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**ORGANIZATIONAL-ECONOMIC MECHANISMS AND DESTINATION
COMPETITIVENESS IN THE CONTEMPORARY MEDICAL TOURISM
MARKET****Hao Xiaohui** 

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Annotatsion: Medical tourism has evolved from a single form of cross-border medical-seeking behavior into a composite service system jointly composed of medical services, tourism reception, rehabilitation and convalescence, information platforms, insurance payment, and government regulation. The study adopts an integrative literature review and comparative case method to identify the core determinants of medical tourism competitiveness and, in light of the destination experiences of India, South Korea, Japan, and Hungary, discusses the organizational logic of different development paths. The findings show that the competitiveness of a medical tourism destination is not determined solely by low prices, hospital capacity, or tourism resources; rather, it is jointly formed through the interaction of medical quality and safety, cost advantages, price transparency, destination environment and infrastructure, policy support, service coordination, and digital capabilities.

Keywords: medical tourism; destination competitiveness; organizational-economic mechanism; service coordination; medical quality
ZAMONAVIY TIBBIY TURIZM BOZORIDA TASHKILIY-IQTISODIY MEKANIZMLAR VA MANZIL RAQOBATBARDOSHLIGI

Annotatsiya: Tibbiy turizm transchegaraviy tibbiy qidiruv xatti-harakatlarining yagona shaklidan tibbiy xizmatlar, turizmi qabul qilish, reabilitatsiya va sog'ayish, axborot platformalari, sug'urta to'lovi va davlat tomonidan tartibga solishdan iborat kompozit xizmat ko'rsatish tizimiga aylandi. Tadqiqot tibbiy turizm raqobatbardoshligining asosiy omillarini aniqlash uchun integrativ adabiyotlar sharhi va qiyosiy holat usulini qo'llaydi va Hindiston, Janubiy Koreya, Yaponiya va Vengriyaning manzil tajribasini hisobga olgan holda turli rivojlanish yo'llarining tashkiliy mantig'ini muhokama qiladi. Tadqiqot natijalari shuni ko'rsatadiki, tibbiy turizm manzilining raqobatbardoshligi faqat past narxlar, kasalxona sig'imi yoki turizm resurslari bilan belgilanmaydi; aksincha, u tibbiy sifat va xavfsizlik, xarajat afzalliklari, narx shaffofligi, manzil muhiti va infratuzilmasi, siyosatni qo'llab-quvvatlash, xizmatlarni muvofiqlashtirish va raqamli imkoniyatlarning o'zaro ta'siri orqali birgalikda shakllanadi.

Kalit so'zlar: tibbiy turizm; manzil raqobatbardoshligi; tashkiliy-iqtisodiy mexanizm; xizmatlarni muvofiqlashtirish; tibbiy sifat

**ОРГАНИЗАЦИОННО-ЭКОНОМИЧЕСКИЕ МЕХАНИЗМЫ И
КОНКУРЕНТОСПОСОБНОСТЬ НАПРАВЛЕНИЙ
МЕДИЦИНСКОГО ТУРИЗМА НА СОВРЕМЕННОМ РЫНКЕ**

Аннотация: Медицинский туризм эволюционировал из одной формы трансграничного медицинского обслуживания в комплексную систему услуг, включающую медицинские услуги, прием туристов, реабилитацию и восстановление, информационные платформы, страховые выплаты и государственное регулирование. В исследовании используется комплексный обзор литературы и сравнительный анализ конкретных случаев для выявления основных факторов конкурентоспособности медицинского туризма и, с учетом опыта Индии, Южной Кореи, Японии и Венгрии, рассматривается организационная логика различных путей развития. Результаты показывают, что конкурентоспособность направления медицинского туризма определяется не только низкими ценами, мощностью больницы или туристическими ресурсами; скорее, она формируется совместно за счет взаимодействия качества и безопасности медицинских услуг, ценовых преимуществ, прозрачности цен, среды и инфраструктуры направления, политической поддержки, координации услуг и цифровых возможностей.

Ключевые слова: медицинский туризм; конкурентоспособность направления; организационно-экономический механизм; координация услуг; качество медицинских услуг

1. Introduction

Medical tourism is a composite industrial form created through the intersection of the health service industry, international trade in services, and tourism destination management. Compared with traditional tourism, medical tourism involves greater information asymmetry, professional risks, and cross-sectoral coordination challenges. When choosing destinations, international patients pay attention not only to treatment costs and tourism attractions, but also to physician qualifications, hospital reputation, patient safety, language communication, visa facilitation, postoperative follow-up, and dispute resolution. Therefore, the modern medical tourism market is not simply a matter of “cross-border movement of people”; rather, it should be regarded as an organizational and economic system driven by patient demand, grounded in medical quality, and operated through the coordinated participation of multiple actors.

Existing studies have explained the formation mechanisms of medical tourism from different perspectives. Connell regards medical tourism as a phenomenon combining the commodification of medical services and destination consumption in the context of globalization[1]; Bookman and Bookman emphasize that medical tourism is an important way for developing countries to participate in international trade in services and attract foreign exchange income[2]; the World Tourism Organization and the European Travel Commission classify medical tourism as a component of health tourism, whose core services include diagnosis, treatment, rehabilitation, prevention, and evidence-based medical services[3]. These studies

provide a basis for defining the concept of medical tourism, but further systematic analysis is still needed to explain how destinations transform medical resources, tourism resources, and institutional environments into stable competitive advantages.

Choi et al.’s study of Uzbek residents’ intentions regarding outbound medical tourism shows that medical factors and information sharing significantly affect behavioral intention, whereas tourism factors are not statistically influential. Although this evidence is demand-side in nature, it provides useful implications for Uzbekistan’s ambition to develop itself as a regional medical tourism hub.[22]. This finding indicates that the development of medical tourism destinations should not rely solely on the promotion of scenic spots or cultural resources, but should also focus on medical quality, information transparency, and sustainable governance mechanisms. Based on this logic, this paper mainly answers four questions: (1) How can the formation of medical tourism destination competitiveness be theoretically explained? (2) What are the core factors influencing the international competitiveness of medical tourism? (3) How can an evaluation indicator system for comparative research be constructed? (4) What implications do the development experiences of different international destinations have for emerging medical tourism destinations?

The structure of this paper is as follows: Section 2 defines the conceptual characteristics of medical tourism and reviews the relevant literature; Section 3 proposes the theoretical framework and research design; Section 4 presents the competitiveness factors, the evaluation indicator system, and the results of

comparative international cases; Section 5 discusses organizational coordination, trust mechanisms, and policy implications; and Section 6 summarizes the research conclusions and future research directions.

2. Conceptual Characteristics of Medical Tourism

Medical tourism has dual attributes driven by health-related demand: medical services and tourism services. According to the definition of the World Tourism Organization and the European Travel Commission, medical tourism is an important component of health tourism and involves the use of evidence-based medical resources and services, including invasive and non-invasive treatments, diagnosis, prevention, and rehabilitation activities[3]. Therefore, medical tourism and wellness tourism are both connected and distinct. The former centers on diagnosis, treatment, and clinical intervention, emphasizing medical technology, physician qualifications, patient safety, and treatment outcomes; the latter places greater emphasis on physical and mental recovery, lifestyle improvement, stress management, and destination environmental experiences.

When choosing medical tourism, patients are usually influenced by both push and pull factors. Push factors arise from high prices, waiting times, technological limitations, and patients' distrust of the quality of local services in their home healthcare systems; meanwhile, destinations' treatment capacity, price advantages, international accreditation, reputation, cultural proximity, and information availability serve as pull factors. Hanefeld et al. show that cross-border medical choices are influenced by distance, cost, treatment accessibility, professional capability, and

networks[13]. This indicates that medical tourism decision-making is not merely a tourism consumption choice, but also the result of patients weighing medical risks, economic costs, and information trust.

Medical tourism destinations need to create an integrated medical tourism service chain that will unite hospitals, clinics, rehabilitation centers, travel agencies, hotels, transportation companies, insurance institutions, intermediary platforms, accreditation bodies, and government departments into a continuous service chain. Heung et al. argue that the competitiveness of medical tourism destinations derives from the coordination among medical institutions, tourism enterprises, and government departments rather than from the capacity of a single sector[9]. Kamassi et al. further point out that the medical tourism industry includes at least eight categories of key stakeholders: medical tourists, medical service providers, government agencies, intermediaries, accreditation and qualification bodies, medical marketing organizations, insurance providers, and infrastructure and facility providers[10]. This provides a basis for analyzing the medical tourism market from the perspective of organizational-economic mechanisms.

3. Theoretical Framework and Research Design

3.1. Destination Competitiveness Perspective

Destination competitiveness theory provides a basic framework for analyzing the medical tourism market. Ritchie and Crouch indicate that the factors influencing tourism destination competitiveness include core resources, supporting resources, destination management, policy planning, and micro-environments[4]. Dwyer and Kim further

propose that destination competitiveness should simultaneously consider endowed resources, supporting conditions, destination management, demand conditions, and situational conditions[5]. When this theory is introduced into medical tourism research, core resources include not only natural landscapes and cultural resources, but also institutional level, physician qualifications, diagnosis and treatment technologies, rehabilitation resources and the reputation of medical services; Supporting resources include visa facilitation, transportation and accommodation, multilingual services, insurance payment, and destination marketing systems. In addition, according to Butler's tourist area life cycle theory, the competitiveness of a medical tourism destination is not static, but changes with its stage of development, such as exploration, involvement, development, consolidation, stagnation, and possible rejuvenation or decline[6].

3.2. Healthcare Quality Perspective

Healthcare service quality theory provides the professional evaluation basis for medical tourism competitiveness. Donabedian's structure-process-outcome framework holds that medical quality should be evaluated in terms of structures such as facilities and equipment, personnel qualifications, and organizational capacity; processes such as diagnosis, treatment, nursing, communication, and postoperative management; and outcomes such as treatment effects, patient safety, complication control, and satisfaction[7]. This framework is very important in the context of cross-border healthcare because international patients are usually unable to fully judge treatment risks and outcome quality before departure. The

tangibility, reliability, responsiveness, assurance, and empathy dimensions in the SERVQUAL model can also be used to assess patients' perceptions of medical support and services[8].

3.3. System Governance and Stakeholder Perspective

The system governance perspective emphasizes that medical tourism competitiveness is the result of multi-actor collaboration. Medical tourism involves multiple institutional domains, including medical technology, tourism reception, cross-border payment, information dissemination, public regulation, and legal liability. Because the goals and incentives of the participating actors are not entirely aligned, destinations must reduce transaction costs and information asymmetry through policy coordination, industry standards, accreditation systems, and digital platforms. In other words, the economic essence of the medical tourism market is not simply low prices, but the creation of value through institutional arrangements and service-chain integration.

3.4. Methodological Approach

This paper adopts an integrative literature review and cross-case comparative method. Case selection follows the principle of theoretical representativeness and includes four types of development paths represented by India, South Korea, Japan, and Hungary: The cases were selected because they represent different development paths in the global medical tourism market: India represents a cost-advantage model, South Korea a technology and branding-driven model, Japan is a wellness-oriented integration model, and Hungary is a dual-market model combining dental tourism and convalescence tourism. The comparison focuses on representative

services, competitive logic, organizational mechanisms, and transferable implications. Through theoretical integration and case comparison, this method proposes an analytical framework that can be tested in subsequent empirical research.

4. Results

4.1. Core Determinants of Medical Tourism Destination Competitiveness

The literature synthesis shows that medical tourism destination competitiveness can be summarized into five core dimensions. First, medical quality and professional capability are foundational conditions, including physician qualifications, treatment technologies, hospital facilities, nursing

standards, infection control, postoperative management, and treatment outcomes. Low prices may generate short-term attractiveness, but if quality control and patient safety safeguards are insufficient, the destination's reputation will be damaged. Second, cost advantages and price transparency motivate patients to seek cross-border treatment. For international patients, price advantage means not only being "cheap," but also clear treatment plans, transparent cost structures, convenient payment methods, and predictable postoperative services. Third, the destination environment and infrastructure determine whether medical tourism can be transformed from a single treatment activity into a complete experience.

Table 1

Analytical Dimensions and Indicators for Evaluating the International Competitiveness of Medical Tourism Destinations

Criterion Layer	Core Indicators	Theory or Data Sources
Medical Quality and Safety	Physician density; hospital beds; specialty capacity; international accreditation; patient safety; treatment outcomes	Donabedian ~~Error!~~ Reference source not found. ; Fetscherin and Stephano ~~Error!~~ Reference source not found. ; World Bank
Cost Advantages and Price Transparency	Prices of major medical procedures; cost transparency; insurance payment convenience; waiting time; ancillary consumption costs	Connell ~~Error!~~ Reference source not found. ; Lunt and Carrera ~~Error!~~ Reference source not found. ; Han and Hyun ~~Error!~~ Reference source not found.
Destination Environment and Infrastructure	International transportation; accommodation and reception; rehabilitation and convalescence resources; safety level; tourism attractiveness	Ritchie and Crouch ~~Error!~~ Reference source not found. ; Dwyer and Kim ~~Error!~~ Reference source not found. ; WEF ~~Error!~~ Reference source not found.
Policy Support and Brand Trust	Medical tourism policy; visa facilitation; government promotion; accreditation system; patient reviews; dispute resolution	Kamassi et al. ~~Error!~~ Reference source not found. ; OECD ~~Error!~~ Reference source not found. ; international accreditation bodies
Service Coordination and Digital Capabilities	International patient center; interpretation services; online appointment booking; electronic medical records; remote follow-up; inter-institutional referral	Heung et al. ~~Error!~~ Reference source not found. ; Karadayi-Usta and Serdarasan ~~Error!~~ Reference source not found.

Table 1 divides medical tourism layer, criterion layer, and indicator layer. destination competitiveness into the target World Bank indicators may be used for

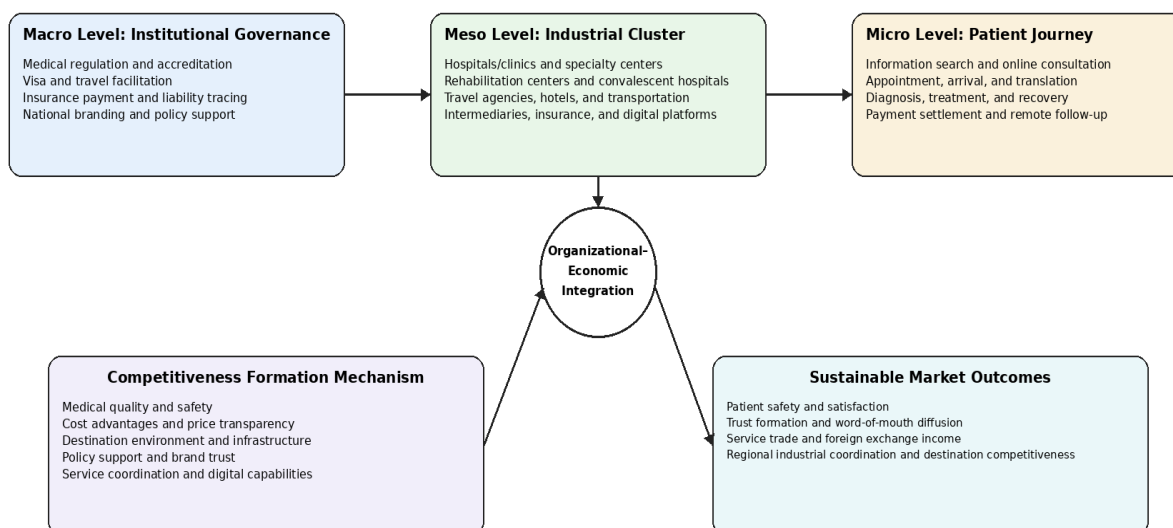
physician density and hospital beds, while WEF indicators may be used for tourism infrastructure and safety-related dimensions. Conditions such as international transportation, accommodation and reception, rehabilitation and convalescence resources, urban safety, and digital payment influence the smoothness and convenience of the patient journey. Fourth, policy support and brand trust are important factors in reducing perceived risks. Information asymmetry in cross-border healthcare can be mitigated by government endorsement, international accreditation, patient reviews, medical liability systems, and dispute resolution mechanisms. Fifth, service coordination and digital capabilities determine whether destinations can provide continuous services. Online consultation,

appointment systems, medical interpretation, electronic medical records, inter-institutional referral, and remote follow-up constitute important components of the modern medical tourism service chain.

4.2. Organizational-Economic Mechanism and Patient Journey

The value creation of medical tourism runs through the entire patient journey. Patients go through information searching, online consultation, comparison of treatment plans, visa and itinerary arrangements, arrival reception, diagnosis and treatment, rehabilitation and convalescence, payment settlement, remote follow-up, and word-of-mouth communication. Each stage corresponds to different actors and institutional arrangements.

Organizational-Economic Mechanism and Patient Journey Framework of the Medical Tourism Market



Note: Medical tourism competitiveness is not the result of a single medical resource, but the outcome of interaction among institutions, industrial clusters, and the patient journey.

Figure 1. Organizational-economic mechanism and patient journey of medical tourism

For example, hospitals are responsible for clinical services, travel agencies and hotels are responsible for reception services, intermediaries are responsible for information matching, insurance institutions are responsible for payment and risk sharing, and government departments are responsible for regulation, visas, and brand building. Only when these stages are integrated into

a continuous, trustworthy, and traceable service chain can the medical tourism market develop sustainable competitiveness.

4.3. International Destination Patterns

Cross-case comparison shows that

there is no single successful model for medical tourism destinations. Different countries usually form differentiated paths based on medical specialty capabilities, price structures, cultural resources, market radius, and policy support.

Table 2

Comparative development patterns of selected medical tourism destinations.

Destination	Representative Services	Main Competitive Model	Focus of Organizational Mechanisms	Transferable Implications
India	Cardiac surgery, orthopedics, dentistry, cosmetic surgery, traditional medicine	Cost advantage + private hospital system	Price competition, English-language services, specialty hospitals, and international patient services	Suitable for price-sensitive and regional markets, but quality accreditation and postoperative responsibility mechanisms need to be strengthened
South Korea	Dermatology, plastic surgery, health check-ups, oncology, Korean medicine	Technological differentiation + government promotion	Government branding, international patient centers, digital appointment booking, multilingual services	Indicates that medical technology, branding, and service facilitation can jointly form a high-value market
Japan	Hot-spring convalescence, preventive medicine, nutritional management, local wellness products	Wellness integration + local resource mobilization	Hot-spring resources, local tourism, preventive healthcare, and lifestyle products	Suitable for combining rehabilitation, convalescence, and cultural experiences into low-invasive health products
Hungary	Dental tourism, hot-spring convalescence	Dual-market model + European regional source markets	Price advantage, dental specialties, hot-spring resources, and short-haul markets	Shows that specialty medical care and traditional convalescence resources can develop in parallel
Uzbekistan (included as a prospective case rather than a mature medical tourism destination)	Rehabilitation and convalescence, traditional medicine, dentistry, health check-ups, regional specialty services	Central Asian regional hub + information transparency	Policy coordination, specialty concentration, medical interpretation, digital platforms, trusted information release	Priority should be given to improving medical quality, information sharing, and patient convenience rather than simply promoting tourism resources

India emphasizes cost advantages, English communication ability, and the private hospital system; South Korea emphasizes medical technology, cosmetic

medicine, health check-ups, and a government-led international patient service system; Japan places greater emphasis on hot-spring convalescence,

preventive medicine, and the integration of local resources; and Hungary has formed a dual-market structure in which dental tourism and hot-spring convalescence coexist.

Official data from South Korea show that the country received 1,170,467 foreign patients in 2024, an increase of 93.2% compared with 2023. This suggests a strong recovery and expansion of the market, although the specific causal effects of technology, branding, and service organization require further empirical verification[24].

5. Discussion and Policy Implications

5.1. From Isolated Advantage to Networked Competitiveness

The research results show that medical tourism destination competitiveness is the product of multi-actor collaboration. The technological advantage of a single hospital, the tourism attractiveness of a city, or the price advantage of a specific procedure is not sufficient to support long-term market competition. Destinations must integrate medical care, rehabilitation, tourism, transportation, accommodation, insurance, information platforms, and regulatory departments into a stable service network. Once such a form is established, it can be transformed into a sustainable competitive advantage.

5.2. Trust and Information Sharing as Governance Mechanisms

Trust is the core mechanism for the operation of the medical tourism market. Cross-border patients face multiple uncertainties, such as medical quality, complication risks, cost changes, language communication, and legal recourse, all of which influence destination choice through formal institutional arrangements, such as

international accreditation, government endorsement, transparent pricing, and patient safety standards, as well as informal mechanisms, such as recommendations from relatives and friends, online reviews, and patient communities. Choi et al.'s study on Uzbekistan finds that medical factors and information sharing have a stronger influence on behavioral intention than tourism factors[22]. This indicates that in the initial stage of medical tourism development, policy emphasis should be placed on improving medical quality, information transparency, and patient convenience, rather than relying excessively on the marketing of tourism resources.

5.3. Implications for Emerging Medical Tourism Destinations

For emerging medical tourism destinations, especially countries seeking to build regional medical tourism centers, development strategies should follow two principles: "selective concentration" and "service-chain governance." Selective concentration means prioritizing the development of a small number of specialty programs with clinical foundations, cost advantages, and regional demand. Service-chain governance should establish a whole-process management system from consultation, appointment booking, entry, treatment, and rehabilitation to follow-up, and reduce transaction costs through multilingual information platforms, medical interpretation, patient coordinators, and remote follow-up.

5.4. Limitations and Future Research

This study still has certain limitations. First, it is mainly based on literature integration and case comparison, and the proposed indicator

system has not yet been tested through questionnaire surveys or structural equation modeling. Second, statistical definitions differ across countries in various respects, such as “medical tourists,” “international patients,” and “health tourists,” which affects the comparability of cross-national data. Third, this paper mainly focuses on the destination supply side and organizational mechanisms; future studies should further incorporate patient value perception, risk perception, trust formation, and actual behavioral data. Subsequent research can design questionnaires based on the five-dimensional framework proposed in this paper and use exploratory factor analysis, confirmatory factor analysis, or structural equation modeling to test the influence of each factor on medical tourism intention and destination competitiveness.

6. Conclusions

The study argues that medical tourism destination competitiveness is a multidimensional construct and cannot be explained solely by price, hospital capacity, or tourism resources. Its formation depends on the combined effects of five categories of factors: medical quality and safety, cost advantages and price transparency, destination environment and infrastructure, policy support and brand trust, and service coordination and digital capabilities. Third, this paper mainly focuses on the destination supply side and organizational mechanisms; future studies should further incorporate patient value perception, risk perception, trust formation, and actual behavioral data.

Subsequent research can design questionnaires based on the five-dimensional framework proposed in this paper and use exploratory factor analysis, confirmatory factor analysis, or structural equation modeling to test the influence of each factor on medical tourism intention and destination competitiveness.

The main contributions of this paper are as follows: first, it integrates destination competitiveness theory, healthcare service quality theory, and the system governance perspective into a single analytical framework; second, it proposes a three-level evaluation indicator system for the international competitiveness of medical tourism destinations; and third, through comparative international cases, it demonstrates that different destinations can form differentiated development paths based on their own resources.

From a policy perspective, the sustainability of the medical tourism market lies not in short-term marketing, but in establishing a medical service chain that can be trusted by international patients, a quality system that can be tracked by regulatory authorities, and an integrated health product system linked with rehabilitation, convalescence, and cultural tourism resources. For countries and regions planning to enhance the international competitiveness of medical tourism, the priority tasks should be to improve medical quality, enhance information transparency, strengthen service coordination, and build institutional trust.

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