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**AN EVALUATION OF MEDICAL TOURISM
MARKETS IN ESTONIA: A CASE STUDY OF
DORPAT TERVIS LTD. AND UNIVERSITY
HOSPITAL FOUNDATION, TARTU**

Final Thesis

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TÜ Pärnu kolledži turismiosakonna juhataja

Heli Müristaja

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INTRODUCTION

Demographic changes in society and people's growing awareness in the field of health have increased the demand for health and medical services. Nowadays motivated by different factors, such as expertise of doctors, cost, familiarity with the country, the language and the health system *etc.*, people more and more look for medical aid abroad (Travelling... 2011: 4; Iordache *et al.* 2013: 36–38; Lunt *et al.* 2011: 34).

According to the Estonian Development Fund (Health care... 2010: 1), Estonia is willing to develop health tourism, to the notion of which medical tourism is related (Lunt *et al.* 2011: 7). The general set-up of the Estonian healthcare system provides good conditions for exports of health services. A sufficient supply of state-of-art technological resources together with high-quality expertise and price advantages for some time to come, are the strengths of Estonia. (Health care... 2010: 1)

Moreover, in the Estonian National Tourism Development Plan 2014–2020 the importance of collaboration is highlighted with the sector's entrepreneurs and the relevant public sector institutions when developing health tourism (Eesti Riiklik... 2013: 20). At the same time, the number of chargeable surveys and medical treatments that were purchased from Tartu University Hospital by patients who come from abroad has grown. The growth in recent years has been notable, and especially of the purchased services' financial volume growth: more than two times for last year, and 10 times for the last five years. (SA TÜK tegevusaruanne... 2013: 12)

In addition, Dorpat SPA the only spa in its way in Tartu City, with the name Dorpat Tervis Ltd. (*Dorpat Tervis OÜ*), has already been and is willing to continue providing physical rehabilitation (*taastusravi*) services to medical tourists in collaboration with medical services (doctor consultations, medical tests) in Tartu University Hospital Foundation. However, the manager of the company Dagmar Seli did not know the target

group (i.e. market) who would be interested both in medical services (doctor consultations, medical tests) and physical rehabilitation treatment, and she also did not know which medical tourism package the target market would be interested in. (D. Seli, personal communication, 08.11.2013, 06.01.2014, 24.01.2014)

The research questions were formulated as follows.

What is the target market to whom Tartu University Hospital could offer medical services in collaboration with physical rehabilitation treatment in Dorpat SPA?

What kind of package the target market would be interested in?

The goal of this thesis is to introduce to Dorpat Tervis Ltd. the target market to whom Tartu University Hospital Foundation could offer doctor consultations and medical tests in collaboration with physical rehabilitation treatment in Dorpat SPA for developing medical tourism in Tartu city. As well as which medical tourism package the target market would be interested in. It is also supported by the academics who have attempted to research medical tourism. They emphasize the need for empirical research into the behaviour of medical tourists in terms of duration of stay, economic expenditure *etc.* (Connell 2013: 11)

The following tasks have been formulated in order to reach the goal of the thesis:

- to work through appropriate subject-related theoretical sources, by means of which to define medical tourism and draw up a context of medical tourism development, research and future orientations;
- to reflect on the role of spas in medical tourism;
- to give an overview of Estonian medical tourism (market) situation, and Tartu City in particular, including health and medical services provided by Tartu University Hospital (TUH) and Dorpat SPA;
- prepare a survey and carry it out among Tartu City visitors to find out their opinion and interest in consultations, medical tests, physical rehabilitation, and other services offered; also to find out visitors' interest in medical tourism packages;
- to introduce to Dorpat Tervis Ltd. the conclusions of the study, concerning target market(s) to whom TUH could offer doctor consultations and medical tests in

collaboration with physical rehabilitation treatment in Dorpat SPA, for the future medical tourism development in the City of Tartu.

The literature review was based on important literature such as books, scientific articles, research reports and other leading publications. For the empirical part of the work a survey in the form of structured questionnaire was used as a data collection method; to analyse collected data the author mainly used quantitative data analysis methods such as descriptive statistics. The eldest source referred to was a Constitution that dated from year 1948, and the newest sources were from 2014.

The final thesis consists of three chapters, first of which is divided into three sub-chapters, and the second into four sub-chapters. In the first chapter of the work author writes about conceptualisation of medical tourism. The second chapter focuses on empirical issues concerning the study of medical tourism in the case of Tartu. In third chapter the author discusses the results of the study. In appendices there is a questionnaire used in the study and a Figure used for data analysis. All Figures used in the survey are made by the author.

1. CONCEPTUALISATION OF MEDICAL TOURISM

1.1. Review of Medical Tourism

It is important to begin by defining what is meant by tourism as well as what is meant by health. Therefore, in this sub-chapter the author brings out some important subject-related definitions and medical tourism concepts offered by different authors and organisations.

The United Nations World Tourism Organization (UNWTO) defines tourism as a social, cultural and economic phenomenon which entails the movement of people to countries or places outside their usual environment for personal or business/professional purposes, for less than a year. These people are called visitors (which may be either tourists or excursionists; residents or non-residents) and tourism has to do with their activities, some of which imply tourism expenditure. A traveller is someone who moves between different geographic locations for any purpose and any duration. (Understanding... 2011: 1; International... 2010: 9, 10)

World Health Organization (WHO) (1948) in the Preamble to the Constitution of the WHO defines 'health' as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The definition has not been amended since 1948. According to Merriam-Webster (2014) encyclopaedia, a patient is a client for medical service (as of a physician or dentist). By the same encyclopaedia, an inpatient is a patient who receives lodging and food as well as treatment. Outpatient is defined as a patient who is not hospitalized overnight but who visits a hospital, clinic, or associated facility for diagnosis or treatment. Those staying for less than one year should be treated as visitors (International... 2010: 21).

The WHO has extracted the following terms from the General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine. Traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. (General... 2000: 1)

The terms 'complementary medicine' or 'alternative medicine' are used interchangeably with traditional medicine in some countries. They refer to a broad set of health care practices that are not part of that country's own tradition and are not integrated into the dominant health care system. Therapeutic activity refers to the successful prevention, diagnosis and treatment of physical and mental illnesses; improvement of symptoms of illnesses; as well as beneficial alteration or regulation of the physical and mental status of the body. (*Ibid.*: 1, 4)

There is no accepted definition of medical tourism and it is noted that 'medical travel', 'global healthcare', 'health-related travel', 'healthcare tourism', and in case of EU citizens using their rights to access medical care in EU Member States 'cross-border care' *etc.* may also refer to medical tourism (Lunt *et al.* 2011: 8; Jagyasi 2010: 7). Lunt *et al.* (2011: 7) define medical tourism for the Organization of Economic Co-operation and Development (OECD) as: "when consumers elect to travel across international borders with the intention of receiving some form of medical treatment".

Medical tourism (Lunt *et al.* 2011: 7) is related to the broader notion of health tourism which, in some countries, has longstanding historical antecedents of spa towns and coastal localities, and other therapeutic landscapes. Some commentators have considered health and medical tourism as a combined phenomenon but with different emphases. According to the Manual on Statistics of International Trade in Services 'health-related travel' is defined as goods and services acquired by travellers going abroad for medical reasons (OECD 2011: 159).

In International Recommendations for Tourism Statistics UNWTO classifies tourism trips according to the main purpose, in the absence of which the trip would not have taken place. The purpose may be either personal, or business and professional, and is

associated with a group of main activities undertaken during the trip. The category of health and medical care refers to personal purpose and includes, for example, receiving services from hospitals, clinics, convalescent homes and, more generally, health and social institutions, visiting thalassotherapy and health and spa resorts and other specialized places to receive medical treatments when they are based on medical advice. This category includes only short-term treatments because long-term treatments requiring stays of one year or more are not part of tourism. (International... 2010: 24, 25, 102; Understanding... 2011: 2)

Hall (2013: 11) states that medical tourism can be either international or domestic in scope and it is also undertaken voluntarily. Below is presented a list of consumption products that may be related to medical tourism; the medical tourism products refer to 'other' purpose, according to their categorization as internationally comparable tourism characteristic products, used by the Classification of Individual Consumption by Purpose (COICOP) (International... 2010: 109):

- surgical services for inpatients,
- psychiatric services for inpatients,
- other services for inpatients,
- general medical services,
- specialized medical services,
- dental services,
- childbirth and related services,
- nursing services,
- physiotherapeutic services,
- ambulance services,
- medical laboratory services,
- diagnostic imaging services,
- other human health services n.e.c.

In the report of the Global SPA Summit (GSS) (2011: 5) it is drawn from the industry and academic literature available that there are two major types of medical treatments pursued by medical tourists: surgical treatments or therapeutic treatments, e.g. "participating in healing treatments" (M. K. Smith & Puczko 2009: 101, as referred in

GSS 2011: 5).

Physical therapy (called also physiotherapy) is defined as therapy for the preservation, enhancement, or restoration of movement and physical function impaired or threatened by disability, injury, or disease that utilizes therapeutic exercise, physical modalities (as massage and electrotherapy), assistive devices, and patient education and training (Merriam-Webster 2014).

According to the World Confederation for Physical Therapy (Policy statement... 2013) physical therapy is the service provided only by, or under the direction and supervision of, a physical therapist. It includes examination/assessment, evaluation, diagnosis, prognosis/plan, intervention/treatment and re-examination. Intervention/treatment is implemented and modified in order to reach agreed goals and may include for example:

- therapeutic exercise;
- functional training in self-care;
- home management and work;
- manual therapy techniques (including mobilisation/manipulation);
- prescription, application, and, as appropriate, fabrication of devices and equipment;
- physical agents, electrotherapeutic and mechanical modalities;
- patient-related instruction;
- coordination, communication and documentation.

Intervention/treatment may also be aimed at prevention of impairments, activity limitations, participatory restrictions, disability and injury including the promotion and maintenance of health, quality of life, workability and fitness in all ages and populations. Physical therapists practise in a wide variety of settings, one of which may be a spa. (*Ibid.*)

The UNWTO (Understanding... 2011: 1) defines the ‘main destination of a tourism trip’ as the place visited that is central to the decision to take the trip. The most popular medical tourism destinations nowadays are located in Asia (e.g. India, Singapore, and South Korea), the Americas (e.g. Costa Rica, Mexico, Cuba) and Central and Eastern Europe (e.g. Hungary, Germany). Medical tourism destinations are usually favourite for medical tourists from neighbouring countries: from the USA in case of Latin America,

from Scandinavian countries, UK, Germany, Austria in case of Central and Eastern Europe and from Asia and the Pacific regions in case of Asian region. (Lunt *et al.* 2011: 13, 33; Iordache *et al.* 2013: 33)

The practice of medical tourism is not new; people have travelled abroad for treatment for centuries (R. Smith *et al.* 2011). The Economist Intelligence Unit in its summary of a medical tourism report lists factors/motivators that could affect each patient's/tourist's choice, among which are (Travelling... 2011: 4):

- expertise of the doctors or surgeons involved, and the quality of aftercare;
- ease of travel, including the possibility of combining treatment with a holiday;
- familiarity with the country, the language and the healthcare system;
- risks for the patient, which range from quality concerns in the healthcare system to general;
- cost, both for the treatment and for the stay.

Some other authors such as Iordache *et al.* (2013: 36–38) also bring out such factors/motivators as waiting lists and availability, privacy and confidentiality, access to information, travel intermediaries' assistance, employers' and insurance companies' funding. Lunt *et al.* (2011: 34) note that in many cases medical tourists are either Diaspora or patients who have previously visited the country and are likely to again. Connell (2013: 8, 10) states that medical tourists generally choose to go to countries in the same language area, so with its significant diasporic element medical tourism is also a form of visiting friends and relatives tourism.

Medical tourism carries some risks, which tourist patients would not face if they were treated in their country. Risks in medical tourism are following: post-surgery care quality, differences between healthcare standards, cultural and language barriers, risk of exposure to diseases for not immunity built and in addition legal and ethical issues. (Iordache *et al.* 2013: 38–39)

It is increasingly evident (Connell 2013: 10) that medical tourism remains largely regional, cross border and diasporic. In the next sub-chapter author brings out some important aspects concerning medical tourism development.

1.2. Medical Tourism Development aspects and the role of Spas in it

It might be essential to mention that tourism has implications on the economy, on the natural and built environment, on the local population at the destination and on the tourists themselves. Due to these multiple impacts, the wide range and variety of production factors required to produce those goods and services acquired by visitors, and the wide spectrum of stakeholders involved or affected by tourism, there is a need for a holistic approach to tourism development, management and monitoring. (Understanding... 2011: 1)

Many developing countries are keen to establish themselves as medical tourism hubs, often as part of a wider economic development strategy. The most immediate motivation is the revenue they can earn, not only for medical services, but also from the tourism services needed while a patient stays in the country. Governments also see medical tourism as a way to attract investment into healthcare services and to encourage medical staff to stay in the country, with potential long-term benefits for local residents too. Proponents of medical tourism argue that host countries can reap considerable benefits (see the following list) if the flow of foreign patients is managed effectively. (Travelling... 2011: 2–3)

- **Economic growth:** Although medical tourism is vulnerable to political instability and recessions, its growth creates jobs and generates revenue that should boost national GDP growth.
- **Funds for public healthcare:** If the sector meets its growth projections, it should be possible to channel increased tax revenue directly into public healthcare systems.
- **Maintaining quality facilities:** In some cases, medical tourism is viewed as a tool for keeping state-of-the-art services, expertise and technology in a country.
- **Staff retention:** In some developing countries the loss of staff to developed countries has long been a drain on local healthcare systems. Medical tourism brings the prospect of a “reverse brain drain” as pay and conditions improve.
- **Raising medical standards:** By pursuing international accreditation, hospitals targeting foreign patients raise their own standards, and could provide a blueprint for state hospitals to follow suit.

- Spreading medical expertise: E-health and telemedicine technologies could be used to defuse new medical expertise across the country, especially if formal links are established between private and public hospitals.

Moreover, Johnston *et al.* (2010: 5, 11, as referred in Woodhead 2013: 689) synthesise five themes (see the following list) concerning medical tourism's effects on destination and departure countries.

1. As a public health resource user, such as redirecting from public to private in destination countries and necessitating and increased need for follow-up care in departure countries.
2. Offering solutions to problems, such as developing infrastructure in destination countries, reducing costs and waiting times in departure countries.
3. A revenue generating industry that results in net losses for departure countries.
4. Setting care standards; by seeking accreditation, destination countries may develop increasingly western-orientated care standards. Conversely, low labour costs in destination countries means that medical tourists could develop expectations that are unsustainable in departure countries, such as high nurse-to-patient ratios.
5. Medical tourism can be seen as a cumulative source of inequality, which may result in internal brain-drains within destination countries as medical workers move from rural to urban and public to private sectors. Medical tourism may also contribute to a falling impetus for reform in departure countries as simultaneously travelling abroad drains the medical tourists' finances.

However, as Johnston *et al.* (2010, as referred in Woodhead 2013: 689) highlight, little is currently known about medical tourism's effects on these themes. Furthermore, there may be different challenges and negative impacts accompanying medical tourism on sending and receiving countries: the necessity to monitor or regulate advertising, or provide detailed information and advice to support potential or actual medical tourists. Additionally, loss of business, reduction of revenue and dilution of political support for developing local services, and reduction of pressure for investment; – in case of sending countries. (R. D. Smith *et al.* 2012)

Moreover, R. D. Smith (*et al.* 2012) brings out that infection outbreaks are not excluded. Furthermore, net income from medical tourism may not be as significant as it appears, and there may be financial costs associated with drawing medical tourists to a country (upgraded infrastructure – e.g. enhances hospital facilities). In addition, costs associated with providing appropriate staffing of facilities, possible accreditation schemes, and other requirements *etc.* Woodhead (2013: 690) in his research paper on medical tourism lists different healthcare quality indicators that are brought out in the following Table 1.

Table 1. Medical Tourism relation to healthcare quality indicators (Lunt & Carrera 2010, Milstein & M. Smith 2007, Mattoo & Rathindran 2006, Karuppan 2010, Williams 1995, Connell 2006, as referred in Woodhead 2013: 690)

Access	People travel to the places where treatments are readily available.
Accrediting	Organisations and individual practitioners, where it may be termed certification.
Appropriateness	Can impact negatively on appropriate care to the general population in provider countries.
Efficiency	Either technical, allocative or a mixture; people may travel to a developing country for low cost, high-quality heart surgery.
Equality	Under social health systems, care ultimately needs to be rationed. Medical tourism affects opportunity cost.
Equity	Medical tourism can affect who has access.
Responsiveness	How quickly a provider advertises and offers new products to market can be important for long-term commercial success.
Safety	In modern medicine, there may be a trade-off between potential harm and benefit, particularly when surgery occurs.
Satisfaction	Includes socio-cultural aspects, climate, culture and cuisine.
Timeliness	In social healthcare, waiting lists ration care. People may travel abroad to avoid queuing.

Medical tourism is an emerging global industry, with a range of key stakeholders with commercial interests including brokers, health care providers, insurance provision, website providers, and conference and media services. A range of national government agencies and policy initiatives has sought to stimulate and promote medical tourism in their countries. (Lunt *et al.* 2011: 18, 22)

Medical tourism is very much dominated by the medical tourism facilitator model (e.g., companies that serve as a middleman or travel agency for medical tourists, arranging the package of medical services, accommodation, and transportation; arranging for visas and paperwork; providing in-country support; and so on). Alternately, medical tourists

may initially have direct contact with a medical provider or doctor they are interested in working with, but even then they would typically be referred to a facilitator or travel agent who can assist with the arrangements. (GSS 2011: 30)

As mentioned in the previous sub-chapter physical therapy may be practised in a spa. International SPA Association defines a medical spa as a facility that operates under the full-time, on-site supervision of a licensed health care professional whose primary purpose is to provide comprehensive medical and wellness care in an environment that integrates spa services, as well as traditional, complimentary and/or alternative therapies and treatments. A day spa is defined as a spa offering a variety of professionally administered spa services to clients on a day-use basis. (Glossary 2014)

The responses of a survey carried out for GSS (2011: 92–94) indicated that the spa industry feels that spas play a much less important role in the medical tourism market than they do in the wellness tourism market. The industry members listed top five spa services, treatments, or facilities that they (more than 25% of respondents) thought medical tourists visiting spas in their country are most likely to purchase, they were: massage, health assessments and consultations, recovery from surgery, medical testing, and the last in the top five were body treatments. The least indicated (less than 7%) were dedicated relaxation areas, DNA testing, life coaching, cosmetic surgery / anti-aging, and dental procedures.

The report for GSS suggests to build carefully collaborative relationships with key players in medical and wellness sectors, including government entities, industry associations, and other businesses (e.g., medical providers such as hospitals/clinics, medical tourism facilitators, travel agents, accommodations providers, *etc.*). Furthermore, to support the development and expansion of national, regional, and international spa associations that can serve as platforms for communication, networking, lobbying, information sharing, training, and standards-setting, and to consider collaborations or mergers across related associations so that the industry is less fragmented (e.g., massage therapist association, day spa association, *etc.* should work together). (*Ibid.*: 105–106)

Moreover, it is recommended (GSS 2011: 106) to build packages of rehabilitation, and therapeutic services for different profiles of medical tourists. Finally, it is suggested to think about how to position one's business and market one's offerings to domestic, intraregional, and international tourists that may offer strong opportunities for medical tourism development, but they may also have very different needs and interests, and may be attracted by different things.

1.3. Approach to Medical Tourism research

In this sub-chapter the author brings out different authors' opinions about problems related to medical tourism research, also the author brings out different approaches/methodology and further direction for research.

Health and medical tourism is a complex and contested area of study. Its cross-disciplinarity makes it more complicated. One of the facing problems that different authors bring out is that medical tourism is difficult to define, the effect is usually unproductive (since diversity is considerable) and more detailed studies of most categories of medical tourists are required. In addition, there is no agreement on methodology for data collection, and what is known about the effects of medical tourism is minimal, unreliable, geographically restricted, and mostly based on speculation. (Hall 2013: 18; Stolley & Watson 2012: 37, 38; Connell 2013: 10; Johnston 2010: 1)

The most popular area of research has been medical tourism conceptualisation including medical tourism definition. Research is frequently done at an international level. The publications (scientific articles and a report) that have studied medical tourism conceptualisation are brought out in the following Table 2.

Table 2. Medical Tourism publications that studied conceptualisation (made by the author referring to the authors mentioned in the table)

Author(s)	Methodology/approach
Connell 2013: 1	An overview is given of the short history and rapid rise of medical tourism, its documentation, and current knowledge and analysis of the industry. This paper assesses the parallel boom in academic analysis.
Iordache <i>et al.</i> 2013: 32	The research methodology is based on three main steps: identification literature, selecting it, corroborating and synthesizing data. Literature in review is based on a series of research largely conceptual, international studies that show a fundamental theoretical guidance on medical tourism. Research methods focus on conceptualisation and description of medical tourism phenomenon, requiring close examination of this concept given the opportunities they offer both health systems and tourism industry. The authors decided to use this research methodology in order to generate a conceptual framework that could be useful in this sector of decision makers to understand the effects of medical tourism in destination countries as well as the departure, implications of public and private system health, the role of tourist tour operators in mediating medical tourism products.
Hall 2011: 4	The paper reviews relevant health and medical tourism and cognate literature.
Lunt <i>et al.</i> 2011: 11	A scoping review: The report is not a systematic and comprehensive overview of the literature. Rather, the attempt was to identify policy issues at the systemic (regulation and finance), programmatic (system-level priorities), organisational (management of services) and instrumental (clinical interface with patients) levels (Frenk 1994).
Woodhead 2013: 688, 694–695	Using self-reported data from Accreditation Canada, Joint Commission International (JCI) and Australian Council on Healthcare Standards (ACHS), this article examines how quickly international accreditation is increasing, where it is occurring and what providers have been accredited. International hospital accreditation in a medical tourism context was scoped. Hinging the relatively well-grounded accreditation topic to lesser-researched medical tourism might allow ideas about quality assessment in medical tourism to gain a greater theoretical grounding. Initially, three broad approaches were attempted: semi-structured interviews, document analysis and empirical evaluation.
Gan & Frederick 2011: 165	The authors perform an exploratory study of the differentiation among 46 such firms. Using principal-components analysis, they detect three components: an emphasis on providing a broad selection of destinations, an emphasis on physician's concerns, and an emphasis on the travel aspects of medical tourism. Cluster analysis separates the firms' profiles into six types.

According to the academics such as Connell (2013: 11), Iordache *et al.* (2013: 41), Hall (2011: 9), Lunt *et al.* (2011: 44), Gan and Frederick (2011: 177–178) directions for further research are the following: much more needs to be known about cross-border and diaspora tourists; there is a call for conducting empirical research in order to determine the number of medical tourists, medical conditions and validity claims made for and against of this practice; the benefits and risks attached to medical tourism both

for individual and collective public health / assess who benefits and who loses out at the level of system, programme, organisation and treatment; gather data about medical tourism facilitators; – all that in order to explore further whether medical tourism is virus, symptom, or cure.

2. RESEARCHING MEDICAL TOURISM IN THE CASE OF TARTU CITY

2.1. Actuality of Medical Tourism in Estonia

The author allots this chapter for presenting the empirical part of the study. In this sub-chapter the author writes about the actuality of medical tourism in Estonia. Estonian Tourism Act (2001) § 2 enacts that in Estonia tourist service may be offered and provided by an entrepreneur, an institution, a foundation and a non-profit association.

Tourist services are the provision of following services:

- travel services by a travel undertaking,
- accommodation and catering services,
- accommodation services,
- conference services,
- accommodation and medical rehabilitation services,
- tour guide services and services of guide-interpreters and tour escorts.

Estonian legislation in Public Health Act (1995) § 2 also adheres to the definition of the WHO (1948) and states that ‘health’ means a state of physical, mental and social well-being of a person, not only the absence of disability or disease.

According to Estonian Health Services Organisational Act (2002) § 2 health services are the activities of health care professionals for the prevention, diagnosis or treatment of diseases, injuries or intoxication in order to reduce the malaise of persons, prevent the deterioration of their state of health or development of the diseases, and restore their health. By the same Act § 3¹ a patient means a physical person who has expressed his or her wish to receive health services or who receives health services.

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Tooman (2012: 49) in the report on Health Tourism targeted for Estonian Tourist Board and Health Tourism Cluster suggested to define medical tourism (*raviturism*) as travelling of people outside their usual environment for more than 24 hours but for less than a year for therapeutic purpose (*ravieesmärgil*). The shorter variant would be following: medical tourism is travelling for therapeutic purpose, using medical tourism products and services.

Summary of growth opportunities for Estonia exporting healthcare services by Estonian Development Fund says that a study 'Health care services 2018' tested a hypothesis that Estonia has a potential for exporting healthcare services. The hypothesis was based on three assumptions: global growth of the volume of healthcare services, a perceived strength of Estonia's healthcare system, and Estonia's desire to develop a knowledge intensive, predominantly service-based export-oriented economy. After weighing different modes of exports, it was concluded that the opportunities to increase Estonia's export of health services may be primarily sought in health tourism. (Health care... 2010: 1)

It is important to mention that in spite of the risks that critics of health tourism point out, international experience allows to conclude that smart planning would make it possible to bring additional money into the system while simultaneously improving the quality of healthcare services in its entirety. According to the survey conducted in the course of 'Health care services 2018' study, 68% of managers of Estonian healthcare institutions and businesses reached the same conclusions. (*Ibid.*: 1)

The directive on the free movement of European patients has already been applied (Ammas, 2013). The general set-up of Estonian healthcare system provides good conditions for exports of health services. A sufficient supply of state-of-art technological resources together with high-quality expertise and price advantages for some time to come, are the strengths of Estonia. (*Ibid.*: 1)

The analysis of the current situation of Estonia's exports of health services showed that Estonian healthcare providers are familiar with healthcare exports (primarily with health tourism). The survey conducted in the course of the mentioned study in 2009 revealed that 30% of all large and small providers have dealt with it and there are businesses in

Estonia whose biggest part of turnover derives from such exports. Most of the business managers believed that exports of health services would increase in the near future, although the majority of them did not make any active efforts to achieve this kind of growth. In the short term, the shortage of staff and in some cases facilities that do not meet the standards needed for exports may become inhibiting factors. (Health care... 2010: 2)

As reported by Kaukvere (2013) in the middle of November 2013 a North Estonia Medical Centre autumn conference took place, within the framework of which was also discussed cross-border medicine. The chairman of the board Tõnis Allik pointed out that availability/readiness to receive foreign patients was important, however what made it difficult was purely physical capacity. According to Allik, both Tallinn and Tartu hospitals lack the capacity to serve local patients, however he hoped that problems would be solved before patient cross-border mobility gained momentum. When Social Affairs Ministry's Deputy Secretary General on Health Ivi Normet's opinion about Estonia readiness for cross-border medicine was asked, she admitted that Estonia was still not ready. At the same time according to Normet it might be also assumed that initially there would not be great mobility.

2.2. Overview of and collaboration between University Hospital and Dorpat SPA

This sub-chapter gives an overview of Dorpat Tervis Ltd. and Tartu University Hospital Foundation and their collaboration. Dorpat Tervis Ltd.'s activity area is service, i.e. services related to physical well-being, hairdressing and other beauty treatments. In addition, the company provides rehabilitation services, i.e. social work activities without accommodation for the elderly and disabled. Relatively less important are specialised medical care (i.e. dermatology), physical therapy and physiatry. (Registreeringu... 2014; D. Seli, personal communication, 18.12.2013)

The company was established in 2007 because of predecessor company's expansion. To Estonian measures, the company is of medium size: there are around 50–60 employees right now; 35 out of them work with employment contracts, the rest have contracts for services. (D. Seli, personal communication, 18.12.2013)

Physical therapy services presented in Dorpat SPA are as follows (Dorpat SPA 2013):

- an appointment with physical rehabilitation therapist;
- therapeutic exercise (also Kinesio Taping, Mastercare back stretching therapy);
- massage;
- heat therapy (i.e. heated clay treatment, infrared treatment, peat treatment, paraffin treatment, parafango wrap);
- salt chamber;
- water therapy (i.e. baths, shower-massage);
- specific treatments (i.e. acupuncture and leech therapy).

Dorpat Tervis Ltd. collaborates with Dorpat Hotel (Dorpat Ltd.) for provision of accommodation to its clients if that is necessary. Tartu University Hospital Foundation is a partner of Dorpat Tervis Ltd. and they are also collaborating in provision of medical tourism packages. (D. Seli, personal communication, 08.11.2013)

TUH, opened in 1804, is the largest provider of medical care in Estonia, and all of the fields practised in the country are represented there. In several fields (such as kidney, bone marrow and congenital heart disease surgery) it is the only medical institution in Estonia with specialists at such a high level. TUH provides inpatient, outpatient and community-based services to patients residing all over Estonia. TUH has a long tradition of collaboration with colleagues from across Europe and elsewhere in the world. (TUH 2014)

TUH includes 17 clinics, such as Anaesthesiology and Intensive Care Clinic, Children's Clinic, Clinic of Dentistry, Dermatology Clinic, Eye Clinic, Heart Clinic, Internal Medicine Clinic, Neurology Clinic, Radiology Clinic, Traumatology and Orthopaedics Clinic *etc.* 3475 people work at TUH: 593 of them are doctors, 1140 are nurses, 917 are assistant nurses, and 825 are technical staff. (*Ibid.*)

The number of outpatient visits per year is up to 420 000. About 13% of visits are made to emergency medicine units. The number of inpatients is around 44 000. About 16% of all patients treated at TUH are children. The most common reasons for hospitalization are respiratory illnesses, perinatal diseases, congenital abnormalities and injuries. (TUH 2014)

The hospital's mission is to be recognised as a leader in ensuring the continuity and development of Estonian medicine through high-level integrated medical treatment, training and research. The goal of the Hospital is to provide high-quality medical care for patients and training facilities for University students and medical staff and to develop medical science in co-operation with the University. (*Ibid.*)

Dorpat SPA and TUH offer medical tourism packages since 2011 only to Finnish clients (D. Seli, personal communication, 08.11.2013). The packages are made for five nights and, in addition to four 20-minute and four 60-minute procedures to choose from, one session of salt chamber per day, spa robe and slippers, the medical tourism packaged offered by Dorpat SPA consist of accommodation in Dorpat Hotel and accompanying services (e.g. wireless internet), catering services in Dorpat Hotel's restaurant (i.e. breakfast and lunch), cultural program (e.g. theatre). Clients have the opportunity to obtain other services from Dorpat SPA with discount of 15% if they book 30 days in advance, and 10% if they book less than 30 days in advance or on the spot. (Dorpatin... 2014)

In respect of University Hospital, tourists have opportunity to obtain doctor consultations and different diagnostics in the fields they are interested in (depends on complaints and symptoms) at extra charge, and seek reimbursements from Health Insurance Fund of the country they come from if it is European Union's Member State or a state of European Economic Area (K. Ults, personal communication, 27.02.2014; EU matters 2014).

According to a representative of University Hospital Department of Foreign Medicine, Katrin Ulst (personal communication, 27.02.2014), foreign outpatients can receive the same consultations, medical tests and diagnostic, as the insured residents of Estonia. University Hospital for its part organises transportation of clients to the Hospital and back to the hotel, conducts blood tests if necessary, and carries out diagnostics, such as the following. (D. Seli, personal communication, 05.02.2014; Eesti Haigekassa... 2014, as mentioned by K. Ults, personal communication, 27.02.2014)

- Radiologic diagnostics, e.g. X-ray, ultrasound, computer tomography, isotope diagnostics *etc.*
- Functional diagnostics, e.g. electrocardiography, electro encephalography, spirometry, electro neuromyography, otologic diagnostics, ophthalmologic diagnostics *etc.*
- Endoscopic diagnostics, e.g. bronchoscopy, gastroscopy, colonoscopy, enteroscopy, *etc.*
- Laboratory diagnostics.

In the TUH's progress report (*tegevusaruanne*) 2012 it is said that the geography of outpatients has not concretely changed. More than half of them were from Tartu city or Tartu County, 83% from South-Estonia. The patients' number, who comes from Ida-Viru County, Kohtla-Järve as well as Narva area, has gradually grown. (SA TÜK tegevusaruanne... 2013: 12)

It is also noted (*Ibid.*: 12) that 'medical tourism' has started to impact. A certain part of aliens' treatment is paid by Social Affairs Ministry within the framework of unavoidable and required medical aid, and for treatment of EU insured citizens by Estonian Health Insurance Fund. At the same time the number of chargeable surveys and medical procedures has grown that were purchased by patients themselves who come from abroad. The proportion of foreigners in ambulant medical aid 2012 was just 0,5% of the medical cases, however the growth in recent years has been notable, and especially in financial volume growth of purchased services: more than two times for last year, and 10 times for the last five years.

2.3. Method, sampling and process organisation

In the sub-chapter the author focuses on methods, sample and organisation of the study. A case study method was used in the research. As Yin (2012: 6) states a „case” is generally a bounded entity such as a person, organization, behavioural condition, event, or other social phenomenon. In this work the author regards as a case a medical tourism product resulting from Dorpat SPA and University Hospital collaboration in the city of Tartu.

In the empirical part of the work a survey in the form of a structured questionnaire was used as a data collection method (see Appendix 1 and 2). According to McLean (2006) a questionnaire is a set of carefully designed questions given in exactly the same form to a group of people in order to collect data about some topic(s) in which the researcher is interested.

The main advantages of using questionnaires as a method is that a large amount of data might be collected, there are several ways to question people and different types of questions might be asked. According to Oppenheim *et al.* (2004) responses for some closed questions can also be printed on 'show cards'. Each response is given a letter or digit, and respondents are asked to select their response to a particular question from a list handed to them, using that letter or number. This saves time and repetition when several questions have the same possible responses, the list is long, or sensitive questions are being asked, because the interviewer only has to read out the question and not the list.

The questionnaire started with an Introduction that informed participants about the goal and purpose of the survey. There was also a brief introduction of Dorpat SPA and TUH; in addition, a number of questions and approximate time of responding to them were brought out, moreover there was a note on anonymity. The respondents were also thanked for their time.

23 questions of the questionnaire were divided into three sections (see Appendix 1 and 2). The first and the last section focus on respondents' travel background and gathering general data about them. In the second section there were more specific questions concerning medical tourism. Yes-No questions, ranking, multiple choice and Likert scale combined with open-ended questions were used in the questionnaire.

In the end of the questionnaire there were also special lines allotted for additional comments. Guidelines were used thorough the questionnaire to ensure ease of completion, and to reduce chance of errors or misunderstanding. Additionally, there were some filter questions in the questionnaire. The questionnaire finished with thanking the respondents.

According to Cox (2008: 876–877) a target population for a survey is the entire set of units for which the survey data are to be used to make inferences. Thus, the target population defines those units for which the findings of the survey are meant to generalize. The target population in the present study are all potential tourists that may express their opinion whether they are or they are not interested in doctor consultations and medical tests provided by TUH and in physical rehabilitation treatment provided by Dorpat SPA.

In the present study a systematic sampling (or interval random sampling) was deployed, that is a probability sampling procedure in which a random selection is made of the first element for the sample, and then subsequent elements are selected using a fixed or systematic interval until the desired sample size is reached. The target population need not be numbered and a sampling frame compiled if there is physical presentation such as a continuous flow of population elements at specific locations, as it was in the present study. Considering the major strengths of probability sampling, it is likely that it would be the better choice if quantitative research design is used, if there is a need for a representative sample, if there is a need to make statistical inferences from the sample, and to minimize selection bias. (Daniel 2012)

As stated by Daniel (2012) systematic sampling ensures that the sample is more spread across the population, in addition systematic sampling eliminates the possibility of autocorrelation (persons who come together to be more similar to each other, say in terms of socioeconomic status). However, probability sampling is less favourable if resources (i.e., time, money, personnel, *etc.*) are extremely limited, if it is important to implement simple and easy-to-carry-out operational procedures of a study, if population is highly scattered, and if research has an exploratory purpose.

Guidelines (*Ibid.*) for choosing the size of a sample indicate that such factors as having an exploratory research objective, the minimization of the burden on study participants, homogeneous population, scattered population, and limited resources suggest a smaller sample size rather than a larger sample size. Analyses that are complex, include a large number of variables, and include detailed subgroup analyses require larger sample sizes than other analyses. As medical tourism is a certain niche form of tourism, the survey sample is 50 visitors to the city of Tartu (Connell 2013: 10).

A pilot-survey among a smaller number of respondents was conducted. It took place in Tartu Visitor Centre, where the researcher tried to question people systematically. The pilot-survey identified several flaws of the questionnaire's content and organisation of the survey, because of which the author decided not to use the collected during the pilot-survey data in the final analysis.

Corrections and additions were made to the questionnaire, then a revised questionnaire was applied and this data was used for further analysis and conclusions. Difficulties that still could occur due to the difficulty of the questions were partly prevented by careful explanation by the researcher. However, some small corrections were made to the questionnaire during the full survey as well (e.g. guidelines, design).

The full survey's sample consisted of each fifth visitor (or traveller, e.g. in the case of lecturers). The sample consists of both business tourists and those that were in Tartu on holidays, as the respondents declared. Children and seemingly unsuitable people (such as those that took alcoholic drinks) were not questioned, the latter to avoid incorrect information.

The period of data collection was from 13th till 29th of March. The visitors/travellers to Tartu city were questioned in Dorpat SPA and Dorpat Hotel, and to diversify the sample visitors were also questioned in Tartu Visitor Centre located in the Town Hall. A permit was gained beforehand from the corresponding organisations. To get some responses from tourists who did receive doctor consultations or medical tests from University Hospital with physical therapy from Dorpat SPA snowball sampling was also applied in order to find out those respondents who could answer a questionnaire in English. Five responses were received from a medical tourists group of around 40 people.

Problems with getting a target number of responses using systematic sampling were the following: visitors were not only static (i.e. standing or sitting), but also in motion, so while questioning one respondent, another '5th' could be gone; some people were not willing to answer, or had too little time for it. So the researcher was sometimes subjective and decided not to ask the '5th', rather from a guess that the person was busy, or he was in pair with someone, who might not like waiting while the former answers, *etc.*

Not every respondent acquainted himself with the Introduction to the questionnaire, but as a researcher, the author tried to introduce the survey beforehand. In addition, some could misunderstand the questions or the topic, because of language barrier, or incorrect question formulation. The researcher found out that English term ‘physical rehabilitation’ used in the questionnaire meant something other (i.e. physiatry) but what had to be used was ‘physical therapy’ or ‘physiotherapy’; however, it was decided not to correct it in the questionnaire but to explain the terminology correctly. Moreover, people might have been afraid to reveal their state of health, although it was not directly asked, *etc.* Nevertheless, the biggest problem was that few tourists were available, arising from the low season in Estonia.

The author afterwards decided to check which would be the weight of each country in compliance with tourists accommodated in Estonia in 2013 year (see Table 3). The author accessed accommodation statistics of the whole country that differed a little bit from the Tartu city one, as in the whole Estonia there turned out to be less tourists from Estonia and Latvia, and more people from Finland and Russia. Germany was also included into the table to see the weight of it.

Table 3. Weight of collected responses by country in compliance with accommodation statistics of 2013 year (Majutatud maakonna... 2014; author’s calculations)

Country of (habitual) residence	Tourists accommodated in Estonia, year 2013	Percentage	“Every 5th” visitor – collected during the survey	Weight of each country
All countries	2 980 865	100%	50	
Estonia	1 040 735	34,9%	8	2,125
Finland	894 504	30,0%	9	1,67
Russia	304 644	10,2%	9	0,56
Latvia	105 480	3,5%	6	0,33
Germany	101 596	3,4%	4	0,5
Five countries total	2 446 959	82,1%	36	
The other countries	533 906	17,9%	18	0,5

It is seen that Russia, Latvia, Germany, and the other countries, apart from Estonia and Finland, reached a representative number of respondents, however the sample had probably unequal (to the real) numbers of male and female respondents, and

disproportion of different ages by each country. Therefore, the author does not claim that she has got a representative sample of all tourists of Tartu city that could express their opinion whether they were or they were not interested in doctor consultations and medical tests provided by University Hospital and in physical therapy provided by Dorpat SPA.

As stated by Roe (2008) frequencies of the collected data should be also reviewed throughout data collection (especially early in the field period) to ensure skip patterns are being implemented properly and to identify and address any questions that have higher-than-expected rates of item-level non-response. Despite this non-response occurred in the study. Logic checks were deployed to evaluate the likely accuracy of the final data set before analyses began.

2.4. Data Analysis

In the sub-chapter the author analyses data collected during the survey. Data analysis was done when the target number of elements (50 respondents) to be sampled was met and the quality of the collected data was controlled. To analyse collected data the author mainly used quantitative data analysis methods. Descriptive statistics were used to find out means, *etc.* The author did not have a representative sample, so generalised inferential statistics were not used. Categorising was used for open-ended questions. A letter 'n' means number of respondents whose responses are presented in each Figure.

Tourists from 14 countries were questioned during the survey data collection. Countries with a representative number of respondents are displayed in Figure 1. In addition, there were four respondents from Germany, four from Lithuania, and three from Norway; visitors from United Kingdom, Austria, Czech Republic, Denmark, Italy, Japan, and the USA who participated in the survey were by one person; generalization cannot be made based on less than five visitors' responses.

People from Estonia were asked to specify their county or town of habitation, so it was found out that all respondents came from coastal counties of Estonia: four respondents came from Harju County (including Tallinn), two from Lääne-Viru County, one from Lääne County, and one from Pärnu County (i.e. Pärnu city).

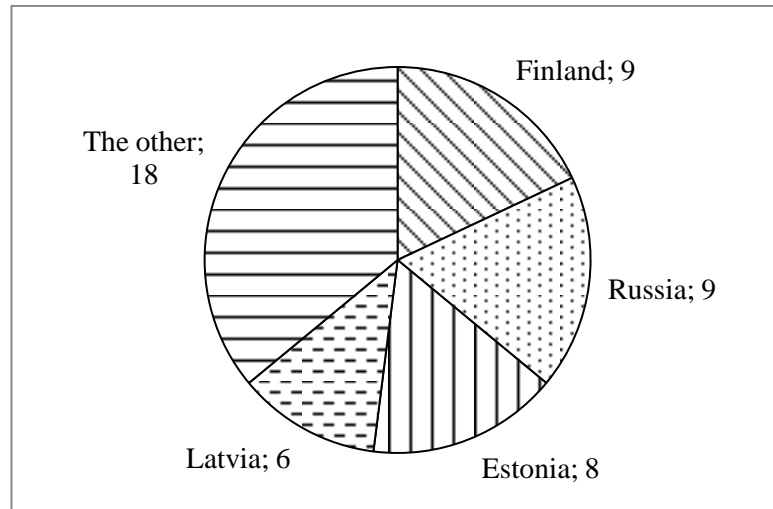


Figure 1. The respondents' countries of origin, n = 50.

22 women and 28 men participated in the survey. The majority of respondents from Estonia and Russia were female (accordingly 7 and 6), in contrast to majority of male respondents within the visitors from Finland, Latvia and the other countries (respectively 6, 4, and 14). Reasoning from disproportionate number of male and female respondents, most likely the sample is not comparable to the proportion of all tourists in Estonia. Therefore, the author decided not to weigh collected data in compliance with annual proportion.

The year of birth of each respondent was asked, but for the analysis the author of the study changed it to years old (see Figure 2). Therefore, it is seen that the age category with the highest number of respondents is 38–47 years old, and then follows 28–37, and 48–57, all together they draw up a $\frac{2}{3}$ of the sample. The number of respondents within other categories was approximately equal.

The average age of respondents from Finland appeared to be 60 years old, followed by Russia and Estonia, both 45 years old, and the other countries' 43 years old, except for Latvia, who showed averagely younger respondents (34 years old). The eldest respondent was from Germany (76 years old), the youngest respondent was from Finland (19 years old), and without whom average age of respondents from Finland would be 65 years old.

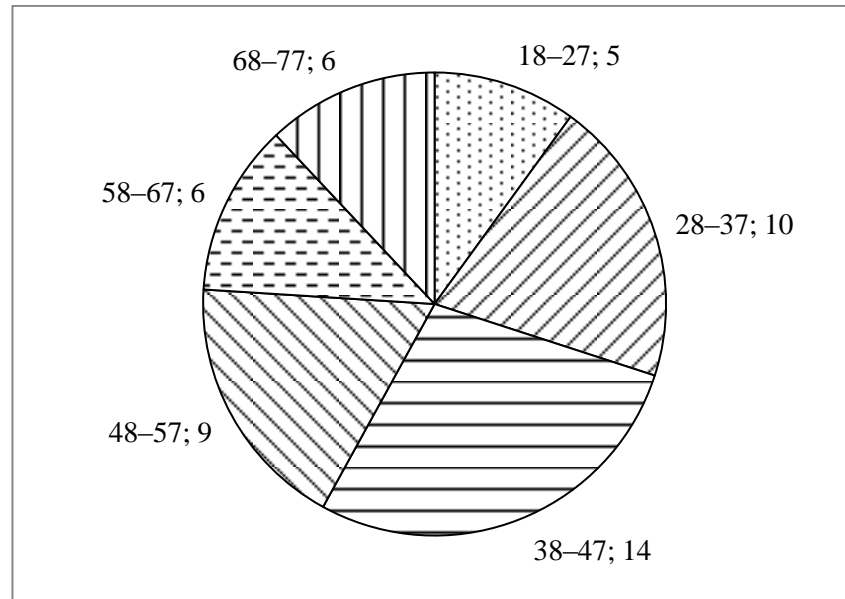


Figure 2. The age of respondents, n = 50.

The visitors of Tartu city were also asked to mark a category which best described their personal average monthly income after tax. The tax was implemented in the question to differentiate respondents' income with least inaccuracy, as taxes by country might have differed. Respondents with income from 500 until 999€, and those with 2000€ or over, and with 1000–1499€ draw up more than a $\frac{3}{4}$ of the sample, these categories are relatively equal (respectively 14, 13, and 11 of respondents). Categories with respondents whose income were under 500€, or 1500–1999€ were in a minority.

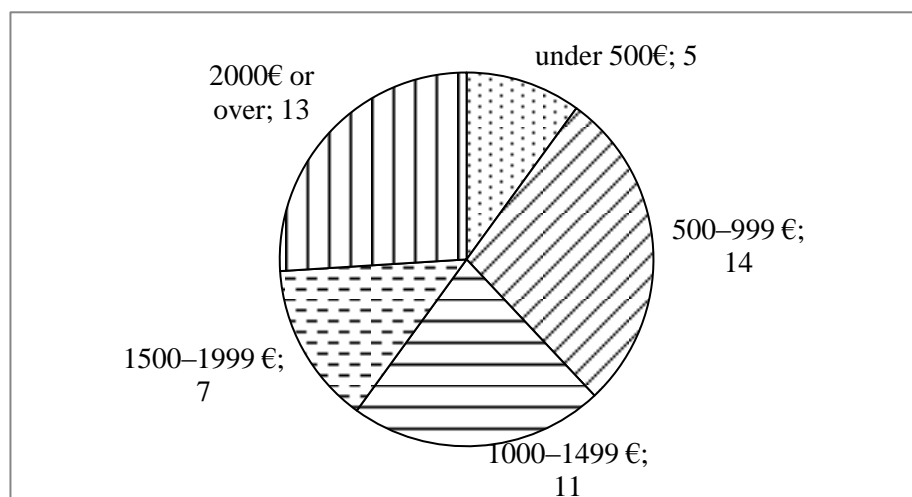


Figure 3. The average monthly income of respondents after tax, n = 50.

To the author's mind, respondents with relatively high income came frequently to Tartu

city for a business purpose. One person admitted that did not have personal income because the respondent had a spouse working, but was asked by the researcher to divide their income in order to respond to the question.

For 18 respondents of 50 it was the first visit to Tartu in their life, for the rest 32 it was not (see Figure 4). For around a half of all questioned visitors it was the 2nd–5th time they visited Tartu city during the last five years. One respondent did not remember which time it was, but mentioned that had visited Tartu city a lot. A category of visiting Tartu city for the first time during the last five years was missing in the questionnaire but one respondent answered so. It is not known whether anyone else had visited Tartu city for the first time during the last five years.

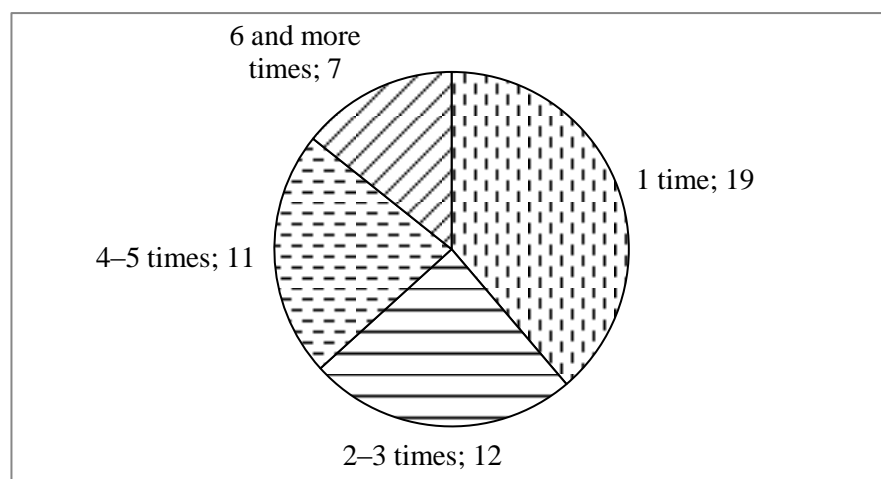


Figure 4. Number of times that respondents visited Tartu city during the last five years, n = 49.

Two questions were asked to find out respondents' experience of receiving any services related to the study from University Hospital and Dorpat SPA. Three women and four men visited TUH for a consultation or treatment (e.g. a medical test or survey), 42 answered that they had not and one did not answer the question. Two women and five men received physical rehabilitation in Dorpat SPA, however the majority, 42 respondents had not. One respondent did not answer the question as well.

18 respondents did not consider coming to Tartu city for a medical purpose, 13 visitors answered that would consider coming to Tartu for a medical purpose. 19 respondents were not sure and answered 'Maybe' also as they might not know that Tartu city had

medical tourism. The following Figure 5 shows some of the conditions that would make respondents, who did not consider coming to Tartu city for medical tourism, change their mind. Respondents could choose all variants that applied.

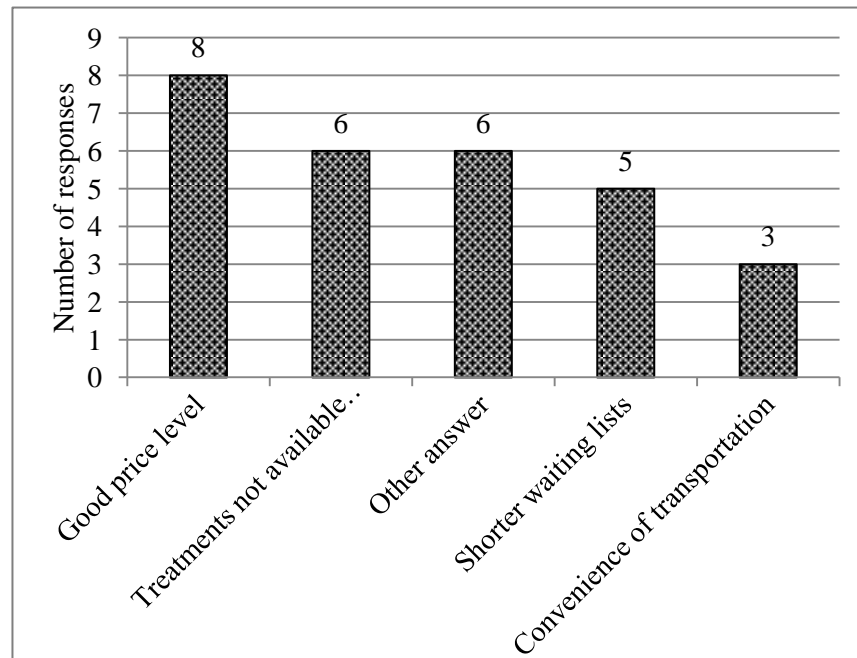


Figure 5. Conditions that would make respondents consider coming to Tartu city for a medical purpose, n = 18.

To the highest number of people good price level would make a difference, followed by treatments that are not available elsewhere. However, respondents could not specify exact treatments, as they just did not know what was available in Tartu city. Only one respondent mentioned that special computer or magnet diagnostics would make a difference for him. The next condition that respondents mentioned was shorter waiting lists. Only three respondents mentioned convenience of transportation.

Several people mentioned that Tartu is too far from their home to come there for a medical purpose, one person would prefer staying in the state where he lived. Another reason was lack of time, so more time would make a difference. Two people answered that nothing would make any difference, in addition, one person had no interest, and another had no need. However, some of the respondents who would not consider coming to Tartu city for a medical purpose would consider coming to Tartu for a holiday.

The respondents who did not answer negatively to consideration of coming to Tartu for a medical purpose, were asked to mark how much they agreed that each of the listed criteria would be important if they were selecting a destination for medical travel (see Figure 6). The same respondents were asked to answer questions related to services offered by University Hospital and Dorpat SPA.

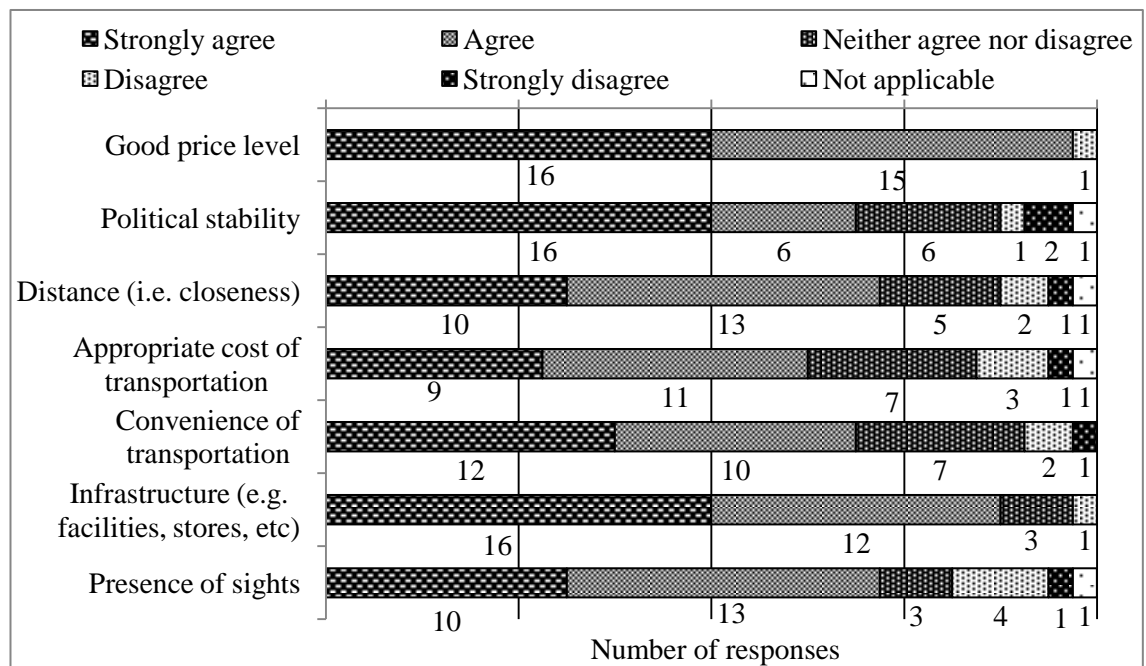


Figure 6. Respondents agreement on importance of each of the criteria if selecting a destination for medical travel, n = 32.

Almost all respondents (strongly) agreed that good price level would be important for them if selecting a destination for medical travel. The next criterion by significance was infrastructure, followed by presence of sights, distance from home, and political stability in a destination. Additionally, one person brought out medical competence, and another respondent mentioned quality service, both respondents strongly agreed to the importance of the named criteria. Apart from that, one respondent mentioned relaxation.

Convenience and an appropriate cost of transportation as well as political stability received more ‘Neither agree nor disagree’ responses than other criteria. One person left some of the listed criteria unmarked meaning that the criteria were not important to him. Presence of sights and an appropriate cost of transportation received disagreement respectively by 5 and 4 respondents out of 32. To sum up, at least $\frac{3}{5}$ of the respondents

agreed (also strongly) on importance of each criterion for selection of a destination for medical travel.

11 people out of 32 would have considered coming to Tartu city to obtain doctor consultation(s) and/or medical test(s) offered by University Hospital, 19 respondents answered ‘Maybe’ also as they might not know about the possibility. Only two respondents would have not considered it; for one of the two respondents nothing would make a difference, for another consultations and medical tests/surveys not available elsewhere would make a difference. However, the respondent could not specify which, because he could presume that in his home city everything might be available.

The two respondents did not mention good price level and recommendation as factors that would make them change their mind; also, they did not have to answer questions related to University Hospital. The rest 30 of the respondents were asked to identify how much they agreed that the listed criteria would be important to them if selecting a hospital for medical travel (see Figure 7).

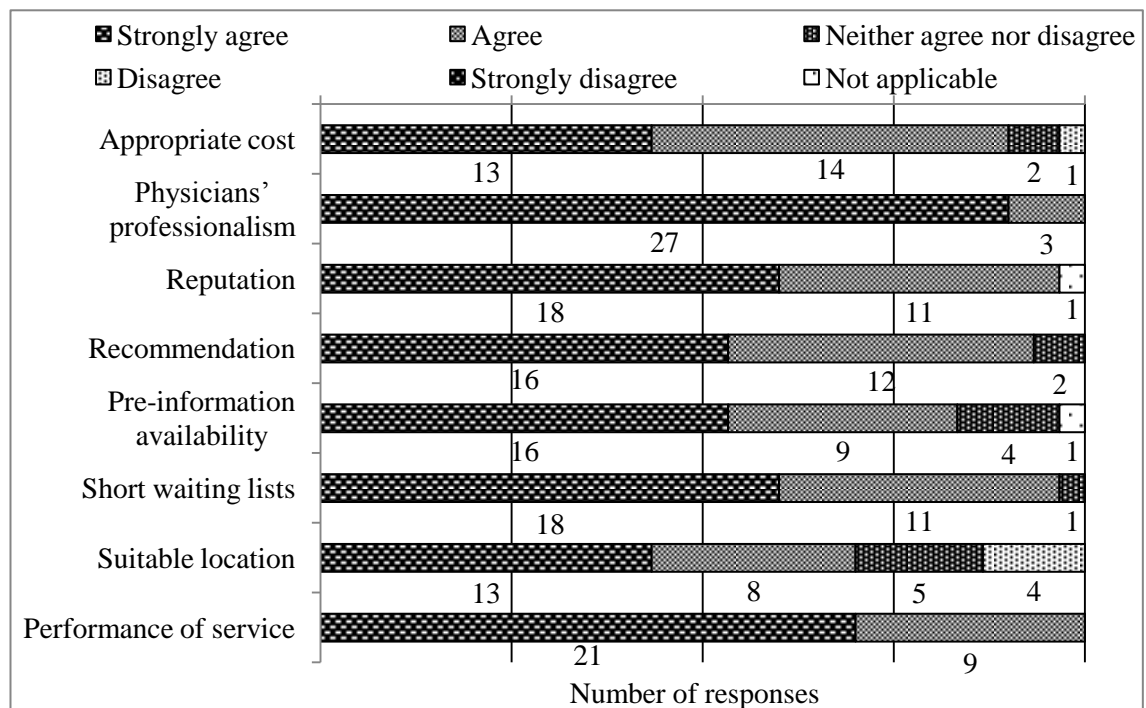


Figure 7. Respondents agreement on importance of each of the criteria if selecting a hospital for medical travel, n = 30.

The greatest number of respondents strongly agreed to importance of physicians’

professionalism; performance of service turned out to be very significant as well. Short waiting lists, reputation of a hospital, and recommendation were also (strongly) agreed to by a high number of the respondents, correspondingly 29, 29, and 28 out of 30. There were no respondents who strongly disagreed with any of the criteria.

Four respondents disagreed with importance of suitable location, if selecting a hospital for medical travel; five respondents neither agreed nor disagreed with significance of the criterion. Only one respondent disagreed on importance of appropriate cost, there were no more criteria that the respondents disagreed with, apart from one respondent who left some of the listed criteria without answer meaning that the criteria were not important to him. The respondents did not specify any other important factors. In conclusion, there was no criterion whose importance less than $\frac{2}{3}$ of the respondents agreed with.

Moreover, the respondents were asked to rank among listed doctor consultations offered by University Hospital those, which they were interested in, from most significant to least significant, where 1 was the most important (see Appendix 3). Each respondent could specify other special consultations he was interested in, and rank as many consultations as he was interested in. Five respondents were interested in no consultations, some of them mentioned that had not known yet, or at that moment had no complaints.

In addition to that, two respondents left the answer blank, one of whom could not answer the question at that moment, and to another the question was difficult. Moreover, one respondent answered 'None' but responded that he did not know the terminology. On the other hand, one respondent ranked some fields of medicine, consultations in which he probably could be interested in the future, as for that moment the respondent considered himself being healthy.

The respondents showed the most interest in Allergology and Cardiology, somewhat less in Orthopaedics. These fields were presented in the first three ranks most often. Within the first two ranks of consultations, there was no Ophthalmology and Rheumatology; only Nephrology was not presented within first three positions. Five times the respondents specified some fields, not listed in the questionnaire; those were

as follows: two times Oncology, and Gynaecology, one time Sports Medicine. Additionally, during the pilot-survey a respondent specified Paediatrics. The following Figure 8 represents consultations ranked by 22 respondents in the main survey.

It is noticeable that half of the respondents were interested in Allergology as well as Cardiology almost at the same level. One quarter of the respondents who ranked consultations were interested in Dermatology, Gastroenterology, Urology, and Ophthalmology. A few respondents showed interest in Pulmonology, Nephrology, and Otorhinolaryngology.

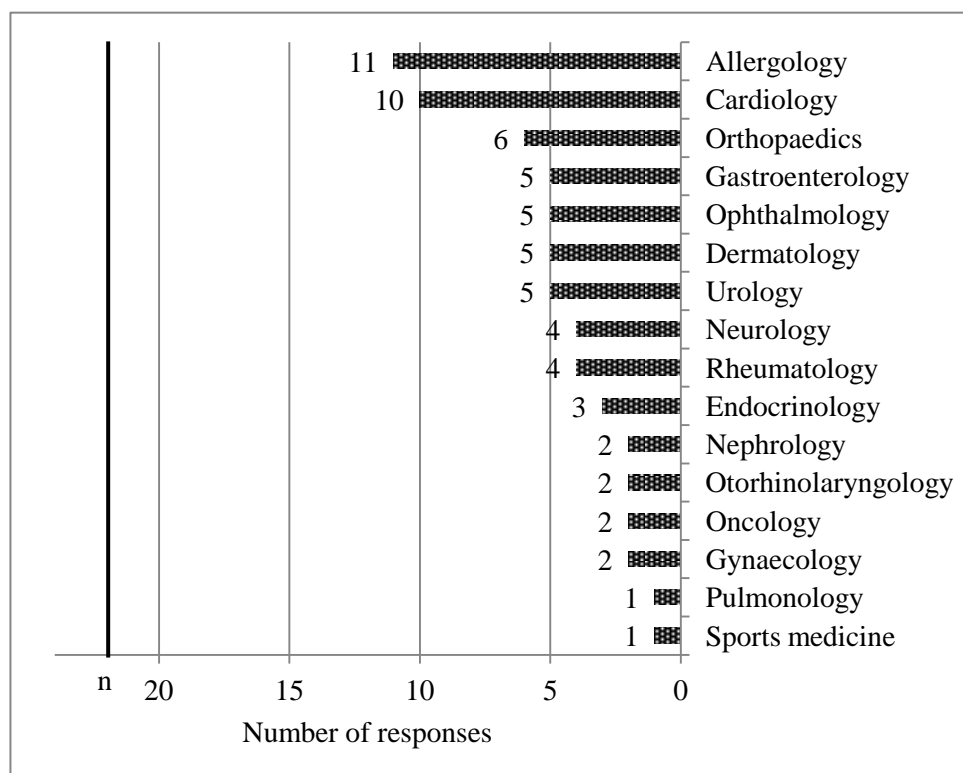


Figure 8. Respondents' interest in doctor consultations offered by University Hospital, n = 22.

The respondents who did not answer negatively to previous question had to respond which language they agreed to obtain the ranked services in. The following Figure 9 shows the collected results. It is seen that three languages that were chosen the most often are Russian, English, and Estonian. The respondents could also specify a language, but no one used the option.

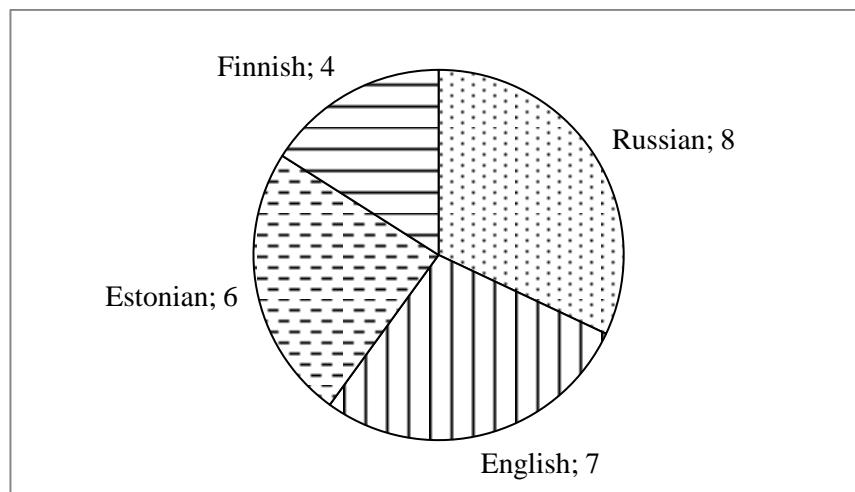


Figure 9. Languages that respondents would agree to obtain the doctor consultations in, n = 25.

It was noticed that some people would agree to obtain the consultations not only in their mother language (i.e. Finnish, and Russian) but also in English, however as they had to choose one language, they would rather choose their mother tongue.

As regards the consideration of coming to Tartu city to obtain physical rehabilitation services offered by Dorpat SPA, it was found out that 14 respondents out of 32 would consider the possibility, 13 answered 'Maybe', one of the reasons might have been that they did not know about the possibility. Five respondents would not consider it; good price level would make a difference for two of them, recommendation for other two respondents, and treatments not available elsewhere for one, who could not specify any.

Furthermore, respondents were asked to mark how much they agreed that the listed criteria were important to them for selection of a physical rehabilitation centre for medical travel (see Figure 10). All respondents either agreed or strongly agreed that physicians' professionalism and short waiting lists would be important for them for selection of a physical rehabilitation centre. High-quality service, reputation of a rehabilitation centre, and pre-information availability were the next criteria that mattered.

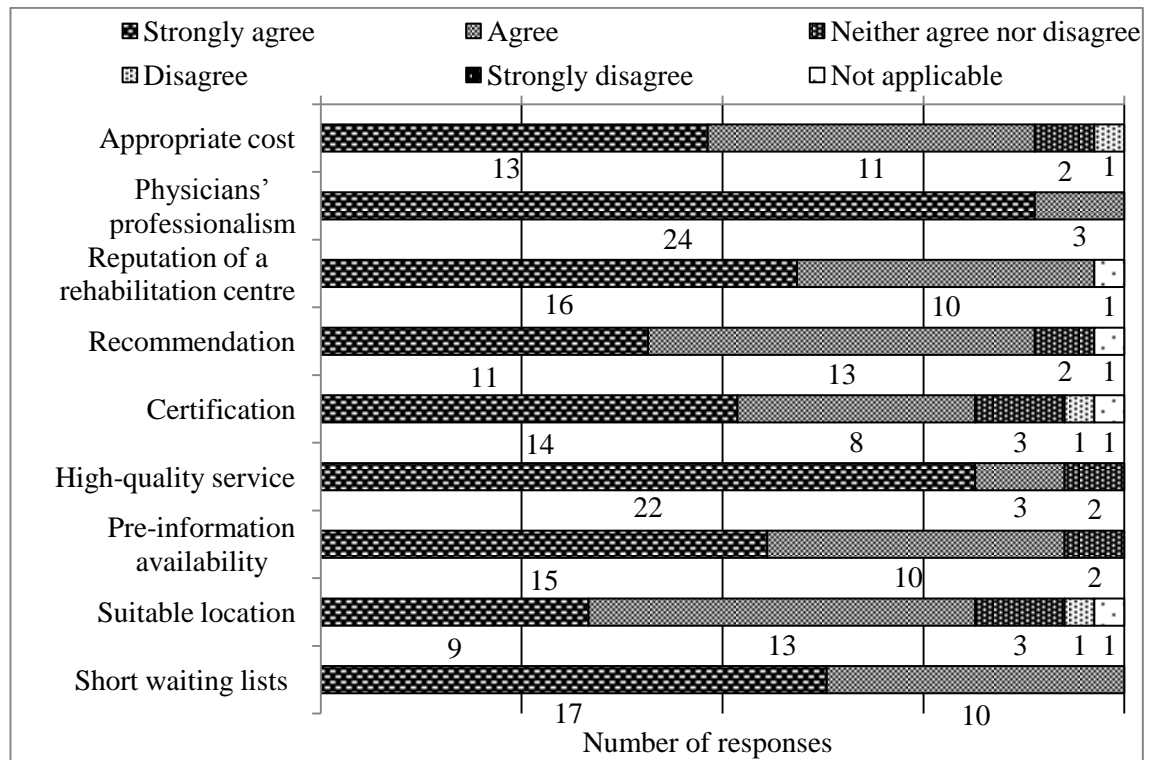


Figure 10. Respondents agreement on importance of each of the criteria if selecting a physical rehabilitation centre for medical travel, n = 27.

One respondent left some criteria without answer meaning by that not importance of them to him. Responses to suitable location, recommendation, appropriate cost, and certification were more ambiguous, either because they disagreed with the importance of these criteria for selection of a physical rehabilitation centre for medical travel, or the criteria were not that important to them, for example, in comparison to physicians' professionalism. Respondents could specify criteria important to them, but no one did that. In conclusion, all criteria were agreed to by more than $\frac{4}{5}$ of the respondents.

The respondents were asked whether they were or they were not interested in listed physical rehabilitation services offered by Dorpat SPA (see Figure 11). The respondents could specify some services if necessary. Two respondents were interested in None of the services, all the rest were interested in massage. The majority of 27 respondents were interested in appointments with a physical therapist, in salt chamber, and in water therapy. Less than half of the respondents took an interest in acupuncture, heat therapy and therapeutic exercise, respectively 12, 11, and 10 respondents out of 27. However, one respondent did not answer about heat therapy. Leech therapy aroused the least

interest. One respondent specified lymphatic massage, and another responded that he was interested in medical nutrition (therapy), i.e. herbal.

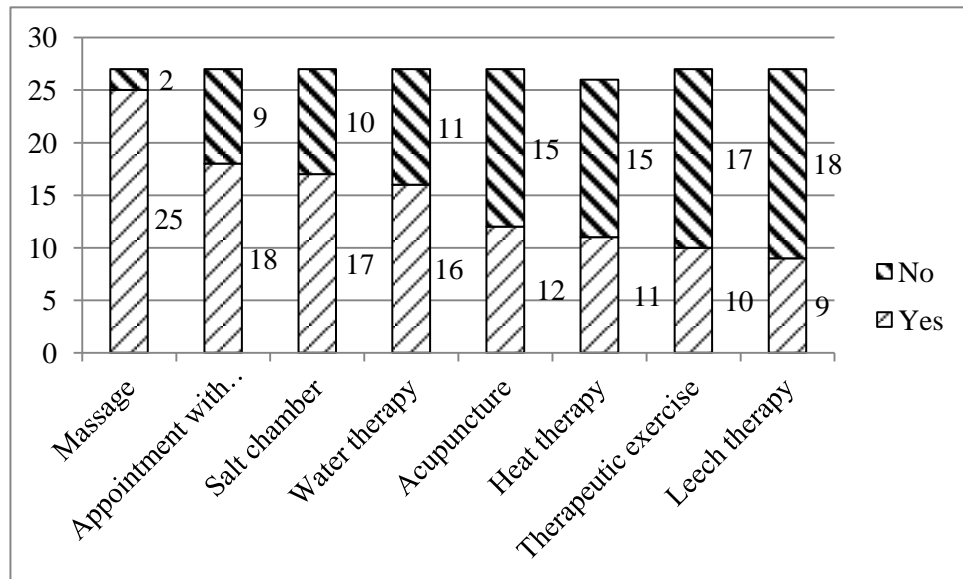


Figure 11. Respondents interest in physical rehabilitation services offered by Dorpat SPA, n = 27.

After that, these respondents were asked if they considered travelling to Tartu city using medical tourism package(s) to obtain doctor consultation(s) and/or medical tests offered by TUH with physical rehabilitation services offered by Dorpat SPA. No one out of 27 respondents answered negatively, 15 respondents would consider the possibility, and 12 answered that Maybe. Out of them seven respondents came from Estonia, seven from Finland, eight from Russia, two from Latvia, two from Norway, and one from the UK.

More than half of the respondents had income either 500–999 € or 2000€ and over. A little bit less than $\frac{1}{5}$ of the respondents, who would consider the possibility or would maybe consider it, had income 1000–1499 €. The rest part of the respondents had income either under 500€ or 1500–1999 €. If to compare the number of respondents to the whole number of respondents in each subcategory of the sample, then around $\frac{3}{5}$ of visitors with income under 500€, 500–999 €, and 1500–1999 € would (probably) consider the possibility. Afterwards the respondents' opinion about the most appropriate duration of such a medical tourism package was asked (see Figure 12).

More than half of the respondents would have preferred a medical tourism package of

consultations and/or medical tests offered by University Hospital with physical rehabilitation therapy in Dorpat SPA to last five or more days. One respondent even responded that minimum two weeks. Despite this, a significant number of respondents would like it to last three days. A few respondents would have preferred a medical tourism package in Tartu city that lasted two or four days.

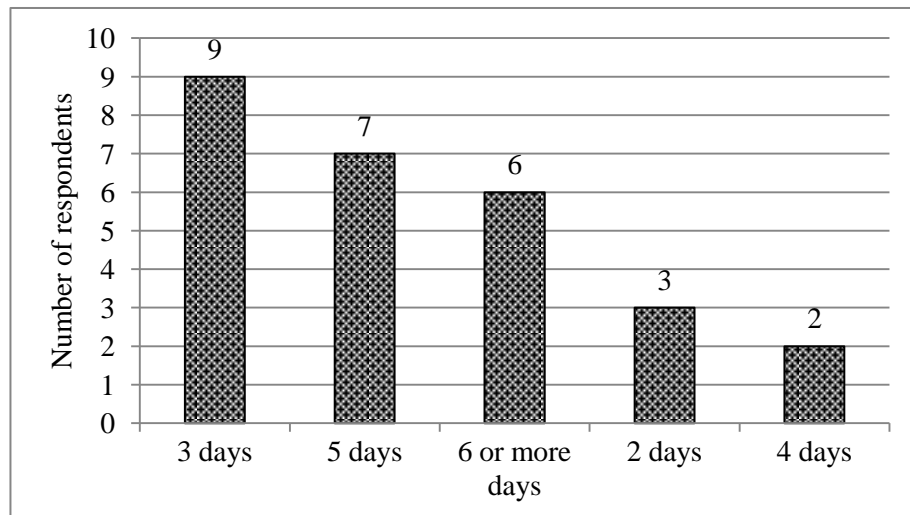


Figure 12. The most appropriate duration of a medical tourism package, n = 27.

The respondents from Estonia preferred duration of three or five days; responses of visitors from Finland varied but the most respondents answered five and six or more days. The respondents who came from Russia expressed different opinions: a half would prefer duration of two or three days, and another half five and six or more days. Respondents from the other countries (i.e. Latvia) responded on average three days.

In addition, it was asked which services they would have preferred to have in such a medical tourism package. The respondents could choose all variants that applied, and also specify one. The following Figure 13 shows the respondents' preferred additional services.

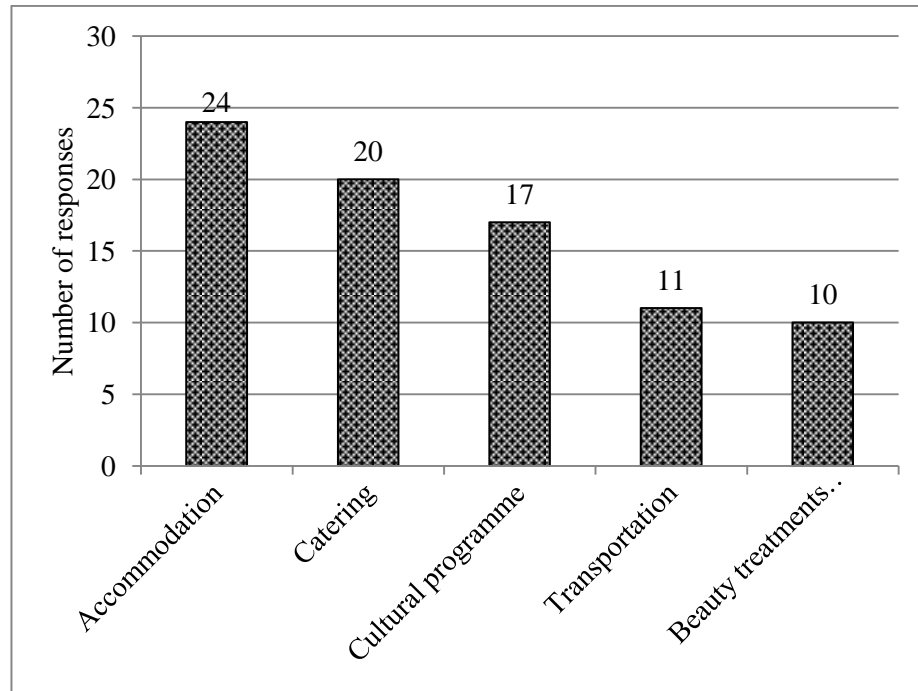


Figure 13. Preferred additional services in a medical tourism package, n = 27.

The largest number of respondents preferred accommodation as an additional service, followed by catering, respectively 24 and 20 respondents out of 27. Less than $\frac{2}{3}$ of the respondents were interested in a cultural programme. Transportation was chosen by more than $\frac{1}{3}$ of the respondents. The least interest respondents showed was to beauty treatments provided by Dorpat SPA.

All respondents could mention additional comments at the end of a questionnaire. Five respondents out of 10 expressed something general, rather expressing their positive experience or interest in Tartu city as a holiday destination. Another five respondents focused on giving their opinion or advice on medical tourism to Tartu.

One respondent had no knowledge about Tartu city as a medical tourism destination. Another visitor highlighted the importance of information availability for making choice easier, and one other respondent advised to advertise the possibility more in order for people to know about it. One visitor, who would not have considered coming to Tartu city for a medical purpose, because of living far, and who contacted a pharmacy in the city of Tartu, said that the only experience he had had, was good. Additionally, one respondent shared that if one moment he would need a medical treatment, then he would probably weigh all options including Tartu.

3. DISCUSSION

In this chapter the author discusses the results, compares them to theoretical resources, and makes conclusions. However, inferences and generalization to the whole markets are not done resulting from disproportionate number of male and female respondents in the sample and probably not comparable to the real proportion of different ages within each country of origin. The conclusions are done just for those travellers who participated in the survey. Based on the results the author also introduces possible steps for future development of medical tourism in the city of Tartu, in particular for collaboration between Dorpat SPA and TUH on offering medical tourism packages.

As the company was not aware of markets' interest in medical services and physical therapy, and the package of them, it was decided to form the sample from potential tourists that might have expressed their opinion whether they were or they were not interested in doctor consultations and medical tests provided by TUH and in physical rehabilitation treatment provided by Dorpat SPA.

The author studied the opinion and attitude of the visitors to find out factors/motivators that could affect their choice if selecting destination or a setting (i.e. a hospital, or a physical rehabilitation centre) for medical travel. From the responses it may be concluded that those are good price level (even though high average monthly income) and infrastructure, expertise of the physicians and performance of service, as well as short waiting lists, reputation, recommendation, and pre-information availability. Less respondents (but still the majority) agreed that political situation (i.e. stability) would be important to them, as it might carry certain risks in itself. For the most part it is also mentioned by the Economist Intelligence Unit (Travelling... 2011: 4), and Iordache *et al.* (2013: 36–38).

Cost of and convenience of transportation would not affect the visitors' choice that much; suitable location of a hospital or a physical rehabilitation centre would not matter that much either. The agreement on importance of several factors mentioned by some authors was not asked, those were: familiarity with the country and the language, privacy and confidentiality, travel intermediaries' assistance, employers' and insurance companies' funding, and opportunity to visit friends and relatives (Travelling... 2011: 4; Iordache *et al.* 2013: 36–38; Connell 2013: 8, 10).

The majority of respondents who were interested both in consultations or medical tests provided by TUH and physical rehabilitation treatment in Dorpat SPA came from Estonia and neighbouring countries, and therefore it is more likely they repeat their visit to Tartu city, Estonia. It is supported by different authors like Lunt *et al.* (2011: 34), and the Economist Intelligence Unit (Travelling... 2011: 4). It may also mean that Tartu city, TUH and Dorpat SPA correspond to the criteria that are important to those respondents.

The respondents showed generally small knowledge (except for visitors from Estonia) of Tartu as a medical tourism destination, and what is available in TUH and Estonia compared to their country of origin. This fact made the responding more difficult for them, the majority of those, who chose variant of treatments not available elsewhere, could not specify any.

From the survey it follows that TUH and Dorpat SPA in their collaboration could target Estonia, Finland and Russia markets, however the results may be skewed by disproportion of male and female respondents from the corresponding countries and different ages of the respondents by each country. A more precise research would be needed to find out interest of these three markets in a medical tourism package offered by Dorpat SPA in collaboration with TUH.

Additionally, the author would suggest to study the interest of potential visitors' from Norway, because the number of them in the sample was not representative but all of whom would probably consider coming to Tartu city to obtain doctor consultations or medical tests offered by TUH, just one respondent from Norway was not interested in physical therapy in Dorpat SPA. By the GSS (2011: 106) it is also recommended to

build packages of rehabilitation and therapeutic services for different profiles of medical tourists.

32 respondents out of 50 respondents did not answer negatively to consideration of coming to Tartu city to obtain doctor consultations and/or medical tests offered by Tartu University Hospital. As the purpose was to find out visitors' interest in services offered in collaboration between TUH and Dorpat SPA, these 32 respondents were questioned some more. As a result, 27 respondents out of 32 did not answer negatively to consideration of coming to Tartu city to obtain physical rehabilitation services offered by Dorpat SPA. All these 27 respondents might or would consider coming to Tartu with a medical tourism package.

22 respondents ranked fields of doctor consultations offered by TUH they were interested in. It helped to find out possible preferences for medical tourism package content. A half of respondents who ranked doctor consultations was interested in Allergology, also Cardiology was attractive. Somewhat less but still around $\frac{1}{5}$ of the respondents expressed interest in Orthopaedics, Gastroenterology, Ophthalmology, Dermatology, and Urology. The respondents would generally prefer to obtain the consultations or medical tests in their mother tongue, another option could be English. It has to be noted that the interest in fields of consultations varied by country of origin, and the results might not represent real situation in those markets.

If to compare the results of survey carried out for the GSS (2011: 92–94) and the survey's carried out for the present study, it may be brought out that the services and treatments medical tourists visiting Dorpat SPA are most likely to purchase are massage and health consultation (i.e. appointment with physical therapist), what is similar to the GSS survey results. Unlike reported by the GSS, water-based treatments were more attractive to the respondents, also therapeutic exercise turned out to be relatively more attractive to the respondents. Salt chamber was not mentioned in the report for the GSS, also the other top services presented in the GSS report (i.e. recovery from surgery, medical testing) are not offered in Dorpat SPA.

Moreover, more than half of the respondents would have preferred a medical tourism package of consultations and/or medical tests offered by University Hospital with

physical rehabilitation therapy in Dorpat SPA to last five or more days. Such result could be explained by possible need for longer duration of physical therapy treatment as well as necessity of visiting doctor and doing required tests.

A significant number of respondents would like it to last three days, probably because they thought the duration would be enough to obtain all necessary treatments and consultations or medical tests. Another reason for that could be no need for many of those, or having not much time to spend for the purpose, and maybe a wish for a tighter schedule of the package. It should be noted that duration of a medical tourism package also depended on country of origin.

Furthermore, the respondents would prefer to have accommodation and catering in a medical tourism package of doctor consultations or medical tests in TUH with physical therapy in Dorpat SPA; less interest was expressed for cultural programme. The least interest respondents showed was to beauty treatments provided by Dorpat SPA, that is probably because their main purpose would be medical.

The average personal monthly income after tax of the respondents helped to understand who would probably be interested in a medical tourism package. At first glance the majority of those had income either 500–999 € or 2000€ and over. The last might be explained by the higher number of representatives of the income subcategory in the sample. As compared to the proportion of all representatives of each income subcategory, the subcategories of visitors, who would (probably) consider the possibility of travelling to Tartu city using a medical tourism package, turned out to be with income under 500€, 500–999 €, and 1500–1999 €. Because of this is seen the necessity for a more precise research.

As mentioned in the theoretical review, the GSS (2011: 106) suggested to support the development and expansion of spa associations and to consider collaborations or mergers across related associations so that the industry is less fragmented. In Estonia a medical spa category is given by Estonian Spa Association and that is given only to a hotel that corresponds to classification and additional requirements (Ravispaa... 2014). Therefore, Dorpat Tervis Ltd. cannot separately apply for the category.

In conclusion, the results of the present study indicate the necessity for another research so to collect data on which inferences and generalization might be done for evaluation of potential medical tourism markets' interest in medical tourism packages offered by Dorpat Tervis Ltd. in collaboration with TUH. The attention has to be given to demographic, geographic and socioeconomic aspects (like proportions of male and female, and different ages; also to countries, and additionally, income).

In the opinion of the author, a research undertaken at different times of year could give a better view as the profiles of visitors may vary. Moreover, (dis)advantages of different sample formation methods have to be considered as the systematic sampling used in the survey was not that effective. In addition, sample size has to be big enough to make inferences.

CONCLUSION

At the present time demographical changes that take place in society, and people's awareness in the field of health lead to growing demand for health as well as medical tourism products. The author has acknowledged that medical tourism is an actual issue in Estonia. It has been noted that Estonia is willing to develop itself as a medical tourism destination, and Estonian legislation highlights importance of collaboration between entrepreneurs and the relevant public sector institution when developing health tourism.

The only spa in Tartu city that offers physical therapy treatments, Dorpat Tervis Ltd., and one of the largest providers of medical care in Estonia, Tartu University Hospital Foundation, now receive medical tourist groups coming from Finland for doctor consultations, medical tests, and physical therapy. In the framework of the study carried out for the thesis, it was aimed to find a target market to whom TUH could offer doctor consultations and/or medical tests in collaboration with physical therapy in Dorpat SPA, as well as what kind of package the target market would be interested in.

The author has done a literature review, related to medical tourism, from which it has become clear that medical tourism is a complex area of study because of its cross-disciplinarity and no mutual understanding. On the other hand, many academics have attempted to raise the issue at the international level and scope medical tourism. Different authors have mentioned the necessity to research medical tourists, medical tourism effects/impacts, and have brought out diversified directions for further research. Medical tourism can be either international or domestic in scope. In Estonia it may be defined as travelling for a therapeutic purpose, using medical tourism products and services.

For the empirical part of the study a survey in the form of structured questionnaire was used as a data collection method. A systematic sample was deployed of each fifth visitor to the city of Tartu that might have expressed his opinion whether he was or he was not interested in doctor consultations and/or medical tests provided by TUH and in physical rehabilitation treatment provided by Dorpat SPA. The sample size of 50 respondents was targeted. For that the visitors were questioned in Dorpat SPA and Dorpat Hotel, and in addition in Tartu Visitor Centre.

A pilot-survey before the full survey was conducted among a smaller number of respondents to test the questionnaire. The data collected during the pilot-survey was not used in the final analysis. Some corrections and additions were made to the questionnaire, then a revised questionnaire was applied and the data was used for further analysis and conclusions.

The results of the survey probably do not represent, however, the real interest in the topic, because among the respondents there were clearly unequal numbers of female and male respondents by country of origin, and in addition to that, the age of the respondents might not satisfy the real proportion for evaluating the potential of each market. Therefore, the author did not make inferences to the whole markets, but made conclusions just for the respondents.

The respondents from Estonia, Finland, and Russia showed the most interest in medical tourism packages offered in collaboration between Dorpat Tervis Ltd. and TUH. The respondents evaluated the most appropriate duration of such a medical tourism package to be either three or five, and six or more days. The respondents would prefer to have accommodation and catering in the medical tourism package. However, the results were dependant on country of origin.

All respondents who did not answer negatively to consideration of visiting Tartu city to obtain doctor consultations or medical tests in TUH, and physical therapy in Dorpat SPA, were asked about their interest in the fields of consultation and kinds of treatments. Allergology and Cardiology fields were the most attractive; somewhat less interest was expressed in Orthopaedics, Gastroenterology, Ophthalmology, Dermatology, and Urology. As regards physical therapy, the respondents expressed the

most interest in massage, somewhat less in appointment with physical therapist, salt chamber, and water therapy.

The major criterion for choosing a destination for medical travel would have been good price level. The next was infrastructure, followed by presence of sights, distance from home, and political stability in a destination. The most important criteria for selection of a hospital for medical travel would have been physicians' professionalism, and performance of service. Short waiting lists, reputation of a hospital, and recommendation were also very significant.

The most important criteria for selection a physical rehabilitation centre were physicians' professionalism and short waiting lists. High-quality service, reputation of a rehabilitation centre, and pre-information availability were the next criteria that mattered. The respondents who answered negatively to considerations said that good price level would make difference for them. In general all that links to statements of academics in the theory; additionally, the criteria have to be taken into account.

The author of this thesis has still to admit that the goal of the thesis was not fully achieved as inferences were not made to the whole markets. It seems to the author, the study carried out for the company gives an overview of possible markets to target and respondents' interest in physical therapy and doctor consultations as well as package of those. The results of this study are most of all necessary to the Dorpat Tervis Ltd. and TUH as well as for the researcher who might research the case in the future.

A more precise research on the topic is required. The author suggests to focus on Estonia, Finland, Russia, and Norway markets research, so more accurate conclusions might be done about each market interest. To sum up, it seems to the author that medical tourism packages offered by Dorpat Tervis Ltd. and Foundation Tartu University Hospital have potential.

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Appendix 1. Questionnaire in English language (made by the author)

Dear Respondents

I am a third year student of Tourism and Hotel Management in Tartu University. I am undertaking a survey about potential medical tourism markets to Tartu city. I will use this information to identify a target market to which Tartu University Hospital could offer consultations and medical tests in collaboration with physical rehabilitation in Dorpat SPA which could be used in future development of medical tourism in Tartu city. Tartu University Hospital is the largest provider of medical care in Estonia, and all of the fields practised in the country are represented here. Dorpat SPA is located in Tartu city centre and provides different physical rehabilitation services as well as spa and beauty treatments on a day-use basis.

There are 23 questions in this questionnaire and it should take no more than 20 minutes.

Thank you very much for your time. Your answers will remain anonymous.

I PART: BACKGROUND

1. Which country are you from?
 - 1) Estonia
 - 2) Finland
 - 3) Russia
 - 4) Latvia
 - 5) Other (please specify) _____
2. Have you visited Tartu University Hospital for any consultation or treatment (medical test or survey)? Yes / No
3. Have you received physical rehabilitation in Dorpat SPA? Yes / No

II PART: POTENTIAL MEDICAL TOURISM TO TARTU

4. Do you consider coming to Tartu city for a medical purpose*? (Check one answer)
 - 1) No, I would prefer not to come for medical tourism
 - 2) Maybe / I did know that Tartu has medical tourism (*Go to question no. 6*)
 - 3) Yes, I would consider it (*Go to question no. 6*)
5. What would make a difference? (Choose all that apply) (*After go to question no. 19*)
 - 1) Good price level
 - 2) Convenience of transportation
 - 3) Shorter waiting lists
 - 4) Treatments not available elsewhere (please specify) _____
 - 5) Other (please specify) _____
6. Please mark how much you agree that the listed criteria are important to you for selection of a destination for a medical travel *.

Selection criteria of a destination for medical travel	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
Good price level	1	2	3	4	5	N/A
Political stability	1	2	3	4	5	N/A
Distance (i.e. closeness)	1	2	3	4	5	N/A
Appropriate cost of transportation	1	2	3	4	5	N/A
Convenience of transportation	1	2	3	4	5	N/A
Infrastructure (e.g. facilities, stores, etc)	1	2	3	4	5	N/A
Presence of sights	1	2	3	4	5	N/A
Other (please specify) _____	1	2	3	4	5	N/A
Other (please specify) _____	1	2	3	4	5	N/A

Appendix 1 continued

7. Do you consider coming to Tartu city to obtain doctor consultation(s) and/or medical test(s) offered by Tartu University Hospital? (Check one answer)
- 1) No, I would prefer not to come for consultation(s) nor medical test(s)
 - 2) Maybe / I did not know about the possibility (*Go to question no. 9*)
 - 3) Yes, I would consider it (*Go to question no. 9*)
8. What would make a difference? (Check all that apply) (*After go to question no. 12*)
- 1) Good price
 - 2) Consultations not available elsewhere (please specify) _____
 - 3) Medical tests/surveys not available elsewhere (please specify) _____
 - 4) Recommendation
 - 5) Other (please specify) _____
 - 6) Anything
9. Please mark how much you agree that the listed criteria are important to you for selection of a hospital for a medical travel.

Selection criteria of a hospital for medical travel	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
Appropriate cost	1	2	3	4	5	N/A
Physicians' professionalism	1	2	3	4	5	N/A
Reputation	1	2	3	4	5	N/A
Recommendation	1	2	3	4	5	N/A
Pre-information availability	1	2	3	4	5	N/A
Short waiting lists	1	2	3	4	5	N/A
Suitable location	1	2	3	4	5	N/A
Performance of service	1	2	3	4	5	N/A
Other (please specify) _____	1	2	3	4	5	N/A
Other (please specify) _____	1	2	3	4	5	N/A

10. Among doctor consultations offered by Tartu University Hospital rank those that you are interested in from most significant to least significant (where 1 is the most important). If necessary, specify other special consultations you are interested in.

0) None (*Go to question no. 12*)

... Allergology
 ... Cardiology
 ... Dermatology
 ... Endocrinology
 ... Gastroenterology
 ... Nephrology
 ... Neurology
 ... Ophthalmology

... Orthopaedics
 ... Otorhinolaryngology
 ... Pulmonology
 ... Rheumatology
 ... Urology
 ... Other (please specify) _____
 ... Other (please specify) _____
 ... Other (please specify) _____

11. Which language you agree to obtain the ranked services in? (Check one answer)

1) Estonian
 2) English
 3) Russian
 4) Finnish
 5) Other (please specify) _____

Appendix 1 continued

12. Do you consider coming to Tartu city to obtain physical rehabilitation* services offered by Dorpat SPA? (Check one answer)

- 1) No, I would prefer not to come for physical rehabilitation
- 2) Maybe / I did not know about the possibility (*Go to question no. 14*)
- 3) Yes, I would consider it (*Go to question no. 14*)

13. What would make a difference? (*After go to question no. 19*)

- 1) Good price
- 2) Treatments not available elsewhere (please specify) _____
- 3) Recommendation
- 4) Other (please specify) _____
- 5) Anything

14. Please mark how much you agree that the listed criteria are important to you for selection of a physical rehabilitation centre for a medical travel.

Selection criteria of a physical rehabilitation centre for medical travel	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
Appropriate cost	1	2	3	4	5	N/A
Physicians' professionalism	1	2	3	4	5	N/A
Reputation of a rehabilitation centre	1	2	3	4	5	N/A
Recommendation	1	2	3	4	5	N/A
Certification	1	2	3	4	5	N/A
High-quality service	1	2	3	4	5	N/A
Pre-information availability	1	2	3	4	5	N/A
Suitable location	1	2	3	4	5	N/A
Short waiting lists	1	2	3	4	5	N/A
Other (please specify) _____	1	2	3	4	5	N/A
Other (please specify) _____	1	2	3	4	5	N/A

15. Which physical rehabilitation services offered by Dorpat SPA you are interested in?

0) None

1) Appointment with physical rehabilitation therapist	Yes / No	6) Massage	Yes / No
2) Therapeutic exercise	Yes / No	7) Acupuncture	Yes / No
3) Heat therapy	Yes / No	8) Water therapy	Yes / No
4) Leech therapy	Yes / No	9) Other (please specify) _____	Yes / No
5) Salt chamber	Yes / No	10) Other (please specify) _____	Yes / No

16. Do you consider travelling to Tartu city using medical tourism package(s) to obtain doctor consultation(s) and/or medical tests offered by Tartu University Hospital with physical rehabilitation services offered by Dorpat SPA? (Check one answer)

- 1) No (*Go to question no. 19*)
- 2) Maybe
- 3) Yes, I would consider it

* *Therapy for the preservation, enhancement, or restoration of movement and physical function impaired or threatened by disability, injury, or disease.*

Appendix 1 continued

17. What would be the most appropriate duration of such medical tourism package? (Check one answer)
- 1) 2 days
 - 2) 3 days
 - 3) 4 days
 - 4) 5 days
 - 5) 6 or more days
18. Which services would you prefer to have in such medical tourism package? (Check all that apply)
- 1) Accommodation
 - 2) Catering
 - 3) Beauty treatments provided by Dorpat SPA
 - 4) Cultural programme
 - 5) Transportation
 - 6) Other (please specify) _____

III PART: GENERAL INFORMATION

19. Has it been your first visit to Tartu city?
No / Yes (*If Yes go to question no. 21*)
20. How many times during the last 5 years you have visited Tartu city?
- 1) 2–3
 - 2) 4–5
 - 3) 6 and more
 - 4) I do not remember
21. Your gender: Female / Male
22. The year of your birth: 19 __ __
23. Which one of the following categories best describes your personal average monthly income after tax? (Check one answer)
- 1) under 500€
 - 2) 500–999 €
 - 3) 1000–1499 €
 - 4) 1500–1999 €
 - 5) 2000€ or over

If you have any additional comments, please write them here: _____

I am grateful for your participation.

Appendix 2. Questionnaire in Estonian language (made by the author)

Lugupeetud vastaja

Mina olen Tartu Ülikooli turismi- ja hotelliettevõtluse kolmanda kursuse üliõpilane. Tartu linna potentsiaalsete raviturismi sihtturgude hindamise raames viin läbi küsitluse. Küsitluses saadud teavet kasutan selleks, et selgitada välja sihtturg, kellele Tartu Ülikooli Kliinikum saaks pakkuda konsultatsioone ja uuringuid koostöös Dorpat SPA-s pakutava taastusraviga, et arendada raviturismi Tartu linnas. Tartu Ülikooli Kliinikumi missioon on tagada Eesti meditsiini kestmine ja areng läbi kõrgetasemelise integreeritud ravi-, õppe- ja teadustöö. Dorpat SPA asub Tartu kesklinnas hotellis Dorpat, pakudes taastusravi ja laias valikus erinevaid massaaže, kehahoolduseid ja iluteenuseid. Küsimustik koosneb 23 küsimusest, ja vastamine ei tohiks võtta rohkem kui 20 minutit aega. Olen tänulik Teie aja eest. Küsitlus on anonüümne.

I OSA: TAUST

- Mis on Teie elukohariik?
 - Eesti (palun täpsustage) _____
 - Soome
 - Venemaa
 - Läti
 - Muu (palun täpsustage) _____
- Kas Te olete külastanud Tartu Ülikooli Kliinikumi ükskõik millise konsultatsiooni või ravi saamiseks (sh uuringud)? Jah / Ei
- Kas Te olete saanud taastusravi Dorpat SPA-s? Jah / Ei

II OSA: POTENTIAALNE RAVITURISM TARTU LINNALE

- Kas Te kaalute Tartu linna külastamist ravi eesmärgil? (Palun märkige üks vastus)
 - Ei, ma ei soovi külastada Tartu linna ravi eesmärgil
 - Võib-olla / Ma ei teadnud, et Tartus on raviturism (Jätkake küsimusega nr 6)
 - Jah, ma kaaluksin seda (Jätkake küsimusega nr 6)
- Mis muudaks Teie otsust? (Palun märkige kõik variandid, mis sobivad) (Pärast jätkake küsimusega nr 19)
 - Sobiv hinnatase
 - Transpordi mugavus
 - Lühedamad ootejärjekorrad
 - Protseduurid, mis ei ole kättesaadavad mujal (palun täpsustage) _____
 - Muu (palun täpsustage) _____
- Palun märkige Teile tähtsad kriteeriumid raviturismi sihtkoha valikul.

Otsustuskriteeriumid raviturismi sihtkoha valikul	Üldse ei nõustu	Ei nõustu	Ei seda ega teist	Nõustun	Täiesti nõustun	Vastamata
Sobiv hinnatase	1	2	3	4	5	VA
Poliitiline stabiilsus	1	2	3	4	5	VA
Vahemaa (st lähedus)	1	2	3	4	5	VA
Soodne transpordi hind	1	2	3	4	5	VA
Transpordi mugavus	1	2	3	4	5	VA
Taristu (nt side, asutused, kauplused)	1	2	3	4	5	VA
Vaatamisväärsuste olemasolu	1	2	3	4	5	VA
Muu (palun täpsustage) _____	1	2	3	4	5	VA
Muu (palun täpsustage) _____	1	2	3	4	5	VA

Appendix 2 continued

7. Palun märkige Teile tähtsad kriteeriumid raviturismi sihtkoha Kas Te kaalute Tartu linna külastamist, et saada arsti konsultatsiooni ja/või uuringuid, mida pakub Tartu Ülikooli Kliinikum? (Palun märkige üks vastus)
- 1) Ei, ma soovi külastada Tartu linna arsti konsultatsiooni ja uuringute saamiseks
 - 2) Võib-olla / Ma ei teadnud, et Tartus on selline võimalus (*Jätkake küsimusega nr 9*)
 - 3) Jah, ma kaaluksin seda (*Jätkake küsimusega nr 9*)
8. Mis muudaks Teie otsust? (Palun märkige kõik variandid, mis sobivad) (*Pärast jätkake küsimusega nr 12*)
- 1) Sobiv hind
 - 2) Konsultatsioonid, mis ei ole kättesaadavad mujal (palun täpsustage) _____
 - 3) Uuringud, mis ei ole kättesaadavad mujal (palun täpsustage) _____
 - 4) Soovitus(ed)
 - 5) Muu (palun täpsustage) _____
 - 6) Mitte midagi

9. Palun märkige Teile tähtsad kriteeriumid ravireisiks sobiva haigla valikul.

Otsustuskriteeriumid sobiva haigla valikul ravireisiks	Üldse ei nõustu	Ei nõustu	Ei seda ega teist	Nõustun	Täiesti nõustun	Vastamata
Sobiv maksumus	1	2	3	4	5	VA
Arstide professionaalsus	1	2	3	4	5	VA
Maine	1	2	3	4	5	VA
Soovitus(ed)	1	2	3	4	5	VA
Eelneva teabe kättesaadavus	1	2	3	4	5	VA
Lühikesed ootejärjekorrad	1	2	3	4	5	VA
Sobiv asukoht	1	2	3	4	5	VA
Teenindus	1	2	3	4	5	VA
Muu (palun täpsustage) _____	1	2	3	4	5	VA
Muu (palun täpsustage) _____	1	2	3	4	5	VA

10. Järjestage Tartu Ülikooli Kliinikumi poolt pakutavad arstide konsultatsioonid, millistest olete huvitatud, kõige tähtsamast vähem tähtsamani (1 on kõige olulisem).

- 0) Mitte ükski (*Jätkake küsimusega nr 12*)

- | | |
|------------------------|----------------------------------|
| ... Allergoloogia | ... Ortopeedia |
| ... Kardioloogia | ... Otorinolarüngoloogia |
| ... Dermatoloogia | ... Pulmonoloogia |
| ... Endokrinoloogia | ... Reumatoloogia |
| ... Gastroenteroloogia | ... Uroloogia |
| ... Nefroloogia | ... Muu (palun täpsustage) _____ |
| ... Neuroloogia | ... Muu (palun täpsustage) _____ |
| ... Oftalmoloogia | ... Muu (palun täpsustage) _____ |

11. Mis keeles Te oleksite nõus küsimuses nr 10 nimetatud raviteenuseid saada? (Palun märkige üks vastus)

- 1) Eesti
- 2) Inglise
- 3) Vene
- 4) Soome
- 5) Muu (palun täpsustage) _____

Appendix 2 continued

12. Kas Te külastaksite Tartu linna selleks, et saada taastusraviteenuseid Dorpat SPA-s? (Palun märkige üks vastus)

- 1) Ei
- 2) Võib-olla / Ma ei teadnud sellisest võimalusest (*Jätkake küsimusega nr 14*)
- 3) Jah, külastaksin (*Jätkake küsimusega nr 14*)

13. Mis muudaks Teie otsust? (*Pärast jätkake küsimusega nr 19*)

- 1) Sobiv hind
- 2) Protseduurid, mis ei ole kättesaadavad mujal (palun täpsustage) _____
- 3) Soovitused
- 4) Muu (palun täpsustage) _____
- 5) Mitte midagi

14. Palun märkige Teile tähtsad kriteeriumid ravireisi planeerimisel taastusravi pakuva asutuse valikul.

Otsustuskriteeriumid taastusravi asutuse valikul	Üldse ei nõustu	Ei nõustu	Ei seda ega teist	Nõustun	Täiesti nõustun	Vastamata
Sobiv maksumus	1	2	3	4	5	VA
Töötajate professionaalsus	1	2	3	4	5	VA
Asutuse maine	1	2	3	4	5	VA
Soovitus(ed)	1	2	3	4	5	VA
Sertifitseeritus	1	2	3	4	5	VA
Väga hea teenindus	1	2	3	4	5	VA
Eelneva teabe kättesaadavus	1	2	3	4	5	VA
Sobiv asukoht	1	2	3	4	5	VA
Lühikesed ootejärjekorrad	1	2	3	4	5	VA
Muu (palun täpsustage) _____	1	2	3	4	5	VA
Muu (palun täpsustage) _____	1	2	3	4	5	VA

15. Millistest Dorpat SPA poolt pakutavatest taastusravi teenustest olete huvitatud?

0) Mitte ühestki

1) Taastusarsti vastuvõtt	Jah / Ei	6) Massaaž	Jah / Ei
2) Ravivõimlemine	Jah / Ei	7) Nõelravi	Jah / Ei
3) Soojusravi	Jah / Ei	8) Vesiravi	Jah / Ei
4) Kaaniravi	Jah / Ei	9) Muu (palun täpsustage)	Jah / Ei
5) Soolakamber	Jah / Ei	10) Muu (palun täpsustage) _____	Jah / Ei

16. Kas Te külastaksite Tartu linna raviturismipaketiga, et saada samaaegselt arsti konsultatsioone ja/või uuringuid Tartu Ülikooli Kliinikumis ja taastusravi Dorpat SPA-s? (Palun märkige üks vastus)

- 1) Ei (*Jätkake küsimusega nr 19*)
- 2) Võib-olla
- 3) Jah, külastaksin

17. Milline oleks sellise raviturismipaketi kõige sobilikum kestus? (Palun märkige üks vastus)

- 1) 2 päeva
- 2) 3 päeva
- 3) 4 päeva
- 4) 5 päeva
- 5) 6 või rohkem päevi

18. Milliseid lisateenuseid eelistaksite raviturismipaketile? (Palun märkige kõik sobivad)

- 1) Majutus
- 2) Toitlustus
- 3) Iluteenused Dorpat SPA-s
- 4) Kultuuriline programm
- 5) Transport
- 6) Muu (palun täpsustage) _____

Appendix 2 continued

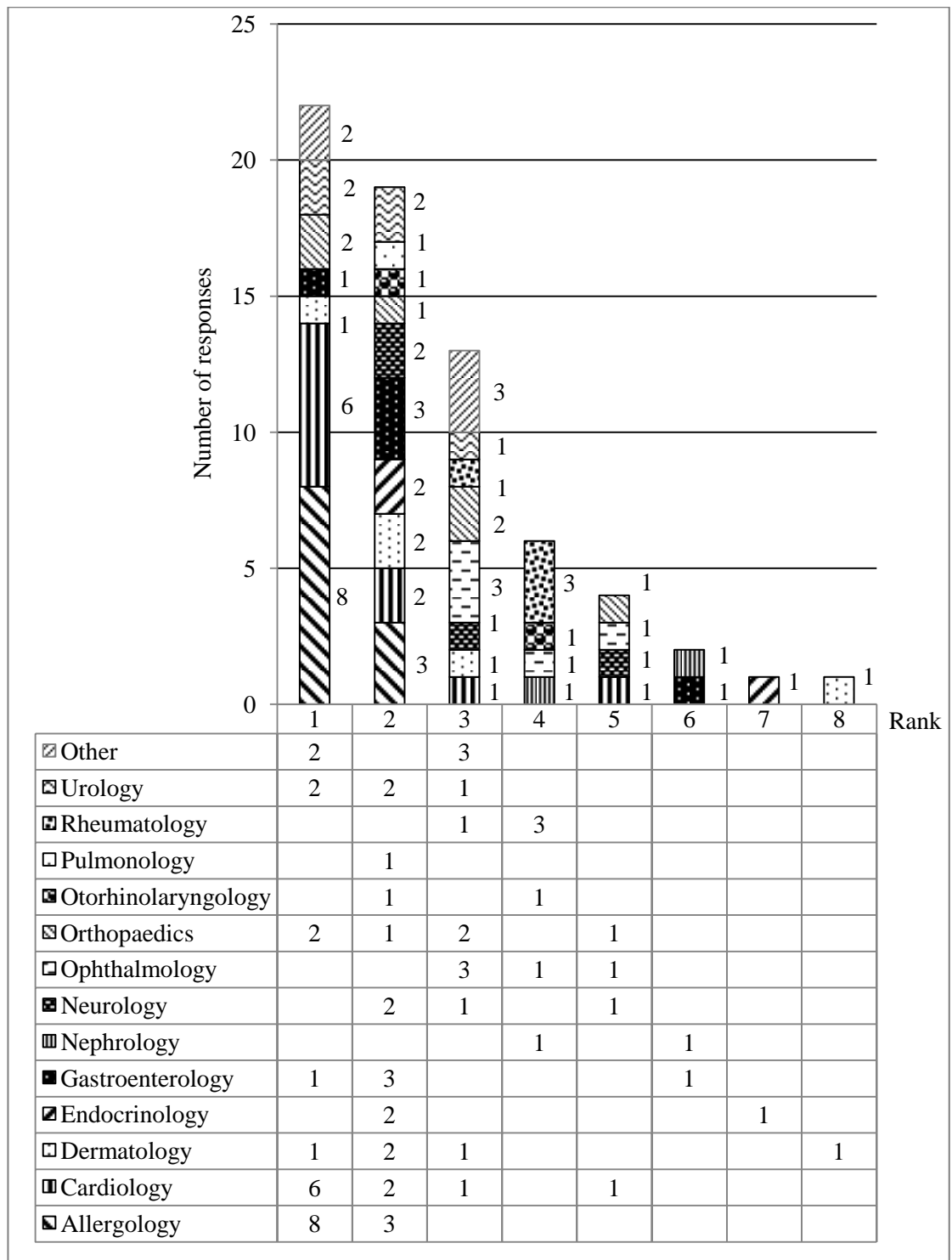
III OSA: ÜLDINE INFORMATSIOON

19. Kas see oli Teie esimene Tartu linna külastus?
Ei / Jah (*Kui Jah, siis jätkake küsimusega nr 21*)
20. Mitu korda viimase viie aasta jooksul olete Tartu linna külastanud?
1) 2–3
2) 4–5
3) 6 või rohkem
4) Ma ei mäleta
21. Teie sugu: Naine / Mees
22. Teie sünniaasta: 19 __
23. Milline kategooria kirjeldab kõige paremini Teie keskmist kuu sissetulekut pärast maksude maha arvestamist? (Palun märkige üks vastus)
- 1) alla 500€
 - 2) 500–999 €
 - 3) 1000–1499 €
 - 4) 1500–1999 €
 - 5) 2000€ või üle

Kui Teil on mingeid lisamärkusi, palun kirjutage need siia: _____

Olen tänulik Teie osalemise eest.

Appendix 3. Ranking of doctor consultations that respondents were interested in (where 1st rank is the most significant), n = 22



RESÜMEE

RAVITURISMI SIHTTURGUDE HINDAMINE EESTIS: JUHTUMIUURING DORPAT TERVIS OÜ-ST JA TARTU ÜLIKOOLI KLIINIKUMI SA-ST

Diana Sapronkina

Demograafilised muutused ühiskonnas ja inimeste kasvav teadlikus tervisealal on suurendanud nõudlust tervise- ja raviteenuste järele. Tänapäeval otsivad inimesed üha enam terviseabi välismaal, olles motiveeritud erinevate mõjuritega, nagu arstide professionaalsus ja maksumus, riigi, selle keele ja tervishoiusüsteemi tundmine jne (Travelling... 2011: 4; Iordache *et al.* 2013: 36–38; Lunt *et al.* 2011: 34).

Eesti Arengufondi kohaselt (Health care... 2010: 1) Eesti soovib arendada terviseturismi, mille alla kuulub raviturism (Lunt *et al.* 2011: 7). Eesti üldine tervishoiukorraldus loob hea eelduse tervishoiuteenuste ekspordiks. Eesti tugevuseks on nüüdisaegse tehnoloogilise ressursi arvestav hulk koos kvaliteetse oskusteabega ning veel mõnda aega ka hinnaeelis. (Health care... 2010: 1)

Peale selle on esile tõstetud Eesti Riiklikus Turismiarengukavas 2014–2020 (2013: 20) sektori ettevõtjate ja asjaomaste avaliku sektori asutuste koostöö olulisus terviseturismi arendamisel. Samal ajal on kasvanud tasuliste uuringute ja raviprotseduuride arv, mis olid Tartu Ülikooli Kliinikumist ostetud väljaspool Eestit pärit patsientide endi poolt. Viimastel aastatel on kasv olnud märkimisväärne, seda eriti ostetud teenuste rahalises mahus viimase aastaga üle kahe korra ja viimase viie aastaga 10 korda. (SA TÜK tegevusaruanne... 2013: 12)

Lisaks sellele, Dorpat SPA ärinimega Dorpat Tervis OÜ on ainus spaa Tartu linnas, kes on ravituristidele pakkunud taastusravi teenuseid koostöös raviteenustega (arstide konsultatsioonid ja uuringud) Tartu Ülikooli Kliinikumi Sihtasutuses, ning soovib sellist

koostööd jätkata. Aga siiski ei teadnud ettevõtte juhataja Dagmar Seli sihtgruppi (sihtturgu), kellele pakkuda Tartu Ülikooli Kliinikumi poolt raviteenused (konsultatsioonid, uuringud) koostöös taastusraviga, samuti ei teadnud ta millisest paketest sihtturg oleks huvitatud. (D. Seli suulised teated 08.11.2013, 06.01.2014, 24.01.2014)

Lõputöö eesmärgiks on esitada Dorpat Tervis OÜ-le sihtturg, kellele pakkuda TÜK-i poolt konsultatsioone ja uuringuid koostöös taastusraviga Dorpat SPA-s raviturismi arendamiseks Tartu linnas. Samuti ka, millisest raviturismipaketist oleks see sihtturg huvitatud. Ka teadlased, kes on püüdnud raviturismi uurida, toetatavad seda. Nad rõhutavad vajadust empiirilise uuringu järele, mis puudutaksid ravituristide käitumist viibimise kestuse, majanduslike kulude suhtes jne. (Connell 2013: 11)

Eesmärkide saavutamiseks on seatud järgmised ülesanded:

- töötada läbi teoreetilised teemakohased allikad, mille abil määratleda raviturism ja koostada kontekst raviturismi arendamise, uurimise ja tulevikusuundumuste kohta;
- kajastada spaade roll raviturismis;
- anda ülevaade Eesti raviturismi (turu) olukorrast, konkreetsemalt Tartu linnast, sealhulgas TÜK-is ja Dorpat SPA-s pakutavatest tervise- ja raviteenustest;
- valmistada ette küsimustik ning viia läbi uuring Tartu linna külastajate seas, uurimaks nende arvamust ja huvi konsultatsioonidest, uuringutest ja teistest pakutavatest teenustest, aga ka külastajate huvi raviturismi pakettidest;
- esitada Dorpat Tervis OÜ-le uuringujäreldused sihtturu/sihtturgude kohta, kellele TÜK saaks pakkuda konsultatsioone ja uuringuid koostöös taastusraviga Dorpat SPA-s raviturismi arendamiseks Tartu linnas.

Lõputöö koosneb kolmest peatükist, millest esimene peatükk jaotatakse kolmeks ja teist neljaks alapunktiks. Esimeses osas määratletakse raviturism. Teises osas keskendutakse empiirilistele punktidele, mis on seotud Tartu linna raviturismi uuringuga. Kolmas osas arutletakse uuringu tulemuste üle. Lisades asub uuringus kasutatud küsimustik ja andmete analüüsis kasutatud joonis. Kõik uuringus kasutatud joonised on autori koostatud.

Kirjanduse ülevaade põhineb olulisel kirjandusel: raamatutel, teadusartiklidel, uuringu

aruannetel ja teistel kesketel väljaannetel. Lõputöö empiirilise osas on andmekogumismeetodina kasutatud struktureeritud küsimustik. Valimi moodustas 50 vastajat, kes olid süstemaatiliselt valitud iga viienda Tartu linna külastaja seast, kes võis oma arvamust avaldada, kas nad olid või ei olnud huvitatud TÜK-is pakutavatest arsti konsultatsioonidest ja/või uuringutest ning taastusravist Dorpat SPA-s. Külastajad olid küsitletud Dorpat SPA-s ja Dorpat Hotelli fuajees, ja lisaks ka Tartu Külustuskeskuses. Kogutud andmete analüüsimisel kasutati peamiselt kvantitatiivseid andmeanalüüsi meetodeid nagu näiteks kirjeldav statistika.

Saadud uuringu tulemused arvatavasti ei esinda siiski reaalselt huvi antud teema vastu, sest vastanute seas oli elukohariigiti selgelt ebavõrne naiste ja meeste arv ning lisaks sellele ka vastanute vanus võis mitte rahuldada reaalselt osakaalu selleks, et hinnata iga turu potentsiaali. Seepärast autor ei teinud järeldusi terve turgude, vaid ainult vastanute kohta.

Vastanud Eestist, Soomest ja Venemaalt näitasid kõige rohkem huvi Dorpat Tervis OÜ ja TÜK-i koostöös pakuvate raviturismipakettide vastu. Küsitletud hindasid kõige sobilikumaks kestuseks olema kas kolm või viis või rohkem päevi. Vastanud eelistaksid, et raviturismipaketis oleksid majutus- ja toitlustusteenus. Aga siiski tulemused sõltusid elukohariigist.

Autor on esile toonud kõige huvipakuvad konsultatsioonide valdkonnad nende küsitletud vastuste põhjal, kes ei vastanud negatiivselt, kaalumisele külastada Tartu linna selleks, et saada arsti konsultatsiooni või uuringut TÜK-ist ja taastusravi Dorpat SPA-st. Nendeks olid allergoloogia ja kardioloogia, mõnevõrra vähem avaldati huvi ortopeedia, gastroenteroloogia, oftalmoloogia, dermatoloogia ja uroloogia konsultatsioonide vastu. Samuti autor on välja toonud taastusravi teenus, mille vastu väljendati kõige rohkem huvi, selleks oli massaaž, mõnevõrra vähem taastusarsti vastuvõtt, soolakamber ja vesiravi.

Lisaks autor on välja toonud kriteeriumid, mis oleksid tähtsad raviturismi sihtkoha valikul. Nendeks oli eelkõige sobiv hinnatase, seejärel taristu, ja siis vaatamisväärsuste olemasolu, vahemaa sihtkoha ja koju vahel ning poliitiline stabiilsus. Vastanute hinnangul, kõige olulisemad kriteeriumid ravireisiks haigla valikul oleksid arstide

professionaalsus ja teenindus. Ka lühikesed ootejärjekorrad, haigla maine ja teiste inimeste soovitusel oleksid väga olulised.

Ravireisi planeerimisel kõige olulisemad kriteeriumid taastusravi pakuva asutuse valikul oleksid töötajate professionaalsus ja lühikesed ootejärjekorrad. Järgmisteks kriteeriumiteks, mis oleksid vastanute jaoks olulised, olid väga hea teenindus, asutuse maine ja eelneva teabe kättesaadavus. Üldiselt vastab kõik see teadlaste väidetele teoorias; samuti, peavad need kriteeriumid olema arvesse võetud.

Selle lõputöö autor peab tõdema, et lõputöö eesmärk ei saanud täielikult täidetud, sest järeldused terve turgude kohta ei saanud tehtud. Autorile tundub, et läbiviidud uuring annab ülevaate võimalikest sihtturgudest ja vastajate huvist taastusravi ja arstide konsultatsioonide vastu, samuti ka raviturismipaketist. Uuringutulemused on eelkõige vajalikud Dorpat Tervis OÜ-le ja TÜK-le ning lisaks ka uurijale, kes võib tulevikus antud juhtimi uurida.

Täpsem uuring on vajalik sellel teemal. Autor pakub keskenduda Eesti, Soome, Vene ja Norra turu uurimisele, nii võivad olla tehtud täpsemad järeldused iga turu kohta. Kokkuvõtteks näeb, et Dorpat Tervis OÜ ja Tartu Ülikooli Kliinikumi SA pakutavatel raviturismipakettidel on potentsiaali.

Lihtlitsents lõputöö reprodutseerimiseks ja lõputöö üldsusele kättesaadavaks tegemiseks

Mina, Diana Saprunkina,

1. annan Tartu Ülikoolile tasuta loa (lihtlitsentsi) enda loodud teose

„An Evaluation of Medical Tourism Markets in Estonia: A Case Study of Dorpat Tervis Ltd. and University Hospital Foundation, Tartu“,

mille juhendaja on Melanie Kay Smith,

1.1.reprodutseerimiseks säilitamise ja üldsusele kättesaadavaks tegemise eesmärgil, sealhulgas digitaalarhiivi DSpace-is lisamise eesmärgil kuni autoriõiguse kehtivuse tähtaja lõppemiseni;

1.2.üldsusele kättesaadavaks tegemiseks Tartu Ülikooli veebikeskkonna kaudu, sealhulgas digitaalarhiivi DSpace'i kaudu alates **22.05.2020** kuni autoriõiguse kehtivuse tähtaja lõppemiseni.

2. olen teadlik, et nimetatud õigused jäävad alles ka autorile.

3. kinnitan, et lihtlitsentsi andmisega ei rikuta teiste isikute intellektuaalomandi ega isikuandmete kaitse seadusest tulenevaid õigusi.

Pärnus, **22.05.2014**