

Pratim CHATTERJEE***Smita DATTA******BIBLIOMETRIJSKA I SADRŽAJNA ANALIZA LITERATURE O ULOZI ZDRAVSTVENOG HOTELA U MEDICINSKOM I WELLNESS TURIZMU****BIBLIOMETRIC AND CONTENT ANALYSIS OF LITERATURE ON ROLE OF HEALTHCARE HOTEL IN MEDICAL AND WELLNESS TOURISM**

SAŽETAK: Cilj ovoga rada je dati pregled literature kako bi se ustanovile varijable, teorije i modeli koji utječu na odluke turista o izboru zdravstvenog hotela za svoje liječenje i wellness. U članku se korištenjem tražilice Google Scholar bibliometrijski i sadržajno analiziraju sva značajna područja istraživanja provedena posljednjih dvadeset godina. Rezultati studije preporučuju zdravstvenim hotelima fokusiranje na sljedeće varijable za stjecanje konkurentne prednosti: medicinska i ne-medicinska infrastruktura, zadovoljstvo klijenata, kvaliteta usluge, materijalni uvjeti, itd. Također se znanstvenicima i turističkim stručnjacima predlažu smjernice za buduća istraživanja, poput koristi i mogućnosti pretvaranja nespecifičnih hotela u zdravstvene ili dodavanja jedinica za zdravstvenu skrb postojećim hotelima, uloge zdravstvenog hotela kao izvora deviznog priljeva od međunarodnih zdravstvenih i wellness turista kao i značaj hotela zdravstvene skrbi u vrijeme epidemije ili pandemije.

KLJUČNE RIJEČI: zdravstveni hotel, medicinski turizam, wellness turizam, hotel s medicinskim uslugama, bibliometrijska analiza

ABSTRACT: The paper aims to list the literature identifying those variables, theories, and models that impact the tourists' decisions on choosing healthcare hotels for their medical treatment and wellness wellbeing. The article has undertaken bibliometric and content analyses of all the significant research areas of last two decades using the Google Scholar search engine. The findings of this study recommend that healthcare hotels focus on variables like medical and non-medical infrastructure, customer satisfaction, service quality, physical convenience, etc. to earn a competitive edge. This study also provides promising directions for future research of the academicians and industry professionals, such as benefits or feasibility of converting non-specific hotels into healthcare hotels or adding healthcare facilities into their regular features, the role of the healthcare hotel as a foreign exchange earner from inbound medical and wellness tourists, and the significance of healthcare hotels in epidemics or pandemics.

KEY WORDS: healthcare hotel, medical tourism, wellness tourism, medical hotel, bibliometric analysis

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1. UVOD

Ogroman rast ugostiteljstva i turizma u cijelome svijetu rezultirao je brojnim prilikama kako u razvijenim tako i u nerazvijenim zemljama. Turisti stvaraju prilike za zapošljavanje, priljev deviza i investiranja u turizam zemlje domaćina (Odunga, 2005; Csirmaz i Pető, 2015; Mishra i Panda, 2021). Zdravlje je stanje potpunog fizičkog, mentalnog i socijalnog boljitka, a stručnjaci osiguravaju liječenje u zdravstvenim ustanovama (Huisman *et al.*, 2012). Zdravstveni turizam i wellness turizam čine jedan od najistraživanijih fenomena u ugostiteljstvu i turizmu (Connell, 2006; Österle, Balazs i Delgado, 2009; Heung, Kucukusta i Song, 2011; Dryglass, 2012; Chen, Chang i Wu, 2013). Medicinski i wellness turisti predmetom su proučavanja dok se liječe i sudjeluju u programima wellnessa po cijelome svijetu, a njihov broj stalno raste (Hanefeld *et al.*, 2014). Hoteli su oduvijek naglašavali wellness i kvalitetu života turista jednakomjerno kao i primarne usluge poput hrane i smještaja. Zbog brzih promjena ukusa i želja klijenata, ugostiteljski sektor uveo je inovativne načine i metode unaprjeđivanja života turista (Das *et al.*, 2022). Većina pregleda literature o medicinskom i wellness turizmu fokusira se na destinacije zdravstvenog turizma i izборе turista koji putuju iz razvijenih zemalja u zemlje u razvoju ili *vice versa*, a to podrazumijeva perspektivu klijenta (Gallarza, Saura i García, 2002; Beeril i Martin, 2004; Bies i Zacharia, 2007; Bookman i Bookman, 2007; Burkett, 2007; Horowitz, Rosensweig i Jones, 2007; Carrera i Lunt, 2010; Heung, Kucukusta i Song, 2010; Moghimehfar i Nasr-Esfahani, 2011; Hanefeld *et al.*, 2013; Eissler i Casken, 2013; Sag i Zengul, 2019; Bagga *et al.*, 2020; Dash, 2021). U tim pregledima razvidno je da se mali broj studija bavio ulogom hotela zdravstvene skrbi u medicinskom i wellness turizmu (Arellano, 2007; Reed, 2008; Hoz-Correa, Muñoz-Leiva i Bakucz,

1. INTRODUCTION

The tremendous growth in worldwide hospitality and tourism generates ample opportunities for both developed and developing countries. Tourists create employment opportunities, foreign exchange earnings, and tourism investment in the host country (Odunga, 2005; Csirmaz and Pető, 2015; Mishra and Panda, 2021). Health is a state of complete physical, mental, and social well-being, and patients go to a healthcare establishment for their treatment that is given by medical professionals (Huisman *et al.*, 2012). Medical tourism and wellness tourism constitute one of the most researched phenomena in hospitality and tourism industry (Connell, 2006; Österle, Balazs and Delgado, 2009; Heung, Kucukusta and Song, 2011; Dryglass, 2012; Chen, Chang and Wu, 2013). Medical and wellness tourists are observed taking medical treatment and undergoing wellness programs worldwide and their numbers are increasing (Hanefeld *et al.*, 2014). Hotels have always emphasized wellness and quality of tourist life along with primary services like food and accommodation. Rapid changes in customers' tastes and preferences have impelled the hospitality sector to establish innovative paths and means of improving tourists' lives (Das *et al.*, 2022). Most literature reviews on the topic focus on medical tourism destinations and the tourists' choices of travelling between developed and developing countries or *vice versa*, i.e. from the customers' perspective (Gallarza, Saura and García, 2002; Beeril and Martin, 2004; Bies and Zacharia, 2007; Bookman and Bookman, 2007; Burkett, 2007; Horowitz, Rosensweig and Jones, 2007; Carrera and Lunt, 2010; Heung, Kucukusta and Song, 2010; Moghimehfar and Nasr-Esfahani, 2011; Hanefeld *et al.*, 2013; Eissler and Casken, 2013; Sag and Zengul, 2019; Bagga *et al.*, 2020; Dash, 2021). Reviews show that few studies have focused on the role of healthcare

2018; Rai, 2019). U tom se kontekstu u članku prezentira sveobuhvatan osvrt literature o zdravstvenim hotelima u medicinske i wellness turizmu te se pokrivaju sve teme unutar ova tri područja, posebno naglašavajući nedostatke u postojećoj literaturi, i nude se smjernice za buduća istraživanja.

2. PREGLED TEORIJE

Carrera i Bridges (2006) definiraju medicinski turizam kao organizirano putovanje izvan nadležnosti matične zemlje s ciljem jačanja zdravlja turista putem medicinske intervencije. Medicinski turizam je novonastali turistički trend koji kao koncept kombinira primarne karakteristike turizma – odmor, zadovoljstvo, putovanje, iskustvo s dobrobitima pristupačnijeg i/ili kvalitetnijeg međunarodnog liječenja (Dunn, 2007; MacReady, 2009; Birch *et al.*, 2010; Gaines i Lee, 2019; Musa, Thirumoorthi i Doshi, 2012; Medhekar, Wong i Hall, 2020). Osim liječenja, medicinski turizam obično se povezuje s odmorom i dokolicom, što ga razlikuje od putovanja motivirana medicinskim razlozima (Hall i James, 2011; Cesario, 2018; Smith i Forgione, 2014; Kucukusta, Hudson i DeMicco, 2018). Putovanje radi medicinskog liječenja i zdravlja nije novi koncept, ali je u zadnjih dvadesetak godina opažena globalizacija u suprotnom smjeru u vidu porasta broja odlazaka pacijenata iz razvijenih zemalja u nerazvijene zemlje što je posljedica raznih razloga, a najčešće su to cijene i kvaliteta zdravstvene skrbi i usluga (Connell, 2006; Deloitte, 2008; Deloitte, 2009; Hall, 2011; Singh i Gill, 2011). Medicinski turizam dobiva na značaju u ugostiteljstvu i turizmu krajem 1990-ih s putovanjima tisuća medicinskih turista u zemlje poput Indije, Tajlanda i Meksika s ciljem liječenja koje je obično bilo preskupo ili nedovoljno kvalitetno u njihovim matičnim zemljama (Helble, 2011; Synder, Crooks i Johnston, 2012; Connell, 2013; Hyder *et al.*, 2019). Prema Grand View Research (2019), veličina globalnog tržišta

hotels in medical and wellness tourism (Arellano, 2007; Reed, 2008; Hoz-Correa, Muñoz-Leiva and Bakucz, 2018; Rai, 2019). This paper aims to present a comprehensive review of healthcare hotels in medical and wellness tourism literature covering all topics in these three strands highlighting the specific gaps in the extant literature, and offering directions for future research.

2. THEORETICAL BACKGROUND

Carrera and Bridges (2006) defined medical tourism as organized travel outside the jurisdiction of one's home country for enhancing tourist's health through medical intervention. Medical tourism, a new trend of tourism industry has emerged as a concept, which combines the primary feature of tourism relaxation, pleasure, travel and experience with the benefit of lower-priced and/or better international treatment (Dunn, 2007; MacReady, 2009; Birch *et al.*, 2010; Gaines and Lee, 2019; Musa, Thirumoorthi and Doshi, 2012; Medhekar, Wong i Hall, 2020). Medical tourism usually attaches an aspect of leisure in addition to the medical treatment which differentiates it from medical travel (Hall and James, 2011; Cesario, 2018; Smith and Forgione, 2014; Kucukusta, Hudson and DeMicco, 2019). Travel for treatment and wellbeing has long existed and is not new, yet in the last two decades a surge has been observed as a form of reverse globalization, where patients from developed countries have started visiting developing countries for a variety of reasons most importantly cost, quality healthcare, and service delivery (Connell, 2006; Deloitte, 2008; Deloitte, 2009; Hall, 2011; Singh and Gill, 2011). Medical tourism has gained much importance in the hospitality and tourism industry since the late 1990s with thousands of medical tourists traveling to countries such as India, Thailand, and Mexico to avail treatments that are usually too expensive or inadequate in their home countries (Helble, 2011; Synder, Crooks and Johnston, 2012; Connell,

medicinskog turizma bila je procijenjena na US\$ 36,9 mlrd. u 2018. godini, a procjenjuje se da će to tržište do 2026. godine dosegnuti US\$ 179,6 mlrd. Hotelijerstvo i bolnički lanci su se sada udružili u namjeri da medicinskim turistima pruže ugodna iskustva (Burkett, 2007; Eissler i Casken, 2013). Prihodi generirani medicinskim turizmom smatraju se oblikom izvoza, što u konačnici stvara devizni priljev i time popravljaju bilancu plaćanja zemlje domaćina (Cattaneo, 2009; Beladi *et al.*, 2019). Koristi medicinskog turizma promatraju se u cijeloj turističkoj infrastrukturi koja uključuje hotelijerstvo, putovanja, komunikacije i promet. Posebice je segment lokalnog ugostiteljstva i turizma destinacije visoko izložen medicinskim turistima (Connell, 2008; Connell, 2013; Turner, 2007; Wonhkit i McKercher, 2013; Chuang *et al.*, Fetscherin i Stephano, 2016; 2014; Ji i Bates, 2018; Zarei *et al.*, 2020).

Global Wellness Institute (GWI) definira wellness turizam kao putovanje koje ima za cilj unaprjeđenje osobnog boljitka turista uklanjanjem negativnih osobina putovanja pretvarajući ih u prilike za održavanje općeg zdravlja (Global Wellness Institute, 2021; Mishra i Panda, 2021). GWI je procijenio da je globalno tržište, vrijedno \$639 mlrd. 2017. godine, poraslo više nego dvostruko brže od tradicionalnog turizma. U istoj je godini 830 milijuna domaćih i međunarodnih putovanja imalo za cilj wellness, što predstavlja 17% ukupne turističke potrošnje. Veličina globalnog tržišta wellness turizma u 2020. godini procijenjena je na \$801,6 mlrd. i očekuje se do 2030. godine doseći \$1.592,6 mlrd. (Allied Market Research, 2022). Wellness hoteli kombiniraju terapije u toplicama te upošljavaju licencirane medicinske stručnjake za pružanje terapija svojim gostima. Uz holističke, estetske i alternativne zdravstvene terapije ili tretmane, oni nude i raznolike usluge poput akupunkture, akupresure, oblikovanja tijela itd. (Teh i Chu, 2005; Hsieh, Liu i Liu, 2008; Lautier, 2008; Jones, 2011; Chen, Chang i Wu, 2013). Još jedan izdanak

2013; Hyder *et al.*, 2019). According to Grand View Research (2019), the global medical tourism market size was valued at US\$ 36.9 bn in 2018, and its size is expected to reach US\$ 179.6 bn by 2026. Hospitality and hospital chains have now joined hands to give memorable experiences to medical tourists (Burkett, 2007; Eissler and Casken, 2013). The revenue generated from medical tourism is considered a form of exports, which eventually generates foreign exchange earnings to improve the balance of payment of the host country (Cattaneo, 2009; Beladi *et al.*, 2019). The benefits of medical tourism are observed in whole tourism infrastructure that includes hotel industry, travel sector, communication, and transportation sector. Particularly, the local hospitality and tourism segment of that destination is highly exposed to the medical tourists (Connell, 2008; Connell, 2013; Turner, 2007; Wonhkit and McKercher, 2013; Chuang *et al.*, 2014; Fetscherin and Stephano, 2016; Ji and Bates, 2018; Zarei *et al.*, 2020).

The Global Wellness Institute (GWI) defines wellness tourism as travel for the purpose of enhancing tourists' personal wellbeing by eliminating the negative travel qualities and turning it into an opportunity for maintaining their holistic health (Global Wellness Institute, 2021; Mishra and Panda, 2021). GWI estimated an amount of US\$ 639 billion global market in 2017 and had grown more than twice as fast as general tourism. World travelers undertook 830 million international and domestic wellness trips in 2017 accounting for 17% of all tourism expenditures. The global wellness tourism market size in 2020 was valued at US\$ 801.6 bn and is projected to touch US\$ 1,592.6 bn by 2030 (Allied Market Research, 2022). Wellness hotels have combined therapies with spa, and hired proper licensed medical staff to provide therapies to the resident guests. They offer holistic, aesthetic, alternative healthcare therapies or treatment as well as multifaceted services such as acupuncture, acupressure, body shaping, etc. (Teh and Chu, 2005; Hsieh, Liu and Liu, 2008; Lautier, 2008;

wellness turizma, termalni izvori potaknuli su gradnju mnogih hotela u različitim dijelovima svijeta koji su uglavnom namijenjeni wellness turistima. Različiti oblici i vrste autohtonih iscjeliteljskih praksi u wellness hotelima mogu uključivati različite tehnike ili sredstva, poput drevnih/duhovnih tradicija; lokalnog bilja i šuma; ljekovitih blata, minerala i voda; tradicionalne arhitekture; domaćih ritmova; hrane od svježih sastojaka iz kulinarskih tradicija svojstvenih određenom selu ili području; povijesti i kulture (Wellness Tourism, GOI; Das *et al.*, 2022). Koncept wellnessa usredotočuje se ne samo na liječenje bolesti nego na šire promoviranje zdravlja, zdravstvenog obrazovanja i promicanje nutricionističke, mentalne i duhovne ravnoteže (Schult, 2006; Erfurt-Cooper i Cooper, 2009; Hofer, Honegger i Hubeli, 2012). Hoteli nisu ograničeni samo na osiguravanje wellness centara nego i na pomicanje granica pa su tako mnogi poznati hotelski lanci osnovali prave zdravstvene hotele (Connell, 2006).

Zdravstveni hoteli, koji se također nazivaju i medicinski hoteli, osiguravaju pacijentima uz standardne hotelske, i zdravstvene usluge (Docrates, 2011; Medical Hotels, 2011; Han, 2013). Hoteli s medicinskim uslugama nude pacijentima i njihovim obitelji mogućnosti poput liječenja, hrane, smještaja, sigurnosti, pranja rublja, posluhu u sobi, recepciju, itd. (Teh i Chu, 2005; Lee, Han i Lockyer, 2012; GHN, 2011; Han *et al.*, 2015; Kazemha i Dehkordi, 2017). Medicinske funkcije skrbi za zdravlje i ugostiteljske funkcije mogu se jednostavno spojiti hotelu s medicinskim uslugama jer oboje pripadaju uslužnoj djelatnosti (Jin i Zhang, 2017). Kako bi se jasno rastumačile vrste medicinskih turista koji odsjedaju u medicinskim hotelima, Cohen ih je podijelio u četiri kategorije: prvo su „turisti na liječenju“ koji odabiru posjet zdravstvenom hotelu za godišnji odmor zbog iznenadnih zdravstvenih problema; zatim „pravi medicinski turisti“ koji putuju prvenstveno zbog liječenja, ali se također mogu i

Jones, 2011; Chen, Chang i Wu, 2013). Hot spring industry, another offspring of wellness tourism, has established many hot spring hotels in different parts of the world that mainly cater to wellness tourists. The indigenous healing practices in wellness hotels take different forms and types and may be exhibited in forms of ancient/spiritual traditions; native plants and forests; special mud, minerals, and waters; traditional architecture; local vibes; fresh ingredients and village or area specific culinary traditions; history and culture (Wellness Tourism, GOI; Das *et al.*, 2022). The focus of the wellness concept is not only on the cure of illness but on broader healthcare promotion, health education, and encouragement of achieving nutritional, mental and spiritual balance (Schult, 2006; Erfurt-Cooper and Cooper, 2009; Hofer, Honegger and Hubeli, 2012). Hotels' initiatives are not restricted to having only a wellness center. Rather, moving one-step ahead, many renowned hotel chains have established full-fledged healthcare hotels (Connell, 2006).

Healthcare hotels which are also known as medical hotels or 'meditels' are conventional hotels providing the entire standard hotel facilities along with healthcare services to the patients (Docrates, 2011; Medical Hotels, 2011; Han, 2013). A medical hotel offers several facilities to the patients and their family members like healthcare treatment, food, accommodation, safety, laundry, room service, concierge, etc. (Teh and Chu, 2005; Lee, Han and Lockyer, 2012; GHN, 2011; Han *et al.*, 2015; Kazemha and Dehkordi, 2017). Medical functions of healthcare and hospitality functions of the hotel can be joined easily in a medical hotel as both belong to the service industry (Jin and Zhang, 2017). To provide a clear understanding about the types of medical tourists staying in medical hotels, Cohen differentiates four categories: first 'medicated tourists' who consider a healthcare hotels, for sudden health issues in the vacation period, then 'medical tourists proper' who travel mainly

odmarati; treća skupina su „pacijenti na odmoru“ koji kombiniraju odmor uz liječenje; i konačno to su i „isključivo pacijenti“ čiji je jedini cilj liječenje i ne planiraju odmor (Cohen, 2008). Veliki hotelski lanci nude najbolje liječenje, smještaj i ostale osnovne usluge u suradnji s glavnim superspecijaliziranim bolnicama kako bi svojim pacijentima osigurali više vrijednosti za njihov novac (Han i Hyun, 2015; Suess i Mody, 2017; Suess, Baloglu i Busser, 2018; Das *et al.*, 2022). Dostupnost liječenja, smještaja i obroka u jednom objektu predstavlja fizičku pogodnost za klijente (Han i Hyn, 2014; Han i Hwang, 2013). Druga velika korist zdravstvenih hotela jest mogućnost smještaja članova obitelji pacijenata za razliku od običnih bolnica ili klinika (Gan i Frederick, 2011; Heung, Kucukusta i Song, 2011; Runnels i Carrera, 2012; Han, 2013). Iako zdravstveni hoteli predstavljaju savršeno rješenje za svaku od kategorija međunarodnih medicinskih turista, broj studija o njima je malen.

Nema mnogo preglednih radova o medicinskom i wellness turizmu u literaturi u području turizma. Strukturirani pregled literature Chuanga *et al.* (2014) orijentirao se na zdravstvene čimbenike uz ekonomsku analizu i marketinške strategije medicinskog i wellness turizma. Nekoliko istaknutih pregleda (Carrera i Bridges, 2006; Lunt i Carrera, 2010; Hall, 2011; Smith, Martinez-Alvarez i Chanda, 2011; Lunt, Horsfall i Hanefeld, 2016) ističu novi trend globalizacije zdravstva, tj. putovanja pacijenata u prekogranične ili daleke destinacije na liječenje. Neki se pak osvrću na aspekte poput sustava javnog zdravstva (Hanefeld *et al.*, 2014), učinak faktora fizičkog okoliša na medicinske i wellness turiste (Huisman *et al.*, 2012) te ulogu turističkih odredišta na promidžbu drevnih *ayurveda* putem zdravstvenog turizma (Pani i Das, 2014). De la Hoz-Correa, Muñoz-Leiva i Bakucz (2018) prvi su koristili bibliometrijski pristup i analizu supojavnosti riječi u istraživanju konceptualne strukture medicinskog turizma kako bi

for treatment but also keep vacationing as an option, thirdly ‘vacationing patients’ who combine vacations along with the treatment and finally ‘mere patients’ whose sole purpose is treatment and do not plan about any vacations (Cohen, 2008). Large hotel chains in collaboration with major superspecialist hospitals provide best quality treatments, accommodation, and other essential services to offer the patients more value for their money (Han and Hyun, 2015; Suess and Mody, 2017; Suess, Baloglu and Busser, 2018; Das *et al.*, 2022). The availability of medical treatment, accommodation, and food at a single establishment offers physical convenience to customers (Han and Hyn, 2014; Han and Hwang, 2013). Another major benefit of a healthcare hotel is that it provides accommodation to the family members of the patients unlike a normal hospital or medical clinic (Gan and Frederick, 2011; Heung, Kucukusta and Song, 2011; Runnels and Carrera, 2012; Han, 2013). Although healthcare hotels provide the perfect solutions to each of the four categories of international medical tourists, studies of healthcare hotels are scarce.

Few reviews of medical tourism and wellness tourism literature already exist. The structured literature review conducted by Chuang *et al.* (2014) focused on health factors along with economic analysis and marketing strategies of medical and wellness tourism. Several prominent reviews (Carrera and Bridges, 2006; Lunt and Carrera, 2010; Hall, 2011; Smith, Martinez-Alvarez and Chanda, 2011; Lunt, Horsfall i Hanefeld, 2016) highlight the emerging trend of health care globalization, where patients or tourists travel across borders or to overseas destinations to receive their treatment. Some reviews have also focused on aspects like the public healthcare system (Hanefeld *et al.*, 2014), the effect of physical environment factors on medical and wellness tourists (Huisman *et al.*, 2012) and the role of resorts in the promotion of ancient ayurveda through health tourism (Pani and Das,

značajno pojasnili teoretske postavke raznih istraživača, turističkih vlasti i udruga. Zhong *et al.* (2021) također su istražili tržišta i destinacije te tako razvili ozračje istraživanja medicinskog i wellness turizma bibliometrijskom i tematskom analizom.

Unatoč navedenim brojnim znanstvenim pokušajima istraživanja, potvrđivanja i razvijanja literature o medicinskom i wellness turizmu, ne postoji široki pregled literature i bibliometrijska analiza o odnosu zdravstvenih hotela s medicinskim i wellness turizmom. Prema našim saznanjima, ova je studija prvi pokušaj uporabe bibliometrijskog pristupa i analize sadržaja koja daje snažan uvid u konceptualnu strukturu uloge zdravstvenih hotela u medicinskom i wellness turizmu u znanstvenoj literaturi.

3. METODOLOGIJA

Za poticanje budućih istraživanja postoje različite vrste sustavnih pregleda literature kao što su strukturirani pregled koji je uglavnom usmjeren na davno iznesene teorije, konstrukte i metode (Paul i Singh, 2017; Paul i Feliciano-Cestero, 2021), pregled temeljen na teoriji (Kozlenkova, Samaha i Palmatier, 2014), bibliometrijski pregled (Fetscherin i Heinrich, 2015), meta-analiza (Pati i Lorusso, 2018) i hibridni pregled (Kumar, Paul i Unnithan, 2020).

Nakon široko citiranih preglednih članaka (Keupp i Gassmann, 2009; Grant-Smith i McDonald, 2018), u ovoj studiji koristi se postupak strukturiranog sustavnog pregleda literature. Za pretraživanje ključnih riječi korištena je baza podataka Google Scholar za "(Healthcare OR Medical OR Wellness) AND (Hotel OR Tourism OR Wellness)". Prvo bitnih 500 rezultata dobivenih u tražilici Google Scholar sortirani su po relevantnosti. Za osiguranje kvalitete naše studije razmatrali su se poglavito članci publicirani u recenziranim časopisima. U prvoj pretrazi pronađeno je 108 članaka o medicinskom

(2014). De la Hoz-Correa, Muñoz-Leiva and Bakucz (2018) was the first to use a bibliometric approach and co-word analysis into the conceptual structure of medical tourism research for a substantial theoretical clarification made by various researchers, tourism authorities and associations. Zhong *et al.* (2021) also explored the markets and destinations, and thus developed the environment of medical and wellness tourism research through bibliometric and thematic analyses.

Despite these numerous scholarly attempts to explore, acknowledge, and elaborate upon the medical and wellness tourism literature, there were no extensive literature review and bibliometric analysis observed about the relations between healthcare hotels and medical and wellness tourism. According to the best of our knowledge, the present study is the first attempt to use the bibliometric approach and content analysis to provide a powerful insight into the conceptual structure of the role of healthcare hotels in medical and wellness tourism in academic literature.

3. METHODOLOGY

Systematic literature review is found to be of various types, such as structured review that mainly focuses on long established theories, constructs, and methods (Paul and Singh, 2017; Paul and Feliciano-Cestero, 2021), theory-based review (Kozlenkova, Samaha and Palmatier, 2014), bibliometric review (Fetscherin and Heinrich, 2015), meta-analysis (Pati and Lorusso, 2018) and hybrid review (Kumar, Paul and Unnithan, 2020) for initiating future research agendas.

Following the widely cited review articles (Keupp and Gassmann, 2009; Grant-Smith and McDonald, 2018) this study employs the process of structured systematic literature review. Keyword searches were performed in the Google Scholar database using "(Healthcare OR Medical OR Wellness) AND (Hotel OR Tourism OR Wellness)". The initial 500 results considered by Google Scholar search

turizmu i wellness turizmu te 89 članka o zdravstvenim hotelima. Naknadnom provjerom relevantnosti ili dupliciranja konačna selekcija je obuhvatila 84 članka o medicinskom turizmu i wellness turizmu te 63 o članka o zdravstvenim hotelima. Tada se uzorak proširio na sve reference: I. iz naznačenih preglednih članaka (Hall, 2011; Smith, Martinez-Alvarez i Chanda, 2011; Huisman *et al.*, 2012; Chuang *et al.*, 2014; Hoz-Correa, Muñoz-Leiva i Bakucz, 2018) i II. iz deset najcitiranijih članaka iz baze podataka u Google Scholar. Time je za studiju dobiven konačan uzorak od 91 članka o medicinskom turizmu i wellness turizmu te 67 članaka o zdravstvenim hotelima.

4. REZULTATI I RASPRAVA

Uloga zdravstvenih hotela za medicinske i wellness turiste dobila je na značaju tek u novije vrijeme. Posebno su se u posljednjih dvadesetak godina povećala istraživanja i publikacije u tom području. Smith i Puczko (2008) predlažu da se *zdravstveni turizam* sastoji od *wellness turizma* i *medicinskog turizma*. Tako Connell (2006) predlaže da se termin *medicinski turizam* koristi za slučajevne medicinskih, kirurških i dentalnih liječenja, a drugi u ostalim slučajevima. Prema Svjetskoj turističkoj organizaciji i Europskoj komisiji za putovanja, wellness turizam opisuje se kao:

Oblik turističke aktivnosti koja ima za cilj unaprjeđivanje i uravnoteženje svih glavnih domena ljudskog života, uključujući fizičku, mentalnu, emocionalnu, poslovnu, intelektualnu i duhovnu. Primarna motivacija wellness turista je bavljenje preventivnim i proaktivnim aktivnostima koje poboljšavaju život, poput fitnessa, zdrave prehrane, opuštanja, i ugađajućih tretmana (2018).

Medicinski turizam je prema tumačenju Svjetske turističke organizacije i Europske komisije za putovanja:

engine were sorted by relevance. To ensure the quality of our studies mainly articles published in peer reviewed journals is taken into consideration. The total of 108 medical tourism and wellness tourism articles and 89 healthcare hotel articles were identified after the initial search. Upon screening the articles for relevance or duplicates, 84 medical tourism and wellness tourism articles and 63 healthcare hotel articles were finally selected for this article. Our sample was then expanded by considering all the references from: I. noted review papers (Hall, 2011; Smith, Martinez-Alvarez and Chanda, 2011; Huisman *et al.*, 2012; Chuang *et al.*, 2014; Hoz-Correa, Muñoz-Leiva and Bakucz, 2018) and II. top ten cited papers accumulated from Google Scholar database. Thus, 91 medical tourism and wellness tourism, and 67 healthcare hotel articles were finally taken into consideration.

4. FINDINGS AND DISCUSSION

Role of healthcare hotels with respect to medical and wellness tourists has gained prominence only in recent times; specifically the last two decades witness a significant increase in research and publication in this area. Smith and Puczko (2008) propose that 'health tourism' is composed of 'wellness tourism' and 'medical tourism'. The latter is the recommended term when considering the cases of medical, surgical or dental treatments, while all others are to be termed 'wellness tourism' (Connell, 2006). According to the World Tourism Organization and European Travel Commission, wellness tourism can be described as:

A type of tourism activity which aims to improve and balance all the main domains of human life including physical, mental, emotional, occupational, intellectual, and spiritual. The primary motivation for the wellness tourist is to engage in preventive, proactive, lifestyle enhancing activities such as fitness, healthy eating, relaxation, pampering and healing treatments (2018).

Oblik turističke aktivnosti koja uključuje korištenje potvrđenih sredstava i usluga medicinskog liječenja (kako invazivnih tako i neinvazivnih). To može obuhvaćati i dijagnostiku, liječenje, lijekove, prevenciju, i rehabilitaciju (2018).

Iako se čini da su wellness turizam i medicinski turizam na suprotnim stranama tržišta, oba oblika turizma doživljavaju izniman rast i sve veću pozornost vlada, ugostiteljstva i turizma te znanstvenika širom svijeta koji ih nastoje definirati, organizirati i promovirati (Wright i Zascerinska, 2022).

Zdravstveni hoteli su uglavnom velike ustanove s integriranim medicinskim odjelima ili su povezani s bolnicama kako bi osiguravali medicinskim turistima kvalitetno liječenje. Paralelno ili odvojeno ovi hoteli također mogu nuditi i usluge wellnessa. Ugradnja medicinskih ili wellness jedinica u standardne smještajne jedinice isplativa je u hotelima budući da je inicijalni trošak pokretanja posla velik, osim drugih oblika smještaja poput dodatnog ili zamjenskog smještaja kojima se turisti služe, jer se ne smatraju financijski prikladnima za tu vrstu medicinske gradnje u tim ustanovama. No, danas se mnogi dodatni smještaji promoviraju kao zdravstveni hoteli ciljajući uglavnom na segment wellness turizma. Destinacije s planinskim rijekama ili na obalama jezera, u kojima se nudi bavljenje zdravstvenim ili wellness aktivnostima u prirodnom okolišu s jedinstvenim prirodnim ljepotama i atrakcijama te personalizirani wellness proizvodi i mogućnosti, privlače zdravstvene i wellness turiste (Zeng, Li and Huang, 2021). Štoviše, dodatni smještaj također sudjeluje u wellness turizmu putem ruralnog i agro-turizma na seoskim imanjima i polu-urbanim područjima. Privatni smještaj, hosteli, pansioni, kampovi i turistička naselja pružaju wellness turistima potpuno različito iskustvo nudeći lokalne proizvode poput toplica, joge, hrane na bazi lokalnih začina, biljaka, voća i povrća iz njihovih vrtova (Bojnec, 2010; Yusof *et al.*, 2014). Nasuprot tomu, Batabyal *et al.* (2021)

The definition of medical tourism is, according to the World Tourism Organization and European Travel Commission:

A type of tourism activity which involves the use of evidence-based medical healing resources and services (both invasive and non-invasive). This may include diagnosis, treatment, cure, prevention, and rehabilitation (2018).

While wellness tourism and medical tourism may seem to be positioned at the opposite ends of the market, both are growing and developing increasing attention around the globe as governments, hospitality and tourism industry, and academic researchers attempt to define, arrange, and promote the sectors (Wright and Zascerinska, 2022).

Healthcare hotels are generally large establishments that have the medical facilities inbuilt or connected with hospitals to provide quality healthcare treatment to the medical tourists. These hotels also can cater to wellness tourists separately or together. Building medical or wellness units in mainstream accommodation units is also feasible for hotels as inbuilt medical or wellness infrastructure carries huge initial set up costs, besides other forms of accommodation such as supplementary or alternate accommodations that also cater to many tourists. Yet it is not financially feasible for them to go for this type of medical set up in their establishment. However, many supplementary accommodations are marketing themselves as health hospitals and mainly targeting the wellness segments. Mountain-based rivers or lake-based destinations with health and wellness activities, and suitable climate for engaging in these activities, natural environments with unique landscape appeal, attractions, and customized wellness products and opportunities lure health and wellness tourists (Zeng, Li and Huang, 2021). Supplementary accommodation also takes part in wellness tourism through agro and farm tourism in rural or semi-urban areas. Home stays, hostels, guest houses, camping sites and holiday villages

i Ramírez-Cervantes *et al.* (2021) istaknuli su važnost dodatnog zdravstvenog smještaja u hostelima ili privatnom smještaju nasuprot onome u hotelima u vremenima epidemija ili pandemija poput Covid-a -19 ili SARS-a, budući da se na taj način medicinskim turistima omogućava dobivanje potrebnih zdravstvenih usluga u izoliranim centrima i kriznim vremenima.

Ukupno je devet članaka u našem uzorku objavljeno između 1968. i 1999. godine, a 149 ih je objavljeno od 2000. do 2022. godine. Mogući razlog za ovakav nagli rast literature o zdravstvenim hotelima u medicinskom turizmu i zdravstvenim hotelima u wellness turizmu može biti porast medicinskog i wellness turizma zbog dostupnosti iste razine kvalitetne brige o zdravlju u zemljama u razvoju po pristupačnijim cijenama u odnosu na razvijene zemlje. Cilj im je bio ustanoviti najnovija teoretska dostignuća i zanimljive ideje za istraživanja. Odnos zdravstvenih hotela prema medicinskom i wellness turizmu promatra se zasebno u odlomku 4.1. gdje se odvojeno istražuju modeli zdravstvenih hotela u medicinskom turizmu i zdravstvenih hotela u wellness turizmu. Isto tako se u odlomcima 4.2. i 4.4. posebno analizira citiranost i raspravljaju metode istraživanja literature o medicinskom turizmu i wellness turizmu.

4.1. Pregled teorija/modela/ paradigmi

Pokazalo se da su najčešće korištene teorije ili modeli u literaturi o zdravstvenim hotelima u medicinskom turizmu i zdravstvenim hotelima u wellness turizmu: a) prošireni model wellnessa; b) hibridni model MCDM; c) model razlikovnih atributa; d) model percipiranih ishoda; i e) petodimenzionalni model evaluacije rezultata.

Prošireni model wellnessa jedan je od najranijih i najprihvaćenijih modela (Mueller i Kaufmann, 2001) koji uključuje različite vrste wellness i medicinskog turizma u zdravstveni turizam. Ovaj je model

provide an altogether different experience to the wellness tourists with their own wellness products like local spa, yoga, local cuisine with herb, spices, fruits, and vegetables from their in-built garden (Bojnec, 2010; Yusof *et al.*, 2014). On the other hand, Batabyal *et al.* (2021) and Ramírez-Cervantes *et al.* (2021) considered the importance of healthcare supplementary accommodation in the form of hostels or homestays more significant than hotels in times of epidemics or pandemics like Covid19 or SARS as it enables the medical tourists to receive the necessary health services in isolated centers in times of crises.

Nine articles in our sample were published between 1968 and 1999, and 149 were published between 2000 and 2022. The probable reason behind the surge in health hotels in medical tourism and health hotels in wellness tourism literature may be the boost in medical and wellness tourism due to availability of the similar level of quality healthcare in the developing countries at a more reasonable price than in the developed countries. The objective is to identify latest theoretical advancement and exciting research ideas. Healthcare hotel relations with regard to medical and wellness tourism are observed separately in section 4.1. where models of healthcare hotels in medical tourism and healthcare hotels in wellness tourism are explored separately. Similarly in sections 4.2. and 4.4. the citation analysis and the review of the study method of the medical tourism and wellness tourism literature are also discussed indially.

4.1. Review of theories/models/ paradigms

The most prevailing theories or models applied in healthcare hotels in medical tourism and in wellness tourism literature are: a. the expanded wellness model; b. the hybrid MCDM model; c. the distinctive attribute model; d. the perceived outcome model; and e. the five-dimension performance evaluation model.

uglavnom usredotočen na wellness turizam i definira ga kao stanje zdravlja u skladu tijela, duha i duše sa zdravljem, prehranom, ishranom, lijekovima, mentalnom aktivnošću, obrazovanjem i društvenim kontaktima. Ovaj model je jedinstven u odnosu na druge modele jer je usmjeren samo na čimbenike wellnessa poput mentalne aktivnosti ili obrazovanja, zdrave ishrane, brige o ljepoti, odmora i meditacije. Ovaj model se nastavlja na infrastrukturu zdravstvenih hotela u wellness turizmu kako bi se zadovoljile potrebe njege i wellnessa gostiju.

Hibridni model MCDM, prema tehnici DANP (Yang *et al.*, 2008) poseban je model koji je razvijen kako bi se riješili problemi zavisnosti i povratne informacije korištenjem pristupa uravnoteženih ciljeva za evaluaciju uspješnosti termalnih hotela, još jedne vrste wellness hotela (Chen, Hsu i Tzeng, 2011). Glavni čimbenici modela, lojalnost klijenata, kvaliteta usluga, imidž hotela, zadovoljstvo klijenata, profesionalne sposobnosti zaposlenika i unaprjeđenje sposobnosti menadžmenta hotela, mogu se prikladno koristiti kao konkurentna strategija u ugostiteljstvu i turizmu. Ovaj model je inovativan jer više odgovara stvarnom svijetu i praksi. Također uzima u obzir i važnost kombiniranja zdravstvenih hotela u wellness turizmu za zadovoljstvo klijenta te hotelu omogućuje konkurentsku prednost.

Model posebnih atributa (Han, 2013) je prvi od modela koji su usmjereni na zdravstvene hotele i tumači odnos mnogih atributa ove vrste hotela, tj. percepcije, spoznaje, emocije, povjerenja i namjere posjete. U ovome modelu promatra se učinak mnogih atributa na percepcije i spoznaje klijenata kao i njihov utjecaj na namjere ponovne posjete izgradnjom povjerenja. Ovo je područje istraživanja posebno zanimljivo znanstvenicima koji traže empirijske dokaze u prilog boravka u zdravstvenim hotelima (Gan i Frederick, 2011; Heung, Kucukusta i Song, 2011; Han i Hyun, 2015; Fisher i Sood, 2014). Oba segmenta zdravstvenog turizma, zdravstveni

Expanded wellness model is one of the earliest and well-accepted models is the expanded wellness model (Mueller and Kaufmann, 2001) where different types of wellness and medical tourism are considered under health tourism. This model mainly focuses on wellness tourism and explains wellness as a state of health showing the harmony of body, mind and spirit with health, nutrition, diet, medication, mental activity, education, and social contacts. It is unique compared to other models as it only focuses on the wellness factors like mental activity or mind education, healthy diet, beauty care, rest, and meditation. This model adds on the infrastructure of healthcare hotels in wellness tourism to deal with the guest care and wellness needs.

Hybrid MCDM model, according to the DANP technique (Yang *et al.*, 2008), is a distinctive model which was developed to solve the dependence and feedback problems using balance scorecard approach for performance evaluation of the hot spring hotels, another offspring of wellness tourism (Chen, Hsu and Tzeng, 2011). The key factors of the model, i.e. customer loyalty, service quality, hotel image, customer satisfaction, employee professional ability, and hotel management enhancement, can be aptly used as a competitive strategy in the hospitality and tourism industry. This model is innovative as it is more suitable to the real and practical world than other types of models. It also observes the importance of healthcare hotels in wellness tourism combination for guest satisfaction ensuring the hotel a competitive edge.

Distinctive attribute model (Han, 2013) is first such model that completely focuses on healthcare hotels and explains the relationship of the multiple attributes of a healthcare hotel namely perception, cognition, affect, trust, and visit intention. In this model, the effect of multiple attributes on the perception or cognition of the customers is observed as well as their impact on revisit intentions through trust building. This is a very useful area for the researchers who require

hoteli u medicinskom turizmu i zdravstveni hoteli u wellness turizmu, razmatraju se u modelu posebnih atributa.

Model percipiranog ishoda (Han *et al.*, 2015) rabi se za određivanje potrebe i stava prema zdravstvenim hotelima koje presuđuju u namjeri turista da odsjednu u ovoj vrsti hotela. Novi čimbenici, poput financijske uštede, ugostiteljskog proizvoda i usluge, pogodnosti i medicinske usluge, smatraju se značajnima za finalizaciju svake odluke (Jones i Keith, 2006). Ovaj je model prvenstveno usmjeren na one čimbenike koji medicinskim turistima ulijevaju vjeru da je bolje izabrati zdravstveni hotel, a ne nespecifičan, što vodi namjeri ponovnog posjeta. Ovaj model omogućava voditeljima zdravstvenog hotela promociju njihovih kvaliteta i inovaciju proizvoda i usluga konkurentске prednosti. Ovaj model razmatra značaj kombiniranja zdravstvenih hotela u medicinskom turizmu kako bi se zadovoljile različite potrebe i prioriteti klijenata.

Petodimenzionalni model evaluacije rezultata (Hsieh *et al.*, 2008) istražuje očekivanja klijenata o kakvoći usluge zdravstvenih odredištaju procesu analitičke hijerarhije. Od svih modela samo ovaj slijedi pet dimenzija instrumenta SERVQUAL (Parasuraman, Zeithaml i Berry, 1988): (1) materijalne elemente, (2) pouzdanost, (3) reagiranje, (4) jamstvo i (5) empatiju. Ovaj model putem instrumenta SERVQUAL osigurava opsežnu skalu za mjerenje s praktičnim implikacijama za percipiranu kvalitetu usluge klijenata (Parasuraman, Zeithaml i Berry, 1994) te se uglavnom fokusira na hotele u toplicama tumačeći učinke materijalnih elemenata, pouzdanosti, reagiranja, jamstva i empatije kao prioritetni odabir za ocjenjivanje zdravstvenih hotela u medicinskom turizmu i zdravstvenih hotela u wellness turizmu (Stein, Dev i Tabachhi, 1990; Choi i Chu, 2001; Akbaba, 2006; Lunt, Horsfall and Hanefeld, 2016).

empirical evidence for choosing to stay in healthcare hotels (Gan and Frederick, 2011; Heung, Kucukusta and Song, 2011; Han and Hyun, 2015; Fisher and Sood, 2014). Both segments of health tourism, i.e. health hotels in medical and in wellness tourism are considered in distributive attribute model.

Perceived outcome model (Han *et al.*, 2015) is useful to determine the desire and attitude towards healthcare hotels that ultimately determines the tourist's intention to stay in this type of hotel. Few factors like financial saving, hospitality product and service, convenience and medical service are considered important to mark any decision (Jones and Keith, 2006). This model primarily focuses on those factors that convince medical tourists to choose a healthcare hotel over a specialized one, which leads to their revisit intention. This model enables healthcare-hotel operators to promote the existing strengths and to invent the products and services for gaining competitive edge. It considers the importance of health hotels in medical tourism combination for satisfying the different needs and preferences of the customers.

Five-dimension performance evaluation model (Hsieh *et al.*, 2008) explores customer's expectations about the service quality of health resorts through analytical hierarchy process. Of all models, only this model follows SERVQUAL by Parasuraman, Zeithaml and Berry (1988) five dimensions, i.e. (1) tangibles, (2) reliability, (3) responsiveness, (4) assurance and (5) empathy. Through SERVQUAL this model provides a comprehensive measurement scale with practical implications for the customers' perceived service quality (Parasuraman, Zeithaml and Berry, 1994). It mainly focuses on hot spring hotels and explains the effect of tangibles, reliability, responsiveness, assurance, and empathy as a preference to evaluate the health hotels in medical tourism and health hotels in wellness tourism (Stein, Dev and Tabachhi, 1990; Choi and Chu, 2001; Akbaba, 2006; Lunt, Horsfall and Hanefeld, 2016).

4.2. Analiza citiranosti

Za utvrđivanje najutjecajnijih članaka iz literature o zdravstvenim hotelima u medicinskom turizmu, provedena je analiza citiranja. Od ukupnog broja citata (Ctotal) izračunat je prosječni ponderirani broj citata ($C\text{-total} = C\text{total} / \# \text{ godina nakon objave članka}$). Najcitiraniji članci su bili Connell (2006) s 2026 citata, Beerli i Martin (2004) s 1741 citatom, Epstein i Street (2011) s 1653 citata, itd. (Vidi Tablicu 1). Svi ti članci objavljeni su u različitim časopisima poput Tourism Management, Journals of Vacation Marketing, Annals of Family Medicine, Procedia – Social and Behavioral Science,

4.2. Citation analysis

To identify the most influential articles on health hotels in medical tourism literature, a citation analysis was conducted. The total number of citations (Ctotal) and computed the average weighted citation scores ($C\text{-total} = C\text{total} / \# \text{ of years after article publication}$) were calculated. The most cited articles were Connell (2006) with 2026 citations, Beerli and Martin (2004) with 1741 citations, Epstein and Street (2011) with 1653 citations etc. (See Table 1). All articles were published in different journals like Tourism Management, Journal of Vacation Marketing, Annals of Family Medicine, Procedia – Social and

Tablica 1: Najcitiraniji članci i autori u literaturi o zdravstvenim hotelima u medicinskom turizmu i zdravstvenim hotelima u wellness turizmu (na dan 31. listopada 2022.)

Rang	Autor(i) i godina objavljivanja	Predmet istraživanja	Ukupno citata (C-total)	Ponderirani prosječni broj citata (C-total)
1	Connell (2006)	HH i WT	2033	151
2	Beerli i Martin (2004)	HH i WT	1745	116
3	Epstein i Street (2011)	HH i MT	1662	176
4	Choi i Chu (2001)	HH i WT	1283	66
5	Akbaba (2006)	HH i MT/WT	1062	73
6	Mueller i Kaufmann (2001)	HH i WT	1014	57
7	Connell (2013)	HH i MT	834	119
8	Horowitz, Rosensweig i Jones (2007)	HH i MT	679	55
9	Han i Hyun (2015)	HH i MT	672	135
10	Lunt i Carrera (2010)		604	60

Table 1: Most cited articles and authors on health hotels in medical tourism & health hotels in wellness tourism literature (on October 31 2022)

Rank	Author(s) and year published	Research topic	Total citations (C-total)	Weighted average no of citations (C-total)
1	Connell (2006)	HH&WT	2033	151
2	Beerli and Martin (2004)	HH&WT	1745	116
3	Epstein and Street (2011)	HH&MT	1662	176
4	Choi and Chu (2001)	HH&WT	1283	66
5	Akbaba (2006)	HH& MT/WT	1062	73
6	Mueller and Kaufmann (2001)	HH&WT	1014	57
7	Connell (2013)	HH&MT	834	119
8	Horowitz, Rosensweig and Jones (2007)	HH&MT	679	55
9	Han and Hyun (2015)	HH&MT	672	135
10	Lunt and Carrera (2010)		604	60

Building and Environment, Journal of Destination Marketing & Management te International Journal of Hospitality Management. Osim citata, također se odvojeno navode područja istraživanja kako bi se istaknula njihova fokusiranost na zdravstvene hotele u medicinskom turizmu ili zdravstvene hotele u wellness turizmu.

4.3. Kontekst

Glavni razlog za povećani istraživački interes za zdravstvene hotele u medicinskom turizmu posljednjih godina jest činjenica da medicinski i wellness turizam raste i vjerojatno će nastaviti rasti u budućnosti jer je utvrđeno da je zadovoljstvo klijenata osobito ovisno o različitim medicinskim i nemedicinskim atributima koje hoteli nude (Harris *et al.*, 2002; Bennett, King i Milner, 2004; Connell, 2006; Hopkins *et al.*, 2010; Epstein i Street, 2011; Lovelock i Lovelock, 2018). Prema ovom scenariju, među klijentima postoji rastuća potreba za zdravstvenim hotelima.

Kina, Južna Korea, SAD i Hong Kong su primarno najistraživanije razvijene zemlje, dok su India, Tajland, Malezija i Tajvan primarno najistraživanije zemlje u razvoju. Tablica 2 prikazuje rangiranje istraživanja zdravstvenih hotela u medicinskom turizmu u razvijenim zemljama i zemljama u razvoju.

Tablica 2: Primarne zemlje/regije obuhvaćene u istraživanju o zdravstvenim hotelima u medicinskom turizmu i zdravstvenim hotelima u wellness turizmu

Rank	Primarna zemlja/regija (razvijena)	Rank	Primarna zemlja/regija (u razvoju)
1	Kina	1	Indija
2	Južna Koreja	2	Tajland
3	SAD	3	Malezija
4	Hong Kong	4	Tajvan
5	Poljska	5	Iran
6	Australija	6	Južna Afrika
7	Slovenija	7	Brazil
8	Španjolska	8	Turska

Behavioral Science, Building and Environment, Journal of Destination Marketing & Management and International Journal of Hospitality Management. Besides the citations, the types of tourism the article referred to are also mentioned separately to enlighten whether it focusses on health hotels in medical tourism or in wellness tourism.

4.3. Context

The key reason behind the increased interest in health hotels in medical tourism research in the recent years is growth in medical and wellness tourism and its likelihood to increase even further in the near future where customer satisfaction is found to be mainly dependent on different medical and non-medical attributes provided by the hotels (Harris *et al.*, 2002; Bennett, King and Milner, 2004; Connell, 2006; Hopkins *et al.*, 2010; Epstein and Street, 2011; Lovelock and Lovelock, 2018). According to this scenario, the customer need for healthcare hotels will be on the rise.

China, South Korea, USA, and Hong Kong are the most researched primary developed countries whereas India, Thailand, Malaysia and Taiwan are the most researched primary developing countries. Table 2 ranks the primary developed and developing countries in health hotels in medical tourism research.

Table 2: Primary country/regions studied in health hotels in medical tourism & health hotels in wellness tourism research

Rank	Primary country/regions (developed)	Rank	Primary country/regions (developing)
1	China	1	India
2	South Korea	2	Thailand
3	USA	3	Malaysia
4	Hong Kong	4	Taiwan
5	Poland	5	Iran
6	Australia	6	South Africa
7	Slovenia	7	Brazil
8	Spain	8	Turkey

4.4. Pregled metoda istraživanja

U proučavanju statistike istraživači koriste alate i ideje za racionalno razjašnjavanje svih dobivenih kvantitativnih informacija. Kako bi istraživanja dobila veći smisao i učinak, mnogi znanstvenici u svoja istraživanja uvrstavaju inovativne tehnološke alate i statističke metode (Ben-Zvi i Garfield, 2008). Ovo istraživanje je utvrdilo da je najčešće korištena statička mjera u literaturi o zdravstvenim hotelima u medicinskom turizmu bila multipla regresija. Osim ove, druge često korištene statističke metode bile su analiza glavnih komponenti, jednosmjerni ANOVA, korelacijski koeficijent i *t*-test. Tablica 3 daje popis glavnih statističkih metoda uz istaknute reference koje su se koristile u istraživanju zdravstvenih hotela u medicinskom turizmu.

4.4. Review of study method

The study of statistics imparts researchers with tools and ideas so that they react reasonably to all the quantitative information received. To make their research more meaningful and impactful many scholars have included innovative technological tools and statistical methods in their study (Ben-Zvi and Garfield, 2008). We found that the most used statistical measure used in health hotels in medical tourism literature was multiple regression. Besides that, the other frequently used statistical methods were principal component analysis, one-way ANOVA, correlation coefficient and *t*-test. Table 3 lists the main statistical methods with notable reference used in health hotels in medical tourism research.

Tablica 3: Glavne statističke metode korištene u istraživanju zdravstvenih hotela u medicinskom turizmu

Rang	Statistička metoda	Glavna referenca
1	Višestruka regresija	Reynolds i Leeman, 2007; Chen, Chang i Wu, 2013; Han i Hyun, 2014
2	Analiza glavnih komponenti	Harris et al., 2002; Han, 2013; Kitapchi, Akdogan i Dortyol, 2014
3	Jednosmjerni ANOVA	Wind et al., 1989; Reddy, York i Brannon, 2010; Heao i Hyun, 2015
4	Korelacijski koeficijent	Chen, Chang i Wu, 2013; Suess i Mody, 2017
5	<i>t</i> -test	Snoj, 1995; Lu i Shiu, 2009; Lee, Han i Lockyer, 2012

Table 3: Main statistical methods used in health hotels in medical tourism research

Rank	Statistical method	Main reference
1	Multiple regression	Reynolds and Leeman, 2007; Chen, Chang and Wu, 2013; Han and Hyun, 2014
2	Principal component analysis	Harris et al., 2002; Han, 2013; Kitapchi, Akdogan and Dortyol, 2014
3	One-way ANOVA	Wind et al., 1989; Reddy, York and Brannon, 2010; Heao and Hyun, 2015
4	Correlation Coefficient	Chen, Chang and Wu, 2013; Suess and Mody, 2017
5	<i>t</i> -test	Snoj, 1995; Lu and Shiu, 2009; Lee, Han and Lockyer, 2012

Najčešće korištene varijable obuhvaćaju zadovoljstvo klijenta, medicinsku i nemedicinsku strukturu, atribute, kvalitetu usluge, želju za kupnju, percipirane vrijednosti,

The most frequently used variables include customer satisfaction, medical and non-medical infrastructure, attributes, service quality, willingness to buy, perceived

fizičku pogodnost, itd. U Tablici 4 popisane su najčešće korištene zavisne i nezavisne varijable.

Tablica 4: Glavne varijable u istraživanjima o zdravstvenim hotelima u medicinskom turizmu i zdravstvenim hotelima u wellness turizmu

Rang	Zavisna varijabla	Rang	Nezavisna varijabla
1	Atributi	1	Zadovoljstvo
2	Medicinska i nemedicinska infrastruktura	2	klijenta
3	Zadovoljstvo klijenata	3	Percipirane vrijednosti
4	Spremnost na kupnju	4	Medicinska i nemedicinska infrastruktura
5	Fizički komfor	5	Atributi
			Kvaliteta usluga

Jedna od najčešće korištenih varijabli u literaturi o zdravstvenim hotelima u medicinskom turizmu i zdravstvenim hotelima u wellness turizmu su atributi. Za pozicioniranje i profiliranje zdravstvenog ili medicinskog odredišta potrebno je identificirati i analizirati određene glavne atribute. S praktične točke gledišta, svijest o važnosti atributa je najvažnija za investiranje oskudnih resursa kako bi se unaprijedilo odlučivanje i povrat na investiciju u hotel (Garver, Williams i LeMay, 2010). Zdravstveni hoteli, čiji su klijenti medicinski i wellness turisti, trebaju različite atribute za svoje klijente. Za zdravstvene hotele u medicinskom turizmu važni su glavni medicinski atributi poput kvalificirane radne snage, kvalitete liječenja, uravnotežene prehrane, cijene liječenja, higijene i sigurnosti. S druge strane, za zdravstvene hotele u wellness turizmu značajniji su atributi poput lokacije, luksuza, odmora, toplica i terapijske vrijednosti (Stein, Dev i Tabachhi, 1990; Bennett, King i Milner, 2004; Burkett, 2007; Connell, 2013). Kombinacija različitih zdravstvenih i ugostiteljskih atributa osigurava pozitivno iskustvo

values, physical convenience, etc. Table 4 lists the most frequently used dependent and independent variables.

Table 4: Main variables studied in health hotels in medical tourism & health hotels in wellness tourism research

Rank	Dependent variable	Rank	Independent variable
1	Attributes	1	Customer satisfaction
2	Medical and non-medical infrastructure	2	Perceived values
3	Customer satisfaction	3	Medical and non-medical infrastructure
4	Willingness to buy	4	Attributes
5	Physical convenience	5	Service quality

One of the most used variables in health hotels in medical tourism and health hotels in wellness tourism literature is attributes. In order to determine the positioning and profiling of each health or medical resort, certain key attributes are identified and analyzed. From a practical viewpoint, knowing the importance of attributes is of utmost importance to invest the scarce resources for the improvement of decision making and raising the hotels' return on investment (Garver, Williams and LeMay, 2010). Healthcare hotels catering to medical tourists and wellness tourists have different sets of attributes for their customers. In health hotels in medical tourism, mostly medical attributes like qualified medical staff, treatment quality, balance diet, cost of treatment, hygiene and security are important. On the other hand, in health hotels in wellness tourism attributes such as location, luxury, vacation, spa, and therapeutic value are of greater significance (Stein, Dev and Tabachhi, 1990; Bennett, King and Milner, 2004; Burkett, 2007; Connell, 2013). The combination of different customized healthcare and hospitality attributes ensures

pacijenata u hotelu što također može doprinijeti uspjehu hotela u smislu profita i zadovoljstva gosta (Harvey, Jenkins i Llewellyn, 1993; Reynolds i Leeman, 2007; Chen, Chang i Wu, 2013; Han, 2013; Han *et al.*, 2015; Suess i Mody, 2017).

Druga najčešće korištena varijabla u zdravstvenim hotelima u istraživanjima zdravstvenih hotela u medicinskom turizmu i zdravstvenih hotela u wellness turizmu jest medicinska i nemedicinska infrastruktura. Za razliku od wellness turizma, medicinski turizam zahtijeva u zdravstvenim hotelima potrebnu medicinsku infrastrukturu. Izbor zdravstvenog hotela za liječenje ili program wellnesa ovisi o kvaliteti medicinske ili nemedicinske infrastrukture hotela (Han i Hyun, 2015). Analize ove varijable ističu značaj različitih elemenata medicinske i nemedicinske infrastrukture za medicinske i wellness turiste u zdravstvenom hotelu. Osim medicinskih aspekata, poput kvalitete klinike, kvalificiranih liječnika, sestrinske njege, odgovarajuće medicinske opreme, ostali nemedicinski aspekti poput hrane pripremljene prema uputama dijetetičara, propisane procedure prijema i otpusta, ljubaznog osoblja, privatnosti, sigurnosti i osiguranja, adekvatnih rekreacijskih objekata te smještaja i prehrane za članove obitelji bolesnika od iznimne su važnosti za zdravstveni hotel (Hepple, Kipps i Thomson, 1990; Reynolds i Leeman, 2007; Severt *et al.*, 2007; Gan i Frederick, 2011; Heung, Kucukusta i Song, 2011; Yu i Ko, 2012; Heo i Hyun, 2015; Chatterjee i Laha, 2016; Shirzadi *et al.*, 2016; Kazemha i Dehkordi, 2017).

Sljedeća važna varijabla za istraživanje zdravstvenih hotela u medicinskom turizmu i zdravstvenih hotela u wellness turizmu je zadovoljstvo klijenata. Budući da su klijenti zdravstvenih hotela u stanju stresa, osiguranje zadovoljstva klijenta zahtijeva osjećajan i pažljiv tretman (Nakhaeinejad *et al.*, 2021). To varijablu zadovoljstva klijenta čini kritičnom za istraživanje zdravstvenih hotela u medicinskom turizmu i zdravstvenih hotela

a positive experience of the patients in the hotel that also improve the performance of the hotel in terms of profit and guest satisfaction (Harvey, Jenkins and Llewellyn, 1993; Reynolds and Leeman, 2007; Chen, Chang and Wu, 2013; Han, 2013; Han *et al.*, 2015; Suess and Mody, 2017).

The second most used variable in health hotels in medical tourism and health hotels in wellness tourism research is medical vs. non-medical infrastructure. Medical infrastructure in a healthcare hotel is mostly desired by the medical tourism as compared to wellness tourism. Selecting a healthcare hotel for any medical treatment or wellness program depends on the quality of medical and non-medical infrastructure of the hotel (Han and Hyun, 2015). Studies concerned with this variable explain the importance of different medical and non-medical infrastructure for the medical and wellness tourists in a healthcare hotel. Besides the medical facilities (like clinical quality, qualified doctors, nursing care, proper medical equipment), other non-medical facilities, such as proper food as per dietician instructions, proper admission and discharge procedures, friendly staff, privacy, safety and security, adequate recreational facilities, food and accommodation for patients' family members, are crucial in healthcare hotels (Hepple, Kipps and Thomson, 1990; Reynolds and Leeman, 2007; Severt *et al.*, 2007; Gan and Frederick, 2011; Heung, Kucukusta and Song, 2011; Yu and Ko, 2012; Heo and Hyun, 2015; Chatterjee and Laha, 2016; Shirzadi *et al.*, 2016; Kazemha and Dehkordi, 2017).

Another important variable in health hotels in medical tourism and health hotels in wellness tourism research is customer satisfaction. Since the customers of healthcare hotels are in an anxious state of mind, ensuring customer satisfaction requires sensitive and careful dealing (Nakhaeinejad *et al.*, 2021). This makes customer satisfaction a very critical variable in health hotels in medical tourism and health hotels in wellness tourism

u wellness turizmu. Ova je varijabla jednako važna kako za medicinski turizam tako i za wellness turizam. Kitapchi, Akdogan i Dortyol (2014) tvrde da su dvije dimenzije mjerenja kvalitete usluge (empatija i sigurnost) važni preduvjeti za zadovoljstvo klijenata te dodaju da su također vrlo značajni čimbenici reagiranje, sigurnost i opipljivost. Osim toga, ogroman utjecaj na zadovoljstvo pacijenta imaju i percipirana korist, pozitivna percepcija cijene, fizičko okruženje i usluge (Harvey, Jenkins i Llewellyn, 1993; Harris *et al.*, 2002; Chen i Flood, 2013; Zygorakis *et al.*, 2014; Samal, Misra i Pradhan, 2017; Ganguli i Ebrahim, 2017; Suess i Mody, 2017; Hahm i Severt, 2018; Mahmud *et al.*, 2021).

Neke studije smatraju spremnost na kupnju značajnom varijablom jer je izravno povezana s prihodom hotela kako od medicinskih tako i od wellness turista. Pozitivni atributi, kao što su prikladnost/udobnost, percepcija o vlastitom zdravlju i psihološki boljitak, potaknut će želju medicinskih i wellness turista za korištenjem zdravstvenog hotela i njihovu namjeru za ponovni posjet (Snoj, 1995; Kaiser, 2005; Chen, Hsu i Tzeng, 2011; Lee, Han i Lockyer, 2012; Lunt, Mannion i Exworthy, 2013; Lin, 2014; Helmy i Zaki, 2018).

Dokazano je da je fizički komfor jedna od najvećih varijabli koje se koriste u istraživanjima o zdravstvenim hotelima u medicinskom turizmu i zdravstvenim hotelima u wellness turizmu jer je ta vrsta hotela namijenjena klijentima u segmentu niše pacijenata i članova njihovih obitelji kao i ostalima koje privlači program wellnessa. Zabilježeno je da zdravstveni hoteli, koji kombiniraju ugostiteljstvo i zdravstvo, osiguravaju pacijentima ili medicinskim turistima i članovima njihovih obitelji fizički komfor, tj. štede vrijeme i novac, prikladan smještaj, sigurnost i povjerljivost i mnogobrojne paket aranžmane. I wellness turistima se nudi fizički komfor koji objedinjava pod jednim krovom sve pogodnosti hotela i wellnessa (Bookman i Bookman, 2007; Reddy, York

research. This variable is equally important in both medical and wellness tourism. Kitapchi, Akdogan and Dortyol (2014) suggested that two service quality measurement dimensions (empathy and assurance) are important antecedents of customer satisfaction and added that responsiveness, assurance, and tangibility significantly influence patient satisfaction. Again, the perceived benefit, positive price perception, physical environment, and services also have huge impact on patient satisfaction (Harvey, Jenkins and Llewellyn, 1993; Harris *et al.*, 2002; Chen and Flood, 2013; Zygorakis *et al.*, 2014; Samal, Misra and Pradhan, 2017; Ganguli and Ebrahim, 2017; Suess and Mody, 2017; Hahm and Severt, 2018; Mahmud *et al.*, 2021).

Willingness to buy in some studies is considered as an important variable as this is directly related to the revenue earned by a healthcare hotel from medical and wellness tourists respectively. Positive attributes, convenience, self-health perception, psychological well-being will increase the willingness of the medical and wellness tourists to avail the facilities of the healthcare hotel and increase their revisit intention (Snoj, 1995; Kaiser, 2005; Chen, Hsu and Tzeng, 2011; Lee, Han and Lockyer, 2012; Lunt, Mannion and Exworthy, 2013; Lin, 2014; Helmy and Zaki, 2018).

Physical convenience is found to be one of the most focal variables used in health hotels in medical tourism and health hotels in wellness tourism research as these types of hotels deals with a niche segment of customers, i.e., patients and their concerned family members as well as normal customers coming to avail wellness program. It has been observed that healthcare hotels that combine hospitality and healthcare provide physical convenience to the patients or medical tourists and their family members in terms of financial savings, time savings, proper accommodation, safety and confidentiality and multiple package availability. It also provides physical convenience to the wellness tourists who get all the features of hotels and total wellness

i Brannon, 2010; Han, 2013; Han i Hyun, 2014; Medhekar, Wong i Hall, 2019; Suess, Baloglu i Busser, 2018).

Kako bi se odredile razine zadovoljstva medicinskih i wellness turista, percipirana vrijednost se razmatra kao jedna od značajnih varijabli. Utvrđeno je da su visoka kvaliteta medicinskih i nemedicinskih pogodnosti, pristupačne cijene i niska rizičnost uzrokom više percipirane vrijednosti (Martin, Ramamonjariavelo i Martin, 2011; Mahmud *et al.*, 2021). Dokazano je da percipirana relativna cijena ukupnog boravka u hotelu uz liječenje pozitivno utječe na percipiranu vrijednost dok boravak u zdravstvenom hotelu negativno utječe na percipiranu vrijednost (Stein, Dev i Tabachhi, 1990; Lu i Shiu, 2009; Lefebvre, 2008; Wang, 2012; Han i Hyun, 2014; Shirazdi *et al.*, 2016; Kazemha i Dehkordi, 2017; Sandberg, 2017; Chatterjee i Laha, 2019).

Bolja kvaliteta usluge je važan čimbenik koji može koristiti prepoznavanju i poboljšanju poslovanja organizacije u vremenima jake konkurencije, posebice u osjetljivim gospodarskim aktivnostima, poput ugostiteljstva i turizma (Namukasa, 2013). U istraživanjima zdravstvenih hotela u medicinskom turizmu i zdravstvenih hotela u wellness turizmu važna varijabla je i kvaliteta usluge koju daju zdravstveni hoteli medicinskim i wellness turistima. Za mjerenje kvalitete usluge Parasuraman, Zeithaml i Berry (1985) predložili su sveobuhvatni model koji se sastoji od deset dimenzija kvalitete usluge, a to su: (1) opipljivost, (2) pouzdanost, (3) reagiranje, (4) razumijevanje klijenata, (5) pristupačnost, (6) komunikacija, (7) vjerodostojnost, (8) sigurnost, (9) stručnost i (10) uljudnost. Isti su model kasnije Parasuraman, Zeithaml i Berry (1988) pojednostavili i nazvali SERVQUAL svodeći ga na pet dimenzija: (1) materijalni elementi, (2) pouzdanost, (3) reagiranje, (4) sigurnost i (5) empatija. SERVQUAL nudi sveobuhvatnu skalu mjerenja s praktičnim implikacijama za percipiranu kvalitetu usluga klijenata (Parasuraman

treatment under one umbrella (Bookman and Bookman, 2007; Reddy, York and Brannon, 2010; Han, 2013; Han and Hyun, 2014; Medhekar, Wong and Hall, 2019; Suess, Baloglu and Busser, 2018).

To determine the satisfaction levels of the medical and wellness tourists, the perceived value is considered as one of the most important variables. It has been observed that high quality medical and non-medical facilities, affordable prices and low risk lead to superior perceived value (Martin, Ramamonjariavelo and Martin, 2011; Mahmud *et al.*, 2021). The perceived relative price of the total hotel stay along with the treatment was found to positively affect the perceived value whereas the perceived risk while staying at the healthcare hotel was found to negatively affect the perceived value (Stein, Dev and Tabachhi, 1990; Lu and Shiu, 2009; Lefebvre, 2008; Wang, 2012; Han and Hyun, 2014; Shirazdi *et al.*, 2016; Kazemha and Dehkordi, 2017; Sandberg, 2017; Chatterjee and Laha, 2019).

Better service quality is an important factor that can be useful for recognizing and revamping organization's performance in the era of intense competition, especially in critical industries like hospitality and tourism (Namukasa, 2013). In the health hotels in medical tourism and health hotels in wellness tourism research another important variable is the service quality offered by the healthcare hotel to medical and wellness tourists. To measure the service quality, Parasuraman, Zeithaml and Berry (1985) proposed a comprehensive model comprising ten dimensions of service quality, i.e. (1) tangibles, (2) reliability, (3) responsiveness, (4) understanding the customers, (5) access, (6) communication, (7) credibility, (8) security, (9) competence and (10) courtesy. The same model was later simplified and called as SERVQUAL by Parasuraman, Zeithaml and Berry (1988) bringing it down to five dimensions, i.e. (1) tangibles, (2) reliability, (3) responsiveness, (4) assurance and (5) empathy. SERVQUAL provides a comprehensive measurement

et al., 1994). Kao što su primijetili Kumar, Chavdhuri i Biswal (2018), ova skala se može učinkovito koristiti u različitim uslužnim djelatnostima poput zdravstva (Peprah i Atarah, 2014; Manaf *et al.*, 2015), ugostiteljstva i turizma (Yusof *et al.*, 2014) i znanosti (Banahene, Ahudey i Asamoah, 2017). Kontrolu kvalitete i unaprjeđivanje kvalitete usluge moguće je učinkovito postići tako da se identificiraju i prate problemi pacijenata i liječenje medicinskih turista te kvaliteta terapije u toplicama za wellness turiste s njihovog aspekta. Stoga se tvrdi da se empatija, odgovornost i odjek smatraju osnovnim uslugama koje nude zdravstveni hoteli medicinskim i wellness turistima (Wind *et al.*, 1989; Randall i Senior, 1994; Hsieh, Lin i Lin, 2008; Severt *et al.*, 2007; York, 2008; Chen, Chang i Wu, 2013; Kitapchi, Akdogan and Dortyol, 2014; Abubakar i Ilkan, 2016; Samal, Misra i Pradhan, 2017; Helmy i Zaki, 2018).

5. ZAKLJUČAK

U ovome se radu propituju najčešće teorije/modeli, statističke metode, citirani članci i primarne zemlje/regije korištene u istraživanjima o zdravstvenim hotelima u medicinskom turizmu i o zdravstvenim hotelima u wellness turizmu. Također se navode različiti pristupi i varijable za ispitivanje perspektiva klijenata kao i ugostiteljske djelatnosti u kontekstu zdravstvenih hotela i medicinskog i wellness turizma. Opći porast znanstvenog interesa i publiciranja literature o zdravstvenim hotelima u medicinskom turizmu i zdravstvenim hotelima u wellness turizmu zabilježen je od 2000. godine. Kombinirani rezultati najnovijih istraživanja u tom području na nacionalnoj i međunarodnoj razini olakšali bi stručnjacima oblikovanje politika koje bi uravnotežile novonastajući trend medicinskog i wellness turizma s povećanom potražnjom za zdravstvenim hotelima. U ovom istraživanju također su utvrđeni nedostaci istraživanja koji bi dali obećavajuće smjernice za buduća znanstvena istraživanja.

scale with practical implications for customers' perceived service quality (Parasuraman *et al.*, 1994). As observed by Kumar, Chavdhuri and Biswal (2018) this scale can be effectively used by different domains of service industry like healthcare (Peprah and Atarah, 2014; Manaf *et al.*, 2015), hospitality and tourism (Yusof *et al.*, 2014) and academia (Banahene, Ahudey and Asamoah, 2017). Quality control and improvement of service quality can be achieved effectively by identifying and monitoring the patients' problems and treatment for medical tourists, as well as spa and therapeutic qualities for wellness tourists from their perspective. Hence, empathy, reliability and responsiveness are found to be considered essential services in healthcare hotels that cater to medical or wellness tourists (Wind *et al.*, 1989; Randall and Senior, 1994; Hsieh, Lin and Lin, 2008; Severt *et al.*, 2007; York, 2008; Chen, Chang and Wu, 2013; Kitapchi, Akdogan and Dortyol, 2014; Abubakar and Ilkan, 2016; Samal, Misra and Pradhan, 2017; Helmy and Zaki, 2018).

5. CONCLUSION

The present study examines the most used theories/models, statistical methods, most cited articles, and primary countries/regions in the research literature on health hotels in medical tourism and health hotels in wellness tourism. Different approaches and variables are also listed to examine the perspectives of customers as well as the hospitality industry regarding healthcare hotels, and medical and wellness tourism. The surge in scholarly interest and publications on healthcare hotels in medical tourism and in wellness tourism literature has been studied since 2000. The synthesized findings of the latest research in this area at national and international levels would enable the industry professionals to formulate appropriate business policies to leverage the emerging trend of medical and wellness tourism and increased potential demand for healthcare hotels. This study also

Utvrđeno je čak da, iako su postojeće studije zdravstvenih hotela u medicinskom turizmu i u wellness turizmu šarolike, još uvijek je broj teoretskih okvira oskudan.

Kako je ova studija obuhvatila skroman broj članaka, postoje neka ograničenja. Prvo, u obzir su uzeti samo članci pisani na engleskom jeziku i drugo, vremenski okvir za istraživanje općih trendova istraživanja zdravstvenih hotela u medicinskom turizmu i u wellness turizmu od 2000. do 2022. godine je relativno mali. Stoga se preporuča proširiti vremenski okvir istraživanja kako bi se uzelo u obzir više studija i dobili ishodi većeg utjecaja. Kako inovativni koncept zdravstvenog hotela nije postao vrlo popularan u ugostiteljskoj djelatnosti i turizmu, ova studija nije uočila veliki broj informacija o izučavanju strategija brendiranja za poticanje interesa medicinskih i zdravstvenih turista o toj vrsti hotela, a to ukazuje na mogućnosti za buduća izučavanja.

5.1. Teorijske implikacije

Dok su medicinski turizam i njegovi atributi dobili adekvatno priznanje u publikacijama o ugostiteljstvu i turizmu (Connell, 2006; Turner, 2007; Whittaker, 2008; Connell, 2013; Chuang *et al.*, 2014) kao i o wellness turizmu (Hsieh, Lin i Lin, 2008; Erfurt-Cooper i Cooper, 2009; Lee, Han i Lockyer, 2012; Chen, Chang i Wu, 2013), prema našem istraživanju atributi zdravstvenih hotela koji ugošćuju medicinske i wellness turiste nisu bili dovoljno istraživani prije ove studije. U ovoj analizi proveden je sistematski pregled literature kako bi se dobio uvid u ulogu zdravstvenih hotela u odnosu na medicinski i wellness turizam. Značajan teoretski doprinos ove studije je proučavanje i analiza metoda proučavanja, konteksta, modela i varijabla kojima se istražuje odnos zdravstvenih hotela s medicinskim turizmom i wellness turizmom. U približno 10 posto pregleda literature pokušalo se utvrditi ili razviti nove teorije, a veći broj novih

identifies the research gaps that can provide promising directions for future research to the academicians. It was observed that even if the extant studies of health hotels in medical tourism and health hotels in wellness tourism studies are diverse number of theoretical lenses are scarce.

As the study included a modest number of articles, there are a few limitations. Firstly, it involved only articles written in English; and secondly, the 2000–2022 period of the research trends study of the literature on general health hotels in medical tourism and those in wellness tourism is relatively narrow. Therefore, it is advisable to increase the research time frame so that a greater number of research articles can be analyzed to result in a more impactful outcome. The innovative concept of the healthcare hotel has not gained much popularity in the hospitality and tourism industry – hence, few insights in the study about their branding strategy to gain the attention of medical and wellness tourists have been identified making it an attractive area for future studies.

5.1. Theoretical implications

While medical tourism and its attributes have received adequate recognition in the hospitality and tourism literature (Connell, 2006; Turner, 2007; Whittaker, 2008; Connell, 2013; Chuang *et al.*, 2014) as well as wellness tourism (Hsieh, Lin and Lin, 2008; Erfurt-Cooper and Cooper, 2009; Lee, Han and Lockyer, 2012; Chen, Chang and Wu, 2013), according to our exploration, the attributes of healthcare hotels accommodating medical and wellness tourists have not been distinctly discussed before this study. For the present study a systematic literature review was conducted to understand the role of healthcare hotels with respect to medical and wellness tourism. The significant theoretical contribution of the present study lies in both the inspection and analysis of the study methods, context, models, and variables that

teorijskih otkrića od iznimne su važnosti za istraživanja ovog područja. Također je ustanovljeno da su, unatoč razvoju nekih novih teorija i modela, najčešće korišteni modeli Model distinktivnih atributa (Han, 2013) gdje se različiti atributi, poput percepcije, spoznaje, emocije, povjerenja i namjere za posjet, smatraju najvažnijima za medicinske i wellness turiste te Model percipiranog ishoda (Han *et al.*, 2015) koji neke čimbenike, poput financijske uštede, ugostiteljskog proizvoda i usluge, komfora i medicinske usluge, smatra bitnima. Glavna literatura o zdravstvenim hotelima u medicinskom turizmu i zdravstvenim hotelima u wellness turizmu razvrstana je prema razvijenim zemljama i zemljama u razvoju te prema korištenim statističkim mjerama. Na kraju se razmatraju zavisne i nezavisne varijable koje su uzete u obzir u odnosu medicinskog i wellness turizma na zdravstvene hotele. Dakle, utvrđeno je da su atributi, poput zadovoljstva klijenata, medicinska i nemedicinska infrastruktura, kvaliteta usluga, fizičke pogodnosti, itd., najčešće korištene varijable u istraživanjima zdravstvenih hotela u medicinskom turizmu i wellness turizmu.

5.2. Praktične implikacije

Ova studija ima značajne praktične implikacije na glavne aktere medicinskog i wellness turizma kao i na ugostiteljski sektor. Očekivanja da će potražnja za putovanjima motiviranima zdravljem rasti je vrlo značajna za hotelijere koji žele naći način kako bi udovoljili potrebama gostiju. To bi se moglo učinkovito učiniti pružanjem zdravstvenih usluga u hotelima te ponudom pogodnosti povezanih sa zdravljem u sobama i programima wellnessa medicinskim i wellness turistima (Heo i Hyun, 2015). Sustavnim pregledom literature metoda, konteksta, modela i varijabli istraživanja na temu odnosa zdravstvenih hotela s medicinskim turizmom i wellness turizmom ova studija naglašava značaj zdravstvenih hotela s gledišta

explored the relationship of healthcare hotels with medical and wellness. Approximately 10 percent of the literature review tried to find or develop new theories and a greater number of new theory developments are of utmost importance for future research in this area. In spite of some new theories and models, the most widely employed were the Distinctive Attribute Model (Han, 2013) where different attributes like perception, cognition, affect, trust and visit intention are considered most important by medical and wellness tourists and the Perceived Outcome Model (Han *et al.*, 2015) where a few factors like financial saving, hospitality product and service, convenience and medical service are regarded as essential by medical tourism and wellness tourism. The major health hotels in medical tourism and in wellness tourism literature have been classified according to developed and developing countries and the statistical measures employed. Finally, dependent and independent variables considered in medical and wellness tourism with respect to healthcare hotels were discussed. In sum, attributes, customer satisfaction, medical & non-medical infrastructure, service quality, physical convenience, etc., are found to be the most frequently used variables in health hotel medical tourism and wellness tourism research.

5.2. Practical implications

This study has important practical implications for the key players in the medical and wellness tourism as well as hospitality sector. Demand for health motivated travels is anticipated to grow and it is very much essential for the hoteliers to explore a way to accommodate the guests' needs. Providing healthcare services in the hotels and offering health-related room amenities and wellness programs to the medical and wellness tourists may be an effective way to do so (Heo and Hyun, 2015). Through a systematic literature review of the study methods, context, models, and variables that explored the relationship

medicinskog i wellness turizma. Cilj je ovog članka istražiti potencijalnu ulogu i učinak koji će tržišta wellness i medicinskog turizma imati u ugostiteljskoj djelatnosti (Han, 2013; Suess, Baloglu i Busser, 2018; Wright i Zascerinska, 2022). Prema ovom istraživanju sektori wellnessa i medicine u okviru industrije putovanja imat će značajan utjecaj na oblikovanje budućnosti ukupnog turizma i ugostiteljstva, a hotelijerstvo bi trebalo iskoristiti ovaj trend prilagođavanjem hotela na osiguravanje zdravstvene brige zdravstvenim turistima. Naši rezultati *de facto* znače da medicinski i wellness turisti smatraju da je boravak u zdravstvenim hotelima pametna odluka. Odgovarajuće medicinske i nemedicinske pogodnosti zdravstvenih hotela potaknut će medicinske i wellness turiste na dobro informiranje o hotelu, dat će im povjerenje, smatrat će ga sigurnim i u konačnici pomoći im izaberati zdravstveni hotel za liječenje ili wellness program. Stručnjaci (tj. menadžeri, investitori i znanstvenici) u domeni zdravstvenih hotela trebaju se osobito usredotočiti na varijable naznačene u ovoj raspravi i elaborirati ih, a to nije uobičajena značajka medicinskih klinika ili tipičnih hotela za tržišno natjecanje u neistraženoj, ali vrlo potencijalnoj niši. Ova studija također se pozabavila ulogom zdravstvenih hotela za turiste i pacijente u epidemijama ili pandemijama kao smještajnih ustanova s posebnim liječenjem ili centara za izolaciju. Stoga, preporučamo kako praktičarima tako i teoretičarima fokusiranje na rezultate ove analize kako bi unaprijedili, informirali i obrazovali sadašnje i buduće medicinske i wellness turiste o koristima svojstvenim zdravstvenim hotelima.

5.3. Smjernice za buduća istraživanja

U ovom članku opisuju se različite vrste teoretskih i metodičkih pristupa zdravstvenim hotelima u medicinskom turizmu i wellness turizmu. Iako je porast opširnih istraživanja uočen tek u posljednje vrijeme, u

of healthcare hotels with medical and wellness tourism, this study highlights the significance of healthcare hotels from the standpoint of medical and wellness tourism. The paper intends to explore what potential role and influence the wellness and medical tourism markets will have on hospitality industry (Han, 2013; Suess, Baloglu and Busser, 2018; Wright and Zascerinska, 2022). According to this research, the wellness and medical sectors of the travel industry impact significantly the future of the entire tourism and hospitality sector and the hotel industry needs to leverage from this trend by reshaping itself to healthcare hotels that cater for healthcare travelers. Our results practically imply that medical and wellness tourists perceive the decisions to stay in healthcare hotels as wise. The proper medical and non-medical facilities of healthcare hotels will encourage medical and wellness tourists to gain good perceptions about the hotels, boost their confidence, lead them to consider them dependable, and finally facilitate their choosing of the healthcare hotel for medical treatment or wellness program. Experts (i.e. managers, investors and academicians) in the healthcare hotel industry need to focus and refine the identified variables discussed in the study, which is not a regular feature in medical clinics or normal hotels, for gaining competitive edge through an unexplored yet highly potential niche. This study also addressed the role of healthcare hotels for tourists and patients in any epidemic or pandemic as accommodation establishments with specific treatment or isolation centers. Hence, we strongly recommend that industry practitioners and academicians focus on the findings of the study to improve, inform, and educate present and potential medical and wellness tourists about the distinctive benefits of healthcare hotels.

5.3. Directions for future research

This paper describes various types of theoretical and methodological approaches

ovome području istraživanja mogu se opaziti značajni nedostaci. Stoga se predlažu sljedeće smjernice:

1. Utvrđeno je da je većina studija o medicinskom turizmu i wellness turizmu usredotočena na destinacije medicinskog turizma i odluke o putovanjima turista u razvijene zemlje ili zemlje u razvoju, mali ih se broj bavilo ulogom zdravstvenih hotela u medicinskom i wellness turizmu. Osim toga, strategija brendiranja zdravstvenih hotela također je područje budućih istraživanja.
2. Na osnovi analize može se utvrditi da medicinski i wellness turizam postoje kako u razvijenim zemljama tako i u zemljama u razvoju, iako je istraživanje zdravstvenih hotela u zemljama u razvoju oskudno, što navodi na potrebu daljnjeg proučavanja.
3. Kako su se do sada istraživanja u području zdravstvenih hotela u medicinskom turizmu i wellness turizmu provodila samo iz perspektive klijenata ili turista, u literaturi postoji veliki nedostatak istraživanja s gledišta menadžmenta zdravstvenih hotela. Stoga je potrebno buduća istraživanja usmjeriti na prednosti pretvaranja običnih hotela u zdravstvene hotele ili dodavanju zdravstvenih objekata i pogodnosti u postojeće hotele, osobito iz perspektive hotela.
4. Postoji široki opseg mogućnosti za buduća istraživanja o doprinosu zdravstvenih hotela kao izvora deviznog priljeva od međunarodnog medicinskog i wellness turizma.

K tomu, buduća istraživanja se mogu usmjeriti na sljedeća pitanja: Koje koristi imaju medicinski i wellness turisti koji odsjedaju u zdravstvenim hotelima u usporedbi s „klasičnim“ hotelima? Kakva će biti strategija građenja povjerenja zdravstvenog hotela za privlačenje medicinskih i wellness turista? Kako brendirati zdravstveni hotel kao mjesto medicinskog, zubarskog, kirurškog

of research on health hotels in medical tourism wellness tourism. Even though surge of extensive research has been noted in recent times still significant gaps can be noted in this study area. Hence, the following directions are suggested:

1. It was found that most studies of the medical tourism and wellness tourism literature were focused on medical tourism destinations and the tourists' travel choices between developed and developing countries or *vice versa* but few studies have focused on the role of healthcare hotels in medical & wellness tourism. Moreover, branding strategy of a healthcare hotel is also an area of future research.
2. It can be established from the studies that medical and wellness tourism are found both in developed and developing countries, whereas research in healthcare hotels is scarce mainly in developing countries that demands further study.
3. Until now, most research in health hotels in medical tourism and wellness tourism has been conducted only from the perspective of customers or tourists, and there is a huge gap in the literature in studies from the perspective of the management of the healthcare hotels. Thus, future research needs to focus the benefits of converting normal hotels into healthcare hotels or adding healthcare facilities into their regular features mostly from the hotel's perspective.
4. There is an enormous scope for future research opportunities to explore the contributions of healthcare hotels as sources of foreign exchange earnings from inbound medical and wellness tourists.

Additionally, the following research questions can be addressed in future studies: What are the benefits obtained by medical and wellness tourists staying in healthcare hotels compared to 'normal' hotels? What will be the confidence building strategy of healthcare hotels to attract medical and

ili wellness liječenja za vrijeme odmora? Hoće li se kreirati posebna strategija brendiranja zdravstvenih hotela koji ciljaju na turiste koji se dolaze liječiti i one koji dolaze na wellness? Zašto će medicinski i wellness turisti preferirati zdravstvene hotele u budućnosti? Hoće li pandemija COVID-a-19 imati ikakav učinak na potražnju zdravstvenih hotela u budućnosti? S kakvim se problemima i izazovima suočavaju zdravstveni hoteli za medicinske i wellness turiste koji posluju u zemljama u razvoju?

wellness tourists? How to brand a health-care hotel as a place of procuring medical, dental, surgical or wellness treatment while vacationing? Will there be separate branding strategies of healthcare hotels targeting tourists for treatment and tourists for wellness? Why will medical and wellness tourists prefer healthcare hotels in the future? Will the COVID-19 pandemic have any effect on the demand of healthcare hotels in the future? What are the problems and challenges faced by healthcare hotels dealing with medical and wellness tourists which specifically operate in developing countries?

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