

Cross-sectional Study the Health Arab Tourists' Satisfaction Level of Services Provided: A Cross-Sectional Study in Bangalore-Cross Sectional Study

Ammar Derhem Mohammed Almaghrebi¹, Dr. U Bhojanna²

¹PhD Scholar, Alameen Research Foundation-Bengalore

²Professor, Pro Al- Ameen Institute of Management Studies

ABSTRACT

Introduction: An indication of the quality of medical treatment is how satisfied patients are with the services received. Patient satisfaction is determined by how well they feel their care met their expectations. This survey was conducted in 2023 to assess how satisfied health tourists were with the services received from Bangalore Multispecialty hospitals.

Method: It is a cross-sectional study was conducted from 21-3-2023 to 26-1-2023 at Multispecialty

Hospital in Bangalore: In this a cross-sectional study, 400 253 (63.2%) men and 147 (36.8%) women, the data collection instrument is a semi-structured questionnaire in this study. The respondents of this study are Arab tourists who received inpatient and outpatient services at least one day at hospitals. The hospitals were selected purposively but the potential respondents were chosen conveniently. These procedures ensure the researchers access a sufficient number of potential respondents from the hospitals for this study. Researchers of this study approached the respondents and requested they participate in this survey. The researchers informed participants that the information would be utilized only for research purposes and their support was anonymous and voluntary. The questionnaire has 56 general and specific items. Each of the specific items is scaled on five points; Very Good, Good, Moderate, Poor and very poor. In order to analyze the data both descriptive and inferential statistics were used

Patient satisfaction and surgical outcomes were the main outcome measures.

Results: 400 participants were included in the study (63.2% male and 36.85% Female). 79 of the surgeries were Neurosurgeries cases (19.8%) compared to 75 Oncology cases (18.8%). Regarding patient satisfaction, 96.8% of the patients regarding the quality of care. 66 % were satisfied with the hospital privacy and confidentiality measures.

Conclusion: All of the Analyzed domains had excellent patient satisfaction rates, little problems, and successful surgical results in general. There is few things make patients unsatisfied like the waiting time for consultation so long, the method of payment in some hospital that there is limitation for cash payment ,and the language barrier the important factor play the major role

Keywords: Medical tourist, Medical Tourism, Patient's satisfaction, Bangalore, Health Service's, Surgeries

1. Introduction

The phenomenon of people travelling abroad to receive medical care is known as "Medical tourism." Therefore, patients from other nations travelling to India for medical treatment is what is often meant by the term "medical tourism" in India. Along with Thailand and Singapore, India is one of the top three locations in Asia for medical tourism [1]

Each year, about 2 million patients go to India, spending \$4 billion on foreign currency. But things appear much more promising now. [2]

Patients from Bangladesh, Iraq, the Maldives, Afghanistan, Oman, Yemen, Sudan, Kenya, Nigeria, and Tanzania frequently visit India. These nations send around 88% of all foreign patients to India, and even patients from industrialised nations are contributing to the statistics' ongoing increase. By 2026, the industry is expected to experience tremendous growth. [3]

India has a global competitive advantage in the international medical tourism business thanks to its sophisticated infrastructure, state-of-the-art technology, and qualified doctors who deliver the greatest clinical outcomes at comparatively inexpensive costs. A similar clinical outcome is achieved in India for only USD 5,000, compared to USD 100,000 or USD 40,000 in the United States or the United Kingdom, respectively, for the same cardiac operation.

The Indian government has made an immeasurable contribution to elevating the nation on a global scale. Foreigners can now stay in India for more than six months without having to return to their home country if they required to extend their stay to complete their treatment and thanks to India's expansion of its e-tourism VISA scheme to cover medical visas and the online process for apply for visa extension.[4]

There is three main factors are play main role to implement health tourism applications effectively and efficiently. The tourism facilities are the first of these criteria (climate, nature, history etc.). Health care institutions are the alternative (hospitals infrastructure, personnel, technologic facilities, specialties, affordable prices, healing water etc.). The final factor is the existence of organizations run by professionals that will connect consumers with the health tourism industry. The coexistence of these elements and their effective management can maximize and improve their potential. [5]

India is one of the developing nations where medical tourism is rapidly expanding. India's recent process innovation and operational efficiency enable the delivery of healthcare for a fraction of the price of western nations. The causes that Cost is one factor that makes a place a popular medical tourism destination and according to Narayana Health, open-heart surgery typically costs less than \$2000. A US research facility will often charge over \$100,000 for the same surgery, in other hand the quality, language, and accessibility play also major role to attract patient to visit India. [6]

India is predicted to continue to rise in popularity as one of the world's top ranking destinations for medical tourists from Africa, Asia and gulf countries. Cost competitiveness, the integrity of healthcare services, medical competence, a powerful private sector, and cultural flexibility are the five main drivers of this rise.

To gain a competitive edge in the health tourism market, specialized hospitals must improve

their non-medical offerings, such as hospitality, sports and leisure, entertainment, and social activities. In accordance with market changes, they should focus also to meet customer expectations by doing regular assessment for medical tourists needs and trying to achieve their requirements. Because of this, specialty hospitals and spas need to understand the value of the additional services they provide to improve their quality to meet patients expectations. [7]

Many patients across the world prefer India for its advanced medical facilities, highly qualified doctors, and affordable healthcare. India has always attracted attention for its promotion of Yoga and Ayurveda for wellness in addition to its treatment of the majority of health issues. [8]

High levels of satisfaction were reported if hospitals take of the importance of “hospital reputation” in medical tourists' satisfaction. Also, “regular customer satisfaction assessment”, “attaining international standards”, and “being mindful of one's to social responsibilities” are the most important strategies to get the loyalty of customers [9]

In light of the above, systematized research is needed to understand

The health Arab's tourists' satisfaction level of services provided in multispecialty hospitals and no research has been conducted on Health Arab tourists in Bangalore -India. Therefore, the current study was conducted.

2. Material and methods

Study setting, design, and procedures A cross-sectional study was conducted from 21-3-2023 to 26-1-2023 at Multispecialty Hospital in Bangalore to assess how satisfied health tourists were with the services received from Bangalore Multispecialty hospitals.

Study participants were all patients who came to the hospital to seek healthcare for various medical problems. Patient demographics and clinical characteristics were collected. The hospitals were selected purposively but the potential respondents were chosen conveniently groups. Age, place of residence, and nationality-related inquiries were incorporated into the questionnaire to make sure that participants complied with the inclusion requirements

Patients' satisfaction with hospital care and their evaluation of their hospital's reputation was measured using ordinal responses

Analysis:

The programme Statistical Package of Social Science (SPSS) version 16.0 was used to evaluate the data that was gathered.

Descriptive analyses was used to examine frequencies and proportions to describe the characteristics of the study population such as gender, education, surgery type, and surgical outcomes. The proportion for all the satisfaction questionnaires were calculated and reported the numbers and proportions for ordinal responses for satisfaction items or questions. All analyses were performed using SPSS version 16.

3. Results:

Among the 400 medical tourists 253 (63.2%) were male and 147 (36.8%) were female. The average age was 68.3 years (± 13.7 SD) with the range between one years and 80 years. Of the total 44 medical tourists interviewed, 261 (65.2%) were from Yemen, 89 (22.2%) were from Iraq, 48 (12%) were from Sudan & 2 (0.5%) were from Libyan. (Table1) They were treated or admitted to various departments of the selected hospitals i.e. Neurology (19.8%), Oncology (18.8 %), Orthopedics (15.8%), Cardiology (8.8%),

Ophthalmology (5.5%), liver Cirrhosis (5.0%), Plastic Surgery (4.5%), E.N.T (3.5%) and Urology (2.8).

Table 1: The Medical Treatment which done for Patient

	Frequency	Percent
Orthopedic	63	15.8
Neurosurgery	79	19.8
Oncology	75	18.8
Ophthalmology	22	5.5
Brain atrophy	10	2.5
Nephrology	7	1.8
Asthma	7	1.8
Liver Cirrhosis	20	5.0
Cardiology	35	8.8
Gastritis	10	2.5
Plastic Surgery	18	4.5
Thyroids	6	1.5
E.N.T	14	3.5
Allergy and Dermatology	4	1.0
Infertility	6	1.5
Bone marrow Transplant	4	1.0
Gynecology	3	.8
Diabetic	3	.8
Thalassemia	2	.5
Urology	11	2.8
Maxillofacial	1	.2

4. Results

Table 2: Describes the Socio-demographic and clinical characteristics of the patients. The median age of the patients was 68.3 years with 253 (63.2%) were male and 147 (36.8%). 39.6% (n 400) of the patients had an education higher than the Higher School and All patients reported speaking the Arabic language at their homes. 325 cases (81.2 %) were non-oncology while 75 (18.8 %) were for oncology cases.

Table 1: Demographic and Clinical Characteristics of the patients (n = 400)

		Frequency	Percent
Nationality	Yemeni	261	65.2
	Iraqi	89	22.2
	Sudan	48	12.0
	Libyan	2	.5
Gender	Male	253	63.2

	Female	147	36.8
Age	Below than 15 Years	33	8.2
	15-25 Years	53	13.2
	26-35 Years	98	24.5
	36-45 Years	109	27.2
	46-55 Years	60	15.0
	More than 55 Years	47	11.8
	Education	Primary	82
Higher School		139	34.8
Graduate		143	35.8
Postgraduate		7	1.8
PhD		1	.2
Uneducated		28	7.0
Annual Income		less than 500 \$	5
	500-999 \$	2	.5
	1000-1499 \$	13	3.2
	1500-1999 \$	32	8.0
	2000-3000 \$	54	13.5
	More than 3000 \$	294	73.5

Regarding the distribution of the cases by different specialties, we found that 79 cases were managed by Neurosurgeon, followed by 75 cases done by Oncologist, then 63 and 35 cases done by Orthopedic surgeon and Cardiac Surgeon, respectively as shown in Table no.1

The period of treatment and stay in Bangalore during the treatment:

Table 3: summarizes the main surgical outcomes. 15.2 percent of patients stay in Bangalore less than 1-2 months for treatments and most of them they admitted for orthopedic, cardiac and neurological issues, all were due to either observation or routine post-operative care.

Majority of patients (84.8%) their treatment take long time more than one months who required rehabilitation and follow up like oncology cases and spine injuries Injury and intra-cranial hemorrhage.

Table :3 The Medical Treatment which done for Patient

	Frequency	Percent
Less than one month	61	15.2
More than two months	339	84.8

Table 4: Patients satisfaction medical treatment in Bangalore during hospital stay at Bangalore multispecialty Hospital (n = 400).

		Very Satisfied	Fairly Satisfied	Neutral	Unsatisfied
Quality of care	N	310	77	13	
	%	77.5	19.2	3.2	
Affordability	N	44	47	306	3
	%	11.0	11.8	76.5	0.8
Alternative/Innovative treatments	N	276	101	22	1
	%	69.0	25.2	5.5	0.2
Service providers	N	291	93	16	
	%	72.8	23.2	4.0	
Shorter waiting time than in home country	N	35	99	265	1
	%	8.8	24.8	66.2	0.2
Method and ease of payment	N	13	42	343	2
	%	3.2	10.5	85.8	0.5
Privacy and Confidentiality	N	71	193	134	2
	%	17.8	48.2	33.5	0.5
Safe and hygienic physical environment	N	74	191	133	2
	%	18.5	47.8	33.2	0.5

Patients’ satisfaction rating for attending nurses and doctors behaviors and for the environment of the hospital during hospital stay

Table 3 how satisfied patients were with the hospital's the quality of work, Affordability, Alternative treatments ,service providers ,waiting time, method of payment ,privacy ,and physical environment . Regarding the quality of care 77.5 %(very satisfied) stated that the quality of care and doctors and always treated them politely and with respect, listened to them carefully, and gave clear answers to all of their inquiries. and the of 76.5 % of the patients stated that they are not satisfied toward the affordability and the cost of surgeries . Additionally, 72 percent of the patients said they are satisfied regarding the healthcare services which given by overall .multispecialty hospitals 74% (very satisfied) of patients who were asked about the hospitals environment said that housekeeping made sure their room and bathroom were kept clean at all times and the hospital management monitoring every day the another services like food and cleaning and changing the bed sheets. Act. In a similar vein, 85.8% of patients unsatisfied that they the method of payment create problem for them and hospital rules if the cross some limitation to do it through online payment , bank transfer ,or bank . As foreigner only they have only one option to to payment through cash.

Table No.4 Patients’ satisfaction opinion about the overall rating of the hospital and their health at the time of discharge

	Very good		Good		Moderate		poor	
	NO.	%	NO.	%	NO.	%	NO.	%
Reception	221	55.2	162	40.5	15	3.8	2	0.5
Accommodation	208	52	172	43	19	4.8	1	0.2

Diagnostic services	277	69.2	111	27.8	12	3	0	
Counselling	345	86.2	53	13.2	2	0.5	0	
Operation theater	338	84.5	53	13.2	9	2.2	0	
Nursing care	361	90.2	34	8.5	5	1.5	0	
Hospital cleaning	362	90.5	34	8.5	3	0.8	1	0.2
Easy to meet doctor	157	39.2	122	30.5	114	28.5	7	1.8
Hospital translator	67	16.8	37	9.2	225	17.5	70	0.2
Consultation fees	46	11.5	199	49.8	150	37.5	5	1.2

Table 4 reveals patients' perceptions of the hospital's overall ranking and their own health at the time of discharge. more particular, it demonstrates that more than 90 percent of patients their opinion (very good) regarding nursing and hospital cleaning, while patients opinion 86.2% and 84.2% respectively toward counselling and operation theater. Almost one-third of the patients (37.5%) said that consultation fees for international patient higher than Indian patients without any preferences for them.

93% of the hospitalized patients gave the hospitals positive or excellent ratings throughout their stay. 94% of respondents said they would recommend visiting a hospital for friends and family in need of medical attention. **Table 5: Patients satisfaction of quality medical treatment in Bangalore**

Patient Age	Very much Satisfied	Fairly Satisfied	Neutral	Total
Below 15 Years	27	6	0	33
	8.7%	7.8%	.0%	8.2%
15-25 Years	38	11	4	53
	12.3%	14.3%	30.8%	13.2%
26-35 Years	76	20	2	98
	24.5%	26.0%	15.4%	24.5%
36-45 Years	81	24	4	109
	26.1%	31.2%	30.8%	27.2%
46-55 Years	48	10	2	60
	15.5%	13.0%	15.4%	15.0%
More than 55 Years	40	6	1	47
	12.9%	7.8%	7.7%	11.8%
Total	310	77	13	400
	100.0%	100.0%	100.0%	100.0%

Table 5: reveal the Patients satisfaction according their age groups as following:

-Patients aged 26-35 years had the highest number of individuals reporting being "Very much satisfied" (76) and the highest total number of patients (98).

-Patients aged 36-45 years had the highest overall satisfaction rate with 26.1% being "Very much satisfied" and 31.2% being "Fairly Satisfied."

-Patients aged below 15 years and those over 55 years had lower satisfaction rates compared to other age groups, with fewer individuals reporting being "Very much satisfied."

The majority of patients across all age groups reported being satisfied with their medical treatment, with only a small percentage expressing neutrality.

4. Discussion:

The satisfaction of Arab medical tourists is intricately tied to the interactions with specialists, nurses, and the broader medical staff. The expertise, communication skills, and cultural competence of these professionals significantly contribute to the overall healthcare experience. Healthcare providers and facilities that prioritize cultural sensitivity, effective communication, and patient-centric care by their medical staff are more likely to achieve higher levels of satisfaction among Arab tourists. Ongoing training and awareness programs for healthcare professionals can further enhance their ability to cater to the diverse needs of international patients.

Healthcare specialists, including physicians and surgeons, are pivotal in shaping the perceived quality of medical services. Arab tourists often seek expert opinions and specialized treatments. A study by Hanefeld et al. (2015) emphasizes the importance of the expertise of healthcare professionals in determining the value of medical tourism. Positive interactions with specialists who demonstrate competence, empathy, and cultural awareness contribute significantly to the satisfaction of Arab medical tourists.

Effective communication between healthcare providers and patients is crucial. Studies emphasize the impact of good communication on patient satisfaction and adherence to medical advice.¹⁰

Quality of medical care, encompassing clinical competence and positive health outcomes, is a fundamental factor influencing patient satisfaction.¹¹ This study is an attempt to assess the medical tourism satisfaction with received services in 2023 in Bangalore multispecialty hospitals. According to the findings of the study, in the field of quality of healthcare the greatest satisfaction is achieved by Bangalore multispecialty hospitals equals 77.5 %. The overall satisfaction rate of nursing in all studied hospitals 90.2%. Acharya et al. study conducted at Patan Hospital in Nipal shows that 95% patients' satisfaction with hospital cleaning and nursing services.¹²

Effective communication between healthcare providers and patients is crucial for satisfaction. Studies such as the one by Ha and Longnecker (2010) emphasize the impact of good communication on patient satisfaction.¹³

Empathetic care and a patient-centered approach contribute significantly to satisfaction. A study by Mercer and Reynolds (2002) emphasizes the importance of empathy in healthcare interactions.¹⁴

Most of the patients are satisfied with doctors and nurses than with other aspects of the hospital, and they think that a hospital's quality of medical staff influences their decision to visit. Numerous studies have demonstrated the influence of nursing care quality on patients' satisfaction levels.

Ensuring an adequate number of nurses is available is a crucial factor in enhancing patient satisfaction. Adequate staffing levels contribute to improved quality of care, better nurse-patient

ratios, and positive patient experiences. The importance of having enough nurses to increase patient satisfaction.¹⁵

The provision of high-quality healthcare can be severely hampered by language problems. They adversely affect patient safety, medical professional and patient happiness, and the standard of healthcare

Prioritize patient-centered care, focusing on the individual needs, preferences, and values of each patient. Encourage healthcare providers to actively involve patients in decision-making processes and respect their autonomy

Foster clear and open communication between healthcare providers and patients. Ensure that medical information is conveyed in a way that patients can understand, and encourage patients to ask questions. Strong communication also includes inter-professional communication among healthcare staff.

Invest in ongoing training and development programs for healthcare professionals. This should include both clinical skills and interpersonal skills, such as empathy and active listening. Continuous education ensures that staff stay updated on the latest medical advancements and best practices.

Offer halal food options in hospital cafeterias or through room service. Consider the dietary preferences of Arab patients, and ensure that the food meets their religious requirements.

Designate prayer rooms or areas within the hospital where Arab patients can perform their religious practices. This should include facilities for ablution and appropriate prayer timings should occur to increase patients' satisfaction level.

5. Conclusion

Despite the shortcomings that are observed in any of the areas, we should pay attention to patient-centered issues and patients' needs and preferences to enhance health care quality level. Paying attention to patients' preferences not only is morally appreciated but also will lead to the improvement of care provision and access to sustainable care practices. So it is needed to lead organization management toward customer's preferences management because with this kind of management, customer is considered as a main factor and providing what he needs will be of great importance. Assessing patients' satisfaction is one of the main indicators in measuring health system quality so this assessment and measurement need to be done on time and up to date and after that ways should be considered to remove identified shortcomings and deficiencies.

6. Limitation of the study:

The information is valid until the hospitals makes further changes in the mode of medical services offered.

The study is limited to the admittance of information by medical tourists.

The study is restricted to the survey Bangalore city only due time and financial constraints.

The study is restricted to Arab Tourists' who sought only modern medical treatments.

References

1. Medical Tourism in India: Next Growth Driver - Current Affair for UPSC, IAS, Civil Services and State PCS Examinations. (2022). Retrieved 24 July 2022, from <https://www.dhyeyaias.com/current-affairs/perfect-7-magazine/medical-tourism-in-india>
2. Ahmed, D., 2022. India to emerge as largest destination for medical tourism. [online] Times of India Blog. Available at: <https://timesofindia.indiatimes.com/blogs/voices/medical-tourism-destination-india/> [Accessed 4 September 2022].
3. The exponential growth of medical tourism in India | The Financial Express. (2022). Retrieved 11 September 2022, from <https://www.financialexpress.com/lifestyle/travel-tourism/the-exponential-growth-of-medical-tourism-in-india/2609024/><https://www.financialexpress.com/lifestyle/travel-tourism/the-exponential-growth-of-medical-tourism-in-india/2609024/>
4. The Year of Indian Medical Tourism - ET Health World. (2022). Retrieved 11 September 2022, from <https://health.economictimes.indiatimes.com/news/industry/2022-the-year-of-indian-medical-tourism/90810149>
5. Habib, A., Anm, S., Farhadul Haque, M., Akter, E., & Mahmudul Hasan, M. (2022). Client Satisfaction Regarding Services Under Medical Tourism. *North American Academic Research*, 3(12), 471-486. doi: 10.5281/zenodo.4419552
6. Mishra, V., & Sharma, M. (2021). Framework for Promotion of Medical Tourism: A Case of India. *International Journal Of Global Business And Competitiveness*, 16(S1), 103-111. doi: 10.1007/s42943-021-00027-7
7. Malhotra, N., & Dave, K. (2022). An Assessment of Competitiveness of Medical Tourism Industry in India: A Case of Delhi NCR. *International Journal Of Global Business And Competitiveness*. doi: 10.1007/s42943-022-00060-0
8. India emerges as a favourite destination for medical tourism with advancements in technology and highly-specialised doctors. (2022). Retrieved 13 September 2022, from <https://www.timesnownews.com/author/ashima-sharda-mahindra-479257930>.
9. Nakhaeinejad, M., Moeinzadeh, M.H., Tabatabaei Bafrouei, S.A. and Akhavan, A. (2022), "A framework for medical tourists' satisfaction and loyalty by costumer segmentation and quality improvement", *Journal of Hospitality and Tourism Insights*, Vol. 5 No. 5, pp. 1022-1033. <https://doi.org/10.1108/JHTI-03-2021-0069>
10. Beckman, H. B., & Markakis, K. M. (1994). The Doctor-Patient Relationship and Malpractice. *Archives of Internal Medicine*, 154(12), 1365–1370.
11. Donabedian, A. (1988). The Quality of Care. How Can It Be Assessed? *JAMA*, 260(12), 1743–1748.
12. Acharya S, Ghimire C, Shrestha A, Yadav AK, Bhandari S. Patient Satisfaction with Nursing Care in Five Major Departments in a Tertiary Care Centre. *JNMA J Nepal Med Assoc*. 2019 Sep-Oct;57(219):367-370. doi: 10.31729/jnma.4643. PMID: 32329467; PMCID: PMC7580428.
13. Ha JF, Longnecker N. Doctor-Patient Communication: A Review. *Ochsner J*. 2010 Spring;10(1):38-43. [PMID: 21603354]
14. Mercer SW, Reynolds WJ. Empathy and quality of care. *Br J Gen Pract*. 2002 Mar;52 Suppl(Suppl):S9-12. [PMID: 12014671]

15. Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., Diomidous, M., Kinnunen, J., Kózka, M., Lesaffre, E., McHugh, M. D., Moreno-Casbas, M. T., Rafferty, A. M., Schwendimann, R., Scott, P. A., Tishelman, C., van Achterberg, T., & Sermeus, W. (2014). Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *The Lancet*, 383(9931), 1824–1830.