Chapter I

INTRODUCTION

A STUDY ON MEDICAL TOURISM IN CHENNAI CITY OF TAMIL NADU

CHAPTER - I

Introduction

Medical tourism is a recent jargon in the market combining the two of the fastest growing industries in the world; healthcare and tourism. Medical tourism is not a new concept as this practice of traveling for seeking the best healthcare was present in ancient times also. The only difference is that earlier the wealthy patients from less developed countries used to travel to developed countries in order to avail the technologically most advanced medical facilities. Over the time the scenario has changed and now the wealthy persons from developed nations is increasingly seeking expert healthcare services at most affordable rates and quick response in the developing countries. India is considered to be one of the best destinations for medical tourism due to the availability of specialized team of doctors and world-class medical treatments along with world famous exotic tourist attractions. People from other countries are choosing India as their medical treatment destination because it has a highly skilled medical fraternity; low treatment costs, cutting edge technological advancements & rich cultural heritage have made India the hub of Medical Tourism. Medical tourism is perceived as one of the fastest growing segments in marketing 'Destination India' today. India has really become a global leader in medical tourism and is one of the world's least expensive choices among medical tourism destinations. Medical tourism is a growing sector in India. India's medical tourism sector is expected to experience an annual growth rate of 30%, making it a $2 billion industry by 2015. An estimated 150,000 of these travel to India for low-priced healthcare

procedures every year. As the Indian healthcare delivery system strives to match international standards the Indian healthcare industry will be able to tap into a substantial portion of the medical tourism market. Already 17 Indian hospitals have been accredited by the Joint Commission International (JCI). Accreditation and compliance with quality expectations are important since they provide tourists with confidence that the services are meeting international standards. India provides international quality of medical care at the lowest rates, in comparison with any other part of Asia. Tourism is an important economic activity in the city of Chennai, to which medical tourism has been an increasingly important contributor. Chennai currently accounts for 45% of all of India's $2 billion medical tourism industry, and an additional 30-40% of health tourism from nationals . While the city of Chennai and the state of Tamil Nadu may have an extensive network of healthcare facilities and infrastructure, there is strong reason to believe that they are not currently meeting local needs for access to medical care. The country as a whole faces crucial health personnel challenges, with 70% of the total health workforce employed in the private sector and not surprisingly creating increased dependency on private healthcare providers who are presently treating 78% of all outpatients and 60% of all inpatients. At the same time India has actively promoted the outflow of health workers in hopes of capturing remittances, a pursuit that may be unable to compensate for the loss of qualified personnel for its domestic population. There are still large segments of the Indian population that experience economic deprivation and inadequate access to health care, and only a very small percentage covered by any form of health insurance. While Chennai's growing medical tourism industry may bring with it opportunities to retain health human resources and improve access to advanced

medical technologies, it must not do this at the cost of achieving universal, quality healthcare for local residents.

Globalization of the health care market

The global growth in the flow of patients and health professionals as well as medical technology, capital funding and regulatory regimes across national borders has given rise to new patterns of consumption and production of healthcare services over recent decades. The free movement of goods and services under the auspices of the World Trade Organization and its General Agreement on Trade in Services (Smith, 2004, Smith et al,. 2009b) has accelerated the liberalization of the trade in health services, as have developments with regard to the use of regional and bi-lateral trade agreements. As health care is predominantly a service industry, this has made health services more tradable, global commodities. A significant new element of this trade has involved the movement of patients across borders in the pursuit of medical treatment and health care, a phenomenon commonly termed ‗medical tourism'.

The consumption of health care in a foreign land is not a new phenomenon, and developments must be situated within the historical context. Individuals have travelled abroad for health benefits since ancient times, and during the 19th Century in Europe for example there was a fashion for the growing middle-classes to travel to spa towns to ‗take the waters', which were believed to have health-enhancing qualities. During the 20th Century, wealthy people from less developed areas of the world travelled to developed nations to access better facilities and highly trained medics. However, the shifts that are currently underway with regard to medical tourism are quantitatively and qualitatively different from earlier forms of health-related travel. The key differences are a reversal of this flow from developed to less

developed nations, more regional movements, and the emergence of an international market‘ for patients.

The key features of the new 21st Century style of medical tourism are summarized below:

- The large numbers of people travelling for treatment
- The shift towards patients from richer, more developed nations travelling to less developed countries to access health services, largely driven by the low-cost treatments and helped by cheap flights and internet sources of information
- New‘ enabling infrastructure – affordable, accessible travel and readily available information over the internet
- Industry development: both the private business sector and national governments in both developed and developing nations have been instrumental in promoting medical tourism as a potentially lucrative source of foreign revenue.

Conceptual illustration of Medical Tourism

It is important to begin by defining what is meant by medical tourism‘. For the purposes of this report we define medical tourism as when consumers elect to travel across international borders with the intention of receiving some form of medical treatment. This treatment may span the full range of medical services, but most commonly includes dental care, cosmetic surgery, elective surgery, and fertility treatment. Setting the boundary of what is health and counts as medical tourism for the purposes of trade accounts is not straightforward. Within this range of treatments, not all would be included within health trade. Cosmetic surgery for aesthetic rather than reconstructive reasons, for example, would be considered outside the health

boundary. Medical tourism is related to the broader notion of health tourism which, in some countries, has longstanding historical antecedents of spa towns and coastal localities, and other therapeutic landscapes. Some commentators have considered health and medical tourism as a combined phenomenon but with different emphases. Carrera and Bridges , for example, define health tourism as the organized travel outside one‘s local environment for the maintenance, enhancement or restoration of an individual‘s well-being in mind and body. This definition encompasses medical tourism which is delimited to organized travel outside one‘s natural health care jurisdiction for the enhancement or restoration of the individual‘s health through medical intervention.

Chennai Public Health care facilities

Chennai’s first hospital utilizing allopathic medicine was built in 1664, the hospital continued to grow and modernize as its patient-base expanded, developing a medical school in 1835 which would later be upgraded to the Madras Medical college in 1850. The original building was deemed structurally unsafe and was torn down to be replaced by modern facilities and technology. The hospital facility, now known as the Government General Hospital, provides emergency medical and critical care services along with 30 outpatient departments and has a bed strength of 2,029. The facility also pioneered the Master Health Checkup, which utilizes screening and primary prevention techniques before individuals present with symptoms; currently the facility screens 30 to 40 patients each day. The next largest government hospital in the city is the Stanley Hospital, with a bed strength of 1,271, the hospital has an 8-story surgical complex, provides the Master Health Checkup, and specializes in pediatrics. The Royapettah Hospital was established in in the city 1911 and has a bed strength of 712, additionally they also provide the Master Health Checkup scheme.

The government also operates three peripheral hospitals in the city all established in the late seventies, each with 100 beds and a limited range or services and operational hours.

The government also runs specialty hospitals in the city, including the Raja Sir Ramasamy Mudaliar Lying-In Hospital and the Kasthuribai Gandhi Hospital which focus on family, neonatal, labour and delivery, and post-natal care. As well as teaching facilities including the Kilpauk Medical College Hospital and the Tamil Nadu Government Dental College and Hospital. The Institute of Child Health and Hospital for Children, established in 1984 with 537 beds at present, provides a special cardiothoracic surgery scheme for underprivileged children through the age of 12 years. The city has several government run institutes, such as: the Institute of Obstetrics and Gynaecology Hospital for Women and Children, established in 1844 with 752 beds currently; the Regional Institute of Ophthalmology and Ophthalmic Hospital with 478 beds; and the Institute of Rehabilitation Medicine with 60 beds. The city also has an Institute of Mental Health which began as an asylum in 1794 with a maximum capacity of 20 patients and now provides mental health services for 1,800 patients including psychiatrists, social workers, clinical psychologists, occupational therapists, recreational therapists, special education teachers, and psychiatric nurses. The facility has an average of 1,651 inpatients each day and 390 outpatients. Finally, the Institute of Thoracic Medicine, which provides free care for poor patients arriving from long distances and visits to poor patients unable to attend the hospital.

Challenges of Public Health care

The public healthcare system in India faces substantial challenges. Aman Gupta, principal advisory for Indian Health Progress (IHP) recently commented on challenges to the Indian healthcare system, stating that “India is the second most

populous country in the world and with an healthcare infrastructure that is over-burdened with this ever increasing population, a set of challenges that are unique to India arise. " He describes the double burden of disease facing India: on the one hand continuing/emerging infectious diseases due to poor implementation of public health programs; and on the other rising chronic degenerative diseases due to a demographic transition and increasing life expectancy. He goes on to discuss that large segments of the Indian population continue to experience economic deprivation and inadequate access to health care (Remedios, 2013); for some in India, one hospital stay may cost more than an entire year's income. Of residents surveyed who did not seek care when ill, 37.6% of low-income urban residents and 43.3% of low-income rural residents listed financial hardship as the primary reason. Those experiencing economic deprivation often face a higher risk for disease due to unsanitary living conditions, lack of safe drinking water, and undernutrition. Gupta highlighted the issue of low government expenditure on health; in addition to this Yip and Mahal (2008) identify the small percentage of the Indian population covered by any type of health insurance (15%), with out-of-pocket payments accounting for 80% of India's total health spending in 2002-2003.

Public health facilities receive the majority of their revenues from government subsidies and are able to provide services at low costs to those who are unable to afford private care. Yet, the current 'capacity crunch' in the public healthcare system has resulted in increased dependency on private healthcare providers who are presently treating 78% of all outpatients and 60% of all inpatients. Meanwhile, private hospitals and private practices have been permitted large growth with relatively little regulation from the government. Overall, India's public health system, Chennai included, faces challenges from a growing population, large segments of

whom still experience economic deprivation and a lack of access to health insurance; and an underfunded public system alongside a rising private health system based on capacity to pay. In response to these challenges the government launched the National Rural Health Mission (NRHM) in 2005 with the mission of improving the health system and the health status of the Indian people, particularly rural residents, and with the goal of providing universal access to equitable, affordable, and quality healthcare

Health Care system and Private players' role

Although India has a universal healthcare system it has historically been largely underfunded with a disproportional dependency on the private healthcare system that operates alongside it. As a nation India spends considerably less on healthcare than its BRICS (Brazil, Russia, India, China, South Africa) compatriots; spending a mere 3.9% on all health expenditures as a percentage of GDP, relative to the 5.2%, 6.2%, 8.5%, and 8.9% spent by China, Russia, South Africa, and Brazil, respectively. India also has the lowest health expenditure per capita, at $59 USD, relative to the $278, $689, $807, $1,121spent by China, South Africa, Russia, and Brazil, respectively (WHO, n.d.). Moreover, Indians spend the largest sum of money on private expenditure as a total of all health expenditure, 69%, relative to 54.3%,52.3%, 44.1%, and 40.3%, in Brazil, South Africa, China, and Russia, respectively (WHO, n.d.).The Directorate of Public Health and Preventive Medicine, within the Health and Family Welfare Department is the main body responsible for healthcare delivery, policies, and planning in Tamil Nadu. Their principal duties include: primary health care, control of communicable diseases, sanitation, vital statistics and other health related services (Health and Family Welfare Department, Government of Tamil Nadu, n.d.). The state's 9th 5-year plan (1997-2002) included 'Health for All' as a main objective and focused on improving the general

population's health status, access to care, maternal-child health, and control and prevention of communicable and non-communicable disease . Tamil Nadu has 42 teaching hospitals, 29 district hospitals, 155 taluk and 80 non-taluk hospitals, 187 employee state insurance hospitals, 1417 primary health centres, 8682 sun-centres, and 12 government dispensaries as well as numerous specialty clinics. Although the state has a large number of healthcare facilities and infrastructure there is reason to believe that however vast the current system, it does not yet meet the current need.

Chennai and Medical Tourism –An overview

Chennai city covers an area of 178.2 km2. According to the 2011 Census, Chennai district has a population of 4,681,087, roughly equal to Norway or the US state of South Carolina. The Chennai metropolitan area is the fourth most populated city in India and the 31st largest urban area in the world. This areal extent gives it a ranking of 27th in India out of a total of 640 cities. The district has a population density of 26,903 inhabitants per square kilometre (69,680/mile2), excluding the huge commuter traffic from neighboring districts. The Chennai city population growth rate, over the decade 2001-2011, was 7.77 per cent. Chennai city has a sex ratio of 986 females for every 1,000 males, and the literacy rate is 90.33 per cent. Chennai city is listed as the "most advanced" district in Tamil Nadu. Chennai has world-class medical facilities, including both government-run and private hospitals. The government-aided hospitals include General Hospital, Adyar Cancer Institute, TB Sanatorium, and National Institute of Siddha. The National Institute of Siddha is one of the seven apex national-level educational institutions that promote excellence in Indian systems of medicines and Ayurveda. Some of the popular private-run hospitals in Chennai are the Apollo Hospitals, Chettinad Health City, Madras Medical Mission, MIOT Hospitals and Vasan Healthcare. The prime NABH- accredited hospitals

include Chennai Apollo Speciality Hospital, Dr. Mehta Hospitals, Frontier Lifeline Hospital, Global Hospitals and Health City, Sankara Nethralaya and Vijaya Medical and Educational Trust. Chennai attracts about 45 per cent of the health tourists from abroad and 30 per cent to 40 per cent of the domestic health tourists. The city has also been termed the India's health capital.

Tourism is well known term, meant to explore new areas, enjoy leisure time at peace. However since few years a new term as "medical tourism or medical travel, is the act of travelling to other countries to obtain medical, dental and surgical care at ease and with affordability of travelers choice". The term was initially coined by travel agencies and the media as catch at all phrase to describe a rapidly growing industry, where people travel to other countries to receive medical care. The capital of the Indian state of Tamil Nadu has been deckled Indian's health capital, as it nets in 48% of health tourists from abroad and 37-41 of domestic health tourists. With people from across the country and abroad preferring to get treated in the hospitals in Chennai. The city is increasingly becoming a hub of medical tourism according to a study by confederation of India industries (CII). Chennai attract about 40% of the country's medical tourist. As of 2013 the city received up to 200 foreign patients every day. Foreigners, especially those from developing and under developed countries such as Nigeria, Kenya, Burundi, Congo, Bangladesh, omen and Iraq, come to the city for advanced medical care. About 150 Maldivian patients arrive at the city every day. For medical treatment which resulted in Maldivian Airlines launching a thrice-a-war direct flight from Maldives to Chennai most leading hospitals which receives a study stream of patients from other states of India and abroad everyday have separate wings for international patients, Sri Ramachandra medical centre receives up to 100 overseas patients a month. Fortis malar hospital

receives 15 to 20% foreign patients a month. Madras medical mission receives 14% foreign medical tourists every month mainly from east African nations. Sankara Nethralaya receives nearly 500 overseas patients a month; MIOT hospital receives nearly 300 foreign patients every month. Most medical tourists choose Chennai because of the low costs of health care here rather than the world class treatment and facilities, with some procedures offered at just one-fifth of the price in the UK, often including airfare and accommodation during recovery. The city is well connected to other Indian and global destinations, making it a relatively convenient option for Europeans seeking to combine medical care with a holiday. However, getting around the city can be a hassle, with chaotic traffic and high humidity the norm. Industry driven Chennai doesn't hold as much tourist appeal as some of India's more famous visitor spots. However, with the globes second-longest seashore, there are plenty of close- by beaches on which to convalesce, as well as western- style malls and cinemas in which to seek entertainment

Determinants of Medical Tourism in Chennai

Chennai as a large number of hospitals with international high standard. It has also has hospitals minimal acceptable high standard of care minus the ambience for extremely cost conscious patients who are in need urgent medical care but with limited financial resources. Chennai is known as healthcare hospital of India and is a popular designation for medical tourist for many years for foreign parties in India are treated at Chennai. It is accessible from almost any part of the world with good air travel network. All major airlines fly into Chennai and has modern international airport. Chennai is well known medical tourists destination with lowest rates anywhere in the world with highest level of care.

Background of the study

India's medical tourism industry has been experiencing consistent growth, with annual increases of between 15% and 30% in medical tourists, contributing an estimated $450 million dollars to the Indian economy. Originally a hub for neighbouring countries, such as Afghanistan, Bangladesh, Pakistan, Nepal, Bhutan, the UAE, and the Maldives, India has expanded their clientele to more developed and distant countries, including the USA, Canada, and Europe. They have largely attracted patients for procedures such as knee and hip replacements, hip resurfacing, bariatric procedures, cardiac procedures, and AYUSH treatment. India has been able to attract a growing portion of the market through its considerably lower costs for medical procedures. It has been suggested that India's medical tourism industry has also grown due to the quality of healthcare being offered at low costs, the expertise of their medical providers, the high- end medical and health care facilities, their 100% success rate, and a perception of being 100% trustworthy although the scientific rigour of this study's methods are unclear, and the assertion of a 100% success rate and a 100% trustworthiness rate are suspect. Herrick's (2007) review indicates that estimates of the total revenue from the global medical tourism industry were $40 billion in 2004, $60 billion in 2006, and projected to rise to $100 billion in 2012. India is actively seeking a larger segment of this market, with the Confederation of Indian Industry reporting that their nation has the potential to attract two million medical tourists annually, (up from the 1,000,000 reported in 2013, and provide five billion in revenue for their economy. Chennai has been particularly effective at increasing its medical tourism industry; in fact, India can trace its medical tourism roots to Chennai, specifically, the Apollo Hospital Group. According to one source, Chennai attracts 40% of all medical tourists in India, with a minimum of 200

international patients each day. Medical tourism is so pervasive in the city that approximately half of all patients receiving treatment in Chennai will arrive from outside of the state of Tamil Nadu. The country of origin of Chennai's medical visitors has been reported by some as predominantly coming from Nigeria, Kenya, Burundi, Congo, Bangladesh, Oman, and Iraq and others reporting the majority originating in Sri Lanka, Myanmar, Tanzania, Oman, Fiji, Iraq, and the UK. Chennai has been able to draw more medical tourists than Bangalore, due in part to its increased flight connectivity with the United States, the Middle East and other countries. The city has also signed several Memorandums of Understanding (MoUs) with countries such as Tanzania, Uganda, and Kenya, meaning that their citizens will automatically be sent to Chennai for government-sponsored medical tourism. The city continues to increase efforts to escalate the industry, such that in April of 2013, healthcare practitioners urged more coordinated efforts from all stakeholders, including hospitals, airlines, hotels and resorts. The Vice-President of Apollo Hospitals Group, Srinidi Chidambaram, cited the lack of uniform pricing among hospitals, a lack of insurance coverage for overseas medical care, and rigorous visa procedures, as barriers to the industry. Currently, India's medical system is challenged by a significant outflow highly trained health workers leaving the country in pursuit of more gainful employment elsewhere. Medical tourism, which increases the demand for and creates opportunities in the higher paying private sector, may help retain health human resources and improve access to medical technologies. Given the potential for medical tourism to exacerbate already profound health equity concerns, such as large segments of the population experiencing economic deprivation and inadequate access to health care, development of the industry must not be undertaken in a way that will compromise achieving universal, quality healthcare for all local

residents. In this juncture it would be worthy to assess the growth and performance of the medical tourism in Chennai and its implication of the development of health care industry in Chennai city. In the same line the study also assess the perceptions of the health care professionals, foreign patients and various stakeholders about the significance of medical tourism and the attainment and challenges of the same in Chennai.

Statement of the Problem

Tourism is an important economic activity in the city of Chennai, to which medical tourism has been an increasingly important contributor. Chennai currently accounts for 45% of all of India's $2 billion medical tourism industry, and an additional 30-40% of health tourism from nationals. While the city of Chennai and the state of Tamil Nadu may have an extensive network of healthcare facilities and infrastructure, there is strong reason to believe that they are not currently meeting local needs for access to medical care. The country as a whole faces crucial health personnel challenges, with 70% of the total health workforce employed in the private sector and not surprisingly creating increased dependency on private healthcare providers who are presently treating 78% of all outpatients and 60% of all inpatients. At the same time India has actively promoted the outflow of health workers in hopes of capturing remittances, a pursuit that may be unable to compensate for the loss of qualified personnel for its domestic population. There are still large segments of the Indian population that experience economic deprivation and inadequate access to health care, and only a very small percentage covered by any form of health insurance. Traditionally, the healthcare market has been highly dependent on government delivery mechanism and referrals from localized private practitioners. Since the 1990s, the Indian healthcare services industry has undergone a structural

change and is increasingly a mix of public and private sectors. Non-government organizations and civil society have also started playing a greater role. There is a perceptible shift towards corporatization of healthcare delivery. Privately owned corporate hospitals are increasing their presence across the country. The organized private sector is gaining significant position in medical education and training, medical technology and diagnostics, pharmaceuticals manufacturing and sale, hospital construction and ancillary services. Today, over 75 per cent of the human resources and advanced medical technology, 68 per cent of hospitals and 37 per cent of hospital beds in the country are owned by the private sector. Private hospitals, private practitioners and local polyclinics have an 80 per cent share in India's total health expenditure. With the emergence of private sector and introduction of technology in medicine, there is greater access to medical care for the Indian public and a growing international patient-base. From March 2008 to March 2010, the hospitals and diagnostic services sector together received foreign direct investment of over US$ 100 million. India's out-of-pocket expenditure as percentage of private expenditure on health is considerably higher , at over 90 per cent. Skilled physicians and specialists with Indian and international experience. High quality nursing capability providing high or equivalent standards of medical care as in patient's home country. Use of modern medical technology, high-quality implants and internationally accepted medical supplies. Strong value proposition on cost, quality of treatment and services. Diverse geography with numerous tourism destinations to suit the patient's schedule and health. No waiting period for international patients - a key constraint for surgical procedures in home country are the prominent factors responsible for the expansion of medical tourism in Chennai. While Chennai’s growing medical tourism industry may bring with it opportunities to retain health

human resources and improve access to advanced medical technologies in such a dichotomous situation the present study would propel to understand the growth and structure of the medical tourism, how far the human resources in health sectors benefited, how much health infrastructure enhanced with corresponding to medical tourism, how far the quality of life of the health care professionals affected by increasing medical tourism, map out the perceptions of the medical professionals, para-medical personnel and the perceptions of the medical professionals about its influence on the supply of medical services to domestic and foreign patients. In general the study would propel to map out the growing significance of medical tourism and the its impact on various medical services and oriented activities in Chennai.

Scope of the study

Although the medical tourism is a recent phenomenon, this sector grows exponentially and emerges as a major force for the growth of services exports worldwide. India is one of the major players in this industry. Soaring medical costs, high insurance premiums, increasing number of uninsured and under insured people in developed nations, long waiting period in the home country, availability of high quality health care services at affordable rate, and internet/communication channels in developing countries, cheaper air fares, and tourism aspects are the driving forces of the outbound medical tourism. The outcome of the study would facilitate to enhance the service delivery and find the alternative for the constraints of the medical tourism thereby enrich the quality of the service.

Research Questions

- What is the current state of tourism industry in India?
- What are the emerging trends in the tourism sector in India?
- Which factors are driving the India tourism industry?

Objectives of the Study

- To get an overview of the medical tourism in Tamil Nadu and Chennai
- To examine the trends in foreign tourist arrivals in India and foreign exchange earnings
- To examine the factors favoring the growth of medical tourism in India, including the initiatives of government and industry
- To examine the determinants of medical tourism in Chennai
- To map out the perceptions of the medical professionals and Para-medical personnel on medical tourism in Chennai
- To understand the constraints and challenges of medical tourism industry in Chennai
- To formulate the suitable policy measures.

Hypotheses

- H0: There is a difference in the marketing mix of the medical tourism based on their demographic characteristics.
- H0: There is a difference in the marketing mix of the choice of medical tourism based on their operational characteristics.

- Ho: There is no significant influence of socio-economic factors on utilizing the medical tourism services in the study area.
- Ho: There is no significant differences among the developed and developing countries patients in utilizing the medical tourism in the study area.
- Ho: Medical insurance schemes didn't influence the enhancement of medical tourism service in the study area.
- Ho: There is no correlation between cost and the utilization of health care service under medical tourism in the study area.
- Ho: There is no influence of logistics facilities on medical tourism in the study area.

Methodology

Data Sources

There are two broad types of data namely secondary data and primary data. Secondary data is the one, which is already available and collected from secondary sources. Primary data is the one, which is not readily available and collected from primary sources.

Secondary Data: -

When the information gathered is extracted from already available data, it is called secondary data. The secondary source of data include the use of census data to obtain information about demographic characteristics of a country, the use of organizational records to ascertain its activities, or collection of data from articles, journals, magazines, books, periodicals to obtain historical and other types of information. Secondary data used in this research is taken from different books on the

related topics, web portals of different medical tourism service providers, public websites of concerned departments for data and other statistics, various journals, newspapers and magazines, websites of selected hospitals included in this survey as well as of the different printed materials (brochures, etc) collected from these hospitals.

Primary data: -

In contrast to secondary data, collecting firsthand information about a research problem or situation at hand is termed as primary data. Thus the primary data is the one, which has been collected fresh for the specific purpose or for a specific research project. In this research, the primary data has been collected from the 300 Foreign Patients of the selected hospitals in Chennai city and discussion made with the medical and Para -medical professionals of the selected private hospitals in Chennai city.

Survey Research

Research Approach used in this research study is Survey Research. A survey is a process used to collect first hand data with tlie help of structured/ unstructured questionnaire. This method is generally used to learn about the people's knowledge, beliefs, preferences and satisfaction, and to measure these attitudes in the general population. Surveys involves interview with a large number of respondents using a pre-designed questionnaire. Questions are carefully chosen or crafted, sequenced and asked to each participant. The goal of survey is to devise comparable data across subsets of the chosen sample so that similarities and differences can be found. When combined with statistical probability sampling for selecting participants, survey findings and conclusion are projectable to large and diverse population. The

advantage of survey as a primary data collection approach is its versatility. Abstract information of all types can be gathered by questioning others. A well-chosen question can yield information that would take much more time and efforts to gather by observation or any other method. A survey can use the telephone, mail, email, or Internet as the medium to expand geographical coverage at a fiction of cost and time as required by the other methods of primary data collection.

Questionnaire design:

Questionnaire is a structured/ unstructured technique for data collection consisting of a series of questions, written or verbal, that a respondent answers. A questionnaire was designed by the researcher in consultation with the thesis supervisor and by obtaining the opinion of other experts. The designed Questionnaire consists of 30 questions, which are related to their awareness of the concept of Medical Tourism, and services they have received so far, or are in process of receiving. Also some questions pertaining to “patient satisfaction-Medical Tourism” were asked to ascertain the level of satisfaction achieved through different treatment patterns and relaxation needs as offered by different service providers. The questionnaire consists of several unstructured questions, which are open ended and the respondents answered in their own words. Such questions enabled the respondent to express general attitudes and opinions that helped the researcher interpret their response with more clarity. The research being exploratory, these unstructured questions provided the researcher with rich insights into the perceptions of Foreign Patients about the relevant issues. The questionnaire also consists of structured questions, where multiple choice, as well as dichotomous questions were used to further assess the Medical Tourism satisfaction rate in India, from the perspective of a Foreign Patient. In multiple-choice questions, the Foreign Patients were provided with

a choice of answers, and were asked to choose the best alternative according to them. In dichotomous questions, only two responses-yes, and no, were given. And the respondent was asked to choose one accordingly. Questions were explained to them if any respondent did not understand a particular question. The satisfaction rate of the Foreign Patients was ascertained on the itemised rating scale-Likert Scale. Also the responses achieved through open-ended questions were decoded to form four main options, which were then used for the qualitative analysis.

Pilot Survey

Prior to the final survey, the questionnaire was pilot- tested using a sample of respondents similar in nature to the final sample. The goal of pilot survey was to ensure readability and logical arrangements of questions. Also to identify and eliminate potential problems. The (Questionnaire was administered to 30 respondents of the selected hospitals included in the study to ensure that the respondents understood the questions. Debriefing to the respondents was done while they were told that the questionnaire they filled in was a pilot-test and the objectives of pilot testing were described to them. They were asked to describe the meaning of each question, explain their answers, and to state any problems they encountered while answering the questionnaire.

Interview

Interviews of the facility providers and seekers were conducted and discussion made with the medical and Para-medical professionals of the selected hospitals in Chennai.. The facility seekers were interviewed through questionnaire to evaluate the satisfaction rate of the different hospitals. The facility providers were also interviewed whenever needed to know about their set of offerings. Also to know which countries

are the major facility seekers and what kind of their preferences are been taken care of by the providers.

Limitations of the study

The study based on the perceptions of the patients and medical professionals and the biasedness could not be tested.

The study made in the orbit of Chennai hence couldn't incorporate the alternative choice of the patients.

Chapter Plan

The first chapter contains the basic contextual background of the study importance of the health care, Medical Tourism, the features of the health care sectors, background of the study, methodology, objectives, hypotheses, and methodology.

The second chapter consists of literature review pertains to the medical tourism both Indian and international studies, consists of health care service availability, accessibility and challenges.

The third chapter examined the various theoretical insights of the health care, schemes and measures to pertain to medical tourism, growth and importance of medical tourism across global level, India and Tamil Nadu.

Fourth chapter describes the profile of the study area, it deals the historic significance of the Chennai climatic conditions of the study area, tropical, demographic situation of the Chennai, details of the administrative set-up, Medical and educational infrastructure, rain fall, information on industries and medical facilities and educational infrastructure .

Fifth Chapter describes the analyses of the primary data and the inferences derived from the analysis.

Chapter six exemplifies the summary and conclusion which includes the major findings and general observation made by the researcher apart from the empirical insights, suggestions, policy recommendations and scope for future research.