Investigating Acceptance of Medical Tourism – A Demographic Study

1. **S. Suresh Kumar,** Research Scholar; Faculty of Management Studies, Shri Shankaracharya Technical Campus, Bhilai(CG) Email: suresh1210@gmail.com

2. **Dr. Souren Sarkar**, Professor & Head; Faculty of Management Studies, Shri Shankaracharya Technical Campus**,** Bhilai(CG) Email: drsourensarkar@gmail.com

3. **Dr. Bishwajeet Bhattacharjee**, Assistant Professor; Faculty of Management Studies, Shri Shankaracharya Technical Campus, Bhilai(CG) Email: bhbishwajeet@gmail.com

4. **Dr. Abhishek Chakraborty**, Assistant Professor, Department of Management, Bhilai Institute of Technology, Durg (CG),Email: abhishek.chakraborty@bitdurg.ac.in

5. **Sunil Kumar,** Assistant Professor Department of Management, Bhilai Institute of Technology, Durg(CG) s.kushwaha@bitdurg.ac.in

Abstract

The tourist industry is one of the parts of the global economy that is most fiercely competitive. As part of travel for health and wellness services, medical tourism is now growing rapidly.

Purpose- The present research is an effort to establish Chhattisgarh, a mineral rich state of India as a medical destination emphasizing over demographic characteristics.

Design/methodology/approach-Primary data are gathered from the Chhattisgarh population using a structured questionnaire and convenience sampling, a non-probability sampling method. The association between resident's perception and identified variables is explained using a chi-square test followed by ANOVA, which will determine the significant difference amongst the demographic characteristics.

Findings-Desk research is done to recognize the variables influencing resident's preferences towards medical services at Chhattisgarh. The influences for Medical Services have segregated into three broad independent variable viz. Automation, Infrastructural facilities and Monetary sustenance. Resident's perception towards medical services at Chhattisgarh are measured in three categories viz. excellent, average and subpar. The test result from the statistical analysis reveals that, Residents' perception towards medical services and Automation, Infrastructural facilities and monetary sustenance are not independent.

Research implications-This study will be resourceful for the administrators of Chhattisgarh and hospital owners to frame the marketing strategies based on the consumer perception towards medical services.

Originality/value-The study emphasizes over Automation, Infrastructural facilities and monetary sustenance, which are the ultimate influencing variables for Residents' perception towards medical services. These variables are successful in establishing a state as a medical destination.

Keywords: Medical services, Consumer preference, Demography, Automation, Infrastructural facilities and Monetary sustenance, ANOVA

1. Introduction

One of the most fiercely competitive sectors of the global economy is tourism. Today, medical travel is expanding significantly as a component of travel for health and wellness services. The growth of medical tourism in developing nations is influenced by a variety of variables. India has developed into a well-known location for medical tourism throughout time. A study by FICCI and IMS Health indicates that India has accounted for around 18% of the worldwide market for medical tourism. This market's compound annual growth rate (CAGR) is 18%.This study tries to pinpoint the elements that a state needs to develop medical tourism. Chhattisgarh has a competitive advantage in the medical tourism sector thanks to its affordable healthcare and high quality. Chhattisgarh is actively researching medical treatments for muscular dystrophy, myopathies, multiple sclerosis, myasthenia gravis, Parkinson's disease, and autism.To create a new decision-making model, we analyze the components from the literature. Elective operations, complicated surgeries, etc. are frequently requested services by tourists.(Sahoo et al., 2022b)In tourism literature, which has primarily focused on international travellers, domestic tourism has gotten little attention.

The following reasons make Chhattisgarh more desirable as a location for medical tourism:

- The majority of the medical professionals working in Chhattisgarh hospitals have received their training at medical centers in affluent countries.
- State-of-the-art medical and diagnostic apparatus from global international conglomerates is available at many hospitals in Chhattisgarh.

- Even the most frugal traveller can afford premium services and opulent facilities.

This study tries to establish the variables that affect residents' preferences for medical travel. This will help in the creation of marketing plans to promote Chhattisgarh as a destination for medical tourism. The focus of this review is threefold:

i. To identify the key factors that affect residents preferences for medical services;
ii. To analyze the association between residents preferences towards medical services and demography of Chhattisgarh.
iii. To discuss the impact on therapeutic companies and policymakers.

2. Review of Literature

The socioeconomic development of the nation depends on tourism for fostering goodwill among people. A large portion of the nation's foreign exchange reserves come from tourism, which also provides a variety of people with both direct and indirect employment opportunities.(Thommandru et al., 2021).(Gupte & Panjamapirom, 2014) The section Rise of Medical Tourism gives background information on medical tourism's growth as well as insight into the concept's historical evolution. Regular salary earners in India spend less on tourism, according to the findings of the unconditional quantile regression approach. With increased education, the likelihood of spending on tourism rise(Sahoo et al., 2022a).(Kaur & Kansra, 2018)found a long-term connection between GDP, tourism investment, net tourism exports, and job creation using co-integration and VECM approaches. (Nilashi et al., 2019) revealed from the DEMATEL data analysis that technology and human elements are more relevant than organizational and environmental aspects in the choice to adopt medical hotels in Malaysia, according to the managers.

(Villacé-Molinero et al., 2021)by examining how people perceived the risk of travel during the pandemic and suggesting measures to increase traveller confidence, researchers studied the new travel risk situation. (Kosaka et al., 2021).(Moghimehfar & Nasr-Esfahani, 2011) identified the factors that influence infertile couples' destination choices when they went to the Infertility Center in Isfahan, Iranand stated that religious affinity may play a critical role in reproductive medical tourism for Muslim couples who are infertile.Medical tourism is essential to the

direction of medical treatment globally due to the development of technology, the economics, and other international ties (Mohamad et al., 2012).

(Reddy & Qadeer, 2010)discussed the accessibility, cost, and ethics of medical care as well as the appropriateness of promoting medical tourism in a democratic welfare state with subpar public healthcare. Medical tourism depends on prospective patients being adequately informed about alternative procedures, treatment options, and destination countries.(Crooks et al., 2011).(Campra et al., 2021)stated the reasons for the rise in "Medical Tourism" are attributed to an increase in the number of people on waiting lists in developed countries, international exchange rates, and low-cost services in developing countries, technology and modern equipment compatible with new health services.(Chaulagain et al., 2021)revealed that the image of the country and the perceived quality of medical tourism services had the biggest beneficial impact on Americans' desire to travel to Cuba for medical treatment. (Mathijsen, 2019)a qualitative method was used to research the behaviour of diasporic medical travellers. It examines the situation of the Polish diaspora in Belgium who return to their country of origin for medical treatment.(O'Sullivan et al., 2021)While disjointed care for orthopaedic tourists is a possibility, the collaborative effort of volunteer orthopaedic surgeons who travel to low-resource areas to provide care is to be commended.

(Jiang et al., 2022)found that the two most significant elements impacting the health tourism business were the total health expenditure per capita and the number of domestic health consumers.(Suess et al., 2018)Medical tourism's positive impact on community wellness is found to be inversely correlated with its economic performance.(Lovelock & Lovelock, 2018)The medical treatment; personal considerations (e.g., travel experience, resilience, travelling companions); destination factors; and financial matters are identified as four effects.(Taheri et al., 2021)created a paradigm for WoM (word of mouth) referrals, finding evidence for tourism variables, service quality, and perceived value as important antecedents.(Miller et al., 2021)held the opinion that Mexican healthcare services were just as good as or better than those offered in the US, that they could be had for less money, and that they would continue to travel for medical treatment in the future. (Zhang et al., 2021)suggested that restorative experiences in physical, social, and symbolic environments have a positive impact on health beliefs.

(Esiyok et al., 2017)explored the connection between the countries of origin of international patients and their cultural distance from the country of destination.(Ganguli & Ebrahim, 2017)a significant positive impact on Singapore's tourism, healthcare, and other economic sectors when diverse medical tourism development approaches were combined with strict government regulations and aggressive management procedures.(Tyan et al., 2021) contended that the use of blockchain technology might assist both medical tourists and healthcare providers in terms of an easier way to discover a healthcare provider, a fast and secure payment mechanism, data confidentiality and privacy, and trusted review systems.(Wang et al., 2020)revealed that the increase of wellness tourists posed serious issues in this area. Residents indicated mixed sentiments and experiences with wellness tourism in their areas, and many disagreed with the stigmatization of wellness tourists.(Chuang et al., 2014) discovered two unique development paths: one prioritises organ transplant and related concerns, while the other highlights the emergence of medical tourism, motivating factors, marketing techniques, and economic analysis.

Research Gap

When the available literature and published papers are reviewed, it becomes clear that the developing nations are still mostly untapped when it comes to consumer preference research for health care.According to the majority of studies, medical tourism is an outbound phenomenon where wealthy travellers choose largely developed countries for elective surgery because of the high quality, or quicker access to treatments. However, research on domestic medical tourism is still mostly unexplored.Despite the fact that medical care in India is very affordable compared to the US or Europe, research on consumer preference for medical services has received very little attention in the country, particularly in Chhattisgarh.In addition, the current literature focuses more on the entrepreneurial perspective while ignoring the standpoint of the customer. The goal of this study is to fill the gap between the body of existing knowledge and the present demand of the sector.The structure of this study is as follows. The proposed conceptual framework is presented in Section 4. In Section 5, a brief explanation of the techniques utilised for data analysis is provided. Section 6 offers discussions on the findings. Finally, Section 7 presents the findings and suggestions for further research.
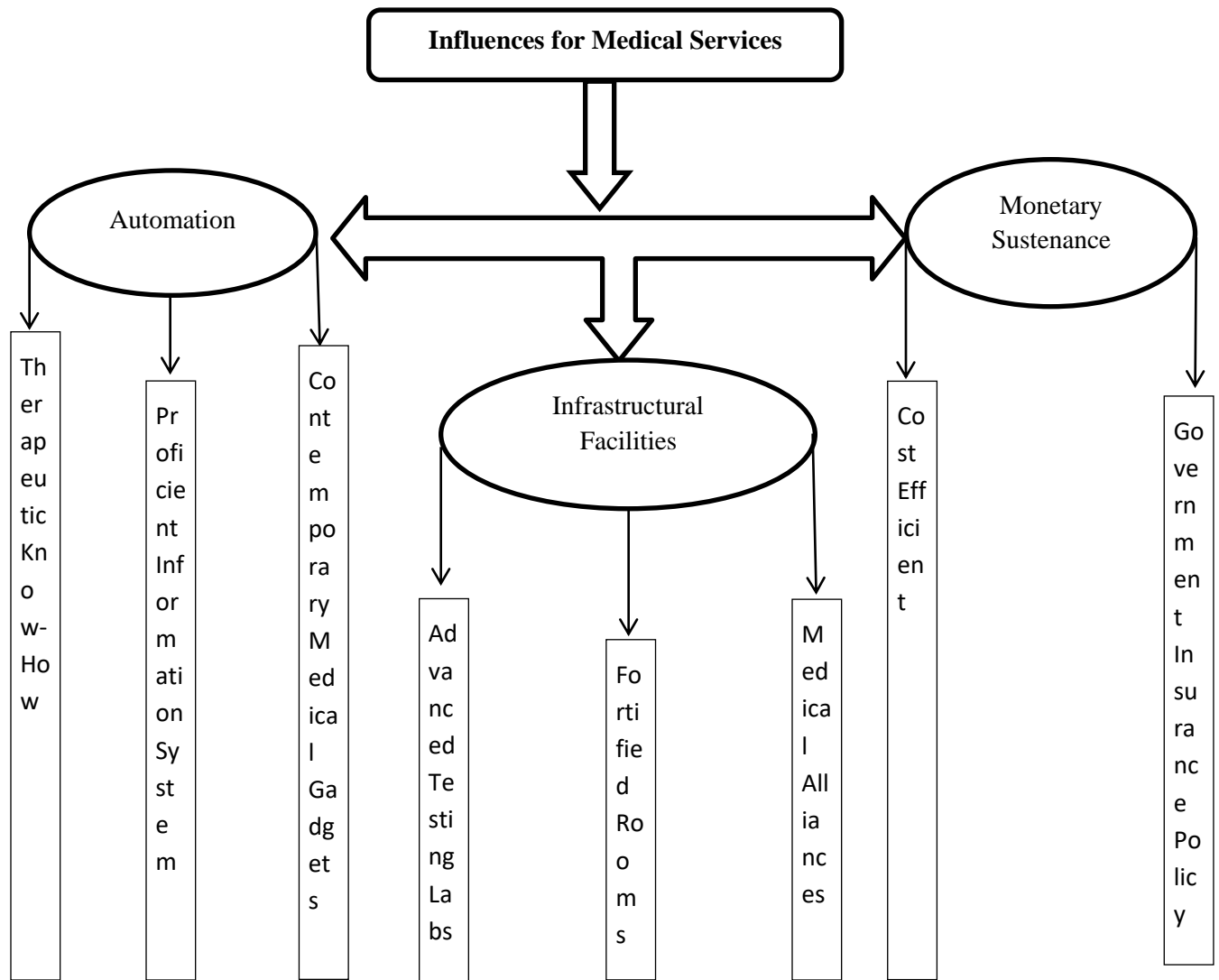
3. Conceptual Framework

Fig. 4.1 Proposed theoretical model for influences for Medical Services

Fig. 4.1 resembles proposed theoretical model for influences for Medical Services. Based on desk research, influences for Medical Services have segregated into three broad independent variable viz. Automation, Infrastructural facilities and Monetary sustenance. These broad categories are further classified into 3 variables.   Therapeutic Know-How, Proficient Information System and Contemporary Medical Gadgets are grouped under Automation. Advanced Testing Labs, Fortified Rooms, Medical Alliances; combined to form Infrastructural

679

facilities. Similarly, Cost Efficient and Government Insurance Policy are headed by Monetarysustenance. The above stated terms are the independent variables which are influencing residents' perception towards medical services.

Table 4.1: Influences and measures for Medical Services

Influences	Measures
Automation	Therapeutic Know-How
	Proficient Information System
	Contemporary Medical Gadgets
Infrastructural Facilities	Advanced Testing Labs
	Fortified Rooms
	Medical Alliances
Monetary Sustenance	Cost Efficient
	Government Insurance Policy

4.1 Hypothesis of the study:

Based on the above discussions, the following hypotheses are listed below:

Hypothesis1*: There is a significant relationship between residents' perception towardsmedical services and automation.*

Hypothesis2*: There is a significant relationship between residents' perception towardsmedical services and Infrastructural facilities.*

Hypothesis3*: There is a significant relationship between residents' perception towardsmedical services and monetary sustenance.*

Hypothesis 4*: There is a significant difference in Residents Perception towards Medical Services and demographic characteristics.*

Hypothesis 5*: There is a significant difference in Residents Perception towards Automation and demographic characteristics.*

Hypothesis 6*: There is a significant difference in Residents Perception towards Infrastructural facilities and demographic characteristics.*

Hypothesis 7*: There is a significant difference in Residents Perception towards Monetary sustenance and demographic characteristics.*

4. Data analysis and applied techniques

In this study, we analyse the data using the Chi Square test and ANOVA procedures to determine the relative weights of various variables and the associations between the research variables and demographic characteristics. The observed outcome of the experiment is compared with the real expected outcomes that we were speculating for the variables using a statistical technique called the chi square test. The main objective of this test is to determine whether the difference between the observed and anticipated data is due to chance or a causal connection between the variables.

If there are any statistical differences between the means of three or more independent components, analysis of variance is used once more. ANOVA is used to analyse the data to learn more about how the different groups respond under the null hypothesis that the means of the different groups are identical.

5.1 Data Collection

The research design employed in the study includes descriptive study using structured questionnaire. The study is an effort to describe the Residents Perception towards Medical Services, emphasizing over demographic characteristics. The questionnaire has segregated into primary and secondary sections namely demographic and research queries respectively. This section presents the sampling, data collection, questionnaire design and mathematical framework. To establish broad perceptions about Chhattisgarh residents' preferences for medical services, an exploratory survey was conducted using the qualitative research method of Focus Group Discussion (FGD) followed by substantial desk research.

681

Table 5.1: The summary of research design and descriptive study

Research Design	Descriptive Study
Data Source	Primary Data
Instrument Used	Structured Questionnaire
Sample Unit	Chhattisgarh
Population	Residents of Chhattisgarh
Sampling Design	Non Probability Sampling-Convenience Sampling
Data Analysis	Chi-Square test and ANOVA

4.2 Data Analysis

Table 5.2: Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.900	.904	12

The above table of Reliability Statistics gives the Cronbach alpha value, which in this case is .900 and illustrates the great dependability of the measuring device. Additionally, it shows a high degree of internal consistency for the Residents' perception towards medical services.

Table 5.3: Sample Description

Demography	Item	No.	Percentage(%)
Age	18-35	119	32
	36-50	92	25
	51-65	123	33
	>65	41	11
Gender	Male	210	56
	Female	165	44
Income	< 1,50,000	171	46
	1,51,000-2,50,000	72	19
	2,51,000-5,00,000	50	13
	5,00,001-10,00,000	40	11
	> 10,00,000	42	11
Occupation	Entrepreneur	62	17
	Govt. Employee	92	25
	Professional	21	6
	Pvt. Employee	200	53

Table 2 describes the sample description. The data thus collected through questionnaire, comprises of Chhattisgarh residents' preferences for medical services. As an independent state of India, Chhattisgarh is located at the central region, surrounded with hilly plateau, having population of 3.2 crore. An effort has been made to collect information proportionately from the every district of the state without any biases. Rural population of the state is as higher as 74% to the urban population. Per capita income is likely to reach Rs 98k in 22-23. The data thus collected through questionnaire has taken the above facts and figures into concern, which reveals, male-female ratio approximately 50%. Based on the respondents' varying ages, the outcome might change. According to data study on income distribution, 46% of the population has an annual income of less than 1,50,000. Ages 51 to 65 make up 33% of the age group. Given that they have lived in both affluence and poverty, this age group accurately represents Chhattisgarh inhabitants. In addition, a simultaneous effort has been undertaken to gather information from all facets of life, from business owners to professionals to government workers to private employees.

Table 5.4: **Chi-Square Test between Residents' perception towards medical services and Automation**

	Value	df	Asymptotic Significance (2-sided)	Finding	Interpretation
Pearson Chi-Square	484.014[a]	27	0.000	Reject Null Hypothesis	Residents' perception towards medical services and automation are not independent
Likelihood Ratio	141.637	27	0.000		
Linear-by-Linear Association	22.026	1	0.000		
N of Valid Cases	375				

Residents perception towards medical services at Chhattisgarh are measured in three categories viz. excellent, average and subpar Table 5.4. Further, efforts are made in terms of terms of Automation, which comprises of Therapeutic Know-How, Proficient Information System and Contemporary Medical Gadgets. The major goal of this test is to establish whether the

discrepancy between the observed and expected data is the result of pure chance or if there is a relationship between the variables. The test result from the Table reveals Residents' perception towards medical services and automation are not independent. Therefore it can be interpreted that, automation has significant relationship with the resident's perception towards medical services at Chhattisgarh. Thus, we can conclude that, with the development of automation in medical services, residents will perceive Chhattisgarh as a medical destination.

Table 5.5 : **Chi-Square Test between Residents' perception towards medical services and Infrastructural facilities**

	Value	df	Asymptotic Significance (2-sided)	Finding	Interpretation
Pearson Chi-Square	220.887[a]	24	0.000	Reject Null Hypothesis	Residents' perception towards medical services and Infrastructural facilities are not independent
Likelihood Ratio	258.43	24	0.000		
Linear-by-Linear Association	10.95	1	0.001		
N of Valid Cases	375				

Further an effort has made to establish association of Residents perception towards medical services at Chhattisgarh with infrastructural facilities Table 5.5. Residents' perceptions are measured in three categories viz. excellent, average and subpar. Infrastructural facilities stated in the research encompasses; Advanced Testing Labs, Fortified Rooms and Medical Alliances. This test's major goal is to establish if the discrepancy between actual and expected data is the result of chance or a causal relationship between the variables. The test result reveals Residents' perception towards medical services and Infrastructural facilities are not independent. Therefore it can be interpreted that, Infrastructural facilities has significant relationship with the resident's perception towards medical services at Chhattisgarh. Thus, we can conclude from the residents perception that that, the development of Infrastructural facilities in medical services, residents will perceive Chhattisgarh as a medical destination.

Similarly Table 5.6 reveals association of Residents perception towards medical services at Chhattisgarh with monetary sustenance. Residents' perceptions are measured in two categories

viz. Cost Efficient and Government Insurance Policy. The test result reveals that Residents' perception towards medical services and monetary sustenance are not independent. Therefore it can be interpreted that, monetary sustenance has significant relationship with the resident's perception towards medical services at Chhattisgarh.

Table 5.6: **Chi-Square Test between Residents' perception towards medical services and Monetary sustenance**

	Value	df	Asymptotic Significance (2-sided)	Finding	Interpretation
Pearson Chi-Square	134.572[a]	18	0.00	Reject Null Hypothesis	Residents' perception towards medical services and monetary sustenance are not independent
Likelihood Ratio	149.7128	18	0.00		
Linear-by-Linear Association	17.96274	1	0.00		
N of Valid Cases	375				

Table 5.7: **ANOVA Tests of Between-Subjects Effects**

Dependent Variable:	Residents Perception towards Medical Services						
Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Finding	Interpretation
Corrected Model	75.809[a]	30	2.527	9.081	0.000		
Intercept	151.816	1	151.816	545.559	0.000		
AGE	0.451	3	0.150	0.540	0.655	Accept Null Hypothesis	There is no significant difference in Residents Perception towards Medical Services with respect to age
GENDER	4.821	1	4.821	17.325	0.000	Reject Null Hypothesis	There is significant difference in Residents Perception towards Medical Services with respect to gender.

685

INCOME	5.504	4	1.376	4.945	0.001	Reject Null Hypothesis	There is significant difference in Residents Perception towards Medical Services with respect to income.
OCCUPATION	1.446	3	0.482	1.732	0.160	Accept Null Hypothesis	There is no significant difference in Residents Perception towards Medical Services with respect to occupation
AGE * GENDER	1.720	1	1.720	6.180	0.013	Reject Null Hypothesis	
AGE * INCOME	11.055	3	3.685	13.242	0.000	Reject Null Hypothesis	
AGE * OCCUPATION	1.931	2	0.965	3.469	0.032	Reject Null Hypothesis	
Error	95.727	344	0.278				
Total	1190.000	375					
Corrected Total	171.536	374					

a. R Squared = .442 (Adjusted R Squared = .393)

With the help of the statistical analysis approach known as ANOVA, apparent aggregate variability within a data set is explained by separating systematic components from random factors. Systematic influences, but not random ones, statistically affect the data set that is being presented.Table 5.7 represents the ANOVA Tests of Between-Subjects Effects. Analysis of variance test is procured to regulateChhattisgarh Residents Perception towards Medical Services with respect to demographic variables i.e age, gender, income, and education. The test result reveals that there is no significant difference in Chhattisgarh Residents Perception towards Medical Services with respect to age and occupation. Further, age and occupation wise, residents Perception towards Medical Services do not vary. All the age groups and occupation groups identified through data analysis hold same opinion towards medical services in Chhattisgarh. Contrary to this, significant difference in Residents Perception towards Medical Services has recognized through statistical examination; with respect to gender and income. R

square value of 0.442 resembles the participation of 44% of variables in the given statistical analysis.

Table 5.8: **ANOVA Tests of Between-Automation and Demography**

Dependent Variable: AUTOMATION

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	203.339[a]	30	6.78	5443.35	0.000
Intercept	460.76	1	460.76	370034.96	0.000
AGE	1.99	3	0.66	533.01	0.000
GENDER	0.88	1	0.88	709.05	0.000
INCOME	4.22	4	1.05	846.55	0.000
OCCUPATION	4.05	3	1.35	1082.92	0.000
AGE * GENDER	6.49	1	6.49	5212.20	0.000
AGE * INCOME	7.81	3	2.60	2091.26	0.000
AGE * OCCUPATION	3.54	2	1.77	1421.32	0.000
Error	0.43	344	0.001		
Total	6187.78	375			
Corrected Total	203.77	374			

a. R Squared = .998 (Adjusted R Squared = .998)

Table 5.9: **ANOVA Tests of Between-Infrastructural Facilities and Demography**

Dependent Variable: Infrastructural Facilities

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	147.725[a]	30	4.924	222.651	0.000
Intercept	526.316	1	526.316	23797.772	0.000
AGE	1.638	3	0.546	24.692	0.000
GENDER	0.001	1	0.001	0.037	0.847
INCOME	5.449	4	1.362	61.600	0.000
OCCUPATION	5.731	3	1.910	86.381	0.000
AGE * GENDER	6.335	1	6.335	286.428	0.000
AGE * INCOME	6.721	3	2.240	101.291	0.000
AGE * OCCUPATION	2.454	2	1.227	55.479	0.000
Error	7.608	344	0.022		
Total	6770.333	375			
Corrected Total	155.333	374			

a. R Squared = .951 (Adjusted R Squared = .947)

Table 5.10: ANOVA Tests of Between-Monetary Sustenance and Demography

Dependent Variable: Monetary Sustenance

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	230.277[a]	30	7.676	1224.585	0.000
Intercept	565.684	1	565.684	90247.043	0.000
AGE	2.567	3	0.856	136.501	0.000
GENDER	0.044	1	0.044	7.085	0.008
INCOME	3.565	4	0.891	142.170	0.000
OCCUPATION	1.129	3	0.376	60.016	0.000
AGE * GENDER	1.094	1	1.094	174.477	0.000
AGE * INCOME	6.601	3	2.200	351.020	0.000
AGE * OCCUPATION	3.831	2	1.915	305.589	0.000
Error	2.156	344	0.006		
Total	6192.500	375			
Corrected Total	232.433	374			

a. R Squared = .991 (Adjusted R Squared = .990)

688

The established test result reveals that identified variable have significant association with the Chhattisgarh residents perception towards Medical Services. Further,Table 5.8, 5.9, 5.10, the demography has examined individually with the independent variables, to define the significant difference between them. ANOVA test results divulge that automation and monetary sustenance have significant difference with the demography of Chhattisgarh. Varied perception held by the residents of Chhattisgarh towards automation services and monetary sustenance, when measured demographically. While gender-wise the perception don't vary much when measured in terms of infrastructural facilities. Rest, the entire demographic variables have significant difference.

5.   Results and Discussion

With the rise in population and change in lifestyle medical illness are now becoming more prevalent amongst the urban residents. The need of the hour is the readiness towards medical services in order to provide better medication healthy and long life for the prosperity of the nation.The study is an effort to describe the Residents Perception towards Medical Services, emphasizing overdemographic characteristics. The influences for Medical Services have segregated into three broad independent variable viz. Automation, Infrastructural facilities and Monetary sustenance. The hypothesis were analysed using the Chi Square test and ANOVA procedures to determine the relative weights of various variables and the associations between the research variables and demographic characteristics.Residents perception towards medical services at Chhattisgarh are measured in three categories viz. excellent, average and subpar. The test result from the statistical analysis reveals that, Residents' perception towards medical services and Automation, Infrastructural facilities and Monetary sustenance are not independent. Therefore it can be interpreted that, identified variables have significant relationship with the resident's perception towards medical services at Chhattisgarh. Thus, we can conclude that, with the development of Automation and Infrastructural facilities in medical services, residents will perceive Chhattisgarh as a medical destination. Further, establishing monetary sustenance i.e cost efficient medical services and government contribution towards medical insurance will add feather to medical services in the state of Chhattisgarh. Auxiliary, Analysis of variance test is procured to regulate Chhattisgarh Residents Perception towards Medical Services with respect to demographic variables i.e age, gender, income, and education. The test result reveals that there is

no significant difference in Chhattisgarh Residents Perception towards Medical Services with respect to age and occupation. Further, age and occupation wise, residents Perception towards Medical Services do not vary.

6.1 Theoretical Implications and managerial contributions:

This study will be efficient for the administrators of Chhattisgarh and hospital owners to frame the marketing strategies based on the consumer perception towards medical services. They will have to take into concern the above stated variables viz. Automation, Infrastructural facilities and Monetary sustenance to develop the Chhattisgarh as a medical destination.

7. **Conclusions, Research Limitations, and Future Scope**

The research has undergone with an objective to develop Chhattisgarh, a mineral rich state of India to be recognized for a medical destination. The result reveals that with the concentrated focus over identified variables viz. Automation, Infrastructural facilities and Monetary sustenance, the state will be able to attract medical tourism which will ultimately lead to develop the state as a medical destination. Further, sustainable development of the state would befall. The research is exclusively drawn for the Chhattisgarh state taking into account the demographic characteristics of the state. Further, the research in the similar line could be conducted for other demography as well as preferences could be measured.

References

Bowers, H., & Cheer, J. M. (2017). Yoga tourism: Commodification and western embracement of eastern spiritual practice. *Tourism Management Perspectives*, *24*, 208–216. https://doi.org/https://doi.org/10.1016/j.tmp.2017.07.013

Campra, M., Riva, P., Oricchio, G., & Brescia, V. (2021). Bibliometrix analysis of medical tourism. *Health Services Management Research*. https://doi.org/10.1177/09514848211011738

Chaulagain, S., Jahromi, M. F., & Fu, X. (2021). Americans' intention to visit Cuba as a medical tourism destination: A destination and country image perspective. *Tourism Management Perspectives*, *40*, 100900. https://doi.org/https://doi.org/10.1016/j.tmp.2021.100900

Chuang, T. C., Liu, J. S., Lu, L. Y. Y., & Lee, Y. (2014). The main paths of medical tourism: From transplantation to beautification. *Tourism Management*, *45*, 49–58.

https://doi.org/https://doi.org/10.1016/j.tourman.2014.03.016

Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism Management*, *34*, 1–13. https://doi.org/https://doi.org/10.1016/j.tourman.2012.05.009

Crooks, V. A., Turner, L., Snyder, J., Johnston, R., & Kingsbury, P. (2011). Promoting medical tourism to India: Messages, images, and the marketing of international patient travel. *Social Science & Medicine*, *72*(5), 726–732. https://doi.org/https://doi.org/10.1016/j.socscimed.2010.12.022

Esiyok, B., Çakar, M., & Kurtulmuşoğlu, F. B. (2017). The effect of cultural distance on medical tourism. *Journal of Destination Marketing & Management*, *6*(1), 66–75. https://doi.org/https://doi.org/10.1016/j.jdmm.2016.03.001

Fetscherin, M., & Stephano, R.-M. (2016). The medical tourism index: Scale development and validation. *Tourism Management*, *52*, 539–556. https://doi.org/https://doi.org/10.1016/j.tourman.2015.08.010

Ganguli, S., & Ebrahim, A. H. (2017). A qualitative analysis of Singapore's medical tourism competitiveness. *Tourism Management Perspectives*, *21*, 74–84. https://doi.org/https://doi.org/10.1016/j.tmp.2016.12.002

Godovykh, M., & Ridderstaat, J. (2020). Health outcomes of tourism development: A longitudinal study of the impact of tourism arrivals on residents' health. *Journal of Destination Marketing & Management*, *17*, 100462. https://doi.org/https://doi.org/10.1016/j.jdmm.2020.100462

Green, S. T. (2020). 158 - Medical Tourism. In E. T. Ryan, D. R. Hill, T. Solomon, N. E. Aronson, & T. P. Endy (Eds.), *Hunter's Tropical Medicine and Emerging Infectious Diseases (Tenth Edition)* (Tenth Edit, pp. 1124–1127). Elsevier. https://doi.org/https://doi.org/10.1016/B978-0-323-55512-8.00158-7

Gupte, G., & Panjamapirom, A. (2014). Understanding Medical Tourism. In A. J. Culyer (Ed.), *Encyclopedia of Health Economics* (pp. 404–410). Elsevier. https://doi.org/https://doi.org/10.1016/B978-0-12-375678-7.01007-5

Heung, V. C. S., Kucukusta, D., & Song, H. (2011). Medical tourism development in Hong Kong: An assessment of the barriers. *Tourism Management*, *32*(5), 995–1005. https://doi.org/https://doi.org/10.1016/j.tourman.2010.08.012

Hunter-Jones, P., Sudbury-Riley, L., & Al-Abdin, A. (2022). Understanding the relationship between terminal illness and tourism: An exploratory study. *Tourism Management*, *88*, 104397. https://doi.org/https://doi.org/10.1016/j.tourman.2021.104397

Jiang, L., Wu, H., & Song, Y. (2022). Diversified demand for health tourism matters: From a perspective of the intra-industry trade. *Social Science & Medicine*, *293*, 114630.

https://doi.org/https://doi.org/10.1016/j.socscimed.2021.114630

Kaur, T. P., & Kansra, P. (2018). Tourism led economic growth in India: An application of vector error correction model. *International Journal of Business and Globalisation*, *21*(4). https://doi.org/10.1504/IJBG.2018.095771

Kosaka, M., Kobashi, Y., Kato, K., Okawada, M., & Tsubokura, M. (2021). Lessons from COVID-19's impact on medical tourism in Cambodia. *Public Health in Practice*, *2*, 100182. https://doi.org/https://doi.org/10.1016/j.puhip.2021.100182

Kuzey, C., Uyar, A., Nizaeva, M., & Karaman, A. S. (2021). CSR performance and firm performance in the tourism, healthcare, and financial sectors: Do metrics and CSR committees matter? *Journal of Cleaner Production*, *319*, 128802. https://doi.org/https://doi.org/10.1016/j.jclepro.2021.128802

Law, A., Pyke, J., De Lacy, T., & McGrath, G. M. (2022). Towards a community sensitivity index for tourism investment: A case study of regional Australia. *Journal of Hospitality and Tourism Management*, *50*, 412–420. https://doi.org/https://doi.org/10.1016/j.jhtm.2021.12.009

Lovelock, B., & Lovelock, K. (2018). "We had a ball … as long as you kept taking your painkillers" just how much tourism is there in medical tourism? Experiences of the patient tourist. *Tourism Management*, *69*, 145–154. https://doi.org/https://doi.org/10.1016/j.tourman.2018.05.015

Mathijsen, A. (2019). Home, sweet home? Understanding diasporic medical tourism behaviour. Exploratory research of Polish immigrants in Belgium. *Tourism Management*, *72*, 373–385. https://doi.org/https://doi.org/10.1016/j.tourman.2018.12.009

Miller, A., Smith, R., Woods, N., & Warholak, T. (2021). Analysis of medical tourism at the Andrade port of entry. *Journal of the American Pharmacists Association*, *61*(2), e114–e119. https://doi.org/https://doi.org/10.1016/j.japh.2020.10.018

Moghimehfar, F., & Nasr-Esfahani, M. H. (2011). Decisive factors in medical tourism destination choice: A case study of Isfahan, Iran and fertility treatments. *Tourism Management*, *32*(6), 1431–1434. https://doi.org/https://doi.org/10.1016/j.tourman.2011.01.005

Mohamad, W. N., Omar, A., & Haron, M. S. (2012). The Moderating Effect of Medical Travel Facilitators in Medical Tourism. *Procedia - Social and Behavioral Sciences*, *65*, 358–363. https://doi.org/https://doi.org/10.1016/j.sbspro.2012.11.134

Nayak, R., Sahoo, B. K., & Mahalik, M. K. (2022). Does domestic visitors' tourism expenditure intensify impoverishment in India? *World Development Sustainability*, *1*, 100009. https://doi.org/10.1016/j.wds.2022.100009

Nilashi, M., Samad, S., Manaf, A. A., Ahmadi, H., Rashid, T. A., Munshi, A., Almukadi, W.,

Ibrahim, O., & Hassan Ahmed, O. (2019). Factors influencing medical tourism adoption in Malaysia: A DEMATEL-Fuzzy TOPSIS approach. *Computers and Industrial Engineering*, *137*. https://doi.org/10.1016/j.cie.2019.106005

O'Sullivan, D., McCabe, J. P., & Flaherty, G. T. (2021). Orthopedic Tourism and Volunteerism: Joint Effort or Disjointed Mobility? *Arthroplasty Today*, *10*, 114–116. https://doi.org/https://doi.org/10.1016/j.artd.2021.06.016

Park, S., Hahn, S., Lee, T., & Jun, M. (2018). Two factor model of consumer satisfaction: International tourism research. *Tourism Management*, *67*, 82–88. https://doi.org/https://doi.org/10.1016/j.tourman.2018.01.007

Reddy, s., & Qadeer, I. (2010). Medical Tourism in India: Progress or Predicament? *Economic and Political Weekly*, *45*(20), 69–75. http://www.jstor.org/stable/27807028

Sahoo, B. K., Nayak, R., & Mahalik, M. K. (2022a). Annals of Tourism Research Empirical Insights Factors affecting domestic tourism spending in India. *Annals of Tourism Research Empirical Insights*, *3*(2), 100050. https://doi.org/10.1016/j.annale.2022.100050

Sahoo, B. K., Nayak, R., & Mahalik, M. K. (2022b). Factors affecting domestic tourism spending in India. *Annals of Tourism Research Empirical Insights*, *3*(2), 100050. https://doi.org/https://doi.org/10.1016/j.annale.2022.100050

Suess, C., Baloglu, S., & Busser, J. A. (2018). Perceived impacts of medical tourism development on community wellbeing. *Tourism Management*, *69*, 232–245. https://doi.org/https://doi.org/10.1016/j.tourman.2018.06.006

Taheri, B., Chalmers, D., Wilson, J., & Arshed, N. (2021). Would you really recommend it? Antecedents of word-of-mouth in medical tourism. *Tourism Management*, *83*, 104209. https://doi.org/https://doi.org/10.1016/j.tourman.2020.104209

Thommandru, A., Espinoza-Maguiña, M., Ramirez-Asis, E., Ray, S., Naved, M., & Guzman-Avalos, M. (2021). Role of tourism and hospitality business in economic development. *Materials Today: Proceedings*. https://doi.org/10.1016/j.matpr.2021.07.059

Tyan, I., Guevara-Plaza, A., & Yagüe, M. I. (2021). The benefits of blockchain technology for medical tourism. *Sustainability (Switzerland)*, *13*(22). https://doi.org/10.3390/su132212448

Viladrich, A., & Baron-Faust, R. (2014). Medical tourism in tango paradise: The internet branding of cosmetic surgery in Argentina. *Annals of Tourism Research*, *45*, 116–131. https://doi.org/https://doi.org/10.1016/j.annals.2013.12.007

Villacé-Molinero, T., Fernández-Muñoz, J. J., Orea-Giner, A., & Fuentes-Moraleda, L. (2021). Understanding the new post-COVID-19 risk scenario: Outlooks and challenges for a new era of tourism. *Tourism Management*, *86*, 104324. https://doi.org/https://doi.org/10.1016/j.tourman.2021.104324

Wang, K., Xu, H., & Huang, L. (2020). Wellness tourism and spatial stigma: A case study of

Bama, China. *Tourism Management*, *78*, 104039.
https://doi.org/https://doi.org/10.1016/j.tourman.2019.104039

Wen, J., Zheng, D., Hou, H., Phau, I., & Wang, W. (2022). Tourism as a dementia treatment based on positive psychology. *Tourism Management*, *92*, 104556.
https://doi.org/https://doi.org/10.1016/j.tourman.2022.104556

Zhang, Q., Zhang, H., & Xu, H. (2021). Health tourism destinations as therapeutic landscapes: Understanding the health perceptions of senior seasonal migrants. *Social Science & Medicine*, *279*, 113951. https://doi.org/https://doi.org/10.1016/j.socscimed.2021.113951