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A Study on Destination Image of Kerala as an Ayurvedic Healthcare Destination

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Abstract

Travel and health are complimentary to each other. Recently there is a demand for stress relieving holidays as people preferred to go for particular holiday destinations where their health was also looked after and where they could rejuvenate themselves. Kerala identified this need and projected itself as a healthcare destination. The Present study concentrates mainly on Kerala's holistic healthcare system-Ayurveda. Ayurveda plays a major role in Kerala's round the year tourism. The study is based on the fact that the growth in the health tourism definitely provides sustainable benefits to the Kerala tourism market. Destination image is generally considered as an important attribute in successful destination marketing. This paper aims to identify various destination features which contribute to build a positive destination image about Kerala as a healthcare destination and to understand the relationship between tourist perception and satisfaction. The study explores the destination image enhancement opportunities that exist between the tourist preferences and satisfaction in the desired healthcare service delivery.

Keywords: Ayurveda, destination image, tourist perception and satisfaction

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Introduction

Many countries redesign their economic strength and weaknesses in the competitive global market this also forced the countries to identify novel products or services in which the nation can benefit. One such product which evolved in the global tourism market is Health tourism. In India Kerala is one of the pioneer states to promote health tourism. Ayurveda is a significant economic contributor for Kerala Tourism. Kerala's USP is the ABC acronym- Ayurveda, Backwaters, and Culture and Cuisine. There was a demand for stress busting vacations as people prefer leisure markets where they can rejuvenate also. Kerala identified this need to tap the leisure market and established ayurvedic resorts. An ayurvedic resort combines relaxing resort holidays with ayurvedic treatment and massages. Ayurveda supports round the year tourism in Kerala there by helping in the sustainable tourism development of the state.

In the past few decades, tourism has experienced sustained growth around the world. Presently more and more areas of the world were disclosed for tourism. Frequent emergence of new destinations where also mushroomed in the world. This called for an effective positioning of the destinations in the global tourism market. "In order to be successfully promoted in the targeted markets, a destination must be favorably differentiated from its competition, or positively positioned, in the minds of the consumers" (Molina et al, 2010). An appropriate destination positioning process is the creation and management of a distinctive appealing perception or image of the destination. (Calantone, Di Benetto, Hakam & Bojanic, 1989). "Destination image plays an important role for destination marketers so as to differentiate their destination in this highly competitive market" (Yilmaz et al., 2009). The present study tries to evolve a linear relationship on customer perception and satisfaction with the destination image of Kerala.

Scope of the study

The study is based on the fact that the growth in the health tourism may definitely provide several benefits to the Kerala tourism market.. Thus, the researcher has studied Kerala tourism with

ayurveda which otherwise is a synonym for Kerala. Ayurveda plays a vital role in promoting perennial tourism in Kerala. Moreover, monsoon tourism is fast getting greater attention among health tourists in Kerala because of Ayurveda's monsoon applicability. It indirectly encourages round the year tourism in Kerala.

The significance of ayurveda in tourism promotion of Kerala is of immense potential in lieu of the health tourists. The Present study concentrates mainly on Kerala's holistic healthcare system - Ayurveda. An attempt was made to examine the customer perception and satisfaction of health tourists on destination image of Kerala as a healthcare destination.

Literature Review

"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. This is done, because, customers tend to compare their perceptions of performance with these reference points when evaluating service quality" (Zeitaml & Bitner, 2000). Thus, customer preference and perceptions are some of the most important attributes in quality service delivery. Quality services can lead to customer satisfaction, and satisfied customers can be retained and only retained customers can become loyal to the service providers.

Customer satisfaction is a post-purchase evaluation of a service offering. Hence, expectations and perceptions together with motivation are the factors often used to navigate satisfaction (Lovelock et al., 1999). "Satisfaction is a response to a perceived discrepancy between prior-expectations and perceived-performance after consumption". (Oliver, 1993). Similarly marketing managers need to understand the lacunae between prior expectation and perceived performance for effective service delivery and also to achieve maximum customer satisfaction. Thus achieving visitor satisfaction is the most important critical step in any successful tourism business.

satisfaction effectively, understanding about how satisfaction works is an important function of the tourism industry.

Earlier studies had also proved the influence of destination image on tourist behaviour. (Pearce, 1982) It is proved that destination with strong positive image will be more frequently opted by the tourists. (Woodside & Lysonski, 1989). Thus destination image plays a vital role in travel decision making. (Echtner and Ritchie 2003) Studies on destination image proved that visitor satisfaction greatly depend on comparison of expectations based on previously held images, and the actual experience encountered in the destination (Chon, 1990). Crompton (1979) defines destination image as the "Sum of beliefs, ideas and impressions that a person has of a destination", (sited by Echtner & Ritchie 2003).

The combination of health and tourism seems to be a promising and relatively new type of paradigm in India. Henderson (2004) differentiates between health tourism and medical tourism as; in health tourism, the primary objective is health and rejuvenation mainly with alternative therapy, whereas in medical tourism it is more curative therapies which involve hospitalization, health screening, surgery etc. Carrera and Bridges (2006) also distinguishes health tourism as general health and well being in other words preventive healthcare while medical tourism as crucial medical interventions and surgical treatment to restore the health.

The review of literature brings out the need for customer oriented service delivery in health tourism, the present study was undertaken to bridge the gap and provide customer oriented marketing strategy for health tourism marketing in Kerala. With this backdrop, the present study is an attempt to prove the rationality of health tourists with perception, preferences, and satisfaction and its significance with the destination image

Analysis and Inference

Customer Survey in the Ayurvedic Health Resort is the prime research instrument employed in this study. This primary data collection was supplemented by a spate source of secondary data.

An attempt was made to examine the customer perception and satisfaction of health tourists in some of the leading ayurvedic health resorts of the state. For the present study the researcher has identified 8 Ayurvedic resorts in Kerala. The present study was based on the feedback of 360 health tourists. Based on the literature review the following objectives and hypothesis has been formulated.

Objectives

1. To study about the tourists perception on Kerala and Ayurveda.
2. To find out the destination image of Kerala as an Ayurvedic Healthcare destination.
3. To understand the relationship between overall perception and satisfaction with the destination image.

The Tourist's Perception on Kerala and Ayurveda

Using all the ten statements namely views on health tourism, factor analysis is performed in order to simplify, condense, and group the statements on health tourism on priority basis based on the strength of inter-correlation between them called 'Factors' and cluster these statements into the factors.

Table 1.1(a). Kmo and bartlette's test

Kaiser-Meyer-Olkin	Measure of Sample Adequacy	.836
Bartlett's Test of Sphericity	Approximate Chi-square	908.047
	Degrees of Freedom	45
	Significance	.000

The SPSS output of KMO and Barlett's test of sphericity is relevant to validate the adequacy of sample for the factor analysis. The high values of the KMO statistics indicate that there is a high correlation between the pairs of variables. Table -1.1 (a) represents the results of KMO and Barlett's test of sphericity. The value of the KMO

statistics, as it is shown in the table is 0.836 (for greater than 0.5). Thus, it is proved that the sample is adequate to run the factor analysis for the reduction of variables into homogeneous groups.

Table 1.1(b). Overall reliability of coefficient

Cronbach's Alpha	Number of items
.685	10

The test of reliability explains the internal consistency of data relevant to be used for the analysis. The result of Cronbach's Alpha indicates that the value ranging between 0.7 and 0.08 is an acceptable variance for social and management science research. Table - 1.1 (b) presents the overall scale reliability of co-efficient and the Cronbach's Alpha is 0.685. This reliability result is a good indicator of internal consistency of the variables and it is representing the health tourism services.

Table 1.1(c). Communalities

Indicators	Initial	Extraction
Perfect blend Kerala (S ₁)	1.000	0.598
Ayurveda -better than any other treatment (S ₂)	1.000	0.722
Kerala is an ideal place (S ₃)	1.000	0.609
Lots more in Kerala (S ₄)	1.000	0.618
Ayurvedic healthcare (S ₅)	1.000	0.509
Health and hygienic (S ₆)	1.000	0.602
Duration of healthcare (S ₇)	1.000	0.460
Food choices (S ₈)	1.000	0.629
Transit services (S ₉)	1.000	0.697
Package price (S ₁₀)	1.000	0.613

The range of variance shared by a variable with all other variables is returned as communality. The proportion of common variance of a variable is known as the communality. Moreover, it is basically important to find common variance with the data. Table -1.1 (c) presents the output of communalities to find the common relationship of one variable with all other variables. It is seen from the table that each variable shows more than 0.5 common variance with other variables.

Table 1.1(d). Factor loadings, eigen values, variance and cronbach's alpha

Name of the Factor	Variables	Factor loadings	Initial Eigen value	Variance (%)	Cumulative (%)	Cronbach's Alpha
I Destination Image	S ₃	.742	2.437	24.366	24.366	.724
	S ₄	.720				
	S ₅	.633				
	S ₆	.696				
II Healthcare Package	S ₇	.583	2.331	23.205	47.671	.755
	S ₈	.710				
	S ₉	.829				
	S ₁₀	.779				
III Ayurker	S ₁	.554	1.290	12.902	60.473	.749
	S ₂	.835				

S₁ - Perfect blend Kerala

S₂ - Ayurvedic any other treatment

S₃ - Kerala is an ideal place

S₄ - Lots more in Kerala

S₅ - Ayurvedic Healthcare

S₆ - Health and hygienic

S₇ - Duration of healthcare

S₈ - Food choices

S₉ - Transit services

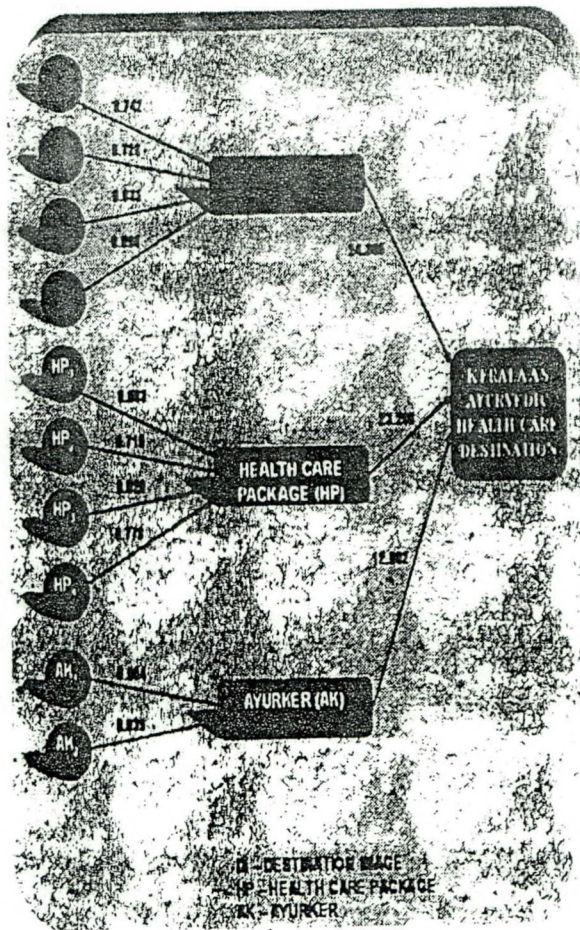
S₁₀ - Package price.

The first factor 'destination image' has a total variance of 24.366 per cent, followed by healthcare package 23.205 and ayurker 12.902 per cent. The total cumulative variance accounts for 60.473. It tends to explain that 60 per cent of the variance is experienced by the ten indicators on the preference for health tourism in Kerala. However, both destination image and healthcare package explains 47.671 variance of the eight indicators.

The reliability of the first factor is 72.4 per cent, the second factor is 75.5 per cent and the third factor is 74.9 per cent. In the social science research, the results of Cronbach's Alpha are highly reliable. There is high consistency and validity among the three factors to explain about the preference for the selection of Kerala as a health tourism destination. Thus, the factor analysis on tourist's

perception about Kerala has grouped into 3 factors namely destination image, healthcare package, and ayurker. The destination image factor explains the importance of Kerala as an ideal destination for healthcare holidays. The healthcare package reveals the characteristics of healthcare programmes. The third factor Ayurker explains the synonym of Kerala as ayurveda. It is a major drive factor of ayurveda tourism in Kerala. Based on the analysis Figure - .1 exhibits the customer perception of Kerala as an ayurvedic healthcare destination.

Figure 1. Destination image of Kerala as an Ayurvedic Healthcare Destination



Influence of overall perception and satisfaction on destination image

H₀ Overall satisfaction is not positively influenced by the elements of healthcare package and destination image of Kerala.

Step wise multiple regression analysis of Y- Overall satisfaction was performed with perception variables - Perfect blend of Ayurveda superior than other treatment (X₂), Kerala is ideal place (X₃), Lots more in Kerala (X₄), Ayurveda is preventive (X₅), Health and Hygienic needs (X₆), Duration of treatment (X₇), Food choice (X₈), Transit services (X₉) and Ideally priced (X₁₀) and the following regression model is fitted for performance : $Y = b_0 + b_1 X_1 + b_2 X_2 + b_3 X_3 + b_4 X_4 + \dots$ Where b₁, b₂,..... are partial regression coefficients; bio-constant and the results are presented in Table -.1.2(a)

Table 1.2(a). Regression model for y-overall satisfaction

Variables	Regression Coefficient	Standard Error	Beta Value	t- value (d.f = 355)	R ²
Constant	85.06	1.67		50.89	
Food choice (X ₈)	3.63	0.96	.213	3.77**	
Kerala is ideal place (X ₃)	2.77	1.03	.146	2.69**	
Ideally priced (X ₁₀)	2.51	0.85	.157	2.95**	
Perfect blend (X ₁)	2.03	0.99	.112	2.06*	

* Significant at 5 per cent level

** Significant at 1 per cent level.

Regression Fitted: $Y = 85.06 + 3.63 X_8 + 2.77 X_3 + 2.51 X_{10} + 2.03 X_1$

Table 1.2(b). Model summary

Model	R	R Square	Adjusted R Square	Standard Error of the Estimate
	0.827a	0.684	0.681	5.878

a Predictors : (Constant), Food choice (X₈) ; Kerala is ideal place (X₃) ; Ideally priced (X₁₀) ; Perfect blend (X₁)

Table 1.2(c). Analysis of variance for regression

Source	Sum of Square	Degrees of Freedom	Mean Square	'F' Calculated Value	'F' Table Value
Regression	26489.19	4	6622.298	191.67**	3.36
Residual	12265.15	355	118.3296		

**Significant at 1 per cent level.

The step-wise multiple regression model indicated that out of the 10 explanatory variables 4 variables such as on perception, food choices, Kerala is ideal for ayurveda, and price, perfect blend for a holiday have significantly contributed to Y-overall satisfaction. The analysis of variance of multiple regression models for Y-overall satisfaction indicates the overall significance of the model fitted. The coefficient of determination R^2 value showed that these variables put together explained the variations of Y to the extent of 68.4 per cent.

The results of multiple regression analysis are shown in the model summary. The 'R' square for their regression model is 0.684. 'R' square figure shows the percentage of variation in one of the variable that is accounted by another variable. In this case perception factors about destination image and healthcare packages account for 68.4 per cent of total variation on overall satisfaction of health tourists.

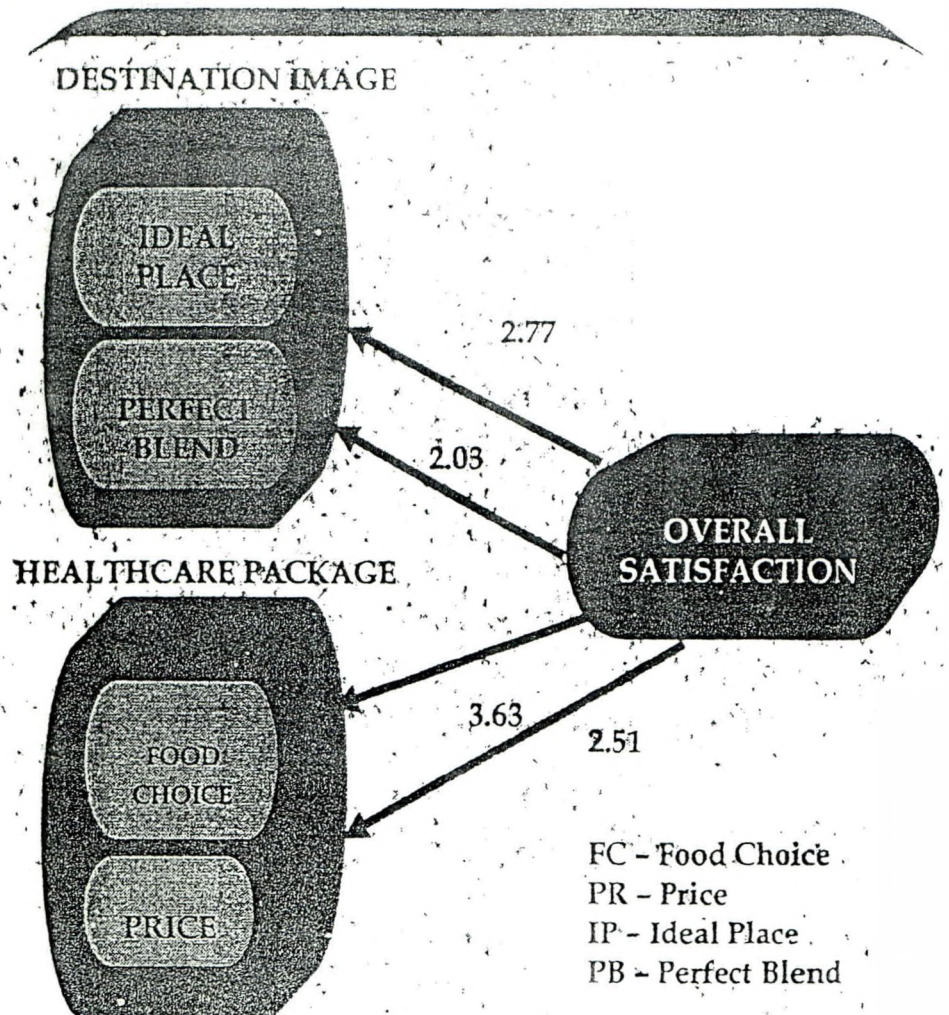
The ANOVA table shows the f ratio for the regression model that indicates the statistical significance of the overall regression model. The F ratio is calculated in the same way for regression analysis as it was used for ANOVA techniques. The variance in overall satisfaction is associated with perception dimension destination images and healthcare package is referred to as explained variance. The total variance in overall satisfaction is not associated with perception attributes as it is referred to as unexplained variances.

The F ratio is the result of comparing the amount explained variance to as unexplained variance. The larger the F ratio the more variance in the dependent variable that is associated with independent variables. F ratio is significant at 0.000 levels.

Hence it is inferred from the test that perception factors 'Destination Image' and 'Healthcare Packages influence on overall satisfaction of health tourists. The destination image dimension comprises perception factors 'Kerala is an ideal destination' and 'Kerala provides perfect blend of health and holidays. The healthcare package dimension comprises of features of healthcare packages food choices and price. Thus it is clear from the test that perception dimensions destination image and healthcare package directly contribute to the overall satisfaction. Thus, it is proved that there is positive relationship with these perception factors and satisfaction. Based on the regression analysis a conceptual model has been designed.

Figure -2.illustrates the influence of the overall perception and satisfaction with Destination Image.

Figure 2.Influence of overall perception and satisfaction with the destination image



Results and Discussions

The explanatory factor analysis revealed that the perception respondents consists of three latent dimensions such as destination image, healthcare packages, and Ayurker. The destination image and healthcare package reveal the underlying dimensions of health tourism in Kerala. The third factor Ayurker clearly explains the interrelationship between Kerala and Ayurveda. These results could help in providing marketers for a better understanding of the factors contributing to the perception of health tourists.

The results of regression analysis clearly reveal the influence of perception factors on overall satisfaction. Overall satisfaction is affected by perception factors of destination image and healthcare packages. The destination image factors uncover the perception about Kerala as an ideal destination and a perfect destination for health tourism. The healthcare package describes the features of healthcare programme.

Conclusion and Suggestions

The outputs of factor analysis explain the various factors influencing the tourist's perception. It is seen from the study that destination image Ayurker is widely accepted among health tourists. It indirectly shows that Kerala is an ideal destination for Ayurveda. The regression analysis shows that there is a linear relationship between destination image and tourists perception with the tourists satisfaction. The tourists agree with the destination image of Kerala-as an ideal healthcare destination and the importance of ayurveda treatment in Kerala. Hence, it is also revealed from this study that Kerala can continue to be marketed as a synonym for ayurveda. This will lead to perennial tourism in Kerala as ayurveda is generally practiced in the offseason period. In other words, ayurveda is a panacea for sustainable tourism in Kerala.

Potential for Future Study

The present study proposes the linear relationship of customer perception, satisfaction, and destination image of health tourism

factors. The study focuses mainly on ayurveda and future study can be undertaken on medical tourism (modern medicine) to find the pre-purchase and post-purchase dimension of medical tourism. The researcher proposed two models from factor analysis and regression. These models can be tested in the future studies for their model fitting by using effective statistical applications.

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A Study on Customer Perception of Medical Tourism in Puducherry

C Shanthi Marie* and Sampad Kumar Swain†

Abstract

Medical tourism is the latest trend happening in many countries of the world where tourists in need of medical treatments from the developed countries approach the developing countries imparting treatments at par with the quality of their home countries. Among the countries practicing medical tourism, India is occupying one of the top positions with respect to the quality treatments as most of the states have recognized its significance. This study aims at studying the customer perception of medical tourism in the union territory of Puducherry. The units of the study are the international medical tourists who sought medical treatments in the private healthcare hospitals of Puducherry. The methodology used for the study is descriptive, analytical and inferential. Factor Analysis, T-test and ANOVA are the tools utilized for analyzing the primary data. The study reveals that the facilities provided to foreign patients are customer oriented. The satisfaction level of patients regarding the staff interaction, facilities and amenities and treatment are high. But, there is some need of improvement in the case of formalities and tourism part. The efficiency of the doctors, their personal touch, their communication skills, the facilities and amenities of the hospitals contributes to the cutting edge experience by the medical tourists. One important drawback is the lack of

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A Study on Customer Oriented Marketing Implications for Ayurvedic Entrepreneurs

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INTRODUCTION

A customer is a person who purchases a product or service. Today's Customer want the utmost or maximum and the very best for the very least amount of money and on the best terms. As the industry is highly competitive; the challenges before the service provider are to understand the need, preference, and demand in order to deliver the products that suit the customer needs. Thus, it is an uphill task to the health care entrepreneurs to ensure service quality as it is controlled by peculiar characters such as heterogeneity, intangibility, inseparability, seasonality, perishability, and lack of ownership. Globalization has caused many countries to revamp their economic strengths and weaknesses as well as reassess products or services in which the nation can benefit. One such product or service that has emerged through the quest of novelty is Health Tourism. Kerala is pioneer in health and medical tourism in India. It has made a concerted effort to promote health tourism along with its unique Ayurveda treatment. Ayurveda is a significant money earner for Kerala tourism and it has created enormous avenues to entrepreneurs. The entrepreneurs identified this need and established ayurvedic resorts and spas near the beaches and backwaters so that the combination of a wellness holiday in a location which is naturally endowed would attract numerous people. An ayurvedic resort combines relaxing resort holidays with ayurvedic treatments and massages. Ayurveda supports perennial tourism. In Kerala there by helps in the sustainable tourism development of the state.

SCOPE OF THE STUDY

The study is based on the fact that the growth in the health tourism may definitely provide several opportunities to Ayurvedic entrepreneurs. Thus, the researcher has studied Kerala tourism with ayurveda which otherwise is a synonym for Kerala. Ayurveda plays a vital role in promoting perennial tourism in Kerala. Moreover, monsoon tourism is fast getting greater attention in Kerala because of Ayurveda's monsoon applicability among health tourists. It indirectly encourages round the year business opportunities for the entrepreneurs. The current study on customer preference and customer satisfaction discusses mainly about health tourists pre-purchase expectations and post-purchase evaluation respectively. This can help the entrepreneurs to focus on a segmented tourism market that to a niche market which can contribute in developing sustainable relationship with their customers.

REVIEW OF RELATED LITERATURE

A customer is a person one who purchases a product or service. Kincaid (2002), defines a customer is a person (or a group of persons) who influences or decides on the acquisition of any products or services, or who uses one of these products or services.

Customer preference is the positive attitude of a customer towards a particular service, It is mainly the choice of the tourists for a particular service where as customer perception are beliefs about service that function as standards or reference points against which performance is judged. Because customers compare their perceptions of performance with these reference points when evaluating service quality (Zeitamel and Bitner, 2000). Knowing the customer preference and perceptions are the first and possibly most critical step in delivering quality service and only quality service can lead to customer satisfaction, only satisfied customers can be retained and only retained customer will become loyal to the service provider.

Anton (1996) defines customer satisfaction as a state of mind in which the customer's needs, wants, and expectations throughout the product of service life are met or exceeded resulting in future repurchase and loyalty. Oliver (1997) pointed out that satisfaction encompasses more than mere fulfillment. It describes a consumer's experience which is the end state of a psychological process. Satisfaction has become a central concept in modern marketing thought and practice (Yi, 1990). Achieving visitor satisfaction is one of the important goals for tourism businesses. Increasing customer satisfaction and customer retention generates more profits, positive word of mouth, and lower marketing expenditures (Reichheld, 1994). There is also a direct effect of expectations on satisfaction, the higher the expectations, the higher would be the satisfaction (Rust *et al.*, 1999). Tourist satisfaction is the result of the relationship between tourists expectations about the destination based on their previous images of the destination and their evaluation of the outcome of their experience at the destination area (Neal and Gursay, 2008). The combination of health and tourism seems to be a promising and relatively new type of niche tourism. A notable trend in global tourism has been the popularity of health care holidays. Bennet *et al.* (2004), gives a general definition of health tourism as any pleasure oriented tourism which involves an element of stress relief, meaning it is an enjoyable and relaxing activity. Carrera and Bridges (2006) and Connell (2006) identify health tourism with general health and well being while medical tourism combines tourism with medical surgical or dental interventions to improve or restore health in the long term. In this background, it is presumed that the construct of relationship between customer retention and customer loyalty is facilitated by the antecedent customer preference and customer satisfaction and this in turn plays an important role in enhancing the health care business. With this background the following objectives has been evolved.

OBJECTIVES

1. To identify the various attributes influencing overall perception in health care services.
2. To determine the factors influencing overall satisfaction in health tourism.
3. To suggest suitable marketing strategies for Ayurvedic entrepreneurs.

ANALYSIS AND INFERENCE

Customer Survey in the Ayurvedic Health Resort is the prime research instrument employed in this study. For the present study the researcher has identified 8 Ayurvedic resorts in Kerala. The present study was based on the feedback of 300 health tourists.

Socio-Economic Attributes with Perception

H₀: There is no significant difference of perception between major socio economic determinants and overall perception on health tourism services.

In order to test the relationship of socio economic attributes with level of perception on health resort, one way ANOVA was used to test whether the difference is significant or not.

Table 1: Overall Mean Perception Score with Health Tourists Socio-Economic Attributes

<i>Awareness About the Resort</i>	<i>Respondents</i>	<i>Overall Perception Score</i>	<i>'F' Calculated Value</i>	<i>'F' Table Value</i>
Media	42	14.643	5.83**	3.36
Internet	123	13.390		
Friends	147	13.762		
Intermediaries	48	11.104		
<i>Marital Status</i>	<i>Respondents</i>	<i>Overall Perception Score</i>	<i>'F' Calculated Value</i>	<i>'F' Table Value</i>
Single	111	14.730	7.53**	4.66
Married	229	12.786		
Unmarried	20	12.750		
<i>Age (Years)</i>	<i>Respondents</i>	<i>Overall Perception Score</i>	<i>'F' Calculated Value</i>	<i>'F' Table Value</i>
Less than 25	19	14.421	2.38*	2.37
26-35	125	14.168		
36-45	100	13.170		
46-60	90	12.433		
60 and above	26	12.962		
<i>Educational Status</i>	<i>Respondents</i>	<i>Overall Perception Score</i>	<i>'F' Calculated Value</i>	<i>'F' Table Value</i>
School	4	15.000	3.75**	3.06
Intermediate	9	14.333		
Higher secondary	25	13.920		
Graduate	159	14.296		
Post graduate	144	12.444		
Technically qualified	19	11.368		

* Significant at 5 per cent level. ** Significant at 1 per cent level.

It is seen from Table 1 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 resort. The marital status of the respondents influences the perception. Table 1 shows that the overall mean perception score on health tourism is higher for the single than married and unmarried respondents. In the case of married people, both should get convinced in order to have high level of perception.

Different age group also shows different level of perception. Table 1 shows the overall mean perception score on different age group of health tourist. The mean is higher in case of respondents among less than 25 years, and between 25–35 years. The least mean is reported in case of respondents of respondents within the age between 45–60 years. The lower age group of respondents has comparatively higher mean perception score and compared to middle-aged and elderly people with the increase of age and experience. The other socio-economic factor influencing level of perception is education. Table 1 depicts the mean range of the perception score of six group of respondents on the basis of education. It is seen that the overall perception of mean variance (15.000) is more for less educated group as against other five group of respondents. It may be interpreted that education is directly proportional to the formation of perception. Lesser educated tourists have relatively lower perception score as against the higher educated tourists. This implies that well educated people have wide array of knowledge and experience and equalising with their expectations is also little tedious task.

Thus, as we see the major hypothesis of no significant difference of perception between major socio-economic determinants and over all perception on health tourism is rejected. There is significant difference of perception with age, education, marital status and sources of awareness.

TOURIST'S SATISFACTION ON ANCILLARY SERVICES

Using all the 12 statements pertaining to tourist's satisfaction on ancillary health tourism services, factor analysis is performed in order to simplify, condense and group the statements on priority basis based on the strength of inter-correlation between them. Table 2 presents results of the factor analysis.

Table 2(a): KMO and Bartlette's Test

Kaiser-Meyer-Olkin	Measure of Sample Adequacy	.838
Bartlett's Test of Sphericity	Approx Chi-square	1823.108
	Degrees of Freedom	66
	Significance	.000

The high value of 0.838 shows that there is a high correlation between the pairs of variables. The high value of KMO shows that the sample is adequate to run the factor analysis for the reduction of variables into homogeneous groups.

Table 2(b): Overall Reliability of Coefficient

<i>Cronbach's Alpha</i>	<i>Number of Items</i>
.838	12

Table 2(b) presents the overall scale reliability of coefficient and the Cronbach's Alpha is 0.838. This reliability result is a good indicator of internal consistency of the variables representing the health tourism services.

Table 2(c): Communalities

Indicators	Initial	Extraction
Booking (S ₁)	1.000	0.541
Fast Confirmation (S ₂)	1.000	0.546
Genuine Networks (S ₃)	1.000	0.556
Awareness Creation (S ₄)	1.000	0.614
Information Access (S ₅)	1.000	0.626
Information Clarity (S ₆)	1.000	0.622
Natural and Eco-friendly (S ₇)	1.000	0.557
Clean and Hygiene (S ₈)	1.000	0.627
Ambience of Guest Room and Treatment Room (S ₉)	1.000	0.577
Ample Parking (S ₁₀)	1.000	0.806
Air Conditioned Villa (S ₁₁)	1.000	0.815
Exotic Herbs (S ₁₂)	1.000	0.823

Table 2(c) presents the output of communalities to find the common relationship of our variable with all other variables. It is seen from the table that each variable shows more than 0.5 communality with other variables.

Table 2(d) the rotated factor loadings, Eigen values, the percentage of variance, and reliability test explained by the factors. Out of the 12 indicators on tourism satisfaction, three factors are extracted and these three factors explain a total variance of 64.243 per cent satisfaction on health tourism. In order to reduce the number of factors and enhance the better interpretability, the factors are rotated. The rotation increases the quality of interpretation of the factors. The varimax rotation is one such method is employed to obtain better result for interpretation.

Three factors were identified as being maximum percentage variance accounted. The five statements on satisfaction on health tourism include booking, fast confirmation, genuine network, awareness creation and information access, these are grouped together into Factor-I namely 'Travel Plan', and it accounts for 23.632 per cent of the total variance. The three statements related to satisfaction of health tourism services consisting of ample parking, air conditioned villa, and exotic herbs are grouped into the Factor-II namely 'Peripheral Services' and it accounts for 21.518 per cent of the total variance. The four statements on the health tourism services comprising of clear information, natural and eco-friendly, clean and hygiene and ambience of guest and treatment are termed on the Factor-III namely 'Clean and Hygiene' and it accounts for 19.093 per cent of the total variance. Thus, the factor analysis condensed and simplified the 12 satisfaction statements on health tourism and grouped into three factors on priority basis, explaining 64.243 per cent of the variability of all the 12 statements. It explains that 64 per cent of variance is explained by the 12 indicators in the on the satisfaction factor on ancillary health tourism services. However both travel plan and peripheral services explains 45.15 of variance. The reliability of the first factor is 77.3 per cent, the second factor is 89.3 per cent, and the third factor is 73.3 per cent. The high Cronbach alpha explains there is high consistency and

validity among the three factors to explain about the satisfaction on ancillary services in health tourism.

Table 2(d): Factor Loadings, Eigen Values, Variance and Cronbach's Alpha

Name of the Factor	Variables	Factor Loadings	Initial Eigen Value	Variance (%)	Cumulative (%)	Cronbach's Alpha
I. Travel Plan	S ₁	.732	2.836	23.632	23.632	.773
	S ₂	.732				
	S ₃	.707				
	S ₄	.715				
	S ₅	.587				
II. Peripheral Services	S ₁₀	.852	2.582	21.518	45.150	.893
	S ₁₁	.876				
	S ₁₂	.874				
III. Clean and Hygiene	S ₆	.571	2.291	19.093	64.243	.733
	S ₇	.652				
	S ₈	.735				
	S ₉	.668				

- S₁ – Booking
- S₂ – Fast Confirmation
- S₃ – Genuine Networks
- S₄ – Awareness Creation
- S₅ – Information Access
- S₆ – Information Clarity
- S₇ – Natural and Eco-friendly
- S₈ – Clean and Hygiene
- S₉ – Ambience of Guest room and Treatment Room
- S₁₀ – Ample Parking
- S₁₁ – Air Conditioned Villa
- S₁₂ – Exotic Herbs

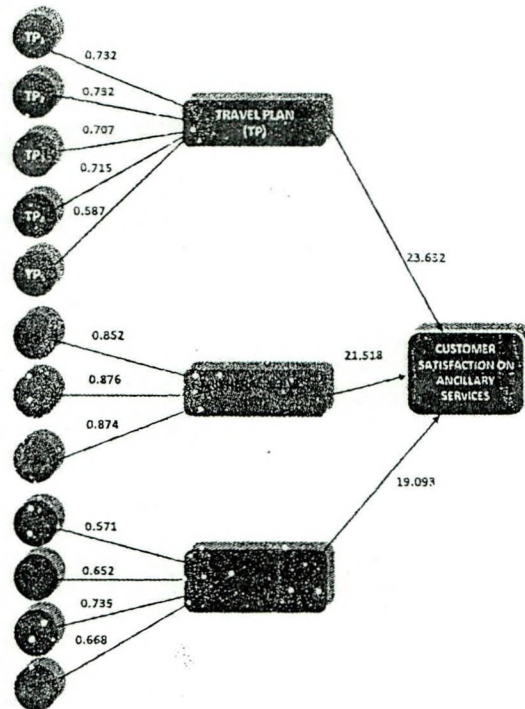


Fig. 1: Customer Satisfaction on Ancillary Services

These factors explain the tourist satisfaction on various ancillary services. The first factor travel plan explains the pre-trip arrangements for the health care holiday. The second factor explains the other peripheral services such as parking; air conditioned villa or guest room and herbal garden. Finally, the third factor is basically based on the cleanliness and hygiene of health care holiday. Figure 1 shows the customer satisfaction on ancillary services.

SATISFACTION ON HEALTH CARE FACILITIES

Using all the 12 statements pertaining to tourist's satisfaction on health care facilities factor analysis is performed

Table 3(a): KMO and Bartlette's Test

Kaiser-Meyer-Olkin	Measure of Sample Adequacy	.857
Bartlett's Test of Sphericity	Approx Chi-square	1933.513
	Degrees of Freedom	66
	Significance	.000

The high values of the KMO statistics indicate that there is a high correlation between pair of variables. The value of the KMO statistics as it is shown in the table is 0.857, which shows that the sample is adequate to run the factor analysis for the reduction of variables into homogeneous group.

Table 3(b): Overall Reliability Co-Efficient

<i>Cronbach's Alpha</i>	<i>Number of Items</i>
.875	12

Table 3(b) presents the overall reliability of co-efficient and the Cronbach Alpha is 0.875. Thus this reliability results is a good indicator of internal consistency of the variables representing the health tourism service.

Table 3(c) presents the output of the communality to find the common relationship of one variable with all other variables. It is seen that except homely service (S₁₇) and yoga centre (S₂₀) all other factors show a value more than 0.5 communality with other variable.

Table 3(c): Communalities

<i>Indicators</i>	<i>Initial</i>	<i>Extraction</i>
Ayurvedic Physician (S ₁₃)	1.000	0.507
Therapist (S ₁₄)	1.000	0.605
Treatment Facilities (S ₁₅)	1.000	0.525
Certified Pharmacy (S ₁₆)	1.000	0.480
Homely Service (S ₁₇)	1.000	0.399
Therapeutic Diet (S ₁₈)	1.000	0.505
Herbal Accessories (S ₁₉)	1.000	0.533
Yoga Centre (S ₂₀)	1.000	0.386
Cultural Entertainments (S ₂₁)	1.000	0.761
Indoor Outdoor Recreation (S ₂₂)	1.000	0.754
Conference Hall (S ₂₃)	1.000	0.755
Library (S ₂₄)	1.000	0.413

Table 3(d) shows the results of the rotated factor loadings, eigen values, the percentage of variance and reliability. Out of the 12 indicators on satisfaction from the use of facilities in health tourism, two factors are extracted and explain the total variance to the extent of 55.521 per cent. In order to reduce the number of factors and enhance the interpretability, the varimax rotation is used to obtain better result for interpretation.

Table 3(d): Factor Loadings, Eigen Values, Variance and Cronbach's Alpha

Name of the Factor	Variables	Factor Loadings	Initial Eigen Value	Variance %	Cumulative %	Cronbach's Alpha
I. Service Scape Facilities	S ₁₉	.622	3.729	31.076	31.076	.861
	S ₂₀	.499				
	S ₂₁	.870				
	S ₂₂	.856				
	S ₂₃	.877				
	S ₂₄	.578				
II. Health Care Facilities	S ₁₃	.711	2.933	24.445	55.521	.785
	S ₁₄	.756				
	S ₁₅	.691				
	S ₁₆	.529				
	S ₁₇	.583				
	S ₁₈	.599				

S₁₃ – Ayurvedic Physician S₁₉ – Herbal Accessories

S₁₄ – Therapist S₂₀ – Yoga Centre

S₁₅ – Treatment Facilities S₂₁ – Cultural Entertainments

S₁₆ – Certified Pharmacy S₂₂ – Indoor Outdoor Recreation

S₁₇ – Homely Service S₂₃ – Conference Hall

S₁₈ – Therapeutic Diet S₂₄ – Library

Two factors were identified as being maximum percentage variance accounted. The six satisfaction indicators on the experiment of service scape facilities (the other physical facilities) in health tourism increase herbal accessories, yoga centre, cultural entertainments, indoor outdoor recreation, conference hall and library and got combined together as Factor-I—with a name 'Service Scape Facilities' of accounts for the total variance of 31.076 per cent. On the contrast, the six indicators related to health care facilities in health tourism include ayurvedic physician, therapist, treatment facilities, certified pharmacy, homely service and therapeutic diet. These variables are grouped into the second factor namely 'Health Care Facilities' of accounts for a total variance of 24.445 per cent. Thus the factor analysis reduced the 12 satisfaction indicators on facilities in health tourism into two major factors on priority basis, explaining 55.521 per cent of the variability of all the statements. It explains that 55.5 per cent variance is explained by the 12 indicators satisfaction on health care services. The reliability of the first factor is 86.1 per cent, the second factor is 78.5 per cent. The result of Cronbach alpha is highly reliable which describes high consistency and validity among the three factors explain about the satisfaction of health tourists on health care services.

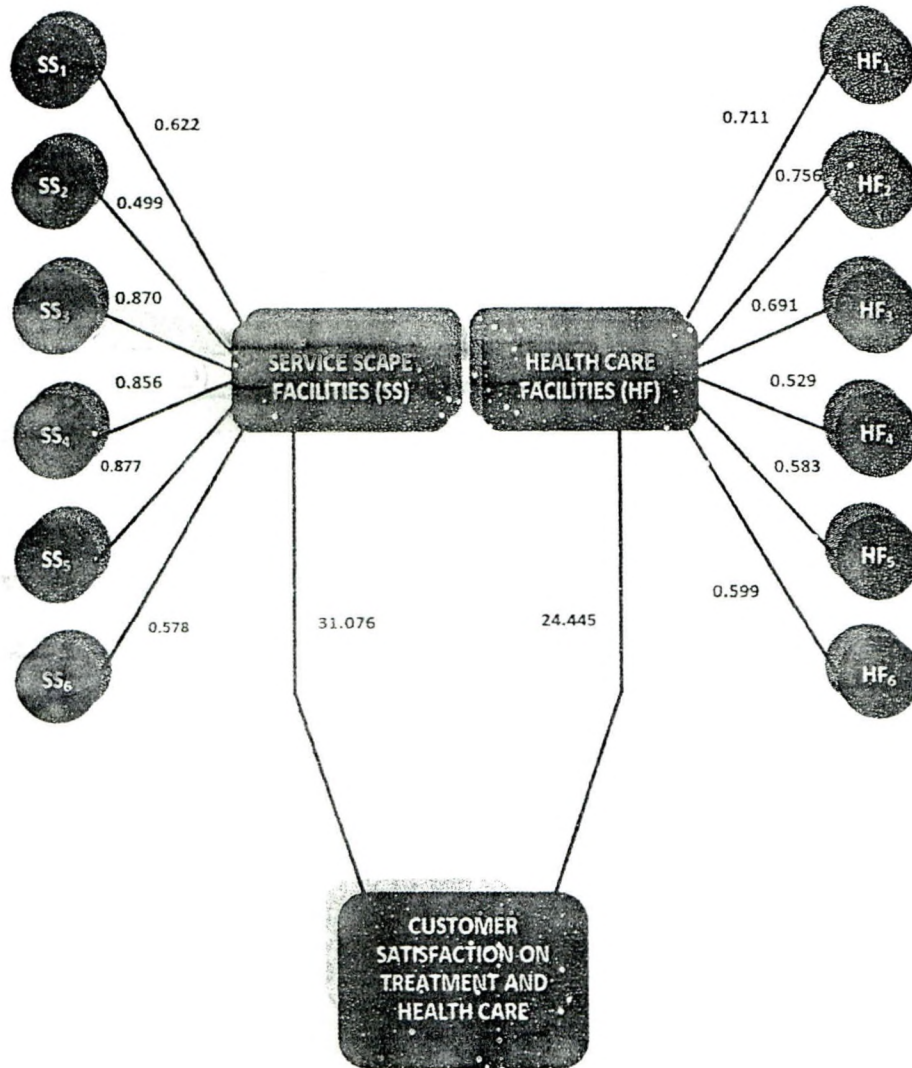


Fig. 2: Customer Satisfaction on Treatment and Health Care Facilities

Tourist’s satisfaction on health care facilities is divided into two factor groups. The first factor is service scape facilities *i.e.*, herbal accessories, yoga and meditation centre, traditional cultural entertainments and indoor and outdoor recreation, conference hall and library. The second factor is the health care facilities such as qualified and experienced ayurvedic physician, experienced therapist, treatment facilities, certified pharmacy, homely and attentive service, and therapeutic diet.

Figure 2 represents the service scape facilities and health care facilities to determine the degree of customer satisfaction on health care and treatment.

FINDINGS AND SUGGESTIONS

The first phase of the analysis revolves around health tourist perception and preferences. The study discloses the underlying socio-economic dimensions which have association and significance to the perception of health tourists.

The socio demographic factors such as marital status, age, education, and sources of awareness play a vital role in the overall perception of the health tourists. Different age group of tourists has different priorities and perception, thus, level of perception varies with ages. John and Cole (1986) also discusses that elderly people on average, slower in encoding new information's and in retrieving information stored in memory, thus reducing information processing capability. Mittal and Kamkura (2001) explain that older people may have lower thresholds of acceptable satisfaction, it also suggests that age related differences in service evaluations may be due to different expectations driven by differences in society and culture at birth and maturation (Anderson *et al.*, 2008). Different marital status of respondents have different level of perception. With changes of marital status respondents perception varies with the influence of their spouse. Education and knowledge preferably has an impact on the perception of health tourists. Highly educated tourists have wide exposure with much interest to get enlightened them with various aspects of health care services. To substantiate the above findings, Kotler (1996) also discusses that tourist's buying decisions are influenced by age, life style stage, marital status, income etc.

The factor analysis on the satisfaction of tourists is done in two stages. The first one is to identify the underlying dimensions of ancillary services, whereas the second one is to identify the main health care facilities. The ancillary service factor analysis revealed three dimensions such as travel plan, peripheral services, and cleanliness and hygiene. Travel plan denotes the pre-trip arrangements and the peripheral services denotes external services in the health resort. The last factor describes about cleanliness and hygienic environment in the health resort.

Factor analysis on treatment facilities uncovers two underlying factors such as service scape and health care facilities. The service scape facilities refer to the other amenities provided in the health resort. The second factor reveals about core treatment facilities such as experienced physician and therapist and treatment facilities. Thus, the results could help the resort marketers to better examine the relevance of the factors contributing to the satisfaction and retention of guests in the resorts. So that, managers can able to deliver appropriate products and services in tune with the tourists needs and wants.

Thus, it is suggested that health tourism suppliers and managers consider the practical implication of these latent variables, which may be fundamental elements in increasing tourist's overall satisfaction and retention.

SUGGESTIONS AND IMPLICATIONS

The impact of socio-demographic profile of health tourists may be used by managers to segment the market for more targeted advertising and promotion. However, this should not be the only way of market segmentation. Niche market can also be formed by following the travel profile of tourists also. Such as the frequency of visit, length of stay, and average expenditure can be adopted to follow this different group of health tourists. The outputs of factor analysis explain the factors influencing the tourist's satisfaction. The various underlying factors on health care facilities and ancillary services have been disclosed. This again helps the entrepreneurs to design their packages with better customer orientation. The outputs of factor analysis explain the factors influencing the tourist's satisfaction, this again helps to identify the pre purchase feeling and post purchase evaluation of health tourists which again helps the health care entrepreneurs to design their services in a customer centric manner.

Based on the analysis a health care marketing strategy model (Figure 3) has been proposed for the healthcare entrepreneurs.

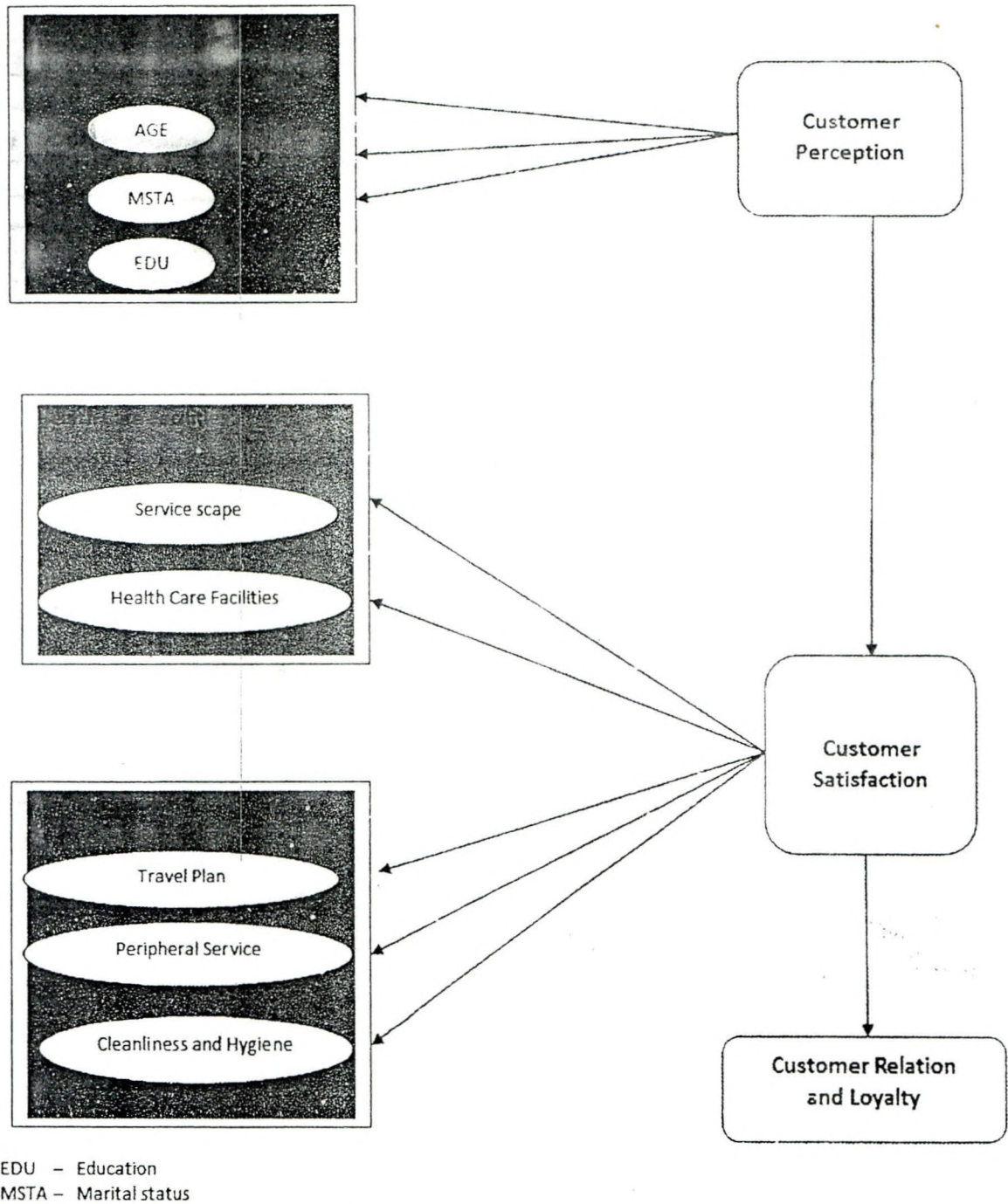


Fig. 3: Service Marketing Strategy Model

POTENTIAL FOR FUTURE STUDY

The present study focuses mainly on ayurveda and future study can be undertaken on medical tourism (modern medicine) to find the pre-purchase and post-purchase dimension of medical

tourism. A comparative study on preventive health care (ayurveda) and curative health care (modern medicine) could be studied to uncover the similarities and differences in them. Future researchers are advised to investigate additional antecedents of health tourist's loyalty. The researcher proposed three models.

These models can be tested in the future studies for their model fitting by using effective statistical applications.

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Annexure - 12.3.2.4

TOURISM BUSINESS

EMERGING TRENDS AND EVOLVING PRACTICES

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Himalaya Publishing House

Customer Perception and Satisfaction – A Precursor to Customer Retention in Health Tourism

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ABSTRACT

Globalisation has caused many countries to revamp their economic strengths and weaknesses as well as reassess products or services in which the nation can benefit. One such product or service that has emerged through the quest for novelty is health tourism. Health Tourism is now an international trend set by the health conscious consumers seeking to enhance their well being through their travel experience. Kerala is marketed as a health destination for its Ayurveda packages. Present study concentrates mainly on Kerala's holistic health care system – Ayurveda. The study is based on the fact that the growth in the health tourism may definitely provide several benefits to the Kerala tourism market. Tourism is a service industry. The main inherent challenge with tourism marketing how the tourism product is communicated to the public customers. These challenges include heterogeneity of tourism products, their intangibility, inseparability and perishability which require unique tourism marketing strategies to cater to the needs of the globally fast growing tourism market. The current study on customer perception and customer satisfaction discusses mainly the health tourists pre-purchase expectations and post-purchase evaluation respectively, to propose suitable marketing strategies in health tourism.

KEY WORDS

Ayurveda, Health tourism, Perception, and Satisfaction.

INTRODUCTION

A customer plays the key role in any business. Business's success ultimately depends on what customers choose to do. Thus, it is vitally important to understand the psychology of customers. Customer preference and perceptions are important to identify the pre-purchase feeling and customer satisfaction which provides the post purchase feeling of a service. Tourism is a service industry. The main inherent challenges with tourism marketing that shows how the tourism product is communicated to the public customers. In the past few decades, tourism has experienced continued growth and diversification to become one of the largest and fastest growing economic sectors in the world.

The diversity of India's natural and cultural richness provides the basis of a wide range of tourist products and experiences, which embrace business, leisure, culture, adventure, spirituality, ecotourism, health tourism and many other pursuits. Health tourism is now an international trend set by the health-conscious consumers seeking to enhance their well-being through their travel experience (S. Kulkarni,

2008). Kerala is a pioneer in health and medical tourism in India. It has made a concerted effort to promote health tourism along with its unique Ayurveda treatment. Ayurveda is a significant money earner for Kerala tourism. Ayurveda plays a vital role in promoting perennial tourism in Kerala. Moreover, monsoon tourism is fast getting greater attention in Kerala because of Ayurveda's monsoon applicability among health tourists. It indirectly encourages round the year tourism for the state there by contributing for the sustainable tourism development.

SCOPE OF THE STUDY

The study is based on the fact that the growth in the health tourism may definitely provide several benefits to the Kerala tourism market. The current study on customer preference and customer satisfaction discusses mainly health tourists pre-purchase expectations and post-purchase evaluation respectively. This can help the tourism planner to focus on a segmented tourism market and can deliver quality service to the health tourists.

REVIEW OF LITERATURE

A customer is a person one who purchases a product or service. Kincaid (2008) defines a customer is a person (or a group of persons) who influences or decides on the acquisition of any products or services, or who uses one of these products or services.

Customer preference is the positive attitude of a customer towards a particular service, It is mainly the choice of the tourists for a particular service whereas customer perceptions are beliefs about service that function as standards or reference points against which performance is judged, because customers compare their perceptions of performance with these reference points when evaluating service quality (Zeitamel and Bitner, 2000). Knowing the customer preference and perceptions are the first and possibly the most critical step in delivering quality service and only quality service can lead to customer satisfaction; only satisfied customers can be retained; and only retained customer will become loyal to the service provider.

Customer preference analysis is really a call to action by understanding the preference expectations of customers, the organisation/resort can design strategies that are truly responsive to vital customer expectations that can differentiate in the market place. Anton (1996) defines customer satisfaction as a state of mind in which the customer needs, wants and expectations throughout the product of service life are met or exceeded resulting in future repurchase and loyalty. The word satisfaction comes from the Latin words *Satis* (enough) and *facere* (to do or make). These words suggest true meaning of satisfaction, which is fulfillment (Rust *et.al.*, 1999). Expectations and perceptions together with motivation are the factors often used to navigate satisfaction (Lovelock *et.al.*, 1998). Customer satisfaction is a post purchase evaluation of a service offering.

Customer satisfaction is one of the most frequently examined topics in the hospitality and tourism field because it plays an important role in survival and future of any tourism products and services (Gursoy *et.al.*, 2003). In travel and tourism, as in many other service industries, the emergence, survival, development and failure of ventures depends heavily on customer satisfaction.

Customer retention is retaining the existing customer. Tom Peter (1988) has referred 'It takes on average of five times as much time, money and effort to gain a new customer as it does to retain an

existing one'. Since then, this principle became the cornerstone of Relationship Marketing, reflecting a focus on customer retention as opposed to customer acquisition.

It is impossible to force someone in to a relationship against his/her will – he/she can only enter if they perceive something attractive or positive within the relationship. Perhaps, the best way to consider the service supplier-customer relationship is to consider it in terms of the value that is added by the relationship. Godson (2009) states that if the customer is confident that the perceived benefits exceed the perceived cost and sacrifice, then customer value can be enhanced.

The combination of health and tourism seems to be a promising and relatively new type of niche tourism. A notable trend in global tourism has been the popularity of health care holidays. Bennet *et al.*, (2004), give a general definition of health tourism as any pleasure oriented tourism, which involves an element of stress relief, meaning that it is an enjoyable and relaxing activity.

Others acknowledge health tourism as a very broad category that encompasses a wide variety of treatments and services. In such understandings, medical tourism becomes a subset of health tourism (Cook, 2008). Henderson (2004) differentiate between health tourism and medical tourism as, 'health tourism is travel where the primary purpose is treatment in pursuit of better health that may involve hedonistic indulgences of spas and alternative therapies', while medical tourism incorporates health screening, hospitalisation and surgical operations. Similarly, Carrera and Bridges (2006) and Connell (2006) identify health tourism with general health and well being while medical tourism combines tourism with medical surgical or dental interventions to improve or restore health in the long term.

In this background, it is presumed that the construct of relationship between customer retention and customer loyalty is facilitated by the antecedent customer preference and customer satisfaction and this, in turn, plays an important role in enhancing destination/resort image through developing an insight to the changing customer requirements. The review of available literature brings out the need for customer-oriented service delivery in health tourism; there is a gap in the field of health tourism with a customer relation approach. The present study was undertaken to bridge this gap and provide customer-oriented marketing strategy for health tourism marketing for Kerala as well as India.

ANALYSIS AND INFERENCE

Customer survey in the Ayurvedic Health Resort is the prime research instrument employed in this study. A set of finalised questionnaire was distributed to the survey locations (8 Ayurvedic resorts). The survey was conducted on site by the staff in the reception of the resort or Ayurvedic Consultant or with the therapist depending on the convenience of the service providers and the health tourist.

The significance of Ayurveda in tourism promotion of Kerala is of immense potential in lieu of health tourist. Present study concentrates mainly on Kerala's holistic health-care system – Ayurveda. An attempt was made to examine the customer perception and satisfaction of health tourists in some of the leading ayurvedic health resorts of the state. For the present study the researcher has identified eight Ayurvedic resorts in Kerala. The present study was based on the feedback of the health tourists of these resorts.

Based on the above review of literature the following objectives and hypothesis has been formulated.

Objectives

1. To study the factors influencing overall perception.
2. To determine the factors influencing overall satisfaction.
3. To understand the relation between customer perception, satisfaction and customer retention and suggest suitable marketing strategies.

Hypotheses

H_0 : Overall perception and satisfaction of health tourists are not depend out on socio-demographic factors.

H_0 : Customer perception and satisfaction are not an antecedent to customer retention.

In order to study the relationship between the independent variables and their influence on the dependent variable, the inter-correlation matrix of explanatory variables namely X1-Sex, X2-Marital status, X3-Age, X4-Income, X5-Education and X6-Frequency of visit with dependent variable Y- Perception is furnished in Table 1. It is seen from the table the correlation between the explanatory variables X1, X3, X4 and X5 are highly significant and negative, Further it is also seen that all the explanatory variables are significantly and negatively correlated with the dependent variable Y except X1, X4 and X6.

Table. 1: Inter-correlation Matrix

	Sex	Mstat	Age	Income	Educ	Freq	Percepti
SEX-X1	1.000						
MSTAT-X2	0.075	1.000					
AGE-X3	-.109*	0.237**	1.000				
INCOME-X4	-.204**	-0.098	-0.111*	1.000			
EDUC-X5	-0.128*	0.088	0.026	0.017	1.000		
FREQ-X6	-0.020	0.030	0.128**	0.018	-0.099	1.000	
PERCEPTI-Y	-0.024	-.184**	-0.141**	-0.066	-0.187**	0.021	1.000

** - Significant at 1% level

Path Coefficient Analysis

The path coefficient analysis showed the direct contribution of the explanatory variable as well its indirect contribution *via* other explanatory variables to the dependent variable. In the matrix, the diagonal element show the direct effect of the explanatory variable and the non-diagonal elements in the row show the indirect effects of the explanatory variable through other variables and the sum of the direct effect and indirect effects in the row accounts to the correlation coefficient of the explanatory variable with dependent variable. The direct effect of each of the explanatory variables on the dependent variable and the indirect effect of each explanatory variable on the dependent variable through other explanatory variables are furnished in Table 2. It is seen from the table that among the four explanatory variables, three explanatory variables namely X2, X3 and X5, had higher negative direct effect on the dependent variable Y. X2 also had higher negative indirect effect on Y through X3 and X5. Similarly X3 had higher positive effect on Y

through X2 and X... Similarly X5 had higher negative indirect effect on Y through X2 and X3 Hence the three explanatory variables X2, X3 and X5 are substantially important contributing variable to Y.

Table. 2: Direct and Indirect Effect of Explanatory Variables Xi'S on Dependent Variable-Y

	SEX-X1	MSTAT	AGE	INCOME	EDUC	FREQ	PERCEPTI
SEX-X1	-0.070	-0.011	0.014	0.022	0.022	0.000	-0.024
MSTAT-X2	-0.005	-0.145	-0.030	0.010	-0.015	0.001	-0.184**
AGE-X3	0.008	-0.034	-0.125	0.012	-0.005	0.003	-0.141**
INCOME-X4	0.014	0.014	0.014	-0.106	-0.003	0.000	-0.066
EDUC-X5	0.009	-0.013	-0.003	-0.002	-0.176	-0.002	-0.187**
FREQ-X6	0.001	-0.004	-0.016	-0.002	0.017	0.024	0.021

It is seen from Table 3 that the correlations between the explanatory variables are highly significant and negative, except X3 and X4. Further, it is also seen that all the explanatory variables are significantly and negatively correlated with the dependent variable X3 and X4.

Table. 3: Overall Satisfaction Inter-Correlation Matrix

	SEX	AGE	INCOME	EDUC	FREQ	OVSATIS
SEX-X1	1.000					
AGE-X2	-0.109*	1.000				
INCOME-X3	-.204**	-0.111*	1.000			
EDUC-X4	-.128**	0.026	0.017	1.000		
FREQ-X5	-0.020	0.128**	0.018	-0.099	1.000	
OVSAT-Y	-.134**	-0.216**	0.080	-0.065	0.158**	1.000

** - Significant at 1% level

The direct effect of each of the explanatory variables on the dependent variable and the indirect effect of each explanatory variables on the dependent variable through other explanatory variables are furnished in Table 4. It is seen from the table that, among the four explanatory variables, three explanatory variables namely X1, and X3, had higher negative direct effect and X5 had higher positive direct on the dependent variable Y. X1 also had higher positive indirect effect on Y through X2 Similarly X2 had higher positive indirect effect on Y through X5. Similarly X5 had higher negative indirect effect on Y through X2 .Hence the three explanatory variables X1, X2 and X5 are substantially important contributing variable to Y.

Table. 4: Direct and Indirect Effect of Explanatory Variables Xi's on Dependent Variable-Y

	SEX	AGE	INCOME	EDUC	FREQ	OVSATIS
SEX-X1	-0.163	0.028	-0.003	0.008	-0.004	-0.134**
AGE-X2	0.018	-0.254	-0.002	-0.002	0.023	-0.216**
INCOME-X3	0.033	0.028	0.016	-0.001	0.003	0.080
EDUC-X4	0.021	-0.007	0.000	-0.061	-0.018	-0.065
FREQ-X5	0.003	-0.033	0.000	0.006	0.181	0.158**

It is seen from Table 5 the correlations between all the explanatory variables are highly significant and positive. Further, it is also seen that the explanatory variables are significantly and positively correlated with the dependent variable Y.

Table. 5: Retention Techniques Inter-Correlation Matrix

	OV.PER	OV. SATIS	RETENTION
OVERALL PERCEPTION-X1	1.000		
OVERALL SATISFACTION-X2	0.429*	1.000	
RETENTION-Y	0.210**	0.133**	1.000

***- Significant at 1% level

The direct effect of each of the explanatory variables on the dependent variable and the indirect effect of each explanatory variable on the dependent variable through other explanatory variables are furnished in Table 6. It is seen from the table that among the explanatory variables, the explanatory variable namely X1 has higher positive direct effect on the dependent variable Y. X1 also had higher positive indirect effect on Y through X2. Hence the two explanatory variables X1 and X2 are substantially important contributing variable to Y.

Correlation analysis also shows that education, age, marital status are indirectly proportional to perception. Similarly, gender and age are indirectly proportional to overall satisfaction. whereas, the frequency of visits is positively influencing the satisfaction, which throw light on the golden rule that the more satisfied tourists are retained by the resort and finally will be loyal to the resort. Finally, it also proved that overall perception and overall satisfaction influences customer retention directly. Thus both the hypotheses are rejected. Hence it is highly essential to bridge the gap between perception and satisfaction in order to retain the customers to the resort, which, in turn will facilitate having sustained health tourism growth in Kerala.

Table. 6: Direct and Indirect Effect of Explanatory Variables Xi's on Dependent Variable-Y

	OVPER	OVSATIS	RETENTION
OVPER-X1	0.187	0.022	0.210**
OVSATIS-X2	0.080	0.052	0.133**

Given below is the proposed model showing the factors influencing overall perception and satisfaction and their relationship with customer retention

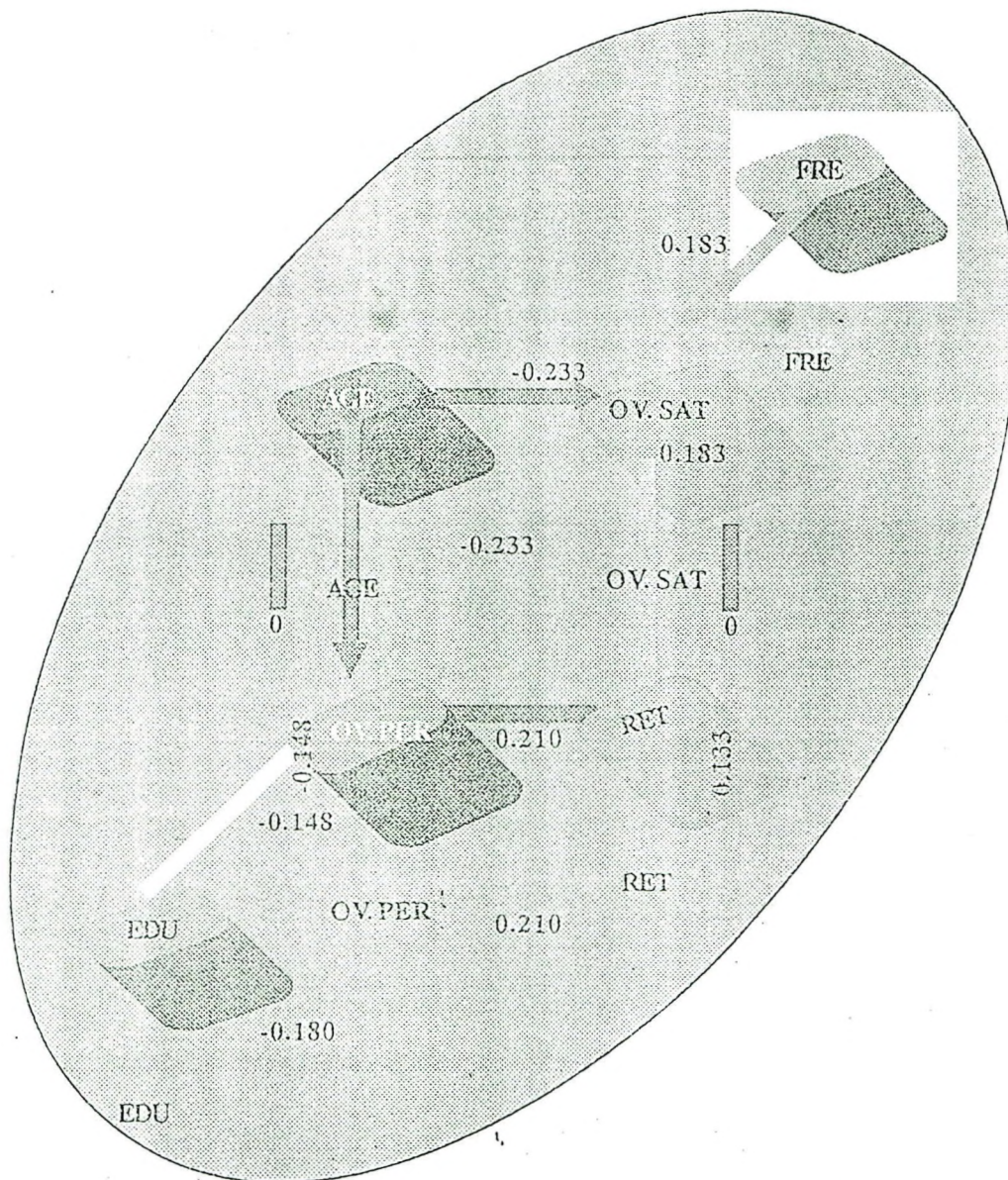


Fig. 1: Model For Path Analysis Showing Relationship Between Overall Perception, Overall Satisfaction and Retention

- OV. PER - OVERALL PERCEPTION
- OV. SAT - OVERALL SATISFACTION
- EDU - EDUCATION
- RET - REENTION
- FRE - FREQUENCY OF VISIT

FINDINGS AND SUGGESTIONS

Correlation and path analysis try to draw a linear relationship between perception, satisfaction, and customer retention. These findings also revealed that customer perception and customer satisfaction are the direct antecedents 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.

Health-care services reflect several characteristics commonly associated with tourism services. They are intangible, both labour and skill-intensive and one highly variable, highly 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. The present study concentrates on the holistic health care system of ayurveda in Kerala. As everybody agreed and proved ayurveda and kerala are inseparable the association of ayurveda kerala is. The study tries to apply relationship marketing in health tourism services, by studying the first three dimensions of CRM i.e., Customer Preference and Perception, Customer Satisfaction, and Customer Retention.

IMPLICATIONS AND CONCLUSION

The study reveals that the most favourable factors for Kerala as health tourism destination comprise of its authenticity and rich ayurvedic heritage with multifaceted attractions. The unique advantages of Kerala ought to be leveraged by the health resorts. Based on the study and extensive literature, of Mueller and Kaufmann (2001), the researchers suggest that customer retention strategies be adopted by the ayurvedic health resort to have a sustainable growth in health tourism. A customer retention model (Figure 2) (PFBHS)-Prefer, Facilitate, Build, Hold and Sustain has been proposed for the ayurvedic resorts selected for the study in particular and other ayurvedic resorts in general to follow for capitalising their unique selling propositions.

The PFBHS is the five-phase strategy to be adopted by the ayurvedic resorts to create good CRM practice for ensuring sustainable relationship. The phase one reveals the identification of preference and priorities of health tourists to identify the pre-purchase attitude on various health tourism services. The second phase is the travel planning stage where pre-trip arrangement, easy booking, and confirmation which finally leads to customer acquisition. The third stage is the crucial one, which builds the positive post-purchase evaluation of health tourism services that result in satisfied customers. Since health and tourism is combined along with the highly volatile nature of the business, a positive post-consumption construct can acquire only by providing extraordinary service quality and effective service delivery. The fourth phase is the extension of third phase.



Fig. 2: Proposed Model on Customer Retention Technique PFBHS

As customer satisfaction is a critical element of customer retention (Y. Anshoni and V. Langner, 2007), a satisfied customer tends to be retained by the resort. In other words only satisfied customers can be the repeat visitors for the resort. Thus, holding on to the satisfied customers by providing extraordinary value added service and minimising any ill-effects can retain the customers. The fifth stage or the final stage is to sustain and it is the loyalty phase. In this level, the retained customer should be provided with good customer retention tools like loyalty cards and family discounts. Thus, they become the ambassadors for the resort and promote the services about the resorts to their friends and relatives. Importantly, by involving effective positive customer participation, the image of health tourism centres as well as Kerala can be promoted.

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A STUDY OF TOURISTS PREFERENCE, PERCEPTION AND SATISFACTION ON HEALTH TOURISM-IMPLICATIONS FOR HEALTH CARE MARKETING

V. T. BINDU* & Dr. SAMPAD KUMAR SWAIN**

Introduction

A Customer is the master of any business. Business's success ultimately depends on what customers choose to do. Thus, it is vitally important to understand the psychology of customers and why they choose to do what they do (Rust et al., 1999). Since, customer's decisions take place in the customer's mind, customer preference and perceptions are important to identify the pre-purchase feeling and customer satisfaction which provides the post purchase feeling of a service. A customer is a person one who purchases a product or service (Kincaid 2008), defines a customer is a person (or a group of persons) who influences or decides on the acquisition of any products or services, or who uses one of these products or services. Customer preference is the positive attitude of a customer towards a particular service, It is mainly the choice of the tourists for a particular service where as customer perception are beliefs about service that function as standards or reference points against which performance is judged. Because customers compare their perceptions of performance with these reference points when evaluating service quality (Zeitamel and Bitner, 2000). Knowing the customer preference and perceptions are the first and possibly most critical step in delivering quality service and only quality service can lead to customer satisfaction, only satisfied customers can be retained and only retained customer will become loyal to the service provider.

Anton (1996) defines Customer Satisfaction as a state of mind in which the customer needs, wants and expectations throughout the product of service life are met or exceeded resulting in future repurchase and loyalty. The word satisfaction comes from the Latin words Satis (enough) and facere (to do or make). These words suggest true meaning of satisfaction, which is fulfillment (Rust et al., 1999). Expectations and perceptions together with motivation are the factors often used to navigate satisfaction (Love-lock et al., 1998). Customer satisfaction is a post purchase evaluation of a Service Offering. Customer satisfaction is one of the most frequently examined topics in the hospitality and tourism field because; it plays an important role in survival and future of any tourism products and services (Gursoy et al., 2003). Unlike material products or pure service, hospitality and tourism is a mixture of products and services. Therefore overall satisfaction with a hospitality experience is a function of satisfaction with the individual elements or attributes of all the products/services that make up the experience (Pizam and Ellis, 1999). Similarly due to the multi-sector nature of tourism and the interdependence of the various sectors, researchers in tourism and recreation have recognized that overall satisfaction may be multi-

dimensional, multi-attribute concept comprising multiple sources satisfaction (Mayer et al., 1998; Ross and Iso-Ahola, 1991 and Hsu, 2003). Henderson (2004, 113) differentiate between health tourism and medical tourism as, 'health tourism is travel where the primary purpose is treatment in pursuit of better health that may involve hedonistic indulgences of spas and alternative therapies', while medical tourism incorporates health screening, hospitalization and surgical operations. Similarly Bridges and Connell (2006) identify health tourism with general health and well being while medical tourism combines tourism with medical surgical or dental interventions to improve or restore health in the long term.

Analysis and Inference

Customer Survey in the Ayurvedic Health Resort is the prime research instrument employed in this study. An attempt was made to examine the customer perception and satisfaction of health tourists in some of the leading ayurvedic health resorts of the state. For the present study the researcher has identified 8 Ayurvedic resorts in Kerala. The present study was based on the feedback of 360 health tourists. Based on the above review of litera-

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ture following objectives and hypothesis has been formulated.

Objectives

- 1) To identify the preference factors for health care services.
- 2) To determine the factors influencing overall perception and overall satisfaction in health tourism.
- 3) To design suitable marketing strategies based on the study.

Motivation and Preference for Health Care Services

Garret ranking was used to rank the motivating factors to select the health services of the 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: Percentage position = $100 (R_{ij} - 0.5) / N_j$
Where, R_{ij} = Rank given for i th factor by j th individual
 N_j = Number of factors ranked by j th individual

The percentage position of each rank thus obtained is converted into scores by referring to the table given by Henry Garrett. Then for each factor the scores of individual respondents are added together divided by the total Number of respondents for whom scores were added. These mean satisfaction scores for all the factors are arranged in the descending order, ranks are given and most important problems are identified. By Garret Ranking the motivation for selection of resort, selections of health care treatments are assessed.

Table 1. Motivation factors

Motivation Factors	Score		Rank
	Total	Mean	
Quality of Treatment	22029.00	61.02	1
Authentic medicines.	18581.00	51.47	3
Location of resort.	19946.00	55.25	2
Price.	17205.00	47.66	4
Facilities and Ambience	15634.00	43.31	5
Personal Service	15074.00	41.76	6

These rankings clearly measure the preferences of health tourists. Quality of treatment was given highest preference for selection of resorts followed by location and authentic medicines. In other words, tour-

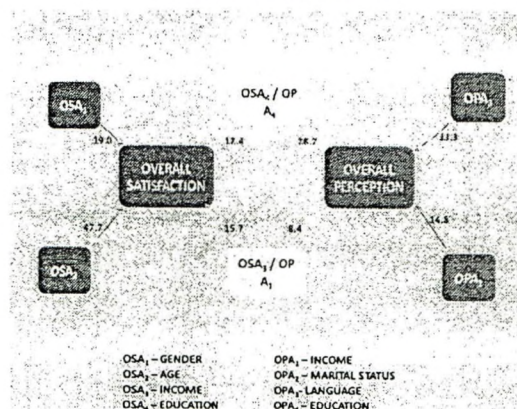
ists give prime importance for quality of treatment accessibility and authentic or genuine medicinal products. Though tourism has renowned for human touch, personalized service here in case of selection of resort. is not getting much attention As health and travel is combined more preference on safety and security has been identified.

Table 2. Preference for health care packages

Health care packages	Score		Rank
	Total	Mean	
Rejuvenative and Stress Management Programme	21630.00	59.92	1
Anti Ageing Programme	20614.00	57.10	2
Detoxification Programme	19439.00	53.85	3
Slimming Programme	18540.00	51.36	4
Beauty Care Programme	18353.00	50.84	5
Post Pregnancy Programme	13180.00	36.51	7
Special Package for Women	14977.00	41.49	6

In the case of selection of health care packages majority of the health tourists preferred rejuvenation and stress management programme followed by anti ageing and detoxification programme. Ayurveda is renowned for rejuvenation, detoxification and anti ageing therapy. Hence ranking also supports the same. In other words it strongly establishes that ayurveda is mainly undertaken for preventive and wholesome development of mind and body. A complete relaxation and rejuvenation of mind and body is emphasized by ayurvedic health care packages. The preference pattern of health tourists clearly supports this.

Figure - 1 Association of socio-economic indicators with overall perception and overall satisfaction



The Demographic factors which have direct influence on customer perception are marital status, education, language and

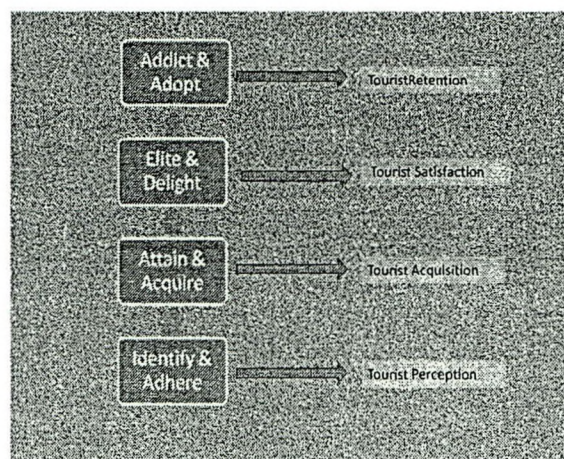
income. Marital status of health tourists influences the perception. The preference or priorities vary when the tourists travel single or with spouse. Income also influences perception. High income tourists have higher expectations and preference on various health care services. Education also influences significantly. The highly educated and qualified professionals have access to wide array of knowledge, which intern increases the expectations as compared to lesser educated group. Language is the next attribute different language people have different level of perception. It is once again studied that Gender, Age, Income and education are the discriminating socio economic attributes which influence the overall satisfaction of health tourists. It was seen from the study that male and female tourist have different levels of perception and satisfaction and it varies with different dimensions. Age is the next factor we have seen in the study that youngsters were more easily satisfied in compared to elders and middle aged. As the age increases, their knowledge experience and expectations also enhance. The higher income group looks for more amenities and facilities apart from the core services, whereas lesser income group give priorities for core services such as treatment. Education is the other vital attribute which influences the satisfaction. With higher education and technical advancement, tourists have different level of satisfaction. Less educated people were more easily satisfied in compared to the highly qualified professionals due to their lack of knowledge and experience.

Results and Discussions

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. Dhara and Phizhichil are two important treatment programmes preferred by the health tourists which in turn are basically used for rejuvenation and stress relieving therapy. The discriminant analysis shows the influence

of socio-demographic factors with overall perception and overall satisfaction. Gender, age, income, and education attributes influence overall satisfaction of tourists. Similarly gender, education, language, and income influence the overall perception of tourists. Anderson et al. (2008) and Mittal and Kamkaura (2001) reports the influence of gender and income, in their study. It was explained that women focus more on an interpersonal components of service interactions than men hence there is difference in level of perception and satisfaction of men and women. The findings from discriminant analysis throw light on the socio-economic features of health tourists which have significant influence on overall perception and overall satisfaction. Resort managers can identify these factors and plan suitable strategies to tap the health tourism market. The analysis of the motivation of selection of ayurvedic resorts explains that quality of treatment, location of resort, and authenticity of medicines are some of the most effective preferences factors for selection of ayurvedic resorts. Thus, the resort managers can consider these factors while planning and designing activities.. This helps the service providers improve on their operational activities and will help them to provide quality and customize service delivery according to the needs and wants of health tourists. Based on the present study a marketing strategy model has been designed , which could be considered by the health tourism service providers to ensure effective service delivery. Given below is the proposed model for effective health care marketing.

Figure 2 Proposed model for health care marketing



The four phase strategy starts with identifying the tourist's preference and adhering to these factors in designing the service; that leads to the second phase tourist acquisition. When their perception is less and their reception is more that leads to satisfaction. If the service providers can provide more than what a tourists perceive then they are delighted. This leads to the third phase which is the tourist satisfaction. When the tourist has become a permanent or a regular customer then that leads to tourist retention and loyalty. Customer preference analysis is really a call to action by understanding the preference and expectations of customers, the resort can design strategies that are truly

responsive to vital customer expectations that can differentiate in the market place. The model explains that initially we have to identify the customer perception and preference and design the services accordingly. Design the packages based on various socio demographic factors and tourists' preference. After tourist acquisition service delivery should be in accordance with their perception and preference. Service delivery beyond the tourist's expectation will result in tourists delight, a delighted tourist is also a satisfied client. A satisfied client definitely returns to the service provider .A retained client will become loyal customer and that is the zenith of the marketing progress.

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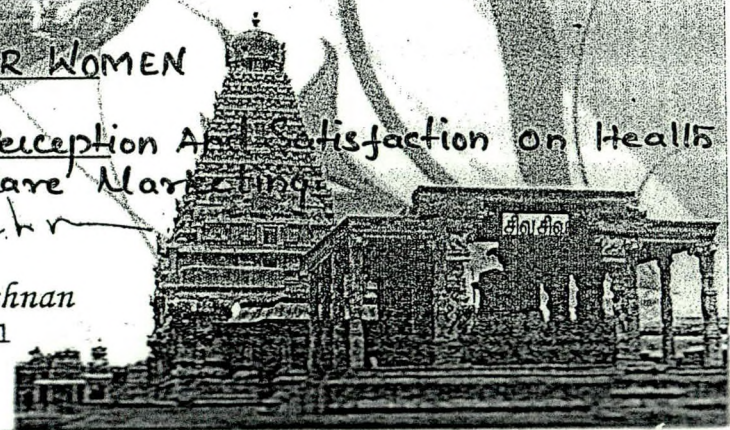
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