

Exploratory Study to Assess the Problems Faced and Satisfaction Regarding Medical Treatment Received by Medical Tourist Visiting India

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Abstract: An exploratory survey was conducted by Ms. Sumi Rachel Samuel towards the partial fulfillment of the requirement for the degree of Master Of Nursing programme at Holy Family College of Nursing, University of Delhi during the year 2016- 2018. The study aims to assess the problems faced and satisfaction regarding medical treatment received by medical tourist visiting India in selected Hospitals of New Delhi. The objectives of the study were: to assess the problems faced by the medical tourist visiting India in selected Hospitals of New Delhi, to assess the satisfaction regarding medical treatment received by medical tourist visiting India in selected Hospitals of New Delhi and to seek relationship between problems faced and satisfaction regarding medical treatment received by medical tourist visiting India in selected Hospitals of New Delhi. The conceptual framework adopted for the study was based on General System model. Quantitative research approach using exploratory survey design was used. The samples were medical tourists visiting India in selected hospitals in New Delhi and the sample size for the study was 75 medical tourists. Purposive sampling technique was used. The tool used was a Structured Interview schedule and Likert Scale. The content validity of the tool was done by 14 experts. Data collection was from 18/12/2017 to 31/01/2018. And the data was analyzed using descriptive and inferential statistics. The major findings showed that majority of medical tourists who visited India for medical treatment were from Asia i.e. 42 (56%). The data collected showed that 29 (38.67%) medical tourists faced problems related food in tourism and 7 (9.33%) faced problems related to hospital services like in discharge process and follow up care. Most of the medical tourists i.e. 71 (94.67%) were satisfied with the medical treatment in India. Mean and standard deviation of problem scores is 2.53 and 2.84 respectively and mean and standard deviation of satisfaction score is 93.5 and 9.02 respectively. The 'r' value was found to be -0.6 through Pearson's correlation formula which shows that there is an inverse relationship between problem faced and satisfaction regarding medical treatment of medical tourist visiting India.

Keywords: Problems faced, Satisfaction regarding medical treatment and Medical Tourism

1. Introduction

According to Oxford Dictionary, foreigner is a person born in or coming from a country other than one's own. The World Tourism Organization defines tourism more generally, in terms which go beyond the common perception of tourism as being limited to holiday activity only, as people traveling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business and other purposes. Today, tourism is a major source of income for many countries, and affects the economy of both the source and host countries, in some cases being of vital importance. Tourism combined with visit for medical treatment is called as Medical Tourism. Medical Tourism is used often synonymously with Health Tourism, but however Health Tourism can be differentiated from Medical Tourism, where health and wellness tourism indicates travel for taking rejuvenation and alternative therapies and spas. Medical Tourism comprises primarily on bio-medical procedures combined with travel and tourism¹.

Medical Tourism is a growing sector in our country, India. Foreign patients from all around the world seek medical treatment from our country. It is often for cosmetic surgeries, fertility tourism and mostly for the use of Indian System of Medicines (ISM) like Ayurveda, Unani etc. Patients are travelling for higher quality of health care, affordable cost, access to care and better availability of health services. Globally, now Medical Tourism is acceptable by many countries as it contributes to the economy. In October, 2015,

India's Medical Tourism sector estimated to be worth us \$ 3 billion and it projected to grow to \$ 7-8 billion by 2020. In 2015, India became the top destination for Russians seeking medical treatment. Chennai, Kolkata, Mumbai, Hyderabad, Bangalore and the national capital, New Delhi received the highest number of foreign patients primarily from South Eastern countries².

History witnessed that millions of people have benefitted with the medicinal wisdom of our skilled medical professionals. Many states of India are now recognized as well known health care centres for providing particular segment of medical treatment like Kerala and Karnataka has emerged as a hub for ayurvedic treatment, and are being specialized in healing the patient with the virtue of natural herbs. Here health tourist not only gain the cure for their disease but also enjoy the benefits of scenic scenes, natural beauty, spa and pleasant weather³. India serves millions of domestic and foreign patient at a cost which is comparatively very low than that of their own country. Delhi has emerged as a prime destination for cardiac care, orthopedic care, mental trauma, and other kind of allopathic treatment as well. And Chennai is known for quality eye care³.

Medical Tourism in India has emerged as the fastest growing segment of tourism industry despite the global economic downturn. High cost of treatment in the developed countries, particularly the USA and UK, has been forcing patients from such regions to look for alternative and cost-effective destinations to get their treatments done. It is found by

investigator during her experience that medical tourists faced some problems while they visited different countries for medical treatment. As Indian corporate hospitals are at path, not better than the best hospitals in other countries but still there is scope for improvement and our country may become a preferred medical destination⁴.

According to Turner, some physicians and medical facilities in the developed world are becoming concerned with the Medical Tourism trends. Policy makers in source countries may also benefit from this study as they examine reasons, beside cost, people bypass treatment in their home countries to seek medical treatment abroad.

The major aims of this study on medical tourism is to identify the needs of the medical tourists, those who are coming to India from far of countries or away from their own home countries in search to good treatment and care. It will also help the administrators at various levels of health care system in providing world-class medical treatment at significantly cheaper rates, keeping worldwide consumers informed about state of the art medical facilities available in various destinations in the country⁵.

2. Material and Method

In this present study, the researcher considered the most suitable research design to be is a non-experimental and descriptive survey design. Sample size is 75 medical tourists visiting India in selected hospitals of New Delhi. Sampling technique used is non-probability purposive sampling. The setting for the study are selected Hospitals in New Delhi. The tool used for data collection is Structured Interview Schedule and Likert Scale: 2 tools divided into sections. Tool 1 had two sections: Demographic Data with 18 items and Structured Interview Schedule to assess the problems faced by medical tourist with 15 items whereas Tool 2 had the one section i.e. Likert Scale to assess the satisfaction of medical tourist in India with 20 items. To ensure the validity of the tool, 14 experts from different fields did the content validity like Community Medicine, Community Health Nursing, Administration Department and International Marketing. The tool was translated into 2 languages: Arabic and Pashto and retranslated to English as well. Reliability of the Structured Interview Schedule and Likert scale was established by KR-20 Formula and Cronbach alpha respectively and the 'r' value found were 0.952 for Structured Interview Schedule and 0.930 for Likert scale. Tryout was done on 6 medical tourists. 10 medical tourists were included in the pilot study.

Data Collection Procedure

Formal permission was obtained from selected hospitals of New Delhi. Data collection period was for 2 months. The investigator or the interpreters (along with the investigator) introduced her to the subjects and took a written consent from them. Interview was conducted by the investigator or by the interpreters (along with the investigator) of the subjects with the help of structured interview schedule. Interview with each subject took 20-25 min. The data was analyzed using descriptive statistics and inferential statistics. Pearson's Correlation formula is used for inferential statistics.

3. Result and Discussion

In the present study 75 medical tourists were assessed. The findings showed that majority of the medical tourists were male 44(58.66%) and were in the age group of 21-40 years i.e. 28 (37.33%). Asia had the largest number of medical tourists i.e. 42 (56%) which included 14 countries. Majority of medical tourists had undergone oncology treatment i.e. 16 (21.33%) and the maximum duration of stay was found to be 16 to 30 days i.e. 38 (50.67%) medical tourists. Majority of medical tourist chose medical treatment from India due to cost effective treatment i.e. 37 (49%) and most of them evaluated the hospital on the basis of quality health care i.e. 50 (67%) and those who evaluated the hospital on the basis of quality nursing care were 24 (32%). Problems faced by medical tourists were more related to food in terms of tourism i.e. 29 (38.67%) whereas related to hospital services were in discharge process and follow up care i.e. 7 (9.33%). Therefore satisfaction of medical tourists was found 94.67% i.e. 71 were satisfied with the medical treatment in India.

Tables and figures

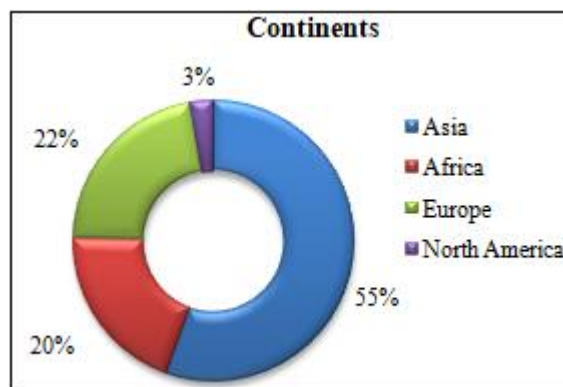


Figure 1: Doughnut Diagram Showing Percentage Distribution of Medical Tourist according to Continents (home country) from which they came to India for treatment.

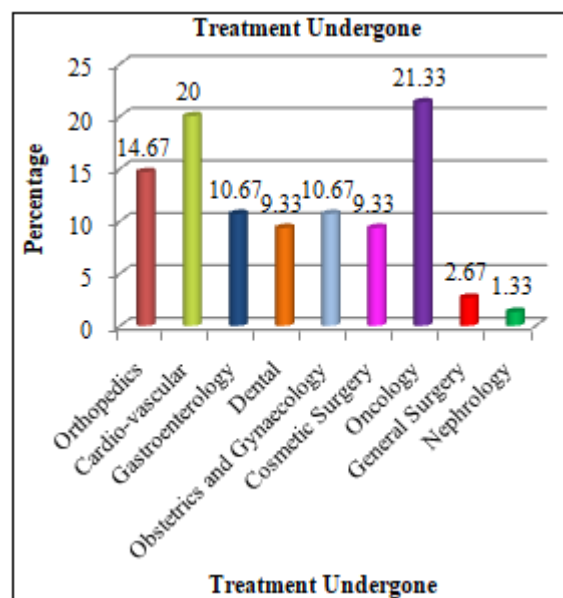


Figure 2: Bar Diagram Showing Percentage Distribution of Medical Tourist according to Treatment Undergone by them.

Table 1: Item-wise Frequency and Percentage Distribution of Problems Faced Related to Tourism and Hospital Services by Medical Tourist, n=75

Problems faced (Tourism)	Frequency (f)	Percentage (%)	Problems faced (Hospital Services)	Frequency (f)	Percentage (%)
Food	29	38.67	Discharge process	7	9.33
Travelling	20	26.67	Follow-up care	7	9.33
Language	10	13.33	Treatment in India	6	8
Finance	8	10.67	Cost of treatment	6	8
Accommodation	7	9.33	Counseling services	5	6.67
Safety	7	9.33	Legal/ethical complications	4	5.33
Climatic conditions	2	2.67	Admission process	3	4
			Services of the hospital	3	4

Table 1 shows that majority of medical tourists faced problems related to food in tourism i.e. 29 (38.67%) whereas in hospital services majority of medical tourists i.e. 7 (9.33%) had problems related to discharge process and follow-up care.

Table 2: Frequency and Percentage Distribution of Satisfaction Score of Medical Tourist, n=75

Categories	Satisfaction Score Range	Frequency (f)	Percentage (%)
Satisfied	74-100	71	94.67
Uncertain	47-73	4	5.33
Dissatisfied	20-46	0	0

Table 2 shows that 71 (94.67%) medical tourists were satisfied with the medical treatment in India, followed by 4 (5.33%) medical tourists who were uncertain and none were dissatisfied with the medical treatment in India.

Table 3: Mean and Standard Deviation of Problem Score and Satisfaction Score, n=75

Problems faced		Satisfaction	
Mean	SD	Mean	SD
2.53	2.84	93.5	9.02
'r' value is -0.6			

Table 3 shows that mean and standard deviation of problem scores is 2.53 and 2.84 respectively whereas the mean and standard deviation of satisfaction score is 93.5 and 9.02 respectively. There is **inverse relationship** between problem faced and satisfaction regarding medical treatment by medical tourist which means that satisfaction score is more and problems faced is less.

4. Conclusion

Medical Tourism is a growing sector in our country India; hence forth the investigator assessed the problems faced and satisfaction regarding medical treatment of medical tourists visiting India so that standard of care can be improved and also to provide them satisfactory cost-effective care as well as to meet their expectations by providing the best care possible. There were some suggestions also given by medical tourists like to have a better dietary department in the hospital, add cultural cuisine to diet and to open a branch of the hospital in their home country.

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