

Enhancement Approach in Well&Illness Tourism

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Abstract: The component of tourism preparatory parties is to make tourists, whether they are medical or companion, feel more comfortable and bring back home good health attached to good memories. In order to lead a satisfactory discussion primarily wellness and illness tourism concepts are properly described. After explaining their dynamics, factors which are constitutive in these kind of touristic activities, mainly tourists' motivations are mentioned. As being a new era of medical tourism, it is shown that facilitators are of great significance. They offer medical value tourism by eliminating too many unknowns for the tourist. Not only empathy but queries also enable highlighting the tourists' expectations, experiences and showing the ways of understanding their situation better. New medical hubs and the future ones have to take into account, promote consumer researches that they can advance themselves in the light of new information. The best way to develop well&illness tourism is to make tourist, patient and their companion satisfied with their activities and/or treatment.

Keywords: health tourism; tourists; consumer's experience; medical value tourism

JEL Classification:

1. Introduction

Touristic activities are increasingly growing in variety of ways according to the needs, desires and changes in human life. Well&illness tourism is an expanding area. In tourism industry customer's needs and preferences gain prominence. Understanding the needs and interests of tourists become an important issue. Opportunities of the host place make possible the emergence of new medical hubs. As opposed to near past medical travel flows from Western countries to the Eastern countries with up-to-date medical services. Places which are famous with medical and/or healing techniques become the subject of the tourists who are after to keep their health or to prevent themselves from problems related with health. In that sense, well&illness tourism is divided into two categories as Illness Prevention Tourism and Medical Tourism. Well&illness tourism industry provides to the people medical and/or healing services.

In this expanding area of tourism there is a great potential for new contributions to our understanding of tourists' experience (Chen et al., 2008). Their motivation, psychology and problems are all need to be studied in order to improve the

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standards of well&illness tourism. What leads people to have touristic activities that would improve their health and what are their motivations? High-costs, long waiting lists, legal prohibitions of medical procedures, operations, and surgeries lead many patients to search for alternative health-care services abroad. Rejuvenating body, mind and spirit and cost saving are said to be the most important motivators of the well&illness travelers (Chen et al., 2008, Cormany & Baloglu, 2011). Health tourism is mostly understood as having a physical treatment but also tourists engage in an activity which will eventually bring about psychological well-being. Well&illness tourism includes tourists, patients and their accompanying person. The psychology of the patients throughout the whole travel, including before and after periods, must be taken into account. Facilitators emerge as new members of tourism profession for guiding patients. Aiming at looking through the eyes of the tourists must be in the provider's agenda. For a general perspective and a better understanding it is useful to look at the conceptualization and to emphasize related points.

2. Conceptualization of the Well&Illness Tourism

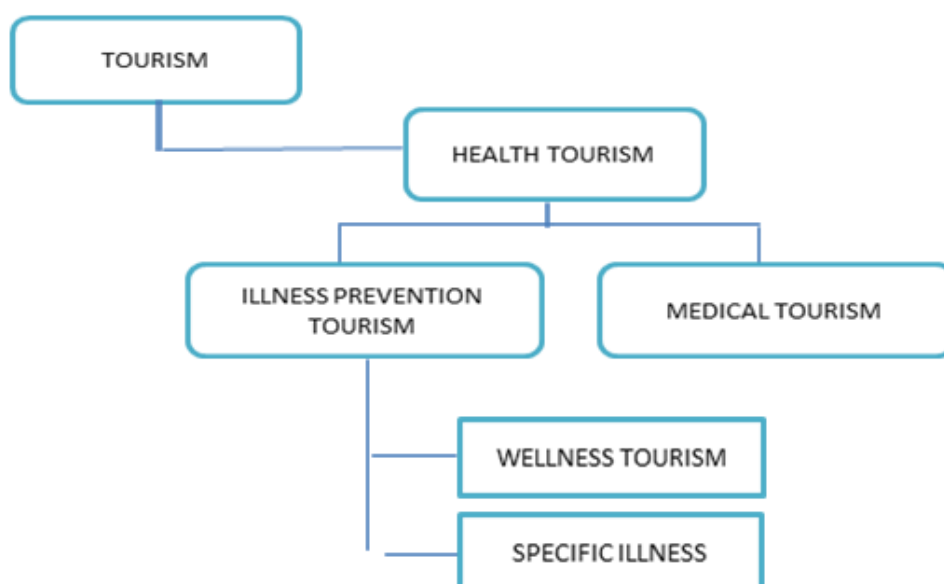
As an umbrella term, health tourism involves activities which are beneficial for the conditions of health. Health related travel and pilgrimage history can be traced backed to the Neolithic and Bronze Ages (Douglas, 2011), (Cook, 2012). The Ancient Mesopotamians, Ancient Romans considered the significance of climate, thermal waters onto health. This continued into the 18th and 19th centuries. The health cures and the sun became preferable and places with hot climate became popular touristic places for the ones who had been living in cold climatic conditions. With urbanization and industrialization, the concern for travelling to health developing places increased (Cook, 2012). The term widely used and became more popular and popular, spa, comes from three Latin words; namely Sanus Per Aquam.

There are divergent ideas for the definition of this kind of touristic activities. Health tourism is defined as “*any pleasure-oriented tourism which involves an element of stress relief*” (Bennett et al., 2004). From another point of view, it can be said to include touristic activities in which tourists' main motivation is utilizing health services by going to leisure settings. For an elaborate understanding, the divergence of medical tourism and illness prevention tourism has to be presented here. The needs and perspectives of both tourists' group will diverge as well as their intersection. Their expectations have major correlation with their needs.

Medical Tourism involves cosmetic surgery (breast, face, liposuction), dentistry (cosmetic, reconstruction), cardiology/cardiac surgery (by-pass, valve

replacement), orthopedic surgery (hip replacement, resurfacing, knee replacement, joint surgery), bariatric surgery (gastric by-pass, gastric banding), In-Vitro Fertilization/reproductive system (IVF, gender reassignment), organ and tissue transplantation (organ transplantation; stem cell), eye surgery, diagnostics and checkups (Lunt & Carrera, 2010) while wellness tourism involves sun, fresh air, water, spas and medicinal spas, mineral springs, the seaside within a therapeutic leisure setting. Acupuncture, meditation, yoga, spa and thalassotherapy take attention of the tourists who wish to heal themselves or to keep their health. Market research shows that average three-to five-star hotels provide fairly comprehensive wellness facilities. Wellness hotels should therefore specialize in health information besides related facilities, individual care and a wide range of cultural and relaxation programmes (Mueller and Kaufmann, 2001).

Table 1. Medical tourism (adapted by Mueller and Kaufmann, 2001)



3. Motivations and Tourist Decision Making Process

Considering consumer experience brings about seeking the motivations behind touristic movement. There are both internal and external factors behind tourists' motivation. According to the circumstances and the different economical and cultural settings motivations differ. Subjective dynamics are vital also in the sense of decisions. Tourist health motivation can be seen as a position between individual values and lifestyles (Chen, Prebensen & Huan 2008). Also motivations of medical

tourists are pertinent with the problems in their homeland. Primarily external problems will be shown in detail and the subjective dynamics will be paid attention afterwards. Generally problems of medical tourists include increased bureaucratic work, issues with health insurance and remaining waiting list for medical procedures. Low cost and ascending quality of medical services in medical tourism destinations, the information technologies and enhanced communication with medical centers in other countries make favorable traveling abroad. In this general picture, low costs and accelerated quality of treatments in medical tourism destinations can be said to be the two important factors. As we know healing protocols are almost identical all over the world including medical equipment and medication.

Table 2. Medical tourism advertised prices in selected countries. (Hall 2013)

<i>Procedure</i>	<i>United States</i>	<i>United Kingdom</i>	<i>Singapore</i>	<i>India</i>	<i>Poland</i>	<i>Thailand</i>	<i>Mexico</i>
Heart bypass (CABG)	113,000	13,921	20,000	10,000	7,140	13,000	3,250
Heart-valve replacement	150,000		13,000	9,500	9,520	11,000	18,000
Angioplasty	47,000	8,000	13,000	11,000	7,300	10,000	15,000
Hip replacement	47,000	12,000	11,000	9,000	6,120	12,000	17,300
Knee replacement	48,000	10,162	13,000	8,500	6,375	10,000	14,650
Gastric bypass	35,000		20,000	11,000	11,069	15,000	8,000
Hip resurfacing	47,000		12,000	8,250	7,905	10,000	12,500
Spinal fusion	43,000		9,000	5,500		7,000	15,000
Mastectomy	17,000		12,400	7,500		9,000	7,500
Rhinoplasty	4,500	3,500	4,375	2,000	1,700	2,500	3,200
Tummy tuck	6,400	4,810	6,250	2,900	3,500	3,500	3,000
Breast reduction	5,200	5,075	8,000	2,500	3,146	3,750	3,000
Breast implants	6,000	4,350	8,000	2,200	5,243	2,600	2,500
Crown	385	330	400	180	246	243	300
Tooth whitening	289	500		100	174	100	350
Dental implants	1,188	1,600	1,500	1,100	953	1,429	950

Note: Prices are in U.S.A. dollar

Low costs are considered to be in the context of economic quality of life of medical tourists. The increase in the quality of treatments makes patients willing to involve in medical activities. Emerging and potential medical hubs consider potential of medical tourism for sustainable tourism and providers have tried to improve their standard of treatment, surgeries, medical practice and medical care. This realization and increase in both quality and quantity of medical treatment leads to a

standardization. This process involves accreditation from internal health organizations (Turner, 2007).

As much as other motivations, accreditation is a vital factor in the patients' decision making process. This is one of the dynamics of tourist satisfaction. Health is crucially an important and sensitive point in the sense that the life of the people is at stake. Safety and trust are two prerequisite and essential points in that regard. Accreditation is the most significant assurance for receiving quality health care that tourists have to check the accreditations of the clinic or the hospital. When they are checking they have to rely on valid and credible norms. For an organization to be considered having genuinely high quality, it should be constantly seeking to maintain and ameliorate its level of standards. In health care, this will be achieved through: (a) maximizing safety by identifying and minimizing risks and (b) continually pushing up quality (Hodges, Turner & Kimball 2012). Patients can check whether the clinic or hospital that they prefer to go has a certification or has affiliations with reputable health providers and universities.

There are several international organizations for the accreditation of health-care facilities on an international basis. International Society for Quality in Health Care (ISQua) and The International Organization for Standardization (ISO) are some examples. There are also regional and country-based organizations that provide international accreditation to health-care facilities abroad. Joint Commission International (JCI) and Community Health Accreditation Program (CHAP) are well-known such organizations in the USA. JCI provides accreditation for health-care centers abroad which are particularly in service of medical tourism. In Europe, European Society for Quality in Healthcare (ESQH) is a similar organization. In Canada, Accreditation Canada, formerly called as Canadian Council on Health Services Accreditation (CCHSA); in UK, Trent Accreditation Scheme (TAS); and in Australia, The Australian Council on Healthcare Standards (ACHS) are other such institutions. Some organizations also provide certification in order to control the physicians' license. American Board of Medical Specialists (ABMS) is one of these accreditation organizations for physicians in the USA. ABMS involves several special boards, such as American Board of Family Medicine, American Board of Neurological Surgery, American Board of Ophthalmology, American Board of Plastic Surgery, and American Board of Surgery. These provide certificates to physicians who have proven their expertise in their specialty.

In Europe, there is European Union of Medical Specialists (UEMS) association for the standardization of the several European nations' medical organizations that provide certificate and license to physicians. In the UK, physicians' and doctors' licenses and certificates are controlled by the General Medical Council (GMC) in collaboration with UEMS. Many medical tourism destinations send their physicians or other medical specialists to USA or EU to obtain these certifications.

Table 3. International and regional organizations for the accreditation of health-care facilities and accreditation of physicians/surgeons



The diversities in health problems and in their treatments may lead tourists find plausible solutions. Some problems need urgent denouement. When this is the case, waiting for medical procedures can affect the health condition of the patient negatively. In that situations health tourism enables the patient to be cured in a shorter period of time than s/he will be cured in her/his homeland. When this is not the case, going abroad to be cured can enhance the treatment according to the better conditions like temperature and fresh air of the touristic place. One study supported that cancer patients need touristic activities to *“bridge the gap between illness and everyday life, providing a mechanism for enabling a patient to return to a sense of normality even if only for a defined period of time”* (Hunter-Jones 2005).

When the patient needs an intensive health care, it will be better for her/him and companion to go in a foreign country for a change. In daily hassles, it will be harder to recover from the illness especially under worried looks of close friends and relatives but it is clearly stated in academic studies that tourism enables escaping from daily hassles so that touristic place will be much more suitable for a patient to recover and to relax. Touristic activity is an opportunity to relax and to get away from their daily routine lives (Genc, 2011).

The case is the same for the wellness travelers, as well. There is an indication that motivation of those tourists is not unidimensional. Findings reveal that the customers motivated to wellness facilities are apt to seek an environment that relaxes their body, mind and spirit while they are able to engage various programs and access to the nature (Chen et al., 2008). Another research confirms that wellness tourists are not homogenous but six benefits sought by wellness tourist can be labeled as; transcendence, physical health & appearance, escape & relaxation, novelty, re-establish self-esteem and indulgence (Voigt et al., 2011). Individuals who live in cold climate may wish to go to warmer places and the individuals who live in flat countries and on coasts may wish to go higher altitudes and mountains, vice versa.

Health tourism, in its several applications non-deliberately improves the health and psychological well-being of the individual (Genc, 2011). These travels have the potential to enhance the quality of life of individuals via psychological means. If consumer health benefits are essentially a product of the dissonance of contemporary lifestyles, then health destinations are valued as much for their psychological benefits as they are for their physiological effects (Chang & Beise-Zee, 2013). Variations of tourist's motivation about well&illness tourism causes differences in expectations and consequently problems about satisfaction will occur.

A further study shows that the individual health beliefs from the expectations of tourists regarding health-promoting destinations, and that a match between personal beliefs and the appearance of destination creates wellness and, ultimately,

tourist satisfaction (Chang & Beise-Zee, 2013). Subjective dynamics are decisive in tourist satisfaction as motivation. Tourism activities have different meanings and connotations for individual and these different are caused by subjective differences within individuals as well as their subjective experiences (Genc, 2011).

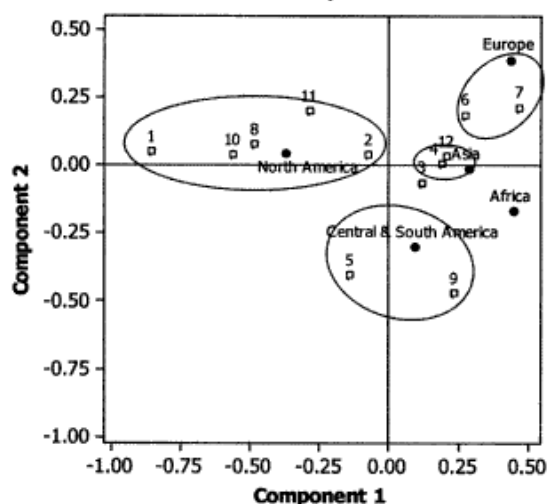
4. Aiming at Looking Through the Eyes of Tourists

Motivators are of factors that are active during destination choice. Studies emphasize essentiality for the wellness tourism industry to understand the profiles of their customers. For customers, learning the information and experience of the ones who have gone to a touristic activity is decisive. A review demonstrates the need for additional research on numerous issues, including understanding how multiple information sources are consulted and evaluated by patients before deciding upon medical tourism (Crooks et al. 2010).

For the need of it, facilitators as being a new profession in health tourism brought about. As well as industry of medical brokers, insurances, travel agencies; facilitators are crucial in the sense that they bridge the gap between the health center and the tourist. Facilitators support include email contact, telephone number, mailing address, information request form, maps of destinations served, hospital selection, notation of hospital accreditation, listing of medical procedures available, estimated treatment costs, past traveler testimonials, links to informational websites and whether the date of the last web page update was provided (Cormany & Baloglu 2011) This study demonstrates that facilitators differ in their treatments and they can learn from each other in order to advance themselves.

Table 4. The Analysis of Facilitators (Cormany & Baloglu 2011)

Symmetric Plot of Services Noted, No. of Countries Offered



- Circles represent continents; squares represent individual services offered;
- 1. One or Multiple Countries Served
 - 2. Air Transportation
 - 3. Ground Transportation
 - 4. Translation Services
 - 5. Concierge Services
 - 6. Site-Seeing Options
 - 7. Arrange Medical Appt.
 - 8. Transfer Medical Records
 - 9. Aftercare Services in Country
 - 10. International Cell Phone/Calling Services
 - 11. Financing Services
 - 12. Hotel Accommodations

Table 2 – Services Offered

Axis of Services Noted	Inertia	Proportion	Cumulative
1	.1219	.6560 (65.60%)	.6560 (65.60%)
2	.0359	.1931 (19.31%)	.8491 (84.91%)
3	.0170	.0917 (9.17%)	.9408 (94.98%)
4	.0110	.0592 (5.92%)	1.000 (100%)

Organizing touristic travels throughout the healing process of the patients definitely help to improve the patient health both in physical and psychological terms. Cultural tourism, fresh air and discovering new places and cultures can enhance the healing process. Also patients need to be psychologically supported in the diagnosis and treatment stages of the illness. Dealing with severe symptoms of illness is the source of demoralization and depression for both the patient and her/his friends and family. In one sense medical problems generally lead to stress and anxiety for the person because of both physiological and treatment-related problems (Luebbert et al., 2001). Depending on the curing process, the period of travel can differ. The needs of the patients should be examined. Providing practical solutions when needed is an important task.

Psychological issues and attitudes toward people in the medical tourism destination might lead potential medical tourists not to select treatment abroad (Hunter-Jones 2005). Medical travel planners should be aware of demoralization-related and attitude-related hesitations about medical travel. The attitude-related hesitations mostly come about from cultural differences. Right at this point the role of facilitators becomes vital.

We need to keep in mind that medical tourists are also coming into a social setting. In order to progress the tourism, the facilitator may enlarge her/his agenda and try to look at the activity of health tourism from various respects. The souvenir that the tourist would take home is not a local cloth, food or ornament but would be her/his health in a better condition.

Based on results, consumer research about what is believed to be beneficial to health is important when designing and promoting a health place (Chang & Beise-Zee, 2013). The congruence between one's self-image and destination image seems to play an important role in destination choice process (Genc, 2011).

The method of this study is query and philosophical analysis about health tourism. Health problems get more common with increased rates of old population, and social security systems fall short of supplying this demand for health services. Many patients who prefer short-term medical treatment at low costs prefer medical tourism activities and medical travel (Genc, 2011). In this expanding area, patients, tourists and accompanying persons differ in their motivations, expectations and subjectivity. In this respect tourist's expectations and motivations are highlighted. Offering high standard medical value tourism must be the aim of host places. Facilitators are the key factors in the movement of health tourism. They need to reform themselves and to look at the issue through the eyes of the tourists. It is meaningful to boost the numbers of facilitators and increase their space of activity. They will help the tourist to make a thorough examination about the health hubs which is the target of their travel. The pleasant memories of the tourists importantly push forward the health tourism.

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