



# Past themes and future trends in medical tourism research: A co-word analysis



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## HIGHLIGHTS

- A co-word analysis was applied to elucidate the thematic evolution of medical tourism (MT) research from 1931 to 2016.
- Research on medical tourism has broadened its focus since 1987.
- Topics such as assisted reproduction and fertility tourism will be of interest for MT research in a near future.

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## ABSTRACT

The purpose of this paper is to analyze the evolution of medical tourism (MT) research from a longitudinal perspective (period 1931–2016). A co-word analysis was applied to themes found in published research listed in the Web of Science (WoS) and Scopus database services.

The results reveal six clusters of themes: a) issues regarding ethical implications, trust and accreditation; b) health, wellness, spa tourism and service quality; c) health-related issues, medical treatments and tourism; d) “sensitive” practices in MT; e) medical tourism destinations and marketing; and f) globalization, policies and the effect on international patients. This study is one of the first attempts to use a bibliometric approach and co-word analysis so as to offer powerful insight into the conceptual structure of MT research from academic literature and to visualize all the underlying and interconnected subfields. It also provides a guide to researchers by improving the understanding of the current state of the art and predicting the direction of future research.

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## 1. Introduction

Health and medical tourism is a rising global phenomenon in the 21st century (Chew & Darmasaputra, 2015, p. 119) and since its emergence, it has attracted interest in both the academic and professional communities. It is the product of globalization in healthcare and neoliberal policies (Hopkins, Labonté, Runnels, & Packer, 2010; Meghani, 2011) resulting from factors such as continuing search for lower costs, better quality care and shorter waiting lists (Ngamvichaikit & Beise-Zee, 2014).

Medical tourism (MT) specifically involves travel across international borders with the intention of receiving medical care. This care “is typically paid for ‘out-of-pocket’ and is motivated by an

interest in cost savings and/or avoiding waiting times for care in the patient’s home country” (Snyder, Crooks, & Turner, 2011, p. 3). Despite the rapid growth and increase of interest among scholars and practitioners on this question, there is currently no precise characterization of its conceptual contours and studies on its evolution are scarce. Most existing works evaluate MT research only over a period of time limited to the last 10–15 years and offer neither a complete nor a truly objective overview of the current state of research, but rather attempt to connect the existing literature with other issues such as the magnitude of the trade, patient experience or its impact on health. Additionally, the stream of publications on MT history suggests that the lack of consensus regarding its defining concepts is a major barrier for its theoretical understanding and future development.

This paper intends to address this problem and respond to the calls for greater theoretical clarification made by numerous researchers, tourism authorities and organizations. It provides a more

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objective quantitative approach which will supplement previous attempts to portrait its thematic evolution. The findings will enable researchers to better understand its current state, prevailing topics and to employ future lines of research as a guide. This will ultimately enhance theoretical development and clarify the conceptual background of this research field. The originality of the study is related to the methodology and time frame used. Methodologically, we used a co-word analysis, which, although is a technique applied in tourism in general, has so far not been so in respect of MT. It helped us detect central themes, uncover several direct and indirect links between them and reveal current research interests, knowledge gaps and the internal knowledge structure of MT field. Thus, the time-framed used helped us analyze changes, fluctuation of interest and linkages between keywords since the first published works providing a broader picture than those used in previous qualitative analysis.

In particular, the aims of this study are: a) to review a large number of publications on medical tourism ranging from 1931 to 2016 and indexed in the WoS and Scopus through co-word analysis; b) to examine the state of this domain of research through the most relevant contributions; and c) to suggest future lines of research. The paper is structured into four sections. Following the introduction, section one presents the theoretical background to medical tourism, section two describes the focus of the paper and methodology, whilst section three presents the preliminary data analyses, main outcomes, including the most prolific authors, journals and themes, as well as the relationships between the themes identified and future trends of research. Finally, section four provides the main conclusions, identifies some limitations and indicates future lines of research.

### 1.1. Background to medical tourism research

There is consensus among different authors to consider medical tourism (MT) as a subset of health tourism (Pocock & Phua, 2011, p. 2) (see Fig. 1) that, according to Lunt et al. (2011, p. 11) contains the

following range of treatments:

“Cosmetic surgery (breast, face, liposuction); dentistry (cosmetic and reconstruction); cardiology/cardiac surgery (by-pass, valve replacement); orthopedic surgery (hip replacement, resurfacing, knee replacement, joint surgery); bariatric surgery (gastric by-pass, gastric banding); fertility/reproductive system (IVF, gender reassignment); organ, cell and tissue transplantation (organ transplantation; stem cell); eye surgery and diagnostics and check-ups”.

The typical themes in the research agenda for the academic community related to medical tourism include the analysis of destinations, risks and opportunities in a specific country (e.g. Sharma, 2013) or group of countries (e.g. Ramírez de Arellano, 2011); the cost saving potential, quality and continuity of care (Meghani, 2011, p. 19); the behavior and experience and common motivations of medical tourists (e.g. Gan & Frederick, 2013; Ye, Qiu, & Yuen, 2011); and the decision-making models of potential medical tourists (e.g. Sung & Ozuem, 2014). Furthermore, there is also a continuous intense debate on the ethical implications and impact on the host country (Ramírez de Arellano, 2011; Snyder et al., 2011) along with an increasing interest from practitioners and governments in researching medical tourism. In recent years, the ministries of tourism in several countries and entities such as the World Health Organization (WHO), the American Medical Association (AMA), the Indian Institute of Tourism and Travel Management (IITM) and consultancy firms such as Deloitte have conducted studies indicating awareness of the economic implications for the national economies (IITM, 2011).

As stated before, due to this growing interest, several studies that in one way or another can be seen as ‘reviews’ or ‘overviews’ have appeared in recent years (See Table 1). The common conclusions gleaned from these reviews are that despite the recent flow of publications, there remains a lack of formal literature. Most earlier studies are exploratory with a tendency to describe in general

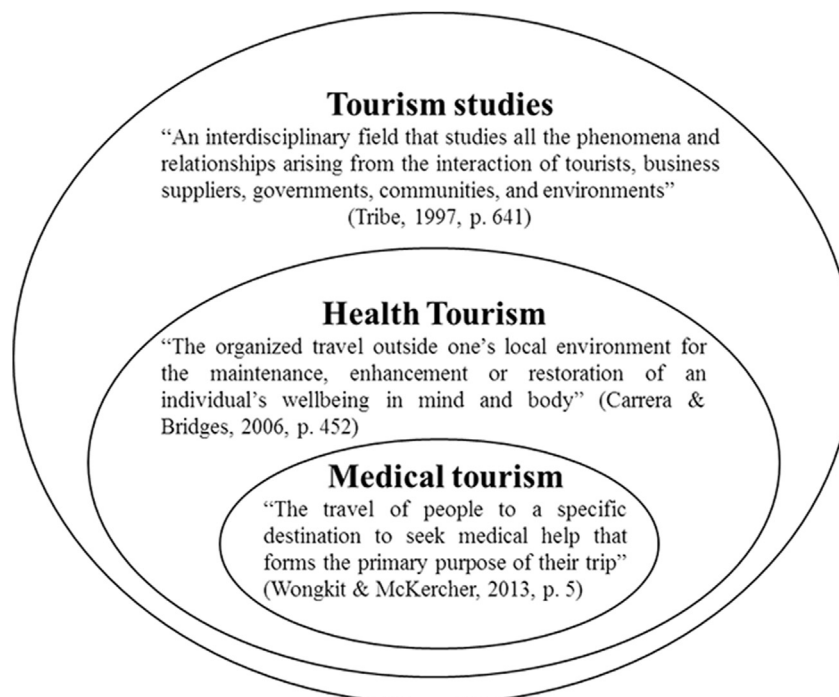


Fig. 1. Tourism studies, health tourism and medical tourism (Tribe, 1997, Wongkit and McKercher, 2013).

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