1.1 INTRODUCTION

Medical tourism in India has emerged as the fastest growing segment of tourism industry despite the global economic downturn. High cost of treatments in the developed countries, particularly the USA and UK, has been forcing patients from such regions to look for alternative and cost-effective destinations to get their treatments done. The Indian medical tourism industry is presently at a nascent stage, but has an enormous potential for future growth and development. It is one of the fastest growing segments in India. India has been able to leverage on certain advantages it has over other countries like highly skilled doctors, cost effective treatment, improved quality of private healthcare etc. Some of the common treatments which overseas patients to come to India are heart surgery, knee transplant, cosmetic surgery and dental care. India's traditional rejuvenation therapy like yoga and ayurvedic therapy are also becoming popular.

1.2 MEDICAL TOURISM - MEANING AND DEFINITION

Medical tourism can be defined as the process of travelling outside the country of residence for the purpose of receiving medical care. Growth in the popularity of medical tourism has captured the attention of policy-makers, researchers and the media. Originally, the term referred to the travel of Patients from less-developed countries to developed nations in pursuit of the treatments not available in their homeland. The word "tourism" in medical tourism concept is that people often stay in the foreign country after the medical procedure. Travellers can thus take advantage of their visit by sightseeing, taking day trips or participating in any other traditional tourism activities.

"Medical Tourism"- The term refers to the increasing tendency among people from UK, USA and many other third world countries, where medical services are
either very expensive or not available, leave their countries in search for more affordable health option, often packaged with tourist attraction.

"Medical Tourism"-- Medical services of international standards in specialized institution in a cost-effective manner as also provide for exchange of culture through mutually planned tourism packages.

Medical tourism, or medical travel as it is also called, involves travelling to "respected medical facilities" in countries like India, Thailand or Singapore to have non-life-threatening medical procedures done, Betty Liddick writes. "It also often involves recuperation at a resort, or tourist destination, all for less than what treatment alone would cost in the United States."

1.3 SCOPE OF THE STUDY

Medical tourism can be arguably announced as the most sought after term in the tourism industry today. Keeping in view the gains associated with this emerging area of tourism, the state of Tamil Nadu is working hard to establish itself as the number one state for medical tourism in India. Tamil Nadu has been in the thick of things as far as the medical tourism segment is concerned. Chennai is gradually becoming the most favoured medical destination. According to George Eapen, chief executive officer, Apollo Hospitals, "Currently about 10 per cent of the Beneficiaries come from abroad for medical treatment. We are aiming at a growth of 35 per cent in the next three to four years.

In this situation there is a need of study of satisfaction level of Beneficiaries in selected multispecialty hospitals in Chennai, and also need to analyse factor responsible for Beneficiaries preference of Chennai as medical Tourism and find out which kind of medical treatment is mostly preferred by the Beneficiaries in Tamilnadu and would make aware the administration department of the particular
hospital regarding acceptance of facilities and services provided by them. This would help to enrich and enlighten the facilities to satisfy the foreigners who visiting Tamilnadu especially for medical treatment.

1.4 STATEMENT OF THE PROBLEM

India offers some of the best medical treatment in the world. Its private hospitals have an excellent reputation and India’s health care sector has sustained an enormous boom in recent years. The country is now a global health destination, with medical tourism growing by 30 per cent each year.

Tamil Nadu, a state in the southernmost tip of India, is a leader in providing medical care on par with the finest hospitals in the West in almost all the medical fields, and has implemented many policies for cheap medical tourism. It has corporate hospitals especially in Chennai, the capital. There are many world-class institutions and hospitals in Chennai, Madurai, Coimbatore and other cities in Tamil Nadu.

Chennai has been particularly effective at increasing its medical tourism industry. Some claim it has 40% of all medical tourists in India, with 200 international Beneficiaries each day. Half of all Beneficiaries receiving treatment in Chennai come from outside of the state of Tamil Nadu. The main countries of origin are Nigeria, Kenya, Burundi, Congo, Bangladesh, Oman, and Iraq; with others from Sri Lanka, Myanmar, Tanzania, Oman, and Iraq.

Visitors from the USA, Europe etc find that medical treatment in Chennai is very cost-effective and less time consuming as compared to their own homeland. The low costs are feasible and also a reality in India because of the rupee value, low labour cost and cheap manpower.

Today, apart from serious medical treatments, the traveller who visits Tamil Nadu is also looking for a holistic and wellness-based package that includes a
refreshing or relaxing tour. Concepts such as naturopathy, aromatherapy, reki, pranik healing, music therapy, herbal therapy and so on are gaining popularity amongst tourists. In addition, most hotels and resorts in Tamil Nadu have their own spas and ayurvedic centres that further encourage such alternative forms of medical tourism.

Thus, the study focus on satisfaction level of Beneficiaries from other state and country in select Healthcare centres on the medical tourism services in Chennai and also need to analyse factor responsible for Beneficiaries as their choice of Chennai as medical tourism and find out which kind of medical treatment is mostly preferred by the Beneficiaries in Tamilnadu and would make aware the administration department of the particular Healthcare centre regarding acceptance of facilities and services provided by them to the Beneficiaries. By analysing above statement would help to fill the gap in satisfaction level of Beneficiaries who visiting for medical tourism in Tamilnadu and could attract more and more foreigners also develop the state and nation welfare. Hence the title of the research work is selected as “Medical Tourism in Tamilnadu- A Diagnostic Approach”.

1.5 OBJECTIVES OF THE STUDY

The study entitled “Medical Tourism in Tamilnadu - A Diagnostic Approach” has the main objectives of measuring the Beneficiaries’ satisfaction on medical Tourism services of select Healthcare centres in Chennai. The Following are the specific objectives.

- To study the emerging trends of Medical Tourism in general.
- To exhibit the profile of Healthcare centres delivering healthcare services through medical tourism in Tamilnadu.
- To identify the factors responsible for the choice of Chennai as their medical tourism in Tamilnadu.
To know the preferential medical treatment of Beneficiaries in Healthcare centres at Chennai

To access the satisfaction level of the healthcare delivery system of selected Healthcare centres in Chennai.

1.6 RESEARCH METHODOLOGY

The survey was conducted on the basis of multistage stratified random sampling method. The area of the study is Chennai, the capital city of Tamilnadu. The South Indian city of Chennai has become the hub of medical tourism in India. Beneficiaries are from all over the country (the North Eastern states) and abroad come to the city for medical treatment. Most of the reputed hospitals maintain a separate wing for international Beneficiaries in Chennai. Chennai attracts about 40% of the country's medical tourists and more than six lakh tourists visit the state every year, according to a study by Confederation of Indian Industries (CII).

The city of Chennai especially is called 'India’s health capital,’ because of its multi- and super-specialty hospitals, such as Apollo Hospitals Chennai, which invite 150 international Beneficiaries daily. 45% of health tourists and 30-40% of domestic health tourists come to Chennai. Low costs, little or no waiting period, and the advanced facilities are the reasons why Chennai attracts most of them. Out of about 12,500 hospital beds, half are used by Beneficiaries from other Indian states and foreigners. Thus, Researcher selected the City Chennai as the study area for effective analysis in medical tourism.

Chennai is provided by both government-run and private hospitals. Factors behind the tourists' inflow in the city include low costs, little to no waiting period, and facilities offered at the speciality hospitals in the city. Most leading hospitals, which receive a steady stream of Beneficiaries from other states of India and abroad every
day, have separate wings for international Beneficiaries. Hence, Healthcare centres lead a huge role in medical tourism in treating the Beneficiaries in various healthcare services. So, among various types of hospitals, multispecialty hospital selected for the study. Corporate hospitals in India are increasingly attracting foreign Beneficiaries for treatment which is boosting the country’s image as a hub of medical tourism. The private medical sector remains the primary source of healthcare for the majority of people in both urban and rural areas. Apart from public sector hospitals Beneficiaries from other state or country prefer corporate hospitals for their treatment because of providing medical treatment and care for medical travellers that are of the highest quality and with advanced technology.

Beneficiaries looking for medical care and treatment from abroad need accurate up-to-date and reliable information. Corporate Hospitals offers international Beneficiaries zero waiting time via its online portal. Beneficiaries from anywhere around the world, could easily look up doctors and specialist and make an appointment for a personal consultation before deciding to take a flight for treatment in India. And this is all without a fee. This would attract more Beneficiaries from aboard or from other state to choose corporate hospitals as their medical hub. This initiates the researcher to choose particularly corporate hospitals.

1.6.1 SAMPLE SIZE

Both primary and secondary sources of data were utilized for this study. A Interview Schedules was designed to collect primary data. 600 Interview Schedules were administered to the patients being the Beneficiaries out of which 500 were collected back and in which 50 were incomplete and useless. For developing a sample design, totally 450 respondents were selected for this study. All filled up Interview Schedules were taken for the analysis. Data tabulation was done question wise.
Percentage method of analysis was used for the collected data and interpreted. Secondary data had been collected from various publications, periodicals, journals, etc. The following Table shows the number of Beneficiaries selected from hospitals for collecting primary data.

Table 1.1
Sample Respondents Selected for the Study

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of the Hospitals</th>
<th>No. of Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Apollo hospital, Chennai</td>
<td>75</td>
</tr>
<tr>
<td>2</td>
<td>Global health city, Chennai</td>
<td>75</td>
</tr>
<tr>
<td>3</td>
<td>Fortis malar hospital, Chennai</td>
<td>40</td>
</tr>
<tr>
<td>4</td>
<td>Madras mission hospital, Chennai</td>
<td>30</td>
</tr>
<tr>
<td>5</td>
<td>Chettinad health city, Chennai</td>
<td>50</td>
</tr>
<tr>
<td>6</td>
<td>Laksha Hospital, Chennai</td>
<td>30</td>
</tr>
<tr>
<td>7</td>
<td>Sri Ramachandra medical centre</td>
<td>75</td>
</tr>
<tr>
<td>8</td>
<td>Frontier lifeline hospital</td>
<td>25</td>
</tr>
<tr>
<td>9</td>
<td>Vijaya Group of Hospital</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>450</td>
</tr>
</tbody>
</table>

Source: Compiled data

1.6.2 COLLECTION OF DATA

On the basis of information gathered from the experts, officials of Tourism Department and administrators of hospitals, a well designed pre-tested interview schedule was drafted and used in the field survey to collect primary data. Two separate schedules were prepared for medical tourists and hospital administrators. Before undertaking the main survey, Pilot study was conducted with 50 Beneficiaries. It facilitated the removal of the no-response and unwarranted questions and the modified final schedules were prepared on this basis. The selected sample respondents both medical tourists and hospital administrators, were met in person and the
objectives of the study were clearly explained to them and their co-operation was ensured. The details regarding the general characteristics of the sample respondents, Satisfaction, standardization and quality of services and the like relating to the overall objectives of the study, were collected from the sample respondents through the direct personal interview method.

1.6.3 STATISTICAL TOOLS USED

The collected data had been processed with the help of appropriate statistical tools. The statistical tools were selected on the basis of the objectives of the study and also the nature of data included for the analysis. The statistical tools like ANOVA, t-test, Mann-Whitney U Test has been used for analysis.

1.7 HYPOTHESES

The following hypotheses were formulated for the purpose of analysis.

H₀₁: There is no significant difference in the opinion on services among different personal profile variables of Beneficiaries in Chennai.

H₀₂: There is no significant difference in the opinion about services relating to treatments among different personal profile variables of Beneficiaries in Chennai.

H₀₃: There is no significant difference in the opinion about the pre treatment services provided by Healthcare centres among different personal profile variables of Beneficiaries in Chennai.

H₀₄: There is no significant difference in the opinion about post treatment services provided by Healthcare centres among different personal profile variables of Beneficiaries in Chennai.
$H_05$: There is no significant difference between mean rank for personal profile variables of the Beneficiaries and opinion about infrastructure facilities of Healthcare centres

$H_06$: There is no significant difference between mean rank for personal profile variables of the Beneficiaries and opinion about cost of medical treatment

$H_07$: There is no significant difference between mean rank for personal profile variables of the Beneficiaries and satisfaction regarding staff and health care professionals.

1.8 OPERATIONAL DEFINITIONS

★ Tourism:

The practice of touring or travelling for pleasure or recreation and the guidance or management of tourists as business

★ Tourist:

A temporary visitor who is staying at least twenty – four hours in the country visited and the purpose of whose journey can be classified under one of the following headings: leisure (recreation, holiday, health, study, religion, sport, etc.), business, family, mission, meeting, etc.

★ Tourism Product:

The sum total of a country's tourist attractions, infrastructure and tourist services that hopefully result in consumer satisfaction.

★ Medical Tourism:

Medical Tourism refers to an increasing tendency among people from England, the U.S., and many other third world countries, where medical services are either very expensive or not available, to leave their countries in search of more affordable health options, often packaged with tourist attractions.
★ **Health Tourism:**

Health Tourism has emerged by combining health benefits with the pleasure of travelling to choicest places. It can be expressed in terms of pampering and wellness, which involves offering people an experience that makes them feel good through services such as massages, herbal wraps, and scrubs, and helping healthy people to prevent the problems so that they stay well both physically and mentally.

★ **Medical Tourism Package:**

A medical tourism package tour is an inclusive form of travel organized by intermediaries. Generally, it is a travel to certain hospitals from the home country, with arrangement of visa, air tickets, accommodation, and recuperation at traditional healing centres, sightseeing, etc.

★ **Foreign medical tourist:**

A person who is travelling from his home country to a foreign country in pursuit of a medical treatment

★ **Branding:** It is the process of making sure that perceptions of the customers about the company are shaped by a name, logo, color, form, symbol, design, or any other tangible way rather than by default.

★ **Global Healthcare:**

The Globalization of Healthcare or Global Healthcare has so many definitions it is difficult to remember them all, let alone list them here. First of all, this term has little or nothing to do with Medical Tourism, and Medical Tourism is actually a side effect or after effect to the Globalization of Healthcare.
★ **Medical Travel:**

Medical Travel has many different definitions. The first definition, for which it is commonly known, is doctors and nurses travelling to other countries on volunteer or missionary work in developing countries.

★ **Emergency Medical Travel ~ Medical Evacuation:**

One of the biggest definitions of Medical Tourism is the large industry of Medical Evacuation, where patient are evacuated from one country to another by air ambulance, which could be a helicopter or airplane. The reasons for this emergency “medical travel” could be due to a severely injured tourist in a foreign country requiring evacuation home or to a country nearby where high quality trauma care is available. It may also include a patient in a developing country with a serious health condition or trauma requiring higher levels of care than can be found in their own country. Medical travel provides that patient with life saving opportunities.

★ **Traditional Indian therapies:**

It refers to holistic medicinal services in India like, yoga, meditation, Ayurveda, Siddha, Naturopathy, etc.

★ **Conducted Tour:**

A prepaid, pre – arranged tour in which a group of people escorted by a guide who stays with them from the start to the end of the trip.

★ **Domestic Tourist:**

A domestic tourist is a person who travels within the country, to a place other than his usual place of residence, for duration of not less than 24 hours and not more than six months at a time, for any of the following purposes like, pleasure, business, family, mission, meeting, study, religion, etc.
★ Tourism Infrastructure:

The basic public services needed for the successful operation of tourism enterprises and for optimizing the comfort of the visitors. It includes such services as roads, electricity, water, security, sanitation, and health services, telephone, internet services, communication, railways, airports, flight services, etc.

★ Multiplier effect:

The money spent by the tourist circulates through the economy and stimulates it, as it changes hands and is spent and re-spent a number of times. There is a chain reaction of spending and re-spending. This constant turnover of tourist expenditure is known as the multiplier effect.

★ Hospital:

An institution where the sick or injured are given medical or surgical care — usually used in British English without an article after a preposition.

★ Multi specialty hospital: providing service in or staffed by members of several medical specialties in one hospital.

★ Patient:

A patient is any recipient of health care services. The patient is most often ill or injured and in need of treatment by a advanced practice registered nurse, physiotherapist, physician, physician assistant, psychologist, podiatrist, veterinarian, or other health care provider.

★ Outpatient:

An outpatient (or out-patient) is a patient who is hospitalized for less than 24 hours.
**Inpatient:**

An inpatient (or in-patient), on the other hand, is "admitted" to the hospital and stays overnight or for an indeterminate time, usually several days or weeks, though in some extreme cases, such as with coma or persistent vegetative state patient, stay in hospitals for years, sometimes until death. Treatment provided in this fashion is called inpatient care. The admission to the hospital involves the production of an admission note. Leaving of the hospital is officially termed *discharge*, and involves a corresponding discharge note.

**Orthopedics:**

The branch of medicine dealing with the correction of deformities of bones or muscles.

**Cardiothoracic surgery** is the field of medicine involved in surgical treatment of organs inside the thorax (the chest)—generally treatment of conditions of the heart (heart disease) and lungs (lung disease).

**Ophthalmology** the branch of medicine concerned with the study and treatment of disorders and diseases of the eye.

**Dental care** is the maintenance of healthy teeth and may refer to: Oral hygiene, the practice of keeping the mouth and teeth clean in order to prevent dental disorders.

**Neurology:** the branch of medicine or biology that deals with the anatomy, functions, and organic disorders of nerves and the nervous system.

**Kidney transplantation or renal transplantation** is the organ transplant of a kidney into a patient with end-stage renal disease. Kidney transplantation is typically classified as deceased-donor (formerly known as cadaveric) or living-donor transplantation depending on the source of the donor organ.
★ Cosmetic surgery:

Surgery performed to enhance the appearance of a body part, especially on the face also called aesthetic surgery.

★ Oncology is a branch of medicine that deals with the prevention, diagnosis and treatment of cancer. A medical professional who practices oncology is an oncologist. The name's etymological origin is the Greek word ὄγκος (όνkos), meaning "tumor", "volume" or "mass".

★ Blood bank a place where supplies of blood or plasma for transfusion are stored.

★ Anaesthesiology the branch of medicine concerned with anesthesia and anaesthetics.

★ Anaesthesia: insensitivity to pain, especially as artificially induced by the administration of gases or the injection of drugs before surgical operations.

★ Anaesthetic: a substance that induces insensitivity to pain.

★ Dentistry: the treatment of diseases and other conditions that affect the teeth and gums, especially the repair and extraction of teeth and the insertion of artificial ones.

★ Dermatology: the branch of medicine concerned with the diagnosis and treatment of skin disorders.

★ Endocrinology: the branch of physiology and medicine concerned with endocrine glands and hormones.

1.12 LIMITATIONS OF THE STUDY

The present research work has the following limitations. The study is restricted to Tamilnadu, Chennai only. Hospital managements not allowed the researcher to collect the data from Beneficiaries directly. Some Beneficiaries who meet outside the hospital premises are hesitate to fill up the Interview Schedules and
they do not take it seriously because they are in different mood and hence there is needs to convince them too fill up the Interview Schedules.

1.13 CHAPTER SCHEME

The present study “Medical Tourism in Tamilnadu - A Diagnostic Approach” is organised in six chapters as follows:

Chapter I: Introduction and Design of the Study

The First Chapter “Introduction and Design of the Study” 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, sampling design, sources of data and statistical tools used Operational definitions and chapter scheme.

Chapter II: Review of Literature

The Second Chapter “Review of Literature” constitutes the review of earlier research pertinent to the study in order to identify the research gap.

Chapter III: Medical Tourism – Present Scenario

The Third Chapter “Medical Tourism – Present Scenario” deals with the present scenario of medical tourism. It covers a prelude of medical tourism, current scenario of medical tourism, top ten countries for medical tourism, medical tourism industry in India, best hospitals for medical tourism in India, Tamil Nadu: a preferred medical tourism destination and Chennai medical tourism.
Chapter IV: Profile of Medical Tourism Services of Select Healthcare Centres in Tamilnadu

The Fourth Chapter “Profile of Medical Tourism Services of Select Healthcare Centres in Tamilnadu” describes the general profile of medical tourism services of select healthcare centres in Tamilnadu.

Chapter V: Beneficiaries Satisfaction on the Medical Tourism Services of Select Healthcare Centres in Tamilnadu

The Fifth Chapter “Beneficiaries Satisfaction on the Medical Tourism Services of Select Healthcare Centres in Tamilnadu” exhibits the analysis of primary data to know the Beneficiaries satisfaction on the Services of select healthcare centres in Chennai.

Chapter VI: Summary of Findings, Suggestions and Conclusion

The Sixth Chapter “Summary of Findings, Suggestions and Conclusion” consolidates the important findings, suggestions and conclusions.