CHAPTER – 2
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2.0 INTRODUCTION

Literature review helps to structure the research work in the context of what has already been studied empirically. The relevant review of published research work provides scope for comprehension in an argumentative manner to build the theoretical background. It presents the study with a wide range of past and current studies in the core and related areas of literature on various relevant issues of health tourism with regard to customer preferences and satisfaction. Conceptual and theoretical contents pertaining to the topic had been logically reviewed to identify the gap in the study to help the researcher to frame objectives and hypothesis for logical conclusion.

2.1 CUSTOMER INTERACTION

A customer is a person who purchases a product or service. Customers today want the utmost or maximum and the very best for the very least amount of money and on the best terms. Only the individuals and companies that provide absolutely excellent products and services at excellent prices will survive (Tracy and Shenoy, 2007).

Kincaid (2008), defines a customer as a person (or a group of persons) who influences or decides on the acquisition of any product or service, or who uses one of these products, or services. Further, service is often highly complex and a summation of interaction, exchange, and performance between service employees and customers. As a result, much human interaction in the tourism service rather than any other industry is experienced. Out of the nature of tourism services, heterogeneity and inseparability are
some of the characteristics that influence the service quality (Bateson, 1985). Thus, ensuring good service delivery and customer satisfaction is certainly a challenging and complex practice.

There are many human interactions in service encounters (Solomon et al., 1985). Each act is a purposive transaction whose outcome is dependent upon the coordinated actions of both the participants. The service encounters are characterised as discrete, separate, and distinct events and behavior (Bitner et al., 1990). However, when one thinks of service encounters what commonly comes to mind is interpersonal exchange between customers and service providers (Lock, 1996). Specifically, service encounters are used to indicate face to face interactions between a buyer and a seller in a service setting. These interpersonal exchanges can strongly influence customer satisfaction (Solomon et al., 1985).

2.1.1 Customer Preference and Perception

Tourists may have difficulty in distinguishing between expectations and perceived performances during or after the holiday (Meyer and Westerbarkey, 1996). This is mainly because of heterogeneity of tourism products. Whereas expectations are assumed to differ from one person to another as these are driven by their socio-economic and cultural background (Miller, 1977).

Preference is the positive attitude of a customer towards a particular service, mainly the choice of the tourists for a particular service whereas customer perception is certain beliefs about service that function as standards or reference points against which performance is judged. Because, customers tend to compare their perceptions of
performance with these reference points when evaluating service quality (Zeitaml and Bitner, 2000). Thus, customer preference and perceptions are the first and possibly, most critical step in delivering quality services. Quality services can lead to customer satisfaction, and satisfied customers can be retained and only retained customers can become loyal to the service providers.

During the service delivery, customers overall experience are affected by various potential interactions such as interactions with service personnel, interactions with internal and external physical surroundings (including equipments), and interactions with other customers. On the other hand, consumers make their decisions based upon their perceptions regardless of their accuracy or inaccuracy. It is around these perceptions that marketers must build their competitive strategies.

Customer preference analysis is really a call to action. By understanding the preference or expectations of customers, the organisation or resort can design strategies that are truly responsive to vital customer expectations that can differentiate in the market place (Recklies, 2006).

2.1.2 Customer Satisfaction

Recently, there seems to be dramatic increase in consumer satisfaction research (Woodrff and Gardial, 1996). Organisations are now using customer satisfaction data to determine service quality in order to increase customer retention. Many empirical studies have documented that customer satisfaction culminates in higher customer loyalty, increased market share, and profitability (Fornell and Wernerfell, 1987 and Rust and Zahorik, 1993). Therefore, consumer satisfaction is essential to any business
survival due to its substantial bottom line of financial implications as well as quality and service considerations (Chi, 2005). In the similar view, Zeithaml (2002) remarks that satisfaction is the consumer’s fulfillment response. It is a judgment that a product or service feature or the product, or service itself provides a pleasurable level of consumption related fulfillment.

Anton (1996) defines customer satisfaction as a state of mind in which the customer’s needs, wants, and expectations throughout the product of service life are met or exceeded resulting in future repurchase and loyalty.

The word satisfaction comes from the Latin words Satis (enough) and facere (to do or make). These words suggest the true meaning of satisfaction, which is fulfillment (Rust et al., 1999). Customer satisfaction is a post-purchase evaluation of a service offering. Hence, expectations and perceptions together with motivation are the factors often used to navigate satisfaction (Lock et al., 1999). However, relevant definitions of customer satisfaction are presented in Table 2.1 to clarify the various dimensions of customer satisfaction in the business.

<table>
<thead>
<tr>
<th>Source</th>
<th>Conceptual Definitions</th>
</tr>
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<tbody>
<tr>
<td>Howard and Sheth (1969)</td>
<td>The buyer’s cognitive state of being adequately or inadequately rewarded for the sacrifices he has undergone.</td>
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<tr>
<td>Hunt (1977)</td>
<td>A kind of stepping away from an experience and evaluating it… The evaluation rendered that the experience was at least as good as it was supposed to be,</td>
</tr>
<tr>
<td>Westbrook (1980)</td>
<td>Refers to the favorability of the individual’s subjective evaluation of the various outcomes and experiences associated with using or consuming the product.</td>
</tr>
<tr>
<td>Swan, Trawick and Carrol (1980)</td>
<td>A conscious evaluation or cognitive judgment that the product has performed relatively well or poorly or that the product was suitable or unsuitable for its</td>
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<tr>
<td>Source</td>
<td>Definition</td>
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<tr>
<td>Oliver (1981)</td>
<td>An evaluation of the surprise inherent in a product acquisition and/or consumption experience. In essence, the summary psychological state resulting when the emotion surrounding disconfirmed expectations is coupled with the consumer’s prior feelings about the consumption experience.</td>
</tr>
<tr>
<td>Churchill and Suprenant (1982)</td>
<td>Conceptually, an outcome of purchase and use resulting from the buyer’s comparison of the rewards and costs of the purchase relative to anticipated consequences. Operationally similar to attitude in that it can be assessed as a summation of satisfactions with various attributes.</td>
</tr>
<tr>
<td>Westbrook and Reilly (1983)</td>
<td>An emotional response to the experiences provided by and associated with particular products or services purchased, retail outlets, or even molar patterns of behavior such as shopping and buyer behavior, as well as the overall marketplace. An emotional response triggered by a cognitive evaluation process in which the perceptions of an object, action, or condition are compared to one’s values or needs, wants, desires.</td>
</tr>
<tr>
<td>LaBarbera and Mazursky (1983)</td>
<td>Post-purchase evaluation is defined as an evaluation of the surprise inherent in a product acquisition and/or consumption experience.</td>
</tr>
<tr>
<td>Day (1984)</td>
<td>The evaluation response to the current consumption event…the consumer’s response in a particular consumption experience to the evaluation of the perceived discrepancy between prior expectations (or some other norm of performance) and the actual performance of the product perceived after its acquisition.</td>
</tr>
<tr>
<td>Cadotte, Woodruff and Jenkins (1987)</td>
<td>Conceptualised as a feeling developed from an evaluation of the use experience.</td>
</tr>
<tr>
<td>Tse and Wilton (1988)</td>
<td>The consumer’s response to the evaluation of the perceived discrepancy between prior expectations (or some other norm of performance) and the actual performance of the products as perceived after its consumption.</td>
</tr>
<tr>
<td>Oliver (1991)</td>
<td>A summary attribute phenomenon coexisting with other consumption emotions.</td>
</tr>
<tr>
<td>Halstead, Hartman and Schmidt (1994)</td>
<td>A transaction-specific affective response resulting from the customer’s comparison of product performance to some pre-purchase standard (e.g., Hunt 1977; Oliver 1989).</td>
</tr>
<tr>
<td>Oliver (1997)</td>
<td>The consumer’s fulfillment response. It is a judgment that a product or service itself, provided (or is providing) a pleasurable level of consumption-related fulfillment, including levels of under- or over-fulfillment.</td>
</tr>
</tbody>
</table>


Satisfaction has been a major concern for a number of years and is generally recognised as a post-purchase construct that is related to how much does a person like or dislike a product or service after experiencing it (Mano and Oliver, 1993). Satisfaction is a response to a perceived discrepancy between prior-expectations and perceived-performance after consumption. Consequently, managers need to
understand as to how expectations are created and how these expectations are influenced by customer’s consumption experiences. Oliver (1999) defines satisfaction as a summary of a psychological state resulting when the emotion surrounding disconfirmed expectations is coupled with consumer’s prior feelings about the consumption experience. Similarly, Oliver (1997) pointed out that satisfaction encompasses more than mere fulfillment. It describes a consumer’s experience which is the end state of a psychological process. Satisfaction has become a central concept in modern marketing thought and practice (Yi, 1990). Achieving visitor satisfaction is one of the important goals for tourism businesses. Increasing customer satisfaction and customer retention generates more profits, positive word of mouth, and lower marketing expenditures (Reichheld, 1990).

According to Zeithaml and Bitner (2000), the determinants of customer satisfaction comprise of product and service features, consumer emotions, attributions for service success or failure, perceptions of equity or fairness and other consumers, family members, and co-workers.

In a competitive market place where business competes for customers, customer satisfaction is seen as a key differentiator and increasingly has become a key element of tourism business strategy. Customer satisfaction is an ambiguous and abstract concept and the actual manifestation of the state of satisfaction varies from person to person and service to service. The state of satisfaction depends on a number of both psychological and physical variables which correlate with satisfaction behaviors.
To measure customer satisfaction effectively, understanding about how satisfaction works is an important function of tourism industry. Perceived quality influence satisfaction (Rust et al., 1999). The satisfaction process diagram as proposed by Rust et al. (1999) is illustrated in Figure – 2.1.

**FIGURE – 2.1**

**PROPOSED SATISFACTION PROCESS**

The perceived quality results from both objective quality and expectations. Expectations have direct effect on perceived quality. In particular, the higher the expectations, the better would be the perceived quality. Perceived quality is then compared to expectations, resulting in a disconfirmation either positive or negative. Perceived quality also updates the expectations to produce new expectations, which are either raised (because higher than the expected quality was experienced) or lowered (lower than expected quality was experienced). At the same time, satisfaction results
primarily from disconfirmation, but also (secondary) expectations. There is also a direct effect of expectations on satisfaction, the higher the expectations, the higher would be the satisfaction (Rust et al., 1999).

2.1.3 Customer Satisfaction in Travel and Tourism

In travel and tourism as in many other service industries, the emergence, survival, development, and failure of ventures depend heavily on customer satisfaction. Customer satisfaction is defined by the UNWTO (1985) as a psychological concept that involves the feeling of well-being and pleasure that results from obtaining what one hopes for and expects from an appealing product or service. Different approaches have also been applied by investigating customer satisfaction in tourism such as expectation-perception gap model (Duke and Persia, 1996), expectancy-disconfirmation theory, and performance only model (Pizam et al., 1978).

Customer satisfaction is one of the most frequently examined topics in the hospitality and tourism field. Because, it plays an important role in survival and future of any tourism products and services (Gursoy et al., 2008). Chon (1989) examined tourist satisfaction by comparing travelers previous images of the destination and what they actually see, feel, and achieve at the destination. Tourist satisfaction is the result of the relationship between tourists expectations about the destination based on their previous images of the destination and their evaluation of the outcome of their experience at the destination area (Neal and Gursay, 2008). As suggested by Youn and Uysal (2005), tourists compare their experiences at a travel destination with other alternative destinations or places as they have visited in the past. As a result, tourists are likely to
use past experiences at the new destinations to determine whether their new experience was a satisfactory experience or not. The primary determinant of customer satisfaction should be the perceived performance. Assessing customer’s satisfaction with actual performance should indicate whether they are satisfied or not.

Different approaches are used to measure customer satisfaction. Measuring the perception of individuals is difficult at best and the issue is most challenging in tourism business. Tourism experience takes place in phases such as trip planning, travel to and from the destination, and the destination experiences (Neal and Gursoy, 2008).

Unlike material products or pure service, hospitality and tourism is a mixture of products and services. Therefore, overall satisfaction with a hospitality experience is a function of satisfaction with the individual elements or attributes of all the products or services that make up the experience (Pizam and Ellis, 1999). Similarly, due to the multi-sector nature of tourism and the interdependence of various sectors, researchers in tourism and recreation have recognised that overall satisfaction may be multi-dimensional and multi-attribute concept comprising multiple sources satisfaction (Mayer et al., 1998, Ross and Iso-Ahola, 1991, and Hsu, 2003).

(i) **Dimensions of Tourist Satisfaction**

Keane (1997) stated that tourism destination can build levels of customer satisfaction and customer loyalty by selling premium service quality. In highly competitive environment, the reputation of a tourism destination largely depends on its perceived service quality. Parasuraman et al. (1985, 1988 and 1991) identified five
generic dimensions of service quality that determine the service delivery in order to generate customer satisfaction.

1. Reliability-the ability to perform the promised services dependably and accurately.
2. Responsiveness-the willingness to help customers and provide prompt service
3. Assurance-the knowledge and courtesy of employees as well as their ability to convey trust and confidence.
4. Empathy-the provision of caring and individualised attention to customers
5. Tangibles-the appearance of physical facilities, equipment, and personnel and communication materials.

Laws (1995) stated that visitors distinguish tourist destinations from one another by identifying the variety, quality and range of activities, and amenities that each destination provides.

2.1.4 Customer Retention

Whenever retention is mentioned, the best quote from T. Peter (1988) is referred to: “It takes on an average five times as much time, money and effort to gain a new customer as it does to retain an existing one”. Since then, that principle becomes the cornerstones of relationship marketing, reflecting a focus on customer retention as opposed to customer acquisition (M. Godson, 2009).

Research into the linkage between retaining customers and profitability has been spearheaded by Frederick Reichheld. He argued that ‘the real enemy of profits is Churn
Churn is the frequent turnover of customers requiring organisation to constantly seek new customers to replace those that they have lost. For many organisations, Churn is the driving force behind their customer acquisition based on marketing strategies. However, from studying hundreds of companies in all sectors, Reichheld found that the most successful were those that reduced Churn by caring about and cultivating customer loyalty (Godson, 2009). Reichheld and Sasser (1990) made a strong case that customer retention is a major driver of company profits. They made the following points regarding the importance of retention:

- Customers defect at the alarming rate of 10-30 per cent
- A five per cent increase in customer retention consistently resulted in 25 to 100 per cent profit savings across all industries studied.
- Companies can boost profits by almost hundred per cent by retaining just five per cent more of their customers.
- Reducing defections by just five per cent generated eighty five per cent more profits in another organisation.
- Companies with loyal customers can financially outperform competitors with lower unit costs and high market share and high customer churn (Baran et al., 2005).

Berry and Parasuraman (1991) developed a framework for understanding types of retention strategies that has been widely accepted as the standard model for considering issues of customer retention. They suggested that retention marketing can occur at three different levels. Each successive level of retention results in increasingly greater customisation or individual service in addition to the potential for sustained
competitive advantage by binding the customer closer to the firm. At level one, the customer is tied to the firm primarily through financial incentives such as lower prices for greater volume purchases and reduced prices for customers who have been with the firm for a longer period of time. Level two combines financial incentives with social bonds to promote long term relationship. Services are customised to meet individual needs and there is a continuing contact between the firm and the customer. Level three includes bonds that are more difficult to initiate and involve structural as well as financial and social bonds. Thus, Czepiel (1990) and T. Hurley (2004) identified that a relational exchange is a social process that develops over time with accumulation of service encounters.

2.1.5 Customer Loyalty

The ultimate outcome of service recovery models is customer loyalty. Oliver (1997) defined customer loyalty as “a deeply held commitment to re-buy or re-patronise a preferred product or service provider consistently in the future, thereby causing repetitive same brand or same brand set purchasing.

Consumer loyalty has been considered as a significant asset to an organisation. Many previous loyalty studies indicated that higher customer loyalty often results in higher profitability and more stable customer base (Chi, 2005). Loyal customers not only represent a stable source of revenue, but also act as free word of mouth advertising channels that informally link networks of friends, relatives, and other potential consumers to a product or service (Shoemaker and Lewis, 1999) up to 60 per cent of sales to new customers could be attributed to Word of Mouth referrals (Reichheld and
Sasser, 1990). Furthermore, as discussed earlier, it is five to seven times more lucrative to attract new customers than retain old ones (Rosenberg and Czepiel, 1984 and Fornell and Wernefelt, 1987). Therefore, loyalty is considered as one of the major driving forces in the competitive market.

Loyalty is an emotion, it is not rational. Loyalty occurs when an individual has a vested interest in maintaining a close relationship, usually resulting from a service of positive experiences that occur over time. These experiences can be either tangible (product quality, case of use, prompt, and effective service) or intangible (respectful communications and trustworthy company image) (J.W. Kincaid, 2002). Loyalty is built on relationships that is developed through the customer’s experiences when they interact with the company. Some of the popular and frequently referred loyalty definitions are presented in Table – 2.2.

**TABLE – 2.2**

**LOYALTY DEFINITIONS**

<table>
<thead>
<tr>
<th>Name of Author and Year</th>
<th>Loyalty Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncles et al. (2003)</td>
<td>Loyalty is a positive feeling that consumers may exhibit towards brands, services, stores, product, categories and activities.</td>
</tr>
<tr>
<td>Godson (2009)</td>
<td>A consumers firm and unchanging friendship, support and belief in an organisation or its products, brands and services and a propensity to act in support of these feelings, words such as friendship, support and belief carry a certain emotional resonance which is difficult to apply to many products and services</td>
</tr>
<tr>
<td>Tellis (1988)</td>
<td>Repeat purchasing frequency or relative volume of same brand purchasing</td>
</tr>
<tr>
<td>Newman and Werbel (1973)</td>
<td>Loyal customers are those who re-buy a brand, consider only that brand and do no brand relation information seeking</td>
</tr>
<tr>
<td>Hawkins et al. (1989)</td>
<td>Consumer’s intentions or actual behavior to repeatedly purchase certain products or services.</td>
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<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Oliver (1997)</td>
<td>A deeply held commitment to re-buy or re-patronise a preferred product or service consistently in the future thereby causing repetitive same brand or brand set purchasing, despite situational influences and marketing efforts having the potential to cause switching behavior.</td>
</tr>
</tbody>
</table>

(Collected and compiled by researcher).

Customer loyalty consists of brand loyalty (Dick and Basu, 1994), and has been described as a behavioural response and as a functional psychological processes (Jacoby and Chestnut, 1978). There are two dimensions to customer loyalty: behavioral and attitudinal (Baldinger and Robinson, 1996). The behavioral dimension refers to a customer’s behavior on a repeat purchase, indicating a preference for a brand or service consistently over time (Oliver, 1997). While attitudinal dimension refers to favorable customer intention, repurchase and recommend, which are good indicators of a loyal customer (James and Sasser 1995 and Basu, 1994). A customer who has the intention to repurchase and recommend is very likely to remain with the company. For a customer to remain loyal, he or she must believe that the firm’s service continues to serve the best choice alternative. Furthermore, he or she should be less sensitive to the price of the service.

(ii)    **Advantages of Customer Loyalty to Business**

Having a loyal customer makes the work much easier: A loyal customer knows the business; he knows the strengths and weaknesses and appreciates them. He comes first and only buys from competitors when the customer is not given the right product and services. If they are considering switching over often because of the price
they will tell us and give an opportunity to adjust the price or offer as required instead of just informing that they are leaving. If they are looking for a slightly amended product or service, they approach us to find out whether we can supply instead of them approaching alternative suppliers. Loyal customers will develop a relationship with service providers and help to become better by complaining when things go wrong, praising if they are happy and generally working together with us. A loyal customer is more likely to forgive mistakes or a crisis and therefore, is easier to retain in the long term. Based on all the above considerations, it is clear that loyal customers play a vital role in any marketing research (Godson, 2009).

2.1.6 Genesis of Relationship Marketing

Until the early 1980s, most marketers focused on the acquisition of customers by attempting to develop a better marketing mix than the competitor, the marketing mix being the blending of optimal product, place, promotion, and price for the targeted market segment (4 P’s). Later, marketing academicians and researchers began to point out the need for companies not only to acquire new customers but also to continue to market to current customers. Various studies stressed that attracting new customers is only the first stage in the marketing process. Companies must then continue their marketing efforts by developing and implementing strategies that form strong bonds between company and customers (Baran et al., 2005).

The greater the number of relationships the customer has with the firm, the higher would be the real and psychological switching costs and the greater would be the
profits. The more relationships the firm has with the customer, the more the firm would have an opportunity to learn about the customer’s behavior (Baran et al., 2005).

According to Gummesson (1987), the chief differentiators of relationship marketing over transactional marketing theory includes long-term sustainable relationships, primarily with customers, but also with suppliers, partners, employees, and others who might affect the firm’s business. The main goal of the marketing department changes from new customer acquisition to customer retention and extending the duration of existing relationships. Godson (2009) remarks that the main aim of relationship marketing is to create mutual value for everyone in the relationship. The word relationship is an emotive one. The word suggests closeness, friendship, liking, and warmth even intimacy. Thus, the definition given by Godson (2009), is people being linked together in some way, where the behavior of one (or both) of parties can have some impact on the actions, behavior or feelings of the other.

(I) The Value of Relationship

It is impossible to force someone in to a relationship against their will – they can only enter if they perceive something attractive or positive within the relationship. Perhaps, the best way to consider the service supplier-customer relationship, therefore, is to consider it in terms of the value that is added by the relationship. Godson (2009) states that if the customer is confident that the perceived benefits exceed the perceived cost and sacrifice, then customer value can be enhanced. He also suggests that relationships can add value in three main ways:
Firstly, by getting close to the customer and encouraging interaction, the supplier can ensure that the product or service meets the customer’s requirements, and expectations exactly. Secondly, by engaging a close relationship with the customer, the supplier creates a bond based on trust, commitment, and belongingness enabling both parties to do business confidently together. Finally, it is the business that can bring a human touch to its dealings with customers that often gains advantage. These are the three ways in which relationships can add value for customers, thereby enhancing the quality of the interaction he or she has with business.

2.1.7 Customer Relationship Management

As marketing faced with lots of hindrance due to a variety of factors, marketers have gradually shifted focus from acquisition of new customers to maintenance, enhancement, and retention of customers through numerous strategies and tactics called Customer Relationship Management (CRM). The general field of relationship marketing is a broad subject area for research. CRM is often treated as something more immediately practical which can be packaged, installed, and implemented in a fairly straightforward manner (Godson, 2009). As such, CRM has become an important part of relationship marketing as it represents a tailored approach to an organisation dealing with customers. Thus, CRM enables companies provide excellent real time customer service by developing a relationship with each valued customer through effective use of individual account information. A better appeal to customer’s needs can create better products, better communicability, and consistency in customer interface. By putting the ‘customs’ back in the customers, the companies can target their customers better and can deliver persuasive information and promotions more effectively.
CRM is the strategic use of information processes, technology, and people to manage the customer’s relationship with the company (marketing, sales, services, and support) across the whole customer life cycle (Kincaid, 2002). CRM focuses on strategic impact rather than operation impact. Benefits are generally long-term rather than immediate. CRM includes all the functions that directly touch the customer throughout life time with the company. It touches multiple organisations and crosses boundaries.

The capability of an organisation is evolved from a mass marketing model of millions to a market model of one. In other words, a customer should be dealt with as if he or she were the only customer. Managing customer relationships successfully in these large customer environments means learning about their habits and needs, anticipating future buying patterns, and finding new marketing opportunities that add value to the relationship.

It also means using technologies that enable all the data gathered to be used as an aid in making business decisions that can attract, retain, and motivate customers. Gentle (2002) outlines that ‘effective processes that favour customer retention and increased profitability’. These processes span the customer facing functions and are associated with metrics that determine their importance, effectiveness, and efficiency.

In short, CRM collects and uses data about the customer’s buying services and profitability to offer an exceptional customer experience. Michael Dell cited by Baran et al. (2005), the importance of CRM as follows:

- CRM applications enable firms to customise offerings for customers and when offerings are customised, the perceived value gets enhanced. Perceived value is
equated with perceived quality by customers and due to this customer satisfaction is enhanced.

- CRM application enables firms to improve the reliability of consumption experiences by ensuring timely processing of various customer requests. The use of IT tools helps in this regard.
- CRM applications also enable firms to manage relationships across the various stages like initiation, maintenance, and termination thereby helping significantly to impact on customer satisfaction.

Understanding the determinants of customer loyalty allows management to focus on the major influencing factors that lead to customer retention and repeat purchase. A number of studies have examined the antecedents or causes of customer loyalty (Cronin et al., 2000 and Petrick and Backman, 2001). Results of this body of research have shown that satisfaction (Petric and Norman 2001 and Cronin et al., 2000), quality or performance, preference (Baker and Crompton, 2000 and Oh, 2002), and different other variables are good predictors of customer loyalty.

In this background, it is presumed that the formation of a relationship between customer retention and customer loyalty is facilitated by the antecedent of customer preference and customer satisfaction and this, in turn, plays an important role in enhancing destination or resort image through developing an insight in the changing customer requirements.
To conclude a conceptual framework as proposed by researcher and effective customer relationship is required to tap the current health tourism market is shown in Figure – 2.2.

**FIGURE – 2.2**

**CONCEPTUAL MODEL OF CUSTOMER RELATIONSHIP**

As it explains, the first and foremost thing in the service quality business is to identify the expectations or preference of customers which paves the way to the next level for customer acquisition. Once the customer is acquired, the next is to meet his expectations or preference followed by the second stage that is fulfillment of customer expectations leading to customer satisfaction. The third stage is to retain the customers since every time they can visit the destination they can select the same resort and they can certainly come back.

The fourth stage is the most vital and elevated form in a customer relationship marketing. It is customer loyalty that a customer is extremely loyal to the resort. No
matter what comes his way or by word of mouth (WOM), the customer acts as a biggest or strongest marketing tool for the resort. In order to retain the loyalty, one has to keep updating customer preference by good customer relationship management data bank.

2.2 TOURISM INDUSTRY: A CATALYST FOR DEVELOPMENT

Tourism is meant for recreational, leisure, and business purposes. Tourism comprises the activities of persons traveling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business and other purposes. Tourism is vital for many countries such as United Arab Emirates (UAE), Egypt, Greece, India, and Thailand and many Island nations such as Bahamas, Fiji, Maldives, and Seychelles due to the large inflow of foreign exchange for businesses with the sale of goods and services leading to employment creation in the service industries associated with tourism (A.K. Singh, 2008). These service industries include transportation services such as airlines, cruise ships and taxis, and hospitality services. Accommodation services include hotels, resorts, amusement parks, casinos, shopping malls, various music venues, and the theatre.

2.2.1. Socio-Economic Change Through Tourism

Tourism has emerged as a key sector of the world economy and it has become a major employer of workforce in global trade. It has been making a revolutionary and significant impact on the world economic scenario ever since the United Nations was formed in 1937. Tourism has been identified as the largest export industry in the world
(Vishwanath, 1998). The multifaceted nature of this industry makes it a catalyst for economic development and helps a balanced regional development.

It is realised that travel and tourism are two important instruments of sustainable human development, poverty alleviation, employment generation, and environmental regeneration thereby stimulating the provision of better infrastructure for developing nations (Sarangadharan and Sunanda, 2009). Tourism industry acts as a powerful agent of both economic and social change.

World Travel and Tourism Council (WTTC) estimated that tourism was the world’s largest industry (WTTC, 1996).

- Tourism directly and indirectly generates and supports 204 million jobs. This is equivalent to more than 10 per cent of the world’s workforce and is forecasted to rise to over 11 per cent of global manpower in the early years of the next millennium.

- Tourism is responsible for over 10 per cent global GDP.

- It is clear that tourism is a major force in the economy of the world and an activity of global importance and significance. In the demonstrating sustained growth, tourism is remarkable in its resistance to adverse economic and political conditions. However, the growth is relatively low as the market matures and as the nature of the tourists and their demands undergo changes drastically. The sector needs to be creative in supplying products to satisfy the new tourists (Cooper et al., 1998).
2.2.1.1. Tourism System

Tourism is a complex phenomenon that is extremely difficult to describe succinctly. Any model of tourism must capture the composition-or-components of the tourism system, as well as the key processes and outcomes that occur within tourism. These processes and outcomes include the very essence of tourism, the travel experience, and the supporting means by which tourism is made possible (Goeldner and Ritchie, 2009).

Tourism is a multidimensional and multifaceted activity which touches many lives and many different economic activities. However, one of the earliest models of tourism system signifying the complexities of tourism industry as suggested by Leiper (1979) and updated in 1990 is presented in Figure – 2.3.

FIGURE – 2.3
LEIPER’S MODEL

Environments:- Human, Socio cultural, Economical, Technological , Physical, Political, Legal etc.,
As Figure – 2.3 shows the main issue of Leiper’s model by analysing the activities of tourists at three different regions. Cooper (1998) discusses three basic elements of Leiper’s model.

Tourists are the primary actor in this system. Tourism, after all, is an embodiment of human experience that is enjoyed, anticipated, and remembered as some of the most important times of their lives.

The geographical elements as outlined by Leiper have three regions such as traveler generating region, tourist destination region, and transit route region.

The traveler generating region represents the generating market for tourism and in a sense provides ‘push’ to stimulate and motivate travel. It is from here tourists searches for information, makes the booking, and departs. In many respects, the tourist destination region represents the sharp end of tourism. At the destination, the full impact of tourism is felt and planning and management strategies are implemented. The pull to visit destinations energises the whole tourism system and creates demand for travel in the generating region. It is, therefore, at the destination where the most noticeable and dramatic consequences of the system occur (Leiper, 1990). The transit route region does not simply represent the short period of travel to reach the destination, but also includes the intermediate places which may be visited en route. The third element of Leiper’s model is the tourism industry that operates the range of business and
organisations involved in delivering the tourism products. The model allows the location of the various industrial sectors to be identified. For example, travel agents and tour operators are mostly found in the tourist generating region, attractions and hospitality industry are found in the destination region and the transport sector is largely represented in the transit route region (Cooper et al., 1998).

2.2.2 Consumer Behaviour and Tourism

Consumer behavior is essential to know the needs, purchase motives and decision process associated with the consumption of tourism, the impact of the different effects of various promotional tactics, the possible perception of risk for tourism purchases, the different market segments based upon purchase behavior, and as to how managers can enhance the possibilities of achieving marketing success.

Many variables influence the way consumption patterns differ. Patterns change based upon the different products available and the way individuals learn to purchase tourism products.

According to Cooper and Gilbert (1998), the tourism consumer decision process as a system is made up of four basic elements:

1. **Energisers of demand**: These are the forces of motivation that lead a tourist to decide to visit an attraction or go on a holiday.

2. **Effectors of demand**: The consumer develops ideas of a destination, product or organisation by a process of learning, attitudes, and associations from promotional messages and information. This affects the consumer image and
knowledge of a tourism product, thus serving to heighten or dampen the various energisers that lead to consumer action.

3. **Roles and decision making process**: The important role is that of the family members who are normally involved in the different stages of the purchase process and the final resolution of decisions about when, where, and how the group consumes the product.

4. **Determinants of demand**: In addition, the consumer decision making process for tourism is underpinned by the determinants of demand. Even though motivation may exist or demand is filtered, constrained, or channeled due to economics (e.g., discretionary income, sociological reference groups and cultural values or psychological factors perception of risk, personality, and attitudes) (Cooper et al., 1998).

   Tourism is also an industry operating on a massively broad scale so that, it embraces activities ranging from the smallest seaside hotel to multinational hotel chains. The concept of tourism marketing is based on the process of identifying and anticipating consumer demand for tourism products and services, developing a means of providing products, and service to fulfill these needs, communicating this to the consumer thereby motivating sales, consequently satisfying both the consumers and the objectives of organisations.

   Through marketing planning, segmentation and marketing research, a tourism marketing mix can be developed to achieve the tourism organisations goals through strategic marketing (Woodruffe, 1998). Successful members of the travel industry
recognise that it is impossible to be all things to all people. One of the biggest mistake any member of the industry can make is to view the travel market as homogenous and try to satisfy all travelers with any single product or service.

2.2.3. Features of Tourism Marketing

According to Seaton and Bennett (1996) the special features of tourism marketing are intangibility, heterogeneity, perishability, inseparability, and temporary ownership. Compared to physical goods, services are difficult to measure, pre-test or demonstrate. It cannot be seen and felt before purchasing. Purchase and consumption happens simultaneously. Most services cannot easily be measured, touched and evaluated at the point of sale before performance (Middleton et al., 2009). It is difficult to standardise a service since it differs because of variations in customer experiences and variations in people’s performance in delivering the service. A service dies if it is not consumed with in a given time. It cannot be stored (Bennet, 1996). If service capacity or products are not sold on a particular day, the potential revenue they represent is lost and cannot be recovered (Middleton et al., 2009). Services are produced and consumed simultaneously in interactions between the customer and service provider with no delay between the two (Bennet, 1997). The performance of the service required the active participation of the producer and the consumer together (Middleton, 2009). Bennet (1997) opines that in tourism, the consumer only owns a service temporarily (E.g., Buying an aircraft seat, owning a hotel room for a day or two).

Seasonability and other variations in the pattern of demand, the high fixed costs of operations allied to fixed capacity at any point of time. This also means that the level
of risk and the rate of return are critically important to tourism management, the interdependence of tourism products with services get combined to affect wholesome travel experience are some of the other features identified by Middleton et al. (2009). Tourism destinations are at fixed locations. So, efforts must be concentrated in communicating the facility to the potential customer (Woodruffe, 2000). Bennet (1996) also explains the distinguishing nature of tourism marketing with other service marketing. Apart from general characteristics of tourism, as a service industry, it is inbuilt with several other peculiar features.

Tourism is more supply-led than other services. Normally, marketing begins with a bottom-up sequence of planning that starts with detailed analysis of the customer, the market and the environment and only then marketing planning begins. Tourism marketing often reverses this pattern. Tourism is led by supply side rather than demand side.

Tourism product is multiple one involving cooperation between several suppliers. Tourism is always a combination product and services which require the deliberate or non-deliberate collaboration of several different parties in providing the wholesome tourism experience. Tourism is a complex extended product experience with no predictable critical evaluation point. Tourism experiences can extend over several weeks and involve long phases of pre-trip anticipation and post-trip retrospective reflection. There are no obvious points of evaluation. Tourism is a high involvement and high risk product to its consumers. Tourists indulge large sum of money to something which cannot be seen or evaluated before purchase. Tourism is a product partly constituted by the dreams and fantasies of its customers. Compared to other services,
tourism is often bound up with fantasies of self realisation, personal transformation, exotic, escape, romantic sublimation, and other transcendental earnings. Tourism is a fragile industry susceptible to external forces beyond the control of suppliers. For example, a war or a terrorist outbreak or a hurricane or a health scare at a destination, or a sharp dip in the economy in a tourist originating country can gravely damage tourism on the spur of the moment.

Knowledge of travel habits and preferences of customers is vital information for marketing and other planners. Such information may include data on the mode of transportation used and the originating source of travel arrangements and bookings. The method of payment, the class of service purchased, and the season of the year a person travels are other factors. Travel preferences and habits are not the same for all market segments and it is interesting to compare the similarities and differences among various groups (Gee et al., 1989).

In short, tourism marketing is essentially a three step process, starting with market research to accurately analyse consumer’s needs and consumer preference. Tourism services and products must then be designed to fulfill customer satisfaction at an appropriate price and then the availability of these products and services must be communicated effectively to potential customers (Woodruffe, 2000).

As we see from the above theoretical references, the customer preference and customer satisfaction plays a critical role in any marketing research. In this aspect, the present study is designed to encapsulate the customer preference and customer
satisfaction to health tourists visiting Kerala as health tourists constitute a major share of Kerala’s inbound tourists.

The study of tourism as a set of interrelated service industries links it closely with several important areas of research. Several important sub-sectors of tourism have spawned the research tradition that often transcends even the broad confines of the tourism sector. For instance, transport research, research on leisure and recreation, including attractions management, wellness tourism, and catering research (Wilt and Moutinho, 1994). Thus, health tourism at a large scale is an emerging sector which constitutes a major chance of tourism activities in India, especially in Kerala. In this scenario, the researcher has identified the health tourism as a booming segment and the combination of health care and tourism coupled with customer relation can prove to be relevant in the contemporary time.

2.3 HEALTH TOURISM

The combination of health and tourism seems to be a promising and relatively new type of paradigm in India. However, it is facing embedded in Western countries. A notable trend in global tourism has been the popularity of health care holidays. The business potential of health holidays is indicated in the survey by the French Accord group, it shows that at least 20 per cent of Europeans look for more active for health oriented holidays and they would like to find some kind of health and fitness facilities integrated in their holiday resorts or even take their holidays in a dedicated health resort (Jacob et al., 2007).
Sociological studies of tourism have largely categorised tourism as a leisure related activity separated from the everyday, whereby the tourist gazes up on the other in a foreign locale (Urry, 2002)

Medical tourism as a subset of health tourism is generally defined as the act of traveling to other countries to obtain medical, dental, and surgical care or where people travel to other countries to obtain medical care may include complementary (alternative) and traditional medicines like (spa, health resort). It also includes services (inclusive of elective procedure and complex specialised surgeries like knee replacement, heart surgery, etc., (Kulkarni, 2008). Also, leisure aspect of traveling may be included on such medical travel trips. In other words, medical tourism is where the health care services are sought and delivered outside the home country of the customer.

Figure – 2.4 and Figure – 2.5 display fundamental structure of the health tourism in different ways.

**FIGURE – 2.4**

**THE STRUCTURE OF HEALTH CARE TOURISM**

Wellnes $\rightarrow$

Medical Tourism

Non Cosmetic Surgery or Elective $

\rightarrow$

Cosmetic

The Figure – 2.4 has been adopted from the Caballero and Mugomba, (2006) to explain the structure of health tourism.
Jabbary (2007) gives another structure of health tourism which explains wellness tourism, curative tourism, and medical tourism. In this structure medical tourism describes various treatments for ailments and cures. The other type of tourism is the alternative complimentary medical treatment. The model mainly explains about medical tourism on surgical and curative treatment.

Based on the above theoretical backgrounds, the researcher has categorised health tourism that is depicted in Figure – 2.6.

FIGURE – 2.6
FRAME WORK OF HEALTH TOURISM
This study is mainly based on preventive healthcare tourism, especially Ayurvedic health care tourism in Kerala where it is predominantly practised.

2.3.1 Health and Medical Tourism – An Exploration

With many of the early civilisations, health was one of the prime motivation as it is evident from the historical account of the world’s earliest civilisation such as Mesopotamian, Indus Valley, Egyptian, Chinese, and Persian. People of those firm used to visit holy places not for offering to the deities but for taking a dip in the holy tank or in the river to purify their body, mind, and soul. Thus, the modern connotation of health tourism stands on the philosophy of achieving salvation by discarding sins. More importantly, hard sulphur springs used to be a major attraction for people to get cured from deadly diseases. It was also a form of providing wellness to the people as the sulphur spring water contained ample healing effect for the body. As far back as the bronze age 2000 B.C., hill tribes of the present day St. Moritz, Switzerland gathered around to drink and bathe in the iron rich mineral springs of the region. Bronze age implements, including votive drinking cups, have also been found around the thermal springs in France and Germany as well as in Celtic mineral wells (Kazemi, 2007).

Health tourism with a specific focus on good health, general well being and its pursuit is not a new phenomenon. For example, in Italy and throughout Roman provinces, the ancient Romans constructed resorts with health spas and the ancient Greeks would travel to Epidauria (on the Saronic Gulf) to visit the sanctuary of the healing God, Asklepios, who revealed remedies to them in their dreams (Bookman and Bookman, 2007) from the 15th to 17th centuries. The poor sanitary conditions in Europe
aroused an interest among the rich to go to medical spas, mineral springs, and the seaside for health purposes. These wealthy individuals would also travel to renowned medical schools for medical assistance (Swarbrooke and Horner, 2007). This continued into the 18th and 19th century where spa towns, particularly in the south of France, became popular for health cures, the sun, and escaping the cold climatic conditions in the north of Europe (Z. Kazemi, 2007). The rapid urbanisation and social changes experienced during industrialisation aggravated the unsanitary and poor living environments in Britain and some sections of Europe, with anti urban values and a growing concern for health developing as a result (Holden, 2006). The formation of the railways allowed increasing and diverse flows of people to more distant seaside and coastal resorts which provided a distinctive and escapist environment from urbanisation and the opportunity to practice what was viewed as a healthy pass time of sun-seeking (Swarbrooke and Horner, 2007). At the same time, escaping to spas and seaside resorts for taking the waters was not simply about health, as it became a fashionable and sociable activity (P.S. Cook, 2007). Subsequently, Spa tourism and sun-seeking persisted into the 20th century. Medicinal springs, spas, beaches, and resorts particularly in warm and dry climates continued to be considered therapeutic through long exposure to the sun, fresh air, and water thermal or sea (Swarbrooke and Horner, 2007).

2.3.2 Differentiation Between Health and Medical Tourism
Surprisingly, there are many definitions of health and medical tourism. Some of these appear to have been influenced by the previous history of health tourism. These are largely based on resorts, spas, and general wellness. Bennet et al. (2004) gives a general definition of health tourism as any pleasure oriented tourism which involves an element of stress relief, meaning it is an enjoyable and relaxing activity. Pollock and Williams (2000), Laws (1996), Henderson (2004), and Schofield (2004) expand this definition to encompass a separation between the ordinary and the extra ordinary; the everyday world of work and home versus the combination of health and tourism in leisure, recreational, and educational activities (Pullock and Williams, 2000), and the improvement of physical, mental, and social well being (Schofield, 2004).

Gupta (2004) defined medical tourism as provision of “cost effective” private medical care collaboration with the tourism industry for patients needing surgical and other forms of specialised treatment. This process is being facilitated by the corporate sector involved medical care as well as the tourism industry both private and public.

Wellness is a lifelong process of actively developing physical, mental, emotional, social, and spiritual well being. Wellness improves the quality of life through enhancing the balance of mind, body, and spirit. (http://www.as.utah.edu) The purpose of wellness holidays is to get relaxed physically as well as mentally to get spoilt and to get recovered strength and power (Institute for Leisure Economics (ILE), 2004).

The term wellness was coined during 1950’s in the U.S. by those in health science and medical sociology. They took half of the words “well-being and fitness” to create wellness. They meant this term as an individual, many sided, interdisciplinary
expression for health and well being (Ritter, 2007). Wellness tourism service product includes such as relaxing, bathing different kinds of treatment, and good healthy meals, skiing on spring snow other activities (Tikkanen, 2005). These proposals largely replicate the traditional understandings of mass tourism in sociology, where tourism is understood as binary structure that operates as escapism from the everyday and routine life and with work and leisure distinguished.

Others acknowledge health tourism as a very broad category that encompasses a wide variety of treatments and services. In such understandings, medical tourism becomes a subset of health tourism (Cook, 2008). Henderson (2004) differentiate between health tourism and medical tourism as, ‘health tourism is travel where the primary purpose is treatment in pursuit of better health that may involve hedonistic indulgences of spas and alternative therapies’, while medical tourism incorporates health screening, hospitalisation, and surgical operations. Similarly, Carrera and Bridges (2006) and Connell (2006) identify health tourism with general health and well-being while medical tourism combines tourism with medical surgical or dental interventions to improve or restore health in the long term.

As Bennet et al. (2004) suggests tourism as an embodied experience that continues when one arrives home (for example through activities such as reminiscing), then pleasure from the tourist experience can be extended beyond or occurred after travel. In addition, despite discomfort and pain, medical tourists may gain pleasure through their recuperation and recovery by witnessing, experiencing, feeling, and communicating improvements in their health status. The possibility of becoming returning to normal health condition through health and medical tourism challenges
traditional sociological conceptions of tourism, namely that it is an escapism from everyday life (P. Cook, 2008).

2.3.3 Prospects of Kerala Tourism

Kerala is a synonym to the brand name of God’s own country. The state has earned a stainless reputation as a destination immensely gifted by God. The nature rich state provides a wide range of authentic tourism products. It is blessed with unmatched natural diversity that provides immense scope for tourism development. The state’s social culture, 100 per cent literacy and the hospitality of people have drawn the attention of visitors from all over the world (Sarangadharan and Sunandha, 2009). Further, the state stands unique providing tourism experience by virtue of age-old traditions and customs. Balanced climate, lush green vegetation, natural tourist spots, colourful festivals, martial arts, wild life sanctuaries, and above all, rich ayurvedic heritage of Kerala have added immense scope for growth of health tourism. All these features have qualified to contribute enormous positions in the international tourism map (Department of Tourism, Government of Kerala, 2005).

As early as 1986, Kerala had identified tourism as potential industry for employment generation and economic development. Subsequently, all appropriate benefits were granted to tourism industry as it was regarded as an important means for economic development. These included subsidies, technical guidance and marketing assistance through Government publications help in availing loans facilities etc. (P. Ravikanth, 2010).
Though Kerala Tourism is an amalgam of ayurveda, beach and back waters, culture and cuisine, the present study concentrates on preventive health tourism; mainly about Ayurvedic health care tourism as an matchless tourism products in Kerala in particular and India in general.

2.3.4 Role of Ayurveda in Kerala Tourism:

The contributions of Kerala in the field of Ayurveda are so unique and invaluable that of is virtually called the capital of ayurveda. Over the centuries, this system of medicine has proved to be an effective cure for illness and the most natural way to maintain perfect health. “massage treatment” and “Jarachikilsa” are the exclusive contributions of Kerala to the world of alternative medicine. The temperate climate and geographical conditions are the pivoted factors that make Kerala the birth place of ayurveda. It is believed that the Gods themselves have handed over the wisdom of ayurveda to the sages from generation to generation for the benefit of mankind.

Hans Muller, the promoter of ayurveda from Switzerland, said: ‘Foreigners shall come to Kerala, the land of Ayurveda, so that, the Ayurvedic treatments can be got in the right environment and climate with expert advice. The use of fresh herbs which can only be traced in the forests of Kerala is important for treatment. We cannot grow such herbs abroad (Cited by Sarangadhran and Sunanda, 2009).

2.3.5 Earlier Studies on Health Tourism
Alister and Geoffrey (1992) provide a balanced discussion of the economic, physical, cultural, and social impacts of tourism. They could trace the origin of health tourism and also mentioned the relationship between tourism and health.

Sudha (1999) has pointed out that ayurveda can be widely marketed like any other tourism product of Kerala as the healing qualities of ayurveda are far better. There are no distressing side effects, currently ayurveda has become an internationally acclaimed form of healing method.

Nabae (2003) recommends for more investment in public sector to revitalise the treatment and health care system through introducing the practice of decentralisation in Kerala. The present health care system needs public private partnership in Kerala.

T. Hurley (2004) examines in detail about customer retention in the health and fitness industry and the need to improve relationship marketing in health and fitness industry in Ireland. The study identifies the gap of good service delivery and sustainable relationship with customers. The study suggests more relationship oriented strategies to resolve the issues related to health and fitness.

Tikkanen (2005) explores the health care tourism prospects in Finland, Kuopior region and suggested the need to design the service concept based delivery on different sectors.

Smith and Kelly (2006) found that destination in wellness tourism is often an alternative space in which one can engage in self analysis without stress and distraction.
of home. The study also encompasses the relationship between general well being and tourism.

R. Pruthi (2006) identified the advantage of technology, globalisation, health and law and export market as the factors responsible for the promotion of health and wellness tourisms. A.K. Singh (2008) emphasises on regulations and well-guided policies for health care industry that prevents the unlawful or unethical practices of health tourism. This may furnish the insight of health tourism in India that can create famous medical tourism destinations. The advantage of Indian medical tourism can be capitalised as these factors are favourable to India.

Ritter (2007) emphasises on the trends and skills needed in wellness tourism sector as the health tourism sector involving much human interaction. He stated that “wellness tourism is not the trend, whereas tourism for wellness is the mega trend”.

Bookman and Bookman (2007) found that medical tourism in developing countries can overcome obstacles and leverage the advantage by formulating and enforcing macroeconomic policies.

Kaur et al. (2007) outlining the role of the health tourism stakeholders to exploit opportunities of health tourism in India and sustain the growth of the sector. Similarly Begde (2008) outlines the uniqueness of Indian holistic health care – ayurveda and it has vast opportunities. Kulkarni (2008) recommended the sustainable health tourism development.
Kazemi’s (2007), for attracting medical tourism in Iran discusses in detail about the history of medical tourism, Greek medical tourism, Roman, Persian, Japanese, Indian and European medical tourism. The studies on Iranian medical facilities that are unique in these region to provide maximum opportunities for the development of health tourism.

Soman’s (2008) views are against the commercialisation and over experimental traditional health care programme in ayurveda. This can be useful by the methodication and utilisation of health care system that ensures sanctity and serenity.

Cook (2008) differentiates between medical and health tourism. Both involve direct intervention of the body, pain, recovery, and recuperation. Timeless and spatially dislocated as tourist experience is not restricted by time and place eventually if it is spatially dislocated.

Jacob (2008) reveals the problems faced by the ayurvedic tourism industry. He also analyses the socio economic impacts of ayurvedic tourism

Gopal (2008) highlighted key issues and challenges such as that affect the growth of medical tourism in India.


Smith and Puczko (2008) present the linkage between health and wellness tourism that can develop infrastructure for better destination image promotion of health care services such medical examination by qualified doctors. These health care
services may include medical examinations by qualified doctors and nurses at the resort or hotel, special diets, acupuncture, transvital injection, vitamin-complex intakes and special medical treatments for various diseases such as arthritis and herbal remedies is illustrated in Figure – 2.7.

FIGURE – 2.7
TYPES OF HEALTH TOURISM
TYPES OF HEALTH TOURISM

WELLNESS
- HOLISTIC
- SPIRITUAL
- YOGA AND MEDITATION
- NEW AGE

MEDICAL
- LEISURE RECREATION
- BEAUTY TREATMENTS
- SPORT AND FITNESS
- PAMPERING
- OCCUPATIONAL WELLNESS

TYPES OF HEALTH TOURISM FACILITIES

RETREAT
- ASHRAM
- FESTIVALS

SPAS

HOTELS AND RESORTS

LEISURE CENTRES

CRUISER

HOSPITAL LINKS

Bochaton and Lefebure (2009) emphasis on heterotopia and medical tourism in Thailand and India.

Spitzer (2009) uncovered the fundamental problems over exploitation and commodification of traditional knowledge of holistic health care - Ayurveda.

B.P. George and Nadelea (2009) suggested for the modification of the existing marketing strategies adopted by the medical tourism stakeholders.

Saragadharan and Sunandha (2009) suggest the need for integrated marketing approach and improvement required in the area of service quality and sanitation facilities.

Janardhanan and Joythish (2009) analyse in detail about service quality in health tourism of Kerala. The study revealed that tourist satisfaction depends upon their expectations and perceptions of service provided by health tourism providers in Kerala. The findings of the study reveal that there is a gap in the health tourism service delivery. The gap can be minimised with improvement in quality of health care service delivery.

J. Rao and Zaheer (2010) presented India’s phenomenal growth in medical tourism despite of facing many challenges.

Priya Ravikanth (2010) emphasised the marketing strategies and quality of treatment that play important role for the promotion of health care tourism in Kerala.
Chatak (2010) laid stress on the formulation and enforcement of codes and guidelines for medical tourism operation to ensure safety in the health care treatment in India.

2.3.6 The Flip Side of Health Tourism

Though the positive aspects of medical tourism are aplenty, there are some aspects to be concerned. The inflow of foreign patients into India in large numbers may boost the economy and brings in huge revenues, nevertheless, this should not adversely affect the domestic patients. Apart from the impact on domestic patients, foreign patients can also face problems like legal issues that they may have to undergo if something goes wrong with their treatment. Since the patients are non-residents, they may face dilemma of where to look, if they have to address their grievance. Foreign patients can also face the problem of post-operative care (Rao and Zaheer, 2010).

Spitzer (2009) addresses a word of caution about the globalisation of ayurvedic tourism. He has raised questions regarding its suitability for export, its relevance to the South Asian diasporas, the commodification of traditional knowledge (P. Ravikanth, 2010) and the impact of increased demand on human and botanical resources among others (Spitzer, 2009). There was also another word of caution for the unauthorised ayurvedic massage centers and rejuvenating health care systems that are mushrooming to the huge demand. This may not have quality products and qualified practitioners that results in real threat to the original ayurvedic centers. This commercialisation and exploitation harms the real traditional science and poses a serious problem to the future of this holistic system (P. Ravikanth, 2010).
2.4 CONCLUSION

The review of literature brings out the need for customer oriented service delivery in health tourism, there is a gap in the field of health tourism with a customer relation approach, which has not attracted enough attention among the social scientist. It is also found that this high potential area of tourism has not studied extensively. The present study was undertaken to abridge the gap and provide customer oriented marketing strategy for health tourism marketing for Kerala.

The essence of review of literature revolves around the golden rule of relationship marketing which proposes the following model and it says that customer preferences will lead to customer acquisition which in turn leads to customer satisfaction and then to customer retention, finally to customer loyalty.

Apart from revealing the study of health tourism from the perspective of western countries, the review could encapsulate substantial work on health tourism and its other forms in the context of India and Kerala. Most of the studies are theoretical in nature and have not touched on the customer preference, retention, and loyalty for the health care tourism, more importantly, the alternative medicine or holistic treatment through ayurveda – substantive amount of research works revealed the general findings such as facilities, amenities, safety, code of conduct, and regulations. However, little research work has touched on the customer preference, perception, satisfaction, and loyalty as these are the key variables responsible for the sustainable health tourism development.

Thus, the research has effectively identified the gap in the theory through the critical review and evaluation of previous literature. The present study is certainly unique
in respect of having brought the fundamental issues in the health tourism literature in worldwide and India.

Furthermore, Kerala is the finest tourism destination with matchless facilities and amenities for providing holistic treatment through traditionally known and internationally acknowledge ayurveda and other forms of traditional treatments. The previous studies with regard to Kerala have not explored the customer preference, satisfaction, and loyalty. Since the pre-purchase and post-purchase behaviour are two important dimensions to strengthen the theory of health tourism literature. However, the studies so far conducted on Kerala’s health care tourism, wellness tourism and ayurvedic tourism have encapsulated the importance of ayurveda and it’s USP in the source market.

With this backdrop, the study has identified the research gap and analysed the need for customer preference, customer satisfaction, and loyalty.

**FIGURE – 2.8**

**CONCEPTUAL MODEL OF CUSTOMER RELATION CYCLE**
Figure: Customer preference and customer satisfaction are important antecedent for customer retention and customer loyalty.

The present study made an attempt to prove the rationality of the Figure – 2.8 in dealing with perception, preferences, and satisfaction of health tourists and its significance with the customer retention.