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Are they really happy? Insights into the Medical Tourists' Satisfaction in Delhi Hospitals

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Abstract

The current global trend towards leading a healthier life has converted medical tourism from a niche tourism to a mass tourism movement across many regions of the world. For centuries, tourists (rather than pilgrims) have taken sojourns to undertake the benefits of natural settings in the form of Spa and wellness retreats. Now these sojourns are shifted to medical and wellness centres. With a growing number of medical and wellness centres across the globe, quality has become a major concern for the incoming tourists to these centres. So, the purpose of this paper is to measure the quality standards of select hospitals of Delhi and analyse the gaps in the patients' expectations and perception of the international health tourists. The study also investigates the areas for improvement for the Indian medical tourism industry to meet the global challenges being faced by the Southeast Asian competitors in medical tourism. A total of 200 self-structured questionnaires focusing on the different parameters of quality on 5-point Likert scale were distributed to the medical tourists who had come to Delhi hospitals to undertake medical treatment. The survey instrument was distributed and collected personally after a due confirmation from the medical tourists across the three Delhi hospitals during May-June 2019. The gaps have been measured across the five dimensions of service quality and findings suggests a gap in quality promises made to medical tourists in Delhi hospitals in the five dimensions of the SERVQUAL instrument. This is alarming hospitals to evaluate their services on international quality parameters and to benchmark the global standards and compete with the Southeast Asian counterparts who have already started receiving a major chunk of international medical tourists from the global markets. The present study also aims to conclude insights on the perceived service quality expected by the incoming medical tourist in a specific sequence of reliability, assurance, tangibility, empathy and responsiveness.

Keywords: SERVQUAL, medical tourism, Delhi hospitals, India, quality, ethics.

Introduction

Globally the number of medical tourists is increasing with a growing concern over health and wellness of self. Such tourists are often influenced by the cost of treatment in the host country; quality of services; experienced medical staff; efficiency in post-treatment care and government policies. Most of the

hospitals aim to achieve the maximum number of medical tourists by offering globally accepted services to the patients but it has been seen that these healthcare service providers meet the customer's expectations very seldomly as the patients today have become more informed about the medical procedures and the cost and quality involved in it demanding higher standard of services from involved hospitals. The healthcare industry is witnessing an overhauling with private investments and inflow of equity capital. With such investments and focus on quality services and rising patient's perception and expectations, it has very tough for these healthcare services to measure and manage the services effectively. Hospitals today are more focused on providing quality healthcare services and with this, other sectors like hospitality, tourism, transport are getting benefits and making India a preferred medical tourism destination and quality service is critical (Nicolaides, & Zigiriadis, 2011).

The trend of enjoying the nature-filled wellness continued for a long time and there is evidence of a growing middle classes undertaking journeys to spa towns to capture the health benefits associated with these centres. In the beginning of 20th century, it had been a trend to visit hospitals and health centres for medical benefits. Such travel started from less developed nations and spread to developed nations as the medical facilities were in a better condition. But there has been a change in the motivation of medical tourists. Quality is the key concern now. Hospitals with global standards Like JCI are being preferred by the international medical tourists. Apart from the quality there are many factors that determine the motivation of undertaking a treatment in other countries. Zigiriadis and Nicolaides (2014) argue that the way in which stakeholders are treated and the quality of treatment meted out are of the paramount importance in all medical facilities.

At present the medical tourist is motivated by arrange of aspects:

- Affordability and cost effectiveness- key factors that motivate international medical tourists worldwide
- Quality healthcare- availability of JCI accredited hospitals and qualified and experienced doctors in healthcare centres. Post-treatment care is also vital in deciding the quality concerns of the health centres.
- No Waiting - no queues at the appointments and immediate availability of treatment in the hospitals
- Secrecy of Treatment- hospitals do not disclose the identity of the patients (many of the international medical tourists look for anonymity for the sake of their image in the society)
- Robotic Surgery & Telemedicine – Medical tourists can consult their doctors via advanced communication options and save a lot on their in-person appointments.
- Travel opportunities- medical tourists can combine their vacation with the medical treatment which can be delayed.
- Higher income group patients- many medical tourists look for advanced treatments and search for destinations with up-class hospitals

Apart from the above-mentioned motivations, the research shows that 80% of the medical tourists also look for easy air travel connectivity to the medical tourist destinations. 55% of the medical tourists prefer less waiting time at the airport and 50% of the medical tourists look for affordable accommodations. 45 % of the medical tourists look for the services of language facilitators whereas, 45% of the medical tourists also look for culture adaptability at the destinations. As India is a culturally rich country and it is a centre of many cultures, medical tourists find it easy to avail medical facilities in India. Food options are also one of the reasons (30%) why India is chosen as medical tourist destination by the potential customers (KPMG Research).

Quality of healthcare services is a major concern and health services (either provided by doctors directly or by the hospitals as medical tourism destination) which understand the importance of competition around them, will only survive in the long run. Research shows that patients today are willing to pay more when it comes to better treatment with quality alertness. FICCI study has also revealed that the 63% of the patients (n=1000) have doubts related to treatment pricing and were not satisfied with the billing amounts being levied for the procedures as most them had no openness in costs. Also, 63% (same number of respondents) of the patients felt unhappy with the services' response and waiting time at the hospitals. The similar study also revealed that 49% of the patients were not satisfied with the cleanliness at the hospitals. This indicates that there is lot to be done to ascertain the quality in Indian hospitals. All the above mentioned three variables (cost, service response and hospital hygiene) are directly related to the quality of the service providers (hospitals). Technology is a vital consideration and it is expected that the latest be available (Nicolaides, 2019). The Indian health sector is already struggling to reach to every citizen of the country. As far as the number of hospital beds are concerned, Delhi has 2.5 hospital beds per 1000 population. Delhi has only 5 JCI approved hospitals and India has 34 which is quite less in number if compared to one of its main rivals in medical tourism (Thailand has 64). Indian hospitals prefer to be accredited by NABH, but this will not position the country as a global medical tourism player. Thus, it is required that Indian hospitals improve upon their quality and patient services if they wish to compete in the ever-growing medical tourism market.

Why SERVQUAL

While measuring service quality, the SERVQUAL instrument has always proved to be significant as it covers almost all aspects of service quality. This instrument has benefitted almost all service industries including banking (Clemes, 2008; Muhammad Awan, Shahzad Bukhari & Iqbal, 2011; Fatima & Razzaque, 2014; George & Kumar, 2014; Famiyeh, Asante-Darko & Kwarteng, 2018), insurance (Sahoo, Misra and Ray, 2019), tourism and hospitality (Gouws & Motala, 2019; Kumarasinghe, Lee & Karunasekara, 2019) and education (Gregory, 2019; Karwati, Sukardi and Syafruddin, 2019; Makoe & Nsamba, 2019). In health industry too, this instrument has been used by number of researchers who have assessed different dimensions of the service quality but at times, some researchers have modified this instrument

(Rezaei et al., 2018;) and applied in conjugation with other models of service quality.

Conducted on the five dimensions covering 22 items, this study used the SERVQUAL model since it is a tried and tested model with international acceptance across service industries, the results will likely benefit all stakeholders of the industry focusing on customer satisfaction. Also, this is the most widely used tool to gauge the service quality with parallel research being conducted so we have also applied this instrument to our study.

Literature review

Healthcare centres now a days have become very professional in dealing with the needs of the patients visiting them for various advanced and complex treatment options. With growing concerns for a healthy lifestyle, a huge number of international patients are visiting these professionally managed and globally benchmarked hospitals for their treatments. Such patients, known as medical tourists, prefer hospitals or individual speciality clinics which are known for their quality treatment and post-treatment care. Hospitals in India have also realized this growing number of international patients and want to get maximum number to their centre. The big players like Healthbase (India), Apollo Hospitals (India), KPJ Healthcare (Malaysia), and Klinikum Medical Link (Germany) have gained a significant share of the global medical tourist market whereas small hospitals and individual speciality clinics are capturing a major market with catchy range of new products having reasonable and accessible price range. With so many new entrants every year in this global competitive industry, quality and cost are the first motivators. Recent studies have shown that out of these two motivators, quality has taken advantage (Lertwannawit & Gulid, 2011) and top priority is accorded by the potential medical tourists.

Quality of services in hospitals and the specific treatment has been researched and evaluated by many previous researchers and results have helped policymakers understand and measure customer expectations so that service quality gaps are identified well in time and suitably addressed. There are many reasons for a medical tourist to travel to these hospitals along with rising costs (York, 2008) of treatments that has fuelled international travel to destinations where such treatments are more affordable. Hanefeld, Smith, Horsfall, and Lunt (2014) studied the available literature on medical tourism and suggested that patient motivation is a complex phenomenon and requires a thorough understanding of various factors involved into it. While motivation can bring the medical tourists to a facility but retaining them is a tough task and involves a great commitment embarrassing quality at its best. Hospitals too have understood this and have been laying more emphasis on adopting global quality parameters by getting accredited from joint Commission International (JCI) that awards accreditation to healthcare centres across globe on different quality parameters. Many previous studies done by researchers have also proved that quality and satisfaction have an underlying impact on the patient motivation (Pearce, 1980; Nicolaides, 2008; Amyx, Mowen & Hamm, 2000; Abu Hassan & Hemdi, 2018; Heydari et al., 2019).

While measuring service quality, various models emerge like the Nordic model (Gronroos, 1984), Multilevel Model (Dabholkar, Thorpe & Rentz, 1996), Hierarchical model (Brady & Cronin, 2001) and SERVQUAL model (Berry, Parasuraman a& Zeithaml, 1988) of which SERVQUAL model has proved to be an effective measurement tool for measuring service quality. Since its development it has acted as an inseparable tool to measure quality standards across facilities. Berry et al. (1988) and Nicolaides (2008) studied the customer perceptions in service organizations and presented that different dimensions of the quality are compared by the them and expectations from the services are matched with the perceptions.

Various researchers have used SERVQUAL in health tourism sector like (Butt & de Run, 2010) who applied this model on Malaysian hospitals patients (n=340) and found out that there is a moderate service quality gap on each of the dimension of this model. (Han & Hyun, 2015) examined the impact of quality on the retention of the patients and revealed with the help of the same model that perceived quality has significant impact on the repeat visits to clinic and hospital destinations. Manaf, Hussin, Kassim, Alavi, and Dahari (2015) measured the service quality and overall satisfaction level of medical tourists (n=173) in Malaysian private hospitals and found out that medical staff impacts the satisfaction level and repeat visits by the medical tourists most. Markovic, Loncaric, and Loncaric (2014) analysed the impact of service quality on customer satisfaction in the Croatian health establishment with the help of this model (n=104) and concluded that patients show loyalty towards the hospitals with quality. It is very evident that medical tourists from developed countries expect highest level of quality when they travel to developing countries and meeting the demands for such tourists is very difficult for some of the hospitals. One such study conducted by (Guiry & Vequist, 2011) reflected on the expectations and satisfaction gap of the USA patients who travelled to overseas destinations for their medical reasons and ended up with mediocre satisfaction levels. Therefore, it is very important for the hospitals to look for meeting such international patients' demands and meeting their diverse expectation levels. On a contrary note, (Qolipour et al., 2018) found a negative gap owing to continuous and improved quality in some Iranian hospitals.

There is no doubt that perceived service quality and customer satisfaction (Zarei & Maleki, 2019) are the core of medical tourism industry and an integrated approach is required to tap this ever-increasing market. Thailand has worked on developing an integrated approach to facilitate medical tourists and the government has been successful in attracting a major chunk of international medical tourists with the help of private developers (investors and hospitals). It is also important and legally sound practice for good ethics training to exist in any medical aspects (Nicolaides, 2014). While the competition amongst the medical tourism destinations is growing but at the same time each of them depict a different value proposition for its medical tourism industry. Indian hospitals and destinations have to work on a mixture of elements comprising medical tourism and wellness (Mun et al., 2015). Trust in medical services and satisfaction among medical tourists (Wu, Li & Li, 2016) can only be ascertained by the true efforts of all engaged in providing these services to medical tourists.

Methodology

Even though Indian hospitals are working hard to make a significant presence in international health tourism market, substantial efforts are required to entice health tourists to these hospitals. So, this paper aims to identify those gaps which are crucial to work on and find out the areas of improvement. The quality of these hospitals has been analysed with a specific purpose to ascertain a sequence of SERVQUAL instrument which form an importance.

Research objectives

- Analysing the gap between perception and satisfaction of medical tourists in select Delhi hospitals

  H1: There a is a big gap in the perception and satisfaction of medical tourists visiting Delhi hospitals

- To explore the level of satisfaction among medical tourists.

  H2: Delhi hospitals provide a high level of satisfaction to the medical tourists

Questionnaire Development

The present study was conducted with the help of a self-administered questionnaire which had 22 items of service quality factorized in five dimensions of SERVQUAL. The 22 items were visualized after an extensive literature review and a pilot study was carried out to validate the items of the questionnaire. Responses for each item of the questionnaire were collected on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

The data has been collected and analysed in the context of India's preparedness of competing in the medical tourism markets. The findings of the research can further be utilized by the planners to evaluate and design policies to position India as a preferred destination for medical tourists. The present study was conducted at four selected hospitals of Delhi (Sir Gangaram hospital, Institute of Liver and Billiary Sciences (ILBS), Fortis Hospital Noida & Max Super specialty Hospital, Shalimar Bagh). The target population consists of the patients (medical tourists) in these hospitals. Convenient and judgment sampling was used to collect a total sample size of 200 medical tourists. Respondents were requested to provide their responses on the items of SERVQUAL covering all five parameters. The questionnaire had 22 items representing the below mentioned five dimensions and response of each of the item was collected using a five-point Likert scale. These five dimensions were:

1. Tangible – Infrastructure of the health centre, availability of medical equipment and services of personnel working in the health centres
2. Reliability – the level of customer service and satisfaction associated with these services
3. Responsiveness – proactive approach towards consumer services
4. Assurance – aptitude for courtesy and security

5. Empathy – personalized attention to the needs of the patients with caring nature

Table 1: Division of Dimensions into items

Parameters	Items
Tangible	*Availability of latest and advanced medical equipment*
	Availability of hygiene in appearance
	Empathetic and caring personnal
	Time taken to wait for the treatment
Reliability	*Sympathy of the attendants towards medical tourists*
	Trustworthy hospital facilities
	On time availability of staff
	Accuracy of patients' records in the hospital
Responsiveness	*Hassle-free appointments*
	Quick services
	Easily approachable non-paramedical staff
	Time in responding patients' request
Assurance	*Trustworthy hospitals staff*
	Safety and security of the patients in the hospital premises
	Staff humbleness while delivering the services
	Sufficient hospital staff
	Financial awareness of the admission itself
Empathy	*Personalized patient attention*
	Readiness of the medical staff for personalized attention
	Trained staff knowing the need of the medical tourists
	Convenient working hours
	Hospital staff have best interest of patients

While analysing the profile of respondents, we found the following observations which clearly represents that Indian hospitals are receiving majority of medical tourists from SAARC and Middle East countries which means an integrated approach of marketing is required for these tourist generating markets. All stakeholders of the Indian medical tourism industry need to devise a cumulative approach to lure the medical tourists from these countries. In terms of age, a mixed percentage can be seen which determines the need of all type of treatments for these medical tourists. Also, the cardiology and ART treatment types are in demand so there is a further research required focusing the need of these types of medical tourists.

Table 2: Demographic Analysis of respondents

Variable	Frequency	Percentage
Gender		
Male	144	72%
Female	56	28%
Age		
18-35	24	12%
36-45	48	24%
46-55	52	26%
55 above	76	38%
Country of Origin		
SAARC	88	44%
Other Asian Countries	34	17%
Europe	18	9%
Middle East	38	19%
Any Other Country	22	11%
Patient Types		
Gastroenterology	22	11%
Cardiology	36	18%
Resp. Diseases	22	11%
Cosmetic Treatment	32	16%
Dental Treatment	22	11%
ART	32	16%
Organ Transplant	12	6%
Any other treatment	22	11%

Table 3: Cronbach's alpha

Service Dimension	Cronbach's Alpha	Expectations (E)	Perceptions(P)	Service gap score(P-E)
Tangible	0.78	4.67	4.32	-0.35
Reliability	0.80	4.72	4.49	-0.23
Responsiveness	0.81	4.73	4.44	-0.29
Assurance	0.79	4.73	4.56	-0.17
Empathy	0.82	4.61	4.45	-0.16

Confirmatory factor analysis

During the data collection, the responses were collected on a 5-point Likert scale 1 being strongly disagree and 5 being strongly agree on a scale of 22 SERVQUAL items. Confirmatory factor analysis was performed with the help of Structural Equation Modelling to ascertain whether the SERVQUAL model fits the study or

not. The hypothesis "There a is a big gap in the perception and satisfaction of medical tourists visiting Delhi hospitals", was checked after CFA was performed with the help of AMOS 24 and the results have been shown in the figure below.

Absolute fit indices indicate the model fit and in the present study also, Chi-Square test, GFI (Goodness-of-fit statistic), AGFI (adjusted goodness-of-fit statistic), CFI (Comparative fit index), NFI (Normed-fit index), RFI (Reporting fit indices), RMR (Root mean square residual), SRMR (standardised root mean square residual) and RMSEA (Root mean square error of approximation) were used in testing the suitability of the model and the calculated rates were found to be within the acceptable ranges and have been shown in the table below. The calculated values justify the applicability of the model hence it is concluded that the proposed research model fits the data reasonably.

Table 4: Goodness of fit indices

Fit indices	Calculated Value	Acceptable Range
Chi-Square test χ2/df	3.6	Between 2 to 5
GFI (Goodness-of-fit statistic)	0.974	>.90
AGFI (Adjusted goodness-of-fit statistic)	0.923	>.90
CFI (Comparative fit index)	0.985	>.95
NFI (Normed-fit index)	0.979	>.95
RFI (Reporting fit indices)	0.942	>.90
RMR (Root mean square residual)	0.876	>.80
SRMR (Standardised root mean square residual)	0.057	<0.08
RMSEA (Root mean square error of approximation)	0.075	0.05 to 0.10

The acceptable ranges for the above-mentioned fit indices are sourced from different researches like GFI (Koenker & Machado, 1999), AGFI (Lewis, 2017), CFI (Bentler, 1990), NFI (Hulland, 1999), RFI (Hooper, Coughlan & Mullen, 2008), RMR (Hu & Bentler, 1998), SRMR (Lewis, 2017) and RMSEA (Kenny, Kaniskan & McCoach, 2015). The model fit summary reveals that there is a moderate inter-item correlations between the latent variables which are the sub-dimensions of one construct called satisfaction. The inter-item correlation is good to ascertain the convergent of the construct and the study.

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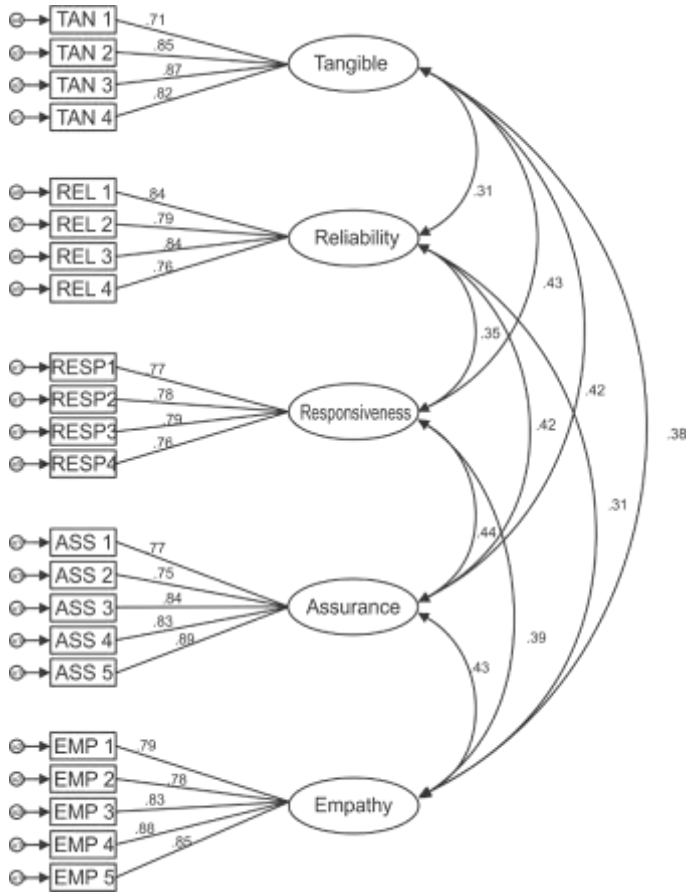

Fig.1 Confirmatory Factor Analysis

Table 5: Expectations and Perceptions Analysis

Parameters	Expectations (E)	Perceptions(P)	Service gap score(P-E)
Tangible			
Availability of latest and advanced medical equipment	*4.73*	*4.20*	*0.53*
Availability of hygiene in appearance	*4.72*	*4.35*	*0.37*
Empathetic and caring personnel	*4.60*	*4.32*	*0.28*
Time taken to wait for the treatment	*4.64*	*4.43*	*0.21*
Reliability			
Sympathy of the attendants towards medical tourists	*4.80*	*4.58*	*0.22*
Trustworthy hospital facilities	*4.65*	*4.50*	*0.15*
On time availability of staff	*4.75*	*4.32*	*0.43*
Accuracy of patients' records in the hospital	*4.68*	*4.57*	*0.11*

Responsiveness			
Hassle-free appointments	*4.80*	*4.59*	*0.21*
Quick services	*4.78*	*4.52*	*0.26*
Easily approachable non-paramedical staff	*4.70*	*4.30*	*0.40*
Time in responding patients' request	*4.65*	*4.35*	*0.35*
Assurance			
Trustworthy hospitals staff	*4.80*	*4.60*	*0.20*
Safety and security of the patients in the hospital premises	*4.78*	*4.53*	*0.25*
Staff humbleness while delivering the services	*4.70*	*4.58*	*0.12*
Sufficient hospital staff	*4.72*	*4.53*	*0.19*
Financial awareness of the admission itself	*4.68*	*4.58*	*0.10*
Empathy			
Personalized patient attention	*4.80*	*4.60*	*0.20*
Readiness of the medical staff for personalized attention	*4.40*	*4.32*	*0.08*
Trained staff knowing the need of the medical tourists	*4.50*	*4.30*	*0.20*
Convenient working hours	*4.70*	*4.52*	*0.18*
Hospital staff have best interest of patients	*4.68*	*4.52*	*0.16*

The internal consistency of the items was ascertained by the coefficient alpha value which was found to be significantly high for all the items of the instrument. Form the table no 5 we find that the E values was consistently high for each item and the mean score being above for all items. Item 'sympathy of the attendants towards medical tourists' , 'Hassle-free appointments', 'Trustworthy hospitals staff' and 'Personalized patient attention' were observed to have the highest expectation value. It is very much evident these medical tourists look for such expectations from Indian hospitals. India is known to be country where guests are called god so naturally it is true that medical tourists expect sympathetic hospital attendants who can help them in all possible ways. Prospective medical tourists also have high expectations from the hospital staff and they perceive the high value of trust among them. At the same time they also look for individual attention from the hospital staff. So out of these expectations it is clearly visible that the hospitals have to work hard on their staff as they are the first line of contact with these medical tourists. Perception means scores were very close to the expectation value whereas many items scored less in perception which reflects that there are grey areas for the hospitals to investigate.

After examining service quality gaps (P-E), it can be summarized that all dimensions of the survey instruments have quality gaps. Out of all items under five dimensions, availability of latest and advanced medical equipment is highly expected by the prospective medical tourist whereas hospitals have almost equal perceptions on the financial cost for the medical treatments as there is a minimal gap between the expectation and the perception. On time availability of staff is also a major concern for the hospitals as most of the staff is not on time so the hospitals have to work out ways of getting their staff to be on time as most of the

patients who are coming for treatment always look for timely attention to their treatment. It is apparent that once a medical tourist gets the treatment in an Indian hospital, the trust is generated by the hospital staff as a service gap of 0.20 which can be seen which says that the hospital staff are able to generate the kind of trust needed from the patients.

Based on the above findings it is clearly indicated that the hypothesis “There a is a big gap in the perception and satisfaction of medical tourists visiting Delhi hospitals” is accepted. Based on that it can be presumed that Indian hospitals have to work on the quality and provide best satisfaction to the medical tourists.

One sample t test

To test the hypothesis “Delhi hospitals provide a high level of satisfaction to the medical tourists”, total variables from all items of SERVQUAL model were averaged and a common variable of satisfaction“ Satisfaction of Medical Tourists towards Medical Services in India” was calculated that determines the satisfaction level of medical tourists in Delhi hospitals.

One sample t test was applied with test value as 3. The mean value was found to be 3.1077 which was compared with 3. The difference between average and calculated score is found to be 0.1077. Through one sample t test, we tested whether that difference of 0.1077 was statistically significant or simply because of chance. For that we applied one sample t test.

The t value was found to be 2.807 at 199 degree of freedom because the sample size was 200 and the p value was found to be 0.006 which was lower than 0.05 which means the difference is significant. Alternatively, we can say that the satisfaction of medical tourists in Delhi hospitals towards the medical services was found to be higher, so the null hypothesis is accepted. The average satisfaction is found to be on the higher side.

One-Sample Statistics

Table 6: one sample t test

	N	Mean	Std. Deviation	Std. Error Mean
Satisfaction of Medical Tourists towards Medical Services in Delhi	200	3.1077	0.54281	0.03838

One-sample Test

Table 7: One sample test

	Test Value=3					
					95% Confidence Interval of the Difference	
	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Satisfaction of Medical Tourists towards Medical Services in Delhi	2.807	199	0.006	0.10773	0.032	0.1834

Research Limitations/Implications-

The first limitation of the study is that it is confined to the hospitals of Delhi only whereas many other medical tourism destinations (hospitals) have started attracting more medical tourists because of the advanced treatment options (Like Apollo Hospitals Chennai which is the only Proton therapy centre in India) so this study could have been conducted in a diversified manner covering more medical tourism destinations. The other limitation of the study is that more hospitals could be taken into the study so that a generalized outcome of the findings can be suggested to the hospital administrations for further improvement upon their quality or lack thereof. The third implication of the study is that the medical tourism destinations (hospitals) are now gaining popularity as specific treatment centres so further research can be done to study individual medical tourism destination (like assisted reproductive treatment centres) to record and analyse the quality expectations and perceptions.

Practical Implications- the study may benefit the established medical centres to review their quality standards and lay down the best practices to compete in the market. It will also benefit the upcoming centres to design strategies and follow globally benchmarked standards to create a place in the market.

Conclusion

While deciding on a treatment destination, most of the international medical tourists look for cost-effectiveness and quality at the same time. In addition, these medical tourists look for other conveniences like easy approachable medical facilities, cultural similarity, availability of halal food, and the availability of language interpreters along with the patient's reviews. While diversifying their tourism products range, many economies have realized the potential benefits of health tourism (medical and wellness tourism) and have included it as a priority sector in the country. Indian hospitals along with central government have realized this and has started working on the integrated model development for promotion of the medical tourism in the country. This will not only promote India as a medical

tourism hub but also provide diversification to the existing tourism products which is sorely needed.

Positioning India as a preferred medical tourism destination require monitoring of healthcare services and building a level of trust among the stakeholders (mainly for tourists). The current study has indicated the areas of improvement and expectations of the medical tourist from the Indian hospitals they visit.

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