

JOLANTA RAB-PRZYBYŁOWICZ*

Trends and Socio-economic Aspects of Medical Tourism Development in Poland

Abstract. The growing importance of tourism in the world manifests itself in many areas of social and economic systems strongly impacting the economy, the quality of human life, and the natural environment. Medical tourists are playing a pivotal role in shaping the tourism industry. Although their primary intention is to seek medical treatment, they often maximize destination options by pursuing other visitation objectives such as side trips to tourist attractions or attending cultural events. At the same time, the interest shown by tourists contributes to the shaping of certain behaviors within a local community in a tourist area.

Keywords: Poland, medical tourism, socio-economic considerations

1. Introduction

The growing importance of tourism in the world manifests itself in many areas of social and economic systems strongly impacting economy, the quality of human life and natural environment. The phenomenon of tourism is widely recognized as a main tool to promote sustainable economic development; and on the other hand – tourism is seen as a main instrument of social development. Medical tourists are playing a pivotal role in shaping the tourism industry. Although their primary intention is to seek medical treatment, its provider and destination, they often maximize destination options by pursuing other visitation objectives such as

* Polish of Medical Tourism Association, e-mail: jolantarabprzybylowicz@gmail.com, phone: +48 606 339 015.

side trips to tourist attractions or attending cultural events. At the same time the interest shown by tourists contributes to the shaping of certain behaviors within a local community in a tourist area. The aim of this article is to draw attention to socio-economic aspects of medical tourism development from a perspective of medical tourist (socio-economicus) whose mobility and rational choice have been contributing to the formation of new trends, presented in the last part of the article.

2. The economic aspects of medical tourism development

The processes of globalization, the advancement in medical technology and widespread use of information and communication technologies, have produced new possibilities for the provision of health care and professional medical services. High health care costs in developed countries, growing demand for specialized aged care services due to aging population; and the necessity to care for a large group of chronically ill people, have led to cost-cutting efforts and transfer of many business functions and medical procedures to low-cost countries [Liberska 2012]. Consequently, the new trend – medical tourism has emerged. In the opinion of the author of this article, medical tourism is a form of traveling outside a usual place of residence, motivated mainly by the wish to improve health and body aesthetics; for rehabilitation or psycho-physical renewal in clinics or hospitals under the care of specialists; and it is combined with a wide range of leisure activities in a destination or its region.¹

Healthcare institutions in many developing countries have both, a large number of highly skilled professionals and modern technology that guarantee high quality service at a much lower cost. Transferring medical services abroad – offshoring or offshore outsourcing [Liberska 2012] has become possible due to the recent new medical discoveries and inventions, and development of telemedicine especially teleradiology, where digital medical images can be sent electronically from anywhere to anywhere in the world enabling medical diagnosis wherever an internet network is in place [Liberska 2012]. The field of health economics has become an important branch of economy; and the topics of health, health care and health insurance dominate the economic and political landscape in many countries [Folland, Goodman & Stano 2011: 21].

¹ However, the trip should include at least one night stay but no longer than 12 months [Rab-Przybyłowicz 2014: 24].

Medical tourism industry has been growing most actively in developing countries, which make full use of the potential of human resources and financial capitals. The development of medical tourism should be keenly promoted and supported by governments through investments in good public infrastructure such as roads, airports, railways, water supply and sewage systems, electricity and public services: medical and educational [Bookman & Bookman 2007] and financial institutions. All those elements have a huge impact on the supply and demand in medical tourism. It is also significant that public institutions become credible, legitimate, relevant and effective. Crucial importance is also played by macroeconomic stabilization, open competitive economy and the support of financial institutions; and the fact that private sector should have large investments in improving the quality and standards, especially of medical services [Folland, Goodman & Stano 2011].

Medical tourism is growing in Central and Eastern Europe at a rate of approx. 12-15% per annum, although its potential is much greater, especially when it comes to specialized medicine such as plastic surgery, obesity treatment, cardiology, oncology and ophthalmology. The value of international patient market in Central and Eastern Europe is estimated to be approx. 400 million PLN, representing the average rate of about 26,500 hospital patients a year, of which about 6-8 thousand is treated in Poland. There is a new trend observed across European countries towards shifting from inpatient treatment to outpatient treatment. The dynamics of hospital stays in major European countries is falling at a double-digit rate of approx. 11-12%, and there is a steady rise in outpatient “one-day” procedures due to improved treatments, faster rehabilitation and options for remote patient monitoring. Furthermore, it reduces costs involved in patients’ care while maintaining or improving the overall quality of care. Health care delivery relies heavily on private sector to provide primary care, outpatient care, rehabilitation, and long-term care or wellness/health treatments. Hospitalization is the only medical service that is exclusively performed by public health care providers. It has been observed that private sector involvement in health brings better quality of care and better financial results.²

The growth and prosperity of many private clinics and medical centers is due to the entrepreneurial skills of their owners. They outfit their facilities with state of the art equipment, regularly improve qualifications of their staff through participation in trainings or courses outside Poland, and receive awards and quality certification (e.g. ISO) and other prestigious accreditations.

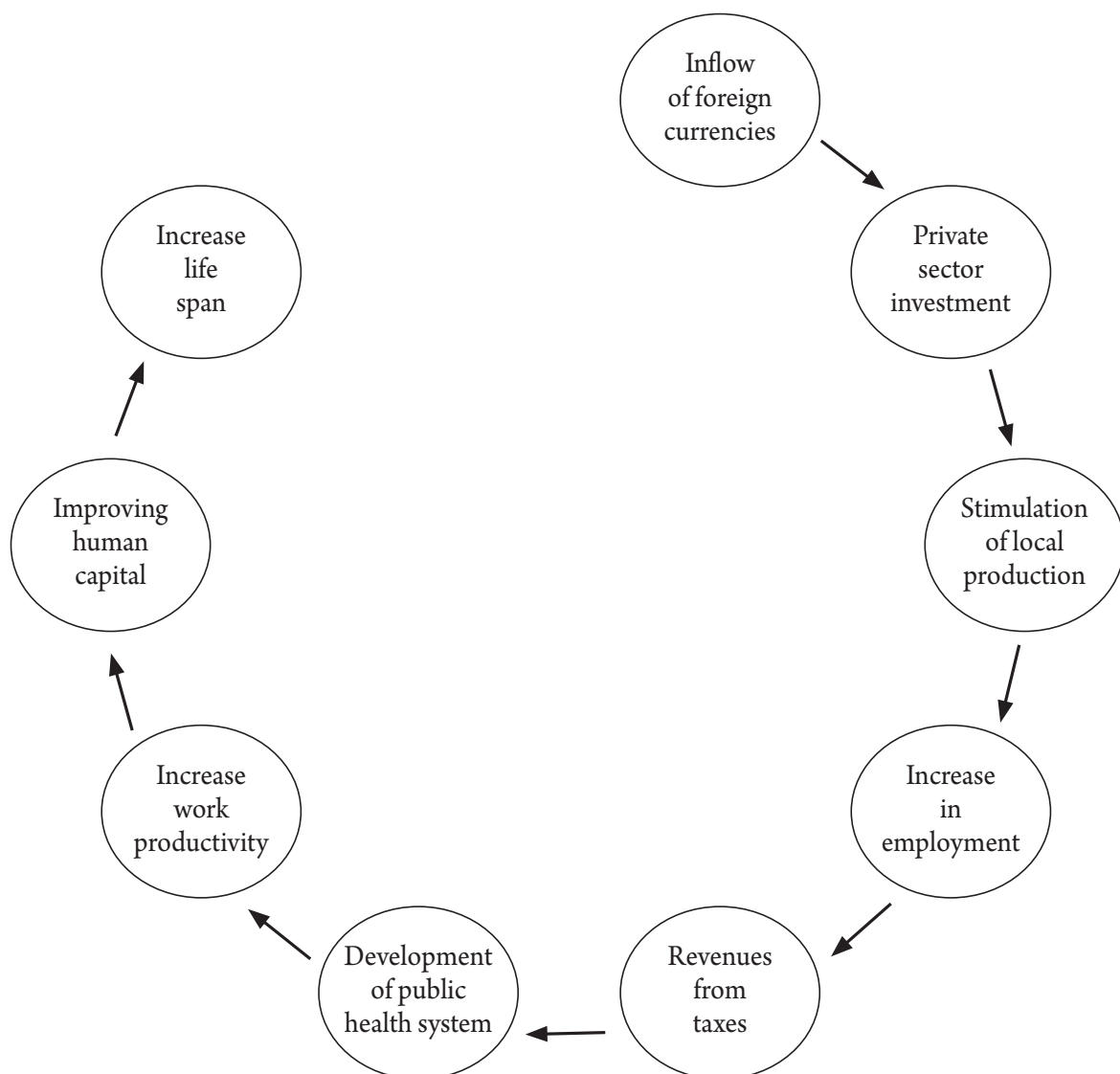
Currently, the expansion of medical tourism in Poland is mainly based on the procedures provided by commercial sector. Private owners can afford to “pur-

² www.pwc.pl/pl/artykuly/2016/10-trendow-w-polskiej-ochronie-zdrowia-na-rok-2016.html [access: 16.08.2016].

chase modern medical equipment, employ top medical specialists by offering better compensation and benefits, employ translators and advertise on foreign portals”. What’s more, they cooperate with specialized agencies involved in the organization of foreign tourists’ stay in Poland” [Markłowska-Dzierżak 2011: 50].

As shown in Figure 1, medical tourism is a source of foreign currency inflows that can be used by participating businesses or entities to invest in purchasing new equipment, hiring additional staff, modernizing facilities and furthering business development etc. The government revenue via a proportional income tax is then returned to communities and used to upgrade infrastructure, buy new equipment or improve public services; which in turn affect productivity of available human resources and lead to a healthier and longer life [Bookman & Bookman 2007: 27-28].

Figure 1. Circulation and impact of money from medical tourism on local communities



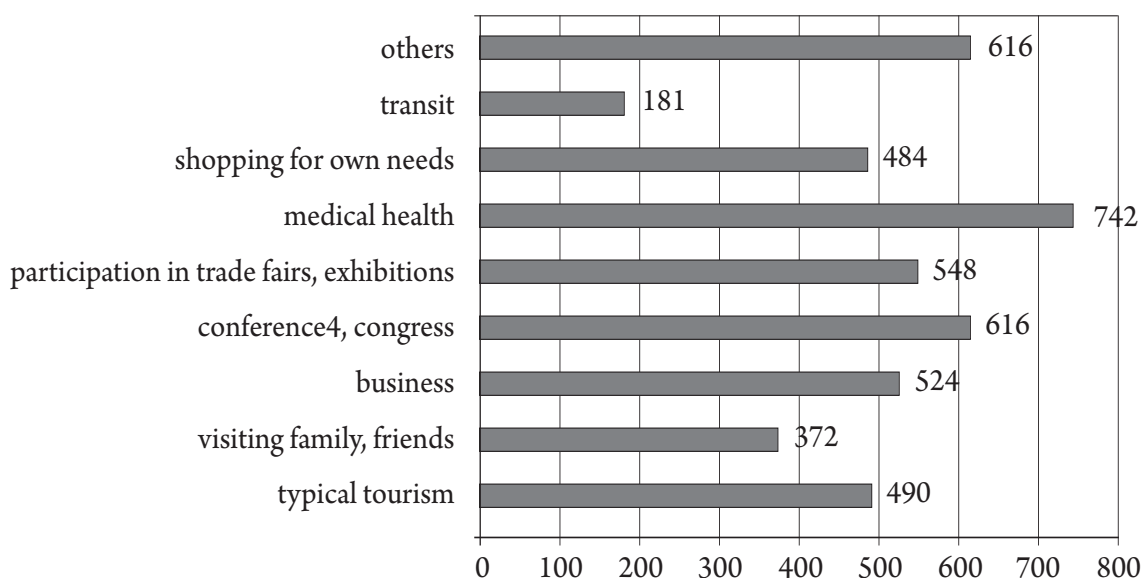
Source: own calculations based on Bookman & Bookman 2007: 27-28.

The multiplier effect in medical tourism refers to flow-on effect of tourism spending received by a tourist destination. Visitors' expenditures (foreign currencies) generate income for local community and directly impact the development of many sectors: transport, car rentals, accommodation, food (restaurants, shops), entertainment, local attractions as well as additional services such as tourist, financial and healthcare -medical, nursing, psychotherapy, hospital, clinical, laboratory, dental, prosthetic and outpatient.

In developing countries, every dollar spent by a tourist increases to 2-3 USD in production/manufacturing [Markadya, Taylor & Pedroso]. It should also be noted that there is a correlation between the range of attractions and entertainment addressed to foreign tourists and the amount of money they are willing to spend. In areas with high concentrations of tourist activities, more money is returned to the local economy [Bookman & Bookman 2007: 28]. Of course it all depends on the state of medical tourist health. On average tourists spend more than twice as much on other services as they do on accommodation [World Bank 2001].

In Poland, the majority of total tourism expenditures were mostly generated by foreign tourists who visited the country for health/medical reasons. The average tourist spent around 490 USD per day/per person while the medical tourist spent approximately 742 USD per stay/ per person (Fig. 2).

Figure 2. The average tourist spending per visit in Poland in 2015, by the purpose of trip



Source: prepared by the Department of Tourism on the basis of statistical surveys conducted by GUS-MSiT-NBP www.msport.gov.pl/statystyka-turystyka [access: 16.08.2016].

No doubt that medical tourism brings many benefits to a country's economy and local communities. The advantages can also be shared with other countries that have an *extensive economic*, trade and investment relationships [Bookman & Bookman 2007: 28]. These include:

- sending medical staff to attend seminars, workshops and trainings abroad,
- designing and building health facilities – importing goods and services from abroad,
- purchasing goods and equipment abroad,
- local people traveling abroad to obtain medical care.

Consequently, we can conclude that the development of medical tourism in a country – especially in border regions – stimulates investment, trade, tourism and promotes services, which in turn lead to increased prosperity not only in the local population. The main barrier to medical tourism growth in Poland was the absence of financial resources to support development of various services and facilities such as hotel accommodation, health resorts and spas which provide the basis for sustainable tourism. European Union structural funds played a crucial role in finding ways to solve these problems.

By the end of December 2013, the businesses and institutions involved in providing tourism services had received 4.9 billion PLN in EU grants. These grants provided financial backing for 1924 projects of a total value of over 11 billion PLN [*Fundusze europejskie...* 2014]. EU funds were also used to promote Poland and its tourist attractions (regions and cities, specific heritage sites and monuments) and helped to fund sport and cultural centers, cycling paths, conference and exhibition centers as well as the revitalization of parks and historic areas. When it comes to public hospitals, the main barrier was their inadequate infrastructure that did not meet the EU standards, the lack of legal clarity concerning e.g. cooperation between different insurance companies and uncertainty regarding the validity of some medical procedures performed in medical facilities in Poland.

The total of 395.5 million Euro from the EU funding (2009-2013), was spent on improvements of medical emergency system, building or restructuring and modernizing health care infrastructure, purchasing X-ray equipment, CT scans, angiography equipment, MRI equipment, ultrasound, defibrillators and surgical beds (which greatly accelerated and enhanced diagnostic capabilities and improved the quality of service) [*Fundusze europejskie...* 2014]. That's why we can boldly say that Poland today and 10 years ago are two completely different countries.

Medical market in Poland has a great potential. In the years 2012-2015 the Ministry of Economy ran a program to promote 15 of the national industries including medical tourism [Lubowiecki-Vikuk 2011: 125-135]. The Ministry of Infrastructure and Development will spend 4.9 million PLN (2016-2019) on

a new EU funded program that aims to promote health-related services and increase interest in Poland as medical tourism destination.

In the medical tourism industry, supply-side is represented by slightly different rules and values than the tourism industry supply-side. The expansion of modern medical tourism has a significant impact on the changes in global economy. The real difference lies in the production volume and cost of services between developed countries (e.g. The United States, Germany, Great Britain) and developing countries (e.g. Mexico, Brazil, the countries of Central and Eastern Europe).

The medical tourism industry supply-side can be defined as the total amount of medical products (goods or services) that producers (sellers) are willing and able to sell at a specified time and for a specified price. As a consequence, the bigger the number of medical facilities catering for foreigners in the area, the greater the supply of medical tourism services in the area [Rab-Przybyłowicz 2014: 36]. The key features in medical tourism supply-side are:

- better access to information (Internet),
- high qualification of medical staff attending to medical tourists,
- efficient utilization of medical services,
- simultaneity (inseparability) of supply and consumption in medical care,
- growing importance of value-added services,
- provisions for liberalized movement of persons between countries,
- supply levels determined by demand,³
- capital intensity,
- not required or lower seasonality,
- greater awareness of the environmental issues [Rab-Przybyłowicz 2014: 38].

The market demand side is defined by Wodejko [1998: 43, 47] as the size of tourist demand for tourist products or services at a specific price during a given period of time. The medical tourism industry demand-side can be described as demand for services (tourist and medical) that meet tourists' expectations before, during and after their journey, taking into account a specific price at a specific time. According to M. Grossman some determinants of demand for health services are: the price of the good or service, income and the level of education of buyers, and the price of related goods or services. Rudawska [2006: 33], based on her empirical research, added some more determinants:

- economic determinants of demand: income, price of the good and service, price of related products (including alternative) like alternative medicine products and other non-monetary factors;

³ When there is a growing demand for medical services and more medical tourists come to a clinic – the entity is able to extend working hours and offer services in non-working days of the week (e.g. Saturdays – Sundays traditionally closed for business).

- health determinants (health status);
- psychosocial determinants of demand (patient's value system e.g. their actual desire to be healthy) [Rudawska 2006].

The most important general factors that influence the medical tourism industry demand – side include: market factors (travel cost, treatment waiting time, quality of service, insurance and the type of technology used), exogenous factors (geopolitical developments, currency crisis, entry visa waiting time, disease, natural disasters that make people move to other geographical locations and work in other professions) and socio-economic factors (age, gender, social origin, education, occupation, incomes and traditions).

The motivations of people and demand for medical tourism are triggered primarily by health and economic factors, but also to a large extent, by social and psychological factors which may cause an abnormal reaction to price (Giffen paradox, Veblen effect, snob effect, imitation effect).

It is essential to underline that seasonality is not a demand factor in medical tourism as medical travel does not depend on seasons. Some patients may prefer not to travel during summer months (especially in the case of invasive surgery when healing may be compromised by high temperatures) or choose a destination with moderate climate. Since the vast majority of medical trips may take only two or three days – they become an ideal option for people with busy lifestyles (actively working) who want the least possible disruptions to their everyday life. Patients can use their time off work during e.g. public holidays in their country [Rab-Przybyłowicz 2014: 42].

The rate of growth in world demand for plastic/cosmetic surgery procedures is shaped by beauty makeover reality TV shows. The issue that also affects medical tourism demand-side is the reimbursement of medical fees. When medical bills are covered (full or partial coverage) by foreign insurers- the price and income elasticity are lower than in situations where patient self-pays for medical treatments – the price elasticity and income are higher. It is necessary to add that the nature of the medical service itself plays a significant role.

Lifesaving treatments (especially with long waiting periods in patient's country) will be characterized by lower demand elasticity than the treatments related to the improvement of body aesthetics or dental services, demand for which is strongly dependent on changes in the level of income [Altkorn 2002: 23-25].

It is worth mentioning that there could be severe financial consequences for publicly funded healthcare system in patient's country of origin, related to emergency rehabilitation, treatments to improve bad surgeries or deal with complications from surgeries in a medical tourism destination/country [Healy 2009: 125-127]. This also applies to e.g. health and social costs being a result of multiple pregnancies from invitro fertilization completed abroad [Ledger 2006]. On the top of that, there are cases of viral infections, contracted when traveling to exotic

corners of the globe and brought back to home country where the cost of treatment must be covered by patient's country health system [Newman, Camberos & Ascherman 2005].

According to some authors, the forecasts for the year 2016 are quite pessimistic. I. Youngman [2016] believes that in 2016, the growth in medical travel worldwide may amount only to 3% due to unstable political situation and the threat of terrorist attacks. 15% of people probably will not travel abroad, and instead will take advantage of domestic tourism offers; another 25% will travel only to places they consider safe. It is difficult not to agree with Youngman. The tense situation in many European countries (geopolitical situation and migrant crisis) contributed to a record domestic travel in Poland, resulting in an impressive 90% occupancy rate⁴ across hotels and resorts in Poland and stimulated the interests of Polish people in medical services. Changes in demand for tourism services may occur independently of any human control. Political events, natural disasters, catastrophes, terrorist activities are only some of the factors affecting demand for tourism including medical tourism in a country or region.

3. The social aspect of medical tourism development

We live in the age of mutual economic and social interdependence. Economic development generates resources that can be used to improve social progress, but at the same time it depends on the components of social progress. Consequently it is not always possible to clearly see the difference between economic and social development⁵. For example, in resource-based economy, an investment into development of human capital of the local labor market will stimulate effective growth of both, economic progress and social progress. On the micro level of social phenomena, the primary focus of local development has been directed at improving health and standards of living in the community.

Standards of living depend solely on the income that allows meeting basic needs and contributes to wealth creation. Quality of life in turn, is created by the quantity and quality of local facilities (social, recreational and cultural) and services that fulfill community needs. In the latter aspect, the social progress re-

⁴ Rekordowe wakacje! Polska przeżyła turystyczne oblężenie, www.telewizjapolska24.pl/PL-H23/3/1230/rekordowe-wakacje-polska-przezyla-turystyczne-oblezenie.html [access: 16.08.2016].

⁵ It should be clarified that the concept of social development adopted for the purposes of this study is different from the wide interpretation of this concept on the basis of social philosophy or sociology, where social development, in principle, mean the overall development.

lates primarily to positive changes in social infrastructure, such as health and social care, education, culture, sports and recreation [Kudłacz 2007: 111].

Human capital is an integral part of medical tourism market [Lubowiecki-Vikuk & Rab-Przybyłowicz 2015]. Employees and their talents are the backbone of any company. Their personalities and attitudes to work, the way they relate to other employees and clients are the most important factors in building a business image. And to preserve that positive business image they should, regardless of their professional hierarchy, meet or exceed clients' expectations – an important step in creating loyal clients [Schwan & Seipel 1997: 7].

Interpersonal skills of medical personnel, especially empathy and ability to read body language and gestures as well as verbal communications, will positively highlight medical tourist's perception and satisfaction with services. Intermediaries or medical tourism consultants fall into the category of personnel, who working with doctors, get to know their qualifications, competence and achievements [Rab-Przybyłowicz & Lubowiecki-Vikuk 2014]. This is important because, as research indicates, patients are becoming more demanding by changing their mentality and approach from "I managed to get to the doctor" to "I want to get to a very good doctor and clinic, which provides good quality care". The evolution of the patient is an ongoing to progress. Patients' expectations of the quality of service will drive the competitiveness between service providers. Currently, the best medical tourism providers who have foreseen the inevitability of changes, have gained the greatest competitive advantage, in terms of patients covered by National Health Fund or by private insurance or self-paying patients.⁶

Companies are becoming increasingly more aware of the vital role of cooperation and inter-organizational relationships in generating more value from a strong digital presence that improves competitive context for direct competitors in sharing the benefits [Brandenburger & Nalebuff 1996]. Competition is a business strategy where businesses of all shapes and sizes are forming co-working arrangements, enabling them to become stronger competitors in the process. Competition combines two forces: the pressure of competition and the desire for cooperation. It symbolizes joint activity of business which at the same time remains in competitive relationships.⁷

In medical tourism, the companies that combine resources to create package offers (medical, paramedical, food, recreational, cultural and others), have to make sure the client receives a similar level of service or experience from every involved partner. It requires training, cooperation and engagement of employees to

⁶ www.pwc.pl/pl/artykuly/2016/10-trendow-w-polskiej-ochronie-zdrowia-na-rok-2016.html [access: 16.08.2016].

⁷ The phenomenon of coopetition has been extensively studied by some European research centers, especially from Italy, France, Sweden and Finland [Rogalski 2012: 157-159].

deliver positive benefits to participating businesses. Selecting partners for business collaboration is primarily driven by the business owners' personal experiences, business connections, family-business ties or the clients' opinion about other business.⁸ The innovative ways to pool resources, create economic opportunities to offer highly individualized products/services that stand out to consumers. At the same time, it becomes a kind of guarantee of commitment to the highest standards of quality and service and employee engagement. What makes it even more essential is the fact that lately, market success very much depends on the abilities to supply products and services that stimulate senses and involve emotions – the exact components of medical tourist expectations and anticipated experience; a combination of perceived value and quality that will affect the tourist's overall satisfaction and trip evaluation.

When it comes to serving medical tourists, focusing on selected segments within individual nations helps to identify and understand their values, making it much easier to offer products that will be recognized as attractive and beneficial. Therefore, many tourist destinations attempt to find the connections between nations by promoting cultural heritage and awareness of the past. In Poland, this is particularly evident in relation to German and Scandinavian tourists. Walking in the footsteps of their ancestors, visiting the pre-war German territories, learning about famous or notable people who lived in a city (Catherine II the Empress of Russia in Szczecin) visiting places of martyrdom, Cistercians trails, Teutonic Knights and Vikings sites are just a few examples of rich historical connections. It's hard not to agree with Turner [2007] that in medical travels, a cultural appeal will be of marginal significance for some tourists while for the others it may be an important element of consumer decision-making [Turner 2007]. The social impact of tourism is visible in the tendency to imitate foreign tourists' consumption patterns (certain goods and services at the source of their distribution).

Domestic clinics that cater to foreign patients may to some extent expect that patients will adjust to prevailing cultural standards in Poland. The basic cross-cultural awareness and knowledge are largely confined to etiquette and manners (e.g. not to offend or upset the other person) and the ability to successfully negotiate across cultures. The representatives of medical business sector should see the cultural differences as a source of inspiration, new knowledge and experience. Developing intercultural skills or intercultural competence will accommodate cultural differences and create a cycle of mutual benefits for all parties involved, and especially for the business [Lubowiecki-Vikuk & Gnusowski 2016].

⁸ Business owners as consumers, buy products from other businesses and visit centers, institutions, hotels and spas. When receiving satisfactory service they are happy to recommend other businesses or places; and in the context of business cooperation in creating a package of services – they may turn to those businesses they were impressed with.

Employing excellent staff, paying attention to detail and working towards the same goal become even more essential because the coordinated and comprehensive care of patients (especially foreign patients) require all medical entities that offer medical package deals to take reasonable steps to ensure not only the quality of individual procedures but of the whole package.

Medical tourists' opinions about the clinic, city or country (hence about the quality of medical package) are linked with their interaction with personnel and satisfaction from all elements of the entire service chain. Understanding tourists' expectations can enhance their overall satisfaction level.

The doctor–patient relationship has been and remains a keystone of care. It has become apparent that the attention paid to patients is as important as the clinic's medical technology and infrastructure or the skills/certifications of doctors working there. Reliable medical knowledge, the patient and the doctor dialogue about a proposed medical treatment's nature and acts of kindness and empathy to patients are often cited as the most valuable qualities. According to some patients, they have never experienced this kind of relationship before, especially in their home country (Scandinavian patients – Danish, Norwegian and Swedish). A sense of warmth, openness and cooperation build a pleasant experience for patients and keep them coming back for more.

Medical tourists often travel with their companions. Especially German and Danish pensioners happily choose to travel to destinations where they can meet other compatriots. They feel comfortable in such places. Therefore, in almost every Polish town or city, there are hotels which have been frequently visited by the Germans, English and Scandinavians. Occasionally, to make their guests' stay even more enjoyable, the management of these hotels introduces some minor changes in the room set up and equipment, hotel lobby, restaurant/bar area, adjust menu, re-organize schedules (meal serving times) and include attractions and entertainment (all in the price of stay) such as bingo, jazz concerts, wine tasting, cooking with the chef, dance lessons etc.). Satisfied guests become loyal guests who will return to a place and refer it to others.

Development of medical tourism brings many social benefits. Local communities learn to become more tolerant, open and accepting of other nations and cultures. Casual encounters stimulate the exchange of experiences, informal education and change views and opinions. The expansion of professional medical services produces great opportunities for developing countries to improve their national health care facilities. The internationalization of this sector leads to the creation of well-paid jobs, brings considerable income to local business and employees, contributes to the growth of revenues from the export of services and has a beneficial effect on current financial accounts [Liberska 2012].

Individual providers and businesses directly involved in tourism – such as the owners of tourist and recreation facilities, food outlets, transport and other tour-

ism-related activities; are gaining skills and abilities to improve the overall quality of products and services related to tourism. For example, people in local communities learn foreign languages, study management or accounting techniques, the rules of law, economics or trade and take part in trainings. Participation in the tourism industry trainings increases the level of employment and improves the quality of tourism product [Wodejko 1998: 1008].

Local communities are mobilizing forces to modernize and developed local infrastructure, renovate historic buildings and give them new functions. Of course, active social participation of local population also means seeking more jobs in the tourism sector. In less developed countries work in the tourism sector is often seen as prestigious, which further increases the level of local participation. Tourist traffic significantly improves local economy and standards of living and increases local residents' commitment and/or intention to stay and continue residing in a destination. This reduces the outflow of people to other places, activates tourism workforce and stimulates ongoing professional development.

4. Medical tourist as *homo socio-economicus*

The classic interpretation of *homo economicus*⁹ represents the idea that all human decisions are based on rational calculations, that economic man [Wach 2010: 82-83] acts with rationality when choosing and aims to increase either pleasure or profit [Adamkiewicz-Drwiłło 2008: 234]. *Homo economicus* is a fundamental social unit, a person that first of all desires to maximize his/her needs but at the same time, generally follows the acceptable rules and social norms, acquired through a process of socialization.

If we analyze *homo economicus* as *homo satisfaciendus*, a person who make choices based on bounded rationality unable to maximize utility functions, is bound to make satisficing choices [Przybyła 2010: 75]. According to Simon, individual is not able to assimilate and digest all the information needed to make optimal decisions therefore he/she is forced to make sub-optimal decisions, which are acceptable [Stankiewicz 2000: 430]. Simon presents concept of rationality as two of its principal definitions: bounded rationality- the outcome of the

⁹ The concept of economic man was probably first used the J. Ingram in his work: A History of Political Economy, in relation to the construction of economic man, formulated by J.S. Mill in his article *On the Definition of Political Economy; and on the Method of Investigation Proper to It* and A. Smith in *An Inquiry into the Nature and Causes of the Wealth of Nations*. While the Latin concept of *homo economicus* was first used by W. Pareto in *Manual of Political Economy*.

decision and, procedural rationality – the decision making process including current conditions and limitations [Stankiewicz 2000: 430].

The concept of *socio-homo economicus*, referred to by Lindenberg as RREEMM (resourceful, restricted, expecting, evaluating, maximizing man [Lindenberg 1990: 739]), was created by merging concepts of *homo economicus* and *homo sociologicus*. *Homo sociologicus* was created in order to prove that individuals do not always make decisions that fit the rigid terms of economic rationality. Often, in fact individuals make decisions on the basis of non-economic factors, confirmed by the existence of Veblen paradox in medical tourism and the phenomenon of conspicuous consumption or the snob effect called Giffen paradox [Wojcieszka 2014].

Veblen paradox is associated with the consumption of luxurious goods (demonstration effect) especially visible in wealthy individuals (usually middle-class) that do not use the clinics, beauty farms or spa salons in their country of residence but prefer foreign facilities where the quality of services is similar to that in their country. Such demonstration effect in consumption indicates material status of individuals and opportunity to display their wealth giving them the sense of self-worth [Rab-Przybyłowicz 2014: 40]. Mobility of medical patients is visible in economically developing countries – but not in the poor countries [Connell 2010: 3].

Giffen paradox lies in the growth of demand for necessities (rigid demand). For example, an obsessive attention to physical appearance may cause addiction to regular Botox or hyaluronic acid injections. If there is an increase in price, the clients do not resign from having a treatment but instead they might start looking for less expensive suppliers in another country/border area.

Contemporary *homo socio-economicus* is an individual of limited rationality, who however, is trying to make the best and the most accurate decisions based on limited resources [Wojcieszka 2014]. According to E.J. O’Boyle, the emergence of “socio-economic human” is a natural consequence of the development of the information society as a result of the massification of media and information. Moreover, “socio-economic human” has the characteristics of both individual and social beings, as evidenced by the example of *homo socio-economicus* playing the dual role as consumer and producer [O’Boyle 1994].

Modern human is guided by both rationality and social norms when making certain choices. But his behavior, and thus his rationality are limited by many factors. The non-economic limitations e.g. psychological, sociological or environmental include: subjectivity, perception, knowledge, intellect, emotional state, feelings, preferences, tastes, beliefs, religion, social norms, and internal standards of conduct, social and professional status, motivation, and even desires [Wojcieszka 2014].

Rational motives of modern medical tourist as homo socio-economicus are mainly based on a bundle of benefits that can be obtained from traveling to a carefully selected tourist destination, clinic or medical center. Medical tourists expect medical services of a comparable or higher quality than at home, at relatively lower price. They are aware of their own needs and preferences and at the same time, they are curious and open for novelties.

They devote much more time and resources, especially when it comes to serious illness, to find a renowned institution that provides services of the highest quality. Consequently, they have elevated expectations of care and put more demands on medical staff. They want to be better informed about the state of their health and have a greater impact on the course of treatment [Rab-Przybyłowicz 2014: 179].

Medical tourists are full of contradictions, inconsistencies, disharmony, controversies and tensions, just like the world they live in. They react rationally as well as spontaneously to new products and embrace new opportunities; and sometimes attempt to create or develop new goods and services themselves. There is a difficulty in giving an unambiguous characterization of medical tourists, seeing that they are men and women, young and old, better and less educated, from villages and large cities and different regions of the world – the real *socio-homo economicus*.

5. Trends in medical tourism development

The world is shifting rapidly and the pace of change is only increasing. As the world changes, so do the needs and tastes of people from around the world. Therefore, the marketing approach to medical tourism has to transform as well. There is a noticeable increase in the use of cultural aspects to attract patients. It means that clinics do not longer tempt patients just with high quality at low price and videos of surgeries that emphasize medical technology – but by referring to cultural values of the patient's country of origin, they attempt to create binders that connect patient with offers. From the point of view of medical tourism development, the most important trends are presented in Table 1.

While the phenomena and trends described in this article, do not exhaust the entire list of medical tourism basics, they highlight the importance of processes that are already happening in the tourist market. Although modern techniques of communication and connectivity offer great opportunities to create and sell attractive tourist products (businesses or destinations), it requires the managements to adapt their strategy to meet the evolved business environment and new market conditions.

Table 1. Trends in medical tourism development

| Trends | Description |
|---|--|
| Increase in bookings made directly with hospitals, will decrease the role of intermediaries | Clients, who travel outside of their country for the first time, often decide to use a broker / medical consultant due to the lack of experience or poor knowledge of foreign language. After gaining first-hand experience and establishing contacts with a clinic, they often bypass brokers on the next visit. |
| Increase popularity of traveling for fertility treatments | Infertility has been recognized by the WHO as a disease of civilization; and in-vitro is one of the treatments. Couples over 40 travel to receive in-vitro treatment which is sometimes motivated by lower price or high success rate and sometimes by the need for the change of scenery or return to their roots. Some clinic in Poland received couples (of Polish origin) from as far as Australia. |
| Offering memorable medical tourism packages (Emotional Branding) | Enterprises that offer package deals must take reasonable steps to ensure that patients receive the same high quality service from every participating business. It requires training, cooperation and harmonizing activities of employees from cooperating businesses. Market success depends on the ability to provide products that can stimulate senses and involve emotions; the sum of these components plus patients' experiences and satisfaction from achieving pre-travel goals will impact their opinions and affects recommendations |
| Development of telemedicine | Telemedicine services can provide a significant competitive advantage especially in the care of people who have to travel long distances to a clinic or hospital. Teleconsultations/ interviews allow for pre-qualifying patients, addressing some pre-treatment preparations (e.g. dental treatment before plastic surgery) or presenting the results of medical tests that will help doctors located on distant continents, to diagnose without exposing patient to the arduous journey. |
| Doctors become better equipped to treat domestic and foreign patients | The increasing number of mobile patients improves medical administration and doctors' readiness to serve foreigners. The language barrier makes it difficult to prepare medical forms, prescriptions, admissions cards and other medical records, it is an obstacle that stops many medical entities from entering the international market of medical tourism. Introduction of internationally comparable education system for specialists and conditions for obtaining certificates and professional licenses would reduce the existing procedural barriers. |
| Multidisciplinary tourism/Touristification of medical tourism | With the increase in the number of clients who demand more holistic, natural and less toxic, less invasive treatments, there will be increase in the number of medi-spas in hotels, offering basic diagnostic tests, consultations with dieticians, physiotherapists, doctors or cosmetologists. It is clear how tourism has interacted with health care. The presence of foreigners in a medical entity is not only associated with new technologies and treatments but also with the ability to provide service, understand needs and accommodate patients' companion. |

Table 1 – cont.

| | |
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| The emergence of new destinations on the map of global medical tourism | Construction of airports, high-speed railways, fast routes to smaller towns, which were not very well connected, create the opportunity to develop completely new destinations. Direct flights guarantee greater comfort and shorter travel times, which in case of medical tourists returning home after invasive surgery – is important. |
| The growing importance of online tools for the assessment of doctors and the effectiveness of their treatments | The Internet has become a tool for effective time management, more personalized and more spontaneous travel that can include a larger number of alternative offers. Mobile phones give access not only to tourist guides but also clinics or medical facilities that service patients on the go. Internet tools allow patients to share their experiences of stay at hospitals/clinics, opinions about treatment process and its effectiveness. Therefore, these experiences begin to play even more important role than advertising or promotions. |
| Medical tourism packages with price guarantee | More and more intermediate agents and clinics / hospitals around the world, prepare itineraries for medical tourism travel that include tourist offers and packages for accompanying persons; that allow for a precise estimation of the cost of traveling to the most distant destinations. |
| Global aging | By 2025, the number of travelers aged 65+ will have doubled and medical travel will be one of the eight most important motivations for movement. Older travelers can afford longer trips in more comfortable conditions and take care of their health in more or less invasive way. This trend is likely to continue. |

Source: own research based on Botterill, Pennings & Mainil 2013; www.mtqua.org/2016/02/24/7-medical-tourism-trends-2016/ [access: 16.08.2016].

6. Conclusions

In the past, supply has always dictated demand, while today the situation is reversed. The growing market saturation and confidence of consumers with higher disposable income and more time for leisure activities, shape the profitability of service providers in the tourism industry. Cooperation with other entities is essential, not only to meet the expectations of patients/medical tourists but also to compete with other entities in Poland or in Europe (particularly those from the Czech Republic and Hungary).

When predicting further trends in medical tourism we should take into account many different factors, for example: the abovementioned costs and quality of medical services, distance, attractiveness of tourist destinations in terms of natural and cultural resources and infrastructure, technological development, medical personnel skills, organizational and legal issues (including speed of execution in offered medical services), moral, religious, ethical and others. It should

also be noted that currently there is a strong reliance of demand for tourist and medical services motivated by factors such as: lifestyle, quality and standard of living, fashionable search for health and body aesthetics (preserving youth), the progress of civilization and extensively discussed, the effects of globalization.

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Trendy i społeczno-ekonomiczne aspekty rozwoju turystyki medycznej w Polsce

Streszczenie. We współczesnym świecie wzrost znaczenia turystyki przejawia się na wielu płaszczyznach funkcjonowania systemu społecznego jak i ekonomicznego, tworząc silny wpływ na gospodarkę, środowisko przyrodnicze oraz jakość i styl życia człowieka. Turysta medyczny występujący w roli podmiotu podróżowania, dokonując wyboru placówki medycznej, w której chce poddać się zabiegowi/leczeniu a następnie wyjeżdżając do niej, realizuje cele o różnorodnym charakterze, np. zdrowotnym, poznawczym czy kulturalnym, zaspokajając swoje liczne potrzeby a jednocześnie, nieświadomie, kształtuje on pewne zachowania społeczności lokalnej danego obszaru turystycznego.

Słowa kluczowe: Polska, turystyka medyczna, socjoekonomiczne rozważania