International Journal of Community Medicine and Public Health
Tyagi H et al. Int J Community Med Public Health. 2025 Feb;12(2):789-797
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20250310

Original Research Article

Evaluating the need for culturally sensitive communication training for doctors engaged in international medical tourism using the lens of communication accommodation theory

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Received: 14 November 2024
Revised: 05 January 2025
Accepted: 06 January 2025

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ABSTRACT

Background: The exponential growth of the international medical tourism industry, especially in countries like India, has necessitated the need for effective communication between healthcare providers and international patients. Culturally sensitive communication is crucial in this context, as it directly impacts patient satisfaction, compliance, and overall health outcomes. This study evaluates the need for culturally sensitive communication training for doctors engaged in international medical tourism through the framework of Communication Accommodation Theory (CAT).
Methods: A cross-sectional study was conducted with 1,476 international patients at a leading healthcare institution in Delhi, India. Data were collected using a comprehensive questionnaire designed to capture cross-cultural communication nuances, focusing on both verbal and non-verbal communication. The study employed a post-positivist research approach, and data were analysed using SPSSv24, Smart PLS 3, and MGA-PLS to examine the relationships between communication styles, cultural sensitivity, and patient experiences.
Results: The analysis revealed a strong positive relationship (path coefficient = 0.809) between patient expectation and patient experience, indicating that culturally competent communication significantly enhances patient outcomes. Additionally, patient expectations were found to mediate the relationship between outcome and patient experiences, emphasizing the importance of managing these expectations effectively.
Conclusions: The findings underscore the critical need for culturally sensitive communication training for doctors involved in international medical tourism. By adopting communication strategies that accommodate the cultural preferences of international patients, healthcare providers can significantly improve patient satisfaction and outcomes, thereby enhancing the global competitiveness of medical tourism destinations like India.

Keywords: Communication accommodation theory, Cultural competence, Doctor-patient communication, Doctor training, International healthcare, Medical tourism

INTRODUCTION

International medical tourism has become a significant global industry, with patients traveling across borders to seek medical treatments that may be unavailable, unaffordable, or delayed in their home countries. Countries like India have emerged as key players in this industry, attracting a substantial number of medical tourists due to their advanced healthcare infrastructure, highly skilled medical professionals, and cost-effective treatment options. In 2019, India alone attracted nearly 697,453 medical tourists, generating approximately USD 6 billion in revenue.[1]

However, while the quality of clinical care is undeniably crucial, the communication between healthcare providers and international patients is equally important. Effective communication is vital for ensuring positive health

outcomes and patient satisfaction, especially in the context of cultural diversity. The Communication Accommodation Theory (CAT), developed by Howard Giles, offers a valuable framework for understanding how doctors can adjust their communication styles to meet the cultural needs of their international patients.[2]

This study explores the application of CAT in the context of medical tourism, emphasizing the necessity of culturally sensitive communication training for healthcare providers. The research aims to demonstrate that by adopting communication strategies that accommodate the cultural preferences of international patients, healthcare providers can significantly enhance patient satisfaction and outcomes.

The rapid growth of the global medical tourism industry has brought significant attention to the dynamics of doctor-patient relationships, particularly in the context of cross-cultural interactions. Communication plays a critical role in bridging the cultural gap between healthcare providers and international patients, as it is not merely about the exchange of medical information but also about understanding and respecting the cultural nuances that influence how patients perceive and respond to care.[3]

In the context of medical tourism, communication styles can be broadly categorized into high-context and low-context cultures. High-context cultures, which are prevalent in many Asian and Middle Eastern societies, rely heavily on non-verbal cues, context, and indirect communication. Conversely, low-context cultures, common in Western countries, value direct, explicit communication and clear instructions.[4]

The implications of these communication styles are profound in medical tourism. For instance, a healthcare provider from a low-context culture may prioritize straightforward communication, expecting patients to appreciate clear and direct instructions. However, a patient from a high-context culture might perceive such directness as blunt or disrespectful, preferring instead a more nuanced approach that considers their unspoken concerns and the broader context of their situation.[5] Failure to recognize and adapt to these differences can lead to misunderstandings, dissatisfaction, and even non-compliance with medical advice.

Communication Accommodation Theory (CAT) offers a framework for understanding how healthcare providers can adjust their communication styles to align with the cultural expectations of their international patients. CAT posits that individuals modify their communication behaviours to either converge with or diverge from the communication style of their interlocutors, thereby influencing the quality of interpersonal interactions.[6]

In the context of medical tourism, CAT can be applied to understand how healthcare providers might adapt their verbal and non-verbal communication strategies to better align with the expectations of international patients. For example, a healthcare provider in India might use more formal language, reduce the use of medical jargon, or employ culturally relevant metaphors when interacting with patients from different linguistic or cultural backgrounds. These adjustments, or "accommodations," can help bridge communication gaps, making patients feel more understood and respected.[7]

Cultural sensitivity in healthcare communication is crucial for building trust and ensuring positive patient outcomes. Patients' cultural and religious beliefs significantly shape their perceptions of medical treatment, particularly when they travel to foreign countries for healthcare. When patients perceive that their cultural beliefs are respected and integrated into their care, they are more likely to have positive treatment experiences and outcomes.[8]

Gender-based preferences in clinical examination practices are another area where cultural communication differences come into play. Many patients from conservative cultures, particularly in the Middle East and South Asia, may prefer to be examined by healthcare providers of the same gender due to religious or cultural reasons.[9] In contrast, such preferences may be less pronounced in more liberal societies where gender roles are less strictly defined. When healthcare providers are sensitive to these preferences and communicate their willingness to accommodate them, it helps in building trust and ensuring that patients feel respected and comfortable.

The literature suggests that training in culturally sensitive communication is essential for healthcare providers in the medical tourism industry. Such training equips healthcare providers with the skills needed to adjust their communication styles in ways that respect and align with the cultural backgrounds of their patients.[10] Programs grounded in CAT principles cover essential topics such as cultural awareness, sensitivity in clinical practices, and effective verbal and non-verbal communication strategies that are culturally adaptive.[11] Studies suggest that these training programs can significantly enhance patient satisfaction and outcomes within the medical tourism sector.[12]

Theoretical framework and hypotheses development

This study is grounded in Communication Accommodation Theory (CAT), which posits that individuals adjust their communication behaviours to align with or differentiate from their interlocutors. The following hypotheses guide this study:

H1: There is a significant relationship between the use of high-context or low-context communication styles and patient satisfaction in the context of medical tourism in India.

H2: Cultural sensitivity in communication has a significant positive impact on patient experience in the context of medical tourism in India.

Conceptual model

The conceptual model for this study is based on CAT and focuses on the relationship between communication styles (high-context and low-context), cultural sensitivity, and patient satisfaction. The model proposes that healthcare providers' ability to adjust their communication styles to accommodate the cultural preferences of their patients will lead to higher levels of patient satisfaction and better health outcomes.

This study adopted a post-positivist research approach with a convenience sampling technique to select participants for this cross-sectional study.[13] This non-probabilistic method was chosen for its practicality and efficiency, enabling access to a diverse population of international patients at the selected healthcare institution.

The final sample size was 1,476 patients, which was deemed adequate to provide a comprehensive understanding of the communication styles between doctors and international patients in the context of medical tourism.

METHODS

Research design

This study adopted a post-positivist research approach with a convenience sampling technique to select participants for this cross-sectional study. This non-probabilistic method was chosen for its practicality and efficiency, enabling access to a diverse population of international patients at the selected healthcare institution. The final sample size was 1,476 patients. This sample size was deemed adequate to provide a comprehensive understanding of the communication styles between doctors and international patients in the context of medical tourism.

Inclusion criteria

Inclusion criteria included patients willing to participate in the study and patients willing to undergo treatment at the selected hospital.

Exclusion criteria

Exclusion criteria included patients not willing to undergo treatment or patients unwilling to participate in the study.

Data collection

Data were collected using a detailed questionnaire specifically designed to capture the nuances of cross-cultural communication between doctors and patients. The questionnaire was meticulously developed with input from language translators to ensure that all patients, regardless of their native language, could accurately comprehend and respond to the questions.

To facilitate a detailed assessment, the questionnaire utilized a Likert scale ranging from 1 to 10, which allowed for a nuanced evaluation of patient perceptions and experiences.

Data collection was conducted between April 2022 and November 2023 at AHI and Hospital, a multi-speciality hospital approved by the Government of India, NABH, and JCI. Ethical approval for the study was obtained from the appropriate institutional ethics committee prior to commencement.

Data analysis

Data analysis was conducted using SPSSv24, Smart PLS 3, and MGA-PLS. These tools were selected for their capability to manage complex models and provide in-depth insights into the relationships between various variables. The analysis focused on the responses to the questionnaire, identifying patterns and testing hypotheses related to cross-cultural communication and its impact on the doctor-patient relationship.

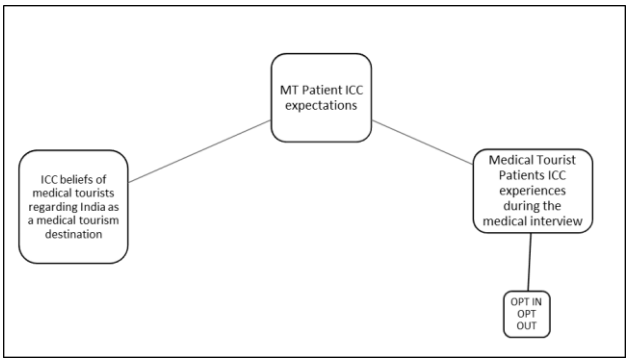

Figure 1: The proposed research model.

RESULTS

The findings from the data analysis supported the hypotheses proposed in the theoretical framework. Specifically, the analysis identified a strong positive correlation (path coefficient = 0.809) between patient expectations and experiences. This implies that patients who had greater confidence in their interactions with culturally competent doctors reported more satisfying overall experiences.

The mediation analysis further indicated that international patient expectations played a significant mediating role in the relationship between self-efficacy and patient experiences. This suggests that patients' expectations are instrumental in shaping their overall experiences, alongside their levels of self-efficacy.

Table 1: Demographic profile of the MT patients.

Demographic category	Group 1	Group 2	Group 3	Group 4
Gender	Male	Female		
	832	642		
Geography	Western	Non-western		
	89	1385		
World bank classification of economy of the country	Low	Middle	Upper	
	1003	347	124	
Severity of ailment	Less complicated	Moderately complicated	Highly complicated	
	473	589	412	
Satisfaction with consultation time	Low	Moderate	High	
	347	147	980	
Average Waiting time in minutes	Less than 5	6-10	11-15	Above 15 minutes
	403	510	427	134
Final decision to opt for treatment in the hospital after first few clinical encounters	Not opted	Opted		
	83	1391		

Descriptive statistics, including mean, median, standard deviation, skewness, and kurtosis, fell within acceptable limits. This indicates that the data followed a normal distribution. Additionally, an Exploratory Factor Analysis (EFA) was performed for each construct using the principal components analysis approach.

The construct, 'MT patient ICC beliefs about Indian MT hospitals,' identified three dimensions: ICC beliefs concerning country and culture, ICC beliefs about cultural accommodation provided by the hospital staff, and cognitive ICC beliefs associated with treatment offered at the hospital.

Table 2: Factor analysis for the construct: ICC related beliefs of MT patients regarding the Indian MT hospital (n=12 indicators).

Rotated component matrix[a]			
ICC related beliefs of MT patients regarding the Indian MT hospital	**Component/factor**		
	ICC beliefs regarding the country and culture	**ICC beliefs regarding the cultural accommodation by the hospital**	**Cognitive ICC beliefs related to treatment in the hospital**
I am aware of health risks in new country	0.779		
I believe that Indian hospitals are sensitive to patient concerns	0.742		
I believe that cultural disparities are accounted for in the hospital	0.666		
I am conscious about doctor's gender	0.644		
I believe I am knowledgeable about the characteristics of treating hospital	0.614		
I believe that the medical record language is amenable to my culture		0.815	
I am knowledgeable about traditional healing systems/cultures		0.680	
India is a reliable MT hub		0.644	
I believe that the doctors in the treating hospital have received cross-cultural training		0.563	
I believe that the Indian doctors are			0.834

Continued.

Rotated component matrix[a]	
knowledgeable about cultural differences	
I believe that the doctors are flexible to appreciate my specific treatment concerns	0.582
I believe treatment cost can be discussed	0.580
Extraction Method: Principal component analysis. Rotation Method: Varimax with Kaiser Normalization.	
a. Rotation converged in 8 iterations. Total variance explained=58.700	

Table 3: Factor analysis for the construct: ICC related experiences of MT patients in clinical interactions the Indian Mt hospital (n=17 indicators).

Rotated component matrix[a]				
The hospital/attending team of physicians/Items	Communication accommodation	Receptive communication behaviours	Code switching	Expressive communication behaviour
	1	2	3	4
Appointed a language translator	0.815			
Was adept in handling queries	0.680			
Educated me about medical issue	0.653			
Advised change in health behaviours	0.647			
Showed concern	0.589			
Made eye contact	0.585			
Performed a culturally sensitive PE	0.584			
Dealt confidently with questions		0.773		
Identified unexpressed cultural ICC beliefs		0.762		
Made cultural gaffes		0.721		
Prescribed/negotiated a culturally sensitive treatment plan				
Listened to me				
Engaged in small talk			0.867	
Explained problem in my language			0.814	
Apologised for these cultural gaffes				0.828
Demonstrated knowledge about cultural expressions of pain				0.558
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.				
a. Rotation converged in 6 iterations. Total variance explained: 61.041				

The mediation analysis conducted in our study revealed that international patient expectations partially influence the connection between patient beliefs and their experiences. Consequently, boosting patient confidence as a strategic approach could enhance the intercultural competencies of Indian doctors. This, in turn, would not only enrich patient experiences but also indirectly elevate outcomes by raising patient expectations. Patients with greater self-confidence are more likely to set higher expectations, which, when fulfilled or surpassed, contribute to an improved overall experience.

The linear regression model (LM) provides prediction errors and summary statistics without considering the specified PLS path model. Instead, the LM method predicts outcomes by regressing all exogenous indicator variables onto each endogenous indicator variable. As a result, comparing the LM approach with PLS-SEM results helps evaluate whether employing a theoretically defined path model enhances (or at least does not degrade) predictive accuracy based on the given indicator data. Compared to LM outcomes, PLS-SEM results are expected to exhibit lower prediction errors, such as those measured by RMSE or MAE.

It is important to note that LM prediction errors are limited to observable variables and do not account for latent variables.

Table 4: Results of GLM analysis.

Multivariate tests[a]									
Effect		**Value**	**F**	**Hypothesis df**	**Error df**	**Sig.**	**Partial Eta squared**	**Noncent. parameter**	**Observed power[c]**
Intercept	Pillai's Trace	.000	.000[b]	4.000	1467.000	1.000	.000	.000	.050
	Wilks' Lambda	1.000	.000[b]	4.000	1467.000	1.000	.000	.000	.050
	Hotelling's Trace	.000	.000[b]	4.000	1467.000	1.000	.000	.000	.050
	Roy's Largest Root	.000	.000[b]	4.000	1467.000	1.000	.000	.000	.050
FAC1_2 Beliefs regarding country and culture	Pillai's Trace	.742	1053.560[b]	4.000	1467.000	<.001	.742	4214.240	1.000
	Wilks' Lambda	.258	1053.560[b]	4.000	1467.000	<.001	.742	4214.240	1.000
	Hotelling's Trace	2.873	1053.560[b]	4.000	1467.000	<.001	.742	4214.240	1.000
	Roy's Largest Root	2.873	1053.560[b]	4.000	1467.000	<.001	.742	4214.240	1.000
FAC2_2 Beliefs regarding cultural accommodation	Pillai's Trace	.824	1711.423[b]	4.000	1467.000	<.001	.824	6845.693	1.000
	Wilks' Lambda	.176	1711.423[b]	4.000	1467.000	<.001	.824	6845.693	1.000
	Hotelling's Trace	4.666	1711.423[b]	4.000	1467.000	<.001	.824	6845.693	1.000
	Roy's Largest Root	4.666	1711.423[b]	4.000	1467.000	<.001	.824	6845.693	1.000
FAC3_2 Cognitive ICC beliefs related to treatment in the hospital	Pillai's Trace	.678	771.220[b]	4.000	1467.000	<.001	.678	3084.882	1.000
	Wilks' Lambda	.322	771.220[b]	4.000	1467.000	<.001	.678	3084.882	1.000
	Hotelling's Trace	2.103	771.220[b]	4.000	1467.000	<.001	.678	3084.882	1.000
	Roy's Largest Root	2.103	771.220[b]	4.000	1467.000	<.001	.678	3084.882	1.000
a. Design: Intercept + FAC1_2 + FAC2_2 + FAC3_2									
b. Exact statistic									
c. Computed using alpha = .05									

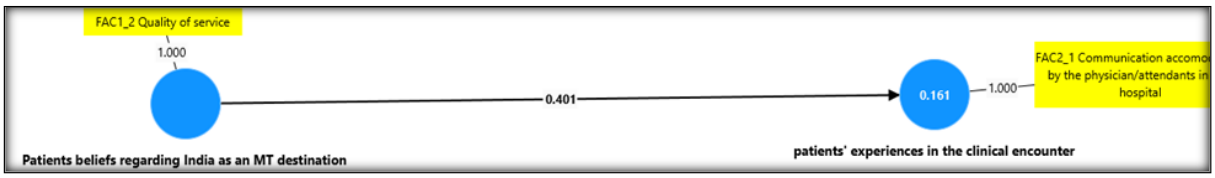

Figure 2: Results of the measurement model.

DISCUSSION

The findings of this study underscore the pivotal role of effective communication in shaping the experiences of international medical patients, particularly in the context of medical tourism in India.[14] The strong relationship between self-efficacy and patient experience indicates that culturally competent communication significantly enhances patient outcomes.[15]

The application of CAT in this study provides a robust framework for understanding how healthcare providers can improve communication with international patients.[16] CAT posits that individuals adjust their communication behaviours either converging towards or diverging from the communication style of their interlocutors to facilitate understanding, build rapport, and achieve communicative goals.[17]

Cultural sensitivity is not only about understanding the verbal language used by patients but also about recognizing and respecting non-verbal communication cues that vary widely across cultures.[18]

The successful application of CAT in improving doctor-patient communication has significant implications for the Indian medical tourism industry.[19] By fostering culturally competent communication, Indian healthcare providers can enhance the overall patient experience, leading to higher levels of patient satisfaction and loyalty.[20]

This study highlights the critical role of effective doctor-patient communication in enhancing the experiences of international medical tourists in India, with a particular focus on the application of Communication Accommodation Theory (CAT).[21] The findings underscore the importance of cultural sensitivity and adaptive communication strategies in fostering positive healthcare outcomes for patients from diverse cultural backgrounds.[22]

The implementation of comprehensive cross-cultural training programs is essential for equipping Indian healthcare providers with the skills needed to navigate the complexities of doctor-patient communication in a globalized healthcare environment.[23]

While this study provides valuable insights into the role of Communication Accommodation Theory (CAT) in enhancing doctor-patient communication within the Indian medical tourism industry, several limitations should be acknowledged.[24]

First, the study's reliance on self-reported data from patients may introduce biases, as responses could be influenced by patients' perceptions, cultural backgrounds, or their experiences at the time of the survey.[25]

Future research should address these limitations by incorporating longitudinal designs that track patient experiences over time to assess the durability of communication improvements and their long-term effects on patient satisfaction and health outcomes.[26]

The successful application of Communication Accommodation Theory offers a valuable framework for improving doctor-patient communication in the context of international medical tourism.[27] By understanding and adapting to the cultural and communicative preferences of international patients, healthcare providers can significantly enhance patient experiences, leading to better healthcare outcomes and increased patient satisfaction.[28]

Based on the study's findings, several recommendations can be made to improve doctor-patient communication in the context of international medical tourism.

Comprehensive Cross-Cultural Communication Training: Healthcare providers should undergo comprehensive cross-cultural communication training that incorporates the principles of CAT. These programs should educate doctors on the cultural norms, values, and communication styles of the diverse international patient populations they serve.[29]

Flexible Communication Strategies: Doctors should be trained to adopt flexible communication strategies that can be adjusted based on the cultural context of the patient.[30] This includes recognizing when to use convergent communication where the doctor adapts their style to align with the patient's cultural norms and when to use divergent communication to maintain professional boundaries or assert medical authority.[31]

Non-Verbal Communication Training: Non-verbal communication is a significant aspect of cross-cultural interactions.[32] Indian healthcare providers should be trained to interpret and utilize non-verbal cues, such as eye contact, facial expressions, gestures, and body language, in ways that are culturally sensitive.[33]

Patient-Centred Approaches: Emphasize patient-centred communication approaches that prioritize the needs, preferences, and cultural backgrounds of international patients.[34] This involves actively listening to patients, acknowledging their cultural beliefs and values, and incorporating these into the medical decision-making process.[35]

Gender Sensitivity Training: Doctors should be mindful of cultural sensitivities during medical examinations, particularly regarding gender norms and modesty.[36] For instance, in cultures where female patients may prefer to be examined by female doctors, healthcare facilities should ensure that such options are available.[37]

Tailoring Communication Styles: In low-context cultures, where explicit and direct communication is valued, doctors should focus on providing clear, detailed, and straightforward explanations about medical conditions and treatment plans. Conversely, doctors should adopt more indirect and contextual approaches for patients from high-context cultures.

Cultural Integration in Care Plans: Healthcare providers should make a concerted effort to incorporate patients' cultural preferences into their care plans. This can include accommodating dietary restrictions, respecting prayer

times, and considering family involvement in medical decisions, particularly for patients from collectivist cultures.

Ongoing Professional Development Programs: Establish ongoing professional development programs that reinforce the importance of cultural competence and communication accommodation. These programs should be regularly updated to reflect the latest best practices and emerging trends in international patient care.

While this study provides valuable insights into doctor-patient communication in medical tourism, it has certain limitations like self-reported data bias: The study relied on self-reported data, which may be subject to response biases influenced by personal perceptions or recent experiences. Secondly, Single Institutional Context: The study was conducted at a single healthcare institution in Delhi, which may limit its generalizability to other institutions or regions in India. Thirdly, Cross-Sectional Design: The cross-sectional nature of the study does not account for changes in communication effectiveness over time, nor does it evaluate long-term impacts on patient satisfaction and adherence.

Future research directions should include to conduct longitudinal studies to track communication improvements and patient satisfaction over time. Also, we should expand the study to include multiple healthcare institutions across different regions in India for broader generalizability. In addition, one should focus on assessing the specific components of cross-cultural training that are most effective in improving communication and patient satisfaction. Lastly, incorporate technological interventions such as Virtual Reality (VR) simulations to train healthcare providers in cultural competence.[38]

The successful application of Communication Accommodation Theory (CAT) provides a powerful framework for improving doctor-patient communication in the context of international medical tourism.[39] By understanding and adapting to the cultural and communicative preferences of international patients, healthcare providers can significantly enhance patient experiences, leading to better healthcare outcomes and increased satisfaction.[40]

The findings of this study emphasize the need for culturally sensitive communication strategies and training programs to equip doctors with the skills required to navigate diverse cultural interactions effectively.

As India continues to grow as a hub for medical tourism, sustained investments in cultural competence training and communication technologies will be critical for maintaining high standards of patient care. These efforts will not only improve patient satisfaction but also strengthen India's position as a global leader in the medical tourism industry.[41]

CONCLUSION

The findings underscore the critical need for culturally sensitive communication training for doctors involved in international medical tourism. By adopting communication strategies that accommodate the cultural preferences of international patients, healthcare providers can significantly improve patient satisfaction and outcomes, thereby enhancing the global competitiveness of medical tourism destinations like India.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Tyagi H, Mehra P. Evaluating the need for culturally sensitive communication training for doctors engaged in international medical tourism using the lens of communication accommodation theory. Int J Community Med Public Health 2025;12:789-97.