

HEALTH TOURISM FACILITATORS IN THE TURBULENT TIMES: A HOPE FOR THE INDUSTRY'S FUTURE

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Abstract

This study attempts to identify the factors affecting the businesses of health tourism facilitators in India. Global and local events, including terrorism, epidemics, and political instability, as represented in the media, significantly influence public perceptions and the collective imagery of specific locations. Media portrayals of such disasters consequently damage the destination's reputation for safety, attractiveness, and comfort. Health tourism facilitators can help counter these negative perceptions. Health tourism facilitators are intermediaries or companies that act as liaisons between health tourists and destinations (or health tourism products). They have been changing the scope of the health tourism industry since their introduction in the market. Their importance has been increasing over the years. Still, it has risen exponentially since the pandemic, as there have been radical or sudden changes in rules, regulations, prices, and many other aspects of health tourists' journeys. Exploratory factor analysis was used to identify a meaningful factor structure using the Statistical Package for the Social Sciences. Convenience and purposive sampling were employed, yielding a sample of 79 participants. The results reveal a four-factor model, with the following factors: availability of workforce and specialists, affordability, Government support and legislation, and promotion. These findings underscore the need for Government policies that address these factors and for destination service providers to consider them when collaborating with facilitators, who are essential for bringing business to their destinations.

Keywords: Health Tourism; Health Tourism Facilitator; Pandemic; Tourist; Tourism Destination.

FACILITADORES DE TURISMO DE SAÚDE EM TEMPOS TURBULENTOS: UMA ESPERANÇA PARA O FUTURO DA INDÚSTRIA

Resumo

Este estudo busca identificar os fatores que afetam os negócios dos facilitadores do turismo de saúde na Índia. Eventos globais e locais, incluindo terrorismo, epidemias e instabilidade política, conforme representados pela mídia, influenciam significativamente as percepções públicas e a imagem coletiva de determinados destinos. Retratos midiáticos de tais desastres, consequentemente, prejudicam a reputação do destino em termos de segurança, atratividade e conforto. Os facilitadores de turismo de saúde podem ajudar a combater essas percepções negativas. Esses facilitadores são intermediários ou empresas que atuam como elo entre os turistas de saúde e os destinos (ou os produtos de turismo de saúde). Eles vêm modificando o escopo da indústria do turismo de saúde desde sua introdução no mercado. Sua importância tem aumentado ao longo dos anos, mas houve um crescimento exponencial após a pandemia, devido às mudanças radicais ou súbitas nas regras, regulamentos, preços e diversos outros aspectos da jornada dos turistas de saúde. Utilizou-se análise fatorial exploratória para identificar a matriz fatorial significativa, com o uso do software *Statistical Package for the Social Sciences*. Foram empregados os métodos de amostragem por conveniência e por julgamento, resultando em um tamanho amostral de 79 participantes. Os resultados revelam um modelo de quatro fatores: disponibilidade de mão de obra e de especialistas, acessibilidade financeira, apoio e legislação governamental e promoção. Esses achados ressaltam a necessidade de políticas governamentais que abordem tais fatores, bem como a importância de prestadores de serviços nos destinos considerarem esses elementos ao colaborar com facilitadores, essenciais para atrair negócios aos destinos.

Palavras-chave: Turismo de Saúde; Facilitador de Turismo de Saúde; Pandemia; Turista; Destino Turístico.

FACILITADORES DEL TURISMO DE SALUD EN TIEMPOS TURBULENTOS: UNA ESPERANZA PARA EL FUTURO DE LA INDUSTRIA

Resumen

Este estudio busca identificar los factores que inciden en los negocios de los facilitadores del turismo de salud en la India. Los acontecimientos globales y locales –incluidos el terrorismo, las epidemias y la inestabilidad política –, tal como son representados por los medios de comunicación, influyen significativamente en las percepciones públicas y en la imagen colectiva de determinados lugares. Las representaciones mediáticas de tales desastres dañan, en consecuencia, la reputación del destino en términos de seguridad, atractivo y comodidad. Los facilitadores del turismo de salud pueden ayudar a contrarrestar estas percepciones negativas. Estos facilitadores son intermediarios o empresas que actúan como enlace entre los turistas de salud y los destinos (o productos de turismo de salud). Han venido modificando el alcance de la industria del turismo de salud desde su introducción en el mercado. Su importancia ha aumentado con el tiempo, pero se ha observado un crecimiento exponencial tras la pandemia, debido a cambios radicales o repentinos en normas, regulaciones, precios y otros aspectos del viaje del turista de salud. Se utilizó el análisis factorial exploratorio para identificar la matriz fatorial significativa con el software *Statistical Package for the Social Sciences*. Se emplearon los métodos de muestreo por conveniencia y por juicio, lo que dio como resultado una muestra de 79 participantes. Los resultados revelan un modelo de cuatro factores: disponibilidad de mano de obra y de especialistas, asequibilidad, apoyo y legislación gubernamental, y promoción. Estos hallazgos subrayan la necesidad de políticas gubernamentales que aborden dichos factores y de que los prestadores de servicios en los destinos los consideren al colaborar con facilitadores, quienes son esenciales para generar negocios hacia esos destinos.

Palabras clave: Turismo de Salud; Facilitador de Turismo de Salud; Pandemia; Turista; Destino Turístico.

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1 INTRODUCTION

Health tourism is still a growing industry worldwide, particularly in developing countries such as India, Thailand, Malaysia, and Singapore. These countries are emerging as the best health tourism destinations for people worldwide (Johnston et al., 2012; Turner, 2011).

In 2019, approximately 21 million to 26 million people travelled abroad for treatment, with an average spend of 3,550 US dollars per visit (Patients Beyond Borders, n.d.). The global wellness tourism market was worth 720 billion US dollars in 2019, while the global medical tourism market was worth 105 billion US dollars (Consultancy me, 2022; Yeung & Johnston, 2021). Within India, the health tourism industry has become a key driver of growth.

According to a report by the Indian Brand Equity Foundation (2019), the number of health tourists increased to 6,97,356 in 2019 from 4,27,014 in 2016. Moreover, this sector is projected to maintain a robust compound annual growth rate (CAGR) of 21% from 2020 to 2027 (Indian Brand Equity Foundation, 2022). However, the tourism industry, including its segments, is inherently sensitive to global disruptions. Events such as pandemics, epidemics, wars, and terrorism can have a severe and immediate impact. The COVID-19 pandemic served as a stark example of this vulnerability.

In 2020, international tourist arrivals decreased to approximately 380 million, a staggering 74% decline from the 1.5 billion arrivals recorded in 2019 (Committee for the Coordination of Statistical Activities, 2021). "This represents a loss of an estimated 1.3 trillion USD in international tourism expenditure, about 11 times the loss of the 2009 global crisis" (Committee for the Coordination of Statistical Activities, 2021). Despite the pandemic's significant impact, the growth rate of the global wellness tourism market is pegged at 20.9% per annum, reaching 1127.6 billion US dollars (Yeung & Johnston, 2021), and Market Data Forecast (2020) pegged the CAGR for the global medical tourism market at 18.8% till 2025.

Health tourism is defined as a trip taken from one's home country to another for the sole purpose of receiving medical and non-medical treatment or therapies, as well as sightseeing and other leisure and fun activities, with the sole goal of maintaining and restoring one's own health (Carrera & Bridges, 2006). The success of the health tourism industry depends on the effective management of destination image, which includes information directed to potential health tourists about treatment options, treatment facilities, travel arrangements, sightseeing, and other relevant information about destination countries (Alsharif et al., 2010; Snyder et al., 2011, 2012).

The destination image plays a pivotal role, as it affects destination selection and the development of health tourism (Dryglas & Salamaga, 2016; Dunets et al., 2019; Sultana et al., 2014; Tuominen et al., 2017). Creating a coherent, cohesive representation of a destination is of utmost importance; however, achieving such a unified image is a challenging endeavour (Alvarez & Korzay, 2008). The perception of a place is influenced by a multitude of factors and various actors, rendering the task of presenting a unified image exceedingly difficult (Pillai et al., 2021).

Moreover, the tourism industry is susceptible to political influences, with security and stability playing a pivotal role in its success (Bowen et al., 2016). Consumer travel decisions, as well as those of industry professionals and investors, are heavily influenced by a destination's actual conditions and perceptions (Kara & Kunt, 2020). These stakeholders prefer destinations that offer a sense of safety and security, accompanied by minimal commercial risk (Sarişik et al., 2021). Attracting tourists in a volatile market requires destination marketers and tourism managers to have a strong pulse on the external environment and to adjust offerings to meet the needs of an ever-more-demanding customer base (Martin et al., 2011).

Nevertheless, the success of achieving a unified image has been inconsistent. This disparity is particularly evident in countries that have experienced relatively slow development due to their turbulent recent history, compared to more stable countries (Henderson, 2003). Differences in political systems and level of development across countries have also given rise to distinctive policy environments and divergent patterns of tourism growth (Bianchi et al., 2020). Despite these challenges, it is often asserted that tourism enhances international understanding of a country and its people and promotes peace, prosperity, and sustainable development (Bianchi et al., 2020; Faisal & Dhusia, 2021).

Global and local events, such as terrorism, epidemics, and political turmoil, are depicted in the media, significantly shaping perceptions and imaginations of a particular place (Abbas et al., 2021). The media's coverage of disasters can lead to unfavourable publicity for the destination, thereby undermining its overall reputation for safety, appeal, and comfort (Alvarez & Korzay, 2008).

The tourism industry in countries has been adversely impacted by the repercussions of political instability, epidemics, and pandemics (Ghorbani et al., 2023; Sigala, 2020). Political unrest, continuous disputes, epidemics, and pandemics influence various aspects of the tourism sector, including marketing and promotion, investment, and employment (Giousmpasoglou et al., 2021; Ntounis et al., 2022).

The COVID-19 pandemic, with its unprecedented global impact, brought changes, disagreements, and disorder. The COVID-19 pandemic has had a detrimental impact on the viability of businesses across various sectors including, tourism, and this adverse effect can be attributed to an increased market risk, stemming from factors such as the contraction of global supply chains, the emergence of new market opportunities, and the need to adapt to changing consumer behaviors (Assaf & Scuderi, 2020; Bettiol et al., 2023).

These disruptions have affected all segments of tourism, particularly health tourism, where health tourism facilitators have become especially crucial in the post-pandemic landscape, helping health tourists navigate changing scenarios.

Health tourism facilitators are intermediaries or companies that act as liaisons between health tourists and destinations (or health tourism products). They have been changing and reshaping the landscape of the health tourism industry since their emergence. Health tourism facilitation emerged in the late 1990s as a direct response to the

growing health tourism industry (Cormany & Baloglu, 2011; Skountridaki, 2017). As more individuals sought affordable, high-quality healthcare abroad, particularly in developing countries, the need for specialized assistance arose (Gan & Frederick, 2018).

Initially, the role of facilitators was often assumed by existing travel agencies, individual consultants, or patients (Johnston et al., 2012). They offered basic services, such as booking travel arrangements and providing limited information about medical providers (Skountridaki, 2017). However, as the industry evolved, dedicated medical tourism facilitation agencies emerged. These agencies offered a more comprehensive range of services, including appointment scheduling, travel arrangements, translation services, and cultural orientation (Gan & Frederick, 2011). Their importance has been increasing over the years, with an exponential rise in their role in the post-pandemic era.

The pandemic triggered sudden, radical changes in rules, regulations, prices, and other aspects of health tourists' journeys, necessitating greater reliance on these intermediaries. They provide valuable assistance to patients seeking affordable, high-quality healthcare abroad, ensuring a smoother, more comfortable experience. However, limited research has explored health tourism facilitators after the pandemic, and it is not conducted on the aspect of factors affecting their business (Rydbäck, 2022; Siddoo et al., 2024). Thus, this study attempts to identify the factors affecting the businesses of health tourism facilitators in India after the pandemic. Employing a quantitative and cross-sectional research design, data was collected from health tourism facilitators across India from January to June 2023. The findings revealed four factor structure, providing valuable insights about facilitators business. The results of the study offer a significant theoretical contribution in terms of the identification of factors, and provide practical implications for destination service providers and the Government.

This study is organized into seven sections. Section one introduces the research, encompassing its theme, current context, objectives, and background. Section two delves into the conceptual and theoretical underpinnings of the study by reviewing existing literature. Subsequently, sections three and four present the methodological approach and the findings and their subsequent discussion, respectively. Section five explores the theoretical and practical implications of the research. Limitations of the study are addressed in section six, followed by a discussion of potential avenues for future research. Finally, section seven concludes the study.

2. LITERATURE REVIEW

2.1 Disasters and Tourism

Tourism industry is highly sensitive to external variables, such as natural disasters and man-made disasters (Ma et al., 2020). Scott and Laws (2005) defined a disaster as a "situation where an enterprise (or collection of enterprises in case of a tourist destination) is confronted with sudden unpredictable a catastrophic change over which it has little control". Becken and Hughey (2013) defined disasters as "a serious disruption of the functioning of a

community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources".

According to Carter (1991), a disaster is an abrupt or progressive, natural or man-made event that has such a profound effect on the community that the afflicted areas must take special additional precautions and measures. Previous research has revealed that the disasters affect tourism industry, changes tourists' preferences and the magnitude of disaster decides the extent of its impact, ranging from localized disruptions to widespread global repercussions (Oliveira et al., 2023; Pillai et al., 2021). Jaipuria et al. (2020) investigated the impact of COVID-19 on foreign exchange earnings (FEE) under four scenarios.

The findings reveal that poor management of tourism activities could result in FEEs below USD 1790.53 million or even falls to zero. Conversely, the FEE will be at least USD 13351.07 million if there will be efforts to manage tourism activities. Disasters not only result in reduced revenues and diminished tourist arrivals but also tarnish the destination's image, especially from safety perspective, which can significantly deter future tourist arrivals (Kuo et al., 2008).

Genc (2018) and Korstanje (2021) stated that disasters reduce labour power, destroy tourist facilities, and damage destination image, ultimately negatively impacting tourists experience, especially in the short run (Beattie, 1992). Chiou et al. (2013) claimed that disasters exert a negative influence on tourist arrivals in the short and long run, as tourists desire for a serene and fulfilling travel experience (Estevão & Costa, 2020). Henderson (2003) argued that political risk and controversies that receive global attention can disrupt and harm tourism by transmitting messages that endanger tourists' psychological and physical comfort and indicate challenges for the sector. Moreover, any unwanted mishap due to compromised tourists' safety can result in negative memorable experiences (Kim, 2014), which can have significant influence on tourists' emotional states, leading to reduced future intention to visit a destination (Lehto et al., 2008).

Destination image is composed of various factors, and safety plays a vital role. Ma et al. (2020) added a fifth "s" in core attraction elements—i.e., security, and they considered it even more essential than the other four. Consistent with this, Thompson (2011) said that safety is among the top factors that tourists value when choosing a destination. They cannot indulge in tourism activities while harbouring safety concerns. Their pursuit of novelty, excitement, and adventure depends on the security of unrestrained mobility (Bianchi, 2006).

This sense of free mobility can only be truly experienced upon visiting the destination; so, the overall perception of destination attractiveness, especially regarding safety, becomes highly important (Alvarez & Korzay, 2008). With the increasing number of disasters, a destination's safety and security determine its attractiveness (Kara & Kunt, 2020). Destinations perceived as posing a significant risk to personal safety are usually avoided, resulting in reduced business activity (Barbhuiya & Chatterjee, 2020; Korstanje, 2021).

Abbas et al. (2021) and Vida et al. (2021) highlighted that small hotel businesses and tourism niche markets, such

as ecotourism, are on the verge of losing their assets due to disasters like COVID-19 because they are unable to discharge their mortgages, and their costs are increasing. Bettiol et al. (2023) noted that small businesses faced unprecedented obstacles during the pandemic and that ambidextrous strategies might be successful for SMEs.

The tourism industry faces numerous hurdles due to disasters, as tourists often seek undisturbed, serene destinations (Rosselló et al., 2020). Destinations usually experience a downturn after disasters, necessitating that tourism authorities develop innovative strategies to mitigate negative impacts. They helped revitalize affected regions to halt a prolonged decline (Min et al., 2020). Health tourism facilitators can play an effective role in recovery efforts by mitigating the negative impacts of disasters on the tourism industry. The following section will focus on understanding the meaning and its functions.

2.2 Health Tourism Facilitators

Haarhoff and Mokoena (2017) stated that "medical tourism facilitators, health tourism facilitators, medical travel agents, medical travel facilitators, medical tourism companies, etc., are all the words used to describe the types of intermediaries and companies that have emerged to act as links between the health tourists and health tourism products". These intermediaries are crucial for potential health tourists, especially those with limited experience, as navigating international healthcare options can be challenging (Gan & Frederick, 2018; Siddoo et al., 2024).

Directly contacting foreign providers often presents significant hurdles, including language barriers and time zone differences. Furthermore, conducting independent research, including searching for hospitals or centers and researching the destination country's healthcare system, often involves extensive email and phone communication, leading to increased costs and time consumption (Turner, 2012; Wagle, 2013); Consequently, facilitators emerge as valuable intermediaries, leveraging their reputation for possessing in-depth knowledge of local trends and issues within the health tourism sector (Mohamad et al., 2012; Wagle, 2013).

Health tourists often lack critical information about foreign countries, their healthcare systems, the expertise of medical professionals, available treatments, and relevant procedures, making their travel experiences potentially challenging and uncertain (Alleman et al., 2011; Turner, 2010, 2012). This information gap presents a significant opportunity for the emergence of a specialized niche market. Recognizing this unmet need, individuals within the health tourism industry, former health tourists themselves, and others who identified this information gap began to capitalize on this opportunity (Alleman et al., 2011; Gan & Frederick, 2011; Skountridaki, 2017). These individuals, now known as "health tourism facilitators", have significantly transformed the landscape of the health tourism industry.

3 RESEARCH METHODOLOGY

A structured questionnaire was designed after an extensive review of the literature. Statements were extracted

from the literature and refined through expert discussion. This questionnaire was then pilot-tested with 10 health tourism facilitators to assess respondents' understanding and language clarity, and to identify potential issues. Based on the feedback received, minor adjustments were made. For instance, terms like "proficient in foreign language" and "deficiency" was replaced with "foreign language expert" and "lack of," respectively, to enhance clarity. The questionnaire has two parts: 1) 17 statements related to health tourism facilitators' businesses; and 2) demographic variables. Primary data was collected from health tourism facilitators to achieve the objective of this paper.

To gather the data, convenience and purposive sampling techniques were employed. The researcher collected the email addresses of health tourism facilitators from the NABH website, their Facebook and LinkedIn pages, and their websites. A link to a Google Form was sent to the facilitators. Eighty-one facilitators filled out the online form. Only 79 of the 81 responses were analyzed, as two were incomplete. Zotero software was used for writing in-text citations and references.

3.1 Data Analysis Procedure

SPSS (Statistical Package for the Social Sciences) was used to run the Exploratory Factor Analysis (EFA). EFA is a data reduction technique that extracts factors by identifying common patterns in a large data set, grouping them, and naming the resulting themes (Hair et al., 2014). Questions are asked indirectly to obtain the desired information. This information is difficult to measure directly and is not available for answering the research objective.

4 RESULTS AND DISCUSSION

4.1 Participants' Socio-Economic Profile

The socio-economic profile of the participants is presented in Table 1. In the study, 68.4% of participants are male, and the rest are female. Regarding age, the most significant number of participants (31, or 39.2%) falls in the 31–40 age group, followed by the 18–30 (22, or 27.8%) and 41–50 (18, or 22.8%) age groups. Regarding educational qualification, more than fifty percent (58.2%) of participants hold post-graduate degrees, followed by graduate degrees (36.7%).

Additionally, 46.8% of participants work at the middle level of management, followed by the low level of management (34.2%). Finally, 24.1%, 21.5%, and 20.3% of participants have experience of 11–15 years, 3–5 years, and more than 20 years, respectively.

Table 1: Participants' Socio-Economic Profile

Particulars	Frequency	Percent
I. Gender		
Male	54	68.4
Female	25	31.6
II. Age (in years)		
18-30	22	27.8
31-40	31	39.2
41-50	18	22.8

51-60	8	10.1
III. Educational Qualification		
Diploma	2	2.5
Graduate	29	36.7
Post Graduate	46	58.2
Ph.D.	1	1.3
Other	1	1.3
IV. Position		
Low Level Management	27	34.2
Middle Level Management	37	46.8
High Level Management	10	12.7
Not Applicable	5	6.3
V. Experience (in years)		
0-2	1	1.3
3-5	17	21.5
6-10	15	19
11-15	19	24.1
16-20	11	13.9
More than 20	16	20.3

Source: SPSS output.

4.2 Sample Adequacy

It is imperative to check whether the sample size is adequate for the EFA. The Kaiser-Meyer-Olkin (KMO) test is used to assess the adequacy of the sample, and a KMO value of 0.50 or higher indicates that the sample is sufficient

for EFA (Kaiser, 1974). In this study, the KMO value is 0.836, indicating the sample's adequacy.

4.3 Factorability of the Correlation Matrix

To extract factors, EFA clusters correlated statements. If no correlation exists among the statements, EFA will produce no results because it relies on clustering the statements. Thus, the correlation between or among the statements should be checked, and Bartlett's test of sphericity addresses this issue. It tests the null hypothesis that statements are uncorrelated and attempts to reject it, thereby showing that statements are correlated. A small p-value ($p < 0.05$) indicates rejection of the null hypothesis, suggesting that the EFA is suitable for the given data. In this study, Bartlett's test confirmed the suitability of the data for EFA (Chi-Square = 923.419, $df = 136$, sig. = 0.000).

4.4 Communalities

Communality shows the proportion of variance a variable captures. A measured variable that captures little information must be dropped from the analysis, and the minimum threshold is 0.50 (Hair et al., 2014). In this study, all variables exceeded the minimum threshold of 0.50 (Table 2).

Table 2: Communalities of all the Variables

No.	Communalities	Initial	Extraction
1	High prices for health tourists in India are an issue for your business.	1	0.845
2	High price of treatments/therapies in India is a problem for your business.	1	0.832
3	High price of a package of a health tourism trip in India makes it difficult for attracting health tourists.	1	0.857
4	High prices of facilities such as accommodation, local transport, food, etc. cause difficulty for your business.	1	0.781
5	Lack of government support is troublesome for your business to compete in the health tourism market.	1	0.728
6	Due to strict regulation, it is difficult to attract health tourists to visit India for health tourism.	1	0.594
7	Private-public partnership (PPP) should be encouraged in the health tourism sector.	1	0.648
8	Inadequate laws and regulations make it hard to attract health tourists.	1	0.700
9	Your business attracts less health tourists due to lack of promotion for Indian medical professionals abroad.	1	0.817
10	Your business attracts less health tourists due to insufficient promotion for Indian institutions abroad.	1	0.858
11	Insufficient online promotion of the Indian health tourism industry is an issue for your business.	1	0.738
12	Inadequate promotion of specialised treatments/traditional therapies abroad makes it hard to attract health tourists.	1	0.691
13	Lack of expertise and specialisation makes it difficult to attract health tourists.	1	0.638
14	Limited number of specialists in the Indian health tourism sector is a problem for your business.	1	0.757
15	Limited number of workforce (nursing) in the Indian health tourism industry is a concern for your business.	1	0.768
16	Lack of specialised training for personnel involved in Indian health tourism industry is an issue for your business.	1	0.750
17	Limited number of foreign languages experts in the Indian health tourism sector is a concern for your business.	1	0.720

Legend: Extraction Method: Principal Component Analysis.

Source: SPSS output

4.5 Total Variance Explained

The total variance explained is the variance captured by the extracted factors. In essence, it demonstrates the proportion of the phenomenon's variation that all the extracted factors account for. The higher variance explained by the extracted factors suggests a better model fit. The extracted factors should account for at least 60% of the

variance in the social sciences (Hair et al., 2014). In this study, factors are extracted based on Eigenvalues (factors with $EV > 1$), resulting in four factors that collectively explain 74.80% of the variance (Table 3). Factor 1 accounts for 24.07% of the variation, followed by factor 2 (19.826%), factor 3 (16.201%), and factor 4 (14.472%).

Table 3: Total Variance Explained

Factor	Initial Eigenvalues		CML%	Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Var.		Total	% of Var.	CML%	Total	% of Var.	CML %

1	7.101	41.772	41.772	7.101	41.772	41.772	4.092	24.070	24.070
2	2.446	14.390	56.162	2.446	14.390	56.162	3.370	19.826	43.896
3	2.009	11.815	67.977	2.009	11.815	67.977	2.754	16.201	60.097
4	1.167	6.862	74.840	1.167	6.862	74.840	2.506	14.472	74.840
5	0.664	3.906	78.746						
6	0.592	3.480	82.225						
7	0.547	3.218	85.443						
8	0.499	2.937	88.381						
9	0.376	2.211	90.592						
10	0.330	1.944	92.535						
11	0.288	1.694	94.229						
12	0.239	1.405	95.634						
13	0.193	1.137	96.771						
14	0.161	0.946	97.718						
15	0.144	0.845	98.563						
16	0.135	0.794	99.356						
17	0.109	0.644	100						

Legend: Extraction Method: Principal Component Analysis. Note: Var. = Variance, CML = Cumulative.

Source: SPSS output.

4.6 Component Matrix and Rotated Component Matrix

The component matrix shows the associations between variables and factors; the association between a variable and a factor is known as a factor loading. In simple terms, a factor loading reflects the importance of a variable within a given factor. A factor loading above 0.4 is considered

the minimal threshold for inclusion, while a factor loading above 0.5 is deemed significant (Hair et al., 2014). The factor loadings of all variables were 0.5 or higher (Table 4), meeting the minimum criteria for retaining a variable and considered practically significant. A higher loading indicates that the variable is highly correlated with its corresponding factor.

Table 4: Component Matrix

S. No.	Statements	Component			
		1	2	3	4
1	High prices for health tourists in India are an issue for your business.	.651		.572	
2	High price of treatments/therapies in India is a problem for your business.	.674			
3	High price of a package of a health tourism trip in India makes it difficult for attracting health tourists.	.648		.556	
4	High prices of facilities such as accommodation, local transport, food, etc. cause difficulty for your business.	.616			
5	Lack of government support is troublesome for your business to compete in the health tourism market.	.688			
6	Due to strict regulation, it is difficult to attract health tourists to visit India for health tourism.	.532			
7	Private-public partnership (PPP) should be encouraged in the health tourism sector.		.572		
8	Inadequate laws and regulations make it hard to attract health tourists.	.532			
9	Your business attracts less health tourists due to lack of promotion for Indian medical professionals abroad.	.615	.558		
10	Your business attracts less health tourists due to insufficient promotion for Indian institutions abroad.	.59	.50		-.502
11	Insufficient online promotion of the Indian health tourism industry is an issue for your business.	.738			
12	Inadequate promotion of specialised treatments/traditional therapies abroad makes it hard to attract health tourists.	.687			
13	Lack of expertise and specialisation makes it difficult to attract health tourists.	.721			
14	Limited number of specialists in the Indian health tourism sector is a problem for your business.	.757			
15	Limited number of workforce (nursing) in the Indian health tourism industry is a concern for your business.	.73			
16	Lack of specialised training for personnel involved in Indian health tourism industry is an issue for your business.	.658			
17	Limited number of foreign languages experts in the Indian health tourism sector is a concern for your business.	.612			

Source: SPSS output

Extraction Method: Principal Component Analysis.

a. 4 components extracted.

The initial component matrix did not provide a meaningful factor structure, as statements 1, 3, and 10 were related to more than one factor. To obtain a meaningful factor structure, a rotated component matrix should be calculated and examined. A rotation method must be selected based on the theoretical understanding of the correlation among

factors. In this study, varimax rotation was employed, resulting in a clear four-factor structure in the rotated component matrix with no cross-loadings (Table 5). No cross-loading signifies that a variable is significantly related to only one factor. Table 6 displays the statements along with their respective factors, suitably named.

Table 5: Rotated Component Matrix

S. No.	Statements	Component			
		1	2	3	4

1	High prices for health tourists in India are an issue for your business.	.879		
2	High price of treatments/therapies in India is a problem for your business.	.852		
3	High price of a package of a health tourism trip in India makes it difficult for attracting health tourists.	.892		
4	High prices of facilities such as accommodation, local transport, food, etc. cause difficulty for your business.	.842		
5	Lack of government support is troublesome for your business to compete in the health tourism market.		.704	
6	Due to strict regulation, it is difficult to attract health tourists to visit India for health tourism.		.701	
7	Private-public partnership (PPP) should be encouraged in the health tourism sector.		.689	
8	Inadequate laws and regulations makes it hard to attract health tourists.		.801	
9	Your business attracts less health tourists due to lack of promotion for Indian medical professionals abroad.			.798
10	Your business attracts less health tourists due to insufficient promotion for Indian institutions abroad.			.892
11	Insufficient online promotion of the Indian health tourism industry is an issue for your business.			.700
12	Inadequate promotion of specialised treatments/traditional therapies abroad makes it hard to attract health tourists.			.593
13	Lack of expertise and specialisation makes it difficult to attract health tourists.	.714		
14	Limited number of specialists in the Indian health tourism sector is a problem for your business.	.789		
15	Limited number of workforce (nursing) in the Indian health tourism industry is a concern for your business.	.820		
16	Lack of specialised training for personnel involved in Indian health tourism industry is an issue for your business.	.841		
17	Limited number of foreign languages experts in the Indian health tourism sector is a concern for your business.	.842		

Source: SPSS output

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.^a

a. Rotation converged in 6 iterations.

Table 6: Factors and their Variables

S. No.	Variables	Factor Loading	Factor Name
1.	Lack of expertise and specialisation makes it difficult to attract health tourists.	.714	Availability of manpower and specialists
	Limited number of specialists in the Indian health tourism sector is a problem for your business.	.789	
	Limited number of workforce (nursing) in the Indian health tourism industry is a concern for your business.	.820	
	Lack of specialised training for personnel involved in Indian health tourism industry is an issue for your business.	.841	
	Limited number of foreign languages experts in the Indian health tourism sector is a concern for your business.	.842	
2.	High prices for health tourists in India are an issue for your business.	.879	Affordability
	High price of treatments/therapies in India is a problem for your business.	.852	
	High price of a package of a health tourism trip in India makes it difficult for attracting health tourists.	.892	
	High prices of facilities such as accommodation, local transport, food, etc. cause difficulty for your business.	.842	
3.	Lack of government support is troublesome for your business to compete in the health tourism market.	.704	Government support and legislation
	Due to strict regulation, it is difficult to attract health tourists to visit India for health tourism.	.701	
	Private-public partnership (PPP) should be encouraged in the health tourism sector.	.689	
	Inadequate laws and regulations makes it hard to attract health tourists.	.801	
4.	Your business attracts less health tourists due to lack of promotion for Indian medical professionals abroad.	.798	Promotion
	Your business attracts less health tourists due to insufficient promotion for Indian institutions abroad.	.892	
	Insufficient online promotion of the Indian health tourism industry is an issue for your business.	.700	
	Inadequate promotion of specialised treatments/traditional therapies abroad makes it hard to attract health tourists.	.593	

Source: SPSS output and own elaboration.

The identified four factors are as under:

a. Availability of workforce and specialists

India has renowned doctors and Indian nurses have established their credibility worldwide (Medhekar & Wong, 2020). However, the availability of manpower and specialists within India presents challenges for health tourism facilitators. The industry demands a diverse range of professionals, including foreign-language experts, coordinators, post-operative care concierges, and medical specialists. Furthermore, a diverse range of specialists, including pre- and post-care coordinators, case managers, and educators involved in treatment, is essential (Gan & Frederick, 2011).

The finding aligns with Siddoo et al. (2024), who highlighted that the language proficiency, medical communication, and presentation skills of facilitators play a significant role. Facilitators play a critical role in bridging this

gap by leveraging their expertise to guide health tourists in selecting suitable destinations based on factors such as the type of care, available manpower, and specialist expertise (Mohamad et al., 2012).

While India excels in particular surgeries, such as heart surgery, oncology, and hip and knee replacements, it faces competition from other destinations offering a wider range of treatments and therapies (Alsharif et al., 2010). Consequently, health tourists heavily rely on facilitators' recommendations when choosing their destination.

b. Affordability

India offers some of the most competitive treatment and therapy prices globally for health tourists, often a fraction of the costs in the USA, Canada, and European countries (Bhat, 2015). Facilitators conveniently attract and promote health tourists from developed nations due to the advantage of low cost (Gan & Frederick, 2011; Turner, 2011).

Furthermore, cost-effectiveness remains a crucial factor in the destination selection process for many health tourists (Hanefeld et al., 2015). However, while cost competitiveness is a potential advantage, India's primary health tourism markets currently include Africa, the Middle East, and South Asia. The pricing strategy needs to be adjusted accordingly, taking into account exchange rates, the development stage of these source markets, and other relevant factors.

Health tourists from source markets place significant importance on the capacity of facilitators to handle their financial matters, and failing to meet their expectations undermines their credibility, recommendations, and business (Siddoo et al., 2024). Therefore, high treatment or therapy prices and the associated costs at other facilities can hinder health tourism facilitators' ability to attract health tourists to India, ultimately affecting their business success.

c. Government support and legislation

India has been attracting overseas patients for more than two decades. The 2002 National Health Policy recognised the potential of health tourism, designating it as a "deemed export" (Ministry of Health & Family Welfare, Government of India, 2002). The Government has periodically undertaken efforts to enhance the industry's appeal. However, until 2015, there was a notable absence of specific legislation or dedicated governing bodies for the health tourism sector. This lack of regulatory oversight has created challenges. Unregistered facilitators often engage in deceptive practices, making false promises to unsuspecting health tourists. Unfortunately, there are currently no effective mechanisms to address such instances of malpractice, as highlighted by Wagle (2013).

Health tourists prioritize safety and security when seeking healthcare abroad (Medhekar & Wong, 2020), and the absence of robust legislation to protect them in cases of malpractice or negligence raises concerns and can deter potential travelers. This uncertainty poses significant challenges for legitimate health tourism facilitators in convincing prospective clients. Furthermore, the government has provided limited support to these facilitators, hindering their business growth. In contrast, countries like South Korea and Israel have implemented proactive measures to support the health tourism sector.

These initiatives include rewards for reporting illegal brokers, accreditation programs for hospitals serving foreign patients ('KAHF-Designated Hospitals Ensure Safe Korea With Thorough K-Quarantine and Advanced Medical System', 2018; Korea Tourism Organization & Korea Health Industry Development Institute, n.d.), and comprehensive legislation governing the activities of health tourism facilitators and healthcare institutions (*Medical Tourism in Israel*, 2021). While the Indian government recently drafted a new health tourism strategy (*National Strategy & Roadmap for Medical and Wellness Tourism*, 2022), the implementation of significant initiatives beyond facilitator registration remains limited. This lack of concrete action continues to pose challenges for health tourism facilitators in attracting international patients.

d. Promotion

This finding aligns with the research of Heung et al. (2011) and Gan and Frederick (2011), who emphasized the crucial role of promotional activities in overcoming obstacles and attracting health tourists. While the Indian government has undertaken various initiatives to promote India as a global tourism destination, the promotion of health tourism has explicitly not received commensurate attention. This has allowed competitor countries, such as Thailand and Malaysia, to gain an advantage.

Notably, these countries have explored collaborative efforts, such as joint promotional campaigns, to enhance their competitiveness in the health tourism market (Heung et al., 2011). In recent years, the Indian Government has launched promotional initiatives to position India as a health tourism destination. However, a comprehensive promotional strategy must effectively highlight specific treatments or therapies, renowned hospitals and centers, and the expertise of medical professionals to reach potential source markets effectively.

Siddoo et al. (2024) found that facilitators must be well-versed in developing marketing strategies to compete in the market. However, individual facilitators cannot effectively compete on their own at the macro level. A collaborative approach is essential, with the Government and health tourism facilitators working together to develop and implement a comprehensive promotional strategy that effectively positions India as a leading health tourism destination (Alsharif et al., 2010). This collaborative effort must ensure that all critical aspects are addressed to mitigate the challenges faced by health tourism facilitators.

4.7 Theoretical and Practical Implications

Health tourism facilitator domain is under-explored, concerning the factors that significantly impact their business. This study expands the existing literature on health tourism facilitators by identifying key factors crucial to their survival in times of crisis. While qualitative studies have explored the factors, this research employs a quantitative approach, using exploratory factor analysis (EFA). The findings of the current study unveil four factors affecting health tourism facilitator's business: availability of manpower and specialists, affordability, Government support and legislation, and promotion. Manpower and specialist availability have the most significant impact on a facilitator's business, followed by affordability.

This paper also has significant practical implications. As health tourism gains prominence, governments and destination service providers are actively promoting this sector through various channels. Health tourism facilitators have emerged as crucial intermediaries, acting as credible liaisons between health tourists and the destination. Their interactions significantly shape health tourists' perceptions, often shaping their initial impressions of the destination. Consequently, challenges faced by health tourism facilitators at the macro level can directly impact the overall number of health tourists arriving in a country.

The findings of this study provide valuable insights for governments, destination service providers, and health

tourism facilitators themselves. These findings can guide policy formulation, business strategies, and collaborative efforts within the health tourism sector. Governments must carefully consider these findings when developing and implementing health tourism policies. Furthermore, destination service providers should prioritize these factors when establishing business relationships with facilitators, recognizing their crucial role in attracting and serving health tourists. Government representation for facilitators in policy-making processes is essential. Regular consultations with facilitators can ensure that policies effectively address the challenges they face and promote the sustainable growth of the sector.

Addressing affordability concerns is critical. A collaborative effort among the Government, providers, and facilitators is necessary to develop an affordable and transparent pricing structure. Implementing initiatives similar to those in South Korea, such as mandatory price display on websites and a uniform pricing strategy, can enhance price

transparency and build trust among potential health tourists. To address the shortage of skilled manpower and specialists, the Government, in collaboration with providers and facilitators, should introduce academic programs with integrated on-the-job training components. This will help bridge the gap between academic knowledge and practical skills required in the health tourism industry.

Collaborative efforts among all stakeholders are paramount in creating and executing effective marketing campaigns that showcase the distinctive features of the Indian health tourism market. These well-crafted promotional strategies can also significantly help overcome other obstacles. Finally, India can explore innovative models of regional cooperation, such as establishing a health tourism cluster with neighbouring countries, similar to the Balkan region cluster. Such collaborations can leverage collective strengths, enhance regional competitiveness, and drive sustainable growth within the health tourism sector.

Table 7: Overview of Health Tourism Facilitators' Role

Factors	Strengths & Key Advantages	Current Challenges & Gaps	Role of Facilitators
<i>Availability of Workforce & Specialists</i>	Renowned doctors and nurses; expertise in heart surgery, oncology, and joint replacements	Shortage of language experts, post-op concierges, and specialized case managers	Crucial for guiding destination selection based on specific care needs and expertise
<i>Affordability</i>	Globally competitive pricing; costs are a fraction of those in the USA, Canada, and Europe	Needs better pricing strategies for primary markets (Africa, Middle East); impact of exchange rates	Manage financial expectations; handle finances accurately
<i>Government Support & Legislation</i>	Recognized as "deemed export" since 2002; recent drafting of National Strategy & Roadmap	Lack of robust malpractice laws and regulatory oversight; presence of unregistered/deceptive brokers	Consultations with facilitators can ensure development of effective policies
<i>Promotion</i>	General global tourism initiatives are strong; some recent specific health tourism activity	Lack of a macro-level strategy compared to competitors like Thailand and Malaysia.	Utilisation of their specialized marketing knowledge to craft individual strategies that complement government collaboration at the macro level

Source: Prepared by the Researchers.

5 CONCLUSIONS

Health tourism facilitators are emerging as crucial stakeholders in the evolving landscape of the health tourism industry. As the industry has progressed, so too have the capabilities of these facilitators. In today's information-rich environment, health tourists face the challenge of sifting through vast amounts of information to plan their healthcare journeys. Health tourism facilitators act as invaluable guides, helping tourists navigate this complex process and ultimately contributing to the industry's recovery and growth following the COVID-19 pandemic. This study attempts to identify the factors affecting the businesses of health tourism facilitators in India that can revive the industry after the pandemic. The success of these facilitators depends on their ability to effectively satisfy client needs and effectively manage the various factors that affect their business.

In this study, four factors are identified that affect the businesses of health tourism facilitators: manpower and specialist availability, affordability, Government support and legislation, and promotion. Among these, the availability of manpower and specialists emerged as the most critical factors, followed by affordability, Government support & legislation, and promotion. It is essential to recognize that health tourism facilitators have limited control over many of

these factors, necessitating significant Government support. Therefore, both the Government and destination service providers must prioritize these factors when developing and implementing policies and strategies related to the health tourism industry.

Given their crucial role as intermediaries within the health tourism value chain, facilitators must feel supported and empowered. Providing them with a platform for representation and actively involving them in policy-making processes will not only benefit facilitators but also contribute to the overall growth and sustainability of the health tourism industry.

The present study has achieved its objective that were set out, but the study is still not without limitations. First, only open-access literature was consulted. 17 statements, extracted from the literature and expert discussion, may not be exhaustive. Future research can access non-freely available literature, which could potentially uncover additional relevant statements, leading to a different factor structure. Secondly, the sample size, while adequate for the number of statements used in this study based on existing literature, may be considered relatively small for broader generalizations. Future research could benefit from a larger sample size, which may potentially reveal new insights and refine the factor structure. Third, non-probability sampling

methods, namely convenience and purposive sampling, have been used in the study.

Future research could use probability sampling methods, such as systematic and stratified sampling methods, to enhance the generalizability of the findings. Fourth, the study's focus on India limits the generalizability of the findings to other contexts. Researchers must exercise caution when interpreting the results and consider the specificities of the Indian health tourism market. Fifth, future research could employ confirmatory factor analysis (CFA) to validate the factor structure identified in this study, providing stronger empirical support for the findings and testing the predictions derived from relevant theories.

Finally, future studies could delve deeper into the role of facilitators, examining their direct, indirect, and moderating effects on health tourists' decision-making processes.

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CRedit author statement

Term	Definition	Author 1	A2
Conceptualization	Ideas; formulation or evolution of overarching research goals and aims.	x	x
Methodology	Development or design of methodology; creation of models.	x	x
Software	Programming, software development; designing computer programs; implementation of the computer code and supporting algorithms; testing of existing code components.		
Validation	Verification, whether as a part of the activity or separate, of the overall replication/ reproducibility of results/experiments and other research outputs.	x	x
Formal analysis	Application of statistical, mathematical, computational, or other formal techniques to analyze or synthesize study data.	x	
Investigation	Conducting a research and investigation process, specifically performing the experiments, or data/evidence collection	x	-
Resources	Provision of study materials, reagents, materials, patients, laboratory samples, animals, instrumentation, computing resources, or other analysis tools.	x	x
Data Curation	Management activities to annotate (produce metadata), scrub data and maintain research data (including software code, where it is necessary for interpreting the data itself) for initial use and later reuse.	x	
Writing - Original Draft	Preparation, creation and/or presentation of the published work, specifically writing the initial draft (including substantive translation).	x	x
Writing - Review & Editing	Preparation, creation and/or presentation of the published work by those from the original research group, specifically critical review, commentary or revision – including pre- or post-publication stages.	x	x
Visualization	Preparation, creation and/or presentation of the published work, specifically visualization/ data presentation.	x	x
Supervision	Oversight and leadership responsibility for the research activity planning and execution, including mentorship external to the core team.	x	x
Project administration	Management and coordination responsibility for the research activity planning and execution.	x	
Funding acquisition	Acquisition of the financial support for the project leading to this publication.		

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