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EXTENDED ABSTRACT

HEALTH TOURISM FROM THE SYSTEMIC APPROACH: APPLICATION TO THE PROVINCE OF ALICANTE

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1. INTRODUCTION

The present work aims to identify the main determining fundamentals saffecting the demand and supply within this type of tourism, on the basis of an empirical application to the province of Alicante and referring to the timeframe going from 2016 to 2019. Likewise, the receiving establishments are hereby analyzed from the perspective of their offer in order to uncover which of the fundamentals of each type of demand are attended by health tourism in Alicante. As a theoretical approach, and given the structural complexity of health tourism, the analysis is carried out from a systemic approach.

Health tourism constitutes a complex concept of tourism. It is enough to look at the number of establishments and modalities that exist, to have a clear notion of it. In addition, the mobility of patients between countries favours the emergence of new processes, as well as the participation of facilitators between international patients, hospital networks and destinations linked to recent needs. Such complexity favoured, at the same time, the application, in its analysis, of the System Theory, a theory that can act by integrating different disciplines, elements and relationships, thanks to a common conceptual basis.

The conceptual basis of the System Theory, initiated by Bertalanffy in English language, was published in different articles and completed in his book *General System Theory* in 1968. Ulrich (1968) used his studies, when he presented in German language: *Die Unternehmung als produktives soziales System*. However, it was Kaspar who first applied Ulrich's System Theory to health tourism in 1978 by introducing the so-called "healing establishments" into his model, thus broadening the perspective of systemic analysis to this modality. Kaspar's model develops a system of tourism that is open in its relations, dependencies and influences towards its environment, which this author integrates into what he considers a "system of superior order", composed of what he calls: economic, socio-cultural, technological, political and ecological environment. Each of these segments confers different personal motivations that may be relevant during the selection of a specific health trip.

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2. OBJECTIVE

The carried outwork has been based on the task of systematizing the existing Anglo-German literature on the subject. In particular, special attention has been paid to those researches not translated into Spanish, for which a review of the specialized bibliography has been carried out, both within the German and the English-speaking language areas, in order to identify those essential or central aspects that constitute the studies of health tourism in these fields and that are fully relevant to the present research. The literature on the particular subject and coming from countries including Switzerland, Austria and Germany has been reviewed, as these hold a long tradition in the study of health tourism, and further studies published in the United States, UK or Australia.

In order to understand how the fundamentals generated in Kaspar's "superior order system" are received by the establishments that care for patients and health guests, and that "seek to satisfy needs", it is essential to analyze the specific offers which form part of the "derived offer" of Alicante's health tourism establishments (enterprises). The specialized literature identifies fifteen types of receiving establishments, which are integrated in four modalities for practical purposes: "medical tourism", "thermal tourism / rehabilitation" (traditional health tourism), "wellness tourism" and "medical wellness tourism" (modern health tourism).

3. METHODOLOGY

Once the literature on the subject and its main approaches have all been systematized a compilation of secondary data affecting health tourism has been carried out, covering the period from 2016 to 2019. It has been based on different studies and on web searches, and by selecting the establishments under study within the province of Alicante. With regard to the hospitals and clinics, only private establishments have been selected, given that public ones don't compete in the health tourism market. All hospitals and clinics, presenting at least one touristic feature in the offer (Kaspar, 1996:89) accessible through specialized medical tourism search engines were included, such as the following:

www.whatclinic.com	www.fertilityclinicsabroad.com	www.imtj.com
www.medicaltourism.review.com	www.medigo.com	www.ovu.com
www.mediterranean-healthcare.com	www.mymeditravel.com	www.treatmentabroad.com
www.health-tourism.com	www.reproduccionasistida.org	www.medicaltourism.com

With respect to hotels, resorts and retreats, only those categorized by the Valencian Tourism Agency in the range of four and five stars have been considered. In addition, the offerings of the remaining types of establishments with medical care services and special therapies (according to Kaspar's argument (1996), and the eleven Voigt categories (2014) were analysed).

In the case of lower-ranked establishments competing in health tourism, systematic Google searches have been conducted by type of international hotel (thirteen hotel types: therapeutic lifestyle retreat, wellspital, spa hotel, med hotel, medical spa, rehabilitation clinic, medical wellness hotel, care hotel, patient hotel, beauty spa hotel/resort, lifestyle resort, spiritual retreat, and wellness hotel). The following specialized platforms were consulted:

www.spa-in-spain.com	www.balneariosyspa.com	www.balnearios.org
www.bookyogaretreats.com	www.bookretreats.com	www.retreatnetwork.com -
www.revivaretreats.com	www.yogabreaks.org.uk	www.bookretreats.com -
www.retreat.guru	www.tripadvisor.com	www.nolimits.life/es
www.yogabreaks.org.uk	www.responsibletravel.com	bookdetoxretreats.comwww.

4. RESULTS

Currently, health tourism with in the province of Alicante appears in four modalities: "medical tourism", "thermal tourism / rehabilitation", "wellness tourism" and "medical tourism wellness". Amongst the aforementioned modalities, two modalities dominate: Medical tourism, which is geographically polarized in cities and in big tourist destinations, and another modality which is governed by the tourism of rehabilitation, medical wellness and wellness, and which is more territorially distributed.

a. Medical tourism: Its polarization in cities and large tourist destinations

In the province of Alicante, there are currently twenty-five hospitals of which thirteen are public and twelve, private. Seven privately owned hospitals actively participate in medical tourism: three in Alicante city, two in Benidorm, one in Elche and one in Torrevieja. The urban and tourism infrastructures of these destinations have encouraged the establishment of hospitals and clinics where their main activity is focused on health tourism, but not only: A beneficial influence exerted by the two universities of Alicante on medical tourism, two science parks, the existing research institutes, such as the Neurosciences, Molecular and Cellular Biology or the Bioengineering Institute is also to be considered in addition to the research work, carried out by the hospitals and the clinics themselves. Five out of the seven hospitals offer the specialty of assisted human fertilization. In addition to this speciality, plastic/aesthetic surgery is offered in all seven private hospitals, two offer ophthalmology, dentistry and cardiology in four of them, and in one, the speciality of oncology. In all these health centres, medical care is combined with tourist services.

b. Thermal tourism / rehabilitation, wellness tourism and medical wellness tourism: A territorial model more distributed

If one considers that the population of foreign residents within the province of Alicante is greater than the population of national origin within the municipalities of Alfas del Pí,

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Calpe, Jávea, Rojales, Teulada and Torrevieja, the model of implementation in the province of the referred three modalities can be appreciated more rigorously, as the resident population acts as potential consumer of the offers coming from local establishments, in addition to collaborating in the diffusion of their tourist image. It is worth mentioning in this regard and as a matter of example, the existence of small and medium -sized establishments such as retreats and resorts, that offer their services in the Marina Alta and Baja, regions of scenic beauty. In the two Marina regions, the majority of residents are of EU origin, whilst the Vega Baja region hosts non-EU foreign residents. In this region, Torrevieja stands out with a non-EU foreign resident population of over 70%. All three types of health tourism are well established in the province of Alicante. It is worth to note that the wellness and medical wellness tourism is established in tourist destinations with facilities that require large investments, such as: spa hotels, wellness hotels, medical wellness hotels, medical spa hotels, in combination with other type of offers designed individually and practiced in small establishments, most of which are located in the interior of the province, as well as in coastal cities: These include spiritual retreat, therapeutic lifestyle retreat and lifestyle resort. The modalities of wellness and medical wellness tourism offer services and products in the foundations or systems of superior "socio-cultural" and "ecological" order. Medical wellness provides services such as "detoxification" and "new age", without the attendance of the wellness modality.

5. CONCLUSION

Within the province of Alicante and with regard to the different modalities, medical tourism is represented by seven hospitals and thirty-five clinics, being forty-two health care facilities in total. Within the thermal tourism / rehabilitation there are five clinics for rehabilitation. The modality of medical wellness tourism consists of twenty-one establishments, and within the wellness tourism there are a total of sixty-eight establishments. These figures give the predominance to the modality of wellness, and also show the high number of establishments of medical tourism.

In relation to the fundamentals, the findings show that in the medical tourism modality, 43% of the centres are specialised in "assisted human fertilisation", therefore their activity derives from a specific legal protection, i.e. in Kaspar's terminology, from the "system of superior political order". The others offer other medical specialities linked to the "superior socio-cultural order system", such as plastic/aesthetic surgery.

It can be stated that health tourism within the province of Alicante has reached a level of consolidation and notable development. The number of establishments in medical tourism and wellness tourism, together with the cohesion provided by the transversality and the number of establishments in the medical wellness modality indicate this. However, a careful observation of the above also reveals the existence of foundations with little or no growth at all, including: "saluto correctness" and "new age", which may also be offered in the wellness modality. Additionally, "nutrition and a healthy diet", although in great demand, are relatively sparsely implemented within the wellness modality (38%) as well as within the foundation "Better aging", hardly attended in wellness (18%). Finally, with respect to the foundation of "complementary and alternative medicine" (CAM), the

development achieved by it in medical wellness (71%) is noteworthy, but above all, it is striking to find the limited offers based on traditional Chinese or homeopathic medicine.

Finally, some measures are hereby suggested with the aim to improve the competitive position of health tourism within the province of Alicante. First of all, and in a generic way, it seems advantageous for the establishments to strategically develop a unique selling proposition, meaning, to identify a unique business proposition capable of providing an establishment with a clear and distinct identity, as well as expanding the offer of training activities to areas of health and wellbeing, and not merely offering services in those areas. In the same way, continuous training of employees would be desirable. The extension of the use of quality certificates/accreditations in as many establishments as possible would also be very positive. Regarding clinics and hospitals, it would seem appropriate for them to make more extensive use of the touristic offers of the destination, promoting the nature of the tourist destination and its synergies, and even to further explore the possibilities of cooperation between clinics and hospitals on the one hand, and with tourist establishments on the other. Similarly, the offer in hotels of medical services, as well as complementary and alternative medicine could be extended.