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## *A Study on Challenges of Medical Tourism in the Perception of Medical Tourist in Chennai City*

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*Abstract: India today has copious opportunities to compete with developed nations and build a quality healthcare system of its own. This paper accentuates the prospects of medical tourism as a "cost-effective" means of private medical care for patients needing surgical and other forms of specialized treatment. The research selects the study area as Chennai city, especially multi-speciality hospital. There are eighty respondents were selected for the present study for convenient sampling technique. It is suggested Tamilnadu state Hospitals should tie up with more and more multinational insurance companies to minimize the insurance related problems like reimbursement. Hospitals should provide the state of the art infrastructure equipped with latest technology. Besides this, government should take initiative in putting proper civic infrastructure in place like airports, good roads etc. & proper law and order.*

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### I. INTRODUCTION

Medical Tourism is the growing practice of travelling across international borders to obtain health care. Growth factors that induced this new trend are better and cheaper medical treatments in the developing countries, new technologies in the medical field, affordable air travel, availability of information about medical destinations and development of information technology. India witnessed a tremendous growth in the Health Care Sector in the last few years. Medical tourism is a novel and trending concept used to obtain medical and surgical services while vacationing or travelling in another country. India is the hottest and most sought after emerging destination catering to the vastly flourishing medical tourism industry.

People from all walks of life cut across the entire span of the globe and travel to India for their treatment to be done to experience most the competent and world class medical services. India has some of the most highly qualified and experienced physicians in the world. The medical facilities present in the high end hospitals of India are at par with state of the art hospitals present in western countries.

As an icing on the cake, all facilities provided in India truly match the high international standards. The lower prices are not because of any compromises in the quality but are due to favourable currency conversion rates and lower operating costs in India. A host of medical/surgical options lure for medical tourists to India. Elective procedures such as cosmetic surgery, infertility treatments, hip and knee replacements and dental procedures are widely availed. Mostly procedures, which are not covered under insurance in western counties or have a long waiting time in their home country brings medical tourists to India.

Review of literature

Sandhya Anvekar (2012) concludes that in the international market scenario, India comparatively attracts lesser medical tourists than its counterparts like Thailand. Most of those arriving in India come from poor countries. Developed countries like

the USA, Britain and Canada have costliest, overloaded health systems, producing long waiting lists that create high market potential for Indian service provider. Though India is well-qualified, certified and cheap in every aspect of health care, from new-drug discovery and testing to surgery, it is still not considered as a very attractive medical tourism destination.

DR. SUMAN KUMAR DAWN (2011)<sup>1</sup> identifies the strengths of India's medical tourism service providers and points at a number of problems that may reduce the growth opportunity of this industry. This paper focuses on the key issues and opportunities possessed by Indian medical tourism sector that enable it to overcome domestic and international barriers on upgrading its medical services. Finally, this paper analyses and concludes the main reasons why the developing country like India attracts foreign tourists for the medical treatment.

Janardhan Rao and Feroz Zabeer (2010)<sup>2</sup> argued that with cutting-edge technology, instant treatment and quality services in the healthcare industry at reduced prices, combined with an opportunity for traditional rejuvenation therapies, India is fast becoming the medical hub for foreign countries. According to estimates, India could earn more than \$1 billion annually and create 40 million jobs by subcontracting work from the British NHS.

Thomas Petermann and Christoph Revermann (2010)<sup>3</sup> stated that in the tourist system the socio demographic shift-and specifically the advancing ageing of society-will result in far reaching changes, particularly on the demand side. By 2050 only 16.1% will be below 20, compared to 36.7% aged 60 and above. This excessive ageing of the society will drive up the cost of health care and nursing care. Given the socio demographic trend, senior citizens will grow as a tourist market segment in Germany. Improvement in the state of health of older persons or greater technological and organizational convenience in travel may help active the potential for tourism which can be expected from the demographics by 2050. After retirement, the time available also increases substantially. Senior citizens appreciate travel as a way to keep physically and mentally fit and participate in social life.

Sunanda V.S.(2008)<sup>4</sup> evaluated the present health tourism scenario in the State by analysing the marketing environment and the marketing system existing in the various ayurvedic health tourism units of Kerala and the marketing strategies adopted for promoting ayurveda as an important tourist product. The level of satisfaction of tourists was evaluated by comparing their perceptions on the ayurvedic treatments of Kerala with their actual experiences after undergoing ayurvedic care.

## II. STATEMENT OF THE PROBLEM

India in the medical tourism front is facing a very tough competition from countries like, Malaysia, Thailand, and Singapore. In order to overcome competition and position itself strongly, innovative marketing strategies is essential. India today has copious opportunities to compete with developed nations and build a quality healthcare system of its own. This paper accentuates the prospects of medical tourism as a "cost-effective" means of private medical care for patients needing surgical and other forms of specialized treatment. This escalation is facilitated by the corporate and hospitality sectors involved in medical care. There is also an unvarying effort taken up by corporate hospitals to support medical tourism to its fullest. Patrons across India look forward to high-end medical facilities with value-added or coordinated services. These coordinated services

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<sup>1</sup> DR. SUMAN KUMAR DAWN (2011) "MEDICAL TOURISM IN INDIA: ISSUES, OPPORTUNITIES AND DESIGNING STRATEGIES FOR GROWTH AND DEVELOPMENT" ZENITH International Journal of Multidisciplinary Research, Vol.1 Issue 3, pp. 185-202

<sup>2</sup> Janardhan Rao.N & Feroz Zabeer (2010), "Medical Tourism: Destination India", In Anil Varma, (Ed), Emerging trends in Tourism, The Icfai University press, Hyderabad, p.29.

<sup>3</sup> Thomas Petermann, Christoph Revermann and constanze scherzo, (2010), "Future Trends in Tourism", In Anil Varma, (Ed), Emerging Trends in Tourism, The Icfai University press, Hyderabad, p.14

<sup>4</sup> Sunanda V.S., "Health tourism in Kerala with special reference to Ayurveda-An Evaluative Study " , Unpublished thesis, Department of Commerce, University of Kerala, February, 2008.

are offered by the hospitality sector to diversify tourism products, from general travel and tourism, and ensure quality and enhance customer satisfaction.

### III. OBJECTIVE OF RESEARCH

1. To understand the factors influencing the choice of India as a medical tourism destination
2. To study challenges faced by Tamilnadu medical tourism to attract the patients
3. To offer suitable suggestions to improve the attractiveness of medical tourism

### IV. METHODOLOGY

The present study is descriptive by nature. The research selects the study area as Chennai city, especially multi speciality hospital. There are eighty respondents were selected for the present study for convenient sampling technique. The sample size is confined as 80.

Classification of the respondents based on their purpose of visit

| S. No | Purpose of visit               | No. of Respondents | Percentage |
|-------|--------------------------------|--------------------|------------|
| 1.    | Medical treatment only         | 43                 | 53.7       |
| 2.    | Medical treatment and business | 33                 | 41.3       |
| 3.    | Medical and sightseeing        | 04                 | 5.0        |
|       | Total                          | 80                 | 100.0      |

The above table shows that 53.7% of the respondents are visiting for the purpose of medical treatment only. 41.3% of the respondents are visiting for the purpose of medical treatment and business. 5.0% of the respondents are visiting for the purpose of medical treatment and sightseeing.

It is perceived that maximum 53.7% of the respondents are visiting for the purpose of medical treatment only.

Classification of the respondents based on their treatment

| S. No | Type of treatment       | No. of Respondents | Percentage |
|-------|-------------------------|--------------------|------------|
| 1.    | Orthopedics             | 18                 | 22.5%      |
| 2.    | Cardio                  | 14                 | 17.5%      |
| 3.    | Ophthalmology treatment | 10                 | 12.5%      |
| 4.    | Dental care             | 13                 | 16.25%     |
| 5.    | Neuro                   | 13                 | 16.25%     |
| 6.    | Cosmetics surgery       | 12                 | 15%        |
|       | Total                   | 80                 | 100%       |

The above table shows that 22.5% of the respondents are visiting in India for orthopedics treatment. 17.5% of the respondents are visiting in India for cardio treatment. 12.5% of the respondents are visiting in India for ophthalmology treatment. 16.25% of the respondents are visiting in India for neuro treatment. 16.25% of the respondents are visiting in India for dental care treatment. Remaining 15.0% of the respondents are visiting in India for cosmetics surgery treatment.

It is perceived that maximum 22.5% of the respondents are visiting in India for orthopedics treatment.

#### Mean Rank of Reason for choosing India for health treatment

| Reasons for choosing India           | Mean | Median | Standard Deviation | Mean Rank |
|--------------------------------------|------|--------|--------------------|-----------|
| Long waiting time in Home country    | 1.34 | 1.00   | 1.308              | I         |
| High quality of health care in India | 1.44 | 1.00   | 1.444              | III       |
| Combining with relaxing holiday      | 1.99 | 1.00   | 1.299              | V         |

|                               |      |      |       |    |
|-------------------------------|------|------|-------|----|
| Cost competitive advantage    | 1.41 | 1.00 | 1.509 | II |
| The lure of new and different | 1.71 | 1.00 | 1.568 | IV |

The above table reveals that mean rank analysis for choosing India for medical treatment. The first rank got by the factor of Long waiting time in Home country. The second rank is secured by the Cost competitive advantage .High quality of health care in India factor is ranked at third place from the above analysis. The last rank is secured by the lure of new and different.

#### Kruskal Wallis Test

|  | Country            | N  | Mean Rank | Chi-square | df | Statistical inference         |
|--|--------------------|----|-----------|------------|----|-------------------------------|
| Specialist doctors & important surgeries | European countries | 22 | 248.32    | 8.804      | 4  | 0.066>0.05<br>Not significant |
|  | America            | 14 | 248.04    |            |    |                               |
|  | Australia          | 16 | 235.92    |            |    |                               |
|  | African countries  | 13 | 237.68    |            |    |                               |
|  | Asian countries    | 15 | 179.59    |            |    |                               |
|  | Total              | 80 |           |            |    |                               |
| Travel agents                            | European countries | 22 | 218.27    | 9.530      | 4  | 0.049<0.05<br>Significant     |
|  | America            | 14 | 242.50    |            |    |                               |
|  | Australia          | 16 | 274.41    |            |    |                               |
|  | African countries  | 13 | 246.58    |            |    |                               |
|  | Asian countries    | 15 | 240.21    |            |    |                               |
|  | Total              | 80 |           |            |    |                               |
| Hotels                                   | European countries | 22 | 256.46    | 4.157      | 4  | 0.385>0.05<br>Not significant |
|  | America            | 14 | 233.35    |            |    |                               |
|  | Australia          | 16 | 226.95    |            |    |                               |
|  | African countries  | 13 | 253.83    |            |    |                               |
|  | Asian countries    | 15 | 232.20    |            |    |                               |
|  | Total              | 80 |           |            |    |                               |
| Banks                                    | European countries | 22 | 253.87    | 12.645     | 4  | 0.013<0.05<br>Significant     |
|  | America            | 14 | 228.40    |            |    |                               |
|  | Australia          | 16 | 213.74    |            |    |                               |
|  | African countries  | 13 | 275.95    |            |    |                               |
|  | Asian countries    | 15 | 278.01    |            |    |                               |
|  | Total              | 80 |           |            |    |                               |
| Tourism boards                           | European countries | 22 | 248.48    | 4.316      | 4  | 0.365>0.05<br>Not significant |
|  | America            | 14 | 236.48    |            |    |                               |
|  | Australia          | 16 | 225.28    |            |    |                               |
|  | African countries  | 13 | 274.70    |            |    |                               |
|  | Asian countries    | 15 | 231.26    |            |    |                               |
|  | Total              | 80 |           |            |    |                               |
| Diagnostic centres                       | European countries | 22 | 244.57    | 0.550      | 4  | 0.968>0.05<br>Not significant |
|  | America            | 14 | 238.68    |            |    |                               |
|  | Australia          | 16 | 234.14    |            |    |                               |
|  | African countries  | 13 | 238.58    |            |    |                               |
|  | Asian countries    | 15 | 249.70    |            |    |                               |
|  | Total              | 80 |           |            |    |                               |
| Spa's                                    | European countries | 22 | 247.33    | 6.591      | 4  | 0.159>0.05<br>Not significant |
|  | America            | 14 | 228.33    |            |    |                               |
|  | Australia          | 16 | 232.92    |            |    |                               |
|  | African countries  | 13 | 274.23    |            |    |                               |
|  | Asian countries    | 15 | 264.90    |            |    |                               |
|  | Total              | 80 |           |            |    |                               |
| Health insurance companies abroad        | European countries | 22 | 239.43    | 4.104      | 4  | 0.392>0.05<br>Not significant |
|  | America            | 14 | 242.08    |            |    |                               |
|  | Australia          | 16 | 256.48    |            |    |                               |
|  | African countries  | 13 | 240.71    |            |    |                               |
|  | Asian countries    | 15 | 201.17    |            |    |                               |
|  | Total              | 80 |           |            |    |                               |

|                                   |                    |    |        |       |   |                               |
|-----------------------------------|--------------------|----|--------|-------|---|-------------------------------|
| Facilities to improve for tourism | European countries | 22 | 254.95 | 7.154 | 4 | 0.128>0.05<br>Not significant |
|                                   | America            | 14 | 229.80 |       |   |                               |
|                                   | Australia          | 16 | 227.32 |       |   |                               |
|                                   | African countries  | 13 | 285.23 |       |   |                               |
|                                   | Asian countries    | 15 | 227.64 |       |   |                               |
|                                   | Total              | 80 |        |       |   |                               |

### Research hypothesis

There is significant variance between country of the respondents and their overall perception about the facilities to improve for medical tourism

### Null hypothesis

There is no significant variance between country of the respondents and their overall perception about the facilities to improve for medical tourism.

### Statistical tools

Kruskal Wallis Test was used for the above table

### Findings

The above table reveals that there is significant variance between country of the respondents and their overall perception about the facilities to improve for medical tourism. Hence, the calculated value less than table value ( $P > 0.05$ ). So the research hypothesis is accepted and the null hypothesis is rejected.

## V. SUGGESTIONS

- Strong regulatory system should be set up so that if anything goes wrong recourse to local courts or medical boards is convenient.
- It is important for hospitals to have International accreditation and requisite standardization systems in place, which would help them to attract international patients.
- Tamilnadu state Hospitals should tie up with more and more multinational insurance companies to minimize the insurance related problems like reimbursement.
- Hospitals should provide the state of the art infrastructure equipped with latest technology. Besides this, government should take initiative in putting proper civic infrastructure in place like airports, good roads etc. & proper law and order.

Hospitals, tour operators and respective state governments should come together to effectively promote Medical Tourism.

## VI. CONCLUSION

India is in an advantageous position to tap the global opportunities in the medical tourism sector. The government's role is crucial to the development of medical tourism. The government should take steps in the role of a regulator and also as a facilitator of private investment in healthcare. Mechanisms need to be evolved to enable quicker visa grants to foreign tourists for medical purposes where patients can contact the Immigration Department at any point of entry for quick clearance. Tax incentives to the service providers, import duty reduction on medical equipment, committees to promote and foster medical tourism are some of the initiatives that can be undertaken. There is also a need to develop supporting infrastructure such as transport services to facilitate tourism in India. The tourism, health, information and communication departments need to work in tandem for efficient patient care. The present study is an attempt to know the challenges faced by the medical tourism in Tamil nadu state and also to know perception of patients of medical tourism in Chennai city.

### References

1. Dr. Suman Kumar Dawn (2011) “ Medical Tourism In India: Issues, Opportunities And Designing Strategies For Growth And Development” ZENITH International Journal of Multidisciplinary Research, Vol.1 Issue 3, pp. 185-202
2. Janardhan Rao.N & Feroz Zabeer (2010), “Medical Tourism: Destination India”, In Anil Varma, (Ed), Emerging trends in Tourism, The Icfai University press, Hyderabad, p.29.
3. Thomas Petermann, Christoph Revermann and constanze scherzo, (2010), “Future Trends in Tourism”, In Anil Varma, (Ed), Emerging Trends in Tourism, The Icfai University press, Hyderabad, p.14
4. Sunanda V.S., “Health tourism in Kerala with special reference to Ayurveda-An Evaluative Study “, Unpublished thesis, Department of Commerce, University of Kerala, February, 2008.