

# Health-care tourism – an exploratory study

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**This article explores the concept of health-care tourism. It is based on a pilot study that involved a survey of 206 travellers, 22 travel agents, 12 medical doctors and two herbalists; a review of the tourism and travel literature; and content analysis of 284 travel brochures about 24 countries. Health-care tourism is defined, the sample, methods of data collection, findings, and implications are discussed, and future research areas suggested. Health-care tourism can be used to define an effective marketing strategy.**

*Keywords:* health-care tourism

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Tourism is big business in many parts of the world, such as Hawaii, Jamaica, the Bahamas, the UK and Switzerland.<sup>1</sup> In other parts of the world, such as Australia, tourism, once relatively neglected, is being developed aggressively. Other countries, such as PR China<sup>2</sup> and the USSR are opening their doors to more tourists.

The purpose of this article is to explore the concept of health-care tourism.<sup>3</sup> The article, based on a pilot study, is divided into five sections:

- what is health care tourism?
- data collection;
- data analysis and results;
- discussion; and
- conclusions.

## What is health-care tourism?

We define health-care tourism as the attempt on the part of a tourist facility (eg hotel) or destination (eg Baden, Switzerland) to attract tourists by *deliberately* promoting its health-care services and facilities, in addition to its regular tourist amenities. These health-care services may include medical examinations by qualified doctors and nurses at the resort or hotel, special diets, acupuncture, transvital injections, vitamin-complex intakes, special medical treatments for various diseases such as arthritis, and herbal remedies (see Table 1). Based on this explanation, there are many countries with health-care tourism facilities – Switzerland, FR Germany, Austria, Hungary, the USA, the UK and France, to name a few.

Many cities or resorts in these countries have grown up around thermal springs and concomitant health facilities. Examples of such cities are Baden, Lausanne, St. Moritz, and Interlaken in Switzerland; Baden-Baden and Wiesbaden in FR Germany; Vienna, Austria; and Hot Springs, Arkansas, USA. From time to time, Hollywood celebrities, statesmen, and ordinary tourists visit such resorts for rest and relaxation as well as for treatment of various ailments. The concept of health-care tourism has also spread to many cruise lines which now offer some services listed in Table 1. These services will spread as we enjoy higher incomes, devote more time to leisure/recreational activities, and seek longer, healthier lives.

<sup>1</sup>See, eg Robert W. McIntosh and Charles R. Goeldner, *Tourism: Principles, Practices, Philosophies*, Grid Publishing, Columbus, Ohio, 1986; John E. Rosenow and Gerreld L. Pulsipher, *Tourism: The Good, The Bad and The Ugly*, Century Three, Lincoln, Nebraska, 1979; and Brian Archer, *Tourism in the Bahamas and Bermuda: Two Case Studies*, University of Wales Press, Bangor, Wales, UK, 1977.

<sup>2</sup>Dexter J.L. Choy, Guan Li Dong and Zhang Wen, 'Tourism in PR China', *Tourism Management*, Vol 7, September 1986, pp 197–201.

<sup>3</sup>As far as we know, the term 'health-care tourism' is new, but the phenomenon we describe in this article has existed for some time.

**Table 1. Some typical elements of health care treatments at some hotels or resorts.**

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Medical examinations in the hotel (cholesterol levels, diabetes, blood pressure, etc)
Vegetarian or special diets
Transvital injections, and vitamin-complex treatment
Daily exercise programmes
Acupuncture
Thermal swimming pools (indoor and outdoor)
Underwater massage (balneotherapy)
Body massages
Cellulite treatments (cellutron)
Saunas
Hydrotherapy treatments
Fango packs (mud)
Special stop-smoking programmes
Various baths, eg eucalyptus bath, and Turkish bath
Herbal wraps, and herbal teas
Use of sun-bed under supervision
Sessions on muscle development and relaxation techniques
Beauty treatments, such as facials, cream packs, face peeling, etc

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### Data collection

Data collection for the study consisted of four parts:

- content analysis of 284 tourism brochures on 24 countries;<sup>4</sup>
- short, personal interviews with 206 travellers – clients of a large, well-known organization in tourism and travel;
- telephone interviews with 22 travel agents; and
- personal interviews with 12 medical doctors and two herbalists.<sup>5</sup>

The purpose of the content analysis was to help to identify destinations that advertise touristic health facilities or services. Table 1 was compiled from this content analysis. Personal and telephone interviews were aimed at gathering information on aspects of health-care tourism such as users, destinations with such tourism, and the efficacy of the related health-care services.

### Data analysis and results

#### *Tourism brochures*

Content analysis of the tourism brochures indicated that five countries stood out with respect to some emphasis on health-related services at destinations. These countries are Switzerland, Austria, FR Germany, Hungary and the USA. For example, a brochure about Switzerland entitled *NOVA WORLD TOURS in cooperation with Sante International, Ltd., Worldwide Spa and Health Specialists, Presents BEAUTY AND HEALTH PROGRAMS*, specifies eight major cities in Switzerland, and hotels in these cities with health and fitness programmes for tourists. Some of these cities (and hotels) in Switzerland are Baden (Staadhof Hotel, Verenahof Hotel), Lausanne (Lausanne Palace Hotel), St. Moritz (Hotels Kulm, Badrutt's Palace Hotel), and Interlaken (Hotel Solbad Sigriswil, Grand Hotel Beau Rivage). Although each hotel offers some different health treatments, Table 1 shows typical elements of health programmes at these hotels. Other brochures indicated similar programmes in other cities in Austria (eg Baden), FR Germany (eg Baden-Baden, and Wiesbaden), and in many states in the USA (eg California, Colorado, Arkansas). In California, for example, there is the famous Pritkin Longevity Center which offers many of the services listed in Table 1.

<sup>4</sup>The countries concerned were Canada, USA, Jamaica, Brazil, Argentina, Colombia, England, France, Italy, Switzerland, Austria, FRG, Hungary, Sweden, Spain, USSR, India, Pakistan, Japan, Egypt, Kenya, Nigeria, Israel and Australia. Some brochures and booklets with the following names covered more than one country, eg *Egypt and Israel, Scandinavia and Russia, Australia and New Zealand*.

<sup>5</sup>Two each of the following: cardiologist, rheumatologist, gastrointestinal specialist, dermatologist, orthopedic surgeon and psychiatrist. Two criteria were used to select these doctors: (1) each had to have five or more years experience in his/her field; and (2) their collective areas of specialization had to be relevant to 'health-care' tourism. The herbalists were selected to add balance and other perspectives to the topic.

*Personal interviews*

Personal interviews of 206 travellers who visited many countries listed in Table 2 produced the following results:

- the average age of respondents was 39;
- average annual household income was \$41 000; and
- 146 respondents (71%) were married (Table 3).

The sample could be described as higher income and with more married couples than the average household in the USA, where \$20 000 is the average household income, and where about 60% of adults 18 years and older are married.

None of the respondents, however, had used the criterion of 'health-care facilities at the destination' as the main reason to select that destination for a vacation. Instead, more traditional reasons, such as cost and variety of attractions, were used. Of the respondents 42 (20%) knew beforehand of the availability of special medical services and facilities (Table 1) at vacation destinations they visited, and used them. These respondents were older than the other respondents, with an average age of 55, and suffered from muscular and arthritic ailments for which they sought treatment. The non-US destinations they had visited with these facilities were Switzerland and FR Germany. Of the respondents, 21 (10%) had used health spas in the USA and Switzerland for muscle toning and general relaxation.

*Telephone interviews*

Telephone interviews with 17 travel agents in the USA and five in Jamaica revealed that these travel agents did not generally look at destinations as having, or not having, special health facilities, nor did they perceive health care as a possible motive for visiting a destination. Agencies, also, did not compile statistics on users of special health-care facilities at tourist destinations. We think they should, for marketing strategy purposes. Switzerland and FR Germany were the most frequently mentioned countries with advertised, touristic health-care facilities.

*Personal interviews with doctors*

The interviews with the 12 doctors and two herbalists revealed the following. Generally, the doctors believed that the health (wellness) programmes at resorts (and corporations) were a step in the right direction, since they involved monitored exercise, dieting, and medical examinations. They cautioned, however, that these programmes were generally ineffective against diseases in advanced stages, such as cardiac diseases where heart surgery may be more effective. They also asserted that these programmes should be viewed by consumers as part of their preventive health care, not just quick-fix remedies. The doctors also cautioned against potential fraud and quackery. Finally, the doctors and

**Table 2. Profile of 206 travellers.**

Average age	39
Average educational level	Bachelor's degree
Average annual household income	\$41 000
Average number of persons in family	4
Married	146 (71%)
Single	60 (29%)
Number who used health facilities at destinations	21 (10%)

the herbalists pointed out that many pharmaceutical companies (eg Eli Lilly, Upjohn) and doctors are becoming more informed about the curative medicinal properties of various plants found in many parts of the world.<sup>6</sup> Many times, a combination of herbal medicine and modern medicine, involving herbal treatments, antibiotics, and surgery, is effective in curing some diseases or ailments.<sup>7</sup>

## Discussion

There are other facets of the concept of health-care tourism which were not empirically studied here because of the lack of data, and which include market segmentation, competition, and medical facilities at destinations. These other aspects are discussed briefly below.

### *Market segmentation*

Market segmentation is a well-known concept and strategy.<sup>8</sup> Bases for market segmentation include geographic, demographic, psychographic, price, usage and benefits. In health-care tourism, there are at least two possible approaches to segmentation of the consumer market:

- health; and
- income.

On the basis of health, advertising appeals could be directed at people with various afflictions, such as obesity. These people would form the core 'health segment'. Advertising appeals could also be directed at people who wish to maintain their youthful vigour and appearance. On the basis of income, some hotels or resorts may cater to the high-income segment who can afford the high prices for the health services at the resort. Other resorts may cater to middle-class clients, furnishing similar services and facilities as the 'high class' resorts, but with much less extravagance.

These two bases for segmenting the health-care tourism market are not mutually exclusive – they overlap. The authors believe that appealing to people on the basis of their health, ie preventative health care, or present affliction, would be the better focus of the two segmentation methods. Such an appeal cuts across income, age, geography, benefits, and other segmentation approaches. Furthermore, with the growing health consciousness among peoples of the world, the health-care appeal seems appropriate.

### *Competition*

Competition would be on a micro as well as macro level. On the micro level, hotels, resorts, 'health farms' and health clinics would be competing for clients. Each unit could try to differentiate itself from others through the services offered, perceived differences in service quality, locational advantages (eg nearness to the sea, or historic sites), prices, and so on. On a macro level, destinations such as cities, states or countries are competitors for visitors. FR Germany, for example, competes with Switzerland for visitors who seek not only the usual touristic amenities, but also the health-care services mentioned in Table 1. Visitors may choose one country over another based on distance, prices, kinds of touristic experiences sought, and so on. Each country could try to emphasize its differential advantages and engage in product positioning strategies through advertising and product development.

<sup>6</sup>Mark Bricklin, *The Practical Encyclopedia of Natural Healing*, Rodale, Emmanus, Pennsylvania, 1983; R. Swinburne Clymer, *Nature's Healing Agents*, Dorrance and Co, Philadelphia, Pennsylvania, 1963; David Conway, *The Magic of Herbs*, E.P. Dutton, New York, NY, 1973; Nelson Coon, *Using Plants for Healing*, Rodale, Emmanus, Pennsylvania, 1979; and Robert T. Trotter II and Juan Antonio Chavira, *Curandirismo: Mexico American Folk Healing*, University of Georgia, Athens, Georgia, 1981.

<sup>7</sup>Leonard E. Barrett, *The Sun and the Drum: African Roots in Jamaican Folk Tradition*, Heinemann Educational Books, London, UK, 1976; Kaja Finkler, *Spiritualist Healers in Mexico*, Praeger, New York, NY, 1985; and R.T. Trotter II and J.A. Chavira, *op cit*, Ref 6.

<sup>8</sup>James F. Engle, Henry F. Fiorillo and Murray A. Cayley, *Market Segmentation: Concepts and Applications*, Holt, Rinehart and Winston, New York, NY, 1972; Ronald E. Frank, William F. Massy and Yoram Wind, *Market Segmentation*, Prentice-Hall, Englewood Cliffs, NJ, 1972; and W.R. Smith, 'Product differentiation and market segmentation as alternative marketing strategies', *Journal of Marketing*, Vol 21, July 1956, pp 3–8.

An interesting aspect of competition is that many hotels that were built years ago, in and around health resorts, such as Hot Springs, Arkansas, USA, have lost many of their customers to more modern hotels nearby; to newer, competing resorts elsewhere; and to new attractions (eg gambling, horse racing). Additionally, the old health resorts can suffer 'burnout' as the health facilities, thermal springs, etc lose their original intrigue and fascination for visitors.

#### *Medical facilities*

Traditionally, tourist destinations appeal to tourists by promoting the variety of attractions, excellent convention centres, delightful cuisine, modern and beautiful accommodation, climate, opportunities for rest and relaxation, etc. Tourist destinations may attract more visitors by mentioning their excellent medical facilities in addition to their other touristic attributes. Such mention could be made in public relations pieces and other literature mailed from the tourism department of one city to another, from chambers of commerce, offices of public officials, and in speeches of government officials to conventions. The medical staff at the health-care facilities should be first class so as to maintain high quality services. Ideally, they should be fluent in at least two languages (eg English and French) since they will deal with people from different countries.

#### **Future research**

Health-care tourism has the potential for many future research studies. Some of these are:

- comparison of health-care tourism in Europe and the USA;
- large-scale study of market segmentation relative to health-care tourism;
- forecasting studies of the demand for this type of tourism at a destination; and
- a study of users versus non-users of health-care tourism facilities.

#### **Conclusions**

This paper has discussed the novel concept of health-care tourism. The idea can be described as the attempt on the part of a tourist facility or destination to attract tourists by deliberately promoting its health services/facilities (as well as its other usual touristic amenities, eg hotel accommodation, water sports, golfing, and scenic tours). The health services could include medical check-ups, minor surgery, special diets, vitamin-complex treatments, herbal remedies, thermal swimming pools, and so on.

Tourism's health-care component is not new. It has existed for many centuries in many countries of the world, eg Switzerland, FR Germany, Austria, Jamaica, Hungary, the USA and the UK. What is fairly new, however, is the concept of health-care tourism as a deliberate and growing marketing strategy. It can be a positioning strategy for some hotels or resorts in a world that is becoming more health conscious. Health-care tourism can, however, become subject to quackery, so self-regulation and careful government scrutiny are imperative.

Like many pilot studies on novel concepts, this study has a few

weaknesses. First, one of the objectives of the study – to profile users of health care tourism services – was not fully achieved. This was due largely to the novelty of the concept and general lack of information in the tourism literature, at travel agencies and other tourism organizations. But this was not sufficient reason to abort the study – it encouraged us to explore the idea further. The second weakness of the study is that, given the small sample, the external validity of the findings is limited. More studies are needed. Finally, health-care tourism may be found in countries that do not appear in this study. Review of such countries would be useful and interesting. We hope, however, that this exploratory study will stimulate further studies on the fascinating subject of health-care tourism.