

Encouraging Intersectoral Collaboration to Promote Medical Tourism in South Africa

Michaëlle Deonarain and Renitha Rampersad

Cape Peninsula University of Technology, Cape Town, South Africa

deonarainm@cput.ac.za

rampersadr@cput.ac.za

Abstract: Rebuilding is a prominent theme in a post pandemic era where economies are looking to attract all opportunities to recover. Tourism has always been a key driver to boost economies particularly in countries which are rich in cultural diversity and natural beauty. South Africa, which already has a thriving tourism industry, has seen an increase in medical tourists who are motivated by the desire to avoid high healthcare costs, long wait times for services and specific procedures that are not offered in their own countries. South Africa's private healthcare system is world-class for medical tourism because it is supported by a thriving medical insurance market. The rise of medical tourism in South Africa has stemmed from synergies formed with the private sector healthcare system because of the growth of tourism. Currently, only private sector hospitals are involved in rendering services related to medical tourism. The current rollout of the National Health Insurance (NHI) poses as an opportunity for the public healthcare sector to also benefit from the revenue generated by medical tourism, however there are challenges that exist that must be alleviated.

This paper will begin with an overview of the medical tourism and healthcare sectors in South Africa based on secondary research conducted. Thereafter the empirical data highlighting challenges experienced at selected public central hospitals in South Africa will be presented. The paper will then explore the collaboration potential of the tourism and healthcare industries to overcome the challenges presented. Recommendations will be contributory in highlighting the need for revenue to restore trust in the public healthcare sector and boost medical tourism.

The empirical study, through adopting a descriptive exploratory paradigm, emphasises the quantitative method used to gather data from a purposive sample with the use of a questionnaire. Data collected from 322 respondents revealed that the daily challenges, underpinned by a severe lack of funding at the selected public central hospitals in South Africa, inhibit high quality service delivery, making the public healthcare sector an undesirable option for medical tourism.

Keywords: Health and medical tourism, South African Tourism, Public healthcare, Private health care, National insurance fund, post pandemic.

1. Introduction

Tourism has historically been utilised as a tactical instrument to aggressively promote economic growth through employment creation, which ultimately results in the improvement of community livelihoods. However, due to the introduction of COVID-19 restrictions in 2020, governments were forced to put national lockdowns in place, implementing border closures, travel bans, the ban on large gatherings, and the suspension and cancellation "super-spreader" events (KPMG, 2020). With substantial losses in global tourism revenues, these measures posed significant challenges to the world's tourism industry. Because tourism had been classified as a "nonessential service", restrictions on travellers' movements put the industry at risk for declining employment, travel confidence, and viability resulting in lower tourist numbers.

Lower tourist numbers, greater unemployment rates, decreased investment and lower tax revenues exacerbated socioeconomic conditions and pushed mainly developing nations into a more fragile state. One of the most important lessons from previous pandemics is that, as part of a proactive strategic response plan, intersectoral communication needs to be triggered between important tourism and hospitality players and the local and regional public health authorities (Musavengane, Leonard & Mureyani, 2022). Since the pandemic impacted on the healthcare system, recommendations to focus on strengthening current health systems using multisectoral approaches and obtain long-term commitment from all stakeholders were made (WHO, 2022). The pre-pandemic weaknesses in the healthcare sectors such as public and private sector inequality, financial sustainability issues, lack of resources, outdated data and digital health systems were aggravated during the pandemic (WHO, 2022). In addition to the COVID-19 pandemic, other illnesses including HIV/AIDS, monkey pox and tuberculosis have brought attention to the numerous shortcomings and inadequacies experienced by South Africa's already failing healthcare system. Additionally, the high rates of maternity and infant mortality, violence and injury, cardiovascular disease, diabetes, chronic respiratory diseases and cancer have all had a devastating impact on healthcare systems (Maphumulo and Bhengu, 2019). Significant differences between the public and private healthcare sectors were also brought to light, widening the wealth disparity in South Africa even further.

In addition to evaluating the challenges that impede the provision of healthcare services and could hinder the expansion of the medical tourism sector, this paper will investigate the potential of medical tourism as a strategic tool to enhance South Africa's tourism and healthcare sectors. The challenges that will be emphasised are those relating to strategy implementation, confusion with responsibility and financing scarcity, all of which have a ripple effect on the healthcare system holistically. Insufficient funding causes a shortage of material and human resources, which exacerbates overcrowding, poor infection control, and long wait times.

Additionally, the paper reviews health and medical tourism secondary literature to present an argument for the development of the industry, and the identification of challenges to the growth of health tourism. The empirical study will highlight challenges experienced by the South African healthcare sector hoping to level out the playing field when competing with the South African private healthcare sector for medical tourists. South Africans may engage in outbound medical tourism because of the challenges. Large-scale investments in the health sector have the potential to significantly enhance incoming medical tourism and lower the cost of healthcare for all South Africans.

In doing so, the following section considers current trends identified in the tourism and healthcare sectors in the South African context.

2. The Tourism Industry in South Africa

Battered economies post covid turned to tourism as a means to diversify their economies and attract revenue to increase their GDP. However, pre and post Covid-19, the South African tourism industry has been a global leader in using tourism to create jobs, attract investment, foreign exchange and diversify the economy (Henama, 2014). Following a sharp decline in visitor arrivals in 2020 and 2021, South Africa is now welcoming an increased number of tourists. According to Statistics South Africa's Tourism 2022 report, the number of visitors fell by 19,5% between 2020 and 2021 and by 72,6% between 2019 and 2020, from 10 228 593 to 2 802 320. From 2 255 699 travellers in 2021 to 5 698 062 tourists in 2022, the number of tourists climbed by 152,6%. The number of visitors increased gradually from January to December 2022, but it is still 44,3% below the pre-pandemic year of 2019. Due to South Africa's expanding tourism industry, a number of "special" tourism niches have emerged, including ecotourism, cultural tourism, adventure tourism, business tourism, sports tourism and event tourism. This paper will focus on medical tourism.

The medical tourism industry is flourishing globally, which benefits the destination country (Orekoya & Oduyoye, 2018 and Campora, Riva, Oricchio & Brescia, 2022). By 2025, the size of the global medical tourism market is anticipated to be USD 131.35 billion, growing at an average annual rate of 20%. When medical tourism occurs, a sizeable sum of money from the departing country is lost which could have provided income for the home country (Orekoya & Oduyoye, 2018) and improving the South African healthcare sector will prevent outbound medical tourism in South Africa.

In South Africa, medical tourism is one of the fastest growing industries in the country, with Cape Town serving as the continent's premier medical destination (Wesgro, 2018). South Africa has made significant progress in the medical tourism sector, with estimates indicating that between 300,000 and 350,000 visitors from all across Africa visited South Africa for medical treatment in 2012. In 2016, South Africa received 1.8% of international tourists who came to the country for medical reasons. However, the proportion of tourists has declined from 2.3% in 2014. Current statistics show that 24 006 visitors arrived in the country for medical reasons between 2018 and 2022. The numbers fell due to the pandemic, but they are rapidly rising (Wesgro, 2018). Majority of tourists who travel to South Africa for medical tourism arrive in November and 31% of those arriving for medical care are from the United Kingdom (UK), 40.2% are from Botswana, and 16% are from Kenya (StatsSA, 2022).

The practise of seeking medical care outside the home region is referred to by a variety of names, including medical tourism, health tourism, wellness tourism, transplant tourism, reproductive tourism abortion and dental tourism (Bagga, Vishnoi, Jain & Sharma, 2020). Campora et al. (2022) differentiated medical tourism from health tourism by emphasizing that medical tourism include medical or surgical interventions such as dentistry, cardiac surgery or cosmetic surgery while simultaneously being holidaymakers (Kim, Arcodia & Kim, 2019) whereas health tourism entails non-medical interventions such as enjoying a spa, visiting hot springs or receiving massages. Orekoya & Oduyoye (2018) added that medical tourism involves patients who travel away from the home, sometimes outside of their country of origin for the purpose of accessing medical care services.

Medical tourism has huge potential as one of the fastest growing sub-sections of the tourism industry (Henama, 2014 and Bagga et al., 2020). There is an increasing number of medical tourists travelling from developed to

developing countries due to the increased disposable income in developed countries which facilitates the purchasing of services in developing countries where the pricing is very competitive (Kim et al., 2019). For example, 11,8% of medical tourists to SA arrive from the US (StatsSA, 2022). The reasons cited include expensive treatment costs, long waiting times to access medical services, serious health insurance problems, and out-of-pocket expenses for elective surgery, expensive health insurance fees and the high procedure costs. Additionally, 31% of the medical tourists who arrive from the UK (StatsSA, 2022) and 2.6% who arrive from Canada (StatsSA, 2022) are exposed to a lack of timely access to elective procedures, although both countries provide universal healthcare coverage. This lack of timeliness motivates residents to participate in medical tourism. However, it is not just inconvenient healthcare systems in developed countries that are leading to the growth of the medical tourism industry; other factors are also important, such as the serious growth in aging populations, the development of the Internet, the affordability of overseas transportation, improved standards in international healthcare, multilateral trade agreement and legal issues regarding certain procedures (Capra et al., 2022, Kim et al., 2019 and Henama, 2014). These characteristics are comparable with the results of this study, suggesting that South Africans might partake in outbound medical tourism. Huge investment in the health sector can drastically improve inbound medical tourism and make health care services affordable to all South Africans.

The medical tourism market is currently being contested by 28 nations across the globe (Kim et al., 2019) with South Africa being the only competitor in Africa (Musavengane, Leonard & Mureyani, 2022). Negative perceptions of healthcare in developing nations and the presumption that low prices equal low quality are two obstacles to the sector's growth. In response, hospitals and other healthcare facilities have attempted to obtain international accreditation to demonstrate the quality of their systems (Henama, 2014 and Bagga et al., 2020). In South Africa, barriers to growth is only applicable to the public sector as the private sector boasts high costs and high quality supported by a robust medical insurance market. South Africa's private healthcare sector assists the country to meet the criteria of an ideal medical destination due to availability of world-class medical facilities, medical expertise, top-notch medical tourism infrastructure coupled with destination appeal, culture and communication convenience (Campra, Riva, Oricchio and Brescia, 2022). Before picking a medical tourism location, travellers should be well-informed and current on country-specific advancements, technology and medical inventions and innovations, security and privacy provisions (Kim et al., 2019 and Bagga et al., 2020).

Additionally, South Africa is being promoted as a "surgery and safari" or "sea, sun, and surgery" trip by medical tourism agencies. However, a competent healthcare system with the expertise and resources to make the trip worthwhile is necessary for medical tourism to prosper (Bagga et al., 2020) particularly in South Africa which is maintained by a failing public sector and a thriving private healthcare industry. Combining the public and private sectors may produce a powerful synergy that would expand the medical tourism industry and revitalise the public healthcare sector. The trend of patients frequently travelling abroad for medical care, helps the health care sector in the destination country expand (Orekoya and Oduyoye, 2018).

3. The Healthcare Sector in South Africa

Section 27 of the Constitution, states that every person has the right to access health care services and no person may be refused emergency treatment. Furthermore, in relation to health care services, the government must respect the right to access to health care services by providing fair and reasonable access. The government must also protect and promote the development of frameworks to create the necessary conditions for people to access health care (The Constitution of the Republic of South Africa, 1996).

3.1 Private vs Public

The healthcare sector in South Africa is divided into public and private sector. While the private sector enjoys the freedom of charging high rates to their patients to facilitate up to standard operations, the public healthcare sector been an object for scrutiny over the past 30 years. Many authors discuss the highly fragmented and discriminatory nature of the healthcare sector during the apartheid regime and link current issues to historical inequalities experienced (Maphumulo and Bhengu, 2019). However, it is now almost 30 years post-apartheid, and such credits should be seen as excuses (Sithole and Mathonsi, 2015). The WHO (2018) emphasised the value of acknowledging the presence of both governmental and nongovernmental sectors in a country. The private healthcare sector in SA has seen substantial growth which was a market response to the declining standards in the public domain. People with medical insurance prefer to utilise the private health sector due to the availability of highly skilled health care providers, accessibility and no time wasting. Although private health insurance is pricey, the benefits of private healthcare include quick wait times, high-quality care, superior facilities,

appropriate resources, appointments that are not hurried, and the use of effective disease control and prevention techniques. The drawbacks of private healthcare include its high cost, and requirement that patients foot the bill for doctor appointments, prescription medications, and supplementary equipment like wheelchairs or crutches. Public healthcare is used by people who can afford to purchase private insurance (Young, 2016).

The government health care sector caters for a higher percentage of the population. Public health care is available to all citizens for free even if they do not have any formal health insurance plans. At least 82 out of every 100 South Africans do not have health insurance and are therefore exclusively dependent on public healthcare (Jiyane, 2020, International Citizens Insurance, 2023). This places a heavy load on the already overworked public health system, which is characterised by a lack of staff, crowding, lengthy waiting times, a lack of medication, and infrastructure that has deteriorated (Mukwena and Manyisa, 2022). Public health is characterised by low quality, longer waiting periods and crowded conditions. Pre-existing problems such as poor hygiene, poor infection control measures and high patient-to-staff ratios lead to a disquieting observation that patients who arrive for care at a public healthcare facility may put themselves at further risk of getting infected with some other disease or virus. Overcrowding may lead to issues such as poor waste management and poor handwashing techniques, strain on aging amenities such as bathrooms, inadequate environmental cleaning, inter-hospital transfer of patients with drug-resistant infections and inadequate disinfection of medical equipment. Resultant issues include a longer and more expensive stay in hospital for the patients but an increased chance of death of patients leading to an increase in the number of litigation cases.

The South African public healthcare system is divided into three levels of health services. Primary care facilities are the first point of contact for patients which provides an initial assessment of the patient. The first level is the primary healthcare clinic. These primary care clinics are mostly staffed with nurses providing community health services. The second level are the district hospitals where patients can be tested, and minor procedures can be performed here. The third level which is much bigger in terms of technology and infrastructure are the tertiary, central and specialist hospitals where advanced technologies are available for major surgeries and specialist treatments. Only patients with serious conditions are referred to the tertiary/central/specialist hospitals. These hospitals have been designated to handle larger numbers of patients with more complex health issues due to its involvement with training, research and innovation. The third level typically receives additional funding from government (NDoH, 2012) and may be suitable for inclusion in the medical tourism arena.

Funding is separated according to three levels. The public healthcare sector is decentralised and is organised into three levels which are national, provincial and local government (Maphumulo and Bhengu, 2019). There is a decentralized distribution of funds from government to local municipalities, giving local public health agencies independence over allocation of funds (Expatica, 2023). The government of South Africa has recognised the disparity between the public and private healthcare sector and resolved work towards Universal Health coverage as part of the efforts to provide equitable healthcare for all (Young, 2016). The National Health Insurance (NHI) scheme was established by the South African government to increase the majority of South Africans' access to healthcare.

3.2 National Health Insurance (NHI)

With the National Health Insurance (NHI), South Africa aims to achieve universal health coverage to ensure that everyone in the country, including families and individuals, has access to high-quality medical care regardless of their socioeconomic situation. The Reconstruction and Development Programme (RDP), the Constitutional mandate based on Section 27 of the Constitution, and the 1997 White Paper for the Transformation of the Health System are the sources of the movement towards Universal Health Coverage (UHC) through implementation of NHI. This action is also supported by the National Development Plan's (NDP) Vision 2030, which states that by the year 2030, everyone shall have equitable access to health care of a comparable standard, irrespective of income. In accordance with the National Development Plan's (NDP) Vision 2030, all South Africans, including immigrants, would have access to free and equitable health care, regardless of their socioeconomic situation, through the creation of a shared fund for private and public health providers (Young, 2016, Heunis, Mofolo & Kigozi, 2019 and Michel et al., 2020, WHO, 2018).

The NHI was to be implemented in 3 phases over a 14-year period (Mukwena and Manyisa, 2022). Phase 1 (2012–2017) consisted of testing and developing systems and processes to guarantee the effective running of the health system. Phase 2 (2017–2022) concentrated on developing mechanisms and practises to ensure the effective management and operation of the NHI Fund and Phase 3 (2021–2025) signals the completion and

implementation of the Medical Schemes Act and the NHI Act by introducing the prepayment for authorised private hospitals and specialised treatments.

In 2019, a trial implementation was carried out, and the pilot districts' responses to it were conflicting. The evaluation study for the NHI Phase 1 pilot project in South Africa suggested that the healthcare system is broken and needs to be fixed. Other problems include a lack of political will, a lack of human and financial resources, a lack of coordination and communication, and the absence of monitoring systems at the time of execution. Public hospitals in South Africa are experiencing problems like an increase in illnesses and a lack of funding and employees to manage the project. This is exacerbated by the existing situation in most government-funded healthcare institutions, which is marked by inadequate management, a small budget, mediocre infrastructure and a lack of pharmaceuticals, as recorded in several studies (Maphumulo and Bhengu, 2019, Malakoane et al., 2020). The difficulties reported in the public healthcare sector by both employees and patients, as well as the fact that public institutions are plagued by a lack of funding, poor infrastructure, a lack of training, delays in development, and poor technological advancements, cast doubt on the readiness for the implementation of the NHI (Mukwena & Manyisa, 2022, Heunis et al., 2019 and, Michel et al., 2020).

While the NHI presents a chance to level the playing field for public sector healthcare providers to draw medical tourists, it is important to note that the obstacles prevent the plan from being implemented quickly, necessitating extra interventions and collaboration.

4. Research Design and Methods

A positivist research approach was used in this study to ensure that the research was completely impartial, that the researcher was free from any conflicts of interest, and that the focus of the study was on the facts rather than the thoughts and feelings of the respondents (Kaur, 2016). Additionally, information was systematically gathered using quantitative techniques and a descriptive exploratory paradigm. A five-point Likert scale that was a component of the questionnaire used in this study was employed to collect quantitative data. There were also tick boxes to select the best option. The Statistical Package for Social Sciences (SPSS) version 27.0 was used to conduct an exploratory component analysis using Principal Component Analysis (PCA) with Promax rotation.

In keeping with the quantitative methodologies used in this study, ethical considerations about concerns of confidentiality, dependability, and credibility were made during the sample selection, data collecting, analysis, and reporting. An overall response rate of 89% was achieved for the study by interviewing 322 frontline healthcare personnel from selected central hospitals in South Africa. In order to guarantee that the respondents had direct patient contact and held jobs in administration, admissions, nursing, medicine, pharmacy, and ward attendance, a purposeful sample technique was used to select the respondents. A targeted sample of frontline respondents made sure that they had firsthand experience with the challenges and that useful information could be gathered.

5. Research Findings

5.1 Finding 1: The Challenge of Service Quality Improvement Plans

The public healthcare sector is experiencing numerous challenges which impact on service delivery negatively. The ability to provide high quality of service may be a deciding factor when marketing to and attracting medical tourists. It is therefore important to improve the service delivery levels to meet the expectations of the tourists. In response to this, government has implemented a few quality improvement strategies, which according to the respondents should include critical success factors. The results shows that while planning and development are important, there are certain factors that must be considered during the implementation stage of such projects. Figure 1 below highlights the critical success factors as perceived by the frontline workers that must be considered during implementation of projects related to quality of service delivered.

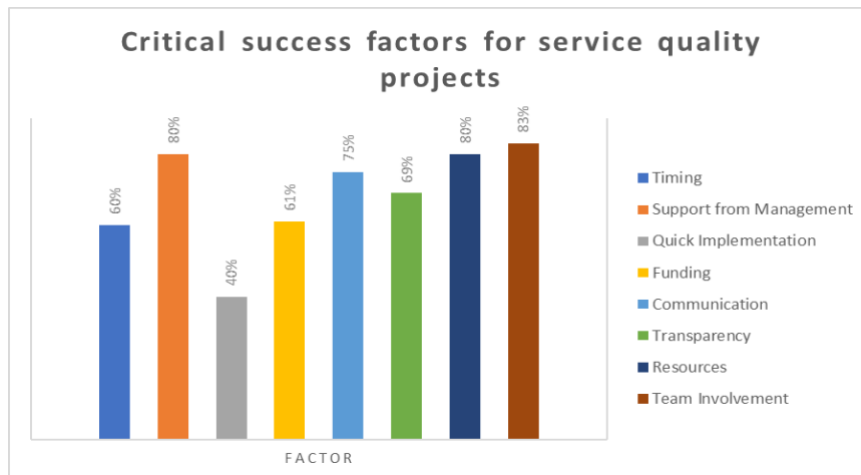


Figure 1: Critical success factors when implementing service quality projects

Source: Author’s construction based on responses

According to the responses received, team involvement (83%), resources (80%) and support from management (80%) forms the foundation of implementing successful projects. All projects need necessary funding to procure the necessary resources (human and material) to facilitate success. Funding (61%) is normally distributed by managers, so the results shows that support from management is important. If these factors are not available, it might be impossible to achieve the objectives of the project. Next in priority is communication (75%) and transparency (69%) about how the project is going to roll out. Communication amongst all relevant groups is imperative and this enforces team involvement. Sixty percent of the respondents indicated that timing is also important to consider. Only 40% of the respondents indicated that speed is important. Quick implementation may not be the best way when implementing projects, but this is very dependent on the type and scale of projects. Small projects which involve only one department might be easier and quicker to implement, while big projects may take a little longer (Agency for Healthcare Research and Quality, 2020).

5.2 Finding 2: Responsibility for driving quality

There seems to be disparity regarding who is responsible for driving service quality at the selected hospitals. Using a nominal question which is a type of question that presents respondents with multiple answer choices which were non-numerical in nature, the question aimed to ascertain the perception of the respondents regarding responsibility. The results are shown in figure 2 below:

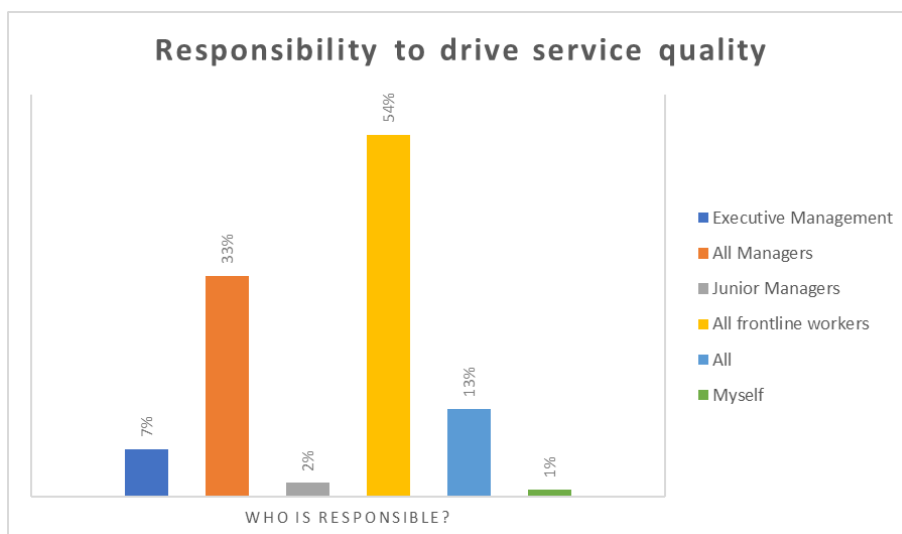


Figure 2: Responsible for driving service quality

Most of the respondents (54%) believe that all frontline workers are in charge of implementing plans to improve service quality at their institution. One third of the respondents (33%) indicated that implementing service quality programs is managerial task and 13% indicated that it is everyone’s duty. Only a small percentage of responses recorded showed that executive management (7%) and “myself” (1%) are the responsible groups. This disparity alludes to a lack of employee engagement and confusion about levels of responsibility for service quality.

5.3 Finding 3: Challenges Experienced

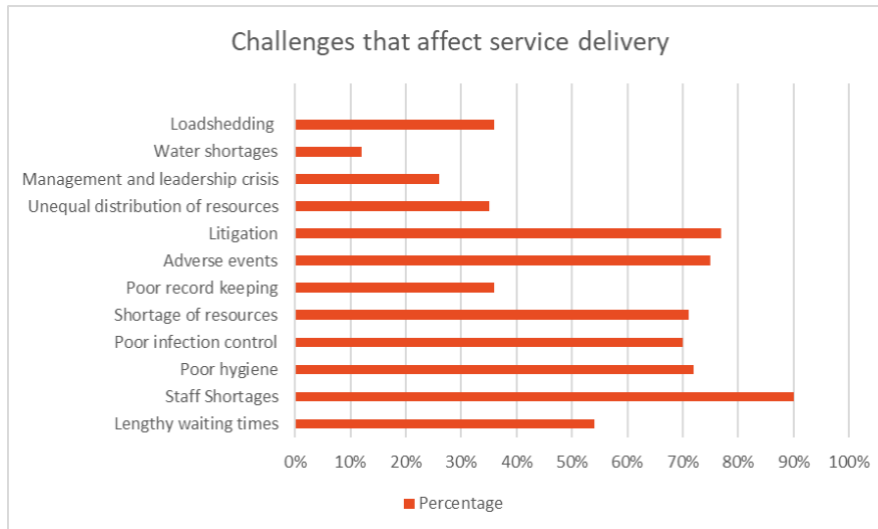


Figure 3: Challenges experienced in service delivery

There are several challenges that were identified that inhibit high quality of service delivery. These challenges are largely interlinked making the public sector incapable of competing on a level playing field for medical tourism. Staff shortages (91%) and shortage of resources (71%) are underpinned by a severe lack of funding in the public sector domain holistically. The resources that are available are unequally distributed (35%) which could be related to a management and leadership crisis (26%) as the leader generally make distribution decisions. The repercussions include increased litigation (77%) as staff are unable to do what is required as they do not have the capacity to do so. Adverse events (75%) such as pandemics and outbreak of disease lead to larger numbers of patients (50%). Additionally, 36% of respondents reported poor record keeping. This looks like a fantastic recipe for lengthy waiting times reported by 54% of the respondents. Poor hygiene (72%) and poor infection control(70%) can also be linked to lengthy waiting times and increased disease burdens with a lack of resources, staffing and water shortages (12%) and the impacts of loadshedding (36%)

6. Discussion

This section focuses on the discussion of the findings against literature reviewed. South African government officials have implemented numerous plans to reach the goals set to recover from economic and social turmoil during tough times. However, these planned implementations have seen many challenges. To overcome the challenges, it is important to understand the critical success factors in implementing plans. Team involvement, support from management and having the right resources such as funding and expertise contribute to a successful implementation of a plan. Similarly, every employee must have a clear understanding of their role and responsibility regarding the implementation of service quality plans. The main causes of citizens becoming medical tourists are inadequate health facilities and equipment, poor human resource management, poor health care financing, a shortage of necessary medications and supplies, inadequate access to healthcare, and the absence of a system for disease response (Orekoya and Oduyoye,2018). Consequently, these characteristics are comparable with the results of this study, suggesting that South Africans might partake in outbound medical tourism. Huge investment in the health sector can drastically improve inbound medical tourism and make health care services affordable to all South Africans. These challenges may also be the reason for the reluctance in the adoption of the NHI.

While the results may look very grim for the public healthcare sector, the private healthcare sector should look at this as an opportunity for growth as collaborative efforts could result in astounding results due to the existing infrastructure, expertise and investments in the public sector. Additionally, the tourism sector may benefit from collaboration as the medical tourism sector may see unprecedented growth due to the location and existing tourism offerings in South Africa.

7. Conclusion and Recommendations

This paper's goal was to investigate how cooperation between the tourism and healthcare sectors might benefit both sectors. The study looked at secondary literature on the healthcare industry, medical tourism, and other related topics. The empirical study revealed that obstacles including defective plan implementation and a lack of awareness of roles and duties prevent the South African healthcare industry from overcoming challenges.

South Africa must ensure that it concentrates on ensuring that it attains maximum benefit from medical tourism whilst minimising the negative impacts of medical tourism at the destination area. Medical tourism currently benefits the private healthcare system in South Africa; however, opportunities must be created to integrate resources for effective and efficient public health management to overcome the challenges so that the public healthcare sector can also benefit from medical tourism and ensure shared growth.

Medical tourism product offerings can be marketed as healing in a place with the immense scenic beauty of South Africa, great climate, cultural richness, wildlife and game parks. This may also create business during off peak tourist seasons thereby reducing the seasonality that adversely affects the tourism industry. In addition, because this is a niche market, this will decrease the unhealthy reliance of South Africa on the mass tourism markets that have a negative impact on the natural environment as SA is visited primarily for sea, sand and wildlife tourism. Having the best standards, enforced by statutory bodies and having highly skilled staff and the best facilities should be the hallmarks of medical tourism in South Africa.

The synergies between tourism and healthcare sectors should be harnessed to foster improvement and create opportunities in both sectors. One of the major opportunities is training. Employees in the tourism industry share many of the same critical skillsets. Skills include compassion, understanding, responsibility, being aware, paying attention, and so forth (Zsarnoczky-Dulhazy, Zsarnoczky, Kopper, Karpati, Molnar, Adol & David, 2023). Tourism and hospitality is considered as a culture that organises and enables service employees to deliver great customer experiences, making the hotel business leaders in service.

Further research on how the healthcare sector can benefit from training based on best practices in the tourism sector regarding service delivery. This may create a mutually beneficial relationship between the two sectors. The tourism industry can benefit from an influx of medical tourism and the healthcare sector can benefit from training. Due to the revenue that provision of training, delivering quality healthcare and tourism create, both industries will profit.

Acknowledgments

The authors wish to thank the National Department of Department of Health and the respective Provincial Departments of Health as well as the hospitals where the study took place and all the participants that were part of the study.

References

- Agency for Healthcare Research and Quality (2020) "Section 4: Ways To Approach the Quality Improvement Process", <https://www.ahrq.gov/cahps/quality-improvement/improvement-guide/4-approach-gi-process/index.html>
- Bagga, T., Vishnoi, S.K., Jain, S., Sharma, R. (2020) "Medical Tourism: Treatment, Therapy & Tourism", *International Journal Of Scientific & Technology Research* .Vol 9. No 03, ISSN 2277-8616.
- Campira, M., Riva, P., Oricchio, G and Brescia, V. (2022) "Bibliometrix analysis of medical tourism", *Health Services Management Research*. Vol. 35, No 3, pp 172–188. DOI: 10.1177/09514848211011738.
- Expatica. (2023) "Healthcare in South Africa: A guide for expats", <https://www.expatica.com/za/healthcare/healthcare-basics/healthcare-in-south-africa-105896/>.
- Kim, S., Arcodia, C., Kim, I. (2019) "Critical Success Factors of Medical Tourism: The Case of South Korea", *International Journal of Environmental Research and Public Health*. Vol. 16, No. 4964. doi:10.3390/ijerph16244964.
- Henama, U.S. (2014) "Health tourism in South Africa: opportunities and possibilities", *African Journal of Hospitality, Tourism and Leisure*. Vol. 3. No 1. http://www.ajhtl.com/uploads/7/1/6/3/7163688/article_50_vol_3_1.pdf

- Heunis, C., Mofolo, N. and Kigozi, G.N. (2019) "Towards national health insurance: Alignment of strategic human resources in South Africa" *African Journal of Primary Health Care and Family Medicine*, 11(1), pp.1-7.
- International citizens insurance. (2023) "Understanding South Africa's Healthcare system", <https://www.internationalinsurance.com/health/systems/south-africa.php>.
- Jiyane, M.P. (2020) "Experiences of professional nurses on the shortage of resources in a tertiary hospital in Tshwane district" Unpublished dissertation. University of South Africa.
- Kaur M. (2016) "Application of Mixed Method Approach in Public Health Research", *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, 41(2), 93–97. <https://doi.org/10.4103/0970-0218.173495>.
- KPMG.(2020) "South Africa – Travel Restrictions and Lockdown Related to COVID-19", <https://kpmg.com/xx/en/home/insights/2020/03/flash-alert-2020-118.html>.
- Malakoane, B. Heunis, J.C., Chikobvu, P., Kigozi, N.G., and Kruger, W.H. (2020) "Public health system challenges in the Free State, South Africa: a situation appraisal to inform health system strengthening", *BMC Health Services Research* (20):58 <https://doi.org/10.1186/s12913-019-4862>.
- Maphumulo, W.T. & Bhengu,B.R., (2019) "Challenges of quality improvement in the healthcare of South Africa post-apartheid:A critical review", *Curationis*, 42(1), a1901. <https://doi.org/10.4102/curationis>.
- Michel, J., Tediosi, F., Egger, M., Barnighausen, T., McIntyre, D., Tanner, M. and Evans, D. (2020) "Universal health coverage financing in South Africa: wishes vs reality", *Journal of Global Health Reports*, 4, p.e2020061.
- Mukwena, N.V. and Manyisa, Z.M. (2022) "Factors influencing the preparedness for the implementation of the national health insurance scheme at a selected hospital in Gauteng Province, South Africa", *BMC Health Services Research* Vol 22, No 1006. <https://doi.org/10.1186/s12913-022-08367-7>.
- Musavengane, R., Leonard, L. & Mureyani, S. (2022) Doing tourism in Southern Africa amid the coronavirus pandemic: Navigating political, socio-economic and environmental inequalities, *Development Southern Africa*, 39:1, 3-19, DOI: 10.1080/0376835X.2020.1829459.
- Orekoya, I. O., & Oduyoye, O. O. (2018). "Implications of Outbound Medical Tourism on Public Health Care Development in Nigeria", *European Scientific Journal*, ESJ, 14(30), 353. <https://doi.org/10.19044/esj.2018.v14n30p353>.
- South Africa. National Department of Health (2012) "National Health Act, 2003 Regulations Relating to Categories of Hospitals". https://www.saflii.org/za/legis/consol_reg/rrtcoh462/
- Statistics South Africa (2022) Tourism Report. https://www.statssa.gov.za/?page_id=1854&PPN=Report-03-51-02&SCH=73614.
- Wesgro (2022) Medical Tourism Report. <https://www.wesgro.co.za/tourismtradeandmedia/> resources/medical-tourism-study.
- "World Health Organization; World Bank Group; OECD. (2018) "Delivering Quality Health Services: A Global Imperative for Universal Health Coverage" Geneva: World Health Organization. <http://hdl.handle.net/10986/29970>.
- World Health Organisation. (2022) "Newly established global estimate on hygiene reveals the risk of disease spread and infections to patients and health care provider"<https://www.who.int/news/item/30-08-2022-half-of-health-care-facilities-globally-lack-basic-hygiene-services---who--unicef>.
- Young, M (2016) "Private vs. Public Healthcare in South Africa", Honors Thesis. *Western Michigan University*. https://scholarworks.wmich.edu/honors_theses/2741.
- Zsarnoczky-Dulhazi, F., Zsarnoczky, M., Kopper, B., Karpati, J., Molnar, C., Adol, G.F.C. and David, L.D. (2023) "Promising European research results to improve hospitality in healthcare by eHealth", *International Journal of Hospitality Management*, 112, p.103411.