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A STUDY ON THE IMPACT OF DIGITAL HEALTH PLATFORMS ON PATIENT TRUST IN INDIAN MEDICAL TOURISM: A TAM PERSPECTIVE

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ABSTRACT

Medical tourism has emerged as a vital component of India's healthcare sector, with digital health platforms playing a pivotal role in shaping international patient perceptions and decision-making. This study conceptually examines the impact of digital health platforms on patient trust in Indian medical tourism, adopting the Technology Acceptance Model (TAM) as its theoretical foundation and extending it with the construct of trust. By employing secondary data from peer-reviewed journals, government reports, hospital case studies, and industry publications, the study applies thematic analysis to identify recurring patterns and insights. The findings reveal that Perceived Usefulness (PU) and Perceived Ease of Use (PEOU) remain critical determinants of patient engagement with digital platforms. Hospitals offering transparent treatment information, multilingual interfaces, and teleconsultation services enhance patient confidence and willingness to engage. However, these TAM constructs alone are not sufficient. Trust-building mechanisms, including international hospital accreditations, secure data handling, verified patient testimonials, and transparent communication, emerge as decisive factors mediating the relationship between TAM constructs and actual medical travel intentions. The study highlights that trust is not merely an outcome of digital platform use but a central enabler of cross-border healthcare adoption. This extends TAM's applicability to medical tourism, emphasizing the need for an integrated framework where trust functions alongside PU and PEOU. Practically, the research highlights that Indian hospitals, particularly those in emerging hubs like Coimbatore, must prioritize embedding digital trust signals and standardizing online patient experiences to remain globally competitive. This conceptual study contributes both theoretically and practically by demonstrating that digital trust, when integrated with TAM, offers a more holistic lens to evaluate the efficacy of medical tourism platforms in India.

KEYWORDS: Technology Acceptance Model, Medical Tourism, Perceived Usefulness, Perceived Ease of Use, Patient Satisfaction.

INTRODUCTION

Medical tourism is one of the fastest-growing industries in the international healthcare and travel sectors, enabling patients to travel across international borders to receive low-cost, high-quality, and specialized medical treatment. India is a prominent hub for this industry, largely because of its world-class medical facilities, internationally accredited hospitals, well-educated medical staff, and relative affordability in comparison to Western countries. But with these clinical and economic benefits, patient trust is a primary success factor in medical tourism. Trust in Indian medical treatment significantly affects international patients' intention to choose India, and the complex nature of cross-border healthcare presents several cultural, legal, and logistical challenges (Chellasamy, 2025).

Digital health platforms have radically transformed the manner in which patients consider and choose medical tourism destinations today. These platforms encompass hospital websites, teleconsultation websites, online patient forums, mobile health apps, and digital information platforms providing extensive information on procedures, prices, physician credentials, and patient reviews (Carrera Anaya & Recuero-Virto, 2025). For foreign patients, digital platforms are the primary point of contact with healthcare providers and, therefore, shape impressions of credibility, transparency, and reliability. By facilitating ease of communication, online booking, pre-travel consultations, and follow-up after treatment, digital platforms act as trust-building mechanisms that minimize uncertainty and increase patient confidence in medical tourism services (Chellasamy, 2025).

The Technology Acceptance Model (TAM), proposed by Davis (1989), is a strong theory describing how people adopt and use new technologies. It offers two basic constructs—Perceived Ease of Use (PEOU) and Perceived Usefulness (PU)—which have a profound influence on a user's attitude towards technology and, in turn, intention to use technology (Carrera Anaya & Recuero-Virto, 2025). In the context of medical tourism, TAM is used to outline how foreign patients evaluate digital health platforms: that is, how easy they are to use and if they provide useful, credible information and resultant informed decision-making. Such constructs can in turn directly influence trust by creating openness, improving communication, and reducing perceived risk (Chellasamy, 2025).

Healthcare trust is multidimensional, encompassing trust in medical expertise, hospital reputation, quality of service, and ethics. Medical tourists, often with limited direct experience of Indian healthcare workers, must rely on digital health platforms as a surrogate for measuring these aspects of trust. Real-time responsiveness, information clarity, safe management of medical records, and online reviews are of most critical importance in building patient trust. The use of TAM in research on digital health platforms provides a useful perspective from which to analyze the role of technological adoption in building trust in medical tourism (Sahoo & Nayak, 2025).

The current study seeks to theoretically analyze the impact of online health platforms on patient trust in Indian Medical Tourism using the TAM. The study is based on secondary data such as academic journals, government publications, hospital case studies, and industry reports. Using thematic analysis, it identifies common themes like perceived usefulness, ease of use, transparency, online reputation, and digital engagement, and these are all mapped across TAM constructs. The value of this research is in filling an important research gap. Although TAM has been extensively used in healthcare technology adoption, its use in medical tourism specifically, in analyzing the trust-building function of digital health platforms, has been under-explored in the Indian context (Chellasamy, 2025). Theoretical and practical implications of conceptualizing this relationship include extending TAM to a new front and offering insight to hospitals, policymakers, and tourism officials on how to utilize digital tools in building patient trust and making India more competitive in the international medical tourism sector.

REVIEW OF LITERATURE

1. Medical Tourism Online Platforms

Medical tourism has been revolutionized by digitalization, enabling patients to engage with healthcare providers transparently and remotely. Researchers point out that hospital websites, online consultation websites, and mobile apps have emerged as points of entry for international patients (Connell, 2020). These digital portals provide information on treatment options, costs involved, doctor credentials, and success rates, thus reducing information gap. However, as much as they bring ease of access, critics point out that not all websites guarantee the reliability and authenticity of the information provided (Moghavvemi et al., 2017). This raises questions about whether patients can form authentic trust based on duly verified information or whether trust is influenced by coercive digital marketing tactics. Digital platforms are, therefore, facilitators of transparency and potential creators of misinformation, and there is a need to assess their credibility in decision-making within medical tourism.

2. Technology Acceptance Model (TAM) in Healthcare Adoption

The Technology Acceptance Model (TAM) continues to be a prevalent model of explaining technology adoption in the healthcare sector (Davis, 1989; Holden & Karsh, 2010). Perceived Ease of Use (PEOU) and Perceived Usefulness (PU) are widely recognized as drivers of patients' intentions to adopt digital health services. Telemedicine research (Dwivedi et al., 2019) indicates that PU, evidenced by obtaining timely medical advice, promotes higher adoption rates compared to PEOU. However, a critical examination indicates that TAM, in its original form, is not adequate for explaining complex scenarios such as medical tourism, where cultural differences, service expectations, and uncertainty surrounding cross-border interactions influence perceptions of technology. Thus, researchers have advocated the need for expanded models that include other constructs, such as trust, risk perception, and social influence (Venkatesh and Davis, 2000; Escobar-Rodríguez and Carvajal-Trujillo, 2014). This highlights the necessity of integrating trust in the TAM model while examining digital health platforms targeting international patients.

3. Trust in Digital Health

Trust is increasingly recognized as a fundamental determinant of healthcare technology adoption (Gefen et al., 2003). In the interest of digital health, trust refers not only to the reliability of the system, but also to impressions about security, confidentiality, professional integrity, and ethical responsibility (Raimo et al., 2023). For medical tourism, the significance of trust is even more heightened by the lack of pre-existing face-to-face interaction between providers and patients. Researchers argue that online reviews, recommendations, and accreditations are surrogates that mediate trust (Hanefeld et al., 2015). Others, however, worry that over-reliance on digital surrogates for trust risks exposing patients to biased stories driven by business agendas. Therefore, whereas the Technology Acceptance Model (TAM) focuses on the instrumental issues of adopting digital platforms, the addition of trust addresses socio-psychological factors that exert significant effects on patient choices. This addition means that patient trust mediates and moderates between TAM constructs and real adoption in the case of medical tourism.

4. Indian Case Studies and Contextual Insights

India's medical tourism market, worth over USD 7 billion, increasingly depends on online platforms to draw patients from Africa, the Middle East, and Southeast Asia (Ministry of Tourism, 2022). Hospitals in Coimbatore, Chennai, and Delhi, for example, have adopted multilingual websites, AI-based chatbots, and teleconsultation platforms to minimize pre-travel uncertainty. Research at Indian hospitals (Mishra & Shukla, 2019) indicates that perceived usefulness, such as clear pricing and online consultation availability, is a powerful predictor of foreign patient inquiries. Concurrently, case studies indicate that the usability of websites and post-treatment neglect of digital presence destroy trust despite adoption at the onset (Patil & Patil, 2020). Significantly, in contrast to Western environments where regulation provides uniform e-health standard, India's digital health landscape remains fragmented. This places patient trust firmly in the hospital's individual brand, as opposed to systemic reassurance. From

a TAM viewpoint, this means that while PU and PEOU drive digital adoption, the final decision to travel is mediated by institutional trust cues, such as accreditations, alliances, and third-party validation.

Critical Interpretive Synthesis

Together, these bodies of literature expose tensions and congruences. On the one hand, digital platforms unequivocally improve access and decrease information asymmetry in medical tourism. TAM constructs, particularly perceived usefulness, explain why patients use such technologies. On the other hand, trust is a critical construct missing from standard TAM frameworks. Trust is not simply an outcome of technology adoption but an antecedent whose presence/absence determines whether the digital interaction becomes a true medical experience. The Indian context further complicates this nexus, as infrastructural forces coexist with regulatory gaps that leave trust formation in the hands of private hospitals. This integration advances a conceptual proposition: TAM alone cannot explain patient trust in digital health platforms in medical tourism; instead, an extended TAM that includes trust as a mediating construct is more appropriate for determining the effectiveness of medical tourism in India.

Theoretical Framework:

The current study utilizes the Technology Acceptance Model (TAM) as the conceptual framework, adapting it to include the construct of trust in the intent of Indian medical tourism. TAM, initially proposed by Davis (1989), posits technology adoption in terms of two core constructs: Perceived Ease of Use (PEOU) and Perceived Usefulness (PU). PEOU refers the extent to which people feel that it will be effortless to use a given technology, and PU indicates the extent to which a technology improves decision-making or performance. Together, these constructs influence user attitudes and behavioural intention to use.

In the online health platform market, the Technology Acceptance Model (TAM) explains the ways in which international patients have formed attitudes towards hospital websites, teleconsulting services, and health applications on the Internet. When platforms are necessary to use and obtain credible and useful information, providers who demonstrate favorable attitudes in relation to their use. However, the traditional TAM model fails to account for the complexities of building trust in transnational healthcare platforms, where patients face cultural, geographic, and regulatory uncertainties.

To bridge this gap, the research extends TAM with the addition of trust as a mediating factor. Trust encompasses patients' trust in the accuracy of online information, protection of personal data, authenticity of medical knowledge, and transparency of health care procedures. It serves as the key link between online site usage and offline health care-seeking behaviour in medical tourism. Even if PU and PEOU are high, patients might not opt for India as a destination unless digital interactions generate sufficient trust. Therefore, the suggested framework postulates the adoption of digital platforms (through TAM constructs) as antecedents of patient confidence, the latter affecting the effectiveness of Indian medical tourism. This synergy captures the intersection of technology perceptions and socio-psychological determinants in influencing international patient decision making.

METHODOLOGY:

Research Design

This study adopts a conceptual and qualitative research design, relying primarily on secondary data to examine how digital health platforms influence patient trust in Indian medical tourism through the lens of the Technology Acceptance Model (TAM). Rather than collecting primary data, the research synthesizes existing scholarly literature, government reports, hospital case studies, and industry publications to construct a conceptual framework. This approach is particularly appropriate for underexplored such as the integration of TAM with trust in medical tourism, where theoretical development is as important as empirical testing.

SOURCES OF DATA

The data for this research were collected exclusively from secondary sources, including:

- Peer-reviewed journals in tourism, healthcare management, and information systems.
- Reports and policy documents from the Ministry of Tourism (India), National Health Authority, and international organizations such as the WHO.
- Hospital case studies and reports from leading Indian medical tourism destinations including Coimbatore, Chennai, and Delhi.
- Industry white papers and publications related to digital health, patient behaviour, and healthcare technology adoption.
- Online patient narratives and reviews are available in academic case analyses and documented secondary sources.

This diverse set of sources ensures both the theoretical foundations (TAM, trust) and practical insights (digital health platforms in India).

Analytical Method: Thematic Analysis

The study employs thematic analysis to identify and interpret recurring themes across the literature. Following the structure of Braun and Clarke (2006), the process includes:

1. Familiarization with Data: Reviewing collected literature and reports to gain an in-depth understanding.
2. Coding: Extracting data relevant to constructs such as Perceived Ease of Use (PEOU), Perceived Usefulness (PU), patient trust, digital engagement, and medical tourism efficacy.
3. Theme Development Grouping codes into broader categories, e.g., Digital Transparency, Ease of Interaction, Trust Signals, and Patient Decision-Making.
4. Interpretation: Mapping themes to TAM constructs while critically examining their implications for patient trust.
5. Synthesis: Integrating findings to propose a conceptual framework linking TAM with trust in the Indian medical tourism context.

The use of thematic analysis allows flexibility in dealing with diverse secondary data and provides depth in identifying how different strands of evidence converge to explain the phenomenon.

Theoretical Framework Application

The Technology Acceptance Model (TAM) serves as a guiding framework, with trust added as an extension. Themes extracted from secondary data were analyzed in relation to TAM's constructs of Perceived Ease of Use (PEOU) and Perceived Usefulness (PU), as well as their influence on Attitude toward Use and Behavioural Intention. Trust was positioned as both a mediating factor and an outcome of digital platform interactions, thereby extending TAM in the medical tourism context.

LIMITATIONS

The study is conceptual and based on secondary data, it does not capture patients' direct perceptions. Therefore, relying on literature and published reports may also introduce a bias toward documented cases, ignoring patients' less visible experiences. Furthermore, thematic analysis relies on the researcher's interpretation, which may involve subjectivity. Despite these limitations, the study provides a valuable theoretical basis for future empirical research.

FINDINGS

The thematic analysis of secondary literature yielded several interrelated findings that illustrate how digital health platforms influence patient trust within Indian medical tourism when interpreted through the Technology Acceptance Model (TAM). Four dominant themes emerged: Perceived Usefulness of Digital Health Platforms, Perceived Ease of Use and User Experience, Digital Trust Signals, and the mediating role of Trust in Patient Decision-Making.

1. Perceived Usefulness of Digital Health Platforms

One of the most consistent findings is that Perceived Usefulness (PU) remains the strongest determinant of adoption in the medical tourism context. Digital health platforms that provide comprehensive information such as hospital accreditation, physician credentials,

treatment packages, success rates, and estimated costs significantly enhance patient confidence in the decision-making process. For international patients evaluating Indian hospitals, transparency in pricing and pre-treatment consultations through telemedicine emerge as particularly useful. Studies suggest that patients who engage in video consultations with Indian doctors prior to travel perceive greater assurance regarding medical competence and treatment outcomes. Thus, perceived usefulness is not limited to information provision but extends to the facilitation of continuity of care, from pre-arrival consultation to post-treatment follow-up.

2. Perceived Ease of Use and User Experience

The second finding relates to Perceived Ease of Use (PEOU). International patients prefer platforms that are simple to navigate, multilingual, and mobile-friendly. Hospitals in Coimbatore and Chennai that offer AI-enabled chatbots and 24/7 online assistance reportedly generate more inquiries than those with static websites. Ease of access to doctors, appointment booking systems, and digital payment gateways further increases patient willingness to engage with the platform.

However, findings also reveal disparities. Some Indian hospitals lack uniform design standards or have fragmented online systems that complicate user experience. In such cases, even when platforms provide useful information, cumbersome navigation diminishes patient trust and reduces the likelihood of follow-through.

3. Digital Trust Signals

The most critical finding concerns digital trust signals, which emerge as a decisive factor in medical tourism adoption. These signals include verified patient testimonials, international accreditations (such as JCI or NABH), secure handling of personal health information, and responsiveness to queries. Patients often rely on online reviews and third-party endorsements when direct experience with providers is absent.

Trust signals are particularly important in contexts where patients face high perceived risks due to geographical and cultural distance. In India, leading hospitals that strategically highlight affiliations with global medical bodies and showcase successful patient stories via digital platforms are more likely to convert digital engagement into actual patient arrivals. Conversely, the absence of trust signals or the presence of negative reviews can outweigh high usefulness or ease of use, underscoring the primacy of trust in digital healthcare adoption.

4. The Mediating Role of Trust in Patient Decision-Making

The synthesis of findings demonstrates that trust functions as a mediating factor between TAM constructs (PU, PEOU) and patient decision-making in medical tourism. Even when platforms are perceived as useful and easy to use, patients hesitate to finalize medical travel without adequate trust-building mechanisms. In particular, secondary literature highlights that:

- Data security assurances (encryption, compliance with privacy norms) enhance trust.
- Authenticity of content (doctor credentials, third-party certifications) reduces perceived risks.
- Interactive engagement (real-time consultations, follow-up care assurances) strengthens the sense of reliability.

Thus, patient trust does not merely result from technology adoption it actively shapes whether TAM constructs translate into behavioural intentions to seek treatment in India.

5. Contextual Insights for Indian Medical Tourism

Findings specific to India indicate that while leading metropolitan hospitals have robust digital platforms, smaller regional hospitals lag in digital integration. Coimbatore hospitals, for example, are emerging as competitive destinations by investing in teleconsultation and multilingual services, but challenges remain in terms of standardization, regulatory oversight, and digital literacy among patients. This uneven digital landscape means that trust-building in Indian medical tourism is currently institution-driven rather than system-driven, placing responsibility on individual hospitals to adopt global best practices in digital engagement.

DISCUSSION

The findings of this study highlight the evolving role of digital health platforms in shaping patient trust within the Indian medical tourism sector, particularly when analyzed through the Technology Acceptance Model (TAM). By integrating TAM with the construct of trust, the study reveals that digital engagement is no longer a supplementary feature but a central determinant of medical tourism efficacy.

Firstly, the results confirm that Perceived Usefulness (PU) is a critical driver of patient engagement. Digital health platforms offering transparent information, cost details, and pre-travel consultations enhance patients' confidence in decision-making. This aligns with prior TAM research in healthcare (Venkatesh & Davis, 2000), where usefulness consistently predicted technology adoption. In medical tourism, however, usefulness extends beyond task efficiency to reducing uncertainty in high-stakes cross-border treatment decisions. Thus, PU operates as a functional determinant and a psychological enabler of trust.

Similarly, Perceived Ease of Use (PEOU) plays a pivotal role in sustaining patient interaction with platforms. User-friendly, multilingual, and mobile-compatible platforms contribute to positive patient experiences, whereas fragmented or poorly designed systems create friction and erode trust. This supports Davis's (1989) original proposition that ease of use indirectly influences behavioural intention through attitude formation. In the context of Indian medical tourism, where international patients often lack familiarity with the healthcare ecosystem, ease of navigation becomes synonymous with accessibility and credibility.

The integration of trust signals such as hospital accreditations, patient testimonials, and secure handling of personal data further underscores the need to extend TAM beyond its original scope. While PU and PEOU facilitate platform adoption, they do not guarantee patient trust. Trust emerges as the decisive factor mediating whether digital engagement translates into actual medical travel. This reflects broader literature in healthcare technology adoption (Gefen et al., 2003), which identifies trust as a missing but essential construct in TAM when applied to high-risk contexts like healthcare.

From a practical standpoint, the discussion emphasizes that hospitals in India must move beyond functionality and usability to strategically embed trust-building mechanisms within their digital platforms. Coimbatore, for example, shows promise in developing a competitive medical tourism infrastructure, but the findings suggest that digital standardization and consistent trust assurances are still lacking in smaller hospitals. To strengthen India's global medical tourism brand, policymakers and industry stakeholders should directing regulatory frameworks that promote transparency, accreditation visibility, and secure digital practices across all providers.

The discussion demonstrates that while TAM effectively explains the adoption of digital health platforms, trust must be integrated as a central construct to fully capture patient behaviour in medical tourism. The convergence of TAM constructs with trust provides both a theoretical extension and practical guidance for enhancing India's competitiveness in global medical tourism.

CONCLUSION

This study examines how digital health platforms influence patient trust in Indian medical tourism, using the Technology Acceptance Model (TAM) as the guiding framework and extending it with the construct of trust. By employing secondary data and thematic analysis, the research provides a conceptual understanding of how international patients evaluate and adopt digital healthcare systems when considering India as a medical tourism destination.

The findings highlight that Perceived Usefulness (PU) and Perceived Ease of Use (PEOU) remain fundamental to the acceptance of digital platforms, consistent with TAM theory. Hospitals that provide transparent information, streamlined booking systems, multilingual support, and reliable teleconsultation services create a strong foundation for

patient engagement. However, the study underscores that these technological attributes alone are insufficient. Without robust trust-building mechanisms such as international accreditations, verified patient testimonials, secure data practices, and transparent communication, patients are less likely to convert digital engagement into actual medical travel.

The integration of trust as a mediating factor extends the explanatory power of TAM in the context of medical tourism. Trust emerges not only as a psychological assurance but as a decisive determinant in cross-border healthcare decision-making. In this regard, the study contributes theoretically by advancing TAM to better reflect the complexities of healthcare adoption and practically by offering insights for Indian hospitals seeking to enhance their global competitiveness.

For policymakers and healthcare providers, the implications are clear: the success of Indian medical tourism depends on both the technological sophistication and credibility of digital health platforms. Standardization of digital practices, wider accreditation visibility, and investment in patient-centered digital experiences will be vital to strengthening India's reputation as a trusted healthcare destination.

The study reaffirms that the integration of TAM and trust provides a more holistic framework for evaluating the efficacy of digital health platform, offering valuable directions for future empirical research and strategic development in Indian medical tourism.

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