

Athens Journal of Tourism



Quarterly Academic Periodical, Volume 11, Issue 3, September 2024
URL: <https://www.athensjournals.gr/ajt> Email: journals@atiner.gr



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**Parameters Identification Related to Design of Customer Relationship
Management Structure for Health Tourism Facilitators in Iran: A Case Study of
Iran**

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Published by the Athens Institute for Education and Research (ATINER)

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The *Athens Journal of Tourism (AJT)* is an Open Access quarterly double-blind peer reviewed journal and considers papers from all areas of tourism and related disciplines such as culture, leisure, recreation, geography, urban planning, heritage, sports, historical cities, landscape, architecture etc. The AJT considers theoretical and empirical papers as well as case studies and policy papers. The journal's aim is to be useful to both academics of tourism research and the practitioners of the tourism industry. Many of the papers published in this journal have been presented at the various conferences sponsored by [the Tourism, Leisure & Recreation Unit](#) of the Athens Institute for Education and Research (ATINER). All papers are subject to ATINER's Publication Ethical Policy and Statement. A journal publication might take from a minimum of six months up to one year to appear. All papers are subject to ATINER's [Publication Ethical Policy and Statement](#).

The Athens Journal of Tourism
ISSN NUMBER: 2241-8148- DOI: 10.30958/ajt
Volume 11, Issue 3, September 20224
Download the Entire Issue ([PDF](#))

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The current issue is the third of the eleventh volume of the *Athens Journal of Tourism*, published by the [Tourism, Leisure & Recreation Unit](#) of ATINER.

Gregory T. Papanikos
President
ATINER



Athens Institute for Education and Research

A World Association of Academics and Researchers

18th Annual International Conference on Mediterranean Studies 14-18 April 2025, Athens, Greece

The [Center for European & Mediterranean Affairs](#) organizes the 18th Annual International Conference on Mediterranean Studies, 14-18 April 2025, Athens, Greece sponsored by the [Athens Journal of Mediterranean Studies](#). The aim of the conference is to bring together academics and researchers from all areas of Mediterranean Studies, such as history, arts, archaeology, philosophy, culture, sociology, politics, international relations, economics, business, sports, environment and ecology, etc. You may participate as stream leader, presenter of one paper, chair a session or observer. Please submit a proposal using the form available (<https://www.atiner.gr/2025/FORM-MDT.doc>).

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Important Dates

- Abstract Submission: **17 September 2024**
- Submission of Paper: **17 March 2025**

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- Greek Night Entertainment (This is the official dinner of the conference)
- Athens Sightseeing: Old and New-An Educational Urban Walk
- Social Dinner
- Mycenae Visit
- Exploration of the Aegean Islands
- Delphi Visit
-

More information can be found here: <https://www.atiner.gr/social-program>



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- Acceptance of Abstract: 4 Weeks after Submission
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- **Dr. Valia Kasimati**, Head, [Tourism, Leisure & Recreation Unit](#), ATINER & Researcher, Department of Economic Analysis & Research, Central Bank of Greece, Greece.
- **Dr. Peter Jones**, Co-Editor, [Athens Journal of Tourism](#) & Professor of Management, University of Gloucestershire, UK.

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Innovative Work Behavior and Technological Knowledge Competencies: Evidence from SMEs in Southern Italy

By Francesca Di Virgilio^{*}, Raturaj Baber[‡] & Subhankar Das[°]

The interaction between technology and skills is a key factor influencing the observed differences in productivity and competitiveness. This relationship, in turn, shapes innovative work behavior and stimulates innovation. Recognizing the importance of efficient policies to transition the SME sector towards technology, alongside the awareness of the need to effectively increase regional human capital, are fundamental steps for achieving technology-driven improvements in living standards. SMEs' innovative activity heavily relies on technological opportunity and appropriability, serving as principal industry-level determinants. The present study aims to significantly contribute to existing literature by comprehensively analyzing tools for innovative work behavior and technological knowledge competencies in the SME business environment. Gathering a total of 210 responses, this paper highlights and explains how technological development, particularly through social media, has engaged SMEs across diverse categories and its relative impact on their performance. Additionally, it paves the way for further research in related areas.

Keywords: innovative work behavior, technological knowledge competencies, social media, SMEs, performance

Introduction

To navigate swiftly changing economic landscapes and secure a competitive edge, organizations must demonstrate proficiency in innovation (Bos-Nehles et al. 2017). Sustaining competitiveness and ensuring long-term viability necessitate a continuous commitment to innovation within companies (Santoso and Heng 2019). Consequently, numerous organizations worldwide incentivize innovative work behaviors, recognizing that employees play a crucial role in fostering innovation within organizations (Di Virgilio 2021b, Arain et al. 2020).

Depending on the circumstances, the nature of innovation may encompass various forms, including innovative practices, methodologies, and workplace environments. However, without innovative work behaviors, the realization of innovation remains unattainable, leaving many of the benefits associated with entrepreneurial ideas uncertain, as well as the determination of development and/or implementation costs (Di Virgilio 2021b, Akmal and Mehmood 2020).

Consequently, creative ideas necessitate support, enrichment, and dissemination among colleagues, executives, and consumers to facilitate implementation (Baer 2012).

^{*}Professor, University of Molise, Italy.

[‡]Associate Professor, School of Business & Management, Christ University, India.

[°]Senior Researcher, Southern Star Institute of Management, The Honors Programme, Duy Tan University, Vietnam.

The aims of this paper are to highlight and explain how technological development has involved SMEs of diverse categories and its relative impact on their performance. Particularly in recent years, social media has become a strategic tool for SMEs in the business environment (Di Virgilio et al. 2022, Di Virgilio 2021a).

The rationale behind social media being regarded as indispensable for every SME stems from a shift in company structure, where the customer assumes a central role driven by an innovative perspective. The primary objective is to satisfy customers' needs and expectations. Social networks possess the capacity to bolster this pivotal relationship and yield significant impacts on company performance, which is constantly evolving to align SMEs' objectives with technological capabilities (Di Virgilio and Das 2023a).

The study is a pilot study concerning Molise's SMEs, aimed at estimating their level of technological improvement. The survey results were analyzed using statistical methods to elucidate the various relationships between the principal variables. The Pearson's Chi-square index and the Goodman-Kruskal's Gamma were fundamental for the overall analysis, as they helped decrypt the relative correlation between social media effects on SME profitability and their impact on performance.

The combination of information technology means and organizational skills represents a competitive advantage, as it results in impressive performance that leads to high future incomes. Specifically, the term "technological knowledge competencies" is used to denote the technological resources that a company requires to develop new items or processes in response to market demand (Garcia-Morales et al. 2018). The managerial tool that enables the realization of technological knowledge competencies equates to innovation capabilities, defined as an intangible asset that ensures the transformation of ideas and knowledge into new elements such as products and systems. This also promotes internal welfare within SMEs and enhances their relationships with external stakeholders.

Scientific evidence demonstrates that the growth of technological knowledge competencies is directly proportional to a company's performance. This is because it enhances innovation capability, resource utilization efficiency, and knowledge interaction. Social media plays a fundamental role in validating companies to receive information and acquire technological knowledge competencies. This is achieved through the enhancement of internal communication between employees and managers, enabling faster and more effective learning processes.

In this scenario, the paper is organized into two parts. The first part discusses the literature review on innovative work behavior and past studies related to technological knowledge competencies, the usage of social media in organizations, and their potential influence on firm performance. In the second part, we present a pilot study, and empirical results are showcased in the findings section, followed by discussion and conclusion.

Our exploratory research introduces a tool for understanding the role of innovative work behavior and its influence on technological knowledge competencies, guiding future research on SMEs. Replicating similar studies in other regions and countries is therefore imperative for increasing the generalizability of prior findings.

Literature Review

Innovative Work Behavior: An Overview in Different Organizational Contexts

Innovative Work Behavior (IWB) is an extensively researched subject matter, with the predominant definition within the literature attributed to Janssen (2000). IWB delineates the actions undertaken by employees to conceive, introduce, and purposefully implement novel work concepts within a collective or organizational framework, aiming to enhance performance and integrate themselves into the organizational dynamics (Bogilović et al. 2017, Černe et al. 2014, Rousseau and Aubé 2018, Khalid et al. 2018, Arain et al. 2020, Wang et al. 2018).

IWB concerns the involvement of individuals and groups in the implementation of organizational innovation and aims to increase the total effectiveness and efficiency of the organization and its practices (Bogilović et al. 2017, Černe et al. 2014).

IWB is conceptualized as an intentional attitude on the part of employees to produce and implement new and useful ideas with the goal of creating individual, organizational, or group benefits (Rousseau and Aubé 2018).

IWB is relevant because employees are the primary source of innovation in any organization. Their drive for innovation enables them to contribute to the overall success of the organization (Arain et al. 2020). Employees' determination to identify problems, seek information, codify, and generate ideas in the right way leads to unique and innovative solutions (Karwowski et al. 2019, Reiter-Palmon 2021).

Defined as the intentional attitude of individuals to create and implement innovative ideas that create benefit for themselves, their teams, or their institutions, IWB is identified as problem exploration, idea generation, idea championing, and implementation of innovative ideas (Rousseau and Aubé 2018). The initial feature of idea exploration within the innovation process entails the investigation of opportunities. During this phase, novel methods are delineated to optimize the existing array of products and services (Örnek and Ayas 2015). This stage encompasses a spectrum of activities, including the establishment of organizational processes and the quest for alternative products and services.

Numerous factors contribute to the cultivation of innovative ideas, such as disparities between anticipated outcomes and actual results, unforeseen developments, operational exigencies, fluctuations within the market or sector, demographic shifts, alterations in perceptual frameworks, and the assimilation of new insights pertaining to organizational dynamics (Örnek and Ayas 2015, Middleton and Hall 2021). The prevailing view suggests that IWB embodies a blend of discontinuous and interconnected behaviors, with individuals often engaging in various combinations of these activities simultaneously (Baer 2012).

Empirical studies have uncovered both personal and organizational factors that foster employees' innovative behavior within the workplace. Personal factors encompass attributes intrinsic to individuals, including behavior, personality, motivation, instinct, and cognitive processes. A recent study (Srirahayu et al. 2023) has delineated five organizational factors that may exert influence on IWB

specifically: leadership, organizational behavior, organizational culture, organizational climate, and management. Furthermore, organizational culture stands out as a direct influencer of IWB, with research indicating its positive impact. Organizational climates exhibiting a direct impact on IWB encompass a variety of dimensions, including multiple organizational changes, organizational justice, organizational empowerment, teamwork satisfaction, creative collective efficacy, perceptions of performance appraisal quality, knowledge management, and training opportunities.

Innovation in organizations occurs in a dynamic environment, where competitive advantage is achieved and developed only through continuous adaptation to external changes (Fauchart and Keilbach 2009, Al-Omari et al. 2019, Mustafa et al. 2022). It becomes apparent that innovative work behavior remains a subject of ongoing debate, primarily due to its profound impact on fostering innovation, enhancing individual, group, and organizational performance, and notably, on value creation, competitive advantage acquisition, and sustainability maintenance.

In this scenario, social media has become a strategic tool in the business environment, with technological development involving companies and SMEs across diverse categories and impacting their economic equilibrium (Di Virgilio and Das 2023a, b, Di Virgilio et al. 2022, Di Virgilio 2018). This ongoing process began with an innovative perspective on the customer's role within the company structure, where they now play a central role. Presently, the primary goal is the satisfaction of clients' needs and expectations. Digital solutions for social media have the power to strengthen this crucial relationship and generate consistent effects on company performance, which is continuously evolving to align SMEs' objectives with technological means.

From Technological Knowledge Competencies to Social Media Organizational Performance

The combination of information technology means and organizational skills represents a competitive advantage because it results in impressive performance that leads to high future incomes. In particular, the scientific expression "technological knowledge competencies" is used to indicate the technological resources that a company requires to develop new items or processes to respond to market demand (Garcia-Morales et al. 2018). The managerial tool that allows the realization of "technological knowledge competencies" equals "innovation capabilities," defined as an intangible asset that guarantees the transformation of ideas and knowledge into new elements such as products, systems, and promotes internal welfare within firms and external relations with stakeholders. Scientifically, it has been demonstrated that the growth of "technological knowledge competencies" is directly proportional to a company's performance because it enhances innovation capability, resource utilization efficiency, and knowledge interaction. Social media represent a fundamental key for companies to receive information and gain "technological knowledge competencies" due to the enhancement of internal communication between employees and managers,

enabling faster and better learning. Social media provide a dynamic environment where a firm must participate to achieve its goals (Kaplan and Haenlein 2010).

Furthermore, social media strengthens external interaction, serving as a competitive advantage that can surpass competitors. In this scenario, it is interesting to analyze through a pilot study:

RQ1. How do social media influence performance? Which business areas are involved?

RQ2. What is the correlation between the sector of each entrepreneur's company and the profitability generated by the use of social media in their firms?

Methodology

This section presents exploratory research employed to better understand the SMEs sector in Southern Italy, focusing on new variables not previously investigated in past studies, and to generate initial insights needed for future research. To achieve this goal, an online survey was conducted to gather data for analysis from 210 entrepreneurs of SMEs in the Molise region of Southern Italy.

Our research questions were tested over a period of three months, from October 2023 to December 2023. Out of 300 questionnaires distributed, 210 were returned, generating usable responses for statistical analysis. The main assumption associated with this convenience sampling is that the participants were randomly selected from the Register of SMEs in the Molise Region.

Instrument Development: The Questionnaire

The structure of the questionnaire comprises multiple sections aimed at acquiring information regarding the personal data of the entrepreneur, such as age, education, place of education, residence abroad for long periods, and previous work experience, to individualize the main features of the subject and their abilities. Meanwhile, the second part illustrates the SMEs, identified through their dimensions, legal business form, and business sector.

The last part is considered crucial for this research because it presents an accurate and satisfying overview regarding the implementation of social media and performance (Table 1). It is divided into 14 questions, all adapted from prior studies (To and Ngai 2006, Liang et al. 2007, Wang et al. 2010, Ghobakhloo et al. 2011, Watson 2012, Yen and Tang 2015). The interviewee had the possibility of choosing only one option for each question.

Table 1. *The Third Section of the Survey Concerning the Use of Social Media and Performance*

Construct and items		References
Social Media Usage		(To and Ngai 2006, Ghobakhloo et al. 2011)
SMU 1	Social media is used for advertising and promotion	
SMU 2	Social media is used to search for competitor information	
SMU 3	Social media is used for getting referrals (e-WOM: likes, shares, and followers in Facebook, Instagram, etc.)	
SMU 4	Social media is used to communicate with customers	
SMU 5	Social media used for building customer relations.	
SMU 6	Social media is used to analyze customer requirements more efficiently	
SMU 7	Social media used for marketing and branding	
Ownership/management orientation to apply a social media policy		(Wang et al. 2010, Liang et al. 2007)
OPI 1	Owners/top management considers social media adoption important to the organization	
OPI 2	Owners/top management is likely to invest funds in social media technology	
OPI 3	Owners/top management effectively communicates support for the use of social media	
OPI 4	Owners/top management had established goals and standards to monitor the benefits of social media usage in their organizations.	
Performance in terms of profitability		(Yen and Tang 2015, Watson 2012)
PP1	Achieving firm profit goals over the past 3 years	
PP 2	Having a better return on investment over the past 3 years	
PP 3	Increase in total income over the past 3 years	

To increase the individual frequency and achieve consistent results, the first crucial modification was the categorization of business sector items into ten macro areas. The resulting values were associated with the total frequencies of elements included in each macro area. Frequency of an event is the number that expresses how many times one event occurs in an experiment or study (Irpino and Verde 2015). In the following tables, each sector is presented with its frequency in the sample (Table 2).

Table 2. *Sectors with Respective Frequencies*

Sector	Frequencies	Percentage (%)
Handicraft	17	8
Trade	46	22
Markt & Commun	10	5
Restaurants	21	10
Services	39	18
Professional Offices	65	31
Tourism	12	6
Total	210	100

Another notable variation concerns the third part of the survey, where each answer was assigned a corresponding number. Specifically, the first reply of each question corresponds to the number 1, the second to number 2, and so on. This

allowed for the creation of a simplified table for subsequent analysis. For example, "To develop communication channels with consumers" and "Use of social media can damage own corporate reputation" are assigned number 1, while "To increase sales volume" and "Company products/services could be negatively interpreted by consumers who use social media" are assigned number 2. Consequently, a new sample has been formulated for the core analysis.

Measurement

The examination of multiple variables in the survey will be conducted to evaluate their relationships. The adopted method is divided into three crucial levels: the interpretation of the "Contingency matrix," the "Independent matrix," and the "Pearson's Chi-square index."

Firstly, the "Contingency matrix" allows for the representation of two variables, X (the sector) and Y (the education), corresponding to the simultaneous observation of two attributes on the N units of our sample, along with their respective frequencies (an attribute being the aspect of the considered unit). The overall set of joint frequencies equals the absolute frequencies of the units which present, at the same time, the i-th variable of the first attribute and the j-th variable of the second attribute (where variable indicates the possible values of the attribute) (Valera and Ghahramani 2017).

This type of table comprises further distributions beyond the double one: on one hand, the "marginal distributions," situated in the row and column of the total, express the simple frequency distribution related to the attributes X and Y. In particular, the column of the total represents the simple distribution of the attribute X, where the term n_i refers to the absolute frequency of the units that present the variable x_i in the sample. Similarly, the row of the total represents the absolute frequency of the units that present the variable y_j in the sample. On the other hand, internal rows and internal columns of the matrix identify the conditional distributions (Valera and Ghahramani 2017).

The second step involves defining the "Independent matrix" based on the previous table. Two attributes, X and Y, are independent if the conditional distributions related to one attribute, compared with the variables of the other attribute, are equal to each other. Specifically, the conditional distribution of X is the ratio between the conditional distribution of X and the corresponding row total, whereas the conditional distribution of Y is the ratio between the conditional distribution of Y and the respective column total.

$$\frac{n_{ij}}{n_{i0}} = \frac{n_{0j}}{N} \longrightarrow \bar{n}_{ij} = \frac{n_{i0} \times n_{0j}}{N}$$

Where n_{ij} represents the joint absolute frequency, n_{0j} is the conditional related distribution of X, n_{i0} is the conditional related distribution of Y, and N is the number of elements in the sample, indicating the sample size. The theoretical frequencies of independence; the relative table is also known as the matrix of theoretical frequencies of independence. These frequencies represent what would

have been obtained if the two attributes, based on their simple distributions, had been independent (Hayes and Preacher 2014).

The final step involves calculating the Pearson's Chi-square index to assess the interdependence between the two attributes. When it's not feasible to establish a connection of independence or logical dependence between two variables, the interdependence is analyzed, indicating a bidirectional link between the attributes. Additionally, this index evaluates the association for discrete (or nominal) qualitative attributes. This implies that the variables represent a quality of the unit, and it's only possible to determine if the variables are similar or different. Mathematically, it's defined as follows:

$$\chi^2 = \sum_{i=1}^H \cdot \sum_{j=1}^K \frac{(n_{ij} - n'_{ij})^2}{n'_{ij}}$$

where χ^2 represents the Pearson's Chi-square index, n_{ij} denotes the observed frequencies, and n'_{ij} stands for the theoretical frequencies of independence. The disparity between them is referred to as contingencies (not to be confused with the contingency table!). If the two attributes are perfectly independent, $n_{ij} = n'_{ij}$, resulting in $\chi^2 = 0$. Conversely, if the attributes are associated or interdependent, χ^2 will be positive, increasing as the observed frequencies diverge further from the theoretical ones (Bryant and Satorra 2012).

To assess the relationship between two ordered qualitative attributes, the appropriate index is Goodman-Kruskal's Gamma because it not only measures the strength of the correlation but also indicates the direction. The direction explains whether variables of a higher order, related to one attribute, frequently correspond to variables of a higher or lower order of the other attribute. Consequently, the index determines if there is concordance or discordance between the X and Y variables. In the former case, variables of a higher order of X are associated with variables of a higher order of Y, or variables of a lower order of X are matched with variables of a lower order of Y. In the latter case, variables of a higher order of X are associated with variables of a lower order of Y, or variables of a lower order of X are matched with variables of a higher order of Y.

The gamma index can assume negative values to indicate discordance between the attributes or positive values for concordance. It equals -1 if the sample units are perfectly ordered with the two attributes, and 1 in the opposite situation. Additionally, this index measures the reduction in error when predicting how a pair of units will be ordered with the variables of one attribute compared to knowing how the pair of units will be ordered with the variables of the other attribute. The formula is as follows:

$$\gamma = \frac{N_c - N_d}{N_c + N_d}$$

N_c represents the number of couples equally ordered on both attributes, while N_d refers to the number of couples differently ordered on both attributes (Higham and Higham 2019).

Results and Discussion

This section will thoroughly analyze the relationship between various factors. The obtained results will be interpreted analytically to assess and highlight specific business aspects of SMEs' profiles.

The Relationship between Sector and Education

The correlation between the variable 'Sector' and 'Education' is the focus of the initial segment of this statistical study, aiming to highlight a particular background regarding the entrepreneurs' educational levels, which significantly impact company management (Refer to Tables 3-4).

Table 3. *The Contingency Matrix of Sector and Education*

Sector	High-school Diploma	Bachelor Degree	Middle School Diploma	Professional Course	Total
Handicraft	4	6	7	0	17
Trade	35	9	2	0	46
Markt & Commun	5	5	0	0	10
Restaurants	20	0	1	0	21
Services	26	8	0	5	39
Professional Offices	13	16	1	35	65
Tourism	11	1	0	0	12
Total	114	45	11	40	210

Two noteworthy data points emerge: 52% of the interviewees attained a high school diploma, while only 21.43% obtained a bachelor's degree. Additionally, 54% of professional offices acquired a certificate after completing a professional course. Consequently, the overall educational attainment level falls within the middle to high range.

Table 4. *The Independent Matrix of Sector and Education*

Sector	High-school Diploma	Bachelor Degree	Middle School Diploma	Professional Course	Total
Handicraft	9.2	3.6	0.9	3.2	17
Trade	25.0	9.9	2.4	8.8	46
Markt & Commun	5.4	2.1	0.5	1.9	10
Restaurants	11.4	4.5	1.1	4.0	21
Services	21.2	8.4	2.0	7.4	39
Professional Offices	35.3	13.9	3.4	12.4	65
Tourism	6.5	2.6	0.6	2.3	12
Total	114	45	11	40	210

The final result is 72.46%, calculated by dividing the total result of the chi-square matrix by the total result of the independent matrix (Table 5). This demonstrates a high dependence between the 'Sector' variable and the 'Education' variable, indicating that the majority of entrepreneurs in SMEs in Molise have obtained an educational certificate to enhance their abilities and knowledge. Specifically, the highlighted data reveal that 24.52% of professional offices have a high school diploma, with 71.99% of them being positively correlated with participation in a professional course. Another noteworthy finding pertains to the handicraft category, where 84.44% exhibit a strong dependence on obtaining a middle school diploma.

Table 5. *The Chi-square Matrix of Sector and Education*

Sector	High-school Diploma	Bachelor Degree	Middle school Diploma	Professional Course	Total
Handicraft	3.0	1.5	41.9	3.2	49.6
Trade	4.0	0.1	0.1	8.8	12.9
Markt & Commun	0.0	3.8	0.5	1.9	6.3
Restaurants	6.5	4.5	0.0	4.0	15.0
Services	1.1	0.0	2.0	0.8	4.0
Professional Offices	14.1	0.3	1.7	41.3	57.4
Tourism	3.1	1.0	0.6	2.3	7.0
Total	31.8	11.2	46.9	62.3	152.2

The Relationship between Sector and Social Media Effects on Profitability

Firstly, it is important to clarify the distinction between profit and profitability. Profit refers to the absolute number representing the revenues generated by a company exceeding its expenses. In contrast, profitability is a relative measure indicating a company's profit in relation to the size of its business, serving as a measurement of efficiency. Additionally, profitability reflects a business's ability to generate a return on investment across its resources compared to alternative investments. Therefore, while a company may realize a profit, it does not necessarily mean that it is profitable (Tulsian 2014).

Although the process for formulating the three tables follows the same steps as the previously, a crucial aspect must be highlighted. Profitability is an ordered qualitative attribute, as it expresses a quality of the unit, and a natural order exists among the diverse variables. Consequently, each value corresponds to a specific estimation, as depicted in the following matrices (Tables 6-7).

Table 6. *The Contingency Matrix of Sector and Social Media Effects on Profitability*

Sector	0-Null	1-Minimum	2-Sufficient	3-Good	4-Excellent	Total
Handicraft	9	2	2	1	3	17
Trade	4	2	31	8	1	46
Markt & Commun	2	1	5	2	0	10
Restaurants	10	0	8	3	0	21
Services	19	3	14	2	1	39
Professional Offices	24	2	26	13	0	65
Tourism	0	0	7	4	1	12
Total	68	10	93	33	6	210

Table 7. *The Independent Matrix of Sector and Social Media Effects on Profitability*

Sector	0-Null	1-Minimum	2-Sufficient	3-Good	4-Excellent	Total
Handicraft	5.5	0.8	7.5	2.7	0.5	17.0
Trade	14.9	2.2	20.4	7.2	1.3	46.0
Markt & Commun	3.2	0.5	4.4	1.6	0.3	10.0
Restaurants	6.8	1.0	9.3	3.3	0.6	21.0
Services	12.6	1.9	17.3	6.1	1.1	39.0
Professional Offices	21.0	3.1	28.8	10.2	1.9	65.0
Tourism	3.9	0.6	5.3	1.9	0.3	12.0
Total	68.0	10.0	93.0	33.0	6.0	210.0

The analysis reveals a marginal correlation between the “Sector” variable and its impact on profitability, as evidenced by the total result of 28.70% (Table 8). This suggests that the sector has minimal influence on the profitability generated by integrating social media into the organization. Notably, the 22,1 value indicates a stronger association between the two factors, signifying that the adoption of this innovative tool is particularly advantageous for the handicraft sector, where 58.92% of entrepreneurs have reported significant benefits in their organizations.

Table 8. *The Chi-square Matrix of Sector and Social Media Effects on Profitability*

Sector	0-Null	1-Minimum	2-Sufficient	3-Good	4-Excellent	Total
Handicraft	2.2	1.8	4.1	1.0	13.0	22.1
Trade	8.0	0.0	5.5	0.1	0.1	13.7
Markt & Commun	0.5	0.6	0.1	0.1	0.3	1.5
Restaurants	1.5	1.0	0.2	0.0	0.6	3.3
Services	3.2	0.7	0.6	2.8	0.0	7.3
Professional Offices	0.4	0.4	0.3	0.8	1.9	3.7
Tourism	3.9	0.6	0.5	2.4	1.3	8.6
Total	19.7	5.0	11.3	7.2	17.1	60.3

The Relationship between Education and Social Media Effects on Profitability

The contingency table provides a comprehensive overview of entrepreneurs with different educational backgrounds and their respective influence on company profitability, as indicated by the estimated class values associated with each (Table 9). Subsequently, the analysis entails a direct comparison between the negative and positive outcomes depicted by the various marginal totals of the “Education” variable (Figure 2). Furthermore, employing a histogram with grouped columns would be an effective method to illustrate this relationship (Figure 3).

Table 9. *The Contingency Matrix of Education and Social Media Effects on Profitability*

Education	0-Null	1-Minimum	2-Sufficient	3-Good	4-Excellent	Total
Middle school Diploma	5	2	2	0	2	11
Professional Course	10	2	17	11	0	40
High-school Diploma	32	2	61	16	3	114
Bachelor Degree	21	4	13	6	1	45
Total	68	10	93	33	6	110

Figure 2. *Negative and Positive Results*

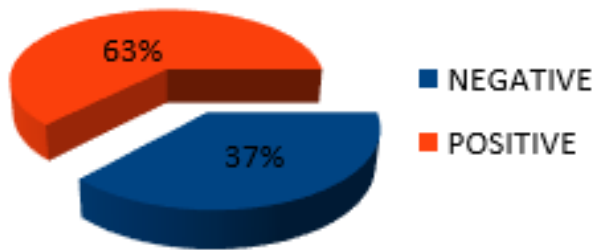
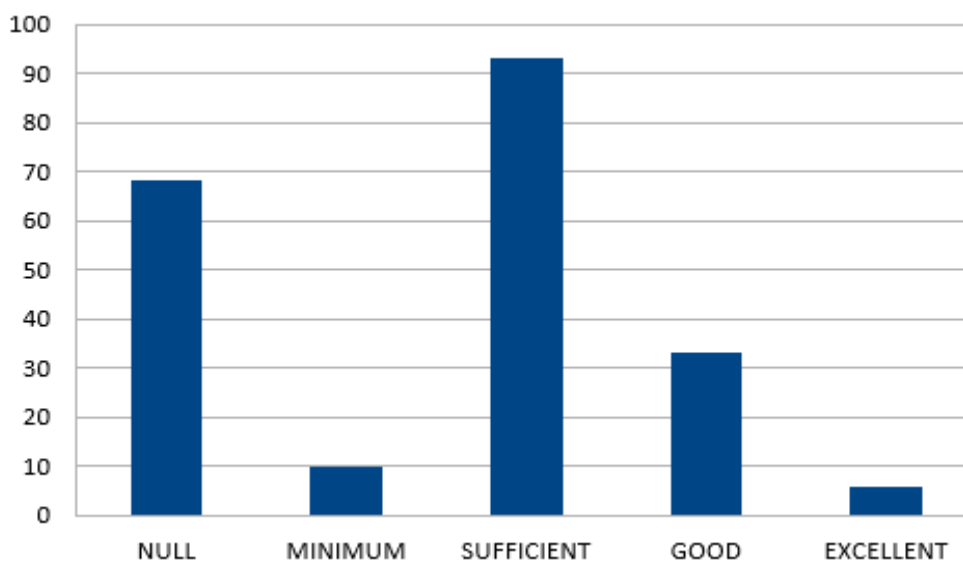


Figure 3. *The Evaluation of Social Media Effects on Company Profitability*



The histogram provides a clear visual representation of the different categories of social media (SM) effects on company profitability alongside the distribution of entrepreneurs across various educational levels. The data indicate that 44.29% of entrepreneurs have successfully integrated social media to achieve significant improvements in firm profitability. Conversely, a substantial proportion, accounting for 32.38%, experienced negligible effects. Interestingly, only 2.86% of entrepreneurs reported outstanding outcomes. These findings suggest that while the implementation process is ongoing, SMEs in Molise have effectively begun integrating social networks into their operations, leading to positive profitability levels.

The Relationship between Age and Social Media Effects on Performance

In the survey, other essential factors were examined. The first one is "Age", aiming to identify the intervals where the majority of interviewed entrepreneurs fall (Table 10).

Table 10. Age Group

Age	N.
Up to 30	13
31-40	40
41-50	86
51-60	48
Over 60	23
Total	210

The class with the greatest significance is the third one, 41-50, as evidenced by the calculation of the arithmetic mean, median, and mode. The arithmetic mean is the value that, when substituted for the observed variables, does not alter the overall intensity of an attribute. The general formula is as follows:

$$\bar{x} = \frac{\sum_{i=1}^N x_i}{N}$$

$$\text{For classes, the formula transforms to: } \bar{x} = \frac{\sum_{i=1}^k x'_i n_i}{N}, \quad x'_i = \frac{x_i + x_{i+1}}{2}$$

Where k is the number of variables pertaining to the attribute, x_i and x_{i+1} represent the boundaries of a specific class, and n_i denotes the corresponding absolute frequency. In this instance, the arithmetic mean equals 46. The median is the variable that splits the distribution into two groups with equal numbers. The variables must be arranged from the minimum to the maximum. Two scenarios can be distinguished:

- If the number of data (N) is odd, the median corresponds to the central value, which is the value occupying the position $(n+1)/2$.
- If the number of data is even, the median is estimated between the two values covering positions $(n/2)$ and $[(n/2)+1]$. Their arithmetic mean is selected if the attribute is quantitative.

- If the variables are grouped in classes, the median class is identified by integrating the cumulative frequencies. These are the sums of the absolute frequencies related to the variable or class of variables under consideration and the sums of the absolute frequencies of the preceding variables or classes. Meanwhile, the cumulative relative frequencies associated with a mode or a class of modes are defined as the ratio between its cumulative absolute frequency and the sum of total absolute frequencies present in the sample. The formula is:

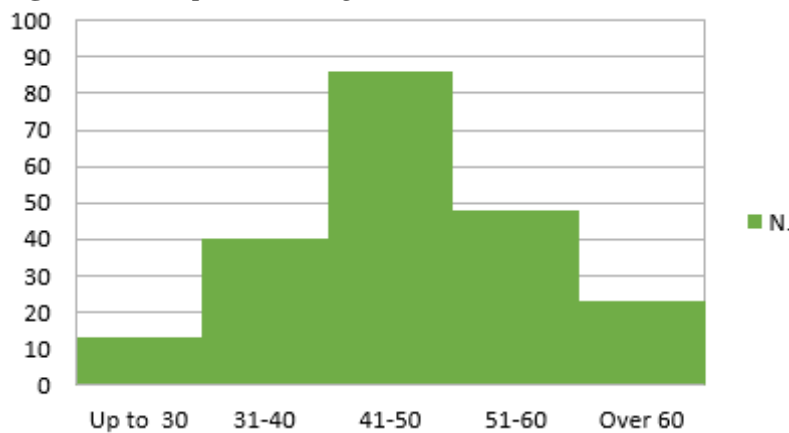
$$N_k = \sum_{i=1}^k n_i \quad \Longrightarrow \quad F_k = \frac{N_k}{N} = \sum_{i=1}^k f_i$$

Where n_i is the absolute frequency of the i -th variable, and f_i is the relative frequency of the i -th variable. For classes, the median is calculated differently, as shown in the following formula:

$$Me = X_i + (X_{i+1} - X_i) \frac{0.5 - F_i}{F_{i+1} - F_i}$$

Where $(X_{i+1} - X_i)$ indicates the range between the two extremes of the class, F_i is the cumulative relative frequency of the i -th observation, and F_{i+1} is the cumulative relative frequency of the next class. In this case, it equals 45. The mode represents the variable with the highest frequency and it equals to 41 (Sarkar and Rashid 2016). The calculated values of the arithmetic mean, median, and mode of the “Age” variable are depicted in the following histogram. It is evident that 40.95% of entrepreneurs fall within the 41-50 years old class (Figure 4). It can be inferred that the majority of individuals who decide to start a business have previous work experiences, which are fundamental for acquiring practical skills, regardless of the educational level attained for their personal cultural background.

Figure 4. *Entrepreneurs’ Age*



The analysis delves into the paper's critical aspects, focusing on the relationship between the “Age” variable and the “Social Media Effects on Performance” variable. Notably, the latter is an ordered qualitative attribute, with each value

corresponding to a specific estimation as depicted in the following tables (Tables 11-12). The methodology involves formulating the contingency matrix, the independent table, and the chi-square matrix to discern the significance of their relationship.

Table 11. *The Contingency Matrix of Age and Social Media Effects on Performance*

Age	0-Null	3-Minimum	7-Good	9-Excellent	Total
22	1	3	2		6
25	1	1	2		4
28	2	0	1		3
32	1	3	3		7
34	2	2	0	1	5
35	1	0	4	1	6
36	4	7	3	0	14
38	1	2	4	2	9
41	7	9	9	1	26
43	3	0	2	0	5
44	7	6	1	1	15
45	3	2	1	2	8
48	6	6	6	1	19
49	2	4	3	1	10
51	4	2	2	2	10
52	1	4	4	1	10
56	5	4	4	0	13
57	4	3	3	0	10
58	0	1	3	1	5
60	4	1	0		5
62	3	1	1		5
63	1	2	3		6
65	5	1	2	1	9
Total	68	64	63	15	210

Table 12. *The Independent Matrix of Age and Social Media Effects on Performance*

Age	0-Null	3-Minimum	7-Good	9-Excellent	Total
22	1.9	1.8	1.8	0.4	6.0
25	1.3	1.2	1.2	0.3	4.0
28	1.0	0.9	0.9	0.2	3.0
32	2.3	2.1	2.1	0.5	7.0
34	1.6	1.5	1.5	0.4	5.0
35	1.9	1.8	1.8	0.4	6.0
36	4.5	4.3	4.2	1.0	14.0
38	2.9	2.7	2.7	0.6	9.0
41	8.4	7.9	7.8	1.9	26.0
43	1.6	1.5	1.5	0.4	5.0
44	4.9	4.6	4.5	1.1	15.0
45	2.6	2.4	2.4	0.6	8.0
48	6.2	5.8	5.7	1.4	19.0
49	3.2	3.0	3.0	0.7	10.0
51	3.2	3.0	3.0	0.7	10.0
52	3.2	3.0	3.0	0.7	10.0
56	4.2	4.0	3.9	0.9	13.0
57	3.2	3.0	3.0	0.7	10.0

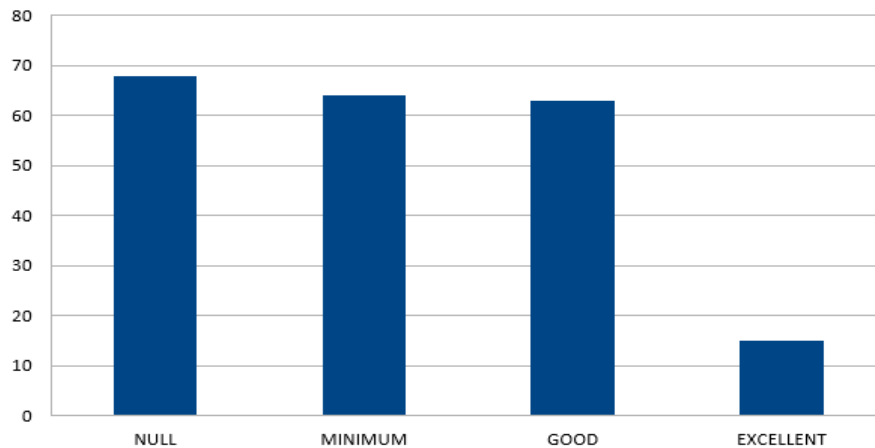
58	1.6	1.5	1.5	0.4	5.0
60	1.6	1.5	1.5	0.4	5.0
62	1.6	1.5	1.5	0.4	5.0
63	1.9	1.8	1.8	0.4	6.0
65	2.9	2.7	2.7	0.6	9.0
Total	68.0	64.0	63.0	15.0	210.0

The ultimate finding reveals a modest dependency of 29.22% between the two variables (Table 13). This suggests that the impact of social media on company performance is not significantly influenced by the age of the entrepreneur.

Table 13. *The Chi-square Matrix of Age and Social Media Effects on Performance*

Age	0-Null	3-Minimum	7-Good	9-Excellent	Total
22	0.5	0.8	0.0	0.4	1.7
25	0.1	0.0	0.5	0.3	0.9
28	1.1	0.9	0.0	0.2	2.2
32	0.7	0.4	0.4	0.5	1.9
34	0.1	0.1	1.5	1.2	2.9
35	0.5	1.8	2.7	0.8	5.7
36	0.1	1.8	0.3	1.0	3.2
38	1.3	0.2	0.6	2.9	4.9
41	0.2	0.1	0.2	0.4	1.0
43	1.2	1.5	0.2	0.4	3.2
44	0.9	0.4	2.7	0.0	4.1
45	0.1	0.1	0.8	3.6	4.5
48	0.0	0.0	0.0	0.1	0.1
49	0.5	0.3	0.0	0.1	0.9
51	0.2	0.4	0.3	2.3	3.2
52	1.5	0.3	0.3	0.1	2.3
56	0.1	0.0	0.0	0.9	1.1
57	0.2	0.0	0.0	0.7	0.9
58	1.6	0.2	1.5	1.2	4.5
60	3.5	0.2	1.5	0.4	5.5
62	1.2	0.2	0.2	0.4	1.9
63	0.5	0.0	0.8	0.4	1.7
65	1.5	1.1	0.2	0.2	3.0
Total	17.4	10.8	14.8	18.3	61.4

Hence, it is advisable to examine the following graph derived from the contingency matrix for a clearer insight into the correlation between the two variables under scrutiny (Figure 5).

Figure 5. *The Evaluation of Social Media Effects on Company Performance*

While 32.38% of entrepreneurs in SMEs experienced no discernible impact on their organizations, 30.48% and 30% respectively attained minimal and satisfactory outcomes. This suggests that in SMEs in Molise, more time is required to identify the most effective strategy for seamlessly integrating social networks, ensuring substantial future improvements in company performance.

The Relationship between Social Media effects on Performance and Social Media Effects on Profitability

When examining the association between two ordered qualitative attributes, the optimal approach involves several steps: beginning with the formulation of the contingency table as the foundation for subsequent calculations. These calculations involve determining the Goodman-Kruskal's Gamma index, which includes two additional steps: identifying N_c , representing the number of couples equally ordered on both attributes, and N_d , the number of couples differently ordered on both attributes (Table 14).

Table 14. *The Contingency Matrix of Social Media Effects on Performance and Social Media Effects on Profitability*

SM effects on Performance	0-Null	3-Minimum	6-Sufficient	8-Good	9-Excellent	Total
0-Null	68					68
3-Minimum		6	25	33		64
8-Good			63			63
9-Excellent		4	5		6	15
Total	68	10	93	33	6	210

The orange value represents the N_c , calculated by summing the marginal totals of either the "Social Media Effects on Performance" variable or the "Social Media Effects on Profitability" variable (Table 15).

Table 15. *The Matrix of Social Media Effects on Performance and Social Media Effects on Profitability for the Concordance Definition*

SM effects on Performance	0-Null	3-Minimum	6-Sufficient	8-Good	9-Excellent	Total
0-Null	9656					9656
3-Minimum		444	150	198		792
8-Good			378			378
9-Excellent						0
Total	9656	444	528	198	0	10826

Each n_{ij} is calculated by multiplying each n_{ij} value from the contingency table by the sum of the variables of the contingency matrix within the imaginary rectangle located in the right area of the considered n_{ij} , from the subsequent row of the n_{ij} value to the last one (excluding the row that contains the marginal total) (Tables 16-17). In this instance, the final total indicates a positive concordance.

Table 16. *The Matrix of Social Media Effects on Performance and Social Media Effects on Profitability for the Concordance Definition (Example 1)*

SM effects on Performance	0-Null	3-Minimum	6-Sufficient	8-Good	9-Excellent	Total
0-Null	68					68
3-Minimum		6	25	33		64
8-Good			63			63
9-Excellent		4	5		6	15
Total	68	10	93	33	6	210

Table 17. *The Matrix of Social Media Effects on Performance and Social Media Effects on Profitability for the Concordance Definition (Example 2)*

SM effects on Performance	0-Null	3-Minimum	6-Sufficient	8-Good	9-Excellent	Total
0-Null	68					68
3-Minimum		6	25	33		64
8-Good			63			63
9-Excellent		4	5		6	15
Total	68	10	93	33	6	210

The orange value represents the N_d , which is calculated by summing up the marginal total of the "Social Media Effects on Performance" variable or the marginal total of the "Social Media Effects on Profitability" variable (Table 18).

Table 18. *The Matrix of Social Media Effects on Performance and Social Media Effects on Profitability for the Discordance Definition*

SM effects on Performance	0-Null	3-Minimum	6-Sufficient	8-Good	9-Excellent	Total
0-Null						0
3-Minimum			100	2376		2476
8-Good			252			252
9-Excellent						0
Total	0	0	352	2376	0	2728

Each n_{ij} is calculated by multiplying each n_{ij} value in the contingency table by the sum of variables in the contingency matrix within the imaginary rectangle located in the left area of the n_{ij} being considered, from the subsequent row of the n_{ij} value to the last one (excluding the row that displays the marginal total). In this instance, the overall total indicates a positive discordance.

The findings indicate a clear improvement in company profitability and performance due to the effects of social media. Additionally, it's worth noting the significance of the Return on Investment (ROI) index, a widely recognized measure of profitability and a key performance indicator guiding entrepreneurs' investment decisions (Broccardo and Zicari 2020). The analysis reveals that in 60% of cases, an increase in profitability corresponds to a parallel growth in performance, directly impacting the enhancement of the ROI index attributed to social media (Hoffman and Fodor 2010).

In summary, the integration of social networks has boosted social media ROI within SMEs in Molise, leading to significant improvements in efficiency, effectiveness, and alignment with strategic objectives. However, there's potential for further progress, moving from the "Sufficient or Good" level to the "Excellent" one. This progression promises positive outcomes, primarily within internal sectors, facilitating enhanced communication among employees and departments or supporting personnel recruitment efforts. Externally, it strengthens connections with the cornerstone of the company structure.

Conclusion

The statistical results presented in the final paper provide further evidence affirming the crucial role of social media within company infrastructure, addressing several key aspects outlined in our research inquiries. Social networks have demonstrably elevated company performance and profitability, fostering innovation, optimizing resource productivity, and facilitating knowledge exchange among employees and managers. To quantify the economic impact of social media, a specific economic index known as Social Media Return on Investment was devised. Various frameworks and models were developed to standardize the calculation of this index across different organizational categories (Schleicher et al. 2018). Nevertheless, ongoing discussions persist, with many researchers actively engaged in resolving related issues.

For example, a social media initiative might target improving customer loyalty, a task complicated by the challenge of accurately gauging emotions and sentiments. Therefore, metrics should focus on factors directly influencing the objective. The pivotal aspect of implementing such a program is effectively assessing its performance in achieving goals through social media integration. Therefore, it's important to pinpoint relevant metrics and leverage social capital to understand the community's role in brand awareness. In summary, SMEs should establish clear objectives for social media implementation. Currently, there are no standardized strategies for social media measurement, allowing each firm to

customize approaches according to its specific goals and technological knowledge competencies.

Acknowledgments

Research Activity carried out in the framework of the NextGenerationEU - National Recovery and Resilience Plan, Mission 4 Education and Research - Component 2 from research to business - Investment 1.5, ECS_00000041 VITALITY - Innovation, digitalisation and sustainability for the diffused economy in Central Italy - CUP H73C22000320001.

References

- Akmal M, Mehmood KK (2020) A systematic review of the literature on innovative work behavior. *IBT Journal of Business Studies (JBS)* 16(2): 84–102.
- Al-Omari MA, Choo LS, Ali MAM (2019) Innovative work behavior: A review of literature. *International Journal of Psychosocial Rehabilitation* 23(2): 39–47.
- Arain GA, Bhatti ZA, Hameed I, Fang YH (2020) Top-down knowledge hiding and innovative work behavior (IWB): a three-way moderated-mediation analysis of self-efficacy and local/foreign status. *Journal of Knowledge Management* 24(2): 127–149.
- Baer M (2012) Putting creativity to work: The implementation of creative ideas in organizations. *Academy of Management Journal* 55(5): 1102–1119.
- Bogilović S, Černe M, Škerlavaj M (2017) Hiding behind a mask? Cultural intelligence, knowledge hiding, and individual and team creativity. *European Journal of Work and Organizational Psychology* 26(5): 710–723.
- Bos-Nehles A, Renkema M, Janssen M (2017) HRM and innovative work behaviour: A systematic literature review. *Personnel Review* 46(7): 1228–1253.
- Broccardo L, Zicari A (2020) Sustainability as a driver for value creation: A business model analysis of small and medium enterprises in the Italian wine sector. *Journal of Cleaner Production* 259(1): 1–41.
- Bryant F., Satorra A. (2012) Principles and practise of scaled difference chi-square testing”, Structural Equation Modeling. *A Multidisciplinary Journal* 19(3): 372-398.
- Černe M, Nerstad CG, Dysvik A, Škerlavaj M (2014) What goes around comes around: Knowledge hiding, perceived motivational climate, and creativity. *Academy of Management Journal* 57(1): 172–192.
- Di Virgilio F (2018) *Social Media for Knowledge Management Applications in Modern Organizations*. Pennsylvania, USA: IGI Global.
- Di Virgilio F (2021a) The Social Media usage and impact on performance of SMEs: a new entrepreneur behavior on policy implementation. In MJ, Sousa, CG Marques (eds.), *Innovations and social media analytics in a digital society*. CRC Press.
- Di Virgilio F (2021b) Bringing Social Media IntoWork: The Positive and Negative Effects on Policy Implementation – An Introduction to Theory and Research. In R Yadav, P Panday, N Sharma (eds.), *Critical Issues on Changing Dynamics in Employee Relations and Workforce Diversity*, chapter 7, 121–142. Pennsylvania, USA: IGI Global.
- Di Virgilio F, Das S (2023a) Digital Solutions for Social Media: Role of Digital Evolution on Business Enterprises. In S Das, S Gochhait (eds.), *Digital Entertainment as Next*

- Evolution in Service Sector*, Chapter 9, 127–146. Singapore: Palgrave Macmillan.
- Di Virgilio F, Das S (2023b) Digitalization of Enterprises from a New Normal Sustainable Development Perspective: Opportunities and Challenges. In SR Mondal, C Yegen, S Das (eds.), *New Normal in Digital Enterprises*, Chapter 9, 183–201. Singapore: Palgrave Macmillan.
- Di Virgilio F, Soliman M, Anwar ul Haq M (2022) The Influence of Social Media Usage on Firm Performance During the COVID-19 Era: An Empirical Study. In SR Mondal, F Di Virgilio, S Das (eds.), *HR Analytics and Digital HR Practices*, chapter 2, 25–43. Singapore: Palgrave Macmillan.
- Fauchart E, Keilbach M (2009) Testing a model of exploration and exploitation as innovation strategies. *Small Business Economics* 33(Mar): 257–272.
- Garcia-Morales V, Martin-Rojas R, Lardón-López M (2018) Influence of social media technologies on organizational performance through knowledge and innovation. *Baltic Journal of Management* 13(3): 345–367.
- Ghobakhloo M, Arias-Aranda D, Benitez-Amado J (2011) Adoption of e-commerce applications in SMEs. *Industrial Management Data System* 111(8): 1238–1269.
- Hayes AF, Preacher KJ (2014) Statistical mediation analysis with a multi-categorical independent variable. *British Journal of Mathematical and Statistical Psychology* 67(3): 451–470.
- Higham PA, Higham DP (2019) New improved gamma: Enhancing the accuracy of Goodman–Kruskal’s gamma using ROC curves. *Behaviour Research Method* 51(1): 108–125.
- Hoffman DL, Fodor M (2010) Can you measure the ROI of your social media marketing? *MIT Sloan, Management Review* 52(1): 41–49.
- Irpino A, Verde R (2015) Basic statistics for distributional symbolic variables: a new metric-based approach. *Advances in Data Analysis and Classification* 9(1): 143–175.
- Janssen O (2000) Job demands, perceptions of effort-reward fairness and innovative work behaviour. *Journal of Occupational and organizational psychology* 73(3): 287–302.
- Kaplan AM, Haenlein M (2010) Users of the world, unite! The challenges and opportunities of Social Media. *Business Horizons* 53(1): 59–68.
- Karwowski M, Han MH, Beghetto RA (2019) Toward dynamizing the measurement of creative confidence beliefs. *Psychology of Aesthetics, Creativity, and the Arts* 13(2): 193.
- Khalid M, Bashir S, Khan AK, Abbas N (2018) When and how abusive supervision leads to knowledge hiding behaviors: An Islamic work ethics perspective. *Leadership & Organization Development Journal* 39(6): 794–806.
- Liang H, Saraf N, Hu Q, Xue Y (2007) Assimilation of enterprise systems: the effect of institutional pressures and the mediating role of top management. *MIS Quarterly* 31(1): 59–87.
- Middleton L, Hall H (2021) Workplace information literacy: a bridge to the development of innovative work behaviour. *Journal of Documentation* 77(6): 1343–1363.
- Mustafa S, Hao T, Qiao Y, Kifayat Shah S, Sun R (2022) How a successful implementation and sustainable growth of e-commerce can be achieved in developing countries; a pathway towards green economy. *Frontiers in Environmental Science* 10(Aug).
- Örnek AŞ, Ayas S (2015) The relationship between intellectual capital, innovative work behavior and business performance reflection. *Procedia-Social and Behavioral Sciences* 195(Jul): 1387–1395.
- Reiter-Palmon R, Kennel V, Allen JA (2021) Teams in small organizations: Conceptual, methodological, and practical considerations. *Frontiers in Psychology* 12(Mar): 530291.

- Rousseau V, Aubé C (2018) When leaders stifle innovation in work teams: The role of abusive supervision. *Journal of Business Ethics* 151(3): 651–664.
- Santoso H, Heng C (2019) Creating innovative work behaviour: The roles of self-efficacy, leader competency, and friendly workplace. *International Journal of Economics and Business Research* 18(3): 328–342.
- Sarkar J, Rashid M (2016) Visualizing mean, median, mean Deviation, and standard deviation of a set of numbers. *The American Statistician* 70(3): 304–312.
- Schleicher DJ, Baumann HM, Sullivan DW, Levy PE, Hargrove DC, Barros-Rivera BA (2018) Putting the System into Performance Management Systems: A Review and Agenda for Performance Management Research. *Journal of Management* 44(6): 2209–2245.
- Srirahayu, DP, Ekowati D, Sridadi AR (2023) Innovative work behavior in public organizations: A systematic literature review. *Heliyon* 9(2): e13557.
- To ML, Ngai EW (2006) Predicting the organisational adoption of B2C e-commerce: an empirical study. *Industrial Management & Data Systems* 106(8): 1133–1147.
- Tulsian M (2014) Profitability Analysis (A comparative study of SAIL & TATA Steel). *Journal of Economics and Finance* 3(2): 19–22.
- Valera I, Ghahramani Z (2017) Automatic discovery of the statistical types of variables in a dataset. *Proceedings of the 34th International Conference on Machine Learning* 70(1): 3521–3529.
- Wang H, Wang L, Liu C (2018) Employee competitive attitude and competitive behavior promote job-crafting and performance: A two-component dynamic model. *Frontiers in Psychology* 9: 416339.
- Wang YM, Wang YS, Yang YF (2010) Understanding the determinants of RFID adoption in the manufacturing industry. *Technology Forecasting Social Change* 77(5): 803–815.
- Watson J (2012) Networking: Gender differences and the association with firm performance. *International Small Business Journal* 30(5): 536-558.
- Yen CLA, Tag CHH (2015) Hotel attribute performance, eWom motivations, and media choice. *International Journal of Hospitality Management* 46(Apr): 79–88.

Advantages and Challenges of Health Tourism Development in Croatia

By Anica Hunjet^{*}, Goran Kozina[±] & Anton Vučaj[°]

This paper presents the advantages and challenges of Croatia as a health tourism destination. Croatia is a popular tourist destination where tourism significantly contributes to the country's GDP. Health tourism in Croatia is based on natural health resorts, preventative medical and rehabilitation programs, and various wellness offerings. However, the current state of health tourism is not very promising, as large medical institutions (such as clinical hospital centers, general hospitals, and polyclinics) show little interest. Previous guests have expressed dissatisfaction with the lack of innovation in the programs offered and the limited accessibility for persons with special needs. Significant investment in hotel and medical infrastructure is necessary to meet contemporary global tourist demand, including staff education and increased competitiveness in the international market. This research highlights the importance of health tourism as a selective type necessary for the current and future development of tourism at both local and international levels. The objective is to understand the existing potential of the Saint Nicholas Polyclinic and explore possibilities to further valorize health resources. The research methodology included a survey questionnaire, with results displayed graphically. The findings indicate that Croatia has the prerequisites for health tourism development, particularly in medical tourism.

Keywords: *tourism, health tourism, sanatorium, polyclinic, development*

Introduction

Croatia has a strong foundation for developing a successful health tourism destination, offering safe, high-quality, and accessible treatments in dental and cosmetic surgery, physical therapy, and medical rehabilitation. According to the Croatian National Bank, tourism contributes nearly 20% to the country's GDP. In 2019, before the 2020 pandemic, tourism contributed significantly to Croatia's Gross Domestic Product (www.htz.hr). Unfortunately, health tourism accounts for only a small portion of this contribution. The observed co-dependence between GDP and tourism is potentially problematic and risky due to external factors beyond the control of service providers, such as the COVID-19 pandemic and subsequent lockdowns.

To maximize tourism's potential, health tourism must be leveraged, as it is in season year-round and arises from need rather than want. Croatia has natural advantages, a long tradition, and the potential for excellent infrastructure for health

^{*}Vice Rector, University North, Croatia.

[±]Vice Rector, University North, Croatia.

[°]Chief Financial Officer, Croatia.

tourism, including medical centers, hospitals, sanatoriums, spas, and wellness centers. However, political and transportation infrastructures require significant reengineering and improvement.

Croatia is a potentially attractive health tourism destination due to its natural and geographical features. Dubbed “The Mediterranean Garden,” Croatia boasts eight national parks and eleven nature parks, with one-tenth of its territory under some form of nature preservation and protection program. Croatia is an attractive year-round destination due to its beautiful nature, rich history, beneficial climate, powerful tradition, numerous cultural sights, professional staff, and high-quality service. Simply put, Croatia offers value for money. Certain natural predispositions, such as its mild climate, natural factors, and proximity to other European destinations, helped Croatia establish a foothold in health tourism as far back as the nineteenth century.

Before the COVID-19 pandemic, tourism was the third-largest export category in the world after fuel and chemicals. Tourism creates jobs and boosts economies, and the sector's recovery is expected to spur growth worldwide (Al-Balushi and Atef 2024). Tourism organizations, supranational political bodies, and national governments see a sustainable tourism economy as key to recovery after the COVID-19 pandemic (Jones 2022).

However, health tourism in Croatia faces significant challenges. Private healthcare clinics are frustrated by the lack of official coordination within the health tourism segment. While the Kvarner Health Tourism Cluster enjoys the most global recognition, there are other significant health clusters, especially in Zagreb. Some private clinics have gained international recognition, such as The Saint Catherine Specialty Hospital, The Saint Nicholas Polyclinic in Varaždin, The Bagatin Clinic, and The Eye Clinic Light. These clinics have invested significant funds in marketing. However, many entrepreneurs promoting health tourism within their institutions face the problem: “an entrepreneur cannot brand a destination.” Various fragmented initiatives have led to confusion in the international market for Croatian health tourism, lack of cohesion, and competition among clinics and regions rather than a unified strategy to establish Croatia as a top health tourism brand.

Croatia holds immense potential for developing health tourism as an integral part of its tourism industry. However, a lack of public sector efforts and political will has diminished these possibilities. Croatia needs a thorough reform of the health sector to improve its outdated infrastructure, low-quality services, lodgings, and accompanying recreational and hospitality facilities.

Literature Review

Conceptual Determination of the Term “Health Tourism”

Health tourism encompasses subcategories such as medical tourism, thermal tourism, spa and wellness tourism, tourism for the elderly, sports tourism, and tourism for the disabled. It involves travel with the objective of benefiting from

treatments, therapies, or activities that improve or maintain certain health conditions. The primary goal of health tourism is to contribute to the physical, mental, and spiritual health of individuals through medical and wellness activities. Health tourism includes both mental and spiritual health via medical and wellness tourism, referring to travel to another country for health services and treatment (IGI Global 2022).

Several authors and institutions have defined health tourism. Quintela et al. (2016) describe it as based on travel to take care of one's health. The International Union of Tourism Organizations (IUTO) defines health tourism as "providing health services that utilize natural resources of the land, particularly mineral water and climate" (IUTO 1973). Goodrich and Goodrich (1987) define it narrowly as: "... an attempt made by a tourist facility (a hotel, f. e.) or destination (Baden, Switzerland, f. e.) to attract tourists by intentionally promoting their health services and facilities alongside their regular tourist facilities and programs." Hall (2011) suggests that "Health tourism is a commercial phenomenon of the industrial society, which includes a person travelling overnight, away from their usual home environment, in order to obtain specific benefits, i.e., improvement or maintenance of their health, via services provided by facilities and destinations that offer such benefits."

Despite the lack of a universal definition, health tourism remains underdeveloped both professionally and legally. According to Quintela et al. (2016), health tourism spans from wellness to hospital/clinical tourism, including specialized hospitality companies and health service providers.

Back in 1841, Thomas Cook organized a roundtrip for 570 people, who all travelled from Leicester to warm springs in Loughborough (Zhong et al. 2021). This has become known as the first historically documented trip organized by a travel agent. This instance, however, isn't the oldest example of health travel and tourism: way back in Ancient Greece, people used to cross significant distances in order to obtain treatment. The quest for health and medical treatment has been a crucial reason for travel for centuries. Nowadays people travel for relaxation, health reasons, or to maintain overall wellbeing.

To accommodate growing demand, countries, medical service providers, and tourism organizations offer a broader spectrum of medical, health, and wellness experiences. The concept of medical/health/wellness tourism is a relatively new field of scientific research within tourism. While medical travel has existed for over twenty years, most research has focused on its medical aspects rather than travel or tourism (Ivandić et al. 2016).

Medical/health/wellness tourism can be classified into two categories, depending on the tourist's choice – mandatory or elective. Mandatory trips occur when certain treatments are unavailable or illegal in the travellers' home location, necessitating travel elsewhere. Elective trips are scheduled based on convenience and cost, even if treatments are available locally. Other studies classify these forms of travel into subcategories according to the type of treatment, such as dental tourism, spa tourism, thermal springs tourism, stem cell tourism, IVF tourism, hip and knee replacement tourism, ophthalmological tourism, cosmetic surgery

tourism, cardiology and organ transplantation tourism, and many others (Quintela et al. 2016).

There is yet to be a consensus on the definitions and contents of medical, health, and wellness tourism, as well as their mutual interactions and potential overlaps (Madžar et al. 2016). Medical travel and tourism, health tourism, wellness tourism, and other similar terms (e.g., nature tourism, cosmetic surgery tourism, dental tourism) are usually separate research subjects in tourism research. Regardless of the seemingly disjointed nature of published research in this field, medical/health/wellness tourism is becoming increasingly popular due to various economic and cultural reasons, as well as changes in the way of living and free time. Given its speedy development, it only seems appropriate to offer a comprehensive overview of its definitions, history, typology, driving factors, and possible future developments (Quintela et al. 2016).

Bartoluci and Hendija (2012) note certain Croatian authors who tried to define health tourism. It is one of the oldest forms of tourism, involving the professional and controlled application of natural curative agents and physical therapy to maintain and improve health and quality of life (Kušen 2006). This form of tourism utilizes natural healing agents like thermal springs, the sea, or the climate (Bartoluci et al. 2015). Bartoluci and Hendija (2012) define it as temporary relocation to a place with beneficial climate or healing waters to cure or prevent conditions and achieve health rehabilitation.

Kordej-De Villa and Slijepčević (2023) emphasize the pandemic's uncertainty and its behavioral impacts. Literature on COVID-19's psychosocial impact shows it can cause significant health problems. Farzanegan et al. (2021) found a positive link between international tourism and COVID-19 cases and deaths using cross-country regression analysis for over 90 countries. The pandemic had immense consequences for tourism supply and demand.

Parallel to the evolution of the concept of sustainable development, the notion of sustainable tourism is swiftly gaining prominence. Following the publication of the Brundtland Report, there has been a notable surge in research and investigation into sustainable tourism (Niñerola et al., 2019). Consequently, the definition of sustainable tourism is undergoing continuous refinement and enhancement, as noted by Engelbert Manumpil et al. (2023)

According to TOMAS (2019), health tourism is a complex product encompassing specialized offers and services aimed at improving health and quality of life. The Croatian Tourism Development Strategy, the National Health Development Strategy in Croatia (2012-2020), and European Commission documents recognize three types of health tourism: wellness tourism, sanatorium tourism, and medical tourism.

Wellness tourism (mostly takes place in hotels and sanatoriums) – aims for achievement of physical and spiritual balance. However, it is necessary to point out the difference between medical and holistic wellness. Medical wellness stands for organized conduction of preventative and curative programs in order to prevent illnesses and maintain/improve one's health. This occurs under the supervision of a multidisciplinary team that includes a doctor and other professional staff (for example, a physiotherapist, nutritionist, kinesiologist). Medical wellness includes

conventional, complementary, and traditional medical methods. On the other hand, holistic wellness encompasses all remaining colorful, non-medical wellness programs (Ministry of Tourism 2014).

Sanatorium tourism (takes place in sanatoriums and specialized hospitals) – encompasses professional and controlled utilization of natural healing agents and physical therapy in order to maintain and improve health and the quality of life. Emphasis is usually placed upon revitalization of psychological and physical capabilities via curative therapies, special rehabilitation programs, and a balanced diet during an individual's stay in destinations characterized by a beneficial climate, the proximity of the sea, or thermal springs spas/sanatoriums.

Medical tourism (takes place in medical offices, clinics/polyclinics, and specialized hospitals) – encompasses travel to other destinations in order to obtain medical treatment. This includes partial surgical procedures, dental, cosmetic, psychiatric, and alternative procedures or treatments, with all accompanying healthcare and recovery services. These travels are primarily motivated by the top-of-the-line medical services offered by certain destinations, often at a lower cost and on shorter notice, or the inability to access certain treatments and procedures in one's country of origin (Ministry of Tourism, 2014).

Croatia has a respectable tradition of thalassotherapy centers along the Adriatic coast. However, recent years have seen a focus on developing competitive hotel and wellness centers across different regions. Additionally, there has been an increase in specialized private healthcare institutions, laying the foundation for medical tourism development (TOMAS, 2019).

Health Tourism Challenges in Republic of Croatia

As a nation traditionally focused on tourism, Croatia is actively promoting the development of health tourism. The Croatian Ministry of Tourism identified health tourism as a top priority within its Tourism Development Strategy spanning from 2013 to 2020. Despite this emphasis, health tourism in Croatia only contributes 300 million euros annually, representing less than 3% of total tourism revenue in 2013.

The concept of traveling for healthcare has ancient roots. Civilizations like the Sumerians and Ancient Romans built healthcare complexes and resorts around natural springs, while the Greeks had shrines dedicated to healing gods like Asclepius, attracting travelers seeking health benefits (Meštrović 2020). Health tourism leverages natural and climatic factors to enhance individual well-being, targeting physical, mental, and spiritual health (Mesić et al. 2021). In Croatia, health tourism traces back to the nineteenth century, mirroring European sanatoriums and utilizing natural resources like thermal springs and healing muds. This legacy persists today, with thermal springs in Varaždin, Lipik, and Daruvar forming the backbone of Croatian health tourism (Čorak 2011).

However, the evolution of health tourism in Croatia faced a hurdle during the latter half of the twentieth century when bathing facilities, primarily sanatoriums and specialized hospitals, integrated into the healthcare system. This integration slowed the sector's growth, with the majority of current users being patients

referred for treatment or rehabilitation by the Croatian Health Insurance Institute (Bartoluci and Hendija 2012). Presently, health tourism in Croatia encompasses wellness tourism, with around 80 hotels and various wellness centers, as well as sanatorium tourism, comprising approximately fifteen specialized hospitals and sanatoriums. Additionally, medical tourism services are offered by major hospital systems and numerous private offices, particularly in dental, orthopedic, and plastic surgery fields (Ministry of Tourism 2014).

Statistics from the National Healthcare Strategy (2012) highlight the developed nature of health tourism in Croatia's continental regions, renowned for their spas and sanatoriums with extensive traditions (Ministry of Health 2012). Research from the Tourism Institute (2018) indicates that wellness and medical service users predominantly consist of foreign visitors (82% and 73%, respectively), while sanatorium services cater more to domestic guests (67%). The discerning nature of health tourists underscores the importance of continuous investment in service development and enhancement (Marušić and Vranešević 2001).

As the demand for healthcare tourism services continues to rise, knowing your customers is key to creating successful marketing strategies. A marketing strategy refers to a company's overall plan to reach as many customers as possible. Each marketing strategy takes into consideration company values, tone of communication, demographic data about the target audience, and other detailed information. When creating a marketing strategy, one must use and carefully analyze information collected during the process of market research, market segmentation, and SWOT analysis (Kesić 2006). Numerous internal and external factors can influence the marketing strategy. The ultimate goal of a marketing strategy is to achieve and communicate sustainable competitive advantage on the market via understanding the wants and needs of one's consumers. Whether the company chooses printed adds or undertakes a social media campaign, the quality of marketing activities can be assessed based on how effectively the campaign communicates in accordance with the company's core values (Renko and Pavičić 2004).

Croatia's membership in the European Union since 2013 has bolstered trust among EU tourists, attracted by the country's relatively lower healthcare costs. The tourism sector significantly contributes to Croatia's GDP, reaching 24.3% in 2019, with projections suggesting a rise to 31.7% by 2028. However, the COVID-19 pandemic in 2020 led to a sharp decline in tourism's contribution to GDP (-10.2%) and employment (-15.6%). The sector has made some serious progress during the past years, yet there are still no other differentiated tourism products such as health tourism. Medical tourism could provide the perfect solution to lengthening the short tourist season and terminating Croatia's dependence on the "sun and seaside" type of tourism.

The current situation with regards to medical tourism in Croatia isn't very promising, given that large public healthcare institutions (such as clinical hospital centres, clinical and general hospitals, and polyclinics) refuse to show any interest in it.

Croatia holds immense potential for development of health tourism. However, a distinctive lack of the public sector's efforts and political will have diminished

these possibilities. Croatia needs a thorough reform of the health sector in order to improve its outdated infrastructure with low quality services, including lodgings and the accompanying recreational and hospitality facilities. Barač-Miftarević (2022) notes that health tourism isn't competitive on this extremely demanding market.

Consumers who visit health tourism destinations mostly make their own travel arrangements and have marked health tourism in Republic of Croatia as moderately developed. The respondents displayed the highest levels of satisfaction with the traffic accessibility, the value for money ratio, and the quality of services at the health tourism destination. More information about the offered services, a better promotion, and lower prices might incite consumers to use health-tourism services more often.

The modern concept of a resort was developed by Europeans in the sixteenth and seventeenth century. Seaside resorts such as Blackpool and Margate in the United Kingdom were built due to the belief that seaside air and water hold healing powers. England soon experienced a boom in sanatorium-cities, all catering to those who could afford it. Mineral water and thermal springs were used to treat rheumatism, digestive issues, and various skin infections. Switzerland has always been known for its mineral springs and the cities that blossomed around them (Lausanne, Baden, St. Moritz, Interlaken). The development of railway traffic incited yet more travel. People started travelling to Austria (Vienna), Germany (Wiesbaden and Baden-Baden) and Hungary (Budapest) for health reasons.

Most European sanatoriums have integrated sanatorium tourism with other forms of tourism. Sanatoriums that accepted this tendency added various additional services to their offer and have henceforth been making progress on the tourism market. Said market is primarily connected to traditionally competitive countries such as France, Hungary, The Czech Republic, Slovenia, Germany, Austria, and Italy (Milićević and Jovanović 2015).

Examples of Potential Health Tourism Destination in Continental Croatia

The thermal spa in Varaždinske Toplice is the biggest, oldest, and probably best-known sanatorium in Croatia. This form of contemporary health tourism is based on thermal water at the temperature of 60°C, which first came into use for its healing properties back in 1820. Nowadays, the specialized medical rehabilitation hospital Thermal Spa Varaždinske Toplice holds domination over the city's economic and social life. It is comprised of five main buildings and four acres of land. The hospital counts 923 beds and several medical departments, and is characterized by its special equipment and infrastructure, therapeutic units, external baths, and a congress center. This entire complex generates approximately two hundred thousand overnight stays per year, whereby approximately 80% of these stays come from patients referred by the public health system. The buildings are old and lacking in standards and quality. The complex employs 688 employees - half of them work in the health sector, whereas the other half works in the tourism sector (Lehman and Kurečić 2016).

The specialized hospital recently presented their first ever concept of central hospital area development (Lehman and Kurečić 2016).

In Daruvar Thermal Spa, the average water temperature measures in at 46.7°C. The Daruvar Spa is a modern health preservation center that continuously upgrades the quality of their services in order to improve customer satisfaction, in accordance with the Quality Management System ISO 9001. The Daruvar Spa is comprised of two accommodation facilities with 182 beds in total. It employs 86 medical professionals and 147 other employees. In 2013, the spa counted 76,720 overnight stays: mostly by domestic guests. According to data from the Tourism Institute, the Daruvar Spa had fewer overnight stays in 2013 compared to 2012. Over 50% of these guests were referred to the spa by the public health insurance. The Daruvar Spa's new strategy to achieve a favorable market position relies on the +Green concept, thereby marketing itself as the first green thermal spa in Croatia. The synergy achieved with the EU concept of copyright +Green brought the Daruvar Spa into EHTTA back in 2011, thus solidifying its position along some well-known international resorts such as Vichy, Evian, Baden-Baden, Wiesbaden, and Karlovy Vary. Implementation of innovative and green action on all levels builds networks within the interdisciplinary umbrella of the EU's concept of copyright + the Green concept. This creates a new, +Green brand of health tourism in the Daruvar Thermal Spa (Lehman and Kurečić 2016).

Figure 1. *Thermal Spa in Varaždinske Toplice– Minerva*



Source: <https://www.minerva.hr/zdravstveni-programi/>.

Figure 2. *Thermal Spa in Daruvar*



Source: <http://www.tzbbz.hr/turisticka-ponuda/bjelovar/daruvarske-toplice>.

What makes such a product and its promotion a success? The secret lies within the fact that it includes components of health tourism alongside other sights and values that make the destination unique and interesting. Combined, these factors work to enrich the tourists' stay in the region. Accordingly, promotion of continental Croatia as a "health destination" is linked not only to preservation of health, thermal springs, and attractive nature, but also rich cultural heritage (castles, museums, festivals, art colonies, UNESCO traditional craftsmanship – *licitar* hearts, The Holy Mary shrine), active vacation options, exquisite wines, and gastronomy (for example, the traditional cuisine in Hrvatsko Zagorje, critically acclaimed chefs, eco-friendly food ingredients, and wine roads).

Materials and Methods

The objectives of this paper are to examine the advantages and disadvantages of Croatia as a health tourism destination, assess the existing potential of the Saint Nicholas Polyclinic, and explore opportunities for further leveraging health resources. Additionally, the study aims to investigate and analyze perceptions of healthcare services provided by the Saint Nicholas Polyclinic, identify possibilities for program development and specialization, and evaluate its impact on tourism development in Varaždin. Furthermore, the paper seeks to underscore the significance of health tourism as a pivotal sector for both current and future tourism development at local and international levels. It also endeavors to elaborate on the potential enhancement of the Saint Nicholas Polyclinic's health offerings through theoretical exploration and practical illustrations.

To elucidate the motivators and opinions of health tourism service consumers, data were collected via a survey questionnaire (Benšić and Šuvak 2013). The questionnaire was available online from February 1st, 2023, to May 1st, 2023, and attracted 121 respondents. Comprising 34 questions, the survey covered general demographics such as age, income, gender, and education level, as well as inquiries into factors influencing destination selection, the importance of destination development for health tourism, and specific questions related to the Saint Nicholas Polyclinic.

Measuring opinions is a term that describes the process of displaying the respondents' opinions during market research. Opinions are typically researched via various measuring scales to determine the respondents' beliefs and feelings about product characteristics. The data is finally used in order to determine their overall thoughts and intentions to make a purchase. In other words, the goal is to discover cognitive, emotional, and behavioral components of an opinion. The respondents' opinions must be quantified in order to measure their satisfaction or dissatisfaction. Various scales can be utilized to measure the respondents' satisfaction or dissatisfaction. The choice of scale is very important, as it affects the ease of providing answers, expressing opinions, and the overall precision and simplicity of data analysis and result presentation (Nakić 2014).

The Likert scale was designed by the American psychologist Rensis Likert in 1932. This scale remedied the shortcomings of the Thurston scale, which prompted the respondents to choose from a series of offered statements. The Likert

scale enables respondents to evaluate their degree of agreement with a certain statement (Marušić and Vranešević 2001).

The number of degrees on the Likert scale ranges from 3 to 9. When analyzing data obtained via a Likert scale, the degrees are coded via numbers from 5 to 1, whereby number 5 marks the most positive opinion, and number 1 marks the most negative one. If number 5 marks the most positive opinion, it is important to note that a person has a positive opinion on a certain statement only if they agree with a positive mark or disagree with a negative mark. The opposite is true for negative statements. To put it simply, completely agreeing with a positive statement and completely disagreeing with a negative statement are both marked with number 5. The problem with Likert scale is coming up with the series of statements for the respondents – this is where the researchers' creativity and knowledge truly shine (Marušić and Vranešević 2001).

Results and Discussion

A total of 121 respondents participated in the research study, comprising 98 females (81%) and 23 males (19%). Regarding educational attainment, 53 respondents held a bachelor's degree (43.8%), 46 had completed high school (38%), 19 held a master's degree, and only 3 respondents (2.5%) held a Ph.D.

Participants spanned various age groups: 20 respondents (16.5%) were aged 18-25, 22 (18.2%) were aged 26-33, 17 fell within the 34-40 age range, 23 (19%) were aged 42-48, 22 (18.2%) were aged 49-56, and 17 (14%) were aged 57 and above.

The majority of respondents were employed at the time of the survey. In terms of income, 38 respondents (31.4%) reported monthly earnings between 4,501 kn and 6,300 kn, 31 (25.6%) reported incomes between 6,501 and 8,500 kn, 18 (14.9%) reported incomes ranging from 8,501 to 10,500 kn, 17 (10.7%) reported incomes over 10,501 kn, while 4 respondents (3.3%) reported incomes from 3,501 to 4,500 kn. Additionally, 17 respondents (14%) reported incomes below 3,500 kn.

Respondents were able to answer questions via a Likert scale, whereby 1 marked the lowest grade, and 5 marked the highest grade.

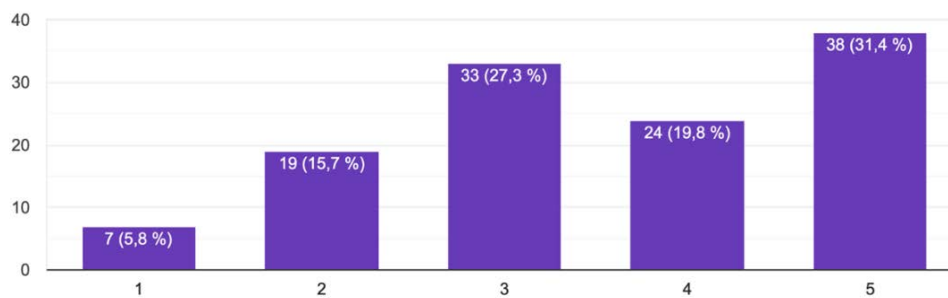
Only 7 respondents (5.8%) stated that they didn't find the presence of health facilities and programs important when choosing a destination, thus marking this statement with a 1, whereas 19 respondents (15.7%) found health facilities and programs of little importance. On the other hand, 33 persons (27.3%) found health facilities and programs important, 24 respondents (19.8%) found it very important, whereas 38 persons (31.4%) found it crucial, thus marking this statement with a 5 (refer to Figure 3).

According to the results, only 9 respondents (7.4%) found the presence of wellness facilities and programs irrelevant, thus marking this statement with a 1, whereas 8 respondents (6.6%) found wellness facilities and programs of little importance. On the other hand, 20 respondents (16.5%) found wellness programs and facilities important. The number of respondents who found wellness facilities

and programs very important (41 persons, i.e., 33.9%) and extremely important (43 persons, i.e., 35.5%) was almost the same. This leads to the conclusion that the respondents find wellness facilities and programs important when choosing accommodations, as displayed on Figure 4.

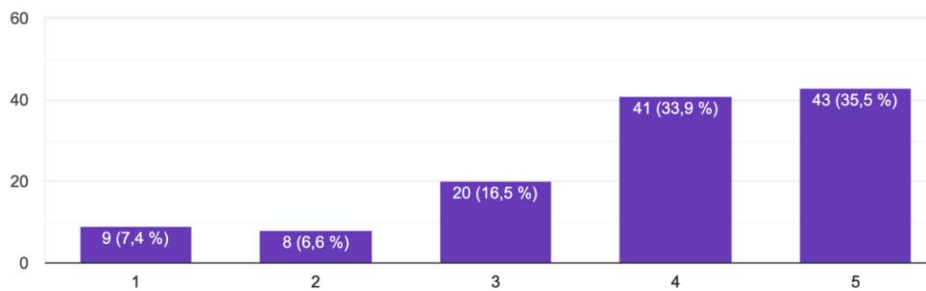
Figure 5 shows that the majority of respondents (66 persons, i.e., 54.5%) found authenticity and diversity of extreme importance when choosing a destination, whereas 40 persons (33.1%) found it quite important. Only a very small number of respondents found these factors irrelevant.

Figure 3. *The Importance of Health Facilities and Programs when Choosing a Destination*



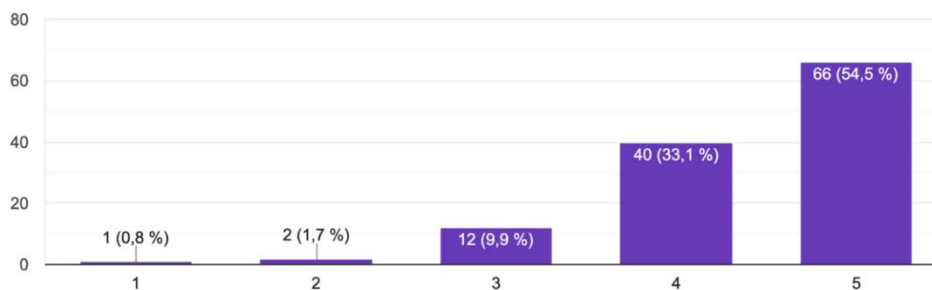
Source: Authors' own research.

Figure 4. *Importance of Wellness Facilities and Programs when Choosing Accommodations*



Source: Authors' own research.

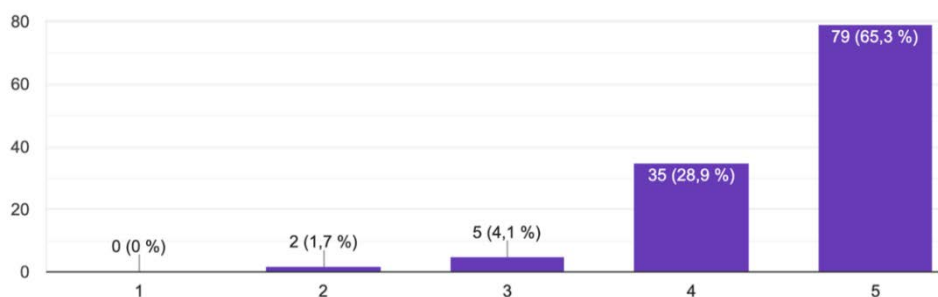
Figure 5. *Importance of Authenticity and Diversity when Choosing a Destination*



Source: Authors' own research.

Quality of accommodations is definitely the most important factor when it comes to choosing a destination. Accordingly, 79 respondents (65.3%) found high-quality accommodations extremely important, whereas 35 respondents (28.9%) found it quite important. The remaining results were insignificant, as that they amounted to only 5.8% combined (illustrated on Figure 6).

Figure 6. *Quality of Accommodations*



Source: Authors' own research.

The majority of respondents (66 persons, i.e., 54.5%) found the “breakfast included” package extremely important when choosing accommodations, 30 persons (24.8%) found it quite important, and 18 respondents (14.9%) found it important. The remaining results were insignificant, as they only amounted to 5.8% combined, as illustrated in Figure 7.

Furthermore, 45 respondents (38%) found available amenities and extra facilities (rent-a-bike, wellness facilities, spa programs) extremely important when choosing accommodations, 33 respondents (27.3%) found it quite important, whereas 25 respondents (20.7%) found amenities important. On the other hand, 12 respondents (9.95%) attributed little importance to extra facilities and amenities, and only 5 respondents (4.1%) found them completely irrelevant, as shown in Figure 8. It is possible to conclude that extra facilities and amenities have great importance when tourists are choosing accommodations.

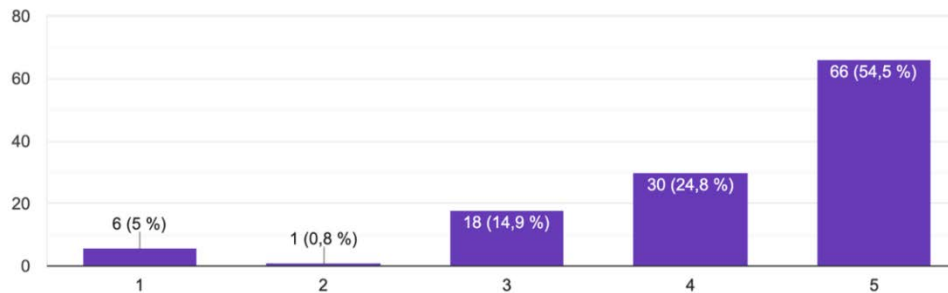
The vast majority of respondents found clean and untouched nature important, 34 respondents (28.1%) stated unmarred nature was of extreme importance, 42 (34.7%) found it quite important, and 36 respondents (29.8%) found it important. Only 2 respondents (1.7%) stated untouched nature was of little importance, whereas 7 persons (5.8%) found this factor completely irrelevant (as shown in Figure 9).

The obtained results are a testament to the importance of professional and high-quality medical staff when choosing polyclinic accommodations. Accordingly, 71 respondents (58.7%) found the presence of high-quality medical staff of extreme importance, 22 respondents (18.2%) found it quite important, whereas 19 (15.7%) persons found it important. On the other hand, 5 respondents found the presence of high-quality medical professionals of little importance, whereas 4 persons (3.3%) found this factor completely irrelevant, as shown in Figure 10.

Respondents mostly found the proximity of the city center important when choosing a destination, 37 respondents (30.6%) found it of extreme importance, 34 respondents (28.1%) found it quite important, and 38 persons (31.4%) found it

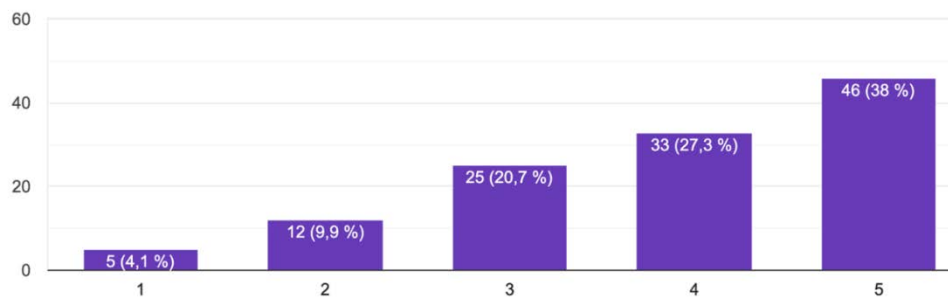
important, whereas 5 respondents (4.1%) found it of little importance. Only 7 respondents (5.8%) stated this factor was completely irrelevant, as displayed on Figure 11.

Figure 7. Breakfast Included



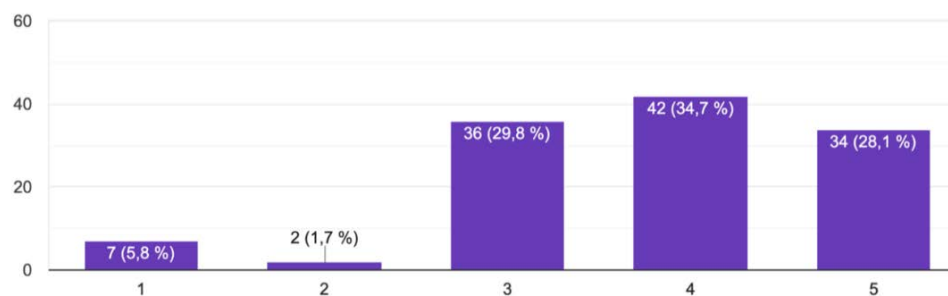
Source: Authors' own research.

Figure 8. Additional Facilities and Amenities



Source: Authors' own research.

Figure 9. The Importance of Clean and Untouched Nature when Choosing a Destination

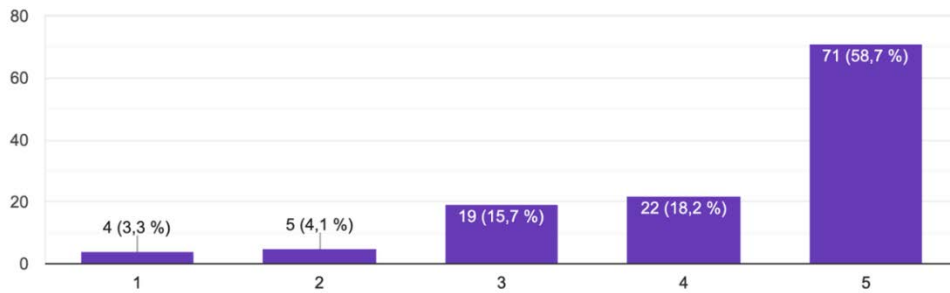


Source: Authors' own research.

Figure 12 illustrates hospitality displayed by the local population, which is also very important when choosing a destination, 55 respondents (44.6%) stated hospitality was of extreme importance, 37 respondents (30.6%) found it quite important, and 21 persons (17.4%) found it important. On the other hand, 4 respondents (3.3%) attributed little importance to hospitality, whereas only 5 persons (4.1%) found it completely irrelevant.

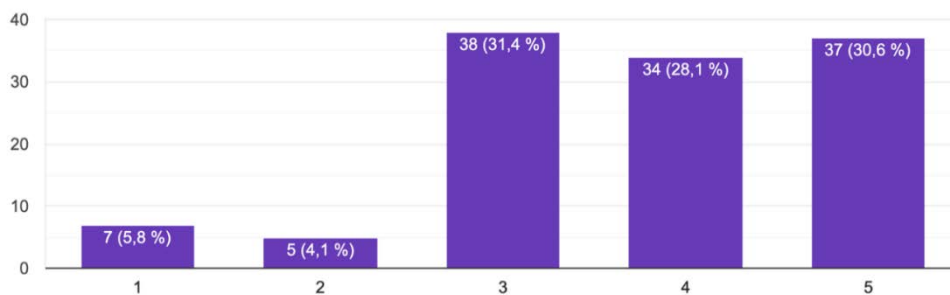
Local and eco-friendly products also play an important role when picking out a vacation destination. Accordingly, 37 respondents (30.6%) attributed great importance to this factor, 41 respondents (33%) found it quite important, whereas 36 persons (29.8%) found it important. Only 5 respondents (4.1%) attributed little relevance to this factor, whilst a further 2 respondents (1.7%) found it completely irrelevant, as displayed on Figure 13.

Figure 10. *The Importance of Professional and High-quality Medical Staff when Choosing a Destination*



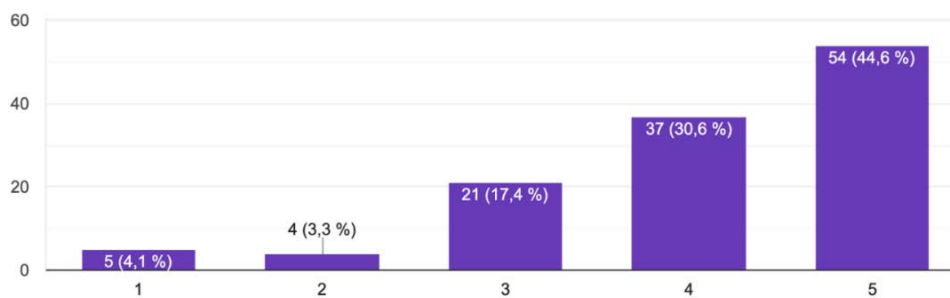
Source: Authors' own research.

Figure 11. *Proximity of the City Center*



Source: Authors' own research.

Figure 12. *Hospitality Displayed by the Local Population*

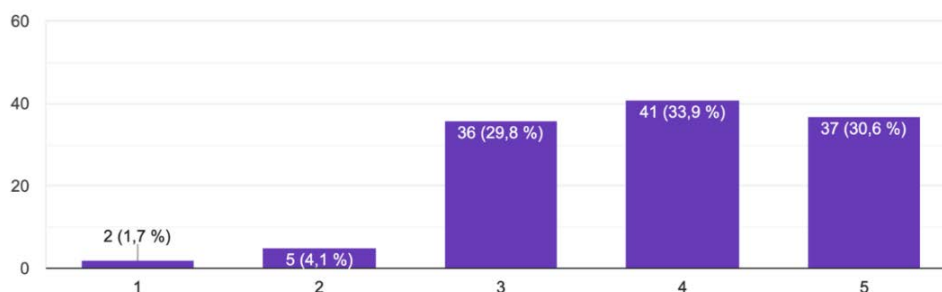


Source: Authors' own research.

Figure 14 illustrates the importance of sports events (track competitions, cycling, and other competitions). According to the results, these types of events are important, but not crucial, 14 respondents (11.6%) found sports events extremely

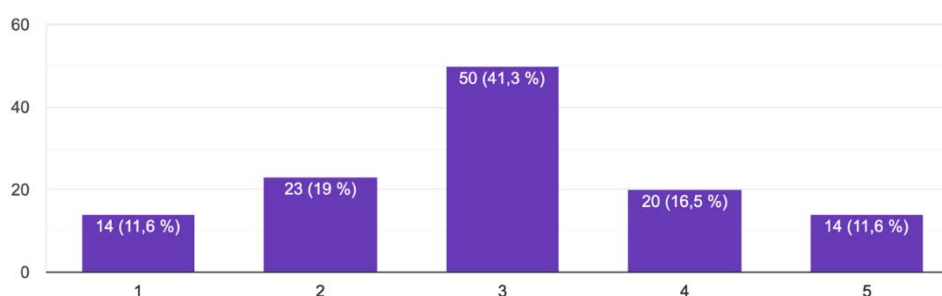
important, 20 respondents found them quite important, whilst 50 respondents (41.3%) found them important. On the other hand, 23 respondents (19%) attributed little importance to sports events, whereas the remaining 14 (11.6%) found them completely irrelevant.

Figure 13. *Local and Eco-friendly Products*



Source: Authors' own research.

Figure 14. *Sports Events*



Source: Authors' own research.

According to the research results, 25 respondents (21%) attributed great importance to professional staff when traveling abroad to have a medical treatment or procedure done, 21 respondents (17.6%) found low prices of great importance, avoiding waiting list was crucial to 20 people (16.8%), whereas privacy and reliability were important factors to 11 respondents (9.2%). The vast majority of respondents (36 people, i.e., 30.3%) attributed great importance to all of the above. On the other hand, only 6 respondents (5%) stated they would travel abroad to get a procedure done solely for the purposes of tourism and vacation.

The question "In your opinion, does the Varaždin County have potential to develop year-round continental tourism?" generated 107 affirmative responses (88.4%) and only 4 negative responses (3.3%). The remaining 10 respondents (8.3%) said they didn't know.

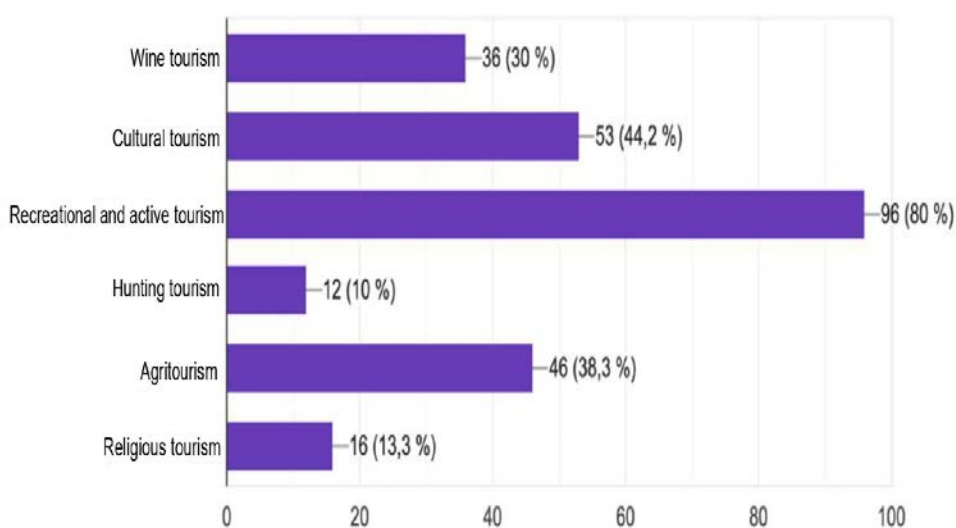
The question "Can the development of health tourism cause further development of the Varaždin Thermal Spa, Varaždin City, and Varaždin County?" generated 117 affirmative (96.7%) and only 4 negative responses (3.3%).

Most respondents (84 persons, i.e., 73.7%) have previously used wellness services (e.g., massages, saunas, baths, and face-and-body treatments). Furthermore, 15 respondents (13.2%) have previously experienced sanatorium tourism, whereas

only 10 respondents had previous encounters with medical tourism. Only 5 respondents (4.4%) have previously experienced medical prevention tourism.

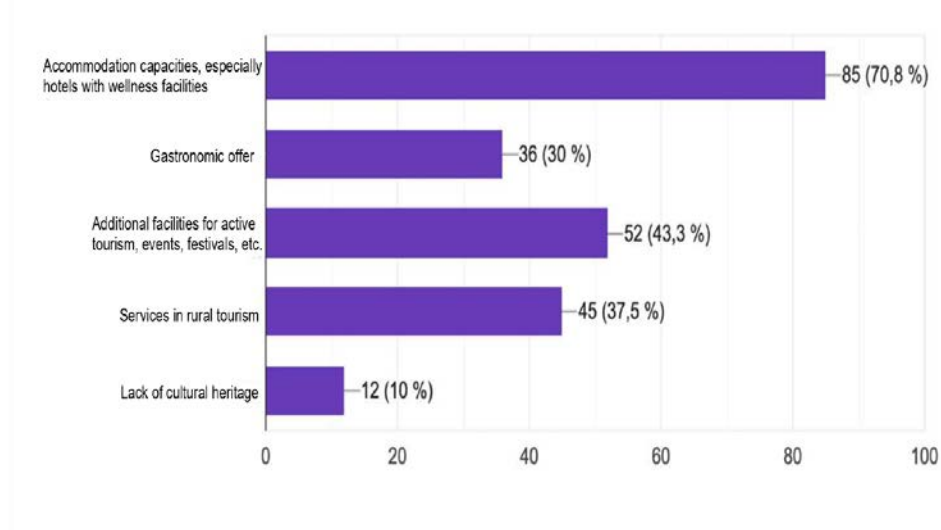
The question “What type of tourism should be developed alongside health tourism?” was answered with "recreational and active tourism" by the majority of respondents (96 persons, i.e., 80%). Furthermore, 53 respondents (44.2%) opted for cultural tourism, 46 (38,3%) chose agritourism, and 36 respondents (30%) were in favor of wine tourism. The remaining respondents were split between religious tourism (16 persons, i.e., 13.3%) and hunting tourism (12 persons, i.e., 10%), as illustrated on Figure 15.

Figure 15. *Development of other Types of Tourism alongside Health Tourism*



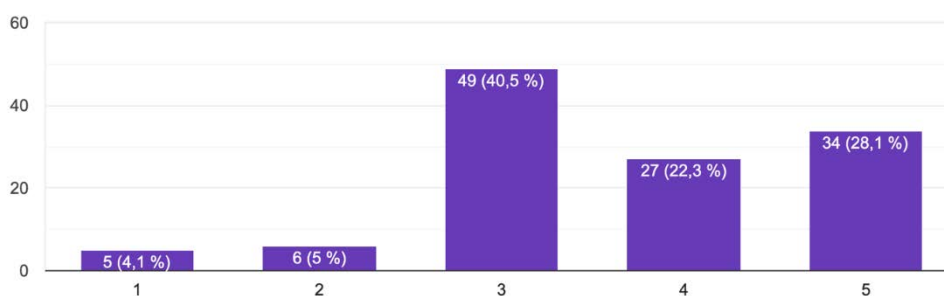
Source: Authors' own research.

According to research results, 85 respondents (70.8%) found Varaždin sorely lacking when it comes to accommodations that offer wellness services, 52 respondents (43.3%) found the city was missing accompanying tourist facilities and services, whereas 45 respondents (37.5%) believed there was a lack of services in rural tourism. Moreover, 36 persons (30%) found there was a lack of a distinctive gastronomic offer, and the remaining 12 respondents (10%) pointed out a lack of cultural heritage, as illustrated on Figure 16.

Figure 16. *Lack of Facilities and Programs in Varaždin*

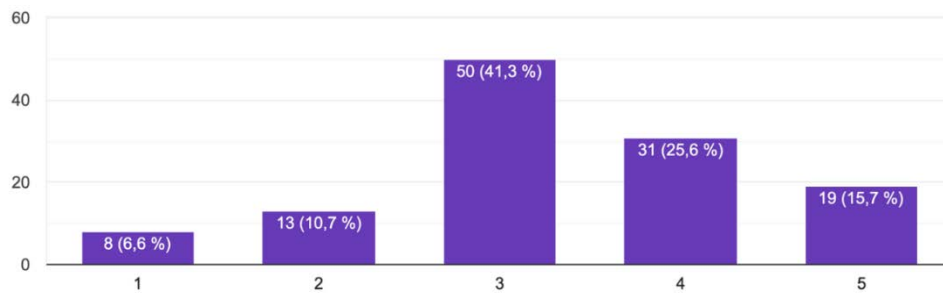
Source: Authors' own research.

According to research results, 34 respondents (28.1%) believed that the Saint Nicholas Polyclinic was very much intended for sick people, 27 (22.3%) believed it was quite intended for sick people, whereas 49 respondents (40.5%) stated it was intended for sick people. According to 6 respondents (5%), the Polyclinic was a little bit intended for sick people. Only 5 respondents (4.1%) believed the Saint Nicholas Polyclinic wasn't intended for sick people, as illustrated on Figure 17.

Figure 17. *Services Offered by the Saint Nicholas Polyclinic, Part 1*

Source: Authors' own research.

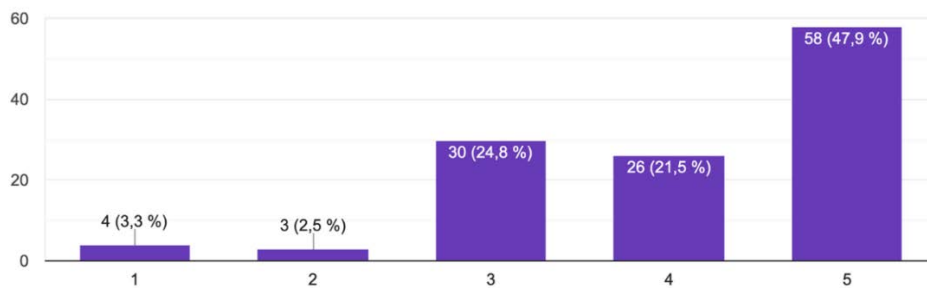
When asked about the accommodations available at the Saint Nicholas Polyclinic, 19 respondents (15.7%) found them excellent, but not numerous enough to pursue serious development and expansion. Furthermore, 31 respondents (25.6%) marked the accommodations as very good, 50 (41,3%) found them good, whereas 13 (10.7%) respondents marked the accommodations as good enough. Only 8 respondents (6.6%) found the accommodations unsatisfying and not numerous enough to pursue serious development. Accordingly, it is possible to conclude that the Saint Nicholas Polyclinic offers good accommodations that might be sufficient to pursue serious development of medical tourism in Varaždin, as illustrated on Figure 18.

Figure 18. *Services Offered by the Saint Nicholas Polyclinic, Part 2*

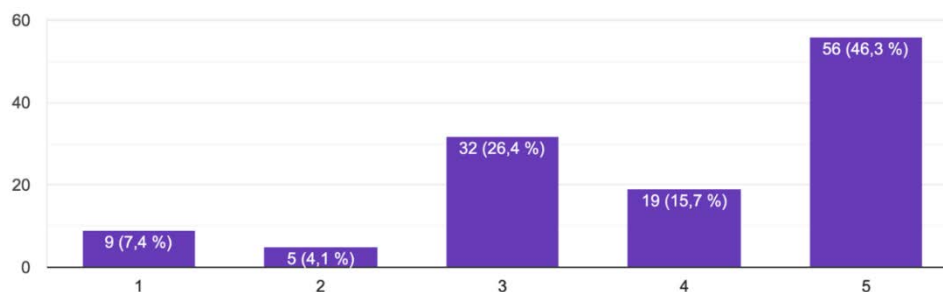
Source: Authors' own research.

Next, the respondents were presented with the following statement: "Saint Nicholas Polyclinic should offer esthetic surgery services." The majority of respondents (58 persons, i.e., 47.9%) completely agreed, 26 (21.5%) quite agreed, and 30 respondents (24.8%) partially agreed. On the other hand, 3 respondents (2.5%) almost disagreed, whereas the remaining 4 respondents (3.3%) completely disagreed, as visible in Figure 19.

According to research results, 56 respondents (46.3%) completely agreed with the following statement: "Saint Nicholas Polyclinic should offer dental services." Furthermore, 19 respondents (15.7%) quite agreed, 32 (26.4%) partially agreed, 5 (4.1%) almost disagreed, whereas 9 respondents (7.4%) completely disagreed with the statement (as visible in Figure 20).

Figure 19. *Services Offered by the Saint Nicholas Polyclinic, Part 3*

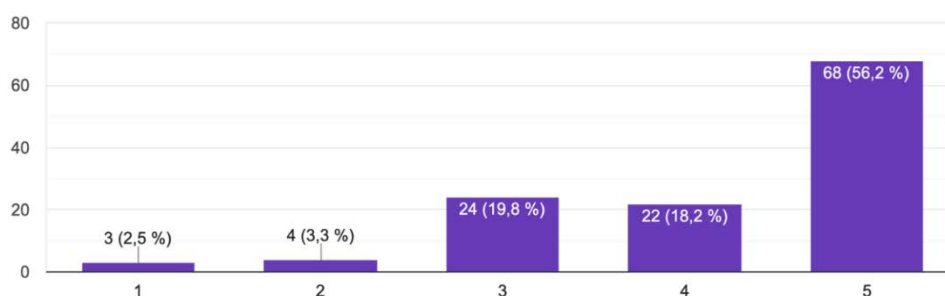
Source: Authors' own research.

Figure 20. *Services Offered by the Saint Nicholas Polyclinic, Part 4*

Source: Authors' own research.

Most respondents (68 persons, i.e., 56.2%) completely agreed with the following statement: “Saint Nicholas Polyclinic should focus their marketing strategy on accommodations and accompanying facilities for their patients, as well as their private practice and the development of new forms of health tourism.” Furthermore, 22 respondents (18.2%) quite agreed with the aforementioned statement, 24 (19.8%) partially agreed, whereas 4 respondents (3.3%) almost disagreed. The remaining 3 respondents (2.5%) completely disagreed, as illustrated on Figure 21.

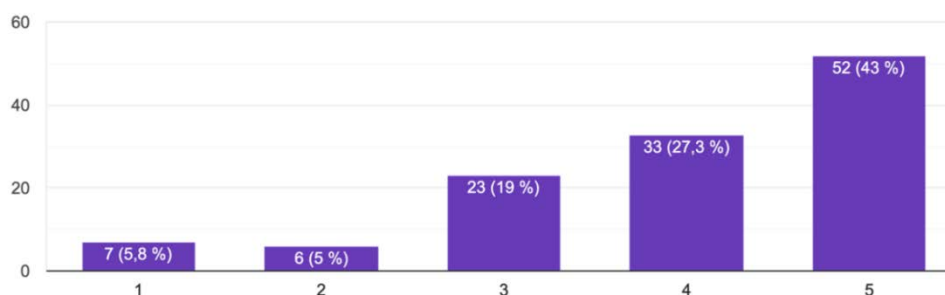
Figure 21. *Services Offered by the Saint Nicholas Polyclinic, Part 5*



Source: Authors' own research.

Almost half of the respondents (52 persons, i.e., 43%) completely agreed with the following statement: “Saint Nicholas Polyclinic should focus their strategy on preventive care, rest and relaxation from the fast-paced lifestyle, and escape into nature.” Moreover, 33 respondents (27.3%) quite agreed with this statement, 23 (19%) partially agreed, 6 (5%) almost disagreed, whereas 7 respondents (5.8%) completely disagreed (as visible in Figure 22).

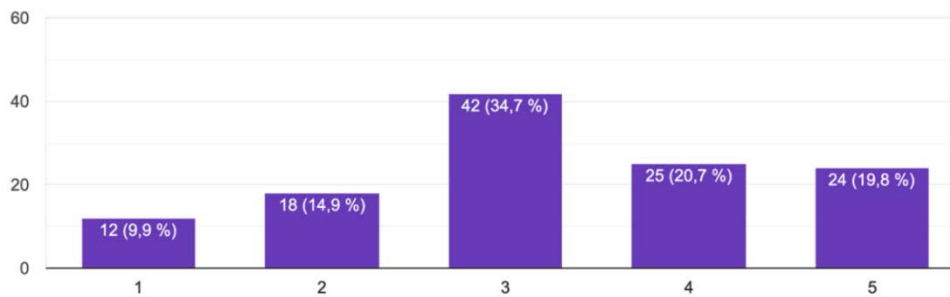
Figure 22. *Services Offered by the Saint Nicholas Polyclinic, Part 6*



Source: Authors' own research.

According to research results, 24 respondents (19.8%) completely agreed with the following statement: “Saint Nicholas Polyclinic should focus their marketing strategy on wellness facilities and programs.” Another 25 respondents (20.7%) quite agreed with the aforementioned statement, 42 (34.7%) partially agreed, 18 (14.9%) almost disagreed, whereas 12 respondents (9.9%) completely disagreed. This leads to the conclusion that wellness facilities and programs shouldn't be the primary focus of the Saint Nicholas Polyclinic, as illustrated on Figure 23.

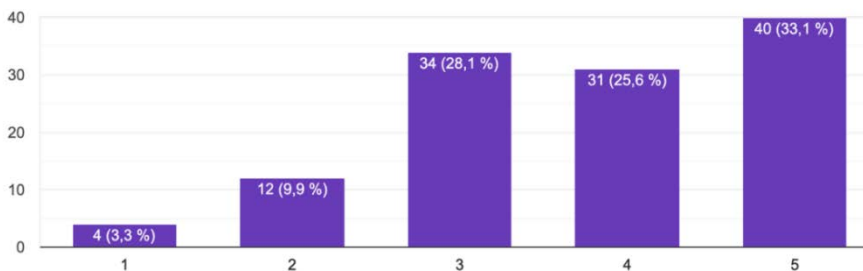
Figure 23. Services Offered by the Saint Nicholas Polyclinic, Part 7



Source: Authors' own research.

According to respondents, Saint Nicholas Polyclinic should focus their marketing strategy on bone and joint exams, as well as medical rehabilitation – 40 respondents (33.1%) completely agreed with this statement, 31 (25.6%) quite agreed, 34 (28.1%) partially agreed, whereas 12 respondents (9.9%) almost disagreed. Only 4 respondents (3.3%) completely disagreed. It is possible to conclude that the Polyclinic should come up with a plan for development of their rehabilitation services, as illustrated on Figure 24.

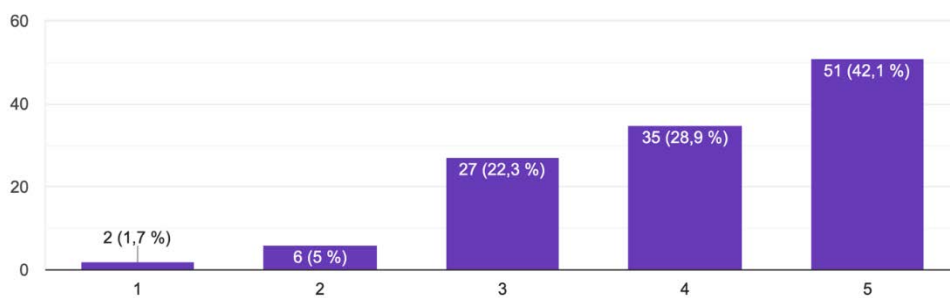
Figure 24. Services Offered by the Saint Nicholas Polyclinic, Part 8



Source: Authors' own research.

According to the respondents, the Saint Nicholas Polyclinic's marketing strategy should be focused on neurological exams, 51 respondents (42.1%) completely agreed with this statement, 35 (28.9%) quite agreed, 27 (22.3%) partially agreed, 6 respondents (5%) almost disagreed, whereas only 2 (1.7%) completely disagreed (as shown in Figure 25).

Figure 25. Services Offered by the Saint Nicholas Polyclinic, Part 9



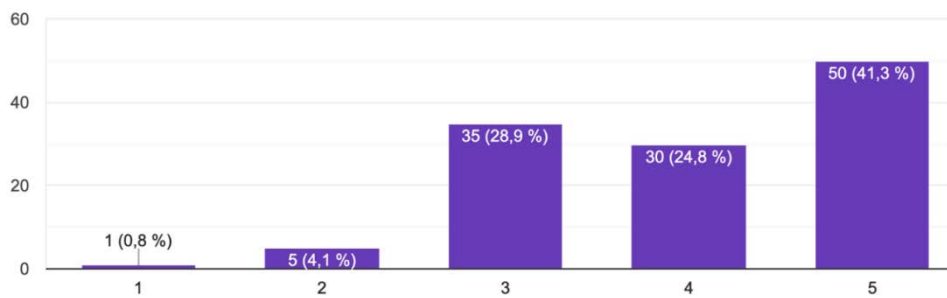
Source: Authors' own research.

Most respondents (50 persons, i.e., 41.3%) completely agreed with the following statement: “The Saint Nicholas Polyclinic should focus their marketing strategy on eyesight examinations.” Another 30 respondents (24.8%) quite agreed with the statement, 35 (28.9%) partially agreed, whereas 5 respondents (4.1%) almost disagreed. Only 1 person (0.8%) completely disagreed, as illustrated by Figure 26.

Respondents were presented with the following statement next: “The Saint Nicholas Polyclinic should focus their marketing strategy on doppler diagnostics” – 62 respondents (51.2%) completely agreed, 26 (21.5%) quite agreed, 28 (23.1%) partially agreed, whereas 4 respondents (3.3%) almost disagreed. Only 1 person (0.8%) completely disagreed with the statement, as illustrated on Figure 27.

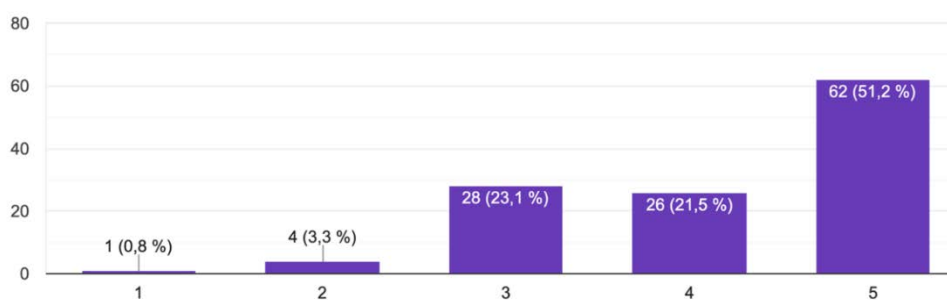
Finally, 48 respondents (39.7%) completely agreed with the following statement: “The Saint Nicholas Polyclinic should focus their marketing strategy on colonoscopy.” Another 29 respondents (24%) quite agreed with this statement, 31 (25.6%) partially agreed, and 10 respondents (8.3%) almost disagreed. Only 3 persons (2.5%) completely disagreed with the statement, as illustrated on Figure 28.

Figure 26. *Services Offered by the Saint Nicholas Polyclinic, Part 10*

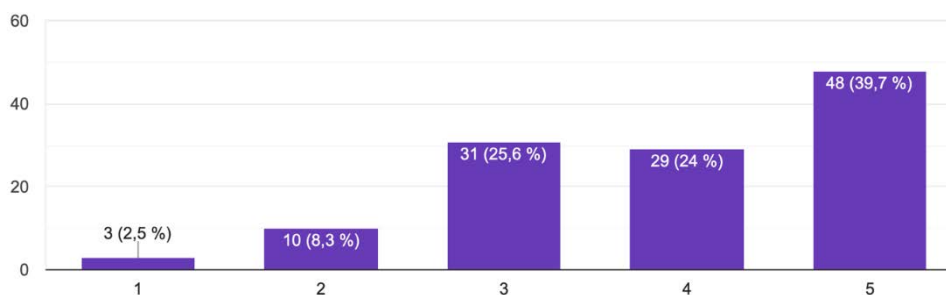


Source: Authors' own research

Figure 27. *Services Offered by the Saint Nicholas Polyclinic, Part 11*



Source: Authors' own research.

Figure 28. Services Offered by the Saint Nicholas Polyclinic, Part 12

Source: Authors' own research.

Conclusions

The current status of health tourism in Croatia presents several challenges, as major public health institutions, including clinical hospital centers, general hospitals, and polyclinics, display minimal interest in its development. Health tourism in Croatia remains sporadic, insufficiently diversified, relatively unregulated, and lacks widespread recognition. Previous guests have expressed dissatisfaction primarily with the lack of innovation in offered programs and the limited accessibility of centers for individuals with special needs. Despite the satisfaction reported with the content and services available in wellness centers and health institutions, Croatia has yet to establish itself as an internationally recognized health tourism destination.

In Croatia, health tourism services are predominantly offered by small business owners, entrepreneurs, or private offices specializing in dental or plastic surgery, dermatology, IVF treatments, ophthalmology, orthopaedic surgery, physical therapy, and rehabilitation. Moreover, health tourism is concentrated mainly in three areas: Zagreb, Istra, and Kvarner. Substantial investments are needed to enhance the capacity of hotel and medical infrastructure to meet contemporary global tourist demands. This includes staff training and enhancing competitiveness in the international market.

Research findings underscore several key factors influencing destination choice, including the availability of health/medical facilities and services, destination authenticity and diversity, tranquillity, high-quality accommodations, a professional medical team, and hospitality. Respondents believe that Varaždin County holds potential for year-round tourism development, with health tourism playing a pivotal role in further enhancing facilities like the Thermal Spa in Varaždinske Toplice, Saint Nicholas Polyclinic, and the entire county. Additionally, recreational and active tourism should be developed alongside health tourism, yet the scarcity of accommodations offering wellness services poses a significant challenge.

Croatia, with its diverse offerings and top-quality hotel accommodations, professional staff, and the picturesque Adriatic Coast, possesses the potential to extend the tourist season throughout the year. However, relying solely on private

organizations for development initiatives is insufficient. Active involvement from the Republic of Croatia is essential for steering and promoting its tourism sector effectively.

References

- Al-Balushi M, Atef T (2024) An Analytical Reading of the Omani Tourism and Hospitality Industry Figures (2019-2022) *Athens Journal of Tourism* 11(1): 9–44.
- Barač - Miftarević S (2022) Medical Tourism in Croatia: Where are we now? *Journal of Applied Health Science* 8(1): 121–131.
- Bartoluci M, Hendija Z (2012) Stanje i perspektive razvoja zdravstvenog turizma u Republici Hrvatskoj. (The state and perspectives of the development of health tourism in the Republic of Croatia). In *Međimursko veleučilište u Čakovcu, Zbornik radova sa 2. međunarodne konferencije o menadžmentu u turizmu i sportu; „Stanje i mogućnosti zdravstvenog i sportsko-rekreacijskog turizma*, 10–22.
- Bartoluci M, Hendija Z, Petračić M (2015) Possibilities of sustainable development of rural tourism in continental Croatia. *Acta Turistica* 25(2): 191–219.
- Benšić M, Šuvak N (2013) *Primijenjena statistika*. (Applied statistics). Sveučilište J.J. Strossmayera, Odjel za matematiku, Osijek.
- Čorak S (2011) *Izazovi upravljanja turizmom*. (Challenges of tourism management). Zagreb: Tourism Institute.
- Engelbert Manumpil F, Warno Utomo S, Seputro Koestoer RH, Budhi Soesilo TE (2023) Multicriteria Decision Making in Sustainable Tourism and Low-Carbon Tourism Research: A Systematic Literature Review. *Tourism: An International Interdisciplinary Journal* 71(3): 447–471.
- Farzanegan MR, Gholipour HF, Feizi M, Nunkoo R, Andargoli AE (2021) International Tourism and Outbreak of Coronavirus (COVID-19): A Cross-Country Analysis. *Journal of Travel Research* 60(3).
- Geić S, Geić J, Čmrlec A (2010) Zdravstveni turizam egzistencijalna potreba u suvremenom društvu. (Health tourism is an existential need in modern society). *Informatologia* 43: 317–334.
- Goodrich JN, Goodrich GE (1987) Health Care Tourism –An Explanatory Study. *Tourism Management* 8(3): 217–222.
- Hall CM (2011) Health and medical tourism: a kill or cure for global public health? *Tourism Review of AIEST – International Association of Scientist Experts in Tourism* 66(½): 4–15.
- IGI Global (2022) *What is Health Tourism*. Available at: <https://www.igi-global.com/dictionary/infernum/68254>.
- Ivandić N, Kunst I, Telišman - Košuta N (2016) Pretpostavke održivosti zdravstvenog turizma u Republici Hrvatskoj – načela razvoja i ključni činitelji uspjeha. (Assumptions of the sustainability of health tourism in the Republic of Croatia - principles of development and key success factors). *Radovi Zavoda za znanstveni rad HAZU Varaždin* 27: 25–46.
- Jones P (2022) Tourism and Biodiversity: A Paradoxical Relationship. *Athens Journal of Tourism* 9(3): 151–162.
- Kesić T (2006) *Ponašanje potrošača*.
- Kordej - De Villam Ž, Slijepčević S (2023) Impact of COVID-19 on Croatian island tourism: a study of residents' perceptions. *Economic Research - Ekonomska istraživanja* 36(2): 2142631.

- Kušen E (2005) Zdravstveni turizam. (Health tourism). In S Čorak, V Mikačić (eds.), *Hrvatski turizam plavo, bijelo, zeleno*, 215–238. Zagreb: Tourism Institute.
- Lehman M, Kurečić P (2016) The Possibilities of Health Tourism Development in the Continental Region of Croatia. In *15th International Scientific Conference on Economic and Social Development – Human Resources Development Proceedings*, Varazdin Development and Entrepreneurship Agency, Varazdin, Croatia and University North, Koprivnica, Croatia, 282–293.
- Madžar T, Lazibat T, Mikulić J (2016) *Mjerenje kvalitete usluga u zdravstvenom turizmu*. (Measuring the quality of services in health tourism). *Poslovna izvrsnost* 1: 190.
- Marušić M, Vranešević T (2001) *Istraživanje tržišta*. (Market research). 5. Amended Edition. Zagreb: Adeco d.o.o.
- Mesić Ž, Hercigonja D, Hadelan L, Tomić Maksan M (2021). Health tourism in Croatia – characteristics of demand of users of health – tourism services. *Agroeconomia Croatica* 11(1): 42–50.
- Meštrović T (2020) *Medical Tourism History*. Available at: <https://www.news-medical.net/health/Medical-TourismHistory.aspx>.
- Miličević S, Jovanović D (2015) Wellness Tourism – Competitive Basis of European Health Tourism Destination. *DIEM: Dubrovnik International Economic Meeting* 2(1): 851–863.
- Ministarstvo turizma (2014) Nacionalni program– akcijski plan razvoja zdravstvenog turizma. (National program – action plan for the development of health tourism).
- Nakić S (2014) Područja Primjene Stavova Potrošača. (Areas of Application of Consumer Attitudes). *Praktični menadžment: stručni časopis za teoriju i praksu menadžmenta* 5(1): 14–21.
- Niñerola A, Sánchez - Rebull MV, Hernández - Lara AB (2019) Tourism Research on Sustainability: A Bibliometric Analysis. *Sustainability* 11(5): 1377.
- Quintela JA, Costa C, Correia A (2016) Health, Wellness and Medical Tourism – A conceptual approach. *Enlightening Tourism a Pathmaking Journal* 6(1): 1–18.
- Renko N, Pavičić J (2004) *Marketinška strategija*. (Marketing strategy). Marketing, Zagreb, Adverta.
- TOMAS Zdravstveni turizam 2018 (2019) *Stavovi i potrošnja korisnika usluga zdravstvenog turizma u Hrvatskoj*. (Attitudes and consumption of users of health tourism services in Croatia). Tourism Institute.
- Zhong L, Deng B, Morrison AM, Coca - Stefaniak JA, Yang L (2021) Medical, Health and Wellness Tourism Research - A Review of the Literature (1970-2020) and Research Agenda. *International Journal of Environmental Research and Public Health* 18(20): 10875.
- <https://www.minerva.hr/zdravstveni-programi/>.
- <http://www.tzbbz.hr/turisticka-ponuda/bjelovar/daruvarske-toplice>.
- <https://www.htz.hr/hr-HR/opce-informacije/o-nama>.

Wellness in the Global Hospitality and Tourism Industry

By Peter Jones*

The concept of wellness is currently seen as an important driver of growth within the hospitality and tourism industry, but the ways that the large players within the industry have engaged with wellness has been largely ignored in the academic hospitality and tourism literature, and this represents a gap in that literature. This paper looks explore corporate approaches to wellness within the tourism and hospitality industry, and as such, the paper looks to help to contribute to filling the gap in the academic literature. The paper includes an introduction to the wellness concept and to its adoption by the hospitality and tourism industry, a short literature review, an outline of the frame of reference and method of enquiry, an examination of the wellness initiatives developed by some of the major players in the global hospitality industry, some wider reflections, and a brief conclusion.

Keywords: *wellness, hospitality and tourism industry, customer service experiences, sustainable development, leading hotel companies*

Introduction

The concept of wellness is currently seen as one of the important drivers of growth within the hospitality and tourism industry. Sili (2023), writing under the banner of PKF, the global hospitality consultants, for example, argued that ‘*the global rise of wellness and wellbeing offerings in hotels has taken center stage*’, and EHL (2024), one of Europe’s most prestigious hospitality schools, claimed that ‘*wellness for holistic hospitality*’ would be one of the leading trends in the travel and hospitality industry in 2024. While wellness in the tourism and hospitality industry has attracted attention in the academic tourism and hospitality literature, the ways that the leading players within the industry have engaged with wellness have been largely ignored in that literature. This paper looks explore corporate approaches to wellness within the tourism and hospitality industry, and more specifically to address two research questions. Firstly, Research Question 1 (RQ1), have wellness offers taken centre stage within the hotel industry, and, secondly, Research Question 2 (RQ2), how are the selected companies engaging with wellness. As such, the paper looks to help to contribute to filling the gap in the academic literature identified above. The paper includes an introduction to the wellness concept and to its adoption by the hospitality and tourism industry, a short literature review, an outline of the frame of reference and method of enquiry, an examination of the wellness initiatives developed by some of the major players in the global hospitality and tourism industry, a number of wider reflections, and a brief conclusion.

*Emeritus Professor, University of Gloucestershire, UK.

The Wellness Concept and Wellness in Hospitality and Tourism

The Global Wellness Institute (2023) suggested that the origins and key principles of the wellness concept, *'as both preventative and holistic'*, can be traced back to the ancient civilisations of Greece, Rome, India and China, and further argued that *'in 19th-century Europe and the United States, a variety of intellectual, religious and medical movements developed in parallel with conventional medicine'*, and that *'with their focus on holistic and natural approaches, self-healing and preventive care, these movements have provided a firm foundation for wellness.'* In more modern times, the word wellness was first used by Halbert L. Dunn in 1959 (Kirkland 2014), and since then it has passed into common popular usage, though at times, it has been associated with pseudo-science, minority religious sects, and commercial exploitation.

Perhaps not unsurprisingly, there is little unanimity in defining wellness. Eriksson et al. (2023), for example, argued *'the concept of wellness is frequently used, but its definition remains unclear.'* That said, a range of definitions can be identified. The National Wellness Institute (2024), the longest standing not-for-profit professional wellness association in the US, for example, defines wellness as, *'an active process through which people become aware of, and make choices toward, a more successful existence'*, while for the Global Wellness Institute (2024) wellness is *'the active pursuit of activities, choices and lifestyles that lead to a state of holistic health.'* Further, the Global Wellness Institute (2024) argued that its definition implied that wellness extended *'beyond physical health and incorporates many different dimensions that should work in harmony'*, and that although *'wellness is an individual pursuit'*, in that *'we have self-responsibility for our own choices, behaviors and lifestyles'*, it is also *'significantly influenced by the physical, social and cultural environments in which we live.'*

On the academic side, Corbin and Pangrazi (2001) defined wellness *'as a multidimensional state describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being'*, while for Eriksson et al. (2023) wellness is *'a holistic and comprehensive multidimensional concept represented on a continuum of being well that goes beyond health.'* More commercially, Pfizer (2024), the pharmaceutical multinational company, defined wellness as *'the act of practicing healthy habits on a daily basis to attain better physical and mental health outcomes.'*

In looking to unpack the concept of wellness, the Global Wellness Institute (2024) suggested that wellness is multidimensional and identified six dimensions, namely physical, mental, emotional, spiritual, social and environmental, wellness. Here, the physical dimension was seen to be concerned with nourishing a healthy body through exercise, nutrition and sleep, while the environmental dimension was focused on fostering positive interrelationships between planetary health and human actions, choices and wellbeing. Davis (2024), writing under the banner of the Berkeley Well-Being Institute, argued that there were eight dimensions, namely emotional, environmental, physical, intellectual, occupational, social, financial, and spiritual, wellness.

The wellness concept has also been taken up by the hospitality and tourism industry. Focusing first on hospitality, Zen Tech Asia (2023) claimed that *'wellness has become the new currency in the industry'*, while Potter (2023), writing under the Expedia banner, claimed that *'wellness tourism is the fastest growing sector of the wellness industry.'* There are a number of definitions of wellness tourism. e-travel.com (2024), for example, defines wellness tourism as *'travel that allows a person to maintain or enhance their personal well-being'*, and suggested that there are two types of travellers who choose wellness tourism, namely, those whose sole aim for travelling is wellness, and choose their destination based on the wellness offerings that destinations provide, and those who look to maintain their wellness during any type of travel. Liao et al. (2023) argued that *'wellness tourism is well defined'*, in that *'wellness is a state of health featuring the harmony of body, mind, and spirit, with self-responsibility, physical fitness or beauty care, healthy nutrition or diet, relaxation or meditation, mental activity, and environmental sensitivity.'*

Literature Review

In undertaking a bibliometric analysis of wellness tourism, Suban (2023) observed that *'the field's study themes are extremely specialized'*, but a number of broad inter-linked themes, around environments, experiences, and benefits, relevant to the current study, can be identified within the literature. Here, the aim is to provide something of the flavour of that work, rather than a comprehensive review.

Dillette et al. (2021), for example, examined international wellness tourism experiences as described by user-generated content published on TripAdvisor.com, using netography analysis in conjunction with framework analysis. The thematic qualitative coding identified four dimensions of the wellness tourism experience, namely body, mind, spirit and environment, and claimed that there was a consensus within the data that these four dimensions served as a mechanism for wellness. Further, recommendations for planning and management were discussed for each dimension. In focusing on the body, for example, the authors recommended that specific attention should be paid to the type of food that will be offered, including pictures and videos presenting the dining experience and its connection to the local community. Here, the argument is that this type of branding *'will help potential wellness guests to understand the holistic benefits of culinary experiences at wellness resorts as opposed to other types of facilities'* (Dillette et al. 2021).

Yi et al. (2018) aimed to identify the relationships between customer experience, both leisure and non-leisure satisfaction, and the quality of life in wellness tourism. More specifically, customer experience was evaluated with four dimensions of the experience economy, namely entertainment, educational, aesthetic, and escapist. In exploring education, the research emphasised the strategic importance of incorporating cultural education into the wellness tourism experience. In the Portuguese Madeira islands, for example, a wellness tourism

education series was initiated to educate attendees about the benefits of the destination for the wellness tourism sector, and to demonstrate their importance to the Madeira economy. The authors also claimed that their findings provided practitioners with practical knowledge for promoting traveller quality of life through wellness tourism, and designing effective marketing strategies

Blackman et al. (2023) looked to draw on environmental psychology and consumer well-being perspectives to examine the restorative potentials of wellness tourism settings. Their results showed that a restorative environment is an important aspect of the wellness experience, contributing to positive emotions and life satisfaction, as well as determining an individual's loyalty and intention to revisit. By way of conclusion, the authors argued that by implementing the restorative benefits philosophy for potential marketing tools, wellness resorts may encourage more individuals to engage in meaningful experiences, that not only enhance tourists' well-being, but also enhance a resort's economic growth.

Farkik et al. (2021) noted that the therapeutic benefits of forest bathing have entered a more mainstream consciousness, and suggested that it has become one of the leading global wellness trends, and looked to explore the potential of the wellness trend of forest bathing for '*deeply immersive tourist experiences.*' More specifically, the authors employed a sensory ethnographic approach to interrogate the tourism experience of forest bathing in Serbia. Their results revealed that the experience of forest bathing offered the mindful immersion in slowness, stillness and silence, which the inhabitants of the industrialised and digitalised world, lack in their everyday lives.

Paterson and Balderas-Cejudo (2022) focused on the growing importance of wellness tourism to the baby boomer generation, who were born between 1946 and 1964, because these types of services are seen to be beneficial from a medical, wellness and social perspective. Here, many older travellers were seen to be seeking out alternative forms of treatment at spa resorts, as a means of enabling them to fulfil their desire for youthfulness and as a means of providing physical and spiritual balance for their bodies, while for others the choice of spas were seen to depend on the types of treatments and natural remedies available to help treat specific chronic illnesses. Emotional and psychological wellbeing were found to be vital for baby boomers, in that wellness tourism provides opportunities for increased social interaction and companionship that can have a positive impact on their wellbeing.

Kan et al. (2023) investigated how wellness tourism enhances life satisfaction for the elderly visitors to hot spring areas in Taiwan. Their findings suggested that the elderly look forward to taking vacations with people in the same age range to enjoy the local values of wellness tourism at destinations if the destination operators provide suitable and special tourism products to attract this market segment. At the same time, the authors suggested that the travel agencies should use advertising icons to emphasise the fun of wellness tourism, and stress the message that a happy travel experience contributes to both the dignity and quality of life of the elderly, and that hotel operators should provide more fun facilities for the elderly.

Kim and Yang (2021) explored healing seekers' eudaimonic (meaning and purpose) wellness experiences at the Le Monastere des Augustines Wellness Hotel in Quebec, Canada, and sought to determine how such experiences were conceptualised in a restorative environment. The authors employed participant observation, secondary data, and in-depth interviews, to identify four key elements of the wellness hotel experience, namely the museum and its inspiring reflections; the historical facilities and the power of quietness; the wellness lifestyle and its lasting impacts; and religious encounters, caring staff, and feeling of being cared for.

Chenet al. (2022) looked to construct a scale to measure the spa hotel experiencescape in wellness tourism, to clarify how wellness tourism experiencescapes influence intentions to revisit, and to investigate the mediation roles of authenticity, memorability and organizational identification. The authors identified three factors of spa hotel experiencescapes, namely health promotion treats, mental learning, unique travel experience, and found that existential authenticity and organisational identification exerted full positive mediation in the relationship between wellness tourism experiencescape and intention to revisit. The authors also argued their work provided guidance on experience design for spa hotels.

Chi et al. (2024) used a mixed methods research approach to explore the factors that drive, and inhibit, customers in the US, to stay at a wellness hotel. Their results revealed that six motivators, namely knowledge seeking, wellness seeking, prestige seeking, social influence, escapism seeking, and relatedness seeking, and two inhibitors, namely value for money, and incongruence, that influence guests' stays in wellness hotels. Four wellness hotel customer segments were identified and discussed, viz. socially aspirational, holistic, budget minded, and discretionary, wellness seekers. The authors argued that segmentation would enable hotel operators to design tailor-made wellness experiences in order to capture a larger market share. In looking to target holistic wellness seekers, for example, the authors recommended that hotel operators should look to provide a *'full service package encompassing environmental, physical and mind wellness amenities'*, and that while all aspects of wellness activities were seen to be important, it was worth *'highlighting mind wellness activities'*, because *'mindfulness-based activities such as meditation and yoga can be particularly appealing due to the strong need for escapism.'*

Han et al. (2020) aimed to delineate travellers' behavioural intention formation for revisiting, and recommending, Thailand, for wellness spa tourism, and to examine cross cultural differences between Chinese and US travellers. The authors' concentrated on developing a framework linking wellness, spa quality, price perception, brand affiliations, and behavioural intentions. Further, the study also deepened the behavioural intention process by adding the moderating influence of culture. More practically, the authors claimed that their findings would help destination marketers to improve the competitiveness of its destinations using wellness spa tourism as a tool.

Frame of Reference and Method of Enquiry

In an attempt to investigate how the major corporate players in the tourism and hospitality industry had looked to address wellness, the author selected a simple method of enquiry, which he believed fit for purpose. The top ten global hotel companies, namely Wyndham Hotels and Resorts, Marriott International, Choice Hotels International, Hilton, IHG Hotels and Resorts, BWH Hotel Group, Ambridge Hospitality, G6 Hospitality, Hyatt Hotels Corporation, and Sonesta International Hotels Corporation, as measured by the number of properties (Statista 2024), were selected for study. Many of these hotel companies, operate a number of brands. The Hyatt Hotels Corporation, for example, operate 25 brands including, Caption, Dreams, Grand Hyatt, and Miraval, while IHG Hotels and Resorts has a portfolio of 18 brands including, Six Senses, Regent, Kimpton, Crowne Plaza, Holiday Inn Express, and Candlewood Suites. These leading hotel companies, were seen to be major players in the global hospitality and tourism industry, and as such to potentially provide some valuable insights into how wellness was being addressed within the industry.

Wyndham Hotels and Resorts is a US based hospitality company and is the largest hotel franchisor in the world with over 9,000 locations, across over 90 countries. Marriott International is a US multinational company that operates, franchises and licenses hotels and timeshare properties, in over 140 countries. Choice Hotels International is a US multinational hospitality company and franchises over 7,000 hotels in over 40 countries. Hilton is a US hospitality company with over 7,500 properties in 120 countries. IHG is a UK multinational hospitality company and has over 5,500 hotels in almost 100 countries. BWH Hotel Group is an US multinational hospitality company, and it licenses some 4,500 hotels in over 100 countries. Ambridge Hospitality is a US management company with over 1, 500 hotels and resorts in 23 countries. G6 Hospitality franchises over 1, 400 economy hotel and motels in the US and Canada. Hyatt Hotels Corporation is a US multinational hospitality company and it has over 1,350 hotels and properties in 69 countries. Sonesta International Hotels Corporation is a US hotel company and its portfolio includes 1,200 hotels across 8 countries.

Having selected these ten leading hotel companies as a focus for the study, the author then conducted two simple Internet searches in June 2024, on the Google search engine. The first search used the name of each of the selected ten hotel companies, and was designed to address RQ1 and to discover if wellness featured on the companies' signature corporate websites. The second search was conducted around the term wellness and the names of each of the selected hotel companies. The material generated by both of these searches provided the empirical material for this paper. At times, the author explicitly quotes from the material posted on the companies' corporate websites. Here the aim is to add authenticity to the findings by exploring how the hotel companies publicly expressed, and looked to evidence, their approach to wellness in their own words.

Findings

In addressing RQ1, the Internet search of the selected hotel companies' signature websites revealed that only one of the selected ten hotel companies Hyatt Hotels Corporation, featured wellness. Under the banner '*Relax and Conquer*', Hyatt Hotels Corporation (2024a), mentioned its '*Wellness Retreats Stories*', which are '*a curated collection of 30+ hotels and resorts where worry and want dare not enter.*' A hyperlink promotes the company's '*Wellness Retreats*', with the message '*you are free to indulge in activities designed to calm the mind, fuel the body, and center your life so you can be relaxed, recharged, and ready for whatever awaits your victorious return*' (Hyatt Hotels Corporation 2024b). This finding from RQ1 might be seen to call into question Sili's (2023) assertion that wellness has taken centre stage within hotels.

Turning to RQ2, the Internet search revealed that seven of the selected ten hotel companies engaged with wellness in a variety of ways. However, rather than looking to describe each of the companies' approach to wellness in detail, this paper identifies, and illustrates, four themes, namely corporate commitment to wellness, the availability of dedicated wellness facilities within the hotels and resorts, the ways companies promote their employee's wellness, and an increasing focus on wellness within guest's rooms. Firstly, some of the selected hotel companies highlighted their corporate commitment to wellness. Amanda Al-Masri, Hilton's Vice President of Wellness, for example, emphasised the company's '*clear strategic commitment to bringing wellness to the heart of the stay experience*' (Hilton 2023). In a similar vein, Wyndham Hotels and Resorts (2021) emphasised that the company was '*committed to the health and wellness of our guests and team members.*'

Secondly, many of the selected companies' hotels offered a range of dedicated wellness facilities. Under the banner '*Wrapped in Wellness*', the IHG Hotels and Resorts (2022), for example, presented details of a number of the company's '*most tranquil*' spas across Mexico, US, Canada, Cayman Islands, UK, Spain, France, Thailand, Vietnam, China and Fiji. The company's Kimpton Seafire Spa and Resort in the Cayman Islands, for example, offers '*an indoor and outdoor garden retreat with a Jazzuci and waterfall, a relaxation lounge, a hammam, a hair salon, five treatment rooms, two couples' suites, four nail stations and steam rooms*' (IHG Hotels and Resorts 2022) Here, the most popular treatment is the '*Purification Hammam Journey*', which '*uses a traditional Kesemitt to cleanse the body, volcanic ash soap to exfoliate, and marine-silt mud to mineralize the skin, and then ends with a scalp and full body massage*' (IHG Hotels and Resorts 2022). The company's Six Senses Spa in Ibiza offers '*an array of spa treatments that go above and beyond the norm*', and includes '*a longevity lounge, a caldarium hot bath, a steam room, an infra-red sauna, a hammam, and a holistic anti-aging program with nutrition guidance and modern healing methods*' (IHG Hotels and Resorts 2022). The hotel also houses an organic garden where the ingredients for the spa botanicals are homegrown.

Under the banner '*Wellness Retreats*', BWH Hotel Group (2024), listed a number of its hotels in Germany. The Best Western Kurhotel an der

Obermaintherme, in Bad Staffelstein, for example, includes a 36,000 square metre wellness centre, 26 indoor and outdoor pools, 18 themed saunas and steam baths, and 16 relaxation areas, and offers what the company claims to be *'Bavaria's warmest and strongest thermal brine salt'* (BWH Hotel Group 2024). In a similar vein, the company claims that the wellness and spa areas, which includes garden saunas, an outdoor swimming pool, and sunbathing garden in its Premier Park Hotel & Spa at Bad Lippspringe, *'will help you forget your daily routine'* (BWH Hotel Group 2024).

Hyatt's Miraval brand of Resorts claimed to offer *'A Complete Wellness Experience'* (Hyatt 2024c). This is seen to embrace a range of offers from *'day spa experiences to extended stay retreats'*, with *'dedicated teams of experienced planners at Miraval resorts to help guests craft a one-of-a-kind wellness journey.'* More specifically, Hyatt (2024c) argues that its *'Journeys with Intention put you at the center of your wellness experience.'* Such journeys are seen to include a variety of potential experiences, namely mental wellbeing, relaxation, self-connection, reconnection with family and friends, culinary and nutrition, spa experience, outdoor adventure, fitness focus, and leadership fulfilment. The company claim that *'our luxurious wellness destinations are designed to help you create a life in balance through mindfulness'*, that our activities *'empower guests to consciously explore the connection between body, mind and spirit'*, that *'with pioneering programmes, exclusive spa treatments, nourishing cuisine and world-class wellness specialists, Miraval Resorts wants you to live your best life – whatever that means to you'*, and that *'we meet guests where they are, encouraging them to embrace the moment they're in, and to make wellness a way of life, day in and day out'* (Hyatt 2024c).

At Miraval Arizona, for example, the *'approach to wellness is immersive and experiential'*, and there is an *'extensive menu of daily workshops, classes, lectures and activities'*, and guests can choose from *'hundreds of life-enriching options – from equine and outdoor adventure experiences to yoga, meditation and breathwork'* (Hyatt 2023a). At Miraval Austin, the Spa Services offer guests Aqua Zen, Naga, Pranazama-Dima, and Sukha. In Aqua Zen the guest floats in warm water and her/his body is cradled by a therapist, and Hyatt (2023b) claims that *'body and spirit relax into this safe space. In Naga 'hanging silks support the therapist in delivering deep compression in this massage that includes Thai techniques and assisted floor mat massages'*, which Hyatt claims *'encourage healthy bold circulation, and relieve tension while improving flexibility and postural alignment'* (Hyatt 2023b).

Under the banner *'Rest, Rejuvenate and Recharge'* Marriott International (2024) claim to have *'spas and wellness spots just for you'*, including Natra Bintan in Indonesia, Le Meridien Suvarnabhumi in Thailand, and the Waldhaus Flims Wellness Resort in Switzerland. In the Waldhaus Flims Resort, for example, Marriott International claims that potential guests are able to *'breathe the rejuvenating air of Switzerland and revive your spirit'*, and guests are encouraged to enjoy *'energizing activities at our 24-hour gym or relax at Waldhaus Spa, our facility encircled by calming parkland and mountains'*, and to *'be pleasantly*

surprised by our lap pool, steam room, therapy bath and spa services, such as body wraps, facials and in-suite massages' (Marriott International 2024).

As part of its bed and breakfast package the London Hilton Croydon (Hilton 2024) offer *'includes 90 minutes of exclusive access to the Hilton Private Wellness Area'*, though pre-booking is required. The company claims that this facility enables guests to *'escape your everyday worries with an exclusive mind and body ritual personalised for your wellness needs'*, and that guests can *'follow one of our guided wellness rituals or design your own wellness journey'*, and that the experiences on offer include relaxation beds, Finnish Sauna and Steam Bath, the Digital Wellness couch and an herbal infusions station. Further the company claim *'whether you're looking for a better night's sleep, increased concentration and focus, improvements to your skin, detoxification and immune system benefits, or you're looking to enhance your athletic abilities, or to recover faster so you can train harder, you'll find the perfect ritual just for you'* (Hilton 2024).

Thirdly, some of the selected hotel companies emphasise how they look to promote their employees' wellness. G6 Hospitality (n.d.), for example, explicitly recognised the importance of supporting its team members' *'health and wellness'*, including *'medical, dental and vision plans, virtual doctor visits, wellness programs, flexible spending accounts, life and disability insurance, and a team member assistance program'*, and Hilton (2023) reported launching an initiative designed to *'destigmatize mental wellness in the workplace.'* BWH Group (2023) offers its employees a *'Wellness Program'*, that included both preventative screening for cancer and flu immunization injections. Wyndham Hotels and Resorts (2023) reported its commitment *'to offering programs that focus on the total well-being of all our team members. We also understand that nutrition, exercise, lifestyle management, physical, mental, and emotional wellness, financial health and the quality of the environment in which we work and live are also critical priorities for each of our team members. We believe that health and wellness promote both professional and personal productivity, achievement, and fulfillment, ultimately making us stronger across the organization. To encourage all our team members to lead healthier lifestyles while balancing family, work and other responsibilities, we offer several resources under our Be Well program, including free clinic services, an onsite fitness facility and a Wyndham Relief Fund to help employees who are facing financial hardship.'*

Fourthly, some of the hotel companies are giving an increasing focus to wellness within guest's rooms. At selected Wyndham hotels, for example, the company claim that *'Wellness Rooms utilize scientific research along with engineering and technological advancements to help create a healthier guest room experience'*, and that *'these rooms feature air purification, dawn simulation, a signature memory foam mattress, and more to ensure you have a rejuvenating night's sleep'* (Wyndham Hotels and Resorts 2024). Marriott's Residence hotel at Phoenix Airport, US, offers a number of *'Wellness Hotel Rooms'*, in which *'medical grade, in-room filtration systems remove particles from the air, while surfaces are treated to minimize bacteria growth'* (Marriot International n.d.).

Reflections

The findings offered some valuable insights into how the world's leading hotel companies had embraced wellness, outlined some of the wellness activities and facilities within hotels, and drew attention to some of the benefits claimed for these activities and facilities. More generally, four wider issues, namely the challenges that wellness poses for tourism and hospitality companies, the commodification of wellness, concerns about the role of wellness in tourism and hospitality company employee development programmes, and the links between wellness and the hospitality and tourism industry and sustainable development, merit attention.

Firstly, a variety of challenges can be identified. Tourism and hospitality companies face investment challenges, for example, in looking to secure the capital to develop wellness facilities. Here, Kipping (2024) argued that *'the shift towards wellness tourism heralds a renaissance in investment patterns, compelling hoteliers to adopt a more discerning approach towards capital allocation'*, and that *'this necessitates a strategic foresight to discern the long-term viability and profitability of wellness initiatives, ensuring that they are not ephemeral trends.'* There are challenges in securing the services of employees who can manage wellness facilities and programmes, particularly at a time many rivals in the tourism and hospitality industry are also looking to develop and/or expand their wellness offers, and challenges, in promoting a wellness ethos and wellness facilities to new customers, and in promoting such facilities to existing customers.

Secondly, the commodification of the concept of wellness, and its relationship with the continuing growth of tourism, can be thorny issues. Here one of the arguments is that under capitalism, wellness becomes a commodity that can be sold, and bought, and as such it may become detached from its original roots, and its success may be seen to rely on both the exploitation of local labour, and of local cultures and environments. More specifically, Bowers and Cheer (2017), for example, examined the growth of two elements of wellness tourism, namely yoga tourism and spiritual tourism. The authors argued that the *'overt commodification of yoga in the contemporary context'* is *'far removed from ideals of practice centred on spirituality, compassion and peace'*, that yoga has become *'commodified as a vehicle for international tourism'*, and that *'a corollary to the growth of yoga related travel is wellness tourism centred on the consumption of meditation and spa retreats.'* In a similar vein, Medina-Munoz and Medina-Munoz (2012) looked to analyse the commodification of wellness services in Gran Canaria, and their work revealed that the commodification of wellness had been taking place in the form of hotel spas, as well as in a variety of small day-spas, relaxation centres, beauty centres and gyms. The authors suggested that an *'excessive presence of leisure and tourism'* could affect the wellness experience.

Thirdly, there are issues in and around wellness in hospitality and tourism companies' employee development programmes, and here there are contrasting positions. On the one hand, Hull and Pasquale (2017), for example, observed that in the US, employee wellness programmes were increasingly linked to employee provided health insurance. Such programmes were seen *'to nudge employees,*

sometimes quite forcefully, into healthy behaviours such as smoking cessation and exercise routines.’ However, the authors documented the failure of these programmes to deliver a positive return on investment and claimed that they provided an opportunity for employers to exercise increasing control over their employees. On the other hand, Varga et al. (2021) looked to examine the impacts of employee wellness programmes on employee and organisational outcomes in the hospitality industry. Their results suggested *‘that organizations that offer wellness programs to their employees are likely to see lower employee turnover than organizations that do not offer wellness programs’*, and that wellness programmes *‘can be effective at helping hospitality employees deal with stress, even the multi-faceted stress that comes from the challenges specific to the industry’* (Varga et al. 2021).

The final wider issue focuses upon the relationship between wellness activities in the hospitality and tourism industry and sustainable development. Cook (2013), for example, claimed that from a Buddhist perspective, wellness could be defined *‘almost interchangeably’* with sustainable development. In some ways such a close relationship, and interchangeability of meaning, might be seen to be understandable in that both concepts are rooted in a holistic view of their worlds. Thus, while wellness looks to address the physical, mental, emotional, social and spiritual components of health, so sustainable development looks to balance the environmental, social and economic components of development. However, apart from wellness tourism activities themselves, wellness tourism venues may give rise to a range of unsustainable pressures, for example, in the aircraft and motor vehicle emissions generated by guests’ travel to these venues, and in the damage the development of new wellness venues may cause to natural environments, and to indigenous cultures and peoples.

Conclusions

The findings of this exploratory study suggest that wellness has not taken centre stage for the world’s leading hotel companies, but that many of these companies have looked to embrace wellness in their offers in a variety of ways. More generally, the author also drew attention to a number of wider issues, including the challenges that wellness poses for tourism and hospitality companies, the commodification of wellness, the role of wellness in tourism and hospitality company employee development programmes, and the links between the growth of wellness facilities and attractions in the hospitality and tourism industry and sustainable development. The paper clearly has a number of limitations, not least in that its empirical is drawn exclusively from Internet sources. Nevertheless, the author believes that the paper not only offers a valuable exploratory picture of how the leading hotel companies have embraced wellness, and as such it helps to contribute to filling a gap in the academic hospitality and tourism literature, but that it may also provide a platform for future research. Future research agendas might, for example, include detailed empirical investigations into the strategic decision making around the introduction of

wellness activities and facilities by tourism and hospitality companies, into the barriers to the introduction of such activities and facilities, into guests' experiences of wellness activities and facilities within tourism and hospitality offers, and into how these experiences influenced future patronage.

References

- Blackman S, Huang Y-C, Chen C-C, Lee H-Y, Che J-S (2023) Engaging with restorative environments in wellness tourism. *Current Issues in Tourism* 26(5): 789–806.
- Bowers H, Cheer JM (2017) Yoga Tourism: Commodification and western embracement of eastern spiritual practice. *Tourism Management Perspectives* 24(Oct): 208–216.
- BWH Hotel Group (2023) *Wellness Programs*. Available at: <https://bestwesternbenefits.com/wellness/>.
- BWH Hotel Group (2024) *Wellness Retreats*. Available at: <https://www.bestwestern.de/en/wellness-retreats.html>.
- Chen K-H, Huang, Ye Y (2022) Research on the relationship between wellness tourism experiencescape and revisit intention: a chain mediation mode. *International Journal of Contemporary Hospitality Management* 35(3): 893–918.
- Chi OH, Chi CG, Deng DS, Price MM (2024) Wellness on the go: motivation-based segmentation of wellness hotel customers in North America. *International Journal of Hospitality Management* 119(5): 103725.
- Cook L (2013) *Sustainability and Wellness: What are we even talking about?* Available at: <https://www2.buddhistdoor.net/features/sustainability-and-wellness-what-are-we-even-talking-about>.
- Corbin CB, Pangrazi RP (2001) Toward a Uniform Definition of Wellness: A Commentary. *President's Council on Physical Fitness and Sports Research Digest* 3(15).
- Dillette AK, Douglas AC, Andrzejewski C (2021) Dimensions of holistic wellness as a result of international wellness tourism experiences. *Current Issues in Tourism* 24(6): 794–810.
- e.travel.com (2024) *What is Wellness Tourism*. Available at: <https://www.etravel.com/explore/travel-industry/what-is-wellness-tourism/>.
- EHL (2024) *What is the hospitality industry*. Available at: <https://hospitalityinsights.ehl.edu/hospitality-industry>.
- Farkik J, Isailovic G, Taylor S (2021) Forest bathing as a mindful tourist practice. *Annals of Tourism Research* 2(2): 1–9.
- G6 Hospitality (n.d.) *Team Member Wellbeing*. Available at: <https://g6hospitality.com/team-member-wellbeing/>.
- Global Wellness Institute (2023) *Global Wellness Economy Monitor 2023*. Available at: <https://globalwellnessinstitute.org/wp-content/uploads/2023/11/G>.
- Global Wellness Institute (2024) *What is Wellness?* Available at: <https://globalwellnessinstitute.org/what-is-wellness/>.
- Han H, Kiatkawsin K, Koo B, Kim Wet (2020) Thai wellness tourism and quality: comparison between Chinese and American visitors' behaviors Thai wellness tourism and quality: comparison between Chinese and American visitors' behaviors'. *Asia Pacific Journal of Tourism Research* 25(4): 425–440.
- Hilton (2023) *Corporate News*. Available at: <https://stories.hilton.com/corporate-news/qa-hilton-vice-president-of-wellness-amanda-al-masri>.

- Hilton (2024) *The Ultimate Relaxation Experience*. Available at: <https://www.hilton.com/en/hotels/crohnhn-hilton-london-croydon/offers/ultimate-relaxation-experience-2000000448/>.
- Hull G, Pasquale F (2018) Towards a critical theory of corporate wellness. *BioSocieties* 13(Jul): 190–212.
- Hyatt Hotels Corporation (2023a) *Miraval Arizona*. Available at: https://www.miravalresorts.com/arizona/experiences?_gl=1*hcyp2e*_ga*MTQ5NTg4MjU3LjE3MTgwMTA2ODE.*_ga_EN094J3LKP*MTcxODI3ODI5NC43LjEuMTcxODI3ODI5Ni41OC4wLjA.*_gcl_au*NTQwOTc2Nzg1LjE3MTgyNzE3MTc.*_ga_4XKSDZLV8G*MTcxODI3ODI5Ni4zLjAuMTcxODI3ODI5Ni42MC4wLjA.
- Hyatt Hotels Corporation (2023b) *Your Sanctuary in Austin: Life in Balance Spa*. Available at: <https://www.miravalresorts.com/austin/life-in-balance-spa>.
- Hyatt Hotels Corporation (2024a) *Wellness Retreats*. Available at: https://world.hyatt.com/content/gp/en/stories/wellness-retreats.html?icamp=hy_wohstories_wellness_june2024_hppromo_D_en.
- Hyatt Hotels Corporation (2024b) *World of Hyatt Stories*. Available at: <https://world.Hyatt.com/content/gp/en/stories.html>.
- Hyatt Hotels Corporation (2024c) *Miraval*. Available at: <https://www.hyatt.com/en-US/brands/miraval>.
- IHG Hotels and Resorts (2022) *Wrapped in Wellness: IGH spas across the globe to rest and recharge*. Available at: <https://www.ihgplc.com/en/news-and-media/news-releases/2022/wrapped-in-wellness-ihg-spas-across-the-globe-to-relax-and-recharge>.
- Kan T, Ku ECS, Sun WCW, Lai T-C, Hsu P-Y, Hsu S-C (2023) Wellness tourism Enhances Elderly Life Satisfaction. *Journal of Quality Assurance in Hospitality and Tourism* 24(4): 402–428.
- Kim B, Yang X (2021) I'm here for recovery: the eudaimonic wellness experiences at the Le Monastère des Augustines Wellness hotel. *Journal of Travel Tourism and Marketing* 38(8): 802–818.
- Kipping DP (2024) *Revolutionizing Hospitality: The Rise of Wellness Tourism*. Available at: <https://www.linkedin.com/pulse/revolutionizing-hospitality-rise-wellness-tourism-daniel-p-kipping-qgetf/>.
- Kirkland A (2014) What is Wellness Now? *Journal of Health Policy, Politics and Law* 39(5): 937–970.
- Liao C, Yuo Y, Xu S, Law R, Zhang M (2023) Dimensions of the health benefits of wellness tourism: A review. *Frontiers in Psychology* 13(Jan): 1071578.
- Marriott International (2024) *Rest. Rejuvenate. Recharge*. Available at: <https://www.marriott.com/en-us/resorts/spa-resorts>.
- Marriott International (n.d.) *Pure Wellness Hotel*. Available at: https://www.marriott.com/marriottassets/marriott/PHXRA/P5_June_2024DF/Residence_Inn_Phoenix_PURE.pdf.
- Medina-Munoz DR, Medina-Munoz RD (2012) Critical issues in health and wellness tourism: An exploratory study of visitors to wellness centres on Gran Canaria. *Current Issues in Tourism* 16(5): 415–435.
- Paterson I, Balderas-Cejudo A (2022) Baby boomers and their growing interest in spa and wellness tourism. *International Journal of Spa and Wellness* 5(3): 237–249.
- Pfizer (2024) *What is Wellness?* Available at: <https://www.pfizer.com/health-wellness/wellness/what-is-wellness>.
- Potter K (2023) *How Sober Took Over*. Available at: <https://www.expedia.co.uk/travel-trends-unpack-24/dry-tripping/>.

- Sili T (2023) *The world of wellness and wellbeing in the hospitality industry*. Available at: <https://www.pkfhospitality.com/news/articles-publications/the-world-of-wellness-and-wellbeing-in-the-hospitality-industry/>.
- Statista (2024) *Leading hotel groups worldwide as of June 2023, by number of properties*. Available at: <https://www.statista.com/statistics/197869/us-hotel-companies-by-number-of-properties-worldwide>,
- Suban SA (2023) Bibliometric analysis on wellness tourism – Citation and co-citation analysis. *International Hospitality Review* 37(2): 359–383.
- Varga S, Mistry TG, Ali F, Cobanoglu C (2021) Employee perceptions of wellness programs in the hospitality industry. *International Journal of Contemporary Hospitality Management* 33(10): 3331–3354.
- Wyndham Hotels and Resorts (2021) *2021 ESG Report*. <https://corporate.wyndhamhotels.com/wp-content/uploads/2021/04/2021-WH-ESG-Report.pdf>.
- Wyndham Hotels and Resorts (2023) *Annual Report*. Available at: <https://investor.wyndhamhotels.com/financial-information/all-sec-filings/content/0001722684-23-000005/wh-20221231.htm>.
- Wyndham Hotels and Resorts (2024) *Wyndham Wellness Rooms*. Available at: <https://www.wyndhamhotels.com/wyndham/about-us/wellness-rooms#:~:text=Wellness%2DFocused%20Rooms&text=Available%20at%20select%20Wyndham%20hotels,have%20a%20rejuvenating%20night's%20sleep>.
- Yi L, Chiang L, Eojina K, Liang RT, Sung MS (2018) Towards quality of life: the effects of the wellness tourism experience. *Journal of Travel and Tourism Marketing* 35(4): 410–424.
- Zen Tech Asia (2023) *2023 Wellness Trends Transforming the Hospitality Industry*. Available at: <https://www.com/pulse/2023-wellness-trends-transforming-hospitality-industry-zentechasia/>.

Parameters Identification Related to Design of Customer Relationship Management Structure for Health Tourism Facilitators in Iran: A Case Study of Iran

By Alireza Mardaninejad* & Manoochehr Najmi[±]

The Health Tourism Industry is burgeoning within Iran, presenting promising opportunities. Despite its relative infancy in the country, this sector predominantly comprises Small and Medium Enterprises (SMEs). These entities encounter a spectrum of challenges as they navigate the path to growth, with Customer Relationship Management (CRM) emerging as a prominent concern. Effective management of customer relations necessitates a comprehensive understanding of their diverse needs and challenges, spanning from initial engagement to the culmination of the relationship. Designing an effective CRM structure requires a meticulous exploration of these facets throughout the customer journey. In our study, we conducted a literature review to explore these challenges and employed a qualitative approach, conducting semi-structured interviews with seven Iranian health tourism facilitators. Through framework analysis, we identified key insights into CRM challenges and strategies. Our thematic analysis revealed seven pivotal themes germane to CRM within Iranian health tourism facilitation: Initial customer engagement; Transformation of information between customers and health tourism facilitator; Data assessment and Challenges in information exchange; Perception of service quality factors; Cultural and national considerations; Monitoring and oversight; and Stress mitigation strategies

Keywords: customer relationship management, health tourism, health tourism facilitators, health care, customer journey

Introduction

The health tourism industry in Iran has garnered significant attention in recent years, driven by its appeal due to the combination of low costs and high-quality health services. The overall expenses incurred, encompassing both health services and travel expenditures in Iran, are notably lower compared to many other countries (Ebrahimzadeh 2013, Asadi 2011, Wan Normila 2012). This serves as a substantial competitive advantage for the health tourism market in Iran, rendering it both profitable and attractive to investors and potential customers. Prior to the onset of the COVID-19 pandemic, predictions indicated that this industry could surpass 3 billion US dollars by the end of 2025 (Larisa 2017).

Health tourism companies play a pivotal role in streamlining the process of travel and healthcare provision for customers. They offer a comprehensive range

*Graduate Student, Sharif University of Technology, Iran.

[±]Associate Professor, Graduate School of Management and Economics, Sharif University of Technology, Iran.

of services, including accommodation, visa assistance, transportation, translation, and medical/wellness services, thereby enhancing the overall travel experience for customers (Gan 2011, Quintela 2011).

Each phase within health tourism businesses constitutes a layer contributing to the total value generated by services. The perceived value by customers is intricately linked to the quality of each of these processes (Anshari and Almunawar 2012). The primary stages in the customer journey within health tourism facilitators include data transformation, data assessment, diagnosis, treatment, and control. These stages encompass various processes, all of which are deemed significant and collectively contribute to the overall value of the services provided by health tourism facilitators. Therefore, a meticulous design of each stage within the Customer Relationship Management (CRM) structure is imperative (Almunawar and Anshari 2011, Anshari and Almunawar 2012, Anshari et al. 2012).

In the realm of health tourism facilitators, customer relationship management is deemed crucial from the initial interaction with potential customers to the culmination of their travel. A key factor underscoring this importance is the sensitivity associated with certain medical requirements, such as the secure transfer of medical information to facilitate necessary diagnostic and medical processes. The structured implementation of CRM ensures the seamless collection and transfer of data among the firm, customers, and health service providers, thereby making the facilitation process genuinely effective (Alshawi 2003, Almunawar and Anshari 2011, Anshari and Almunawar 2012, Anshari and Almunawar 2012, Low and Wint 2012).

This recognition of importance prompts us to identify key parameters related to the design of customer relationship management structures for health tourism facilitators in Iran. Our aim is to assist Iranian (and other) health tourism facilitators in developing their CRM processes and structures. While CRM encompasses various components, this paper specifically focuses on the customer journey. Our objective is to identify and address the primary challenges and barriers customers encounter throughout their journey from the initial contact with a health tourism facilitator, during their travel to Iran and the receipt of services, to the conclusion of their travel and return to their homeland. We hope that the findings of this research will empower health tourism companies to revamp their CRM processes and elevate the quality of services across all layers of their service offerings. In this paper, we undertook a comprehensive literature review to grasp the nuanced challenges confronting health tourism facilitators in the realm of CRM. Drawing upon various CRM models tailored to this sector, we opted for a qualitative approach, utilizing semi-structured in-depth interviews with seven major Iranian health tourism facilitators. Through these interviews, we sought to unearth the multifaceted dimensions of customer relationship management and the associated challenges faced by these companies. Subsequently, employing the framework analysis method, we dissected the gathered data to unveil meaningful insights. These findings provide actionable insights for enhancing customer satisfaction and fostering enduring relationships in this burgeoning sector.

Literature Review

Tourism and Health Tourism

The term "tourism" was first coined in 1811, originally denoting travel with the purpose of experiencing nature, history, or culture (Mahallati 2001). Over time, the connotation of this term has evolved, and today, tourism encompasses all activities undertaken by a traveler when visiting a location distant from their home (Smid and Zwart 2002). In contemporary usage, tourism encompasses any activities an individual engages in during travel to a place that extends beyond 24 hours but is less than a year in duration, with objectives ranging from pleasure and business to treatment, education, sports, and more (Sadr Mousa 2007). Tourism and travel agencies play a crucial role in attracting tourists and organizing tours which can contribute to structural changes in rural settlements that serve as the route and destination of tourism (Shafieisabet and Haratifard 2020).

The landscape of tourism has diversified into various branches due to the multitude of goals people pursue during their travels (Nouri 2001). One such branch is health tourism, a form of tourism aimed at achieving healing or attaining mental and physical wellness (Larousse Dictionary 1974). Health tourism is actively practiced in Iran, attracting numerous health tourists to the country each year (Ebrahimzadeh et al. 2013).

In a crowded global marketplace, destinations are competing against each other to attract tourists; and culture is one of the most important elements in the tourism product, as it offers an authentic and distinctive trait to the destination. (Sayeh 2022) However, inadequate management of cultural differences within the health tourism sector can precipitate dissatisfaction among clientele, thus posing a formidable challenge. This phenomenon arises from a potential mismatch between customer preferences and the services rendered, attributable to insufficient understanding or acknowledgment of diverse cultural nuances (Izadi et al. 2013, Tabibi et al. 2012).

Several key factors contribute to the growth of health tourism (Rokni et al. 2010):

- 1) Existence of long queues for health services in homeland
- 2) Higher quality of health services in destination
- 3) Lower costs of health services in destination
- 4) Higher technologies and standards of health services in destination
- 5) Attractive natural, historical, or cultural places in destination

Customer Relationship Management

Customer relationship management is a strategic approach that is concerned with creating improved shareholder value through the development of appropriate relationships with key customers and customer segments. CRM unites the potential of relationship marketing strategies and IT to create profitable, long-term relationships with customers and other key stakeholders. CRM provides enhanced

opportunities to use data and information to both understand customers and cocreate value with them. This requires a cross-functional integration of processes, people, operations, and marketing capabilities that is enabled through information, technology, and applications (Payne and Frow 2005).

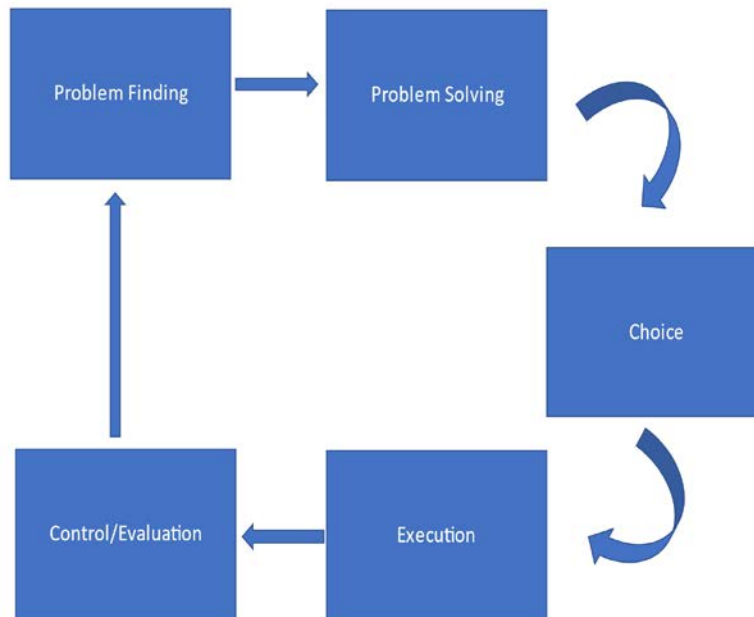
The implementation of CRM processes is associated with better company performance. The more firms engage in implementing CRM processes, the better they perform (Reinartz et al. 2004).

Health Tourism and Customer Relationship Management

The quality of Customer Relationship Management (CRM) stands out as a significant source of competitive advantage for firms (Hosseini 2008). However, in the context of health tourism in Iran, the primary competitive edge is derived from the combination of low costs and high-quality health services, with comparatively less emphasis on CRM (Izadi et al. 2012). The growth of health tourism in Iran is intricately linked to the quality of relationships with customers and the effectiveness of service facilitation, both serving as crucial parameters (Gholami et al. 2020). Challenges associated with customer relationships are acknowledged as barriers to the expansion of health tourism in Iran (Bahadori et al. 2017).

A notable weakness within the health tourism industry in Iran is the perceived low quality of effective communication and follow-ups between health tourism facilitators and customers (Hosseini et al. 2015). The failure to establish effective customer relationships can be attributed to various factors, including cultural differences and a lack of knowledge and training regarding customer needs (Izadi et al. 2013, Tabibi et al. 2012). Creating an environment of trust and fostering effective communication emerge as two pivotal success factors in customer acquisition within health tourism in Iran (Zahmatkesh and Mohammadpour 2020). Moreover, within the value chain of health tourism, CRM stands as a central element (Karadayi-Usta and SerdarAsan 2020). It plays a crucial role in building trust among customers, contributing to their loyalty and satisfaction in the realm of health tourism (Sethi 2021).

Anshari has undertaken efforts to devise an effective CRM structure specifically tailored for health-related companies (Almunawar and Anshari 2011, Almunawar and Anshari 2012, Anshari et al. 2012). The model generated in these publications incorporates a structure called Value Shop, elucidating processes related to diagnosis and treatment—two integral components of the health tourism value chain. This model comprises five stages: problem finding, problem solving, choice, execution, and control/evaluation.

Figure 1. Anshari Value Shop Model

Source: Anshari 2011.

The significance of data collection and transfer in health-related services, such as the health tourism industry, lies in the fact that the generation of medical treatment plans relies on these data, integrated within CRM processes. This importance forms the foundation of Alshawi's endeavors to construct a model for information management in this sector (Alshawi 2003). Quality assessment for collected data is imperative, as any errors pose a high risk and can be potentially fatal for customers in the health tourism sector. This underscores the critical need for an efficient CRM structure among health tourism facilitators.

Comprehensive understanding of all parameters associated with the perceived quality of customers in the health tourism industry is instrumental in designing an effective CRM structure. Quintela's research in this field has identified and elucidated these pertinent parameters (Quintela 2011).

A pivotal factor for success in CRM implementation is a thorough understanding of all processes linked to customers (Almotairi 2009, Bohling 2006, Mendoza 2007). This comprehension is essential in ensuring that CRM systems are strategically aligned with the multifaceted needs and expectations of customers within the health tourism industry.

Research Gaps

Research in the health and health tourism sectors consistently emphasizes the pivotal role of CRM in the growth and success of firms. However, significant

research gaps exist, particularly in areas crucial for understanding challenges and barriers within the context of CRM in these sectors.

Customer-centric Challenges and Barriers in CRM

A comprehensive exploration of the challenges and barriers faced by customers in their interactions with health tourism facilitators is conspicuously lacking. Identifying and addressing these customer-centric challenges is imperative for elevating levels of satisfaction and fostering loyalty within the industry (Izadi et al. 2012, Izadi et al. 2013, Tabibi et al. 2012, Almotairi 2009, Bohling 2006, Mendoza 2007).

Communication, Data Collection and Assessment in Health Tourism

While the significance of data collection and transfer has been highlighted, there exists limited research that delves into the specific challenges associated with these processes in the context of the health tourism industry. Investigating these obstacles and devising solutions holds the potential to significantly enhance the efficiency of CRM structures within the sector (Almunawar and Anshari 2011, Anshari and Almunawar 2012, Anshari et al. 2012, Gholami et al. 2020, Bahadori et al. 2017, Hosseini et al. 2015).

A focused examination of the customer journey in the health tourism sector, with the explicit goal of identifying and addressing these research gaps, would contribute significantly to the development of more robust CRM strategies for health tourism facilitators in Iran. By filling these gaps, future research can provide actionable insights that facilitate the design and implementation of CRM structures that better serve the diverse and evolving needs of both the industry and its customers.

Theoretical Framework

The theoretical framework of this research is developed based on a comprehensive literature review and the identification of gaps in prior research. It draws upon the authors' insights into the relationships and gaps within the context of discussion. The primary focus of this framework is on the main stages of the customer journey in the health tourism sector, serving as the foundation for generating semi-structured interview questions and designing themes for thematic analysis.

Data Transfer (First Stage):

- Processes aimed at obtaining a clear understanding of the customer's health condition.
- Facilitates the collection of information necessary for devising a tailored medical plan.

Data Assessment (Second Stage):

- Involves the evaluation and analysis of the collected data.
- Crucial for ensuring the accuracy and relevance of the information gathered.

Medical Plan Finalization (Third Stage):

- The stage where the medical plan is refined and finalized.
- Incorporates collaborative decision-making between health tourism facilitators and customers.

Travel Plan Generation and Service Reception (Fourth Stage):

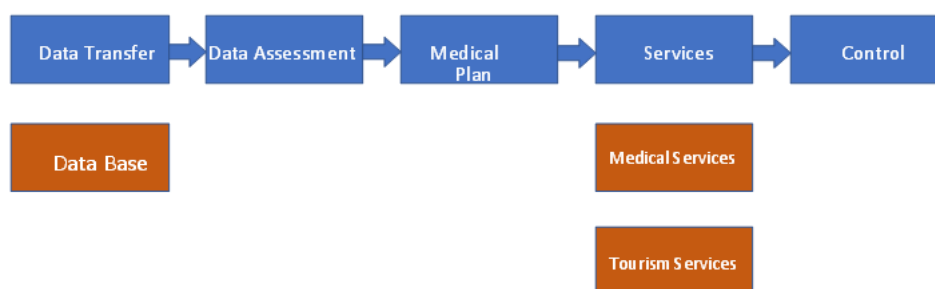
- Involves the formulation of the travel plan for the customer.
- The customer travels to the destination and receives the planned medical services.

After-Service Follow-Ups (Last Stage):

- Post-service engagement where health tourism facilitators provide follow-up care.
- Aims to assess the customer's post-treatment condition and address any concerns or issues.

This theoretical framework establishes a structured approach to understanding the dynamics of the customer journey in health tourism. Each stage represents a critical component in the overall process, and the framework serves as the basis for the formulation of interview questions. By exploring each stage through qualitative interviews and employing thematic analysis, this research aims to contribute valuable insights into the challenges and opportunities within the CRM structure of health tourism facilitators in Iran.

Figure 2. *Theoretical Framework*



Methodology

Data Collection Method

Scientific research can be divided into two subcategories of quantitative and qualitative. Qualitative approaches light up the problem from different angles and from different perspectives of people who have the problem. Qualitative approaches change their progress with respect to new data generated during the research, so it is common to use semi-structured or non-structured questions during these approaches (Yin 2011).

In this research we seek a better understanding of relationships between customers and health tourism facilitators, to use them as a tool for generation of CRM structure. With respect to research gaps and the need of more research in this topic, we can see that there are lots of hidden aspects and dark corners in this topic, which guides us towards qualitative approaches. These approaches give us the opportunity to look deeper at the problem (Yin 2011). These approaches help us with a complete exploration on the subject (McCracken 1988). We don't have much control on the parameters and events which are effective on the subject, so the case study methodology is suitable for this research. (Yin and DeVaney 2015, McCracken 1988)

Most health tourism facilitators in Iran are small to medium size companies and managers of such companies are those who have a complete big picture on the customer journey which is the subject of this research. Also, we use the snowball method for our sampling (Goodman 1961) and saturation standard to stop our interviews (Patton 1990).

Between different methods of qualitative research for data collection, semi-structured interview is suitable to gather information about individuals' experiences and opinions on the subject (Mack et al. 2005) and it is our choice.

Semi-Structured Interview

We conducted interviews with senior managers representing seven prominent health tourism facilitators in Iran. All interviews were meticulously recorded and transcribed for analysis. Our interview protocol was rooted in a robust theoretical framework; however, the dynamic and exploratory nature of our research necessitated nuanced adjustments to the line of questioning during each interview. This adaptability allowed for comprehensive exploration of various facets of the customer journey, as follow-up inquiries were tailored to the specific responses provided. Notably, the structure of each interview was iteratively refined based on insights gleaned from preceding data. For clarity, the primary interview questions are detailed in Table 1, while Table 2 presents the list of interviewees.

Table 1. *Semi-structured Interview Questions*

#	Question
1	What constitutes the primary communication channels between customers and the firm?
2	What challenges and preferences characterize the communication channels for customers?
3	How does the firm guide customers between various communication channels?
4	What crucial information is collected from customers prior to their travel?
5	What information does the firm furnish to customers before their travel?
6	What inquiries are typically posed by customers before their travel?
7	How do you evaluate the quality of information provided by customers?
8	What are the predominant causes of customer dissatisfaction during travel?
9	Which elements do your customers deem critical in assessing service quality?
10	What key factors prompt you to revise or enhance your service offerings?

Table 2. *List of Interviewees*

Number	Name	Sex	Title	Establishment year	Size	Domain
1	Firm 1	Male	CEO	2017	Small	Cosmetic, medical
2	Firm 2	Female	CEO	2016	Medium	Cosmetic, medical
3	Firm 3	Male	CEO	2017	Small	Cosmetic, medical
4	Firm 4	Male	CEO	2017	Small	Cosmetic, dental
5	Firm 5	Male	CEO	2016	Small	medical
6	Firm 6	Male	CEO	2016	Small	Cosmetic, medical
7	Firm 7	Male	CEO	2016	Small	Cosmetic

Data Analysis Method

Thematic analysis was employed to construct a thematic framework following the transcription of all interviews. A meticulous examination of the gathered information enabled the extraction of ideas, insights, and hypotheses articulated by the interviewees. Subsequently, the data within the transcripts underwent coding, facilitating the organization of data into coherent groupings based on identified codes. Through this process, overarching themes were delineated, each named in accordance with its inherent meaning and characteristics. Finally, the thematic framework was formulated, comprising interrelated themes and subthemes derived from the data analysis.

Results

After conducting framework analysis, a thematic framework was derived and is presented in Table 3. The framework comprises seven main themes, with several containing sub-themes and further delineated into sub-sub-themes.

Table 3. Thematic Framework

Theme	Sub-theme	Sub-sub-theme
Initial customer engagement	Online interaction	
	Offline interaction	
Data transmission	Customer-to-Firm communication	Medical information
		General information
	Firm-to-Customer communication	Medical plan
		Medical center/staff information
	Firm-to-health center communication	
Firm-to-staff communication		
Challenges in information exchange	General information evaluation	
	Medical information evaluation	Risk assessment
		Treatment plan selection
Cultural hurdles		
Perception of service quality factors	Physical appearance considerations	Health protocols at hotels
	Pricing dilemmas	Global pricing
		Fee for service pricing
	Communication obstacles	Language and accent
		Translator training
	Unexpected plan changes	
	Waiting queues and timing	
After service dissatisfactions		
Additional services		
Cultural and national considerations	Food-related challenges	
	Political challenges	
Monitoring and oversight		
Stress mitigation strategies		

Initial Customer Engagement

The initial customer interaction marks the entry point into the marketing funnel. It serves as the starting point for customers to engage with the organization, seeking details regarding desired services, associated costs, and occasionally, discussing medical concerns and needs. Typically, this first contact occurs through two primary channels: online and offline. Online interactions encompass various forms of communication such as social media, messaging platforms, emails, or contact forms on websites. Conversely, offline communications occur when customers utilize intermediaries like sales representatives, brokers, or partners to engage with the company.

Online Interaction

The majority of online leads originate from company websites, with many individuals opting to engage through online chat plugins. Notably, companies often seek to transition these website-based conversations to WhatsApp for continued communication. A significant challenge faced by companies is the risk of losing leads due to delayed responses. Conversion rate optimization strategies advocate for expediting the customer feedback loop to increase lead conversion

rates. While other online channels are utilized by various companies, they do not universally serve as the primary communication channels across all cases studied.

Offline Interaction

Offline communications involve three key stakeholders: the company, the customer, and the broker. Brokers typically hail from the same homeland as the customer or possess fluency in the customer's native language. In such instances, the broker serves as a pivotal figure of trust for customers. This trust-centered relationship proves particularly effective in countries like Iraq, where trust holds significant sway in consumer decision-making processes, thereby benefiting the company.

Data Transmission

The theme of data transfer encompasses all processes involved in the exchange of information among customers, the company, and service providers. This overarching theme comprises three sub-themes, each of which constitutes essential components to consider when designing a database for a health tourism facilitator in Iran.

Customer-to-Firm Communication

This sub-theme encapsulates all the requisite data that must be acquired from customers. A health tourism facilitator typically requires two types of data from customers. Firstly, medical information encompasses all pertinent medical background documents and files necessary for the facilitator to formulate a customized medical plan. The extent of required medical information varies based on the nature of the health services sought, with higher-risk procedures typically necessitating more comprehensive data. Secondly, general information can be collected from customers through a unified online form. This information encompasses all details necessary for the health tourism facilitator to orchestrate the customer's travel arrangements.

Medical Information

Health tourism facilitators rely on this data to evaluate the health condition of customers and determine the feasibility of providing health services for each case. This information plays a crucial role in tailoring the service delivery method, which in turn may impact the final pricing. Additionally, it aids the medical team in assessing the medical risk associated with accepting a customer. Occasionally, the medical team may require recent medical test results, typically conducted within two months prior to the customer's contact with the company. Upon receipt of all requisite medical information for a specified service, the facilitator can accurately calculate the possibility, risk, and cost of the recommended medical service.

General Information

From basic details such as name, age, and sex, to essential documents like scans of passports, health tourism companies require comprehensive information to facilitate the arrangement of travel plans for customers. This includes preferences regarding the desired date of travel, accommodations, dietary requirements, and other pertinent details. Once this information is received, the travel plan can be customized accordingly, with adjustments made as necessary, and the overall price can be accurately calculated.

Customer-to-Firm Communication

Customers also seek diverse information from the company, including details about available doctors, testimonials from former customers, before-and-after pictures, information about hospitals, medical procedures, standards, equipment, and associated costs. Within this theme, two sub-sub themes emerge:

Medical Plan Information

The primary information sought by customers typically encompasses testimonials, doctors' resumes, before-and-after pictures for cosmetic services, doctors' Instagram pages for insights into their practice, details on methodologies, equipment, and technology pertinent to specific services, estimated recovery times, and occasionally, general inquiries such as eligibility for a particular surgery based on the customer's condition. While trained CRM administrators often handle these queries, some may require consultation with the medical team for accurate responses.

Medical Center/Staff Information

Questions of this category are about standards, quality, and technologies of medical centers.

Firm-to-Health Center Communication

This entails a bilateral data exchange between health tourism facilitators and medical service providers, particularly for advanced and high-risk medical services. In such cases, data may need to be transmitted to hospitals or doctors to facilitate the selection of the most suitable treatment plan or method for a specific customer.

Firm-to-Staff Communication

An effective strategy to expedite the customer feedback loop involves training CRM staff within the health tourism facilitator to address more technical inquiries independently, thus reducing reliance on medical service providers. In some cases, a supervisor with a medical background, such as a nurse, collaborates with CRM staff to impart basic or common medical knowledge relevant to customer inquiries. This approach ensures that only advanced queries, requiring specialized knowledge and experience, are referred to medical service providers.

Challenges in Information Exchange

This theme encompasses all challenges related to the receipt and assessment of the quality of information provided by customers, with a focus on information quality assessment. Within this theme, three sub-themes emerge:

General Information Evaluation

Errors in completing general information forms from customers can prove disastrous when attempting to obtain visas and arrange travel plans for customers.

Medical Information Evaluation

This stage presents the bulk of information challenges encountered. In the realm of cosmetic and plastic surgeries, some leads may exhibit undue meticulousness without requiring any actual services, while others may falsify information regarding their health conditions. For instance, there have been instances of individuals with AIDS who withhold their condition to undergo cosmetic surgery. Document forgery is another challenge encountered. Furthermore, some leads may withhold or misrepresent crucial data, or disclose new health information post-travel, rendering it too late for timely action. Additionally, in certain countries, medical test results may lack reliability due to deficiencies in accuracy, knowledge, or technology. Consequently, all interviewed cases unanimously underscore the necessity of reassessing customers' health conditions upon their arrival in Iran and conducting comprehensive medical tests anew to ensure the veracity of received data.

Risk Assessment

A comprehensive medical background check of customers serves as a vital tool for health service providers to evaluate the risk associated with providing the desired service to each customer. Based on the calculated risk, certain cases may be declined or subject to additional fees. These additional fees are allocated towards enhanced medical monitoring and checkups during and after the execution of the medical service. For instance, high-risk customers may necessitate an extended hospitalization period. However, the prospect of incurring extra costs may prompt some leads to withhold documents related to risk assessments, or to prematurely discharge from the hospital against medical advice. The process of full risk assessment comprises two phases: the initial assessment conducted before travel, involving the collection of all medical data and test results from customers, and the subsequent assessment post-travel, entailing new medical tests and checkups performed prior to the execution of the primary health service.

Treatment Plan Selection

The choice of treatment plan is determined by the health service provider based on the data received from the customer. However, there are instances where customers insist on receiving the service using a specific method, despite recommendations to the contrary from the medical team. For example, in one

interviewed case, the majority of hair transplant customers opt for the FUT method over the FIT method.

Cultural Hurdles

Certain cosmetic surgeries necessitate the submission of photographs depicting specific parts of the customer's body to formulate a medical plan. However, in some Islamic countries, there is reluctance or refusal to send images related to the body due to cultural or religious considerations. Cosmetic procedures such as breast lift, butt lift, or liposuction exemplify the challenges posed by this cultural sensitivity.

Perception of Service Quality Factors

This theme includes seven sub-themes which are focused on points which an issue can cause dissatisfaction, during travel to Iran.

Physical Appearance Considerations

Factors such as visual aesthetics and the quality of accommodations in hotels and hospitals significantly influence customer satisfaction. Hospitals lacking proper appearance and ambiance may induce stress among customers, while similarly substandard hotels can result in dissatisfaction. Some interviewed cases advocate for the segregation of local and international patients during hospitalization, yet in practice, they often share accommodations. Moreover, other physical elements, such as a welcoming atmosphere and warm initial interactions, contribute to customer comfort and help mitigate stress and trust-related concerns.

Health Protocols at Hotels

Another significant source of dissatisfaction arises when hotels fail to adhere to necessary health protocols for health tourism customers. For instance, following certain surgeries, customers may require confinement to their hotel rooms, with meals delivered to them rather than expecting them to visit the restaurant. Moreover, specific dietary requirements, such as the need for liquid-based foods like soup, must be accommodated. It is imperative that hotels fulfill all customer requests within their rooms. Additionally, hotels should be prepared and alerted for any potential emergency situations that may arise during the recovery period.

Pricing Dilemmas

This part is related to problems and dissatisfactions that are related to pricing formats of health tourism facilitators and it possesses two sub-sub-themes.

Global Pricing

In this pricing method, a fixed final price is provided to the customer for the entire package, with no adjustments under any circumstances. While this approach typically fosters customer satisfaction by eliminating concerns about additional expenses during travel, it poses certain risks for health tourism facilitators. One such risk arises when unforeseen medical complications occur during the

execution of the medical service, necessitating additional work and costs for the facilitator. For example, prolonged hospitalization may lead to increased expenses for the company. In some instances, doctors may resort to using lower quality materials or even previously used materials to mitigate costs, placing customers in a precarious and potentially hazardous position. Moreover, such practices are entirely unlawful.

Fee for Service Pricing

This method entails the establishment of a global price, initially calculated based on predetermined costs associated with a specific medical service. However, after the service is rendered, additional costs may be incurred based on the procedures undertaken, necessitating customers to settle the remaining balance on the clearance date. While this approach affords greater financial security for the health tourism facilitator, customers often find it undesirable as the final price typically deviates from the initially announced price. Furthermore, there are inherent risks associated with this method. Hospitals may engage in overcharging practices by appending a lengthy list of services at the conclusion of the treatment, some of which may be unnecessary. Ultimately, hospitals seek to maximize revenue from each patient. As a precaution, some interviewees disclosed that they had to enlist the services of an accountant solely to scrutinize hospital bills and ensure that no extraneous charges were included beyond what was genuinely necessary.

Communication Obstacles

Communication challenges arise when the health tourism facilitator encounters difficulties due to unfamiliarity with the customer's native language throughout the entirety of the customer journey. Translators, who often serve as tour leaders within health tourism facilitators, constitute the primary point of contact for customers. Serving as the face of the company, any challenges that emerge between translators and customers can significantly impact satisfaction levels. Translators essentially serve as the customers' escorts during their travel, necessitating a comprehensive understanding of every aspect of the process and the customers' needs.

Language and Accent

Translators tasked with escorting customers must possess a thorough understanding of health tourism protocols and customer requirements. They should adeptly address customer inquiries, effectively communicate with medical professionals, and possess the ability to comprehend both the needs of the customers and the circumstances they encounter. Within hospital settings, translators play a crucial role in facilitating communication between customers, doctors, and nurses. They are responsible for ensuring that customers comprehend instructions from medical staff and are familiarized with hospital rules and regulations.

Translator Training

In addition to possessing professional language and communication skills, translators must also possess adequate medical knowledge to effectively convey various situations to customers, liaise with health centers, and address inquiries. Translators are expected to translate and assist customers in completing hospital reception forms, as well as provide guidance on suitable food options. Moreover, they play a pivotal role in alleviating boredom and making waiting periods in hospitals more tolerable by introducing engaging activities. Thus, comprehensive training within the health tourism facilitator is essential to equip translators with the requisite skills and knowledge.

Unexpected Plan Changes

When a customer opts to alter a plan devised by the health tourism facilitator, it can lead to significant complications. Health tourism facilitators must be equipped to swiftly accommodate such changes and reorganize the existing plan. Fortunately, our research indicates that these changes typically have discernible causes and can be anticipated by health tourism facilitators. Customers may decide to change their accommodation, such as requesting a different hotel room or even switching hotels altogether, if their expectations are not met. Additionally, some customers may seek to change their assigned doctor after an initial consultation. Furthermore, preferences regarding the need for a private nurse to attend to them in the hotel may also change following travel.

Waiting Queues and Timing

Customers often find themselves waiting in queues during hospital reception or clearance stages, which can quickly lead to dissatisfaction due to stress and anxiety. Customers anticipate receiving each aspect of the service at the highest possible quality, making waiting in queues particularly irksome. In such instances, translators must employ various strategies to help customers pass the time more quickly and alleviate their discomfort. This may involve offering refreshments such as food or drinks, as well as engaging them with other forms of entertainment or distractions.

Additional Services

Side services often pertain to the travel and tourism aspects of the service, including activities such as one-day tours, visits to shopping malls, and dining at restaurants. However, a significant challenge arises concerning currency exchange for customers, particularly when they wish to make purchases. Due to economic sanctions, credit and debit cards are not easily accepted in Iran. Therefore, translators must exercise caution and be prepared to offer money exchange services to customers promptly when needed.

After Service Dissatisfactions

After cosmetic surgeries, it's common for the operated area to swell for a period, which typically subsides within a few days. However, customers may experience dissatisfaction upon seeing the immediate post-surgery results.

Additionally, they may struggle to trust the process and await the resolution of swelling, especially considering the need to return to their homeland without direct access to the operating doctors. Furthermore, there's a risk of postoperative infection in some cases, necessitating ongoing medical follow-ups. Establishing communication between the customer's local doctor and the health tourism facilitator becomes essential in such instances.

Cultural and National Considerations

These challenges stem from cultural and nationality disparities, which have the potential to cause customer dissatisfaction. This theme encompasses two sub-themes:

Food-Related Challenges

Food serves as a significant source of dissatisfaction, as reported by interviewees. Both hotel and hospital meals often fail to align with the cultural preferences and dietary desires of customers. Understanding and accommodating the culinary preferences of each nationality is crucial. For instance, Chinese individuals may struggle to adapt to Persian cuisine, while Arab clientele prefer moist or oily dishes over dry ones.

Political challenges

Political issues in certain countries may result in heightened visa rejection rates. Additionally, Iran's status as an Islamic nation entails adherence to specific religious regulations, which visitors must respect. However, customers may occasionally misinterpret or overlook these rules, necessitating corrective action by health tourism facilitators through informed education and communication.

Monitoring and Oversight

This aspect involves the supervision of CRM staff, transfer personnel, doctors, hospitals, and clinics. There is a risk of CRM staff or other personnel exploiting their positions for personal gain, such as by offering services outside the scope of the health tourism facilitator's purview. To mitigate this, any personal relationships between customers and staff outside of the facilitator's jurisdiction should be prohibited.

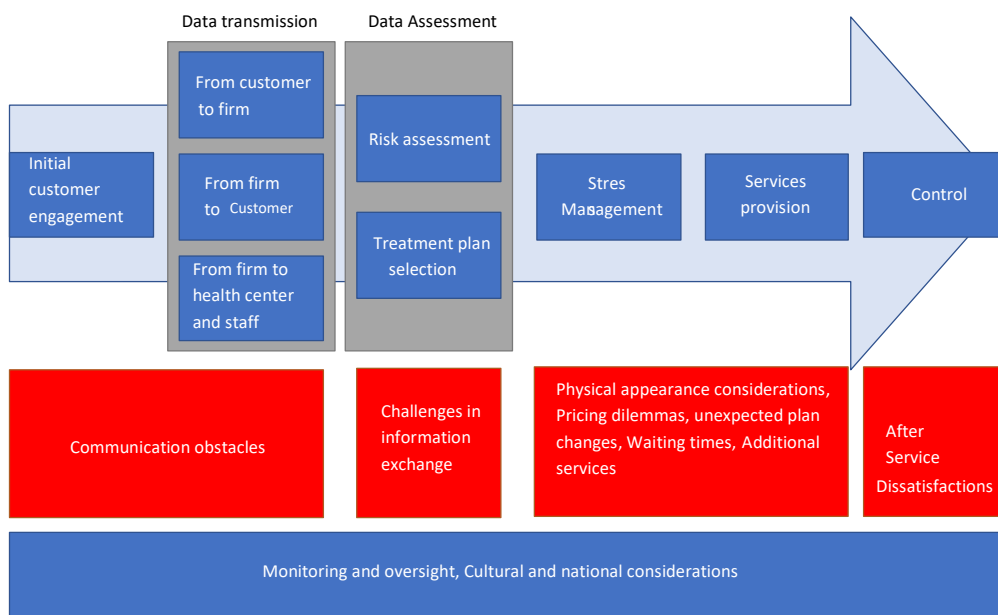
Stress Mitigation Strategies

Customers commonly experience stress due to factors such as being in a foreign country with a different language, their medical condition, and uncertainties regarding medical outcomes. To alleviate stress, translators must remain readily available and approachable to customers. Additionally, pre-travel online consultations with the medical team and visits to the medical center before hospitalization can help ease anxiety. Providing engaging activities to amuse customers can also prove effective in stress reduction.

Discussion

Previous research in the field of CRM for health tourism facilitators predominantly concentrated on the medical aspects of the customer journey. However, this study adopts a comprehensive approach to the customer journey, endeavoring to encompass all CRM-related challenges encountered by companies and customers alike. Our theoretical framework, initially comprised of five stages of data transfer, data assessment, medical plan, services, and control, served as the foundation for this research. Yet, through our research and framework analysis, we have identified seven overarching themes, prompting a restructuring of our theoretical framework into six stages. These stages include initial customer engagement, data transmission, data assessment, stress management, service provision, and control. Each stage comprises various components, themes, sub-themes, and sub-sub-themes, as depicted in Figure 3.

Figure 3. Extracted Framework



Conclusions

Customer Relationship Management (CRM) plays a pivotal role in the success of health tourism facilitators, serving as a key determinant of growth and customer satisfaction. However, previous studies have often fallen short in presenting a comprehensive overview of the customer journey and the myriad challenges faced by customers throughout this process. Addressing this gap, our research employs framework analysis to identify and extract the major challenges encountered by customers from the initiation to the culmination of their journey. Thematic analysis revealed seven pivotal themes germane to CRM within Iranian health tourism facilitation:

- 1) Initial customer engagement
- 2) Transformation of information between customers and health tourism facilitator
- 3) Data assessment and Challenges in information exchange
- 4) Perception of service quality factors
- 5) Cultural and national considerations
- 6) Monitoring and oversight
- 7) Stress mitigation strategies

By shedding light on these challenges, our aim is to equip health tourism facilitators with the insights needed to proactively mitigate potential issues and enhance customer satisfaction. Through our findings, we contribute to the refinement of existing models in the literature and highlight key pain points in the customer journey, offering valuable guidance for industry practitioners. The managerial implications derived from this research hold significant relevance for health tourism facilitators, particularly in the design and implementation of a comprehensive Customer Relationship Management (CRM) structure. By elucidating the nuanced challenges inherent in CRM within the health tourism sector, this study equips facilitators with insights essential for the proactive mitigation of potential issues. Moreover, the emphasis on enhancing customer satisfaction underscores the pivotal role of CRM in fostering enduring relationships with clientele. As facilitators adeptly navigate these challenges and prioritize customer-centric strategies, they stand to realize not only immediate benefits in the form of heightened customer satisfaction but also long-term gains in profitability. This research underscores the imperative for health tourism facilitators to integrate CRM practices tailored to the sector's unique demands, thereby fortifying their competitive stance and ensuring sustained business success.

References

- Almotairi M (2009) A framework for successful CRM implementation. In *European and Mediterranean Conference on Information Systems*.
- Almunawar M, Anshari M (2011) Improving customer service in healthcare with CRM 2.0. *Global Science and Technology Forum (GSTF) Business Review* 1(2).
- Alshawi S (2003) Healthcare information management: The integration of patients' data. *Logistics Information Management* 16(3/4): 286–295.
- Anshari M, Almunawar M (2012) Evaluating CRM implementation in healthcare organization. In *International Conference on Economics and Business Information (ICEBI 2011)*.
- Anshari M, Almunawar M, Low P, Wint Z (2012) Customer empowerment in healthcare organizations through CRM 2.0: Survey results from Brunei tracking a future path in E-Health research. *Austrian Journal of South-East Asian Studies* 5(1): 139–151.
- Asadi R (2011) Strategies for development of Iran health tourism. *European Journal of Social Sciences* 23(3): 329–344.
- Bahadori M, Malmir R, Alimohammadzadeh K, Yaghoubi M, Hosseini M (2017) Identifying and prioritizing barriers to health tourism using the analytical hierarchy process. *International Journal of Travel Medicine and Global Health* 5(16): 33–35.

- Bohling T (2006) CRM implementation: Effectiveness issues and insights. *Journal of Service Research* 9(2): 184–194.
- Braun V, Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77–101.
- Ebrahimzadeh I, Sakhavar N, Taghizadeh Z (2013) Comparative study of health tourism potentials in Iran and India. *Journal of Subcontinent Researches* 5(15): 51–78.
- Gan LL (2011) Medical tourism facilitators: Patterns of service differentiation. *Journal of Vacation Marketing* 17(3): 165–183.
- Gholami M, Keshavarz A, Abadi H, Milady S (2020) A systematic review of the factors affecting the growth of medical tourism in Iran. *International Journal of Travel Medicine and Global Health* 8(28): 1–12.
- Goodman LA (1961) Snowball Sampling. *The Annals of Mathematical Statistics. Institute of Mathematical Statistic* 32(1): 148–170.
- Hosseini K (2008) Strategic planning and management. *Saffar Publication*.
- Hosseini M (2015) Development strategy of health tourism in Iran. *International Journal of Travel Medicine and Global Health* 3(4): 153–158.
- Hosseini M, Maher A, Safarian O, Ayoubian A, Sheibani D, Amini H, et al. (2015) Development strategy of health tourism in Iran. *International Journal of Travel Medicine and Global Health* 3(11): 153–158.
- Izadi M, Saadat H, Ayoubian A, Hashemi Dehaghi Z, Karbasi M, Jalali A (2013) Health tourism in Iran; Identifying obstacles for development of this industry. *International Journal of Travel Medicine and Global Health* 1(2): 89–94.
- Izadi M, Ayoubian A, Nasiri T (2012) Situation of health tourism in Iran; opportunity or threat. *Iranian Journal of Military Medicine* 14(2): 69–75.
- Karadayi-Usta S, SerdarAsan S (2020) A conceptual model of medical tourism service supply chain. *Journal of Industrial Engineering and Management* 13(2): 246–265.
- Larisa ILF (2017) Medical tourism market trends - An exploratory research. In *11th International Conference on Business Excellence*.
- Larousse Dictionary (1974) Paris: Larousse.
- Mack N, Woodsong C, MacQueen KM, Guest G, Namey E (2005) *Qualitative Research Methods: A data collector's field guide*. Family Health International. Available at: https://pdf.usaid.gov/pdf_docs/Pnadm310.pdf.
- Mahallati S (2001) *An introduction to tourism*. Shahid Beheshti University Press.
- McCracken G (1988) *The Long Interview: SAGE Research Methods*. SAGE Publications.
- Mendoza LE (2007) Critical success factors for a customer relationship management strategy. *Information and Software Technology* 49(8): 913–945.
- Nouri G (2001) The role of Iran on curative tourism in the Islamic world with an emphasis on nature therapy: Functions, Challenges and Guidelines. In *First International Conference on Tourism Management in Islamic Azad University of Marvdasht*.
- Patton MQ (1990) *Qualitative Evaluation and Research Methods*. 2nd Edition. SAGE Publications.
- Payne A, Frow P (2005) A strategic framework for customer relationship management, *Journal of Marketing* 69: 167–176.
- Quintela JA (2011) Service quality in health and wellness tourism – Trends in Portugal. *International Journal of Business, Management and Social Sciences* 2(3): 1–8.
- Reinartz W, Krafft M, Hoyer W (2004) The customer relationship management process: Its measurement and impact on performance. *Journal of Marketing Research* 41: 293–305.

- Rokni A, Ahmadpour M (2010) Study of health tourism in Kish Island based on the curative needs assessments in the Persian Gulf countries. In *Proceedings of the 6th National Conference on the Persian Gulf*, Volume 1, 235–250.
- Sadr Mousa M (2007) Evaluation of tourism facilities conditions of east Azarbaijan in terms of tourists. *Geographical Studies* 61: 129–143.
- Sayeh S (2022) Tourist's segmentation based on culture as their primary motivation, *Athens Journal of Tourism* 9(3): 183–194.
- Seidman I (2019) *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. Teachers College Press.
- Sethi H (2021) Winning the loyalty of international customers: A perspective from the international patients in India. *Sage Journals* 10(4).
- Shafieisabet N, Haratifard S (2020) The role of travel agencies' abilities in structural changes of rural settlements of the route and destination of tourism. *Athens Journal of Tourism* 7(3): 145–160.
- Smid S, Zwart P (2002) *Study on the situation of enterprises, the industry and the service sectors in Turkey, Cyprus, and Malta*. Lulea University of Technology.
- Tabibi SJ, Nasiripour AA, Ayubian A, Bagherian H (2012) The relation between information mechanisms and medical tourist attraction in hospitals of Tehran, *Journal of Health Information Management* 9(3): 416–423.
- Wan Normila M (2012) The moderating effect of medical travel facilitators in medical tourism. In *International Congress on Interdisciplinary Business and Social Science*.
- Yin RK (2011) *Qualitative research from start to finish*. New York: The Guilford Press.
- Yin RK, DeVane SA (2015) *Qualitative research from start to finish*. 2nd Edition.
- Zahmatkesh M, Mohammadpour F, Ardian A, Siadatan M, Oveisi M (2020) Factors affecting viral marketing in health tourism development. *Journal of Health Care Management* 11(2): 45–55.

