

A study on the Challenges and Outlooks of Medical Tourism in India with reference to Chennai region

Sasirekha. K¹, Dr. P. Sankar²

¹Research Scholar, College of Science and Humanities SRM IST, Kattankulathur

²Assistant Professor, College of Science and Humanities SRM IST, Kattankulathur

Email: ²Sankar21.vp@gmail.com

Abstract

The phenomenon of traveling outside the country of residence with an intention to receive medical care can be termed as “Medical tourism”. Due to constant propagation and popularity among the media, researchers and the policy-makers this particular term “medical tourism” gained its momentum. The necessity to adding the word "tourism" in this medical treatment concept is that patients along with their family/friends habitually prefer to stay in the country of visit even after the medical procedure and can take advantage of their visit by going to places of interest, day trips or participating in any other native tourism activities at that moment. Chennai city is slowly transforming to India's health capital. Multi- and super-specialty hospitals across the city bring in an estimated 150 international patients every day before the Covid-19 pandemic. https://en.wikipedia.org/wiki/Healthcare_in_Chennai_-_cite_note-MedicalCapitalsPlaceInHistory-3 Chennai, as one of the primary destinations for rapidly increasing medical tourism, is eventually procuring the worldwide trademark as “The Medical Hub of India” because the recently emerging and existing multispecialty hospitals such as Apollo, Rela, Gleneagles and SIMS etc., Major factors that attracts tourists' inflow in the city include facilities during treatments offered, low costs on medical expenses, immediate appointments with no waiting period and the overall feel good factor in the tourist destination. The objective of this study is to determine the Challenges and Outlooks of medical tourism in Chennai city, and evaluate the actual potential foreign patients represented by Facilities, Cost, waiting period and feel-good-factor in recognizing the role of government and relevant departments in this medical tourism industry.

The researcher distributed 150 questionnaires to the selected international patients who were traveling to Chennai for medical goals to obtain medical treatments at four selected Private Hospitals in Chennai, during March2022 – May2022. The final sample size of this research was 80 which met the recommendation criteria. The analysis results revealed that medical facilities offered by the private hospitals in Chennai according to special circumstances is in the verge of offering huge potential for medical and health tourism and Chennai will certainly develop into a primary hub for “medical tourism” in the near future.

Keywords: Medical Tourism, Chennai Hospitals, Waiting Period, Medical Facilities, Cost

1. INTRODUCTION

It was during the 1964; Sir Edward Winter began the first hospital in India at Fort St. George to treat wounded soldiers of the East India Company. Eventfully the hospital grew and expanded and moved during 1772 to a new location, opposite to

the MGR Central Railway Station which is its present location, where we call is as the Rajiv Gandhi Government General Hospital today. Meanwhile, medical departments were established during 1785 at Bengal, Madras, and Bombay presidencies with specialized surgeons and

finally Indians were given access to these facilities during the year 1842.

The Portuguese introduced the Western system of medicine to India and the entire base for systematized and network of government-run hospitals started from the main hospital in Madras (Chennai city is the name we know now). Madras Medical College was formed during the year 1835 which made it one of the oldest colleges of European medicine in Asia which is still in existence. CMC (Christian Medical College) at Vellore was established during the 1900 attracting many of the best talents from the United States. Joining supportive hands for all these initiatives, The Madras Public Health Act, was passed during the 1939 which was the first of its kind in India.

After independence, many renowned institutions were established in the city that included The Cancer Institute in Adyar during the year 1954, and Sankara Nethralaya (Eye hospital) was founded during 1976, added more reputation to Chennai city. The establishment of the Apollo Hospitals in Chennai city during 1983 marked the dawn of corporate hospitals in the country. https://en.wikipedia.org/wiki/Healthcare_in_Chennai - [cite note-MedicalCapitalsPlaceInHistory-3](#) Chennai city takes the privilege of housing one of the pioneer pediatric intensive care units (PICUs) during 1990s.

According to S. Chandrakumar, convener of Confederation of Indian Industries (CII), stated that Chennai attracts about 40 percent of the country's medical tourists in the 2011. As of 2015, the city received up to 250 foreign patients on a day-to-day basis. Medical Tourist particularly from countries in the Middle East, Africa, and Southeast Asia come to Tamil Nadu for complex medical care. It was prior to Covid-19, there were more than one hundred patients from Maldives arrive at Chennai city every day for medical treatment, however, there are no precise statistics available on the number of foreign

patients that the city received. Most leading hospitals have separate departments for international patients, with employees speaking native language of the patients. Global health city, which is taken over the Gleneagles now, has employed Arabic citizens in order to handle patients from the Middle Eastern countries. The other hospitals such as Sri Ramachandra Medical Centre received up to 100 overseas patients a month, Dr.Kamakshi Memorial Hospital received 10 to 15 foreign patients in a month, Fortis Malar Hospital received 15 to 20 foreign patients a month, Madras Medical Mission received 14 foreign medical tourists a month, Sankara Nethralaya received nearly 500 overseas patients a month and https://en.wikipedia.org/wiki/Healthcare_in_Chennai - [cite note-AHubOfMedicalTourism-31](#) MIOT Hospitals received nearly 300 foreign patients a month. https://en.wikipedia.org/wiki/Healthcare_in_Chennai - [cite note-35](#) The Medical Tourism Industry in India had an expectation to reach US\$9 Billion by 2020, which turned into a misfortune to due to the Covid-19 pandemic.

Today, Chennai is thriving to become the hub of medical tourism, an industry that is expecting an annual growth of 30% per year, which is expected to be an approximate worth of about ₹ 100,000 million by 2022, according to the Associated Chambers of Commerce and Industry of India. In due course, the overseas travel curfew, and epidemic circumstances caused during the year 2020-2021 disappointed the growth ratio and slowed down the momentum gradually. Special focus for Healthcare tourism by the government of Tamil Nadu update new policies that was encouraging for both government and private hospitals in Chennai. While reviewing the track record during 2013 – 2016, Chennai attracted about 45 percent of health tourists from abroad arriving in the country and 30 to 40 percent of domestic health tourists. Significantly during the year 2017, the

medical tourism industry generated over \$100 billion with over patients from over 50 countries making it a priority in trade from their countries. The Ministry of Tourism in India has initiated new marketing plans, promotions and changes in government policies after the pandemic situation, travel ban has been eased all over the globe, rays of hope is falling on the Indian Tourism industry to endeavor as one of the leading destinations for medical tourism.

Review of Literature

Chennai city, in Tamil Nadu, India is renowned for its general tourist offers with cultural heritage footages and appears to be a very popular medical tourism destination offering high quality and intensive medical care at affordable costs. In contemporary world economy, the notion of medical tourism is rather a traditionally rising tendency for many patients soliciting immediate medical care. In addition, the medical tourism development has been made well-known for the United States of America, Middle East, United Kingdom and other patients in intensifying economies prefer to travel abroad, specifically to Asian countries exploring low-cost medical assistance with high quality infrastructure (York, Diane. 2008.). Additionally, the prime objective of international patients utilizing the medical tourism platform is to have access to the highest quality health care from hospitals that are globally recognized at more affordable cost (Wachter, R. 2006). Predominant goal of this study is to determine the factors affecting the challenges and outlooks of medical tourism in Chennai from different aspects such as instantaneous coherent functions of the institutions involving facilities offered, cost for treatments, waiting-period and finally the feel-good-factor at the tour destination. It appears that each of these factors determine the need for Chennai city to enhance or improvise the medical tourism market. Thus, this study is of special significance for evaluating the function of

the organization responsible for factors such as technically sound, economically feasible, do not make the patient wait for the treatment, and over all feel-good-factor at the state of Tamil Nadu, Chennai. It is significant to note through this study that we have increased the public awareness among the medical tourists and the importance of special factors to attract medical tourists to Chennai, particularly in the four hospitals where we collected the primary data. Furthermore, studying different factors like facilities, cost, waiting-period and feel-good-factor play imperative roles in the medical tourism diligence.

Medical Tourism

The term Medical tourism is not new rather it existed from centuries in different forms (Hancock 2006; Goodrich 1994)–but the people and institutions involved in it has intensified association with contemporary globalization (Horowitz et al., 2007; Hopkins et al., 2010). Hancock (2006) refers “medical tourism is one of the fastest- growing businesses on earth” (p. vii). Gill and Singh (2011) argue that “More number of travelers since ever before are now traveling across continents demanding high quality medical treatments at less cost, including treatments such as organ transplantation general surgery, cancer treatment, dental implant, stem cell therapies, facial implant, and liposuction, etc.,” (p. 315). Over 50 countries from all around the globe are propagating tour packages combining health and rejuvenating recreation (Gahlinger, 2008). Gill and Singh (2011) explored that reformation is happening in the medical tourism industry that will give a new phase to health-care industry, setting new benchmarks for many countries. Both developed and developing countries are considering improvising their infrastructures in terms of aggressive competition as well as attracting patients from foreign countries.

Medical Tourism in India

Materialization of medical tourism has unwrapped opportunities for many appropriate businesses and industries that are operational at the destination and at the source countries (Gill & Singh, 2011). Some U.S. companies promote medical tourism joining hands with the insurance companies they offer discounts to patients who prefer to go abroad for health care emergencies (Pafford, 2009). During the year 2006, Blue Ridge Paper Products, Inc. from North Carolina announced to its employees as an incentive that they can travel to India for non-emergency surgeries (Burkett, 2007). A supermarket chain from Europe also promoted medical tourism in India among its employees due to the high cost of treatments in the U.S. (Hopkins et al., 2010). This sort of promotional propagations is believed to encourage the cycle of savings and incentives benefits to the insurance companies, the employers, and the employees.

Factors affecting Challenges and Outlooks of medical tourism

The modern society recognized the factors affecting Challenges and Outlooks of medical tourism which is not sufficient just to attract the tourist, but it also needs an periodic updated to improvised according to the customers demand, as per requiem (Froelich, 2012). Each institution focuses on customers' requirement discovering suitable package mix. The factors affecting Challenges and Outlooks of medical tourism package consists of four main elements: **Facilities, Cost, Waiting-period and Feel-good-factor** at the place. These are the four major decision areas that institutions need to manage it so that they meet or exceed the needs of customers better than the competition (Wilson, K. 2003). These factors are a set of controlled variables that organizations use to influence the target medical tourists. These four factors have been the long standing foundations of the marketing strategy, and are increasingly regarded by health care organizations (Wachter, R. 2006). Finally,

these factors are one of the most famous of all marketing model. In this study, we use four variables to analyze the impact of tourist choice to choose the hospitals in Chennai as medical tourism destination for medical treatment.

Facilities

Facilities offered in a hospital are a significant aspect of mounting a competitive offer within the medical tourism market. It is very important to recognize that end-users demand benefits of the facilities and offers and not the discounts or features of the facilities (Soukya. 2013). Furthermore, the customer look for contentment of needs, and these needs are very diverse in nature. Also, a facility as defined by Snyder, J., S. Dharamsi, and V. Crooks (2011) is anything that can be offered to a customer for attention, acquisition, use, or consumption that might satisfy a want or need. Smyth, F. (2005) found that the facility is the core of the marketing strategy where hospitals can provides unique attributes that distinguish their facilities from their competitors. In the medical sector, the facilities represents goods, services, or ideas provided by a healthcare organization (Shetty, P. 2010). Facilities are hard to be exactly defined in healthcare tourism, creating a challenge for healthcare institutions. On the other hand, it is more difficult to enumerate facilities and customers assess these facilities differently from more tangible services. Medical services are changing their marketing strategies that nowadays it is not necessary for the patient himself who to search for medical treatment, but it can be the other way round that hospitals search for patients (Pollard, K. 2010). Finally, facilities in this research defines to the medical treatment and services offered by the hospitals in Chennai. Moreover, it refers to the internationally accredited hospitals in Chennai that provides immediate services, excellent hospital facilities, equipped with high-end medical equipment, qualified top-

notch medical professionals and nurses, and excellent public relation services.

Cost

Cost contains major decision making roles regarding distribution channels, effective management, efficient locations, swift transportation and inventory levels to be held (Crooks, V., L. Turner, 2010). Furthermore, the aim is to make certain that cost and services are maintained in the proper quantum, at the right time and place (J. Snyder, R. Johnston 2009). Distributions cost is contained by firms such as retailers or wholesalers through which goods pass on their way to consumers (de Arellano, R. 2007). On the other hand, cost in the medical tourism can be described as hedging factor that medical service have to be in access. In olden times, a physician can setup office at a suitable cost, today the customers increasingly dictates the role of cost in the marketing strategy. Finally, in medical tourism industry in Chennai, the cost describes, to the hospital's operation cost that attracts tourist, and that tourist can spend more on shopping centers, transportation, visit nearby famous cities, stay in a safe and secured environment and prove to be in a calm state of mind.

Waiting –Period

Jarod Kintz (2011) says that “Patience is so valuable I'm willing to wait forever to achieve it.” From the book “This Book Is Not For Sale” is an appropriate statement for patients who spend a lot of time waiting to see a doctor. Many studies have shown an inverse relationship between waiting time and patient satisfaction. This has become the foremost distress for hospital administration departments and policymakers because it will reflect in the efficiency of the institution. Waiting time as well as consultation time are the main factors that affect patient and consumer satisfaction (Barlow GL. 2017). Auditing hospital queuing, Patients are aware that they should wait to see a doctor; however, there is no known acceptable ‘waiting’ or

‘consultation’ time. Evidence shows that patients are less likely to be dissatisfied if their waiting time is within 30 minutes (Oche MO, Adamu H. 2013). Overseas studies have shown that patients are willing to wait an average of between 30 and 45 minutes to see a doctor. The average waiting time in hospital outpatient departments is between 1 to 2 hours in Malaysia. The experience while waiting can also affect patient satisfaction and is influenced by other factors such as the condition and attractiveness of the waiting area (Hassali MA, Alrasheedy AA, Ab Razak BA. et al.2014) The availability of entertainment such as television, health information and reading materials may improve the anticipation of waiting. The presence of supportive and gracious staff is also very important to improve the waiting occurrence. Shortage of staff and high number of patients waiting, are among the factors contributing to an extensive waiting period. A complicated and long registration work, initial process with unnecessary duplication papers and tests can extend waiting time in hospitals. Finally, waiting-period in this research indicates to the affordability of time and patience that a medical tourist can afford for the treatment along with travel tours and post-medical treatment in Chennai hospitals.

Feel-Good-Factor

Another factor that impacts on attracting medical tourism is feel-good-factor. This factor is regarded in marketing literature as a significant factor essential for recreation, building and success of medical tourism industry in Malaysia (Ehrbeck, T., C. Guevara 2007). Feeling good is one of the key elements in the marketing strategy mix to attract the customer (Dibb et al., 1994) and obviously plays a fundamental role in building successful attracting medical tourism. Importantly, feeling-good plays a competitive advantage in destination marketing for attracting medical tourists (Fishbein, M., D. K. S. Chan, 2012). Regarding to medical tourism services in

Chennai, this technique is used to communicate the features and benefit of a region and people to the consumers (K. O'Reilly, D. Schnell, 2007). A marketer may use diverse strategies in order to develop good-feeling or service awareness to the chosen target markets. Furthermore, comfortable-feel is an effort to inform and persuade potential consumers in order to accomplish the deal of the product, services, or ideas (Fredericks, A. 2004). Also, feeling good factor includes all activities such as personal selling, public relations, publicity that are intended to stimulate customer demand and develop amicable relationship with the locality and food habits, dress codes at the native region (Gahlinger, P. 2008). Finally, in this research, the feel-good-factor is referred to the extra services such as airport service and visa extensions, special rates for hotel accommodation, insurance plan coverage and claims, special price on various medical treatment packages, and special rates for travel tours after medical treatment.

Conceptual Framework

Quantitative technique is applied in this study to test the hypotheses of the research, for which a quantitative questionnaire was administered to extract primary data for analysis. (Jabarri, 2007, Koster 2009) quotes that a questionnaires give opportunities to gather large amounts of data from several respondents. An examination and analysis of the motivational variables of patients in precisely selecting a medical facility for their illnesses were identified through applying the survey questionnaires. Set of hypothesis were set and analyzed through the SPSS package (Statistical Package for the Social Sciences). The independent variables contained general information of the respondents, which included facilities at the medical centers, cost of medical services, waiting-time for medical services, feel-good-factor of the medical services and at the tourist destination. The dependent variables contain Challenges and outlooks of medical tourism

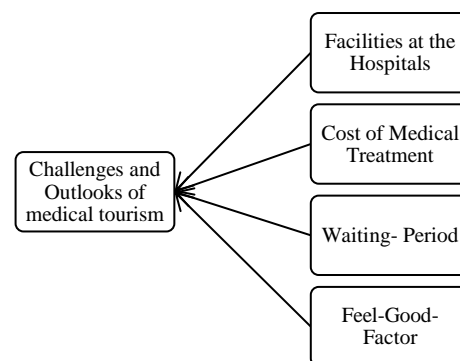


Figure 1. Theoretical framework

2. RESEARCH METHODOLOGY

Both primary and secondary data were collected for this study. Secondary data has been mainly collected from related websites, publications, News papers, journals and magazines. Primary data was collected through a structured questionnaire that was administered to the tourists admitted at the four selected hospitals of

Chennai city for medical assistance. The target population of this research was

international medical tourists admitted in the Chennai city hospitals, seeking medical assistance during March2022 – May2022. To select the sample tourist respondents, convenience sampling method was used. A total of 200 tourists admitted at *Apollo*, *Rela*, *Gleneagles* and *SIMS* hospitals were approached, and 90 of them agreed to

respond the survey. Ten of 90 filled in questionnaire were omitted due to missing data and inconsistencies. The final sample

size of this research was 80 which met the recommendation criteria.

Table 1: List of Hospitals and Respondents

S.No	Hospitals	Number of Respondents
1	Apollo - Multi Specialty Hospital	20
2	Rela- Multi Specialty Hospital	20
3	Gleneagles - Multi Specialty Hospital	20
4	SIMS - Multi Specialty Hospital	20
Total		80

Hypothesis of the study

This study primarily aims at the overseas medical tourists, especially who are endeavoring complex/sophisticated medical treatments in multispecialty hospitals in the Chennai City. A structured questionnaire was disseminated to international patients who were admitted for medical treatment in the four famous hospitals in Chennai (Apollo, Rela, Gleneagles and SIMS). However, the purpose of this study is to determine the impact of challenges and outlooks that lead international medical tourists to select hospitals in Chennai as their medical tourism destination. The final findings of this research are recommended to be adapted as a guideline for medical tourism program in the ministry of tourism, Tamil Nadu. Due to the lack of studies on this topic, our research would be supportive for other researches, experts, scholars and government organizations in medical tourism field.

Therefore, the following four hypotheses are proposed on the basis of above literature analysis:

H1: There exists a significant relationship between Facilities and the factors in Challenges and Outlooks of medical tourism.

H2: There exists a significant relationship between Cost and the factors in Challenges and Outlooks of medical tourism.

H3: There exists a significant relationship between No-Waiting-Period and the factors

in Challenges and Outlooks of medical tourism.

H4: There exists a significant relationship between Feel-good-factor and the factors in Challenges and Outlooks of medical tourism.

Data Analysis

The gathered data was analyzed by applying statistical tests. As mentioned earlier, the researcher used SPSS software applications for quantitative analysis. The data from the completed survey questionnaires were checked, entered by the research scholar and then processed by the statistical software. More particularly in the first phase, missing values and data entry errors were checked. In the second phase of analysis, descriptive characteristics of respondents were chosen and then tests were conducted for frequencies and percentages. Finally, this researcher applied dissimilar types of statistical methods at ever appropriate places. Later, non-parametric methods were examined and the data is analyzed to extract results of reliability analysis, frequencies and percentages, and mean score. Finally, multiple regression analysis is done to evaluate the relationship between factors effecting the Challenges and Outlooks of medical tourism in Chennai.

3. RESULTS

Means and standard deviations: Referring to Gesler, W., and R. Kearns et al., (2006)

transforming the raw data into a shape such that it will offer information to illustrate a set of variables that will make others easier to understand and to interpret. A descriptive analysis will comprise of (mean, median, and mode) dimensions of dispersion (Gesler, W., 2007) diagrams, frequency tables, dimensions of central tendency. Descriptive method has been used in this study to explain and organize and sequentially summarize data to get an

overview of the diverse characteristics of the sample structure and distribution. Descriptive statistics for the final list of factors of the research are demonstrated in Table 1. The range of five point Likert-scales is used from low, moderate, and high. Therefore, scores of less than 2.5 is considered as low; scores of 2.5 to 3.5 is considered as moderate, and scores more than 3.5 is considered as high. Table 1 shows the result.

Table 2. Means and standard deviations

Variables	Mean	Std. Deviation
Facilities	4.17	1.203
Cost	4.03	.776
Waiting Time	4.28	.778
Feel-Good-Factor	4.51	1.351
Challenges and Outlooks of Medical Tourism	4.43	.609

Reliability Test:

To explore the internal consistency of data collection (Pallant, 2003), Cronbach's alpha is evaluated. This is called the reliability coefficient scale which is sometimes noted that the reliability coefficient of 0.70 or higher is accepted in many situations in social science studies. To prove this, the techniques for reliability was estimated by Cronbach Alpha in this

study. Furthermore, the reliability values less than .60 is considered to be poor and those in the .70 are acceptable and those over .80 are good, Hair et al.(2006), In this study, Cronbach's alpha has been applied to measurement the reliability of the items. The results are demonstrated below, thus the calculated Cronbach's alpha is between .740 and .830 which is a very good result.

Table 3. Reliability test

Variables	Number of items	Alpha
Facilities	4	.730
Cost	4	.760
Waiting Time	4	.770
Feel-Good-Factor	4	.89
Challenges and Outlooks of Medical Tourism	4	.840

Results of Multiple Regressions:

To discover the predictive ability of a set of independent factors on one dependent factor (Gill, H. and N. Singh, 2007) multiple regression analysis is used, which is more sophisticated expansion of correlation. To evaluate the developed hypotheses in the

current study, multiple regression analysis is being performed here. To examine which factors have the most impacts on Challenges and Outlooks of Medical Tourism, the beta values were used, displayed in below table 3. The five significant factors, based on the beta values

of the predictor factors, that will exercise the most powerful impacts on Challenges and Outlooks of Medical Tourism, which

is: Facilities ($\beta = .359$), followed Cost ($\beta = .278$), Waiting Time ($\beta = .219$), and Feel-Good-Factor, ($\beta = .210$).

Table 4. Results of Multiple Regression

Independent Variables	B	Beta value	Sig
Facilities	.359	.423	.000
Cost	.278	.317	.000
Waiting Time	.219	.238	.000
Feel-Good-Factor	.210	.189	.000
R. Square = 0769			

Correlation of Analysis

Correlation analysis investigates the relationship between factors that explain the direction and degree of association between variables. According to Grennan, T. (2002); a correlation matrix contains the values of correlation coefficients for the factors involved. In this study Pearson demonstrate the strength of the relationship between factors. As it is prove in Table 5 that overall correlation values of all the

correlation coefficient was applied to identify the association between the research variables. The target is to discover the direction and value of relationships between independent and dependent variables. The values of the correlation coefficients (r) given in Table 5 to

factors indicate correlation coefficients with a confident positive value above .560.

Table 5. Pearson correlation for independent variables and dependent variable

Variables	Challenges and Outlooks	Facilities	Cost	Waiting Time	Feel-Good-Factor
Challenges and Outlooks	1				
Facilities	.826 (**)	1			
Cost	.630(**)	.562 (**)	1		
Waiting Time	.775(**)	.619(**)	.595(**)	1	
Feel-Good-Factor	.786(**)	.654(**)	.668(**)	.649(**)	1
<i>Note.</i> ** Correlation is considerable at the 0.01 level (2-tailed).					

Hypothesis Test

All the data calibrations were executed through the SPSS software in order to investigate on the set hypothesis for this research. The gathered data had been originally fed into this software analyzed by appropriately administering multiple regression analysis techniques. It comprises of all the facts and figures that were collected for this research, categorized under facilities, cost, waiting-time and feel-

good-factor with that of the Challenges and outlooks in medical tourism for dependent factors. The investigations of these hypotheses proved the achievement of research objectives. The suitable challenges and outlooks that are related to medical tourism issues in Chennai which is supported by sub hypothesis that comprise: the multiplicity of medical tourism services, the facilities of medical services, the cost of medical service, and feel-good-

factor of medical services, are the effective variables for attracting medical tourists in Chennai. The result in our study is consistent with the findings of previous studies such as Henderson, J. C., (2013) and Herrick, D., (2014).

4. DISCUSSION

The purpose of this research was to investigate the challenges and outlooks of medical tourism affecting the tourist's preference in selecting hospitals in Chennai, Tamil Nadu for medical treatment. In general, human actions are predicted based on three principles of life viz., control principle, behavioral principle and normative principle. Behavioral principle is the reflection of an individual's attitude towards the final outcome choosing to travel for treatment abroad. Normative principles if the reflection of understanding the perception others (family, friends, and peers) on the idea of traveling abroad for health treatment. Control principles are the reflection of individual's personal view of of traveling abroad for health care. These three antecedents predict a patient's intention to involve in medical tourism in the near future. With these factors in mind, the research sought to evaluate the level of perceptions with regard to the level of importance of factors disturbing their decision in opting for health care treatment in Chennai, Tamil Nadu.. More specifically, medical tourism in India is increasing quickly. As several countries in Asia are offering medical service, therefore, India needs a lot of development in order to be the regional hub for medical tourism. As medical tourism proved to be a part of the overall service sector, patients and the team of travelers are the foundation for this business to expand. Smith & Schult, J (2008) explored that "Facilities" and "Cost" are the necessary factors that influence the patients to choose medical tourism for international health care facility. Also, Paul, B. K (2008) study

proved that that "Facilities" provided by the country and the hospitals the patients choose is the solitary factor that attracts medical travelers to seek medical treatment abroad. In contrast, Shenfield, F., J. de Mouzon, G. Pennings (2008) study proved that medical tourists are selecting developing countries for their medical needs largely because of "Cost", wherein cheaper medical treatment can be gained from abundant medical tourism destinations worldwide. Based from the above references, this study aims to determine whether "Facilities" or "Cost" is the necessary variable that leads global tourists for medical assistance to select Chennai hospitals for health treatments.

5. CONCLUSION

The results of this research identified that the key dimensions for medical tourism are to be sustained in Chennai. Although, the results confirm that Ministry of Tourism, Tamil Nadu inputs rigorous efforts in promoting Chennai as their destination image is reasonably effective, however, possibilities always exists to improvise the current situation if we want to compete with other major tourism destination within the country. This result is in line with that of the facts demonstrated by previous studies (Marsek, P. and F. Sharpe, 2009). Furthermore, the effective promotional activities by the Tamil Nadu government together with other private organizations have also attracted numerous medical tourists to visit Chennai which is also related to the previous results (Lunt, N., R. Mannion, and M. Exworthy. 2012). In terms of service and quality of the treatment and latest technologies installed in the hospitals, most of the patients are satisfied with the current circumstances existing in the Chennai hospitals. This result is reliable with that demonstrated by previous studies (Kearns, R., G. Moon. 2002). Though, interestingly, the study revealed that in Chennai, the current practice of dealing with international patients in terms of

communication (appoint representatives who can speak the native languages) service needs improvisation. Medical tourism in Chennai appears to be fast growing with many new high-tech hospitals coming up with topnotch doctors being hired with latest medical equipments being imported from overseas; the medical tourism industry will play a vital role in the global economy. From the results, it is found that Chennai is providing very reasonable cost treatments not only to residents of the city but also to the foreigners. Patients from Middle East, Europe, and African countries are approaching Chennai in search for alternative and cost-effective medical treatment with world-class equipments being used. The Tamil Nadu medical tourism sector is currently at a developing stage, where the second tier cities (Thanjavur, Trichy, Madurai, Coimbatore, etc.) are yet to start their competitions, but a huge potential awaits for these cities for future growth and development in this medical tourism sector. Finally, this research contributes to the theoretical improvement by applying the results as an example for understanding on how a Facilities, Cost, patient-waiting-period and feel-good-factor has strong impacts on the aspects of challenges and outlooks in medical tourism prevailing in the high-tech hospitals of Chennai city.

6. REFERENCES

- [1] Abhyankar, A. 2013. Growth potential of the domestic and international tourism in India. *Review of Integrative Business & Economics Research*, 2(1):566-576.
- [2] Apollo Hospitals. 2013. Information on all Apollo Hospitals. [http://www.apollohospitals.com/] Accessed 2/4/2013
- [3] Ajzen, I. 1985. From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckman (Eds.), *Action-control: From cognition to behavior*, pp. 11-39. Heidelberg: Springer.
- [4] Ajzen, I. 1991. The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2):179-211.
- [5] Bandura A. 1986. *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.
- [6] Becker, M.H. 1974. The health belief model and personal health behavior. *Health Education Monographs*, 2:324-508.
- [7] Burkett, L. 2007. Medical tourism: Concerns, benefits, and the American legal perspective. *The Journal of Legal Medicine*, 28:223-245.
- [8] BBC. 2005a. 'Tourists' harming India's health. November 18. [http://news.bbc.co.uk/2/hi/health/4447140.stm] Accessed 9/12/2005.
- [9] BBC. 2005b. India plans for 'medical visas'. July 8. [http://news.bbc.co.uk/2/hi/south_asia/4665961.stm] Accessed 10/14/2005.
- [10] CBS News. 2005. Vacation, Adventure and Surgery? September 4. [http://www.cbsnews.com/stories/2005/04/21/60minutes/printable689998.shtml] Accessed 3/2/2006.
- [11] Chambers, A. 2011. Thai embrace of medical tourism divides professionals. April 26. *The Guardian*. [http://www.guardian.co.uk/global-development/poverty-matters/2011/apr/26/thailand-medical-tourism-divides-professionals] Accessed 2/18/2012.
- [12] Economic Times, 2004. Medical tourism, the next big wave: CII. April 8. [http://economictimes.indiatimes.c

- om/articleshow/606745.cms]
Accessed 1/13/2006.
- [15] Ehrbeck, T., C. Guevara, and P. Mango. 2008. Mapping the market for medical travel. *The McKinsey Quarterly*, May.
- [16] Fishbein, M., D. K. S. Chan, K. O'Reilly, D. Schnell, R. Wood, C. Beeker, and D. Cohn. 1992.
- [17] Factors influencing behavior and behavior change: Final report – Theorists' workshop. Rockville, MD: National Institute of Mental Health.
- [18] Fishbein, M., and I. Ajzen. 1975. *Belief, attitude, intention, and behavior: An introduction to theory and research*. Boston: Addison-Wesley.
- [19] Gupta, A. 2008. Medical tourism in India: winners and losers. *Indian Journal of Medical Ethics*, 5(1):4-5., Jan-mar.
- [20] Gupta, S. 2004. Medical tourism and public health. *People's Democracy*.28:19, May.
- [21] Hancock, D. 2006. *The complete medical tourist*. John Blake Publishing Ltd: London.
- [22] Paul, B. K. 1999. National health care 'by-passing' in Bangladesh: A comparative study. *Social Science & Medicine*, 49:679-689.
- [23] Schult, J. 2006. *Beauty from afar: A medical tourist's guide to affordable and quality cosmetic care outside the U.S.* Harry N. Abrams, Inc: New York.
- [24] Shetty, P. 2010. Medical tourism booms in India, but at what cost? *The Lancet*, 376(9742):671-672
- [25] Shenfield, F., J. de Mouzon, G. Pennings, A. Ferraretti, A. Andersen, G. de Wert, and V. Goossens. 2010. Cross border reproductive care in six European countries. *Human Reproduction*, 25(6):1361-1368.
- [26] Woodman, J. 2007. *Patients beyond borders: Everybody's guide to affordable, world-class medical tourism*. Healthy Travel Media: Chapel Hill.
- [27] York, Diane. 2008. Medical tourism: The trend toward outsourcing medical procedures to foreign countries. *The Journal of Continuing Education in the Health Professions*, 28(2):99-102. Spring.
- [28] wwwnc.cdc.gov/.../medical-tourism
- [29] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3469025/>
- [30] <http://www.oecd.org/els/health-systems/48723982.pdf>
- [31] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2234298/?report=classic>
- [32] <http://www.biomedcentral.com/1472-6963/10/266>