

Role of Cultural and Environmental Factors in Tourists' Satisfaction: A Study of French-Speaking Health Tourists

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Keywords:

Culture,
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Abstract.

This study investigates the impact of cultural and environmental factors—specifically cultural opportunities, environment and destination management, hospitality, and physiography—on the satisfaction of French-speaking health tourists who have visited or are currently visiting India. Recognising that health tourism satisfaction is a multi-faceted concept influenced by a range of factors, including cultural and environmental aspects, this research aims to contribute to the understanding of these nuanced influences in the Indian context. Data were collected from 83 respondents through online and offline surveys, employing purposive and snowball sampling techniques. After data cleaning, 81 valid responses were analysed using Structural Equation Modelling with SmartPLS. The findings underscore that among the four independent constructs examined, cultural opportunities exert the strongest influence on the satisfaction of French-speaking health tourists, followed by physiographical attributes and hospitality factors. Accordingly, marketers should meticulously design itineraries that prioritise opportunities for immersive cultural engagement, showcase the region's natural beauty and diverse landscapes, and foster authentic hospitality experiences.

Kata Kunci:

Budaya,
Manajemen destinasi,
Lingkungan,
Turis kesehatan
penutur bahasa
prancis, Kepuasan
Wisatawan.

Abstrak.

Penelitian ini menyelidiki dampak faktor budaya dan lingkungan—khususnya peluang budaya, manajemen lingkungan dan destinasi, keramahan, dan fisiografi—terhadap kepuasan wisatawan kesehatan berbahasa Prancis yang telah mengunjungi atau sedang mengunjungi India. Dengan mengakui bahwa kepuasan dalam pariwisata kesehatan merupakan konsep multifaset yang dipengaruhi oleh berbagai faktor, termasuk aspek budaya dan lingkungan, penelitian ini bertujuan untuk memberikan kontribusi terhadap pemahaman pengaruh-pengaruh yang bernuansa tersebut dalam konteks India. Data dikumpulkan dari 83 responden melalui survei online dan offline, menggunakan teknik purposive dan snowball sampling. Setelah pembersihan data, 81 respons valid dianalisis menggunakan Structural Equation Modelling dengan SmartPLS. Temuan tersebut menekankan bahwa, di antara empat konstruk independen yang diperiksa, peluang budaya memberikan pengaruh terkuat dalam membentuk kepuasan wisatawan kesehatan berbahasa Prancis, diikuti oleh atribut fisiografis dan faktor keramahan. Oleh karena itu, pemasar sebaiknya merancang rencana perjalanan secara teliti yang memprioritaskan peluang untuk keterlibatan budaya secara mendalam, menampilkan keindahan alam dan lanskap yang beragam di wilayah tersebut, serta mendorong pengalaman keramahan yang otentik.

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1. Introduction

Tourism has emerged as a cornerstone of India's economic landscape, contributing significantly to its growth and development. As the country's third-largest foreign exchange earner (Indian Brand Equity Foundation, 2024), tourism generated an impressive US\$ 199.6 billion in 2023 while creating 35 million jobs (Indian Brand Equity Foundation, 2024). Within this dynamic sector, health tourism stands out as a niche with immense potential. The concept of health tourism in India gained prominence after 2000, when government ministers began to recognise its significance. Subsequently, prominent figures such as Kumar Mangalam Birla and Mukesh Ambani, members of the Prime Minister's Council for Trade and Industry, aptly described health tourism as the 'Sunshine Industry', emphasising its vast potential for economic growth.

Health tourism, as defined by Carrera and Bridges (2006, p. 449), encompasses "the organised travel outside one's local environment for the maintenance, enhancement or restoration of an individual's well-being in mind and body". The substantial economic contribution of health tourism has prompted numerous countries to implement strategic policies to attract international patients (Connell, 2015; Moghadam et al., 2020; Pocock & Phua, 2011), thereby intensifying competition within the global health tourism market. India, recognised as a leading destination in this sector (Patients Beyond Borders, n.d.), has successfully attracted a considerable number of international health travellers.

The Indian government has been actively promoting health tourism in recent decades, with a strong emphasis on Complementary and Alternative Medicine (CAM). Key initiatives include the establishment of the Ministry of AYUSH to promote traditional medicine systems like Ayurveda, and the National Medical and Wellness Tourism Promotion Board to facilitate the sector's growth. To enhance the ease of travel for health tourists, the government has implemented several significant measures. These include introducing e-medical visas, increasing the permitted duration of stay for visa holders, establishing dedicated immigration counters at airports, simplifying administrative procedures (Prasad & Singh, 2017), and drafting a new national strategy & roadmap for medical and wellness tourism. These efforts aim to create a more welcoming and efficient environment for international patients seeking healthcare in India.

The impact of these government initiatives is evident in the significant increase in the number of health tourists visiting India. Between 2020 and 2023, the number of inbound health tourists surged from 186,000 to 476,000 (Market Research Division, Ministry of Tourism, 2021, 2023). This robust growth is expected to continue, with the Indian Brand Equity Foundation (2022) projecting a Compound Annual Growth Rate (CAGR) of 21.1% for the medical tourism sector from 2020 to 2027. The wellness tourism market is also poised for substantial expansion, with a projected market value of US\$ 26.55 billion by 2029, reflecting a CAGR of 6.45% (Mordor Intelligence, n.d.). These projections underscore the immense potential of the health tourism industry in India. However, the sustained growth of this sector critically depends on effectively meeting the expectations of health tourists and ensuring their satisfaction. Satisfied tourists act as invaluable brand ambassadors (Ghosh & Mandal, 2018), actively promoting the destination through word-of-mouth, a highly influential and credible form of marketing (Cunningham, 2023). Furthermore, satisfied tourists are more likely to revisit the destination and recommend it to others (Ghosh & Mandal, 2018; H. J. Kim et al., 2016).

Health tourists' satisfaction is a multi-dimensional concept influenced by various drivers, including cultural and environmental factors, and differs inherently from general tourists' satisfaction. The products and services that constitute general tourism are typically a combination of non-healthcare services. In contrast, healthcare products are unique (Thomas, 2011); health tourists perceive them as a complex, integrated mix of healthcare and tourism services (Marković et al., 2014). While general tourists derive satisfaction from aesthetic pleasure, novelty, and entertainment provided by a pleasant

environment and cultural opportunities, health tourists experience these same factors as therapeutic support that shapes their satisfaction (Elbaz et al., 2021; Heung et al., 2010). Environmental cleanliness, safety, and tranquillity create a therapeutic landscape that directly reduces post-operative anxiety and aids deep recuperation during patient convalescence, while facilitating holistic rejuvenation for wellness tourists undergoing intensive therapies such as Ayurveda, Yoga or other programmes (Choi et al., 2015; Dryglas & Salamaga, 2016; Elbaz et al., 2021; Finlay, 2018). Furthermore, cultural factors do not merely serve an entertainment purpose for health tourists; instead, they act as vital indicators of cross-cultural safety and empathy. Additionally, language alignment and respect for tourists' native culture reduce stress and build trust necessary during periods of vulnerability (Aiwerioghene et al., 2021; Elbaz et al., 2021). Consequently, cultural and environmental factors play a pivotal role in health tourist satisfaction, functioning as essential prerequisites for post-operative healing rather than optional luxuries.

Prior research has investigated health tourist satisfaction from various perspectives, including the quality and cost of healthcare (Kumar & Hussian, 2016; Marković et al., 2014), the functional and wellness value of services (Choi et al., 2015), and the quality of tourism activities (Kim et al., 2016). However, existing literature has sparsely explored the impact of cultural and environmental factors on health tourist satisfaction (Ramos & Cuamea, 2019). Furthermore, these studies have not specifically examined the influence of such factors on the satisfaction of health tourists from particular linguistic backgrounds visiting India.

Among these linguistic groups, the Francophone demographic represents one such strategically significant yet understudied segment. While India's health tourism sector primarily focuses on English-fluent populations, evaluating the Francophone segment presents a highly lucrative opportunity. Notably, France consistently ranks among India's top ten inbound source markets, while French-speaking nations across Africa serve as a high-yield region where travel is explicitly motivated by healthcare (Ministry of Tourism, 2025), collectively reinforcing the strategic significance of the broader Francophone market. Although macro-level datasets indicate that formal health visas constitute a fraction of arrivals (Ministry of Tourism, 2025), this framework inherently underrepresents the true scope of the market, as many international travellers seeking preventative care, traditional alternative medicine, or holistic healing (such as Ayurveda, naturopathy, yoga programmes) enter on standard tourist visas. Consequently, a substantial portion of this market remains obscured within aggregate holiday statistics. Nevertheless, despite these limitations, available visa statistics indicate that a 12% to 15% share of the tracked visa market comprises travellers from Francophone nations (Ministry of Tourism, 2025), making their specific cultural and environmental expectations highly consequential.

Investigating this demographic also challenges the longstanding tendency within destination literature to treat international tourists as a homogeneous category (Zhu et al., 2024). Cross-cultural behavioural models indicate that linguistic and cultural cohorts operate under distinct assumptions regarding destination risk, safety, and hospitality (Reisinger & Mavondo, 2006). While English-speaking cohorts may navigate India's tourism infrastructure with comparatively fewer communicative barriers, Francophone health tourists often encounter greater cultural and linguistic distance. Consequently, French-speaking tourists may rely more heavily on environmental cues, visible safety measures, and localised hospitality interactions to evaluate destinations and establish institutional trust. Such reliance becomes particularly salient for cross-border health tourists, who must navigate unfamiliar environments while managing travel-related anxieties alongside healthcare objectives (Smith & Diekmann, 2017; Smith & Puczko, 2014). These dynamics suggest that Francophone health tourists evaluate destinations through culturally distinct interpretive frameworks, highlighting the need to examine how environmental and cultural dimensions influence their satisfaction in India. Despite these considerations, empirical evidence exploring these relationships remains limited.

A deeper understanding of these nuanced factors is crucial for developing effective strategies to enhance the overall health tourism experience and ensure the long-term sustainability of this vital sector in India (Menon et al., 2021; Sachdev, 2025). Therefore, this study aims to investigate the impact of cultural and environmental factors—namely, cultural opportunities, environment and destination management, hospitality, and physiography—on French-speaking health tourists' satisfaction. This research will generate valuable insights into the behaviours of French-speaking health tourists. These findings will be instrumental in informing the development of health tourism strategies that effectively attract a larger international clientele, simultaneously enhancing visitor satisfaction and creating employment opportunities for the local communities.

2. Literature Review

2.1. *Theoretical Foundation: The Performance-Only Paradigm*

Pizam et al. (1978) pioneered a multi-attribute framework that measured tourists' satisfaction purely through experienced performance, establishing an early foundation for what would be recognised as a direct-effects performance approach. This perspective posits that consumer satisfaction is directly driven by the perception of actual product or service performance, rather than expectation-disconfirmation gaps. Churchill and Surprenant (1982) provided further empirical support, demonstrating that performance can exert a dominant, direct influence on satisfaction independent of prior expectations. This direct pathway was also substantiated by Tse and Wilton (1988), who established that performance operates as a powerful, independent causal antecedent of satisfaction, often outweighing traditional expectation-disconfirmation phenomena. Formally consolidating this school of thought, Cronin and Taylor (1992) established the performance-only paradigm, proving that performance-only measures offer superior predictive validity for consumer evaluations. Consequently, this paradigm gained significant traction within hospitality and tourism research, with scholars such as Kozak and Rimmington (2000), Fuchs and Weiermair (2003), and Yoon and Uysal (2005) advocating its use for destination evaluations. Adopting this established paradigm, the current study utilises a performance-only framework to evaluate how India's unique cultural and environmental attributes directly shape French-speaking health tourists' satisfaction.

2.2. *Conceptual Framework and Hypotheses Development*

Hofstede (2011, p. 3) defined culture as "the collective programming of the mind which distinguishes the members of one category of people from others". This multifaceted concept plays a distinctive role in tourism, simultaneously fostering excitement, curiosity, unfamiliarity, and uncertainty, thereby motivating tourists to seek novel experiences across diverse cultures and lifestyles. This pursuit of novelty, as evidenced by Ghosh and Mandal (2018) and Kim (2014), yields memorable experiences and heightened satisfaction through the opportunity for exploration. Within the context of health tourism, however, cultural considerations assume a more nuanced form (Moghadam et al., 2020). A traveller's cultural values significantly influence their expectations regarding healthcare services and facilities (Cook, 2010). Moreover, some health tourists prioritise familiarity, seeking destinations with cultural elements and religious beliefs that resonate with their own, thereby mitigating language barriers and reducing both monetary and non-monetary risks (Connell, 2013).

H1: Cultural opportunities have no significant positive influence on French-speaking health tourists' satisfaction.

Destination and environmental factors provide unique appeal to tourists in the long run (Dwyer & Kim, 2003). As Kim (2014, p. 38) emphasised, the "environment of a destination should be well-managed to prevent visitors from having a negatively memorable experience. The poor management

of a destination environment (e.g., crowding, noise, and bad odour) would result in negative arousal and consequently lead to negatively memorable experiences". Recognising that travellers anticipate a positive and memorable experience when visiting other countries, effective destination management becomes paramount. Destination managers must therefore carefully consider all destination and environmental qualities to make informed decisions (Crouch, 2010). By mitigating these negative impacts and proactively addressing environmental concerns, destination management strives to maintain the long-term appeal and sustainability of the destination. Furthermore, these efforts significantly influence tourist satisfaction and future intentions, including revisit intentions and positive word-of-mouth promotion (Chon, 1991; Crouch, 2010; Dwyer & Kim, 2003).

H2: Poor environment and destination management have no significant negative influence on French-speaking health tourists' satisfaction.

Hospitality refers to "perceived friendliness of the local population and community attitudes towards tourists. It includes: warmth of reception by local population, willingness of residents to provide information to tourists; attitudes towards tourists and the tourism industry" (Dwyer & Kim, 2003, p. 384). Interactions between tourists and local residents are crucial, as a warm welcome and readily available information significantly enhance the tourist experience (Kim, 2014). Indeed, hospitality is recognised as a vital tool for both providing and enriching the overall tourism experience (Crouch, 2010). Furthermore, the local hospitality leaves a lasting impact on tourists, particularly foreign tourists, for whom it may hold greater significance than for domestic tourists (Chandralal & Valenzuela, 2013). Destinations with open and welcoming cultures gain a significant competitive advantage (Kim et al., 2012), thus necessitating the enhancement and promotion of local culture and hospitality for health tourism sector success (Ghosh & Mandal, 2018; Zolfagharian et al., 2018). Numerous studies have consistently demonstrated an association between the attitude of local people towards tourists and their overall satisfaction (Chandralal & Valenzuela, 2013; Crouch, 2010; Dwyer & Kim, 2003; Ghosh & Mandal, 2018; J.-H. Kim, 2014; Singh, 2012).

H3: Hospitality has no significant positive influence on French-speaking health tourists' satisfaction.

Physiography constitutes a significant and inimitable competitive advantage for a destination, recognised as the most crucial factor within core resources and attractors (Crouch, 2010). Inherently, physiography possesses the capacity to attract visitors without human intervention (Dryglas & Salamaga, 2016). Kim (2014, p. 38) highlighted that "destinations that possess a highly appealing, unique physiography or climate must attempt to take every competitive advantage of their good fortune—and ensure this factor underlies the total visitation experience in a creative, differentiating manner". Furthermore, destinations that effectively leverage their physiographic attributes in creative, well-developed ways significantly enhance the memorability of tourists' experiences (Kim, 2014). The natural features of a destination, including climate, weather conditions, and location, not only dictate the potential for health tourism development but also play a crucial role in enhancing visitor satisfaction (Dunets et al., 2019; Heung et al., 2011; Izadi et al., 2012; Kim & Choi, 2018).

H4: Physiography has no significant positive influence on French-speaking health tourists' satisfaction.

This study attempts to examine the influence of cultural and environmental factors on French-speaking health tourists who have visited or are planning to visit India (Figure 1). The findings will offer insights for India's health tourism industry to utilise in its marketing efforts and itinerary development, with the aim of attracting and satisfying French-speaking health tourists respectively.

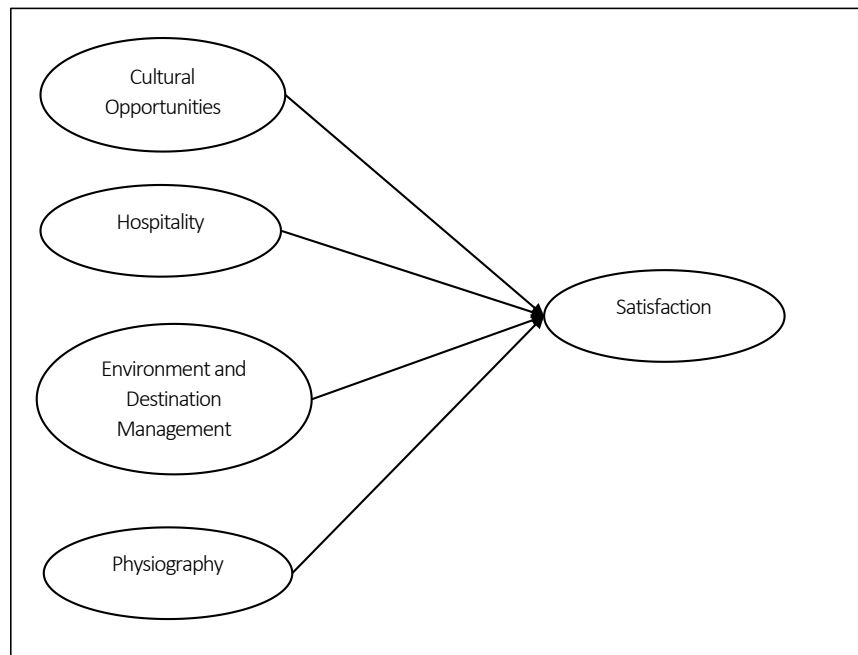


Figure 1. Proposed Conceptual Framework
Source: Authors' Analysis based on Literature

3. Research Methodology

3.1 Instrument Development

Building upon a comprehensive review of existing literature, this study employed a 5-point Likert scale to assess variables ranging from 'Strongly Disagree' to 'Strongly Agree.' To ensure relevance, existing measurement scales were carefully adapted to the study context. To ensure linguistic rigour, the researcher, with the assistance of a native French speaker experienced in teaching at Indian educational institutions, translated the questionnaire from English into French. As emphasised by previous research (Lee et al., 2020; Peytcheva, 2020), variations in language and cultural interpretation can significantly influence survey outcomes. Therefore, aligning with best practices (Lee et al., 2020), the survey was designed in the native language of the target population. Scales for hospitality, environment and destination management, and physiography were adapted from Kim (2014), whereas scales for cultural opportunities and satisfaction were adapted from Ghosh and Mandal (2018) (Table 1).

This study was conducted utilising a descriptive and cross-sectional research methodology. As posited by Kothari (2004), descriptive research serves the fundamental purpose of characterising phenomena or investigating the interrelationships among variables. While Hair et al. (2014) underscore the potential for descriptive research to contribute to the validation of existing theory or relationships, the primary objective of this study was to provide a rigorous and in-depth description of the phenomenon under investigation. Consistent with Babbie (2008), data were collected at a single point in time, employing a cross-sectional approach involving the collection of data from the entire target population or a sample.

Table 1. Factors, Items, and Source

Factors	Items	Source	Code
Culture	India offers several opportunities to explore the local way of life.	Ghosh & Mandal, 2018	CULS1
	There are several programmes to learn the local history of India.		CULS2
	Local people in India are open to welcome people from different cultures.		CULS3
	India offers several ways to exchange cultural thoughts.		CULS4
Hospitality	Local people in India are friendly.	Kim, 2014	HOSP1
	Local people in India are helpful.		HOSP2
	Local people share information about India.		HOSP3
Physiography	India has different ecology zones.	Kim, 2014	PHY1
	India has well preserved areas.		PHY2
	India has awe-inspiring landscapes.		PHY3
Environment and Destination Management	India has a chaotic traffic system.	Kim, 2014	EDM1
	India is unclean.		EDM2
	India has a bad odour.		EDM3
	India has safety and security issues.		EDM4
Satisfaction	Your satisfaction with India's culture is high.	Ghosh & Mandal, 2018	SAT1
	Your satisfaction with India's environment is high.		SAT2
	You recommend India to others for health tourism.	Added by Researchers from existing literature	SAT3

Source: Authors' Analysis based on Literature

3.2 Sampling and Data Collection

Data were collected using a structured questionnaire through both online and offline channels. Online data were gathered via a Google Form, disseminated to French-speaking health tourists, or their accompanying individuals, who have visited or are visiting India for health tourism purposes. Participants were encouraged to disseminate the survey link to their respective networks. The researcher further visited hospitals and centres in Delhi-NCR to collect offline data, as well as conducted field visits to Uttarakhand, Uttar Pradesh, and Kerala. Data collection from French-speaking health tourists was conducted via structured, self-administered questionnaires. Non-probability sampling techniques, viz., purposive and snowball, have been used. To ensure that the sample obtained through these techniques was statistically sufficient for robust empirical analysis, an a priori power analysis was conducted using G Power 3.1.9.7 (Faul et al., 2007, 2009). Power was evaluated using the F-test family for linear multiple regression (R^2 deviation from zero). Adhering to established operational conventions (Cohen, 1988; Hair et al., 2017, 2019), the analysis utilised a 5% significance level ($\alpha = 0.05$), an 80% statistical power benchmark ($1 - \beta = 0.80$), and a medium effect size ($f^2 = 0.15$). For a framework with four predictors, G Power indicated a minimum required sample size of 85 participants. Concurrently, the 10-times rule was also consulted, which dictates that the sample size must be at least ten times the maximum number of structural paths directed at a single

latent variable (Hair et al., 2017). Based on four structural paths, this criterion requires a minimum of 40 respondents. Initial data collection yielded 83 responses; data screening resulted in a final dataset of 81 valid responses. This final sample size comfortably exceeds the 10-times rule and demonstrates substantial alignment with the a priori power requirements, ensuring adequate statistical power for model assessment.

4. Findings

4.1 Respondents' Profile

Table 2 reveals the demographic profile of the respondents, with 51.9% identifying as male, 44.4% as female, and 3.7% as belonging to other gender categories. Marital status analysis indicates that 59.3% of participants were unmarried, while 38.3% were married. A notable characteristic of the sample is the predominance of younger, educated individuals, with over 50% falling within the 19-30 age bracket and possessing a bachelor's or master's degree. This suggests that a significant portion of French-speaking health tourists are capable of making informed healthcare decisions. Furthermore, the data indicates that approximately 50% of participants were employed in the private sector. In terms of household income, 43.3% and 14.8% of participants reported monthly incomes of up to \$3000 and between \$3000 and \$6000, respectively. These findings suggest that middle-income individuals employed in the private sector constitute a substantial segment of French-speaking health tourists seeking to enhance their quality of life through healthcare travel.

Table 2 reveals that 38.3% of respondents preferred arranging their travel with a familiar individual, likely seeking support within a foreign healthcare and cultural context. Conversely, 25.9% utilised Indian service providers, while 24.7% opted for independent travel arrangements. In terms of geographic distribution, the sample represented a diverse range of nationalities. French nationals constituted the largest group (27.2%), followed by Canadians (21.0%), Swiss (6.2%), Congolese (4.9%), Senegalese (3.7%), and Seychellois (3.7%). Smaller cohorts included Belgian (2.5%) and Chadian (2.5%) respondents, while 18.5% mentioned Other and 9.9% withheld this information. Regarding travel motivations, medical tourism emerged as the primary objective for nearly half the sample (48.1%), followed by wellness tourism at 34.6%. The remaining 17.3% of respondents indicated a dual purpose.

4.2 Data Analysis Procedure

To empirically validate the hypotheses, SmartPLS (versions 3 and 4) was utilised. The selection of SmartPLS was necessitated by the relatively small sample size (Hair et al., 2019). Before assessing the proposed model, Common Method Bias (CMB) was checked using Harman's single-factor test. CMB was found insignificant (30.86% of total variance) (Podsakoff et al., 2003), thereby confirming the validity of the dataset for measurement model and structural model assessment.

4.3 Measurement Model Evaluation

First, factor loadings for all items were examined, and factor loadings above 0.7 indicate strong reliability (Chin et al., 2003; Hair et al., 2021). However, items with loadings between 0.4 and 0.7 can be retained unless their removal improves reliability or validity (Hair et al., 2021). All factor loadings exceeded 0.70 (Hair et al., 2019) except for two statements, which yielded loadings below 0.7 but above 0.5. Because removing EDM3 and EDM4 reduced construct reliability and validity, these statements were retained. Cronbach's alpha and composite reliability are utilised to verify internal consistency reliability. All the constructs satisfy both reliability criteria, as all the values are above 0.7 (Fornell & Larcker, 1981; Hair et al., 2017).

Table 2. Participants' Profile

Indicator	Feature	Frequency	Percentage
Gender	Male	42	51.9
	Female	36	44.4
	Other	3	3.7
Age	Up to 18	1	1.2
	19 - 30	43	53.1
	31 - 45	28	34.6
	46 - 60	7	8.6
	Above 60	2	2.5
Educational Qualification	No Formal Education	9	11.1
	High School	7	8.6
	Bachelors	17	21
	Masters	36	44.4
	Doctorate (Ph.D.)	12	14.8
Occupation	Other	0	0
	Businessman	13	16
	Government Employee	23	28.4
	Private Employee	42	51.9
	Other	3	3.7
Family Monthly Income (\$)	Up to 3000	35	43.3
	3001 – 6000	12	14.8
	6001 – 9000	15	18.5
	9001 – 12000	10	12.3
	More than 12000	9	11.1
Marital Status	Unmarried	48	59.3
	Married	31	38.3
	Other	2	2.4
Method of Trip Arrangement	With the help of a friend or a family member in India	31	38.3
	With the help of a service provider in India	21	25.9
	With the help of a local physician	4	4.9
	With the help of your insurance provider	5	6.2
	On your own	20	24.7
Cost of the Trip (\$)	Other	0	0
	Up to 10,000	39	48.1
	10,001 – 20,000	10	12.4
	20,001 – 30,000	12	14.8
	30,001 – 60,000	12	14.8
Nationality	More than 60,000	8	9.9
	Belgian	2	2.5
	Canadian	17	21
	Congolese	4	4.9
	French	22	27.2
	Senegalese	3	3.7
	Seychellois	3	3.7
	Swiss	5	6.2
	Chadian	2	2.5
Purpose of Visit	Other	15	18.5
	Not Mentioned	8	9.9
	Wellness Tourism	28	34.6
	Medical Tourism	39	48.1
	Both	14	17.3

Source: Authors' Analysis based on the Output of SPSS

Convergent validity is “the extent to which the construct converges in order to explain the variance of its indicators” (Hair et al., 2021, p. 78). AVE values for all constructs surpassed the 0.5 threshold, confirming convergent validity. Table 3 depicts the values of factor loadings, Cronbach’s alpha, composite reliability, and AVE.

Table 3. Factor Loadings, Cronbach Alpha, Composite Reliability, and Average Variance Extracted

Factor	Statement	Loading	Alpha	CR	AVE
Cultural Opportunities	CULS1	0.935	.899	.937	.832
	CULS2	0.921			
	CULS3	0.879			
Environment and Destination Management	EDM1	0.833	.757	.807	.522
	EDM2	0.875			
	EDM3	0.573			
	EDM4	0.55			
Hospitality	HOSP1	0.805	.820	.888	.725
	HOSP2	0.843			
	HOSP3	0.904			
Physiography	PHY1	0.804	.801	.883	.715
	PHY2	0.869			
	PHY3	0.862			
Satisfaction	SAT1	0.81	.802	.883	.716
	SAT2	0.859			
	SAT3	0.87			

Source: Authors’ Analysis based on the Output of SmartPLS

The next step involved evaluating discriminant validity. Discriminant validity was established using the Fornell-Larcker criterion (1981). This criterion posits that the variance uniquely attributable to each construct should exceed the shared variance between that construct and other constructs. Table 4 displays that all constructs in the model fulfil this criterion, thus confirming discriminant validity.

Table 4. Fornell-Lacker Criterion

	CULS	EDM	HOSP	PHY	SAT
CULS	0.912				
EDM	-0.065	0.723			
HOSP	0.396	-0.12	0.852		
PHY	0.134	-0.182	0.233	0.846	
SAT	0.637	-0.177	0.466	0.407	0.846

Source: Authors’ Analysis based on the Output of SmartPLS

Discriminant validity was further supported by the Heterotrait-Monotrait Ratio (HTMT) criterion. As per Henseler et al. (2015), values below 0.85 indicate acceptable levels of discriminant validity. In this study, all constructs met the HTMT criterion, with no values exceeding 0.85 (Table 5).

Table 5. Heterotrait-Monotrait Criterion

	CULS	EDM	HOSP	PHY	SAT
CULS					
EDM	0.125				
HOSP	0.431	0.136			
PHY	0.157	0.266	0.249		
SAT	0.743	0.204	0.52	0.503	

Source: Authors' Analysis based on the Output of SmartPLS

4.4 Structural Model Evaluation

Multicollinearity was assessed using Variance Inflation Factor (VIF). With all values of VIF ranging from 1.347 to 3.996 and thus below the critical threshold of 4, no evidence of multicollinearity among independent constructs was found (Garson, 2016; Hair et al., 2019). Subsequently, path coefficients were determined, and bootstrapping procedure was employed to empirically test the hypothesised relationships. Hypotheses H1, H3, and H4 were rejected (Table 6), demonstrating that cultural opportunities ($\beta = 0.521$, $t = 5.859$ and $p < 0.001$), hospitality ($\beta = 0.185$, $t = 2.001$ and $p < 0.05$), and physiography ($\beta = 0.282$, $t = 2.812$ and $p < 0.05$), positively and significantly influence French-speaking health tourists' satisfaction. In contrast, H2 was not rejected, demonstrating that poor environment and destination management ($\beta = -0.069$, $t = 0.769$ and $p > 0.05$) does not exert a significant negative influence on French-speaking health tourists' satisfaction.

Table 6. Hypothesis Testing Outcomes

	Beta	S.E.	T-Statistics	Remarks
CULS -> SAT	0.521	0.089	5.859*	Rejected
EDM -> SAT	-0.069	0.09	0.769**	Failed to Reject
HOSP -> SAT	0.185	0.093	2.001**	Rejected
PHY -> SAT	0.282	0.1	2.812**	Rejected

Source: Authors' Analysis based on the Output of SmartPLS

Note: * $p < 0.001$; ** $p < 0.05$

Finally, the model's explanatory power (R^2) was assessed. The result indicates that the model explains 54.5% of the variance in French-speaking health tourists' satisfaction. Subsequently, Effect size analyses revealed large, medium, and small effects for cultural opportunities, physiography, and hospitality, respectively (Cohen, 1988). Conversely, poor environment and destination management (0.01) demonstrates no effect (Table 7). Lastly, the predictive power of the model was evaluated using the predictive relevance (Q^2) statistic. With a Q^2 value of 0.475 for satisfaction, the model demonstrates significant predictive relevance, exceeding the threshold of zero (Hair et al., 2019).

Table 7. Effect Sizes

	SAT	Effect Size
CULS	0.503	Large Effect
EDM	0.01	No Effect
HOSP	0.061	Small Effect
PHY	0.161	Medium Effect

Source: Authors' Analysis based on the Output of SmartPLS

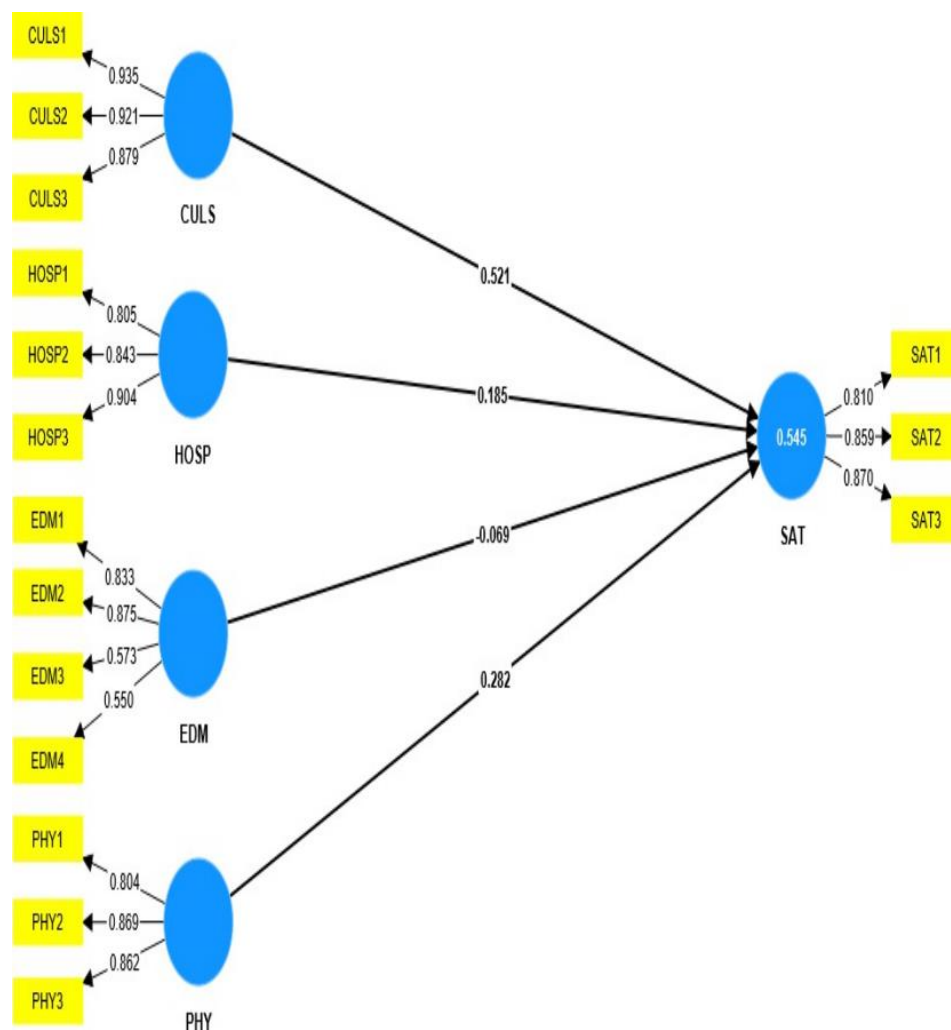


Figure 2. Factor Loadings and Path Coefficients

Source: SmartPLS generated Output

5. Discussion and Implications

5.1 Discussion

The health tourism industry in India is experiencing significant growth and has emerged as a crucial niche market. Currently, India ranks among the leading destinations for health tourism, attracting a substantial influx of international visitors seeking healthcare services. However, revisit intention and word-of-mouth promotion are closely linked to the satisfaction and experience of health tourists (Ghosh & Mandal, 2018; Kim et al., 2016). While India has established a strong reputation in the field of healthcare, it may still require further development in terms of cultural and environmental factors (Menon et al., 2021; Sachdev, 2025). Therefore, understanding the impact of these factors on the satisfaction of French-speaking health tourists is of paramount importance. This study aimed to investigate the influence of cultural and environmental factors on the satisfaction levels of French-

speaking health tourists who have visited or are visiting India. The findings reveal that certain factors have a statistically significant impact on French-speaking health tourists' satisfaction.

Among the environmental and cultural factors considered, cultural opportunities emerged as paramount in influencing the satisfaction of French-speaking health tourists, aligning with previous research by Ghosh and Mandal (2018) and Sankar (2016). Given the extended duration of their stay for convalescence, health tourists actively seek opportunities to engage with the destination's cultural fabric (Ghosh & Mandal, 2018; Moghadam et al., 2020). Interactions with local populations facilitate cultural exchange and value sharing (Menon et al., 2021). Frequent, positive interactions with the local community enhance their satisfaction by fostering a welcoming atmosphere and mitigating feelings of isolation or alienation (Kim, 2014). Furthermore, physiography positively and significantly influences the satisfaction of French-speaking health tourists, corroborating the findings of Kim & Choi (2018) and Izadi et al. (2012). Favourable physiographic conditions facilitate tourist adjustment and enhance their overall enjoyment of the destination (Ramos & Cuamea, 2019), ultimately contributing to higher levels of satisfaction. In India, the months of October to February typically experience peak tourist arrivals, as foreign visitors encounter minimal challenges in adapting to the country's winter climate. Conversely, the remaining months may present greater challenges in terms of climatic adaptation.

Moreover, hospitality positively and significantly impacts the satisfaction of French-speaking health tourists. These findings support prior research emphasising the positive influence of hospitality on tourist and health tourist satisfaction (Abd Mutalib et al., 2017; Chandralal & Valenzuela, 2013; Crouch, 2010). The presence of friendly and hospitable individuals fosters a sense of comfort and belonging within the unfamiliar environment (Kim, 2014), contributing to heightened satisfaction levels (Ghosh & Mandal, 2018). India, renowned for its hospitality, boasts regions where local communities possess knowledge of the French language and culture, minimising the need for extra effort on the part of French-speaking health tourists and fostering a sense of familiarity.

Surprisingly, poor environmental and destination management did not exhibit a significant negative influence on the satisfaction levels of French-speaking health tourists, aligning with previous research (Kumar & Hussian, 2016; Ramos & Cuamea, 2019). Health tourists often face limitations in exploring the destination during extended hospital or wellness centre stays for treatment or therapy. Recognising this, many rely on service providers to arrange recuperative tourism activities. Leveraging their in-depth local knowledge, these providers meticulously plan itineraries to address the unique needs of health tourists, to minimise potential negative experiences and ensure a positive and enjoyable travel experience.

5.2 *Implications*

The existing literature has largely neglected the health tourism experiences of specific language-speakers, particularly concerning their satisfaction with cultural and environmental factors. This study aims to expand upon this limited research by investigating the satisfaction of French-speaking health tourists with regard to cultural and environmental factors. While some studies have explored these factors in relation to health tourists' satisfaction, this research develops a comprehensive model to understand the significant roles of cultural opportunities, physiography, environment and destination management and hospitality in shaping French-speaking health tourists' satisfaction. This research contributes to the existing body of knowledge by demonstrating a statistically significant relationship between cultural opportunities, physiography, and hospitality factors on the satisfaction levels of French-speaking health tourists.

The study presents several critical practical implications for the health tourism industry. Notably, the findings underscore that cultural opportunities exert the strongest influence among the four independent constructs examined, followed by physiographical attributes and hospitality factors, in shaping the satisfaction of French-speaking health tourists. Recognising this, marketers should meticulously design itineraries that prioritise opportunities for immersive cultural engagement. This necessitates a concerted effort to showcase the unique cultural tapestry of the destination, including its traditions, arts, and heritage. Furthermore, maximising exposure to the region's natural beauty and diverse landscapes is crucial. To enhance the overall experience, it is imperative to foster a genuine sense of hospitality, ensuring that French-speaking health tourists feel welcomed and valued throughout their journey.

Collaboration with local communities is indispensable in achieving these objectives. By actively involving local stakeholders, marketers can create authentic and enriching cultural experiences. This can be facilitated through the organisation of cultural events, local food festivals, opportunities for meaningful interactions with local residents, and initiatives that provide genuine insights into the daily lives of the community.

Moreover, a crucial aspect of successful itinerary planning lies in a thorough understanding of the specific preferences and expectations of the target market. For instance, health tourists originating from Seychelles, a renowned beach destination, are likely to exhibit less interest in visiting beach destinations within their travel itinerary. Recognising such nuances is essential for tailoring itineraries effectively and maximising tourist satisfaction. By carefully considering these factors, health tourism providers can enhance the overall travel experience for French-speaking health tourists and contribute to the sustainable growth of the sector.

Building on this understanding of target market preferences, it is equally crucial to address potential challenges that can negatively impact the tourist experience. Frequent negative interactions with local residents can significantly harm the tourist experience, foster feelings of alienation and potentially lead to shortened stays. This, in turn, has detrimental consequences for the tourism industry, resulting in diminished revenue streams and reduced employment opportunities within the sector. To address this critical issue, the government should consider implementing a comprehensive programme, or revitalising existing initiatives such as "Incredible India," with a specific focus on enhancing the attitudes and behaviours of local residents towards international travellers.

Furthermore, tourism providers must prioritise the provision of ample time for health tourists to engage in activities and explore their surroundings at their own pace. A rushed itinerary, characterised by constant time constraints and a relentless emphasis on adhering to a rigid schedule, can significantly diminish the overall travel experience. By allowing for greater flexibility and spontaneity, providers can empower tourists to immerse themselves in the destination and cultivate a more enriching and memorable travel experience.

6. Conclusion and Limitations

6.1 Discussion

This study examined the critical roles of cultural and environmental factors in shaping the satisfaction of French-speaking health tourists who have visited or are currently visiting India. The findings highlight that cultural opportunities, physiography and hospitality are key factors of French-speaking health tourists' satisfaction. By integrating tailored itinerary design with hospitable community interactions and cultural engagement, destination managers and healthcare providers can enhance the overall health tourism experience and foster sustainable market growth.

6.2 Limitations and Future Directions

Despite offering valuable insights, this study has certain limitations that should be considered when interpreting the findings. Overrepresentation of specific age cohorts might limit the generalisability of the findings due to age-based heterogeneity in tourists' preferences. This age group bias, coupled with the employment of a non-probability sampling technique, might have introduced potential biases. These limitations could potentially skew the results and limit the applicability of the findings. To address these limitations, future research should prioritise broader age group representation and incorporate probability sampling methodologies, such as systematic sampling, to ensure the findings are more broadly applicable. Finally, given the cross-sectional nature of the data, causality cannot be firmly established; therefore, longitudinal designs are recommended for future research to examine the dynamic relationship among these constructs over time.

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Consent to participate

Participants were informed about the details of the research, and their right to decline to participate and withdraw from the research, confidentiality of their identifiable information, and availability of the research on the internet. Only those who provided their informed consent were included in the research.

Competing interests

The authors declare that they have no competing interests.

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