



A Study Of Consumer Behaviour In Medical Tourism

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ABSTRACT

The conceptual model has 10 dimensions. The dependent variables are customer happiness and the quality of the services. The independent factors include medical treatment, hospital ambiance and security, hospital location, hospitality, registration and networking, tour and travel amenities, testing facilities, pricing, and payment. Research gaps from earlier studies were discovered, and numerous models put forward by diverse authors underwent in-depth evaluations. Consumer behavior (CB) is a collection of behaviors that aim to satisfy the needs and wants of customers. According to its website, it is "concerned with all acts immediately engaged in procuring, using, and disposing of items and services, including the decision processes that precede and follow these actions." Travel behavior and tourist behavior are two terms that are often used to characterize CB, which is still one of the marketing and tourism fields that are being researched the most.

KEYWORDS: Consumer Behaviour, Tourism, medical treatment, customer happiness.

INTRODUCTION

There aren't many thorough reviews of the literature on CB ideas and models in the tourist industry. For instance, Dimanche and Havitz (1995) examined four concepts (ego-involvement, loyalty and commitment, family decision-making, and novelty-seeking) in order to advance CB in tourism studies methodologically. Moutinho (1993), who examines the social and psychological influences on individual travel behavior in order to develop a model of tourist behavior.

Because travel behavior is often seen as a continuous process including a number of interrelated phases and ideas that cannot usually be investigated individually, there aren't many thorough assessments of the subject. This is due in part to the topic's large nature. Without placing them in the broader context of travel or tourist behavior, tourism researchers have reviewed individual concepts, specific influences (e.g., Moutinho, 1993, on social influences on CB), and particular research contexts (e.g., Hong, Lee, Lee, & Jang, 2009, on first-time versus repeat visitation). For each step of the visiting process (pre-visit, on-site, and post-visit), concepts, affects, and research settings, for instance, may be

examined (see, for instance, Frias, Rodriguez, & Castaneda, 2008, on previsit factors in the construction of destination image).

Figure 1 depicts a suggested conceptual model of the interrelationships between ideas, influences, and study environments. The growth of tourism research is hampered, according to Mazanec (2009), by the repetition of standard conceptual frameworks and metrics. Innovation has been inhibited by the appropriation of paradigms, models, and techniques from other disciplines without considering how well they apply to tourism. The reliability and applicability of ideas and models generated from conventional CB literature in the marketing field have been questioned by some recent study on travel behavior. A precise operationalization of the self-concept comparable to that employed in marketing is not acceptable in the tourism domain; claim Boksberger, Dolnicar, Laesser, and Randle (2011). Others look into the significance of planned conduct to choices about where to go, contending that it may explain the connection between attitudes and behavior in this circumstance.

Individual studies that replicate one or a few CB concepts from the fields of marketing and general management and apply them to tourism; (2) numerous studies that look at the same effect (such as loyalty or satisfaction), but the findings cannot be compared because of variations in the research contexts based on the types of tourists or destinations, preventing generalization.

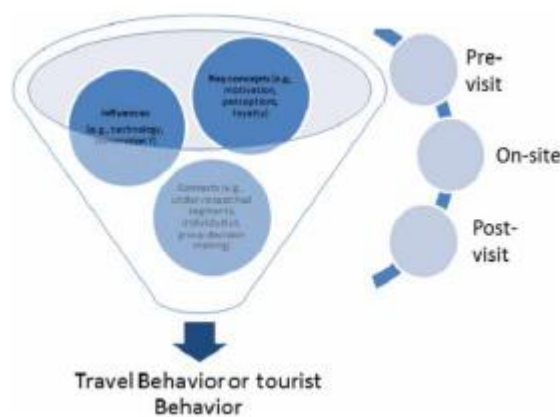


Figure 1. Conceptual model of link between concepts, influences and research contexts

Researchers employ longitudinal and/or holistic methodologies to more fully comprehend the behavior or processes they are studying. Using a narrative review methodology, this study examines the CB literature published in three important tourism journals between 2000 and 2012: *Annals of Tourism Research*, *Tourism Management*, and *Journal of Travel Research*. The reason these journals were selected is because they have a history of producing content connected to CB and is often rated as among the top three mainstream travel periodicals. We concentrate on articles from 2000 onwards in order to detect current trends in CB research and forthcoming concerns. Due to the vast

amount of research on CB, we essentially only include papers that concentrate on tourism CB when viewed in the context of their marketing consequences.

The narrative review also draws inspiration from Figure 1, with a focus on key ideas, implications, and relevant research environments. To pragmatically build our review's thesis where evidence was otherwise lacking, we do, however, employ important texts that do not fit these requirements sparingly, such as books and a few studies that do not explore its marketing implications and are not published in the three studied journals. We also use several pre-2000 foundational papers from the tourism, broader CB, and marketing sectors to examine our conclusions. As a consequence, rather than being a collection of rigid rules, our inclusion criteria act as a guide. From the three journals, a total of 519 articles were found and analyzed (Table 1).

Table 1. Key concepts, influences and research contexts reviewed in the three leading mainstream tourism journals

2000–2012	<i>Annals of Tourism Research (ATR)</i>	<i>Tourism Management (TM)</i>	<i>Journal of Travel Research (JTR)</i>	Total number of articles
Key concepts	77	139	167	383
Decision-making	15	11	23	49
Values	2	4	3	9
Motivations	12	40	37	89
Self-concept and personality	4	7	5	16
Attitudes and expectations	17	12	12	41
Perceptions	8	21	33	62
Satisfaction, trust and loyalty	19	44	54	117
Influences	11	20	14	45
Technology	4	18	7	29
Generation Y	2	1	4	7
Ethical consumption	5	1	3	9
Research contexts	33	41	17	91
Group and joint decision-making	3	5	1	9
Under-researched segments	5	15	4	24
Cross-cultural issues in emerging markets	9	8	7	24
Emotions	7	9	4	20
Consumer misbehaviour	9	4	1	14
Total	121	200	198	519

Eventually, 191 of them were included to this collection. Our assessment of their applicability and importance in advancing tourism CB knowledge prompted us to include them. The organization of the remaining portions of this examination is shown in Figure 1. Decision-making, values, motives, self-concept and personality, expectations, attitudes, perceptions, satisfaction, trust, and loyalty are the first nine essential principles we cover. We examine definitional issues, its historical usage in tourism research, and provide suggestions for the areas of each topic where future research on these ideas should be concentrated.

MARKETING OF HEALTH TOURISM

Tourism includes both the business of guiding or managing visitors as well as travelling or traveling for fun or amusement. As long as the stay does not involve the formation of a

permanent abode and is not connected to a compensated activity, it refers to the whole connection and phenomenon that emerges from strangers visiting and staying with them. The only nation that provides a wide range of tourist alternatives is probably India. These include beach tourism, medical tourism, spiritual tourism, adventure tourism, and other forms of tourism. In terms of travel, Kerala is referred to be "God's own land." One of the only potential economic choices for the state's growth has surfaced, and that is tourism. The state's potential for tourism has long been recognized.

Independent travelers are drawn to Kerala because of its distinctive characteristics, including its pristine environment, vibrant and rich culture, and the high standard of living enjoyed by its citizens as a result of the state's investments in social justice, health care, education, and democratic institutions since it gained independence. The state has a wealth of natural, cultural, and social resources as well. Kerala's tourist industry is flourishing as a result of its prime position on India's southwest coast. Kerala is one of the most well-liked tourist destinations in the world due to its unique geographic features. Among the many types of tourism Kerala offers, health tourism is the newest draw for visitors from across the globe. Health tourism in Kerala has a lot of promise since its traditional medical services are well suited to the demands of foreign visitors.

Kerala is a state in India's south-west that is bordered on the north by Karnataka, the east and south by Indore, and the west by the Arabian Sea. Kerala is coloured by stripes. Only 1,03 percent of India's total land area, or 38 863 km², is occupied by it. Three physiographic types—highlands, midlands, and lowlands—along with different water sources that come together to form Kerala's distinctive Backwaters, a system of lakes, canals, and deltas that connects rural villages and creates a self-sustaining eco system, are part of the region's geographical diversity. There are also forests and a wide variety of flora and fauna. Similar to the many physiography's, agriculture has a wide range, which adds to the beauty of the landscape. While the midlands are recognized for their production of cashew, coconut, tapioca, different vegetables, and bananas, the highlands are noted for their enormous tea, coffee, rubber, and spice plantations. The lowlands, which are referred to as the coastal region of Kerala, have an abundance of water and are ideal for growing rice and coconuts. The weather in Kerala is comparable to that in the rest of the nation.

The annual temperature scarcely varies between 27° and 32°, with highland regions seeing lows of 10°. The summer season in Kerala is said to stretch from the end of February to the end of May and is characterized by high temperatures, humidity, and little rain. The summer comes to an end with the South-West monsoon, the start of the monsoon season. The bulk of the yearly rainfall occurs at this time of year, from the beginning of June to the end of September, and is marked by torrential downpours. In October and November, the North-East monsoon predominates, bringing the state torrential afternoon downpours and thunderstorms.

Winter in Kerala lasts from December to February. It seldom rains at this time of year, and temperatures and humidity are also low. Among the Indian states, Kerala has a distinctive demographic and socioeconomic position. Although its economic growth is lacking, it has the greatest levels of social development in terms of health, education, and demographic change, which are equitably distributed throughout various social castes, male and female, urban and rural regions. Kerala is three times more populated than the rest of India, with 819 persons per square kilometer, while having 3.18 crore residents, which represents just 3.44 percent of the nation's total population. The state also has a wide and peaceful cohabitation of many different faiths.

Islam, Christianity, and Hinduism are the three main faiths. ii There are four ways to go to Kerala: by plane, rail, road, and sea. Trivandrum International Airport, Kochi International Airport, and Trivandrum International Airport are the three airports that the state now operates. Both of these airports have connections to airports in Asia and the Middle East. Domestic flights are the only ones that use the Calicut Airport. The government owns the railroad network. It offers simple access to Kerala and direct connections to the majority of Indian cities from major Kerala cities. For a higher price, air-conditioned cabins are also offered. The network of roads is overseen by the Kerala State Road Transport Corporation (KSRTC).

CAUSES FOR EMERGENCE OF MEDICAL TOURISM

➤ Aged population

In developed nations like Japan, the United States, and the United Kingdom, the percentage of the population over 60 years old is rapidly increasing each year.

➤ Long waited lists

As the population ages, hospitals struggle to keep up with demand, leading to longer wait times and cheaper treatment options across international borders. Surgical treatment in India is far cheaper than in the United States, yet it offers equivalent technology, specialties, and success rate. Besides, insurance costs a lot of money here in the States.

➤ Human Resources

India now has 14 million certified and competent physicians and nurses, and each year another 30 thousand are added to this number. The kindness and friendliness of Indian medical professionals is well-known across the globe.

CUSTOMER SATISFACTION AND LOYALTY IN MEDICAL TOURISM

There has been a lot of study on the correlation between satisfied customers and long-term success in business. Repeated studies have shown that one satisfied customer may influence up to five more potential buyers. Conversely, unhappy customers are much more likely to tell at least 10 others about their bad experience with the product or service. Customers who have had their expectations exceeded by a business are more

likely to be satisfied with that business. The importance of making purchases pleasant for clients has been stressed by several academics and experts. Multiple studies have shown the positive effect that satisfied customers have on a company's bottom line.

Customer satisfaction has been linked to both brand loyalty and retention in several research. Today, businesses of all sizes understand the need of providing and measuring service quality to ensure the satisfaction of their clientele. Whether or whether a customer's expectations are fulfilled or surpassed is determined by the customer's prior experience with similar products or services. Researchers and academics have generally agreed that the transaction itself is what defines consumer pleasure. When consumers' first reactions to a purchase are paired with their feelings about having their hopes dashed, a picture of their current mental state emerges.

In this sense, "customer satisfaction" refers to the positive or negative emotions one has as a result of contrasting the actual performance (or outcome) of a product with one's expectations. According to Hansemark and Albinsson (2004), "satisfaction" is the emotional response a customer has when a need, goal, or desire is fulfilled. Customer loyalty is crucial to a company's growth and prosperity. Having loyal customers is a huge boon to any company.

Brand loyalty occurs when consumers repeatedly purchase and advocate for the same product. "a firmly held commitment to re-buy or repatronize an already chosen product or service in the future, regardless of the possibility of switching behavior due to situational factors and marketing efforts," according to the definition. Jacoby and Chestnut (1978) propose a trichotomy of loyalty evaluation methods: behavioral, attitude, and composite.

Loyalty is measured in terms of customer spending, the duration of their engagement with the brand, their frequency of purchases, and the intensity with which they support the company. This behavioral method, however, only produced a static product out of an inherently dynamic process. The capacity of a brand to make its customers feel something powerful is central to the concept of "attitude loyalty." The phrase "composite approach" is used to describe a means of defining loyalty that takes into account both actions and attitudes.

Day argues that in order for consumers to be really devoted to a brand, they must do more than just purchase that brand. This tactic has been used often in leisure settings. Although this method covers all the bases in terms of loyalty, it may not be the most effective. Given that it relies on both behavioral and attitude components, which both have their own limitations, this method have significant built-in restrictions.

Due to the infrequency with which tourists buy products, measuring loyalty in this industry is meaningless. A tourist's purchase of goods is an isolated incident rather than a regular occurrence. It's plausible, since wanting to come back later might be evidence of secret behavior. As a result, we use a loyal mindset when studying medical tourism,

where loyalty is shown by visitors' propensity to return and their encouragement of others to partake in certain forms of pleasure. In addition, Jones and Sesser claim that the willingness to repurchase is a reliable indicator of behavior.

Some researchers also use word-of-mouth recommendations as a proxy for customer satisfaction. A patient's opinions of the hospital and the country's healthcare system have a major role in determining the final outcome. As a consequence, healthcare providers and government officials will have more chances to advertise the country as a desirable location for medical tourism. Asian countries like Singapore and Thailand are the most probable destinations for medical tourism because of their natural resources and high-quality treatments at inexpensive prices. Due to the availability of low-cost labor, Asian countries may provide significant cost savings to their consumers, often as much as 40-60% compared to the United States or western nations. Nevertheless, the whole hotel industry is under stress from the competitive landscape.

CONCLUSION

Based on the research conducted and findings drawn, it can be claimed that healthcare tourism is expanding rapidly. Brand growth is possible if the company takes into account the demands of present and future health consumers and responds with treatments that are realistic, quick, and successful. As a result, the country's market share, brand loyalty, and income will all improve. Now more than ever, healthcare facilities in Madhya Pradesh may develop and grow. While some highly visible medical facilities are thriving, the vast majority of healthcare providers are falling behind. Health facilities are underappreciated by the public while delivering excellent medical service. Patients and customers of these health care centers are quite pleased with the treatments they get. Still, many hospitals and clinics neglect to promote their services. Including services in your marketing mix is crucial in the modern day. Few hospitals and clinics further provide recreational and social facilities. Good services increase the desirability of a popular product. Medical facilities may maintain a uniformly high standard of care by pursuing accreditation. The vast majority of hospitals and clinics meet all of the quality standards set out by the various governments and the many branches of medicine. But none of them take the step of being accredited in order to raise their quality and standards. Health clinics are often unaware of the marketing strategies they may use to launch and grow their operations. They resort to basic forms of advertising like newspaper advertisements and leaflet distribution. A small number of medical facilities market their services via the use of moving pictures, billboards, and the World Wide Web. Rarely do healthcare institutions use other forms of competitive advertising. Employment opportunities, both directly and indirectly, are created by the healthcare tourism business. Because of the large number of international patients that go to Madhya Pradesh each year, the state government benefits from an influx of foreign revenue. The healthcare and retail sectors benefit from this expansion. It is up to individual healthcare facilities in Madhya Pradesh to develop their own strategies for attracting medical tourists.

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