HEALTH TOURISM DEVELOPMENT RESEARCH FRAMEWORK AT THE DESTINATION LEVEL

Milena Peršić Irena Peršić Živadinov Dubravka Vlašić

Abstract

Purpose – The purpose of the paper is to set up a framework for research aimed at raising the quality and competitiveness of health tourism services at the tourism destination. The Kvarner tourism destination was chosen for the model at the national level due to its long tradition and highest potential for health tourism development, following the Croatian strategic documents (CTDS 2013, 35),

Design – After the introduction, relevant research background as well as the literature review is presented. Both of them are applied in the research conducted on the Kvarner tourism destination. Research questions follow, after which research results are discussed. The outcomes of the research are presented in the conclusion.

Methodology – For this purpose, especially created questionnaire was prepared. The survey was conducted from the end of 2017 till the beginning of 2018 on the representative sample of Kvarner health-tourism and tourism institutions as a target group. They include health spas, special hospitals, wellness/spa hotels, wellness centers at the destination, dental and medical clinics, tourism organizations et al.

Approach – The main approach is in estimating the assumptions for improving the quality and competitiveness of health-tourism services in Kvarner tourism destination

Findings – Despite the potentials and assumptions for health-tourism development, the Kvarner tourism destination needs to make additional efforts to reach the health-tourism trends in order to raise the level of recognisability on the health-tourism market.

Originality of the research - The methodological framework was originally defined for this research with the aim of its successful application in the similar tourism destination with health-tourism orientation, in theoretical as well as in the practical sense.

Keywords Health-tourism, Tourism destination, Competitiveness, Quality, Croatia, Kvarner

INTRODUCTION

Health tourism is currently of growing interest to the destination management, because it offers the possibility of season extending through rising the range and quality of services at the destinations' level. For this purpose, Kvarner tourism destination was chosen as the model for this research, because in the Croatian strategic documents (CNHCS 2012; CTDS 2013; APHTD 2014) it is recognized as a destination with the highest potential for health tourism development (long tradition, significant health-care and tourism potential). This paper aims to investigate whether and to what extent these potentials are actually used for health tourism development, how health-tourism services should continuously be developed, primarily to ensure to Kvarner (es well as Croatia) much better position on the global health-tourism market in the future. For the purpose of this research an especially prepared questionnaire was given to the leading managers

in the institutions which already noted a strong orientation towards health-tourism development (health spas, special hospitals, wellness/spa hotels, wellness centers, medical and dental clinics, tourism companies and organizations ...), mostly Members of the Kvarner Health Tourism Cluster and Health and Wellbeing Association. An extensive and comprehensive analysis of internal conditions was conducted in order to set the correct assumptions for strategic development, using into account external influences as well. The research results will be considered in a way to define long-term goals and establish guidelines for their achievement, using available resources and health-tourism market opportunities. The methodological framework of this research can also be applied in other tourist destinations which would evaluate the level of health tourism orientation that would serve as a basis for comparison of the achieved results (benchmarking) and for the evaluation of the improvements.

1. RESEARCH BACKGROUNDS AND LITERATURE REVIEW

The background of this research is primarily based on an overview of the strategic EU documents (EUROPE 2020, EU Directives, EU TAP 2013, Health Programme 2014, TE 2010, EuropeNo1 ...), Croatian national documents (CNHCS 2012; CTDS 2013; APHTD 2014 ...) and special regional documents relevant for tourism destination of Kvarner, located in the administrative boundaries of the Primorsko-Goranska County (SHID 2013, RDS 2015, KSTMP 2016).

Rijeka Region
Rijeka Region
Friesze
Liptojana

Opatija
Rivieria

O

Figure 1: Kvarner tourist destination (Primorsko-Goranska County)

Source: KHTG, 2017, p. 4

Since it is basically about deepening previous authors' research in the field of health tourism (Peršić 2011, 161–166; Peršić, Jelušić 2011a, 83 – 91; Peršić, Jelušić 2011b, Muzur, Peršić, Janković 2012, 88 – 104; Peršić, Bratović, Peršić 2012, 40-44; Peršić, Blažević 2013, 1-15; Peršić, Janković 2014, Janković, Peršić 2014a, 34-38; Janković, Peršić 2014b, 334–365; 137-156; Peršić 2016, 36-49; 341 – 360; T 1-16; Peršić, Vlašić 2016a, 134-141; Peršić, Vlašić 2016b, 274-293; Peršić, Vlašić, Janković 2016, 1-16; Peršić, Vlašić 2017, 443-444), and taking into account the specifics of chosen tourist destination, in this paper generally accepted health-tourism definitions will be followed. There are also overlaps among definitions in the subsystems - medical, wellness and spa (Mainil, Eijgelaar, Klijs, Nawijn, Peeters 2017, pp. 14-20, 93-96).

In evaluating the results of the empirical research, it will be considered whether such perceived development opportunities are actually in-line with the goals presented in the strategic documents, and whether they can be developed in accordance with the global health-tourism trends (Deloitte 2018, Herrick 2007, Jawad 2014, Local Measure 2018). The tourist destination specifics in achieving competitive advantage on the global health-tourism market (Blažević, Peršić 2012, Dvorak, Saari, Tuominen 2014, Dwyer, Kim 2003, Gomezelj Omerzel 2005, Rulle 2008, Schalber, Peters 2012, Upadhyay 2011) will be taken into account.

1.1. Research background

The need to investigate health-tourism development on the national and especially on the destination level, has become a necessity. According to the orders defined in the Croatian strategic documents, global trends on the health-tourism market and the need of increasing quality of health-tourism services should be taken into account. The Croatian National Health Care Strategy 2012-2020 (CNHCS 2012), as well as the Croatian Tourism Development Strategy 2013-2020 (CTDS 2013) have put great emphasis on the linkage between *health and tourism*. They follow the main definitions, in which health tourism should be observed through the specifics of its subsystems: *medical tourism*, *wellness and spas* (CNHCS 2012, 337) with the emphasis on the strategy that defines health tourism in Croatia as "a product that has high development perspective" (CTDS 2013, 8). In order to achieve the goals defined in (both) strategies and improve the overall health tourism services on the national level, the emphasis is placed on raising its market efficiency, education system improvement, raising the harmonization and cooperation level through increasing the quality of services and competitiveness of health-tourism destination (CNHCS 2012, 339-341; CTDS 2013, 14-19, 39-40, 86-88).

In order to achieve strategic goals, it is necessary to overlap the key limitations through better valorisation of the existing resource basis in the preparation and the provisions of health tourism services at the destination level (CNHCS 2012,340). Also, the needs of aging population, orientation on healthier way of living with special emphasis on the prevention programme, using the innovative, authentic, green and holistic way should be taken into account (CTDS, 2013, 26). Orientation will be on raising the variety and quality of wellnes/spa services as the support of medical healthcare, all available within the specialized health/spa resorts, thalassotherapy's, special hospitals, balneotherapy centre, specialised clinic, medical/spa-hotels etc. (CTDA, 2013, 86/87). The strategic goals presented through the national tourism and health strategies are in details

elaborated in the framework of the "National program – Action plan for health tourism development" (ANPHTD, 2014).

Health tourism is positioned as one of the "leading tourist products of Croatia by 2020" (ANPHTD 2014: 2). Following this health tourism mission and taking into account global trends and relevant influences from the competitive environment, the vision of medical, wellness and spa tourism development (ANPHTD 2014, 17-33) is presented. Special emphasis is placed on specific activities, projects and programs of wellness, medical or spa services, through which achieving competitive advantage on the health tourism market will be possible (ANPHTD 2014, 34-60). For the implementation of national strategic documents in health tourism development, the recommendations prepared by the Croatian's Parliament Tourism Committee (CPTC 2013) with special emphasis on interdisciplinary approach between health and tourism activity are of great importance.

In implementing objectives presented in the National program, following the recommendations of Tourism Committee, the Health Tourism Association organised by Croatian Chamber of Economy (HTA_CCE) plays very important role. This Association coordinates (brings together) different types of participants / subjects / organisations (special hospitals, spas, dental and medical clinics, wellness center /resorts...) in cooperation with the health-tourism associations, health-tourism clusters, Croatian Health Insurance Fund (CHIF) and other types of insurance, encouraging the synergic processes relevant for health tourism development.

Within the possibilities of developing health tourism by regions, Kvarner region (tourism destination) is particularly emphasized due to its natural and infrastructural capabilities, as well as networking between the participants in different field of health-tourism services (ANPHTD 2014, 10-16, 81-82). In that context the activity of "The Reference Center for Health Tourism and Medically Programed Holidays of the Croatian Ministry of Health at Thalassotherapy Opatija" (RCHT 2005), "Kvarner Health & Wellbeing" organised by Kvarner Tourist Board (KHW 2012), and "Kvarner Health Tourism Cluster" (KHTC 2014) can be distinguished. On the level of Kvarner region (Primorsko-Goranska County) several strategic documents very important for health tourism development have been prepared and accepted.

Orientation towards health tourism as the main tourism' destination product was presented in 2005 in the framework of "Destination Plan of Tourism Development" (DPTD, 2005). Clearer vision of Kvarner to be developed as the "destination of health, traditional values, natural and cultural resources" was grounded through the upgrading process, and presented in the Annex of the existing Plan (ADPTD 2012, 68). This direction follows the current Regional Development Strategy to the 2020, in which special emphasis was placed on the infrastructure assumptions (e.g. special hospitals, thalassotherapy, spa/health resorts, clinics ...) for health tourism development (RDS 2015) that follow the starting points presented in the previous Strategy in order to "provide special conditions for better use of natural resources and ambivalent values for health tourism development" (RDS 2010, 158-159). A great step forward in strengthening medical tourism was the adoption of the Regional Strategy of Health Industry Development" (SHID 2013) where special emphasis is placed on the

possibilities of medical tourism development through the involvement of the available health-care infrastructure in the destination health-tourism product.

While the earlier version of "Kvarner Strategic Tourism Marketing Plan" (KSTMP 2009) simply presents the destination as health tourism product and the way in which it should be promoted, the new set of Kvarner destination strategic documents for tourism development (KSOTMP 2016; KSTDP 2016 – part II; KSTMP 2016 – part III; KOTMP 2016 – part IV), goes a step forward in positioning health tourism on the second place, behind "the sun and the sea" which is now dominated destination product. The Strategy presents priorities in key tourism product development and positioning at the target market (KSTDP 2016 part II, 13), with particular emphasis on the interdisciplinary approach, compliance and harmonization with all parts of health-tourism product (KSTDP 2016 Part II, 21) and taking into accounts the possibility of doing sports and recreation in a relatively well-preserved space of Kvarner tourism destination. The specific activity for encouraging strategic capital investment was also highlighted (KSTDP 2016 Part II, 23). In that sense as a particularly significant part to distinguish for health tourism development on the Kvarner destination level the following can be considered (KSTDP 2016 Part II, 30 -32. 98-99):

- Accreditation of health-tourism institutions as the basis for establishment / protection of a minimum relevant standard of health-tourism services
- Encouraging on internationally accepted certificates, as the basis for greater international recognisability and credibility (especially in the medical tourism area)
- Evaluation for entering the relevant marketing strategic alliance at the national as well as on the international level
- Be more actively involved in the globally recognised centers of excellence
- Orientation towards using specialized services from side of verified providers
- Systematically improve the education system through the involvement of the improvement of the national qualification framework and stimulation of the employees to be active participants of the specific lifelong learning programmes
- Establishment of a Kvarner health-tourism information and communication portal
- The conceptual design of the health-tourism institution developmental should be focused on strengthening quality of thalassotherapeutic contents (medical wellness)
- Development project documentation as a basis for step forward in the quality of destination health-tourism services.

These directions prepared at the destination level are also in line with the EU documents. First of all, they follow the main principles of "European Strategy for Smart, Sustainable and Inclusive Growth" (Europe 2020, 2010, which stresses the importance of sustainable and integrated economic development (employment, innovations, education, social inclusion, climate change and energy), but also the EU direction of political framework for tourism in Europe presented in the document "Europe, the world's No1 tourist destination" (EuropeNo1, 2010). Namely, it places special emphasis on the principles of sustainable tourism development, including the possibility for increasing competition compared to other destinations, taking into account demographic trends (the aging of tourists in EU which require the adaptation of the tourism products and infrastructure) and commitments related to climate change and dependence on water and energy sources, based on using relevant information and communication technologies (BITE

2016). Those principles are particularly important for health-tourism development, and should be followed at the destination level.

For health-tourism development as a whole, there is no uniform development policy at the EU level. EU policies exist for patient mobility (EU Directive 2011) and for other parts relevant for health tourism development, »European Regional Development Fund« funds several health tourism projects in accordance to the direction of »The new European policy for health« (Health 2020). Research is needed in order to define consistent EU health tourism policies, because today exist only those established as a part of tourism, a part of health or as a separate policy for specific segments. It is important because policies prepared on the EU level, are commonly accepted in all State Member Countries, from national to the destination level. The uniform health tourism policy that would unite the specific needs of medical, wellness and spa tourism needs within the EU, should be based on specific research, directed towards solving the existing problems and also problems that will emerge from future trends in the health-tourism development. In this way, and as a basis for preparing common EU health-tourism policy, the following recommendations prepared as the results of specific previous research could be used (Mainil et al. 2017, 78-79; IMTJ 2017, 2):

- Improving the effectiveness of the cross border healthcare directive in its implementation in national healthcare systems,
- Introducing and adjusting health-tourism legislation (public and private sector),
- Increasing the number of member states that include spa treatments in their national healthcare system and policies.
- Regulating procedures in medical tourism to prevent undesirable incidents such as in cosmetic surgery, as this generates negative press and creates a problematic image for all medical tourism
- Removing upfront payments in the case of cross-border healthcare, as this is a barrier for low-income patients.
- Using health tourism services as a way to stimulate tourism development in the low season period,
- Continuing improvements (and guaranteeing) the high quality of the health-tourism services,
- Harmonising and supporting collaboration among the actors involved in the healthtourism product on the destination level,
- Funding promotional campaigns and regional specialisation,
- Continue funding health tourism projects (planning a part of government budgets to be allocated on funding innovative and qualitative health-tourism projects)
- Consider the benefits of a joint EU promotion of wellness and spa tourism.

In preparing national health-tourism policy (in accordance to the future EU health-tourism policy), special emphasis will have to be place on joint actions towards the enhancement of national regulations. The emphasis should be on improvement of the health-tourism business, in the way that health-tourism destinations, as well as Croatia as destination, will be better recognized at the global health tourism market (CPTC, 2013, p. 3). Following the framework of national strategic document, the greatest potential at the Kvarner tourist destination was recognized in the complexity of the thalassotherapy's programmes, especially the already achieved level of development and professional

potential of thalassotherapy in Opatija and Crikvenica or Lošinj health/spa resorts (CPTC 2013, p. 4), as the great potential for being leaders in interaction among high quality of medical, wellness and spa services with prevention and rehabilitation aproach on the destination level. Kvarner Health-Tourism Cluster and other specific associations presented the framework for successful health-tourism development on the destination level.

Hospitality & Tourism Health **EDUCATION** Hotels/resorts Hospitals Tourism attractions/destinations Integrative health centers Restaurants CAM centers Retails Insurance providers **KVARNER** HEALTH Spa & Wellness Government TOURISM Spas Ministries of Tourism **CLUSTER** Hot/mineral springs Tourism promotion orgs. Gyms/fitness centers Ministries of Health Salons Ministries of Economic DMC Retreats Development DMO

Figure 2: Fields of activity of the Kvarner Health Tourism Cluster

Source: Prepared by author, based on GWTE 2015, pp. 22

The figure above presented possible framework of the Kvarner Health-Tourism Cluster activities that require cooperation with specific associations, as the assumption for successful destination health-tourism development, including different players in health, economic, tourism and public sector.

1.2. Health tourism – literature review

Justification for this research is based on the fact that health tourism average rates of growth vary between 8.3 and 8.6 % (GOH, 2014, p.7). Croatian institutions have to be able to respond to the operative and strategic challenges and to be competitive in the global dynamic surroundings. The emphasis is on recognizing and connecting jointly all specific services in the area of medical, wellness and spa services (Peršić, Janković 2012; Peršić, Blažević 2013; Janković, Peršić 2014) presented on the global tourist market, in a manner to be recognized by consumers. Destinations (countries/sites) that national regulations encourage to invest in health infrastructure are of special interest. Ensuring transparent information about the ways and quality (certificates) of providing services at attractive prices with the national support of internationalization of patient flow that guarantees security and stability and the other tourist services and products content on the highest level, applying modern technology and support innovation and new value creation for different target groups, with special emphasis on high level of education and communication in all parts/segments of heath-tourism services is crucial (MTDG, 2015).

Health-tourism guests usually choose places with natural resources, heritage and other attractions which also draws attention of other tourists, however with recognized health-tourism services (Smith, Puczko 2009, 101; Voigt at al. 2010, 36; DMT 2011, 1-3; Deloitte 2008, 5-6; Hall 2011, 5-6). For Croatian conditions (THTID, 2018) of particular importance are the research results that stress better understanding and the importance of customer-oriented behaviour in the health-tourism hospitals, in fulfilling medical tourists' needs. They have significant impact on hospital performance (Hee, Johari 2014, 369-372) and present the assumptions for changing the national position on the health-tourism market. Some authors with their research findings confirm this (Benchmarking, 2015 – 2018; Janković, Peršić Ed. 2015).

1.2.1. Wellness/spa tourism

Services which can be linked to the wellness/spa tourism create a very important part of tourism destination product. They form a part of connections and relationships that customers require on the level of a health-oriented tourist destination. Arrival of wellness tourist at the tourist destination, is primarily motivated by the need for prevention or maintenance of their own health or the health of a member of their family, with the condition of a minimum single night stay and using benefits that are directed towards improving the state of the body, mind and spirit and raising overall social wellbeing (Johnston, Puczko, Smith 2011, 12; Voigt et. al, 2010, 9), usually following the model of "six dimensions of wellness" (NWI 2012). Experts are also predicting that wellness will not be a personal choice or a way of living of certain target groups only, but it will soon become an important part of disease prevention and a part of a program of global health care, considering the raise of disease treatment costs and rising trends of chronical illnesses (Deloitte, 2015, GWS 2015, 1-12), and in some way the contemporary wellness trends should be followed (GWTR, 2018).

Wellness has a significant economic impact with the average revenue of \$3,7 trillion, where beauty and anti-aging services dominate (27%). They are followed by services of healthy eating, nutrition and weight loss (19%) and spa-industry that is presented with only 2,7%. However, participation of the preventive and personalized medicine is more significant with public health (14%), as well as with the complementary and alternative medicine (5,3) (GWE 2018, 2). In the period from 2012 till 2017 the leading countries in wellness/spa tourism average annual growth rate were India (22,1%), Vietnam (21%), the Philippines (19,4%), China (19,3%), Israel (18,6%), the United Arab Emirates (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%), Malesia (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 Zeeland (6,7%), Spain (6,2%), Canada (6%), SAD (5,8%), France (5,5%), Germany (4,7%) and Japan with 3,7% (GWTE 2015, 45). It is known that spa services create an important part of the health-tourism services, because they support the successful wellness and medical tourism.

It should be stressed that the conceptual meanings of spa-services vary significantly between European and American theory and practice. In the European literature, traditional spa services are considered to be a part of thermal wells and other natural sources, primarily following the motto "health for water" which is the name of the origin (GSS 2008, 8; Gee 2010, 38-43). It is generally about the treatments that doctors have prescribed and that are financed through the state or private health insurances (Keck 2010, 7-11) and include obligatory doctor or other medical staff member control preferably in a "medical" environment (Garrow 2009, 4; Rulle 2008, 25). Many of the popular European spa/health resorts /centers / destinations are developed on the basis of the healing factors (Speier 2011, 55-66).

The American concept of "spa service" is not related to treatment, but primarily focused on the needs of improving the quality of their life, intended to be used by healthy population who are willing to pay for it (Gee 2010, 48-57). International Spa Association (ISPA 2015) took this standpoint into consideration for introducing and developing specific standards (USFRS 2005), as a framework for benchmarking among different aspects of spa service provisions, and depending on whether they are provided in the "day spa", "sport & fitness spa", "club spa", "salon spa", "spa hotels", "spa resorts", "health spa", "medical spa" "eco spa", "historical spa" and development seen through the trends recognised in the global wellness economy (Johnson & Redman 2008, 12-17; Gee 2010, 570-572; GSS 2010, 10-13; GWEM 2017). Changes in society have a significant impact on trends in the wellness / spa services. Based on the debate results of more than 600 wellness experts from more than 40 nations, the top wellness trends for 2018 and beyond are noted as follow (GWS 2018, 1-90):

- "Mushrooms emerge from underground" (more people will explore the unique medicine they provide for brains and bodies, especially for anxiety, depression and addiction)
- "A new era of transformative wellness travel" to the amazing wellness/spa destinations. Travel that challenges people on a deeply personal level, creating emotion through the powerful medium of storytelling (treatments, classes and different experiences will be adapted to the needs of individuals)
- "Reframing the first 1000 days" program oriented to the lifestyle choices of both parents during the preconception period and impact on child's health for a lifetime (epigenetics, pregnancy, early childhood ...) with special emphasis on the father's role in creating and maintaining a supportive and healthy environment
- "The wellness kitchen" orientation on eating living, healthy, organic food (fresh fruits and vegetables) in ventilated spaces, using new designs, services and technology (healthy building materials, oxygen sensors, composting systems ...)
- Getting our "Clean air act" together (filling homes and offices with plants, donning chic air pollution masks, actively monitoring indoor air quality using new sensors and apps, investing in devices that purify the air, adopting the storm of new pollution fighting beauty regimes, embracing salt therapy and breath work training, or choosing "lungs-cleansing" tourist destination), which put more pressure on businesses and governments to take actions against the ultra-fine particulates that are dirtying the air
- "Extreme wellness" follows the moto "mind over matter" or "anything and everything seems suddenly possible", is connected with adventures and extreme hot / cold experiences that focuses on the brain building and strengthening the mind and spirit

- "Wellness meets happiness" wellness world needs to put greater focus on happiness, because people in general are not happy (UN report based on 155 counties survey presented the 5/10 happiness score)
- "A new feminist wellness" follow the care concept: "from more selfish (me) to more political (us)". Wellness world has been steadily solving women's body and style of living, creating a supplemental woman-focused health-care system. An increasing number of wellness travel should be oriented towards wellness retreat contents, providing women with emotional healing after divorce, breakups, grief, anger, loss of sexual happiness, and to secure specific programs in newly qualified specific institutions.

No matter on the chosen type of approach, spa services present a quality upload of wellness and medical tourism, although modern trends are emphasizing that spa services should follow the philosophy of wellness i.e. regeneration of mind, body and spirit (Tabacchi 2010, 114). Standard ISO 17679:2016 establishes the service requirements of a wellness spa, the main supporting processes and the quality of service to be provided to the client. It can also be used by all types and sizes of wellness spas even if it is a part of another activity (e.g. accommodation facilities, fitness centres and hospitals) and does not apply to medical spas and thalassotherapy centres, if related to medical professions, medical training or any religious aspects (ISO 17679, 2016).

1.2.2. Medical tourism

Medical tourism can be recognised as a travel outside of an individual's home region or country in pursuit of medical care that is more accessible, of higher quality, of lower costs, or some combination of these, to obtain medical, dental and surgical treatments at a far lower price, and typically combine the trip with a vacation in the destination country ((Hamlin, L., 2012, 529; Jonson, Garman, 2010, 172, MT FAQ 2017, 1-2). Medicaltourism destinations are oriented to the customers that travel from their permanent residence because they seek health care, quality treatments at affordable prices, for the reasons that in their own country cannot be assessed in a timely manner. That kind of service is rising by 15-25% per year (PBB, 2014) and is confirmed by medical tourism statistics, facts and trends (MTT 2017, 90; Woodman 2016; Youngman 2018).

Depending on the services provided in medical tourism, preventive (travel for medical wellness, cosmetic or other non-essential procedures) and curative (travel for take the treatment, which is in the opinion of a health professional, essential to maintain quality of life), as well as surgical and similar medical procedures (dental, orthopaedic / replacement surgery, ophthalmic/cardiac /bariatric/transplant procedures, reproductive intervention, medical refugees/off-shoring, patient outsourcing ...) as a part of medical tourism services can be distinguished (Hamlin 2012, 529-530; Ruggeri, Zališ, Meurice, Hilton, Ly, Zupan, Hinrichs 2014, 785). Generally, Argentina, Brazil, Costa Rica, India, Hungary, Malesia, Mexico, Panama, the Philippines, South Africa, Thailand, Singapore, Turkey are perceived as the main medical tourism destinations, but also Brazil, India, Costa Rica, Thailand, Panama, Singapore and Hungary were announced as top medical tourism destination in the world (Deloitte 2008, 5-6; DMT 2012, 4; PBB 2014, 1; Wade 2015, 1-7).

Based on relevant research, important starting points relevant for medical tourism development were recognised and presented with special attention on potential benefits and risk (Bell, Holliday, Ormond, Mainil 2014, 284-289; Hamlin, 2012, 529-534; Johnston, Crooks, Snyder, Kingsbury 2010, 1-24; Ruggeri at al. 2014, 785 – 789; Snyder, Crooks, Johnston, Kingsbury 2013, 233-242):

- Citizens from developed countries already receive significant volumes of medical treatment abroad of full range of medical services, but most commonly include dental care, cosmetic surgery, elective surgery and fertility treatments
- Lower costs, acceptable quality, availability and possibility of reducing waiting times are the main motivation factors for medical travel, and critical in the decisionmaking about choice of institutions and destinations for treatment with the motive of improving own health
- Data on medical tourism/travel is of a poor quality, not based on the standardized procedures (differently by countries), the comprehensive statistical data especially on the financial and other outcomes are still insufficient (literature sources are often not accessible, or do not explain how estimated figures were calculated). Presented data accurately reflect the amount and structure of current medical travel and they could be used as the basic overview, with prominent focus on Asian countries
- The growth in medical travel can have a very positive impact on health services provision in destination country, through improving health-care increase access to certain treatments or availability of new facilities for local residents, however in the same time it may create limitations on availability of health care for local residents if professionals devote their time to treatment of foreigners rather than those of local communities
- If the medical traveler does not have enough information / knowledge about the
 unfamiliar locations, quality of treatment or about standards of clinical practice in
 the cross-border destination could be facing unpleasant surprises as lack of social
 support, fear of different cultures, insufficient language knowledge
- The above implies the need for many different types of national quality-control practice to be applied across international borders (based on the international quality standards and comparable indicators), to avoid / mitigate the risks for potential medical travelers / tourists, as complications may arise after medical travelers return home, which insurance companies may not be willing to cover
- To prevent harm, legal and economic frameworks for medical travel are needed, through regulation and international harmonization of quality standards as well as the insurance practice from local to global level all in order to reduce risks, additional costs and complications for patients in the medical tourism system
- Medical tourism will be globally expanding in the next decade, primarily due to improved availability of health technology, decreasing travel costs and because of increase of using the advertising. Therefore, particular emphasis should be put on quality standards implementation as the basis for improving health services, parallel to increasing economic and legal protection. The role of government is supporting and improving medical tourism policies in order to improve access, quality of care, health equity and implementation of ethical issues in the medical tourism practice.

Further research should be focused on improving the way for preparation and disclosure of information as a support for decision making, in order to be useful to the individual medical traveler, at the institution or destination level, at the national and international level, and as a basis for assessing the impact of medical tourism on the economic and social development, population well-being and economy growth. Based on the research results of own survey, the position of tourism destination Kvarner in the context of global trends, taking into account the provisions of national and regional strategic documents will be discussed.

2. RESEARCH FRAMEWORK AND FINDINGS

The objectives of this research are to explore the achieved level of health-tourism development of the tourist destination Kvarner (Primorsko-Goranska County, Croatia), as well as to assess the development opportunities. The survey was conducted during the period from December 2017 to the end of February 2018, using a questionnaire, created specifically for this purpose.

2.1. Research framework

Taking into account the existing theoretical framework, comparing present and past research results, pursuing strategic documents' goals and trends in wellness/spa and medical tourism, following research questions will be discussed:

- 1) Is health tourism, as a motivation for the visit tourism destination Kvarner significantly more present today in comparison to the results of relevant research conducted in the past?
- 2) Is the level and quality of tourism and health-tourism services in Kvarner today in accordance to the directions and strategic goals defined in the strategic (national and regional) documents, and which are realistic expectations in the near future?
- 3) Whether and to what extent the available medical tourism services (treatment) in Kvarner follow global market trends and needs?
- 4) Whether and to what extent the available wellness/spa tourism services (prevention) in Kvarner follow global market trends and needs?
- 5) Which types of investments in the health tourism projects / product / services can significantly contribute to raising the competitiveness of Kvarner, as a recognisable health-tourism destination?
- 6) What are the main limitations / problems / disadvantages in health-tourism development of the Kvarner health tourism destination, which should be recognized and systematically eliminated, in order to increase the competitiveness on the healthtourism market?

In defining the research sample, Kvarners' sub-destinations and the representatives of all types of institutions involved in creating the health tourism product (health spas, special hospitals, wellness/spa hotels, wellness centers, dental and medical clinics, tourism organizations et al.) were taken into consideration. This primarily refers to the members of Kvarner Health Tourism Cluster and Health and Wellbeing associations, other relevant institutions and local tourist boards. The selection was primarily based on the involvement in the destination health-tourism product, as well as the possibility of the

involvement in co-creating the health-tourism destination policy. Following those criteria, the questionnaires were sent to 82 addresses out of which 46 was returned for the final analysis. The response rate of 56% can be considered acceptable and representative because it is balanced even when divided by types of institutions and subdestinations involved (figure 3).

Other (11%)

Wellness

Spa services
(15%) Health/Spa
resort (3%)

Special
Medical clinic hospital
(9%)

Dental clinic
(3%)

Dental clinic
(3%)

Island Rab
9%

Gorski Kotar
(The Mountain
area)
4%

Crikvenica and
Vinodol Riviera
11%

Rijeka and
Surround
20%

Figure 3: The structure of the study sample in the tourism destination Kvarner

Source: Prepared by authors based on the research results

The questionnaire was structured as a combination of closed and open questions, and responsible managers in tourism and health-tourism institutions were able to rate the achieved level of tourism and health-tourism destination development (first step), and to evaluate the actual opportunities of specific services in medical and wellness/spa tourism. The introductory part of the questionnaire was created using the results from the previous research, in order to obtain the information whether health-tourism is better recognized as the motive for visiting the Kvarner tourism destination. In the next step questions were directed towards the evaluating the achieved level of tourism destination's quality of services, as well as the management's perception on the direction in which it should be development. Afterwards, elements of specific services in the structure of medical tourism as well as in wellness / spa services were explored in order to assess them in the context of health-tourism market trends and best practice experiences. Taking into account the strategic goals presented in the national / regional strategic documents, respondents were asked to evaluate the important possibilities for Kvarner destination health-tourism development (projects, programs, innovative approach ...).

Special emphasis is placed on the suggestion of how to transform certain comparative advantages into competitive advantages, taking into account destination resources and goals presented in the strategic documents. A Likert Scale containing five response cathegories (1 = extremely low; 5 = extremely high) was used in collecting information from responsible managers of relevant health-, tourism- and health-tourism institutions, in order to explore in details their experiences and opinion on the state-of-the-art and the way and posibilities for the development of health-tourism services. Along with the

closed (provided) questions, the respondents were able to answer some questions giving their own suggestions/proposals and relevant explanation. Following the survey results, it was possible to find answers to the research questions.

2.2. Research results

Following the basic concept of the questionnaire, the obtained survey results will be considered for the Kvarner tourism destination in order to assess the goals defined by national and regional strategic documents.

Sun, sea, beach Natural resources Nautical, sailing Gastronomy Sport and recreation 3,30 Historical, cultural, archeol. geog. heritage Cultural events Preventive health programs 3,07 Visit to friends and relatives Congresses, conferences, seminars Romantic reasons Entertainments events Medical and relatet treatments 2,76 Other business meetings Education Religion Shopping 0,00 0,50 1,00 1,50 2,00 2,50 3,00 3,50 4,00 4,50 5,00

Figure 4: Health tourism as a motive for visiting Kvarner tourism destination

Source: Prepared by authors based on the research results

It could be concluded that health tourism is still not among the leading motives in coming to the Kvarner tourist destination (2,76 - 3.30). The above mentioned implies that further research should be done in order to further examine the elements important for improving health-tourism services. The current situation as well as the responsible management perception on improvements necessary for achieving strategic goals of Kvarner as health tourism destination should be assessed (figure 5).

Certificates and accreditations x pectations Developed medical tourism Sports and recreation facilities in urban areas a vailable Natural healing products Modern technology in medical tourism Availability of quality educational & LLL programs Wellness and spa services in independent centers Recognized medical treatments = Sports-recreational facilities in the surrounding Recognized experts for specific medical treatments the Level of beaches equipment Foreign language skills of employees in the health sector near future Fisheries and organic agriculture Local autochthonous products (souvenirs ...) Wellness / spa services on the destination level Other Natural healing factors Recognizable folk customs Foreign language skills of citizens Level and quality of wellness / spa services in hotels High quality of human resources in wellness/spa area Authentic local cuisine Communication skills and kindness of citizens Knowledge and professionalism of employees in the tourism sector Knowledge and profess, of employees in the health-care sector Cultural and historical heritage Availability and quality of transport infrastructure Foreign language skills of employees in the health sector Kindness of employees in tourism sector Pleasant surroundings without the noise Unpolluted and preserved environment and horticultural heritage Geographically favourable traffic position General and personal security at the destination

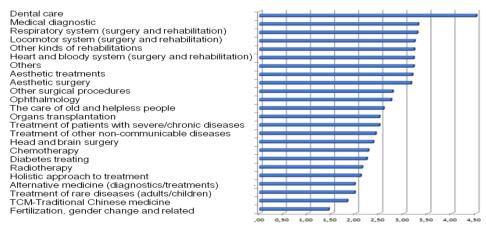
Figure 5: Availability and expectations for improving the relevant elements of health-tourism development in Kvarner tourism destination

Source: Prepared by authors based on the research results

Natural beauty, climate, clean air and water

It can be concluded that the best positioned elements are: natural beauty, climate, clean air and water, general and personal security at the destination, geographically favourable traffic position as well as unpolluted and preserved environment and horticultural heritage, which together with the human resource knowledge and skills, undoubtedly represent significant competitive advantage of this tourism destination (the current state is rating above four, within five). If the natural beauty, destination safety and security, human resource opportunities as well as cultural and historical heritage have been looked upon, it can be said that this tourist destination has significant assumptions for health-tourism development in the modern conditions, but they have not sufficiently been exploited yet. Following this fact, the specifics of services from the domain of medical or wellness / spa tourism sector will be thoroughly investigated and evaluated.

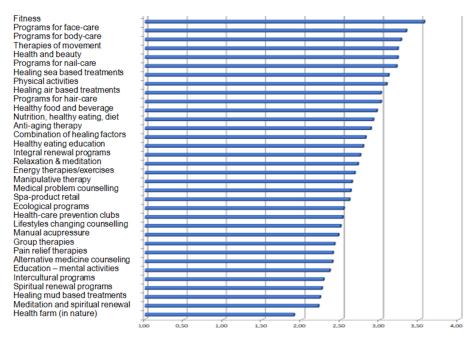
Figure 6: The achieved level of medical tourism development in Kvarner tourism destination



Source: Prepared by authors based on the research results

In the medical tourism development, dental tourism dominates. Dental tourism is followed by specific kinds of rehabilitation programs. The average rating of 2,66 is not satisfactory regarding the actual potential of the Kvarner tourism destination.

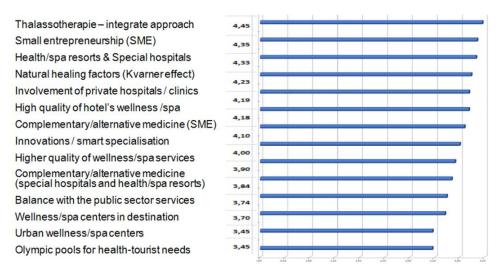
Figure 7: The achieved level of wellness / spa tourism development in Kvarner tourism destination



Source: Prepared by authors based on the research results

The achieved level of Spa/wellness tourism development does not impose any spa/wellness service as the recognisable priority. The programs connected to the "body treatments" have better position than those relevant to the "spirit and mind" which are significantly less present in the structure. The average rating of 2,72 is not satisfactory, although it is somewhat higher than the average rating of medical tourism services (2,66). The remaining part of the study is connected with assessing the opportunities for improvement of the present situation.

Figure 8: The direction for health-tourism development in the Kvarner tourism destination



Source: Prepared by authors based on the research results

According to the opinion of responsible management in the Kvarner tourism destination, the most important project should be directed towards the improvement of prevention and treatment services that are provided by the Kvarner's thalassotherapies, because of the integrated approach of medical and wellness/spa services, which could contribute to better recognition of this destination on the health-tourism market (4,45). Stronger orientation towards small entrepreneurship development in all health-tourism segments (4,35) along with the upgrading of the assortment and quality of health-tourism services in the health/spa resorts and special hospitals (4,33) have also been highly ranked. Following the slogan "Kvarner effect", greater emphasis should be on using destination's natural healing factors (4,23), higher level of involvement in different treatments in private hospitals/clinics (4,19) as well as in wellness/spa services of hotels and spa centers (4,18).

The need for arising specific services of complementary/alternative medicine provided primarily through small entrepreneurship (4,10), even at the level of health/spa resorts and special hospitals although less significant (3,84) are recognised. Innovative approach / smart specialization following the goals of the Croatian strategy of smart specialization (4,00) is also recognized as well as the legal constraints that arise from Croatian health insurance fund (3,74) which does not allow health tourism development in the other

specialized hospitals. The needs of the health tourism market (3,90) follow, but the projects of bigger scales at the destination (3,70) or urban level (3,45), as well as new Olympic pools (3,45) or other / new mega-projects (3,62) are not considered as particularly desirable.

2.3. Discussion, advantages and limitations

In order to obtain answers to the research questions, survey results will be used. They will be combined and compared with the corresponding sources and determinants of strategic documents. The answers to the research questions are presented below:

Research question 1:

Health tourism as a motive for visiting Kvarner tourism destination has slightly better position today in comparison to the past. Namely, health tourism is still not among the leading motives for visiting the Kvarner tourist destination, as can be seen from the rating obtained in the survey (figure 4). Health tourism elements are in average medium rated with **3.04** (sport and recreation 3.30, preventive health programs 3,07 and medical and related treatments 2,76). It means that their rating slightly increased in comparison to the previous surveys where the average rate was **2.69** (Blažević, Peršić 2007, 267), but there is still space for the improvement.

Research question 2:

As previously highlighted in the paper, strategic national and regional documents place great expectations/demands on the quality of tourism and health-tourism services at the destination level. Following this fact, the opinion of responsible destination managers on the achieved quality of health-tourism services at the Kvarner tourism destination were evaluated. The research results (figure 5) indicate that the natural beauty, destination safety and security, human resource opportunities as well as cultural and historical heritage, are at a high level of quality (4,0 - 4.5). On the other hand, the elements which are pointing towards the achieved level of quality and professionalism in providing medical and wellness/spa services are not sufficiently recognizable, because certificates and accreditations according to the global trends and global practice experience are missing (2,7). According to the realistic expectations, in the near future in health tourism development, additional efforts in raising competitiveness of Kvarner health tourism destination will be needed.

Research question 3:

The research results presented in the figure 6 show that dental tourism services dominate (4,5) as the most developed among medical tourism services. They have been recognised as high quality services and are supported by other relevant services, which is well-recognized on the health-tourism market. Specific rehabilitation programs have also been relatively satisfactory positioned, but the average rating of services in the medical-tourism on the Kvarner tourism destination is only 2,66, which is not satisfactory because the large part of medical tourism services is still considered underdeveloped. In order to coordinate the process of improving medical tourism services, special role belongs to the Kvarner Health Tourism Cluster. It is necessary to raise the diversity and quality of medical services, especially through providing better coordination between public and private sector, following the best practice experiences.

Research question 4:

The general conclusion could be that wellness/spa services at the Kvarner destination are not in line with its preconditions (long tradition, natural healing factor) and justified by the expectations presented in the strategic documents. The average rating of **2,72** is not satisfactory, although it is somewhat higher than the average rating of medical tourism services (2,66). It can generally be concluded that modern trends are not followed, because the emphasis is on the "spirit and mind" programs, and mostly well-positioned programs in research results are connected to the "body" programs (figure 7). Significant change of behaviour in health-tourism services, with the special emphasis on the education in accordance to the market needs is required (high level and quality of complex services). The research conducted at the national level show that human resources in this field are missing (Peršić 2016, 36-49) as well as categorization and rating standards (Muzur, Peršić, Bratović & Peršić 2011, 161-166).

Research question 5:

Responsible managers of Kvarner tourism destination (figure 8) agreed that the most important investments are those which follow the specific programs of existing thalassotherapies (4,45) as well as those that are planned to be developed. Namely it was rated that thalassotherapy through integrated approach of connecting medical with wellness/spa services, could significantly contribute to better recognition of the Kvarner destination on the health –tourism market. Based on the positive experiences, as the very important part for future development, they are also aware of the still insufficiently explored development opportunities of small entrepreneurship (4,35), because SMEs follow personalized types of services in accordance with the destination's orientation.

Research question 6:

Through comments and answers on open questions of this survey, the main limitation of health-tourism development at the Kvarner destination could be recognized. First of all, the legal framework is inadequate, because it does not comply with regulations in health, tourism and small business, which often limit or slow down investment or / and successful health-tourism development. The dominant role of the Croatian Health Insurance Fund (CHIF) is also not less important because it often limits/restricts the stronger market orientation of funded institution (especially special hospitals and health/spa resorts). There is also a lack of stronger national support in promoting Croatia, as well as tourist destination for its better positioning on the health-tourism market. In order to increase the competiveness of Kvarner tourism destination on the health-tourism market, tradition and experiences could be the right direction in successfully presenting the destination possibility and health-tourism services should be prepared and presented in the light of modern trends and best practice experiences.

CONCLUSION AND FUTURE RESEARCH

Research results suggest that additional efforts are needed in order to transform existing comparative into competitive advantages of the health-tourism services at the Kvarner tourism destination. This primarily refers to the elements that have not sufficiently been developed yet, especially in the area of medical tourism services, to improve the exploitation of the existing medical potential and position on the health tourism market.

Following the goals presented in the strategic document, Kvarner has to be positioned on the tourism market as the "health destination". For this purposes it is necessary to increase the quality and recognition of different wellness/spa services (prevention) as well as medical tourism services (treatments). For better market positioning, it is important to emphasize long tradition in the health-tourism development, as well as high quality of natural healing factors, which are also taken into account through contemporary trends of health-tourism development. Further research should be done in order to examine more thoroughly the elements important for improving existing level of health-tourism services in accordance to the global trends and best practice experiences. It should be emphasized that there is the need of improving regulations and relationship between public and private sector that is at this moment certainly the big limiting factor as well as the lack of adequate statistical and other data as they create the basis for presumptions in assessing whether strategic documents are being implemented in the right way and for short- and long term decision making.

REFERENCES

- ACR (2012), American Camper Report A look Back and the Year Ahead, Special Report on Camping, The Outdoor Fundation, Boulder, The Coleman Company Wichita, Kampgrounds of America, Billings, USA.
- ADPTD (2005), Annex of Destination Plan of Tourism Development // Izmjene i dopune Glavnog plana razvoja turizma Primorsko-goranske županije, Sveučilište u Rijeci, Primorsko-goranska županija, Turistička zajednica primorsko-goranske županije, Rijeka.
- ANPHTD (2014), Action plan National program for health tourism development // Nacionalni program Akcijski plan razvoja zdravstvenog turizma, Ministry of tourism /Ministarstvo turizma, Institute for tourism /Institut za turizam, Zagreb, viewed 22 February 2017, http://www.mint.hr/default.aspx?id=23908
- Bell, D., Holliday, R. Ormond, M. Mainil, T. (2014), Transnational Healthcare, cross-border perspectives. Soc Sci Med 2015, pp. 284-289, doi: http://dx.doi.org/10.1016/j.socscimed.2014.11.014PMID:25467880
- Benchmarking (2015, 2016, 2017, 2018), Croatan Health-tourism Benchmarking viewed 23 February 2017, http://www.hotel-benchmarking.com/benchmarking-ljecilista-specijalne-bolnice.php
- BITE (2016), Boosting international tourism in Europe, Summary Europe, the world's No1 tourist destination, European Commission Communication (COM 2010_352) viewed 23 January 2018 http://eurlex.europa.eu/legalcontent/EN/TXT/HTML/?uri=LEGISSUM:et0004&from=EN&isLegissum=true
- Blažević, B., Peršić, M. ed. (2007), Assessing the Kvarner Tourism Offering, Tourism and Hospitality Management, Opatija, Research results of the Project of Ministry of Science, Education and Sport No 0116003 (2002-2006) pp. 1-435.
- Blažević, B., Peršić, M. ed. (2012), *Tourism Destination Research* // Istraživanje turizma destinacije, Faculty of Tourism and Hospitality Management, Opatija, 2012, pp. 1-343.
- CNHCS (2012), Croatian National Health Care Strategy //Nacionalna strategija razvoja zdravstva 2012--2020, Official Gazette - OG 116/2012.
- CNIPH (2017), Croatian National Institute of Public Health, dostupno na: http://hzjz.hr
- CPTC (2013), Perspectives of Health/Medical Tourism Development in Republic of Croatia // Perspektive razvoja zdravstvenog /medicinskog turizma u Republici Hrvatskoj, Croatian's Parliament Tourism Committee // Odbor za turizam Hrvatskoga sabora, viewed 30 May 2017, http://www.sabor.hr/lgs.axd?t=16&id=26278
- CTDS (2013), Croatian Tourism Development Strategy until 2020, Ministry of Tourism, Zagreb, National_ Official Gazette - OG - No 55/2013.
- Deloitte (2008), Medical Tourism Update and implications Consumers in Search of Volume, DCHS The Deloitte Center for Health solution, viewed 22 December 2'017, http://www.globalwellnesssummit.com/wp-content/uploads/Industry-Research/Americas/2008
 - deloitte-medical-tourism-consumers.pdf

- Deloitte (2015), Global health care outlook Common goals, competing priorities Deloitte Touche Tohmatsu, viewed 12 January 2017 https://www2.deloitte.com/content/dam/Deloitte/global/Documents/Life-Sciences-Health-Care/gx-lshc-2015-health-care-outlook-global.pdf
- Deloitte (2018), *Health & Wellness Progress Report* Deloitte, The Consumer Goods Forum Health & Wellness Pillar, viewed 15 January 2018, https://www2.deloitte.com/content/dam/Deloitte/global/Documents/cb-2018-health-wellness-report-new.pdf
- DMT (2011), Discover Medical Tourism "Medical Tourism Guide" viewed 05 July 2017, http://www.discovermedicaltourism.com
- DMT (2012), Discover Medical Tourism, Medical Tourism Guide, viewed 05. July 2017, http://www.discovermedicaltourism.com, doi: http://dx.doi.org/10.1002/bse.564
- DPTD (2005), *Destination Plan of Tourism Development //* Glavni plan razvoja turizma Primorsko-goranske županije, Sveučilište u Rijeci, Primorsko-goranska županija, Turistička zajednica primorsko-goranske županije, Rijeka-
- DS PGKC (2015), Development Strategy of Primorje-Gorski Kotar County 2016 2020 // Razvojna strategija Primorsko-goranske županije 2016. 2020., viewed 18. November 2017, http://www2.pgz.hr/pozivi_skupstina/13-17/skupstina22/TOCKA1-PRILOG.pdf
- DSHI PGKC (2013), Development Strategy of the Healthcare Industry of the Primorje-Gorski Kotar County for the period 2013 2020 // Strategija razvoja zdravstvene industrije Primorsko-goranske županije za razdoblje 2013 2020 godine, viewed 18 November 2017, http://www2.pgz.hr/doc/dokumenti/Strategija-razvoja-zdravstvne-industrije-PGZ-za-2013-2020.pdf
- Dvorak, D., Saari, S. Tuominen, T. ed. (2014), Developing a Competitive Health and Well-being Destination, Turku University of Applied sciences viewed 14 November 2017 http://www.globalwellnesssummit.com/wp-content/uploads/Industry-Research/Global/2015-developing-a-competitive-health-and-wellbeing-destination.pdf
- Dwyer, L., Kim, C. (2003), Destination competitiveness. Determinants and Indicators, *Tourism*, Vol. 6, No. 5, viewed 22 May 2017, https://pdfs.semanticscholar.org/9cd3/1126d7634a74522e57b272b6a549cca79f0c.pdf
- EU Directive (2011), Directive 2011/24/EU on the Application of Patients' Rights in Cross-Border Healthcare, EU Parlament and the Council, Official Journal of the European Union, pp. I- 88/45 88/65
- EU TAP (2013), Implementation rolling plan of tourism action- framework based on a new political framework for tourism in Europe COM 352 (2010), viewed 14 February 2015, http://ec.europa.eu/growth/sectors/tourism/policy-overview/index_en.htm
- EUROPE 2020 (2010), A European Strategy for Smart, Sustainable and Inclusive Growth, European Commission EUROPE 2020, viewed 20 May 2017, http://ec.europa.eu/eu2020/pdf/COMPLET %20EN%20BARROSO%20%20%20007%20-%20Europe%202020%20-%20EN%20version.pdf
- Europe No1 (2010), Europe, the world's No1 tourist destination A new political framework for tourism in Europe, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, European Commission, COM, 352, viewed 22 February 2018, http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri= CELEX:52010DC0352&from=EN
- Garrow, S. (2009), SPA Benchmark Report, Global SPA Summit, PPP, viewed 15 January 2015, http://www.prweb.com/releases/2009/04/prweb2320724.htm
- Gee, Ch.Y. (2010), World of Resorts From Development to Management, III Ed., Lansing, Michigan, USA, The American Hotel & Lodging Educational Institute.
- GOH, (2014), *Global outlook: Healthcare*, The Economist, Intelligence Unit, viewed 22 May 2017, https://www.eiu.com/public/topical_report.aspx?campaignid=Industries2014
- Gomezelj Omerzel D. (2005), Competitiveness of Slovenia as a Tourist Destination, Managing the Process of Globalisation in New and Upcoming EU Members, Proceedings of the 6th Int. Conf. of the Faculty of Management Koper, Slovenia, viewed 25. April 2017, http://www.fm-kp.si/zalozba/ISBN/961-6573-03-9/gomezelj.pdf
- GSS (2008), The Global SPA economy, Global SPA Summit (GSS) and Stanford Research Institute (SRI) New York
- GSS (2010), SPAS and the Global Wellness Market; Synergies and Opportunities, New York, Global SPA Summit (GSS) and Stanford Research Institute (SRI).
- GWE (2018), Global Wellness Economy, Shaping the Business of Wellness, Global Wellness Institute, viewed 18 March 2018
 https://us14.campaignarchive.com/?u=3c3105a9b5dd3794bc35e2d8f&id=3a420f92c8&e=0240fb
 - 2611

- GWEM (2017), Global Wellness Economy Monitor, Global Wellnes Institute, Empowering wellness Worldwide, viewed 18 March 2017 www.globalwellnessinstitute.org
- GWS (2015), Identifies Top 10 Future Shifts in Wellness, Global Wellness Summit, 2015 Summit Wrap-Up, Building a Well World, November 13-15, 2015, Proceedings of Global Wellness Summit, Mexico City. Mexico
- GWS (2018), *Trends for 2018*, Global Wellness Summit, viewed 02 March 2018, http://www.gllobalwellnesssumit.com/2018-global-wellness-trends
- GWTE (2013), *The Global Wellness Tourism Economy*, Global Wellness Institute, Global Spa & Wellness Summit & Global Wellness Tourism Congress, New York, str. ix, viewed 13 February 2017, http://www.globalspaandwellnesssummit.org/images/stories/pdf/wellness_tourism_economy_execsum_final_10022013.pdf.pagespeed.ce.K-UxU-FxDM.pdf
- GWTE (2015), The Global Wellness Tourism Economy 2013 & 2014, Global Wellness Institute, Global Spa & Wellness Summit & Global Wellness Tourism Congress, New York, viewed 22 September 2017, http://www.globalwellnesssummit.com/images/stories/gwi/GWI_2014_Global_Wellness_Tourism_Economy_Report_Final.pdf
- GWTR (2018), Global Wellness Trends Report, Global Wellness Summit, viewed 22 February 2018, http://www.globalwellnesssummit.com/2018-global-wellness-trends/
- Hall, C. M. (2011), Health and medical tourism Kill or cure for global public health, *Tourism Review*, 66 (1-2) pp. 1-17.
- Hamlin, L. (2012), Patients Without borders: The Rise of Surgical Tourism, Global Perspectives, AORN Journal, Inc. Vol 95, No.4, pp. 529-534, doi: http://dx.doi.org/10.1016/j.aorn.2012.01.021
- Health 2020 (2011), *The new European policy for health Health 2020*: Vision, values, main directions and approaches; the European policy for health and well-being, World Health Organization Regional Office for Europe, Regional Committee for Europe, Baku, Azerbaijan.
- Health Programme (2014), Third Programme for the Union's action in the field of health 2014-2020 and repealing decision No 1350/2007/EC, Regulations EU No 282/2014 of the EU Parlament and the Council of 11 March 2014, Official Journal of the European Union p. L 86/1 86/13, viewed 31 February 2016

 http://eur-lex.europa.eu/legalcontent/EN/TXT/PDF/?uri=CELEX:2014R0282
 &qid=1466711838512& from=EN
- Hee, O.Ch., Johari, H, (2014), "A Conceptual analysis of Personality traits and Customer-Oriented Behaviour in the Health Tourism Hospitals", *International Journal of Caring Sciences*, Vol. 7, No. 2 pp. 368-374.
- Herrick, D.M. (2007), "Medical tourism: Global Competition in Health Care", NCPA Policy Report, No. 304 Dallas viewed 13 November 2017 http://w.medretreat.com/templates/UserFiles/Documents/Medical%20Tourism%20-%20NCPA%20Report.pdf
- HTA_CCE (2017), Health-Tourism Association by Croatian Chamber of Economy, viewed 01 April 2017, http://www.hgk.hr/category/zajednice/ zajednica-zdravstvenog-turizma
- IMTJ (2017), "New EU Report on Health and Medical Tourism", European Parlament Committee Research Paper on Health Tourism in the 28 EU Countries, TRAN – Committee on Transport and Tourism, International Medical Travel Journal, Blog, viewed 04. March 2018, https://www.imtj.com/news/new-eu-report-health-and-medical-tourism/
- ISO 17679 (2016), Tourism and related services -- Wellness spa -- Service requirements, Technical Committee : ISO/TC 228 Tourism and related services, ICS: 03.200.01 Leisure and tourism in general 03.080.30 Services for consumers, viewed 14 October 2017, https://www.iso.org/standard/60243.html
- ISPA (2015), The International Spa Association Research, viewed 21 December 2015, http://experienceispa.com/resources/research
- Janković, M., Peršić, M. Ed, (2015), Manual for Benchmarking in the Croatian and Slovenian Hotel // Priročnik za benchmarking v hrvaškem in slovenskem hotelirstvu // Priručnik za benchmarking u hrvatskom i slovenskom hotelijerstvu, Sveučilište u Rijeci, Fakultet za menadžment u turizmu i ugostiteljstvu Opatija, 2015, (ISBN 978-953-7842-27-7; CIP 130713038)
- Janković, S., Peršić, M. (2014a), "Standardization of Health Tourism Reporting Requirements for Successful Benchmarking // Standardizacija izvještavanja u zdravstvenom turizmu - pretpostavka za uspješan benchmarking", In: HTI conference (2014), Hrvatska gospodarska komora, Ministarstvo turizma, Ministarstvo zdravlja, časopis "UT" and "Energy Clinic", pp. 34-38.
- Janković, S., Peršić, M. (2014b), "Reporting Standards for Health Resort Assumption for Successful Benchmarking", In: Book of Proceedings of 7th International Scientific Conference "Economic and Social Development", New York City, ProQuest, http://www.esd-conference.com pp. 334-365.

- Jawad, I. (2014), World's Top Global Mega Trends to 2025 and Implications to Business, Society and Cultures, IPA Forum Mega Trends – Defining Our future: Are You Ready? Frost & Sullivan, M82C-MT, viewed 18 January 2018, http://www.investinbsr.com/ipaforum/wp-content/uploads/Iain-Jawad-IPA-Forum-2014-Presentation.pdf
- Johnston, R., Crooks, V.A, Snyder, J., Kingsbury, P. (2010), What is Known About the Effects of Medical Tourism in Destination and Departure Countries? – A Scoping Review, Equity Health, Vol 9, No 1, pp. 1-24, doi: http://dx.doi.org/10.1186/1475-9276-9-24PMID:21047433
- Johnston, K., Puczko, L., Smith, M., Ellis, S. (2011), Wellness Tourism and Medical Tourism: Where Do pas Fit?, research report, New York, Global SPA Summit (GSS).
- Jonson, E.M., Redman, B.M.(2008), SPA: A Comprehensive Introduction, Lansing, Michigan, USA, Internal SPA Association Foundation (ISPA), Lexington, Ky & The Educational Institute of the American Hotel & Lodging Educational Institute, Lansing, Michigan.
- Jonston, T., Garman, A. (2010), "Impact of Medical Travel on Imports and Exports of Medical Services", Health Policy, No. 98. Vol. 2, pp. 171-177.
- Keck, A.(2010), Field of Health Tourism A Practical Handbook for Beginners //Geschäftsfeld Gesundheitstourismus Ein Praxishandbuch für Einsteiger, Oldenburg, Oldenburgishe Industrieund Handelskammer, Metropole Nordwest.
- KHTC (2014), Kvarner Health Tourism Cluster // Klaster zdravstvenoga turizma Kvarnera, viewed 30 April 2017 http://www.kvarnerhealth.hr/o-nama
- KHTG (2017), Kvarner Health Tourism Guide Health & Holiday all in One Place, Kvarner Health Tourism Cluster, viewed 12 February 2018, www.kvarnerhealth.hr pp. 1-52.
- KHW (2012), Kvarner Health & Wellbeing, Kvarner Tourist Board // Turistička Zajednica Kvarnera, viewed 10 February 2017
 - http://www.kvarner.hr/en/brosure/en/health_tourism/files/assets/basic-html/ page16.html
- KOTMP (2016), Kvarner Operative Tourism Marketing Plan // Operativni marketinški plan Kvarnera 2016.-2020. Institut za turizam, PGŽ & TZ Kvarnera, (part IV pp. 1 – 67), Official County Gazette – OCG Sl. novine PGŽ br. 28/16 VIEWED 12 September 2017 http://www2.pgz.hr/doc/dokumenti/2016-11-strat-plan-turizma-2016-2020.pdf
- KSOTMP (2016), Kvarner Strategic and Operative Marketing Plan of Tourism Development // Strateški marketinški plan razvoja turizma Kvarnera, sa strateškim i operativnim marketing planom 2016. 2020, Official County Gazette OCG // Sl. novine PGŽ NO 28/16, Faculty of Tourism and Hospitality Management Opatija, Institut for Tourism Research Zagreb, Primorsko-Goranska County, Kvarner Tourist Board, pp. 1 414, viewed 12 September 2017 http://www.sn.pgz.hr/default.asp?Link=odluke&id=34452 &
- http://www2.pgz.hr/doc/dokumenti/2016-11-strat-plan-turizma-2016-2020.pdf
 KSTDP (2016), *Kvarner Strategic Tourism Development Plan* // Strateški plan razvoja turizma Kvarnera 2016.-2020., Institut za turizam, PGŽ & TZ Kvarnera, (part II, pp 1 131) Official County Gazette OCG // Sl. novine PGŽ br. 28/16 viewed 12 September 2017,
- http://www2.pgz.hr/doc/dokumenti/2016-11-strat-plan-turizma-2016-2020.pdf
- KSTMP (2009), Kvarner Strategic tourism Marketing Plan // Strateški marketinški plan turizma Kvarnera 2009 2015, Turistička zajednica Kvarnera, Institut za turizam, Zagreb.
- KSTMP (2016), Kvarner Strategic Tourism Marketing Plan // Strateški marketing plan turizma Kvarnera 2016.-2020. Institut za turizam, PGŽ & TZ Kvarnera, (part III, pp 1 – 54), Official County Gazette – OCG // Sl. novine PGŽ br. 28/16, viewed 12 September 2017 http://www2.pgz.hr/doc/dokumenti/2016-11-strat-plan-turizma-2016-2020.pdf
- Local Measure (2018), What's In & What's Out for Wellness in 2018, Top Wellness Trends, Local Measure viewed 12 January 2018,
 - https://get.localmeasure.com/hubfs/Insights/Wellness/eBook-
 - $Whats_In_Out_Wellness_Tear_Sheet.pdf$
- Mainil, T., Eijgelaar, E., Klijs, J., Nawijn, J., Peeters, P. (2017), Health tourism in the EU_A general investigation, Research for TRAN Committee, European Parliament, Policy Department for Structural and Cohesion Policies, Brussels Mainil et al. (2017).
- MT FAQ (2017), Medical Tourism FAQ's, Medical Tourism Association, The Medical Tourism Magazine, viewed 12 February 2018
 - http://www.medicaltourismassociation.com/en/medical-tourism-faq-s. html
- MTDG (2015), Medical Tourism Destination Guide, Medical Tourism Association® Destination Guides, No 561-791-2000, viewed 13 May 2017, www.MedicalTourismAssociation.com
- MTT (2016), Medical Tourism trends 2017, viewed 22 April 2017 http://ftnnews.com/health-a-spa/30526-2017-medical-tourism-trends.html

- Muzur, A., Peršić, M., Bratović, E., Peršić, V. (2011), "Framework for Drafting Regulations on Providing Services in Health Tourism for Croatian Health Resorts // Okvir za pripremu Pravilnika o pružanju usluga u zdravstvenom turizmu za lječilišne destinacije u Hrvatskoj", In: "Zdravstveno-lječilišne destinacije u Hrvatskoj", Akademija medicinskih znanosti Hrvatske, Odbor za zdravstvei turizam i priordne ljekovite činitelje, ISBN 978-953-6868-36-0, pp. 161-166.
- NWI (2012), About Wellness; Six Dimensions of Wellness Model ©1976 by Bill Hettler, Stevens Point WI, National Wellness Institute, Inc. & National Wellness organisation viewed 02 January 2016 http://www.nationalwellness.org/index.php?id_tier=2&id_c=26
- PBB (2014), Patients Beyond Borders Medical Tourism Statistics & Facts, The Accreditation Association of Ambulatory Health Care (AAAHC) and The American Association for Accreditation of Ambulatory Surgery Facilities (AAASF) Joint Commission International (JCI), viewed 12 January 2016, http://www.patientsbeyondborders.com/medical-tourism-statistics-facts
- Peršić, M. (2016), "Synergy of Knowledge for Faster Development of Health Tourism // Sinergijom znanja do bržeg razvoja zdravstvenog turizma", *Croatian Health Tourism Magazine*, Ugostiteljstvo i turizam Zagreb No 4./ 2016, pp. 36-49.
- Peršić, M. and Blažević, B. (2013), "Challenges and Opportunities of Entrepreneurship for Developing Eco-Health Tourism Destinations". In: Proceedings of 11th Asia Pacific CHRIE Conference (ApacchChrie), University of Macao, SAR, China, Paper no. 13035/pp. 1-15.
- Peršić, M. (2012), "Health tourism in function of the tourist destinations development //Zdravstveni turizam u razvoju turističke destinacije", *Hospitality and Tourism* // Ugostiteljstvo i turizam, LX (4-5), pp. 40-44
- Peršić, M., Janković, S. (2012), "Assesment of the Opportunities and Assumptions of Croatian Health Tourism Development", Journal of Business Management, Vol. 6, ISSN 1691-5348, pp. 88-104.
- Peršić, M., Janković, S. (2014), "Research of Precondition for Sustainable Development of Health Tourism Destination // Istraživanje pretpostavki za održivi razvoja zdravstveno-turističke destinacije", U: Zbornik 5. znanstveno-stručnog skupa "Aktualnosti hrvatskog pomorskog prava, prava mora, prava u turizmu, građanskog i upravnog prava In memoriam prof. dr. sc. Vjekoslav Šmid", Grad Rab & Pravni fakultet Sveučilišta u Splitu, pp. 341-360.
- Peršić, M., Jelušić, A. (2011a), "The competitive eco-health tourism destination", 3rd International conference of Medical Tourism and Travel Medicine "Medical Tourism A way to increase competitiveness of the tourism product", Zagreb, pp. 83-91.
- Peršić, M., Jelušić, A. (2011b), "Eco-Health Tourism Offering in Regional Development", 3rd International scientific conference "Knowledge and challenges of Globalisation in 2011", Faculty of Commercial and Business Sciences Celje, pp. T / 1-16.
- Peršić, M., Vlašić, D. (2016a), "Planning for Change in the Health-Tourism Industry", In: Conference Proceedings of XVI h International Conference "Planning for Change" of Partner Institutions, La Fundation pour La Formation Hoteliere, Nestle Pro Gastronomia, Switzerland and University St. Kliment Ohridski, Ohrid pp. 134-141.
- Peršić, M., Vlašić, D. (2016b), "Professional Profile and Education Framework for Managers in the Croatian Health Tourism Sector", In: Biennial International Congress "Tourism and Hospitality Industry 2016" (THI 2016), Faculty of Tourism and Hospitality Management, Opatija, pp. 274-293.
- Peršić, M., Vlašić, D., Janković, S. (2016), "Importance of Accounting Information for Increasing Competitiveness of Health Tourism Case Study Croatia", In: Proceedings of EuroCHRIE 2016 Conference_ "What's Going Well in Hospitality, Tourism and Events?", CHRIE & METU_The Hospitality & Tourism Educators and Budapest Metropolitan University, Budapest, ISBN 978-615-5459-04-7, http://eurochriebudapest2016.org/pp. 1-16.
- Peršić, M., Vlašić, D. (2017), "Health Tourism Development Specifics of Croatian Health / Spas / Healing Resorts and Special Hospitals - State and Possibilities", In: International Scientific Conference "Contemporary Tourism - Traditions and Innovations", Sofia University "St. Kliments Ohridski" -Geography of Tourism Department, pp. 443-444.
- RCHT (2005), Reference Center for Health tourism and Medically Programed Holidays of Croatian Ministry of Health at Thalassotherapie Opatija // Referentni centar za zdravstveni turizam i medicinski programirani odmor Ministarstva zdravstva RH pri Thalassotherapii Opatija, Official Gazette // Narodne Novine. No 77/05, viewed 22 September 2017, http://www.thalassotherapia-opatija.hr/o-nama/676HH-2/
- RDS (2010), Regional Development Strategy // Razvojna strategija Primorsko-Goranske Županije 2011. -2013., Partnersko vijeće PGŽ, Tematske radne skupine, Županijski upravni odjeli, Ustanove i trgovačka društva PGŽ, Grad Rijeka.

- RDS (2015), Regional Development Strategy // Razvojna strategija Primorsko-goranske županije 2016. 2020.,viewed 24 October 2017, http://www2.pgz.hr/pozivi_skupstina/13-17/skupstina22/TOCKA1-PRILOG.pdf
- RSHID (2013), Regional Strategy of Health Industry Development // Strategija razvoja zdravstvene industrije Primorsko-goranske županije za razdoblje 2013 - 2020 godine, viewed 30 May 2017, http://www2.pgz.hr/doc/dokumenti/Strategija-razvoja-zdravstvne-industrije-PGZ-za-2013-2020.pdf
- Ruggeri, K., Zališ, L., Meurice, Ch.R., Hilton, I., Ly T.L., Zupan, Z., Hinrichs, S. (2015), "Evidence on Global Medical Travel, Policy & Practice", Bulletin of the World Health Organization, WHO, pp. 785-789 doi: http://dx.doi.org/10.2471/BLT.14.146027
- Rulle, M. (2008), The health tourism in Europe trends and diversification strategies // Der Gesundheitstourismus in Europa – Entwiklungstendenzen und Diversifikations-strategien, II Ed. Wien, Profil Verlag.
- Schalber, Ch., Peters, M. (2012), "Determinants of health tourism competitiveness: An Alpine case study", TOURISM review, UDC:338.48-6:615.8(23:4), Vol. 60, No. 3, pp. 307-323.
- Smith, M., Puczko, L.(2009), Health and Wellness tourism, Butterworth-Heinemann, Elsevier.
- Snyder, J., Crooks, V., Johnston, R., Kingsbury, P. (2013), "Beyond sun, sand, and stitches: Assigning Responsibility for the Harms of Medical Tourism", *Bioethics*, Vol. 27, No. 3, pp. 233-242.
- Speier, A.R. (2011), "Health tourism in a Czech health spa", Anthropology & Medicine, Vol. 18, No. 1, Routledge Tailor & Francis Group, ISSN 1364-8470, doi: http://dx.doi.org/10.1080/13648470.2010.525879
- Tabacchi, M.H. (2010), "Current Research and Events in the Spa Industry", Cornell Hospitality Quarterly, Vol. 51, No. 1, pp. 102-117.
- TE (2010), Europe, the world's No 1 tourist destination a new political framework for tourism in Europe, European Commission, Brussels, 30. 06. 2010. COM 352 2010), The European economic and social committee and the Committee of the regions, viewed 12 March 2016, http://eur-lex.europa.eu/legalcontent/EN/TXT/PDF/?uri=CELEX:52010DC0352&from=ENd
- TFH (2007), Together for Health A strategic Approach for the EU 2008-2013, White paper, Brussels, 23. 10. 2007. Commission of the European Communities SEC (2007) 1374/5/6viewed 22 July 2015 http://europa.eu/legislation_summaries/public_health/european_health_strategy/c11579_en.htm
- THTID (2018), Top health tourism institution / destination in Croatia, viewed 22 February 2018 http://www.ksitta.mojweb.com.hr/destinacije/top-11-toplica-u-hrvatskoj/
- UNWTO (2011), Tourism towards 2030 Global overview, UNWTO General Asembly 19th Sssion, Gyeongyu Republic of Korea, 10. October 2011.
- Upadhyay, P. (2011), "Comparative and Competitive Advantages of Globalised India as a Medical Tourism Destination", *International Journal of Engineering and Management Sciences*, Society for Science and Nature (SFSN) Vol. 2, No. 1, pp. 26-34.
- USFRS (2005), *Uniform System of Financial reporting for Spas*, Lansing, Michigan, USA, Internal SPA Association (ISPA), Lexington, Kentucky: Educational Institute American Hotel & Lodging Association (AH&LA), Orlando, Florida.
- Voigt, C., Laing, J., Wray, M., Brown, G., Howat, G., Weiler, B., Trembath, R., 2010, Health Tourism in Australia: Supply, Demand and Opportunities, Gold Coast, Queensland, CRS for Sustainable Tourism, National Library of Australia.
- Wade, R. (2015), 7 Top Medical Tourism Destinations, © 2016 BootsnAll Travel Network, LLC, viewed 23 July 2017, http://www.bootsnall.com/articles/08-09/7-top-medical-tourism-destinations.html
- Wong, K.M., Velasamy, P., Arshad T.N.T.A (2014), Medical Tourism Destination SWOT Analysis: A Case Study of Malaysia, Thailand, Singapore and India, SHS Web of conference 12,01037 EDP Sciences, doi: http://dx.doi.org/10.1051/shsconf/20141201037
- Woodman, J. (2016), Medical Tourism Statistic & Facts," Patients Beyond Borders" The most trusted resource in medical travel, viewed 11 May 2017, http://www.patientsbeyondborders.com/medical-tourism-statistics-facts
- Youngman, I. (2018), "Medical Tourism Facts and Figures 2018: Country sample", IMTJ International Medical Travel Journal, The World Leading Journal for the Medical travel Sector viewed 15 January 2018 https://www.imtj.com/resources/medical-tourism-research-facts-and-figures-2018/

Milena Peršić, PhD, Full Professor

University of Rijeka

Faculty of Tourism and Hospitality Management

Accounting Department

Naselje Ika, Primorska 42, PP 97, 51 410 Opatija, Croatia

Phone: +385 51 294 698 E-mail: milena.persic@fthm.hr

Irena Peršić Živadinov, PhD

Director of Kvarner County Tourism Office

N. Tesle 2, 51 410 Opatija, Croatia Phone: +385 51 272 988 . 272 665

E-mail: irena.persic.zivadinov@hvarner.hr

Dubravka Vlašić, PhD, Assistant Professor

University or Rijeka

Faculty of Tourism and Hospitality Management

Management Department

Naselje Ika, Primorska 42, PP 97, 51 410 Opatija, Croatia

Phone: +385-51-294 881

E-mail: dubravka.vlasic@fthm.hr