



Medical Tourist's Perception Of Service Quality And Its Impact On Patient Satisfaction: A Study Of Chandigarh Tricity.

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ABSTRACT

Medical tourism refers to the practice of individuals traveling to a different nation to receive healthcare services, which typically include various activities and procedures. The tendency originated in the 18th to 20th century, as less developed nations sought medical treatment in more technologically advanced nations. The trend has grown throughout the 21st century as a result of developments in global medicine and transportation. Presently, individuals from developed nations are traveling to developing countries in search of medical care because of the cost-effectiveness, superior quality, and additional conveniences offered. Medical tourism locations encompass a wide range of participants, such as hospitals, healthcare facilities, proficient experts, and top-notch healthcare services. India has witnessed substantial expansion in medical tourism in the last 15 years.

The data from medical tourists was collected via convenience sampling. The survey includes medical tourists who visited hospitals and clinics in the Chandigarh Tricity region of India. A total of 120 replies were gathered, with 45 being from overseas tourists, 20 from expatriates, and 55 from domestic medical tourists who were given the research questionnaire. Information was gathered from a total of 11 hospitals and 17 clinics located in Chandigarh Tricity. The study emphasizes the significance of improving the calibre of healthcare services for individuals who travel abroad for medical treatment. Hospitals are required to comply with quality service standards and implement procedures that are consistent with autonomy, honesty, respect, and fair access to opportunities. Hospitals must also develop protocols for assistive equipment and comply with integrated accessibility standards. The Indian Government's endeavours to bolster medical tourism services have proven successful, although additional improvements are necessary to sustain competitiveness.

Keywords: Medical Tourism, Healthcare, Service Quality, Healthcare Access, Affordability, Healthcare Technology, Patient Satisfaction.

1. INTRODUCTION:

Medical tourism refers to the deliberate act of people traveling outside their own nation to obtain healthcare services in another country. Medical tourism refers to the various activities and procedures involved in the travel and accommodation of a tourist who spends at least one day in a certain place for the purpose of receiving medical treatment (Ormond et al., 2014). During the period spanning the eighteenth to the twentieth century, individuals from less developed nations sought medical treatment in more advanced nations for healthcare services (Rahman and Zailani, 2016; Rahman et al., 2018a). This trend began to shift in the late 20th century and significantly expanded in the 21st century due to the global spread of medical and transportation advancements. As a result, individuals from developing countries started traveling to developed countries for

medical treatment (Johnston et al., 2010). Currently, there is a shift in the pattern where patients from western countries are opting to seek medical treatment in developing nations. This is primarily because of the affordable medical fees, high quality of care, and the availability of other medical tourism-related amenities (Bookman, 2007).

It is important to note that a medical tourism destination encompasses more than just a hospital. In line with the literature on destination management, it involves a diverse range of stakeholders working together to provide services and experiences to medical tourists and their companions. Developing countries like India, Malaysia, Indonesia, and Thailand are actively promoting their healthcare facilities, skilled medical professionals, and high-quality care to attract international medical tourists. According to Ormond et al. (2014), medical tourism has experienced significant growth in India over the past 15 years, becoming a rapidly expanding service sector. Furthermore, it has emerged as a prominent trend in the tourism sector with significant potential for continued exponential growth annually. However, the extent to which the impact of medical tourism can be reliably assessed is severely overlooked when it comes to delivering high-quality medical services based on patients' perception.

Medical tourists travel to other countries to receive medical treatment due to issues such as high costs, lengthy waiting times, and limited accessibility in their own healthcare systems (Rahman et al., 2018b). Providing excellent medical services meets the requirements of medical tourists and has a direct impact on improving the reputation of hospitals, resulting in a larger market share and higher profits (Lunt and Carrera, 2011; Rahman et al., 2018a). Healthcare providers should be aware of how the cultural background of medical tourists affects their perception of the quality of medical services. Medical tourists from different countries may have different expectations and knowledge, which can lead them to evaluate and perceive the quality of a provider differently (Rahman et al., 2017a, 2017b).

This study aims to examine the factors that influence medical tourists' perception of services and their satisfaction with medical care at hospitals in Chandigarh Tricity, India. Medical tourism providers should develop a strategy to improve the quality of healthcare services.

1. REVIEW OF LITERATURE

1.1 Access to Healthcare Services

Accessibility refers to the degree to which a tourist may easily obtain and utilize a product or service, taking into account factors such as cost, time, and convenience. Hospital accessibility pertains to the level of convenience with which a patient can receive necessary medical services from a healthcare provider within a suitable timeframe based on the severity of the issue (Haggerty et al., 2011). Healthcare accessibility refers to the organization of medical care resources to accommodate patients with varying abilities to contact medical care providers or hospitals. This includes options such as telephone consultations, walk-in periods, flexible appointment systems, and extended hours of operation. Accessibility is a complex concept that is essential in the behavioral model of medical service. This model was initially proposed by Anderson (1968) and has since been refined through a number of studies. Hospitals are required to adhere to the customer service standard and are dedicated to offering easily accessible medical care to patients while respecting their dignity and freedom.

According to Wong et al. (1987), accessibility has a crucial role in influencing the perceived services and satisfaction of medical tourists with the medical care provided at the hospital. According to Chryssikou et al. (2017), medical facilities, information, and the accessibility of hospitals to the building environment are mentioned as factors that favor medical tourism. It emphasizes the need of hospital accessibility in order to decrease informational obstacles associated with medical services and achieve the satisfaction of medical tourists. Davis (1991) provides an overview of significant advancements in the field of medical services research, specifically focusing on the assessment of access to high-quality medical care services. Based on these considerations, first hypothesis is framed as:

H₁ : Access to healthcare services has a significant impact on medical tourist's perception of service quality.

2.2 Affordability of Medical Services

The issue of expenses associated with medical care is crucial in the tourism sector. Within the realm of hospitality and tourism, it is crucial to ascertain whether customers perceive changes in costs to be sufficient or insufficient (Ryu and Han, 2010). Consumers' apprehension regarding the equitable distribution of expenses influences their decision-making when it comes to choosing products and services. Perceived medical costs reasonableness refers to the amount that patients pay to healthcare providers for medical care services. It encompasses several aspects such as health insurance, medical consultations, optical care, emergency medical transportation, and mobility aids.

Several researchers (Han and Kim, 2009; Chen et al., 1994) have recognized that the intricate nature of cost factors in the tourism and hospitality industry necessitates the consideration of actual costs of products and services when analyzing their impact on customers' decision-making processes. Medical expenses reasonableness will significantly influence the creation of medical tourists' behavioral intentions in such a situation. Jiang and Rosenbloom (2005) stated that buyers are unable to visually inspect or experience products and services prior to making a purchase.

Crozier and Baylis (2010) hypothesized that individuals from various nations are engaging in medical tourism by visiting either less developed or developed countries in order to access more affordable healthcare services. According to Watchravesringkan et al. (2008), consumers' decision-making process when it comes to products or services is influenced by their perception of the cost being reasonable. The review of literature led to formulation of second hypothesis as follows:

H₂: There is a substantial association between affordable medical services and medical tourists perception of hospital service quality.

2.3 Healthcare Technology

Technicality refers to a process that necessitates certain methods, proficiency, abilities, and understanding. According to Donabedian (2005), health-care technology refers to the use of scientific and technological advancements in medical treatment and other health-related fields to address individual health issues. These aspects include the dependability and quality of equipment, the availability of systems, privacy, and efficiency. Technical quality in medical care refers to the level of precision and effectiveness in the use of advanced mechanical technology for healthcare purposes (Edura and Kamaruzaman, 2009). In a medical care setting, it is defined by the use of advanced medical diagnoses and procedures, as well as the consistent proficiency of medical professionals, particularly in their specialized tasks (Meehan et al., 2014).

Healthcare technicality also refers to the proficiency of medical workers in effectively utilizing medical equipment while carrying out their duties. These encompass the clinical and operational expertise of the physicians, the medical providers' familiarity with healthcare management and laboratory procedures, as well as their proficiency in conducting delicate tests for life-threatening diseases and providing specialized medical treatments (Chaiter et al., 2011). The dissemination of medical care information technology for clinical health must be clearly and comprehensibly demonstrated in terms of the enhanced quality of medical care, public well-being, and efficiency of health-care delivery services. This can be achieved through well-designed innovative procedures, as explicitly documented in electronic medical care records (Blumenthal, 2009). According to these considerations, this study proposes that:

H₃: Healthcare technology is significantly correlated with the perceived service quality by medical tourists.

2.4 Healthcare Professional Behaviour

Healthcare professional behavior pertains to the compassionate and attentive attitude of healthcare professionals towards patients or medical tourists as clients. It also encompasses the examination of an individual's perception, understanding, ability to communicate, interpersonal skills, perceived quality of services, motivation, and how these factors influence their behavior towards themselves and others (Gagnon et al., 2003). The interpersonal behavior of medical care providers has a strong correlation with patient satisfaction, which in turn increases the desire to travel to medical tourism destinations (Welch, 2009).

The main concern is whether the medical care provider's interpersonal and interactive abilities are effectively reflected in the patient's accurate evaluation of the specialized procedures. A specific kind of high-quality care service, accompanied by hospitality, can engage in a cordial discussion with the administrative staff, taking into account the patient's financial capacity for a given duration (Chase, 1981). According to Chase and Tansik (1983), services of higher quality must fulfill more advanced human demands compared to those of lower quality. Physicians must conduct thorough and precise assessments of patients in health care and recuperative facilities (Rahman et al., 2018a). Based on these ideas, it proposes that:

H₄: Healthcare professional behaviour is substantially associated with perceived service quality among medical tourists.

2.5 Perceived service quality and satisfaction

Perceived service quality refers to the assessment of the products and services provided by a specific company. According to Bitner et al. (1990), quality is determined by the performance of both the core product and the service product. Core-product quality refers to the performance of the fundamental product in relation to its value, while service-product quality refers to the performance resulting from interactions with service workers. According to Johnson et al. (1995) and Oliver (1997), satisfaction refers to the evaluation of the total consumer experience with products and services. Jani and Han (2013) proposed that if consumers evaluate their total consuming experiences positively, it is probable that their satisfaction levels and intention to repurchase will increase. Satisfaction is the comprehensive assessment made by customers regarding a product or service (Jiang and Rosenbloom, 2005).

Several research in various fields have examined the important significance of service quality and satisfaction (Han and Ryu, 2006; Ryu and Han, 2010; Han and Hyun, 2015). The existing evidence suggests that when there is a complex relationship between quality and satisfaction, quality serves as a substantial predictor of satisfaction (Han and Ryu, 2006; Han and Hyun, 2015). The pleasure of medical tourists is a significant aspect that impacts the outcome of their medical care. According to Wu et al. (2016), it is necessary to include patients' perspective on the quality of medical services in relation to their overall satisfaction. Measuring the satisfaction of medical tourists involves assessing their perception of the care they received and whether it exceeded their expectations or not. In their study, Han and Hyun (2015) found that the pleasure of medical tourists is a

complex view that is strongly linked to healthcare providers. According to Aliman and Mohamad (2013), satisfaction is a composite concept that is affected by the perceived quality of services.

Based on these considerations, study asserts that:

H₅: The perceived quality of medical services has a significant correlation with satisfaction among medical tourists

3. METHODOLOGY

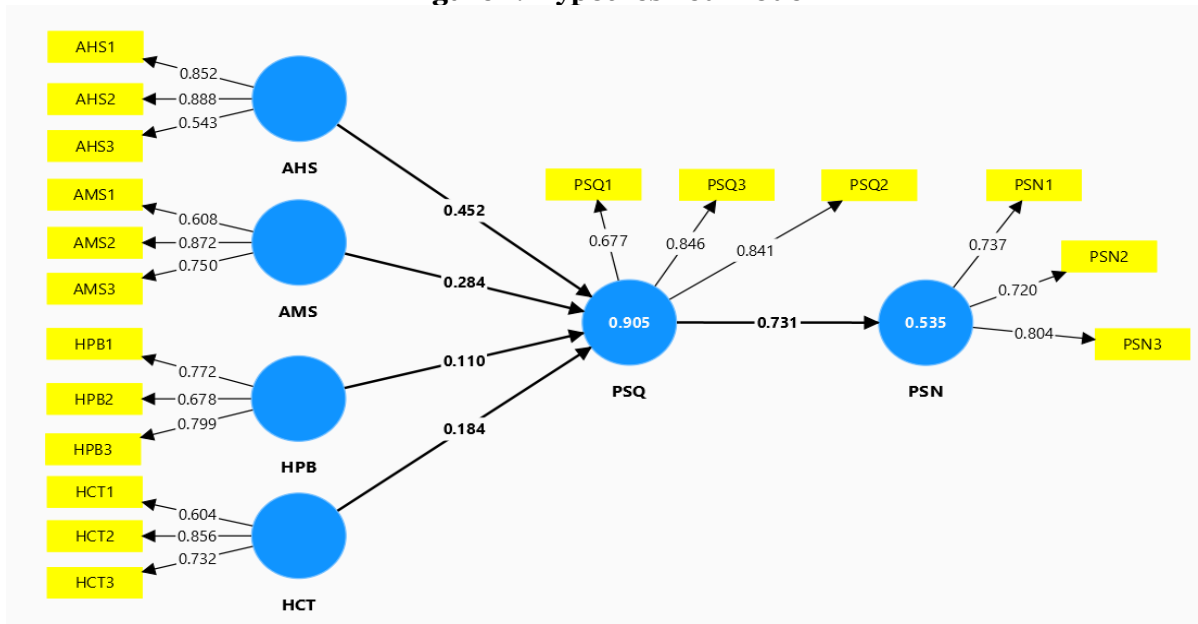
Medical tourism encompasses the four effective constructs identified in this study, which were derived from existing literature and tailored to the specific circumstances of this research. The measurement of hospital accessibility was conducted using three items that were derived from Ware and Snyder's (1975) study. Medical costs reasonableness is assessed using three criteria derived from Han and Hyun (2015) and Borg et al. (2006). The measurement of health-care technicality is assessed using the four items derived from Rao et al. (2006). These items assess the level of effectiveness with which hospitals' physicians, nurses, and administrative staff provide quality medical care in a favorable environment for medical tourists, as perceived by these individuals. Interpersonal behavior is assessed using four items that have been modified from Gagnon et al. (2003) and Geuens et al. (2017). The measurement of perceived services and satisfaction of medical tourists is conducted using a scale derived from Snyder (1975) and Rahman et al. (2018a). In order to facilitate the assessment process, the participants were instructed to express their perceptions using a five-point Likert scale, which ranged from 1 (indicating strong disagreement) to 5 (indicating strong agreement). Present study utilizes Smart PLS-SEM 4 for the purpose of data analysis in this work. This method was chosen for its appropriateness and ease of use in the exploratory and conceptual evaluation of this study (Hair et al., 2011).

Convenience sampling was used to collect the data from medical tourists. Medical tourists visiting hospitals and clinics in Chandigarh Tricity region of India were included in survey. A total of 120 responses were collected, where 45 foreign tourists, 20 expatriates and 55 domestic medical tourists were administered with the research questionnaire. Data was collected from 11 hospitals and 17 clinics of Chandigarh Tricity.

4. DATA ANALYSIS AND RESULTS

4.1 Structural model:

Figure 1: Hypothesized Model



Source: Field Study

The structural model consists of first independent variables Access to healthcare services (AHS) and the most significant determinant of AHS is AHS2 (Ease of getting an appointment in an emergency) with outer loading of 0.888. Second independent variable was Affordability of Medical services (AMS) and AMS2 (Medical fees and food cost reasonableness) best explains it with outer loading of 0.872. Healthcare Personnel Behaviour (HPB) is third independent variable and with outer loading of 0.799 it is being explained significantly by HPB3 (Friendliness of medical and paramedical staff and nurses). Healthcare Technology (HCT) is fourth independent variable being determined substantially by HCT3 (State of art technology). The two dependent variables Perceived Service Quality (PSQ) and Patient Satisfaction (PSN) have their strong determinants as PSQ2 (0.846) and PSN3 (0.804).

Table:1 Path Coefficients:

	AHS	AMS	HCT	HPB	PSQ	PSN
AHS						0.452
AMS						0.284
HCT						0.184
HPB						0.110
PSQ						
PSN					0.731	

Table:2 R Squared

	R Squared	Adjusted R Squared
PSN	0.535	0.530
PSQ	0.905	0.901

From Table 1 and 2 it can be concluded that coefficient of determination for endogenous variable Perceived service quality is 0.905, which means four exogeneous variables, access to healthcare services, affordability of medical services, healthcare professional behaviour and healthcare technology explain 90.5% variation in Perceived service quality. The four variables explain substantial change in perceived service quality. Access to healthcare services with path coefficient of 0.452 is strongest determinant of service quality followed by Affordability and Technology, whereas the personnel behaviour is weakest one. The Patient satisfaction has R squared value of 0.535, which reflects that 53.5% change in satisfaction is being explained by perceived service quality, hence perceived service quality moderately explains variation in patient satisfaction

Table: 3 Construct Reliability and Validity

	Rho_C (Composite Reliability)	AVE (Average Variance Extracted)
AHS	0.814	0.604
AMS	0.792	0.565
HCT	0.779	0.545
HPB	0.795	0.564
PSN	0.798	0.569
PSQ	0.833	0.627

Table 3 shows the composite reliability values Rho_c to be more than 0.7 for all the variables and this demonstrates internal consistency. In order to assess convergent validity, the average variance extracted for each latent variable is computed, the AVE value for all the variables is more than threshold value of 0.5, hence convergent reliability is established.

Figure 2: Bootstrapping

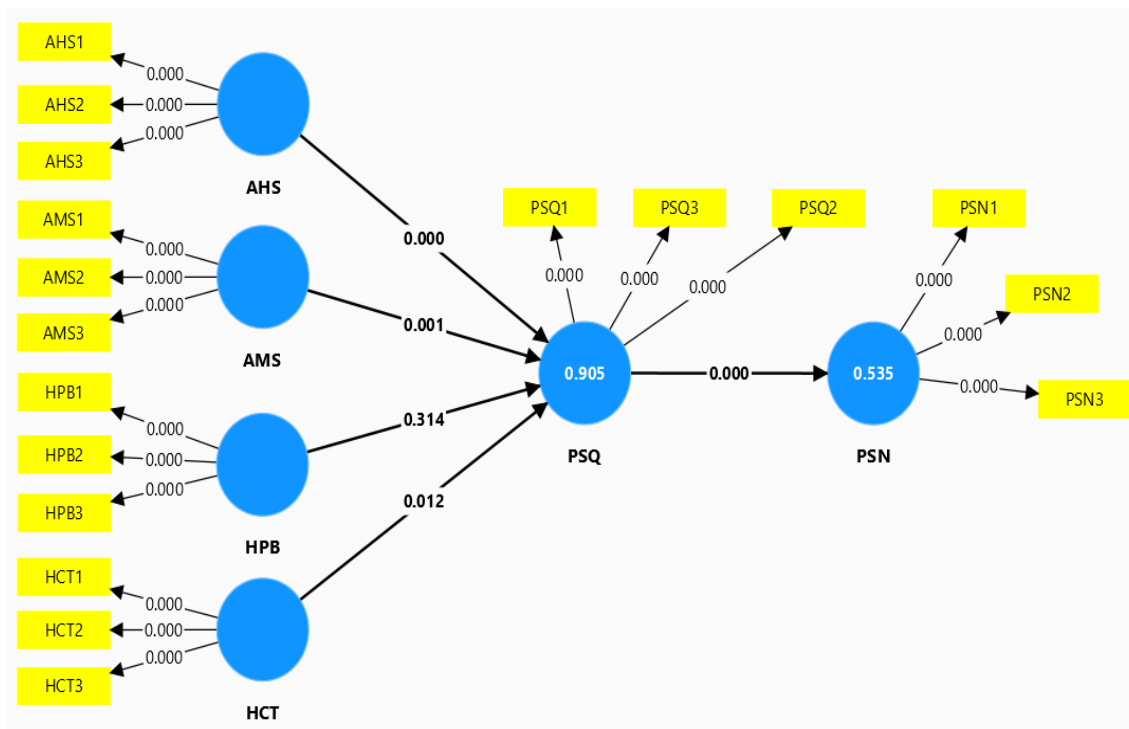


Table 4: Bootstrapping

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T-Statistics (O/STDEV)	P-Values
PSQ -> PSN	0.731	0.739	0.051	14.305	0.000
AHS -> PSQ	0.452	0.443	0.119	3.795	0.000
AMS -> PSQ	0.284	0.298	0.088	3.235	0.001
HCT -> PSQ	0.184	0.186	0.073	2.527	0.012
HPB -> PSQ	0.110	0.104	0.110	1.008	0.314

Table 5: Hypothesis Testing Results

	Hypothesis	T-Statistics (O/STDEV)	P-Values	Result
PSQ -> PSN	H ₅	14.305	0.000	Accepted
AHS -> PSQ	H ₁	3.795	0.000	Accepted
AMS -> PSQ	H ₂	3.235	0.001	Accepted
HCT -> PSQ	H ₃	2.527	0.012	Accepted
HPB -> PSQ	H ₄	1.008	0.314	Rejected

Bootstrapping reflects the t-values and p-values for the various paths and table 5 gives the results for hypothesis testing. All the t-values are more than 1.96 except for Healthcare personal behaviour and service quality relationship. The p values for all the relationship are less than 0.05, except for H₄ where this value is 0.314. Hence, all the alternative hypothesis are accepted and it is concluded that there is no significant relationship between healthcare professional behaviour and perceived service quality among the medical tourists for hospitals and clinics of Chandigarh Tricity.

5. Discussion and Managerial implications

The findings serve as a foundation for managerial and marketing suggestions in enhancing the quality of medical services for medical tourists from various countries. Hospital administrators must comprehend the characteristics of medical tourists and deliver high-quality medical services that guarantee patient happiness, hence encouraging future utilization of medical treatment. Managers of hospitals and medical tourism operators must be cognizant of the importance of providing accessible healthcare services. Hospitals must guarantee that they adhere to the quality service standards expected by medical tourists. The provision of services to individuals necessitates the establishment of policies, practices, and procedures that adhere to high standards of quality medical care. Medical tourism providers should make diligent efforts to ensure that their policies, operations, and processes align with the fundamental principles of autonomy, honesty, respect, and equitable access to opportunities.

Hospitals must establish a policy regarding the use of assistive devices by individuals to access services, as well as any measures provided by the hospital to facilitate access to these services. Hospitals are obligated to

establish, execute, and uphold accessible policies that control their adherence to integrated accessibility requirements, as mandated by the law. These factors are critical in determining the quality of medical care services received by medical tourists. The assistance of health-care policy-makers is essential in effectively managing the required resources to guarantee high-quality care for medical tourists. The results of this study also have important consequences for marketers of medical tourism providers. This study examines a theoretical framework that assesses the perceived quality of medical care services and the satisfaction of visitors who engage in medical care tourism services.

The satisfaction of medical tourists in Chandigarh is positively influenced by the accessibility of hospitals and the interpersonal behavior of medical personnel. The Indian Government's endeavors to promote medical tourism services have shown to be highly effective, while there is still potential for further enhancement if the country want to remain competitive in this burgeoning medical tourism sector. The country's successful promotion of medical tourism, along with collaborations with other tourism operators, has significantly influenced medical tourists to choose India for their medical services. Medical tourism providers must prioritize the delivery of high-quality medical services and adhere to ethical standards. Additionally, they should strive to develop cultural competence by adapting these ethical principles.

6. Conclusion

Medical tourism is an expanding industry that presents substantial prospects for economic growth. This study enhances the theoretical advancement of the tourism sector by identifying the factors that influence the quality of medical care services in hospitals. This study examines the correlation between the perceived quality of services received by medical tourists and their level of satisfaction with the medical care they get in hospitals. Medical tourism is a distinct market that offers specialized services, including essential medical care, environmental amenities, and fun recreational activities.

For success, it is crucial to have high-quality strategic planning, administration, monitoring, equipment, personnel, products, and medical services. Implementing effective human resource development strategies, such as didactic medical tourism, specialized education, and training in medical ethics and conduct norms, can contribute to enhancing the reputation of hospitals and the overall image of the country. Reasonable medical expenses are also essential for the contentment of medical tourists. Hospitals should prioritize delivering high-quality healthcare services at affordable rates in order to attract medical tourists and sustain a competitive advantage in the market.

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