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## HEALTH SERVICE - A PART OF THE TOURISM PRODUCT

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The history and evolution of tourism show that the beginnings of tourism, as well as its later development are based on the development of those destinations that had markedly attractive factors of curative character. Health tourism can therefore be defined as a joint working area of health service and tourism where these two, on the partnership basis and with a mutual interest, organize the stay of individuals as tourists who come to places with marked natural and curative factors which they use and where they under medical control (or without it) receive health services through active vacation and through various other forms of treatment. The satisfaction of the need for health services, as well as for other partial tourist products that aim at satisfying the need for health services, also demands an adjustment of the business operations of the subjects offering tourist products, especially in hotel industry. Having in mind the fact that tourist movements, to a greater or lesser extent, also represent "movements for health purposes", it is extremely important that hoteliers fully recognize the specific characteristics (e.g., age structure, health condition and habits, etc.) of those segments of guests to which they direct their services and products.

Key words: marketing, tourist product, health service, health tourism, tourist service, partial product.

### INTRODUCTORY NOTES

The history of tourism and its evolution show that both the beginnings of tourism and its later development are based on the development of those places that had some explicitly attractive factors of health character.

In the early old ages people mostly travelled over short distances and the most important reasons for their travels - beside trade - were sports events, religious needs and reasons of health. To keep their bodies fit and sane the Romans went to thermal public baths which were built throughout the Roman Empire, and many of these baths have kept their function up to the present day.

Already in the middle of the 19<sup>th</sup> century there was a growing interest for taking the vacation in seaside places that based their popularity on the health characteristics of the sea-water. However, in those times people did not bathe in the sea, but they took cold or warm sea-water baths in either public baths or hotels. In our country Opatija was the first place declared as a spa (1889) and after that, many other places on the coast got the status of climatic or seaside summer resorts.

We can conclude that there should be no doubt about the existence of a connection between tourism and health service, which presents the providers of hotel and tourist services with significant marketable opportunities.

## **1. TERMINOLOGICAL AND MARKETING DETERMINATIONS OF HEALTH PROTECTION AND HEALTH TOURISM**

Health protection consists of preventive, therapeutic and rehabilitation health services. According to the applied health technology health services can be divided into the services of primary health protection, specialist-policlinic and hospital health protection, as well as into the health services of clinics and institutes. The number of health service users decreases in proportion with the increase in the quality of the provided services, however the increase in quality at the same time means an increase in the cost of such services. The gravitation area of the users of health services also grows significantly in proportion to the increase in the quality of the services offered. Health protection includes a system of state, group and individual measures for the improvement, protection and restoration of health. "In a wider sense, health protection and health policy can mean the policy and the practice of health improvement. In a limited sense, 'health policy' can mean the policy aiming at the development of health service, i.e., the development of the system of health protection, health insurance, health education and medicine (science and profession)" [3,14].

Health protection must fulfil threefold conditions:[7,215]

- a) marketing conditions, meaning that health services in their quality and quantity must fully respond to the needs and interests of their users;
- b) economic conditions, meaning that the existing resources and financial means must result in the highest possible effects in accordance with the criteria of health protection;

- c) social conditions, meaning that health protection must work according to its proclaimed social functions.

In health protection, too, one can speak of productive, sale and marketing orientation. Productive orientation, that is in the subjects in health service marked with the specific feature of trying to increase the output and at the same time to reduce expenses, is expressed in the slogan "We know what is good for the patients". The sale orientation is specific in its intensive sale and promotive efforts intended for the increase (but also for the decrease!) in sale and profit. Both these orientations can be classified as "push strategies" in which the products, services or ideas are in fact forced upon the users, regardless of their personal needs and wishes. The users are only left with the choice to either buy or not to buy, use or not to use a certain product or service, i.e., to absorb or not to absorb a certain idea. Therefore a new orientation emerges as much more applicable - the orientation towards the users, a marketing orientation with the "pull strategy" as its specific feature. It should be specially noted that the health needs, the needs for health services (according to the total product conception as we will later ascertain - the need for the products of health service) belong to the group of existential needs, together with the needs for food, drink, clothes, footwear and housing. At the same time, however, the health needs are essentially different from these other existential needs. They are only rarely known and identified in advance (with the exception of regular periodical teeth examinations, gynaecological examinations, operations in aesthetic surgery, and the like); they are mostly not known beforehand, they are unpredictable, unexpected and totally undesired.

If we regard the change of the permanent place of residence due to the reasons of health, and temporary stay in tourist centers in the function of health protection (preventive, therapeutic and rehabilitation alike), we will discover a special sort of tourism that can be listed under the term of health tourism. Taking the latter assumptions into account, health tourism can be defined as the joint field of cooperation of health and tourist subjects that on a partnership scale and with a mutual interest organize the stay of citizens conditionally treated as tourists who visit a place with outstanding factors of natural attraction, who utilize these factors, and who are offered active vacation services under the control of a physician, as well as various forms of medical treatment.

## 2. MARKET CHARACTERISTICS OF HEALTH SERVICE

Health service has certain, very specific characteristics in comparison with other social activities. These characteristics are, primarily, the following:[7,217]

1. The need for health services are (except in cases of preventive) temporally unpredictable, both quantitatively and qualitatively.
2. The offer of health services can not be left to itself, it has to be socially directed and organized.

3. The health service market can not perform its allocation function since the scope and the type of the services offered to which the demand utilitarianly adjusts in advance determine this market.
4. Internal and external substitutability of health services are comparatively very low.
5. Health services are not mutually transferable among their users.
6. In order to reach a balance of offer and demand in health services it is necessary to standardize them (standards and norms of medical work, standards of the Law on Health Service).

Which health services will be offered at a certain time on a certain territory is determined by material and staff capacities of health service and by its organization. Here one must keep in mind the very important fact that the offer of health services is in most cases very inflexible, just as it is the case with the demand for them. The offer of health services includes the space, the equipment and the staff, as well as the reached level of medical technology, level of organization, and the efficiency involved.

Factors of the offer of health services include, among other things, also:[7,219]

- a) the reached level of development in medical science,
- b) the network and the structure of the subjects of health protection,
- c) medical staff and their qualification,
- d) organization (both external and internal) of health protection,
- e) material and technical equipment.

On the other hand, the offer of health services has the character of a monopoly with respect to the number of "offerers", to the "service program", to the prices of health services and to the possibility of "distribution". The distribution of health services is mostly performed according to the logistic principle "to oneself", meaning that the user of health services goes to the offerer of these services. The exception, in which the logistic principle "from oneself" is applied, refers only to the visits of the physician in the patient's home, and, to some extent, to the health service offered by emergency rescue stations.

Within the field of tourism, the offer of health services receives a new market dimension with distinctive features in the elements of marketing-mix of the catering-tourist subject as the bidder of such integral tourist and health product. (This will be elaborated in more detail in Chapter 4.) Such combination of tourism and health services will reflect itself primarily in the specific apprehension of such special products by the consumers (guests), which, again, sets particular promotional demands for the health service to be as visible and as present as possible in the aggregate supply of the tourist economic subject.

The factors of demand for health services are, among others, the following:[7,217]

- a) the number of the population and demographic trends,
- b) biological structure of the population,
- c) general cultural and educational level of the population,
- d) the reached level of health standard of the population, especially regarding the rights emerging from health insurance.

The demand for health services is entirely inflexible, and it can be:

- a) real,
- b) potential.

Real demand is the one which is effectuated in the subjects of health protection, whereas potential is the demand in which there are limitations (spatial, temporal, financial and other) for its effectuation. The demand for health services - and this is particularly interesting - is proportional to the increase in the quality of health services. It would, namely, be logical if the situation were reversed. This is primarily the result of the fact the health institutions have over a long period of time provided their services mostly at a very low level of service offering, as well as of the fact that higher levels of health protection are significantly more expensive as compared to those at the lower levels.

Like all other forms of demand connected with significant expenses, the demand for health services as an integral part of the tourist residence is influenced by all possible cultural, social, personal and psychological factors. Namely, in the conventional use of health services, there is only a partial purchase and sale relation, depending on the percentage of the patient's participation in the total expenses of the medical treatment. The utilization of health services in tourist destinations, however, depending on the degree of integration and on the quality of particular partial elements, demands considerable expenses, so that, in this respect, the consumers' purchasing power is one of the most important factors.

The consumer of health services is entirely unable to evaluate the health service as a product: he can neither evaluate the product and its characteristics, nor its price (since it is "hidden"), nor the possibilities for its distribution - in this respect the consumer is also unable to evaluate the possible (promotive) information about this product. To put it simple, the exchange relations between the interested participants in health service resemble the relation that emerges between the parent and the child in the purchase of a product of mass consumption - the relations between the patient and his doctor on one hand and the child and the parent on the other are very similar, especially regarding an objective consideration of the choice between the possible alternatives. The very fact that it is possible to freely choose one's doctor in a certain sense represents the acceptance of market criteria. The doctor is, namely, undoubtedly a mediator in the usage of health services, and the individual user directly transfers his

decision to use particular health services to the person of the doctor. The doctor, especially a general practitioner, is the very person who should provide his patient with basic information about the possibilities and alternatives of the utilization of health protection, and the one who should help in the realization of these possibilities. This, in other words, means that the doctor is in fact the one who, in the name of the patient, chooses the health services to be utilized. The problem, of course, is in how much the patient can take part in making this choice. This, naturally, depends primarily on the level of the patient's health culture and education. However, this at the same time means that there must be a mutually expressed trust between the patient and the doctor, i.e., primarily a trust of the patient in his doctor, for which the fundamental requirement is the patient's freedom to choose his own doctor. The doctor, on the other hand, must use his professional, human and other qualities, as well as his concrete actions to win the patient's trust and to create a feeling of health security in his patient, primarily by convincing the patient that his needs and of course his interests in connection with his health will be realized to the full extent.

Health services are primarily offered in the subjects of the offer, located in destinations with an motivating health factor of centripetal effect, such as spas, thalassotherapies (medical establishments located at the seaside) and health resorts (air-baths).

### **3. CHANGE OF THE ENVIRONMENT AS THE INITIAL REQUIREMENT OF HEALTH TOURISM**

Health tourism can be defined as the "field of joint work of health service and tourism based on partnership and mutual interest in organizing the stay of people conditionally treated as tourists, who come to resorts with expressed natural health factors which they use and where under the control of a physician (or without it) they are provided with services of active vacation, kinesthetic therapy, diet programs, and the like." [2,70]

Health tourism can be divided into two types: one intended for sick people and the other intended for sane or, more precisely, relatively sane persons. In that respect any form of tourism is in fact a specific form of health tourism since any temporary change of environment, or temporary change of residence of any individual should finally result in positive effects for that individual's health. "Preserving or restoring health is in fact one of the oldest, strongest and most permanent motives for tourist movements, and tourism has always and in all its forms had a more or less expressed health function." [1,456] On the other hand, recreation services are essentially a subtype of health services, so that "almost any tourism is at the same time some form of recreation." [9,8]

Tourist movements have, among other reasons, developed also for health purposes (in ancient Greece and Rome), yet, although curative reasons were

predominant in the health tourism in the past, today the use of preventive health services prevails.

Generally, two kinds of the change of environment can be distinguished:

- a) change of the environment in the working time (as a constituent part of the working process, such as business trips, and the like),
- b) change of the environment in the free time.

The latter has been especially favored by two important facts:

- the increase in the total amount of available free time (daily, weekly, annually) and especially the increase in the amount of leisure and vacation within the free time,
- the increase in territorial and temporal mobility of the people due to a strong development of the means of transportation and of the traffic of all kinds.

The factors that primarily influence the rise in the number of changes of the environment by individuals are, among others, the increase in the amount of free time, real rise in income (pay), growth in the living standards, growth of population and the changes in its age distribution and socio-economic structure, development of traffic and the process of urbanization. It is, however, necessary to also point out other factors that directly motivate the individual to leave his domicile environment for a certain period of time. Among these factors we would, first of all, like to mention the ones resulting from unfavorable influences on the natural human environment in which a person lives, or better yet, resulting from the sum total of all unfavorable features of the existing domicile environment (various forms of environment pollution, congestion of the space, noise, etc.). According to this, the basic motivating factors for an individual to change his residence result from the "attack" on the natural environment. These factors, however, are objectively speaking of a more recent date, so that, in terms of history, the first motives of an individual to leave his domicile surroundings and to look for another, temporary residence must have resulted primarily from the need to find better conditions for life and work, and, in parallel with that, for reasons of the exchange of goods.

Whatever the reason for this may be, by changing his surroundings for a certain period of time, the individual rids oneself of the everyday rhythm of life and work, gets free - at least temporarily - from everyday life and work obligations and sets his person, or rather his personality, free to the largest possible extent. Thus, for example, the vacation as the temporally longest possible absence from one's domicile, in fact, as it is well known, represents the physical discharge of all the negative energy accumulated during the year, and at the same time it means filling up with positive energy which will then be consumed during the coming year, till the next vacation. The health effects of this "transfer" of energy obviously require no further discussion.

Still, we must distinguish between two different forms of changes of the domicile environment, which are directly connected with a potential utilization of health services in the temporarily chosen environment:

- a) change of the environment influenced by the person's will (meaning "want to"),
- b) change of the environment without the influence of the person's will (meaning "have to / must"); the first is the result of preventively expressed health motives, while the latter is the result of firmly expressed health motives (e.g. chronic diseases, postoperative rehabilitation, etc.).

The change in environment therefore never serves itself, because the individual always has a clearly defined and set goal or motive ahead of him. The new, changed environment in which the individual is a guest must of course have some comparative advantages with respect to the person's domicile environment, especially regarding those factors that were the motive for the change of environment. Most of the needs for health services that are more or less openly expressed by an individual can probably never be satisfied within the domicile environment; for that purpose, as we have already concluded, it is necessary to temporarily change the environment and by doing so, in most cases, also to search for and to use products containing simple or more complex partial products which can satisfy one's needs in terms of health. Except in the form of health services, that is non-material products, these partial products, as we will see a bit later, can also be presented in the form of material products (healthy food, medicinal herbs, etc.) as well as in the form of partial quasi-products (geo-thermal springs, clean air, healthy water, etc.). Anyway, the satisfying of fewer or more complexly expressed health needs of individuals requires the existence of an organized and diversified offer of various products with a wide palette of their possible qualitative levels intended for the satisfaction of these needs. Accordingly, the offer of tourist products must include, even in an apparently small amount, partial products in the form of health services. This, at the same time, means that the offer of tourist trade products - of course depending on the share of health services in them - can at least generally be divided into:

1. subjects of offer containing a minimum share of health services (for example, the "Ambassador" hotel),
2. subjects of offer with a partial share of health service (for example, hotel "Thermia" in Bizovačke toplice),
3. subjects of offer with significantly predominant share of health services (for example, hotel "Thalassoterapia" in Opatija).

The health consciousness of the people concerning preventive use of health services is constantly rising as a result of the improvement of the living standards and the growing level of health education and it is expressed, in dynamic terms, through the shift of the tourist demand of an individual from the offers listed above under number one towards those under number three. Here it is worth knowing that this is also the order of the rise in the level and the scope and thus also in the complexity of



health services reaching from preventive to curative health services. This is the very reason that makes it necessary to apply the marketing way of thinking in solving the problems of satisfying the needs for health services and in the same direction to identify these needs, where at the first level it is necessary to make maximum research efforts, because at this level the motives and attitudes of potential users of health services are mostly unknown.

Marketing efforts of the subjects of tourist offer must be directed (to the extent to which it is possible) towards particular segments of the market which can be focused on the basis of demographic, socio-economic, geographical, as well as health criteria. The direction of marketing efforts, naturally, depends also on the location of the subject of tourist offer and also on its natural and healing properties and attractiveness. Depending both on the attractiveness of the health resort and on the set marketing goals of the respective subject of tourist trade, the tourist product -as it will be shown later in the text - will also have a respective structure of partial products of material, non-material and quasi form. The operationalization of a thus integrated product will, of course, follow together with an appropriate determination of accompanying elements of the marketing-mix (i.e., price, distribution, promotion), where the principles of the optimum mutual relations of these elements must be obeyed. Of course, it must be emphasized that health services in tourism have their segment of consumers and the hotels as tourist suppliers must respect this fact when they define their target groups and set their marketing plans.

#### **4. TOURIST PRODUCT**

In the theory of tourism it is already accustomed to refer to the object of tourist trade offer as tourist product, although this offer, at first sight, seems to be an offer of services only because it frequently does have the basic characteristics of services (it is non-material, it is inseparable from the vendor, it can not be stored, it can be used only over a short period of time, etc.). The fundamental mistake in the thinking in the spirit of marketing is to start from the point of view of the offer instead of that of demand - the point of view of the consumers of tourist products. If we take this into account and put ourselves in the position of the consumers of tourist products, we will realize that what the consumer finds on the market consists of material and non-material elements that in a correlation or unity satisfy the needs of the consumers of tourist products. This is the reason why in defining the product in tourism we apply the total product conception [4,251], which considers the product as a group of palpable and impalpable (material and non-material) attributes which satisfy a particular need of the consumer.

If we use the language of mathematics to express this, we can present the tourist product in the following way [for more information about this v. 6,83 - 93]:

$$TP_i = \sum_{i=1}^n PTP_m + \sum_{i=1}^n PTP_i + \sum_{i=1}^n PQTP$$

where these symbols mean the following:

- TP<sub>i</sub>** = integral tourist product
- PTP<sub>m</sub>** = partial tourist product of material form
- PTP<sub>i</sub>** = partial tourist product of non-material form
- PQTP** = partial tourist quasi-product.

According to this conception, the product does not have to contain the material product but can exist in the form of a service or as some kind of a combination of product and service. Consequently, the defining of the tourist product as a total product means putting various direct and indirect elements of an offer into a well-proportioned and functional relation.

The partial tourist quasi-product as a specific product of a given and determined setting is at the same time the prevailing motivating factor for the consumers of tourist products (or of their particular segments that together with other partial tourist products of material and non-material form make up the integral tourist product) to temporarily change the environment. Partial quasi-products of tourist trade in territorial sense have a certain limitation, a border at which their centripetal force of attraction (motivation) of the demand for tourist products stops. If this concerns partial quasi-products with certain healing properties, than the position of the tourist destination in territorial terms is predetermined by a specific "reach" of the respective quasi-product. This means that, for example, the geo-thermal springs in Bizovačke toplice are transformed into a quasi-product almost exclusively by the hotel "Thermia" which, in addition to the utilization of the healing water, offers some other forms of health services as well. On the other hand, clean sea air in itself as a quasi-product represents a factor of attraction in terms of health protection. Tourist quasi-products with curative properties, just as any other tourist quasi-products (natural, cultural, historic and other sights and attractions), must be utilized very rationally - depending on their nature - in order to allow their conversion into economically profitable goods for as long a period as possible. This is spoken in favor of by strong efforts to preserve the natural environment, especially in tourist regions (protests against the building of thermo-electric power plants, "heavy industries", etc.).

## 5. HOTELS - CARRIERS OF THE INTEGRATION OF HEALTH SERVICES IN HEALTH TOURISM

Essentially, hotels are infrastructural preconditions for the stay of tourists and they comprise in themselves a number of material and non-material elements which, taken all together, can be described as hotel-tourist production [more about this in 9,127 - 137].

With respect to the dominant needs that determine a tourist's trip and the length of his stay, it is necessary that new (unused) partial tourist quasi-products, based on the curative properties of the respective area, are continually invented. The same should also be applied to partial products of material and non-material forms (in practice this should be much easier), which more or less represent the health service of the widest possible range (e.g., dieting, macrobiotic nourishment, reducing courses, anti-stress programs, aesthetic and fitness programs, and the like). Health services with a growing share in the total tourist product can therefore become of growing importance as motivating factors for the utilization of tourist products of almost all kinds, which can have positive effects for the improvement of financial results.

It must not be forgotten, however, that the quality of health services must also reach a fairly equal quality level as all other partial hotel-tourist products; at the same time this adjustment should be reached at the highest possible level [5,109 - 115]. The dissatisfaction of the consumers of the tourist product can be induced even by only one partial product of poor quality, which can then automatically lead to the consumers' dissatisfaction with the entire integrated tourist product because the tourist sees and understands tourist products in their integrality. This can finally result in the tourist's decision to give up the consumption, that is, to stop using a particular health service, and all other accompanying partial tourist products along with it, which, consequently, produces negative financial results. It must also be kept in mind that it is possible to empirically determine the fact that parallel with the general economic development the market is offered tourist products (including health services) of constantly improving quality and with a higher level of integration, but on the other hand, the consumers of tourist products demand partly integrated products with a constantly reducing level of integration, offering the users great possibilities to individually integrate high quality partial catering and tourist products of material, non-material and quasi-form. This can result in a message, directed to the subjects of tourist trade in which health services prevail, saying that, mostly because they are so specific, health services must be presented professionally and - from the medical point of view - at a fairly high level of integration, while other partial tourist products can to a certain extent be integrated by the consumers of tourist products themselves.

Therefore, the integration of tourist products is performed by the providers of tourist trade offers, but also by the consumers of tourist products (guests) themselves. The first case includes mostly partially integrated tourist products, which means that in each individual case it is not in advance determined that health services, for example, will be necessarily integrated into such a product. In the second case, -

primarily for the motive to temporarily change their domicile environment, or, in other words, because of the necessity to satisfy their needs for health - the consumers of tourist products are given a greater possibility to also integrate health services into the tourist product they consume, and to do that more completely and at a higher quality level. Thus an individual can spend a week at a hotel on the coast because he wishes to take a treatment of a well-known private practice physician (e.g. a chiropractor) who lives in the place of this individual's tourist destination. In this case this individual is the primary and most important integrator of the tourist product, especially with respect to the above mentioned health service. In spite of that, those who offer tourist products must try to bring their partially integrated products as close as possible to the level of integration preferred by the consumers of tourist products, which requires a good understanding of those groups of consumers whose needs and motives for a temporary change of their domicile environment are based on the reasons of health.

## CONCLUSION

The satisfaction of the need for health services, as well as for other partial products of tourist trade intended for the satisfaction of needs concerning health requires an adjustment of the business transactions of the subjects offering tourist products, especially of those in hotel industry. Having in mind the fact that tourist movements at the same time - to a higher or lesser degree - represent the "movements for health purposes" as well, it is of crucial importance that the hotel managers fully realize the specific characteristics of that segment of the guests to which they offer their products (e.g., age structure, health condition, health habits, etc.).

The integration of health services can fully satisfy the needs of the consumers of tourist products both in non-material and material terms, but also in terms of health protection. This can be achieved, of course, if the offer of tourist products is of a heterogeneous character allowing a very high degree of integrability of tourist products, i.e., their polyvalence. Beside this, there has to be a wide possibility of substitution of particular partial elements, but not at the expense of their mutual complementarity.

Health services as partial tourist products, as we have already pointed out, must have a predominantly preventive function, while the curative function of integral tourist products should be gradually reduced. The reason for this lies primarily in the fact that in the first case we can not speak of hospital treatment, but rather of a form of medical care and control, so that in this case it is much easier to integrate medical services with other available partial tourist products.

Finally, we can conclude that just as "...there is no absolute limit between health and illness" [7,591], there is also no absolute limit between tourist and health

products. The latter is true primarily due to the fact that tourist products, as we have found out, are in themselves health products of a specific kind. This fact, therefore, must at the same time be used as the guiding principle in the marketing consideration of the strategy that our hoteliers should apply when they appear on the increasingly demanding tourist market.

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## Sažetak

### ZDRAVSTVENA USLUGA - DIO TURISTIČKOG PROIZVODA

Turistička povijest i evolucijski put turizma pokazuju kako se počeci turizma, ali i njegov kasniji razvoj, temelje na razvoju onih destinacija koje su imale izražene privlačne čimbenike zdravstvenog karaktera. Zdravstveni turizam je stoga moguće definirati kao zajedničko suradno područje zdravstva i turizma u kojem se na partnerskoj osnovici i uz uzajamni interes organizira boravak pojedinaca kao turista koji dolaze na mjesto s izraženim prirodnim zdravstvenim čimbenicima kojeg koriste i gdje im se pod liječničkim nadzorom (ili bez njega) pružaju i zdravstvene usluge kroz aktivni odmor, ali i kroz različite druge tretmane. Zadovoljenje potreba za zdravstvenim uslugama, ali i drugim parcijalnim proizvodima turističkih proizvoda koji imaju za cilj zadovoljenje zdravstvenih potreba, zahtijeva i prilagodbu u poslovanju subjekata ponude turističkih proizvoda, osobito onih u hotelijerstvu. Imajući u vidu činjenicu kako turistička kretanja u većoj ili manjoj mjeri ujedno predstavljaju i "kretanja u zdravstvene svrhe", osobito je značajno da hotelijeri u cijelosti spoznaju osobitosti segmenata gostiju kojima su usmjereni (primjerice dobnu strukturu, zdravstveno stanje i zdravstvene navike itd.).

Ključne riječi: marketing, turistički proizvod, zdravstvena usluga, zdravstveni turizam, turistička usluga, parcijalni proizvod