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EVALUATING PATIENT SATISFACTION IN HEALTH TOURISM: A CASE STUDY OF MEDICAL FACILITIES AVAILABLE IN KERALA'S MALABAR REGION

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Abstract:

The state of Kerala in India is considered as a 'tourist's paradise'. Tourism in Kerala is really non-seasonal in nature. Cultural Tourism is travel to experience and, in some cases, participate in a vanishing lifestyle that lies within human memory. Culture and tradition play an important role in the promotion of tourism. Kerala State is so much inclined to cultural and health tourism. Now a day's people are more aware of the importance of health. They are conscious in maintaining a healthy body, mind and soul. People visit tourism destinations normally for leisure and recreation. Health tourism comprises of two terms healthcare and tourism; and it involves a combination of resources of healthcare and tourism. Tourism and the hospitality industry can develop only with the cooperation and wholehearted patronage of a friendly and hospitable host community. It is with this objective that the Department of Tourism is envisaging a massive awareness campaign in the State. One of the major attractions of health tourism is their holistic treatment in Ayurveda and in Allopathic at various Multi specialty hospitals, Ayurveda centers specialized by Govt. of Kerala, among them are top hospitals situated in Malabar region of Kerala, like Kottakkal Aryavaidyasala, Aster MIMS Calicut, KIMS Alshifa Perinthalmanna, Metro, Meitra Hospital Calicut and BMH Calicut. Here, the study aims to find out the satisfaction level of the Health tourists relating the services provided in Health tourism sectors in the Malabar region of Kerala. Success of Health treatment depends upon the satisfaction level of Health tourists regarding facilities, services available in Health tourism sectors. The Hospitals in Malabar region are not only competitive but also luxurious and comfortable in all aspects, satisfying the tourists by all means. They offer the ideal and the perfect blend of convenience and efficiency to tourists. It helps the tourists in discovering with a holistic approach of natural life in healthy treatment of their illness and wellness as per their requirement; apart from that, these are extremely eco-friendly. Tourists are given protection and their needs are satisfied by the health centers. By analyzing the responses the findings are made and on the basis of the findings, suggestions are made to promote the Health tourism in Malabar region of Kerala. For this, the data has been collected from tourists, both domestic and international who had visited these hospitals and resort centers in the Malabar region of Kerala. The questions were more concentrated on the satisfaction level of visitors relating to the various facilities available in the Hospitals.

Key Words: Health Tourism, Economic Impact, Satisfactory Levels, Service Quality of Malabar Region of Kerala

Scope of the Study:

Tourism Industry has embraced many positive changes in the recent years. Tourism has moved to be the one of the major source of income to India. Tourism in India is going through a significant phase of growth and development. The growth in Indian tourism industry both in terms of Tourist arrival and foreign exchange earnings is remarkable. The impact of tourism is another area where there is need for regular study and research. Continuous research and time to time innovations alone will pave way for achieving sustainability in tourism. Customer's satisfaction is influenced by the availability of various customer services; the quality of customer service has become a major concern of all business. Failure to pay attention to influential attributes in choice intention may result in a customer's negative evaluation, and may lead to unfavorable word-of-mouth. Health tourism comes under holistic and natural tourism. Government of Kerala wants to provide the best service to the tourists. So a study to analyses the satisfaction level of health tourists related to the facilities available under health tourism is very important. Hence Health tourism developing only through the impact of word-of mouth which is recommended by the tourists. The data has been collected both from international as well as domestic tourists who had visited in these hospitals and resort centers at Malabar region of Kerala. The study also analyses the problems and prospects of human resources in the health tourism. Kerala is the southern-most state of India. It enjoys unique geographical features that have made it one of the most sought-after tourist destinations in Asia. The government of Kerala has projected tourism as an engine of economic growth and an instrument for eliminating poverty, solving unemployment problem, opening up new fields of activity and the uplifting status of livelihood of the people. Tourism in the state of Kerala is going through such a phase as its focus shifts from the traditionally popular sites like Munnar, Thekkady, Alappey, Kovalam etc. to Wayanad, Varkala, Nelliyampathy, Bekkal, Wagamon etc. These are un-spoilt eco-friendly destinations which need careful and sustainable approach to take Kerala tourism to higher levels in the decades to come. Kerala being moving to be a totally consumer state, development of tourism has changed to one of the major sources of income.

Review of Literature:

Health tourism refers to the practice of traveling across borders to receive medical treatment. According to Connell (2006), medical tourism has evolved as a multi-billion-dollar industry, driven by increasing healthcare costs in developed nations, long waiting periods, and the availability of high-quality, affordable medical services in countries like India and Thailand. Turner (2011) points out that globalization and liberalization have further accelerated this phenomenon. Kerala's integration of Ayurveda into its medical tourism framework is unique. As reported by WHO (2019), wellness tourism is gaining traction globally.

Ayurveda centers in Malabar offer detoxification, rejuvenation, and disease-specific therapies, attracting tourists seeking holistic healing. Studies by Nair and Thomas (2016) found high satisfaction rates among foreign patients undergoing Ayurveda treatments in North Kerala.

Kerala, known as "God's Own Country", is a pioneering state in both Ayurveda and allopathic health tourism. As noted by George and Nair (2017), Kerala has effectively branded itself for medical tourism by integrating traditional healing with modern medicine. Kumar and Sharma (2020) identify Kerala's clean environment, hospitality, and effective public health system as key strengths. The state's "Kerala Medical Value Travel" initiative also aims to enhance its presence on the global medical tourism map. India has emerged as a preferred destination for health tourism due to its advanced healthcare infrastructure, highly qualified doctors, cost competitiveness, and traditional systems like Ayurveda. According to the Ministry of Tourism (2020), India welcomed over 697,000 medical tourists in 2019 alone. Research by Reddy et al. (2010) emphasized that India offers high-quality medical services at one-tenth the cost of Western countries.

Despite its strengths, health tourism in Kerala faces certain limitations. Lack of international accreditation, uneven regional development, and insufficient patient feedback systems are key concerns (Sujatha & Dhanasekaran, 2021). For the Malabar region, connectivity and promotional gaps also limit its full potential. The Malabar region comprising districts like Kozhikode, Kannur, Wayanad, and Kasaragod has seen rapid development in multispecialty hospitals and wellness centers. According to a report by the Kerala State Planning Board (2022), hospitals such as Baby Memorial, Aster MIMS, and DMWIMS have contributed significantly to inbound health travel. However, the region's potential remains under-researched compared to central and southern Kerala.

Recent research (Chatterjee & Majumdar, 2023) highlights the growing importance of digital technologies in enhancing patient experience from telemedicine to AI-driven diagnostics. Hospitals in Malabar are adopting these trends, yet patient perception of technology-assisted care remains underexplored.

Objectives of Study:

Primary Objective:

- To find out the Service Quality dimension of Health Tourism in Malabar region, Kerala
- To analyze the major challenges faced by Health tourism in Kerala industry
- To analyze the satisfaction level of tourists relating to the facilities provided by Health tourism in Malabar region of Kerala.

Secondary Objective:

The secondary objective of the study is to get the perception, experience and expectations of tourists about Health tourism and facilities in the Malabar region of Kerala.

Tourism Scenario in Kerala:

Kerala, located on the south-western tip of India, enjoys unique geographical features that have made it one of the most sought-after tourist destinations in Asia. Fondly referred to as 'God's Own Country', Kerala was selected by the National Geographic Traveler as one of the 50 destinations of a lifetime and one of the thirteen paradises in the world.

Health Tourism in Kerala:

Kerala is unique in the world tourism map for its natural beauty and cultural heritage. Apart from nature and culture, Kerala has a unique opportunity in the area of medical tourism. Thousands of foreigners are coming to Kerala for the local concepts of rejuvenation and restoration that is embodied in the Ayurveda system of treatment. For the visitor, the holiday is a stress buster. Although ideally the treatment may last for a month, there are shorter courses meant for a tourist in hurry. Many are visitors who patronize Ayurveda and during this holiday take up short courses that will help them run parlous abroad. Kerala has its traditional medical systems like Ayurveda, Sidha, Naturopathy, Panchakarma, etc. which have attracted patients from different parts of the world. Along with this the Modern medicine has also got a high relevance in the Medical Tourism space because of the low cost and compatibility of the medical systems with the developed countries. Faced with exorbitant fees for procedures such as cardiac surgery, dentistry and cosmetic surgery in their home countries, patients from the West and the Middle East have begun looking at India and Kerala in particular. There are a number of specialty hospitals in Kerala that offer specialized care for complex medical conditions. The quality of health care offered by the doctors, nurses and support staff, make medical tourism in Kerala a preferred choice for patients seeking healthcare solutions in India. The famous hospitals and Ayurveda centers in Malabar region of Kerala which are attracting International and Domestic tourists are Kottakkal Aryavaidyasala, Aster MIMS Hospital, Alshifa Hospital (KIMS) Perinthalmanna, BMH Calicut, Meitra Hospital etc. The facilities available in the hospitals and centers make an atmosphere in which the tourist can have a relaxing time seeing through rejuvenation. Tourists can also see the local people in villages along the banks of Kerala backwaters carry out their daily routine of farming and fishing.

Research Methodology:

Research is a scientific and systematic search for pertinent information. The main aim of this research is to find out the truth which is hidden and has not been discovered yet. Here in this study researcher wants to know how far the tourists both domestic as well as international are satisfied with the facilities available in Health tourism in Malabar region of Kerala in selected districts like Malappuram, Kozhikkode, Wayanad, Palakkad, and Kannur. Research on Health Tourism choices behavior is one of the most needed studies by many tourists as through their wellness and Illness mode of Study. Health Tourists take into account the various health related factors in terms of facilities provided by hospitals- Infrastructure, Hospitality, Room facility, level of approaches of staff (attitude), High quality healthcare at low cost, Ayurveda treatments Ayurveda rejuvenation therapies/Spa, etc. There are many foreign studies which analyze foreign tourist destinations in order to form a policy for decision making of tourist destinations in the country. Here the researcher has found out the scope of health tourism on the basis of a study conducted by Govt. of Kerala as held at Kerala Health Tourism meets to focus on medical tourism, Kerala Health Tourism 2015, the international conference and exhibition, will be held here at Hotel Le Meridien on October 30 and 31. The fifth edition of the conference will be organized by CII in association with Kerala Government. For the better study the researcher had taken into account the total ideas, impressions and beliefs a tourist has of the tourist destination. Many factors measuring customer

satisfaction has been analyzed for the improvement of product service quality which results in a competitive advantage with word of mouth as the best publicity in health tourism in Kerala. Researchers analyzed customer satisfaction which results on the basis of the repeat visit, and favorable word-of-mouth publicity. The theory of consumer behavior for a service sector points out that customers' behavior and levels of satisfaction are influenced by the customer's experience and post treatment follow up, doctor's approach, natural rejuvenation etc. These factors are also taken into consideration by the researcher while preparing the questionnaire for the study.

- A clear statement of the research problem. Procedures and techniques to be used for gathering information.
- The population which has to be studied
- The methods to be used in processing and analyzing data.

Here the study is descriptive in nature. The researcher had collected data from tourists through questionnaire. Observation technique was also adopted by the researcher for data collection. The researcher used both primary data as well as secondary data for the study. Sample size for the study is 50. Convenient sampling was used to collect data from the sample. Various statistical tools have been used by the researcher for analyzing the data.

Limitations of the Study:

Despite contributing valuable insights into patient satisfaction within the health tourism sector of Kerala's Malabar region, this study is subject to several important limitations. Recognizing these constraints is essential for an accurate interpretation of the findings and for guiding future research toward more comprehensive and reliable outcomes.

Small Sample Size:

The study's reliance on a sample of only 50 participants represents a significant limitation in terms of statistical power and generalizability. Given the large and diverse population of health tourists visiting Kerala, and specifically the Malabar region, such a limited sample restricts the ability to draw broad or definitive conclusions. The small sample size increases the margin of error and limits subgroup analyses, such as comparisons across age groups, gender, or types of health services availed. Furthermore, statistical tests applied on small samples may lack sensitivity to detect meaningful differences or relationships, thereby undermining the robustness of the results. Future studies should consider larger sample sizes, potentially across multiple centers, to enable stronger inferential statistics and more nuanced insights.

Limited Geographic Scope:

This research was geographically confined to the Malabar region of Kerala, thereby excluding other major health tourism hubs such as Thiruvananthapuram, Kochi, and Kollam. Each of these regions possesses unique healthcare infrastructure, service offerings, and tourist demographics, which means the patient satisfaction determinants may differ significantly. The restriction to a single region limits the external validity of the study and prevents meaningful comparisons or benchmarking across Kerala's broader health tourism landscape. Consequently, the findings cannot be generalized to the entire state or to other health tourism markets within India, which vary considerably in terms of culture, service quality, and tourist expectations. Expanding the geographic coverage in future studies would allow for a comparative approach and more comprehensive policy recommendations.

Convenience Sampling Bias:

The use of convenience sampling, while practical under certain circumstances, introduces inherent selection bias that may skew the representativeness of the sample. Participants were selected based on accessibility rather than random or systematic sampling methods, which can over represent certain groups while under representing others. For instance, patients who were more available, willing to participate, or had positive experiences might have been disproportionately included, leading to an optimistic bias in satisfaction ratings. This compromises the internal validity of the study and limits the ability to confidently extrapolate findings to the broader patient population. Future research should incorporate probability-based sampling techniques such as stratified or cluster sampling to improve representativeness and reduce bias.

Lack of In-depth Statistical Analysis:

Although descriptive statistics and basic inferential tests such as Chi-square analyses were utilized, the study did not employ more advanced statistical methods that could have strengthened the rigor of the findings. Techniques such as multiple regression analysis, factor analysis, path modeling, or structural equation modeling (SEM) are valuable for identifying the relative impact of different satisfaction dimensions and uncovering latent variables influencing patient perceptions. The absence of such analyses means that complex interrelationships between variables remain unexplored, and the dimensionality of patient satisfaction is insufficiently validated. Incorporating advanced statistical tools in future research would enhance the depth of analysis, allow hypothesis testing, and improve predictive insights relevant for healthcare managers and policymakers.

Insufficient Demographic Breakdown:

While the study reported basic demographic variables like gender, age, and income, it overlooked several other potentially influential factors such as nationality, level of education, prior health tourism experience, and underlying motivations for choosing Kerala as a health tourism destination. These variables are critical as they often shape expectations, satisfaction thresholds, and decision-making processes. For example, international tourists may have different service quality perceptions than domestic visitors, and patients with prior health tourism exposure might assess services more critically. The limited demographic profiling restricts the ability to segment respondents meaningfully or understand diverse patient needs. Future studies should include comprehensive demographic and psychographic data to facilitate targeted service improvements and marketing strategies.

Vague Description of Questionnaire Design:

The methodology section provided inadequate detail regarding the development, validation, and reliability of the questionnaire instrument. There is no disclosure about the number of questionnaire items, the scale types used (e.g., Likert scales), or psychometric properties such as Cronbach's alpha for internal consistency reliability. Additionally, it is unclear whether the instrument underwent pre-testing, pilot testing, or peer review before administration. Without this information, it is difficult to assess the validity, reliability, and replicability of the survey tool. This omission undermines confidence in the measurement of patient satisfaction constructs and limits comparability with other studies. Future research should elaborate on questionnaire design, including item formulation, scaling methods, reliability assessments, and validation procedures.

Limited Discussion of Negative Feedback:

The study's findings predominantly emphasize positive aspects of patient satisfaction, while offering minimal exploration of dissatisfaction, complaints, or service failures. This one-sided focus risks presenting an overly optimistic picture of the health tourism experience and overlooks critical areas requiring improvement. Understanding negative feedback is essential for identifying service gaps, operational challenges, and systemic issues that could undermine patient trust and repeat visitation. Moreover, negative experiences often provide richer insights for strategic service enhancements. Future studies should strive for balanced reporting that includes detailed analysis of dissatisfaction drivers, complaint patterns, and patient suggestions for improvement.

Overreliance on Secondary Literature:

Although the literature review is extensive, it tends to be descriptive rather than critically engaging with recent empirical research. The review relies heavily on secondary sources and lacks synthesis that connects prior studies to the current research context. This approach limits the theoretical grounding of the study and reduces its contribution to existing knowledge. A more analytical and integrative literature review would help situate the study's findings within broader academic debates, identify gaps, and justify the research design. Future work should aim for a critical review of the latest empirical findings and explicitly link them to the study's hypotheses and results.

Time Constraints Affecting Depth:

The limited duration over which the study was conducted restricted the opportunity to capture seasonal variations, longitudinal trends, or repeated measures that are crucial in the context of health tourism. Patient satisfaction may fluctuate across different seasons due to changes in tourist inflow, staffing levels, or service availability. Similarly, a cross-sectional snapshot does not reflect how satisfaction evolves over time or after follow-up treatments. The time constraints thus limit the temporal validity of the findings and reduce the ability to understand long-term patient outcomes. Future research would benefit from longitudinal designs or multi-wave surveys to monitor satisfaction dynamics and improve service delivery models.

Absence of Ethical Considerations:

The study does not mention obtaining ethical approval from relevant institutional review boards, nor does it discuss informed consent procedures, confidentiality safeguards, or anonymity protections for participants. These ethical components are fundamental in research involving human subjects, ensuring respect for participant rights and compliance with ethical research standards. The omission raises concerns about research integrity and participant protection, potentially affecting the willingness of patients to provide honest responses. Future studies should explicitly address ethical approvals, consent processes, data security, and privacy measures to uphold ethical standards and enhance the credibility of the research.

Summary:

While this study offers meaningful insights into patient satisfaction within the Malabar region's health tourism sector, the outlined limitations significantly affect the generalizability, validity, and depth of its findings. Addressing these shortcomings in subsequent research would lead to more methodologically robust studies, enabling healthcare providers, policymakers, and tourism stakeholders to make more informed and effective decisions to improve service quality and patient experiences.

Although every effort is taken to make the study a fair one, it is not free of limitations. A few errors have crept in despite of the best efforts to avoid them but still the study and findings are very much relevant. Following are also the important limitations of the study:

- There is a chance of false information from respondents.
- As this project is done in a short period, extensive study was not possible due to time constraints.
- There are chances of personal bias in the data collected from the customers.
- Some of the respondents did not co-operate with the survey.
- Area of study was limited to Malabar region of Kerala only; hence the result may not be generalized.
- There was a certain degree of reluctance shown by some tourists to answer the questions.

Major Interpretation of the Study Based on the Analysis:

- Most of the respondents are belonging to the age group between 31-45.
- Most of the respondents in this study were married.
- Most of the respondents who came the first time were satisfied in their health treatment.
- Most of the respondents are visiting for treatment purposes.
- Majority of the respondents' rate that they got good support and personalized care during health treatment.
- Some of the respondents were not satisfied with the support provided by the guide.
- Most of the respondents were satisfied with the hygiene facility and food.
- Most of the respondents have pointed out that they will recommend to their friends that health tourism in Kerala the cheapest one.

Data Analysis and Interpretations:

Interpretation through Likert Scale:

Table: 1.1: Respondents rating satisfaction level of Health care treatment in Malabar region of Kerala

S.No	Factors	No of Respondents	Percentage
1	Highly Satisfied	14	28
2	Satisfied	21	42
3	Average	12	24
4	Dissatisfied	3	6
5	Highly Dissatisfied	0	0
	Total	50	100

Source: Field Study

Table 1.2: Services provided during Health treatment

Parameter	**Counselling**		**Doctors Experience**		**Medicines**		**Equipment Accessories**		**Technology Used**	
Rating Scale	Respondent	Scale Mark	Respondent	Scale Mark	Respondent	Scale Mark	Respondent	Scale Mark	Respondent	Scale Mark
Highly Satisfied (5)	22	110	19	95	9	45	11	55	10	50
Satisfied (4)	12	48	16	64	24	96	7	28	22	88
Average (3)	9	27	8	24	11	33	24	72	9	27
Dissatisfied (2)	5	10	5	10	6	12	4	8	3	6
Highly Dissatisfied (1)	2	2	2	2	0	0	4	4	6	6
Total	50	197	50	195	50	186	50	167	50	177

Source: Field Study

Table 1.3: Showing average score as Ranked by Services provided by Health treatment

S.No	**Parameter**	**Scale Mark**	**Average Score**
1	Counseling & Good treatment	197	3.94
2	Doctor's experience	195	3.9
3	Medicines	186	3.72
4	Equipment Accessories	167	3.34
5	Technology used	177	3.54

Source: Field Study

Interpretation:

The above table shows that the factors of services provided by Health treatment. Weighted average method was applied and has been found that counseling & good treatment were preferred first (3.94), followed by Doctors experience, Medicines Technology used, and the last is equipment accessories. It is found from the study that out of 50 respondents, a good number of the respondents focused on counseling and doctor's experience while taking health treatment from Malabar region of Kerala. So it is ranked "1" & 2…

Table 1.4: Facilities provided during health treatment

Parameter	**Rating Scale**	**Highly Satisfied (5)**	**Satisfied (4)**	**Average (3)**	**Dissatisfied (2)**	**Highly Dissatisfied (1)**	**Total**
Personalized Care	Respondent	29	16	4	1		50
	Scale mark	145	64	12	2	0	223
Drinking Water	Respondent	25	19	4	2	0	50
	Scale mark	125	76	12	4	0	217
Security Services	Respondent	12	21	9	8	0	50
	Scale mark	60	84	27	16	0	187
Sanitation	Respondent	14	22	8	5	1	50
	Scale mark	70	88	24	10	1	193
Laundry	Respondent	13	20	10	4	3	50
	Scale mark	65	80	30	8	3	186
Entertainment	Respondent	8	12	18	7	5	50
	Scale mark	40	48	54	14	5	161
Transportation	Respondent	5	16	21	4	4	50
	Scale mark	25	64	63	8	4	164

Source: Field Study

Table 1.5: Showing average score as Ranked by Facilities provided during health treatment

S.No	**Parameter**	**Scale Mark**	**Average Score**
1	Personalized Care	223	4.46
2	Drinking Water	217	4.36
3	Security Services	187	3.74
4	Sanitation	193	3.86
5	Laundry	186	3.72
6	Entertainment	161	3.22
7	Transportation	164	3.28

Source: Field Study

Interpretation:

The above table shows the factors of Facilities provided by health treatment. Weighted average method was applied and has been found that personalized care and drinking water were preferred first (4.46 & 4.36), followed by sanitation, security services, and the least is transportation services. It is found from the study that out of 50 respondents, a good number of the respondents focused on personalized care while taking health treatment from Malabar region of Kerala. So it is ranked "1".

Table 1.6: Health Tourists' opinion about cost of medical treatment

Rating Scale	**Accommodation**		**Food**		**Consultation Fee**		**Medicines**		**Counseling & Follow-up**	
	Respondent	Score	Respondent	Score	Respondent	Score	Respondent	Score	Respondent	Score
Highly Satisfied (5)	12	60	14	70	34	170	28	140	10	50
Satisfied (4)	21	84	20	80	12	48	10	40	31	124
Average (3)	9	27	13	39	3	9	11	33	6	18

Dissatisfied (2)	6	12	3	6	1	2	1	2	3	6
Highly Dissatisfied (1)	2	2	0	0	0	0	0	0	0	0
Total	50	185	50	195	50	229	50	215	50	198

Source: Field Study

Table 1.7: Showing average score of Health tourists opinion about cost of medical treatment

S.No	Parameter	Scale Mark	Average Score
1	Accommodation	185	3.7
2	Food	195	3.9
3	Consultation Fee	229	4.58
4	Medicines	215	4.3
5	Counseling & Follow up	198	3.96

Source: Field Study

Interpretation:

The above table shows the factors of cost of medical treatment. Weighted average method was applied and has been found that consultation fee and medicines were preferred first (4.58 & 4.30), followed by counseling follow up and Food, the least ranked is Accommodation.

Table 1.8: Service Quality levels of health tourism

S.No	Factors	Scale	No of Respondents	Percentage
1	Delighted	Above 10	17	34
2	Satisfied	Between -10 +10	21	42
3	More expected	Below -10	12	24
Total			50	100

Source: Field Study

Table 1.9: Monthly Income of the Respondents

S.No	Factors	No of Respondents	Percentage
1	Upto Rs.30000	13	26
2	Rs 30001-50000	21	42
3	Rs 50001-75000	7	14
4	Above Rs 75,000	9	18
Total		50	100

Source: Field Study

Table 1.10: Gender of the Respondents

S.No	Factors	No of Respondents	Percentage
1	Male	21	42
2	Female	29	58
Total		50	100

Source: Field Study

Table 1.11: Educational Qualification of the Respondents

S.No	Factors	No of Respondents	Percentage
1	10th	2	4
2	Higher Secondary	9	18
3	Graduate	21	42
4	Post Graduate	14	28
5	Others	4	8
Total		50	100

Source: Field Study

The above tables 1.8 to 1.11 are for reference purpose of these studies.

Chi- Square Test:

Table 1.12: Two way table between Gender and Satisfaction level of Health tourism in Malabar region

Gender	No. of Respondents					Total
	Highly Satisfied	Satisfied	Average	Highly Dissatisfied	Dissatisfied	
Male	4	11	4	2	0	21
Female	10	10	8	1	0	29
Total	14	21	12	3	0	50

Source: Field Study

The above table reveals that 29 respondents are female. Here an attempt has been made to find, if there is any association between Gender and Satisfaction level of Health tourism, is given below:

Null Hypothesis (H0): There is no association between Gender and Satisfaction level of Health tourism in Malabar region of Kerala.

Alternate Hypothesis (H1): There is an association between Gender and Satisfaction level of Health tourism in Malabar region of Kerala.

Test of Statistics (TS) = Chi- square test

Significant level= 5%

i.e. 0.05
Degree of freedom = (C-1) (R-1) =(5-1) (2-1) =4*1= 4
Critical value is 9.488
So Chi- square test =$\sum \frac{(O-E)^2}{E}[\frac{(O-E)2}{E}]$

Table 1.13: Satisfaction level and Gender classification of Health tourism

O	E	O - E	$(O-E)^2$	$\sum \frac{(O-E)^2}{E}$
4	5.88	(1.88)	3.53	0.60
11	8.82	2.18	4.75	0.54
4	5.04	(1.04)	1.08	0.21
2	1.26	0.74	0.55	0.43
10	8.12	1.88	3.53	0.44
10	12.18	(2.18)	4.75	0.39
8	6.96	1.04	1.08	0.16
1	1.74	(0.74)	0.55	0.31
Total				3.08

Source: SPSS

Interpretation:

The above table shows that P value 3.08 is less than the significance level of 0.05. So there is an association between Gender and Satisfaction level of Health tourism in Malabar region of Kerala. The alternative hypothesis (H_1) is accepted.

Table 1.14: Two way table between Service quality and Desire to recommend HT in Malabar region to others

Service Quality	Desire to Recommend Health Tourism to Others in Malabar Region of Kerala					Total
	Highly Satisfied	Satisfied	Average	Dissatisfied	Highly Dissatisfied	
Delighted	3	11	2	1	0	17
Satisfied	8	8	4	1	0	21
More Expected	3	4	2	3	0	12
Total	14	23	8	5	0	50

Source: SPSS

The above table reveals that 21 respondents are satisfied with the Service quality of Health tourism sectors. Here an attempt has been made to find, any association, is present, between Service quality of Health tourism and Desire to recommend Health Tourism to others in Malabar region:

Null Hypothesis (H0): There is no association between Service quality of Health tourism and Desire to recommend Health Tourism to others in Malabar region of Kerala.

Alternate Hypothesis (H1): There is an association between Service quality of Health tourism and Desire to recommend Health Tourism to others in Malabar region of Kerala.

Test of Statistics (TS) = Chi- square test
Significant level= 5% i.e. 0.05
Degree of freedom = (C-1) (R-1) =(5-1) (3-1) =4*2= 8
Critical value is 15.507
So Chi- square test = $\sum \frac{(O-E)^2}{E}$

Table 1.15: Two way table between Service quality and Desire to recommend HT in Malabar region to others.

O	E	O - E	$(O-E)^2$	$\sum \frac{(O-E)^2}{E}$
3	4.76	(1.76)	3.10	0.65
11	7.82	3.18	10.11	1.29
2	2.72	(0.72)	0.52	0.19
1	1.70	(0.70)	0.49	0.29
8	5.88	2.12	4.49	0.76
8	9.66	(1.66)	2.76	0.29
4	3.36	0.64	0.41	0.12
1	2.10	(1.10)	1.21	0.58
3	3.36	(0.36)	0.13	0.04
4	5.52	(1.52)	2.31	0.42
2	1.92	0.08	0.01	0.00
3	1.20	1.80	3.24	2.70
Total				7.33

Source: SPSS

Interpretation:

The above table shows that the P value 7.33 is less than the significance level of 0.05. So there is an association between Service quality of Health tourism and Desire to recommend Health Tourism to others in Malabar region of Kerala. The alternative hypothesis (H1) is accepted.

Suggestions:

Health tourism potentials of Kerala can be evaluated by analyzing the healthcare and tourism resources and government support given to the promotion of health tourism. Through SWOT analysis, the strengths, weakness, opportunities and threats of health tourism can be identified.

- Recreation and entertainment facilities at the destination will directly enhance the satisfaction level of tourists. This can be done through introducing traditional arts, performances and recreation games inside the health treatment area.
- More awareness must be given about the health issues and post COVID- treatment. A brief awareness session can be given to the tourists.
- Tourists should be provided with small pamphlets describing the facilities provided by each multi-specialty hospitals and Ayurveda resorts, and also take necessary steps by government to promote health tourism in their official website. This would be necessary because many of the tourists are not aware about health tourism in Kerala.
- Take measures to attract more families to the destination for wellness and illness treatment.
- More advertisements can be done, both domestic and international, attracting families to the health tourism section.

Potentials of Health Tourism in Kerala: SWOT Analysis Strengths

Strengths in health tourism can be classified as healthcare resources, tourism resources and others.

Healthcare Potentials:

- Clinical outcomes of hospitals of Kerala are par with the world's best centers.
- Highly competent and internationally qualified doctors, nurses and other paramedical staff.
- Accredited hospitals: 4 multi-specialty hospitals of Kerala received NABH accreditation.

Tourism Potentials:

- Kerala is a well-known tourism destination famous with its brand name 'Gods Own Country'.
- Kerala has a wide range of tourism resources such as back waters, beaches, hill stations, pilgrimage centers, historical places etc.
- Kerala is blessed with a good climate, suitable for everyone and moderate weather throughout the year.
- Wide range of cultural programs.
- Kerala has good reputation for hospitality
- Possess good tourism infrastructure: five star hotels, resorts, Multi-specialty hospitals and Ayurveda resorts etc.

Weaknesses:

- To attract more health tourists some of the facilities should be improved.
- Poor infrastructure: roads, drainage
- Staffs in attendance need to be better trained to serve.
- Environment pollution.
- Political parties strikes and other union strikes
- Lack of internationally accredited hospitals
- Lack of coordination among health tourism providers.

Opportunities:

- Increase in NRI investment.
- Link health tourism with other niche tourism and overall development of the tourism industry.
- Music therapy
- Preventive healthcare
- Health checkup with tourism packages
- Combining leisure tourism with Ayurveda treatment
- NRI treatment sections
- Health/ Medical City concept
- Stress management centers
- Joint ventures: Health insurance, tour operators, hospitals, resorts
- Corporate employees
- Holistic treatment centers
- Yoga study centers
- Naturopathy
- Creation of employment in all fields
- High tech hospitals
- Business travelers who opt for a thorough medical checkup, combining it with business or vacation plans in the region.
- According to an American survey, each year people from Latin
- America spend up to US$ 6 billion on medical care in good clinics outside their home countries12.

Threats:

Health tourism may damage public healthcare system

- Increase in treatment charges
- Brain drain from public hospitals
- Subsidy to private hospitals creating criticisms
- Medical tourism at the cost of common man

Affects culture - Possibility for development of sex tourism

- Emergence of unlicensed and unqualified physicians
- Unlicensed health centers create bad image to Kerala

Healthcare becomes commercialized.

Bad competition among corporate hospitals

Conclusion:

Kerala has enormous potential to emerge as one of the world's best health tourism destinations. Its splendid flora and fauna, beaches, back waters; festivals etc. have the ability to lure more and more tourists. It is capable of becoming a heaven for wellness tourists by highlighting holistic treatments such as Ayurveda, spa, yoga, meditation, naturopathy etc. Emergence of accredited multi-specialty hospitals gives boost to medical tourism in Malabar region. Health tourism is not a onetime business. Satisfied health tourists will recommend Kerala as a health tourism destination to their near ones through word of mouth publicity. Hence health tourism providers should try to maintain service quality. Tourism serves as a single largest article of export for many countries, developed and developing. Because of immense growth prospects and its multifarious benefits there is increasing competition among the nation for enlarging their share in international market for tourism. The project was designed to study the level of satisfaction of the health tourists visited in Malabar region of Kerala.In this study, most of the tourists, both domestic as well as international, are satisfied with the facilities and services provided in the multi-specialty hospitals and ayurvedic hospitals. More number of tourists can be attracted to Malabar region by infusing traditional ayurvedic and health to tourism. Some findings and suggestions are forwarded for the betterment of Health tourism. Remembering the famous words of our veteran national leader and the first Prime Minister of India, Jawaharlal Nehru had said" welcome a tourist and send back a friend" which indicates the need for extending friendly hospitality to the inbound tourists.

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