

A Study on Travel Profile Impact on Customer Satisfaction towards Health Tourism in Tamilnadu

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Introduction

Travel and Tourism

Travel and tourism is an integral part of Indian tradition and culture. In the olden days, travel was primarily for the purpose of pilgrimage – as the holy places dotting the countryside attracted people from different parts of the vast sub-continent. People also traveled to participate in fairs and festivals in different parts of the country. With such a background, there developed a cultural tradition wherein “Athithi Devo Bhava” (The Guest is God) and “VasudhaivaKutumbakam” (The World is One Family) become unwritten laws by which the Indian social behaviour is recognised. From ancient times, the rulers in different parts of India built luxurious palaces, enchanting gardens marvelous temples, grand forts, tombs, and memorials as a symbol of expression of the depth of one’s feeling and sentiments. These remain as testimony to the rich cultural heritage of this land as examples of exquisite craftsmanship. The other splendid architectural marvels of India include Taj Mahal, Jama Masjid, Qutub Minar and caves of Ajanta, Ellora and Elephanta, the Sanchi Stupa, and the Sun temple of Konark. India is also a shopper’s delight with its marble statues, wood and ivory carving, block printed fabrics, jewellery, and handicrafts and handlooms. It is the home of classical Indian music and dance (R.Pruthi, 2005).

The Indian handicrafts particularly jewellery, carpets, leather goods, ivory and brass works are the main shopping items of foreign tourists. The estimates indicate that nearly forty percent of the tourist expenditure is on such shopping (R.L.Parekh, 2009). Globalization has caused many countries to revamp their economic strengths and weaknesses as well as reassess products or services in which the nation can get benefitted. One such product or service that has emerged through the quest of novelty is Health Tourism.

Travel and health are complimentary to each other. The basic theories of travel motivation is based on leisure, recreation, spiritual, and rest and recuperation.

All these motivations revolve around the theory of health. Leisure, recreation, and rest and recuperation directly contribute to the well-being of body and mind. Spiritual tourism also compliments the well-being of mind and soul. The differentiation between other tourism and health tourism is, in health tourism, tourists voluntarily spend on wellness whereas in the other categories of tourism it involuntarily rejuvenates the mind and body of tourists.

Problem statement

The growth in the tourism sector has been impressive in India and the World. It is a known fact that India has tremendous potential for development of tourism. The diversity of India’s natural and cultural richness provides the basis of a wide-range of tourist products and experiences which embrace business, leisure, culture, adventure, spirituality, ecotourism, health tourism, and many other pursuits. Apart from acknowledging the traditionally recognised advantages of developing tourism for the promotion of national integration, international understanding, earning of foreign exchange, and vast employment generation, it plays a major role in strengthening the socio-economic objectives of nation. Even then, India’s share in total global tourism arrivals and earnings is quite insignificant.

As we closely study the nature and cause for the tourism Industry, it is an amalgam of multi-stakeholders with different purposes and agendas. This has profound influence on the overall quality in offering tourism services. Tourism and Travel promotes experiences and memories that tourists cherish for a life time. However there is an inherent difficulty largely in promoting some intangible aspect of tourism. Finding out what the customer exactly expects is essential to ensure service quality. Thus, marketing research is a key vehicle for understanding customer preference and perception of service. Marketing research on customer preference is needed to explore the changing customer requirements (Zeithaml and Bitner, 2000). In this background, the researcher has chosen to identify new customer relation techniques in the health tourism of India with special references to Tamilnadu. Customer satisfaction is analysed by travel profile of the respondents.

Objective of the study

The main aim of this study is to analyse the impact of travel profile of the respondents on customer satisfaction towards health tourism.

Review of Literature

Customer Satisfaction in Travel and Tourism

In travel and tourism as in many other service industries, the emergence, survival, development, and failure of ventures depend heavily on customer satisfaction. Customer satisfaction is defined by the UNWTO (1985) as a psychological concept that involves the feeling of well-being and pleasure that results from obtaining what one hopes for and expects from an appealing product or service. Different approaches have also been applied by investigating customer satisfaction in tourism such as expectation perception gap model (Duke and Persia, 1996), expectancy- disconfirmation theory, and performance only model (Pizam et al., 1978).

Customer satisfaction is one of the most frequently examined topics in the hospitality and tourism field. Because, it plays an important role in survival and future of any tourism products and services (Gursoy et al., 2008). Chon (1989) examined tourist satisfaction by comparing travellers previous images of the destination and what they actually see, feel, and achieve at the destination. Tourist satisfaction is the result of the relationship between tourists expectations about the destination based on their previous images of the destination and their evaluation of the outcome of their experience at the destination area (Neal and Gursay, 2008). As suggested by Youn and Uysal (2005), tourists compare their experiences at a travel destination with other alternative destinations or places as they have visited in the past. As a result, tourists are likely to use past experiences at the new destinations to determine whether their new experience was a satisfactory experience or not. The primary determinant of customer satisfaction should be the perceived performance. Assessing customer's satisfaction with actual performance should indicate whether they are satisfied or not.

Different approaches are used to measure customer satisfaction. Measuring the perception of individuals is difficult at best and the issue is most challenging in tourism business. Tourism experience takes place in phases such as trip planning, travel to and from the destination, and the destination experiences (Neal and Gursoy, 2008). Unlike material products or pure service, hospitality and tourism is a mixture of products and services. Therefore, overall satisfaction with a hospitality experience is a function of satisfaction with the individual elements or attributes of all the products or services that make up the experience (Pizam and Ellis, 1999).

Similarly, due to the multi-sector nature of tourism and the interdependence of various sectors, researchers in tourism and recreation have recognised that overall satisfaction may be multidimensional and multi-attribute concept comprising multiple sources satisfaction (Mayer et al., 1998, Ross and Iso-Ahola, 1991, and Hsu, 2003).

Research Methodology

Descriptive research design was adopted in this study with a sample size of 360 respondents and 65 resorts in Tamilnadu. Structured questionnaire was used to collect the data from the respondents. Both primary and secondary data was used to collect information. The districts like Ooty, Kodaikanal, Kutralam, Yelakiri, Coonoor and Yercaud were selected for this study.

Analysis and Interpretation

Frequency analysis and ANOVA was applied to test the customer satisfaction towards health tourism.

Table-1
Travel profile of the respondents

Distribution of travel profile		Number of Respondents	Percentage
Visit to Tamilnadu	First visit	119	33.0
	Second visit	89	24.7
	Repeated visit (Loyal)	92	25.5
	Multiple visit (More than 2 times)	60	16.6
Total		360	100.0
Length of stay	1 – 3 days	45	12.5
	1 – 5 days	60	16.7
	One week	111	30.8
	More than a week	144	40.0
Total		360	100.0
Motivation factor	Nature	73	20.3
	Culture	54	15.0
	Personal leisure	113	31.4
	Health	103	28.6
	Education / Special interest	17	4.7
Total		360	100.0
Average spend on vacation	Less than Rs.50, 000	81	22.5
	Rs.51, 000	98	27.2
	Rs.51,000 – 1,00,000	123	34.2
	More than Rs.1,00,000	58	16.1
Total		360	100.0
Companionship	On your own	99	27.5

	With family	182	50.6
	With friends	79	21.9
Total		360	100.0
Sources of awareness about the resort	Media	42	11.7
	Internet	123	34.2
	Friends	147	40.8
	Intermediaries	48	13.3
Total		360	100.0
Food preferred at resort	Vegetarian	69	19.2
	Non-vegetarian	123	34.2
	Both	168	46.6
Total		360	100.0
Reasons for selecting ayurvedic health care	Preventive	32	8.9
	Rejuvenative	104	28.9
	Natural and herbal based	127	35.3
	Health	97	26.9
Total		360	100.0

It is revealed that 33 per cent (119 out of 360) respondents made first visit, followed by 25.5 per cent (92 out of 360) repeated visit and 24.7 per cent (89 out of 360) second visit to Tamilnadu. Surprisingly, around one sixth of respondents visited Tamilnadu multiple times. It indicates that 67 per cent (241 out of 360) respondents could pay their visits a minimum of two times to Tamilnadu. Length of stay as shown in Table – 1 is one of the key independent variable that influences the respondents to lengthen their stay in Tamilnadu. The results exhibited that 40 per cent (144 out of 360) respondents spent more than a week whereas 30.8 per cent (111 out of 360) visited Tamilnadu one week. It appears to have implied that majority of the respondents preferred to sojourn in Tamilnadu about a week as the prime motive of the respondents to stretch their stay one week due to the nature of the treatment of Ayurveda.

Considering the motivational factors which influence the travel decision, personal leisure (31.4 per cent) and health (28.6 per cent) are the most dominating factors, followed by nature (20.3 per cent) and culture (15 per cent). This is evident from Table – 5.2 that most of the tourists combined health with leisure holidays when they planned and selected to visit for ayurvedic treatment in Tamilnadu.

Average expenditure of health tourists as it is exhibited in Table – 5.2 that a little more than one third of the respondents (34.2 per cent) spent between 51,000 thousand to one lakh and a little more than one fourth (27.2 per cent) of respondents could spent 51,000 thousand, followed by 22.5 per cent respondents less than 51,000 thousand and 16.1 per cent respondents more than one lakh. It indicates that majority of them is affluent in terms of spending on ayurvedic treatments in la. It speaks volume about the flow of revenue into Tamilnadu from the single segment from the whole baskets of health tourism activities. It appears to have reflected that more expenditure on health tourism activities is reported due to the high involvement of respondents due to the value for money reason. In other words, the health tourists in Tamilnadu are willing to spend more on the ayurvedic treatment along with other holiday activities as the ayurvedic treatment has healing effect as compared to other form of treatment.

The distribution of data in respect of travel habits as it is shown in Table – 5.2 that close to three fourth of respondents (72.5 per cent) visited Tamilnadu along with their spouses and friends, followed by 27.5 per cent respondents on their own. However, half of the respondents accompanied their spouses during their visits in Tamilnadu. It seems to have indicated that tourists with the health tourism motivation preferred to visit Tamilnadu along with their spouses as ayurvedic treatment is an attraction for them. Sources of awareness, as it is given in Table – 5.2, that majority of respondents (75 per cent from 360) gathered information from friends and relatives and websites. However, 40.8 per cent respondents collected useful information from their friends and relatives. This appears to have indicated that the word of mouth is the powerful influence of the selection of Tamilnadu as a health tourism destination, especially for ayurvedic treatment. As it is seen from the Table – 5.2, 34.2 per cent and 46.6 per cent of respondents preferred vegetarian and non-vegetarian food respectively during the treatment. Thus, the distribution results revealed that most of the respondents prefer both vegetarian and non-vegetarian food in the health resort. The distribution of respondents across the reason for selecting ayurvedic health care is shown in Table – 5.2 that 35.3 per cent (127 out of 360) preferred natural and herbal based, followed by rejuvenation and preventive (28.9 per cent) and health (26.9 per cent). It clearly explains the distinguishing effect of ayurveda (herbal and natural method) as against modern medicine-allopathy due to chemical and surgical method. Thus, the results show a little more than one third of respondents have selected ayurvedic health care for its natural and herbal based qualities.

Travel profile and satisfaction

TABLE – 2.1

ANOVA – Sources of Awareness

Source	Sum of Square	Degrees of Freedom	Mean Square	'F' calculated Value	'F' Table Value
Between groups	26.7988	3	8.932933	2.87*	2.62
Within groups	1107.601	356	3.111239		

* Significant at 5 per cent level.

Table – 2.1 presents the results of one-way ANOVA. The F-value is significant, it is inferred that there is significant difference in the mean satisfaction score among different group of respondents.

Promotion and awareness creation companionship

TABLE – 2.2

ANOVA - Companionship

Source	Sum of Square	Degrees of Freedom	Mean Square	'F' calculated Value	'F' Table Value
Between groups	60.37141	2	30.1857	8.39**	4.66
Within groups	1283.292	357	3.594657		

** Significant at 1 per cent level.

Table –2.2 shows the F-value (4.66) is significant at one per cent. It shows that significant difference in the mean satisfaction score among group of different companionship of respondents has different level of satisfaction.

Promotion and awareness creation and sources of awareness

Table 2.3

ANOVA – Sources of Awareness

Source	Sum of Square	Degrees of Freedom	Mean Square	'F' calculated Value	'F' Table Value
Between groups	42.35171	3	14.11724	3.86**	3.83
Within groups	1301.312	356	3.655371		

** Significant at 1 per cent level.

Table – 2.3 shows the results of ANOVA on the sources of awareness. The F-value (3.83) is significant. It explains that there is significant difference in the mean satisfaction score among group of respondents on promotion and their sources of information.

Environment and frequency of visit

TABLE – 2.4

ANOVA – Frequency of Visit

Source	Sum of Square	Degrees of Freedom	Mean Square	'F' calculated Value	'F' Table Value
Between Groups	229.5798	3	76.5266	4.77**	3.83
Within Groups	5708.242	356	16.03439		

** Significant at 1 per cent level.

Table – 2.4 shows the results of ANOVA on the frequency of visit. Since the F-value is significant, it shows that there is significant difference of satisfaction among different frequency of visit respondents.

Environment and duration of visit

TABLE – 2.5

ANOVA – Duration of Visit

Source	Sum of Square	Degrees of Freedom	Mean Square	'F' calculated Value	'F' Table Value
Between groups	187.0813	3	62.36042	3.86**	3.83
With in groups	5750.741	356	16.15377		

** Significant at 1 per cent level.

Table – 2.5 shows the results of ANOVA. The F-value is significant, there is significant difference in the mean satisfaction score among different duration of visit group of respondents.

Environment and companionship

TABLE – 2.6

ANOVA – Companionship

Source	Sum of Square	Degrees of Freedom	Mean Square	'F' calculated Value	'F' Table Value
Between groups	148.5674	2	74.28369	4.58*	3.02
Within groups	5789.255	357	16.2164		

* Significant at 5 per cent level.

Table – shows that the F-value is significant, there is significant difference in the mean satisfaction score among different companionship group of respondents.

Findings

The travel history of health tourists reveals that the majority of the respondents were repeat visitors to Tamilnadu not because of some other attractions of the state but because of the ayurvedic resorts with a minimum duration of a week and more. The study shows that considerable number of tourists generally pay repeat visit to Tamilnadu with an average length of stay of more than a week with an average expenditure of one lakh and above. The motivation factor for the holiday is to travel by the ancient principle 'healthy holidays'. The current health tourism boom in marketing terminology as we describe is nothing else but 'an old wine in a new bottle'. When the data related to the travel companionship of tourists is analyzed, it shows that they mostly travel with friends and family. They gather information through friends and intermediaries.

Conclusion

Health care services reflect several characteristics commonly associated with tourism services. They are intangible, both labour and skill intensive and high variability and high inseparable and perishable (Hurley, 2004). Tourism also exhibits all these features when tourism coupled with health care services. These characteristics should be doubled and much of the problems of health tourism should be studied from the perspective of loyalty to assess the effect of branding on the sales. Thus, health tourism

business usually becomes highly volatile and sensitive due to the fundamental nature of tourism business. Hence, planners and marketing designers should promote the health tourism without losing its serenity. Travel profile of the respondents like frequency of visit, length of stay, motivational factors, sources of awareness about the resort, food, companionship and duration are influencing factors in customer satisfaction. So these factors have to be analysed before setting marketing strategy for tourism.

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