

Customer Perception towards Health Tourism in Karnataka

***Dr.A.Kaboor**

****C.Somashekar**

*Assistant Professor in Commerce, CBM College, Coimbatore – 641046

**Research Scholar, Bharathiar University

Introduction

Tourists may have difficulty in distinguishing between expectations and perceived performances during or after the holiday (Meyer and Wester barkey, 1996). This is mainly because of heterogeneity of tourism products. Whereas expectations are assumed to differ from one person to another as these are driven by their socioeconomic and cultural background (Miller, 1977). Preference is the positive attitude of a customer towards a particular service, mainly the choice of the tourists for a particular service whereas customer perception is certain beliefs about service that function as standards or reference points against which performance is judged. Because, customers tend to compare their perceptions of performance with these reference points when evaluating service quality (Zeitaml and Bitner, 2000). Thus, customer preference and perceptions are the first and possibly, most critical step in delivering quality services. Quality services can lead to customer satisfaction, and satisfied customers can be retained and only retained customers can become loyal to the service providers. During the service delivery, customers overall experience are affected by various potential interactions such as interactions with service personnel, interactions with internal and external physical surroundings (including equipments), and interactions with other customers. On the other hand, consumers make their decisions based upon their perceptions regardless of their accuracy or inaccuracy. It is around these perceptions that marketers must build their competitive strategies. Customer preference analysis is really a call to action. By understanding the preference or expectations of customers, the organisation or resort can design strategies that are truly responsive to vital customer expectations that can differentiate in the market place (Recklies, 2006).

Tourism Industry

Tourism industry in India plays a significant role in transforming the society and economy. Pandit Jawaharlal Nehru's oft-quoted remark, namely "welcome a tourist and send back a friend" has been the essence of Indian tourism approach in the post independence era. Tourism as an industry has great potential to bring about social and cultural development.

Health tourism

Medical travel is often undertaken in combination with tourism services. However, it is estimated that the business of health tourism is very huge as US \$ 40 billion worldwide (2004) with an expected annual growth rate of 20 per cent. Health care is an area in which the tourism industry can take advantage as it is a thriving sector in the new globalization and liberalization. International travel for health purposes becomes a way of life for new age Western and Asian tourists. India is on the threshold of a health care revolution and the country is emerging as a global destination for medical tourists. Health tourism is an emerging concept and is still at the nascent stage. Governments are increasingly concerned about their readiness to meet their social obligations in the health sector. Complimenting health care with tourism is the new mantra that has seen foreigners flocking to India for treatment (R.Pruthi, 2006). Health industry data (CII-Mckinsey, 2003) show that the total health care market in

India is expected to rise from the current Rs.1,030 billion (5.2 per cent of GDP) to Rs.2,320 billion to Rs.3,200 billion. As a result, India would spend 6.2 – 8.5 per cent of its Gross Domestic Product (GDP) on health care by 2012, thereby contributing 7 – 8 per cent of the GDP. It accounts for 3 – 5 per cent of the healthcare delivery market (CII-Mckinsey, 2003). Medical tourism in India is growing by an estimated rate of 30 per cent per annum (J.Rao and F.Zaheer, 2010). Health care is estimated to be \$ 3 trillion industry worldwide, where India is in position to attract the high-end segment tourists by highlighting its facilities and services and exploiting the brand equity of leading Indian health care professionals across the globe.

Karnataka is one of the fastest growing states in India. It is the home to some of the most high tech industries in India. Bangalore, in particular, has become the home to some of India's premier hospital establishments. It is booming in terms of IT, BT and now, MT, that is medical tourism. Karnataka is endowed with a combination of high – tech super - speciality hospitals on the one hand, and, it has a number of natural beauty spots and ayurvedic spas. The coastal districts of South Canara, Udupi, North Canara, Malnad districts of Shimoga, Chickmagalore, Coorg, and Hassan can provide something unique to the tourists. The state of Karnataka has nine world class medical colleges along with institutions for homeopathy, ayurveda, unani, siddha and yoga and also the best of hospitals and institutes for both modern and holistic medicine. It has the potential to be the health destination of the world (Mathai, 2006).

It is of course the air conditioned weather of Bangalore which suits any foreign patient coming here for a treatment. The surgeries in high tech hospitals are followed by rejuvenation therapies in ayurvedic spas or other Indian systems of medicine. The Department of Tourism, Karnataka, terms, Karnataka as –The Garden of Life, as it has the distinction of having the largest number of systems of medicine approved by the World Health Organization in a single country (Karnataka Tourism, 2008).It is the only destination in India that combines world – class talent, infrastructure and an environment that is best suited for healing. It offers a wide range of healthcare options – ultra – modern allopathy, time tested ayurveda, holistic naturopathy, spa- based rejuvenation which other competitors in the field cannot offer (Karnataka Tourism, 2008). The world is increasingly looking at Bangalore as the place for holistic healing. From the NHS in Britain to the largest insurance companies in the US, patients are increasingly referred to Karnataka for treatment.

Review of literature

A customer is the king of any business as the growth of business is a function of customer delight and retention. The success in business ultimately depends on what customers finally choose to buy. Thus, it is vitally important to understand the psychology of customers as to why they choose to buy one product when compared to another and why they purchase a particular product (Rust et al., 1999). Since a customer's decisions are the direct functions of the customer's cognition, customer preference, and perception. Each one is important to identify the pre and post-purchase behaviour to determine customer satisfaction. Needless to say, it is a complex process to find the behaviour of a customer in the service industry as it involves several steps to send a tourist delighted from the host destination region.

Preference is the positive attitude of a customer towards a particular service, mainly the choice of the tourists for a particular service whereas customer perception is certain beliefs about service that function as standards or reference points against which performance is judged. Because, customers tend to compare their perceptions of performance with these reference points when evaluating service quality (Zeitaml and Bitner, 2000).

Thus, customer preference and perceptions are the first and possibly, most critical step in delivering quality services. Quality services can lead to customer satisfaction, and satisfied customers can be retained and only retained customers can become loyal to the service providers. During the service delivery, customers overall experience are affected by various potential interactions such as interactions with service personnel, interactions with internal and external physical surroundings (including equipments), and interactions with other customers. On the other hand, consumers make their decisions based upon their perceptions regardless of their accuracy or inaccuracy. It is around these perceptions that marketers must build their competitive strategies. Customer preference analysis is really a call to action.

The present trend of health tourism as set by the health conscious consumers can enhance the well-being of tourists through travel experience (S. Kulkarni, 2008). This type of customer seeks to look and feel better to lose weight, to slow the effects of aging, to relieve pain or discomfort, and to alleviate stress or to partake in the use of natural supplements like vitamins and minerals to improve their health. Most health tourism focus on two areas such as pampering and wellness. Pampering involves offering people an experience that makes them feel good. Services such as massages, herbal wraps and exfoliating scrubs where wellness involves helping healthy people prevent problems so they stay well, both physically and mentally (R. Pruthi, 2006).

Health Tourism triggers travel to improve one's health, for the primary reasons of visit to a health resort or weight-loss camp whereas wellness tourism is one of the most ancient form of tourism that Romans and Greeks used to pay much attention to, for the well being of the people. The quests for spiritual enlightenment of medieval pilgrims or the medical seaside and spa tourism of the 18th and 19th century European elite aim at providing the people good health. Arguably, there has been an unprecedented intensification in the pursuit of wellness in the history of tourism. The consumer survey conducted in 1997 by Health Fitness Dynamics, Inc., that is a Florida spa consulting firm, revealed that 81 per cent of consumers who went to resort based spas expected a property to offer health care services. These consumers actively seek out resorts that offer those services (R. Pruthi, 2006).

Objective of the study

The main aim of this study is to analyse the level of perception and motivational factors for selection of health tourism in Karnataka.

Research methodology

Descriptive research design was adopted in this study with a sample size of 520 respondents and 65 resorts in Karnataka. Structured questionnaire was used to collect the data from the respondents. Both primary and secondary data was used to collect information. The districts like South Canara, Udupi, North Canara, Malnad districts of Shimoga, Chickmagalore, Coorg, and Hassan were selected for this study.

Analysis & Interpretation

Frequency analysis, Weighted average score and Garret ranking method was applied to test the perception level and motivational factors for health tourism. For this paper only the above tools are explained.

For this study the researchers used ANOVA, chi-square, factor analysis, correlation and ranking method.

Table-1

Out of 360 respondents with the prime motive for ayurvedic treatment and other wellness activities as an integral part of the health tourism activities, it is seen from the table that 64 per cent are male and 36 per cent are female respondents. The distribution of data also revealed that majority of the respondents (216 out of 360) between the age group of 36 and above 59.44 per cent and less than 35 years constitute 40 per cent (144 out of 360) of respondents. Across the marital status of the respondents, 63.71 per cent (230 out of 360) of respondents are married. It is also quite important to find from the table that 67.50 per cent (243 out of 360) of respondents have the professional background whereas a meager 2.49 per cent (9) of respondents have the occupation of business. As the table presented the distribution of respondents on the basis of nationality across the continents, a majority of 56.66 per cent (204) of respondents are the nationals hailed from various countries in Asia. Across the group of respondents on the basis of income, a vast majority of 77.5 per cent (279) of respondents have the annual income between one lakh and above five lakh. The distribution of respondents across the educational qualification revealed that 321 out of 360 respondents who represent 89.16 per cent are graduate and above. Thus, the break-up of data of socio-demographic profile of respondents demonstrates the major controlling factors that influence the level of perception, preference, and overall satisfaction.

TABLE-1-Socio-Demographic Profile of the Health Tourists

Demographic distribution		Number of Respondents	Percentage
Gender	Male	230	63.88
	Female	130	36.11
Total		360	100.0
Age	Less than 25 years	19	5.28
	26 – 35 years	125	34.72
	36 – 45 years	100	27.77
	45 – 60 years	90	25.00
	Above 60 years	26	7.22
Total		360	100.0
Marital status	Single	110	30.55
	Married	230	63.71
	Unmarried	20	5.54
Total		360	100.0
Occupation	Housewife	19	5.26
	Agriculturist	42	11.64
	Employee	37	10.25
	Professionals	243	67.5
	Businessmen	9	2.49
	Others	10	2.77
Total		360	100.0

Regions	Americans	46	12.73
	Europeans	75	20.78
	Asian	204	56.51
	Africans	5	1.39
	Austrians and New Zealand	30	8.33
Total		360	100.0
Income category	Rs.60,000 – Rs.1,00,000	81	22.5
	Rs.1,00,000 – Rs.3,00,000	115	31.86
	Rs.3,00,000 – Rs.5,00,000	99	27.42
	Rs.5,00,000 and above	65	18.01
Total		360	100.0
Educational qualification	School	4	1.11
	Intermediate	10	2.77
	Higher secondary	25	6.93
	Graduation	159	44.04
	Post graduation	144	39.89
	Technically qualified	18	5.00
Total		360	100.0

Table-2
Level of Perception

To estimate and compare the mean perception scores on health tourism weighted average analysis is performed by using five-point rating scales and assigning score 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree, and 5 for strongly agree. The results as it is shown in Table – 1 indicate the rank of ten different perceptions on Karnataka as a favoured health tourism destination. The perception of respondents with primary motive for health tourism activity was captured in ten important parameters. It is natural to find that Karnataka is the ideal place to experience Ayurvedic treatment and that which obtained the highest weighted average score (4.411) as the first rank in terms of perception of respondents.

Similarly, with weighted average score of 4.325 each in case of two health tourism indicators include the selection of health resort for a perfect blend of health

TABLE 2

Mean Perception Score on Health Tourism

S.No	Health Tourism Indicators	Weighted Average Score	Rank
1	Though Ayurvedic treatments are now available throughout the world, Karnataka is the ideal place to experience it.	4.411	1
2	I think ayurvedic treatments are far better than any other medical treatment (S ₂)	4.325	2
3	I have selected for a health resort because that is the perfect blend I can get in Karnataka (S ₁)	4.325	3
4	The food choices set for me throughout this resort are 4.133 the best of its kind (S ₈)	4.286	4
5	I was interested in Ayurvedic health care because it is preventive and rejuvenative (S ₅)	4.278	5
6	There is lot more in Karnataka rather than health care (S ₄)	4.239	6
7	I love this holiday because a lot of care is given for my health and hygienic needs (S ₆)	4.211	7
8	The transit services provided for me throughout this resort are first-rate (S ₉)	4.133	8
9	The duration allotted for each component of the treatment is optimum (S ₇)	4.100	9
10	The package is ideally priced (S ₁₀)	4.080	10

It is seen from the table that among the ten views about health tourism, the statement (S₃) has secured higher mean perception score and stood at the top, followed by the statement (S₂) has secured next highest mean perception score and stood at the second, the statement (S₁) has secured next higher and stood at the third and finally the statement (S₁₀) has secured the least mean perception score and stood at the last. From this it is clear that tourists have very high perception about Karnataka and ayurveda (S₃) and (S₂) respectively. The price and duration of treatment is least perceived by the health tourists.

Table-3

Motivation and Preference for Health Care Packages

This technique was used to rank the motivating factors to select the health services of this resort by the respondents under study. In this method, the respondents were asked to give ranks according to the magnitude of the factors. The order of merit given by the respondents were converted into ranks by using the formula:

$$\text{Percentage position} = 100 \frac{\sum (R_{ij} - 0.5)}{N_j}$$

Where, R_{ij} = Rank given for i th factor by j th individual = Number of factors ranked by j th individual N_j

By Garret Ranking the motivation for selection of resort and selection of health care treatment are assessed.

Table-3

S.No	Motivation Factors	Score		Rank
1	Quality of Treatment	22029.00	61.02	1
2	Location of resort	19946.00	55.25	2
3	Authentic medicines	18581.00	51.47	3
4	Price	17205.00	47.66	4
5	Facilities and Ambience	15634.00	43.31	5
6	Personal Service	15074.00	41.76	6

Table – 3, shows that among the six motivating factors, „Quality of Treatment“ has secured highest mean preference score (61.02), followed by „Location of resort“ with the second highest mean preference score (55.25) and, „Authentic Medicines“ as the third highest mean preference score (51.47). Further, the factor „Price“ secured the fourth highest mean preference score (47.66) and, „Facilities and Ambience.“ secured the fifth highest mean preference score (43.31). Finally, „Personal service“ has secured the sixth or least mean preference mean score (41.76). These results of rankings clearly analyse the preferences of health tourists on seven prime motivational factors. It may be inferred that quality of treatment was given highest prime preference for selection of resorts, followed by location and authentic medicines. In other words, tourists give prime importance for quality of treatment, accessibility and authentic or genuine medicinal products. However, tourism is known for human touch, and personalised services in case of selection of resort it do not get much attention.

Table-4

ANOVA

Overall Mean Perception Score with Sources of Awareness

Awareness About the Resort	Respondents	Overall Perception Score
Media	42	14.643
Internet	123	13.390
Friends	147	13.762
Intermediaries	48	11.104

It is seen from Table – 4, that the overall mean perception score (14.643) is higher for media group of respondents than other groups of respondents. However, from the mean perception score it is clear that there is perceptual variance among different sources of awareness of health tourists. Internet and media have very high perception score as compared to the other sources of awareness of health resorts.

In order to test the differences of mean across four groups respondents on the awareness about the test, one way ANOVA was used to test whether the difference is significant or not.

Table-4.1

ANOVA – SOURCES OF AWARENESS

Source	Sum of Square	Degrees of Freedom	Mean Square	‘F’ calculated Value	‘F’ Table Value
Between groups	337.043	3	112.3477	5.83 **	3.36
Within groups	6850.057	356	19.24173		

** Significant at 1 per cent level.

Table – 4.1 presents the test results of ANOVA. The „F“ value is significant at 0.01 per cent level (3.36). There is no difference in the overall mean perception score about health tourism among group of respondents. It is inferred from the table, there is difference of perception exists across the four group of respondents.

Table-5

Table – 5 presents the association between socio-economic factors and overall satisfaction.

Association of Socio-Economic Factors with Overall Satisfaction

Factor	Calculated χ^2	Table value	Degrees of Freedom	Remarks
Age	19.414	15.51	8	*
Gender	9.659	5.99	2	*
Marital status	12.663	9.49	4	*
Education	18.502	18.31	10	*
Occupation	12.080	28.87	18	NS
Income	12.699	12.59	6	*
Language	68.384	37.57	20	**
Nationality	20.907	15.51	8	*
Motivated sources	4.387	15.51	8	NS
Companionship	3.285	9.49	4	NS
Source of awareness	4.230	12.59	6	NS
Food	7.656	12.59	6	NS
Reasons	9.986	12.59	6	NS

** Significance at 1 per cent level.

* Significant at 5 per cent level. NS – Non Significant

The chi-square test shows that there is significant association with socio-economic attributes age, gender, marital status, education, income, language and nationality of respondents with overall satisfaction. There is no significant occupation, average length of stay, different motivation source, companionship and food and sources of awareness etc.

Age has a direct influence on overall satisfaction. Youngsters were getting satisfied easier than the elders and middle aged group. Gender also has high influence on overall satisfaction it is calculated that the overall satisfaction depends on the tourist’s gender.

Similarly marital status also influence the respondents overall satisfaction. Married couple have different level of satisfaction as compared to unmarried and single health tourists.

Education is the next socio-economic factor which has association with overall satisfaction. The overall satisfaction depends on the educational background of health.

Table-6

Correlation

Inter-Correlation Matrix – Overall Satisfaction

	Age (X ₂)	Income (X ₃)	Education (X ₄)	Frequency of visit (X ₅)	Overall satisfaction (Y)
Age (X ₂)	1.000				
Income (X ₃)	-0.111	1.000			
Education (X ₄)	0.026	0.017	1.000		
Frequency of visit (X ₅)	0.128**	0.018	-0.099	1.000	
Overall Satisfaction (Y)	-0.216**	0.080	-0.065	0.158**	1.000

** - Significant at 1% level

It is seen from Table – 6, that the correlation between the variables is highly significant and negative, except for income and education. Further it is also seen that all the variables are significant correlated with the dependent variable age and frequency of visit.

The direct effect of each of the explanatory variables on the dependent variable and the indirect effect of each variable on the dependent variable through other explanatory variables are furnished in the table given below.

Findings

The result of weighted average score method shows that the score is high for the statement -though Ayurvedic treatments are now available throughout the world than Karnataka is the ideal place to experience it, then I think ayurvedic treatments are far better than any other medical treatment (S₂), then I have selected for a health resort because that is the perfect blend I can get in Karnataka (S₁), then The food choices set for me throughout this resort are 4.133 the best of its kind (S₃) then I was interested in Ayurvedic health care because it is preventive and rejuvenative (S₅) then There is lot more in Karnataka rather than health care (S₄), then I love this holiday because a lot of care is given for my health and hygienic needs (S₆), then The transit services provided for me throughout this resort are first-rate (S₉), then The transit services provided for me throughout this resort are first-rate (S₉), then The

duration allotted for each component of the treatment is optimum (S_7), then the package is ideally priced (S_{10}).

The results of Garret ranking give a detail index of preferences of the selection of ayurvedic resort, health care programme and treatment by health tourists. The respondents selected the ayurvedic resorts mainly based on the quality of treatment, authenticity of medicine, and location of resort. Preferred health care packages are customized with stress management and anti ageing programmes.

ANOVA test was applied to find the significant difference between socio demographic factors and awareness. The result shows that, Internet and media have very high perception score as compared to the other sources of awareness of health resorts. There is no difference in the overall mean perception score about health tourism among group of respondents.

Chi square and correlation test also shows that there is association and relationship exists between Customer overall satisfaction and socio economic factors. These findings also revealed that customer perception and customer satisfaction are the direct antecedent of customer retention. Thus, this helps the planners and stakeholders to identify the underlying socio-economic dimensions and to draw or formulate customer oriented marketing strategies to perform a better and sustainable yield in the health tourism market.

Conclusion

“Customers today want the very most and the very best for the very least amount of money, and on the best terms” (Brian Tracy, 2010). In this new marketing scenario, everyone is going behind customer oriented business. Being a high volatile industry, the role of customers or tourists is very crucial in tourism industry. Health care services reflect several characteristics commonly associated with tourism services. They are intangible, both labour and skill intensive and high variability and high inseparable and perishable (Hurley, 2004). Tourism also exhibits all these features when tourism coupled with health care services. These characteristics should be doubled and much of the problems of health tourism should be studied from the perspective of loyalty to assess the effect of branding on the sales. Thus, health tourism business usually becomes highly volatile and sensitive due to the fundamental nature of tourism business. Hence, planners and marketing designers should promote the health tourism without losing its serenity.

References

- Bitner, M.J., Booms, B.H. and Tetreault, M.S., (1990), ‘The Service Encounter Diagnosing Favorable and Unfavorable Incidents’. *Journal of Marketing*, Vol. 54, pp. 71-84.
- Brian Tracy, (2003), ‘Psychology of Selling’, Nightingale Concert, U.K., ISBN 06 71520687.
- Cahndra, R. (2002). Trade in Health Services. *Bulletin of the World Health Organisation*, 80(2).
- Hurley, T., (2004), ‘Managing Customer Retention in the Health and Fitness Industry : A Case of Neglect’, *Irish Marketing Review*, Vol. 17, No. 1 and 2, pp. 23-28.
- John, D.R. and Cole, C.A., (1986), ‘Age Differences in Information Processing : Understanding Deficits in Young and Elderly Consumers’, *Journal of Consumer Research*, Vol. 13, No. 3, pp. 295-315.
- Meyer, A. and Westerbarkey, P., (1996), ‘Measuring and Managing Hotel Guest Satisfaction’, Olsea, M.D., Teare, R. and Gummesson, E., (Eds.) *Service Quality in Hospitality Organisations*, Cassell, London, pp. 185-203.
- Miller, J.A., (1977), ‘Studying Satisfaction, Modifying Models, Eliciting Expectations, Posing Problems and Making Meaningful Measurement’, In : Hunt, H.K. (Ed.), *Conceptualisation and*

Measurement of Consumer Satisfaction and Dissatisfaction, Marketing Science Institute, Cambridge, Massachusetts.

Pruthi, R., (2006), 'Medical Tourism in India', Arise Publishers and Distributors, New Delhi.

Recklies, O., (2006), 'Mergers and Corporate Culture', The Manager, org.www.manager.org. Accessed on 27.05.2010.

Rust, R.T. and Zahorik, A.J., (1993), 'Customer Loyalty Customer Retention and Market Share', Journal of Retailing, Vol. 69, No. 2.

Sampad Kumar Swain, Babu P George.,(2007),HRD practices in the classified hotels in Orissa: a study of employee perceptions.

Zeithaml, V.A. and Bitner, M.J., (2000), 'Services Marketing : Integrating Customer Focus Across the Firm', McGraw Hill, Boston.

Zeithamal, V.A., Berry, L.L. and Parasuraman, A., (1993), 'The Nature and Determinants of Customer Expectations of Service', Journal of Academy of Marketing Sciences, Vol. 21, No. 1, pp. 1-12.