Chapter 1

Research Design

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Chapter 1  Research Design

1.1  Introduction

Worldwide, healthcare is expected to be a $3-trillion industry, and India is in a position to tap the top-end sector by highlighting its facilities and services, and exploiting the brand equity of leading Indian healthcare professionals across the globe.

Over the past few years, the medical tourism has changed intensely in India. Private enterprises, hospitals have created a very favourable atmosphere for patients with varying degrees of illness to avail of the best facilities for their care. In this endeavour a few corporate hospitals, chemists, freelance agents all are working in tandem to build a thriving ecosystem that educates, facilitates and ferries medical tourists from across the world. In the year 2010, this ecosystem was responsible for about 600,000 patients travelling to India and spending 4,500 crore in getting treated here from over 30 counties around the world, USA, Canada, UK, Russia, the Middle East, Uganda, Tanzania, Sri Lanka, the Central Asian Republics.¹

Statistics suggest that the medical tourism industry in India is worth $333 million (Rs 1,450 crore) while a study by CII-McKinsey estimated that the country could earn Rs 5,000-10,000 crore. The estimated number of medial tourists in India in 2015 would be between 1.21 million and 2.78 million. The estimated revenue would lie between US $ 1719 million to US $ 3964 million in 2015².

The study predicted that, if medical tourism were to reach 25 per cent of revenues of private up-market players, up to Rs 10,000 crore will be added to the revenues of these players⁴. According to the Government of India, India's $17-billion-a-year health-care industry could grow 13 per cent in each of the next six years, boosted by medical tourism, which industry watchers say is growing at 30 per cent. India has potential for medical tourism and the state of Maharashtra is emerging medical tourism destination.

1.2  Statement of Problem

¹ (Ministry of Tourism n.d Medical Tourism Broucher.)
Preliminary literature review shows that, the term ‘Medical Tourism’ was unknown until a few years ago but now many countries have adopted a proactive approach for medical tourists and are facilitating it as a revenue generating business. The Indian government has begun to recognize the potential of tourism to Indian economy and has begun to invest in tourism infrastructure (Diekmann, 2011 as cited in IITTM report). India’s medical tourism sector is expected to experience an annual growth rate of 30%, making it a Rs. 9,500-crore industry by 2015. Estimates of the value of medical tourism to India go as high as $2 billion a year by 2012. Advantages for medical tourists include reduced costs, the availability of latest medical technologies and a growing compliance with international quality standards, as well as the fact that foreigners are not likely to face a language barrier in India. The Indian government is taking steps to address infrastructure issues that hinder the country’s growth in medical tourism.

Further in many research papers it is highlighted that there are some gaps between expectations and experiences in inbound medical tourist. Particularly in Maharashtra, though Maharashtra is having potential for medical tourism in terms of knowledgeable doctors, average infrastructure and competitive prices which has not led to the expected business from the Medical Tourism, it is found that there is no proper organization and management amongst the medical tourism stakeholders. Maharashtra is also facing major problems like poor marketing strategy by medical tourism stakeholders and lack of government participation. Hence this study deals with organizations & management of Medical Tourism in Maharashtra. Medical tourism is the new topic for research studies where very limited research work is conducted focusing on cost effectiveness and patients arrivals only. Taking into consideration the various research gaps this study focuses on of the major issue that is organisation and management of Medical Tourism in Maharashtra.

1.3 Scope of the Study

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3 IITTM, A Study of Problems and Challenges Faced by Medical Tourists Visiting India, 2011.
**Geographical:** The study pertains to the State of Maharashtra.

**Operational:** The study is limited to tourist destinations having Medical Tourism resources like Healthcare Service Provider, Medical Tourism Facilitators, Rejuvenation Therapy Centre, Health Spas, and consultants, Academicians, Industry Experts, Govt. Associations and Organizations.

International Patients at Mumbai, Pune, Aurangabad, Nagpur, and Nasik.

**Special Area:** Hospitals, Medical Tourism Facilitators, Associations,

Industry Professionals

**Temporal:** 05 Years

1.4 Hypothesis

1. The State of Maharashtra has tremendous Potential for Promoting Medical Tourism

2. There is no statistical significant difference between the opinions of the Consultants/Experts, Hospitals personnel’s and Facilitators about the challenges faced by the medical tourism industry in regard to organisation and management of Medial Tourism in Maharashtra.

3. There is no statistically significant correlation between the patient’s level of satisfaction and recommendation of Maharashtra as preferred medical tourism destination.

4. Medical Tourism in Maharashtra is not in an organized form.

5. Online Marketing and word of mouth are most preferred promotional tool for medical tourism in Maharashtra.
1.5 **Objectives of Study**

Following are the objectives of the research study.

1. To explore the potential for Medical Tourism industry in the state of Maharashtra.
2. To ascertain the challenges in regard to organization and management of Medical Tourism Destinations in the state of Maharashtra and to suggest its remedial measures.
3. To study Patients satisfaction level at sample destinations
4. To study the preferences of the medical tourism stakeholders for promotion of their medical tourism product (services)
5. To study the requirement of trained and qualifies human resource for management of medical tourism at sample.
6. To review the government Policy on Medical tourism.

1.6 **Research Methodology**

The study consists of both the data i.e. the primary and secondary data.

1.6.1 **Primary Data:** - The facts pertaining to the organization and management of selected Medical Tourism products has been collected from off and online Consultants (Experts, Academicians & Researchers), Medical Tourism Facilitators, Hospitals personals, Authorities/personnel of the various Associations and Organizations (Private and Government), and Medical Tourists (International Patients).

1.6.2 **Secondary data:** - The secondary data source is collected from newspapers, books, magazines, trade and research journals, various publications such as bulletins and reports of the government as well as private organization.

1.7 **Details of Sample**

For this study stratified sampling has been used, under this method five districts from the state of Maharashtra are selected out of the entire population i.e. Mumbai, Pune, Nasik, Nagpur, & Aurangabad. According to this method state of Maharashtra was first divided into five Districts
and thereafter every district into five groups were selected. i.e. Hospitals, Consultants, Patients, Medical Tourism Facilitators, and Associations & Organisations (Government & Private)

Table 1.1 Sampling Plan

<table>
<thead>
<tr>
<th>SN</th>
<th>Location</th>
<th>No. of Samples</th>
<th>No. of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hospitals</td>
<td>Consultants</td>
</tr>
<tr>
<td>1</td>
<td>Mumbai</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>Pune</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Aurangabad</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td>Nasik</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>Nagpur</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Total Sample</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
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Note:  
A) 100 Questionnaire distributed from the patients group only 43 were in usable form.  
B) 100 Questionnaire from the Association group only 37 were in usable form.  
C) Other Group such as Consultant, Hospitals, Medical Tourism Facilitators success rate was 100%

1.8 Interpretation of data: The whole data is presented in tabular form, graphic form, and charts. The data is interpreted by methods drawn from SPSS (version 16) Software.
1.8.1 Research Tools

The primary data was collected through the structured questionnaire, Interview schedules of Healthcare Service Provider, Consultants, Medical Tourism Facilitators and International Patients. Doctors and Industry professional’s opinion were recorded from online discussion on social medial network such as LinkedIn and Facebook

1.9 Data Analysis

1.9.1 One way ANOVA: For analyzing the data the researcher has chosen one way ANOVA for testing the hypothesis, the ANOVA technique is important in context of all those situations where we want to compare two populations. Thus through AVNOVA Technique one can in general investigate any number of factors which are hypothesized or said to influence the dependent variable. In this research Consultants, Medial Tourism Facilitators, Hospital personnel’s and Associations (Government & Private) are the Dependent Variables and Challenges faced by these Group is Independent Variable.

1.9.2 Bivariate Correlations: To study the correlation between level of patient’s satisfaction and their recommendations to prefer India as medical tourism destination Bivariate Correlation is applied. The Bivariate Correlation procedure computes Pearson's correlation coefficient. Correlations measure how variables or rank orders are related. Pearson's correlation coefficient is a measure of linear association.

1.10 Limitation of Study

While interacting with the doctors and industry experts it was found that they did not provide adequate information due to poor record keeping & the confidential norms by the hospitals. In some cases while interviewing with medical tourism facilitators, it was found that the respondents did not have adequate time and the required knowledge about medical tourism to respond fully to the questionnaire.
The main area of the study is related to identifying the problems faced by medical tourists and government participation. While interacting with the international patients the main problem faced was language barriers and sometimes hospitals did not allow the researcher to interact with the international patients. The destinations like Nasik, Nagpur and Aurangabad had very less international patient arrivals in comparison to Mumbai and Pune. Though Mumbai and Pune has good inflow of international patients, the hospitality policy did not permit the researcher to interact with them which unbale the researcher to get relevant information about the hospital treatment and services.

Response from the government organisaiton, Tourism Corporation, Ministry of Health, Ministry of Tourism, and Private Associations and Organisations was limited. The reason given by them was lack of time and very limited authority given to them by their higher seniors to disseminate relevant and important information related to structured questionnaire.