed that medical tourists mostly include nationals of Middle East 42% and South Africa 43%, and NRIs (15%) residing in various countries. Perceived level of satisfaction 80% of medical tourists with regard to quality of treatment and other services was excellent. The factors that drove medical tourists to Bangalore were cost effectiveness 85%, quality treatment 82%, highly skilled doctors 87% and support staff 76%, successful clinical outcomes 90%, internationally accredited hospitals 73% etc. The

pleasant climate of Bangalore throughout the year was also a significant factor at 60%. The study explores all the favourable factors that help promote medical tourism in the city.

**Nuttapong Jotikasthira (2010)**, comprehends the growth of medical tourism industry in Thailand and focuses on the impact of information search prospects of medical tourists on destination choice and specific criteria they use to evaluate alternate medical tourist destination. Data was collected from 300 medical tourists through online with help of travel agents and tourism authority. The study establishes that quality of care has a non-compensatory role whereas cost saving has compensatory role. This important contribution of the study bequeaths a thorough knowledge to hospitals to strike a balance between the two main elements in the process of attracting medical tourists.

**Navid Fatehi Rad, Ahmad Puad Mat Som, Yuserrie Zainuddin (2010)**, investigated the influence of healthcare service quality on medical tourists' satisfaction who travelled to Malaysia as international patients in Penang health centres. Data was collected from 200 (male 52.5% and female 47.5%) international patients who sought medical treatment in Penang healthcare centres. The service quality measurement was employed to measure customer satisfaction. Based on the research model and four characteristics of service, five hypotheses were developed. The study enunciates variation between customer expectations and actual experience towards medical tourism services through "SERVQUAL" model and reiterates that reliability and quality assurance are the most important factors.

**Dr. Monika Prakash; Nanita Tyagi & Ramesh Devrath (2011)**, crafted a detailed and intensive study into the intricacies of customer satisfaction along the value chain, by administering questionnaires to 536 medical tourists among 87 hospitals in India. The study adopted Parasuraman, Zeithmal & Berry 'servqual' instrument to identify the gap between the customers' expectation and their perceived experience of performance of health care services. The survey measured customer satisfaction in three dimensions such as pre-procedural stage, procedural stage and post-procedural stage. The study provides an insight into the lapses that affect medical tourist customer satisfaction apart from understanding favourable components.

**Akhila. R. Udupa (2011)**, explores the advantage of co-branding of medical tourism with traditional Indian therapies. Sample size included 400 patients from 30 super specialty hospitals and spas of traditional Indian therapies. Findings of the study reveal that majority of medical tourists were male (55%), age group comprised of mainly middle-aged group (35-45) and with relatively higher levels of income. 65% of respondents visited India for the first time, 23% twice and the balance, thrice or four times. Patients who visited more than once were for traditional therapies. Medical tourists showed above average level of satisfaction (55%) towards quality of treatment, food services, infrastructural facilities, personalized care. 86% of medical tourists responded positively (high level) towards scope for co-branding of medical tourism with traditional Indian therapies. 58% of respondents opined that co-branding assists in surgery and recuperation, Hence a detailed comprehension of the study emphasises for co-branding proposition and to capitalize on the combination of traditional Indian therapies with modern treatment.

## 5. RESEARCH METHODOLOGY

### 5.1. Research Design

The research is a descriptive as well as analytical research design.

### 5.2. Objectives of the study

1. To analyze the association between demographic characteristics and perceived levels of satisfaction of medical tourists.

2. To measure the relationship between other associated agencies and perceived levels of satisfaction of medical tourists.

### 5.3.Data Collection

The Study is based on both Primary Data and Secondary Data.

**a. Primary data:** It is collected through structured questionnaire to foreign medical tourists who have undergone treatment at hospitals in Bangalore city.

**b. Secondary data:** It is collected through articles, newspaper reports, expert opinions, government deliberations.

### 5.4. Data Collection Instruments

Structured questionnaire method has been adopted, which covers the following aspects:

Treatment, Food & Accommodation, Laboratory & equipment, Services & Charges, Experience with doctors, Experience with nurses, and Experience with Administration staff, Experience with Business development Executive and his associated services.

### 5.5. Administering the Scale

59 variables on medical tourist customer satisfaction under each key component are identified. These statements were then administered to the medical tourists in selected 12 hospitals in Bangalore.

### 5.6. Statement Analysis

Five point Likert scale has been developed to enumerate the opinions on medical care satisfaction of respondents viz., strongly agree, agree, neither agree/nor disagree, disagree, strongly disagree. Hypotheses have been framed and tested

### 5.7.Hypothesis

<b>H<sub>1</sub>=</b>	There is a significant difference between the demographic characteristics and perceived levels of satisfaction of medical tourists towards treatment and other facilities.
<b>H<sub>2</sub>=</b>	There is a significant difference between the availed Tour operators' services and perceived levels of satisfaction of medical tourists towards treatment and other facilities.
<b>H<sub>3</sub>=</b>	There is a significant difference between the availed Insurance services and perceived levels of satisfaction of medical tourists towards treatment and other facilities.

### 5.8.Plan Of Analysis

Chi-square test is employed to measure the association between demographic variables with medical tourist customer satisfaction

### 5.9. Field Work

The fieldwork on the project started during **January 2010** and continued up to **December 2011**. The researcher in person requested the respondents of twelve selected hospitals to fill the questionnaire for the purpose of the study. The collection of data from the hospitals and medical tourists involved much time and the data could be obtained from them only after six to nine visits.

### 5.10 Limitations of the Study

1. The study is restricted to the survey of foreign national medical tourists who sought only modern medical treatments.
2. The study is limited to the admittance of information by medical tourists and hospitals.
3. The information is valid until the hospitals makes further changes in the mode of medical services offered.
4. The study is restricted to Bangalore city only due to time and financial constraints.

## 6. ANALYSIS AND INTERPRETATION

The following variables have been considered for demographic characteristics of medical tourists to analyze their perceived levels of satisfaction

1	Sex
2	Nationality (continent)
3	Age Group
4	Marital status
5	Educational status
6	Type of family
7	Residential status
8	Income
9	Number of dependents

The following are variables have been taken to measure the medical tourists' satisfaction

<b>I. Treatment</b>	<b>II. Food And Accommodation</b>
Quality of clinical treatments	Food diet & beverages to patients
Adoption of latest methods in providing treatments	Food offered to caretakers
Quality of physiotherapy	Provision of special wards, rooms and suites.
Health treatment packages with tour facility	Accommodation facilities to caretakers
Provision of alternate traditional therapy & yoga treatment	Awareness of facilities as per accreditation norms

<b>III. Laboratory &amp; Equipment</b>	<b>IV. Experience With doctor, Nurses And Administrative Staff</b>
Accuracy of laboratory reports	Expertise skill
Mode & Accuracy of diagnostic methods (x-ray, scan, mammography, imaging etc)	Cordial approach
Quality and availability of medicines	Language abilities
Advanced medical equipment	Speed and aptness

<b>V. Services and Charges</b>
ICU Services
Website information of the hospital services
Advertisement services through online
Free pickups and drops
Health care camp services conducted by hospital
Print media advertisement in news papers
Arrangement for relaxed trips
Telemedicine centres information and services
Affordability of medical service charges (consultation fee, clinical, physiotherapy, laboratory reports, diagnosis charges)
Other service charges (room, food, caretakers' accommodation, medicines etc)

<b>Business Development Executive</b>
Efficiency
Cordial Approach
Language abilities
Apt services of housing staff
Abilities of interpreters
Easy pre-procedure documentation
Easy admission process
Clear discharge instructions
Self-explanatory discharge sheets
Easy & transparent billing process
Effective grievance settlement office
Hospital ambience and aesthetic appearance
Hygiene conditions of the hospital
Cleanliness of the hospital
Informative brochures
Stress free travel to India
Hassle free experience at Indian Airport
Quick and Hassle free visa-processing formalities
Full awareness regarding promotion measures undertaken by government

Safety measures

**Table-1: Association between Sex and Satisfaction level of medical tourists on treatment and other facilities**

Sex	Satisfaction level						X <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
Male	69	51.9	64	48.1	133	100.0	0.30 NS
Female	32	47.8	35	52.2	67	100.0	
Combined	101	50.5	99	49.5	200	100.0	

NS: Non-Significant

X<sup>2</sup> (0.05,1df) = 3.841

Source: Filed investigation

**Table-2: Association between Nationality (Continent) and Satisfaction level of medical tourists on treatment and other facilities**

Continents	Satisfaction level						χ <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
North America	6	75.0	2	25.0	8	100.0	10.41*
Europe	5	71.4	2	28.6	7	100.0	
Africa	34	44.7	42	55.3	76	100.0	
Middle east Asia	36	49.3	37	50.7	73	100.0	
Neighbouring Asian countries	20	55.6	16	44.4	36	100.0	
Combined	101	50.5	99	49.5	200	100.0	

\*Significant at 5% Level

χ<sup>2</sup> (0.05,4df) = 9.488

Source: Field investigation

**Table-3: Association between Age and Satisfaction level of medical tourists on treatment and other facilities**

Age Group (years)	Satisfaction level						X <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
25-35	30	83.3	6	16.7	36	100.0	24.06**
35-45	35	53.0	31	47.0	66	100.0	
45-55	22	33.3	44	66.7	66	100.0	
Above 55	14	43.7	18	56.3	32	100.0	
Combined	101	50.5	99	49.5	200	100.0	



**\*\*Significant at 1% Level,  
Source: Filed investigation**

$$X^2 (0.01,3df) = 11.341$$

**Table-4: Association between Marital status and Satisfaction level of medical tourists on treatment and other facilities**

Marital Status	Satisfaction level						X <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
Married	86	50.9	83	49.1	169	100.0	4.35 NS
Unmarried	12	63.2	7	36.8	19	100.0	
Widow (er)	3	25.0	9	75.0	12	100.0	
Combined	101	50.5	99	49.5	200	100.0	

**NS : Non-Significant,  
Source: Filed investigation**

$$X^2 (0.05,1df) = 3.841$$

**Table-5: Association between Educational status and Satisfaction level of medical tourists on treatment and other facilities**

Educational level	Satisfaction level						X <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
Matriculation	6	40.0	9	60.0	15	100.0	116.21**
Degree	25	22.5	86	77.5	111	100.0	
Post –graduation	8	66.7	4	33.3	12	100.0	
Professional	62	100.0	0	0.0	62	100.0	
Combined	101	50.5	99	49.5	200	100.0	

**\*\*Significant at 1% Level,  
Source: Filed investigation**

$$X^2 (0.01,3df) = 11.341$$

**Table-6: Association between Type of Family and Satisfaction level of medical tourists on treatment and other facilities**

Type of Family	Satisfaction level						X <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
Nuclear	84	67.2	41	32.8	125	100.0	37.19**
Joint	17	22.7	58	77.3	75	100.0	
Combined	101	50.5	99	49.5	200	100.0	

**\*\*Significant at 1% Level,**

$$X^2 (0.01,1df) = 6.635$$

Source: Filed investigation

**Table-7: Association between Residential status and Satisfaction level of medical tourists on treatment and other facilities**

Residence	Satisfaction level						X <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
Rural	0	0.0	18	100.0	18	100.0	58.88**
Urban	86	72.3	33	27.7	119	100.0	
Semi urban	15	23.8	48	76.2	63	100.0	
Combined	101	50.5	99	49.5	200	100.0	

\*\*Significant at 1% Level,

$$X^2 (0.05, 2df) = 9.210$$

Source: Filed investigation

**Table-8: Association between Income status and Satisfaction level of medical tourists on treatment and other facilities**

Income Group	Satisfaction level						X <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
High	34	57.6	25	42.4	59	100.0	1.70 NS
Middle	67	47.5	74	52.5	141	100.0	
Combined	101	50.5	99	49.5	200	100.0	

NS: Non-Significant,

$$X^2 (0.05, 1df) = 3.841$$

Source: Filed investigation

**Table-9: Association between Number of Dependents and Satisfaction level of medical tourists on treatment and other facilities**

Number of Dependents	Satisfaction level						X <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
No	61	55.5	49	44.5	110	100.0	3.64 NS
One	13	54.2	11	45.8	24	100.0	
Two+	27	40.9	39	59.1	66	100.0	
Combined	101	50.5	99	49.5	200	100.0	

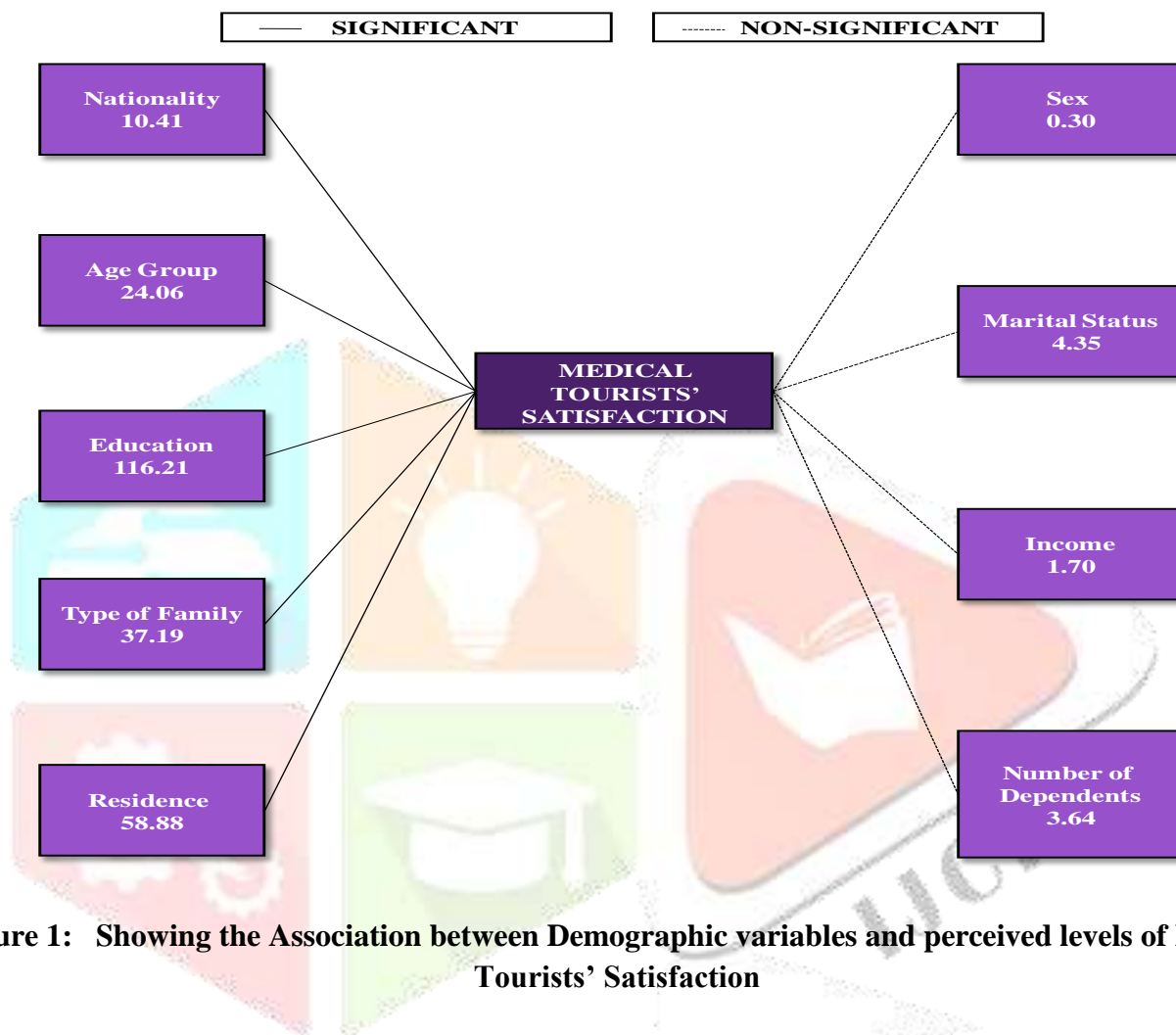
NS: Non-Significant,

$$X^2 (0.05, 2df) = 5.991$$

Source: Filed investigation

**EMPIRICAL MODEL**

In light of the analysis and findings of the study regarding association between demographic characteristics and perceived level of satisfaction of medical tourists towards hospital services the researcher has presented empirical model which is represented below:



**Figure 1: Showing the Association between Demographic variables and perceived levels of Medical Tourists' Satisfaction**

**Table-10: Association between Tour operator's services and Satisfaction level of medical tourists on treatment and other facilities**

Availed Tour operator's services	Satisfaction level						X <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
Yes	26	70.3	11	29.7	37	100.0	7.10**
No	75	46.0	88	54.0	163	100.0	
Combined	101	50.5	99	49.5	200	100.0	

\*\*Significant at 1% Level,

$X^2 (0.01,1df) = 6.635$

Source: Filed investigation

**Table-11: Association between Insurance services and Satisfaction level of medical tourists on treatment and other facilities**

N=200

Availed Insurance services	Satisfaction level						X <sup>2</sup> Value
	Moderate		High		Total		
	N	%	N	%	N	%	
Yes	10	83.3	2	16.7	12	100.0	16.15**
No	91	48.4	97	51.6	188	100.0	
Combined	101	50.5	99	49.5	200	100.0	

\*\*Significant at 1% Level,

X<sup>2</sup> (0.01,1df) = 6.635

Source: Field investigation.

**6.1. ANALYSIS:**

Chi-square test conducted to identify the relation between demographic characteristics and perceived levels of satisfaction of medical tourists towards treatment and other facilities revealed the following results

- Satisfaction levels based on sex is non-significant. (X<sup>2</sup>=0.30 NS)
- Satisfaction levels based on Nationality (Continent) is significant (X<sup>2</sup>=10.41\*) at 5% level
- satisfaction levels based on Age is significant (X<sup>2</sup>=24.06\*\*) 1% level
- Satisfaction levels based on Marital status is non-significant (X<sup>2</sup>=4.35 NS)
- Satisfaction levels based on Educational status is significant (X<sup>2</sup>=116.21) 1% level
- Satisfaction levels based on Type of Family is significant (X<sup>2</sup>=37.19\*\*) at 1% level
- Satisfaction levels based on Residential status is significant (X<sup>2</sup>=58.88\*\*) at 1% Level,
- Satisfaction levels based on Income status is non-significant (X<sup>2</sup>=1.70 NS)
- Satisfaction levels based on Number of Dependents is non-significant (X<sup>2</sup>=3.64 NS)
- Association between medical tour operators and Satisfaction level of medical tourists on treatment and other facilities is significant (X<sup>2</sup>=7.10\*\*)
- Association between Insurance services and Satisfaction level of medical tourists on treatment and other facilities is significant (X<sup>2</sup>=16.15\*\*)

**6.2. INTERPRETATION:**

Chi-square test conducted to find out the association between demographic characteristics and perceived levels of satisfaction of medical tourists has disclosed that there is no uniformity in relationship amongst all demographic variables and medical tourists' satisfaction. In fact each demographic characteristic is revealing the different effect on their perceived levels of satisfaction. There is a significant association between some of demographic characteristics like nationality, age, educational status, type of family, residential status and their perceived levels of satisfaction, on the other hand the association is non-significant in respect of a few demographic characteristics viz., marital status, income status and number of dependents. Hence it is inferred that hospitals can't overlook these differences while extending the medical services.

The relationship between associated agencies has revealed significant connection.

## 7.1. SUGGESTIONS

- Number of male medical tourists visiting Bangalore hospitals is comparatively higher than their counterparts. In order to ensure their inflow, the reasons for moderate levels of satisfaction of these medical tourists have to be identified and accurate measures have to be undertaken to provide better transparency, quickness in processing formalities, range of medical treatments that relate to male patients and extending value added services efficiently.
- Number of female medical tourists visiting Bangalore hospitals is relatively less when compared to male medical tourists. Thus, Hospitals have to give special attention in their publicity campaigns by emphasizing women health issues and varied treatments offered for them in order to attract more female medical tourists.
- The elective treatment areas such as trichology, cosmetology, plastic surgeries, dentistry and weight loss have good prospects to attract the younger generation whose inflow is less. Hence, hospitals have to focus on these medical treatments along with high-end surgeries as they create regular demand for health care services.
- Even though wide range of medical treatments is offered by the hospitals, major potential medical tourist customers for Indian medical tourism are from Middle East and African continents. Hospitals have to initiate more collaboration with foreign hospitals, physicians and medical tour operators etc to ensure and accelerate further inflow of patients from these continents.
- In flow of medical tourists from developed countries should be attracted through accreditation, medical insurance, value added services
- In order to attract potential customers of neighbouring countries, in view of the strained relations with them, hospitals have to ensure smooth visa processing formalities through their active intervention and interaction with government authorities.
- Numerous IT engineers and commerce graduates are residing in foreign countries. These people must be attracted through employer contribution mode which is an appropriate route, but not expediently tapped by Bangalore hospitals.
- Inflow of professionals has to be increased. Professors can be drawn through tie-ups with universities. Whereas engineers can be drawn from the collaboration with companies abroad established by people of Indian origin as well as Indian companies operating overseas. Other MNCs which are established in India and abroad can also be collaborated in order to boost employer contribution source.
- The inflow of rural medical tourists needs to be increased through market penetration strategies to the targeted areas by displaying the patient testimonials of other rural patients as their satisfaction levels are high and appealing.
- Propagations for adverse affect of addictions must be informed to patients. In addition, traditional rehabilitation therapies and medicines can be promoted which in way paves way for new medical healing business venture. Hospitals have to promote tag line 'healthy habits and healthy living'. Showing deep concern about their health will definitely build long term relationships.
- Better policy frame work for overseas medical insurance in respect of settlement of claims need to be implemented to increase the overseas medical insurance business and to attract patients from developed countries.
- More capital investment has to be made available for establishment of medical tour operators' business through sanctioning of feasible loans and advances, proper directions have to be given to financial institutions in this regard.

- Municipal authorities should participate with hospitals and start joint programmes to keep the surroundings of the hospitals clean and hygienic by improved roadways, drainage facilities, and green plantation. Mechanism for disposal and degeneration of medical waste is to be reinforced.
- Government should come up with a separate brand publicity programme with exclusive advertising message for medical tourism by capitalising on strong USP that Indian medical tourism possesses in respect of high-end surgeries.
- Either a separate ministry of state or an exclusive division under tourism ministry has to be set apart to give an industrial oriented approach to the medical tourism sector.
- A separate regulatory body to be established to monitor the functioning of medical tourism service sector in order to keep strict vigilance on touts who are spoiling the image of the country in this regard.

### CONCLUSION:

Medical tourism is gradually becoming next big thing happening to prospective growth of Indian economy. State governments are pitching against each other to make their states medical tourism destinations. It is evident through the strong intention of Chief Minister of Andhra Pradesh who repeatedly emphasizing that new capital Amaravathi should become a medical tourism hub. In this niche industry medical tourist occupies the pivotal place in the pedestal of medical tourism industry. These medical tourists travel from different countries with various culture backgrounds with numerous and varying health care issues. These tourists travel very long distance having an immense faith on the hospitals whom they would meeting in person for the first. Moreover, these medical tourists are diverse and unique on their demographic characteristics. For any person either rich, middle class or poor health comes first and rest comes later. Hence the responsibility rests on the hospitals to offer quality treatment with affordable prices and carefully plan and design core medical services as well as value added supportive services to suit the expectations of medical tourists in accordance to their demographic characteristics. The government being one of the important stakeholders should also focus on creating conducive atmosphere and policy frame work to give fillip to medical tourism industry.

### SCOPE FOR FURTHER RESEARCH

Medical tourism study is a new phenomenon in the research domain, thus it leaves a wide scope for researchers for further studies in this field in various streams encompassing Marketing, human resource and Finance areas. The researcher proposes the following research ideas in the marketing stream for undertaking further research work.

- Future studies can be undertaken on comparative analysis on consumer expectations and experiences by adopting SERVQUAL model
- Any further studies can be undertaken on aspects related to role and performance of other associated agencies viz., medical tour facilitators (operators) and insurance companies who are the other major stakeholders in medical tourism sector.

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