

AYURVEDA MEDICAL TOURISM IN SRI LANKA: SERVICE QUALITY & TOURISTS' SATISFACTION

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Abstract

Sri Lanka is well known for Ayurveda medicine and treatment because of its traditional background and availability of plenty of natural herbs. Traditional health tourism is a good opportunity for the Sri Lankan tourism industry. Medical tourism has been identified as a developing industry by the government of Sri Lanka as well. "Health" was introduced since 2014, as a new category for purpose of tourists' visit to Sri Lanka. Even though there is a rapid increasing of tourists' arrivals after 2009, there is a rapid falling down of arriving tourists for the purpose of health in Sri Lanka. In such context, 112 international health tourists who were undergoing medical or wellness purposes were conveniently selected from 13 health resorts in south coast Sri Lanka in order to know their perception towards service quality of health tourism in Sri Lanka. As per their perception, service quality of the Ayurveda health resorts contributes significantly to the medical tourists' satisfaction. Tangibility, responsiveness, and empathy significantly enhance the medical tourists' satisfaction. It is necessary to improve the overall service quality of the Ayurveda health resorts in order to enhance the medical tourists' satisfaction for a sustainable medical tourism in Sri Lanka.

Keywords: Ayurveda medical tourism, Service quality, Tourists' satisfaction

1. Introduction

Tourism is an important aspect in each country's economy dynamism and sustainable development. Tourism is one of the most diversified and principal industries in the world and one of the few dynamic service sectors that provides business opportunities for the community. This distinct feature has resulted in the growth of tourism and it has developed as an "industry" in today's economic world, which thrives tremendous opportunities to promote our native medical treatments (Sri Lanka Sustainable Tourism Development Project, 2009). Medical Tourism is where people who live in one country travel to another country to receive medical, dental and surgical care while at the same time receiving equal to or greater care than they would have in their own country, and are traveling for medical care because of affordability, better access to care or a higher level of quality of care (Medical Tourism Association as cited in Rao, 2017). Medical tourism is defined as the organized travel outside one's local environment for the maintenance, enhancement or restoration of an individual's health (Percivil and John 2006). Health tourism, as a business opportunity has been recognized by many countries such as India, Malaysia, Singapore, Thailand, Brunei, Cuba, Hong Kong, Hungary, Israel, Jordan, Lithuanian, Philippines, China and South Korea (Heung et al., 2010; Woodhead, 2013). Most of the service providers and governments take advantages of their excellent medical technology and advanced equipment to appeal to international patients (Connell, 2006).

Ayurveda as a philosophy and a medical system is one of the firstborn, natural health care systems, originated in India. It has been advanced within religious and cultural context of

the society. In the early period, this system was widely practiced in the South Asian region as well as Sri Lanka (Wanninayaka, 1982). Sri Lanka is well known for its holistic treatment by way of rejuvenation therapy through Ayurveda and Yoga at affordable price because of its traditional background and availability of plenty of natural herbs. (Sri Lanka Sustainable Tourism Development Project, 2009).

Sri Lankan Government has identified the medical tourism as a developing industry. According to the national export strategy of Sri Lanka 2018 to 2022, as new developed strategy, government efforts will be made to meet the strategic objectives; to develop coordination in traditional and allopathic health tourism by segmenting and improving corporation of stakeholders, to set up quality assurance system by standardization and to build information about Sri Lankan health tourism sector through more effective collection of statistics and information. By that strategy they have covered allopathic medicine, traditional medicine and wellness.

According to the Annual Statistical Report of Tourism Development Authority (2016), "Health" was introduced since 2014, as a new category for purpose of tourists' visit to Sri Lanka. In the beginning it was 0.53% and in 2015 it was as 3.2%. But, there had a rapid falling down by 2.6% and it was 0.6% in 2016. Even though there is a rapid increasing of tourists' arrivals after 2009, there is a rapid falling down of arriving tourists for the purpose of health in 2016.

Ayurveda medical and wellness service is a rise business and it has a great probable to achieve success and attractiveness though providing high quality services to come across the patients' satisfaction. Quality of health service is a key contributing factor for patients' satisfaction (Omar and Schiffman, 1995). The patient's satisfaction and service quality has a positive relationship. The satisfied customers will become loyal customers and give more profitable business to the organization (Parasuraman et al., 1985; Zeithaml and Bitner, 2008; Reichheld and Sasser, 1990; Boulding et al., 1993). With the glance of that the researcher attempted to study that the relationship between medical tourists' satisfaction and service quality of health resorts. The aim of this study is to determine the impact of service quality on Ayurveda medical tourists' satisfaction.

2. Literature Review

Ayurveda is one of the oldest traditional health care systems in the world. India is considered the first experts of the Ayurveda medicine. There are some evidences to prove that it has practiced this system since 3000 B.C. in the South Asian countries. Ayurveda is deliberated as a Sub Veda and it has its own unique theory and pattern of treatment (Sathiyaseelan, 2015).

The hospital marketing is not popular mechanism in Sri Lanka like in other developing countries. Hospital marketing is considered significant to ensure the long term viability of hospitals and make available of higher quality service to every single person in health care services. In health care services, the patients are the customers of the service (Woodside et al., 1989).

Medical tourism consists of travel for the purpose of receiving medical, dental, or surgical care and represents a rapidly growing niche market contained by the healthcare, tourism, and hospitality industries (Jisana, 2014). Perovic et al. (2017) mentioned that both tangible and intangible elements improve tourist satisfaction that influences tourist arrivals and repeat arrivals intention. Noteworthy, the findings indicate that intangible elements have a stronger impact on tourist satisfaction than tangible elements have.

Assessing healthcare quality is necessary for all stake holders including customers, healthcare providers and society. A wide-ranging service quality measurement scale (SERVQUAL) is experimentally appraised for its potential usefulness in a hospital service

context (Parasuraman et al., 1988). Service quality has become a remarkable area of observation to practitioners, managers and scholars, for the period of the past two decades, because of its great impact on industry performance, reduced costs and a return of investment, customer satisfaction, customer loyalty and gaining higher profit. SERVQUAL highlights the main quality demands of delivered service in five proportions such as reliability, assurance, tangibility, empathy and responsiveness that is to say RATER (Sathiyaseelan, 2015).

Service quality means the difference between the customer expectation of service performance prior to the service encountered and actual performance of received service (Asubonteng et al., 1996). Customer satisfaction is well-defined within the Expectation Confirmation Theory as the consequence of a critical reasoning and emotional evaluation. If the perceived performance surpasses expectations, customers will be satisfied. However, if the perceived performance is not up to the spot, customers will be dissatisfied. (Rao, 2017).

In the healthcare sector, customer satisfaction is a significant factor as it is in other service sectors (Shabbir, Kaufmann and Shehzad, 2010). The competitive challenges of industries have been given a vital place for the service quality and the service quality significantly affect for the customers' satisfaction. Recent literature states that the patients' satisfaction has a positive relationship with quality of service (Zineldin, 2006). Padma et al. (2009) mentioned invaluable inputs such as an understanding of the interplay between factors such as quality of healthcare services, its outcome and patient satisfaction play main role for designing, managing and benchmarking healthcare systems. Therefore, it is essential to theorize service quality in the healthcare context.

The effect of service quality insights on consumer satisfaction has been widely explored in literature. In healthcare sector, experiential evidence has also been found to support the perceived service quality and patient satisfaction relationship (Remya, 2016). The competitive challenges of businesses have been given an important place for the service quality and the service quality greatly affect for the customers' satisfaction. Also, it leads to the success of the service based business organizations. Health care organizations also reflected the patients' satisfaction as an important issue like other services (Shabbir et al. 2010). Hence, this attempt was made to identify the service quality dimensions of Ayurveda Healthcare centers impacting the tourists' satisfaction.

3. Methodology

To access the service quality and medical tourists' satisfaction the schematic diagram was developed based on SERVQUAL model. Tangibility, Reliability, Responsiveness, Assurance, Empathy are the predictors on medical tourists' satisfaction. 112 international health tourists who were undergoing medical or wellness purposes were conveniently selected from 13 health resorts in south coast Sri Lanka in order to know their perception towards service quality of health tourism in Sri Lanka. Data were collected from them by using a questionnaire survey and data were processed using Correlation and Regression analyses. A pilot survey was conducted among 16 medical tourists and the coefficients of Cronbach's Alpha were more than 0.7 in all variables. Thus, the data of the survey for all variables were reliable.

4. Analysis & Results

Correlation and Regression analyses were used to find the relationships and effects existing between the variables. The Pearson's coefficient of correlation was conducted to measure the association between independent variables and the dependent variable. The summary of the correlation analysis are presented in bellow table.

Table 1. Results of the Correlation Analysis

	Tangibility	Reliability	Responsiveness	Assurance	Empathy
Medical Tourists' Satisfaction	0.674**	0.469**	0.653**	0.471**	0.717**

** Correlation is significant at the 0.01 level.

According to the correlation analysis, service quality factors are strongly associated with the Medical Tourists' Satisfaction. All correlation coefficients of Tangibility, Reliability, Responsiveness, Assurance and Empathy show significant positive relationships. The strongest positive significant association shows in between Empathy and Medical Tourists' Satisfaction and its coefficient of correlation is 0.717 at a 0.01 significant level. ($r= 0.717$, $p< 0.01$). Next, there is a positive correlation between Tangibility and Medical Tourists' Satisfaction. In this case the coefficient of correlation is 0.674 at a 0.01 significant level. ($r= 0.674$, $p< 0.01$). Further, a positive association shows between Responsiveness and Medical Tourists' Satisfaction. Here, the coefficient of correlation is 0.653 at a 0.01 significant level ($r= 0.653$, $p< 0.01$). And, there is a positive relationship between Assurance and Medical Tourists' Satisfaction. At this time, the coefficient of correlation is 0.471 at a 0.05 significant level ($r= 0.471$, $p< 0.01$). Finally, a positive relationship shows in between Reliability and Medical Tourists' Satisfaction also, in this case the coefficient of correlation is 0.469 at a 0.01 significant level. ($r= 0.469$, $p< 0.01$).

A linear regression analysis was also used to investigate the impacts between independent and dependent variables. The test of multicollinearity was examined by generating via collinearity diagnostics matrix and obtaining Variance Inflation Factor (VIF) and Tolerance statistics. All VIF values are below 10 and all Tolerance statistics are above 0.2. These statistics reflects that there is no multicollinearity within these data. Thus, the regression analysis was used to analyze the collected data.

Table 2. Test of Multicollinearity

Variables	Tolerance	VIF
Tangibility	0.431	2.321
Reliability	0.428	2.339
Responsiveness	0.261	3.837
Assurance	0.509	1.966
Empathy	0.272	3.679

Table 3. Model Summary and ANOVA

R	r ²	f	p
0.761	0.579	29.174	0.000

As per the regression analysis, R is 0.761 which indicates that the model is successful in predicting elements. R² is the proportion of variance in the dependent variable which can be explained by the independent variables. In the present study, R² is 0.579. Thus, 58% of the variation in Medical Tourists' Satisfaction is explained by service quality factors. F-value is 29.174 and P-value is 0.000 which is significant at 0.01 level. This indicates that the variance

in Medical Tourists' Satisfaction is significantly explained by the set of independent variables which are service quality factors.

Table 4. Regression Coefficients

Variables	B	t	p
Tangibility	.324	3.132	.002
Reliability	.131	1.298	.197
Responsiveness	.335	2.104	.038
Assurance	.027	0.258	.797
Empathy	.363	2.940	.004

According to the above table, the regression coefficients of Empathy, Tangibility and Responsiveness are statistically significant and the regression coefficients of Reliability and Assurance are statistically insignificant. As the results of the regression analysis, the highest magnitude (0.363) represents the Empathy. It indicates that a positive relationship between Empathy and Medical Tourists' Satisfaction. In this case the regression coefficient is 0.363 at a 0.01 significant level. The second highest magnitude is 0.335 which is belonging to Responsiveness and it is significant at a 0.05 level. This indicates that there is a positive relationship between Responsiveness and Medical Tourists' Satisfaction. Next, Tangibility shows the magnitude of 0.324 at a 0.01 level of significance. This reflects that there is a positive relationship between Tangibility and Medical Tourists' Satisfaction. The multiple regression analysis explains the relationship and magnitude of each independent variable [Tangibility (T), Reliability (R), Responsiveness (RP), Assurance (A), and Empathy (E)] on the dependent variable [Medical Tourists' Satisfaction (MTS)] as,

$$MTS = 0.408 + 0.324 (T) + 0.131 (R) + 0.335 (RP) + 0.027 (A) + 0.363 (E) + e_i$$

5. Discussion and Conclusion

Sri Lanka is well known for its holistic treatment by way of rejuvenation therapy through Ayurveda and Yoga because of its traditional background and availability of plenty of natural herbs (Sri Lanka Sustainable Tourism Development Project, 2009). Sri Lankan Government has identified the medical tourism as a developing industry. According to the Annual Statistical Report (2016), the Tourism Development Authority has introduced health purpose as a new category for purpose of visit, from 2014 and there has a rapid falling down of arriving tourists for health purpose in 2016. In such context, researcher made an effort to understanding the factors influencing tourist satisfaction. This study mainly focused on the impact of the service quality on the medical tourists' satisfaction and the study was carried out in the health resorts in south coast Sri Lanka. The well-known service quality (SERVQUAL) dimensions developed by Parasuraman et al. (1985) used to measure the service quality on patients' satisfaction.

The medical tourists' who participated for the study comprised with more female respondents and the figures indicate that beyond the middle adulthood people are more likely to taking treatments from Ayurveda and less percentage of the young generation take Ayurveda treatments. Most of the participants were from Germany and out of whole sample there were more than sixty percent people who speak douche. The results indicate that most of the people who take Ayurveda treatments have completed university education, and there were only few respondents who have not completed their middle school level. Approximately half of

respondents were married. Most of the respondents were admitted for taking both wellness and medicinal purpose and there were considerable percentage among the participants who came only for taking medicinal treatments. More than half out of the sample were stay in the health resort more than 11 days. Nearly half of respondents were repeaters which means who came again and again as medical tourists and among them there were seven percent of respondents who came more than 5 times which indicate their loyalty.

The satisfaction of the medical tourists' towards Ayurveda medical tourism was high when the tourists' perception of tangibility, responsiveness and empathy was high. It possibly should enhance by providing more attention on the dimensions of service quality which indicated a significant and positive influence on the medical tourists' satisfaction. The indicators of tangibility, responsiveness, and empathy dimensions should be powered by service providers, may possibly increase Ayurveda medical tourists' satisfaction.

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