



RESEARCH ARTICLE

PROBLEMS FACED BY HOSPITALS WHILE CATERING TO MEDICAL TOURISTS IN KARNATAKA

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PRM: Patients Relationship Management
MTC : Medical Tourism Consultants
PFH: Problems Faced by Hospitals
MVP: Medical Visa Processing
HCT: Home Country Treatment
GSCM : Green Supply Chain Management

ABSTRACT

India is the nation which is hub for patients to provide wealth to their health capturing many needy patients from different country for their various deceases, it made name in other country for health care in other country for providing right treatment with trained Doctors where they are specialized and researched in their field to get acquaintance with patients. It made the remarks or left the mark in the minds of the people for treating with PRM (Patients Relationship Management), Indian Doctors are well qualified with human beings, some cases most of the deceases cure on the bases of the way the doctor advises and patient attitude and inner perception get adjusted with treatment. In this article we have discussed about the Problems faced by Hospitals while catering to Medical Tourists in Karnataka, here we have made survey to find out the main issues of our State.

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INTRODUCTION

India has become a top health care destination for high end treatment at the cheaper prices, if patients visit to India for treatment they save around 75% of amount over home country including traveling expenses, India expected to have more patients every year as its increases the number, 100000 patients visit to India per year, Indian Government providing facility to other country people to easy entry reduced the restriction on citizens of many country. Visa-free and with fewer restrictions (US citizens do need a visa to enter India, which costs \$67 plus any agency service fees). India is known for advanced technology and variety of equipments, most of the time cities like Chennai and Noida hospitals are half filled with foreign patients, Doctor give the information in their language, most of the patients who visits to India fiddle with the language of English our doctors are well versed with. Most of the hospitals bringing Language translator to avoid the barriers of communication. Popular treatments include bone-marrow transplants, eye surgery and hip grafting and replacement. India is also a top destination for cardiac bypass surgery at facilities like the Naraana Hrudayalaya Bangalore; the

procedure can cost less than \$10,000 as compared to more than \$100,000 in the West. Patients get the right treatment without waiting or spending more time. Most of the patients who are visiting to Narayana hrudayalaya are part of Kenya. Once patient visit hospital they welcome all the patients with humility like guest to the own house, patients mite treat the hospital as their home or guest house the same way the team of the hospital treats the patients.

Home country treatment

India attracts medical tourists from different country mainly from south Africa, Kenya, Uganda and other part of the country, people choose our country as well as Karnataka for various reasons not only for less price the kind of treatment as well as quality of services providing from India, when patients come to India they feel India as their home such way the hospitals attract the patients providing good health care & relationship Management.

Objectives of the study

"To identify the problems faced by hospitals while catering to medical tourists"

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Sample Size: 80 (Eighty)

Research design

Primary Data collected from southern part of Karnataka from two Respondents one is Hospitals, survey made for 30 Hospitals and another one is Medical Tourism Consultants (Facilitators), survey made for 50 Consultants.

1. Introduction

It is not only the medical tourists that face problems when they arrive in the country for medical treatment. Another important stakeholder category, namely the hospitals or healthcare providers, face problems too. Hence it makes eminent sense to analyse this issue from the perspective of the relevant respondents, namely the 50 consultants and 30 hospitals. This happens to be the objective the study has set for itself. In the following paragraphs, the primary data collected from the consultant respondents and the hospital respondents is analysed for the purpose.

2. Analysis of primary data collected from consultant respondents

In the following paragraphs, the primary data collected from the 50 consultant respondents is analysed.

2.1. Problems faced by hospitals while catering to medical tourists

Hospitals, providers of healthcare, constitute one of the most important stakeholders in the medical tourism space. Even as other stakeholders like medical tourists and consultants entertain a grouse or two against the hospitals, the latter may have their own reasons to nurse a grouse or two against various other stakeholders, including the regulators. Hence the researcher requested the respondents to reveal the problems that the hospitals face while they cater to medical tourists. Their replies to the query appear in the following Table-2.1

Problems faced by hospitals while catering to medical tourists

Problems	Number of respondents
Tourists' inability to communicate in English or any Indian language with the hospital authorities	44
Delays in the medical visa processing regime	43
Failure of medical travel facilitators to archive the medical tourists' health-related data	41
Deficient service on the part of some medical travel facilitators	39

According to 44 respondents, the tourists' inability to communicate in English or any Indian language with the hospital authorities is a problem the hospitals face while catering to medical tourists. According to 43 respondents, delays in the medical visa processing regime is a problem the hospitals face while catering to medical tourists. According to 41 respondents, the failure of medical travel facilitators to archive the medical tourists' health-related data is a problem the hospitals face while catering to medical tourists. According to 39 respondents, deficient service on the part of

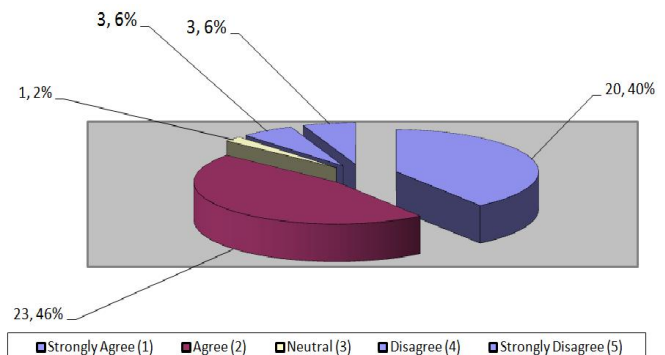
some medical travel facilitators is a problem the hospitals face while catering to medical tourists.

2.2. A prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers

With 43 respondents stating that delays in the medical visa processing regime is a problem the hospitals face while catering to medical tourists, the researcher sought to know from the respondents if they would agree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers. The respondents' agreement / otherwise with the statement is expressed at five levels, namely, Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree. These variates are assigned the values 1, 2, 3, 4 and 5 respectively. Their levels of agreement with the statement are reflected in the following Table and Figure.

Table 2.2. A prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers

Levels of Agreement (Values)	Frequency	Percentage
Strongly Agree (1)	20	40
Agree (2)	23	46
Neutral (3)	1	2
Disagree (4)	3	6
Strongly Disagree (5)	3	6
Total	50	100



There is a definite association between GSCM practices and firm performance

20 respondents, accounting for 40 percent strongly agree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers. 23 respondents, accounting for 46 percent agree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers. Three respondents, accounting for six percent disagree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers.

Three respondents, accounting for six percent strongly disagree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers. One respondent, accounting for two percent remains neutral. 43 respondents, accounting for 86 percent agree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers.

3. Analysis of primary data collected from consultant respondents

In the following paragraphs, the primary data collected from the 30 hospital respondents is analysed.

3.1. Problems faced by hospitals while catering to medical tourists

Hospitals, providers of healthcare, constitute one of the most important stakeholders in the medical tourism space. Even as other stakeholders like medical tourists and consultants entertain a grouse or two against the hospitals, the latter may have their own reasons to nurse a grouse or two against various other stakeholders, including the regulators. Hence the researcher requested the respondents to reveal the problems that the hospitals face while they cater to medical tourists. After all, information from the horse's mouth has its own value, so to speak. Their replies to the query appear in the following Table.

Table 3.1. Problems faced by hospitals while catering to medical tourists

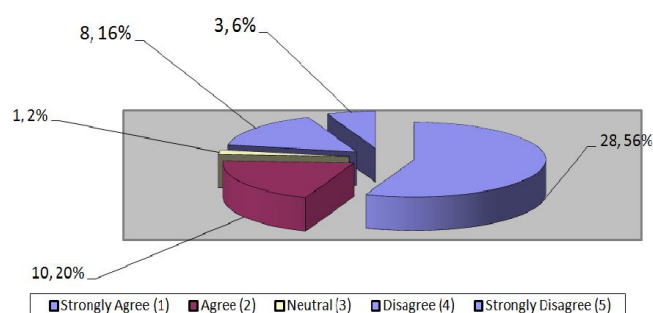
Problems	Number of respondents
Tourists' inability to communicate in English or any Indian language with the hospital authorities	47
Failure of medical travel facilitators to archive the medical tourists' health-related data	44
Deficient service on the part of some medical travel facilitators	42
Delays in the medical visa processing regime	38

According to 47 respondents, the tourists' inability to communicate in English or any Indian language with the hospital authorities is a problem the hospitals face while catering to medical tourists. According to 44 respondents, the failure of medical travel facilitators to archive the medical tourists' health-related data is a problem the hospitals face while catering to medical tourists. According to 42 respondents, deficient service on the part of some medical travel facilitators is a problem the hospitals face while catering to medical tourists. According to 38 respondents, delays in the medical visa processing regime is a problem the hospitals face while catering to medical tourists.

Table 3. A prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers

Levels of Agreement (Values)	Frequency	Percentage
Strongly Agree (1)	28	56
Agree (2)	10	20
Neutral (3)	1	2
Disagree (4)	8	16
Strongly Disagree (5)	3	6
Total	50	100

3.1. There is a definite association between GSCM practices and firm performance



3.2. A prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers

With 38 respondents stating that delays in the medical visa processing regime is a problem the hospitals face while catering to medical tourists, the researcher sought to know from the respondents if they would agree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers. The respondents' agreement / otherwise with the statement is expressed at five levels, namely, Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree. These variates are assigned the values 1, 2, 3, 4 and 5 respectively. Their levels of agreement with the statement are reflected in the following Table and Figure. 28 respondents, accounting for 56 percent strongly agree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers. 10 respondents, accounting for 20 percent agree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers. Eight respondents, accounting for 16 percent disagree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers. Three respondents, accounting for six percent strongly disagree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers. One respondent, accounting for two percent remains neutral. 38 respondents, accounting for 76 percent agree with the statement that a prompt and hassle-free medical visa regime will significantly improve the medical tourist numbers.

4. Conclusion

Clearly the two categories discord on the failure of medical travel facilitators to archive the medical tourists' health-related data, in terms of their levels of agreement. However, on the tourists' inability to communicate in English or any Indian language with the hospital authorities, the views of the two categories almost converge.

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