

Perceived Quality, Cost and Support Services Influencing Health Care Utilisation Among International Patients in a Private Tertiary Care Hospital in Ahmedabad, India: A Descriptive Cross-sectional Study

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ABSTRACT

Introduction: Medical Value Travel (MVT) is rapidly growing due to rising healthcare costs and limited access to quality care in many countries. India has emerged as a major destination because of affordable treatment and advanced health care services.

Aim: To identify factors influencing the utilisation of health care services among the international patients and assess patient perceptions and hospital selection in a leading private tertiary care hospital.

Materials and Methods: A descriptive cross-sectional study was conducted for six months from February 2019 to July 2019 among 42 international patients at a leading private tertiary care hospital in Ahmedabad, India. Participants were selected by purposive sampling. Data were collected using a

researcher-developed structured questionnaire and analysed using descriptive statistics.

Results: Most participants were foreign nationals (n=25, 59.5%) and belonged to middle- and upper-income groups (n=35, 83.3%). Cardiac and neurological procedures were the most common treatments. High satisfaction was observed for doctor accessibility, translator support, personalised care, and clinical infrastructure. Quality of health care, affordability, shorter waiting times, visa support and logistical assistance were major factors influencing hospital choices.

Conclusion: Healthcare quality, affordability, and patient-centred support significantly influence Medical Tourism utilisation. Improving transparency in pricing and strengthening support services may further enhance the position of India in the Global MVT market.

Keywords: Health services accessibility, International patients, Medical tourism, Patient satisfaction, Tertiary care centers

INTRODUCTION

The MVT can be described as the practice of travelling across international borders with the primary objective of seeking health care services at lower cost often combining it with travel expenses [1]. The growth of MVT has been driven by globalisation, escalating health care cost in high income nations, longer waiting lists in publicly funded health systems and widening disparities in the availability and quality of medical services across national boundaries [2,3].

The recent publication on Global MVT market shows that the revenues have increased from USD 24,175.9 million in 2009 to USD 27,931.5 million in 2022, representing a Compound Annual Growth Rate (CAGR) of 4.1%, highlighting the substantial global growth of MVT sector over the past decade and has become an increasingly important component of the global healthcare economy, driven by increasing demand for affordable, high quality healthcare services across international borders [4].

Regionally, Asia pacific region has emerged as the leading hub for MVT with average MVT Index of 69.06, supported by well-established healthcare infrastructure, internationally accredited hospitals, competitive treatment costs, high quality medical services offered by countries. Latin America and Eastern Europe have also strategically positioned themselves as competitive destinations for international patients by capitalising and comparative advantages in health care provisions [5]. These advantages encompass lower procedural costs, international accredited tertiary healthcare institutions, highly qualified medical personnel and expanding speciality care services that often match the technical standards of the developed world

health care system [6]. Thailand, Singapore, Malaysia and India have established themselves as key MVT destinations, each with distinct strategies and offerings to attract international patients [5].

India stands out as a prominent hub in the global medical value tourism landscape. From the perspective of healthcare, key factors influencing international patients' choice of India include shorter waiting times for surgery, healthcare quality and accreditation, staff and surgeon expertise, patient safety, comprehensive hospital services, and affordable surgical costs, all of which contribute to the country's competitiveness in the global MVT market [7]. Medical treatment in India is available at a fraction of the cost of comparable procedures in Western countries, with procedure-specific costs reported to be substantially lower than those in the United States while maintaining the quality of healthcare services [8]. The government of India has further formalised efforts to position the country as a global healthcare hub through the "Heal in India" initiative, which helps to promote the country's healthcare infrastructure, attract international patients and develop a broader MVT ecosystem [9]. India's comparative advantage in MVT is reinforced by the presence of internationally accredited certifications such as Joint Commission International (JCI) and National Accreditation Board for Hospitals and Healthcare Providers (NABH). These accreditations serve as critical quality signals for prospective international patients to feel confident in clinical excellence, patient safety standards and service delivery [10,11].

The large pool of English-speaking, internationally trained physicians and paramedical staff further reduces language and communication

barriers that often discourage international patients from seeking medical care abroad [12]. The leading private hospitals in India have increasingly integrated advanced digital health technologies, including robotic-assisted surgery, advanced diagnostic platforms, and telemedicine-enabled preoperative and postoperative care. These technological advancements have enhanced healthcare quality, improved patient experience and strengthened India's Competitiveness as a destination for MVT [7,13]. Assessing how international patients perceive and prioritise these dimensions is important to help hospitals in preparing a tailored service delivery model to meet patient expectations, improve patient-centred care and enhance their competitiveness in global healthcare market [14].

The novelty of this study lies in its structured approach for evaluating the MVT utilisation with respect to local context. The identification of factors affecting the satisfaction of foreign patients would be helpful in designing the patient care packages in accordance with their requirements. The present study was undertaken with the aim of understanding the factors affecting the utilisation of the patient care services by foreign patients at a private hospital in Ahmedabad.

AIM

- To identify and describe the factors influencing international patient's decisions to utilise MVT services in a leading private hospital.
- To document the demographic profile of international patients and the type of medical treatments sought by them.
- To assess patient's experience with pre-treatment, treatment and post treatment services, and to explore their perceptions regarding costs and hospital choice factors.
- To examine international patient's perception of treatment costs and ancillary services received during their health journey

MATERIALS AND METHODS

This study employed a descriptive, cross sectional design to explore factors influencing the MVT utilisation among international patients. The study was conducted at a leading private tertiary care hospital in Ahmedabad, India, internationally recognised for providing MVT services. Data was collected from February to July 2019. The ethical clearance was obtained from the institutional ethics committee prior to commencement of the study (Approval No. SVIEC/OW/MBA/BNPG18/DL9010), and written informed consent was obtained from all participants before enrolment.

The target population comprised international patients, including Non-Resident Indians (NRIs) and foreign nationals, who had received inpatient services at the selected hospital. The patients admitted through the international desk of the selected hospital were the target population of this study.

Inclusion criteria:

- Patients aged 18 years or older;
- Patients willing to participate voluntarily with informed consent;
- Patient who has travelled from another country to seek tertiary medical care.

Exclusion criteria:

- International patients undergoing OPD consultations or minor treatment procedures;
- Patients unable to complete the questionnaire.

A purposive sampling method was used to select participants based on their eligibility. This non-probability sampling approach the inclusion of international patients with direct experience of receiving medical treatment through hospital's MVT program. A total of 42 international patients participated in the study. A formal sample size calculation was not performed, as this was an exploratory descriptive study and the sample size comprised all eligible

participants; the sample size was therefore determined based on feasibility, hospital case load and scope of exploratory analysis. The primary data were collected using a structured questionnaire developed using previous literature on MVT, patient experience and healthcare service quality frameworks [15,16]. The questionnaire was developed by authors with guidance from domain experts to assess demographic characteristics, type of treatment, service quality across pre-treatment, treatment, and post-treatment phases, cost perceptions, ancillary services, and factors influencing hospital selection. Responses for each item were recorded on a 5-point Likert scale, with responses ranging from 1 (Very Low) to 5 (Very High).

Content validity was established through review by a panel of five experts, comprising of professors in public health and health administration, a quality improvement and patient safety specialist, and an epidemiologist with each experts having approximately 15-20 years of professional experience in their respective fields. The Content Validity Index (CVI) was computed, which came to be 0.89 (in the acceptable range). A pilot test was conducted among 10 international patients who fulfilled the eligibility criteria to assess the reliability, clarity, feasibility and relevance of the questionnaire items. Minor modifications were done to improve the wording and ease of administration based on their feedback. Internal consistency of the final tool was assessed using Cronbach's alpha overall ($\alpha=0.82$) and for each domain separately. No test-retest reliability procedure was performed.

STATISTICAL ANALYSIS

All quantitative data were coded and entered into IBM SPSS Statistics 25 version for analysis. Descriptive statistics (frequencies, percentages) were computed for demographic and service rating variables. Cross-tabulations were used to explore patterns between demographic characteristics and satisfaction levels. Internal consistency was assessed using Cronbach's alpha.

RESULTS

The patient cohort comprised a majority of foreign nationals (n=25, 59.5%), with NRIs accounting for (n=17, 40.5%). In terms of educational attainment, 50.0% (n=21) held a graduation degree and 31.0% (n=13) a post-graduation degree. Nearly half of participants (47.6%, n=20) reported a monthly income of \$5,001–\$10,000, followed by 28.6% in the \$10,001–\$15,000 range, 16.7% (n=7) earning up to \$5,000, and 7.1% (n=3) earning above \$15,001 [Table/Fig-1].

Category	Frequency (n)	Percent (%)
Nationality		
NRI	17	40.5
Foreign	25	59.5
Total	42	100.0
Educational qualification		
Up to 12th	5	11.9
Graduation	21	50.0
Postgraduation	13	31.0
Postdoctorate	3	7.1
Total	42	100.0
Monthly Income of foreign Tourist (in US dollars)		
Upto 5000USD	7	16.7
5001 to 10000USD	20	47.6
10001 to 15000 USD	12	28.6
Above 15001 USD	3	7.1
Total	42	100.0

[Table/Fig-1]: Patient demographics (nationality, educational qualification, monthly income).

[Table/Fig-1]: NRI: Non-Resident Indian. Data are presented as n (%). No inferential statistical tests were applied to this table.

Cardiac procedures were the most frequently undergone treatment (n=9, 21.4%), followed by neurology (n=7, 16.7%), orthopaedics (n=6, 14.3%), and gynaecology/infertility (n=6, 14.3%) [Table/Fig-2].

Medical treatment undergone	Frequency (n)	Percent (%)
Cardiac	9	21.4
Neurology	7	16.7
Cancer	4	9.5
Orthopaedics	6	14.3
Gynaecology and infertility	6	14.3
Health check-up	3	7.1
Cosmetic surgery	5	11.9
Dental care	2	4.8
Total	42	100.0

[Table/Fig-2]: Types of medical treatments undergone by foreign patients.

[Table/Fig-2]: Data are presented as n (%). No inferential statistical tests were applied to this table.

Ratings were generally positive, with high proportions rating services as good or very good. Translators received 90.5% combined excellent/good ratings; accessible to doctor garnered 95.3%; personalised care 90.5%; and doctor's experience 78.6% [Table/Fig-3].

Service category and item	Very high n (%)	High n (%)	Moderate n (%)	Low/very low n (%)
Facilitation services				
Match with appropriate clinic and physician	16 (38.1)	23 (54.8)	3 (7.1)	0 (0.0)
Arrange and confirm appointments	16 (38.1)	17 (40.5)	9 (21.4)	0 (0.0)
Expedite transfer of medical information	12 (28.6)	23 (54.8)	7 (16.7)	0 (0.0)
Book air travel	12 (28.6)	24 (57.1)	4 (9.5)	2 (4.8)
Obtain visas	15 (35.7)	17 (40.5)	10 (23.8)	0 (0.0)
Reserve lodging and other accommodation	13 (31.0)	22 (52.4)	7 (16.7)	0 (0.0)
Arrange in-country	15 (35.7)	19 (45.2)	7 (16.7)	1 (2.4)
Transportation (initial)	17 (40.5)	18 (42.9)	6 (14.3)	1 (2.4)
Help manage post-treatment procedures	11 (26.2)	21 (50.0)	9 (21.4)	1 (2.4)
Help with recovery and recuperation	13 (31.0)	20 (47.6)	9 (21.4)	0 (0.0)
Pre-treatment hospital services				
Reception	17 (40.5)	21 (50.0)	4 (9.5)	0 (0.0)
Accommodation (pre-treatment)	8 (19.0)	21 (50.0)	13 (31.0)	0 (0.0)
Fixing appointment	15 (35.7)	22 (52.4)	5 (11.9)	0 (0.0)
Diagnostic services	17 (40.5)	18 (42.9)	7 (16.7)	0 (0.0)
Treatment-related services				
Counselling	12 (28.6)	21 (50.0)	9 (21.4)	0 (0.0)
Technology used	17 (40.5)	18 (42.9)	7 (16.7)	0 (0.0)
Doctors experience	16 (38.1)	17 (40.5)	9 (21.4)	0 (0.0)
Operation theatre	15 (35.7)	22 (52.4)	5 (11.9)	0 (0.0)
Medicines	8 (19.0)	26 (61.9)	8 (19.0)	0 (0.0)
Equipment	13 (31.0)	17 (40.5)	11 (26.2)	1 (2.4)
Post-treatment hospital services				
Nursing care	12 (28.6)	19 (45.2)	11 (26.2)	0 (0.0)
Doctors follow-up	14 (33.3)	20 (47.6)	8 (19.0)	0 (0.0)
Dietary	11 (26.2)	20 (47.6)	10 (23.8)	1 (2.4)
Pharmacy	12 (28.6)	23 (54.8)	7 (16.7)	0 (0.0)

General hospital amenities/support				
Sanitation	13 (31.0)	20 (47.6)	8 (19.0)	1 (2.4)
Security service	14 (33.3)	19 (45.2)	8 (19.0)	1 (2.4)
Drinking water	15 (35.7)	21 (50.0)	6 (14.3)	0 (0.0)
Laundry	12 (28.6)	22 (52.4)	8 (19.0)	0 (0.0)
Entertainment	9 (21.4)	23 (54.8)	9 (21.4)	1 (2.4)
Communication gadgets	15 (35.7)	18 (42.9)	7 (16.7)	2 (4.8)
Accessible to doctor	18 (42.9)	22 (52.4)	2 (4.8)	0 (0.0)
Translators	21 (50.0)	17 (40.5)	4 (9.5)	0 (0.0)
Forex facilities	16 (38.1)	19 (45.2)	7 (16.7)	0 (0.0)
Transportation (general)	18 (42.9)	17 (40.5)	6 (14.3)	1 (2.4)
Companionship care	12 (28.6)	25 (59.5)	5 (11.9)	0 (0.0)
Personalised care	20 (47.6)	18 (42.9)	3 (7.1)	1 (2.4)

[Table/Fig-3]: Patient opinions on different aspects of Medical value Travel (MVT) services (N=42).

Minor deficiencies were noted: poor or very poor ratings were reported for book air travel and communication gadgets (4.8% each), and for sanitation, security service, dietary, entertainment, transportation (general), and personalised care (2.4% each).

[Table/Fig-3]: Data are presented as n (%). No inferential statistical tests were applied to this table.

Accommodation cost was perceived as offering the greatest cost advantage, with 32 of 42 participants (76%) rating it as having high or very high, followed by cost of medicines 31/42 (73.8%), counselling 29/42 (69.1%), food 28/42 (66.6%), surgery 27/42 (64.3%), and consultation and diagnostic services 26/42 (61.9%) [Table/Fig-4].

Cost component	Very High (%)	High (%)	Moderate (%)	Low (%)	Very Low (%)
Cost advantages of accommodation	12 (28.6)	20 (47.6)	9 (21.4)	0 (0.0)	1 (2.4)
Cost advantages of food	9 (21.4)	19 (45.2)	12 (28.6)	2 (4.8)	0 (0.0)
Cost advantages of consultation fee and diagnostic	9 (21.4)	17 (40.5)	13 (31.0)	3 (7.1)	0 (0.0)
Cost advantages of medicine	12 (28.6)	19 (45.2)	10 (23.8)	0 (0.0)	1 (2.4)
Cost advantages of surgery	12 (28.6)	15 (35.7)	13 (31.0)	2 (4.8)	0 (0.0)
Cost advantages of counselling services	13 (31.0)	16 (38.1)	8 (19.0)	5 (11.9)	0 (0.0)

[Table/Fig-4]: Patient perceptions on cost advantage of medical treatment (N=42).

Quality related factors (competence of doctors and paramedical staff, clinical infrastructure) and logistical financial factors (medical insurance, visa availability) were rates most influential, alongside shorter waiting time for treatment, which was rated high/very high by 31 of 42 respondents (73.8%) [Table/Fig-5].

DISCUSSION

This study provides a comprehensive empirical analysis of factors influencing the utilisation of MVT among international patients at a leading private tertiary care hospital in India. The findings suggest important perceptions on cost, service satisfaction and hospital selection criteria in the Indian MVT context. Future studies with larger sample sizes based on formal power calculations are recommended.

The demographic profile of the study cohort revealed predominantly educated, middle- to upper-middle-income patients, with foreign nationals constituting 59.5% of participants and NRIs accounting for 40.5%. This finding aligns with a previous study suggesting that medical tourists are generally from higher socioeconomic groups, with financial capacity and access to information necessary to seek health care services across international borders [17]. The

Choice factors	Very high (%)	High (%)	Moderate (%)	Low (%)	Very low (%)
Accessibility of the hospital	10 (23.8)	26 (61.9)	6 (14.3)	0 (0.0)	0 (0.0)
Accreditation and benchmark of the hospital	10 (23.8)	23 (54.8)	8 (19.0)	1 (2.4)	0 (0.0)
Visit of the hospital based on services quality	8 (19.0)	23 (54.8)	11 (26.2)	0 (0.0)	0 (0.0)
Cost of medicine is low in comparison to home	9 (21.4)	26 (61.9)	7 (16.7)	0 (0.0)	0 (0.0)
Surgery procedures are very low in cost	10 (23.8)	22 (52.4)	9 (21.4)	1 (2.4)	0 (0.0)
Technology for counselling and follow-up is easy	10 (23.8)	23 (54.8)	7 (16.7)	1 (2.4)	1 (2.4)
Less wait time for treatment	12 (28.6)	19 (45.2)	9 (21.4)	2 (4.8)	0 (0.0)
Destination well connected to home country	8 (19.0)	25 (59.5)	8 (19.0)	1 (2.4)	0 (0.0)
Quality of medical procedure	10 (23.8)	23 (54.8)	8 (19.0)	1 (2.4)	0 (0.0)
Competence of doctors and paramedical staff	11 (26.2)	22 (52.4)	9 (21.4)	0 (0.0)	0 (0.0)
Quality clinical infrastructure	16 (38.1)	20 (47.6)	6 (14.3)	0 (0.0)	0 (0.0)
Quality non-clinical infrastructure	17 (40.5)	15 (35.7)	10 (23.8)	0 (0.0)	0 (0.0)
Availability of medical insurance	13 (31.0)	24 (57.1)	5 (11.9)	0 (0.0)	0 (0.0)
Affordable cost of insurance	14 (33.3)	22 (52.4)	6 (14.3)	0 (0.0)	0 (0.0)
Availability of visa	14 (33.3)	23 (54.8)	4 (9.5)	1 (2.4)	0 (0.0)
Pre-procedure documentation	13 (31.0)	23 (54.8)	5 (11.9)	0 (0.0)	1 (2.4)
Terms of payment	15 (35.7)	20 (47.6)	7 (16.7)	0 (0.0)	0 (0.0)

[Table/Fig-5]: Factors influencing hospital choice for Medical Value Travel (MVT) (N=42).

substantial representation of NRIs in the present study aligns with the prior study that diasporic medical travellers are often motivated by familiarity with the home country health system, cultural affinity, communication ease and trust in local providers. These factors may reduce perceived uncertainty and increase willingness to seek care in India, particularly when compared with patients who do not share similar cultural or linguistic connections with the destination country [18].

Consistent with this, most respondents rated treatment procedures, doctor expertise, and hospital technology very positively. This reflects patients' trust in clinical quality, which is strengthened by specialist expertise, visible hospital infrastructure and is likely to be influenced by the hospital's accreditation and reputation; this is consistent with prior evidence showing that quality of care is a central criterion in the selection of health care providers by international patients [15].

Affordability has been identified as an important determinant of MVT in previous studies; Vovk V et al., and Mishra V and Sharma MG similarly identify cost advantage relative to home-country treatment as one of the principal factors drawing international patients to destinations such as India [17, 19]. In the present study, cost-related factors were evaluated as one of several hospital selection criteria. Hospitals can reinforce this value proposition by offering transparent pricing and financing options and by packaging treatment with travel and lodging (which 83% of our respondents rated positively). In line with industry advice, bundled "all-inclusive" packages (covering surgery, hotel, transport) and clear cost breakdowns help international patients plan their care [20].

Accessibility and Logistics also critically shape the medical travel experience. Our data show strong satisfaction with supportive services; 88.1% (37/42) rated visa availability as high/very high, and more than 80% praised transportation and in-country arrangements. These align with the literature on streamlined visa policies and travel support fostering MVT growth: Madhuri M and Kamatchi P reported high satisfaction among medical tourists with logistical and facilitation services at destination hospitals. Similarly, Mishra V and Sharma MG identify streamlined visa and travel facilitation as a structural driver of MVT growth in India [19,21]. Indeed, several countries now provide dedicated medical visas and government agencies to boost patient inflows [2].

The hospital's performance in this area (e.g., concierge help, bilingual staff) reflects best practices: offering translators and culturally sensitive care significantly aids foreign patients. In our sample, half rated translator service "Excellent," underscoring the importance of language assistance. Such cultural and communication support can reduce anxiety and improve satisfaction, as noted in global surveys [16].

Despite its rapid growth and economic benefits, MVT is fraught with significant challenges, inherent health and safety risks, and complex ethical dilemmas. These issues can profoundly impact patient outcomes and the integrity of global healthcare systems.

Limitation(s)

The present study is limited to a hospital in Ahmedabad, which limits the generalisability of the study, especially to public hospitals or smaller private hospitals. The small sample size, though adequate for exploratory analysis, is a smaller representation and may suggest selection bias with limited statistical power for subgroup comparison. The factors have been self-reported by patients and may be influenced by recall or social desirability bias. The present study also does not attempt to stratify the analysis based on NRI and International patients. NRI and foreign nationals differ systematically in visa requirements, language needs, family support and cost perception. Combining them may limit the specificity of findings. Future studies with multi-centre designs, larger sample sizes, longitudinal follow-up, and mixed-methods approaches would strengthen the evidence base and allow more robust conclusions in the context of MVT services.

CONCLUSION(S)

This study illustrates the multifaceted factors driving the utilisation of MVT services in a leading Indian private hospital. The study includes a sample of 42 international participants in a single hospital, which suggests that the primary drivers for MVT are perceived quality of care, accessibility to doctors, and translator and cultural support were the most consistently high-rated aspects of the MVT experience, while affordability and select logistical services (e.g., visa assistance) showed comparatively more variable ratings. The study also revealed that within this setting, service quality and patient-centred support, rather than cost alone, appear to be the strongest drivers of positive patient experience, and that clearer communication of ancillary costs may further improve satisfaction.

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PLAGIARISM CHECKING METHODS: [Jain H et al.]

- Plagiarism X-checker: Jun 04, 2026
- Manual Googling: Aug 08, 2026
- iThenticate Software: Aug 10, 2026 (1%)

ETYMOLOGY: Author Origin

EMENDATIONS: 8

AUTHOR DECLARATION:

- Financial or Other Competing Interests: None
- Was Ethics Committee Approval obtained for this study? Yes
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. NA

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