

The Satisfaction position of African Diaspora Getting Medical Treatment in India

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Abstract

India has surfaced as a preferred destination for medical tourism, attracting over two million transnational cases annually. Among them, a growing member belongs to the African Diaspora from countries like Nigeria, Ghana, Kenya, Sudan, and Tanzania. This exploration investigates the satisfaction situations of African cases entering treatment in India, emphasizing clinical issues, communication, artistic perceptivity, affordability, and logistical ease. A mixed-system approach, involving 200 actors from major Indian medical capitals, was used to gather perceptivity. While cases generally rated India's clinical care and affordability largely, gaps remain in soft- service areas similar as artistic understanding and multilingual support. The paper concludes by proposing advancements in healthcare delivery to elevate India's status as a global healthcare leader.

Keywords Medical Tourism, African Diaspora, Case Satisfaction, Indian Healthcare, SERVQUAL, Cultural capability

Introduction

1.1Background

India's medical tourism assiduity has grown significantly over the last decade, situating itself as a global destination for high- quality, affordable healthcare. African citizens frequently choose India due to long waiting times, shy structure, or high costs in their home countries. Despite excellent medical issues, numerous cases face difficulties in communication, artistic alignment, and navigating foreign systems.

1.2 Explanation for the Study

There's limited academic literature exploring the specific gestures of African medical excursionists in India. This study addresses that gap by probing both quantitative service criteria and particular narratives to holistically understand patient satisfaction.

2. Literature Review

Connell(2020) identifies India's unique advantage in medical tourism due to affordability and ultramodern care. Hanefeld et al.(2019) explain how trust, referrals, and artistic familiarity influence medical trip opinions. The SERVQUAL model(Parasuraman et al., 1988) remains a critical frame for assessing healthcare service quality. Betancourt(2003) emphasized artistic capability as crucial to perfecting issues among different populations. The FICCI- KPMG report(2023) reveals India's strong flux from African countries, yet limited discussion of patient satisfaction specifics.

3. exploration objects and Questions

Primary ideal

- To estimate the satisfaction situations of African cases entering medical treatment in India. Secondary objects
- To assess the impact of service quality, affordability, and artistic perceptivity on patient satisfaction.
- To explore logistical and communication walls. - To recommend advancements for a better transnational case experience.

Exploration Questions

- What factors impact satisfaction among African cases in India?
- How do communication, culture, and affordability affect their experience?
- What strategies can hospitals borrow to enhance service for African cases?

4. Research Methodology

A mixed- system approach was used. Quantitative data was collected via structured SERVQUAL checks from 200 African cases across Delhi, Mumbai, Chennai, and Bangalore. Qualitative perceptivity were drawn from in- depth interviews exploring emotional, artistic, and logistical enterprises.

5. Data Analysis and Interpretation

58 of repliers were manly, 42 lady; 46 were progressed between 30 – 50. The maturity entered cardiac, orthopaedic, cancer, transplant, or fertility care. Cases praised sanatorium structure(Tangibles 91), professionalism(Assurance 88), and treatment trust ability(84). Empathy and responsiveness scored lower at 68 and 75 independently. 82 set up treatment affordable, but 14 cited retired charges. Language posed a hedge for 63 of repliers, especially among French, Swahili, and Arabic speakers.

6. Discussion

India's appeal lies in advanced care at an affordable cost, but this alone doesn't insure holistic satisfaction. Emotional comfort, clear communication, and artistic respect are inversely vital. Accredited hospitals performed more overall. Cases emphasized the need for better visa support, original navigation, and post-treatment care. Multilingual staff and artistic perceptivity surfaced as essential service gaps.

7. Conclusion and directorial Counteraccusations

The exploration confirms high satisfaction with medical treatment among African cases in India, particularly regarding affordability and clinical moxie. still, satisfaction goes beyond treatment success. Hospitals must enhancement-clinical services by offering language support, esteeming artistic nuances, and simplifying logistics. Policy interventions and feedback circles will help India retain and grow its global case base.

8. References

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1. Introduction

1.3 Why Do African Patients Choose India?

India provides specialized treatments such as cardiac surgery, oncology, and organ transplants at a fraction of Western costs. In many African countries, healthcare infrastructure struggles with insufficient medical technology and staff, leading to long wait times and poor outcomes. India's blend of modern facilities and cost-effectiveness makes it an attractive option.

1.4 What Gaps Does This Study Address?

While India ranks high in clinical outcomes, there is little empirical data about African patients' holistic experience, especially on cultural comfort, language access, and logistical guidance. This study brings these softer but critical dimensions into focus.

3. Research Objectives and Questions

3.1 How Are These Objectives Achieved?

Through a combination of structured SERVQUAL-based surveys and semi-structured interviews, the study captures both statistical trends and nuanced feedback from African patients.

3.2 What Makes This Research Unique?

Most prior studies on medical tourism focus broadly on international patients or financial gains. This research is distinct in its focused demographic (African patients), specific regional context (Indian hospitals), and its attention to non-clinical factors like culture and communication.

4. Research Methodology

4.1 Why Use a Mixed-Methods Approach?

Satisfaction is both measurable and emotional. While survey scores offer clarity on service dimensions, interviews provide depth—giving voice to stories of relief, confusion, or distress.

4.2 How Was Data Integrity Ensured?

All responses were collected voluntarily, with ethical clearance and privacy protection. Responses were cross-verified with hospital records wherever possible.

5. Data Analysis and Interpretation

5.1 What Were the Most Common Treatments?

Cardiac surgeries and orthopaedic treatments were most frequent. Fertility care and cancer treatment also featured prominently, indicating demand for highly specialized care.

5.2 What Language Barriers Were Reported?

Respondents mentioned issues in understanding instructions, signing forms, and expressing symptoms. French, Swahili, and Arabic-speaking patients struggled most.

5.3 What Did Regression Analysis Reveal?

Key influencers of satisfaction included treatment quality ($p < 0.05$), affordability ($p < 0.01$), and cultural sensitivity ($p < 0.01$). Language clarity also had strong statistical relevance.

6. Discussion

6.1 How Do Soft Factors Impact Satisfaction?

Though medical success is critical, patients emphasized emotional wellbeing, dignity, and clarity as equally important. Many said they felt 'clinically cured but emotionally ignored'.

6.2 How Do Experiences Vary By Hospital Type?

Accredited, corporate hospitals generally offered smoother logistics and multilingual help desks. Smaller clinics lacked structured international patient departments.

6.3 What Cultural Misalignments Were Found?

Patients cited food preferences, modesty in treatment settings, and spiritual needs as areas where Indian hospitals showed poor accommodation.

7. Conclusion and Managerial Implications

7.1 What Can Hospitals Do Immediately?

Hire language interpreters, offer cultural training to staff, and publish multilingual guides. These small changes can make a huge difference.

7.2 What Should Policymakers Consider?

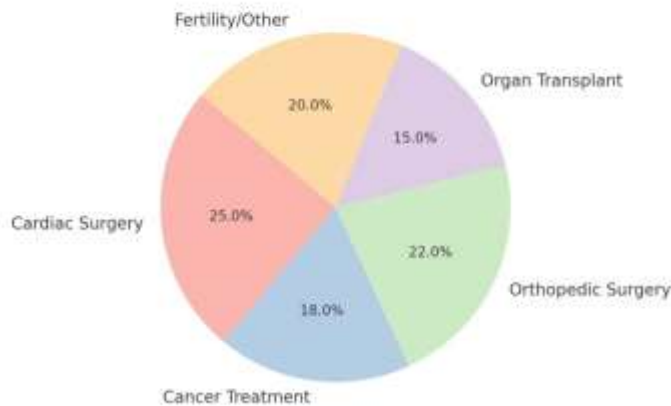
Incentivize hospitals to establish International Patient Care Cells with dedicated services. Develop a standardized rating system for international patient support.

7.3 Final Thought

India's position as a healthcare destination is strong, but to sustain leadership, the country must care not just for the body—but also the beliefs, language, and dignity of every patient

CHARTS TO UNDERSTAND RESEARCH MORE BETTER

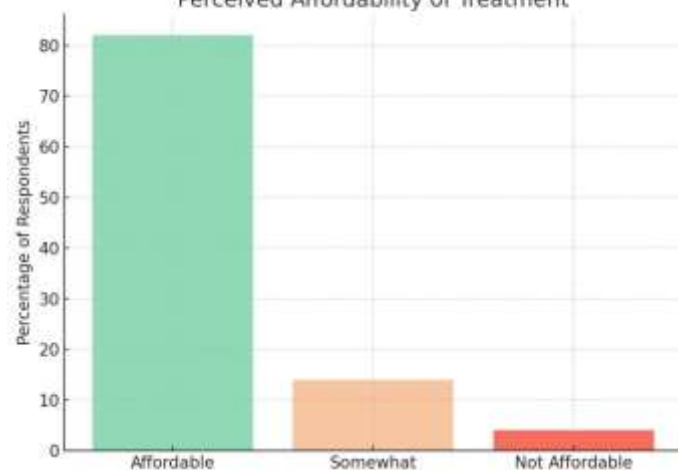
Type of Treatment Received



Description:

This pie chart shows the distribution of medical treatments received by African patients in India. Cardiac surgeries (25%) and orthopedic procedures (22%) lead the list, followed closely by cancer treatments (18%), organ transplants (15%), and fertility/other care (20%)

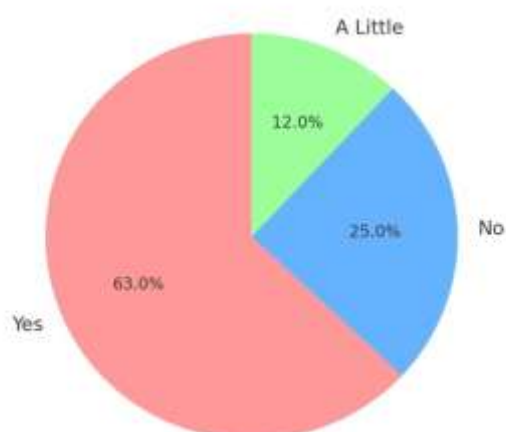
Perceived Affordability of Treatment



Description: 2

An overwhelming 82% of patients considered Indian healthcare affordable. However, 14% had mixed feelings, and 4% found costs unexpectedly high—signaling the need for transparent cost communication

Language Barrier Experience



Description: 3

This chart highlights that 63% of respondents faced significant language barriers during their medical journey. Only 25% reported smooth communication, while 12% experienced minor difficulties—demonstrating the urgent need for multilingual support in hospitals