THE IMPACT OF QUALITY OF SERVICE ON HEALTH TOURISTS SATISFACTION OF MEDICAL TOURISM IN WESTERN PROVINCE, SRI LANKA

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Abstract

Tourism is a competitive and dynamic industry that requires the ability to adjust constantly to changing needs and desires of guests, as the guest's satisfaction, safety and enjoyment are the focus of tourism businesses. According to Sri Lanka Sustainable Tourism Development Project (2009), unique and native medical treatments and practices, availability of rare natural herbs, and the traditional background for attracting medical tourists to the destination. Medical tourism is considered a very service-oriented industry; therefore, tourists' gratification depends on how they receive the medication and other treatments rather than the nature of the Ayurvedic medicines. Service quality is one of the critical factors that affect the tourits' satisfaction. Researchers primarily focused on finding out how the service quality affected Foreign Tourists' Satisfaction with Medical Tourism in Western Province, Sri Lanka. Self-administered questionnaires have been used to gather data, and the quantitative research approach was used for this. Two hundred nine foreign health tourists have participated as the sample, and they have experienced Ayurveda medical treatments from health resorts in Western province. This has been carried out based on a non-probabilistic convenience sampling method. According to the results of this study, the service quality of health resorts significantly impacts foreign health tourists' satisfaction. Responsiveness, Reliability and Empathy outstandingly escalate the satisfaction of health tourists. After doing the study, it is noticeable the impact of service quality on tourists' satisfaction in medical tourism is very low in local and global contexts; this research helps to fill the gap in the existing literature. For managerial suggestions, organizations can identify which areas they need to improve and fine-tune to satisfy and be happier. As this study has been carried out only in the Western province in Sri Lanka can be carried out throughout other provinces as well in the future. There are other areas also to find out how other factors (prices, accessibility, and output quality) will affect health tourists' satisfaction.

Keywords: *Tourism, Medical Tourism, Service Quality, SERVQUAL model, Tourists' Satisfaction*

1.0 Introduction

The post-war scenario of Sri Lanka sparks many aspects of the economy, and among them tourism industry is prominent. As a tourist destination, Sri Lanka can compete highly with other destinations partly because of its unique natural and cultural resources. Therefore, to develop the tourism industry and contribute to the national economy, Sri Lanka has to axis on promoting new sustainable niche tourism markets. A unique approach has been to promote the sustainable tourism segment like medical tourism, which could maximize the positive economic, socio and positive cultural impacts.

The basement of the tourism industry, "Mass Tourism", has become an enormous threat to the industry itself. To recover the damage for most host countries, they are willing to promote medical tourism with their unique environment. Although the medical tourism sector is expected to continue to grow, the unawareness of this niche market contributes to a lack of value-adding opportunities for foreign tourists. Therefore, it is necessary to set up the legislation, rules and regulations, and code of ethics for the medical tourism sector, including tour operators, developers, travel agents, workers, host communities, and tourists themselves.

In this background, to grow the medical tourism sector and contribute to the national economy, Sri Lanka must provide quality service to foreign visitors. The value of service quality directly affects customer satisfaction, customer loyalty, the spread of positive word of mouth, revisit intention, etc., given the potential importance of the medical tourism sector on national and international efforts to maximize positive impacts. Therefore, a strong case for promoting medical tourism activities as a fresh Sri Lanka approach is essential. Accordingly, the proposed research objectives are: 1) To identify the impact level of service quality components on tourists' satisfaction in health tourism. 2) To identify the most influential service quality component on tourists' satisfaction in health tourism.

2.0 Review of Literature

2.1 Medical Tourism as a Developing Sector in the Tourism Industry

Tourism can be subdivided into leisure tourism, winter tourism, pilgrimage, mass tourism and medical tourism (Cherukara & Manalel, 2008). Medical tourism can be identified as one of the fastest-growing areas in the tourism industry (Sziva et al., 2017). Health tourism and medical travel are few alternative terms used for medical tourism. According to Cherukara & Manalel (2008), Health tourism is a concept that travel agencies and mass media are predominantly responsible for creating healthcare practices of travel to another country.

World Tourism Organization & European Travel Commission (2018, p.03) defined medical tourism as "a type of tourism activity which consists of both invasive and non-invasive medical curing resources and services which includes diagnosis, treatment, cure, prevention and rehabilitation". A health resort can be identified as a place where tourists stay overnights and participate in activities planned to improve and maintain their health (Elabada Arachchi & Kaluarachchi, 2019). People seek medical treatments from another country due to various

reasons such as to get higher quality treatments that may be unavailable or available in lower quality in their own countries, to avoid long waiting ques and get immediate care, to get more privacy and confidentiality in treatments, to get the service of reputed specialized for specific treatments and so on (Snyder, Johnston, Crooks, Morgan, & Adams, 2017; Surej, Roy, & Mark, 2018).

Because of its traditional history and the available natural herbs, Sri Lanka is renowned for Ayurveda medicine and treatments (Elabada Arachchi & Kaluarachchi, 2019). Ayurveda is one of the firstborn natural care systems originating in India as a philosophy and a medical system. This system was standard in the South Asian and Sri Lankan regions during the early years (Wanninayaka, 1982). Ayurveda has its distinct philosophy and treatment style and is classified as a subbed (Sathiyaseelan & Gnanapala, 2015).

2.2 Service Quality

Many scholars have defined services in different ways. For instance, Kotler, Keller, Koshy, & Jha (2012, p.322) defined services as "any act or performance one party can offer to another healthcare needs intangible and does not result in the ownership of anything". Moreover, Karalar (2001) defined services as "just on the contrary of physical goods in economics, service is an intangible and non-storable activity (such as tourism, communication, and consultancy)" intended and organized to fulfil human needs. As a result of these services features, it is hard to distinguish services from physical goods, define services, and measure the quality of services (Unuvar & Kaya, 2016). Ayurveda is regarded as a highly service-focused industry. Thus, the tourists' satisfaction primarily depends on how they got the medication and other treatments rather than the nature of the Ayurvedic medicines (Sathiyaseelan & Gnanapala, 2015).

The literature has recognized the value of service quality for business results because of its direct impact on customer satisfaction and indirect customer loyalty (Al Khattab & Aldehayyat, 2011). Moreover, service quality positively impacts a company's bottom-line efficiency and is thus very effective in mitigating industrial competition in the service sector (Caruana, 2002). Furthermore, according to Zeithaml & Bitner (2008), service quality was recognized as a critical factor in maintaining competitive advantages and maintaining customer relations.

"The overall disparity between customer expectations and perceptions of service experience" is the most common definition for service quality (Parasuraman, Zeithaml, & Berry, 1985). In addition to that, service quality is also defined as "consumer's overall impression of relative inferiority/ superiority of the organization and its services" (Chikwendu, Ejem, & Ezenwa, 2012, p.118). According to Ravichandran, Mani, Kumar, & Prabhakaran (2010), consumer perception about service quality is complex. Moreover, measuring the quality of service is not a simple task because service is not a measurable commodity (Hilal et al, 2016) and service quality is an intangible entity, so it isn't easy to quantify the service quality (Sodani, Kumar, Srivastava, & Sharma, 2010). As a result, numerous service quality dimensions have been suggested (Ravichandran, Mani, Kumar, & Prabhakaran, 2010). The SERVQUAL model used in service marketing, developed by Parasuraman, Zeithaml, & Berry (1985), can be identified as one of the most popular models used to assess service quality.

2.3 SERVQUAL Model as a Tool for Measuring Tourists' Satisfaction

The SERVQUAL model developed by Parasuraman, Zeithaml, & Berry (1985) highlights the core demands for the high quality of service. In his opinion, the first step to the quality of service model is to define customer preferences and perception of management. The quality perceived by a customer in service depends on the size and nature of the discrepancy between the planned service and the perceived service (Sathiyaseelan & Gnanapala, 2015). Parasuraman, Zeithaml, & Berry, 1991) consider the validation of service quality as a theory of de confirmation and enable the service provider to measure multiple deficiencies in the service offered. The SERVQUAL model consists of five dimensions: reliability, tangibles, responsiveness, assurance, and empathy. Hennayake (2017) defined each dimension as follows.

Reliability: delivery of promises- The ability to conduct the promised service consistently and accurately is known as reliability. Reliability means that, in the broadest sense, the organization meets its obligations – quality guarantees, service availability, resolution of issues and prices. Customers want companies that keep promises, particularly their service promises and core service attributes (Hennayake, 2017).

Tangibles: a physical representation of the service- Appearance of physical equipment, staff and communication material are described as tangible items. Physical representation or images provide a tool to assess the quality of service, particularly for new customers (Hennayake, 2017).

Responsiveness: willing to help- The desire to support clients and to provide prompt service is responsiveness. This aspect emphasizes care and speed in coping with inquiries, queries, concerns and issues, and customers are aware of their responsiveness as long as they wait for help, queries or issues are addressed. Responsiveness often reflects the concept of flexibility and willingness to tailor the service to their customers ' needs (Hennayake, 2017).

Assurance- Trust and confidence inspired- Assurance is defined as the knowledge and courtesy of the employees and their capacity to inspire confidence and trust. This decrease is probably essential for services perceived as high risks by customers or services unsure about their ability to assess results (Hennayake, 2017).

Empathy-treating individual customers- Empathy is defined as the company's attention to their individual needs. Although personalized or individualized service is the essence of empathy, customers are unique and special and understand their needs. Clients want the organizations that represent them to be compassionate and relevant. Personnel in small service companies often know the name of clients and establish relationships that reflect their knowledge of customer needs and preferences. If a small business competes with large corporations, being empathetic will substantially benefit the small company (Hennayake, 2017).

2.4 Tourists' Satisfaction

Making customers satisfied is one of the critical goals of service organizations as it carries many long term advantages, including positive feedback, customer loyalty and sustained productivity (Greenwell, Fink, & Pastore, 2002; Liu & Jang, 2009).

Different researchers have defined satisfaction across various concepts. For instance, satisfaction is defined as "understanding the quality of people's experience through their perceptions and expectations of event criteria" (Wysong, Rothschild, & Beldona, 2011, p.8). Patients' satisfaction is determined to be a perceptual understanding of the services received compared to expected services (Varzi et al., 2016). Satisfaction is a dynamic human phenomenon that includes both cognitive and affective processes and psychological and physiological effects (Mazahery & Chelliah, 2020). The final result of the comparison among service expectations and perceptions is often conceptualized as satisfaction (Mazahery & Chelliah, 2020).

According to Singh (2010), the medical sector is becoming increasingly competitive, so patient satisfaction is becoming more critical. Moreover, Sathiyaseelan & Gnanapala (2015) stressed that higher satisfaction of patients with the healthcare service would result in more reuse of services, positive word of mouth and positive healthcare benefits by loyal healthcare consumers.

Recent literature shows that patients' satisfaction has a positive relationship with quality of service (Zineldin, 2006). In prior literature, the impact of service quality dimensions on customer satisfaction is widely examined. And when considering the health care sector, there has also been experiential evidence for the perceived level of service and a relationship of customer satisfaction (Remya, 2016). Since service quality highly impacts customer satisfaction, business organizations have been given an important place for the service quality of their firm. According to Shabbir, Kaufmann, & Shehzad (2010), healthcare organizations have also illustrated patient satisfaction as a significant concern, such as other services. Therefore, this study mainly focuses on identifying the impact of service quality dimensions and other factors such as price and output quality on patient's satisfaction.

The following conceptual framework best explains this study and used t o test hypotheses.

Figure 1. Conceptual Framework
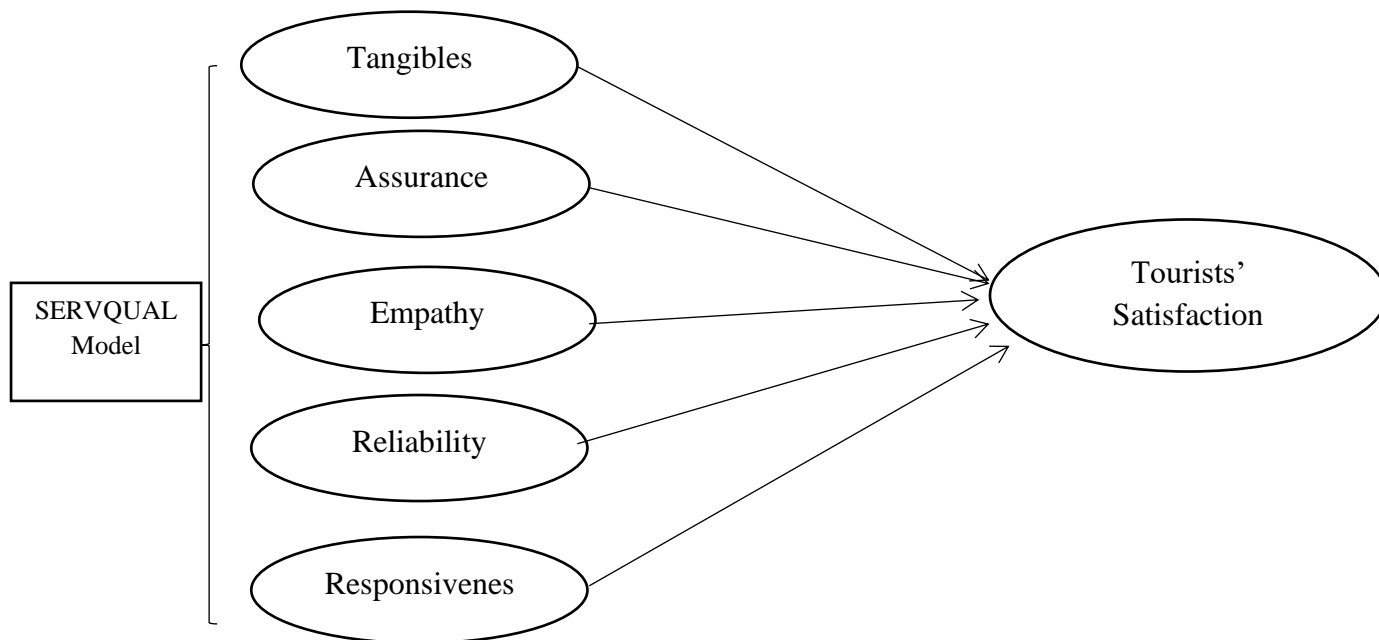
Source: Author compiled

3.0 Methodology

This research study was conducted within the positivistic research paradigm, which follows the quantitative research approach (Sekaran & Bougie, 2016). A single cross-sectional research design was used, and the research was carried out in a natural environment where there is an undisturbed flow of procedures. A self-administered questionnaire was used to collect data from foreign health tourists experiencing Ayurveda medical treatments from health resorts in Western provinces. Consequently, the sample consisted of 209 foreign health tourists. They were selected through a non-probabilistic convenience sampling method.

The study was carried out in three stages. In the beginning, the researcher conducted a literature survey to collect in-depth facts on the research topic. Constructs of the study were operationalized through this rigorous literature review (Al Khattab & Aldehayyat, 2011; Marković, Horvat, & Raspor, 2004). A five-point Likert scale was used to measure all scales ranging from 1=strongly disagree to 5=strongly agree. Then, to ensure the quality and the appropriateness of the questionnaire, few expert reviews were conducted. Afterwards, using 30 respondents, a pilot study was conducted. Based on the results of that pilot study, required changes were made to the final questionnaire. At last, a field survey was carried out to collect necessary data from the respondents.

3.1 Data Presentation And Analysis

After collecting data, all the questionnaires were screened to detect missing values and outliers. Based on expert comments and pilot test results, the questionnaire was enhanced, and it facilitated respondents' responses to the questionnaire. Consequently, three cases were found with missing values in the data set. The median has replaced those missing values (Little & Rubin, 2002). As per Aguinis, Gottfredson, & Joo (2013), box plots have been utilized to identify outliers, and the nine cases have been used as outliers and removed from the database.

Factor analysis was also conducted to evaluate the uniformity of the constructs. Every factor loading was significant and was shown over 0.6 as Hair, Black, Babin, & Anderson (2010) recommended. Next, the multivariate assumptions such as normality and validity and reliability of the data were checked. The normality of data has then been evaluated using skewness and Kurtosis values, and the data normally distributed should be in the range of +2-2 according to the standard. The Skewness and Kurtosis values are therefore shown in Table 1.

Table 01. Results of Test of Normality

	Skewness		Kurtosis	
	Statistic	Std. Error	Statistic	Std. Error
Tangibles	-0.484	0.168	-0.330	0.335
Reliability	-0.450	0.168	-0.187	0.335
Responsiveness	-0.525	0.168	0.028	0.335
Assurance	-0.430	0.168	-0.083	0.335
Empathy	-0.721	0.168	0.318	0.335
Tourists' Satisfaction	-0.593	0.168	0.227	0.335

Source: Survey Data

Content validity, criterion validity and construct validity are used to ensure the validity of a study. When conducting this study, the researchers have gone through a thorough literature review and the research instrument of this study was developed based on well-established literature. As a result, content validity is already satisfied. Construct validity was measured using convergent validity, discriminant validity. The summary convergent validity results are provided in table 02.

According to table 02, as Kaiser-Meyer-Olkin Measure (KMO) values are greater than 0.5, all the values of Bartlett's test of Sphericity are less than 0.05. Moreover, according to the standard, AVE values should be greater than 0.5 and CR values should be greater than 0.7. The results of the convergent validity test were within the standard values ensuring the convergent validity of the data.

Table 02. Summary of Convergent Validity

Variable	KMO	Bartlett's Test of Sphericity	AVE	CR
Tangibles	0.815	0.000	0.578	0.845
Reliability	0.816	0.000	0.528	0.847
Responsiveness	0.766	0.000	0.549	0.829
Assurance	0.690	0.000	0.517	0.762
Empathy	0.826	0.000	0.608	0.861
Tourist's satisfaction	0.836	0.000	0.521	0.812

Source: Survey Data

The discrimination of validity reveals the degree to which a construct differs from other constructs (Hair, Black, Babin, & Anderson, 2010). Therefore, the average variance extracted estimates (AVE) of all constructs should exceed the corresponding "square inter-construct correlation estimates (SIC)" to achieve discriminant validity. The Cronbach's Alpha values have been used to examine the internal coherence of the data while considering the reliability of the data. The Alpha value should be higher than 0.07 according to the standard. Tables 3 showed the results discriminant validity and reliability test.

Table 03. Results of the Discriminant Validity and Reliability test

	Tangibles	Responsiveness	Assurance	Reliability	Empathy	Tourists' Satisfaction	Cronbach's Alpha Value
Tangibles	0.760						0.853
Responsiveness	0.757	0.741					0.794
Assurance	0.592	0.688	0.719				0.797
Reliability	0.705	0.738	0.691	0.726			0.852
Empathy	0.559	0.660	0.669	0.663	0.780		0.882
Tourists' Satisfaction	0.572	0.682	0.683	0.651	0.773	0.721	0.878

Source: Survey Data

Table 04. Sample profile of the study

This study consists of international tourists who have already experienced or currently experiencing Ayurveda medical treatments from health resorts in Western province. In the sample, the majority is represented by males (58.3%) in the above 50 years (30.14%). Further, the highest number of respondents is from Europe (25.84%).

Sample profile of the study

		Frequency	Percentage
Gender	Male	122	58.3
	Female	87	41.6
	Total	*209*	*100.0*
Age	Below 20 year	22	10.53
	20-30 years	37	17.70
	30-40 years	39	18.66
	40-50 years	48	22.97
	Above 50 years	63	30.14
	Total	*209*	*100.0*
Region	Europe	54	25.84
	Asia	46	22.00
	North America	36	17.22
	South America	34	16.27
	Africa	21	10.05
	Australia	18	08.61
	Total	*209*	*100.0*

Source: Survey Data

Correlation coefficients among variables

Table 05. Results of Correlation Analysis

	Tangibles	**Responsiveness**	**Assurance**	**Reliability**	**Empathy**	**VIF**
Tangibles	1					2.631
Responsiveness	0.757	1				3.357
Assurance	0.592	0.688	1			2.437
Reliability	0.705	0.738	0.691	1		2.953
Empathy	0.559	0.660	0.669	0.663	1	2.219
Tourists' Satisfaction	0.572	0.682	0.683	0.651	0.773	

Source: Survey Data, 2020

Table 5 summarizes the correlation between variables. Positive associations are therefore established between all variables, and all values are significant at the 0.99 level. The strongest

correlation between variables is 0.773 on a confidence level of 99%, revealing between empathy (independent variable) and tourists' satisfaction (dependent variable). The highest value of the VIF is 3.357, which is lower than the standard value of 10 (Hair, Sarstedt, Ringle, & Mena, 2012), guaranteeing the absence of multi-coordinate problems.

Regression Analysis

The hypotheses were tested using multiple regression analysis.

Table 06. Model Summary Table

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.819	0.670	0.662	0.47296

Source: Survey Data

According to the findings, the model became significant, and dimensions of the SERVQUAL model alone explain tourists' satisfaction is 62%. Further, it indicates a strong positive relationship between service quality and tourists' satisfaction (R=0.850).

Table 07. Coefficients Table

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
Constant	0.524	0.177		2.968	0.003
Tangibles	0.011	0.062	0.012	0.183	0.855
Responsiveness	0.191	0.077	0.182	2.466	0.014
Assurance	0.177	0.060	0.187	2.967	0.003
Reliability	0.063	0.073	0.060	2.862	0.039
Empathy	0.444	0.055	0.482	8.022	0.000

Dependent Variable: Tourists' Satisfaction
Source: Survey Data

According to table 07, independent variables including responsiveness ($\beta= 0.191$, $p<0.05$), assurance ($\beta= 0.177$, $p<0.05$), reliability ($\beta= 0.063$, $p<0.05$) and empathy ($\beta= 0.444$, $p<0.05$) show positive impact on tourists' satisfaction.
Accordingly, the model can be built as,

$$\text{Tourists' satisfaction} = 0.524+ 0.191 \text{ (responsiveness)} + 0.177 \text{ (assurance)} + 0.063 \text{ (reliability)} + 0.444 \text{ (empathy)} + \varepsilon$$

4.0 Discussion and Conclusion

When considering Sri Lanka, with the available resources and skills, it has a great potential to promote as a medical tourism destination. But the respected parties haven't paid sufficient attention to developing this niche market. When developing this niche market, customer

satisfaction plays a significant role as it is a critical factor that determines this market's survival. Moreover, this industry has received lesser scholarly attention throughout the past. Therefore, this study focused on "identifying the impact of service quality on foreign tourists satisfaction in medical tourism, Sri Lanka". The study found that reliability, responsiveness, empathy, assurance, and tangibles positively correlate with tourists satisfaction, and responsiveness can be identified as the element that has the highest impact on foreign tourists' satisfaction in Sri Lanka.

Table 08. Summary of a survey finding

Hypothesis	Survey findings
H1: Tangibles have a positive impact on tourists' satisfaction	Not supported
H2: Responsiveness has a positive impact on tourists' satisfaction	Supported
H3: Assurance has a positive impact on tourists' satisfaction	Supported
H4: Reliability has a positive impact on tourists' satisfaction	Supported
H5: Empathy has a positive impact on tourists' satisfaction	Supported

This study mainly focuses on examining factors affecting foreign tourists' satisfaction in medical tourism, Sri Lanka. Results show all the dimensions of service quality have a positive impact on tourists' satisfaction. Moreover, responsiveness shows the highest impact on tourists' satisfaction.

Referring to prior literature, several scholars have examined the impact of service quality on customer satisfaction in different service settings like restaurants, hotels, banks, hospitals, etc. Among them, few previous studies can be identified which have examined the impact of service quality on customer satisfaction in the health tourism industry in different countries.

When considering the dimensions of the SERVQUAL model, Elabada Arachchi & Kaluarachchi (2019) have found that tangibles, responsiveness and empathy have a significant positive impact on the customers' satisfaction. On the other hand, it showed that reliability and assurance have a postivie but insignificat impact on medical tourists' satisfaction. A similar study was conducted to examine the impact of service quality on patient's satisfaction in Ayurveda medical services in Sri Lanka by Sathiyaseelan & Gnanapala (2015).

Figure 02. Summary of Regression Analysis
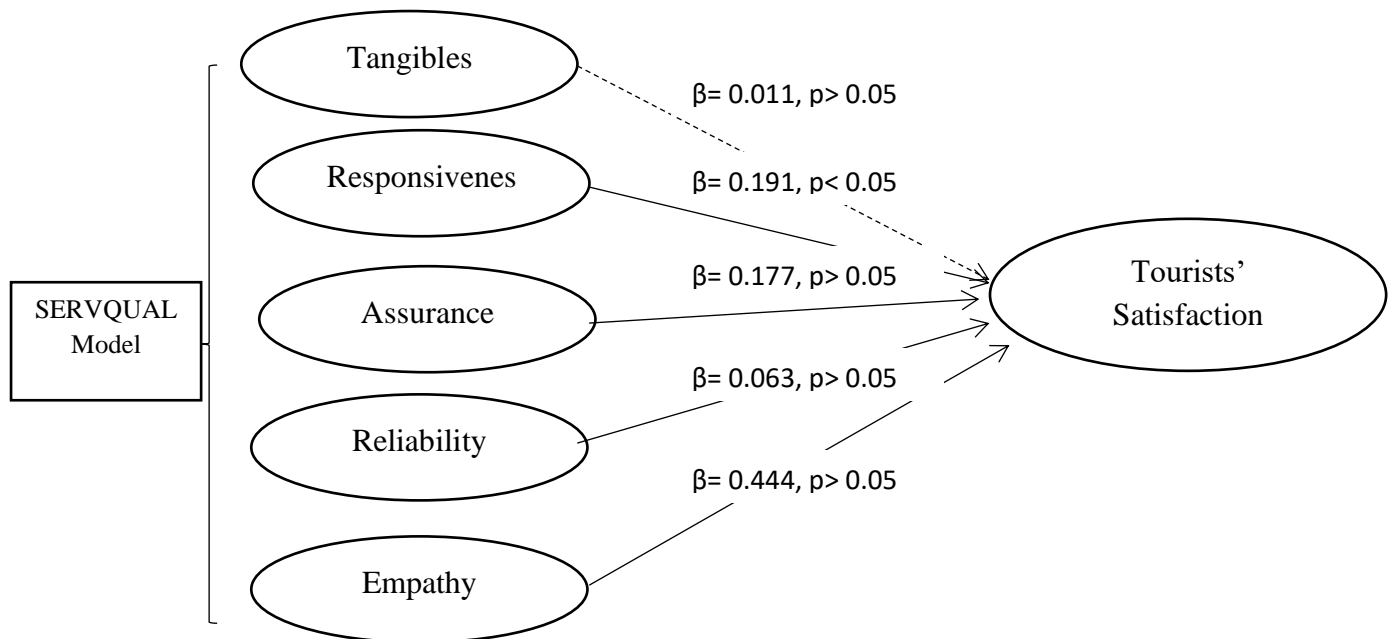
In that study, they have found that reliability, responsiveness, assurance, and empathy significantly positively impact patients' satisfaction. Moreover, in their study, Chadran & Johnson (2020) showed that responsiveness, reliability, and empathy have a postive significant impact patient satisfaction. The other two elements have an insignificant positive impact on health tourists' satisfaction.

5.0 Contribution

This study provides valuable insights to promote and develop Sri Lanka as a medical tourism hub. The results of this study will be helpful for organizations in the health tourism industry as this will serve as guidelines in understanding the prominence of satisfying tourists.

In addition to that, when considering the theoretical implications, this study can be used to fill the existing gap in the literature. As positive attention given to understanding the factors affecting medical tourists' satisfaction is very low in both the global and local contexts, this research fills the gap in the existing literature.

When considering the study's limitations, this study was limited to 150 medical tourists who have experienced the service of a health resort in Western province, Sri Lanka. Future studies can expand geographically to assess the service quality of health resorts in other provinces in Sri Lanka. Moreover, future studies can incorporate price, output quality, accessibility, etc., which are also factors that affect medical tourists" satisfaction.

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