Chapter II

REVIEW OF LITERATURE

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Introduction

Review of literature gives an understanding of theory in the field to enable the researcher to place his question in perspective. Studying the related literature makes one learn which procedures and instruments have proved useful. The success and failure of the previous studies provides insight for designing one's own study. A thorough study of related literature helps to avoid unintentional replication of previous studies. It also helps the investigator to explore the facts, which has remained unexplored in the previous studies. A synthesized collection of prior studies helps the researcher to identify the significant overlaps and gaps among the prior research works.

Christof Pforr, Connie Locher, (2004)[1] sought to explore new opportunities to develop or enhance already established indigenous-run sustainable tourism operations (e.g. eco- and cultural tourism enterprises) in national parks. One aim is to investigate the conditions required for the successful establishment of strategic alliances between indigenous people, land management agencies, research scientists and the pharmaceutical industry a collaboration which is anticipated to improve the cultural, social, economic and environmental sustainability of the indigenous tourism product. A so-called ethnobotanical approach is suggested, which comprehends the need to collaborate and cooperate across sectors to address the enhancement of Aboriginal social and economic well-being. Further, the study highlights the strategic importance

[1] Christof Pforr, Connie Locher, (2004) "Indigenous tourism and bush medicine: Is there a sustainable Nexus?", Tourism Review, Vol. 59 Iss: 2, pp.26 - 27

of brand image on the relationship between tourism service quality and destination loyalty. Tourism service quality acts as an antecedent to brand image and the later is essential to destination loyalty. In other words, brand image of the physical environment and people friendless and kindness are the critical linkage that create destination loyalty.

Roxana Oana Darabont, Paul Suceveanu (2007)[2] evaluate the demographic characteristics, and the pathology of the hospitalized patients, as well as the specific rehabilitation procedures in Romaina. The findings suggest that the interest of patients, with cardiovascular diseases, for medical tourism can be influenced by accessibility, by some particularities of the location, but also by the holistic nature of the rehabilitation procedures. The study further, highlighted that Romania has one of the highest mortality rates in Europe for ischemic heart disease and, especially, for cerebrovascular disease. Taking into account the actual prevalence of cardiovascular diseases, an augmentation of the demand for specialized medical services is expected. As this paper argues, this situation can have an important impact on medical tourism. We analyze original data on the case study of a hospital, specialized in cardiovascular treatment, in the Romanian county of Covasna, which is offering specific balneal procedures, such as CO2 .hydrotherapy, alongside regular rehabilitation programs.

[2] Roxana Oana Darabont, Paul Suceveanu, "Medical tourism in Romania: the case study of cardiovascular rehabilitation in Covasna" Annals of Tourism Research, A Social Sciences Journal, 31(1), 103-121. Year 2007

Elizabeth Anne Jenner (2008)[3] highlighted that health care has become one of the paramount issues of the 21st century as governments and individuals grapple the complex problems associated with contemporary medical care such as cost, affordability, and shifting demographic trends. One response has been the growth of medical tourism (sometimes called health tourism or global healthcare). Medical tourism is an example of how the forces of globalization are re-shaping what has previously been a relatively stable localized service, medical treatment, in the face of changes to health care. While traveling to distant locations in search of health restoring locations is not new as the affluent have long traveled to spas or exotic locales to derive health benefits. What has changed is who is doing it and why they are doing it as insurers and patients alike become eager participants in the outsourcing of medical care. The rising number of uninsured and underinsured Americans, particularly in the middle class, has been coupled with effective marketing by medical tourism companies to produce growing numbers of Americans traveling to foreign countries for healthcare. China, India, Korea, Malaysia, the Philippines, South Africa, and Thailand are only a few of the competitors for overseas patients as a source for economic development. Using analytic frameworks of Immanuel Wallerstein and Anthony Giddens to provide a social analysis of this phenomenon yields an exploration of this trend.

[3] Elizabeth Anne Jenner (2008), Unsettled borders of care: medical tourism as a new dimension in america's health care crisis, in Jennie Jacobs Kronenfeld (ed.) Care for Major Health Problems and Population Health Concerns: Impacts on Patients, Providers and Policy (Research in the Sociology of Health Care, Volume 26)Emerald Group Publishing Limited, pp.235 – 249

Amit Sen Gupta (2008)[4] highlighted that medical tourism promoted by the government and fueled by the corporate boom in medical care, India is increasingly seen as the favoured destination of "medical tourists" who cross national boundaries to seek treatment that is cheaper than in their home countries. Medical tourism is a multi-billion dollar industry promoted by governments and the medical and tourism industries. Patients who travel abroad for medical treatment do so for a variety of reasons. The elite from developing countries seek treatments not available in their own countries. Thus private hospitals in India are seeing an influx of patients from Bangladesh and the Gulf. Patients from the United States seek treatments that cost five to 10 times in their own country. And, as public-funded health insurance is unable to cope with the rising demands of an increasingly aging population, patients from countries such as the United Kingdom and Canada travel to India to beat the huge waiting period for many routine procedures.

Chukiat Chaiboonsri and Prasert Chaitip(2008)[5] examined the international tourist demand for the tourist destination across the world. Structural equation modeling was used to test the causal relationships between tourist travel motivations (travel cost satisfaction) and tourist destination (tourism product, tourism product attributes, and tourism product management). A survey containing Likert-type scales was used in collecting data from 100 international tourists who had traveled to India. Using factor analysis, dimensions were identified for scales used in the study: travel cost satisfaction, tourism product, tourism product attributes, and tourism product management. Results indicated that the travel cost satisfaction of international tourists

[4] Amit Sen Gupta, "Medical tourism in India: winners and losers" Indian Journal of Medical Ethics Vol V No 1 January- March 2008

[5] Chukiat Chaiboonsri and Prasert Chaitip, "A Structural Equation Model: India's International Tourism Demand for Tourist Destination" Annals of the University of Petrosani, Economics, 2008, vol. 8, issue 2, pages 107-134

had a positive influenced on tourism product at 0.33 (t=2.38) with statistics significant at the level of 0.05. Also the travel cost satisfaction had a positive influence on tourism product attributes at 0.30 (t=2.17) with statistics significant at the level of 0.05. The results of the research suggested that if the tourist destinations in India are maintained good management of tourist destinations in India. Such as maintaining the amenities of the tourism products, keeping good accessibility to the tourism products, keep a good image of tourism products, keeping the right price of tourism products and keeping the competitiveness of tourism products. Then not only will international tourist revisit India but also the numbers of tourists traveling to India will increase.

Nam Jin (2009)[6] made an attempt to identify the marketing actions undertaken by both the Korean government and medical institutions within Korea, using it as a case to highlight the broader issues concerning the marketing of medical tourism within a regional and global marketplace. Medical tourism marketing within Korea is analyzed using the 7 Ps of the marketing mix product, price, people, packaging, positioning, place, and promotion. Korea has potential competitive advantage in offering medical tourism services for an affordable price. There have been efforts to develop human resources and the service environment, including the Medical Korea brand based on medical competence advertised to potential consumers abroad. Despite these efforts to promote the Medical Korea brand, more effort is needed to build strong brand awareness of Korea as a medical tourism destination. Attention to coordinating seven elements of the marketing mix will ensure the most effective allocation of limited marketing resources. Inefficiencies, poor positioning, and misuse of marketing channels can lead to poor returns on investment, and these questions

[6] Nam Jin, "Marketing medical tourism in Korea" Journal of Community Health. Vol 15 Issue no 1 pp 7-15.Year 2009.

must be asked at the organizational level of providers as well as at the state level and national approaches.

Ana Ladeiras, António Mota, Jorge Costa, (2010)[7] made an attempt to illustrate the importance of a sound and participatory strategic planning process for the management of tourism at national and regional levels and its contribution to the sustainable development of destinations.The case study presented in this paper is based on an academic/industry project, launched to support the practical learning of strategic tourism planning and the strategic management of tourism destinations by MBA students. The Open Academy of Tourism, a partnership between the Institute of Tourism, and the Portuguese National Association of Tourism Regions, was created to support the development of strategic plans for Portuguese tourism regions, while allowing students to test and fine tune a model for strategic planning and managing tourism destinations. To better understand the applicability of this model, 13 case studies based on the same number of strategic plans were developed.The study reveals that the effective management of any tourist destination can be enhanced by following a carefully developed tourism strategy which contemplates the involvement of all stakeholders. It also demonstrates that academia can work closely together with public tourism organisations to develop meaningful plans of action for destinations.

Ramya M. Vijaya (2010)[8] focused on the relatively new conduit for the transfer of services from the developed to the developing economies - the growing trend of "medical tourism" where patients travel to low-cost developing countries for health procedures. The study also analysis whether either the cost savings for the

[7] Ana Ladeiras, António Mota, Jorge Costa, (2010) "Strategic tourism planning in practice: the case of the Open Academy of Tourism", Worldwide Hospitality and Tourism Themes, Vol. 2 Iss: 4, pp.357 - 363

[8] Ramya M. Vijaya, “Medical Tourism: Revenue Generation or International Transfer of Healthcare Problems? Journal of Economic Issues, 2010, vol. 44, issue 1, pages 53-70

patients or the revenue potential for the host economies. However, viewing the health sector merely in the monetary terms of transnational trade presents contradictions, which call for re-evaluating yet again the limitations of measuring economic progress merely in monetary terms. This article examines these contradictions based on a case study of the medical tourism industry in India. While health tourism is a potential revenue source, it also competes with the domestic health sector and could transfer some of the health care problems of the developed world to the developing world.

Neil Lunt and Daniel Horsfall (2011)[9] made an attempt to examined the evidence base around medical tourism outcomes to identify what we know about the results of treatment abroad, further, it also discusses the findings of an empirical study exploring the treatment outcomes of a sample of patients who had travelled from the UK for treatment abroad. Further, the study also highlighted that Medical tourism is an intimate clinical encounter, involving diagnosis and treatment, aiming at the achievement of a successful outcome. In focusing on outcomes there are a number of different themes relating to organization and delivery of medical tourism, including the opaqueness of numbers and the epidemiology of medical travellers, the different motivations of medical tourists, the role of private sector providers, regulation, monitoring and reporting, and the internet in marketing medical tourism.

Habeeb Ghatala (2011)[10] highlighted that medical tourism is broadly defined as the act of traveling to obtain medical care in another country or region of the same country where specialized or economical medical care is available complemented with well-being and recuperation of acceptable quality with the help of support

[9] Neil Lunt and Daniel Horsfall, "Outcomes and medical tourism" South Asian Journal of Tourism and Heritage Vol. 2 Issue 1 pp 68-76. Year 2011

[10] Habeeb Ghatala, "A Case for Medical Tourism in India" ", International Journal of Multidisciplinary Research, 1(3), July 2011, pp. 185-202

system. The World Health Organization (WHO) defines medical tourism as tourism associated with travel to health spas or resort destinations where the primary purpose is to improve traveler's physical well-being through a process comprising physical exercises and therapy, dietary control, and medical services relevant to health maintenance. India has become a destination of choice for patients from all hemispheres as the destination of choice for a wide range of medical services and surgical procedures. In addition to the tangible expertise of medical and nursing staff, allied health services staff, the intangible compassionate care of support services staff draws patients to tertiary care hospitals in India. Equally important is the lower cost of world class treatment at a fraction of what it costs in the Western or so-called developed countries. In addition, there is no waiting period for any of the major surgical interventional procedures in the corporate hospitals in India. There are several dynamic internal and external factors which hinder medical tourism in India. The future of medical tourism in India is exceptionally promising. There are abundant opportunities for corporate tertiary care hospitals to follow the example of hospitals in the Texas Medical Center is securing substantial gifts from selected Indian and international patients to improve the infrastructure and thus patient care and promote research. This can be accomplished by establishing a professionally managed Office of Development.

Tomas Mainil, Vincent Platenkamp, Herman Meulemans, (2011)[11] made an attempt to detect and assess the rupture caused by global health care or medical tourism within the field of the written media, in order to define the reality of medical tourism as a trans-historical field. The methodology of this study comprised an

[11] Tomas Mainil, Vincent Platenkamp, Herman Meulemans, (2011) "The discourse of medical tourism in the media", Tourism Review, Vol. 66 Iss: 1/2, pp.31 - 44

extensive discourse analysis of written and new media performed over a time frame of more than a decade. Market, medical, ethical and patient discourses were detected along scientific sources, international and local newspapers. The study results indicate that a change in the market discourse has caused a shift in the attitude towards medical tourism, where ethical voices are seen as submissive to the market logic. In the current time perspective, medical tourism has become more mature with the development of non-ethical counterparts such as organ tourism and reproductive tourism as a consequence.

Pedro Barros (2011)[12] highlighted the medical tourism has implications for the equilibrium of health systems. The challenges medical tourism poses will be different across health systems, depending on their particular institutional features, on health insurance protection and on how provision of health care is organized. Health systems decisions influence both outbound and incoming medical tourism flows. By defining health insurance coverage for patients looking for health care in another country, health systems influence outbound flows. For incoming patients, in a country with difficult access to health care, treating medical tourists on preferential terms may present political difficulties. Health systems with public providers participating in medical tourism initiatives will face challenges regarding differential prices and qualities between domestic and foreign patients. Engaging in medical tourism may work as a strategy by a health system in order to avoid medical brain drain. System-wide effects on quality of care are less clear. The existence of competition in quality may lead to more quality improvements. On the other hand, aftercare externalities may require carefully crafted payment systems. The way in which health systems are

[12] Pedro Barros, "Health systems and medical tourism" Tourism ManagementVol 8 Issue 3 pp 217-222. Year 2011

affected by medical tourism and how they adjust remains an important research area, both for theory and empirical work.

Gurmeet Singh and Harish Gautam (2012)[13] made an attempt to find the reasons why the inbound patients, especially from the developed world (notably the USA, Europe, and Britain) consider India as a remedial destination. The study also tries to find how far the considerations of cost and quality in this sector matter to all inbound patients. The study has tried to identify important factors, like the low waiting time for seeking treatment, the potential for savings and the quality of medical facilities on offer, which patients from abroad consider decisive while choosing India for the purpose of medical aid. The study further highlighted that many countries of the world are now promoting themselves as international medical centres and attracting patients from across the globe. With competition in medical tourism intensifying further, India must conquer a share of the international medical services market to stay in the competition.

Shanmugam K. Rangasamy (2013)[14] attempted to estimate the number of medical tourists and earnings of India. The projection indicates that the number of medical tourist in India is likely to reach 2.8 million and the market will be around US $ 4 billion by 2015. The study also analyze the trends in foreign tourist arrivals in India and foreign exchange earnings from them, the factors favoring the growth of medical tourism in India, including the initiatives of government and industry, the opportunities available for India to make further progress and the challenges facing

[13] Gurmeet Singh and Harish Gautam, "Medical tourism unwrapping the gift of globalization"International Journal of Education Economics and Development, 2012, vol. 3, issue 1, pages 19-32

[14] Shanmugam K. Rangasamy, "Medical Tourism in India: Progress, Opportunities and Challenges" Working Papers from Madras School of Economics,Chennai MONOGRAPH 26/2013.

the industry. The study demonstrates a simple Ricardian model of trade for healthcare industries in two model countries (India and South Korea) and shows how they can gain from trade. Further, the study also highlighted that 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. Currently India hosts about 1.27 million medical tourists from industrialized countries like UK and USA and from its neighboring countries such as Bangladesh, Sri Lanka, and China. Its foreign exchange earnings from medical tourism are around US $ 1.8 billion.

Anupama Sharma (2013)[15] highlighted the potential of Medical Tourism industry in India. It also helps in introspecting the Hospital Accreditation system for Medical Tourism, examining the role of Government in promoting infrastructure for Medical Tourism and analyzing the latest trend to increase the flow of Medical tourism. For analyzing the potential and significance of medical tourism in India, the data has been gathered through secondary sources which includes Books, Magazines, Journals, E-Journals and websites etc. After analyzing all the facts it can be concluded that India is in an advantageous position to tap the global opportunities in the medical tourism sector. The government's role is crucial to the development of medical tourism. The government should take steps in the role of a regulator and also as a facilitator of private investment in healthcare. Mechanisms need to be evolved to

[15] Anupama Sharma, "Medical tourism: emerging challenges and future prospects" International Journal of Business and Management Invention, Volume 2 Issue 1 January. 2013. PP.21-29

enable quicker visa grants to foreign tourists for medical purposes where patients can contact the Immigration Department at any point of entry for quick clearance.

Marc Piazolo and Nursen Albayrak Zanca (2013)[16] demonstrated a simple Ricardian model of international trade for health care industries of the USA and India. The motivation is to illustrate that specialization and free trade result in gains from international trade. The study would shed some light on the economics of outbound as well as inbound medical tourism. By adopting the model of comparative advantage to the costs of medical surgeries, we will show that trade between our two model countries – India and the USA – is beneficial to both of them. By specializing on the type of surgery they are most efficient in producing, it will enhance the well-being of both nations. Numerical examples and graphical presentations help to support the arguments. In addition, The study lift some of the more restrictive assumptions. By including transportation costs, barriers of trade as well as a larger variety of surgical services, the central message of the beneficial effect of specialization still remains, even though the general picture becomes slightly blurred. There is evidence for support of a more multi-polar international system of trade in medical services.

Bikash Ranjan Debata and Bhaswati Patnaik (2013)[17] made an attempt to develop an appropriate construct to benchmark Medical tourism service providers in India for formulating strategies through understanding deficiencies for improving their performance. This study applied a non-parametric technique known as Data Envelopment Analysis (DEA) as a performance assessment tool for benchmarking of Medical tourism in India. A total of thirty nine medical tourism service providers in

[16] Marc Piazolo and Nursen Albayrak Zanca , "The Economics of Medical Tourism A Case Study for the USA and India" Journal of Hospitality Application and Research.Vol 2 Issue 1. Year 2013

[17] Bikash Ranjan Debata and Bhaswati Patnaik, "Efficiency measurement amongst medical tourism service providers in India" International Journal for Responsible Tourism, 2013, vol. 1, issue 1, pages 24-31

India are chosen for benchmarking purpose. The average score of efficiency is found 0.95 with a standard deviation of 0.084 when Charnes, Cooper and Rhodes (CCR) model is used. Similarly, when the Banker, Charnes and Cooper (BCC) model is used the average score is found to be 0.975 with a standard deviation of 0.06. In order to check for existence of significant difference between medical tourism performance scores calculated using DEA models (CCR and BCC), a paired sample t-test is carried out. It is found that there is a significant difference between efficiency scores obtained through CCR and BCC models. The study identifies the parameters in which the inefficient DMUs lack for formulating necessary strategies to improve upon them. This method, being a generic one can be adopted by the managers to assess Medical tourism performance in any environment provided the DMUs are homogenous in nature.

Bikash Ranjan Debata Siba Sankar Mahapatra (2013)[18] made an attempt to develop a comprehensive framework to identify and classify key medical tourism enablers (MTEs) and to study the direct and indirect effects of each enabler on the growth of medical tourism in India. An integrated approach using interpretive structural modeling (ISM) has been developed to identify and classify the key MTEs, typically identified by a comprehensive review of literature and expert opinion. The key enablers are also modeled to find their role and mutual influence. The key finding of this modeling helps to identify and classify the enablers which may be useful for medical tourism decision makers to employ this model for formulating strategies in order to overcome challenges and to become a preferred medical tourism destination. Integrated model reveals enablers such as medicine insurance coverage, international

[18] Bikash Ranjan Debata Siba Sankar Mahapatra (2013) "Evaluating medical tourism enablers with interpretive structural modeling", Benchmarking: An International Journal, Vol. 20 Iss: 6, pp.716 – 743

healthcare collaboration, and efficient information system as dependent enablers. No enabler is found to be autonomous enablers. The important enablers like healthcare infrastructure facilities and global competition are found as the linkage enablers. Research in medicine and pharmaceutical science, medical tourism market, transplantation law, top management commitment, national healthcare policy, competent medical and para-medical staffs are found as the independent enablers. Integrated model also establishes the direct and indirect relationship among various enablers.

Michael Guiry, Jeannie J. Scott, David G. Vequist (2013)[19] made an attempt to compare experienced and potential US medical tourists' foreign health service-quality expectations. Data were collected via an online survey involving 1,588 US consumers engaging or expressing an interest in medical tourism. The sample included 219 experienced and 1,369 potential medical tourists. Respondents completed a SERVQUAL questionnaire. Mann-Whitney U-tests were used to determine significant differences between experienced and potential US medical tourists' service-quality expectations. For all five service-quality dimensions (tangibles, reliability, responsiveness, assurance and empathy) experienced medical tourists had significantly lower expectations than potential medical tourists. Experienced medical tourists also had significantly lower service-quality expectations than potentialmedical tourists for 11 individual SERVQUAL items. Further, the results suggested that using experience level to segment medical tourists. The study

[19] Michael Guiry, Jeannie J. Scott, David G. Vequist (2013) "Experienced and potential medical tourists' service quality expectations", International Journal of Health Care Quality Assurance, Vol. 26 Iss: 5, pp.433 – 446

also has implications for managing medical tourist service-quality expectations at service delivery point and via external marketing communications.

Pamela Smith and Dana Forgione (2013)[20] sought to model factors that influence a patient's decision to seek healthcare services abroad. The study develop a two-stage model for medical tourism- the first stage being the evaluation of the foreign country and the second stage choosing the healthcare facility. The study argue country-specific characteristics influence the country of choice-including economic condition, political climate, and regulatory policies. Further, the study also argues that certain factors- including costs, hospital accreditation, quality of care, and physician training impact the choice of healthcare facility. The model suggests that no one factor is dominant in the decision, but all play a crucial role in choosing healthcare on an international basis. Policy makers must use these factors to evaluate the impact medical tourism will continue to have on the US healthcare system in order to effectively compete in today's global, consumer-driven healthcare market.

Woodhead Anthony , (2013)[21] made an attempt map out the growth in international accreditation and its relationship to medical tourism markets. Using self-reported data from Accreditation Canada, Joint Commission International (JCI) and Australian Council on Healthcare Standards (ACHS), this article examines how quickly international accreditation is increasing, where it is occurring and what providers have been accredited. The study found that since January 2000, over 350 international hospitals have been accredited; the JCI's total nearly tripling between 2007-2011. Joint Commission International staff have conducted most international accreditation

[20] Pamela Smith and Dana Forgione, "Global Outsourcing of Healthcare: A Medical Tourism Decision Model" International Journal of Contemporary Hospitality Management, 8(7),44-51. Year 2013

[21] Woodhead Anthony , (2013) "Scoping medical tourism and international hospital accreditation growth", International Journal of Health Care Quality Assurance, Vol. 26 Iss: 8, pp.688 – 702

(over 90 per cent). Analyzing which countries and regions where the most international accreditation has occurred indicates where the most active medical tourism markets are. However, providers will not solely be providing care for medical tourists. Accreditation will not mean that mistakes will never happen, but that accredited providers are more willing to learn from them, to varying degrees. If a provider has been accredited by a large international accreditor then patients should gain some reassurance that the care they receive is likely to be a good standard.

Padma Panchapakesan (2013)[22] explored the primary antecedents of medical tourists' loyalty, considering both the functional and the hedonic components of the service. An instrument is also developed to obtain the perceptions of medical tourists as well as to measure the determinants of their loyalty. The study further highlighted that with the rise in number of medical travelers exponentially, Indian medical tourism is witnessing a high rate of growth. As many countries are foraying into this promising industry, it is imperative for the medical tourist service providers in India to take cognition of their levels of service in order to meet the expectations of their global consumers.

Saisudha Rajagopal, Lei Guo, Bo Edvardsson, (2013)[23] made an attempt to identify enabling and inhibiting factors that influence patients during their consideration of medical tourism for their healthcare requirement. The research provides marketing and practice implications that help in promoting medical tourism service. Furthermore, the paper provides evidence from medical tourism service to establish the relationship between resource integration and adoption of the service.

[22] Padma Panchapakesan, "Antecedents of customer loyalty in medical tourism" No 13-03, Working Papers Series 2 from ISCTE-IUL, Business Research Unit (BRU-IUL) 2013

[23] Saisudha Rajagopal, Lei Guo, Bo Edvardsson, (2013) "Role of resource integration in adoption of medical tourism service", International Journal of Quality and Service Sciences, Vol. 5 Iss: 3, pp.321 – 336

The study takes a two-pronged exploratory study approach, with study one focusing on analyzing prospective medical tourists' emotional impediments in their consideration of the service, while study two analyses the factors that helped medical tourists who have already availed the service, overcome the impediments. The study indicates that perceived knowledge disadvantage, lack of perceived control, and lack of social support in the destination country lead causes emotional discomfort to medical tourists. The study also indicates that the ability to integrate social resources available to them helped prospective medical tourists in their assessment of medical tourism service prior to adopting it. The article establishes that integration of social resources enables the patients to overcome the emotional discomfort and thus pursues to adopt medical tourism service.

Saurabh Mishra and Vandana Jaiswal (2013)[24] highlighted that in today's world, the concept of implementing any standard is very much necessary for any nation to stand on a global level. Medical tourism is one of the most emerging industries in India. Many tourists from different nations travel across the world in order to reach India for medical facilities. There are several reasons for choosing this destination which includes reduced cost, lesser waiting time, well-trained Doctors and advanced technology as well. But at the same time, what hinders the growth of medical tourism in India is that the security measures in relation to data confidentiality and privacy is not up to the mark. There is a need for a specific and global standard so that the quality of service is improved which will also make the medical sector more reliable for the medical tourists here. U.S. is one of the major hosts in the field of medical tourism but the major problem is the high cost and long

[24] Saurabh Mishra and Vandana Jaiswal, "An Implicit Effect of the Health Insurance Portability and Accountability Act on Medical Tourism in India" UTMS Journal of Economics, 2013, vol. 4, issue 3, pages 309-324

waiting queues. The major reason for choosing US as a place for availing medical services is the standard of services and a better level of data security. HIPAA (Health Insurance Portability and Accountability Act) was enacted in 1996 in the U.S.in order to protect the health related information of the patients. If any standard of such a nature is implemented in India then it will be a boom to the medical tourism industry in India.

Christian Wernz , Pooja Thakur Wernz (2014) [25]discussed the concepts of service convergence and service integration, illustrate them in the context of the medical tourism industry, and link them to factors that contributed to the success of a medical tourism firm. The basis for the conceptual development of service convergence and service integration is an in-depth case study of Bumrungrad International Hospital (BIH) in Thailand. Based on semi-structured interviews and archival data, BIH's business model is analyzed and factors are identified that led to its success in the industry. The study highlighted that BIH's success can be attributed to nine key initiatives that enhanced customer focus, operational efficiency, and service quality. These initiatives supported BIH's twofold business model of product differentiation and globally competitive prices. The firm's activities led to the integration of medical and hospitality services resulting in a new, enhanced product. Competitors adopted BIH's service integration approach, which started the service convergence trend in the medical tourism industry.

[25] Christian Wernz , Pooja Thakur Wernz (2014) "Service convergence and service integration in medical tourism", Industrial Management & Data Systems, Vol. 114 Iss: 7, pp.1094 - 1106

Jessica D. Giusti, Fabio Papa and Emanuele Pizzurno (2014[26]) explore government initiatives in clusters where the medical and tourism industries engage in a virtuous circuit for regional competitiveness. The paper builds on the longitudinal case study of the Thailand medical tourism cluster, analyzing its formation and development in time and the competitiveness policies set up by the government. In Thailand, idiosyncratic factor conditions allowed the creation of a new form of cluster, where the health and the hospitality systems are beneficially tied together in a self-reinforcing mechanism of competitiveness nurtured by tourism flows. Our findings will help regional policy-makers understand the role of government in the formation and development of clusters where tourism is synergic with the medical industry for regional competitiveness. Further, the study also highlighted that despite the increasing debate in literature on both tourism clusters and medical tourism, the role played by the government in medical tourism clusters remains vastly unexplored.

Dhodi (2014)[27] highlighted that medical tourism is considered the emerging trend for Indian healthcare growth. It is interesting to note that the scope & opportunity for India in medical tourism sector is very large and the corporate multi/Super specialty hospitals here can take a big slice of the cake. Indian healthcare industry provides specialty treatment like cardiology, cardiothoracic surgery, joint replacement, orthopaedic surgery, urology and transplant of major organs. Indian hospital serves the patient with latest innovative technology at very economic cost in comparison to other countries specially developed nations. India has a 2% share of the

[26] Jessica D. Giusti, Fabio Papa and Emanuele Pizzurno, "Competitiveness policies for medical tourism clusters: government initiatives in Thailand" International Journal of Economic Policy in Emerging Economies, 2014, vol. 7, issue 3, pages 281-309

[27] Dhodi, "Trends and Scope of Medical Tourism: Case Study of Delhi NCR, India" International Research Journal of Business and Management – IRJBM, February - 2014 - Volume No – II

global health tourism market. According to a study, medical tourism in India is projected to become a US $2.3 billion industry with an annual growth rate of 30% in 2012 from 12% (2002). India's medical tourism selling slogan "First World Treatment at Third world Prices" is very effective and popular campaign in all over the world. Delhi/NCR has emerged as a perfect destination for medical tourism in India. The government as well as private players are keenly assessing the potential and means to tap the same. Many private players established high-tech hospitals and are providing health care facilities; which matches the highest standards of healthcare delivery worldwide. India's traditional health care therapies like Ayurveda and Yoga combined with allopathic treatment provides a holistic wellness which is comparative advantage.

Rodrigo Murillo (2014)[28] analyzed the tourism industry from national and regional perspectives, in order to understand the past and current trends in Costa Rica's positioning and branding attributes and strategies for tourism development. The intent here is not to provide an exhaustive comprehensive literature review of academic research on country branding; and so it is by all means a case study as it describes the evolution of the tourism industry in Costa Rica – including the transformative stages the country went through since the 1980s – as planned tourism national management programs evolved toward reaching the target of creating a nature-based tourism brand. The medical industry and then medical tourism industries are analyzed in a global basis and the US market is examined in detail because of its potential to develop a new complementary niche for Costa Rica's tourism industry.

[28] Rodrigo Murillo (2014), Assessing National Destination-branding Transformations: Theory and Application to Costa Rica's Nature-based and Medical Tourism Product-services, in Arch G. Woodside , Metin Kozak (ed.)Tourists' Perceptions and Assessments (Advances in Culture, Tourism and Hospitality Research, Volume 8)Emerald Group Publishing Limited, pp.71 – 109

The study intends to asses Costa Rica's potential to become a country brand in medical tourism, leveraged on its natural tourism destination branding status quo.

Fernando G. Alberti and Emanuele Pizzurno (2014)[29] explored government initiatives in clusters where the medical and tourism industries engage in a virtuous circuit for regional competitiveness. The paper builds on the longitudinal case study of the Thailand medical tourism cluster, analyzing its formation and development in time and the competitiveness policies set up by the government. In Thailand, idiosyncratic factor conditions allowed the creation of a new form of cluster, where the health and the hospitality systems are beneficially tied together in a self-reinforcing mechanism of competitiveness nurtured by tourism flows. Our findings will help regional policy-makers understand the role of government in the formation and development of clusters where tourism is synergic with the medical industry for regional competitiveness. Further, the study also highlighted that increasing debate in literature on both tourism clusters and medical tourism, the role played by the government in medical tourism clusters remains vastly unexplored.

Arch G. Woodside , Metin Kozak (2014)[30]describes conscious and nonconscious perception and assessment processes by tourists. The primer links the field of tourism perception studies to the literature of experimental social psychology. The primer describes the important roles that metaphors play in connecting conscious and nonconscious thinking and how both tourism brand managers and tourists use

[29] Fernando G. Alberti and Emanuele Pizzurno, "Competitiveness policies for medical tourism clusters: government initiatives in Thailand" International Journal of Economic Policy in Emerging Economies, 2014, vol. 7, issue 3, pages 281-309

[30] Arch G. Woodside , Metin Kozak (2014), Primer to Tourists' Perceptions and Assessments Including How-to-build Formal, Implementable, Models of the Tourist Gaze, in Arch G. Woodside , Metin Kozak (ed.) Tourists' Perceptions and Assessments (Advances in Culture, Tourism and Hospitality Research, Volume 8) Emerald Group Publishing Limited, pp.1 - 22

metaphors to use stories to enable enactments and favorable outcomes of archetypal motivations. The primer introduces formal implementable models of the major tenet in Urry's tourist gaze – visitors' home culture automatically and mostly non-consciously profoundly influences their perceptions, assessments, and interpretations of what they see when traveling and visiting away destinations. Model implementation includes applying Boolean algebra-based asymmetric tests instead of symmetric matrix algebra-based statistical tests – the asymmetric tests examine for the consistency of high scores in perceiving, assessing, and behaviors of complex configurations of antecedent conditions. A detailed empirical example of asymmetric testing includes consistent high scores for Americans, Brits, Canadians, and Germans for not shopping for gifts to take home during their visits to Australia. This primer also introduces the concept of the tourist meta-gaze – seeing and assessing outside the automatically activated culturally based tourist gaze.

Rupa Chanda (2014)[31] examined India's presence as a medical tourism destination and exporter of capital in the South Asian region. It highlights the key characteristics of these exports to the regional market and the main facilitators and constraints. The discussion also touches upon the debate surrounding the positive and negative implications of such flows for India's healthcare system. The study also portrayed by stressing the contribution health services integration in South Asia can make towards building goodwill and better relations, and India's importance in this regard. It outlines the various regulatory and infrastructural initiatives that need to be taken by governments and the private sector to make this possible. Further, the study also highlighted that the medical tourism industry reportedly stood at over US$100

[31] Rupa Chanda, "Medical tourism and outward FDI in health services: India in South Asia" Multi-Disciplinary Edu Global Quest Vol1 Issue 1 pp115-135. Year 2014

billion in 2012 with 5 to 6 million patients seeking healthcare across borders annually. The sector is also witnessing growing cross-border capital flows. Much of these trade and investment flows occur within regions, Asia being one such region. Within Asia, India is one of the leading exporters of healthcare. Its medical tourism industry was estimated at US$4billion in 2012. India is also an important source of FDI in health services, with leading hospital chains that have overseas presence through subsidiaries and tie-ups.

Lakhvinder Singh (2014)[32] presented an overview of medical tourism in India and presents a SWOT analysis and concludes with some valuable suggestions to develop India as a global Medical Tourism destination. The research is descriptive in nature and the data used includes interviews and discussions with various stakeholders as well as a literature review based on secondary sources. The research reveals that the key competitive advantages of India in the medical tourism arena arises from the following: low cost advantage, strong reputation in the advanced healthcare segment (cardiovascular surgery, organ transplants, eye surgery etc.) and the diversity of the many and unique tourist destinations available in the country. The key concerns facing the industry include: absence of government initiatives, the lack of a coordinated effort to promote the industry, the lack of an accreditation mechanism for hospitals and the lack of uniform pricing policies and standards across hospitals throughout India.

David Reisman (2015)[33] concentrated on three particular advantages for the international patient: price, quality and product differentiation. Price can be lower and

[32] Lakhvinder Singh, "An evaluation of medical tourism in India" African Journal of Hospitality, Tourism and Leisure Vol. 3 (1) - (2014

[33] David Reisman, "The economics of health and medical tourism" Handbook on Medical Tourism and Patient Mobility, 2015, pp 82-91 from Edward Elgar Publishing

labour often cheaper even if technical equipment has to be bought at world prices. Quality is assured by certifying bodies like Joint Commission International (JCI) and by professional training in respected medical schools. Product differentiation can take the form of traditional Chinese medicine in Beijing or Ayurveda in India, but also experimental drugs and commercial transplants. The new middle classes benefit from a greater range of choices, not least in elective areas such as cosmetic surgery and dentistry. The poor do not benefit directly, although indirectly they may enjoy spillovers such as employment, tax-funded welfare and cross-subsidization of services for the home population. The study concluded that, suitably managed, medical tourism can stimulate a regional and even a national multiplier that delivers a plus-sum gain through economic growth.

Noor Hazilah Abd Manaf and Husnayati Hussin(2015)[34] made an attempt to explore the perception of international patients on Malaysia as a medical tourism destination country, as well as overall patient satisfaction, perceived value and future intention for repeat treatment and services. Self-administered questionnaire was the main method of data collection. The survey covered major private hospitals in medical tourists' states in the country, namely, Penang, Melaka, Selangor and Kuala Lumpur. Convenience sampling was used due to the condition of patients as respondents. The study found that Indonesian patients formed the largest majority of international patients in the country. Five dimensions of medical tourism in Malaysia was identified, namely, hospital and staff, country factor, combining tourism and health services, cost saving and insurance and unavailability of treatment. Of these, hospital and staff was found to be the most important factor for the patients.

[34] Noor Hazilah Abd Manaf , Husnayati Hussin (2015) "Country perspective on medical tourism: the Malaysian experience", Leadership in Health Services, Vol. 28 Iss: 1, pp.43 - 56

Perception of value, overall satisfaction and intention for future treatment was also found to be high. This indicates that Malaysia is on the right footing in this burgeoning industry.

Tricia J. Johnson , Jaymie S. Youngquist (2015)[35] evaluated the potential of 24 country-level measures for predicting the number of outbound international medical travelers into the USA, including health and healthcare system, economic, social and diplomatic and travel pattern factors. Medical travel is recognized as a growing global market and is an important subject of inquiry for US academic medical centers, hospitals and policy makers. Few data-driven studies exist to shed light on efficient and effective strategies for attracting international medical travelers.This was a retrospective, cross-sectional study of the 194 member and/or observer countries of the United Nations. Data for medical traveler volume into the USA between 2008 and 2010 were obtained from the USA Department of Commerce, Office of Travel and Tourism Industries, Survey of International Air Travelers. Data on country-level factors were collected from publicly available databases, including the United Nations, World Bank and World Health Organization. Linear regression models with a negative binomial distribution and log link function were fit to test the association between each independent variable and the number of inboundmedical travelers to the USA. The study found that seven of the 24 country-level factors were significantly associated with the number of outbound medicaltravelers to the USA These factors included imports as a per cent of gross domestic product, trade in services as a per cent of gross domestic product, per cent of population living in urban

[35] Tricia J. Johnson , Jaymie S. Youngquist (2015) "Factors influencing medical travel into the United States", International Journal of Pharmaceutical and Healthcare Marketing, Vol. 9 Iss: 2, pp.118 - 135

areas, life expectancy, childhood mortality, incidence of tuberculosis and prevalence of human immunodeficiency virus.

Bikash Ranjan Debata , and Bhaswati Patnaik (2015)[36] made an attempt to identify the dimensions of service quality as well as of service loyalty in the context of medical tourism. It seeks to demonstrate the conceptualization of medical tourism service loyalty (MTSL) construct. This research also attempts to examine the effect of service quality dimensions on service loyalty dimensions of medical tourism. The dimensions of service quality as well as of service loyalty are identified using an exploratory factor analysis. The related hypotheses are tested using structural equation modeling (SEM).identifies eight-factor construct for medical tourism service quality and three-factor construct for MTSL. It is found that the treatment satisfaction dimension of service quality has positive and significant impact on MTSL. It is also observed that, overall, medical tourism service quality has positive impact on MTSL. Further, the concept of service quality and service loyalty in medical tourism sector. In conceptualizing MTSL, the authors propose an integration of behavioral measures, attitudinal measures and cognitive measures. The interrelationship between the service quality construct and medical loyalty construct was established using SEM. This is useful for the healthcare manager to measure the medical tourist's perceptions of service quality on these dimensions as related to medical tourism performance.

Patil chetan Vitthal and Amrutkar Rupesh subhash (2015[37]) focused on the key issues and opportunities possessed by Indian medical tourism sector that enable it to overcome domestic and international barriers on upgrading its medical services.

[36] Bikash Ranjan Debata , and Bhaswati Patnaik (2015) "Interrelations of service quality and service loyalty dimensions in medical tourism: A structural equation modelling approach",Benchmarking: An International Journal, Vol. 22 Iss: 1, pp.18 – 55

[37] Patil chetan Vitthal and Amrutkar Rupesh subhash, "Emerging Trends and Future Prospects of Medical Tourism in India" Patil chetan Vitthal et al /J. Pharm. Sci. & Res. Vol. 7(5), 2015, 248-251

Finally, this paper analyses and concludes the main reasons why the developing country like India attracts foreign tourists for the medical treatment. It is a basket of services to patient-tourists who want their medical treatments done in foreign countries. Medical tourism can be defined as provision of 'cost effective' personal health care/private medical care in association with the tourism industry for patients needing surgical healthcare and other forms of dedicated & specialized treatment. Keyword: medical tourism, hospital, healthcare, travel. Further, the study also highlighted that medical tourism is a rapidly-growing practice of travelling across international borders to obtain health care. It encompasses primarily and predominantly biomedical procedures, combined with travel and tourism. The term medical tourism has been coined by travel agencies and the mass media to describe the rapidly growing practice of travelling across international borders to obtain hi-tech medical care. The key competitive advantages of India in medical tourism stem from the following: low cost advantage, strong reputation in the advanced healthcare segment and the diversity of tourist destinations available in the country. Medical tourism or health care tourism is fast growing multibillion-dollar industry around the world.

Thinnakorn Noree (2015)[38] examined medical tourism based on individual patient data, and the most comprehensive analysis to date of the size, shape and impact of medical tourism on the health system and economy. It focuses on Thailand, one of the world's foremost destinations for medical tourism. A cross-sectional survey of medical tourists in five private Thai hospitals was conducted, comprising 911 913 patient records, as well as a patient survey of 293 medical tourists. In addition, 15

[38] Thinnakorn Noree, "Medical tourism: a case study of Thailand" International Journal of Hospitality Management, 25(2), 170-192. Year 2015

hospital executives and 28 service providers in four private hospitals were interviewed. Findings show previous estimates suggesting over 1 million tourists per year were inflated. Medical tourists in Thailand are non-homogenous. The majority of them are likely to be opportunistic tourists who travel to Thailand with other purposes combining medical services. Most patients travel from within the region. They and their companions contribute to the Thai economy in terms of medical and tourism spending. This research identified no negative consequences for the health system.

Krystyna Adams and Jeremy Snyder (2015)[39] made an attempt to respond to a knowledge gap regarding the motivations of medical tourists, the term used to describe persons that travel across borders with the intention of accessing medical care. Commonly cited motivations for engaging in medical tourism are typically based on speculation and provide generalizations for what is a contextualized practice. This research paper aims to complicate the commonly discussed motivations of medical tourists to provide a richer understanding of these motivations and the various contexts in which medical tourists may choose to travel for medical care. This study uses the Iso-Ahola's motivation theory to analyze tourists' motivations. Quotations from participants were used to highlight core themes relevant to critical theories of tourism. The study found that participants' discussions illuminated motivations to travel related to personal and interpersonal seeking as well as personal and interpersonal escaping. These motivations demonstrate the appropriateness of applying critical theories of tourism to the medical tourism industry. Further, the study expands the conversation about medical tourists' decision-making and how this

[39] Krystyna Adams and Jeremy Snyder (2015) "Tourism discourse and medical tourists' motivations to travel", Tourism Review, Vol. 70 Iss: 2, pp.85 – 96

is informed by tourism discourse. This insight may contribute to improved guidance for medical tourism stakeholders for more ethical and safe practices.

Li-Hsing Ho , Shu-Yun Feng , Tieh-Min Yen , (2015)[40] intended to create a model to measure quality of service, using fuzzy linguistics to analyze the quality of service of medical tourism in Taiwan so as to find the direction for improvement of service quality in medical tourism. The study developed fuzzy questionnaires based on the characteristics of medical tourism quality of service in Taiwan. Questionnaires were delivered and recovered from February to April 2014, using random sampling according to the proportion of medical tourism companies in each region, and 150 effective samples were obtained. The critical quality of service level is found through the fuzzy gap analysis using questionnaires examining expectations and perceptions of customers, as the direction for continuous improvement. From the study, the primary five critical service items that improve the quality of service for medical tourism in Taiwan include, in order: the capability of the service provider to provide committed medical tourism services reliably and accurately, facility service providers in conjunction with the services provided, the cordial and polite attitude of the service provider eliciting a sense of trust from the customer, professional ability of medical (nursing) personnel in hospital and reliability of service provider. Further, the study would create a fuzzy gap analysis to assess the performance of medical tourism service quality, identify key quality characteristics and provide a direction for improvement and development for medical tourism service quality in Taiwan.

[40] Li-Hsing Ho , Shu-Yun Feng , Tieh-Min Yen , (2015) "Using fuzzy gap analysis to measure service quality of medical tourism in Taiwan", International Journal of Health Care Quality Assurance, Vol. 28 Iss: 7, pp.648 – 659

Heesup Han, Yunhi Kim, and Sunny Ham (2015[41]) identified international patients' possible outcomes of staying in a medical hotel and investigates their intention formation by considering attitudes and desires as well as the perceived outcome's moderating impact. A qualitative approach identifies the possible outcomes of staying in a medical hotel, which can be distinctive from common medical/healthcare clinics, as perceived by international medical customers. Confirmatory factor analysis verifies a four-factor structure of the perceived outcome model (financial saving, convenience, medical service, and hospitality product). Structural equation modeling reveals that attitudes, desires, and intention significantly associate, and desires act as a mediator. Additionally, a metric invariance test shows that convenience, medical-service, and hospitality-product factors of the perceived outcomes significantly moderate forming intentions. Study results help medical hotel operators create effective strategies to attract more international tourists.

Dangor Faheem and Moolla Raeesa (2015)[42] sought to obtain first-hand information from Indian-South African citizens who have partaken in medical tourism in India. Data was gathered through personal, semi-structured interviews conducted with 54 individuals. It was ascertained that the majority of the individuals interviewed in this study travelled to India primarily for medical treatment, while tourist activities were a secondary objective. A smaller proportion of interviewees travelled to India for vacation, with medical care being a secondary motivation, or an impulse due to the low cost of treatment and convenience. Medical tourism by Indian-South Africans

[41] Heesup Han, Yunhi Kim, and Sunny Ham, "Medical hotels in the growing healthcare business industry: Impact of international travelers' perceived outcomes" Journal of Business Research, 2015, vol. 68, issue 9, pages 1869-1877

[42] Dangor Faheem and Moolla Raeesa, Medical tourism by Indian-South Africans to India: an exploratory investigation, Bulletin of Geography. Socio-economic Series, 2015, vol. 29, issue 29, pages 19-30

travelling to India highlights various shortfalls in South African medical care, including a lack of treatment availability, a poorer quality of service, medical expertise abroad, and the higher cost incurred locally. Further, the study also highlighted that Medical tourism is a well-established sector in developing countries, and attracts a significant number of tourists from developed countries. Medical tourism is a strong driver of economic growth, but some argue that this kind of tourism promotes inequality in terms of access to healthcare facilities in both developing and developed countries. Whilst research has been conducted on medical tourists travelling to South Africa, no research has focused on the geography of South Africans travelling abroad for medical tourist activities.

Chor Foon Tang (2015)[43] attempted to address the question by assessing the effectiveness of medical tourism in stimulating long-term Malaysia's economic growth through a well-established neoclassical growth model and a set of advanced time series econometric approaches. The key findings of this study are that medical tourism has significant positive impact on Malaysia's economic growth in the long-run, medical tourism Granger-cause economic growth and it is also relatively the most important factor in explaining the variation of Malaysia's economic growth, especially in the long-run. The study further highlighted that policymakers in the developed and developing countries already heading toward medical tourism to stimulate economic growth. Nonetheless, the actual impact of medical tourism on economic growth remains ambiguous. Although medical tourism may spur economic growth via its impact on foreign currency earnings, investments, tax revenue, and

[43] Chor Foon Tang, "Medical Tourism and Its Implication on Malaysia's Economic Growth" Asia Pacific Journal of Tourism Research, 11(1). Year 2015

employment opportunities, it may also leave numerous negative externalities that either direct or indirectly harmful the process of economic growth.

Rikke Sommerby and Despena Andrioti (2015) [44]made an attempt to analysis the health policy based on a literature review. The policy analysis triangle and the Hall model were applied in the analysis. The study found that policy clearly stated that medical tourism in India should be promoted. The relevant actors in the policy process were the Indian Ministry of Health & Family Welfare, the Indian Government, the Indian Ministry of Tourism, the private health sector and the health professionals in India. American actors were American medical patients, American insurance companies and employers. Contextual factors, that may have affected the policy process, were the situation of the population health in India, tourism and the indigenous traditional healthcare system of India, and finally, the growth of international trade in health services. The policy formulation lacked transparency and the policy was implemented through modernization of infrastructure facilities, the introduction of a new medical visa and tax concessions by the Indian Government. Conclusions: The National Health Policy 2002 regarding the promotion of medical tourism was influenced by several actors and factors. It was clear that medical tourism had numerous advantages. However, disadvantages do exist and should be considered.

[44] Rikke Sommerby and Despena Andrioti, "American Medical Tourism in India: A Retrospective Health Policy Analysis" International Journal for Responsible Tourism, 2015, vol. 4, issue 1, pages 33-50

Jonathan Crush and Abel Chikanda (2015[45]) map out medical tourism oriented issues with the conventional notion of South Africa purely as a high-end "surgeon and safari" destination for medical tourists from the Global North. It argues that South–South movement to South Africa for medical treatment is far more significant, numerically and financially, than North–South movement. The general lack of access to medical diagnosis and treatment in SADC countries has led to a growing temporary movement of people across borders to seek help at South African institutions in border towns and in the major cities. These movements are both formal (institutional) and informal (individual) in nature. In some cases, patients go to South Africa for procedures that are not offered in their own countries. In others, patients are referred by doctors and hospitals to South African facilities. But the majority of the movement is motivated by lack of access to basic healthcare at home. The high demand and large informal flow of patients from countries neighbouring South Africa has prompted the South African government to try and formalize arrangements for medical travel to its public hospitals and clinics through inter-country agreements in order to recover the cost of treating non-residents. The danger, for 'disenfranchised' medical tourists who fall outside these agreements, is that medical xenophobia in South Africa may lead to increasing exclusion and denial of treatment.

Yashobanta Parida and Joyita Chowdhury (2015)[46] examined the impact of terrorism activities on inbound tourism and foreign exchange earnings from tourism in India using annual data covering period 1980-2011. The empirical estimates based on an ARDL approach show that, there exists an inverse relation between terrorism

[45] Jonathan Crush and Abel Chikanda, "South–South medical tourism and the quest for health in Southern Africa" Social Science & Medicine, 2015, vol. 124, issue C, pages 313-320

[46] Yashobanta Parida and Joyita Chowdhury, Impact of Terrorism on Tourism in India,Economics Bulletin, 2015, vol. 35, issue 4, pages 2543-2557

activity and foreign tourist arrival in India. Similarly, there exists a positive relationship between economic development (proxied by per capita income) and tourist arrival in India. For robustness check we have included physical development indicators such as fixed telephone subscriptions (per 100 people) and railway line (total route-km). Railway infrastructure shows a positive and significant impact on foreign tourist arrivals and foreign exchange earnings in India. The findings of the study suggest that, Government should invest more in the tourism sector, which would help in generating more employment and foreign exchange earnings. Further, the empirical results also suggest that the measures adopted by the Government of India such as bringing 150 countries under the ambit of Visa-On-Arrival as well as increasing FDI in the sector will go a long way in stepping up inbound tourist arrivals and consequently boosting foreign exchange earnings as well. Additionally, the Government must also work to improve the tourism infrastructure and provide a greater sense of security for tourists, particularly women, among other things.

Abdel Fattah Mahmoud Al-Azzam (2016) [47]made an attempt to map out the determinations of the marketing mix to attract medical tourism to Jordan and evaluated the actual potential foreign patients represented by cost, quality and other aspects of recognition of the role of government and relevant bodies in this market. Jordanian medical facilities according to special circumstances of Jordan can offer a huge potential for medical and health tourism and Jordan can become a hub of medical tourism in the area in future. Further, the study highlighted that travel around the world for medical treatment is becoming further and further pronounced today. Furthermore, the basic premise of the medical tourism is that the care of the same or

[47] Abdel Fattah Mahmoud Al-Azzam, "A Study of the Impact of Marketing Mix for Attracting Medical Tourism in Jordan" International Journal of Marketing Studies, 2016, vol. 8, issue 1, pages 139-149

better quality of care, might be available in other countries, and acquired at a cheaper cost than in their country of origin. Jordan, as one of the main destinations in medical tourism sector that is rapidly increasing, is developing worldwide trademark as The Medical Hub of Middle East. These days several Middle Eastern countries such as Jordan, with a high potential for attracting medical tourism has been trying to enter this market.

Marcin Olkiewicz and Marcin Olkiewicz (2016[48]) made an attempt analyze the conditions stimulating the development of this sector of the economy as well as the risk factors determining the quality of process changes in the healthcare system (functioning of public hospitals). The study also highlighted the characteristics of the involved risk within the framework of health tourism functioning in the conditions of a market economy. Selected research methods allowed to present the motives behind undertaken actions of both the regulators as well as participants of the health tourism. Polish accession to the EU was an important impulse changing the way of thinking about health tourism in healthcare as well as, what is important, changes in the institutional and financial policy in Poland. In order to meet health-oriented demands of a prosumer, there should be a coordinated and effective informational system, aimed at improving the quality, reliability, availability of information concerning health tourism.

[48] Marcin Olkiewicz and Marcin Olkiewicz, "The Impact Of Medical Tourism On The Quality Of Organizational And Functional Changes In The Polish Healthcare System" UTMS Journal of Economics, 2016, vol. 7, issue 1, pages 109-121

Gopal Das , Srabanti Mukherjee,(2016)[49] made attempt to develop a consumer-based brand equity (CBBE) measurement scale for the medical tourist destinations (city/hospital). For the study purpose two sets of large and independent samples were assessed to judge the dimensionality of the measure. A well-validated measurement scale was developed as an amalgamation of four dimensions, namely, awareness, perceived quality, brand loyalty and authenticity to assess CBBE of medical destinations. The study also highlighted need to reduce the financial and physical risk associated with the purchase of treatment, the customers may rely on "authenticity" of the service providers to select a treatment destination. The outcomes would help medical administrators/managers to focus more on developing "assurance" by increased reliability, responsiveness and tangibles to attract the medical tourists to a large extent. Further, the study aligns with earlier CBBE scales in terms of the first three elements, namely, brand awareness, loyalty and perceived quality. However, based on predictive validity, the study puts forth five interrelated first order attributes, namely, "trust", "value for money", "quality of residents", reliability and soft issues (like friendliness and ease of process) as contributing factors to a so far unexplored dimension, "brand authenticity.

Namoun N. Akroush , Luai E. Jraisat , Dina (2016)[50] made an attempt to examine the relationship between tourism service quality and destination loyalty through investigating the mediation effect of destination image in the Dead Sea tourism destination, Jordan, from international tourists perspectives. The paper also

[49] Gopal Das , Srabanti Mukherjee,(2016) "A measure of medical tourism destination brand equity",International Journal of Pharmaceutical and Healthcare Marketing, Vol. 10 Iss: 1, pp.104 – 128

[50] Namoun N. Akroush , Luai E. Jraisat , Dina (2016) "Tourism service quality and destination loyalty – the mediating role of destination image from international tourists' perspectives", Tourism Review, Vol. 71 Iss: 1, pp.18 - 44

investigates the tourism service quality dimensions from international tourists' viewpoints.A structured and self-administered survey was used targeting international tourists who were visiting the Dead Sea tourism destination, Jordan. The authors delivered 300 questionnaires to international touristsfrom which 237 were retained and valid for the analysis. A series of exploratory and confirmatory factor analyses were performed to assess the research constructs dimensions, unidimensionality, validity and composite reliability. Structural path analysis was also used to test the hypothesised relationships of the research model.The empirical findings indicate that tourism service quality is, in fact, a four-dimensional (4D) construct as opposed to five as proposed by the original hypothesised model. The 4D model consists of four facets: assurance-responsiveness, tangible facilities-empathy, reliability and reliability-quality of directions. Also, the results indicate that brand image loaded onto two dimensions named as "physical environment" and "people characteristics". The structural findings indicate that the four dimensions of tourism service quality have positively and significantly affected destination image. Further, brand image has positively and significantly affected destination loyalty. Finally, destination image fully mediates the relationship between tourism service quality and destination loyalty.

Sankar (2016)[51] made an attempt to find factors influencing the attractiveness of Chennai as a health tourism destination. The policy implications described are of particular relevance for policymakers and industry practitioners in other Southeast Asian countries with similar health systems where governments have expressed interest in facilitating the growth of the medical tourist industry. The international

[51] Sankar "An Empirical Study on Medical Tourism in Chennai" Int. J. Pharm. Sci. Rev. Res., 36(2), January – February 2016; Article No. 30, Pages: 190-193

patients are coming to Chennai to get the world class treatment at negligible cost without any waiting time by the world class western qualified and trained Doctors for the major health issues and tourism. There is more demand for Orthopedics, Ophthalmology, Plastic Surgery, Cardio-thoracic and Oncology Surgeries as these are the most expensive surgeries in their countries with more waiting time. The study revealed that 85.68% patients rated the services provided by the hospital are very good, 13.49% patients rated the services provided by the hospital are good, 0.80% patients rated the services provided by the hospital are average, 0.00% patients rated the services provided by the hospital are below average.