

**GUJARAT STATE'S AHMEDABAD CITY, AS A
DESTINATION CHOICE FOR MEDICAL TOURISM- AN
EMPIRICAL INVESTIGATION**

Prof. Nirav R. Joshi*

Dr. Jaydeep Badiyani**

ABSTRACT

Medical tourism is a growing segment in India, especially in various states like Gujarat, Kerala, Rajasthan, and Delhi etc. In 2008, the size of the medical tourism was at INR 15 billion and about 4,50,000 foreigners had been came in India for medical treatment. INR 2015, the tourism has been grown 30% with INR 95 billion, according to the Associated Chamber of Commerce and industry of India, (ASSOCHAM). India's medical tourism market has huge potential. According to the recent report, India's medical tourism is expected to grow at a compound annual growth rate (CAGR) of 26 percentages, to reach US\$ 3 billion.

The Gujarat state has registered an increase of about 25 lakh tourists in the financial year 2011-12. This is the second consecutive year in which the department recorded growth of such a quantum in tourist inflow. According to a government release, the number of tourists who visited Gujarat during 2011-12 was 2.33 crore. A combination of many factors including state of the infrastructure, corporate setups, medi-claim, cashless facilities, well trained and educated staff, latest and most modern technological link-ups and easy and rapid modes of communication with link ups to most countries has led to availability of an array of medical tourism influx in Gujarat,

* School of Management, RK University, Rajkot, India, Research Scholar of RK University, Rajkot.

Assistant Professor, Centre for Management Studies (Faculty of Management), Ganpat University, Gujarat, India

** Assistant Professor, Department of Management, Bhavnagar University, Bhavnagar, Gujarat State. India

especially in various hospitals of Ahmedabad. In spite of all these, the economical and very affordable rates of medical testing and treatment has bridged the gap between availability of most modern facilities to the most common individual.

Our research study is focus on various factors that motivate to medical tourists to come for medical treatments in Ahmedabad city, of Gujarat state.

Key words: *Destination choice, Medical tourism, medical tourists.*

1. INTRODUCTION:

Medical tourism is the act of traveling to other countries to obtain medical, dental, and surgical care. The term was initially coined by travel agencies and the media as a catchall term to describe the rapid growth of an industry where people travel to other countries to obtain medical, dental, and surgical care while at the same time touring, vacationing, and fully experiencing the attractions of the countries that they are visiting.¹

Medical tourism is quickly becoming one of the world's fastest growing industries growing approximately 30% a year. Medical tourism presents an opportunity for hospitals to fuel growth by tapping the potential of the NRI, domestic & foreign patient market. To attract medical tourists, healthcare providers may consider leveraging on both business and clinical considerations. Gujarat is poised to be a leader in the medical tourism development of India. This state, offers tremendous potential to develop medical tourism particularly in its major cities like Ahmedabad, Baroda, Surat and Rajkot.²

Gujarat has world class medical facilities in its various hospitals, which have set new standards of health care in all disciplines of Modern Medicine. This care is available at very competitive charges so Gujarat has become a lucrative destination for people wanting to undergo the best treatment at cost-effective rates. For example, an open-heart procedure in the best hospital in Gujarat would cost the patient around \$10,000 as against \$50,000 abroad. Similarly, joint replacement operation in the state country would cost around \$ 4,000 as compared with \$39,000

¹ <http://ahiltelemed.tripod.com/id16.html>.

² <http://tourism.gov.in/writereaddata/Uploaded/ImpDoc/020220120146055.pdf>

in the US. A root canal procedure by a dentist in Ahmedabad would cost about \$20 as against \$100 in the US. A comprehensive health screening package could be as economical as \$ 100.³

There are excellent multi- specialty hospitals with ultramodern infrastructure which offer attractive options for NRI & domestic patients. There are facilities for Indian system of medicine coupled with resorts and premium hotels, which offer various facilities aimed at rejuvenating both the domestic and international tourist. A healthcare park, almost a dedicated Medicity that aims to involve key private players and make available top medical care to domestic, NRI as well as foreign visitors at comparatively economic prices, introduces the new medical tourism policy unveiled by the Narendra Modi Government in Gujarat.⁴

1.1 GUJARAT: A GLOBAL HEALTH DESTINATION:

Gujarat is located in the western coast of India. While the southern part of Gujarat runs along the Arabian Sea, its northern region houses the Thar Desert. Positioned at an easily accessible location it carries a deep backdrop of historical and prehistoric era locales of specific interest. Gujarat has a population of about 5.08 crore, and has been showing a new direction to the nation during the last 43 years, specifically in the industry front.⁵ In tune with the national goal to promote India as the most favored Medical tourism destination, Gujarat has aggressively adopted the concept into tourism promotion using Vibrant Gujarat. As part of its Navratri Celebrations, Vibrant Gujarat, the Government of Gujarat took the opportunity to promote its world-class medical facilities and medical expertise making Gujarat as a destination for medical tourism for Non Resident Indians specifically NRIs and NRGs are coming to Gujarat for treatment which is estimated to be contributing 25-31 % of the industry earnings of one hundred thousand crores. The Gujarati community comprises of 32% of the total 20.1 million people of Indian origin worldwide.

2. LITERATURE REVIEW:

Choosing a destination is a multi-step decision-making process in which different individuals invest varying levels of effort, depending on their level of involvement (Crompton, 1992, Hawkin et al., 2001, Hudson, 1999, Decrop, 2000). The crucial determining factor of a given

³ <http://www.globalgujarat.com/images/healthcare-details.pdf>

⁴ <http://www.cii.in/webcms/Upload/CommuniqueJan2011.pdf>

⁵ <http://dspace.iimk.ac.in/bitstream/2259/581/1/405-417+Mousumi.pdf>

individual's mode of decision-making is, therefore, the level of product involvement felt by that individual (Zaichkowsky, 1985, Hawkin et al., 2001, Sheth et al., 1999).

Dawn and Pal, (2011) recommended some of the medical tourism strategies for further promoting medical tourism in India. These include building and promoting the image of India as high quality medical tourism destination, creating and promoting new combination of medical tourism products, keeping up the high standard of quality treatments at a reasonable price, providing informative online and offline materials and make them available to the potential medical tourists.

Kunal, (2010), studied that world class health facilities, zero waiting time and most importantly one fifth to one tenth of medical costs spent in the US or UK, Gujarat has been becoming the preferred medical tourist destination.

Wolfe, (2006) studied that focuses on medical tourism - travelling with the express purpose of obtaining health services abroad. He described a trend, where large numbers of patients from wealthy countries, such as America, are travelling abroad to diverse countries including India, Brazil, the Philippines and Thailand in search of less expensive health care.

Berli and Martín (2004), studied the relationship between tourists' characteristics (motivation, experience, and socio-demographic) and the perceived image of tourist destinations.

Turne, (2003) focused on pre-purchase information search and planning search, which was closely related to travel decision making.

Rerkrujipimol and Assenov, (2006), had recommended marketing strategies for further promoting medical tourism in Thailand. These include building and promoting the image of Thailand as "High quality medical tourism destination", creating and promoting new combination of medical tourism products, promoting as health and wellness destination, exporting healthcare business to other countries, keeping up the high standard of quality treatments at a reasonable price, providing informative online and offline materials and make them available to the potential customers, emphasize on patients' testimonials (word of mouth), attaining the accreditation/standard to reassure the quality of treatments as well as emphasizing on the needs and demands of the existing target markets and also the potential target markets.

Kozak (2001) proposed a model of multiple relationships on level of overall tourist satisfaction and number of previous visits and an intention for repeat visits. The study found that first-time travelers are more likely to switch to other destinations while repeaters have more loyalty to the

destination. However, the number of previous visits was not significantly related to the intention to visit.

Chen and Tsai (2007) studied the effect of destination image and perceived destination's values on the behavioral intention. The study found that the more positive the feelings of tourists on the destination image, the higher they would perceive the trip quality, and the more positive their behavioral intention would be.

3. OBJECTIVES OF RESEARCH:

Objectives the research:

1. To find out factors that influence Medical tourists to visit, Gujarat as a destination choice for medical treatment.
2. To study the perception of medical tourist on various stages of decision making process for Gujarat state as a destination choice.
3. To study the effect of medical tourists experience with hospitals in Gujarat.
4. To study of available scopes for medical tourism in Gujarat.

4. RESEARCH METHODOLOGY:

4.1 RESEARCH DESIGN:

The type of research was exploratory and conclusive descriptive research. Single cross sectional research design means one sample of respondent was drawn from the target population and information was obtained from this sample once. Survey method with a structured questionnaire was administered to 50, medical tourists, using likert scale and designed to elicit specific information from the respondents.

4.2 SAMPLE DESIGN:

Target populations were samples, a subgroups of a population selected for the study. Sample element were medical travelers who visit Gujarat, as a destination, for taking a medical treatments, i.e. NRIs, Domestic and foreign travelers. For medical travelers, who were in private or civil hospital, non probability with convenience sampling was used.

5. RESEARCH ANALYSIS:

Sr. No	Demographic profile of Respondents	Attributes	Frequency	Percentage
1	Gender	Male	40	80.0
		Female	10	20.0
	Age	Between 26-40	9	18.0
		Between 41-60	25	50.0
		61yr or older	16	32.0
3	Occupation	Professionals	12	24.0
		Salaried employees	29	58.0
		Self employed	2	4.0
		Government employed	6	12.0
		Others	1	2.0
4	Education Qualification	Undergraduate	2	4.0
		Graduate	37	74.0
		Post graduate	11	22.0
5	Income	Greater than Rs.1,00,000	5	10.0
		Rs.1,00,001 to 3,00,000	29	58.0
		Rs. 3,00,001 to 5,00,000	12	24.0
		Rs. 5,00,001 to 7,00,000	4	8.0
6	Marital Status	Single	2	4.0
		Married	48	96.0
7	Region	North	50	100.0
8	Do you travel with your?	Family	21	42.0
		Friends.	9	18.0
		Alone	4	8.0

		Either husband or wife.	16	32.0
9	Nature of your trip.	Medical Purpose.	50	100.0
10	How long you want to be stay?	1-3 nights.	5	10.0
		4-7 nights.	10	20.0
		8-10 nights.	19	38.0
		11-14 nights.	16	32.0
11	Information Source	Family &/or friends.	33	66.0
		Travel magazine, Brochure.	17	34.0
12	Medical treatment	Heart surgery.	28	56.0
		Orthopedic problem.	11	22.0
		Others.	11	22.0

5.1 IMPORTANT FACTORS FOR MEDICAL TOURISTS FOR SELECTING DESTINATION:

Sr. No.	Factors	Mean value
1	Hygiene factor	3.79
2	Service quality factors	3.66
3	Infrastructural facility	3.48
4	Government facility and regulations	3.28

5.2 FACTOR ANALYSIS:

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.662
Bartlett's Test of Sphericity	Approx. Chi-Square	179.175
	Df	55

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	Sig.	.000

KMO value is 0.662 which is more than 0.6.

Component Matrix ^a				
Variables	Component			
	1, industry specific problems	2,Hospital specific problems	3,accommodation problems	4,coordination problem
Poor accessibility of services for medical tourist.	.693			
Poor water and power supply at destination.			.596	
Doctors having a communication and interpersonal gap.		.685		
Doctors are lack of initiative and thinking capacity		.728		
Some hospitals having highly unorganized and lack of coordinating system.				.825
Inadequate insurance cover in various hospitals.		.763		
Insurance market is underdeveloped in India.	.808			
Do not have subsidiary accommodation for medical tourists and its family before, during and after the treatment.			-.679	
Poor airport facilities at destination.		.698		
Quality accreditations of the hospital where you get treatment.	.691			
Lack of customer oriented approach at destination.	.688			
Extraction Method: Principal Component Analysis.				

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Extraction Method: Principal Component Analysis.				
a. 4 components extracted.				

After factor analysis, from above table we derived four factors like industry specific problem, hospital specific problem, accommodation and coordinating problems.

5.3 RELIABILITY TEST:

SR.NO.	FACTOR	CRONBACH'S ALPHA VALUE
1	Industry specific problem	0.690
2	Hospital specific problem	0.716

For both the factors data are reliable.

5.4 HYPOTHESIS FOR TESTING:

Ho1: There is no significance impact of industry specific and hospital specific problem on the various age groups of the medical tourists.

Ho2: There is no significance impact of industry specific and hospital specific problem on the various income groups of the medical tourists

Ho3: There is no significance impact of industry specific and hospital specific problem on the various groups of educational qualification of the medical tourists.

Ho4: There is no significance impact of industry specific and hospital specific problem on the various groups of persons with the medical tourists.

Ho5: There is no significance impact of industry specific and hospital specific problem on the various groups staying of the medical tourists.

Ho6: There is no significance impact of industry specific and hospital specific problem on the various groups of medical treatments of the medical tourists.

5.5 RESULT ANALYSIS:

For the first hypothesis, the significance values P, at 95% confidence level are 0.140 and 0.463 respectively. So, we do not reject null hypothesis for industry specific and hospital specific problem on the various age groups of the medical tourists.

For second hypothesis, the significance values P, at 95% confidence level are 0.140 and 0.000 respectively. So, we do not reject null hypothesis for industry specific on the various income groups of the medical tourists and we reject null hypothesis for hospital specific problem on the various income groups of the medical tourists.

For the third hypothesis, the significance values P, at 95% confidence level are 0.996 and 0.956 respectively. So, we do not reject null hypothesis for industry specific and hospital specific problem on the various educational qualifications groups of the medical tourists.

For fourth hypothesis, the significance values P, at 95% confidence level are 0.001 and 0.202 respectively. So, we reject null hypothesis for industry specific on the various groups person with the medical tourists and we do not reject null hypothesis for hospital specific problem on the various groups person with the medical tourists.

For the fifth hypothesis, the significance values P, at 95% confidence level are 0.399 and 0.316 respectively. So, we do not reject null hypothesis for industry specific and hospital specific problem on the various groups staying of the medical tourists.

For sixth hypothesis, the significance values P, at 95% confidence level are 0.261 and 0.002 respectively. So, we do not reject null hypothesis for industry specific on the various groups of medical treatments of the medical tourists and we reject null hypothesis for hospital specific problem on the groups of medical treatments of the medical tourists.

6. MEDICAL TOURIST'S DESTINATION CHOICE DECISION FACTORS:

6.1. PROBLEM RECOGNITION:

Long waiting line in home country and /or region and Specialist quality care is not available in home country &/or town i.e. cardiac, plastic or other surgery having high mean value like 4.02 and 3.78 respective. So both the variables are considered for problem in their town.

6.2. MOTIVATIONAL FACTORS:

Unavailability of services, drugs & surgery methods in the hometown &/or country of medical tourists, locus of health and no waiting line for medical treatment at destination are the main motives for medical tourists. Also, to visit historical places, ancient ruins, and temples after medical treatment and cultural affinity in terms of language, food and religion having least mean values so, these are considered as least motives for medical tourists.

6.3. INFORMATION SEARCH:

Information search is vital for medical treatment destination decision making, Brochures, Travel magazines, Newspaper are important for destination choice, Travel agencies and Government tourist information are essential for destination decision making and Relatives and friends,

Personal experience is essential for destination decision making are important variables for destination choice. The mean values of all this factors are 4.06, 3.92, 3.84 and 3.72 respectively.

6.4. DESTINATION IMAGE:

Previous experience in the destination, Quality of product and services, Satisfaction during the travel experience and information at the tourism destination are the most important variables considered for destination image. Natural and cultural attraction of the destination, Political, economical and technological environment of destination having a mean values of 2.18 and 1.94 respectively and considered least important for destination image.

6.5. DESTINATION ATTRIBUTES:

Attitude and friendly behavior of staff toward the Medical tourists, Adequacy of water and electricity supply, Level of services provided by the various staff members , International standards of destination, Accessibility and comfort of transport services and cleanliness at destination having mean values of 4.52, 4.48, 4.42, 4.36, 4.32 and 4.16 respectively. So all these variables are considered as a important for medical tourists. Level and frequency of local transport services is least important for medical tourists.

6.6. MAEKETING MIX:

Level and frequency of local transport services, Travel trade shows at destination, Offering a competitive treatment prices for medical tourists, post medical treatment services at destination and Discounts and allowances for medical treatment are important variables having a mean values more than 4.0. Word of mouth advertising of service offer at destination and proper distribution channel at destination are least important for the medical tourists.

6.7. TOURISTS EXPERIENCES AND SATISFATION:

Transport services at destination, Accessible infrastructural facilities at destination, Accommodation services at destination and Quality of services having high mean values and considered for the satisfaction of the medical tourists. Wi-Fi/internet facility at destination & RFID facility at destination having mean values of 2.40 respectively and considered as a least important for satisfaction of medical tourists.

6.8. DESTINATION CHOICE:

Well trained medical specialists available at destination, qualified doctors with degree from well known overseas institutes, Language communication skills of Doctors, nurses and receptionists and Destination is equipped with cutting edge technology are most important variables.

6.9. INTENSION TO RETURN AND RECOMMENDED TO OTHERS:

I will choose as a destination, again for medical treatments in future also, I met expectation with food, cleanliness and proper hygienic services at destination, I speak positive word of mouth about destination and i met expectation with infrastructural services at destination are the important variables for medical tourists. I met expectation with transportation a service at destination is least important variables.

7. OUTCOMES OF RESEARCH:

1. Research shows that 80% of the medical tourists are male & remaining 20% of them are female.
2. 50% of the medical tourists fall between 41-60 age groups, 32% of them are fall more than 61 years or older and remaining 18% of them fall between age group of 26-40 year.
3. 58% of the medical tourists are salaried employees, 24% of them are professionals, 12% of them are government employed and remaining 6% of the medical tourists are considered as self employed and others.
4. 74% of the medical tourists are Graduate, 22% of them are post graduate and remaining 4% of the medical tourists are considered as undergraduate.
5. 58% of the medical tourists fall between Rs.1,00,001 to 3,00,000 income groups, 24% of the medical tourists fall between Rs.3,00,001 to 5,00,000 income groups, 10% of the medical tourists are greater than Rs.1,00,001 income groups and remaining 8% of the medical tourists fall between Rs.5,00,001 to 7,00,000 income groups.
6. Research shows that 96% of the medical tourists are considered as married and remaining 4% of the medical tourists are single.
7. 42% of the medical tourists visit along with family, 32% of the medical tourists visit destination along with husband or wife, 18% of the medical tourists visit destination along with friends and 8% of the medical tourists visit destination alone.
8. All the medical tourists visit destination for medical purpose only.
9. 58% of the medical tourists stay between 8-10 nights, 32% of the medical tourists stay between 11-14 nights, 20% of the medical tourists stay between 4-7 nights and 10% of the medical tourists stay between 1-3 nights.

10. 66% of the medical tourists received information from family &/or friends and remaining 34% of the medical tourists received information from travel magazines and brochure.
11. 56% of the medical tourists visit destination for heart surgery, 22% of the medical tourists visit destination for orthopedic problems and 22% of the medical tourists visit destination for other medical treatments.
12. Hygiene and service-quality are the most important destination choice factors for medical tourists, having a mean value of 3.79 and 3.66 respectively.
13. Variables like hospitals are found heterogeneous pricing of services, inadequate insurance coverage in various hospitals, do not have subsidiary accommodation for medical tourists & its family before and after the treatment and lack of hospitality services having mean values more than 4.0.
14. Doctors are lack of initiative and thinking capacity (1.58), doctor having a communication and interpersonal gap (1.66), poor water & power supply at destination (1.86), quality accreditations of the hospital where you get treatments (1.84) and destination are having lack of infrastructural facility like connectivity and coordinating system (2.08) having low mean values. Medical tourists highly disagree with above variables.
15. From factor analysis, two factors viz. industry specific problems and hospital specific problems having Cronbach's alphas values 0.690 & 0.716 respectively.

8. MANAGERIAL IMPLICATIONS AND CONCLUSION:

Our research has managerial implication for Medical tourism industry and Hospitals. Hospitals should have more focus on two important factors like hygiene and service quality having a high mean values for development and growth of medical tourism in Gujarat. Tourism industry specific problems include variables like poor accessibility of services, under developed insurance market, quality accreditation and lack of customer oriented approach at destination. Tourism industry should have focus on these problems. Hospitals specific problems include variables like doctors having interpersonal and communication gap, lack of initiatives and thinking capacity. Age of the medical tourists should have no impact on both the factors like tourism industry specific problems and hospital specific problems. Income of the medical tourists having significant impact on hospital related problems. Educational qualifications do not have any

impact on tourism industry and hospital specific problems. Hospital specific problems having significant impact on various medical treatments. So, hospitals should have more focus on various types of medical treatments available and income of the medical tourists. Age and educational qualification do not have any impact on the tourism and hospital specific problems. Hospitals should have more focus on heterogeneous pricing for medical treatments, inadequate insurance coverage, accommodation for friends and family during and after the treatment and lack of hospitality services of paramedical staff & attendants.

Medical tourism industry should have more focus on waiting line problems and specialist quality cares which not available in their town. Hospitals and tourism industry should have more focus on various motivational variables like unavailability of services, drugs & surgery methods in their town, no waiting line for medical treatments are very important.

Medical tourism industry should have more focus on brochures, travel magazines, newspapers, travel agencies and government tourists information and relative&/or friends personal experience consider for information search. For improving destination image and attributes, both industry and hospitals should have focus on quality of product & service, satisfaction during the travel experiences and information available at destination, attitude & friendly behavior of staff towards medical tourists, adequacy of water and electrical supply, level of services provided by the various staff members, international standards of destination, accessible & comfort of transport services & cleanliness at destination. Also, give more focus on marketing mix variable likes offering a competitive pricing; post medical treatments services at destination and discount & allowance for medical treatments. For destination choice, hospitals should have more emphasis on important variables like well trained and qualified medical specialists available at destination, language communication skills of doctors, nurses and receptionists and also destination equipped with cutting edge technology.

Finally, Medical tourists will choose as a destination, again for medical treatments in future also, met expectation with food, cleanliness and proper hygienic services at destination, speak positive word of mouth about destination and met expectation with infrastructural services at destination are the important variables for medical tourists. Also, have willingness to recommend other for medical treatments, Gujarat as a destination choice.

9. LIMITATION OF THE STUDY:

The study was limited to specific city, sample size was limited, time and cost factors and past data were not available.

10. FURTHER SCOPE:

In our research sample are very less. So, we cannot develop CFA model for various destination choice decision making factors. We are doing a pilot study to validate the data and questionnaire for further research.

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