6.1 INTRODUCTION

The present research work is an empirical study on the “Medical Tourism in Tamilnadu- A Diagnostic Approach”. This chapter sums up all the findings of the study, suggestions offered to the Healthcare centres and beneficiaries and conclusions emerged from the study. The scopes for future study are also presented at the end of this chapter.

6.2 SUMMARY OF FINDINGS OF THE STUDY

The study entitled “Medical Tourism in Tamilnadu - A Diagnostic Approach” is presented in six chapters. The First Chapter deals with the introduction and design of the study. It includes objectives of the study, statement of the problem, scope of the study, hypotheses of the study, methodology, and sampling design, sources of data and statistical tools used and chapter scheme. The Second Chapter constitutes the review of earlier research pertinent to the study and based on review of literature the spillover present in this study area was identified and the researcher made an attempt to fill this gap. An overview of the present scenario of medical tourism was presented in chapter three. In the fourth chapter, the researcher made an attempt to analyse the medical tourism services of select Healthcare centres in the study area and found that the entire select healthcare centres cost and quality of treatment are best quality and techo-centric approach. The fifth Chapter “Beneficiaries Satisfaction on the Medical Tourism Services of Select Healthcare Centres in Tamilnadu” diagnosis the beneficiaries’ satisfaction on the medical tourism services of select healthcare centres in Chennai with the statistical tools and presented as follows:
6.2.1 Findings of Personal Details of Respondents

- It is found that the largest groups of respondents (53.2%) are aged 41 to 50 years. The next largest groups (22.4%) are aged 31 to 40 years. Smaller groups of respondents are aged above 60 years (1.6%) and below 20 years (3.2%).
- It is identified that out of the total 450 respondents, majority of the respondents are male, they are 344 respondents (76.4%) and the remaining 106 respondents (23.6%) are female.
- It is observed that out of 450 respondents, 42 per cent of the respondents have completed graduation, it is to be noted that 26.9 per cent of the respondents have post graduates. The respondents constituted 18.7 per cent have completed higher secondary qualification, about 8.7 per cent of the respondents have completed below high school and about 3.7 per cent of the respondents have no formal education.
- It is found that 187 42% respondents are businessmen followed by 31 per cent are private employees, while 19 per cent of the respondents are government employees and the remaining 8 per cent of the respondents are unemployed/not earned.
- Majority of (41 per cent) respondents have the monthly income of more than Rs.1,00,000 followed by 28 per cent of the respondents have the monthly income of up to Rs.75,000.

6.2.2 Findings of Medical Treatment of Beneficiaries

- It is found that 40.2 per cent of the respondents are accompany with family member for taking treatment, 31.6 per cent of the respondents are accompany with friends and relatives for taking treatment and 28.2 per cent of the respondents are accompany with spouse for taking treatment.
➢ It is learnt that 54 per cent of the respondents are visiting for medical treatment only, 35.1 per cent of the respondents are visiting for medical and sightseeing and 10.9 per cent of the respondents are visiting for medical treatment and business.

➢ It is noted that 55.6 per cent of the respondents are domestic Beneficiaries and 44.4 per cent of the respondents are foreigners. It is found that majority of the respondents are domestic Beneficiaries are taking treatment in Tamilnadu.

➢ It is identified that 56.9 per cent of the respondents had visited one time, 31.6 per cent of the respondents had visited two times, 7.8 per cent of the respondents had visited three times and only 3.7 per cent of the respondents had visited above three times. It is inferred from table that majority of the respondents had visited one time.

➢ It is found that 37.1 per cent of the respondents have entered in Bangalore, 32.2 per cent of the respondents have entered in Chennai, 18.2 per cent of the respondents have entered in Hyderabad and 12.4 per cent of the respondents have entered in Tiruvanathapuram. It is identified that most of the respondents have entered in Bangalore.

➢ It is identified that 70 per cent of the respondents have used air transport, 18.2 per cent of the respondents have used road transport and 11.8 per cent of the respondents have used rail transport. It is observed that most of the respondents have used air transport.

➢ It is found that 40.7 per cent of the respondents have stayed three months for taking treatment, 27.3 per cent of the respondents have stayed more than three months, 22.7 per cent of the respondents have stayed two months and 9.3 per cent of the respondents have stayed one month for taking treatment in Tamilnadu. It is identified that most of the respondents have stayed three months for taking treatment.
It is found that 42.9 per cent of the respondents are visiting the healthcare centre for cardiac surgeries, 15.1 per cent of the respondents are visiting the healthcare centre for orthopedics treatment, 12.7 per cent of the respondents are visiting the healthcare centre for neuro treatment, 10.7 per cent of the respondents are visiting the healthcare centre for ophthalmology and 9.5 per cent of the respondents are visiting the healthcare centre for other medical treatment.

It is found that 40.2 per cent of the respondents have consulted by doctors in home country for selecting Tamilnadu for medical treatment, 27.3 per cent of the respondents have consulted by friends and relatives for selecting Tamilnadu for medical treatment, 19.3 per cent of the respondents have consulted by medical tourism operator for selecting Tamilnadu for medical treatment, 10.5 per cent of the respondents have consulted by healthcare centre websites for selecting Tamilnadu for medical treatment and 2.7 per cent of the respondents have consulted by advertisement for selecting Tamilnadu for medical treatment.

It is identified that 84.4 per cent of the respondents have evaluated the information collected about the Healthcare centres and 15.6 per cent of the respondents have not evaluated the information collected about the Healthcare centres.

It is learnt that 47.6 per cent of the respondents have evaluated 2 Healthcare centres for taking treatment in Tamilnadu, 31.8 per cent of the respondents have evaluated 3 Healthcare centres for taking treatment in Tamilnadu and 21.1 per cent of the respondents have evaluated more than 3 Healthcare centres for taking treatment in Tamilnadu.

It is noted that 33.6 per cent of the respondents have consulted friends and relatives for evaluating the healthcare centre, 33.1 per cent of the respondents have consulted doctors in home country for evaluating the healthcare centre, 16.9 per cent of the
respondents have consulted medical tourism operator for evaluating the healthcare centre, 12.4 per cent of the respondents have consulted healthcare centre websites for evaluating the healthcare centre and 4 per cent of the respondents have consulted advertisement for evaluating the healthcare centre.

- It is found that 32.7 per cent of the respondents consider advanced medical facilities for evaluating the Healthcare centres, 30.2 per cent of the respondents consider quality for evaluating the Healthcare centres, 16.4 per cent of the respondents consider cost for evaluating the Healthcare centres, 8.5 per cent of the respondents consider safety for evaluating the Healthcare centres, 5.8 per cent of the respondents consider facilities for evaluating the Healthcare centres, 4 per cent of the respondents consider neatness for evaluating the Healthcare centres and 2.4 per cent of the respondents consider culture for evaluating the Healthcare centres.

- It is found that 80.7 per cent of the respondents do not take decisions for selecting the healthcare centre individually and only 19.3 per cent of the respondents take decisions for selecting the healthcare centre individually.

- It is noted that 34.9 per cent of the respondents are influenced by doctors for selecting the healthcare centre, 33.1 per cent of the respondents are influenced by friends for selecting the healthcare centre, 27.3 per cent of the respondents are influenced by relatives for selecting the healthcare centre and 4.7 per cent of the respondents are influenced by spouse for selecting the healthcare centre.

- It is learnt that 72.2 per cent of the respondents are influenced by Healthcare centres in home country and 27.8 per cent of the respondents are influenced by medical tourism operator. It is noted that most of the respondents are influenced by Healthcare centres in home country.
It is found that 38.7 per cent of the respondents are influenced by advertisement in internet, 32.7 per cent of the respondents are influenced by advertisement in TV and 28.6 per cent of the respondents are influenced by advertisement in newspaper and magazines. It is identified that most of the respondents are influenced by advertisement in internet.

It is observed that 84.7 per cent of the respondents organise medical accommodation and travel by directly with provider, 9.3 per cent of the respondents organise medical accommodation and travel through medical tourism operator and 5.6 per cent of the respondents organise medical accommodation and travel through friends and relatives. It is found that most of the respondents organise medical accommodation and travel by directly with provider.

It is identified that “Reputation” has been ranked as the first factor influence the Beneficiaries to select the particular healthcare centre, experience of doctors has been ranked as second, quality of health care placed in third position, infrastructure is ranked as fourth, standard accreditation is ranked as fifth followed by cost ranked as sixth position.

It is found that “High quality of health care in Tamilnadu” has been ranked as the first reason for choosing medical treatment in Tamilnadu, cost competitive advantage has been ranked as second, the lure of new and different placed in third position, combining with relaxing holiday is ranked as fourth followed by long waiting time in home state ranked as fifth position.

6.2.3 Findings of Opinion of Beneficiaries regarding medical tourism

It is found that 44 per cent of the respondents opined that cost of treatment in Tamilnadu is very high compare to other countries, 40.4 per cent of the respondents opined that cost of treatment in Tamilnadu is high compare to other countries, 11.8
per cent of the respondents opined that cost of treatment in Tamilnadu is low compare to other countries.

- It is identified that 57.6 per cent of the respondents opined that the infrastructure of the healthcare centre is very good, 19.8 per cent of the respondents opined that the infrastructure of the healthcare centre is excellent, 10.4 per cent of the respondents opined that the infrastructure of the healthcare centre is moderate, 8.4 per cent of the respondents opined that the infrastructure of the healthcare centre is good and 3.8 per cent of the respondents opined that the infrastructure of the healthcare centre is poor.

- It is learnt that 44 per cent of the respondents opined that services provided by Healthcare centres is very good, 30 per cent of the respondents opined that services provided by Healthcare centres is excellent, 21.8 per cent of the respondents opined that services provided by Healthcare centres is good, 2.7 per cent of the respondents opined that services provided by Healthcare centres is moderate and 1.5 per cent of the respondents opined that services provided by Healthcare centres is poor.

- It is noted that 53.3 per cent of the respondents are strongly agreed that the Healthcare centres holds the knowledgeable staff and competent doctors, 41.8 per cent of the respondents are agreed that the Healthcare centres holds the knowledgeable staff and competent doctors, 2.2 per cent of the respondents are disagreed that the Healthcare centres holds the knowledgeable staff and competent doctors, 1.6 per cent of the respondents are uncertainly that the Healthcare centres holds the knowledgeable staff and competent doctors and 1.1 per cent of the respondents are strongly disagreed that the Healthcare centres holds the knowledgeable staff and competent doctors.

- It is learnt that 66.2 per cent of the respondents have selected to stay in the accommodation provided by healthcare centre, 18.5 per cent of the respondents have
selected to stay in the rental house, 10.4 per cent of the respondents have selected to stay in the hotel, 4.4 per cent of the respondents have selected to stay in the friends/relatives house and 0.5 per cent of the respondents have selected to stay in other accommodation.

- It is found that 92.7 per cent of the respondents are satisfied with accommodation facilities and 7.3 per cent of the respondents are not satisfied with accommodation facilities.

- It is noted that 93.6 per cent of the respondents mentioned that medical insurance cover medical expenses in Tamilnadu and 6.4 per cent of the respondents mentioned that medical insurance not cover medical expenses in Tamilnadu.

- It is learnt that 58.9 per cent of the respondents mentioned that the Healthcare centres not provide facilities of online diagnosis especially for post care and future consultation and 41.1 per cent of the respondents mentioned that the Healthcare centres provide facilities of online diagnosis especially for post care and future consultation.

- It is observed that 50.6 per cent of the respondents feel state policies and regulation regarding medical treatment is excellent, 40.4 per cent of the respondents feel state policies and regulation regarding medical treatment is very good, 4.7 per cent of the respondents feel state policies and regulation regarding medical treatment is moderate, 3.1 per cent of the respondents feel state policies and regulation regarding medical treatment is good and 1.1 per cent of the respondents feel state policies and regulation regarding medical treatment is poor.

- It is observed that 88.4 per cent of the respondents recommend the state to friends or family for medical treatment in Tamilnadu and 11.6 per cent of the respondents not recommend the state to friends or family for medical treatment in Tamilnadu.
6.2.4 Findings of Opinion on Services among different personal profile variables of Beneficiaries

- The important services among the Beneficiaries who are in the age group of below 20 years are reserve lodging and other accommodation and book air travel and their respective mean scores are 4.9000 and 4.8667. Among the Beneficiaries who are in the age group of above 60 years, the important services are book air travel and arrange and confirm appointments and their respective mean scores are 4.8500 and 4.7500.

- The important opinion on services among the Beneficiaries who are male are arrange and confirm appointments and reserve lodging and other accommodation and their respective mean scores are 4.4593 and 4.4244. Among the Beneficiaries who are female, the important opinion on services are arrange and confirm appointments and match you with appropriate clinic and physician and their respective mean scores are 4.7170 and 4.4245.

- The important services among the Beneficiaries who are below high school education are help with recovery and retrieval and arrange and confirm appointments and their respective mean scores are 4.8205 and 4.7436. The important services among the Beneficiaries who are no formal education are match you with appropriate clinic and physician and reserve lodging and other accommodation and their respective mean scores are 4.9412 and 4.9000.

- The important services among the Beneficiaries who are businessmen are arrange and confirm appointments and reserve lodging and other accommodation and their respective mean scores are 4.6096 and 4.5668. Among the Beneficiaries who are unemployed, the important services are help with recovery and retrieval and reserve...
lodging and other accommodation and their respective mean scores are 4.9167 and 4.6944.

- The important services among the Beneficiaries who belong to the monthly income of below Rs.15000 are help with recovery and retrieval and book air travel and their respective mean scores are 4.8500 and 4.8000. The important services among the Beneficiaries who belong to the monthly income of more than lakh are arrange and confirm appointments and reserve lodging and other accommodation and their respective mean scores are 4.4481 and 4.3989.

### 6.2.5 Findings of Opinion about services relating to treatments among different personal profile variables of Beneficiaries

- The important opinion about services relating to treatments among the Beneficiaries who are in the age group of below 20 years are technology used and operation theatre and their respective mean scores are 4.4000 and 4.2667. Among the Beneficiaries who are in the age group of above 60 years, the important opinion about services relating to treatments are medicines and technology used and their respective mean scores are 4.6350 and 4.6250.

- The important opinions about services relating to treatments among the Beneficiaries who are male are technology used and equipments and their respective mean scores are 4.6250 and 4.5378. Among the Beneficiaries who are female, the important opinion about services relating to treatments are technology used and equipments and their respective mean scores are 4.7925 and 4.5566.

- The important opinion about services relating to treatments among the Beneficiaries who are below high school education are technology used and operation theatre and their respective mean scores are 4.6923 and 4.2564. The important opinion about services relating to treatments among the Beneficiaries who are no formal education
are operation theatre and technology used and their respective mean scores are 4.7059 and 4.6471.

- The important opinion about services relating to treatments among the Beneficiaries who are businessmen are technology used and equipments and their respective mean scores are 4.6150 and 4.5936. Among the Beneficiaries who are unemployed, the important opinion about services relating to treatments are technology used and operation theatre and their respective mean scores are 4.7222 and 4.3611.

- The important opinion about services relating to treatments among the Beneficiaries who belong to the monthly income of below Rs.15000 are technology used and equipments and their respective mean scores are 4.4167 and 4.4074. The important opinion about services relating to treatments among the Beneficiaries who belong to the monthly income of more than lakh are technology used and equipments and their respective mean scores are 4.6393 and 4.6230.

6.2.6 Findings of Opinion about pre treatment services provided by Healthcare centres among different personal profile variables of Beneficiaries

- The important opinion about the pre treatment services provided by Healthcare centres among the Beneficiaries who are in the age group of below 20 years are cost of treatment and quality of treatment and their respective mean scores are 4.4000 and 4.2763. Among the Beneficiaries who are in the age group of above 60 years, the important opinion about the pre treatment services provided by Healthcare centres are connectivity and quality of treatment and their respective mean scores are 4.7500 and 4.6250.

- The important opinion about the pre treatment services provided by Healthcare centres among the Beneficiaries who are male are connectivity and cost of treatment and their respective mean scores are 4.6017 and 4.5058. Among the Beneficiaries...
who are female, the important opinion about the pre treatment services provided by Healthcare centres are connectivity and ease of purchase and their respective mean scores are 4.6415 and 4.5660.

➢ The important opinion about the pre treatment services provided by Healthcare centres among the Beneficiaries who are below high school education are cost of treatment and quality of treatment and their respective mean scores are 4.3846 and 4.3077. The important opinion about the pre treatment services provided by Healthcare centres among the Beneficiaries who are no formal education are cost of treatment and ease of access and their respective mean scores are 4.4706 and 4.3529.

➢ The important opinion about the pre treatment services provided by Healthcare centres among the Beneficiaries who are businessmen are connectivity and cost of treatment and their respective mean scores are 4.6417 and 4.5775. Among the Beneficiaries who are unemployed, the important opinion about the pre treatment services provided by Healthcare centres are quality of treatment and ease of access and their respective mean scores are 4.3611 and 4.3333.

➢ The important opinion about the pre treatment services provided by Healthcare centres among the Beneficiaries who belong to the monthly income of below Rs.15000 is cost of treatment and quality of treatment and their respective mean scores are 4.5044 and 4.4644. Among the Beneficiaries who belong to no monthly income, the important opinion about the pre treatment services provided by Healthcare centres are quality of treatment and connectivity and their respective mean scores are 4.4167 and 4.4111.
6.2.7 Findings of Opinion about post treatment services provided by Healthcare centres among different personal profile variables of Beneficiaries

- The important opinion about post treatment services provided by Healthcare centres among the Beneficiaries who are in the age group of below 20 years are professionalism in management of healthcare centre and competence of doctors and their respective mean scores are 4.4667 and 3.9333. Among the Beneficiaries who are in the age group of above 60 years, the important opinion about post treatment services provided by Healthcare centres are facilitation and care and competence of staff and their respective mean scores are 4.7500 and 4.0000.

- The important opinion about post treatment services provided by Healthcare centres among the Beneficiaries who are male are facilitation and care and competence of doctors and their respective mean scores are 4.3052 and 3.8372. Among the Beneficiaries who are female, the important opinion about post treatment services provided by Healthcare centres are facilitation and care and competence of staff and their respective mean scores are 4.4623 and 3.8113.

- The important opinion about post treatment services provided by Healthcare centres among the Beneficiaries who are below high school education are competence of staff and competence of doctors and their respective mean scores are 4.0794 and 4.0769. The important opinion about post treatment services provided by Healthcare centres among the Beneficiaries who are no formal education are competence of doctors and professionalism in management of healthcare centre and their respective mean scores are 4.1176 and 4.0588.

- The important opinion about post treatment services provided by Healthcare centres among the Beneficiaries who are businessmen are facilitation and care and competence of doctors and their respective mean scores are 4.3422 and 3.8717.
Among the Beneficiaries who are unemployed, the important opinion about post treatment services provided by Healthcare centres are competence of staff and professionalism in management of healthcare centre and their respective mean scores are 4.0000 and 3.9444.

- The important opinion about post treatment services provided by Healthcare centres among the Beneficiaries who belong to the monthly income of below Rs.15000 are professionalism in management of healthcare centre and competence of doctors and their respective mean scores are 4.5833 and 4.1667. The important opinion about post treatment services provided by Healthcare centres among the Beneficiaries who belong to the monthly income of more than lakh are facilitation and care and competence of staff and their respective mean scores are 4.3934 and 3.7760.

6.2.8 Findings of Hypotheses Testing Analysis

- Age wise there is a significant difference in the opinion on services, are identified in the case of match you with appropriate clinic and physician, arrange and confirm appointments, advance transfer of your medical information, book air travel, reserve lodging and other accommodation, arrange in-state transportation, help manage post treatment procedures and help with recovery and retrieval.

- Gender wise there is a significant difference in the opinion on services, are identified in the case of arrange and confirm appointments, advance transfer of your medical information and arrange in-state transportation.

- Educational qualification wise there is a significant difference in the opinion on services, are identified in the case of match you with appropriate clinic and physician, book air travel, reserve lodging and other accommodation, arrange in-state transportation, help manage post treatment procedures and help with recovery and retrieval.
- Occupation wise there is a significant difference in the opinion on services, are identified in the case of match you with appropriate clinic and physician, book air travel, reserve lodging and other accommodation, arrange in-state transportation, help manage post treatment procedures and help with recovery and retrieval.

- Monthly income wise there is a significant difference in the opinion on services, are identified in the case of match you with appropriate clinic and physician, arrange and confirm appointments, book air travel, reserve lodging and other accommodation, arrange in-state transportation, help manage post treatment procedures and help with recovery and retrieval.

- Age wise there is a significant difference in the opinion about services relating to treatments, are identified in the case of counseling, doctors experience, medicines and equipments.

- Gender wise there is a significant difference in the opinion about services relating to treatments, are identified in the case of technology used and operation theatre.

- Educational qualification wise there is a significant difference in the opinion about services relating to treatments, are identified in the case of doctors experience, medicines and equipments.

- Occupation wise there is a significant difference in the opinion about services relating to treatments, are identified in the case of doctors experience, operation theatre, medicines and equipments.

- Monthly income wise there is a significant difference in the opinion about services relating to treatments, are identified in the case of counselling, doctors experience, medicines and equipments.

- Age wise there is a significant difference in the opinion about the pre treatment services provided by Healthcare centres, are identified in the case of connectivity.
- Gender wise there is a significant difference in the opinion about the pre treatment services provided by Healthcare centres, are identified in the case of ease of purchase.

- Educational qualification wise there is a significant difference in the opinion about the pre treatment services provided by Healthcare centres, are identified in the case of quality of treatment, connectivity, cost of treatment and ease of purchase.

- Occupation wise there is a significant difference in the opinion about the pre treatment services provided by Healthcare centres, are identified in the case of connectivity, cost of treatment and ease of purchase.

- Monthly income wise there is a significant difference in the opinion about the pre treatment services provided by Healthcare centres, are identified in the case of connectivity.

- Age wise there is a significant difference in the opinion about post treatment services provided by Healthcare centres, are identified in the case of facilitation and care and professionalism in management of healthcare centre.

- Gender wise there is a significant difference in the opinion about post treatment services provided by Healthcare centres, are identified in the case of facilitation and care.

- Educational qualification wise there is a significant difference in the opinion about post treatment services provided by Healthcare centres, are identified in the case of facilitation and care, competence of doctors and professionalism in management of healthcare centre.

- Occupation wise there is a significant difference in the opinion about post treatment services provided by Healthcare centres, are identified in the case of facilitation and care and competence of staff.
Monthly income wise there is a significant difference in the opinion about post treatment services provided by Healthcare centres, are identified in the case of facilitation and care and professionalism in management of healthcare centre.

6.2.9 Findings of Opinion about infrastructure facilities of Healthcare centres among different personal profile variables of Beneficiaries

- Age wise there is a significant difference in opinion about infrastructure facilities of Healthcare centres namely sanitation, entertainment, communication gadgets, translators and personalised care.

- Gender wise there is a significant difference in opinion about infrastructure facilities of Healthcare centres namely security service, accessible to doctor and translators.


- Occupation wise there is a significant difference in opinion about infrastructure facilities of Healthcare centres namely ‘sanitation’, ‘security service’, ‘drinking water’, ‘entertainment’, ‘communication gadgets’, ‘translators’ and ‘personalised care’.

6.2.10 Findings of Opinion about cost of medical treatment among different personal profile variables of Beneficiaries

- Age wise there is a significant difference in opinion about cost of medical treatment namely ‘Accommodation, food, consultation fee and diagnostic, medicine and counseling and follow up’.
- Gender wise there is a significant difference in opinion about cost of medical treatment namely ‘surgery’.
- Educational qualification wise there is a significant difference in opinion about cost of medical treatment namely ‘Accommodation, food, consultation fee and diagnostics and counseling and follow up’.
- Occupation wise there is a significant difference in opinion about cost of medical treatment namely ‘Accommodation, food, consultation fee and diagnostic, medicine, surgery and counseling and follow up’.
- Monthly income wise there is a significant difference in opinion about cost of medical treatment namely ‘Accommodation, food, consultation fee and diagnostic, medicine, surgery and counseling and follow up’.

6.2.11 Findings of Satisfaction regarding staff and health care professionals among different personal profile variables of Beneficiaries

- Age wise there is a significant difference in satisfaction regarding staff and health care professionals namely ‘laboratory staff, rehabilitation, professional, doctor, nurse and reception/administration’.
- Gender wise there is no significant difference in satisfaction regarding staff and health care professionals.
Educational qualification wise there is a significant difference in satisfaction regarding staff and health care professionals namely ‘laboratory staff, rehabilitation, professional, nurse practitioner, doctor, nurse and reception/administration’.

Occupation wise there is a significant difference in satisfaction regarding staff and health care professionals namely ‘laboratory staff, rehabilitation, professional, nurse practitioner, doctor, nurse and reception/administration’.

Monthly income wise there is a significant difference in satisfaction regarding staff and health care professionals namely ‘laboratory staff, rehabilitation, professional, nurse practitioner, doctor, nurse and reception/administration’.

6.2.12 Findings of factor analysis for factors covering various aspects of service quality of Healthcare centres

It is found that the important factors namely transparency and confidence factors, quick recovery and regular monitor factors, communication factor, consultation and attention factors, quick response factor, recreational service and safety factors, excellent connectivity factor, qualified doctors and flexible factors, courteous and respectful factors, infrastructure factor and alternative therapy factor have been covering various aspects of service quality of Healthcare centres.

It is found that among various factors covering various aspects of service quality of Healthcare centres ‘Transparency and confidence factors’ consists of seventeen variables is found to be the most important factors covering various aspects of service quality of Healthcare centres and ‘Quick recovery and regular monitor factors’ consists of six variables is found the next important factor covering various aspects of service quality of Healthcare centres.
6.3 SUGGESTIONS

Suggestions offered based on the findings of the study, the following suggestions are offered by the researcher to government, healthcare centres and beneficiaries.

6.3.1 Suggestions to the Government

- Arranging financial support Medical Tourism Service Providers and Wellness Tourism Service Providers under the MDA Scheme is provided to approve medical tourism service providers, i.e. Healthcare centres, Travel Agents/ Tour Operators etc.
- The Government of India should simplify the medical visa service for backing medical tourism in India.
- Fix uniform pricing strategies in Indian Healthcare centres.
- Formulation of suitable medical tourism packages to each category of tourist such as wellness tourist, business tourists, leisure tourists, medical tourists and so on.
- Set information centers and improve online information system of medical tourism facilities of India.
- There is the issue of insurance cover, insurance companies in developed countries provide cover for treatment availed of in other countries only when the standard of services is the same as the patient’s home country. Some countries provide insurance cover only for treatment taken in their country.
- Increase travel facility for the foreign tourists.
- Visa-on-arrival facility for tourists from selected countries.
- Improve and modernize airport infrastructure and services.
- Make more and more advertisement by using different Medias to capture more market shares.
- Create public awareness about economic and social benefits of tourism.
6.3.2 Suggestions to the Healthcare centres

- Holistic medical facilities such as yoga, meditation, naturopathy, herbal medicine, acupuncture and homeopathy etc. should be provided. Setting up National Level Bodies such as NABH, CRISIL, ICRA, and JCI for ensuring inter-sectoral coordination, information dissemination using technology, standardization of services and so on.

- Raise the quality standards to benchmark India for international quality accreditation standards. Support the Public-Private Partnership (PPP) system to tap the medical tourism potential of India.

- Establishment of Travel Desks in Healthcare centres to coordinate the in house services as well as services provided by other players such as local tour operators, ticketing, visa extension assistance, foreign exchange, etc.

- Providing unique experiences to the Beneficiaries with sightseeing, local handicraft items, food items, textile products and so forth.

- The service providers should understand the patient’s perspective as to what the Beneficiaries actually wants, accordingly services can be delivered.

- The service providers should ensure that the Beneficiaries get complete information on all services and products. Not only should the information be complete, but it should also be accurate.

- There should be a sense of reliability on the medical services. If the patient is satisfied with consistent service quality, the relationship will be stronger and longer lasting.

- The Healthcare centres should maintain guest profiles or guest histories of all the medical tourists, seeking their medical tourism services. This may lead to identify guest preferences.
Constant interaction with medical tourists, their progress, and impact should be strictly monitored and attended effectively.

It is important to be consistent in both the service offering and the service delivery in order to build strong and sustainable relationships.

Based on the analysis, appropriate marketing strategies should be designed to cater to different market segments based on age, gender, education, and income.

There is high employee dependent variability in medical tourism services when a therapist or physician attends a guest throughout the programme, the same team should attend to the same guest during the course of the treatment. As there could be great variability at the time of service delivery person to person it varies. Utmost care should be given to all the guests while providing medical tourism services. On the whole, service quality is of utmost importance.

Production of publicity material such as web, popular magazines, tourist guide books, business magazines and journals on tourism is needed and should be circulated in target markets.

The majority of the Beneficiaries are coming for the Cardiac, Orthopaedic and GastroEnterological diseases, so our Healthcare centres should develop super specialty ward and department to capture more number of Beneficiaries.

To increase the Advertisement of the Healthcare centres by using different media.

As most of the Beneficiaries are satisfied with the Treatment and Facilities provided by the Healthcare centres, so Healthcare centres should maintain them.

For Beneficiaries who are dissatisfied with the treatment and facilities, Healthcare centres should try to know the reasons behind the dissatisfaction.

Healthcare centre should reduce the Professional Attitude towards the NRIs Beneficiaries.
6.3.3 Suggestions to the Beneficiaries

- Most of the Beneficiaries did not receive any written information during their stay at the healthcare centre. Thus care should be taken that Beneficiaries get enough information about the admission process, about the treatment and what to expect and what not to expect before the treatment and after the treatment. For this, it is recommended to have ‘Patient Information Booklet’ which will address all the queries of the Beneficiaries related to various aspects like general information about the country, climatic conditions, Beneficiaries do’s and don’ts, rights and responsibilities, admission, discharge and payment system etc., This will increase the confidence level of the patient and at the same time answer many questions in advance.

- Most of the Beneficiaries did not know that they could make a formal complaint at the healthcare centre. Though most of the Beneficiaries had no reason to make a complaint. Thus ‘Complaint Handling Process’ should be developed well and communicate well to the Beneficiaries.

6.4 CONCLUSION

Medical tourism in Tamilnadu has shown tremendous growth and achieved excellence in providing quality service and performance to the Beneficiaries. Globalization has boosted the flow of many foreign tourists from other countries due to the excellent standards and services Tamilnadu Healthcare centres. The hotel and tour packages offered by the Healthcare centres are an added advantage. It was found that Tamilnadu gets the highest number of medical tourists in India due to best Healthcare centres available. Medical tourism has also complimented the hotel and travel industry by providing continual business to this sector and also generated new job opportunities.
Many hotels and resorts have already tied-up with some Healthcare centres understanding the potential of business. There are some challenges also faced by medical industry like no post treatment care possible when required, inequalities in government and private Healthcare centres, lack of industry standards, brain drain and increased costs for local people. Medical tourism has got the potential to reach the number one position by numbers of foreign medical tourist’s arrival and foreign exchange earnings if the good standards of service are maintained. Medical tourism can certainly contribute to the country’s economical growth as well.

The medical tourism industry in Tamilnadu is still growing and expanding in spite of the high competition. Both online and offline promotion tools were used to create awareness of the availability of high quality medical care and non-medical care services, reassure Beneficiaries about the standards and quality of medical treatments, and offer alternative healthcare services for selection by potential target customers. This research identified a number of other issues related to the further promotion and expansion of the healthcare business in Tamilnadu to the overseas markets. These include the need for practical government support and a common global strategy, adoption of appropriate laws and regulation, and facilitation in the visa extensions procedures. The need for more qualified specialists and staff, language training, cross-cultural training, and positive for Tamilnadu that remove the ‘third-world country” image, the lack of collaboration among service providers and of an organization to work as the centre in this area are other relevant issues identified. In order to maintain the high standards and to compete with the high competition emerging from new medical tourism destinations every year, the researchers hope that these issues will be given immediate attention and addressed responsibly and appropriately by the Government, medical services provider and the other related stakeholders in the near future.
6.5 SCOPE FOR FURTHER RESEARCH

The research work carried out at present Medical Tourism in Tamilnadu- a Diagnostic Approach. The present study has led to the conclusion that further a detailed study is required in the areas mentioned below.

➢ Marketing Strategies for Promoting Medical Tourism in Tamilnadu.
➢ Status, Growth and Impact of Medical Tourism in Tamilnadu.
➢ A study on problems and challenges faced by medical tourists visiting Tamilnadu.
➢ A Study on Quality Issues in Medical Tourism with Reference to Tamilnadu.