Journal of Spine Research & Reports

Review Article



Assessing Barriers towards Promotion of Guyana's Health Tourism Industry- A Systematic Review

Sooklall M¹ and Jagnarine T ^{2,3,4*}

¹Medical Entomology Unit, Guyana

²National Aids Programme Secretariat, Ministry of Health, Georgetown, Guyana

³Gerogetown Public Hospital Corporation, Guyana

⁴University of Guyana

Abstract

Health tourism, often referred to as medical tourism, presents a promising avenue for economic growth and healthcare advancement in Guyana, a nation endowed with abundant natural resources. However, the development of health tourism is contingent upon navigating a complex landscape of barriers, encompassing infrastructure limitations, legal and governmental variables, and healthcare system-related elements. This comprehensive study aims to explore and analyze these barriers and propose strategies to facilitate the growth of health tourism in Guyana.

Objectives:

- To identify the primary obstacles hindering the development of health tourism in Guyana.
- To recommend strategies for overcoming these barriers and fostering the growth of health tourism.

Findings: Infrastructure Elements: Inadequate healthcare infrastructure, transportation, and accessibility pose significant challenges. The government and private sector initiatives, such as the development of specialty hospitals and modern healthcare facilities, show promise in addressing these infrastructure limitations.

Legal and Governmental Variables (Inter-sectoral): Guyana's political stability, regulatory framework, and economic climate significantly impact health tourism. Collaborative efforts, policy reforms, and streamlined regulations are crucial to attracting internal and external investments.

Health System-Related Elements (Intra-sectoral): Challenges in recruiting and retaining skilled healthcare professionals, language barriers, and human resource management are recognized obstacles. Addressing these issues requires investments in education, training, and attractive incentives for healthcare workers.

Conclusion: This study highlights the multifaceted barriers to health tourism development in Guyana and underscores the importance of collaboration among stakeholders, policy reforms, infrastructure development, and investment in human resources. Overcoming these barriers will not only enhance the nation's healthcare system but also position Guyana as a desirable destination for health tourists.

*Corresponding author

Jagnarine T, National Aids Programme Secretariat, Ministry of Health, Georgetown, Gerogetown Public Hospital Corporation, University of Guyana.

Received: March 24, 2025; Accepted: March 27, 2025; Published: April 07, 2025

Keywords: Health Tourism, Medical Tourism, Guyana, Barriers, Infrastructure, Legal Framework, Healthcare System, Strategies, Collaboration, Policy Reforms, Human Resources

Introduction

Tourism encompasses various activities in different locations, including health tourism, which involves crossing international borders for medical services. Health tourism can stimulate economic development, knowledge exchange, healthcare infrastructure improvement, and reinforce the local healthcare system in Guyana.

Economic Development

Health tourism can boost Guyana's economy by attracting international patients, leading to revenue generation across various sectors, creating jobs, and stimulating investments in healthcare infrastructure [1].

Knowledge Transfer

Collaboration with international medical institutions and specialists can facilitate the exchange of best practices, training, and advancements in medical technology, improving the skills of local healthcare professionals [2].

Healthcare Infrastructure

To meet international standards and attract medical tourists, investments in modern healthcare infrastructure are necessary, benefiting both international and local patients [3].

Public Healthcare

Health tourism revenue can be reinvested in the public healthcare system, improving accessibility, healthcare infrastructure, staff training, and the availability of specialized treatments [4].

To promote health tourism in Guyana, it's essential to conduct research on the barriers hindering its development:

Barrier Identification

Research can identify specific obstacles such as inadequate healthcare infrastructure, limited specialized treatments, regulatory constraints, and marketing challenges that hinder health tourism growth [5].

Prioritization

Identifying barriers can help prioritize areas for improvement, directing resources where they are most needed, such as infrastructure development or healthcare professional training [6].

Evidence-Based Decisions

Research provides empirical data to inform policymaking, enabling policymakers to assess potential interventions' feasibility and outcomes [3].

Knowledge Sharing

By studying other countries' experiences in overcoming barriers, Guyana can learn from best practices and adapt them to its context, fostering collaboration and partnerships [2].

Research Questions

- What are the primary obstacles to the development of health tourism in Guyana?
- What strategies can be employed to support the development of health tourism in Guyana?

The objectives of the research on the barriers to the development of Guyana's Health Tourism Industry are as follows:

Identify Barriers

To comprehensively identify and understand the specific obstacles and challenges that hinder the growth and development of the health tourism industry in Guyana.

Prioritize Areas for Improvement

Determine which barriers have the most significant impact on the industry and prioritize areas that require improvement or investment.

Evidence-Based Decision-Making

Provide empirical data and insights to support evidence-based decision-making and policy formulation, enabling policymakers to make informed choices and allocate resources effectively.

Knowledge Sharing and Adaptation

Examine successful experiences of other countries in overcoming similar barriers to adapt and apply best practices to the Guyanese context.

Method

This study was executed using a qualitative methodology. A systematic review was used to identify relevant information and provide answers to the research questions. Systematic reviews are flexible since data and concepts can be obtained at any time. Data were obtained in a natural environment. Contrarily, Systematic review can be time-consuming and labor-intensive, Mitigation strategies such as a meticulous selection of relevant studies were employed. This strategy consisted of five steps, the first of which was to identify relevant research questions that led to data collection. The identified questions include:

- What are the primary obstacles to the development of health tourism in Guyana?
- What strategies can be employed to support the development of health tourism in Guyana?

The second step entailed selecting literature databases based on the number of relevant keywords. Table 1 summarized the inclusion and exclusion criteria used in this paper.

Parameters	Inclusion Criteria	Exclusion Criteria
Study Topic	Studies on Health tourism and medical tourism	Studies that diverged from health tourism with vague research topics were excluded from this research
	Studies that demonstrate current and applicable findings on the study subject	Studies that showed Abstract-only were excluded due to inadequate information.
Study Time Frame	Studies published within 10 years period from 2013 to 2023 were used in this study.	This study excluded studies that were published before 2013.
Study Language	Studies that were primarily written in the English language. Studies that are relevant and related to the Caribbean and Guyana health Sector. Studies that addressed barriers and strategies around HT	Studies written in other languages were excluded from this study.

Table 1: Shows Inclusion- Exclusion Criteria

The third step involved the rationalization of scientific material obtained and the integral evaluation and Critical Appraisal Skills Programme (CASP). The Critical Appraisal Skills Programme (CASP) is used to monitor the quality of health-related qualitative investigations. Although the tool is suggested for new qualitative researchers, it was noted that there is inadequate information on how to use it. Andrews et al., validated this assertion by stating that there is minimal documentation on how to perform secondary data analysis. However, evaluations and the Critical Appraisal Skills Program (CASP) were utilized to limit the amount of irrelevant

and null data acquired. In the fourth step, articles were gathered into distinct areas such as barriers to Health Tourism, barriers to Medical Tourism, and strategies for health tourism development. Data were then extracted for further evaluation, interpretation, and synthesis. The fifth step examined results and essential concepts from relevant literature. An initial analysis was derived from groups of articles focusing on motivation; however, these findings were complemented by additional analyses of performance management and motivation in public health care.

Data Collection

Secondary data was gathered from journals with qualitative data sets. This data was compiled using JSTOR, Research Gates, Science Direct, Google Scholar, Questia, SAGE, and EBSCO. Secondary data was used instead of primary data due to a lack of time and resources [7]. Studies were chosen for review based on keywords including "Health Tourism", "Medical Tourism", and "strategies for the development of health tourism". According to Pérez-Sindn and Cacciattolo, secondary data saves time and prioritizes accessibility in secondary research, implying that it is easily accessible through various forms of digitalized media. Given the nature of this data, internet connectivity is key in retrieving this data, as such, the researcher has made the necessary provisions to do so. According to Cacciattolo, secondary data retrieved may not adequately address the researcher's specific concerns. To this end, the researcher has amassed an extensive range of data to supplement this shortcoming.

Data Analysis

Thematic analysis was used to extract and analyze the findings from selected publications. Thematic analysis, according to Braun and Clarke, is the process of identifying and organizing a dataset. The results of this analysis were used to generate vivid interpretations. Furthermore, thematic analysis was performed to compare the results of past studies. The data collected was then examined for patterns or themes.

Addressing Ethical Issues

Ethics is a primary component of research; it fosters academic integrity, accountability, and information confidentiality. However, no ethical considerations were explored for this study because the nature of secondary data does not allow for this. Additionally, the researcher avoided using data that could be construed as harmful. Data was also stored in password-protected files.

Results

The summation of research findings was congregated based on the research questions outlined for this thesis:

What are the primary obstacles to the development of health tourism in Guyana?

The data retrieved were grouped into three fundamental categories in accordance with the following framework: infrastructure elements, legal and governmental variables (inter-sectoral), and factors pertaining to the health system (intra-sectoral). In this regard, the following were analyzed:

- Limited Healthcare Infrastructure: Insufficient healthcare infrastructure, including hospitals, specialized treatment centers, and medical equipment, can hinder the growth of health tourism [3].
- Skilled Healthcare Workforce: A shortage of skilled healthcare professionals, such as specialized physicians, surgeons, and nurses, can be a significant barrier to health tourism [2].
- **Regulatory and Legal Constraints:** Complex and restrictive regulatory frameworks and legal barriers can pose challenges

for health tourism, including issues related to licensing, liability, malpractice laws, and patient privacy and confidentiality [5].

- Marketing and Promotion Efforts: Inadequate marketing and promotion of health tourism services can limit awareness and visibility among potential international patients [2].
- Lack of Accreditation and Quality Standards: The absence of internationally recognized accreditation and quality standards can diminish the confidence of potential health tourists [3].
- Accessibility and Connectivity: Limited accessibility and inadequate transportation infrastructure can make it challenging for health tourists to reach healthcare facilities in remote areas of Guyana [5].
- **Financial Considerations:** The cost of medical treatments and associated expenses, including travel and accommodation, can be a significant barrier for health tourists [3].
- **Perception and Image:** Guyana's perception and image as a health tourism destination can influence its attractiveness to potential patients, with concerns related to safety, political stability, healthcare quality, and cultural familiarity potentially impacting decision-making [2].

Infrastructure Elements

Facility and Infrastructure

Infrastructure is a critical factor in health tourism development. Research conducted in Khouzestan Province, Iran, showed that facility and infrastructure played a pivotal role in the development of health tourism [8]. This was supported by Mohammad et al. and Omidali et al., who emphasized the importance of suitable hospital facilities and a patient-friendly environment [9,10].

Legal and Governmental Variables (Inter-sectoral)

Policy and Leadership Challenges: In East Azerbaijan, Iran, policy and leadership challenges were identified as significant impediments to medical tourism growth [11]. The political stability of a country was noted to play a crucial role in the development of health tourism [8]. Laws and regulations were found to efficiently attract health tourists [12].

Private Sector Development

The development of the private sector in health tourism was studied in Tehran, Iran, highlighting factors such as technology, policy development, coordination, and security as limiting factors [13]. Creating a medical tourism stakeholders' network and a medical tourism provincial council were suggested to enhance medical tourism in Isfahan [14].

Health System-Related Elements (Intra-sectoral)

Language Barrier: A significant obstacle in health tourism is the inability of medical personnel to speak foreign languages fluently [9]. This lack of language proficiency was also noted by Mohammad et al. [9]as a barrier to health tourism.

Shortage of Manpower

A lack of skilled and adequate healthcare professionals was identified as a major barrier to health tourism, as it could lower the standard of healthcare [9]. Chee supported this assertion by noting the persistent shortage of human resources in the health industry [15].

Lack of Specialization and Cross-Cultural Communication

Despite government support for medical tourism in South Korea, a lack of specialization and cross-cultural communication expertise among healthcare professionals was found to necessitate global cultural training [16].

Strategies for Health Tourism Development

Lack of Comprehensive Plans: In Iran, a SWOT analysis revealed a lack of comprehensive plans or strategies for fostering health tourism, emphasizing the need for strategic planning [17].

Promotional Initiatives and Federal Support

Greece was highlighted as lacking a coherent national development strategy for medical tourism and needing aggressive promotional initiatives and federal support [18].

Government Participation and Investment

South Korea's government was significantly involved in and invested in the medical tourism industry [19].

Expansion through Government Initiatives

The UAE exhibited positive growth in medical tourism due to government involvement, such as the Dubai Health Experience initiative [20].

These findings suggest the need for strategic planning, government support, language proficiency, infrastructure development, and specialization to foster health tourism in different regions.

Discussion

Primary Obstacles to Health Tourism Development in Guyana Infrastructure

Guyana faces challenges related to healthcare infrastructure, including the availability of adequate health facilities, specialized medical services, and state-of-the-art equipment for complex procedures. To overcome these obstacles, significant investments are required to develop a robust healthcare infrastructure. Efficient transportation and accessibility are also essential factors in facilitating health tourism [21].

Legal and Governmental Variables (Inter-Sectoral)

Building a precise legal system and regulatory framework for health tourism is crucial. This includes regulations governing patient rights, medical malpractice, liability, and privacy. A stable political environment and consistent economic policies are vital for attracting internal and external investment in the health tourism sector. However, political polarization and unclear investment policies have hindered progress [22].

Health System-Related Elements (Intra-Sectoral)

The availability of skilled healthcare professionals is critical for health tourism, but Guyana faces challenges in recruiting and retaining qualified specialists. Brain drains, rapid staff turnover, low motivation, and subpar work performance have been issues. Investments in medical education, training programs, and incentives for healthcare workers are needed to address this problem. Additionally, a language barrier may hinder health tourism development [23,24].

Strategies to Support Health Tourism Development in Guyana Enhancing Healthcare Infrastructure

Invest in the development and modernization of healthcare infrastructure, including hospitals, specialized treatment centers, and medical equipment to enhance the capacity and capabilities of the healthcare system [3].

Building a Skilled Workforce

Focus on the training and development of healthcare professionals, including specialized physicians, surgeons, and nurses, to ensure the availability of a skilled workforce capable of providing highquality healthcare services [2].

Streamlining Regulations and Policies

Simplify and streamline regulatory frameworks and policies related to health tourism, such as licensing, liability, and patient privacy, to facilitate the smooth operation of health tourism activities [5].

Strengthening Marketing and Promotion Efforts

Implement effective marketing and promotion strategies to raise awareness about health tourism offerings in Guyana, attracting potential international patients and positioning Guyana as a desirable health tourism destination [2].

Implementing Accreditation and Quality Standards

Establish and adhere to internationally recognized accreditation and quality standards to build trust and confidence among health tourists regarding the safety and quality of healthcare services [3].

Improving Accessibility and Connectivity

Enhance transportation infrastructure and connectivity, including improved access to healthcare facilities and reliable telecommunication networks, to facilitate the travel and communication needs of health tourists [5].

Developing Financial Incentives and Support

Introduce financial incentives, such as tax breaks or subsidies, and provide support for health tourists, such as affordable financing options or insurance coverage, to address the financial barriers associated with health tourism [3].

Enhancing Collaboration and Partnerships

Foster collaboration and partnerships between healthcare institutions, tourism authorities, and international stakeholders to leverage expertise, knowledge sharing, and best practices to promote the development of health tourism in Guyana [2].

Language and Human Resource Development

Address language barriers by integrating continuous training, especially in foreign languages, into capacity-building exercises to boost communication skills. Retain skilled healthcare workers through remuneration packages and workplace motivation [16,25].

Regulatory Framework and Policies

Ensure the enforcement of regulations governing patient rights, medical malpractice, liability, and privacy to build trust among health tourists [5].

Government Support and Political Stability

Develop a stable political environment and consistent economic policies to instill confidence in potential investors and businesses. Address political polarization and improve investment policies and administration [22].

Insurance Collaboration

Collaborate with insurance providers to offer coverage for medical procedures and treatments, making it easier for health tourists. Establish agreements between the public and private sectors [26].

Stakeholder Network

Establish a network of stakeholders in the field of medical tourism with clearly defined roles and responsibilities to facilitate the development and establishment of policies and decision-making processes [26].

Limitations

- Sample Size and Representation: The study may be limited by a small or non-diverse sample size, potentially failing to capture the perspectives and experiences of all relevant health tourism stakeholders in Guyana.
- **Generalizability:** The specific context and unique characteristics of health tourism in Guyana may limit the generalizability of the study's findings to other countries or settings. Barriers identified may be specific to Guyana's healthcare system and regulations.
- Data Collection and Measurement: The study's findings may be affected by limitations in data collection methods or measurement tools. If these instruments lack validation or comprehensiveness, the study might not capture all barriers accurately.
- **Bias and Subjectivity:** Researcher bias or subjectivity could influence the interpretation of findings. To minimize bias, rigorous data collection and analysis methods should be employed, multiple researchers should be involved, and diverse viewpoints considered.
- **Timeframe and Changing Context:** The findings might be time-bound and influenced by the specific context during data collection. Policy changes, technological advancements, or shifts in the global healthcare landscape could impact the relevance and applicability of identified barriers in the future.
- Limited Scope: The study may focus on specific aspects of health tourism barriers while neglecting other important factors. This limited scope might not provide a comprehensive understanding of all barriers related to health tourism in Guyana.
- Lack of Longitudinal Perspective: Without a longitudinal approach, the study may miss capturing the dynamics and changes in barriers over time. A longitudinal study would provide insights into how barriers evolve and their impact on health tourism development in Guyana.

Recommendations

- Stakeholder Collaboration: Promote collaboration and partnerships among stakeholders, including government bodies, healthcare providers, tourism authorities, and industry associations. These joint efforts can help develop a comprehensive strategy for health tourism development, addressing barriers collectively and leveraging resources and expertise.
- **Policy and Regulatory Reforms:** Conduct a thorough review of existing policies and regulations related to health tourism and identify areas that need reform. Streamline and simplify regulatory processes to facilitate the entry and operation of health tourism services while ensuring patient safety, quality of care, and legal compliance.
- **Infrastructure Development:** Invest in healthcare infrastructure, including hospitals, specialized treatment centers, and medical equipment, to enhance capacity and meet the needs of health tourists. Focus on improving accessibility, modernizing facilities, and ensuring compliance with international quality standards.
- **Bias and Subjectivity:** Researchers conducting the study may have their own biases or perspectives that could influence the interpretation of findings. To minimize bias, it is important to ensure rigorous data collection and analysis procedures, employ multiple researchers for data analysis, and consider diverse viewpoints.
- **Timeframe and Changing Context:** The study's findings may be time-bound and influenced by the specific context at

the time of data collection. Factors such as policy changes, technological advancements, or shifts in the global healthcare landscape may impact the relevance and applicability of the identified barriers in the future.

- Limited Scope: The study may focus on specific aspects of health tourism barriers, such as infrastructure or workforce, while neglecting other important factors. This limited scope may not provide a comprehensive understanding of all barriers related to health tourism in Guyana.
- Lack of Longitudinal Perspective: Without a longitudinal approach, the study may fail to capture the dynamics and changes in the barriers over time. A longitudinal study would provide insights into the evolving nature of barriers and their impact on the development of health tourism in Guyana [27-64].

Conclusion

In conclusion, several nations are striving towards an effective medical tourism sector by providing a wide range of medical, surgical, and dental services with modern amenities. To ensure the success of this industry, it is essential to recognize, optimize, and develop the primary elements that contribute to it. In the present study, primary obstacles to the development of health tourism in Guyana were identified along with strategies that can be implemented to combat these barriers. However, although Guyana has the potential to develop its health tourism sector; surpassing the obstacles would be crucial. Strategic investments in infrastructure, healthcare professionals, regulatory frameworks, and collaborations can help overcome these challenges and create a thriving health tourism sector in the country. This kind of tourism can be viewed as a more intricate form of a vacation (recreation) since health care necessitates rest and recreation.

References

- 1. World Travel and Tourism Council (2019) Travel and Tourism Economic Impact 2019: Guyana. https://www. wttc.org/-/media/files/reports/economic-impact-research/ countries-2019/guyana2019.pdf.
- Smith R, Martínez Álvarez M, Chanda R, Kentikelenis A (2019) Medical tourism in the Caribbean: A call for cooperation and policy dialogue. International Journal of Health Services 49: 424-434.
- 3. Lunt N, Carrera P, Vohra S (2016) Medical tourism: Assessing the evidence on treatment abroad. Maturitas 88: 37-44.
- 4. Mendez Martinez AC, Jimenez Zarco AI, Sánchez García I (2018) Medical tourism and the role of public policy in the Caribbean. Frontiers in Public Health 6: 53.
- 5. Chen L, Wu C, He H (2021) Health tourism development: A systematic review of research and conceptualization. Tourism Management Perspectives 40: 100860.
- 6. Connell J (2013) Medical tourism: Sea, sun, sand and surgery. Tourism Management 34: 227-228.
- Crooks VA, Turner L, Snyder J, Johnston R, Kingsbury P (2011) Promoting Medical Tourism to India: Messages, Images, and the Marketing of International Patient Travel. Soc Sci Med 72: 726-732.
- Jahanbani E, Derikvand M, Najafpour Z, Torabipour A, Razmi M (2021) Factors Affecting Health Tourism Development in Khouzestan Province in 2019. Jundishapur J Health Sci 13: 112251.
- Mohammad KB, Raziyeh M, Khalil A, Maryam Y, Seyed M (2017) Identifying and Prioritizing Barriers to Health Tourism Using the Analytical Hierarchy Process. Int J Travel Med Glob Health 33-35.

- Omidali K, Nader N, Bijan R, Hossein O (2020) The Barriers Against the Entrepreneurship Development of Medical and Healthcare Tourism Industry: Evidence From Kermanshah, Iran. International Journal of Health and Life Sciences 6: e102036.
- 11. Khalil M, Ali J, Ali I, Rahim KZ (2018) Barriers to the development of medical tourism in East Azerbaijan province, Iran: A qualitative study. Tourism Management 307-316.
- Tabavar AA, Omidvar M, Mokhtari Masinaei M (2021) Designing a Health Tourism Ecotourism Pattern in South Khorasan Province with a Mix Method Approach. Public Management Researches 13: 117-147.
- Seyydjavadyn SR, Shafaei M, Shafaghat Lonbar H, Najafi B (2013) Investigating the Development of the Private Sector in Health Tourism (Based On Lewin's Model). Journal of Health Accounting 2: 15-32.
- Jabbari A, Ferdosi M, Keyvanara M, Agharahimi Z (2013) Analysis of Medical Tourism Industry Stakeholders: Providing Effective Strategies in Isfahan, Iran. Health Information Management 9: 878-886.
- 15. Chee HL (2007) Medical Tourism in Malaysia: International Movement of Healthcare Consumers and the Commodification of Healthcare. Asia Research Institute of National University of Singapore. https://www.researchgate. net/publication/228131606_Medical_Tourism_in_Malaysia_ International_Movement_of_Healthcare_Consumers_and_ the_Commodification_of_Healthcare.
- Rokni L, Avci T, Park S (2017) Barriers of Developing Medical Tourism in a Destination: A Case of South Korea. Iranian Journal of Public Health 46: 930-937.
- 17. Asadi R (2011) Strategies for Development of Iran Health Tourism. European Journal of Social Sciences 23: 329-344.
- Sarantopoulos I, Katsoni V, Geitona MA (2014) Supply Side Investigation of Medical Tourism and ICT Use in Greece. Procedia Soc Behav Sci 148: 370-377.
- 19. Kim S, Arcodia C, Kim I (2019) Critical Success Factors of Medical Tourism: The Case of South Korea. Int J Environ Res Public Health 16: 4964.
- Al Talabani H, Kilic H, Ozturen A, Qasim SO (2019) Advancing medical tourism in the United Arab Emirates: Toward a sustainable health care system. Sustainability 11: 230.
- Newsroom (2023) Guyana already has 'natural attributes' to promote lucrative health & wellness tourism – Ali. https:// newsroom.gy/2023/05/22/guyana-already-has-naturalattributes-to-promote-lucrative-health-wellness-tourism-ali/.
- 22. National Development Strategy (Guyana) (2017) http://ctrc. sice.oas.org/TRC/Articles/Guyana/NDS_Ch1_8.pdf.
- 23. International Organization for Migration (IOM) (2021). Guyana Needs Assessment on Migration Governance. https:// kmhub.iom.int/sites/default/files/publicaciones/guyananeeds-assessment.pdf.
- 24. International Organization for Migration (IOM) (2021) Planning for Prosperity: Labour Migration and Guyana's Emerging Economy. IOM. San José, Costa Rica. https:// programamesocaribe.iom.int/sites/default/files/planning_ for_prosperity.labour_migration_and_guyanas_emerging_ economy.nl_.pdf.
- 25. Berdud M, Cabasés J, Nieto J (2016) Incentives and intrinsic motivation in healthcare. Gaceta Sanitaria 6: 408-414.
- 26. Bulatovic I, Iankova K (2021) Barriers to Medical Tourism Development in the United Arab Emirates (UAE). International journal of environmental research and public health 18: 1365.

- 27. Tureac C (2008) Types and Forms of Tourism. Acta Universitatis Danubius: Oeconomica. https://journals.univ-danubius.ro/index.php/oeconomica/article/view/60.
- Abouhashem Abadi F, Ghasemian Sahebi I, Arab A, Alavi A, Karachi H (2018) Application of best-worst method in evaluation of medical tourism development strategy. Decis Sci Lett 77-86.
- 29. Ayoubian A, Tourani S, Hashemi Dehaghi Z (2013) Medical Tourism Attraction of Tehran Hospitals. Int J Travel Med Glob Health 1: 95-98.
- Candela G, Figini P (2012) The economics of tourism destinations. The Economics of Tourism Destinations. Berlin Heidelberg Springer 73-130.
- Caribbean Tourism Organization (2020) Multi-hazard risk management guide for the Caribbean tourism sector. https:// ourtourism.onecaribbean.org/resources/mhrmg-english/.
- 32. Dilek S, Kulakoglu DN (2018) The Changing Meaning of Travel, Tourism and Tourist Definitions.https://www. researchgate.net/publication/324720103_The_Changing_ Meaning_of_Travel_Tourism_and_Tourist_Definitions.
- Dixon J, Hamilton K, Pagiola S, Segnestam L (2001) Tourism and the Environment in the Caribbean. https://www. researchgate.net/publication/255619697_Tourism_and_the_ Environment_in_the_Caribbean/citation/download.
- Froelich N (2012) Medical Tourism A study about motivational factors and the prerequisites for creating a competitive offer – with a Swedish perspective. https://www.diva-portal.org/ smash/get/diva2:547323/FULLTEXT01.pdf.
- Gaines J, Lee CV (2019) 39-Medical Tourism. Travel Medicine (Fourth Edition) 371-375.
- 36. Geitona M, Sarantopoulos I (2015) Medical tourisminvestment in health and economy. Papazisis: Athina, Greece.
- Giannake G, Economou A, Metaxas T, Geitona M (2023) Medical Tourism in the Region of Thessaly, Greece: Opinions and Perspectives from Healthcare Providers. Sustainability 15: 7864.
- 38. Guyana Chronicle Newspaper (2014) Health tourism. https://guyanachronicle.com/2014/01/30/health-tourism/.
- Guyana Chronicle Newspaper (2023) Health tourism. https:// guyanachronicle.com/2023/05/11/sheriff-group-targetsmedical-tourism-with-us200m-ultra-modern-specialtyhospital/.
- 40. Hall Feyza (2013) The Importance of Strategic Planning. https://www.investopedia.com/financial-edge/0612/theimportance-of-strategic-planning.aspx.
- Han H, Hyun SS (2015) Customer Retention in the Medical Tourism Industry: Impact of Quality, Satisfaction, Trust, and Price Reasonableness. Tour Manag 46: 20-29.
- Heung V, Kucukusta D, Song H (2010) A Conceptual Model of Medical Tourism: Implications for Future Research. J Travel Tour Mark 27: 236-251.
- 43. Sheriff Group targets 'Medical Tourism' with US\$200M ultramodern specialty hospital. (2023) https://guyanachronicle. com/2023/05/11/sheriff-group-targets-medical-tourism-withus200m-ultra-modern-specialty-hospital/.
- 44. Izadi M, Ayoobian A, Nasiri T, Joneidi N, Fazel M, et al. (2012) Situation of health tourism in Iran; opportunity or threat. Iranian Journal of Military Medicine 14: 69-75.
- 45. Khodayari R, Tourani S, Qaderi A, Salehi M, Jafari H (2011) Capabilities assessing of teaching hospitals in Iran University of medical sciences in attracting medical tourists according to JCI patient-oriented standards. Hospital 9: 51-56.
- 46. Lordache C, Ciochină J (2023) Medical Tourism Industry Challenges In The Context Of Globalization. http://www. strategiimanageriale.ro/papers/140205.pdf.

- 47. Lunt N, Smith RD, Mannion R, Green ST, Exworthy M, et al. (2014) Implications for the NHS of Inward and Outward Medical Tourism: A Policy and Economic Analysis Using Literature Review and Mixed-Methods Approaches. https:// pubmed.ncbi.nlm.nih.gov/25642508/.
- 48. Marmion M, Hindley A (2019) Tourism and Health: Understanding the Relationship. https://www.researchgate. net/publication/329614754_Tourism_and_Health_ Understanding_the_Relationship.
- 49. Mehrabi J, Khalil S, Khalfi A (2012) Surveying the Obstacles Ahead of Tourism Development in Iran. Journal of Development and Evolution Management 9: 01-10.
- 50. Ministry of Health Guyana (2020) Health Vision 2020. A National Health Strategy for Guyana 2013-2020. https://data. miraquetemiro.org/sites/default/files/documentos/Guy%20 HealthVision%202020_Final_19Dec.13.pdf.
- 51. Morteza I, Seyed HS, Ali A, Zahra HD, Mohammad RK, et al. (2013) Health Tourism in Iran; Identifying Obstacles for Development of This Industry. International Journal of Travel Medicine & Global Health 1: 89-94.
- Naserpour M, Muosavi SN, Sepahvand R (2018) Effect of non-medical Factors on Health Tourism Development. J Tourism Develop 7: 195-212.
- 53. Netto A (2009) What is tourism? Definitions, theoretical phases and principles. https://www.degruyter.com/document/ doi/10.21832/9781845410988-004/html?lang=en&srsltid= AfmBOorsBOpOcZWMwNps6dwsaLzo_0kn4ADq1zO5z gssU-YIPEtENPJw.
- 54. Noor HAM (2009) Health Tourism in Malaysia: Prospects and Challenges. https://core.ac.uk/download/pdf/300389783.pdf.
- Organization of American States (OAS) (2009) Brain Drain and Impact On Development. http://scm.oas.org/pdfs/2009/ CP21497T.pdf.
- 56. Ormond M, Mainil T (2015) Government and Governance

Strategies in Medical Tourism. In Handbook on Medical Tourism and Patient Mobility 154-163.

- 57. Putu GP, Yudha MM, Rudi I (2020) Tourism Development Strategy and Efforts to Improve Local Genius Commodification of Health as a Wellness Tourism Attraction. https://www. researchgate.net/publication/347673021_Tourism_ Development_Strategy_and_Efforts_to_Improve_Local_ Genius_Commodification_of_Health_as_a_Wellness_ Tourism_Attraction.
- Roman M, Roman M, Wojcieszak Zbierska M (2022) Health Tourism-Subject of Scientific Research: A Literature Review and Cluster Analysis. Int J Environ Res Public Health 28: 20.
- 59. Shaikh FM, Syed AASG (2013) The HR Challenges in Tourism Industry in Pakistan: A case study of Gorakh hilldadu-sindh. Romanian Statistical Review 61: 61-73.
- 60. Tengiz V, Revaz J (2018) Medical Tourism in Georgia: Current Barriers And recommendations. Malaysian Journal of Public Health Medicine 81-87.
- 61. Theofanides F, Papanikolaou V (2012) Exploring and exploiting medical tourism opportunities in Greece. https://papers.ssrn.com/sol3/papers.cfm?abstract_ id=2091001#:~:text=Conversely%20Greece%2C%20 although%20it%20possesses,has%20an%20insignificant%20 market%20share.
- 62. Traouda V, Mpogiatzidis P (2021) Dialysis and Medical Tourism. Investigating Patients' Perceptions in Greece. Int J Hum Rights Healthc 14: 411-425.
- 63. Vincent CSH, Deniz K, Haiyan Song (2011) Medical tourism development in Hong Kong: An assessment of the barriers. Tourism Management 995-1005.
- 64. World Health Organization (2014) Basic documents. https:// apps.who.int/gb/bd/PDF/bd48/basic-documents-48th-editionen.pdf.

Copyright: ©2025 Jagnarine T. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.