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HEALTH, WELLNESS AND MEDICAL TOURISM – A CONCEPTUAL APPROACH

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ABSTRACT

Nowadays, health, wellness and medical tourism are recognized as one of the most developed and growing sector of today's thriving tourism industry that has increased its activity worldwide, due to a lot of social and economic circumstances that leads people to achieve and pursue a better quality of life. However, these kind of tourism face a multitude of challenges and one of that challenges is the discrepance on its different conceptual approaches and definitions.

A literature review on this topic with a descriptive, comparative and exploratory nature was conducted, building a theoretical framework on this field of study. Units of meaning for the definition of the concept categories were elected, which allowed to reflect and sintetize the different approaches to the topic. This analysis brought other perspectives of identification and description of distinct themes, including a few issues about health, wellness, medical tourism, wellbeing and quality of life.

Therefore, the main goal of this paper is to summarize and clarify this complex and sweeping concept that assumes in a prominent role in the global context of tourism and results in a concise overview of the literature produced on the subject towards a small contribution to a better understanding of the concept.

KEYWORDS

Health and Wellness; Tourism; Literature Review; Conceptual Definition.

ECONLIT KEYS

Z31; Z32; Z39.

1. INTRODUCTION

Health, wellness and medical tourism are recognized as one of the most developed and growing sector of today's thriving tourism industry and it has increased its activity worldwide (Costa, Quintela and Mendes, 2015:23). It is a multifaceted industry that add other segments such as spa tourism, holistic and spiritual tourism (Smith and Puzckó, 2015).

Academically, health, wellness and medical tourism have emerged since the 80's (Álvarez García *et al.*, 2014) as one of the fastest growing areas of academic research interest in both tourism and health studies because of its' rapid development in the last decades.

The main reasons of this fast growth and development are related with multiple demographic, social and economic factors that have been affecting and influencing the worldwide population. Demographically, there has been a clear increase of the elderly population, mostly in European countries, that is translated in a major concern in that developed societies about their elder people, starting taking serious the 1970's World Health Organization (WHO) definition of health "as a state of complete physical, mental, and social wellbeing, not merely the absence of disease of infirmity". This holistic perspective induces the consumers looking for wellness products that "offers enough services to enhance their wellbeing in its different dimensions (physically, psychologically, and/or spiritually)" (Chen and Prebensen, 2009:231), providing and assuring their quality of life, regarding an increase in life expectancy. In this sequence, another factor that represents an opportunity for health tourism is the decrease of the consumption of medicines (Peiró and Moure, 2015:133), promoting the use of wellness services and products not only in a curative perspective, but in a preventive one.

Socially and economically a lot of changes in lifestyles has been intensified. In the last few decades, "the post-war baby-boom generation is approaching the age of

highest disposable income and highest propensity to travel” (García-Altés, 2005). Besides that and because of the economic world crisis that since the years of “2007/2008 has put an extra pressure on people’s psycho-physical state of health” (Konkul, 2012:585) that moves people towards the necessity of looking for new ways of relaxation and evasion of the high stress-levels of the daily working life and “the resultant desire to slow down, to simplify, and to find meaning in life” (Voigt *et al.*, 2011).

In this context, a perspective of growth is certain and wellness industry is expected to develop further and further as these influences show no sign of decrease.

However, this kind of tourism faces a multitud of challenges and constraints which one is the discrepance on its different conceptual approaches and definitions.

The next part of this paper undertakes a conceptual approach to those concepts, where a literature review with a descriptive, comparative and exploratory nature was conducted, building a theoretical framework, clarifying and designing its expansion across the last decades, making also a brief analysis of its historical evolution since its origines, enlightening the motives that allowed and promote its development until present.

For all the above, there are many reasons for conducting this approach, the main goal of this paper is to summarize and clarify this complex and concepts that assume a prominent role in the global context of tourism. Thus, the objective of this research is to provide a comprehensive review of the literature about health and wellness conceptualization nowadays. A reflective perspective is also one propose present in this research, with an emphasis its different interconnections.

2. CONCEPTUAL APPROACH

Health and wellness tourism is one of the most ancient forms of tourism. Its’ roots can be find around 5000 BC with the Indian Ayurvedic practices or some beauty and cosmetic rituals that women used around 3000 BC used in the Ancient Egypt Civilization and also with the chinese medical practices around 1000 BC.

The Ancient Greece and Rome have left a legacy of baths to the Europeans (Konkul, 2012) where we can find the birth of thermalism and when the earliest reference to healing waters of SPAs [from the latin expression *sanus per aqua*]

appears around the year of 1700 BC. So, travelling for other regions searching for the cure of some diseases is an ancestral ritual that defines the basis and origins of thermalism that has registered a lot of different phases of contraction during the Middle Ages and expansion along the XIX and XX centuries.

With such a long history, health, wellness and medical tourism are a complex area of study (Hall, 2011:13), which research focuses on a significant number of themes, in the disciplinary and cultural context within which the research has taken place.

Many terms are used to describe the relationship between health and tourism in the framework of special tourism products such as health tourism, medical tourism, hospital and clinical tourism, wellness tourism, and sometimes medical travel, “often conceptually completely inconsistently” (Kušen, 2011:95).

In this context, the aim of this paper is to precisely define these types of tourism and clarify its position in its complex conceptual and theoretical framework. The next points of this paper provide an overview of the academic health, wellness and medical and health tourism literature, identifying simultaneously some key themes and issues such as wellbeing, healthcare and quality of life that are also analysed and clarified.

2.1 THE UMBRELLA OF ‘HEALTH’

As we notice in the small introduction above, travel for health reasons is nothing new and has long been recorded as a driver of visitors to thermal springs and coastal locations (Hall, 2011). We can say, in a relatively gentle form, that health tourism has a long and unbroken history (Connell, 2010:12) but, besides that, there is no single definition for today’s health tourism and what exactly consists health tourism varies, as we can confirm with the multiple definition of health tourism we can find in literature.

Although a lot of the difficulties in defining health tourism (Hall, 2011), the term has come to be more widely used internationally along with the notion of medical tourism and with the fact that health nowadays focuses simultaneously on wellness and prevention as well as curing illness.

World Tourism Organization (UNWTO) defined Health Tourism by the kind of tourism that aims to achieve “a state of complete physical, mental and social

wellbeing and not merely the absence of illness or disease” (Álvarez García *et al*, 2015:101) or, in a more concise manner, Health tourism is based on travelling outside home to care one’s health (García-Altés, 2005:262). Tabacchi, reinforces this idea defining health tourism as “any kind of travel to make yourself or a member of your family healthier.” (de la Barre *et al*, 2005:25).

On the other hand, the International Union of Tourist Organizations (IUTO), defines it as “the provision of health facilities utilizing the natural resources of the country, in particular mineral water and climate” (IUTO, 1973:7).

Therefore, in seeking to provide a definition, consistent with official definitions of tourism, Hall (2003:274) suggested that health tourism be defined as:

“a commercial phenomenon of industrial society which involves a person travelling overnight away from the normal home environment for the express benefit of maintaining or improving health, and the supply and promotion of facilities and destinations which seek to provide such benefits.”

Goodrich and Goodrich (1987:217) defined health tourism in terms of the narrower concept of health-care tourism as:

“the attempt on the part of a tourist facility (e.g. hotel) or destination (e.g. Baden, Switzerland) to attract tourists by deliberately promoting its health care services and facilities, in addition to its regular tourist amenities.”

In the same line of thought, some experts (de la Barre *et al.*, 2005:26) define health tourism as:

“the sum of all the relationships and phenomena resulting from a change in location and residence by people in order to promote, stabilize and, as appropriate, restore physical, mental and social wellbeing using traditional public or private health services.”

Kaspar (1996, *cit. by* Lam *et al.*, 2011), however, noted health tourism as an overarching concept encompassing all forms of health-related tourism activities:

“the sum of all the relationships and phenomena resulting from a change of location and residence by people in order to promote, stabilize and, as appropriate, restore physical, mental and social well-being.”

Such as Goeldner (1989:7) that classified health tourism in three different categories as: “1. staying away from home; 2. health as the most important motive; 3. done in a leisure setting” and recognized five components of health-related tourism market segments attached to it, such as: 1. leisure tourism; 2. outdoor recreation, adventure tourism, sports tourism and wellness tourism; 3. health tourism and wellness tourism; 4. Spa tourism and wellness tourism; 5. Medical and dental

tourism (Hall, 2011:5). This approach proposes a framework of relationships between the various subcategories of health tourism.

In this sense and getting a synthesis of this concept, two main sides or points of view can be observed in health tourism:

1. the therapeutic point of view – associated with medical tourism, that includes surgery and/or therapeutic treatment for cure and/or for preventing diseases;
2. The recreational point of view – which makes up what is known as wellness or wellbeing tourism, focusing on relaxation, leisure and escape from the routine (Jallad, 2000).

The concept can even be seen from another double perspective:

1. the consumer perspective – health tourism can be defined as traveling for the maintenance, enhancement or restoration of wellbeing in mind and body (Carrera and Bridges, 2006);
2. the supplier perspective – health tourism can be defined as traveling to destinations which provide facilities and healthcare services explicitly and in addition to their regular tourist amenities (Goodrich and Goodrich, 1987).

Aside from having no universally definition about health tourism, it is still not sufficiently elaborated from both professional and legal standpoints. In everyday use and in practice, health tourism is located in the very broad context ranging from wellness tourism to hospital-clinical tourism and from specialized hospitality enterprises to health providers. As referred in the introduction of point 2 (Conceptual Approach), other concepts such as medical tourism, wellness tourism, and medical travel that also share conceptual similarity with health tourism so that they are agreed by some as interchangeable concepts (Smith, 2008).

On this basis, spa tourism can be considered a component of health tourism that relates to the provision of specific health facilities and destinations which traditionally include the provision of mineral and thermal waters but which may also be used to refer to tourist resorts which integrate health facilities with accommodation (Leandro *et al.*, 2015). Besides that a Spa is a place where people “can become aware of their physical and mental potential and steer it towards creative health.” (Peiró and Moure, 2015:134) and they figure as “entities devoted to enhancing overall wellbeing through a variety of professional services that encourage the renewal of mind, body and spirit.” (ISPA, 2011). According to ISPA – International Spa Association, there are

seven different types of spas: club spa; cruise ship spa; destination spa; medical spa; mineral spring spa and resort/hotel spa.

Concluding, wellness and medical tourism could be considered prominent subcategories of health tourism and the designation of 'health tourism' can be used "as a comprehensive umbrella term that subsumes wellness and medical tourism" (Voigt *et al.*, 2011:16).

2.2 THE 'WELLNESS' CONCEPT

Following Voigt's line of thought, there's no consistency in the literature regarding the concept of wellness tourism (2011:16). Steiner and Resinger (2006:6) note that "wellness tourism remains insufficiently conceptualized" and Smith and Puczkó (2009:83) remember there are multiple reasons for that fact when they conclude that the term 'wellness' was "used quite uniformly as a label for all forms of health-orientated services", but as the demand for a diversity of services is growing faster and faster and the customers are becoming more stringent, that perception is no longer sufficient. A 'wellness revolution' has started – arisen many decades ago (Conrad, 1994; Kirsten *et al.*, 2009) – and consists in the intention of individuals attempt to "redesign their life, sometimes in superficial and sometimes in profound ways, to achieve higher levels of physical, emotional, mental, and spiritual wellness" (Bushel and Sheldon, 2009). The main cause of this 'revolution' maybe found among the complexity and speed of modern life that urgently requires counterbalancing experiences for human beings to feel well and wellness tourism does fulfil that need, because a part of it is based on:

"getting in touch with what is (inside or outside us) without reasoning it through or even having the words to express what is going on. We have lost our natural way and seek it in wellness tourism" (Steiner and Resinger, 2006:9).

In this context, one distinguishing characteristic of wellness tourism is that it is "pursued solely by "healthy" people, their prime aim being prevention" (Mueller and Kaufmann, 2001:7) that has in common a lot of aspects such as the importance they give of lifestyle in a lifelong approach, the notion they have of self-responsibility in a more holistic approach to health taking responsibility for one's own actions, and the exploitation of a person's potential for a better quality of life. Although, quality of life is

a complex, multidimensional, and subjective concept and it means different things to different people, the search for quality of life is an ambiguous human drive that motivates much tourism activity, particularly the one associated with outdoor leisure, rejuvenation, relaxation and inspiration and also with and in this way, preventing health problems to stay well in balance both physically and mentally.

To underline the specification of wellness we can also “compare” it with medical tourists primarily travel to cure or treat a certain illness or medical condition Voigt *et al.* (2011) in contrast with the one’s go on vacation to maintain or improve their health and wellbeing (Muller and Kaufmann, 2001). This distinction between “illness” and “wellness” is consistent with recent wellness tourism definitions and typologies (Muller and Kaufmann, 2001; Smith and Puczko, 2009; Voigt *et al.*, 2011). Even though wellness tourists can be differentiated from medical tourists based on different underlying needs, the term “wellness tourism” is commonly used by writers to describe a very broad range of tourism activities and contexts, and the sub-sector of spa tourism has tended to dominate the concept of wellness tourism.

Although its particularities, ‘wellness tourism’ stills sometimes regarded as a sub-category of health tourism and there is a lot of overlap between health and wellness tourism, as referred in the point above. It is often difficult to separate the two types of products and services being offered to visitors in the contemporary health and wellness tourism industry.

This is quite different than the same experts’ definition of “wellness tourism” which is proposed to:

“be the sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health in whole or in part, is to maintain or promote their health and wellbeing, 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 wellbeing.”(de la Barre *et. al.* 2011:27)

In that sense, there’s some definitions in literature that has been adopted. To Chen and Prebensen (2009:231) it is:

“a phenomenon to enhance personal wellbeing for those traveling to destinations which deliver services and experiences to rejuvenate the body, mind and spirit of the participant”.

Although that constraint, the literature has developed a theoretical perspective about wellness that:

“can be defined as the balanced state of body, spirit and mind, including such holistic aspects as self-responsibility, physical fitness/beauty care, healthy nutrition, relaxation, mental activity and environmental sensitivity as fundamental elements.” (Messerli and Oyama, 2004:9)

Wellness in this instance, can be described also as:

“a process in which an individual makes choices and engages in activities in a way that leads to health promoting lifestyles, which in turn positively impact the multiple dimensions of the individual's wellbeing.” (de la Barre *et. al*, 2005:5)

And it can also be seen as:

“a state of health featuring the harmony of body, mind and spirit with physical fitness, healthy nutrition and diet, relaxation, meditation, mental activity/learning, environmental sensitivity and social contacts.” (de la Barre *et. al*, 2005:7)

Even within some of the diverse typologies of wellness tourism, there are many subsectors (e.g. within spa tourism), the best is to make a distinction between products and motivations of tourists (Smith and Puckzó, 2010).

Wellness tourism products and services are also connected to luxury products and five-star hotels. In other words, wellbeing tourism can contain products and services form a wider scale; it can include pampering, different activities, and experiences of luxury but it is not necessarily connected to or “realizing” in high-class hotels. Smith and Puckzó (2009:42) argue that there is a strong link between people's lifestyles and their inclination to wellbeing and wellness tourism.

However, in a holistic perspective, other activities have also been classified as, or related to, wellness tourism, such as new age tourism, volunteer tourism, outdoor, sport and adventure activities such as hiking, yoga tourism, as well as spiritual and religious tourism (Smith and Kelly, 2006), as Figure 1 illustrates.

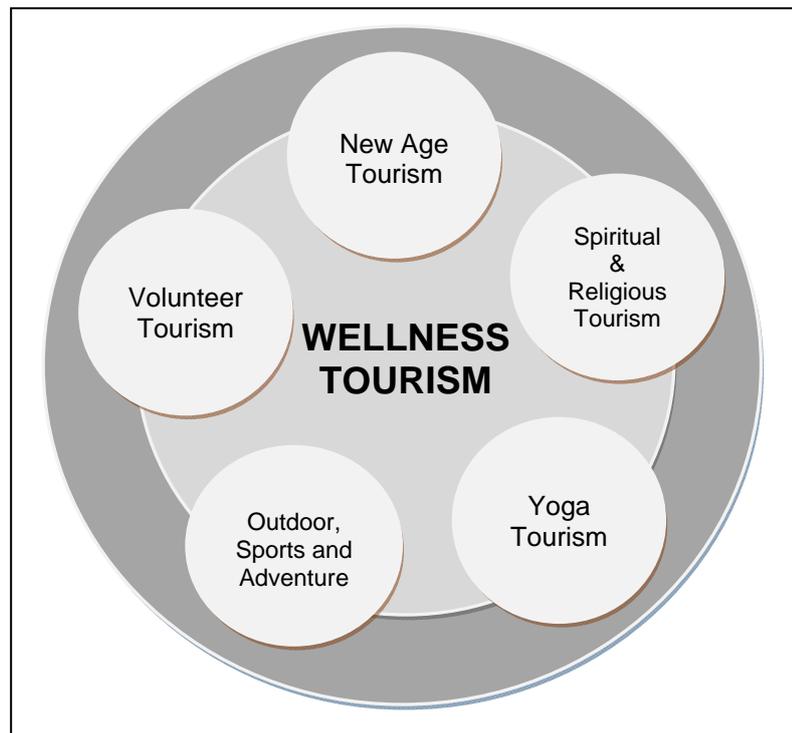


Figure 1. Holistic representation of wellness tourism
Source: Author's

One common argument in these writings is that these tourism activities lead to an increased level of wellness, health, or quality of life, and can therefore be defined as wellness tourism. However, as most tourism activities promote health and wellbeing in some way, a pure demand-based definition of wellness tourism seems to be of little practical value.

Hedonism is not the only motivator, as an increasing number of tourists seem to be looking for meaning through their vacation and leisure time. Aligned with societal and consumer demands for greater social and environmental responsibility from the tourism industry, is the expectation that “wellness tourism” should be seriously engaged with the delivery of health and wellbeing benefits associated with different styles and types of experiences (de la Barre *et al.*, 2005:4).

The wide variety of health and wellness definitions being used in the spa, health and wellness tourism industry can be illustrated with a review of current spa categories as defined by the industry.

Academically, wellness tourism has reached sufficient critical mass to become a significant field of study and to warrant the attention of academics and tourism has to

prove itself in the academic arena as a serious field of study, it is even more so with this subsector.

Although, to build a universal definition of wellness tourism it is necessary to be attentive to the contribution of medicine, public health, psychology, sociology, business, management and marketing, among others (Bushell and Sheldon, 2009:4).

2.2.1) The sub-concepts of wellbeing and healthcare

The concepts of wellbeing and wellness are sometimes used as synonyms (Konu *et al.*, 2010:41) for many reasons, inclusively by the fact of the translation of the terms, that has been challenging in many countries (Smith and Puczkó, 2009), even though there are significant differences between them. For instance, the purpose of the trip can be healing illness or preventing it, and promoting wellbeing. Under this perspective, wellbeing and healthcare tourism are seen as sub-concepts of health tourism. Wellbeing tourism differs from healthcare tourism in terms of travelling motives. In healthcare tourism the main travelling motive is to treat illness, when in wellbeing tourism it is to prevent illness or maintain one's health wellbeing. In addition of preventing illness and maintaining wellbeing, the goal of wellbeing tourism to experience pleasure and luxury (Muller and Kaufmann, 2001).

Finish Tourist Board (2005) has defined the different concepts of health and wellbeing tourism for their purposes. In their definition health tourism is seen as mains concept which divides into two parts: to healthcare/medical tourism and to wellbeing tourism. Healthcare/medical tourism contains treatments, operations and service packages connected to treating illness. Wellness tourism is seen as an entity which includes diverse products and services which aim to promote and maintain holistic wellbeing. Here holistic wellbeing means wellbeing of body, mind and soul. Wellness product is seen as a part of wellbeing tourism and it can hold all or just one wellbeing services.

Along this pursuit of health – as synonymous of wellbeing, happiness and long-life without ailments or similar problems (Leandro *et al.*, 2015) – in this context of inflation has also been taking new impact the “health tourism” that includes not only medical tourism, medical tourism but still assumes special significance where the welfare and happiness of tourists. In a context where there is a growing awareness

about the body and mind and abound-called “diseases of civilization”, many people live in search of evidence capable of (re)enchant, forget the hardships of day-to-day, make new discoveries, dreaming, living new emotions and rebuild its interior and physiological space. Globally, tourism health and holistic wellbeing are composite and complex, because of its scope and by-products, while privileging the paradigm of health and wellbeing recommended by the WHO (World Health Organization), invests in tourism and increasingly sought happiness business. This are some of the challenges and opportunities ahead, as health tourism finds its prominence in the practical and conceptual domains of tourism (García-Altés, 2005:262).

2.3 THE ‘MEDICAL’ DIMENSION

Medical tourism has had a long gestation period, and as we referred on the introduction of the second point of this paper, as one of the very earliest forms of tourism, that were directly aimed at increased health and wellbeing.

Similarly as health and wellness, ‘medical tourism’ is a contested term. The term “medical tourism” refers to the movement of persons across international borders with the intention to access medical care, paid for out of pocket and without any formal referral from their home healthcare system (Johnston *et al.*, 2012), travelling overseas for operations and various invasive therapies, especially for cosmetic surgery. This kind of tourism has grown rapidly since the late 1990’s due to the civilized world conjuncture that appeals for that for many reasons, including the privatization of healthcare in post-industrial economies, the economic and time cost dimension – high costs and long waiting lists at home; the regulatory structures that restrict availability of a medical service in the generating country do not exist in the destination country. Regulation that makes some services completely unavailable even though the medical technology exists, for example, the case of stem-cell medicine and some fertility and reproductive procedures and cross-border represents cheaper medical services than those available in the medical tourism generating country and the reduced transport costs, the Internet marketing have played a role as medical services can be consumed in a relatively exotic location in conjunction with a holiday, the accelerated globalization of healthcare and tourism, the growing dependence on technology, including the remarkable focus, even obsession, with

bodily appearance, where health and its visible signs have become more and more important (Connel, 2010).

The main sources of such tourists are developed countries and the main destinations are located in Asia.

According with Hall (2011), citing ESCAP (2009:1), 'medical travel' is:

"the international phenomenon of individuals travelling, often great distances, to access healthcare services that are otherwise not available due to high costs, long waiting lists or limited healthcare capacity in the country of origin, and medical tourism referring: [. . .] specifically to the increasing tendency among people from developed countries to undertake medical travel in combination with visiting tourist attractions."

In this perspective, medical tourism is often seen as adding medical services to common tourism. Or in contrast, medical tourism can be also understood as a more generic term that refers to "foreign travel for the purpose of seeking medical treatment" (Balaban and Marano, 2010:135) and according to Connell (2006), this travel motivation may include or not a holiday or the consumption of tourism services. This fact has permitted conventional tourism to receive a considerable set of benefits through medical tourism (that includes: transportation, food and beverage services and hospitality services and cultural and leisure services). Following this line of thought, it is clearly that the different dimensions of medical tourism are not mutually exclusive.

The development and growth of this tourism sector – increasingly promoted by national governments as an economic development strategy – emphasizes a large number of contemporary themes as a rapidly growing industry that is primarily developed for its economic potential.

In medical tourism context there are a lot of key issues that intrinsically differs from the other tourism activities and that constitute critical aspects simultaneously for medical tourists and for medical tourism academic researchers. One of them is the different design and provision of healthcare among different countries (Hall, 2011:7). Researchers are increasingly exploring this phenomenon, with a particular emphasis on the potential impacts this growing industry may have upon various stakeholders, including the patients traveling abroad as well as home and the population of medical tourism destinations (Hall, 2011). This issue assumes a main importance, because medical tourism's impacts may be very positive and profitable for some of these

stakeholder groups, and the regulation for patients across borders is urgently needed also to protect them of the particularly influences of stakeholders (Johnston *et al.*, 2010) that have a great interest in their investment.

In this sense, the inherent risks in medical tourism raise new ethical issues for health professionals which, as referred before, have been receiving considerable attention from researchers. Another one is the potential biosecurity risks with respect to humans acting as vectors for disease. For that reason, medical tourists should be aware of the potential risk that occur when they deliberately travel to be exposed to a medical environment and the only way to control this risks – over public and individual health – is to create and apply an adequate regulation of health that include and supervise all the dimensions of international mobility (Hall, 2011) to help defining the concept and, mainly, to assure the good future and desirable development of this particular sector of tourism.

3. CONCLUSIONS

The most relevant conclusions reached as a result of the research that has been carried out. The literature review exposed along the body of the paper evidences and justifies the growing importance of the development of health, wellness and medical studies.

Analyzing each one of the three concepts, become clear that wellness and medical tourism, are integrated within the overall context of health tourism and are presented in a permanent relation of wellness to illness, and of health to preventive and curative health approaches.

Due to these facts, a great percentage of the referred and analyzed authors agrees with the urgent need of a conceptual standardization definition of health and wellness tourism and its variants in order to give a solid theoretical framework to this subject for the future studies and contributing simultaneously for a growing scientific status of Tourism as a specific field of research. Considering tourism as a science is necessary to conceive the tourist phenomenon in its whole history and its own specifications properly and well defined in the context of social sciences with its own limits more defined and established in the academic context.

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