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## RAZVOJ DENTALNOG TURIZMA NA PODRUČJU SARAJEVA

## DENTAL TOURISM DEVELOPMENT IN THE SARAJEVO REGION

**SAŽETAK:** Dentalni turizam, kao poseban oblik zdravstvenog turizma, označava konstantan porast putovanja van matične zemlje u cilju ostvarivanja zdravstvene njege. Čimbenici koji dovode do porasta popularnosti zdravstvenog turizma općenito su vrlo visoke cijene zdravstvenih usluga u nekim (razvijenim) zemljama, nedostatak izbora za određene grupe korisnika zdravstvenog osiguranja, dužina čekanja za pojedine usluge, mogućnost brzog, lakog i jeftinog putovanja i globalizacija znanja. Obzirom na mogućnosti i turistički potencijal područja Sarajeva, kao i na ponudu lokalnih stomatologa koju odlikuju povoljne cijene i visoka kvaliteta usluga, može se pretpostaviti da područje Sarajeva ima potrebne preduvjete za razvoj ovog oblika turizma. U radu se predstavlja razvoj zdravstvenog i dentalnog turizma u svijetu i analiza praksi u oblasti dentalnog turizma, kao i analiza mogućnosti i identifikacija čimbenika koji utječu na razvoj dentalnog turizma na području Sarajeva.

**KLJUČNE RIJEČI:** razvoj turizma, dentalni turizam

**SUMMARY:** Dental tourism, as a special form of medical tourism, signifies a constant increase in travelling outside one's country with the aim of obtaining dental care. The factors that lead to a rise in the popularity of medical tourism in general include high prices of health care services in (developed) countries, lack of choice for specific groups of health insurance beneficiaries, length of the waiting period for individual services, possibility of quick, easy and cheap travelling, and the globalisation of knowledge. Having in mind the possibilities and tourist potential of the Sarajevo region, and the local dentist offer with the favourable prices and high quality of service, it is plausible to assume that the Sarajevo region possesses the necessary prerequisites to develop this form of tourism. This paper presents development of medical and dental tourism in the world and an analysis of the practices in the area of dental tourism, together with the analysis of possibilities and determination of factors affecting the marketing strategy of dental service providers in the Sarajevo region.

**KEYWORDS:** tourism development, dental tourism

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## 1. UVOD

Dentalni turizam označava pojavu konstantnog porasta putovanja van granica matične zemlje u cilju ostvarivanja zdravstvene njege. Ove usluge obuhvaćaju kako rutinske zahvate tako i specijalizirane usluge kao što su transplantacije, operacije srca, estetski kirurški zahvati i stomatološke usluge. Tako je zdravstveni turizam termin koji se koristi za označavanje djelatnosti što obuhvaća i neki zdravstveni zahvat, ili djelatnosti koja unaprijeđuje dobrobit turista (Lee i Spisto, 2007). Zdravstveni turizam može se definirati i kao putovanje čiji je cilj poboljšanje nečijeg zdravlja, a i kao gospodarska djelatnost koja podrazumijeva trgovinu uslugama i predstavlja splet najmanje dvije aktivnosti: medicine i turizma (Bookman i Bookman, 2007). Moody ukazuje da je trend zdravstvenog turizma počeo kada bi stanovnici jedne zemlje odlazili u drugu da bi obavili kozmetičke ili stomatološke zahvate dok su na odmoru, ili da se oporave od tih zahvata u turističkoj destinaciji (Moody, 2007).

Pošto su zdravstveni turisti putnici čija je glavna motivacija za putovanje neka određena namjera, oni se mogu uvrstiti u grupu turista s posebnim interesom, pa otuda sudjeluju u nekom specifičnom obliku turizma (Douglas, Douglas i Derrett, 2001).

## 2. RAZVOJ ZDRAVSTVENOG TURIZMA

U novije vrijeme, čimbenici koji su doveli do popularizacije zdravstvenog turizma su izuzetno visoke cijene zdravstvenih usluga u pojedinim (posebice razvijenim) zemljama, nedostatak mogućnosti izbora za pojedine grupe osiguranika, dug period čekanja za pojedine usluge, mogućnost brzog, lakog i jeftinog putovanja, kao i globalizacija u području znanja kada je u pitanju pru-

## 1. INTRODUCTION

Medical tourism signifies the phenomenon of steady rise in the travel outside the borders of one's country in order to obtain health care. These services include both routine procedures and specialised services such as transplants, heart surgeries, aesthetic surgeries, and dental services. Therefore, medical tourism is a term used to refer to a travel activity that involves a medical procedure or to activities that promote the tourists' well-being (Lee and Spisto, 2007). Medical tourism can be also defined as travel aimed at improving one's health, as well as an economic activity that entails trade in services and represents the splicing of at least two sectors: medicine and tourism (Bookman and Bookman, 2007). Moody indicates that the medical tourism trend began when residents of one country would go to another country to have cosmetic or dental procedures completed while on vacation or to recover from such procedures in a vacation-like destination (Moody, 2007).

Since medical tourists are travellers whose main motivation for travel is for a specific purpose, medical tourists can be categorised as a group of special interest tourists, hence participating in a form of special interest tourism (Douglas, Douglas and Derrett, 2001).

## 2. DEVELOPMENT OF MEDICAL TOURISM

Recently, the factors that led to a rise in the medical tourism popularity include extremely high prices of health care services in some (mostly developed) countries, lack of choice for specific groups of health insurance beneficiaries, length of the waiting period for individual services, possibility of quick, easy and cheap travelling, and the globalisation of knowledge in the area of



žanje zdravstvenih usluga (Lee i Spisto, 2007; Lagace, 2007). Ilustracije radi, procjenjuje se da u SAD-u postoji 43 milijuna ljudi bez zdravstvenog osiguranja i 120 milijuna čije osiguranje ne pokriva stomatološke usluge (Hutchinson, 2005).

Zbog toga se politički interes za zdravstveni turizam temelji na financijskim koristima koje on može donijeti. Takvi ekonomski poticaji za državu doveli su i do sve većeg broja opcija za zdravstvene turiste koji imaju veći dohodak, a u nekim slučajevima i prenosive police zdravstvenog osiguranja. Sukladno tomu, iako zdravstveni turisti poglavito dolaze iz razvijenih zemalja, lokacije zdravstvenog turizma nalaze se diljem svijeta, a mnoštvo zdravstvenih turista odlazi u ustanove visoke razine usluge u zemljama u razvoju (Cook, 2008). Liječnička njega u zemljama kao što su Indija, Tajland i Singapur može iznositi samo 10% izdatka za istu takvu njegu u SAD (Deloitte US, 2008). S tržišnog aspekta, ovaj segment je jedan od najbrže rastućih (Chanda, 2002). Deloitte-ova "Anketa konzumenata zdravstvene njege" iz 2008. godine ispitala je stajališta potrošača vezana za zdravstvenu njegu. Anketa je otkrila da će se zdravstveni turizam naglo razviti tijekom narednih tri do pet godina. Procjenjuje se da je u 2007. godini 750.000 Amerikanaca putovalo u inozemstvo radi zdravstvene njege; predviđa se da će se ta brojka povećati na šest milijuna do 2010. Gotovo 40% ispitanika u Deloitte-ovoj anketi reklo je da bi putovali u inozemstvo radi zdravstvene njege kad bi njena kvaliteta bila na razini kvalitete u njihovoj zemlji, a troškovi upola manji (Deloitte US, 2008). Očekuje se da će do 2010. godine zdravstvena putovanja predstavljati posao vrijedan 40 milijardi USD, i da će preko 780 milijuna pacijenata tražiti njegu van svoje matične zemlje (Research and Markets, 2008). Prema Federaciji indijskih trgovinskih i industrijskih komora, očekuje se da će se tržište zdravstvene njege, koje obuhvaća i zdravstveno osiguranje, do 2012. godine proširiti od 22,2 milijarde USD, ili 5,2%

health care services (Lee and Spisto, 2007; Lagace, 2007). Just as an illustration, there are estimated 43 million people without health insurance and 120 million without dental coverage in the United States (Hutchinson, 2005).

Consequently, the political interest in medical tourism is based on the financial benefits it can bring. Such economic incentives for the state has also led to an increasing number of options for medical tourists, who have more disposable income and in some cases portable health insurance policies. Therefore, while medical tourists still predominately flow from the developed world, medical tourist sites are found globally, with many medical tourists flowing to world-class facilities in the developing world (Cook, 2008). Medical care in countries such as India, Thailand and Singapore can cost as little as 10% of the cost of comparable care in the United States (Deloitte US, 2008). From the market aspect, this segment is one of the fastest growing ones (Chanda, 2002). Deloitte's 2008 "Survey of Health Care Consumers" explored the consumer's outlook on medical tourism. The survey discovered that medical tourism is set to explode in growth over the next three to five years. In 2007, an estimated 750,000 Americans travelled abroad for medical care; this number is anticipated to increase to six million by 2010. Nearly 40% of respondents to Deloitte's survey said they would travel outside the country for medical treatment, if the quality was comparable and the cost was cut in half (Deloitte US, 2008). By 2010, medical travel is expected to be a 40 billion USD business, with over 780 million patients seeking care outside their principal country of residence (Research and Markets, 2008). According to the Federation of Indian Chambers of Commerce and Industry, the health care market, which includes health insurance, is expected to expand, by 2012, from 22,2 billion USD, or 5,2% of gross domestic product (GDP), to between 50 billion USD and 69 billion



bruto domaćeg proizvoda, do između 50 i 69 milijardi USD, ili sa 6,2 do 8,5% bruto domaćeg proizvoda (World Health Organization, 2007).

Danas, zdravstvena njega postala je globalno tržište, gdje se "izranjajuće" zemlje, zemlje u razvoju i razvijene zemlje natječu za zdravstvene turiste (Cook, 2008). Zdravstveni turizam postaje novi i izranjavajući međunarodni posao čiji značaj postepeno raste. O razini razvijenosti zdravstvenog turizma u svijetu govori i dilema koju Blouin postavlja u biltenu WHO-a: "Treba li zdravstveni turizam, tj. putovanje pacijenata u inozemstvo radi ostvarivanja zdravstvene njege, promovirati kao izvoznu djelatnost?" (Blouin, 2007). Trgovina zdravstvenih usluga postala je fenomen današnjice, i to je nova domena međunarodne trgovine koja uzima u obzir i "aspekte općeg blagostanja" i učinke za postizanje općih "ciljeva sustava zdravstva" (Waeger, 2008). Ona ima četiri glavne komponente: usluge poput tele-medicine; bolnice i usluge u inozemnom vlasništvu; pojedince koji pružaju usluge u inozemstvu, npr. kratkoročno zapošljavanje medicinskih sestara; i pojedince koji putuju u inozemstvo radi liječenja (bez obzira plaća li to pojedinac, osiguravatelj, poslodavac ili vlada) (Popoe, 2008). Ovaj rad bavi se pojedincima koji putuju u inozemstvo radi liječenja.

Kako zdravstveni turizam mnogim zemljama postaje sve privlačniji, doći će do veće međunarodne konkurencije i suparništva. Stoga će, u uvjetima gdje je zdravstveni tretman jednak u mnogim zemljama, turisti početi birati ciljnu destinaciju na temelju drugih razloga (Lee i Spisto, 2007).

Zdravstveni turizam zahtijeva multidisciplinarni pristup. On se oslanja na razvijenu infrastrukturu. Potrebno je razviti i sektor podrške, što pak podrazumjeva logističke aktivnosti koje prate samu uslugu. Veoma je bitan komunikacijski aspekt – od samog prvog kontakta s pacijentom pa sve do transporta pacijenta na odredište i orga-

USD, or 6,2 and 8,5% of GDP (World Health Organization, 2007).

In today's climate, health care has become a global market, with emerging, developing and developed nations competing for health tourists (Cook, 2008). Medical tourism is becoming a new and emerging international business that is gradually increasing in importance. The level of its development worldwide is further proved by the dilemma presented by Blouin in the WHO bulletin: "Should health tourism, that is patients travelling abroad to receive medical care, be promoted as an export industry?" (Blouin, 2007). Health services trade has become a phenomenon of present time; it is a new sector of international trade which takes into account both the "general welfare aspects" and the effects for the achievement of general "health system goals" (Waeger, 2008). It has four main components: services such as telemedicine; foreign owned hospitals and services; individuals supplying services abroad, e.g. short-term employment of nurses; and individuals travelling abroad for treatment (irrespective of whether the individual, insurer, employer or government pays for it) (Pope, 2008). The scope of this paper is focused on individuals travelling abroad for treatment.

As medical tourism becomes more attractive to many countries, there will be much more international competition and rivalry. Therefore, with medical treatment being equal across many countries, tourists will begin to select their target destination based on other reasons (Lee and Spisto, 2007).

Medical tourism requires a multidisciplinary approach. It relies upon a developed infrastructure. It is also necessary to develop the support sector, which in turn implies logistic activities accompanying the service itself. The communication aspect is very important - from the very first contact with the patient until the patient transport to the destination and organisation of his stay. It

nizacije njegovog boravka. Potrebna je i aktivnija uloga turističkih zajednica u promoviranju ovog tipa usluga, kao i države. Države kao što su Filipini, Koreja, Tajvan, Malezija, Singapur, Indija itd., sve više prepoznaju značaj zdravstvenog turizma i stoga razvijaju programe koji potiču njegov rast (Deloitte US, 2008; Research and Markets, 2008). Indijska djelatnost zdravstvenog turizma godišnje raste oko 30%, zahvaljujući agresivnom marketinškom planu koji se fokusira na sveobuhvatne paket aranžmane. Zemlje kao što su Tajland, Malezija i Singapur koriste niske troškove proizvodnje da bi se specijalizirali za izvoz bolničkih, zdravstvenih i stomatoloških usluga. One su počele graditi značajnu izvoznju bazu u području djelatnosti zdravstvenih usluga (Davis i Erixon, 2008). Horowitz i Rosenweig identificirali su sljedeće zemlje kao destinacije zdravstvenog turizma: Kinu, Indiju, Izrael, Jordan, Singapur, Maleziju, Filipine, Ujedinjene Arapske Emirate, Argentinu, Boliviju, Brazil, Kolumbiju, Kostariku, Jamajku, Meksiko, SAD, Belgiju, Njemačku, Mađarsku, Litvu, Poljsku, Južnu Afriku i Australiju (Horowitz i Rosensweig, 2007).

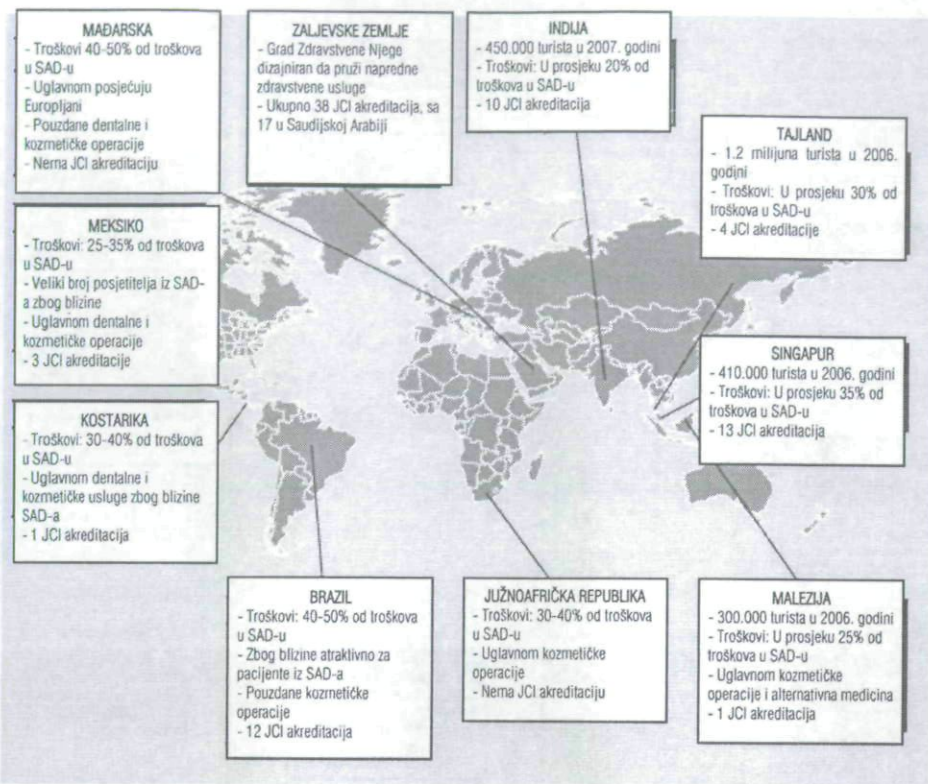
Sljedeći grafikon pokazuje glavna čvorišta zdravstvenog turizma u svijetu.

also requires a more active role of tourist associations in promoting this type of services, as well as that of the state. Countries such as Philippines, Korea, Taiwan, Malaysia, Singapore, India, etc, are increasingly recognizing the significance of medical tourism and are consequently developing programmes prompting its growth (Deloitte US, 2008; Research and Markets, 2008). India's medical tourism industry grows around 30% annually, thanks to an aggressive marketing plan that focuses on all-inclusive package tours. Countries such as Thailand, Malaysia, and Singapore have been taking advantage of low production costs to specialize in the export of hospital, medical, and dental services. They have begun to build up a significant export base in the health care trade (Davis and Erixon, 2008). Horowitz and Rosensweig identified the following countries as being medical tourism destinations: China, India, Israel, Jordan, Singapore, Malaysia, Philippines, United Arab Emirates, Argentina, Bolivia, Brazil, Colombia, Costa Rica, Cuba, Jamaica, Mexico, United States, Belgium, Germany, Hungary, Lithuania, Poland, South Africa and Australia (Horowitz and Rosensweig, 2007).

The following graph shows the main medical tourism hubs in the world.



Grafikon 1: Čvorišta zdravstvenog turizma

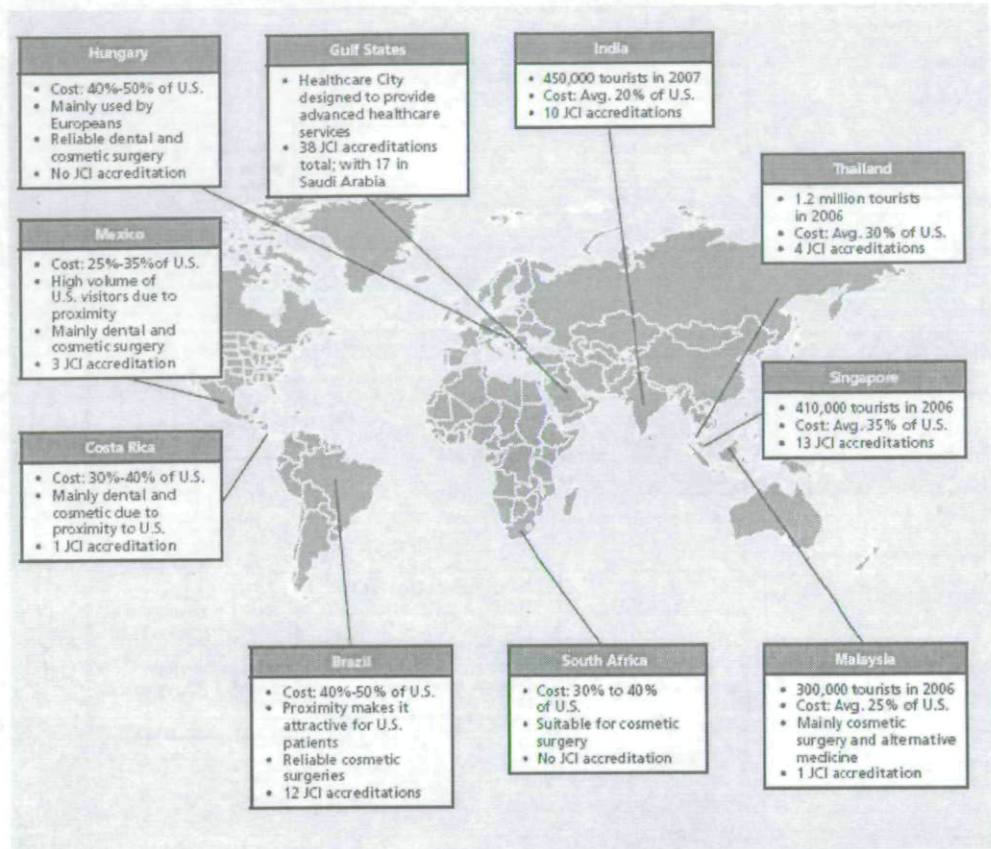


Izvor: Deloitte Center for Health Solutions, 2008

Prema Dwyeru i Kimu, da bi neka destinacija postigla konkurentsku prednost, mora osigurati da su ukupna privlačnost i doživljaji koje nudi bolji od alternativnih destinacija koje su posjetitelju dostupne: naslijeđeni resursi i kreirani resursi. Naslijeđeni resursi su prirodni, tradicijski i kulturalni atributi specifični za tu destinaciju, dok su kreirani resursi usluge vezane za turiste, kao što su objekti za smještaj, prehranu i piće, kao i atrakcije što ih je stvorio čovjek. Pored toga, u kreirane resurse spadaju i specijalni događaji, zabava i kupovina. Faktori podrške po kojima se ti temeljni resursi razlikuju i koji podržavaju njihove ciljeve su opća infrastruktura; kvaliteta usluge; dostupnost destinacije; gostoljubivost lokalnog pučanstva, i tržišne veze (Dwyer i Kim, 2003).

According to Dwyer and Kim, for a destination to achieve competitive advantage it must ensure that its overall appeal and the experiences offered are superior to alternative destinations available to the visitor. This refers to endowed resources and created resources. Endowed resources are the natural, heritage, and cultural attributes specific to that destination, while created resources are services associated with the tourist, such as accommodation, food and beverage establishments, and manmade attraction. Additionally, created resources include special events, entertainment and shopping. Supporting factors that distinguish these core resources and support their ends are the general infrastructure; quality of service; accessibility of the destination; hospitality of the host population; and market ties (Dwyer and Kim, 2003).

Graph 1: Medical tourism hubs



Source: Deloitte Centre for Health Solutions, 2008

Pored koristi od zdravstvenog turizma, uz njega su vezani i rizici kao što su: nepostojanje kirurških kontrolnih pregleda ukoliko nakon povratka kući dođe do komplikacija, malo ili nimalo pravnih sredstava u slučajevima nemara ili opasnost od lošeg liječenja od strane nedovoljno obrazovanog osoblja ili u objektima ispod standarda (Buccilli i Stefanacci, 2008). Čak i uspješni zahvati zahtijevaju niz kontrola. Osoba koja se vrati kući nakon liječenja u nekoj stranoj zemlji mora biti svjesna da su "komplikacije, nuspojave i postoperativna njega onda odgovornost sustava zdravstvene njege u matičnoj zemlji pacijenta" (MacIntosh, 2004). Uz obujam i opseg liječničkih proce-

Besides the benefits of the medical tourism, there are also some risks such as: lack of follow-up care by the surgeon if complications occur after returning home, little or no legal recourse in cases of negligence or risk of poor treatment by under-qualified practitioners or in substandard facilities (Buccilli and Stefanacci, 2008). Even successful procedures require a number of follow-ups. A person who returns home after medical treatment in a foreign country must be aware that "complications, side-effects and post-operative care are then the responsibility of the medical care system in the patient's home country" (MacIntosh, 2004). With the range and scope of medical



dura koje se nude na međunarodnom tržištu, razne zemlje nude razne razine kontrole nad domaćim uslugama zdravstvenog turizma. To može biti rizično i opasno, i povećati trošak cjelokupnog tretmana (Menck, 2004; Connell, 2006). Zato je najčešće pitanje vezano za zdravstveni turizam pitanje kvalitete same zdravstvene institucije. Da bi se definirali kvaliteta i sigurnost, 1999. godine Zajednička komisija osnovala je Internacionalnu zajedničku komisiju (JCI) nakon sve veće potrebe za resursom koji bi učinkovito evaluirao kvalitetu i sigurnost. U svijetu postoji preko 220 javnih i privatnih zdravstvenih organizacija koje je akreditirala JCI (Herrick, 2007). Još nekoliko organizacija, kao što su Međunarodno društvo za kvalitetu u zdravstvu (ISQUA), Nacionalni komitet za osiguranje kvalitete (NCQA), Međunarodna organizacija za standardizaciju (ISO), i Europsko društvo za kvalitetu u zdravstvu (ESQH), poduzeli su korake kako bi objekti zdravstvenog turizma pružali kliničku njegu najviše kvalitete (Deloitte US, 2008).

### 2.1. Dentalni turizam

Dentalni turizam kao jedan od oblika zdravstvenog turizma također je u ekspanziji. Iako je dentalni turizam djelatnost koja se brzo razvija i trenutačno cvjeta u mnogim dijelovima svijeta, malo je akademskih istraživanja koja se njime bave.

Dentalni turisti najčešće dolaze iz razvijenih zemalja zapadnog svijeta, prije svega iz SAD-a, Kanade, Japana, Velike Britanije, Irske, Njemačke, Austrije i Italije. U segmentu pružatelja usluge Indija je superiorni lider na globalnoj razini. Neke od zemalja koje također nude usluge dentalnog turizma su i Kostarika, Meksiko, Mađarska, Poljska, Rumunija, Litva, Hrvatska i Srbija. Mađarska je lider u ovoj regiji s jeftinom i pouzdanom stomatološkom i kozmetičkom kirurgijom. Općenito, Istočna Europa nudi jeftinu i pouzdanu medicinsku, stomatolo-

procedures offered in the international marketplace, different countries offer different levels of control over their domestic medical tourism services. This can be risky and dangerous and would increase the cost of the overall treatment (Menck, 2004; Connell, 2006). Therefore, the most common issue related to medical tourism is the quality of the medical institution itself. In order to define quality and safety, the Joint Commission International (JCI) was launched by the Joint Commission in 1999 after a growing demand for a resource to effectively evaluate quality and safety. There are over 220 public and private health care organisations worldwide that are accredited through the JCI (Herrick, 2007). Several other organisations, such as the International Society for Quality in Health Care (ISQUA), the National Committee for Quality Assurance (NCQA), the International Organization for Standardization (ISO), and the European Society for Quality in Health care (ESQH), have taken steps to ensure that medical tourism facilities provide the highest-quality clinical care (Deloitte US, 2008).

### 2.1. Dental tourism

Dental tourism, as a branch of medical tourism, is also expanding. Whilst dental tourism is a rapidly developing industry and is currently thriving in many parts of the world, academic research on it is very limited.

Dental tourists most often come from the developed Western countries, primarily from the USA, Canada, Japan, Great Britain, Ireland, Germany, Austria and Italy. In the service provider segment, India is the superior leader on the global level. Some of the countries that also offer dental tourism services include Costa Rica, Mexico, Hungary, Poland, Romania, Lithuania, Croatia, and Serbia. Hungary is a leader in the area with cheap and reliable dental and cosmetic surgery. In general, Eastern Europe offers



šku i kozmetičku kirurgiju. Istočna Europa uglavnom privlači zapadne Europljane zbog pogodne lokacije i mnogo kraćih zračnih putovanja (posebice direktnih i jeftinih letova). Druga velika prednost je dostupnost zahvata (nema listi čekanja od godinu dana). Tehnike i materijali podjednako su dostupni svima na današnjem globalnom tržištu, isto kao i visoka kvaliteta osoblja (RevaHealth.com).

Anketa o svjetskom dentalnom turizmu, koju je proveo RevaHealth.com, vodeći pretraživač za zdravstveni i dentalni turizam, otkrila je visoke razine zadovoljstva među ispitanim dentalnim turistima, a prosječna ocjena zadovoljstva iznosila je 84% (Nordin, 2005).

Dentalni turizam prisutan je u zemljama okruženja u posljednjih nekoliko godina. Hrvatska i Srbija imaju relativno dobro razvijenu mrežu usluga koje se nude inozemnim pacijentima, potencijalnim turistima, putem raznih oblika komuniciranja. U najvećem broju slučajeva radi se o internet prezentacijama, ali s razvojem ovog oblika turizma, sve češće su i reportaže na nekom od uglednih TV kanala ili u tiskanim medijima. Osnovni preduvjet za dentalni turizam je postojanje internet stranice višejezičnog sadržaja, koja je obično povezana s nekom od baza podataka o uslugama dentalnog i zdravstvenog turizma (primjerice oxygenzone.co.uk, treatmentabroad.net, revahealth.com i sl.). Na ovim internet stranicama daje se potpuni pregled usluga koje se nude, uz cijenu u valuti koja je pristupačna potencijalnom pacijentu (američki dolar, britanska funta ili euro). Nerijetko, na stranici se nalazi i usporedba cijena stomatoloških usluga s drugim zemljama. Pored informacija koje se odnose na zdravstvene usluge, mnoge od ordinacija nude i mogućnosti smještaja, prijevoza, organizacije putovanja, turističkih ruta i slično. Zato je tehnologija važan čimbenik za planiranje i online rezerviranje, kao i za mogućnost prijevoza (Sriyono, 2008).

cheap and reliable medical, dental and cosmetic surgery. Eastern Europe mainly appeals to Western Europeans due to its convenient location and much shorter flights (especially direct and low-cost ones). Another primary advantage is the availability of procedures (no year-long waiting lists). Techniques and materials are equally available to everyone in today's global market, same as the high-quality staff (RevaHealth.com).

The world's Dental Tourism survey, carried out by RevaHealth.com, the leading medical and dental tourism search engine, reveals high levels of satisfaction among the dental tourists questioned, with an average satisfaction rating of 84% (Nordin, 2005).

Dental tourism has been present in the surrounding countries for a few years already. Croatia and Serbia have a comparatively well-developed network of services offered to international patients, potential tourists, through various forms of communication. In most cases these are web presentations, although the development of this branch of tourism has also brought about stories on some of renowned TV channels or in print media. The basic pre-requisite for dental tourism is the existence of a website with multilingual contents, which is usually linked to a database of services in dental and medical tourism (e.g. oxygenzone.co.uk, treatmentabroad.net, revahealth.com, etc). These websites offer the full review of offered services with prices in the currency available to a potential patient (US dollar, British pound, or Euro). The website also frequently includes the comparison of dental service prices with those in other countries. Besides the information on health care services, many offices also offer the possibility of accommodation, transportation, travel organisation, tourist routes, etc. Therefore, technology is an important factor for planning and online booking as well as transport capacity (Sriyono, 2008).

*Tablica 1: Usporedni pregled cijena stomatoloških usluga*  
*Table 1: Comparative review of dental services prices*

Usluge / Service	Velika Britanija	Poljska	Mađarska	Rumunjska	Hrvatska	Srbija	Makedonija	Bosna i Hercegovina
	<i>Great Britain</i>	<i>Poland</i>	<i>Hungary</i>	<i>Romania</i>	<i>Croatia</i>	<i>Serbia</i>	<i>Macedonia</i>	<i>Bosnia &amp; Herzegovina</i>
Vađenje zuba <i>Tooth extraction</i>	102	38	47	25	50	30		10
Plombiranje zuba <i>Dental fillings</i>	140	38	72	30	100	30	45	15
Liječenje kanala <i>Root canal</i>			103	133	100	30		40
Keramička kruna <i>Porcelain crown</i>	1050	450	507	225	300-350	120	255	100
Implantat <i>Implant</i>	2550	830	960	545	1000	700	960	600
Kruna za implantat <i>Crown for implant</i>	1050	450	507	225	300- 350	150	255	100
Ultrazvučno čišćenje kamenca <i>Ultrasonic teeth whitening</i>	95	38		40	50	30		20
RTG ortopan <i>Digital X-ray</i>	95	besplatno <i>free</i>	besplatno <i>free</i>	15	besplatno <i>free</i>	20	besplatno <i>free</i>	5
Pregled i dijagnoza <i>Examination and diagnosis</i>	57	besplatno <i>free</i>	besplatno <i>free</i>	10	besplatno <i>free</i>	besplatno <i>free</i>	besplatno <i>free</i>	besplatno <i>free</i>

*Izvor: Web stranice ordinacija, 2008. / Source: Dental offices' websites, 2008*



Gotovo svaka lokacija nudi standardno čišćenje zuba, liječenje gingivitisa, kompozitne i amalgamske ispune (plombe). Najčešće usluge su: apikotomija, bonding zuba, mostovi, krunice, ispune, implantati, keramičke krunice, liječenje kanala, izbjeljivanje zuba, ispravljanje konture zuba i ljuskice.

Kako je već objašnjeno, jedan od najvažnijih razloga za razvoj dentalnog turizma su cijene usluga. U Tablici 1 nalazi se usporedni pregled cijena nekih od stomatoloških usluga u zemljama regije.

Iz prikazanog je jasno da je cjenovni raspon vrlo velik. Što se tiče cijena usluga činjenica je da se Bosna i Hercegovina nalazi u grupi zemalja s niskim cijenama stomatoloških usluga. Cijena ugradnje keramičke krunice je među najnižim u regiji, kao i cijene protetičkih radova. Cijene su veoma konkurentne i na polju ugradnje zubnih implantata.

Praksa pokazuje da strani pacijenti najčešće zahtijevaju kompleksnije usluge kao što su protetika i ugradnja implantata jer je kod njih usluga ušteda najveća. Bez obzira na ekonomsku isplativost polivalentne, urgentne i rutinske stomatologije, najatraktivniji segment usluge svakako su protetika i implantologija, što bitno utječe na definiranje ponude ordinacija zainteresiranih za ovaj segment korisnika.

Stomatolozi danas trebaju imati na umu da su zanimanje i posao stomatologije kompatibilni i komplementarni. Pružanje stomatoloških usluga slijedi industrijski model, koji je danas stvarnost. Stomatolozi se trebaju više baviti pružanjem kvalitetnih stomatoloških usluga, a ne samo poslom svoje ordinacije, iako je zadovoljavajući dohodak važan za njen dugoročni opstanak. Stomatolozima se također savjetuje da pohađaju što više obuke iz poslovanja i rukovođenja stomatološkom ordinacijom (Steele, 2006). Steele napominje da su stomatolozi trenutno u neviđenom razdoblju prosperiteta stomatološke djelatnosti i da mnoge ordi-

Almost every place offers the standard dental cleaning, gingivitis treatment, sealants and amalgam filling. The most frequent services are: apicoectomy, dental bondings, dental bridges, dental caps, dental fillings, dental implants, porcelain tooth crowns, root canal, teeth whitening, tooth contouring and tooth veneers.

As was already described, service prices are one of the most important reasons for the development of dental tourism. The Table 1 provides a comparative review of prices for some dental services in the countries of the region:

The table clearly shows that the range of prices is wide. In terms of service prices, the fact is that Bosnia and Herzegovina (B-H) is one of the countries with low prices of dental services. The price of porcelain crown is among the lowest in the region, and the same is true of the prosthetic services. Besides, prices for dental implants are also very competitive.

Practice shows that international patients typically require more complex services such as prosthetics and implants, since these are the services that offer the greatest savings. Regardless of the economic rationale for the diversified, urgent and routine dentistry, the most attractive service segments are certainly prosthetics and implantology, which significantly affects the definition of the offer by dentist offices interested in this user segment.

Today, dentists should have in mind that the profession and the business of dentistry are compatible and complementary. The delivery of dental services tends to follow the industrial model, which is a current reality. Dentists should be more focused on delivering high-quality dental services, not only on the business of their practice, although the satisfactory income is important for the long-term growth of the practice. Dentists are also advised to attend as much business training or dental practice management training as possible (Steele, 2006).



nacije imaju veći profit. No taj prosperitet može biti opasan ako vodi do samozadovoljstva, jer stomatolozima na prvom mjestu uvijek treba biti dobrobit pacijenta, a ne samo stomatološki posao (Kanton Sarajevo u brojkama, 2008).

## 2.2. Mogućnosti za razvoj dentalnog turizma na području Sarajeva

### *Predmet istraživanja*

Velik broj stomatologa na području Sarajeva pruža stomatološke usluge uglavnom B-H državljanima koji žive van Bosne i Hercegovine u periodu godišnjeg odmora (lipanj, srpanj i kolovoz, prosinac i siječanj). Svake godine taj broj se povećava, uglavnom zahvaljujući promociji od usta do usta. Osim toga na području Sarajeva primjetan je rastući trend broja inozemnih turista, što je dobar preduvjet za razvoj dentalnog turizma. Ilustracije radi, u 2003. godini broj turista je bio 189.484, od toga inozemnih 138.615, a u 2007. godini bilo je 332.259 turista, gdje je inozemnih bilo 251.499 i to iz čak 78 država. Među inozemnim turistima najviše je onih iz Hrvatske, Slovenije, Srbije i Crne Gore, Njemačke, Austrije, Belgije, Danske, Francuske, SAD, Turske, itd. (Glasnik privredne komore, 2008). Turisti koji posjećuju Sarajevo poglavito su turisti na proputovanju prema Jadranu ili Međugorju, tako da je prosječan broj noćenja u lipnju 2008. godine bio samo 1,9 (American Dental Association, 2006).

Naša pretpostavka i hipoteza jest da područje Sarajeva nudi mogućnosti za razvoj dentalnog turizma kao tržišne niše pomoću mreže lokalnih resursa. Poseban cilj našeg izučavanja je istraživanje trenutačne poslovne aktivnosti stomatoloških ordinacija, obujam usluga što se nude, poslovne i komunikacijske vještine rukovodstva/uposlenika, postojanje suvremene opreme i mogućnosti ekspanzije.

Steele mentions that dentists are currently in an unprecedented age of prosperity of the dental industry, when many practices are enjoying heightened profit. However, this prosperity can be dangerous, if it leads to complacency, because dentists' concern should always be the patient's well-being, not only the business of dentistry (Federal Statistics Institute, 2008).

## 2.2. Possibilities for dental tourism development in the Sarajevo region

### *Subject of research*

A great number of dentists in the Sarajevo region provide dental services mainly to B-H citizens living outside B-H during the vacation period (June, July and August, December and January). The number is growing every year, mainly thanks to the word-of-mouth promotion. Besides, a growing trend of the number of international tourists is evident in the Sarajevo region, which is a good prerequisite for the development of dental tourism. To illustrate this, in 2003 the number of tourists was 189,484, with 138,615 of them being international, while in 2007 there were 332,259 tourists, including 251,499 international ones, from as many as 78 countries. The international tourists mostly include those from Croatia, Slovenia, Serbia and Montenegro, Germany, Austria, Belgium, Denmark, France, USA, Turkey, etc. (Canton Sarajevo Chamber of Commerce, 2008). Tourists visiting Sarajevo are mainly those on their way to the Adriatic or Međugorje, and the average number of bed-nights in June 2008 was only 1.9 (American Dental Association, 2006).

Our assumption and hypothesis is that the Sarajevo region provides possibilities for development of dental tourism as a mar-



### *Metodologija*

Istraživanje je provedeno na uzorku od 25 značajnih stomatoloških ordinacija na području Sarajeva, odabranih s liste Stomatološke komore Federacije BiH, prema kojoj na području Sarajeva djeluje 160 stomatologa. Kriteriji za odabir su godina osnivanja, lokacija i broj zaposlenih. Fokus istraživanja bio je na prikupljanju kvalitativnih podataka, stoga je s ispitanicima (rukovodiocima/vlasnicima stomatoloških ordinacija) obavljen dubinski intervju, uz pomoć podsjetnika razvijenog od strane autora. Podsjetnik je bio strukturiran tako da zadovolji sve ciljeve istraživanja. Analizirani su i dostupni sekundarni podaci. Istraživanje je provedeno tijekom mjeseca rujna 2008. godine.

### *Stomatološka praksa na području Sarajeva*

Privatna stomatološka praksa u Sarajevu zaživjela je tek u drugoj polovici 90-ih godina XX. stoljeća, tako da je u periodu od 2000. godine otvoren najveći broj privatnih stomatoloških ordinacija.

U najvećem broju slučajeva stomatološke ordinacije imaju po jednog stalno zaposlenog stomatologa koji pruža usluge opće stomatologije, kao što su popravak i liječenje zuba (uklanjanje karijesa, liječenje kanala, plombiranje, skidanje kamenca, vađenje zuba). Manji broj ordinacija zapošljava dva ili više stalno zaposlenih stomatologa. Većina zaposlenih stomatologa u ordinacijama ima višegodišnje iskustvo u radu, a neki su čak i angažirani kao profesori Stomatološkog fakulteta u Sarajevu. Ordinacije po potrebi angažiraju i vanjske suradnike. Ordinacije također zapošljavaju i zubne tehničare.

Usluge koje se najčešće pružaju su liječenje zuba, vađenje zuba, izrada proteza i keramičkih krunica, dječja stomatologija, bolesti usta, oralna kirurgija, implantologija

ket niche, using a network of local resources. Specific objectives of our study are exploration of current business activities of dentist offices, scope of services offered, business and communication skills of management/employees, existence of modern equipment, and possibilities for expansion.

### *Methodology*

The study was conducted on a quota sample of 25 significant dentist offices in the Sarajevo region selected from the list of Dentists' Chamber of the Federation B-H, according to which there are 160 dentists operating in the Sarajevo region. Selection criteria included the year of establishment, location and the number of employees. The study was focused on collecting qualitative data, and therefore in-depth interviews were conducted with respondents (managers/owners of dentist offices) aided by a reminder developed by the author. The reminder was structured in a way to meet all research objectives. The available secondary data were also analyzed. The research was conducted in September 2008.

### *Dental practice in the Sarajevo region*

Private dental practice in Sarajevo started to develop only in the late 1990s, and thus most private dentist offices were opened in the period after 2000. In most cases, dentist offices have only one permanently employed dentist who provides general dental services such as teeth treatment (caries removal, root canal, fillings, cleaning, extractions). A smaller number of offices permanently employ two or more dentists. Most dentists employed in the offices have years-long experience, and some of them are even teaching at the Faculty of Dentistry in Sarajevo. When necessary, offices also occasionally use services of external associates, and employ dental technicians.



i rendgen. Ordinacije na svoje usluge uglavnom daju garanciju.

Cijene usluga uglavnom su na razini cijena propisanih od strane Stomatološke komisije Federacije BiH i ispitanici ih smatraju pristupačnim.

Stalno zaposleni stomatolozi (i vanjski suradnici) specijalizirani su za određene područja stomatologije. U najvećem broju slučajeva u pitanju su specijalisti iz područja:

- oralne kirurgije – specijalizirani za kompliciranije zahvate prilikom vađenja zuba i druge stomatološke usluge,
- ortodonti – specijalisti za ispravljanje zuba pomoću ortodontskih aparata/proteza,
- pedodonti – specijalisti za dječju stomatologiju,
- paradontolozi – specijalisti za bolesti usne šupljine i desni,
- maksilofacijalni kirurzi – specijalizirani za intervencije ugradnje implantata - implantologiju,
- stomatolozi protetičari.

Sve ispitane ordinacije imaju zaposlene koji su u stanju komunicirati na engleskom jeziku, a rijetko su spomenuti njemački, talijanski i francuski.

Sve ordinacije u skorije vrijeme izvršile su ulaganja u opremu. Najveći broj njih uložio je u kupovinu novih stolaca i/ili RTG aparata, tako da sada oko 30% ordinacija posjeduju RTG aparat. Pored ovoga, ispitanici su ulagali i u instrumente za obradu zubnih kanala, instrumente za elektronsko snimanje zuba, aparate za bijeljenje zuba. Oko 25% ordinacija smatra da su njihove ordinacije vrhunski opremljene te pored nabrojanih aparata i instrumenata posjeduju i video aparat koji pacijentima omogućava da prate zahvat, apeks lokatore (aparat za mjerenje dubine kanala) ili bežične slušalice na kojima osjetljivi pacijenti mogu slušati relaksirajuću glazbu.

Svi ispitanici koriste materijale visoke kvalitete podrijetlom iz Europske Unije.

The most frequent services include dental treatment, extractions, dentures and porcelain crowns, children dentistry, mouth diseases, oral surgery, implantology and X-ray. Most offices give warranty for their services.

Service prices are mostly at the level of prices prescribed by the Dentists' Chamber of the Federation B-H, and the respondents consider them affordable.

Permanently employed dentists (and external associates) specialize in certain fields of dentistry. In most cases, they are specialists in:

- oral surgery - specialised in more complicated procedures of teeth extraction and other dental services.
- orthodontists - specialists in straightening teeth by means of braces,
- pedodontics - specialists in children dentistry,
- periodontics - specialists in the diseases of mouth cavity and gums.
- maxillofacial surgeons - specialised in implantation,
- prosthodontics.

All the surveyed offices have employees that are able to communicate in English, while German, Italian and French were rarely listed.

All the offices have recently made investments into equipment. Most of them invested in purchasing new chairs and/or X-ray machine; consequently, about 30% of offices own an X-ray machine. Besides, the respondents invested into instruments for treating root canals, electronic teeth imaging and teeth whitening. About 25% of offices believe that their office has top equipment; besides the described devices and instruments they also own a video device that allows patients to watch the procedure, apex locators (a device for measuring root canal depth), or cordless earphones used by sensitive patients to listen to relaxing music. All the respondents use high-quality materials originating from the European Union.



Prosječna popunjenost kapaciteta ordinacija je oko 80%. U slučaju potrebe, posebno zbog razvoja dentalnog turizma, ordinacije vide rješenje kroz:

- pojačan rad stomatologa i tehničara koji su trenutno zaposleni;
- produženje radnog vremena;
- suradnje s drugim ordinacijama.

Može se zaključiti i da je većina ordinacija spremna na nova ulaganja, kako u tehničke, tako i u ljudske resurse u slučaju priljeva većeg broja pacijenata, a kao osnovni preduvjet za ulaganja vide isključivo ekonomsku isplativost.

Više od polovine ispitanih ordinacija posjeduje internet prezentaciju. Analizom njihovih web stranica utvrđeno je da ordinacije uglavnom daju osnovne informacije o uslugama koje pružaju i iskustvu zaposlenih stomatologa i osoblja. Samo manji broj njih prikazuje cjenovnik usluga ili informacije o garanciji za svoj rad. Polovica analiziranih internet prezentacija ordinacija je dvojezična (engleski i lokalni jezik). Ordinacije smatraju da općenito imaju koristi od internet prezentacije, tako da je i ordinacije koje je trenutno nemaju planiraju uskoro razviti.

Iskustvo ispitanika u radu s inozemnim pacijentima ograničeno je na pojedinačne, neorganizirane posjete ili pacijente koji su po službenoj dužnosti u Sarajevu (snage SFOR-a, diplomati, strana predstavništva), što se ni na koji način ne može smatrati dentalnim turizmom.

### 3. DISKUSIJA I ZAKLJUČCI

Ordinacije su uglavnom informirane o mogućnostima dentalnog turizma kao izuzetno atraktivne tržišne niše. Bitno je istaknuti da istraživanje pokazuje kako već postoje razmišljanja i inicijative o aktivnijem odnosu prema ovoj problematici koje se mogu sumirati kroz:

- opće uvjerenje da postoji potencijal za razvoj dentalnog turizma,

The average use of office capacity is around 80%. If the need arises, particularly due to the dental tourism development, the offices see solutions through:

- intensified work by the currently employed dentists and technicians,
- extension of working hours, and
- cooperation with other offices.

It can be inferred that most offices are willing to make new investments, both in technical and in human resources in case of inflow of more patients, and see only economic profitability as the main prerequisite for investments.

Over a half of surveyed offices have Internet presentations. The analysis of their websites established that the offices mainly provide basic information on the services they offer and on the experience of employed dentists and staff. Only a small number of them display the service price list or information on the warranty for their work. Half of the analyzed Internet office presentations are bilingual (English and the local language). The offices believe that the web presentations are mostly useful, and consequently even the offices that do not have one at the moment plan to develop it soon.

Respondents' experience in work with international patients is limited to individual, rather than organised visits, or to patients who are in Sarajevo on duty (international peace-keeping forces, diplomats, foreign company offices), which can by no means be considered as dental tourism.

### 3. DISCUSSION AND CONCLUSION

The offices are mostly informed on the potentials of dental tourism as an extremely attractive tourist niche. What is important to say is that the research shows that there already are some thoughts about and initiatives for a more active approach to this issue, which can be summed up as follows:



- kvalitetu usluga koje pružaju ordinacije i njihove cijene su konkurentne,
- potrebna je orijentacija na zemlje iz bližeg okruženja (Slovenija) i zemlje gdje živi najviše državljana BH (Slovenija, Švedska, Njemačka, Austrija, Italija, SAD),
- potrebno je unapređenje znanja o oglašavanju i marketinškoj orijentaciji općenito,
- potrebno je raditi na unapređenju on-line prisutnosti i on-line komunikacije s pacijentima (što uključuje slanje nalaza, RTG snimaka, ponuda, predračuna, dodatnih informacija) koja je ključna za uspjeh ovog vida usluga,
- potrebno je povezivanje stomatoloških ordinacija koje bi zajednički kao klastar nastupale na tržištu i nudile šire pakete usluga gdje se kao šansa posebice vidi protetika,
- potrebno je raditi i na povezivanju smještajnih i turističkih kapaciteta i kreiranju kompletne ponude.

Studija je identificirala sljedeće ograničavajuće čimbenike u razvoju:

- dobro organizirane ordinacije i konkurenciju u Mađarskoj, Srbiji i Hrvatskoj,
- loš imidž Bosne i Hercegovine kao kriznog područja,
- prometna povezanost s regijom i europskim zemljama nije zadovoljavajuća: nerazvijena mreža autocesta i loša kvaliteta cesta (što bi trebalo biti unaprijeđeno tokom 2010. godine zahvaljujući investicijama u cestovnu infrastrukturu), loše razvijen željeznički promet, ograničen broj zračnih linija, posebno direktnih (što bi također trebalo biti unaprijeđeno tijekom 2009. godine zahvaljujući uvođenju novih zračnih linija u smjeru EU-a od strane prijevoznika AirBosna i Turkish Airlines i nekih low-cost linija prijevoznika GermanWings),

- the general belief is that there is a potential for dental tourism development,
- the quality of services provided by the offices and their prices are competitive,
- it is necessary to focus on countries from closer surroundings, and on those where most B-H citizens live (Slovenia, Sweden, Germany, Austria, Italy, USA),
- it is necessary to improve knowledge of advertising and marketing orientation in general,
- it is necessary to work on improving the on-line presence and on-line communication with patients (which includes sending results, X-rays, offers, estimates, additional information by e-mail), which is crucial for the success of this form of services,
- it is necessary to network dentist offices so that they could appear in the market as a cluster and offer a wide range of service packages, with prosthetics seen as a particularly good opportunity,
- it is necessary to work on networking accommodation and tourist capacities and on developing the overall offer.

The study identified the following limiting factors in the development:

- well organised offices and competition in Hungary, Serbia and Croatia,
- poor image of Bosnia and Herzegovina as a crisis region,
- transportation links with the region and European countries are not satisfactory: poor quality of roads, underdeveloped highway network, poorly developed railroad transport (which could be changed by 2010 thanks to recent investments), a limited number of flights, particularly direct ones (which could also be changed during 2009 thanks to the introduction of new direct lines to the EU by AirBosnia and Turkish Airline, and some low-cost flights by GermanWings),



- za kompleksne zahvate potrebno je pružiti adekvatnu podršku u postoperativnom periodu.

S obzirom da je utvrđeno da postoji potencijal za razvoj dentalnog turizma, potreban je sustavni pristup te se mogu definirati okvirni prijedlozi za unapređenje mogućnosti za razvoj dentalnog turizma na području Sarajeva:

- Potreban je intenzivniji angažman kantonalnih vlasti, Regionalne razvojne agencije SERDA i Turističke zajednice Kantona u integraciji i promociji usluga, kao jednog od razvojnih prioriteta u turizmu koji je već identificiran kao jedan od pokretača razvoja regije i BiH.
- Na razini strukovne komore pokrenuti diskusiju na temu dentalnog turizma s ciljem povezivanja bolje opremljenih ordinacija u klaster koji bi zajednički nastupao prema turističkim agencijama i potencijalnim klijentima. Klaster bi na taj način sistematski pružao širi – kompletniji skup usluga i povećavao kvalitetu usluga, dajući veću vrijednost klijentu. Na ovo se naslanja i razvoj djelotvornih internet prezentacija klastera i članica klastera koje će biti uključene u globalne zdravstvene internet portale.
- Potrebno je kroz programe edukacije raditi na unaprjeđenju marketinških i menadžerskih vještina vlasnika stomatoloških ordinacija u cilju razvoja promotivnih programa i programa usluga koji će biti pristupačni dentalnim turistima. Stomatolozi moraju biti upoznati sa svjetskim dostignućima i dobrom poslovnom praksom Indije, Tajlanda, Malezije, itd.
- Potrebno je pokrenuti programe osiguranja kvalitete da bi se dostigli standardi kvalitete, pri čemu Stomatološka komora Federacije BiH treba igrati ključnu ulogu.

- complex surgical procedures require suitable support in the post-operative period.

Since it was established that there is a potential for dental tourism development, a systematic approach is needed, and the following framework suggestions can be defined for improving the possibilities for dental tourism development in the Sarajevo region:

- It requires a more intense involvement of cantonal authorities, regional development agency (SERDA), and Canton Tourist Association in the integration and promotion of services, as one of development priorities in tourism, which has already been identified as one of driving forces of the development of the region and B-H.
- At the level of trade Chamber of Commerce and Dentist's Chamber, discussion should be initiated on the topic of dental tourism, aimed at networking better-equipped dentist offices into a cluster, which would appear together toward tourist agencies and potential clients. The cluster would thus provide a broader - more complete set of services and increase their quality by offering a higher value to the client. This is closely tied to the development of efficient online presentations of the cluster and its members through a web portal, which would be included in the global health care web portals.
- Through education programs, dentist offices' owners should improve their marketing and management skills in order to develop promotional programmes and programmes of services that would be accessible to dental tourists. Dentists must be familiar with world-wide achievements and good business practices of India, Thailand, Malaysia, etc.
- Quality assurance programs should be set up in order to achieve quality stan-

- Raditi na povezivanju kompletne usluge s turističkim agencijama i prijevoznicima iz inozemstva i u BiH. Naglasak treba biti na zemljama iz bližeg okruženja i na zemljama gdje živi najviše BiH državljana. Usluge trebaju biti dio paketa s drugim turističkim uslugama, kao što su zimski turizam, seoski turizam, spa i wellness turizam i vjerski turizam.

Istraživanje pokazuje da je postojeća ponuda stomatoloških usluga atomizirana, ali da postoji ogromna mogućnost za razvoj ove tržišne niše na području Sarajeva. Da bi se razvio sustav marketinga, potrebo je koristiti sustavni pristup i uspostaviti mrežu pružatelja usluga u različitim područjima: stomatološke ordinacije, turističke organizacije, Trgovinske komore i Stomatološka komora, razvojne agencije i lokalne vlasti. Obzirom da je dentalni turizam element globalizacije, potrebno je koristiti najbolje prakse zemalja s više iskustva u ovom području. U tom smislu, ovaj oblik turizma mogao bi biti inovativni pokretač internacionalizacije poslovanja i uspješno pomagalo za razvoj drugih sektora vezanih za turizam i ugostiteljstvo.

dards, where Dentists' Chamber of the Federation B-H should play a crucial role.

- The overall service should be networked with tourist agencies and transporters in B-H and abroad. The focus should be on the countries from closer surroundings, and those with the greatest number of B-H citizens. The service could be packaged with other tourism services such as winter tourism, rural tourism, spa and wellness tourism and religious tourism.

The research shows that the current offer of dental services is atomised, but that there is a huge possibility for development of this market niche in the Sarajevo region. In order to have a well developed marketing system it is necessary to use a systematic approach and to establish a network of service providers in different fields: dental offices, tourism organisations, Chambers of Commerce and Dentists' Chamber, development agencies and local authorities. Having in mind that dental tourism is an element of globalisation it is necessary to use best practices of the countries with more experience in this field. In this sense, this sector could be an innovative engine of business internationalisation and a successful tool for the development of other sectors related to tourism and hospitality.

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