

PROFESSIONAL PROFILE AND EDUCATION FRAMEWORK FOR MANAGERS IN THE CROATIAN HEALTH TOURISM SECTOR

Milena Peršić
Dubravka Vlašić

Abstract

Purpose of this research is to indicate the importance of influential factors, relevant for shaping the profile of managers in the Croatian health tourism sector, based on the following research questions: (1) Are these kinds of requirements defined in the Croatian strategic documents and to what extent? (2) Is the development of health tourism in Croatia following the global trends and tourism market needs? (3) Are capabilities provided by the Croatian Qualification Framework (CROQF) good starting point for achieving an interdisciplinary education for management in the health-tourism sector? (4) How should the education framework for manager be designed in order to be able to respond to the challenges in the health tourism?

Methodology – To answer these questions the authors conducted the research in 2015. The representative sample consisted of all Croatian health spa/resorts (3), 90% of special hospitals (10) and the most important thermal-spa hotels (4). The achieved results were critically reviewed according to the theoretical knowledge and globally recognized practice. In this process the basic hypothesis that “in Croatia relevant preconditions for interdisciplinary education of manager, necessary for the development of health-tourism on a new basis, have not been created yet” was proven.

Findings – The goal of this paper is to recognize the best way for shaping interdisciplinary approach of specific knowledge, skills and competencies directed to achieve the synergy among medical, wellness and spa services, that will be presented in accordance with the global trends and modern customer needs. Ensuring appropriate human resources with the specific interdisciplinary knowledge, skills and competencies in order to achieve the ambitious targets of institutions involved in the health-tourism services. For this purpose the legal framework and the achievement of best practice, will be taken into account.

Contribution to the theory is recognized through defining interdisciplinary approach to creating a profile of manager education for health-tourism business needs. Contribution to the practice is recognized through assessment the areas and activity that should be improved, gaining knowledge through new interdisciplinary programs as a prerequisite for increasing the health-tourism efficiency and effectiveness.

Keywords: curriculum, Croatian Qualifications Framework, interdisciplinary approach, manager’s education, health-tourism business

INTRODUCTION

The health-tourism institutions have to respond to the strategic challenges and carry out operational tasks in interdisciplinary field in which health-tourism is positioned to successfully compete in the global dynamic environment. The emphasis is on recognising and connecting all specifics of health, wellness and spa services, which have to be presented to tourists in the global tourism market. They have to be

recognized by customers who will be motivated to spend their holiday in the destination with recognisable health tourism services. This requires an interdisciplinary approach and possibility for acquisition of recognizable (distinguishing) knowledge, skills and competences through regular education as well as different life-long learning programs. Depending on the requirements of a particular job, education process should be oriented towards providing relevant knowledge for solving current problems, as well as short- and long term decision making about specific problems connected to the health tourism business. In order to achieve this, it is necessary to identify and explain essential influential factors, which is basically the subject of this research.

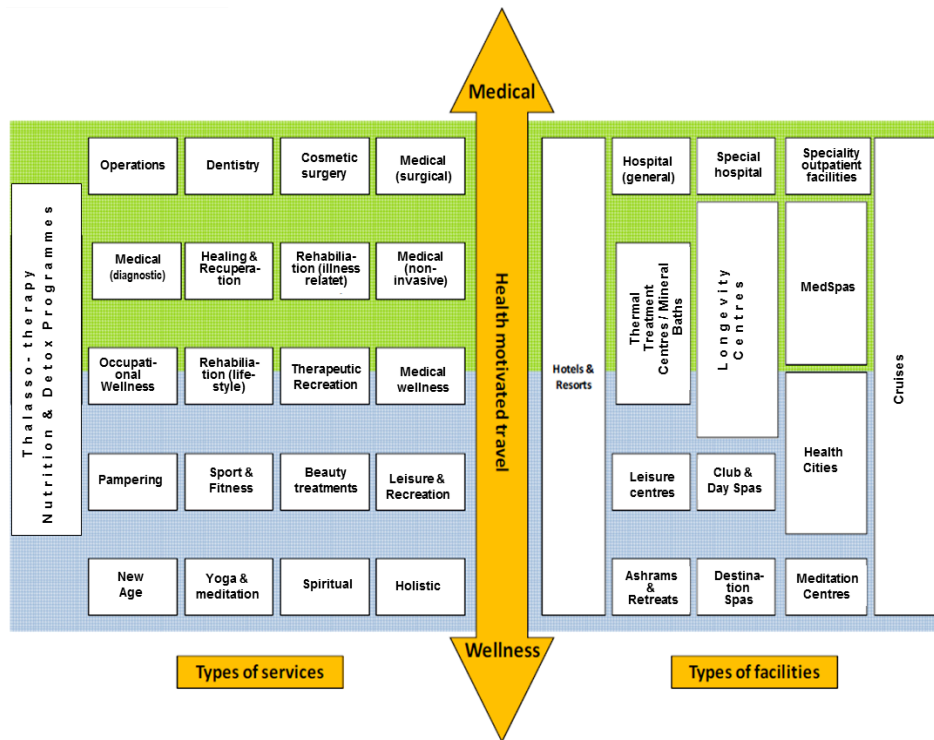
1. HEALTH TOURISM - THE GLOBAL PERSPECTIVE

Globally, health tourism is expected to continue to grow¹ in all segments which are recognised through the specific segments known as “wellness tourism”, “medical tourism” or “spa services” (Peršić, Janković 2012; Peršić, Blažević 2013; Peršić, Janković, Vlašić 2013; Janković, Peršić 2014). The aim is in creating the global picture on actual requirements of the health-tourism business that have to be followed in designing the appropriate curriculum through qualification outcomes and according to the possibilities offered by the European Qualifications Framework (EQF), which are embedded in Croatian Qualifications Framework (CROQF).

Wellness tourism is the sum of all the relationships resulting from a journey by people whose primary motive is to maintain or promote their health and well-being and who stay at least one night at a facility that is specifically designed to enable and enhance people’s physical, psychological, spiritual and / or social well-being (Voigt et al. 2010, 9). However, at last global summit conference, the experts forecasted that wellness will become the inevitable mandatory part of global health care in more nations, due to the fact, that costs of medical treatment and chronic disease will continue to be increasing (GWS 2015, 1-12). “Consumer interest in wellness is no longer just about looking good” (Smith, Puczko 2014, 103), which means that higher level or more complexed knowledge is required.

¹ The fastest growth is expected to be in the Middle East and Africa (2014 - 2018) on annual average of 8.3 - 8,6 % (GOH 2014, 7), but the average annual growth rate for wellness tourism are for some countries higher: India (22,1%), Vietnam (21%), Philippines (19,4%), China (19,3%), Israel (18,6%), UAE (17,9), Chile (17,3%), South Korea (15,3%), Australia (15,2%), Uruguay and Morocco (14,7%), Thailand (14,3%), Russia (13,1%), Taiwan (13%), Malaysia (12,8%), Turkey (12,6%), Poland (12,4%), Argentina (11,4%), South Africa (10,5%), Mexico (10%), Singapore (9,4%), Hong Kong (9,3%), Czech Republic, Hungary and Switzerland (8,9%), Brazil (8,7%), Austria (6,9%), New Zeland (6,7%), Spain (6,2%), Canada (6%), USA (5,8%), France (5,5%), Germany (4,7%) and Japan with 3,7% (GWTE, 2013 & 2015, 45).

Figure 1: Types of health-tourism services and facilities on the global market



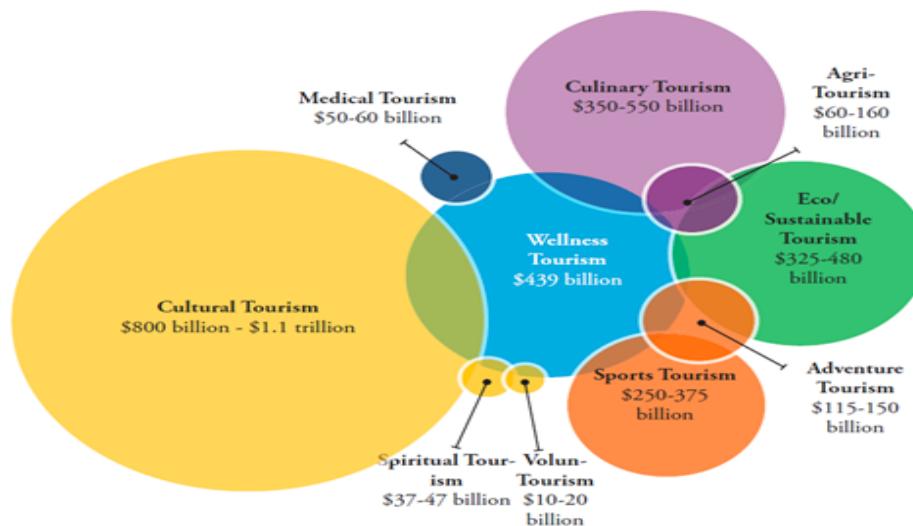
Source: 4WR, 2011, pp 11

Medical tourism services connected with the practice of travelling outside of one's home (country /destination) to receive quality healthcare at affordable prices, seeking medical assistance but also sites that can offer (natural) resources and attractions, which mainly attract other tourist categories fits also this concept (Smith, Puczko, 2009, 101). Therefore, medical tourism is defined as the sum of all the relationships and phenomena resulting from a journey by people whose primary motive is to treat or cure a medical condition by taking advantage of medical intervention services away from their usual place of residence while typically combining this journey with a vacation or tourism elements in the conventional sense (Voigt et al. 2010, 36).

The medical tourism market offers different kinds of medical services, primarily dental procedures, cosmetic surgery, medical procedures and alternative medicine (DMT 2011, 1-3), because of cost savings, taking better quality care or shorter waiting periods as well as quicker access to medical care (Deloitte, 2008: 5-6). The reasons can be identified in several dimensions: economic-cost, time-cost, location, (medical services can be consumed in a relatively exotic location in conjunction with a holiday), non-commercial behavioural (migrants may return to their country of origin), regulatory reasons (restrictive policy) and because of non-availability of some types of medical care.

Wellness and medical tourism can be recognised through the synergy with many other tourism niches, presented in the figure 1.

Figure 2: **Position of medical and wellness tourism in the global tourism market**



Source: GWTE, 2015, pp 19

Spa services can be of a large support to wellness and medical tourism development. Spa basically means “health through water” (GSS 2008, 8; Gee 2010, 38-43), or a business offering water-based treatments practiced by qualified personnel in a professional, relaxing and healing environment (Garrow 2009, 4; Rulle 2008, 25) In Europe it is still based on treatments prescribed by a doctor, and paid for either by the state or by private medical insurance (Keck 2010, 7-11). As opposed to that, spa services in the USA are primarily oriented to the healthy people needs (Gee 2010, 48-57) which has been accepted by the ISPA (International Spa Association) that define spas as “the places developed to enhance overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit” (Johnson & Redman 2008, 12). These services often overlap with the content of wellness and medical tourism services (Tabacchi 2010, 114) as a concept of SPA services primarily follows the philosophy of wellness.

In theory and practice special emphasis is on the types and organizational forms of spa services, that distinguish day spa, sport & fitness spa, club spa, salon spa, spa hotel, spa resort, destination spa, health spa resort, medical spa, mineral /hot springs /natural spa, eco spa, historically-/ culturally-based spa, cruise / ship spa, mobile spa, single spa services and al. (Gee 2010, 570-572; GSS 2008, 10-13; Johnson & Redman 2008, 14-17). All these information are very important for managers and owners, in order to achieve the objectives associated with the raising quality, efficiency and competitiveness of health-tourism institutions on the global health-tourism market.

Development of certain services depends on the availability of the related resources or knowledge (thermal springs, the sea, local experiences in spiritual knowledge, traditional medicine ...). Therefore, it can be noted that Northern Europe countries offer large number of services in the field of leisure and recreation spas, Central Europe countries offer typical therapeutic services in medical hotels and clinics and for Southern Europe countries wellness hotels and resorts are significant. Surgical medical clinics play an important role in North America, spa and wellness cruises are very important in Central America, and fairly common for the Far East are the holistic retreats (ashram), and big possibilities for spiritual an holistic tourism development (4WR, 2011, pp 17-20).

2. HEALTH TOURISM – THE NATIONAL PERSPECTIVE

National perspective of Croatian health tourism development can be defined through global trends and strategic documents prepared by the Ministry of Tourism and Ministry of Health. In Croatian National Health Care Strategy 2012-2020 (CNHCS - OG 116/2012) the main problems are connected with insufficient valorization of the possibilities of natural resources, human resource skills and health tourism tradition are presented (CHNCS 2012, 340). Strategy stresses *education, harmonization of regulations and making conditions for raising competitiveness* (CNHCS, 2012, 339-341) as a way of solving many opened problems of positioning health tourism services at the global level.

Croatian Tourism Development Strategy 2014-2020 (CTDS 2013) defines health tourism as a “product that has high development perspective”, based on the fact that at the global level, tourism generates revenue of \$200 billion and has a growth rate of 15-20% (CTDS 2013, chapter 3.2), with the emphasis on prevention (innovative, authentic, green and holistic), supported by aging population and growing trend of healthier way of living and sustainable development of business. Special emphasis in this strategy is in raising the quality of the specialized health/spa resorts (CTDS 2013, chapter 3.2) and the needs of an aging population that wants comfortable accommodation and availability of quality medical healthcare (CTDS 2013, chapter 5.1.2).

Following these strategic determinants the National program – Action plan for health tourism development (APHTD, 2014) has been prepared. The program has a clear vision and goals of development of health, medical and wellness tourism and areas of its activity, with a special emphasis on programs for raising competitiveness. This program distinguished several key success factors: (APHTD 2014, 30-60):

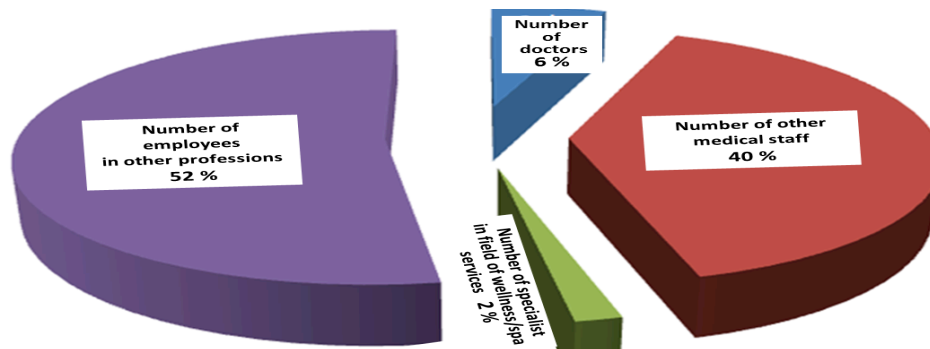
- Experience, knowledge, skills and competences of doctors and medical staff, relationship with patients and ability to communicate in foreign languages;
- Institution’s reputation, advanced equipment, hospitality and achieved level of accreditation and certification;
- Destination image, availability, quality of content, eco- orientation and responsible practices;
- Better evaluation of the natural healing factors and tradition (natural assumptions, thermal-mineral water, sea water, air baths, sea water, healthy eating - food ...);

- An effective promotion of attractive high quality “package of service” which include high quality of medical, wellness and spa services, from local to the national level at prices that follow principle “value for money”;
- Encourage clustering between all institutions involved in the health tourism destination so that goals and objectives through the synergy of joint action of all cluster member should be achieved;
- Educational institutional programs as well as lifelong learning programs need to be prepared and harmonized with the requirements of modern health tourism market.

In order to assess the achieved level of health tourism development in Croatia, a survey was conducted in 2015. The sample consisted of 17 Croatian health-tourism institutions: all health spas/resorts (Istarske toplice, Topusko, Veli Lošinj), 90% of special hospitals (Biokovka, Daruvarske, Krapinske, Stubičke i Varaždinske toplice, Naftalan, Thalassotherapia Opatija and Crikvenica, Lipik and Kalos) and four most important thermal-spa hotels (Jezerčica, Life Class Sveti Martin, TOP-term and Tuhelj). In the sample the capacity of 2.986 rooms or 5.793 beds were included.

This research was supported by the Croatian Chamber of Economy and its results were used as evaluation criteria for the most important tourism award in Croatia ‘Tourist flower – the Croatian quality’ (TFCQ 2015). The global scope of activity, occupancy level, services assortment, structure and quality of human resources, achieved level of revenues and areas of costs reduction, and main results of this research will be presented.

Figure 3: **Employee structure in Croatian health tourism institutions in 2014**



Source: Author’s research results carried out in 2015.

Analysis of the employee structure indicates that doctors participate with only 6% and specialized doctors in specific types of wellness or spa services participate with much smaller percentage (2%). Employees generally provide services under the contract of the National Health Insurance (NHI), and only 8% of employees are fully oriented to meet the needs of customers from the external markets. If these results would be combined with the previous research results in this field (Bartoluci, Birkić, 2011, 53-74; Bura 2015), it can be concluded that the qualifications level and quality should be significantly improved, following the sectoral activities programme and challenges of hospitality and tourism sector development (GDFHTS 2010, 6,31,40-41).

The presented orientation of employees has to be changed in order to make a step forward towards foreign market in accordance with the global trends and strategic goals defined in the national strategic documents. The market orientation needs the application of specific knowledge, skills and competencies to ensure high level of services and the facilities (capacity and equipment), and other services presented in destination.

All this should be measured through the degree of capacity utilization. Specifics of capacity utilization in this part of health-tourism services are that the contracts with the NHI are given in occupied beds, while the market oriented capacity are given in number of rooms, always measured in relation to the total available capacity. Besides the accommodation capacity, of particular importance is equipment (space measured in m²) intended only for the provisions of health tourism services.

Table 1: **Available capacity and their utilization in Croatian health tourism institutions in 2014**

Capacity Utilization	Maximum	Average	Minimum
% of capacity utilization – rooms	80 %	65 %	40 %
% of capacity utilization – beds	80 %	62 %	39 %
Net capacity for the provision of health tourism services in the m ² per bed	61 m ²	40 m ²	2 m ²

Source: Author's research results carried out in 2015.

Following that, the number, character and structure of medical tourism, as well as wellness/spa tourism services will be considered.

Table 2: **The average number of medical tourism services provided in Croatian health tourism institutions in 2014**

Medical tourism services	Maximum	Average	Minimum
The average number of specialist examinations	1 347 386	146 175	2 915
The average number of diagnostic procedures	538 452	185 457	53
The average number of hospital treatment day	210 000	66 260	4 429
The average number of daily treatment and rehabilitation	188 636	78 620	30 500

Source: Author's research results carried out in 2015.

The quantity of services provided depends on the orientation and specialization of institutions and the type and assortment of medical tourism services. It is known that only about 50% of the total capacity is covered by the NHI contracts, so health tourism institutions should be much more oriented towards the medical tourism market. In fact, as is previously noted, Croatia has not been recognized as a medical tourism destination yet, so it is necessary to take advantage of this chance from both, medical and wellness tourism as well as from high level of spa services.

Significant improvements and restructuring of wellness/spa services assortments are required, which indicate that services for which employees need only the minimum level of knowledge, skills and competences still dominate on the market. Namely, sports and recreation activity based on using the swimming pool services are present in the 83,6% of all wellness/spa services. On the other side, the programmes that require the highest levels of specific knowledge, skills and competencies are much less common and typically do not generate significant revenues.

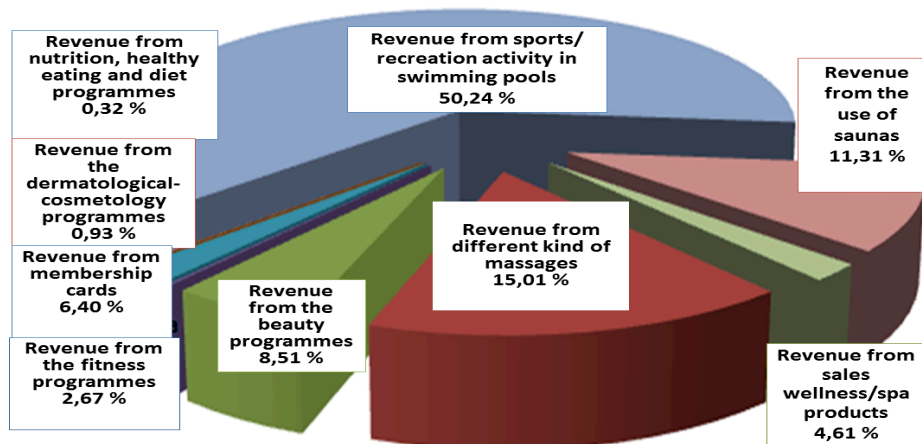
Table 3: **The structure of wellness/spa services provided in Croatian health tourism institutions in 2014**

Wellness/spa tourism services	%
Average number of sports and recreation activity, based on using the swimming pools	83,6%
Average number of sauna beneficiaries	6,6%
Average number of massage beneficiaries	5,3%
Average number of beauty programs beneficiaries	3,0%
Average number of fitness beneficiaries	0,9%
Average number of membership cards	0,3%
Average number of dermatological cosmetology programs	0,2%
Average number of diet, healthy eating and nutrition programmes	0,1%

Source: Author's research results carried out in 2015.

The presented structure of average number of wellness/spa services is also reflected in the structure of the revenues, because the revenue from sports and recreation activities on the swimming pools are also higher (50,24%). This indicates that other possibilities are not as sufficiently utilized as they could be. Better revenue structure can be achieved through changing the assortment of current services with those who seek higher level of knowledge from strategic planning, marketing, quality and sustainability management in accordance with the global trends and market demand, such as massage, nutrition, healthy eating, diet and different beauty programs or services, will dominate.

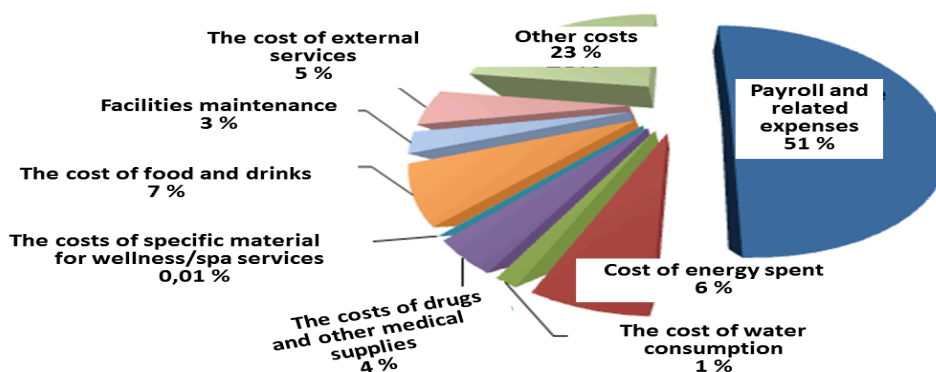
Figure 4: **The structure of wellness/spa revenues in Croatian health tourism institution in 2014**

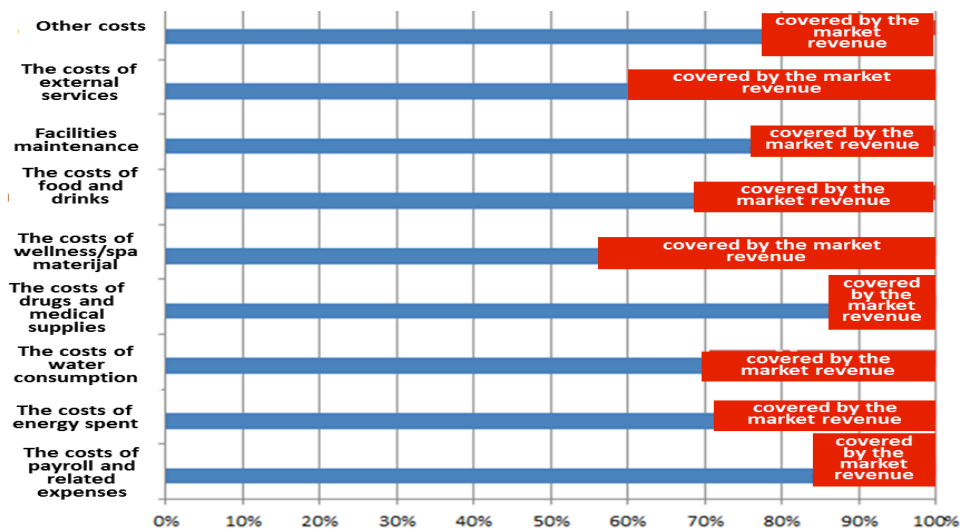


Source: Author's research results carried out in 2015.

These results suggest that the existing situation must be considerably improved, through implementing the specific education programmes and practice skills, according to the results achieved at the global level. On the first place in achieving revenue are the beauty and antiaging programmes (34,8%), followed by the fitness and mind-body programmes (20%) and healthy eating, nutrition and weight loss programmes (14,2%) (Spa Summit 2010, pp 24), which are a part of the proactive services, prepared to be used by healthy people for improving their quality of life. Wellness and spa services can also be used as upgraded level of the medical tourism services, which is globally increasing with the average rate of 35% (Lenhart, 2012).

Figure 5: **Cost structure and market coverage by the market revenue in Croatian health tourism institution in 2014**





Source: Author's research results carried out in 2015.

During the investigation period it was noted that the data on achieved level of performance gained from individual programs or group of medical, wellness or spa services, as the precondition for comparing internal results on the external level, as the higher level of benchmarking were missing. The global data on structure of revenue and costs were collected, and the results on segmental levels were also missing. This indicates that there is a lack of information needed for successful cost and revenue management, based on the specific knowledge of using reporting standards (IFRS 8; USALI; USFRS; USAR; IPSAS 18) in accordance to the specific manager needs on all hierarchical level.

This also indicates that specific interdisciplinary knowledge, skills and competences on the specifics of health tourism management needs should be provided and possibility of implementing responsibility accounting, for successful benchmarking process on the national level and beyond should be established. It is necessary to implement the valuable experience from leading hotel companies which use USALI standards (USALI, 2014) as a framework for benchmarking, as well as experience from using USFRS standards by international ISPA association (USFRS, 2015) which also requires a higher level of knowledge.

In order to collect the missing information which is very important in the process of costs and revenue management, a higher level of knowledge should be provided. Also the specifics of interdisciplinary health tourism business and best practice benchmarking among health tourism institutions on the global level should be taken into account. For this purpose it is essential to interconnect basic economic knowledge with the knowledge of health tourism industry, as the basis of defining the sources, tools, methods and techniques necessary for preparing information, as well as educating consumers and suppliers to be involved in the common business, following the determinants and recommendations of Croatian strategic documents and global trends.

Justification for this lies in different bases of resources which Croatian's institutions involved in the health tourism services insufficiently use, but are very important for being competitive in global dynamic environment. Thus, new knowledge has a great importance in recognizing and connecting all the specifics of medical, wellness and spa services. They need to be jointly put into the global tourist market, in a manner which will be recognized by consumers that are orientated and motivated to spend their holidays in a place with recognizable health tourism services.

3. MANAGER IN HEALTH TOURISM BUSINESS – HOW TO RESPOND TO THE CHALLENGE OF CONTEMPORARY HEALTH TOURISM MARKET

Presented research results stress the need for restructuring assortment and raising the overall quality of health tourism services, with particular emphasis on the stronger market orientation. Managers in the health-tourism business have to solve all these problems which mean they should possess relevant economic, medical and other related knowledge, special skills and competences. For achieving goals defined in the strategic document, emphasis should be placed primarily on the synergistic processes development, taking into account institution opportunities, environmental impact, and teamwork, that has to be coordinated by the (top) experts of different professions.

The existing education systems offer open access in well recognized tourism and medical profession, however this kind of “pure profession” are not, and cannot be sufficient. In this sense, the emphasis should be on the integrated approach that would include relevant knowledge, skills and competences to be able to respond to the challenges of contemporary health tourism market. Management profession should be based on relevant education programs, directed towards the global framework of health tourism development, taking care of the goals defined in the Croatian strategic documents and following the best practice experience. The professional profile of managers in the health tourism (specific knowledge, skills and competences), should be defined through the Croatian Qualifications Framework (CROQF) according to the European Qualifications Framework (EQF) and the principles of European Higher Education Area (EHEA). It is necessary to follow experience and the achievement of the world's best practices, globally recognized positions and trends of health-tourism industry and actual needs and specific of health tourism development in Croatia. In this context and for this purpose it is necessary to examine and assess the structure of currently offered higher education programs in the field of health tourism and similar programs from tourism developed countries (e.g. Master, 2015).

3.1. Croatian Qualification Framework and globally defined requirements

Croatian qualification framework from the perspective on ensuring interdisciplinary approach in raising the professional quality of employees in Croatian health tourism institutions will be viewed. This approach is expected to meet existing and future requirements of the health tourism development through better positioning at the global market. Croatian Qualification Framework (CROQF) follows the provisions of European Qualification Framework (EQF) and is prepared in accordance with the

European Higher Education Area (QF-EHEA) due to the high demand and expectations set for the managers of the health tourism business (CQFA 2013, 2). Croatian Qualification Framework Act (CQFA 2013) clearly presents links with the educational levels defined in EQF and QF-EHEA (article 16 & 17) and provides theoretical framework for the understanding of key concepts in defining qualification and classification of occupations, following the order of International Standard Classification of Occupations (ISCO 08, 2010) presented through the major, sub-major, minor and unit groups.

On the basis of CROQF Act, the Register of CROQF (OG 62/2014) has been prepared and disclosed. CROQF Register is the core document that provides the framework and opportunity for defining all the specific requirements through three separate sub-registers (Register, Article 2) which should be followed in the process of defining the profession particularities for *managers in the health-tourism business*. For this purpose actual globally recognized manager tasks (CROQFs standards), specific needs of health-tourism sector (research results), and opportunities of available educational programs on the national and global level will be taken into consideration as the necessary prerequisite which should be defined in learning outcomes.

In this process the requirement of ISCO 08, that put *managers* in the position of *major group 1*, with the task to “plan, direct, coordinate and evaluate the overall activities of enterprises, governments and other organizations, or of organizational units within them, and formulate and review their policies, laws, rules and regulations” (ISCO 08, 2010) should be included. This is the framework that should be followed in developing specific requirements of the *CROQF Register* when defining standards of profession, skills and curriculum as a part of Sub-Registers.

In this process the actual possibilities of existing and potential educational programs and Lifelong Learning programs, oriented to the required manager needs should be considered. Particular emphasis should be placed on the field of higher education, well as on the specific of vocational and training programs. The attention should be directed towards the quality of programmes and institutions (certificate), following the common EU tools and qualification frameworks. This kind of emphasis should be oriented towards the assessment of affecting the education programs on the employment, innovation and social inclusion, which should also be viewed from the position of stakeholders and citizens. The above mentioned is significant for policy makers in defining education policy and adopting different educational programs that will meet labour market demands.

3.2. The framework for educating managers in the health-tourism business

The development of CROQF was based on preliminary research conducted in the framework of the IPA project (MDOS, 2011). Following the proposed methodology relevant impact factor, important for defining the standard for manager in the health-tourism business can be recognized. Testing standards in practice leads to learning outcomes that should be evaluated on the national level in order to reach the qualification standards defined through the 5th – 8th level of education, as well as through the European Framework for Lifelong Learning programme (EQF, 2011).

Afterwards it will be possible to successfully set up a curriculum, which has to be seen in the feedback process within the context of the occupational standard settings. In this process all participants (ministries / agencies in education, other government institutions, health-tourism industry, educational institutions and other stakeholders) should be actively involved. To define the standard of health tourism occupation, it is necessary to recognize fundamental group of activities, to be then extracted as the key tasks and partial but important activities for shaping the curricula. In the framework occupation standard the main tasks connected with the *manager* profession are presented as follows (ISCO 08, 2010):

- Formulating and advising on the policy, budgets, laws and regulations;
- Establishing objectives and standards, formulating and evaluating programs and policies and procedures for their implementation;
- Ensuring appropriate systems and procedures are developed and implemented to provide budgetary control;
- Authorizing material, human and financial resources to implement policies and programs;
- Monitoring and evaluating performance of the organization and of its staff;
- Selecting or approving the selection of staff, ensuring compliance with health and safety requirements;
- Planning and directing daily operations;
- Representing and negotiating on behalf of the organization, managed in meetings and other forums as well as on the unit's level.

The above presented are only the framework or general tasks which define the manager's profession and should be linked to the specific requirements of the recognizable activities and processes in the health-tourism institutions, in order to clearly define the practice oriented learning outcomes. In accordance with the CROQF, learning outcomes are the basis of qualification standards development. Whether the proposal contains sufficient information on the specific requirements to be met by manager in health tourism business, in accordance to the national strategic documents and global demands and health-tourism trends is the decision implemented by the responsible Sector Councils (CQFA 2013, 17) and approved by the Ministry of Science and Technology (MDOS 2011, 14).

As the health tourism is an interdisciplinary qualification, the fundamental problem is that all Sector Councils are connected only to the specifics of different industries and do not provide the procedure with the interdisciplinary profile of qualification for the manager in the health tourism business. This problem can be solved through upgraded aforementioned regulations in order to create preconditions for *inter-sectoral cooperation*. This can be achieved in a manner where interdisciplinary qualification will be assessed through joint work between Sectoral Council for health care and the Sector council for tourism and hospitality industry. That will be the right direction and actual basis for curriculum development, at the level of undergraduate, graduate and postgraduate studies. In the Croatian high education sector, only several programmes are oriented towards health and health tourism management (ILATD 2015, 1-63):

a) Undergraduate study:

- Organization, planning and management in the field of health care” 180 ECTS (univ.bacc.admin.sanit) University of Rijeka, Faculty of Medicine

b) Graduate study:

- Organization, planning and management in the health care” 120 ECTS (mag.admin.sanit), University of Rijeka, Faculty of Medicine

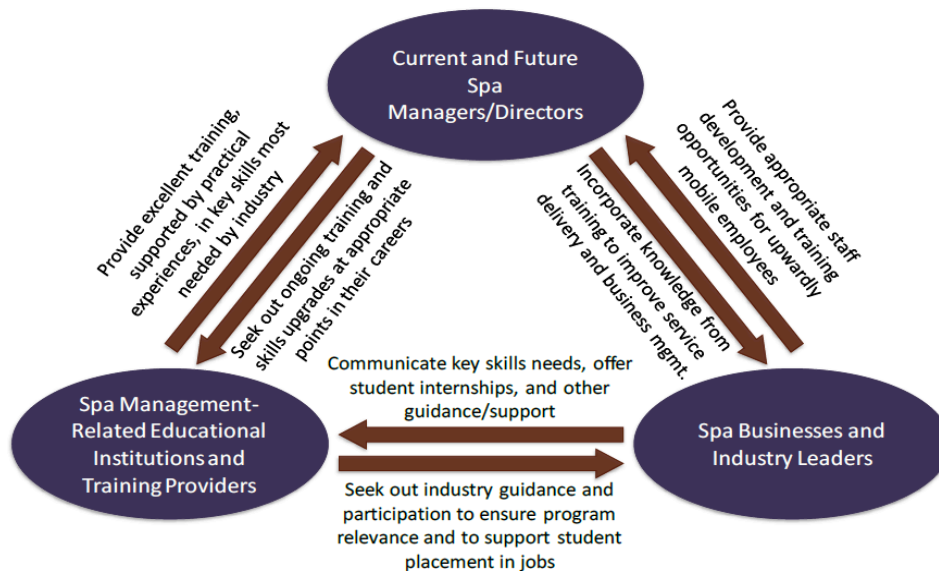
c) Postgraduate specialist study:

- Health care quality management 60 ECTS (univ.mag.admin.sanit), DIU International University Libertas Zagreb & University of Rijeka, Faculty of Medicine
- Health care management 60 ECTS (univ.mag.admin.sanit.) University of Zagreb, Faculty of Medicine
- Health care management 90 ECTS (univ.mag.admin.sanit.) University of Rijeka, Faculty of Medicine
- Health tourism 120 ECTS (univ.spec.oec.) University of Rijeka, Faculty of tourism and hospitality management Opatija.

It can be noted that not many programs exist in the field of health management, and only one program that needs to be reconsidered exists in health tourism management. Namely, the program *Health tourism* is presented in the official document (ILATD 2015, 155) as the part of economy studies (gives the title “univ.spec.oec”), however it is actually an interdisciplinary study, held by Faculty of Medicine, Faculty of Humanities and Social Sciences and Tourism and Hospitality Management (which organised studies) of the University of Rijeka. The short title also does not correspond to the content of full academic title (*university specialist of health tourism*) and ignores the purpose and goals of this study.

Interdisciplinary approach to education is easier to achieve through lifelong learning programmes that should be consistent to the real needs of the practice, which has not yet been sufficiently achieved in Croatia. It should follow the actual needs for improving all relevant segments of health-tourism (medical, wellness and spa) services in order to achieve higher level of economic growth. The programmes should be made in a way that will help eliminating the gap between the global trends and actual situation in the practice, bringing together key stakeholders who share the collective goal of accelerating the health tourism growth. Universities and other higher education institutions are oriented to cooperate with the government agencies, local and regional authorities, corporate entities, health providers, tourism and other organizations in order to define, prepare and perform specific curriculum. This approach is shown in the following figure.

Figure 6: **Model of key stakeholders interaction and partnerships in the health-tourism industry education**



Source: SMWE, 2012, p. 9

The figure shows the research results and practical experience present in spa services, which can also be applied in other fields of health tourism sector. It should be noted that disadvantages of existing programs can be solved through introducing the adequate lifelong learning programs, prepared in a flexible manner that take into account the actual problems with the goal to remove the identified gaps. Following the experience of presented results of best world practice, relevant interactions among main interest groups of stakeholders should follow the global trends and needs of global tourism market in the field of health tourism business (IFC Guide, 2014).

CONCLUSION

The research results indicate the importance of respecting all influential factors relevant for shaping the knowledge, skills and competences of managers, to be able to lead health tourism business. Following the research questions, for achieving goals defined in the Croatian strategic documents, efforts for taking specific knowledge, better qualification structure and higher level of creativity are needed to be made in order to achieve global trends and tourism market needs. Croatian Qualification Framework (CROQF) makes a good starting point for manager education, but by itself is not enough for the health-tourism business, because it does not support the interdisciplinary education in the right manner. This kind of education should be designed in accordance with the actual needs, so the conclusion would be that in Croatian health tourism business there are still many improvements to be made. It is not enough to have quality programs at the undergraduate, graduate and postgraduate level of study following the qualifications standards and global labour market

requirements. Besides afore mentioned and global best practice according to the actual needs of the health tourism business, the interdisciplinary curriculum should be profiled. It is also necessary to systematically upgrade the basic knowledge with the system of lifelong learning programs, which should involve health tourism business, educational institutions and other stakeholders. All specified is based on the results of the research conducted in 2015 on the representative sample of Croatian health spa/resorts, special hospitals and the most important thermal-spa hotels, with conclusion that managers need higher level of specific knowledge, skills and competences in order to be able to better exploit the natural and other resources in the health and tourism using synergy processes and interdisciplinary approach.

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Milena Peršić, PhD, Full Professor
University of Rijeka
Faculty of Tourism and Hospitality Management, Opatija
Primorska 42, P.O.Box 97, 51410 Opatija, Croatia
Phone: +38551294698
E-mail: milenap@fthm.hr

Dubravka Vlašić, PhD, Assistant Professor
University of Rijeka
Faculty of Tourism and Hospitality Management, Opatija
Primorska 42, P.O.Box 97, 51410 Opatija, Croatia
Phone: +38551294881
E-mail: dubravka.vlasic@fthm.hr