

Presenting a Model to Improve the Healthcare Sector To Attract Medical Tourism

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Abstract: To achieve the Sustainable Developing Goals set by the United Nations in 2015 in Agenda 2030, countries are striving to rebuild their economies during this post pandemic era. The ultimate goal of Agenda 2030 is to end poverty and inequality, protect the planet and ensure that all people enjoy health, justice and prosperity by 2030. The global healthcare sector has gained attention as an essential component in accomplishing SDG3 which focuses on good health and wellbeing. The global tourism sector has aligned itself with SDG1 which focuses on zero poverty in all its forms everywhere. Additionally, SDG12 focuses on ensuring sustainable consumption and production patterns, which is key to sustain the livelihoods of current and future generations. This paper aims to present a model to strengthen to healthcare sector in South Africa to improve medical tourism to the region in order to achieve the SDG goals highlighted. South Africa already has a robust medical tourism sector as the private healthcare sector is able to provide cost effective solutions and shorter waiting times for specific medical procedure. South Africa's private healthcare system is world-class for medical tourism because it is supported by a thriving medical insurance market. However, the public healthcare system has not been able to benefit from the current synergies between to medical tourism and private healthcare sector. Upgrading and expanding the healthcare sector may lead to improvements and growth in both the sectors and better achievement of the SDG goals. A study was conducted in the South African Healthcare sector using mixed methods to collect data from a purposive sample while adhering to a descriptive exploratory paradigm. A comprehensive questionnaire was administered to 322 participants who worked in frontline positions at selected public healthcare facilities in South Africa. The data showed that frontline healthcare personnel experience daily struggles and challenges that limit their ability to provide high-quality of service. Based on the results of this study, this paper will present a model for improving the quality of healthcare service delivery in an effort to provide improved and expanded services to the medical tourism industry.

Keywords: Public health, Medical tourism, Service delivery, Challenges in healthcare, Sustainable development goals

1. Introduction

The public healthcare sector is an essential component of society, particularly in developing nations like South Africa, where the majority of the population lives below the poverty line and cannot afford private healthcare (Galal, 2022). Reliance on public healthcare means that the sector must be equipped with resources to cope with the needs of society. The South African healthcare system has come under scrutiny after repeated reports of low quality of service delivery. Despite extensive research and interventions, there is little progress regarding the quality of service delivered at public healthcare institutions in South Africa (Maphumulo, 2019).

According to Mandagi & Tappy (2024), there are four main elements that influence how appealing medical travel is:

- Economic considerations including the price of medical care and competitiveness of the destination,
- Cultural and social aspects including geographic distance, tourism experience and destination features.
- Healthcare standards and infrastructure including support for medical tourism infrastructure, medical treatment quality and service quality considerations,
- Marketing and promotions including branding, marketing and perceptions of the locals at the location.

The predicted value of medical tourism worldwide is \$31.91 billion in 2023 and is expected to reach \$52.87 billion in 2027. Top travel destinations include Mexico, Costa Rica, Malaysia, Thailand, Turkey, and India; the United Arab Emirates is one of the nations with the quickest pace of growth (Juta medical brief, 2024). South Africa is seen as a favourable medical tourism destination with 27 458 travellers who arrived in the country for medical purposes between 2018 and 2023 (Juta medical brief, 2024). South Africa is seen as a perfect destination for recovery and is marketed as the sun, surgery and safari destination. Cosmetic surgery, fertility treatments, dentistry, orthopaedics, and cardiac care are the primary services sought by medical tourist in South Africa (Ancy, Shenoy, Jodalli & Pasha, 2020).

The collaboration of the sectors may foster expansion for both sectors where medical tourism agencies are able to offer services to a larger audience and the healthcare sector can benefit from improved service offerings, better training opportunities and increase ability to generate higher revenue. By drawing in more "cash-paying"

clients and boosting hospital and facility foot traffic, medical tourism can have a substantial positive impact on the community's public healthcare system (Juta medical brief, 2024). For this vision to be achieved, specific systems must be designed and implemented to reach these goals. The aim of this paper is to present a model to enhance and improve the healthcare system in south Africa to foster growth of the medical tourism industry.

2. Literature Review

The healthcare system should adopt a holistic system view to give high quality healthcare, which may be accomplished by considering quality, cost and efficiency aspects which cannot be viewed independently and are symbiotic to produce mutually beneficial outcomes. One cannot expect high quality and efficient service from healthcare workers who are not equipped efficiently (Lee, Khong, and Ghista (2006). Processes must be enforced to ensure that high-quality healthcare is offered to attract medical tourists (Vovk, Beztelesna & Pliashko, 2021).

There are specific aspects of healthcare procedures that give rise to specific process modelling challenges in the healthcare sector (Pufahl, Zerbato, Weber and Weber, 2022). Patient centeredness is a key component of any interaction in a healthcare facility is the patient and not a document that needs to be completed or an item used to treat an ailment. The patient must be actively involved in therapy and care decision making. Accordingly, there is a need for good time management where treatment and diagnosis is done within a reasonable time frame, subject to the availability of resources, hospital regulations and patient conditions. This may aid intensive decision making, where a decision is made regarding the treatment and care for patients, it must be stored in a data management system to facilitate information exchange and transformation of tasks. Where digital information systems are not available, paper documents and other medical devices are acceptable. Most importantly the decision must be recorded to prevent any future complications or delayed treatments.

Healthcare facilities should have a range of different specialists, treatments and resources available to provide the best possible treatment as well as the ability to present different treatment options to patients. Additionally, healthcare facilities are extremely dependent on resources, therefore scarce and expensive resources such as medical specialist equipment and rooms that are shared amongst departments must be properly managed and optimised.

South Africa has positioned itself well to attract medical tourists due to its well-developed healthcare system driven mainly by the private sector. The treatments offered is seen as high quality and good value for money. The government has recognised the potential of medical tourism and has taken steps to promote the sector by actively marketing services to international audiences promoting medical and wellness tourism with safari packages (Ancy et al., 2020).

3. Research Design and Methods

The mixed methods research strategy was chosen as the best methodology for the study since it contains components of both qualitative and quantitative research methodologies. To meet the aim of this research paper, it was critical to employ both qualitative and quantitative data.

For the quantitative component of the study, a positivist paradigm was used to ensure that the data received and interpreted was limited to only the responses retrieved, measured and objectively interpreted from an outside perspective, allowing the researcher to focus on the facts rather than the respondents' opinions and feelings. For the qualitative parts of the study, a descriptive exploratory technique was used, which is a type of research design that seeks information in a systematic manner. The target population was chosen in accordance with the stringent inclusion criteria outlined throughout the study's proposal stages. A total of 360 units of analysis were targeted to obtain a 95% confidence level and a 5% margin of error, using 5216 as the overall population size (Sharma, Mudgal, Thakur, and Gaur, 2020). There were 322 questionnaires completed resulting in an 89% response rate.

Each respondent was a front-line staff member who worked in a public hospital and was directly involved in the delivery of services, such as admissions, administration, clinical, nursing, medical care, radiography, and pharmacy. Due to difficulties in obtaining authorisation to distribute surveys, this study only covered two central hospitals in two regions in South Africa. The non-probability purposive sampling technique was deemed appropriate for this research by virtue of the subjective techniques used in selecting the participants for the study.

The questionnaire was designed to explore the challenges experienced by frontline healthcare workers and how it affects their ability to provide high quality of service delivery giving insight on how challenges are experienced

while they perform their daily duties. If the challenges are understood, then the ability to compete in the medical tourism market could be ascertained.

This paper only focuses on the data analysed to produce the model for improving service delivery in the South African Public Healthcare Sector to facilitate growth and enhanced service offering to medical tourists.

4. Research Findings

Both qualitative and quantitative methods produced notable outcomes. Table 1 summarises the challenges experienced that prohibit public health institutions from promoting medical tourism activities.

Table 1: Summary of Challenges experienced

Shortages	Adverse events
<ul style="list-style-type: none"> • Staff <ul style="list-style-type: none"> Skills and training Management and leadership crisis • Resources <ul style="list-style-type: none"> Lengthy waiting time Poor hygiene Poor infection control measures Poor recordkeeping Lack of or unequal distribution of resources Water shortages on a regular basis Load Shedding 	<ul style="list-style-type: none"> Increased litigation because of avoidable errors Increased disease burden Large numbers of patients beyond the capacity of your organisation Slow progress in restructuring the healthcare system including strategies adopted by government to improve the quality of healthcare delivery.

5. Discussion/Analysis

The front-line healthcare workers shared their daily experiences and provided insight into some of the challenges that prevent the delivery of high-quality services. The challenges listed in Figure 1 make it difficult to promote medical tourism. High quality of services is essential to high performing healthcare systems that is suitable to promote medical tourism (Mandagi & Tappy, 2024).

5.1 Favourable Work Environment

A favourable working environment in the healthcare sector plays a substantial role in the well-being of healthcare professionals, patients and the healthcare facility as a whole. It helps to maintain team morale, reduce errors and promote high quality work. It enables the staff to provide better care to patients which benefits the healthcare facility. However, the respondents report that there is inadequacy of key components of service delivery namely resources, staff, medical supplies, electricity, and water. These shortages have a ripple effect on the healthcare facility and results in other challenges which include lengthy wait times, poor hygiene, poor infection control measures and poor record keeping.

The lack of material resources had majority of the respondents complaining of high cross infection rates due to poor hygiene measures as there are not enough cleaners and supplies to clean. The laundry is never on time and the patients stay in soiled linen due to the shortage resulting in delayed treatments and procedures in theatre. The high cross infection rates means longer stays in hospital creates strain on the system. The staff are also not safe as they get infected leading to high absenteeism thus increasing the workload and causes frustration for staff at work. Patients also sit in overcrowded conditions for long periods of time which increases complications and compromises patient safety.

Some resources are not distributed evenly leading to staff having to go to other departments to borrow supplies which delays treatment which increases the workload of the staff. Equipment that breaks takes a long time to

fix and staff must make alternative plans to help the patients. There was also an appeal for hospitals to buy original products.

Comments regarding record keeping alluded to a shortage of stationery for manual record keeping or no computer system for digital record keeping. Those who have a computer system to keep records indicated that they need some training to enhance the computer skills. Others are appealing for a computer system because they are keeping records on small pieces of paper which is easily lost. When the paper is finished, no records are kept. A problem with WIFI was also cited where staff use their own data to communicate.

The shortage of staff is a prominent theme indicating that this challenge is the foundation of the other challenges cited. Hiring more staff may solve many challenges but it is imperative that the right staff are in suitable positions as a management and leadership crisis was cited. Due to a lack of skills and a low understanding of what is happening at ground level, leaders are making wrong decisions regarding training and distribution of resources. Large numbers of patients beyond the capacity of the hospital and a shortage of staff leads to an increased level of litigation because of avoidable errors as staff take on more duties particularly in times of increased disease burden.

Compensation and rewards are seen as motivational factors for being at work as it enables employees to meet their personal and social commitments. Generally, employees are satisfied with their jobs if there is “fair pay.” When asked what motivates them the most, salary increase came in third ranking after recognition and promotion which reveals that the frontline employees are not driven by money but simply wants to be recognised for their work by being rewarded with a promotion to enable the salary increase. They are willing to change their roles and take on higher level work for a salary increase.

Due to a staffing deficit, the working hours have increased which requires investigation. Based on the discussion and the responses provided, it can be concluded that the conditions under which the frontline workers are performing daily duties are unfavourable and not conducive to the provision of high quality of services and high quality of worklife (QWL).

5.2 Training

Table 2: Question

Question	Yes	NO
Have you received training based to improve the quality of healthcare that you provide?	73%	27%
Did the training help you improve your knowledge and skillset?	69%	31%

According to Table 2, 73% of the respondents received training, and 69% believe that the training was beneficial in enhancing their knowledge and skill set. However, we need to ascertain which skills were improved because, as 31% of respondents noted, not all training contributed to knowledge and skills advancement. Training alone cannot teach all skills as shown. Collaboration with other service industries such a hospitality may be instrumental in improving the skillset of hospital workers. It can be concluded that although training is important, the right training programmes will bring out the best in hospital staff (Bala, Yerra, Katkuri, Podila and Animalla, 2022).

5.3 Organisational Culture

Organisational culture is grounded by policies that should ensure conducive and supportive work environments that involve engagement and good communication which help organisations match work activities with the needs of their employees. Respondents lamented the high disease burden, which makes it more difficult to find trained healthcare workers because these professionals are frequently overworked and burnt out. The complications that follow include a longer stay in the hospital costing more money, but there is also a higher risk of patient death, which increases the number of legal claims. These problems influence the organisation’s ability to provide services, increase credibility, and maintain financial health. Implementing policies that promote an autonomous and co-operative workforce can help ensure that despite the challenges, high quality service delivery is still possible.

Table 3: Pattern Matrix: Organisational culture

Component	Component	
	1	2
The organisational culture and supports an environment that can deliver high quality of service.	0.833	
The resources required to implement service quality improvements are available.	0.809	
There are key individuals within my organisation who are resistant to change.		0.793
There is no incentive to implement service quality improvements plans.		0.767

Extraction Method: Principal Component Analysis. Rotation Method: Promax with Kaiser Normalization.

a. Rotation converged in 3 iterations.

Table 3 shows Likert scale questions that aimed to gauge the organisational culture prevalent at the healthcare institutions. There were 7 statements presented in the questionnaire but only 4 loaded with significant factor loading under two components. The principal component analysis (PCA) was applied and revealed that the first component explained 36.80% of the variance, the second component explained 27.45%, and the third component explained 19.75%, together accounting for 83.99% of the total variance. The fourth component explained the remaining 16.00%, bringing the cumulative variance to 100%.

The other three statements were “my organisation does not have the capacity to implement service quality improvements plan”, “I believe a higher quality of work life will improve my service delivery” and “My team are committed to improving service quality”.

Based on the item loading on each factor and the interpretation from the factor analysis, two components/factors were identified regarding the perceptions of organisational culture regarding the implementation of new plans for service quality improvement. The first and second factor loaded with 2 items each with significant factor loadings. The results show that there is indeed a supportive organisational culture that is capable of high- quality service delivery with the highest factor loading of 0.833. However, with lower factor loadings, the results allude to a situation where although there is support, resources must be considered when making plans to improve service quality (0.809). There are also key individuals within the teams who are resistant to change (0.793) perhaps because there are no incentives offered (0.767) to implement plans related to service quality improvement. It is believed that the ideas of employee involvement and incentive when implementing plans will boost worker morale and dedication. We can draw the conclusion that the organisational atmosphere does not support raising the standard of services provided and raising QWL. A favourable climate may be maintained, nevertheless, with changes in attitudes, effective leadership, and support from higher levels.

6. Recommendations

A high- performing healthcare system is the consequence of the mutually beneficial relationship and exclusive interaction between quality of work life experienced and service delivery standards which could be further enhanced by fostering intersectoral collaboration with the medical tourism industry. When developing the model depicted in Figure 1, the guidebook on best practices in public health (OECD, 2022) was consulted and well as the results of the study. To increase employee QWL and, ultimately, service delivery, it is critical to focus on enhancing the complete healthcare system holistically. To address the issues with service delivery, a top-down strategy is required. The model that emerged from the findings suggest that governments should prioritise upgrading the public healthcare system, which will increase the QWL of healthcare workers and, as a result, high- quality service delivery can be accomplished.

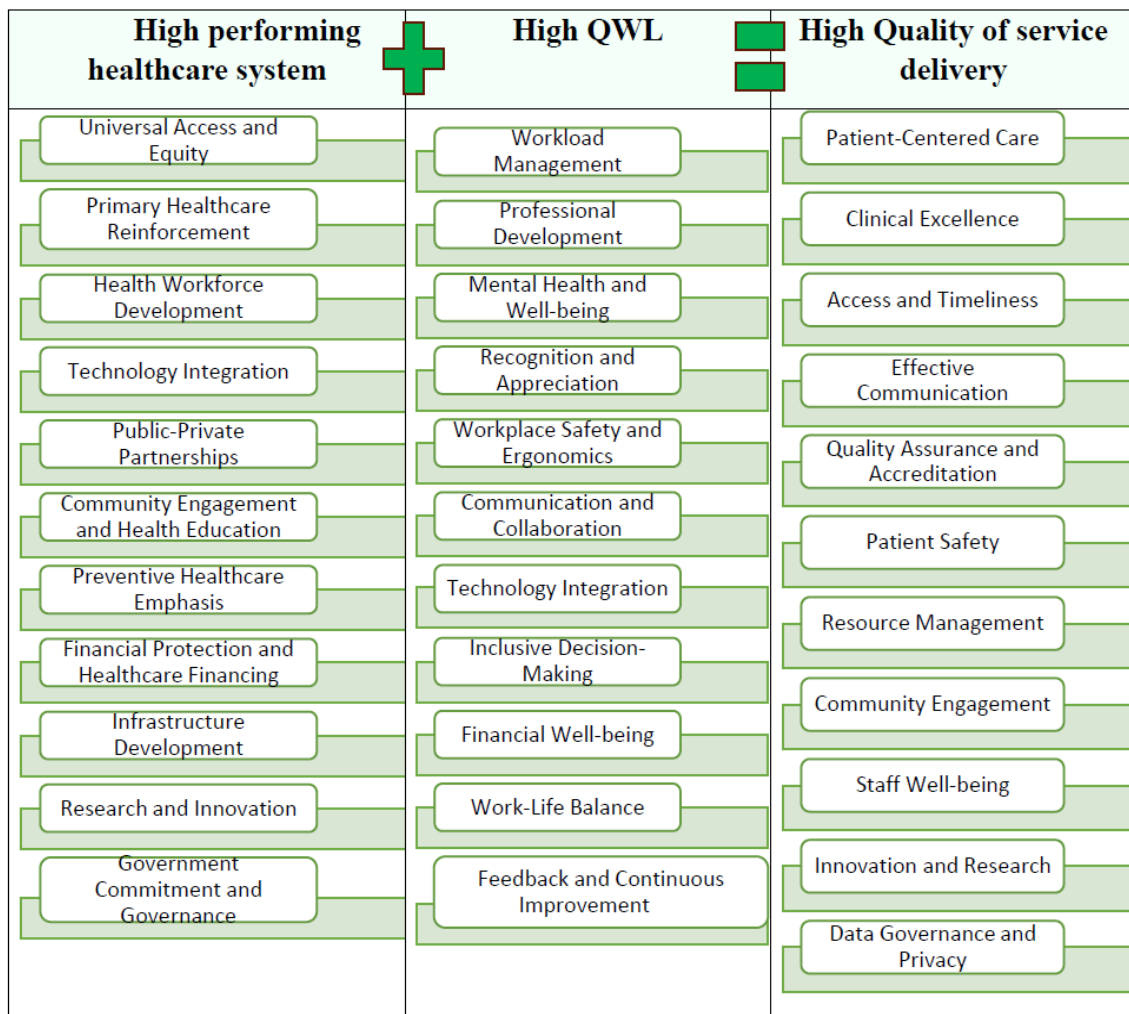


Figure 1: Proposed model for a high performing healthcare system

6.1 High Performing Healthcare System

An emphasis on universal healthcare systems to ensuring that all citizens, regardless of socioeconomic background, have equitable access to quality healthcare. Reinforcing the primary healthcare facilities and services to provide thorough preventive care at the community level and encouraging community-based health programmes to address local health needs is crucial. NHI can invest in training healthcare workers, guaranteeing an adequate and skilled workforce to meet the healthcare needs of the population including addressing shortages in critical healthcare professions, particularly in rural and underprivileged areas. The results also indicated that it may be valuable to implement incentive programmes to attract and retain skilled healthcare workers.

Implementing robust health information systems can improve the collection, analysis and reporting of data which can be utilised to identify health trends, allocate resources effectively and make evidence-based decisions for healthcare planning and delivery. We must leverage technology for telemedicine, electronic health records and health information systems to enhance efficiency and accessibility and implement data analytics to identify health trends and share resources efficiently.

A high performing health care system can foster collaboration between private and public sectors to optimise resource allocation and improve service delivery. Private sector involvement in areas such as infrastructure development, healthcare financing and technology innovation can optimise healthcare resources and increase capacity. Collaboration can help improve service delivery, reduce wait times and enhance overall efficiency in the healthcare system. Additionally, collaborating with the medical tourism industry may present more opportunities for growth of both the sectors.

It is also critical to encourage community participation in healthcare decision-making processes and to develop widespread health education campaigns to empower individuals and communities to take ownership of their health through vaccination programmes, health screenings, and lifestyle education.

6.2 High QWL

High QWL of employees must be a priority. To ensure that staff levels are always adequate and to prevent burnout and fatigue among healthcare workers, flexible scheduling options to accommodate the diverse needs of healthcare workers must be implemented. However, implementing such a measure is dependent on funding. Similarly, funding also affected the provision of continuous training and education opportunities to enhance the skills and knowledge of healthcare workers. These opportunities can be linked to clear career pathways and opportunities for advancement within the healthcare system.

An emphasis on staff mental health and well-being could be a method for providing access to counselling services for healthcare professionals, and many respondents said that implementing stress management efforts could promote a supportive work environment. Furthermore, a programme linked to recognition and appreciation to recognise and appreciate the contributions of healthcare workers must be tied to a fair and transparent incentive system to recognise exceptional performance.

The physical work environment must ensure strict adherence to safety protocols to protect healthcare workers from occupational hazards. To do this, one can design workspaces with ergonomic considerations to prevent physical strain and injuries. There must also be measures in place to ensure that there are open communication channels to foster open communication between clinical, administrators and support staff. It is also important to have regular team-building activities to promote a collaborative culture and interdisciplinary collaboration.

Implementing technology may support the employees by reducing the administrative burden, keep accurate records and facilitate easy communication. However, when implementing new technology, ensure that all staff attend the training. Additionally, telemedicine may be used to enhance healthcare delivery and provide flexibility to healthcare professionals and might be particularly useful for communities that are difficult to reach in rural areas.

Financial well-being is critical to a stress-free life therefore while providing competitive salaries and benefits to healthcare professionals is important, it might be credible to offer financial literacy programmes to help healthcare workers manage their finances effectively. Apart from money, work-life balance may be achieved by flexible work arrangements and family-friendly policies that support healthcare workers. It is important to create feedback platforms to obtain information from healthcare professionals regarding improving work circumstances. Based on the feedback received, leadership must act on feedback to continuously improve work conditions and quality of life of healthcare professionals.

6.3 High Quality of Service Delivery

The model depicted in Figure 1 indicates that if the healthcare system is operating at maximum potential, then the healthcare workers will attain higher quality of work life because workers are supported and have all the resources that they require to provide high quality of service. One of the key performance indicators of high quality of service in the healthcare sector can be patient-centred care where there is active participation between the patient and healthcare provider regarding decision making and treatment plans which can be achieved by enhancing communication between the healthcare provider and the patient. To achieve this, healthcare professionals must be trained to be culturally competent and sensitive to the diverse needs of patients, one of which is to be spoken to in their mother tongue. Respondents of this study requested to learn the native languages to enable smooth communication.

It is also important to encourage the use of and recording of evidence-based practices and clinical guidelines to achieve clinical excellence. Ongoing training to healthcare professionals must be provided to ensure they are updated on the latest medical advancements which may improve access to and shorten timelines for appointments, tests, and procedures. To monitor and improve service quality, regular audits and assessments must be conducted to monitor and improve service quality and healthcare facilities must be encouraged to participate in accreditation programmes to maintain and elevate standards.

Patient safety is of utmost importance, with the reports of patients absconding, institutions must establish and enforce strict safety protocols to minimise medical errors and enhance patient safety. There needs to be efficient use of resources, including staffing, equipment, and facilities so that the protocols established are attainable.

Community engagement is also a critical part of ensuring high quality of service delivery. Conducting health education programmes within communities to promote preventive care and early detection will alleviate the pressure on the healthcare system. Similarly, healthcare worker support programmes must be implemented to address the well-being of healthcare professionals, including mental health support and promote work-life balance to prevent burnout among healthcare workers.

Malakoane et al., (2020) explain the creation and implementation of a provincial intervention model to enhance the delivery of public healthcare services in South Africa's Free State province, which aided in monitoring and reporting. The model functioned as a framework for addressing issues such as insufficient resources, poor infrastructure, and a shortage of competent healthcare staff. It entailed enhancing health information systems, boosting primary healthcare services, and encouraging community involvement. Malakoane et al. (2020) suggested that the concept be implemented in other South African provinces to improve the general quality of health care in the country. Aspects from Malakoane's model were incorporated into the model depicted in Figure 1.

7. Conclusion

This paper aimed to present a model derived from the results of a larger study, to improve the healthcare system to promote medical tourism. The paper presented results on challenges experienced by healthcare workers and explored possible reasons for these challenges.

The paper makes a significant contribution to the strategic discussion on healthcare and medical tourism by providing actionable insights for policymakers, healthcare providers and stakeholders in the healthcare and medical tourism industry. By demonstrating how enhancing healthcare quality can boost medical tourism, the paper offers a pathway for countries like South Africa to leverage healthcare as a key component of their economic and social development strategies. The recommendation is that a model for a high performing healthcare system be adopted to promote medical tourism and in doing so, this paper serves as a valuable resource to provide strategic guidance for policymakers and stakeholders involved in healthcare and tourism.

The model is built on the empirical findings and leaves practical recommendations to improve service offerings of public healthcare systems. Such recommendations include expanding and modernising healthcare facilities to accommodate the growing demand from domestic, regional and international patients and enhancing the skills and quality of work life of healthcare workers to improve service quality. Strengthening the healthcare systems in developing economies, particularly in the context of medical tourism and sustainable development may assist in the achievement of SDG1, SDG3, and SDG12.

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