Journal of Positive School Psychology http://journalppw.com
2022, Vol. 6, No. 6, 4984 – 5003

An Assessment of service quality in tertiary hospitals and role of communication for the growth of medical tourism in Asian context including COVID era. An empirical evidence from India

[1]Jitendra Singh, [2]Dr. Syed Mohd. Jamal Mahmood

[1]Department (International Business) School of Management, G.D. Goenka University, Gurugram, Haryana, INDIA, jsdedha@gmail.com
[2]Department (International Business) School of Management, G.D. Goenka University, Gurugram, Haryana, INDIA

Abstract

Medical tourism is when a person travels to another country for medical care. The most common procedures that people undergo on medical tourism trips include dental care, surgery, cosmetic surgery, fertility treatments, organ and tissue transplantation, and cancer treatment. India is one of the countries which provides tertiary care and quality services at affordable price. India has proved to be one of the leading destinations of medical tourism. COVID has affected the overall medical tourism across the globe. The main objective of this research was to look for service quality provided by JCI accredited hospitals, challenges faced by the patients after reaching India and how the COVID infection effected the overall medical tourism. Four centers randomly picked up from both northern and southern part of India and their medical facilities, costs and what made patients to choose a particular hospital has been studied. The study included randomly picked up patients from outpatient and inpatient basis over a period from March 2018 till February 2021. A total of 2600 patients from outpatient and 1686 patients from inpatients of 4 hospitals (both medical and surgical branches) were analyzed. Detailed Questionnaire was made, 83% gave the feedback in outpatient and 92% from inpatient, of which overall positive feedback was from 89% and 11% were dissatisfied. Many patients had faced challenges in accommodation, language differences and most of patients were satisfied with care if the nurses' and food quality were good. Outpatients decreased to 49% and admissions decreased to 52% in the COVID era. India was chosen by many countries as economically feasible. Patient satisfaction is the key for improvement of medical tourism.

Keywords: Healthcare Communication, COVID era, Service Quality, Medical Tourism, International Patient.

Introduction

Medical tourism has increased in past decades for better quality treatment all overseas. When compared past decades now hospitals are promoting them for medical tourism destinations, today there are hundreds of hospitals give their services as outreach clinics and promoting it. India is one of the countries which give tertiary care and quality services at affordable price, but still international medical services continues to thrive although Affordable Care Act has improved insurance. Tourism sector is one of the largest employment generators in India and plays very significant role in promoting inclusive growth of the less advantaged sections of the society and eradication of poverty. The main objective of the tourism policy in India is to position tourism as a major train of economic growth and harness

it's direct and multiplier effect on employment and poverty eradication in a sustainable manner by active participation of all segments of the society.

The key success of medical tourism depends on the service quality to drive customer satisfaction. Several studies pointed out that customer satisfaction enables companies to secure their revenues. Customer satisfaction can also reduce transactions costs, facilitate a reduction in price elasticity and reduces the chance of customers defecting if quality decreases (Hu et al, 2011).

According to Liu and Yen (2010), customer satisfaction should be considered as a situation whereby customers can gain more benefits than cost. It can be concluded that customer satisfaction is a key value driver in medical tourism (George et al, 2010).

The consumption of health care in a foreign land is not a new phenomenon, and developments must be situated within the historical context. Individuals have travelled abroad for health benefits since ancient times, and during the 19th Century in Europe for example there was a fashion for the growing middle-classes to travel to spa towns to take the waters', which were believed to have health-enhancing qualities. During the 20th Century, wealthy people from less developed areas of the world travelled to developed nations to access better facilities and highly trained medics. However, the shifts that are currently underway with regard to medical tourism are quantitatively and qualitatively different from earlier forms of health-related travel. The key differences are a reversal of this flow from developed to less developed nations, more regional movements, and the emergence of an international market for patients.

Quality improvement is the principal factor for any hospital in this competitive era. In countries like India has received a high growth rate with a high demand for its services from overseas customers. Thus, hospitals can prioritize better their focus on quality improvement, despite of heavy reliance for patients on physicians who first treat them and also refer to certain department. India ranks 145 among 195 countries in terms of quality and accessibility of healthcare.

Branding a destination as a place in which to obtain medical treatment indicates that the city or region is engaged in making the treatment a valuable alternative for the patient. A partnership between the stakeholders involved in the destination branding is seen as crucial to the success of brand (Morgan & Piggott, 2003).

Aim:

The purpose of this paper is to obtain a deeper understanding of factors leading to satisfaction of medical tourists', especially between medical services and tourist services.

Objective of study:

1. What are the most important factors that influence medical tourist satisfaction/dissatisfaction?

2) How can we identify the strengths, weaknesses, opportunities and threats in medical therapy?

3) What is the role of mediators in choosing a destination for Medical tourism?

Several methods can be used for data collection. This research paper will use a questionnaire as data collection method. According to Saunders et al. (2009), questionnaires are a good method for collecting large amounts of data. The questions in the questionnaire are designed in such a way that they will help to answer the research question. Questions from similar researches have been looked at and are changed to fit this particular study.

A questionnaire which was used in previous research by Chang et al. (2006) has been modified to fit this study. This study relates to patients' satisfaction features. Other questions used are derived from the HOLSAT model which was also based on previous work by Tribe & Snaith (1998) and Thuy-Huong Truong (2005). According to the Kano's model these questions were slightly altered.

Results & Data Analysis:

4 centers randomly picked up from both northern and southern part of India and there medical facilities, costs and what made patients to choose a particular hospital has been studied. Randomly picked up patients from outpatient and inpatient basis over a period from 15th March 2018 till 15 February 2021. Total of 2600 patients from outpatient and 1686 patients from inpatient of 4 hospitals in which patients are from both medical and surgical branches as shown in Table 1 & 2; Chart 1 & 2. Patients from OPD and IPD were chosen from cardiac, cardiac surgery, medical as well as surgical gastroenterology, neurology, nephrology with urology, gynecology and general health checkups as shown in Table 3 & 4 and Chart 5 & 6. About 18% are for routine health checkup, 52% were for medical management and 30% of overall patients are for surgical management. A basic analysis of demographic characteristics shows that 54% of the respondents were female and 46% were male (Chart 3.4). 32% of the respondents were between the ages of 18 to 34, 20% of them were between 35 and 54. The remaining 48% respondents were in the age group of 55 years old or above. Patients were having dissatisfaction in OPD were analyzed and found to have difficulty in language, interpreter availability which were 36%. The IPD patients were unsatisfied in hospitals who didn't provide proper international diet, difficulty to communicate with the nurses, difficulty in expressing the acute problems which accounted for 42%. In COVID era after starting of international flights, outpatients decreased to 49% and IPD admissions decreased to 52%. The electronic communication had developed in the COVID era when the international flights were stopped. The e-clinic has shown the change in mode of approach of patients which help them in direction for appropriate treatment. The e communication had played Major role in COVID times and had balanced the service quality, by acting like a back bone for hospital services via online video consultations for non-emergency OPD cases which accounted for 58% when compared to non COVID OPD analysis.

Table 1: Number of OPD patients in 4 centers from March 2018- February 2021

HOSPITAL OUT PATIENT DEPARTMENT (OPD)	**DATA FROM MARCH 2018 - FEBRUARY 2021**			
MONTH	**YEAR - 2018**	**YEAR - 2019**	**YEAR - 2020**	**YEAR - 2021**
January	0	108	90	80
February	0	100	80	40
March	120	115	0	-
April	100	108	0	-
May	80	104	0	-
June	90	115	0	-
July	110	110	0	-
August	90	90	0	-
September	130	100	20	-
October	100	80	40	-
November	120	50	30	-
December	50	100	50	-
TOTAL NUMBERS OF THE PATIENT = 2600				

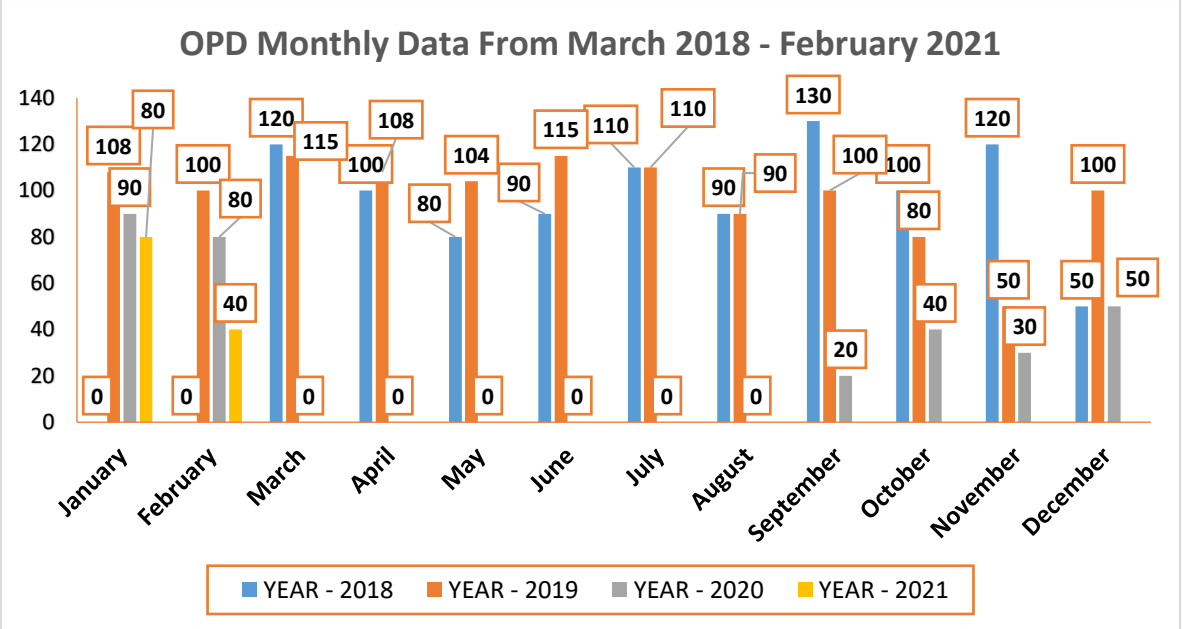

Figure 1: Number of OPD patients in 4 centers from March 2018- February 2021

Table 2: Number of IPD patients in 4 centers from March 2018- February 2021

HOSPITAL IN PATIENT DEPARTMENT (IPD)	DATA FROM MARCH 2018 - FEBRUARY 2021			
MONTH	**YEAR - 2018**	**YEAR - 2019**	**YEAR – 2020**	**YEAR - 2021**
January	0	78	40	0
February	0	86	30	0
March	70	85	10	-
April	62	82	0	-
May	80	80	0	-
June	85	92	0	-
July	86	88	0	-
August	83	94	0	-
September	70	70	0	-
October	63	64	0	-
November	51	42	15	-
December	40	35	5	-
TOTAL NUMBERS OF THE PATIENT = 1686				

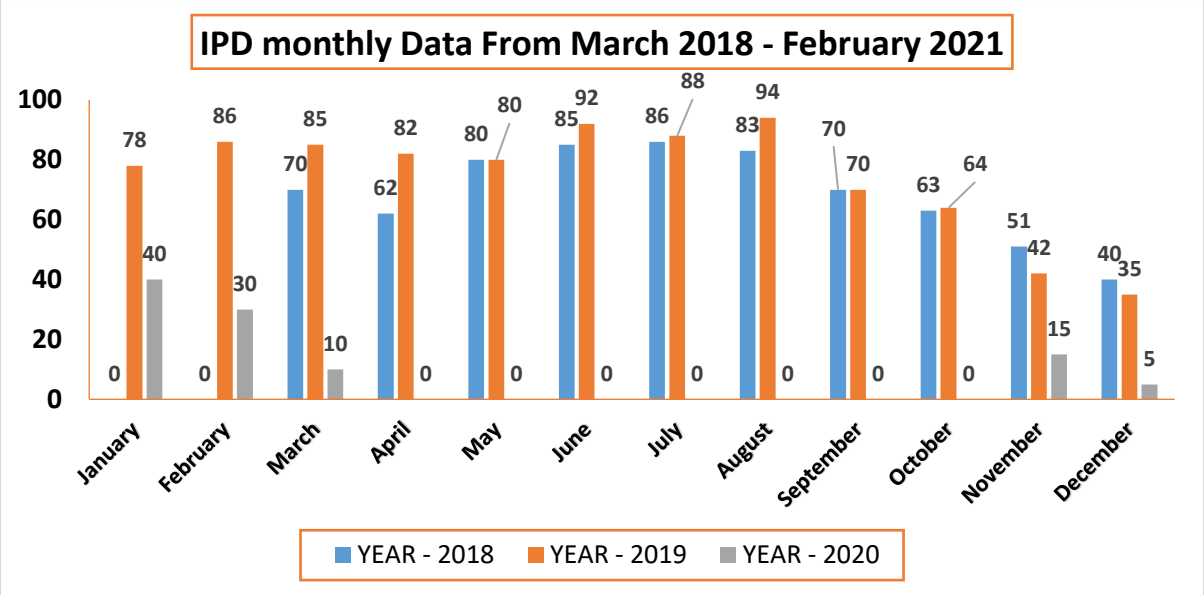

Figure 2: Number of IPD patients in 4 centers from March 2018- February 2021

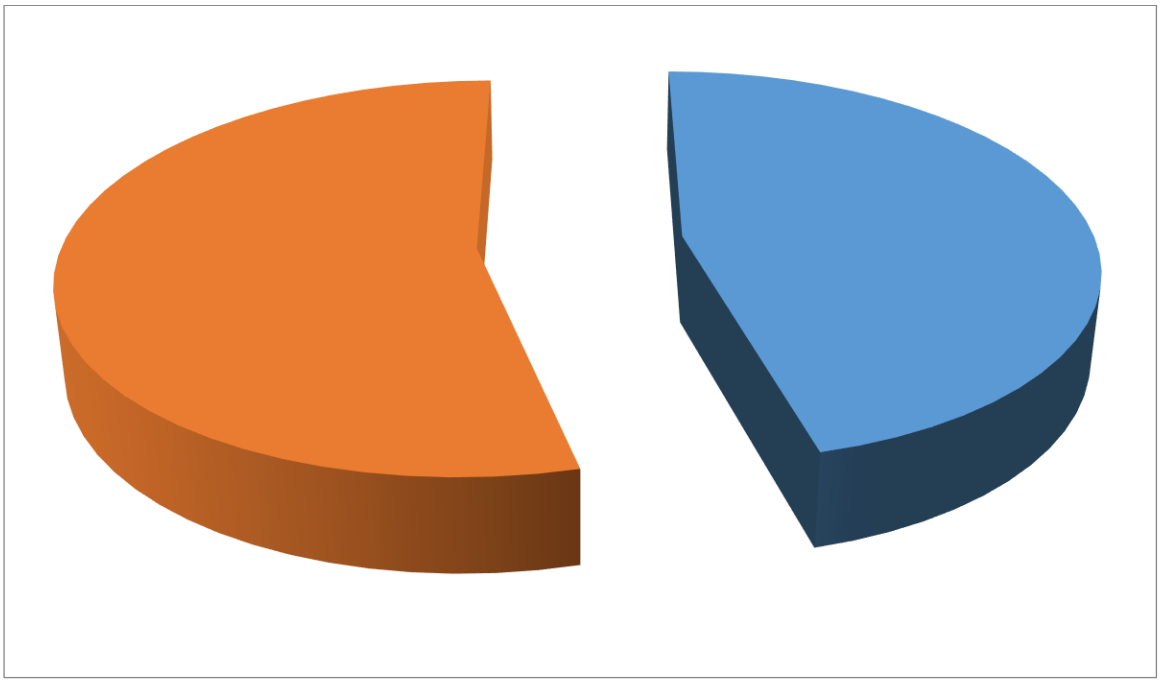

Figure 3: Age demographics

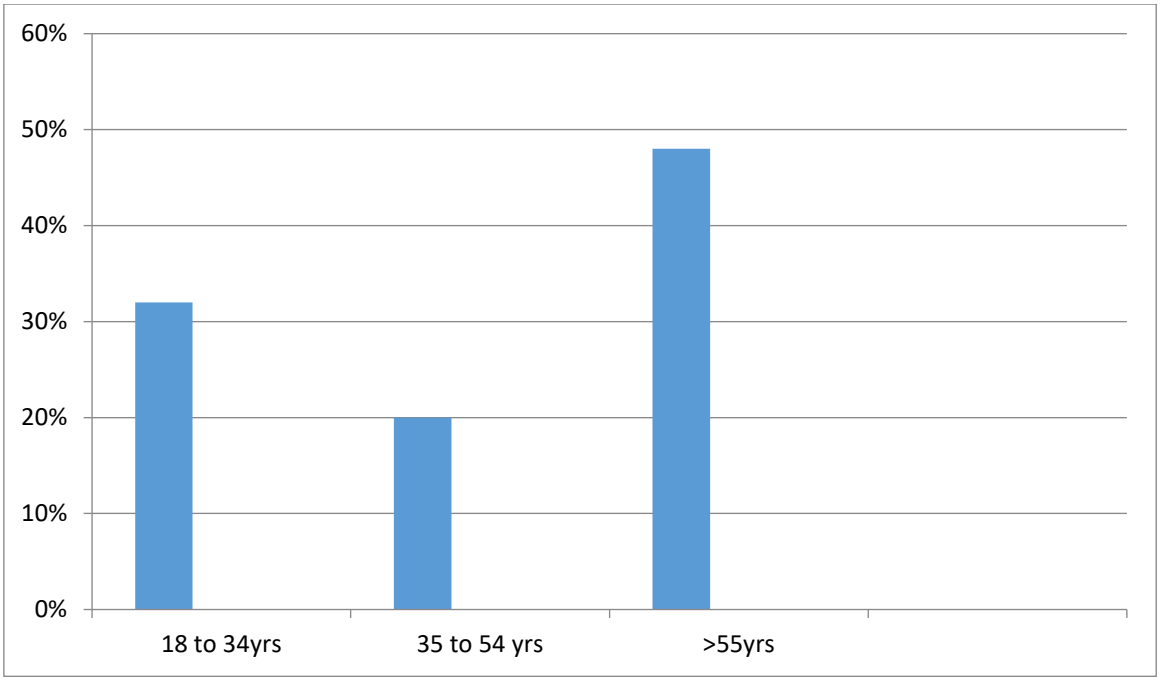

Figure 4: Responders according to age

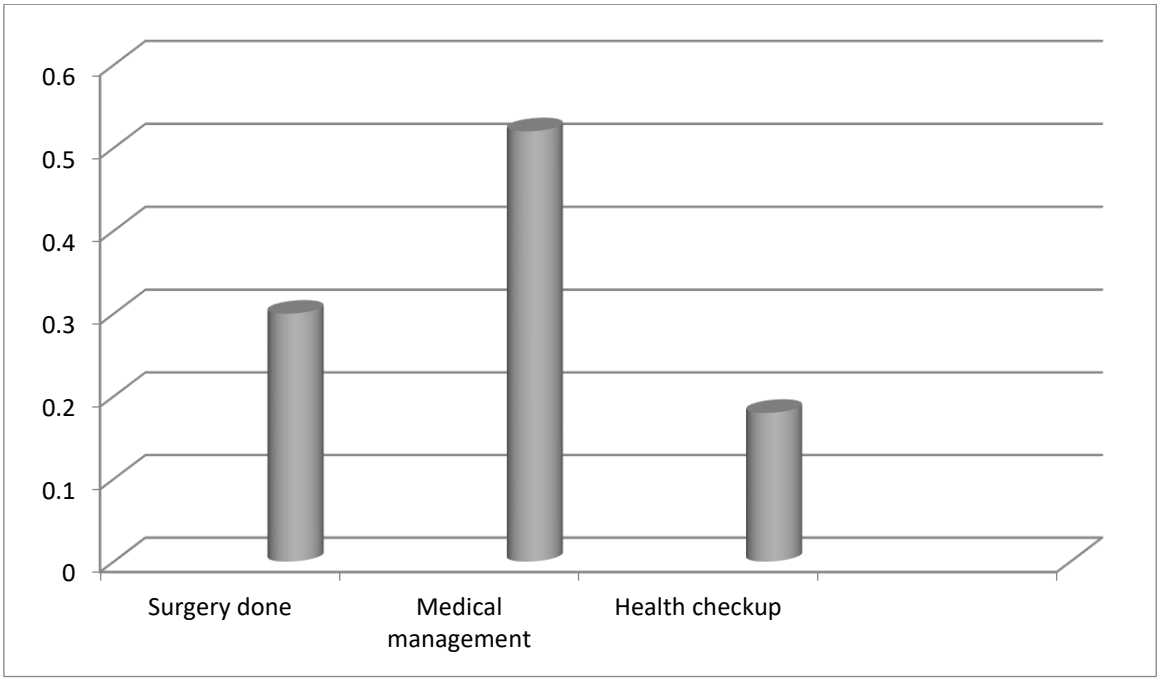

Figure 5: Came for surgery done vs medical management vs health check up

Table 3: Number of OPD patients according to departmental vise from 4 centers from March 2018-February 2021

HOSPITAL OUT PATIENT DEPARTMENT (OPD)	YEARLY PATIENT'S NUMBER			
SPECIALITY	YEAR 2018	YEAR 2019	YEAR 2020	YEAR 2021
CARDIAC SCIENCES (CARDIOLOGY, CARDIAC SURGERY)	130	220	60	28

GASTROENTROLOGY, GASTRO INTESTINAL SURGERY & LIVER TRANSPLANT SURGERY	360	310	88	30
NEUROLOGY & NEURO SURGERY	110	180	70	15
UROLOGY, NEPHROLOGY & KIDNEY TRANSPLANT SURGERY	270	368	56	40
GYNAECOLOGY & GYNAEC-SURGERY	118	100	30	7
GENERAL/MEDICAL HEALTH CHECK-UPS	2	2	6	0
TOTAL NUMBERS OF THE PATIENT = 2600	**990**	**1180**	**310**	**120**

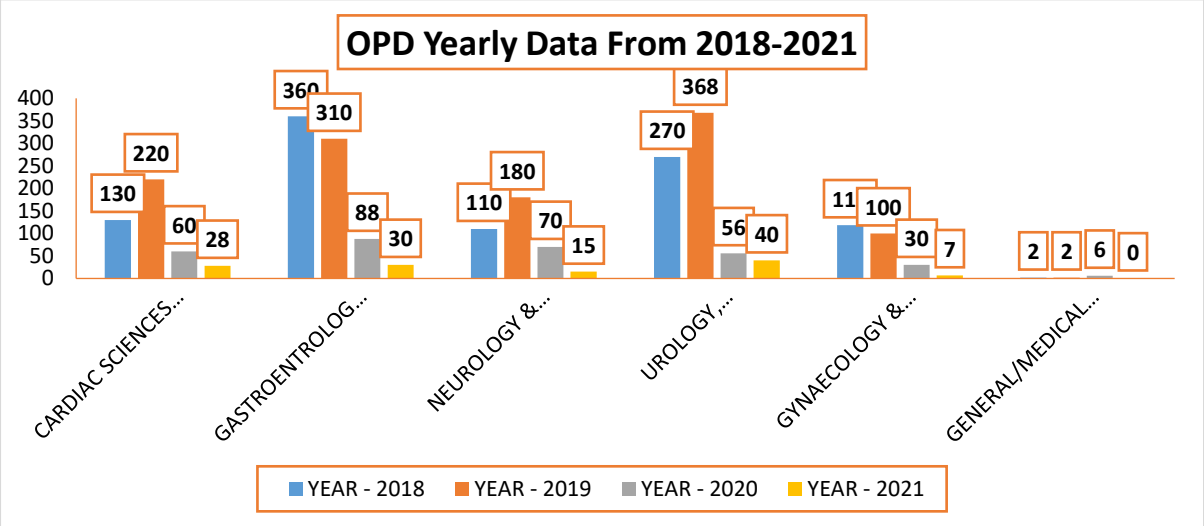

Figure 6: Number of OPD patients according to departmental vise from 4 centers from March 2018-February 2021

Table 4: Number of IPD patients according to departmental vise from 4 centers from March 2018-February 2021

HOSPITAL IN PATIENT DEPARTMENT (IPD)	**YEARLY PATIENT'S NUMBER**			
SPECIALITY	**YEAR 2018**	**YEAR 2019**	**YEAR 2020**	**YEAR 2021**
CARDIAC SCIENCES (CARDIOLOGY, CARDIAC SURGERY)	108	184	14	0
GASTROENTROLOGY, GASTRO INTESTINAL SURGERY & LIVER TRANSPLANT SURGERY	180	244	30	0
NEUROLOGY & NEURO SURGERY	118	140	10	-
UROLOGY, NEPHROLOGY & KIDNEY TRANSPLANT SURGERY	198	228	28	-
GYNAECOLOGY & GYNAEC-SURGERY	83	98	0	-
GENERAL HEALTH CHECK-UPS	3	2	18	-
TOTAL NUMBERS OF THE PATIENT = 1686	**690**	**896**	**100**	**0**

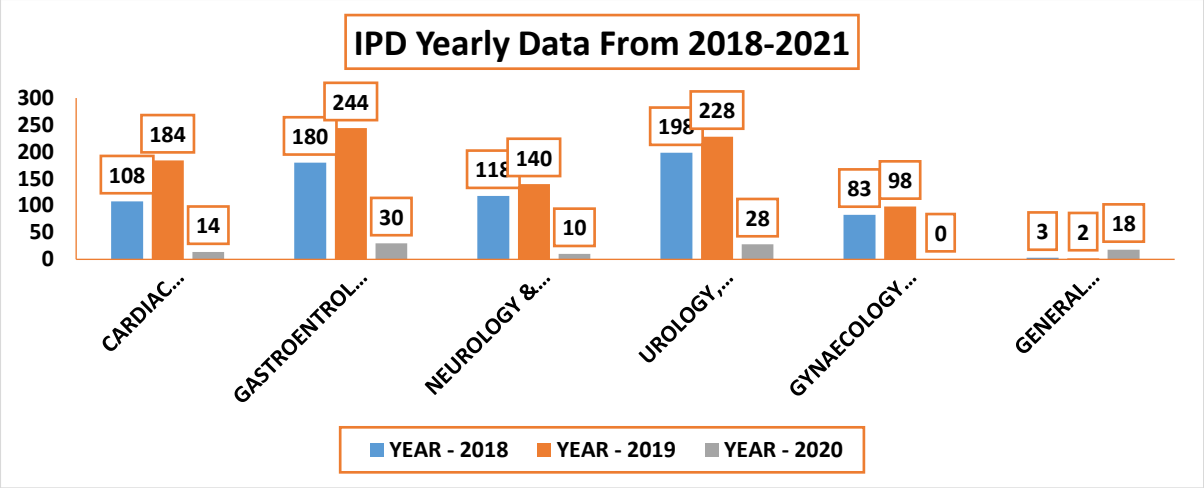

Figure 7: Number of IPD patients according to departmental vise from 4 centers from March 2018-February 2021

Discussion:

India has high potential for attracting medical tourists, and this country could become one of the best countries in medical tourism, as in 2016, according to the Medical Tourism Index, India ranked fifth in the world's leading medical tourism countries. India is ranked first in the field of medical tourism industry. India is one of the world's top destinations for the medical tourism industry because of potentials for up-to-date medical equipment, excellent doctor's knowledge, good doctor's experience, in treating certain diseases, updated hospitals with global credentials including JCI and NABH, a high-quality level Treatment, global standard labs etc. India stands 10th in 2020-2021 medical tourism overall index first being Canada. Medical tourism is growing in the world but Asia, especially South East Asia, is emerging as a popular destination for medical tourism. Asia is one of the first regions in the world to promote medical tourism and has created a brand name for itself for having affordable and high-quality healthcare. The medical tourists' arrivals to Asia are expected to cross 10 million by 2017. Three countries, Thailand, India and Singapore, are expected to control more than 80 percent market share in 2017. India had 170,000 international patients from Bangladesh, Maldives, Afghanistan, Iraq and Nigeria to get treatment such as Cardiology, orthopedics, nephrology, oncology, and neurosurgery.

A fundamental characteristic of medical tourism is its combination of medical services and the tourism industry. As these cannot be studied as two separate entities, there does exist a degree of synthesis between medical services and tourism. This degree of synthesis should therefore be taken into account as one defines medical tourism (Yu, Lee & Noh, 2011). George, Henthorne & Williams (2010) point out that for the preventive medical tourists, satisfaction is depending on the provision of tourist services and dissatisfaction depends on provision of medicinal services.

George, Henthorne & Williams (2010) claim that in order to research medical tourism it should be segmented in the type of medical care that is needed for the customers. For example; medical tourists are divided in preventive medical tourists and curative medical. In contrast, for the curative medical tourists, satisfaction depends on provision of medicinal services and dissatisfaction depends on provision of tourist services.

Overall there is 55% loss of turnover in the tourism industry for 2020 and statistics say that it will be 2023 to recovery the loss. In 2020, the tourism industry has been heavily impacted by the restrictions put in place by national governments due to the pandemic. Various statistics show that the months, in which strict measures were issued to contain its spread, were particularly challenging for the tourism sector. According to UNWTO figures, hotel bookings

in Germany declined considerably during spring and autumn – in April German hotels registered a year-on-year drop in visitors of 91 per cent.

Resurgence of the travel industry

Reflecting the speedy recovery that industry experts and large travel companies expect in the market, TUI recently declared that travel in summer 2021 would be 'normal'. However, depending on how vaccination progresses and the lockdown periods imposed by countries, experts urge travelers to exercise caution and regularly reassess plans in line with current developments. Nevertheless, it is expected that people will have a desire to catch up on the last few months of missed travel experiences as soon as possible. Furthermore, trends that are likely to take off in the tourism industry in the near future are becoming apparent. Experts at Statista forecast that technological innovations will have a positive impact on the industry, e.g., AI-based, personalised services and innovative forms of presenting tourism services with VR. Thus, the current low volume of travel together with technological innovations could spur a rapid recovery of the industry.

Digital future of Healthcare Industry in India

Mobile messaging apps are in abundance, with new ones being launched every other day. But one app that certainly rules the charts is WhatsApp. In fact, India alone holds around 15% of the total WhatsApp users. Nowadays, even healthcare professionals are riding on the phenomenon and are making a transition to digital OPDs. Doctors have started exploiting different WhatsApp marketing services to stay current, provide real time assistance and guidance to their patients, and create close-knit communities for valuable insights and second opinions. Digital marketing for doctors is used to promote their business and medical practice. So, if you are still wondering if WhatsApp could be your new Healthcare digital marketing tool on the road to success, here are a number of convincing reasons that will make you start using the most sought after messaging app right away. Today, WhatsApp is everywhere and almost every smartphone user has the messaging app installed on his device. This can help you market your healthcare services and establish your brand in a much better way. However there are other recently developed online applications which can be used to get online video consultations. The considerations for using video consultations are mentioned in BOX 1.

Box 1: Considerations for using video consultations

The technical considerations listed here are not essential for conducting a video consultation, but are likely to make a difference to the quality and safety of the meeting.

• *Hardware*—use a desktop or laptop computer with high quality audio-video capabilities. Seek IT advice about computer's specifications: video calling capabilities depend on age, speed, and quality of processor and graphic card, among others.

• *Monitor, speakers, and microphone*—for monitors, if possible, use two full high definition (HD) resolution screens: one for the electronic health record, and the second for video consultation. The quality of your speaker will make a difference to the call. Test your speakers and ensure that their volume does not compromise confidentiality, or use a headset. Use a dedicated microphone that enables all participants in the consulting room to be clearly audible.

• *Camera*—use a full HD 1080p video camera with autofocus and, if possible, external privacy shutter. Using a dedicated camera instead of—for example—a laptop's in-built camera, can make a noticeable difference.

• *Tablet or smartphone*—these have pros such as portability and easier adoption, but also cons such as a smaller

screen, a need for a stand and wireless connectivity that is less reliable than wired. Use a dedicated practice device, not a private phone or tablet (especially if using FaceTime, WhatsApp, or similar for video consultations as these are linked to the mobile phone's number).

• *Internet connection*—whenever possible, use wired Ethernet/broadband instead of Wi-Fi/4G as it provides a more consistent connection; wireless/mobile connection is more likely to get lag and interference which can make video and audio suboptimal.

• *Internet speed*—connection should be at least 1 Mbps speed or have strong reception on a 4G mobile network. Requirements are driven by the resolution and image motion. Higher speed will enable a better experience. UK general practices and hospitals vary in terms of their internet speed and as such, prior testing is necessary to determine the feasibility of video consultations.

• *Latency (lag in internet response)*—aim for lower than 200 ms and preferably less than 100 ms. Internet speed and latency can be easily tested—search the internet for a test.

• *Registration and installation*—use healthcare approved video calling software, if possible.

• *Settings*—computer, phone, or tablet may require configuration of privacy and other settings for video consultations.

• *Interoperability*—provide information to patients about the interoperability of video consultation systems with common operating systems and devices. Aim for wide interoperability, including with older operating systems and software, without compromising privacy, security, or quality.

Before you begin

• Make sure you are conducting the video consultation in a private and quiet space

• *Team*—form a team that will support video consultations, from receptionists to IT support.

• *Rehearse*—test the video consultation equipment in a call with a member of the team before using it with a patient.

• *Time of the consultation*—video consultations can be scheduled in the same way as face-to-face or telephone appointments and some apps/platforms offer a virtual waiting room for the video consultation.

• *Dress code*—dress for video consultations as you would for clinic work, even if conducting them from home.

• *Telephone number*—obtain the patient's telephone number so you can call them if the video consultation gets interrupted or video quality deteriorates.

Home video consultations—if you are conducting the consultation from your home (or at a location other than the clinic), inform the patient and assure them that you have access to their electronic health records and all other resources needed; and that should the need arise, you will be able to arrange a face-to-face consultation in the clinic.

• *Three-way communication*—some video consultation apps enable three-way communication. Consider this when a carer or another healthcare professional (at a separate location) needs to be included.

• *Guidance for patients*—in advance of the appointment, share with patients the guidance for video consultations (Box 2).

• *Free video calling apps*—If you opt to use a popular video calling app, develop a protocol for its use and notify patients that using the app potentially has risks for privacy.8 In guidance for patients, include a disclaimer and warning about safe use, such as: "Do not use [named video calling app] for contacting your doctor or sending messages to clinic as these cannot be monitored and responded to in a safe manner. Instead, use online booking, call the practice, or if it is closed, use an out-of-hours provider."

Box 2: Guidance for patients on how to prepare for a video consultation

Before the video consultation

• *Test the device*—such as smartphone, tablet (eg, iPad), laptop, or desktop computer, and check.

- o *Internet connectivity*—use broadband internet connection >1 Mbs or confirm the availability of a strong Wi-Fi/4G signal. If possible, use a wired connection.

- o *Power*—check the device battery is fully charged or it is plugged in

- o *Camera*—adjust the position or angle so that you can be clearly seen by the doctor

- o *Microphone* and *speakers—test them before the consultation.*

• *Room*—find a private quiet space where the sound from the video consultation will not be overheard by others.

• *Lighting*—ensure the room is well lit. Cameras need more light than the human eye to produce a quality image. Use a broad light source with daylight, as this lessens shadows and reduces contrast. Position yourself towards the source of light, eg, if the window is the source of light, look towards it when looking into the camera. Avoid a high intensity light behind you as this darkens the image and the doctor may not be able to see you clearly.

• *Appearance*—check your appearance on the screen. Is the camera at the right distance from you so that the doctor can see you or the relevant body part for examination, and not just your face?

• *Assistance*—consider asking a family member or a carer to join you. They could help by taking notes of key actions or hold the smartphone during the examination. If the doctor will not be able to see the person who may be with you, let the doctor know they are present so that they could be involved in the consultation, if appropriate.

• *Examination*—Depending on the reason for the consultation (eg, a rash or swelling), consider wearing clothing that would enable the doctor to examine you by video.

• *Measurements*—if you have home devices such as a thermometer, blood pressure or blood glucose measurement monitor, do the measurements as needed before the consultation.

• *Questions and notes*—consider making a written list of concerns and queries before the consultation and record any important information about medical history such as allergies.

• *Medication(s)*—prepare the list of current medication(s) you are taking.

• *Smartphone functions and features*—familiarise yourself with the settings, functions, and features of your phone video consultation app, including the mute button or the video on/off button.

During the video consultation

• *Introduction*—introduce yourself, and inform the doctor at the start of the consultation of who else is with you if they are out of view.

• *Audio and video*—check the doctor can see and hear you clearly; otherwise a telephone consultation may be more appropriate.

• *Notes*—make notes of key points and actions.

• *Questions*—do ask questions and share any concerns you may have as you would in a face-to-face consultation.

When to change the consultation mode?

Video consultation is not appropriate for every patient or consultation. Some patients may not be able to operate a device (or have the support of someone who can) and those with certain disabilities may also be disadvantaged. As with any innovation, regular audits (of technical issues, disruptions, and the need for subsequent face-to-face consultation) can help ensure that video consults are safe and do not widen health inequalities.

Consider subpopulations, such as those who have hearing problems. Furthermore, if during a call it emerges that you are unable to examine the patient adequately, that there is inadequate voice quality and video such that picking up cues becomes difficult, or that rapport with the patient is lost, then the video consultation becomes neither safe nor effective.

Tourism in Medical field

Tourism has turned out to be an economic promoter contributing to the economic development of many countries over the last few decades. People need holidays, and for almost people it is not as luxury. Tourism calls for coordination and cooperation between travel agents, tour operators, and tourists. Tourism has a few major elements such as destinations, attractions, sites, accommodation, and all ancillary services. It is well known that globalization has an effect on the world's economy and the healthcare industry is no exception. Because of different reasons ranging from cost awareness or quality purposes, it is a rapidly developing market (Begum, 2013). Bookman and Bookman (2007) indicate that medical tourism is "travel overseas with the aim of improving one's health." Furthermore, Medical Tourism is different from tourism and it is stated as the mixture of traveling abroad for a possible relaxing holiday but also involving a certain medical interference (Debata et al., 2011).

In developing countries, medical tourism is a concept of a growing synergy between medical amenities and tourism. Studies have touched on the significance of medical tourism for developing countries and have indicated that it has had a great impact economically and has significantly increased the rate of employment (Debata et al., 2011). Although medical tourism is a swiftly emerging and growing in most parts of the world, academic studies have indicated that researches are still in an early stage and it is needed to perform more empirical, as well as experimental studies and conceptualization (Veerasoontorn, 2011).

Service Customer Satisfaction

The psychological feeling of pleasure and gratification that is created from receiving what one needs, wishes and presumes from a product or service is Customer Satisfaction (WTO, 1985). There are many explanations and definitions to describing customer satisfaction or dissatisfaction, but the universal definition that is well known is the one by Richard Oliver whom explained the expectancy disconfirmation theory (Oliver, 1980).

Singh (2011) indicates that satisfied customers share their good experiences with other people based on what they have achieved, also dissatisfied customers share their negative experiences about the product, service or brand they have been confronted with. Customers, who are slightly dissatisfied, share their experience with on average just over one person, while customers that have had an awful experience and are super angry share their experience with more than 20 people. Therefore it is vital to understand customer expectancies, keeping high levels of service and refining the quality level of products and services in order to meet consumer satisfaction.

Patients' Satisfaction

According to Tsu-Ming, Y. (2010), as technology has been improving, living expectations and the public medical awareness and demands has also increased. Patients care more about their health and obviously demand higher levels of medical services. In addition, people's knowledge of the medical approaches is no longer limited to medical techniques and therefore hospitals have to be fully aware of satisfying attributes related to their patients.

According to Rao et al. (2006) physicians and staff behavior, medicine accessibility, providing health information, hospital arrangement are fundamental features that result in patient approval.

Moreover, Marrakchi et al. (2009) indicates that causes such as admission process, care, giving information, convenience, food and billing services contribute to patient satisfaction. These features were examined with an approximately

70% variance in a questionnaire survey evaluated using factor analysis.

Tourists' Satisfaction

According to (Smith and Puczko, 2009), medical tourists have a large impact on the tourism industry not only by being consumers of healthcare services but also by travelling to the destination, staying in different hotels and using tourism services. Tourism is obviously a distinguished service experience from the airline structure, food, bank, staying overnight in a place and different kinds of service experiences (Zeithaml et al., 1993). In other words, tourist satisfaction of a destination depends on many different factors. It is influenced by different experiences from many independent businesses.

Identifying tourists' satisfaction with a specific destination is not simply the cumulative calculation of service quality of a number of singular service suppliers. Furthermore, there are numerous functionalities and involvements that are main characteristics of a particular destination that are not connected to certain organization or are delivered by numerous functioning in performance (Truong & Foster, 2006).

Methodology and Sample Selection:

The target population for this study is the foreigner persons who have come to India as medical tourist in order to receive medical treatment in JCI accredited hospitals. Brief questionnaire was made, all feedbacks were taken from outpatient and inpatient.

In order to choose a sample, non-Indian patients in four hospitals which are active in attracting medical tourists and are located in different cities were selected.

The hospitals which are located in both northern and southern India are hospital-hotel complex with over >350 beds and >10 operation rooms, providing the most advanced medical services and VIP hospitality services.

The data for this study was gathered by probability/random sampling. According to Hair et al. (2007), findings which are based on a probability sample can be generalized to the total population with a specific level of confidence. Since the whole target population cannot be questioned because of practical restrictions like time and workload, this type of data gathering is appropriate for this research.

Conclusion:

This study suggests that both medical and tourism aspects are significantly important for medical tourists; despite some literature indicating only medical services are important for medical tourism satisfaction and believes that tourism services are not relevant.

Overall, this study contributes to the general understanding of medical tourism concept via the emerged frame of reference. The emerged framework was helpful in understanding customer's opinion in medical tourism industry according to not only satisfying but dissatisfying factors. Video consultations in healthcare present an approximation of face-to-face interaction and are a "visual upgrade" of widely used telephone Consultations. Evidence for the effectiveness of video consultations is scarce, but points towards effectiveness, safety, and high satisfaction in patients and healthcare providers.

Thus the outcomes of the study show that combined provision of medical care and leisure concepts to medical tourism market is not avoidable. This study has also looked at a topic that is relatively new and requires further research.

The approach employed in this study regarding Kano's categorization model can help medical tourist providers to improve the medical tourism service requirements in regards to first and foremost attributes. The medical tourism is huge and competitive industry that needs to investigate the ways to increase customers' satisfaction. Since satisfied customers tend to be loyal and will promote the market with positive word-of-mouth recommendations.

By grouping customers according to their demographic information, it was found that different groups of medical tourists have

different attitude toward satisfying or dissatisfying factors.

Consequently From a marketing view, medical tourist providers may focus on different customer segments and fulfill their expectations, in order to enhance their satisfaction.

Furthermore, all different medical tourism sectors such as hotels, travel agencies, hospitals and health care organizations and even government need to consider the results of such relevant studies to increase medical tourist's satisfaction in the country.

Services should be planned for and continuously adapted to meet requirements and expectations for target medical tourists and their ability to pay. According to achieved results, fundamental initiatives must be planned in order to provide strategic synergy between both government and private organizations to systematic explore and exploit medical tourism opportunities in India.

Medical Tourism has had a tremendous impact on the healthcare system. It has allowed for development of expertise in specialty treatments at various destinations across the world. Medical Tourism has helped fund research & development activities in the healthcare industry. It has also attracted further investments for development of infrastructure and service capabilities of popular service providers. Globalization, communication revolution, and better logistic connectivity has allowed for patients to reach remote pockets of the world that offer necessary specialty services with excellence.

Rise in Medical Tourism has also added to rich exchanges of cultures and traditions between the visiting and the local populations. It helps spread a positive word and raises awareness amongst people across the borders. This in turn increases the flow of Medical Tourists across borders and initiates an exchange of healthcare techniques as well. The healthy exchange of information and practices helps improve the services further and creates a sustainable growth pattern. There are various factors that will contribute to the flow of Medical Tourism in developing countries: opportunity to vacation, privacy and anonymity, fewer waiting lines, and some procedures that are not offered in the developed countries. It will be fascinating to observe the trend set down by the next generation of Medical Tourist and the factors that they might consider more important than others. For example, online research was one of the major tools used for searching information on Medical Tourism and it might continue to grow importance by the potential medical patients who willconsider travelling in near future. Despite the opportunities and growth of Medical Tourism industry, there are few limitations that have resulted in comprehension of medical travelers. Some of them are lack of primary knowledge, health insurance companies do not cover all costs, weak malpractice laws in the developing countries, hindrances to obtain follow-up care and outbreak of disease.

Medical costs, high insurance premiums, increasing number of uninsured and insured people in developed nations, long waiting period in the home country, availability of high quality healthcare services at affordable rate, and internet/communication channels in developing countries, cheaper air fares, and tourism aspects are the driving forces of the outbound Medical Tourism. India has always been known for its rich heritage of ‘Wellness’ traditions and has enormous possibilities to offer to ‘Wellness’ seekers. The Indian ‘Wellness’ industry is one of the fastest growing segments of the travel and leisure industry. India has the potential to become a leading ‘Wellness’ and Medical destination for the global travelers. Therefore, there is a need to position India as preferred destination for Wellness and Medical Tourism, wellness being an integral part of the Indian way of life.

This study has the following limitations to inform future research. First, this study has focused on only four hospitals, which of course limits this study. In addition regarding to the time constraints and the special requirements for the respondents such as being in an acceptable condition to answer the questions, the questionnaire could not be delivered to a large number of medical tourists. Second, the focus has been on the patients currently staying at these four hospitals and excluded the outpatients

and potential patients such as the U.S. or European residents as well.

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