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Impact of Service Quality Constructs on the Tourists Satisfaction in Health Tourism

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ABSTRACT

Health tourism is a niche tourism segment where tourists travel across international borders to obtain healthcare. In the past few decades, the number of tourists travelling to India for healthcare is increasing. The competitiveness of India in health tourism is enhanced by the alternative systems of medicine, particularly Ayurveda. In India, Kerala is the state which promotes Ayurveda as part of the tourism industry. Because of the growing importance of Ayurveda at global level and to improve the competitive advantages, Kerala's healthcare service providers are required to examine the service quality from time – to – time in order to keep the industry productive and worthwhile for attracting the customers. Thus, the aim of the study is to examine the influence of healthcare service quality on health tourists' satisfaction. The findings of this study revealed a positive relationship between healthcare service quality and overall patient satisfaction.

Introduction

Globalisation of healthcare has enabled people across the world to travel and take wide variety of treatment that makes them satisfied for a healthy living. Earlier, patients from developing countries used to travel to developed countries for treatment because of lack of advanced technologies in their home country. Now – a – days, the trend has changed and the patients from developed countries travel to developing countries to get quality treatment at affordable price and to combine leisure with treatment. This growing phenomenon is known as health tourism or medical tourism.

According to a recent study, India's healthcare industry is growing at the rate of 15 per cent annually (Acharyulu and Shekar, 2012). One of the reasons for such high growth is medical tourism. For many foreign patients, India has become one of the favourite destinations because of the provision of cost effectiveness, high quality treatment, affordable auxiliary costs such as travelling, lodging, sightseeing, food and shopping and the very popular alternative system of medicines specifically Ayurveda. In India, Kerala is the state which is well known for its holistic treatment by way of rejuvenation therapy through Ayurveda and Yoga at affordable price because of its traditional background and availability of plenty of natural herbs.

Health tourism, as a business opportunity has been recognised by many regions such as India, Malaysia, Singapore, Thailand, Brunei, Cuba, Hong Kong, Hungary, Israel, Jordan, Lithuanian, Philippines, China and South Korea (Heung et al., 2010; Woodhead, 2013). Most of the service providers and governments take advantages of their excellent medical technology and advanced equipment to attract international patients (Connell, 2006). Hence, an attempt is made to identify the service quality dimensions of Ayurvedic Healthcare centres impacting the tourists' satisfaction. The results would help the service providers in understanding their competitive advantage over others.

Literature Review
Service Quality

Service Quality has been increasingly recognised as an important factor in building a competitive advantage in tourism (Hudson et al., 2004) since, the services produced and delivered are inseparable. The importance of the study of service quality has become an imperative factor for all organisations that are driven by the need to survive and remain competitive (Hu et al., 2009). Numerous studies have been made in the past decades relating to service quality. The first study was made by Gronroos (1984) who measured service quality based on two dimensions namely technical and functional quality. Rust and Oliver (1994) expanded Gronroos' model by adding an additional dimension namely service environment. Another major contribution in the study of service quality was made by (Parasuraman et al., 1985) developing SERVQUAL instrument which contains five dimensions namely tangibility, reliability, responsiveness, assurance and empathy and measured service quality gap by identifying the difference between perception and expectation. Later, Cronin and Taylor (1992) have developed the SERVPERF model by arguing that superior assessment of service quality can be predicted only by using perception. Mc Alexander et al. (1994) replicated Cronin and Taylor's (1992) SERVPERF in a healthcare setting and arrived at the same conclusion that SERVPERF is better than SERVQUAL in measuring service quality.

The medical tourism research mainly focused on the development of theoretical model for choice of destination by the consumers. Smith and Forgione (2007) developed a two – phased model and pointed out that the medical tourists select the destination first and consider factors like cost, medical quality and accreditation. Ye et al. (2008) explored the motives for medical tourism through push and pull motives and arrived at a conclusion that medical tourists gave more importance to medical factors rather than destination factors. Very few researches have been undertaken in the field of service quality in medical tourism. Henng et al., (2010) proposed a conceptual model establishing the interactive relationship between consumers and business. Ho et al. (2015) made use of fuzzy gap analysis of service quality of medical tourism in Taiwan and identified that reliability of the medical services, professional ability of the physicians, eliciting trust among the tourists were the critical problems which needed immediate improvement. Jyothis and Janardhan (2009) assessed the service quality of health tourism in Kerala and identified that tourists expectations were not met by the service providers in Kerala. Debata et al. (2011) developed an instrument for measuring service quality of medical tourism in India and identified that accessibility/ convenience and treatment satisfaction were perceived as the most important dimensions by the international pa-

tients. Rad et al (2010) examined the effect of service quality dimensions on the medical tourists' satisfaction and found a positive relationship between service quality dimensions and overall patient satisfaction.

Service Quality Dimensions
The present study measures the quality of Ayurvedic healthcare centres and the definitions of the service quality dimensions were adopted from Parasuram et al. (1988) and Strawderman and Koubek (2008). This has been slightly modified to fit into the context of healthcare centres. It is assumed that a person's perception of service quality is the sum total of the perception of all these dimensions.

Tangibility
This factor refers to the "physical facilities, equipment and appearance of personnels in the healthcare centres".

Reliability
This factor refers to "the ability of the healthcare provider to deliver the promised services accurately and dependably".

Responsiveness
Responsiveness means "willingness of healthcare provider to help tourists and provide prompt services".

Assurance
Assurance refers to "employee's knowledge, courtesy and ability to create trust and confidence in the minds of tourists' about the healthcare centres".

Empathy
This factor refers to the "level of caring and individualised attention provided to tourists by the healthcare centres".

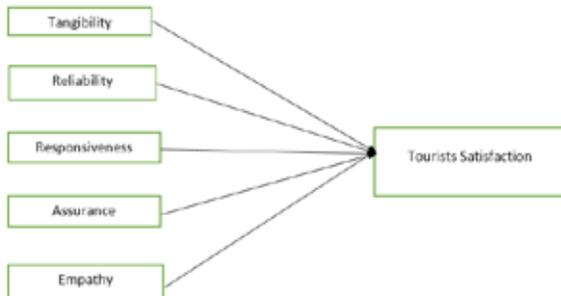Based on the above literature review, the following research model is proposed

Figure 1: Proposed Research Model

Based on the model the following hypotheses were arrived –

H_1: There is significant relationship between tangibility and tourists' satisfaction

H_2: There is significant relationship between reliability and tourists' satisfaction

H_3: There is significant relationship between responsiveness and tourists' satisfaction

H_4: There is significant relationship between assurance and tourists' satisfaction

H_5: There is significant relationship between empathy and tourists satisfaction

Materials and Methods
The present study attempts to analyse the relationship between the service quality dimensions and the tourists' satisfaction by testing the hypotheses using regression analysis. The researcher made use of questionnaire for the purpose of data collection which comprised of three sections. Section A was related to the profile of health tourists who visited Kerala. Section B asked the perception of health tourists on the service quality. Section C gathered their satisfaction level. The measurement items were obtained and modified from prior re-

search studies made by Ho et al. (2014: 15).The sample were conveniently selected among international health tourists undergoing health treatment in Kerala Ayurvedic healthcare centres. The questionnaire were administered among 150 tourists in order to know their perception towards service quality of health tourism in Kerala. The service quality and satisfaction was measured by using 5 point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). The collected data was processed by using SPSS version 20.0.

Results and Discussions
Respondents' Profile
For the purpose of the study, the data were collected from the health tourists and their profile is presented in Table 1. Among 150 respondents, majority of respondents fall under the age group ranging between 25 – 54 years. Based on gender, 63.33 are male and the rest are female and around 76.66 per cent were married and 50 per cent of the respondents interviewed were professionals.

Table 1: Respondents' Profile

Respondents' Profile		Frequency	Percentage
Age	Under 24	10	6.66
	25 - 34	29	19.33
	35 - 44	45	30
	45 - 54	26	17.33
	55 - 64	25	16.66
	65 & Above	15	10
Gender	Male	95	63.33
	Female	55	36.66
Marital Status	Single	35	23.33
	Married	115	76.66
Occupation	Government Employee	15	10
	Private Employee	10	6.66
	Businessmen	30	20
	Professional	75	50
	Housewife	20	13.33

Source: Primary Data

Foreign Tourists' Perception towards Ayurvedic Healthcare Centres
The perception of foreign tourists towards service quality of Ayurvedic healthcare centres was assessed under five dimensions namely Tangibility, Reliability, Responsiveness, Assurance and Empathy and their mean and SD were also calculated and depicted in Table 2. Reliability Analysis i.e., Cronbach's alpha is used to measure the internal consistency of the instrument being used for data collection and the values of all constructs are above the criterion value 0.6. Based on mean score analysis, it is clear that the mean values of all dimensions were slightly above the mid-point i.e., three, which indicated that the tourists' are only moderately satisfied with the service quality provided by health tourism service providers. Apart from this it could also be inferred that based on importance, foreign tourists ranked assurance as first followed by empathy and the last rank was given to responsiveness.

Table 2: Reliability, Mean and Standard Deviation of the Variables

Service Quality Dimensions	No. of Items	Cornbach's Alpha	Mean	SD
Tangibility	7	0.83	3.52	0.66
Reliability	7	0.90	3.56	0.63
Responsiveness	6	0.85	3.50	0.67
Assurance	5	0.73	3.67	0.77
Empathy	6	0.88	3.59	0.66

Source: Primary Data

Correlation Analysis

The inter - relationships between the six variables were examined using Pearson Correlation analysis. The results of correlation analysis presented in Table 3, showed a significant ($p<0.001$) positive correlation among all constructs and the r values ranged from 0.23 to 0.66. Thus, it reveals that there is no problem of multicollinearity and there is relationship between service quality dimensions and satisfaction.

Table 3: Correlation Analysis

Variables	Tangi-bility	Reliability	Re-spon-siveness	Assur-ance	Empa-thy	Over-all Sat-isfac-tion
Tangibility	1					
Reliability	0.55**	1				
Respon-siveness	0.53**	0.21**	1			
Assurance	0.38**	0.59**	0.38**	1		
Empathy	0.23**	0.42**	0.49**	0.56**	1	
Overall Satisfac-tion	0.57**	0.33**	0.66**	0.65**	0.32**	1

Source: Computed Data
Note: **Significant at 0.01 level

Regression Analysis

Multiple regression analysis was performed to identify the influence of service quality dimensions on the tourists' satisfaction and the results are presented in Table 4. In the present study, service quality dimensions namely, tangibility, assurance, reliability, responsiveness and empathy was considered as independent variables and tourists' satisfaction as dependent variable. According to the results, the independent variables, accounted for 29 per cent ($R^2 = 0.29$) of the variances in the overall tourists satisfaction. The ANOVA result confirms that the model is fit and significant in measuring the overall satisfaction ($F = 93.94$, $p< 0.001$). The dimensions namely Reliability (= 0.252, $p < 0.05$), Responsiveness (= 0.149, $p <0.05$), Assurance (= 0.153, $p< 0.05$) and Empathy (= 0.242, $p < 0.05$) were significant in achieving higher tourists satisfaction. In other words, if the tourists' perception of reliability, responsiveness, assurance and empathy was high then the satisfaction of the tourists towards healthcare centres was also high and vice - versa. As a result, the hypotheses H2, H3, H4, and H5 were supported. On the other hand, tangibility (= 0.173, $p <0.05$) was not a significant factor in measuring the overall satisfaction. Hence, hypothesis H1 was rejected. Thus, indicating that tangibility had no influence on tourists' satisfaction. This result is consistent with the results presented by Rad et al. (2010), which stated that tangibility is the only dimension which has an insignificant influence in tourist satisfaction.

Table 4: Regression Analysis for Service Quality

Variable	Standardized Co - efficient	t	Sig.	Hypotheses Testing
Constant		17.980	0.000	
Tangibility	0.173	3.861	0.235	Not supported
Reliability	0.252	3.748	0.000*	Supported
Responsive-ness	0.149	8.218	0.001*	Supported
Assurance	0.153	2.549	0.011*	Supported
Empathy	0.242	3.670	0.021*	Supported
R^2= 0.29				
F = 93.94**				

Source: Primary Data
Note: *Significant at 0.05 level; **Significant at 0.01 level.

Conclusion

Kerala is positioning itself as the hub of health tourism, in India and is promoting Ayurveda as an important product of health tourism. Since, health tourism is a sector which deals mainly with the healthcare services, usually the quality of services expected by the tourists is always high. It could be inferred from the study that there was a significant relationship between the service quality dimensions and the satisfaction. Hence, the respondents expect from the physicians, masseurs and hospital staff that they should give specific and individual attention to every patients, they should know their patients' needs and wants and fulfil them. But the sample respondents give little importance to tangibility items. Because they consider better health treatment than that of the aesthetics of the healthcare centres. Therefore, the present study would contribute to the growth of Ayurveda healthcare centres by improving the quality of healthcare services under the desired area.

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