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Health Tourism- It's Development and Current Trends in India

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ABSTRACT

Health and wellness travel, is a contemporary trend with a wide range of implications in both local and transnational contexts. The literature on this phenomena is examined from the perspective of tourists in this scoping investigation. Three databases (EBSCOhost, Web of Science, and SCOPUS) were used to conduct the literature search. spanned the years 2010 through 2018. The findings reveal that the literature can be split into two categories: social Science and tourism go hand in hand. The subject of medical travel research is still driven by travel from the Global North to the Global South. South-to-South or intra-regional travel studies are underrepresented. A more in-depth qualitative analysis is required. a better grasp of visitors' real-life experiences, as well as studies using more advanced quantitative approaches

KEYWORDS

Medical travel, Health travel, Medical tourism, Wellness tourism, Sociology of Health and Sickness.

INTRODUCTION

Health care is still local and national, but global health markets have changed this (Cohen et al., 2013). Travel ease and new digital developments have expanded previously unimagined possibilities for accessing health treatments outside of one's own nation. Furthermore, rising living standards, more mobile lifestyles, and individualistic self-care ideals have all contributed to the rise in popularity of health and wellness travel (M. Cohen, 2008). Although health and wellness tourism is not a new phenomena, the worldwide trade associated with it has developed at an exponential rate in recent decades (Durham & Blondell, 2017). It is critical that we have a better understanding of this phenomena both the individual and communal implications of this form of movement, as well as for successfully addressing current health concerns in local and international contexts

The goal of this study is to examine the current situation of health and wellness-related travel from 2010 to 2018. To address this sort of travel, we examine to see it from the point of view of the end user. We're curious to learn from consumers who have used health and/or wellness services in certain other nations. We aim to deliver a comprehensive explanation of this situation by encompassing not just basic and specialist health care, but also travel driven by health

enhancement and wellness. We have seen these phenomena as intertwined within the increasingly global, highly skilled, and marketed health and wellness sectors, and thus include both health and wellness–related travel in our research (Majeed et al, 2017). This form of travel is projected to develop significantly in the next 5 to 10 years, according to these reports. 2010 (Balaban & Marano). However, they have advocated for further investigation (Hanefeld et al, 2014) along with stronger data and methodologies (Hanefeld et al., 2014). Reviews of the situation from 2010 have investigated at it from the viewpoints of specialised health care (Foley et al, 2019), specific treatment alternatives (Pereira et al, 2018), and specific service user groups (Foley et al, 2019). (Mathijsen & Mathijsen, 2020). General industry expansion and trends (Connell, 2013; Kazakov & Oyner, 2020) as well as service users' motives have been examined in tourist research (Hanefeld et al., 2014). The need for further proof has been highlighted in recent assessments examining the issue from the standpoint of service users, such as passengers' motivations, decision-making, and safety The issue of conceptual inaccuracy in the research on health and wellness–related travel has been discussed previously in review articles (Connell, 2013; Majeed & Lu, 2017). Significant changes in both the operational environment and end users' preferences have altered the concepts and methods to health and wellness–related travel in recent literature (Majeed et al., 2017). Medical tourism, health tourism, and wellness tourism, among other terms, are frequently used to represent the phenomena, as is cross-border utilisation of health care and medical travel. The terms are frequently used interchangeably, or their definitions are ambiguous and overlapping. As Foley et al. (2019) demonstrate, conceptual inaccuracy makes it impossible to statistically document the phenomena and detect the dangers, disparities, and ethical difficulties associated with rising transnational usage of health and wellness services.

Patients, residents, visitors, or clients visiting overseas for health and wellness services are also conceptually inconsistent and theoretically underdeveloped (Carrera & Lunt, 2010; Foley et al., 2019).In addition, referring to the phenomena as tourism links it with relaxation and frivolity and, thus, may mask the problems and suffering service consumers endure. Similarly, Bolton (2017) expressed worry about the terminology that recasts patients as tourists and positions them in the economic world as homo economicus, vulnerable to the commercialised logic of health-care decisions.

Recent research has increasingly established health and wellness–related travel in the context of mobile lifestyles and transnational social networks (Kaspar et al., 2019). One of the most recent conceptualizations designed to bring together fragmented ideas and methods within the field is "therapeutic mobility" (Kaspar et al., 2019). Furthermore, it is now universally understood that transnational health seeking is not always and exclusively about the movement of individuals, but also about the movement of health-related activities and knowledge (Kaspar et al., 2019). Numerous researches have advocated for a broadening of the theoretical discussion on health and wellness–related travel (Connell, 2013; Majeed et al., 2017; Majeed & Lu, 2017) due to the almost complexity of the issue (Connell, 2013; Majeed et al., 2017; Majeed & Lu, 2017).

The current work adds to theory by presenting a model that recognises the phenomenon's ambiguous character and various conceptualizations. Previous research has looked into conceptual ambiguity and given instances of why some phrases and concepts aren't appropriate for representing certain sorts of travel behaviour or client segments. They have, however, fallen short of providing a complete account of how to investigate the conceptual field of health and wellness–related travel. As a result, we intend to address this research void by conducting a thorough review of prior literature and consolidating the most common methodologies and terminologies used to describe the phenomenon.

LITERATURE REVIEW

The findings of the review are presented in this chapter for the service categories of basic health care, specialist health care, and wellness. Basic health care is further divided into two groups, as we discovered during the evaluation process that some research looked at the issue from the perspective of patient mobility, while others looked at it from the perspective of tourism. Furthermore, we discovered that many research failed to properly define the kind of health care that end users desired. As a result, our service-type-based categorization is neither thorough nor explicit; yet, it was chosen for this study for practical reasons. The research questions posed in the beginning will be addressed there at chapter.

Travel for Basic Health Care: The Patient Approach

We discovered 58 papers that looked at travel for basic health care from the perspective of patients. From 2010 to 2018, the number of published articles on this topic increased somewhat each year. These studies were typically published in publications devoted to public health, health care utilisation, medical anthropology and sociology, as well as ethnicity and migration research. Social Science & Medicine, The European Journal of Public Health, Global Public Health, BMC Health Service Research, and The International Journal of Immigrant and Minority Health were some of the more common publications.

The majority of the articles in this category discussed medical travel, medical tourism, or cross-border or transnational health care in some way. However, many people used numerous terms in the same sentence. Patients' mobility/movement/travel, health fields, and health practises were also mentioned. Even when the major notion was tourism (for example, medical tourism), the users of the services were frequently referred to as patients. The study looked at patients from a variety of countries.

The United States, the Netherlands, Canada, Germany, Laos, the United Kingdom, Finland, and Denmark were the most prevalent countries of origin. In total, 14 research looked at patient experiences from a variety of nations or looked at patient experiences in general without naming a country of origin. Mexico, South America, and Central America were the most studied of the destination countries.

Travel for Basic Health Care: The Tourism Approach

There was a great number of studies that examined this problem from a tourism viewpoint, in addition to patient-centered research on the use of health care services overseas. The actual motivations for travel by service users, whether for basic or specialist health care, were frequently not specified in studies in this category. A total of 99 items were included in this area. The number of studies has increased from around five per year in 2010 and 2011 to around 15 per year since 2015. Tourism journals were well-represented in the publication forums, particularly the Journal of Travel and Tourism Marketing, Current Issues in Tourism, and Tourism Management. Periodicals covering business, marketing, and management, as well as health and service–related journals, were also produced.

Medical tourism was by far the most popular concept, with medical travel, health, and health care tourism coming in second and third. Many research employed a variety of terminology in close proximity, but there were also ideas for

establishing conceptual order and/or hierarchies. Majeed et al. (2018), for example, recommended using health tourism as an umbrella concept to encompass both medical and wellness tourism. Although the phenomenon as a whole was referred to as tourism, the end users were commonly referred to as tourists or customers. Other terminology used included patients, medical travellers, patient-travelers, and tourist-patients.

Travel for Specialized Health Care

This area of our scoping review deals with cross-border use of specialised biomedical treatments and procedures to meet demands that go beyond the most basic or common health care services and wellness goals. There were 51 articles found in a search for literature about such travel. The biomedical treatments and procedures under question vary from cross-border surrogacy to cosmetic surgery, and from regenerative operations like stem cell treatments to assisted suicide. Between 2010 and 2018, the number of publications published per year remained fairly stable, with 29 articles published between 2010 and 2014 and 22 articles published between 2015 and 2018.

The modes of specialised health care travel identified in this scoping investigation were loosely divided into three groups, some of which overlapped. The first was reproduction, which included travel related to surrogacy, fertility treatments, and the use of assisted reproductive technology (ART), as well as birth and abortion. Surgical services was the second category, which included travel related to surgical operations for cosmetic or medicinal reasons, such as organ transplantation. Experimental and other procedures and treatments were included in the third category, which included a variety of experimental treatments such as stem cell therapies and phenomena such as assisted suicide.

Travel for Wellness Services

During the last decade, research interest in the global usage of wellness services has gradually expanded across various disciplines, according to our review. There were 34 articles in this category in total, the majority of which were published in 2017 and 2018. Studies on wellness-related travel were mostly published in leisure, tourism, and hospitality research publications (e.g., Current Issues in Tourism), which generally stress a commercial and/or marketing perspective.

The majority of studies in this category referred to wellness travel as "wellness tourism." Furthermore, the term "health tourism" was commonly employed, despite the fact that the travel destinations and characteristics of the end users were similar to those found in research using the term "wellness tourism." Wellness tourism was described as a subclass of health tourism by many scholars who saw health tourism as an umbrella term for numerous terminologies addressing health and wellness–related travel. However, not all studies followed this definition, and the terms "health tourism" and "wellness tourism" were frequently used interchangeably.

METHODOLOGY

This study's methodology adheres to the scoping review's key concepts. The scoping review is used to discover research gaps in the current literature by mapping the extent and variety of research on a certain topic. It is a method that allows researchers to map and clarify terminology and common approaches in relation to a specific topic matter. Our study design is based on Arksey and O'Malley's (2005) initial scoping study framework and its subsequent

methodological improvements. This chapter explains the most important steps in the collection process and analysing the data The appendix contains a more complete report on the search approach, study selection, and data processing.

According to recent research, health tourism is classified into two groups based on the traveler's intent: medical tourism focuses on medical treatment, whereas wellness tourism focuses on relaxation, recovery, and, in general, more holistic means of health promotion. As a result, we've incorporated health and wellness services in our evaluation. We're also interested in a variety of services, including general health care, specialist health care, and wellness services. The term "basic health care" is used in this article to refer to services aimed at promoting, monitoring, and maintaining health as well as treating diseases. Specialized health care surgical operations, obstetrics, regenerative medicine, and other reactive and proactive biological therapies are all examples of care. Wellness services cover a wide range of services aimed at improving one's overall health and well-being. This category was used to conduct a literature search.

DISCUSSION

The literature on health and wellness-related travel from 2010 to 2018 is reviewed in this scoping study. Based on our findings, we advocate for a more nuanced understanding of health and wellness-related travel and tourists (Connell, 2013; Majeed et al., 2017; Majeed & Lu, 2017). We believe that paying attention to the intents, needs, and existing circumstances of service users can help us better understand the phenomenon (Bolton & Skountridaki, 2017; Kangas, 2010b). We demonstrate this with a graph that depicts two conceptual axes: one that focuses on the purpose of the trip (medical/wellness), and the other on the person's travel status (patient/tourist). The aim axis elucidates the trip's fundamental goal from the actors' own point of view, which ranges from medical, frequently involuntary, to financial There are a variety of reasons why people choose to travel for the sake of their health. The status axis depicts not just the institutional position that travellers are assigned, but also the scientific or epistemic standpoint from which their acts and behaviours are studied, analysed, explained, or anticipated. It also includes information about the types of services that tourists hope to use during their trip as well as the general characteristics of the travel destination.

Individual research articles might be positioned on the graph in respect to these axes to indicate their overall approach. Marketing research, for example, normally focuses on tourists, whereas medical anthropology and sociology are more concerned with travellers as patients. Furthermore, research on the use of wellness services is frequently conducted from a tourism viewpoint, whereas research on the use of health care services is frequently conducted from the perspective of the patient. However, a deeper look at the articles reveals that categorising them in this graph solely based on the terminology employed is not always accurate definite. This supports our claim that concepts and terminologies do not necessarily correlate to a study's content. As a result, more conceptually accurate and context-specific perspectives on health and wellness-related travel are required.

The articles dealing with wellness services can be found almost entirely in the upper-right region of the graph, based on the conceptual choices. Although this exposes a lack of studies on the less-than-pleasant and "frivolous" parts of wellness travel, it also reveals a lack of studies on the less-than-pleasant and "frivolous" sides of this sort of travel.

Framing the issue as tourism, as Kangas (2010b) points out, adds to discounting the less pleasant events and situations that may have led to seeking health care overseas. People who have suffered burnout, for example, may elect to attend a wellness retreat to help them overcome their difficulties. In this situation, the travel experience may be accompanied with troubling emotions as well as physical and mental anguish that does not appear to be related to the trip.

LIMITATIONS OF HEALTH TOURISM

Certain drawbacks could also be fully fledged by each health business locations and health guests. once seeking treatment during a foreign nation, health tourists could encounter the subsequent challenges.

1.Government and basic medical insurance, and sometimes-extended medical insurance, usually don't pay money for the process, that means the patient should pay.

2.There is very little follow-up care. The patient sometimes is in hospital for less than many days, so goes on the holiday portion of the trip or returns home. Complications, aspect effects and post-operative care square measure then the responsibility of the medical aid system within the patients' home country.

3.Most of the countries that provide medical business have weak malpractice laws, therefore the patient has very little recourse to native courts or medical boards if one thing goes wrong.

A health business destination could incur following disadvantages whereas partaking in health business.

1.Brain drain from the general public sector as non-public sector tries to woo proficient doctors from the general public sector. Patients WHO get treatment in government sector could feel that they're the victims of medical negligence if something goes wrong.

2.Due to the employment of foreign technology, charges for speciality services square measure steady rising and attention moves out of the hands of mortal.

3.Health business could produce to sex business, which can hamper culture of the health business destination.

CONCLUSION

The field is dominated by travel from the Global North to the Global South. We came to the conclusion that more research on South-to-South or intra-regional travel is needed. Additionally, a more in-depth qualitative understanding of traveller's lived experiences, as well as studies using sophisticated quantitative methods and longitudinal research designs, are required. Currently, a tiny, methodologically limited body of cross-sectional, small-n survey studies dominates the subject. Although recent research shows that combining different approaches and disciplines can yield positive results, we believe that more interdisciplinary and theoretical approaches to health and wellness–related travel are needed to bridge the gap between disparate discussions and clarify the phenomenon's mixed conceptualization. Finally, in order to further the theoretical discussion, we proposed a model that considers the traveller's goal (medical/wellness) and status (patient/tourist), which could help to clarify the field's conceptual incoherence and provide fresh approaches to the problem.

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